

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, (*January 5, 2024*).

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 – Adam Canary, Interim Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

B. Order of the Agenda

C. Land Acknowledgement – Quiana Daniels

1. Volunteers for March? July?

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. November 17, 2023

III. Consent Agenda. Continued.

A. Approval of Minutes. Continued.

2. Advanced Practice Subcommittee
 - a. October 18, 2023
3. Discipline Subcommittee
 - a. October 24, 2023
4. Consistent Standards of Practice Subcommittee
 - a. October 6, 2023
5. Licensing Subcommittee
 - a. October 17, 2023
 - b. November 2023 – No meeting
6. Research Subcommittee
 - a. October 16, 2023
7. Education Subcommittee
 - a. November 6, 2023

B. Letter from NCSBN President Jay Douglas

C. 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)

D. Licensing Report to the Governor's Office

E. Washington Center for Nursing/WABON monthly meetings

1. November 28, 2023

F. Out of state travel reports

1. Federation of State Medical Boards – November 30-December 1, 2023, Sara Kirschenman

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. November 16, 2023
2. December 7, 2023
3. December 21, 2023

B. Nursing Assistant Program Approval Panel (NAPAP)

1. November 13, 2023
2. December 11, 2023

V. 9:00 AM – 9:30 AM - Chair Report – Adam Canary – DISCUSSION/ACTION

A. Recruitment for new WABON and pro tem members

B. NCSBN midyear meeting – Atlanta, GA – March 12-14, 2024

1. NLC Commission - March 11, 2024

C. Nominations Committee for Officer Elections Procedure

1. Appointment of Nominations Committee

Situation: Annual appointment by the Chair of three board members to participate on the nominations committee for board officer elections, NCSBN award nominations, and WABON award.

Background: The nominations committee selects qualified members willing to serve in leadership positions and presents a slate of candidates to the board for elections in May (refer to procedure H01.03 in the packet for details). The nominations committee receives, reviews, and selects nominations for NCSBN awards, and recipients of WABON award.

Assessment: All board members are eligible unless they have served two consecutive terms on the nominations committee. This is a one-year appointment.

Recommendation: Consider volunteering to participate; notify staff if interested.

VI. 9:30 AM – 10:30 AM - Executive Director Report – Alison Bradywood – DISCUSSION/ACTION

A. Budget Report – Kimberly Tucker, Chris Archuleta

B. Strategic Plan Update

1. Nursing Assistants – Kathy Moisio to present with Education Report

2. Bill Implementation

- a. SB 5499 – Nurse Licensure Compact – Alison Bradywood

- b. SB 5582 – Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. – Gerianne Babbo and Kathy Moisio to present with Education Report

- c. HB 1255 – 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 - Amber Zawislak-Bielaski
 1. No Report.

3. Data-Driven Practice – Debbie Carlson

4. Diversity, Equity, Inclusion, Belonging, & Anti-Racism (DEIB) – Alison Bradywood

- a. Request to convene DEIB Taskforce

Situation: On-going direction of the DEIB is needed to progress the strategic plan.

Background: Changes in staffing require a new level of oversight to continue to progress DEIB work. Original desire to implement DOH priorities in this area have paused with restructuring.

Assessment: An initial meeting of staff/board members identified key areas for internal and external work throughout 2024.

Recommendation: Consider adoption of a DEIB taskforce to ensure direction and progress in DEIB initiatives.

5. Communications – Social Media Presence – Shad Bell

C. Rules Update – Jessilyn Dagum

VI. Executive Director Report. Continued

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

10:30 AM – 10:45 AM Break

VII. 10:45 AM – 11:15 AM – Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

1. Update on AP Compact workshops
2. Update on title change from ARNP to APRN

B. Consistent Standards of Practice (CSPSC) – Ella Guilford Chair

1. Patient Abandonment – Commonly Asked Questions (CAQs)

Situation: The Washington State Board of Nursing (WABON) has a current interpretive statement on patient abandonment.

Background: The Washington State Nurses Association (WSNA) asks the WABON for guidance on whether a nurse, who leaves a patient to prevent imminent personal harm in the event of an active shooter, be considered patient abandonment. With the notable increase in workplace violence, and specifically active shooters in health care, nurses are provided with education on their role in the event of an active shooter. The current standard/training typically involves a “*run, hide, fight*” model.

Assessment: The [Nursing Commission Interpretive Statement Number NCIS 1.00](#) does not specifically address active shooter events. Interpretive statements are advisory filed with the Code Revisers Office. The law encourages agencies to convert long-standing interpretive statements into rules. ([RCW 34.05.230](#)). The nursing rules ([WAC 246-840-710](#)) only include a brief statement on patient abandonment: “Willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver.”

Recommendation: Consider approving the Patient Abandonment CAQs.

2. CSPSC Position Description

Situation: The WABON has position descriptions for subcommittees.

Background: The CSPSC Position Description defines the purpose, membership, roles, responsibilities, and duties of the CSPSC.

Assessment: The CSPSC Position Description has not been officially reviewed/revised since 2017. The subcommittee members determined that some updates and minor revisions were needed.

Recommendation: Consider approving the CSPSC Position Description.

C. Discipline – Sharon Ness, Chair

1. Procedure A21 Decision Making Criteria for License Applications

Situation: Implementation of the Nurse Licensure Compact has changed the way licensing considers criminal convictions on applications. WABON cannot issue a multistate credential if the applicant has any felony conviction, no matter how old.

Background: Health Systems Quality Assurance FBI background administrative staff used this prior procedure in comparison decision making with court documents against positive FBI background results.

VII. Subcommittee Report. Continued.

Assessment: This updated procedure rescinds decision making authority for HSQA background check staff and requires all criminal conviction history to be provided to WABON in accordance with relevant laws and regulations. CMT will determine whether any misdemeanor conviction is related to the practice of nursing and should be the basis for denial of licensure. The revised procedure eliminates the table once used for HSQA decision-making comparisons and the accompanying flow chart.

Recommendation: Consider approving revisions to procedure A21, Decision Making Criteria for License Applications.

2. Draft WAC 246-840-750 thru 780 and a new rule section WAC 246-840-790 in response to [Substitute House Bill \(SHB\) 1255](#).

D. Licensing – Dawn Morrell, Chair – No report

E. Research –Judy Loveless-Morris, Chair – No report

F. Education – Kimberly Tucker, Chair

1. Procedure E02.04 Nursing Assistant Training Program Approvals
2. Procedure E10.01 Complaints, Investigations, and Actions related to Nursing Assistant Training Programs

Situation: The new rules chapter for nursing assistants (WAC 246-841A) includes regulatory changes impacting procedures for the approval of nursing assistant training programs and for complaint investigations and disposition. In addition, Nursing Assistant Program Approval Panel (NAPAP) procedures require review on a scheduled basis to assure they are up-to-date and as efficient and effective as possible.

Background: The NAPAP uses procedures to fulfill their regulatory role regarding nursing assistants as identified in RCW 18.88A, including nursing assistant training and nursing assistant training programs.

Assessment: Nursing assistant procedures were due for a regularly scheduled review and--in addition--the new rules chapter (effective Nov. 3, 2023) necessitated updates to assure procedures are in alignment with the revised rules.

Recommendation: Consider approving revisions to Procedures E02.02 and E10.01.

VIII. 11:15 AM – 11:45 AM – Education – Dr. Gerianne Babbo, Dr. Kathy Moisio -DISCUSSION/ACTION

A. Nursing Education

1. SB 5582 Update - 1:2 Simulation Draft Rules Update
2. Participation in WCN Clinical Placement Assessment
3. ICRS Certificate Victoria Hayward

B. Nursing Assistants

1. Progress on Strategic Plan for Nursing Assistants
2. Nursing Assistant Testing

11:45 AM – 12:00 PM – Lunch

IX. 12:00 PM – 1:00 PM – Education Session – Evidence-Based Regulation of Simulation: Draft Rule Updates Informed by CR-101 Workshops – Katie Haerling, PhD, RN, CHSE

Dr. Haerling is a Pro Tem Member of WABON and a Professor in the School of Nursing and Healthcare Leadership at the University of Washington Tacoma. Dr. Haerling has been doing research related to the use and effectiveness of simulation-based learning experiences for over 15 years. She is an advocate for high-quality simulation and evidence-based regulation of simulation used in nursing education. She is the lead author of the recent *Journal of Nursing Regulation* article, "Contributing to evidence-based regulatory decisions: A comparison of traditional clinical experience, mannequin-based simulation, and screen-based virtual simulation" and upcoming *Journal of Nursing Education* article, "A cost-utility analysis comparing traditional clinical, mannequin-based simulation, and virtual simulation activities."

X. 1:00 PM – 1:30 PM – Complete WABON Annual Survey – Lohitvenkatesh Oswal - DISCUSSION/ACTION

Board Members and Pro Tems to complete survey link and instructions to be provided via email.

XI. 1:30 PM – 1:45 PM – Public Comment

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

XII. 1:45 PM – 2:15 PM – Legislative Panel – Quiana Daniels, Anthony Partridge– DISCUSSION/ACTION

- A. Meetings will be on Wednesday's 4:00 PM – 5:00 PM**
- B. Legislative Priorities**

2:15 PM – 2:30 PM Break

XIII. 2:30 PM – 3:00 PM – Executive Session – Closed to the Public

For the purpose of discussing ongoing litigation.

XIV. 3:00 PM - Meeting Evaluation

XV. Closing

October 17, 2023

Dear <Board Member Employer>,

We would like to thank you for <board member's name> participation and hard work as a board member for the Washington State Board of Nursing (WABON). They provide a valuable service to the citizens of the State of Washington to regulate the competency and quality of the nursing profession by establishing, monitoring, and enforcing qualifications for licensing, education, consistent standards of practice, and discipline.

Their experience and participation are critical in state policy development and regulation. As such, we want to emphasize the need for their attendance at Board meetings and appreciate your partnership around these events. We would encourage you to understand <board member's> assignment and look for opportunities to optimize their role on the board as well as in your own organization. New skills, education and experience often enhance an employee's contribution to their work environment.

Board participation guidelines:

- Attend WABON business meetings, scheduled for one day during business hours on the second Friday in January, March, May, July, September, and November. WABON establishes its meeting schedule at their July meeting for the next year.

2024 Meeting Dates:

- January 12, 2024 - Virtual
 - March 8, 2024 – Tumwater, Department of Health
 - May 10, 2024 - Tumwater, Department of Health
 - July 11-12, 2024 - Tumwater, Department of Health
 - September 12-13, 2024 - Tri-Cities, TBA
 - November 8, 2024 - Virtual
- Additional participation in panels and subcommittees depends on the individual assignment. All panels and subcommittees are detailed below:
 - Disciplinary decisions and hearings (monthly). WABON members review investigative files preparing for presentation to a panel for disciplinary decisions.
 - Nursing Program Approval Panels reviews nursing program educational standards and program approval (monthly).
 - Nursing Assistant Training Program Approval Panel reviews nursing assistant training standards and program approval (monthly).
 - Four standing subcommittees (monthly): Licensing, Discipline, Practice and Advance Practice.

Thank you again for your support for the nursing profession and in partnering to protect the public's safety.

Sincerely,

Board Chair
Washington State Board of Nursing

Comparison of Roles

Washington State Board of Nursing

Board Members

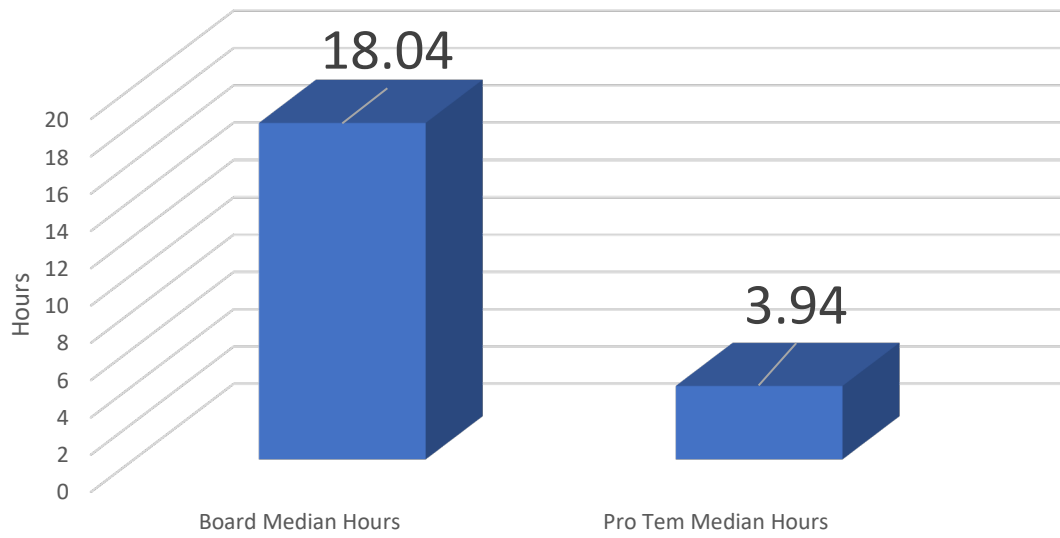
Pro Tem Board Members

Board Members and Pro Tems provide a valuable service to the citizens of the State of Washington to regulate the competency and quality of the nursing profession by establishing, monitoring, and enforcing qualifications for licensing, education, consistent standards of practice, and discipline.

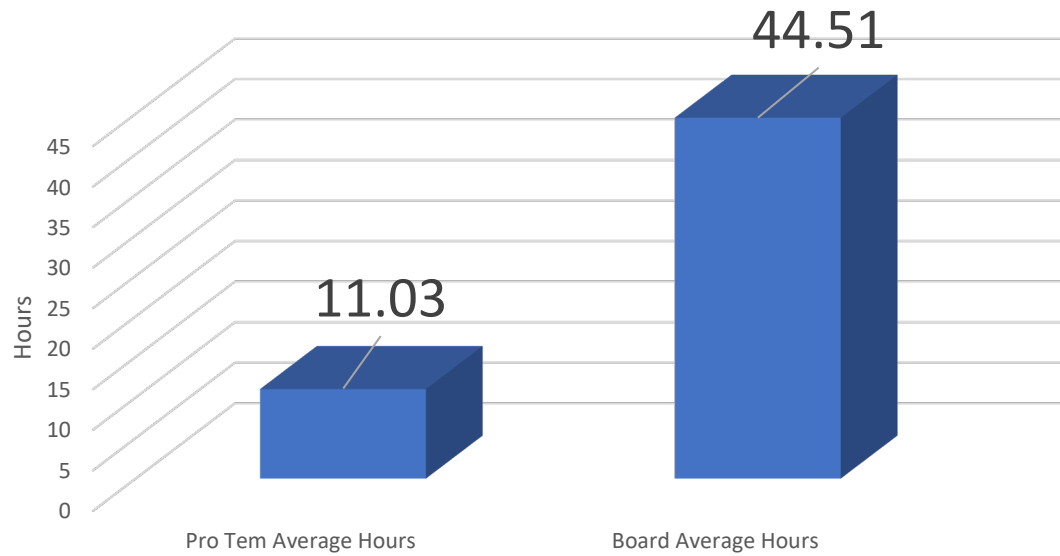
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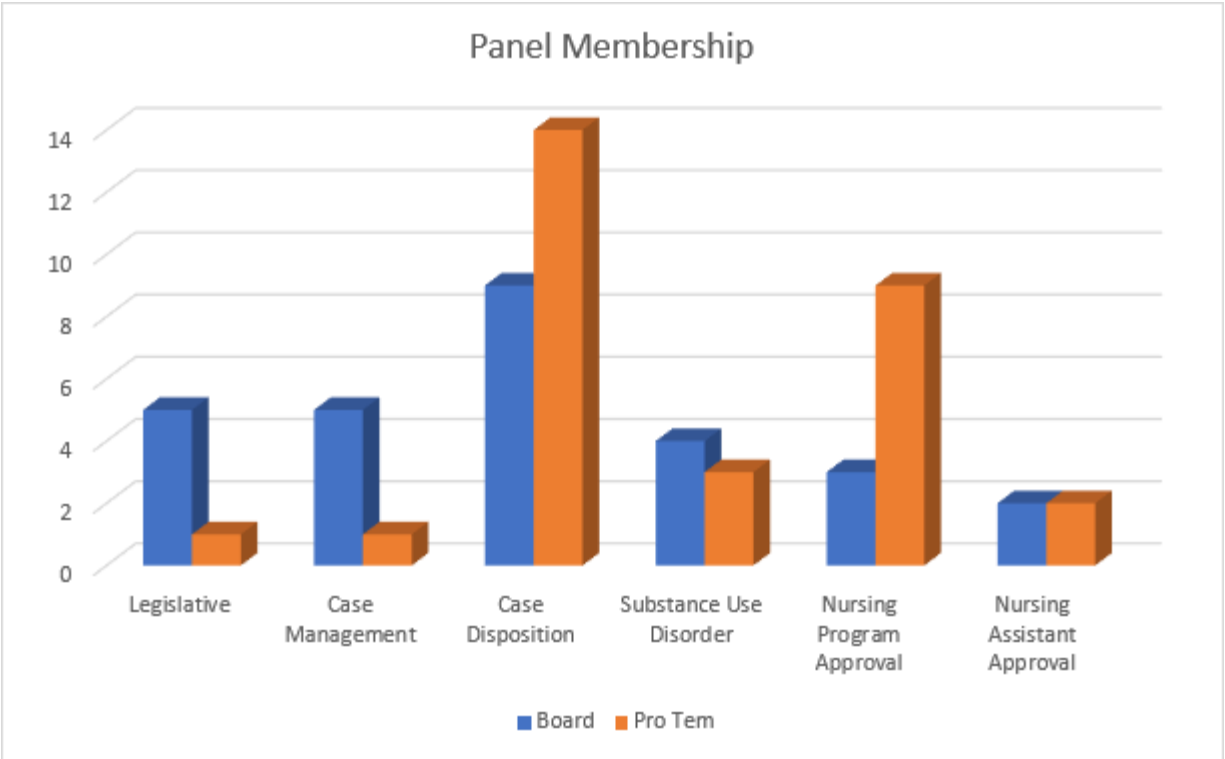
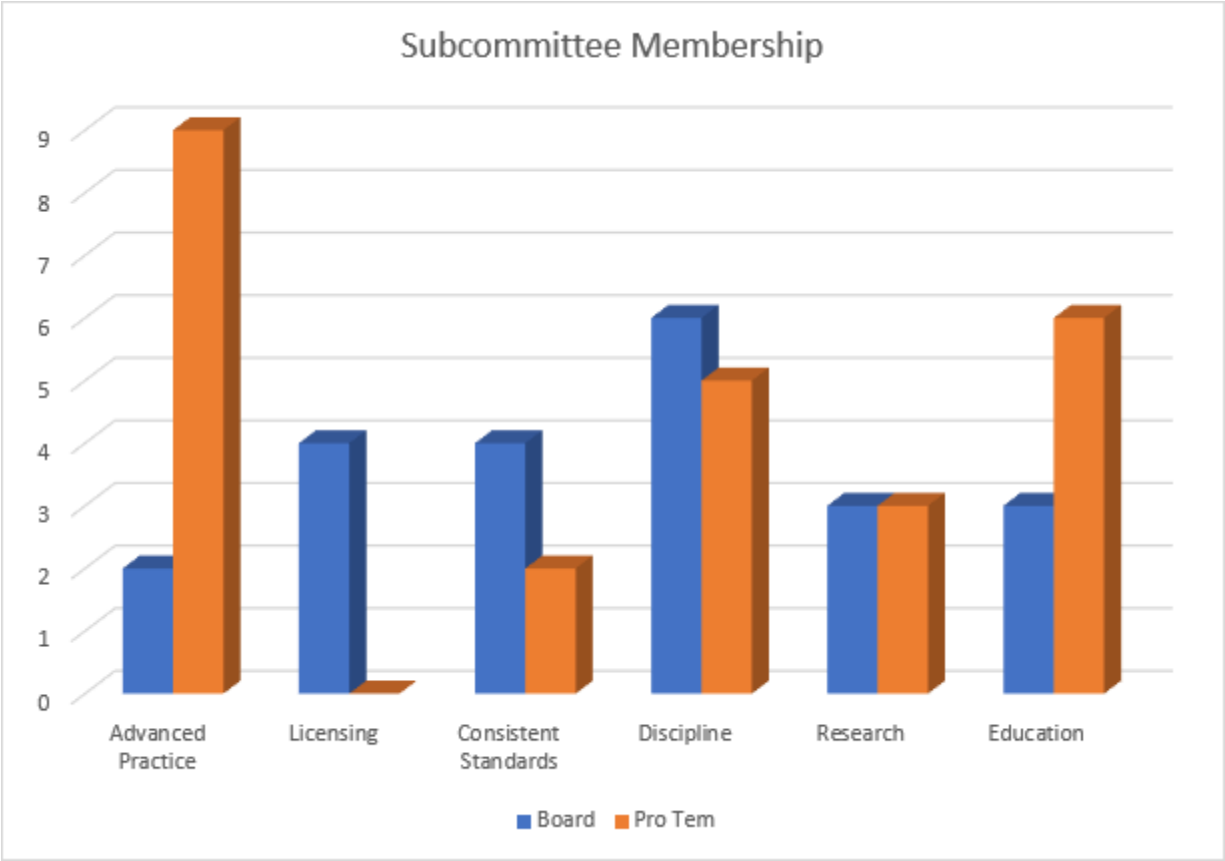
Board Members:	Pro Tem Board Members:
Serve as Chair of Sub-Committees and Panels.	Subject Matter Experts.
Voting Member of the Board of Nursing.	Serve as a mentor.
Subject Matter Experts.	Participate in workshops.
Serve on a Sub-Committee as a voting member.	Participate in rulemaking.
Serve on a Panel as a voting member.	Reviewer of investigative files for presentation.
Serve as a mentor.	Serve on a Sub-Committee as a voting member.
Serve on a hearing.	Serve on a Panel as a voting member.
Participate in rulemaking.	
Participate in workshops.	
Reviewer of investigative files for presentation.	

Board Member Hours per Month



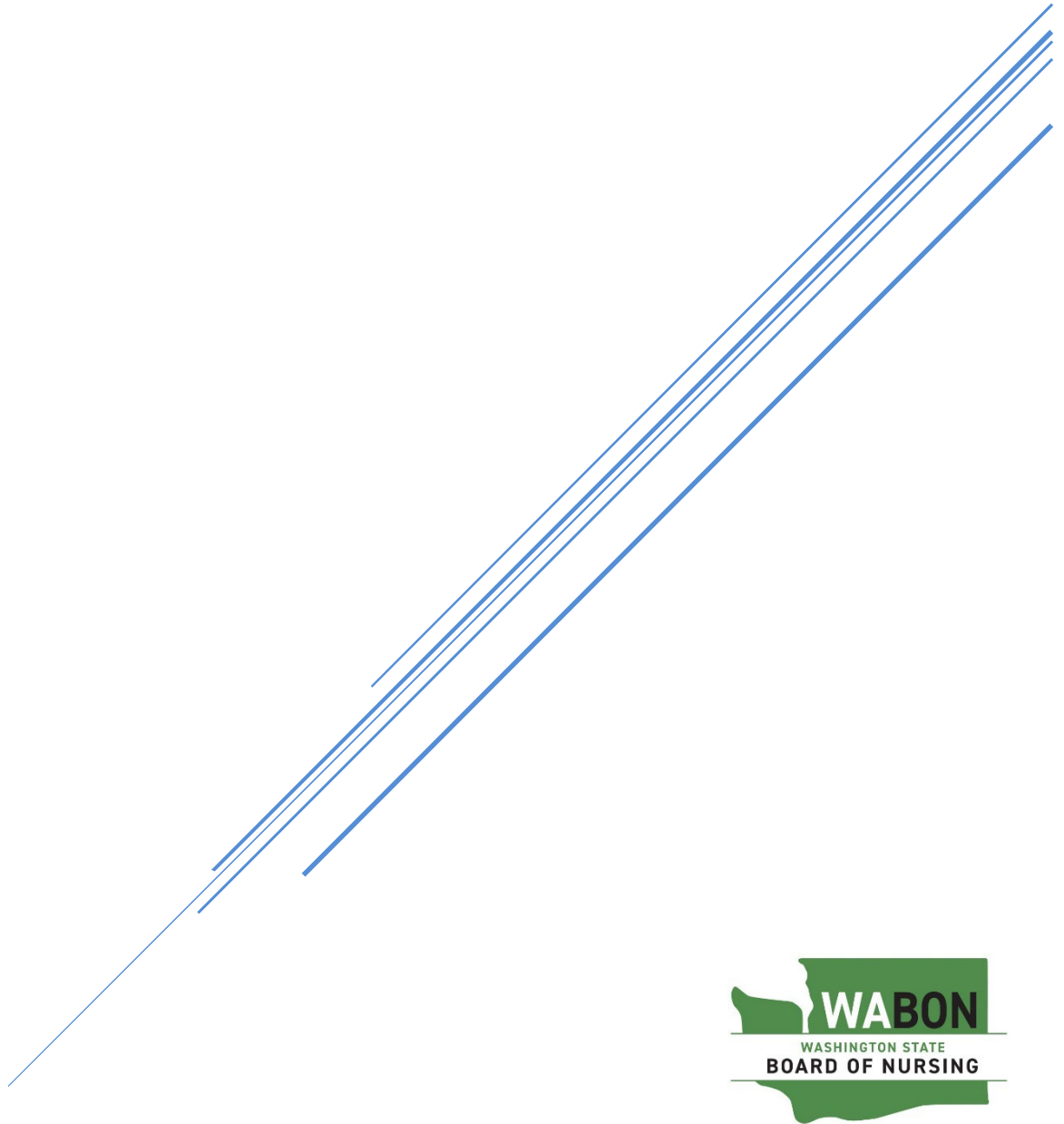
Board Member Hours per Month Averages





New Board Member Orientation

September 2023



LEADERSHIP TEAM

Name	Telephone	Email
Alison Bradywood, DNP, MN/MPH, RN, NEA-BC Executive Director	360 236-4714 564-669-9688 (m)	Alison.bradywood@doh.wa.gov
Chris Archuleta Director-Operations/Finance	360 236-2748 360 481-9506 (m)	Chris.archuleta@doh.wa.gov
Shad Bell Assistant Director- Operations	360 236-4711 360 701-8989 (m)	Shad.bell@doh.wa.gov
Amy Sharar Public Information Officer	360 236-3671 360 233-6695 (m)	Amy.sharar@doh.wa.gov
Amber Zawislak-Bielaski, MPH Assistant Director-Licensing	360 236-4785 360 480-0697 (m)	Amber.zawislak@doh.wa.gov
Lori Underwood Licensing Supervisor	360 236-4762	Lori.underwood@doh.wa.gov
Gerianne Babbo, EdD, MN, RN Director-Nursing Education	360 236-4724 360 791-4607 (m)	Gerianne.babbo@doh.wa.gov
Kathy Moisio, PhD, RN Director-Nursing Assistant Education Programs	360 236-4712 360 490-5783 (m)	Kathleen.moisio@doh.wa.gov
Mary Sue Gorski, PhD, RN Director- Advanced Practice/Research	360 915-3334 360 915-3334 (m)	Marysue.gorski@doh.wa.gov
Deborah Carlson, MSN, BSEd, PMC, RN Director-Nursing Practice	360 236-4725 360 338-2969 (m)	Debbie.carlson@doh.wa.gov
Catherine Woodard Director-Discipline/WHPS	360 236-4757 360 208-1315 (m)	Catherine.woodard@doh.wa.gov
Grant Hulteen Assistant Director- Discipline/ Investigations/WHPS	360 280-6610 360 584-7212 (m)	Grant.hulteen@doh.wa.gov
Lynn Batchelder Investigation Supervisor	360 236-2362	Lynn.batchelder@doh.wa.gov
Karl Hoehn, JD, BA Assistant Director, Discipline - Legal Services	360 236-4717 360 819-6384 (m)	Karl.hoehn@doh.wa.gov

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QUICK REFERENCE

1. Key contacts

- a. General questions, committee guidance = mentor
- b. Escalation of issues, concerns regarding assignment/travel, role expectations = Chair (board members), Executive Director (Pro Tem members)
- c. General on-boarding issues, IT issues, access to WABON files = Shad Bell

2. Expectations

- a. Reimbursement for travel/lodging for board events – must be approved by Chair (ED for pro tem members).
- b. Submit hours and travel monthly; pay is based on 8-hour increments of work at \$250/8 hours.
- c. Board work varies based on assignment but is at least 4 hours per month.
- d. Attendance at assigned business and subcommittee/panel meetings.
- e. Maintain confidentiality including appropriate record disposal and use of DOH electronics (public disclosure act)
- f. Refer to your appointment letter. Pro Tem members may not participate in decision-making or request reimbursement for activities other than the activities stated in the appointment letter.

3. Review WABON website for strategic plan and mission. Note key areas of responsibility and jurisdiction, board structure, and staff allocation.

4. Review NCSBN website for national regulatory initiatives and Washington State Board Member profile.

5. Review the Future of Nursing Report, ANA initiatives for broad context of issues facing the nursing profession.

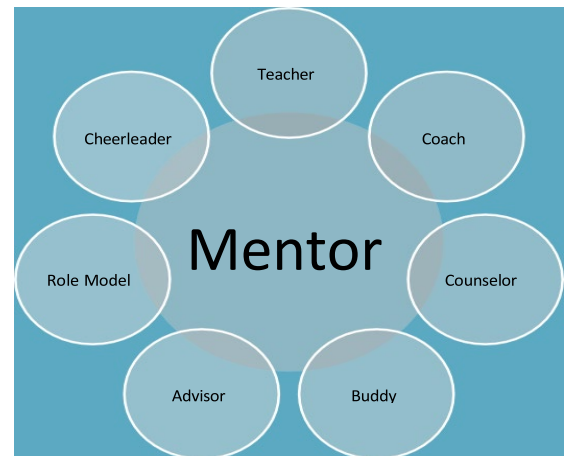
6. Review Public Records Disclosure Training

MENTOR RESPONSIBILITIES

This **Mentee Manual** provides guidance for the mentor with information about mentoring and resources that can be used through the mentoring process. The role as a mentor is very important in getting a new member trained and oriented to the philosophy of the board, providing support and serving as a resource. Mentorship is designed to last six months to one year depending on the scope and prior experience of the new board member and is flexible to meet the needs of the individuals.

Purpose

- Provide an understanding of the roles and responsibilities of the mentor and mentee.
- Provide confidence, resources, and skills to help people reach their full potential.
- Provide a summary of policies, procedures, laws, rules, and other information to use as references/resources throughout the mentoring process.



MENTORSHIP TIMELINES

The following are recommended timelines for the first six months of your role as a mentor:

- **Contact:** **Contact your mentee within two weeks of assignment.** Arrange for an in-person meeting if geographically possible. A meeting just prior to the beginning of the board meeting may work as well.
- **Subcommittee Meeting:** Reach out to your mentee **least one week prior** to the meeting(s) to review the agenda and discuss the background.
- **Agenda items:** Identify possible actions or goals of each item. Ensure a basic understanding of current issues, travel arrangements, their role during the meeting and identify any potential conflicts as a WABON member.
- **Hearings:** Schedule a telephone call one week prior to your mentee's first hearing to answer any questions about what to expect, how and when to ask questions during the hearing, and conduct during deliberations. Ensure that they have thoroughly reviewed the disciplinary manual and understand their role before, during and after the hearing. Ensure they know how to access appropriate resources for questions about the hearing process.
- **Roles:** Explain the differences between the Prosecuting Assistant Attorney General, Advising Attorney General and the Department of Health Staff Attorney.
- **Confidentiality:** Ensure they understand the confidentiality issues around complaint files, resources available within the Nursing Unit for answering questions and an awareness of timelines associated with reviewing cases.
- **Future Contact:** Arrange a convenient process for contact both during and after the six-month initial mentoring process.

NEW MEMBER ORIENTATION

Orientation may be done by webinar, in-person, or a combination of both methods. Individualize orientation based on the activities prescribed in the appointment letter.

Materials

- WABON Orientation Presentation & Manual
 - Role of a committee member
 - Policies on conflicts
 - Policy on gifts & other ethical considerations
 - Overview of Washington state government
 - Overview of Department of Health & Nursing Unit
 - Chapter on National Council of State Boards of Nursing (NCSBN)
 - Acronyms & glossary
 - Travel procedures & forms
 - Administrative rule making process (how a bill becomes law)
 - Disciplinary manual & disciplinary guidelines

Travel and Expense reimbursement

- Review travel and expense reimbursement information:
 - All Board members will be reimbursed for travel expenses, meals, lodging and other travel-related expenses while in travel status following the current travel policies.
 - Airfare is arranged by the Nursing Unit staff. Board members need to decide whether they need to leave the night before or the morning of and let the staff know.
 - Hotel arrangements are made by the Board member.
 - Newly appointed board and pro tem members get an application for a VISA credit card in their orientation packet that they may fill out.
 - [Washington State DOH Travel Page](#)

Public Records Disclosure Annual Training

1. Public Records Disclosure Training is required by RCW to be taken within 90 days of appointment/taking office and at intervals of no more than 4 years thereafter, WABON requests this be completed annually.
2. When you are done, and as last step, it is recommended that you document the training you received.
 - ✓ [Lesson 2](#) Public Records Act Basics - RCW 42.56 (30:10 Minutes)
 - ✓ [Lesson 3](#) Open Public Meetings Act - RCW 42.30 (18:22 Minutes)
 - ✓ [Lesson 4](#) Records Management and Retention Basics - RCW 40.14 (27:26 Minutes)
 - [Records Retention Schedules](#)
 - ✓ Document completion by completing the certificate [here](#).

NEW MEMBER ORIENTATION - Continued

Discipline

- Ensure understanding of the materials and complaint and disciplinary review process.
- Review documents in hearing packets, including complaint letters and investigative information.
- Assist in completing review paperwork.
- Schedule a telephone conference call to discuss cases and case disposition.

Hearings

- Review section of the manual on hearings
- Review member roles, prior to, during, and following hearings
- Review protocols, deliberations, and how to identify conflicts.

BOARD MEETINGS

Expectations

Board meetings may be conducted in-person or videoconferencing. The board members and pro tem members are expected to attend all assigned meetings and panels, preferably in person.

Members and pro tems must be prepared to discuss, make recommendations, and make decisions when at business meetings or hearing panels. The expectation is for each member to be fully informed.

- Materials are distributed prior to the meetings.
- Notify the meeting chair and staff person if the materials are not received in a timely manner.
- Members must be inquisitive; ask questions if materials, discussion, or a motion is not clear outcomes of the decisions affect nursing practice.
- Excellence is expected.
- Speak with the board chair about a board member, pro tem, or staff for any concerns about behavior or conduct. The board chair will speak with the Executive Director for guidance and plan to resolve the issue.
- Meeting etiquette and conduct
 - Turn cell phones to silent mode and wait for break to conduct telephone business.
 - Arrive on time and be ready to begin meetings.
 - Stay for the full meeting (Let board chair or executive director know in advance if the member is not able to stay)
 - Listen, be engaged, participate in discussions and recommendations.
 - Side conversations at all meetings are not allowed.
 - Pay attention to the topics (Reading newspapers, doing crossword puzzles, texting personal messages, are not allowed)

- Respect all members' contributions and time.
- Keep interruptions to a minimum.
- Chair will recognize each member and allow time to speak.
- Profanity is not allowed.
- Dress for meetings is business attire.
- Pro Tems are not voting members at Business Meetings.
- Chair is responsible for conducting business meetings and enforcing meeting etiquette, conduct and appearance.
- Robert's Rules of Order - [Quick Reference](#)

Business Meetings

- Schedule is usually the second Friday of January, March, May, July, September, and November
- Special board business meetings may be scheduled as needed.
- A quorum is required (8 board members)
- At least twenty-four hours advance notice to the board chair and executive director is required if a board member is not able to attend.

Subcommittee and Panels

- All meetings are scheduled in advance on an annual basis. Additional meetings and panels may be scheduled as needed.
- Some panels are not open to the public if there are sensitive deliberations.
- Members should notify the subcommittee chair as soon as possible if they are unable to attend.
- Chair may revisit the schedule as necessary.
- Recommendations for actions are considered at subcommittee and task force meetings.
- Attendance and participation are crucial to achieving consensus and presenting recommendations at board business meetings.

Hearing Dates

- Scheduled in advance annually.
- Members must make themselves available for a hearing date once they volunteer.
- Hearing panels require three members to make decisions.

Rulemaking Process

Rules are created through a public process involving open public workshops and hearings. The public is welcome to take part in helping us write rules. Rules are also known as regulations, Washington Administrative Code, or WAC. While each rule is in various stages of rule writing, you are welcome to comment at any time.

There are three major phases in the rule-making process, they are:

1. Notification of intent to do rule making;
2. proposition of rule changes and opportunity to provide formal input; and
3. adoption of final rule.

[Rules in Progress | WA Board of Nursing](#)

Standard Rulemaking Process	Number of Months
<p>→ CR-101</p> <ul style="list-style-type: none"> • 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
<p>→ Rule Workshops</p> <ul style="list-style-type: none"> • 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
<p>→ CR-102</p> <ul style="list-style-type: none"> • 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
<p>→ Rule Hearing</p> <ul style="list-style-type: none"> • 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
<p>→ CR-103</p> <ul style="list-style-type: none"> • 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. <p>Note: The number of months reflect each stage of our rules process in the best case scenario.</p>	1-2 months
<p>Questions? Give us a call (360) 236-4703</p> <p> NCOAC.Rules@doh.wa.gov www.nursing.wa.gov </p>	

Uniform Disciplinary Act (UDA)

Members must be familiar with and follow the Uniform Disciplinary Act (UDA), RCW 18.130 as the basis for disciplinary action for all health professions in Washington. Staff attorneys are available on all charging panels for questions.

- Use staff attorneys for advice.
- The health law judge will review board member responsibilities at the hearing according to the UDA.

Open Public Meeting Act (OPMA)

The OPMA law requires that all public commissions, boards, councils, committees, subcommittees, departments, divisions, offices, and all other public agencies of this state and subdivisions thereof exist to aid in the conduct of the people's business.

- [RCW 42.30 OPEN PUBLIC MEETINGS ACT](#)
 - Meetings declared open and public.
 - (1) All meetings of the governing body of a public agency shall be open and public and all persons shall be permitted to attend any meeting of the governing body of a public agency, except as otherwise provided in this chapter.
 - (2) Public agencies are encouraged to provide for the increased ability of the public to observe and participate in the meetings of governing bodies through real-time telephonic, electronic, internet, or other readily available means of remote access that do not require an additional cost to access the meeting.

NEW BOARD MEMBER RESOURCES

The following information is provided for mentors to use as resources to assist in the mentoring process.

Washington State Department of Health Overview

The Washington State Department of Health was formed in 1989 as the state agency responsible for preserving public health, monitoring health care costs, maintaining minimal standards for quality health care delivery and planning activities related to the health of its citizens. The secretary of health is appointed by the governor.

- [Department of Health Overview](#)
- [Vision, Mission, & Values](#)
- [Strategic Plan](#)
- [Rule Making](#)
- [Agency Organization Chart](#)
- [Public Records/Public Disclosure Requests](#)

Washington State Board of Nursing

- [Board Members and Pro Tem List](#)
- [Current Meeting Schedule](#)
- [Committee Description and Duties](#)
- [Qualifications](#)
- [Total Annual Time Commitment](#)
- [Board Member Participation Expectation Guidelines](#)
- [Statutes](#)
- [Rules](#)
- [Performance Guidelines for Newly Appointed Boarders](#)

Statutes and Regulations

- [Purpose of WABON](#)
- [Chapter 18.130 RCW Uniform Disciplinary Act](#)
- [RCW 42.56 Public Records Act](#)
- [RCW 42.30 Open Public Meetings Act](#)
- [Chapter 43.70.240 Written Operating Agreements](#)
- [Chapter 18.79 RCW Nursing Care](#)
- [Chapter 246-840 WAC Practical and Registered Nursing](#)
- [Chapter 18.88A RCW Nursing Assistants](#)
- [Chapter 246-841 WAC Nursing Assistants](#)

WABON COMPOSITION

The WABON includes 15 governor-appointed board members, including three (3) public members, two (2) advanced registered nurse practitioners, three (3) licensed practical nurses, and seven (7) registered nurses.

The WABON's Executive Director appoints pro tem members to work on specific assignments or activities. Activities may include member assignment on a panel, subcommittee, workgroup, or task force. Pro tem members cannot participate in decision-making, nor can they chair a subcommittee meeting or panel. The pro tem appointment is for a one-year term.

Strategic Plan

The WABON develops a two-year strategic plan identifying high-level goals, objectives, and actions. The plan is reviewed at each WABON business meeting. [[LINK](#)]

Policies and Procedures

The board member, pro tems, and staff need to be knowledgeable regarding the policies and procedures approved by the board. See the [WABON Policies and Procedures SharePoint site](#).

National Council State Boards of Nursing

The WABON is a member of the [National Council State Boards of Nursing \(NCSBN\)](#). The NCSBN provides many resources and tools to protect and promote the welfare of the public and interests of the profession of nursing.

NCSBN-ICRS

The International Center for Regulatory Scholarship (ICRS) is an educational initiative, presented by NCSBN, that offers online as well as blended courses designed to cultivate and elevate nursing leaders and policymakers around the world. ICRS also provides unprecedented opportunities for global networking and collaboration. [Homepage | ICRS \(icrsncsbn.org\)](#)

Jurisprudence Module

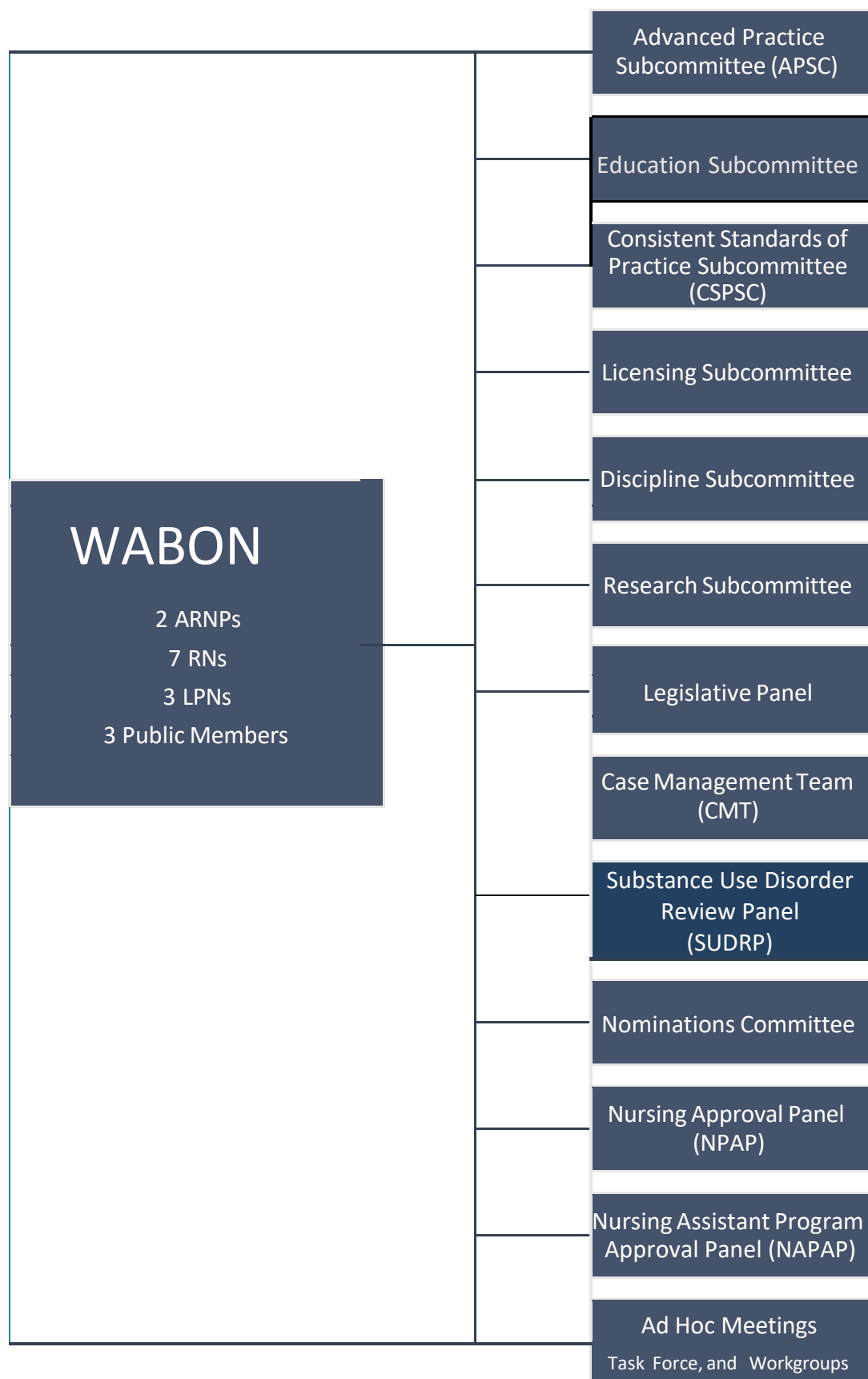
It is recommended that all board and pro tem members take the time to review the Board 101 course to further their knowledge of how each of the units supports the Board.

The module is currently hosted by the NCSBN at the International Center for Regulatory Scholarship page: [ICRS](#).

Integrated Licensing and Regulatory System (ILRS)

The Washington State Department of Health uses the Integrated Licensing and Regulatory System (ILRS) to track and monitor professional licensees (licensing, discipline, and education) in the state of Washington.

WABON COMMITTEE STRUCTURE



Position Descriptions

WABON Chair

- Provide strategic vision and leadership, collaborates with Executive Director and determines priorities, policy and practice
- Conduct WABON business committee meetings
- Vote to break a tie
- Appoint chairs and members for regular and special committees and task forces
- Participate in the Legislative Task Force
- Represent the board in public forums
- Appoint members to the Nominating Committee at the January meeting, receive list of nominees in March, and oversee election of officers in May
- Plan for succession and transition to the next chairperson
- Address board member performance issues
- Use signatory authority on documents as required
- Serve as a delegate to the National Council of State Boards of Nursing for the annual delegate assembly held each August

WABON Immediate Past-Chair

- Assume the role of mentor for current presiding Chair
- Conduct meeting if the Chair and Vice-Chair are unavailable
- Participate as board member during regularly scheduled business meetings

WABON Vice-Chair

- Assume the duties of the Chair as needed
- Chair the Legislative Task Force
- Assist the Chair and Executive Director as needed
- Participate at the HSQA Boards and Board Forum as a representative of WABON
- Participate in the National Council of State Boards of Nursing meetings and events
- Participate in WABON duties with various task forces, committees, charging panels, and hearings

Non-Voting Member

- Participate as fully as possible on all board business
- Participate in discussion and deliberation by subcommittees and workgroups
- Not eligible to vote on matters put to vote
- Non-voting status precludes service on panels (e.g. case disposition or hearing panels)

PANELS AND TASK FORCES

Legislative Panel - Open to the Public

Purpose

- Review and comment on legislative activity that may affect nursing practice in Washington state.

Members

- WABON Chair
- WABON Vice-Chair (serves as Chair of the Legislative Panel)
- Assigned Board Members
- Executive Director
- Assigned Staff

Duties & Responsibilities

- Develop agendas as suggested by professional nursing groups and state legislative activity
- Act as consultant in bill and fiscal analysis
- Present legislative issues to the board throughout the legislative session
- Maintain communication with the Executive Director, who tracks progress of legislative session
- [Washington State DOH - Health Systems Quality Assurance \(HSQA\) Rules and Legislation](#)
- [Washington State Legislature Bill Information](#)

Case Management Team (CMT) – Not Open to the Public

Purpose

- Review reports of alleged violations of nursing practice for possible investigation and action

Members

- WABON Members
- Staff Attorney
- Complaint Intake Staff
- Compliance/Hearing Staff
- Case management staff
- Investigations supervisor or designee
- Chief Investigator
- Case Manager

Duties & Responsibilities

- Review of cases
- Assess reports for closure, referral to Early Remediation (ER) Program, or referral to investigations
- Case disposition of ER cases or expedited closure considerations

Nominations Committee - Not Open to the Public

Purpose

- Select members of the WABON who are qualified and willing to serve in leadership positions
- Select members of the WABON and staff to be nominated for awards and complete applications as necessary

Members

- A minimum of three (3) members of the WABON appointed by the Chair
- Executive Director
- Assigned Staff
- No member should serve more than two (2) consecutive years on the Nominations committee

Duties & Responsibilities

- Select at least candidates each for the positions of WABON Chair and Vice Chair
- Nominate WABON members and staff for awards and complete applications as necessary

Substance Use Disorder Review Panel - Not Open to the Public

Purpose

- Improve efficiency, effectiveness, and success of Washington Health Professional Services (WHPS) nurses by establishing and maintaining a Substance Use Disorder Review Panel (SUDRP) to evaluate WHPS nurses returned to the Board of Nursing (WABON) for significant non-compliance with their monitoring contracts, and to conduct compliance appearances with nurses present when appropriate.

Members and Staff

- One full board member of the WABON to act as chair
- Two or more board members or pro-tem board members
- WHPS Assistant Director, or designee
- Assistant Director of Discipline – Legal services, or designee
- Case management staff
- Investigations supervisor or designee
- Nurses assigned to WHPS Case Manager
- Staff Attorney
- Discipline Compliance Officer
- Other staff as requested

Duties & Responsibilities

- Consider acts of substantial non-compliance referred by WHPS, including whether a compliance appearance should be required.
- Consider circumstances in which a compliance appearance invitation should be offered to a nurse for significant milestones in their recovery or graduation from WHPS.
- Conduct compliance appearance with nurse present.
- Decide whether to allow nurse to continue under current WHPS monitoring contract, modify contract, authorize investigation, or authorize disciplinary action.

Nursing Program Approval Panel (NPAP) – Not Open to the Public

Purpose

- Implement and enforce rules and regulations related to nursing education programs including initial and ongoing approval of all levels of nursing programs

Members and Staff

- Chair - Governor-appointed nurse educator board member
- Eight members including nurse educator Pro tem members, representing an academic balance of pre-licensure and post-licensure nurses
- Director of Nursing Education (or designee)
- Legal and Secretarial Support Staff

Duties & Responsibilities

- Review information regarding nursing education program surveys, new applications, and other material related to nursing education programs
- Make decisions regarding nursing program approval matters
- Make decisions regarding nurse refresher courses
- Make decisions regarding licensure of nurses whose educational preparation is not equivalent to Washington nursing education standards
- Issue any documents necessary to accomplish and document their decisions such as Letters of Decision and Letters of Determination

Nursing Assistant Program Approval Panel (NAPAP) – Not Open to the Public

Purpose

- Implement and enforce rules and regulations related to nursing assistant education programs including initial and ongoing approval of the programs

Members and Staff

- Chair – Governor-appointed nurse educator board member
- Four nurse educator board or Pro tem members
- One public member
- Director of Nursing Education (or designee)
- Legal and Secretarial Support Staff

Duties & Responsibilities

- Review information regarding nursing assistant education program surveys, new applications, and other material related to nursing assistant education programs
- Make decisions regarding nursing assistant program approval matters
- Issue any documents necessary to accomplish and document their decisions such as Letters of Decision and Letters of Determination

SUBCOMMITTEES

Structure and Reporting

Subcommittee meetings are generally conducted via videoconferencing. Meetings are open public meetings and must follow the [RCW 42.30 Open Public Meetings Act](#).

Communications about meetings are distributed on the WABON GovDelivery distribution System and posted on the WABON web page. Internal policy stipulates the agenda is distributed to subcommittee members and the public two weeks prior to the meeting.

Subcommittees do not have decision-making authority. The chair, or other appointed member reports to the WABON Business Committee. Quorums are essential to obtain consensus. When the subcommittee presents a motion, a separate motion from the subcommittee is not needed because the motion comes from the subcommittee, not from a single member. Minutes must be reviewed by the subcommittee prior to submitting the minutes for approval to the WABON agenda. Subcommittee meetings are generally approved using a consent agenda:

- Routine business that can be adopted with a single motion and vote.
- Item pulled from the consent agenda if discussion of one or more items is requested by the members.
- Remaining items can be voted as a single item.
- Proceed to discuss item pulled from the agenda

Subcommittee	Purpose	Members and Staff	Chair Duties and Responsibilities
Licensing Subcommittee – Open to the Public	<ul style="list-style-type: none"> • Establish, monitor, and recommend licensing processes and outcomes to the WABON • Establish, monitor, and enforce continuing competency mechanisms and outcomes pertaining to Licenses Practical Nurses, Registered Nurses, Advanced Registered Nurse Practitioners, and Nursing Technicians in Washington state 	<ul style="list-style-type: none"> • RN Member of the WABON • LPN Member of the WABON • Public Member of the WABON • Licensing Manager (or designee) • Staff Attorney • Nurse Practice Consultant (Ad Hoc) 	<ul style="list-style-type: none"> • Appointed by the WABON chair • Prepare the agenda of the subcommittee meetings in collaboration with staff. • Consults with subcommittee members to establish the dates and times for the subcommittee meetings. • Prepares and presents a report with possible action items to the WABON business meetings. • With WABON members, reviews the discipline processes and recommends improvements. • Works with the Assistant Attorneys General to meet the discipline functions and responsibilities of the WABON; implements assigned responsibilities for the WABON strategic plan.

Subcommittee	Purpose	Members and Staff	Chair Duties and Responsibilities
Consistent Standards of Practice Subcommittee – Open to the Public	<ul style="list-style-type: none"> Respond to issues regarding RN, LPN, and NA scope of practice and requests for rule review or formulation 	<ul style="list-style-type: none"> RN member of the WABON LPN member of the WABON Public member of the WABON Director of Nursing Practice or designee 	<ul style="list-style-type: none"> Appointed by the WABON Chair Approve agenda items (with member and staff input) Establish meeting dates and times at least two weeks prior to the WABON business meetings Prepare and present a report to the WABON at business meetings with possible action items Review/revise practice standards, addresses requests for advisory opinions, Interpretive and policy statements and makes recommendations to the WABON business meeting Implement assigned responsibilities for the WABON strategic plan
Advanced Practice Subcommittee – Open to the Public	Establish, monitor, and recommend licensing, scope of practice, and disciplinary processes and outcomes for Advanced Registered Nurse Practitioners (ARNPs) to the Washington State Board of Nursing	<ul style="list-style-type: none"> ARNP members of the WABON ARNP pro tem members of the WABON Selected pro tem member with selected expertise on projects being addressed Director of Advanced Practice Nursing or designee 	<ul style="list-style-type: none"> Appointed by the WABON Chair Approves the agenda (with input from members and staff) Establishes meeting dates and times at least two weeks prior to the WABON business meetings Prepares and presents a report to the WABON at business meetings with possible action items Reviews the licensure, scope of practice and disciplinary issues and recommends actions Implements assigned responsibilities for the WABON strategic plan Reviews/revises practice standards, addresses requests for Advisory Opinions, Interpretive and Policy Statements and makes recommendations to the WABON business meeting relevant to ARNPs
Discipline Subcommittee – Open to the Public	Establish, monitor, and recommend disciplinary processes and outcomes for Licensed Practical Nurses, Registered Nurses, and Nurse Techs to the Washington State Board of Nursing	<ul style="list-style-type: none"> RN Member of the WABON LPN Member of the WABON Public Member of the WABON Discipline Manager or designee Staff Attorney Chief Investigator Nursing Practice Consultant (Ad Hoc) Director of Operations (Ad Hoc) 	<ul style="list-style-type: none"> Prepare the agenda of the subcommittee meetings in collaboration with staff. Consult with subcommittee members to establish the dates and times for subcommittee meetings. Prepare and present a report with possible action items to the WABON business meetings With WABON members, reviews the discipline processes and recommend improvements Work with the Assistant Attorneys General to meet the discipline functions and responsibilities of the WABON; and implements assigned responsibilities for the WABON strategic plan

Subcommittee	Purpose	Members and Staff	Chair Duties and Responsibilities
Research Subcommittee – Open to the Public	<ul style="list-style-type: none"> • Improve access and utilization of available data to inform policy decisions, evidence- based regulatory practice, and research 	<ul style="list-style-type: none"> • Minimum of three members of the WABON • Pro Tem members may be invited to participate and provide expertise for selected projects • Pro Tem members may be selected to represent geographic areas and specialties to the extent applicable • Director of Advanced Practice • Nurse Consultant (ad hoc) • Administrative Assistant 	<ul style="list-style-type: none"> • With assistance from staff, prepare the agenda of the subcommittee meetings • In consultation with subcommittee members, establish the dates and times for the subcommittee meetings, at least two weeks prior to the WABON business meetings • Invite people from outside to provide expertise on specialty area • Prepare and present reports at WABON Business Meetings with possible action items • Advise the WABON on processes to identify and prioritize research activities and act on results of the research if appropriate • Advise the WABON on how to continue to improve access and utilization of available data to inform policy decisions, evidence based regulatory practice and research
Education Subcommittee – Open to the Public	<ul style="list-style-type: none"> • Advise, monitor, and recommend processes and policies affecting nursing education programs to the WABON. 	<ul style="list-style-type: none"> • Chair appointed by the WABON Chair • Nursing Program Approval Panel (NPAP) members • Nursing Assistant Approval Panel (NAPAP) members (ad hoc) • Director of Education • Director of Nursing Assistant Training Programs (as needed) • Nursing Education Consultant • Staff Attorney 	<ul style="list-style-type: none"> • Prepare the agenda of the subcommittee meetings in collaboration with staff • Periodically include specific agenda items related to nursing assistant training programs on as-needed basis • Consult with subcommittee members to establish the dates and times for the subcommittee meetings • Prepare and present a report with possible action items to the WABON at business meetings

WASHINGTON STATE NURSING ORGANIZATIONS

Washington Center for Nursing (WCN)

The Nursing Summit in 2001 resulted in a Strategic Plan for Nursing to ensure that there are enough nurses to care for our citizens – the Washington State Strategic Plan for Nursing (WSSPN), which was adopted by the Washington Nursing Leadership Council (composed of CNEWS, NWONE, WABON, WLN, WSNA). In response to this plan, the Washington Center for Nursing was created in 2003 as the statewide nursing workforce organization.

WCN is funded by the WABON (**RCW 18.79.202**) through the Washington State Department of Health, part of allows grants to be awarded to a not-for-profit central nursing resource center that is comprised of and led by nurses. [About Us – Washington Center for Nursing \(wcnursing.org\)](http://wcnursing.org)

Council on Nursing Education in Washington State (CNEWS)

Vision

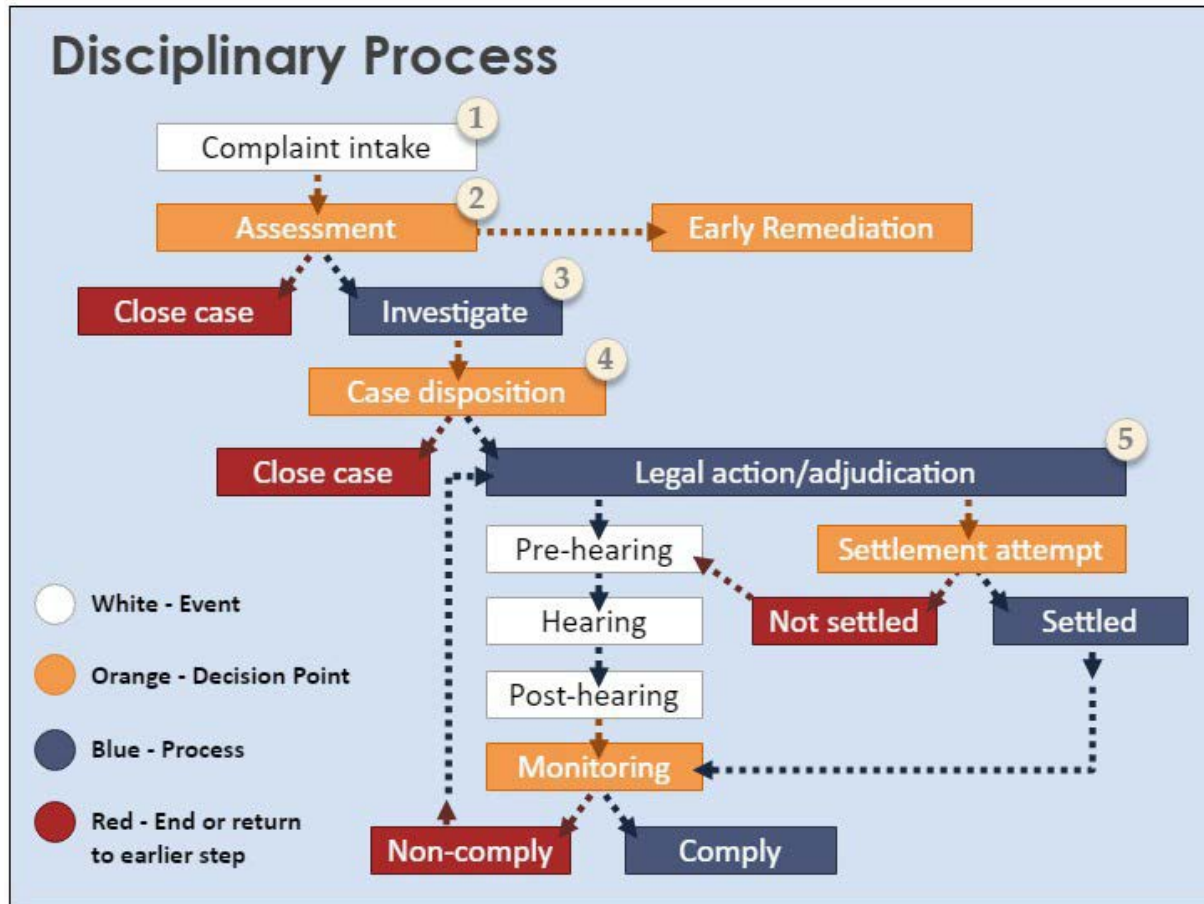
- The Council on Nursing Education in Washington State (CNEWS) leads the Transformation of Nursing Education in Washington state to benefit the people of our state and beyond.
- Mission
- To promote excellence in nursing education
- To increase nursing education's responsiveness to the health and health care needs of the people
- To share and promote best practices in nursing education
- To provide a forum for collaboration and meaningful discussion about nursing education

Membership includes a representative from each institution offering a program in nursing. [Nursing Programs - Education | Washington State Department of Health](#)

COMPLAINT AND DISCIPLINARY PROCESS

Complaint Process

- [Discipline | Washington State Department of Health](#)
- *Disciplinary Process Flowchart:*



Using the investigatory evidence, answer the questions below:

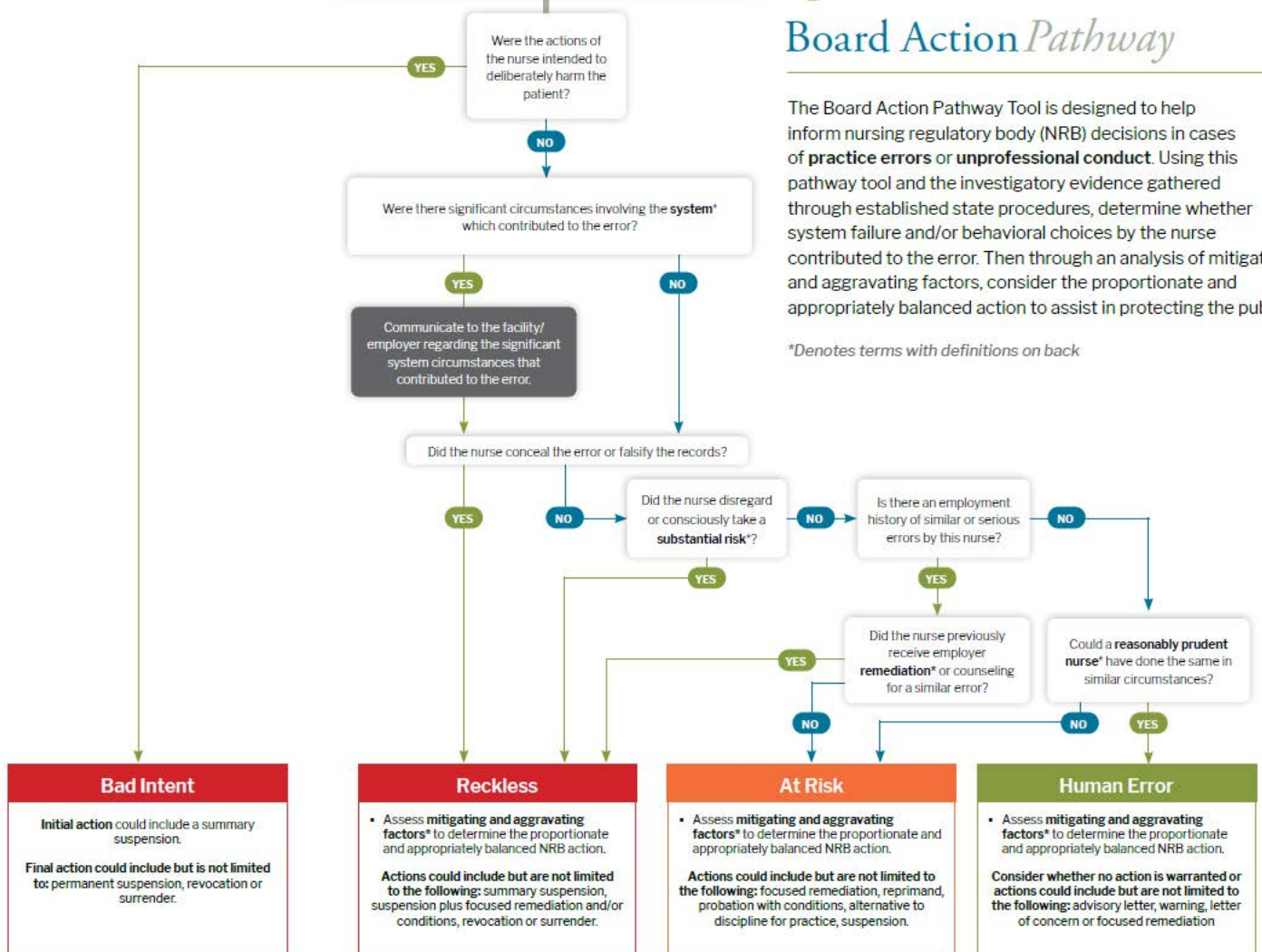


NCSBN

Board Action Pathway

The Board Action Pathway Tool is designed to help inform nursing regulatory body (NRB) decisions in cases of **practice errors** or **unprofessional conduct**. Using this pathway tool and the investigatory evidence gathered through established state procedures, determine whether system failure and/or behavioral choices by the nurse contributed to the error. Then through an analysis of mitigating and aggravating factors, consider the proportionate and appropriately balanced action to assist in protecting the public.

**Denotes terms with definitions on back*



NCSBN Board Action Pathway

Process:

- Examine the investigatory evidence through a series of questions about the behavioral choices by the nurse leading to a determination of error accountability by the nurse (human error, at risk behavior, reckless behavior, or bad intent).
- Determine the proportionate and appropriately balanced NRB action using the analysis of behavioral choice and aggravating and mitigating factors leading to a decision whether a board action is warranted.

Definitions

Aggravating Factor

Any fact or circumstance that increases the severity or culpability of the act

Factors could include, but are not limited to, the following:

- Knowingly created risk for more than one patient
- Number or frequency of acts of misconduct
- Act committed for personal gain or benefit
- Age, capacity, vulnerability of the patient
- Experience in practice
- Holds leadership/mentor position
- Past facility discipline
- Past NRB complaints, discipline

Mitigating Factor

Extenuating, explanatory or justifying fact, situation or circumstance

Factors could include, but are not limited to, the following:

- Isolated event
- Systems issues, communication breakdown
- Interruptions, chaotic environment
- Policies/procedures lacking or unclear
- No past NRB complaints, discipline
- Acknowledgment of responsibility/accountability

Reasonably Prudent Nurse

A nurse who uses good judgment in providing care according to accepted standards

Remediation

Education or training to correct a knowledge or skill deficit

Substantial Risk

A significant possibility that an adverse outcome may occur

System

An organization's operational methods, processes or infrastructure/environment

ALTERNATIVES TO DISCIPLINE

Early Remediation Program

The WABON recognizes that humans, including nurses, make mistakes. The Early Remediation (ER) Program provides a method to remedy apparent clinical deficiencies involving no or minimal harm in a more effective way. The process includes developing an Action Plan during the Investigation phase.

[WAC 246-840-582 - ER Program Definitions](#)

[WAC 246-840-583 - ER Program Criteria](#)

The ER Program resolves practice deficiency allegations of a less serious nature through a remedial education, training, and supervision plan including:

- Substandard nursing practice.
- Failure to conduct patient assessment, document or give medications.
- Failure to comply with scope of practice requirements, delegation laws, and regulations.

Nurses are not eligible for this program for allegations of substance abuse, drug or substance abuse, drug diversion, fraud, theft, deceit or willful misconduct, abuse/neglect allegations, or conduct resulting in more than minor patient harm.

The ER Program Team consists of WABON members and staff. Staff may make recommendations to the ER Program Panel. Only the WABON members have decision-making authority. Based on preliminary findings, the ER Program Panel determines outcomes:

- Close case if the allegation(s) is unsubstantiated, lack jurisdiction, or below threshold.
- Develop Action Plan (with recommendations from the ER Program Team).
- Authorize full investigation if no longer appropriate for the ER Program, if the respondent declines participation, or if the respondent does not respond to offer or send in requested information.

The ER Program Team sends the suggested Action Plan to the respondent (and if appropriate) to the respondent's employer:

- Upon acceptance of the Action Plan, designated staff monitor compliance with the Action Plan.
- Return case to the ER Program Team for full investigation if the respondent declines participation or if the respondent is noncompliant with the Action Plan or does not complete the Action Plan within six months from the date the investigation was opened.

The WABON staff present cases to the ER Program Team when the respondent successfully and timely completes the Action Plan. The review includes:

- The initial complaint
- Preliminary investigation report
- Action Plan results

If the nurse participated but failed to successfully complete the Action Plan in six months, the nurse may be charged with unprofessional conduct. In determining appropriate sanctions, the WABON will consider participation in the Action Plan a mitigating factor.

Washington Health Professional Services

The Washington Health Professional Services (WHPS) program is the WABON's approved substance use monitoring program under RCW 18.130.175.

The WHPS program is a non-public program for nurses whose practice may be affected by substance use. Participation allows nurses to protect their licenses while receiving the help they need to recover from substance use disorder. WHPS protects the public by providing early intervention, referral to treatment, and structured monitoring services. Nurse monitoring has positive outcomes with success rates upwards of 70%. Most nurses in monitoring achieve long-term recovery and continue to practice in their profession.

The WHPS program includes:

- A referral for substance use disorder evaluation and treatment
- Routine contact with a dedicated case management team
- Peer support and recovery-oriented meetings
- Random drug testing
- Practice support
- The opportunity to demonstrate recovery

Program Enrollment

Voluntary: Nurses may voluntarily participate in WHPS by contacting the program to enroll. Voluntary enrollment into the WHPS program might not be subject to disciplinary action and your participation is not made known to the board as long as you meet program requirements.

Non-Voluntary: The WABON may refer nurses to WHPS as part of disciplinary action, or as an alternative to discipline action when there is no patient harm under RCW 18.130.160.

Washington State Office of the Attorney General

Chief Legal Office (LSO) for Washington State

- Twenty-seven divisions
 - Provide legal services to more than 230 state agencies, boards, and boards
- Washington State | Office of the Attorney General
- Chapter 43.10 RCW: ATTORNEY GENERAL (wa.gov)

Assistant Attorney General (AAG) Roles and Functions

- Advance goals and the work of the WABON
- Provide legal advice to the WABON
- Provide informal advice, listen, and understand the profession
- Use and interpret the law to advance the WABON's mission, purpose, and goals as needed
- Provide advance analysis
- Provide consistent information to the WABON and staff

- Understand issues addressed by the WABON or that may impact the WABON
- Provide guidance to the WABON and staff
- Understand and follow timelines as necessary
- Provide mechanism for feedback
- Focus on the WABON meeting
- Communicate clearly, thoughtfully, and deliberately

Ethics Board

The Washington State Executive Ethics Board was created by chapter 42.52 RCW in 1995 to enforce the state's ethics law and rules adopted under it with respect to statewide elected officers and all other officers and employees in the executive branch, boards and boards, and institutions of higher education.

[Who we are | Executive Ethics Board \(wa.gov\)](https://www.wa.gov/who-we-are/executive-ethics-board)

RULES

The WABON has authority to issue rules related to nursing:

- Any agency order, directive, or regulation of general applicability
- The violation of which subjects a person to penalty or administrative sanction
- Which establishes, alters, or revokes any procedure, practice, or requirement related to agency hearings
- Which establishes, alters, or revokes any qualification or requirement related to the enjoyment of benefits or privileges conferred by law
- Which establishes, alters, or revokes any qualifications or standards for the issuance, suspension, or revocation of licenses to pursue any commercial activity, trade, or profession...
- The term includes the amendment or appeal of a prior rule

A rule does not include statements about internal management of an agency and not affecting private rights or procedures available to the public or declaratory rulings.

Rules are required:

- When a regulation applies to everyone over whom the agency has jurisdiction (general applicability) and violation of the rule could:
 - Subject a licensee or applicant to a penalty, sanction, denial, or restriction
 - Affect professional licensure standards or qualifications
 - Affect procedures related to agency hearings

[RCW 19.85 Regulatory Fairness Act](#)

[RCW 34.05 Administrative Procedures Act](#)

[Rule Making Process](#)

INTERPRETIVE STATEMENTS AND POLICY STATEMENTS

[RCW 34.05.230 Interpretive and Policy Statements](#) advise the public of current opinions, approaches and likely courses of action. Interpretive statements and policy statements are advisory only. An agency is encouraged to convert long-standing interpretive and policy statements into rules. A person may request an interpretive statement or request conversion to a rule. Interpretive statements and policy statements must be filed with the [Washington State Office of the Code Reviser](#) for publication in the [Washington State Register \(WSR\)](#).

Interpretive Statement

- A written expression of the opinion of an agency, entitled an interpretive statement by the agency head or its designee, as to the meaning of a statute or other provision of law, of a court decision, or of an agency order. RCW 34.05.010(8)
- An interpretive statement lets the public know how the agency interprets its own law or rule— what the agency thinks it means.

Policy Statement

- A written description of the current approach of an agency, entitled a policy statement by the agency head or its designee, to implementation of a statute or other provision of law, of a court decision, or of an agency order, including where appropriate the agency's current practice, procedure, or method of action based upon that approach
- A policy statement informs the public of the agency's current approach to implementation of its own law or rule.

[RCW 34.05.230 Interpretive and Policy Statements](#)
[Washington State Legislature](#)

Advisory Opinions

The WABON has authority to issue advisory opinions about questions concerning nursing practice for the advanced registered nurse practitioner (ARNP), registered nurse (RN), licensed practical nurse (LPN), nurse technician (NT), and nursing assistant-certified (NA-C)/nursing assistant-registered (NA-R). The WABON may issue or decline to issue an advisory opinion. Advisory opinions are often issued in the absence of a case or controversy. Advisory opinions are not legal binding and carry no precedential value.

[RCW 18.79.110 Board - Duties and Powers - Rules - Successors to Boards Nursing Practice Information Website](#)

Frequently Asked Question (FAQ) Forum

The WABON may also develop FAQs forum related and post these on the WABON website to respond to common questions or queries, organization information, as well as questions or queries that can be answered simply by the WABON without developing a formal advisory opinion, Interpretive statement, or policy statement. These provide easily accessible responses approved by the WABON to the public, partners/stakeholders, organizations, and employers. They also provide a consistent response from the nurse consultants/advisors or other staff. A request may come from the WABON, subcommittee, or the public. [Nursing Practice Information Website](#)

Nursing Practice Team – Consultation and Education

The Nursing Practice Team uses a preventive approach through formal and information consultation and education of nursing students, nurses, administrators and other partners/stakeholders on a

variety of topics relevant to regulatory and scope of practice issues, questions, or concerns.

The nursing consultants and nursing advisors are available to answer questions informally. The consultants/advisors encourage the use of the [Interactive Scope of Practice Decision Tree](#) as a tool to assist the requestor in making decisions based on the state and federal statutes, regulations, evidence-based research, institutional policies, accreditation standards, standards of care, individual competencies, and nursing judgement. [Nursing Practice Information Website](#)

PARTNERS & COMMUNICATIONS

CNEWS

[CNEWS](#) is an organization comprised of administrative leadership from all nursing programs in the State of Washington. Its role is to promote communication among members and offer mentorship to new leaders, as well as to facilitate collaborative responses to the health needs of Washington State. The organization hosts two meetings each year in the fall in Seattle, and in the spring in Spokane.

Partner List

WABON maintains a partner list for our staff and leadership to communicate with others in the nursing community. The rationale is to build and maintain a list of organizations and track email addresses for the leadership staff employed at those organizations.

[Operations - Stakeholder List \(sharepoint.com\)](#)

Local Health Jurisdictions

Washington has 30 county health departments, three multi-county health districts and two city-county health departments. We refer to them as local health jurisdictions. They are local government agencies, not satellite offices of the state Department of Health or the State Board of Health. Local health jurisdictions carry out a wide variety of programs to promote health, help prevent disease and build healthy communities.

Tribal Communications

Washington State and the American Indian tribes located in Washington State work together, government-to-government, to address the public health issues that affect all of us. The involvement of Indian Tribes in the development of public health policy promotes locally relevant and culturally appropriate approaches to issues of mutual interest or concern.

GovDelivery

The WABON uses [GovDelivery](#) to reach many individuals at once via email. Members are encouraged to sign up for notifications.

BoNCast

WABON produces the BoNCast, which is the Board of Nursing's podcast. It is available on the YouTube platform. Members and the public are encouraged to listen to the episodes and learn more about the WABON directly from those individuals who are directly related to the processes employed to ensure the safety of the people of Washington state. [BoNCast YouTube](#)



STATE OF WASHINGTON
Board of Nursing
Meeting Minutes
November 17, 2023
8:30 AM- 5:00 PM

This was a virtual meeting, people could attend the meeting if they did not have a computer or phone access at Labor & Industries: 7273 Linderson Wy SW, Tumwater, WA 98501, in Room S117.
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>.

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
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Emerisse Shen, FNP, ARNP
Kimberly Tucker PhD, RN, CNE

Excused:

Dawn Morrell, RN, BSN, CCRN

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. Welcoming new members

B. Order of the Agenda

C. Land Acknowledgement - Judy Loveless-Morris

D. Announcements

1. Welcome new staff.
2. Celebrate board member, Quiana Daniels, was selected for the 2023 Puget Sound Business Journal Healthcare Leadership Award. Awards ceremony is December 7th at the Sheraton Grand Seattle from 11:30 am - 1:30 pm
3. Burnout and well-being survey from NCSBN, UPENN, WCN, and WABON. The board members were asked to encourage nurses to participate.
4. WCN presentations frequency of review and updates.

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. Guilford seconded the motion. The motion passed.

A. Approval of Minutes

1. WABON Business Meeting
 - a. September 7, 2023
 - b. September 8, 2023
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
 - a. No minutes

B. Letter from NCSBN President Jay Douglas

C. Letter from NCSBN CEO Phil Dickison

III. Consent Agenda – DISCUSSION/ACTION. Continued.

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. 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

B. Nursing Assistant Program Approval Panel (NAPAP)

1. August 14, 2023
2. September 11, 2023
3. September 18, 2023

V. Chair Report – Yvonne Strader – DISCUSSION/ACTION

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

The transition of Chair and Vice-Chair from the board, with the new board member appointments from the Governor's office, required WABON to elect interim officers for chair, vice chair and secretary/treasurer for the remainder of the year.

Nominations and floor nominations were presented, and voting took place via voice.

Nominations for interim positions: Chair – Adam Canary, Vice Chair – Quiana Daniels and Kim Tucker, Secretary/Treasurer – Kim Tucker and Ella Guilford

Vote Tally:

Chair

Adam Canary - 11

Vice Chair

Quiana Daniels – 6; Kim Tucker - 4

Secretary/Treasurer

Kim Tucker – 6; Ella Guilford - 5

V. Chair Report – Yvonne Strader – DISCUSSION/ACTION. Continued.

A. Transitions of Board Members. Continued.

ACTION: The following officers for remainder of 2023-2024 were elected, Chair: Mr. Canary, Vice Chair: Ms. Daniels, Secretary/Treasurer: Dr. Tucker.

Ms. Ness moved to approve the officer elections with a second by Ms. Myrick. The motion passed.

The Officer nominations and election of officers for 2024-2025 will take place via routine procedure occurring January to July 2024. The procedure was available for review in the packet.

B. LNI Data Release Request

WABON reviewed LNI request for ILRS data to identify types of providers by geographic region for disaster planning and understanding injury and illness among the workforces. WABON and LNI have a data sharing agreement in place. No identifiable data will be shared.

ACTION: Ms. Loveless-Morris moved, with a second by Ms. Guilford, to approve the LNI data release request to support disaster planning and geographic distribution of illness in the nursing workforce. The motion passed.

C. Survey Request for WHPS from WSU PhD Student

WABON reviewed a PhD student at WSU request for WHPS support in recruitment for survey participation.

ACTION: Ms. Loveless-Morris moved, with a second from Mr. Canary, to approve the research study request to have WHPS distribute an optional survey to participants on behalf of the WSU PhD student looking at barriers and facilitators in the return-to-work process after licensure discipline related to substance use. The motion passed. Ms. Moua requested that a presentation to the board be planned once the project is completed.

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

A. Budget Report – Adam Canary, Chris Archuleta

Mr. Archuleta reviewed the FY23 budget including revenue projections. Mr. Archuleta explained he has 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. Mr. Archuleta anticipates providing a more accurate report with an updated outlook at the January meeting.

The WABON budget is underspent by approximately \$1.4M and the current revenue balances are just over \$2M, which stands below the recommended balance. Revenue projections in FY25 were adjusted for the anticipated increases from phase two of the Nurse Licensure Compact (NLC). These estimate when WABON will begin issuing the multistate license and collect additional fees for the new credentials. Revenues are expected to rebound once phase two occurs.

VI. Executive Director Report. Continued.

B. Strategic Plan Update

1. Nursing Assistants – Kathy Moisio

Dr. Moisio presented the update during education time later in the meeting.

2. Bill Implementation

a. SB 5499 – Nurse Licensure Compact – Alison Bradywood, Mary Sue Gorski

Dr. Bradywood reported progress in allowing multistate license holders to work in Washington state and successful completion of phase one. Phase two remains in progress with expected launch in issuing multistate licenses by the end of January 2024.

Two pending processes required prior to issuing the multistate licenses are a rule hearing on the licensing fees scheduled for December 5 as required by the Secretary, and completion of IT build processes by the Department of Health's IT workgroup within ILRS and eventually Health Enforcement and Licensure Management System (HELMS). NCSBN issued information to WABON regarding issuing a separate multistate license in Washington was not feasible and would require a change of plans to add MSL to existing RN credentials for those converting or getting a new license with a multistate.

WABON has applied for a grant to NCSBN for assistance for IT support. NCSBN Board to issue a decision on the grant in early December.

b. SB 5582 – Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. – Gerianne Babbo

Dr. Babbo reported on the robust simulation draft rules in progress and data gathering processes. Dr. Babbo invited board members to the upcoming rules workshop on December 4th.

c. HB 1255 (RCW 18.79.440) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. – Grant Hulteen

Mr. Hulteen reported IT issues in ILRS removing the yes indicator for those with discipline related to substance use disorder, but the documents are no longer linked. DOH IT's working to resolve the issue. Mr. Hulteen further reported the stipend program WAC rules are in progress and go before the board for review and approval before proceeding further in the process. New rules are being developed for the application process. Go live date for the stipend program is July 1, 2024. A decision package for further support has been submitted.

d. HB 1009: Military Spouse Employment - Jessilyn Dagum

Ms. Dagum reported implementation of the bill is close to completion, with licensing already issuing temporary practice permits and processing licenses within the time frame of the bill. WABON is currently seeking a military spouse as a pro tem or board member. Rules updates towards the bill are in progress.

3. Data-Driven Practice – Debbie Carlson

Ms. Carlson reported on the progress of data-driven practice goals to collect available data to identify and characterize practice breakdowns that promote safe nursing practice. The practice team is working toward developing a data management plan by the end of December and identifying data sets that provide information on practice breakdown.

4. Diversity, Equity, Inclusion, & Anti-Racism (DEI) – Alison Bradywood

Dr. Bradywood presented on the DEI plan and first steps toward aligning WABON's work on DEI with the Pro-Equity Anti-Racism (PEAR) plan and DOH's transformation plan. These goals are a first step and will become more measurable as the specifics of the plan are established.

VI. Executive Director Report. Continued.

A. Strategic Plan Update

5. Communications – Social Media Presence – Shad Bell

Mr. Bell presented WABON's social media strategy to create an effective social media presence per the request of the board. Mr. Bell is working with Ms. Sharar and pro tem board member Ms. Tovar to increase this presence over the next twelve months.

B. Rules Update – Jessilyn Dagum

Ms. Dagum reported on emergency rules: out of state exam and endorsement licensing, basic caregiving training, and nursing assistant; and rules in progress: nursing temporary practice permits, health equity continuing education, blood glucose delegation, multistate license fee, credential opportunities, substance use disorder monitoring program, and ARNP education requirements.

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

Mr. Hoehn reported continuing delays and over budget for the implementation of the HELMS system. The tentative implementation was to be April 2024. In April 2024 HELMS lite, a small part of the system to be implemented, not the complete product. The State and DOH continue to monitor the status of the goals for the project. Dr. Bradywood reported that a decision package toward supporting HELMS implementation has been submitted. Dr. Bradywood further discussed timeline options for phased implementation.

VII. Public Comment

This time allowed members of the public to present comments to the Board. No comments were made.

VIII. Commission Panel: Executive Directors – DISCUSSION/ACTION

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

The commission panel presented to WABON to promote understanding similar clinical boards to effectively partner, understand differences, and give perspectives on structure for the staff and board, and priority bodies of work of the other commissions.

IX. 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. Guest speakers Sonia Garza and Renee Hanks.

This training covered the culture of military spouses, the military spouse experience, and issues related to military spouse career paths.

X. Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

1. Board of Naturopathy Sunrise Review (decision)

Mr. Alvarado presented the Board of Naturopathy's 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).

ACTION: Mr. Alvarado moved, with second from Advanced Practice Subcommittee, to endorse the WABON Comments on Washington Association of Naturopathic Physicians Sunrise Review in Progress. The motion passed.

2. Anesthesia Assistant Program (information)

3. AP compact information sharing meetings (information)

4. Title changes from ARNP to APRN (information)

5. Rescinding the ARNP Opioid Interpretive Statement NCIS 2.0

Mr. Alvarado reported, the interpretive statement was replaced by the ARNP Opioid Prescribing Rules through the standard rulemaking process with filing of a CR-103 under WSR # 23-14-082 on June 29, 2023, and was no longer needed.

ACTION: Mr. Alvarado moved, with second from Advanced Practice Subcommittee, move to rescind NCIS 2.0 Application of WAC 246-840-4659 to Nursing Homes and Long-Term Acute Care Hospitals. The motion passed.

B. Consistent Standards of Practice – Sharon Ness, Chair

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

Ms. Ness reported a change in [Chapter 70.245 RCW](#) added the advanced registered nurse practitioner (ARNP) as a qualified provider to participate in the Death with Dignity Act. 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 \(Chapter 70.245 RCW\)](#).

ACTION: Ms. Ness moved, with second from Consistent Standards of Practice Subcommittee, to approve the Death with Dignity Advisory Opinion revision. The motion passed. Ms. Loveless-Morris abstained.

2. AO 28.01 Standing Orders Advisory Opinion Revision Request

Ms. Ness reported the current advisory opinion lists were only approved during COVID-19 pandemic; when it ended, the following state-wide standing orders were rescinded. The rescinding of these Standing Orders requires a revision of the current advisory opinion.

ACTION: Ms. Ness moved, with a second from the Consistent Standards of Practice Subcommittee, to adopt the Standing Orders Advisory Opinion Revision. The motion passed.

X. Subcommittee Report. Continued

3. Informed Consent

Ms. Ness reported 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). WABON does not currently have an advisory opinion or other guidance documents about informed consent for cosmetic procedures or any other procedure.

ACTION: Ms. Ness moved, with second from the Consistent Standards of Practice Subcommittee, to approve the development of an advisory opinion about Informed Consent. The motion passed.

C. Discipline – Adam Canary, Chair

Mr. Canary reported the implementation of the Nurse Licensure Compact (NLC) and the stigma and stipend program of WHPS have necessitated changes to some discipline and WHPS procedures to align with language in the new legislation. As we updated for these changes, we also updated the procedures to reflect current practice, as well as the name change to WABON.

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

ACTION: Mr. Canary moved, with second from the Discipline Subcommittee, to adopt revisions to procedures, A.08.06, A.49.05, W.32.04, W.33.02, W.34.03, W.49.02, and creation of W.50.01. The motion passed.

D. Licensing – Dawn Morrell, Chair

1. No report

E. Research – Judy Loveless-Morris, Chair

1. Multistate License Data

Ms. Cozart presented the multistate license data including demographics.

F. Education – Kimberly Tucker, Chair

1. No report

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

A. Nursing Education

1. Guidance for fraud detection (NCSBN)

Dr. Babbo reported the guidance is not yet available for review and will be shared with the board once available.

2. Feedback from CNEWS members

Dr. Babbo reported on feedback given by CNEWS on simulation rules and collaborative process improvement work.

XI. Education. Continued.

B. Nursing Assistants

1. Strategic Plan update

Dr. Moisio reported the new Nursing Assistant rule [WAC 46.841A](#) is in effect as of November 3rd, with rules orientation slated to begin soon. Forms revisions, web updates are completed, and testing continues with completion expected in November. Skills testing slots expanded significantly with testing change; CQI to evaluate, refine & improve efficiencies are ongoing; contract amendment to reflect change. WABON staff continue to provide consultation and support to lead agency for the apprenticeship pilot program; 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.

XII. WABON Branding – DISCUSSION/ACTION

A. Review Logo Options

Mr. Bell presented logo options to the board for selection.



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.

ACTION: Ms. Moua moved, with a second from Ms. Guilford, to adopt option 2 in green as WABONs official agency logo.

XIII. Legislative Panel – Helen Myrick – DISCUSSION/ACTION

A. Legislative Panel Members

Chair – Ms. Daniels; Members – Dr. Tucker, Mr. Alvarado – Pro Tems: Ms. Myrick, Ms. Veilleux, Ms. Strader

B. Meeting dates and times

Legislative training – December 5, 1:00-3:00pm

During Session – Legislative Panel Regular Wednesday's 4-5pm (beginning Jan 3)

XIII. Legislative Panel. Continued.

C. WABON Legislative Priorities

1. APRN Title Protection: Adjust ARNP title protection to national standard of APRN (advanced practice registered nurse).
2. Support funding for 18.79.440 (HB 1255) decision package: Fund financial assistance program to support nurse substance monitoring & treatment.
3. Investments in Simulation Professional Development: Financial support for programs to pursue endorsement/ accreditation of simulation labs, faculty professional development in simulation, open-sourced materials for training & toolkits.
4. Supporting funding for nursing faculty salaries that match industry wages to stabilize, maintain, and recruit diverse nursing education faculty.
5. Understand LTC Staffing Needs: To fund research to define value, quality of care, structure for success of LPNs in Washington (1 year). Address nurse delegation in long term care.
6. Enhance the nursing workforce.

ACTION: Ms. Daniels moved, with a second from Ms. Myrick, to accept the legislative priorities and develop a one-page flyer. The motion passed.

XIV. Meeting Evaluation

Poll Question		Rating
Did the length of the packet meet your needs?	Strongly Agree	45.45%
	Agree	45.45%
	Neither Agree or Disagree	18.18%
	Disagree	0.00%
	Strongly Disagree	0.00%
Was the information and SBAR in the packet helpful?	Strongly Agree	81.82%
	Agree	27.27%
	Neither Agree or Disagree	0.00%
	Disagree	0.00%
	Strongly Disagree	0.00%
Did you feel like your voice was heard?	Strongly Agree	63.64%
	Agree	18.18%
	Neither Agree or Disagree	18.18%
	Disagree	9.09%
	Strongly Disagree	0.00%
The meeting content was relevant to the Strategic Plan and to the Board?	Strongly Agree	63.64%
	Agree	45.45%
	Neither Agree or Disagree	0.00%
	Disagree	0.00%
	Strongly Disagree	0.00%

XIV. Meeting Evaluation. Continued.

Comments:

- Being new with no context, it took me a little longer to read through the materials but I appreciate whoever put this 199 page packet together, thank you!
- Overall agree however do feel that some of the routine updates can be condensed.
- Thank you for allowing me to serve as your chair- it's been a privilege and a blessing. The Washington State Board of Nursing is the most amazing team!
- Thank you for providing this poll. It will be interesting to see the results.
- Thanks all :)
- Amazing job!
- I feel a bit out of sorts and concerned re the voting process for the chair, vice chair, and treasurer positions. This morning. It's not that I would change the outcome...
- Can we integrate bookmarks links to help navigate the packet more easily?

XV. 3:50 PM Closing



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Minutes
October 18, 2023**

Subcommittee Members: Jonathan Alvarado, ARNP, CRNA, Chair
Kimberley A. Veilleux, DNP, RN, ANP-BC
Ronna Smith, MN, ARNP
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN
Cyd Marckmann, DNP, ARNP
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS

Absent: Emerisse Shen, MSN, CNP, FNP, ARNP
Wendy E. Murchie, DNP, CPNP-AC
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP
Molly Altman, PhD, CNM, MPH, FACNM

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
 - Mary Sue Gorski gave an update on Naturopathic scope of practice request. Alison Bradywood gave further background. Subcommittee discussed.
- Review of Advanced Practice Draft Minutes: September 20, 2023
 - Reviewed, with consensus to bring to the November 17, 2023 WABON business meeting for approval.

III. Old Business

- Prep for Meeting about the AP Compact
 - Mary Sue Gorski gave an update on the planning of the AP Compact invited workshop. Subcommittee discussed.
- New Member Orientation (see packet attached)
 - Mary Sue Gorski discussed this item. Orientation materials included in packet.

IV. New Business

- Anesthesiologist's Assistant in Washington State
 - Jonathan Alvarado introduced this topic and Mary Sue Gorski provided further details. Subcommittee discussed.

V. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Date of Next Meeting – November 15, 2023
- Adjournment – The meeting adjourned at 8:01 PM.

DRAFT



Washington State Board of Nursing
Discipline Sub-committee Minutes
October 24, 2023
3:30 pm to 5:30 pm
Adjourned at 4:58pm

Committee Members:

Adam Canary, LPN, Chair
Sharon Ness, RN
Tiffany Randich, RN
Tracy Rude, LPN ad hoc
Dawn Morrell, BSN, RN, CCRN
Quiana Daniels, GCertHealthSc, BS, LPN
Judy Loveless-Morris, PhD, public member *absent*
Ella Guilford, MSN, M.Ed., BSN, RN
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP, Pro-Tem

Staff:

Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, JD, Assistant Director, Discipline - Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS *absent*
Teresa Corrado, LPN, Assistant Director, Discipline – Case Management/HELMS, ad hoc *absent*
Rena Powell, Case Manager
Barb Elsner, HSC
Holly Palmer, HSC
Margaret Holm, JD, RN ad hoc
Mary Sue Gorski, PhD, RN, ARNP, Director, Research ad hoc *not attending*
Lynn Batchelder, Investigations supervisor, ad hoc
Luis Cisneros, JD, staff attorney
Anita Nath, JD, staff attorney

From the public: Steve Leveque

1. **3:30 pm opening – Adam**

- Call to order – digital recording announcement
- Roll call of board members and staff
- Introduction of new discipline staff: Luis Cisneros (staff attorney), Anita Nath (staff attorney), and Holly Palmer (program support).

2. **August 15, 2023 Minutes– Adam**

- In draft format until WABON approves at the November 2023 business meeting.
Approved to move to the November meeting. Tracy/Dawn

3. **Performance measures – August and September 2023 – Catherine, Grant, Karl**

Look for updated formatting at the December DSC meeting that will be more visually engaging while still presenting the important components of the performance measures.

- **Investigations** Catherine provided highlights.
*CMT reviewed 6% fewer cases in September, down from 200 to 189.
Opened 72, down from 80, which is a 10% decrease.
Total cases open in the queue is 369. Great news!
Investigators completed more than CMT opened, which was 91 cases in September, 81 in August.
This gives us an opportunity to crawl closer to the performance measure of completing a target of 77% of cases within 170 days. We ended September with 68% and have 46% open beyond 170 days. Our target is 23%.
Old cases account for that number; we have 16 2019's remaining; 13 2020s; and 65 2022s. Lynn has a goal to be finished with the 2019s by the end of the year.
Lastly, the investigators are averaging a little over seven completed investigations per month, which keeps Legal busy.
We lost Carlos Rodriguez in September and are in the process of finding his replacement.*
- **Legal** Karl provided highlights.
*Cases were at a record high in August. Coming down in September.
Remaining strong in legal reviews out to RBMs. Improving drafting time with an improved process.
Complex work with ARNPs remains.
Tracy asked about the problem with drafting time. Karl: RBMs call quickly after they get cases assigned. Wants to get the legal reviews done before CDP within 30 days.
Three paralegals. Increase things out in the mail / documents drafted and served. Will revise how they assign cases with paralegal help. Holly will take some things off Bryan's plate so he can focus on paralegal duties. Also, bogged down with Florida cases.*
- **WHPS** Catherine provided highlights only: combining August and September reports.
*Compliance: 29 reported incidents of non-compliance.
Overwhelmingly the most common incident was a positive test with missed tests in the #2 spot.
The most frequent drug of choice was alcohol.

Graduations for August and September totaled six: three voluntary, one under conditions to practice, one on an order, and one pending.

As of the end of September we had 229 in monitoring, down from 242 one year ago.*

We are expecting challenges to our numbers since the implementation of the compact as nurses who are in an alternative to discipline programs such as WHPS will lose their multi-state license privileges until they complete the program.

26 of the 229 are in the program voluntarily, or about 11 percent.

We are currently monitoring 20 from out-of-state.

The average caseload per case manager is 45.

The average time from inquiry to intake is two days (target is seven) and from intake to monitoring is 41 days (target is 45 days).

78% of our nurses monitoring in-state are employed as nurses, with a target of 72%.

Sharon: went to the nurse wellness conference but no WHPS table.

Dawn: The audience expressed a lot of interest in WHPS so John presented info about our program. Thinks we missed an opportunity to be there. John asked the audience how many knew about WHPS and only a small number of hands went up.

Tracy: The speakers made references to other states' programs that are much different from ours. The second day was a half day and most people from the first day came back.

Margaret: speakers on the second day were repetitive.

- SUDRP Combined August and September reports.
Reviewed 16 cases in August and September.
Ten for positive drug screens, two for missed tests, and four for other non-compliance. Thirteen remained in WHPS, including four with action (returned for investigation) and three were discharged.
Two nurse appearances.
Twelve referral contracts reviewed and all but one accepted.

Tracy: since we have members from the public on, wanted to say we value feedback about the program when nurses attend SUDRP.

4. **Updates on Florida schools investigations – Catherine, Lynn, Karl**

- NLC and Operation Nightingale. The challenge of taking administration action against nurses who are now practicing on multi-state licenses. Karl: one of the unintended consequences of the compact. Many of these cases had to be closed. CCW: we notify the home state, and they can request our file as necessary.
- Snapshot of cases pending in investigations and legal.
Lynn: have eight files in investigations.
Karl: down to a couple dozen cases in legal. Harder to determine which schools are fraudulent and which are just bad schools.
- Other states and NCSBN
Monthly calls regarding Operation Nightingale.
Many states are handling the cases differently.

Sharon asked about indictments. Lynn answered about schools and school owners who are now in prison. Sharon wondered about federal charges against nurses. Lynn reiterated what the FBI said about not having the resources to investigate nurses and therefore left it to each state's discretion. Sharon also felt that the nurses were innocent. Lynn talked about the recruiting of nurses and the fact that nursing students would have

had a clue when they didn't need to attend classes, participate in clinicals, or the program lasted only one year.

Dawn: This no longer needs to be a standing agenda item as it has run its course.

5. **Bill Implementation Updates – Catherine, Karl, Grant**

- RCW 18.80 Nurse Licensure Compact (NLC). Projected to begin issuing multi-state licenses in January.
Karl: finished with phase 1, welcoming nurses on Multi State License (MSL) to Washington.
Phase 2 to begin in January, issue MSL. Tied to HELMS that's not ready yet. Will issue under the legacy data system (ILRS).
This has a budgetary impact on the board, so we need to begin asap.
Must share more info with NURSYS, which means adding about 2-3 fields to ILRS.
We are always sharpening the messaging on issuing MSL.
Finding issues in discipline that we resolve as we go.
- HB 1255 WHPS Incentive and Stipend program.
We have been successful in our work to remove the documents associated with SUD discipline. That's an IT issue they're working on. That's the stigma side of the bill. We are in the testing phase to take the yes off provider credential search by using a different closure code.
Most recent work is on the numbers for the upcoming decision package related to stipends, which is the incentive side of the bill.
We're asking for approximately \$545,000 to meet the objective of providing stipends to nurses to pay 80% of their expenses not covered by insurance. We originally received \$25,000 for implementation costs to support rulemaking and for a single element of program costs for a limited population, such as testing for those involved in group participation.
The new amount includes funds for things such as testing, monitoring, inpatient, intensive outpatient, alcohol drug information school. Testing is the most onerous as nurses test approximately twice per month. The costs for urine testing range from \$54-\$120 and specialized tests range from \$120-\$400. Also, testing is usually not covered by insurance unless it's related to treatment, and WHPS does not meet the criteria for treatment.
Up front, we hope to pay for the evaluations of all nurses who will enter the program as this is the initial stumbling block. The cost of each evaluation is \$350. By covering the initial cost of the evaluation, we hope to incentivize more nurses to participate.

6. **Procedure Revisions**

- W.32 Program Non-Compliance and Discharge Criteria – updated language to reflect the stipend and stigma legislation and current practice. *Move forward.*
- W.33 Intake – updated to reflect the stipend and stigma legislation. *Move forward.*
- W.34 Substance Use Evaluation and Treatment Services – updated to reflect the stipend and stigma legislation and current practice. *Move forward.*
- W.49 Performance Reports and Procedure Review – update to reflect the stipend and stigma legislation. *Move forward.*
- W.50 Stipend and Stigma procedure – refined language since the September WABON meeting. *Mainly a clean-up; no substantive changes. Move forward.*
- A.08 Out of State Action – updated to reflect MSL language and associated actions. *Move forward.*

- A.21 Licensing Criteria – need more time to coordinate with licensing (Amber is out on maternity leave). Some discussion about eliminating the table entirely as everyone applying for licensure must submit court documents for convictions, and all felony convictions prevent a nurse from holding a multi-state license. Might consider eliminating the table all together and not have the background check unit apply different standards from single state and multi state applicants. All the board members agreed to eliminate the table. Staff agreed to bring back a cleaned-up version of edits without the table to the next DSC meeting.
- A.49 WHPS Referral Contracts – updated to reflect MSL language and associated actions. Added a line about the stipend program. Added a section about participation in WHPS will cause the MSL license to revert to a single state license in the home state until the nurse completes the program. Also, requirements to notify the home state of enrollment. Karl explained in a little more depth about the requirement of the nurse to obtain a single state license here if they lose their MSL because of enrollment in WHPS. Move forward.

7. Work plan – Adam, Catherine

Catherine pointed out that the new data discipline dashboard is on the webpage. Check it out!

8. Public comment – Adam

- Limited to two minutes per speaker No comments.

9. 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. No comments.

10. Adjourn 4:55 pm.



**Washington State Board of Nursing
Consistent Standards of Practice Subcommittee Minutes
October 6, 2023**

Committee	Sharon Ness, RN, Chair
Members	Ella Guilford, MSN, M.ED., BSN, RN, Member
Present:	Quiana Daniels, BSN, RN, LPN, Member Tiffany Randich, RN, LPN, Pro Tem Diana Meyer, DNP, RN, NEW-BC, FAEN, Pro Tem
Staff	Deborah Carlson, MSN, PMC, CPM, RN, Director of Nursing Practice Shana Johnny, DNP, MN, RN, Nursing Practice Consultant Holly Palmer, Administrative Assistant Seana Reichold, Staff Attorney

Opening:

Committee Chair Sharon Ness called the meeting to order at 12:09 P.M. The Consistent Standards of Practice subcommittee members and staff were introduced, and Commissioner Ness read the Public Disclosure Statement was read aloud.

Announcements:

- Shana Johnny provided an update on nurse delegation of COVID-19 testing in various settings and a summary report of a meeting with interested parties. Some concerns are outside WABON jurisdiction and must be solved by individual agencies or organizations.
- Debbie Carlson provided an update on nursing delegation related to the Centers for Medicare and Medicaid (CMS) Acute Hospital-at-Home Care Model; action should only be taken if the program exists. Ms. Carlson will follow up with attendees who requested an informational meeting.
- Ms. Johnny introduced the Consistent Standards of Practice Subcommittee Quality Assurance Plan. Due to increased workload and additional activities, staff will review work processes and develop a system to filter requests to determine priority levels. Pro Tem board member Diane Meyer will assist staff in building this framework.

Draft Minutes: CSPSC agreed to move the June 2 and June 8, 2023, draft minutes to the November WABON business meeting.

Old Business:

Non-Surgical Cosmetic Procedures/Informed Consent – CSPSC agreed to request Board approval to develop an Advisory Opinion and a Commonly Asked Questions (CAQ) document after discussing this issue. This request will move to the November WABON business meeting.

Nurse Delegation Advisory Opinions – Ms. Carlson received extensive feedback from interested parties on the complexity of developing Advisory Opinions to address nursing delegation in various settings. It was determined that a CAQ document is better suited to provide information and guidelines. Ms. Carlson will draft a CAQ document for the subcommittee to review.

New Business:

Advisory Opinion: NCAO 20.03 Death with Dignity - Aid in Dying: Role of the Nurse Revision Draft – Ms. Carlson provided background and an update. This document relates to a law change for nurse practitioners, who can now prescribe for qualified patients. The revision is to comply with the new rules. CSPSC agreed to move this forward to the November WABON business meeting for approval.

Advisory Opinion: NCAO 28.01 Standing Orders – Draft Revision – Ms. Carlson provided background and update. The document lists state-wide standing orders rescinded once the COVID-19 pandemic ended. The subcommittee agreed to forward the draft revision of the Advisory Opinion to the November WABON business meeting for approval.

Commonly Asked Questions - Patient Abandonment: Active Shooter Scenario – Draft Revision – Ms. Carlson provided background and update. The Washington State Nursing Association requested clarification from the board about patient abandonment and active shooter scenarios. The current interpretive statement does not explicitly address active shooter scenarios and what constitutes patient abandonment. The sub-committee agreed to forward the CAQ draft revision to the November WABON business meeting for full approval.

CAQ – Emergency Care – Scope of Practice in Community-Based and Home-Care Settings – Draft – The Washington State Department of Social and Health Services is requesting a formal response as to whether the RN can delegate administration of injectable epinephrine, glucagon, and naloxone. Ms. Carlson is working on draft CAQs; input will be solicited from interested parties, and the AAG will review and provide recommendations before a draft is brought back to the subcommittee for review.

Public Comment: The public was permitted time to comment on agenda items.

Ending Items

- Review of Actions: Multiple advisory opinion drafts forwarded to the board for approval at the November Board meeting:
 - Non-Surgical Cosmetic Procedures/Informed Consent Advisory Opinion: Request to Draft.
 - NCAO 20.03 Death with Dignity – Aid-in-Dying: Role of the Nurse Advisory Opinion Draft: Request to Adopt.

- NCAO 28.01 Standing Orders – Draft Revision: Request to Adopt.
- Patient Abandonment Commonly Asked Questions Draft: Active Shooter Scenario: Request to Adopt.

Meeting Evaluation: Participants were permitted time to discuss meeting processes and outcomes.

Date of Next Meeting – December 1, 2023

Adjournment 1:01 PM

DRAFT



**Washington State Board of Nursing (WABON)
Licensing Subcommittee Minutes
October 17, 2023 1: 00 pm to 2: 00 pm**

Committee Members: Dawn Morrell, BSN, CCRN, RN, Chair
Adam Canary, LPN
Helen Myrick, Public Member
Yvonne Strader, RN, BSN, BSPA, MHA

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
Jessilyn Dagum, Policy Analyst
Lori Underwood, Licensing Supervisor

This meeting was digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the **January 12, 2024**, WABON 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** - Board Member Dawn Morrell, Board Member Helen Myrick, Board Member Yvonne Strader, Board Member Adam Canary, Dr. Shana Johnny, Mr. Karl Hoehn, Ms. Jessilyn Dagum, Ms. Lori Underwood

II. Standing Agenda Items

- **Announcements/Hot Topic/NCQAC Business Meeting Updates** – Board Member Morrell asked the committee if there were any topics to be discussed, no topics were brought forward.
- **Approve Minutes for August 15, 2023** - Board Member Myrick moved with a second from Board Member Strader to approve the minutes for August 15, 2023.

III. Old Business

- **Florida School Issues and Current Actions** – Ms. Underwood explained that since we have become part of the Compact, many of the files that we have been working on, we have had to close because those applicants also hold an active multistate license and we do not have jurisdiction over their multistate license. Mr. Hoehn added that we have worked on a process to send closure letters to these applicants, and we are able to share information and facts regarding our investigations with their home state of their multistate license. He also shared that we have had some interest from other states, including Florida to send them files. Board Member Morrell asked the committee if there were any questions. She also asked if we should continue to have this subject on the agenda in case

of any updates. Mr. Hoehn shared his opinion, he suggested that it not continue to be a standing agenda item. If there is a specific topic that we need to discuss, we can address it in the meeting. Ms. Underwood agreed with Mr. Hoehn. Board Member Strader and Myrick both agreed to remove this as a standing agenda item.

- **Temporary Practice Permit Rules** – Ms. Dagum provided an update. She shared that we filed the CR102 on October 12th and the hearing for this rule making is November 29, 2023, at 12 pm. She continued to share that we just sent out the Gov Delivery message and we're excited to have this rule hearing to receive testimony and for the Board to review this rule and move it forward in the rule making process. Board Member Morrell inquired how long after it is approved before it goes into effect. Ms. Dagum explained that after it is approved at the November 29th hearing, we will move forward with filing the CR103, and it will go into effect after thirty-one days. Board Member Morrell shared that it would be nice if we could see this one completed in 2023, but it may be a few days short of completing this in 2023.

IV. New Business

- **Governor's Weekly Report** – Ms. Underwood provided an update on the Governor's report. She shared that we are staying under seven days to issue a Temporary Practice permit and definitely seeing the impact on the number of applications since we joined the Compact. In September 2022, we received one thousand, nine hundred ninety-five applications; however, in this year in September, we only received a little over one thousand applications. She also pointed out that the number of licenses we issued in September of this year was one thousand, two hundred fourteen, whereas in September 2022, we issued two thousand, sixty-seven licenses. Ms. Underwood added that although we are seeing a decline in applications because of the compact, we are hopeful that once we are set to begin issuing multistate licenses, we will see these numbers rise again. Board Member Morrell asked if the multistate license information will be included in this report once we start issuing multistate licenses. She also suggested that we should include data on renewals and how many are converting their single state license to multistate license. Ms. Underwood confirmed that we will include this data in the Governor's report. Board Member Morrell asked if we will be able to see the data of how many multistate licensed nurses are being employed in Washington, or will we need to get that from HELMS? Ms. Underwood asked Mr. Hoehn to speak to this. Mr. Hoehn explained that this data will be housed in HELMS; however, for now, it is collected via Survey Monkey. Mr. Hoehn also added that there have been many hundreds of nurses that were reported working here with their multistate license. On the discipline side, we have a few cases that were open on nurses who are solely working here with their multistate license. We are working on coming up with a plan to either display this data or whether there will be any new tasks that are required in terms of going through the data regularly and looking for certain things. Mr. Hoehn added that these are being reviewed with the Research subcommittee. Board Member Morrell suggested to keep in mind the data we are collecting in Survey Monkey won't be absolute data, but maybe in HELMS, we'll have more absolute data.

Board Member Myrick asked if the data from September shed more light on where we are based on the projections that were made by Mr. Archuleta. She

also pointed out that the data reflected more than one third drop in applications. Ms. Underwood advised that she had a conversation with Ms. Zawislak-Bielaski in early September regarding the data and that it was aligning with what they had forecasted. Mr. Hoehn added that the prime directive right now is to issue multistate licenses. While we are waiting for the fee rules, we did have a good meeting with NCSBN and their IT department. We discussed what exactly was required so we can begin to issue multistate licenses. NCSBN explained to us which fields we need to supply to them so our data can be transferred to NURSYS. This was actually good news as we thought it was originally going to take three to six months before we were able to start issuing multistate licenses. Mr. Hoehn advised the committee that we are working on band-aid solutions to use in our current database while we wait for HELMS.

Board Member Morrell asked Ms. Dagum if there were any other updates. Ms. Dagum explained to the committee that the fee rule is under the Secretary's authority, so we need to work with their timeline. She also shared that we have been in communications with their office and expressed the need to move this forward as quickly as possible. They are aware of all the data and the financial impact of this rulemaking.

- **Nurse Licensure Compact Implementation Update** – Mr. Hoehn explained that we have been in phase one of the implementation of NLC and we are working on phase two. Ms. Underwood added that we have been working with our IT to update the language with online renewals to ask the licensee if they hold an active multistate license. If they choose yes, a message will appear providing information regarding NLC and advising them they cannot renew their WA license while holding an active multistate license in another state.
- **Review Request of Span Tran Transcript Evaluation Company and International Education Evaluations Company** – Ms. Underwood explained that we received requests from these companies asking for the Board to review and consider adding them to the list of approved transcript evaluation companies. Ms. Underwood provided an example of what these companies would be doing and when we would require them to evaluate education. Board Member Morrell shared her concern about the evaluation company as they listed in their packet of only have evaluated one thousand applications in South Carolina many years ago. The committee discussed the qualifications of these evaluation companies and how their analysis are evaluated. They discussed concerns of these businesses as being more of an advocacy for the foreign educated nurses as more of a factor than an equivalency. The committee discussed the already approved evaluation companies and what they currently provide to the Board. It was decided that at this time, the Board is not looking to add any additional credential verification services.

V. Ending Items

- **Public Comment** - None
- **Review of Actions**
- **Meeting Evaluation** - All
- **Date of Next Meeting** - December 19, 2023
- **Adjournment** 1:45PM



**Washington State Board of Nursing (WABON)
Research Subcommittee Meeting Minutes
October 16, 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
Katie Haerling, PhD, RN, CHSE
Yvonne Strader, RN, BSN, BSPA, MHA

Absent: Mary Baroni, PhD, RN
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 5:01 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: September 18, 2023
 - Reviewed, with consensus to bring to the November 17, 2023 WABON business meeting for approval.
- Review Work Plan and Prioritize Goals
 - Judy Loveless-Morris introduced item. Mary Sue Gorski and MaiKia Moua gave further background. Subcommittee discussed and provided feedback. Judy Loveless-Morris led subcommittee through online poll to rank Research Subcommittee Prioritized Goals and results were recorded.

III. Old Business

- Orientation Packet (attached)
 - Subcommittee commented on orientation packet attached in the meeting packet.

IV. New Business

- Education Data Dashboard: Postlicensure (Julie Benson)

- Julie Benson presented comments on Emma Cozart's Education Data Dashboard.

V. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Review of Actions – Done.
- Meeting Evaluation – Done.
- Date of Next Meeting – November 20, 2023
- Adjournment – Meeting adjourned at 6:01 pm.

DRAFT



**Washington State Board of Nursing (WABON)
Education Subcommittee Minutes**

Monday, November 6, 2023, 12:00pm to 1:00pm

Committee Members:

Kim Tucker PhD, RN, CNE, Chair
Ajay Mendoza PhD, CNM, ARNP CM
Renee Hoeksel PhD, RN, ANEF, FAAN Pro Tem
Julie Benson MHA, MN, RN, CNE Pro Tem
Patty Cochrell, MBA, RN, NE-BC Pro Tem
Fionnuala Brown, DNP, MSN, FNP-C, RN Pro Tem
Helen Myrick, Public Member (AD-HOC)
Tracy Rude, LPN Member (AD-HOC)

Staff:

Gerianne Babbo, EdD, MN, RN, Director of Nursing Education
Mary Sue Gorski, PhD, RN, Director of Research and
Advanced Practice
Kathy Moisis, PhD, RN, Director of Nursing Assistant (AD-
HOC)
Sarah Bear, EdD, MSN, RN, Nursing Education Consultant
Kathy Bay, PhD, MN, RN, Nursing Education Consultant
Margaret Holm, JD, RN Nursing Education Consultant Practice
Sara Kirschenman, WABON Attorney
Anita Nath, WABON Attorney
Judy Soeum, BA, Health Services Consultant

Questions

Please contact us at (564) 669-1015 if you:

- Have questions about the minutes

Meeting Minutes

WABON records meetings to help write accurate minutes. Minutes are then approved at the 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

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

- Introductions
- Public Disclosure Statement
- Roll Call

1. Standing Agenda Items

a. Announcements

- None

b. Old Business

- None

c. New Business

- a. Holistic Admissions in Nursing Education- Dr. Mary Baroni, Dr. Diana Meyer, Ms. Tiffany Smith-Fromm.

Documents Provided for Review

- Holistic Admissions in Washington State Nursing Programs survey data.
- WCN News article.
- Supreme Court Decision on Students for Fair Admissions, INC. v. Harvard College and University of North Carolina.
- Holistic Admissions video.

Reviewed four LPN-BSN pilot cohorts' data regarding diversity snapshot from November 16, 2022. Noted Olympic College is not part of the grant but also started an LPN-BSN program around the same time. Holistic admissions video trailer was shared. The CNEWS Survey Spring 2023 data was reviewed. A faculty development workshop, offered by Dr. Diana Meyer, DNP, RN, NEA-BC, FAEN, was discussed. A PowerPoint presentation, narrated by Dr. Diana Meyer and Ms. Tiffany Smith-Fromm, was noted as available on the Washington Center for Nursing website (as are other holistic admissions resources). Additional Holistic Admission Review Resources (links) were provided. Dr. Meyer noted the literature did not find NCLEX scores decreased with holistic admissions.

Discussion questions for the group:

- What role does the Education Subcommittee have in promoting holistic admissions?

Holistic information presented is mostly around race. Has there been any look at gender and reducing the gender gap?

Response: With holistic admissions, schools saw an increase in students more reflective of the student body including gender. Today's presentation focused on race as a response to the Supreme Court decision. Holistic admissions looks more broadly at what the whole student brings to your program. It was noted many students admitted through holistic admissions had applied multiple times to nursing program and had been denied or their prerequisites had expired.

It was asked if age diversity had been looked at.

Response: Yes, as part of the holistic admission process. Providing a curriculum that supports diverse students was also important in addition to recruiting diverse students.

Things to consider for the future include tracking graduation rates for holistic admission cohorts and the supports schools provided.

It was asked if there was any data correlating faculty diversity to the retention of students?

Response: Nothing was found in current literature search.

Industry perspective: Patients need to see themselves in their caregivers.

One school noted funding was needed for tutors and to provide English language support for students.

- What next steps would the Education Subcommittee want to take?

Possibly a resource page on the [WABON website](#) on holistic admissions.

Possibly another subcommittee meeting focused on next steps regarding holistic admissions

Ending Items

- Public Comments
- The next Education Subcommittee will have holistic admissions on the agenda.
- Date of Next Meeting: TBD
- Adjournment at 1:00pm



Letter FROM THE President

POST-BOARD MEETING UPDATE

Dec. 18, 2023

Greetings Colleagues:

The Board of Directors (BOD) convened in Chicago Dec. 5–6 for the first BOD meeting with Phil Dickison at the helm as CEO. Phil provided an update to the BOD of his key activities thus far. Phil is enthusiastic about his role and is seizing the moment to move forward building on NCSBN's solid foundation. I hope you will all review the most recent publication of *In Focus* in which Phil shares a personalized message related to his vision and leadership. This volume also contains rich content and wonderful reflections on NCSBN's celebratory 45th Anniversary Annual Meeting.

At the BOD meeting, several agenda items were related to the NCSBN strategic initiatives and objectives. In October, the BOD, the CEO and the chiefs came together for the annual strategy retreat meeting to review the status of ongoing work related to the NCSBN strategic objectives and associated future work related to the 2023-2025 strategic plan. We discussed NCSBN's domestic work which included federal agency relationship strategies to further advance the current strategic objectives as well as the international engagement strategy and needed future activities. The meeting, facilitated by Stephanie Ferguson, PhD, RN, FAAN, resulted in an assessment of where we are and provided direction to the CEO and chiefs related to the priorities for the coming year. The report of the October meeting was considered at the December meeting after all participants had time for additional reflection. The BOD reviewed the outputs from the strategy meeting and made minor adjustments to the pace and priorities related to the strategic objectives which include Licensure Process Reform, Workforce Modeling, Governance and Bylaw Review and Support Workers.

The BOD thoughtfully considered and acted on a significant volume of member applications to serve on the Governance and Bylaw Review Committee, the Model Act and Rules Committee and the NCLEX® Committee. We were incredibly pleased to see such interest in engaging in this way with NCSBN and we look forward to member contributions for this important work. The hardest part of the decision making is knowing that even though many highly qualified and willing regulators responded to the call, not everyone could be selected. The BOD in its selection process focused on applicants' articulation of their competencies for the specific committee they were applying and took into consideration related bylaws and NCSBN policies. To those of you who were not successful this time, please know that there was a large, highly competitive pool, and we hope that you will consider applying for future opportunities.

One important solicitation still to come is from the Leadership Succession Committee (LSC) as they begin the campaign related to open positions on the BOD and the LSC. I encourage you to consider this leadership opportunity and the associated requirements, competencies and time commitment needed to support the work of NCSBN.

POST-BOARD MEETING UPDATE, CONTINUED

At the December meeting the BOD also considered comprehensive and rich reports from Federal Affairs, ICRS and the Research department. The draft NCSBN Annual Environmental Assessment, which is to be published in the early part of 2024, was reviewed. It will provide you with a comprehensive resource document that addresses the current landscape of nursing and the associated regulatory implications.

Staff provided a Nursys® update, which demonstrated a significant increase in nurses self-enrolling in e-Notify and an increase in institutions enrollment for this free service. There is still progress to be made however, and we hope that nurse regulatory boards will continue to highlight this program that is useful to nurses and their employers.

Staff also presented the NCSBN Annual Data Security report which provided a comprehensive accounting of activities, training, processes and policies applied in response to and in anticipation of cybersecurity events. As we all know, vigilance in this area is of utmost importance and it takes significant resources to protect data.

Every time the BOD meets, we are so aware of how fortunate we are to have such excellent staff with a wide variety of skill sets who not only ensure NCSBN runs well day to day but who also ensure responsiveness and provide many resources to member boards. The BOD was able to express their gratitude for this work, get to know the leadership staff and welcome Phil to his new role during a holiday dinner while we were in Chicago.

Every year at this time I am amazed at how quickly time flies by. This has been a significant year for NCSBN, a time of change and a time of reflecting on the mission and innovation and hard work of the last 45 years.

During the holiday season, I wish you all the best and hope this year's season fills you up with the things that mean most to you and energizes you for a happy and healthy new year.

With gratitude,

Jay Douglas, MSM, RN, CSAC, FRE

President

804.516.9028

jay.douglas@dhp.virginia.gov

INVESTIGATIVE PERFORMANCE MEASURES	Oct-22	Oct-23	% of Change		Sep-23	Oct-23	% of Change
Cases Reviewed at CMT	153	208	36%		189	208	10%
Cases Opened to Investigation	44	94	114%		72	94	31%
Open Cases in Investigation Queue	412	391	-5%		369	391	6%
Average Caseload per Investigator	41	39	-5%		34	39	17%
Total Investigations Completed	70	73	4%		81	73	-10%
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	60%	71%	11%		68%	71%	3%
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	57%	43%	-14%		46%	43%	-3%
Investigations Completed per Investigator PM 3.1	7	7.3	4%		7.4	7.3	-1%
Task Back Assigned	9	9	0%		10	9	-10%

INVESTIGATIVE PERFORMANCE MEASURES	Nov-22	Nov-23	% of Change		Oct-23	Nov-23	% of Change
Cases Reviewed at CMT	187	127	-32%		208	127	-39%
Cases Opened to Investigation	62	57	-8%		94	57	-39%
Open Cases in Investigation Queue	417	370	-11%		391	370	-5%
Average Caseload per Investigator	46	37	-20%		39	37	-5%
Total Investigations Completed	67	76	13%		73	76	4%
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	58%	66%	8%		71%	66%	-5.0%
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	54%	43%	-11.0%		43%	43%	0.0%
Investigations Completed per Investigator PM 3.1	6.9	7.6	10%		7.3	7.6	4%
Task Back Assigned	8	5	-38%		9	5	-44%
# of COVID Cases Reviewed/Opened at CMT	6/1	0			0	0	

**Nursing Care Quality Assurance Commission
Legal Unit Performance Measures
FY 2024 (Q2)
Karl Hoehn, Legal Manager**

Type of Measure	Month	Baseline	Oct	Nov	Dec	Q Avg.
Caseload/ Case volume	Average Caseload per Attorney	45.92	46	48.14		46.86
	Cases Assigned to Legal	41.33	45	65		55.00
	TOTAL Finalized Cases	56.33	57	45		51.00
Performance	Average of Finalized Cases per Attorney (Target 10 per month)	14.08	8	6.43		7.29
	Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)	78.33%	88%	80%		84%
	Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)	86.67%	40%	50%		45%
Work Type/Complexity	Percentage of Cases involving an ARNP	6.00%	14%	15%		14%
	Number of Cases forwarded to AAG	10.67	3	5		4.00
	Finalized with Legal Review only	21.00	26	25		25.50
	Finalized by Default or Final Order After Hearing	12.00	9	2		5.50
	Finalized by STID, AO or APUC (Settlements)	19.00	12	14		13.00
	Other (releases, reinstatements)	4.33	10	4		7.00

WHPS Monthly Report - October 2023

III.C.3 - WHPS Performance Measures (Oct & Nov 2023)

Stage				
	New Intake		Current Monitoring	
License Type	2022	2023	2022	2023
ARNP		1	19	16
RN/LPN	7	7	222	215
NT				
Total	7	8	241	231

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	5		
RN/LPN	9	10	53	59	1	12	90	77	26	19	24	21		
NT														
Total	11	10	54	61	1	12	98	81	26	20	29	26		
Total Monitoring	219	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	1				2			1	1
RN/LPN	6		8	4		1		7	4	5		
NT												
Total	7	0	10	5	0	1	0	9	4	5	1	1
Total Monitoring	22	21										

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		1									1					
RN/LPN		1	1	3	1				1		4	3	1			
NT																
Total	0	2	1	3	1	0	0	0	1	0	5	3	1	0	0	0
Total Discharge	9	8														

Performance Measures

		2022	2023
Case Manager Caseload (Intake & Monitoring)	Melissa Fraser	52	49
	Heidi Collins	46	31
	Lori Linenberger	48	48
	Shelley Mezek	51	54
	Alicia Payne	52	49
Average from Inquiry to Intake - Target 7 Days		1	1
Average from Intake to Monitoring - Target 45 Days		61	40

Employment Measures (In-State)

	2022		2023	
License Type	Employed	Unemployed	Employed	Unemployed
ARNP	14	2	11	
RN/LPN	156	47	157	39
NT				
Total	170	49	168	39
Percentage - Target 72%	78%	22%	81%	19%
Grand Total	219		207	

WHPS Monthly Report - November 2023

Stage																	
	New Intake		Current Monitoring														
License Type	2022	2023	2022	2023													
ARNP			19	17													
RN/LPN	10	11	223	213													
NT																	
Total	10	11	242	230													
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		1	8	4		1	5	5		0			
RN/LPN	10	12	51	56	6	13	87	76	26	20	24	21		0			
NT																	
Total	12	12	52	58	6	14	95	80	26	21	29	26					
Total Monitoring	220	211															
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		0		1		0	2	2		0	1	1					
RN/LPN	1	0	6	3		1	8	6	4	5		0					
NT																	
Total	1	0	6	4	0	1	10	8	4	5	1	1					
Total Monitoring	22	19															
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	2		1		1	1					4	5					
NT																	
Total	2	0	1	0	1	1	0	0	0	0	4	5	0	0	0	0	
Total Discharge	8	6															
Performance Measures																	
						2022	2023										
Case Manager Caseload (Intake & Monitoring)			Melissa Fraser			52	49										
			Heidi Collins			45	29										
			Lori Linenberger			49	49										
			Shelley Mezek			53	52										
			Alicia Payne			52	51										
Average from Inquiry to Intake - Target 7 Days						4	6										
Average from Intake to Monitoring - Target 45 Days						36	19										
Employment Measures (In-State)																	
	2022				2023												
License Type	Employed		Unemployed		Employed		Unemployed										
ARNP	14		2		13		0										
RN/LPN	156		48		158		41										
NT																	
Total	170		50		171		41										
Percentage - Target 72%	78%		23%		81%		19%										
Grand Total	219				212												

Washington Health Professional Services Significant Non-Compliance Report - October 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	Excused by Asst. Director	Within First 90 days	Drug of Choice
1	1961-10-3531	8/11/2023	Order	8/10/2028	10/5/2023	Positive Drug Screen - UDS	Alcohol	Additional Test Scheduled; Correspondence with Nurse; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation		No	Yes	alcohol
2					10/13/2023	Missed Test/No Show		Admitted Relapse		No		
3	1966-08-6950D	9/16/2021	Order	1/6/2024	10/16/2023	Employment Noncompliance		Additional Test Scheduled; Correspondence with Nurse; WSM Notified		No		alcohol
4	1973-07-3212	9/6/2019	Referral Contract	9/5/2024	10/20/2023	Missed Test/No Show		Additional Test Scheduled		No		alcohol
5	1976-01-4139	7/26/2023	Pending	7/25/2026	10/6/2023	Missed Test/No Show		Correspondence with Nurse; Self Test		No		none reported
6	1981-04-9674	10/11/2023	Pending	10/10/2028	10/16/2023	Positive Drug Screen - UDS	Alcohol	Correspondence with Nurse; Counselor Notified; PSG Facilitator Notified; Admitted Relapse		No	Yes	opoids
7	1986-05-0695B	2/3/2022	Voluntary	2/3/2027	10/23/2023	Excessive Missed Check in		Additional Test Scheduled; Correspondence with Nurse; Notification Letter Sent; PSG Facilitator Notified; Testing Frequency Increased		No		amphetamine
8	1988-05-9862	9/17/2021	APUC	9/16/2026	10/9/2023	Missed Test/No Show		Correspondence with Nurse; PSG Facilitator Notified; WSM Notified		No		THC
9	1989-05-7293	5/29/2023	RC	5/28/2026	10/2/2023	Positive Drug Screen - Peth	Alcohol	Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP	10/3/2023	No		alcohol
10					10/10/2023	Positive Drug Screen - UDS	Alcohol	Correspondence with Nurse; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation	10/3/2023	No		
11					10/6/2023	Positive Drug Screen - UDS	Alcohol	Counselor Notified; Referred for Evaluation; Referred to SUDRP	10/3/2023	No		
12	1995-08-6220	4/27/2021	Referral Contract	5/10/2026	10/11/2023	Positive Drug Screen - Genotox	Zolpidem	Ceased/Removed from Practice; Correspondence with Nurse; PSG Facilitator Notified; Referred for Evaluation; WSM Notified; Admitted Relapse		No		oxycodone

Washington Health Professional Services Significant Non-Compliance Report - November 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	Excused by Asst. Director	Within First 90 days	Drug of Choice
1	1966-03-5835	4/28/2021	Voluntary	4/27/2026	11/3/2023	Other Non-compliance	Ambien	Ceased/Removed from Practice; Correspondence with Nurse; Medication Restriction Reinstated; PSG Facilitator Notified; Referred for Evaluation; WSM Notified				alcohol
2	1967-07-3480B	7/26/2022	Order	7/25/2027	11/7/2023	Excessive Missed Check in		Additional Test Scheduled; PSG Facilitator Notified; Referred for Evaluation				alcohol
3	1968-10-4976	8/7/2021	Voluntary	8/6/2026	11/21/2023	Missed Test/No Show		Additional Test Scheduled				alcohol
4	1971-02-6602C	10/3/2022	STID	7/17/2027	11/13/2023	Missed Test/No Show		Additional Test Scheduled; Correspondence with Nurse				alcohol
5	1974-03-0509	3/25/2020	Voluntary	4/16/2025	11/9/2023	Relapse	Alcohol	Contract Extended; Correspondence with Nurse; PSG Facilitator Notified				alcohol
6	1974-03-0834B	5/12/2021	Referral Contract	5/25/2026	11/13/2023	Missed Test/No Show		Referred to SUDRP; Self Test	11/28/2023			alcohol
7	1976-12-8663B	8/16/2021	RC	8/15/2024	11/17/2023	Positive Drug Screen - UDS	Alcohol	Additional Test Scheduled; Ceased/Removed from Practice; Correspondence with Nurse; MRO Review Requested; PSG Facilitator Notified; Referred for Evaluation; Testing Frequency Increased; WSM Notified				alcohol
8	1981-08-7795	9/26/2023	RC	9/25/2028	11/9/2023	Missed Test/No Show		Correspondence with Nurse; PSG Facilitator Notified; Self Test			YES	alcohol
9	1986-11-4238	7/2/2019	Order	7/24/2026	11/13/2023	Positive Drug Screen - Peth	Alcohol	Correspondence with Nurse; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; WSM Notified				alcohol
10	1988-05-9862	9/17/2021	APUC	9/16/2026	11/30/2023	Missed Test/No Show		Correspondence with Nurse; PSG Facilitator Notified; Self Test				THC
11	2059-05-4977	1/22/2021	Referral Contract	1/22/2026	11/1/2023	Missed Test/No Show		Additional Test Scheduled				opiods

October 2023 WHPS Graduation Report

Participant: Case ID	Participant: Participation Type	Participant: Program Start Date	Participant: Program Discharge Date	Participant: License Type
17-1-S/RN-50269	Referral Contract	1/25/2017	10/15/2023	RN
18-6-RN-05384	Pending	8/1/2018	10/23/2023	RN
18-8-V/RN-03434C	Voluntary	10/12/2018	10/11/2023	RN

November 2023 WHPS Graduation Report

Participant: Case ID	Participant: Participation Type	Participant: Program Start Date	Participant: Program Discharge Date	Participant: License Type
18-2-RN-05364	Pending	5/8/2018	11/27/2023	RN
18-9-RN-05409	Pending	11/15/2018	11/28/2023	RN
17-10-PO-RN-05324B	Order (Agreed/Final)	12/13/2017	11/7/2023	RN
18-6-PO/RN-50292C	Order (Agreed/Final)	9/24/2018	11/9/2023	RN
18-9-RN-05407	Pending	10/31/2018	11/8/2023	RN

WHPS Monthly SUDRP Report - Oct 2023				
Total SUDRP Cases Reviewed		5		
SUDRP Referral Reasons				
	Positive Drug Screen	Missed Test	Multiple Missed Check-ins	Non-Compliance (Other)
Total	4	0	0	1
Total Referrals	5			
Remain in WHPS				
	No Action	WHPS Action		
Total	2	2		
Total WHPS Action	4			
Remain in WHPS with Legal Action				
	Legal: SOC	Legal: STID	Referred for Investigation	
Total	0	0	0	
Total Legal Action	0			
Discharged from WHPS with Legal Action				
	Legal: SOC	Legal: STID	Referred for Investigation	
Total	1	0	0	
Total Legal Action	1			
Nurse Appearances				
Total Appearances	2			
Referral Contract Review				
	Approved	Denied		
Total	1	0		
Total RC Review	1			
Graduations				
	Order	STID	APUC	RC
Total	0	0	0	0
Total Graduations	0			
Applications Reviewed				
	Approved	Denied		
Total	0	0		
Total Reviewed	0			

WHPS Monthly SUDRP Report - Nov 2023

Total SUDRP Cases Reviewed

6

SUDRP Referral Reasons

	Positive Drug Screen	Missed Test	Multiple Missed Check-ins	Non-Compliance (Other)
Total	2	2		2
Total Referrals	6			

Remain in WHPS

	No Action	WHPS Action
Total	4	1
Total WHPS Action	5	

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			
Total Legal Action	0		

Nurse Appearances

Total Appearances	
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Referral Contract Review

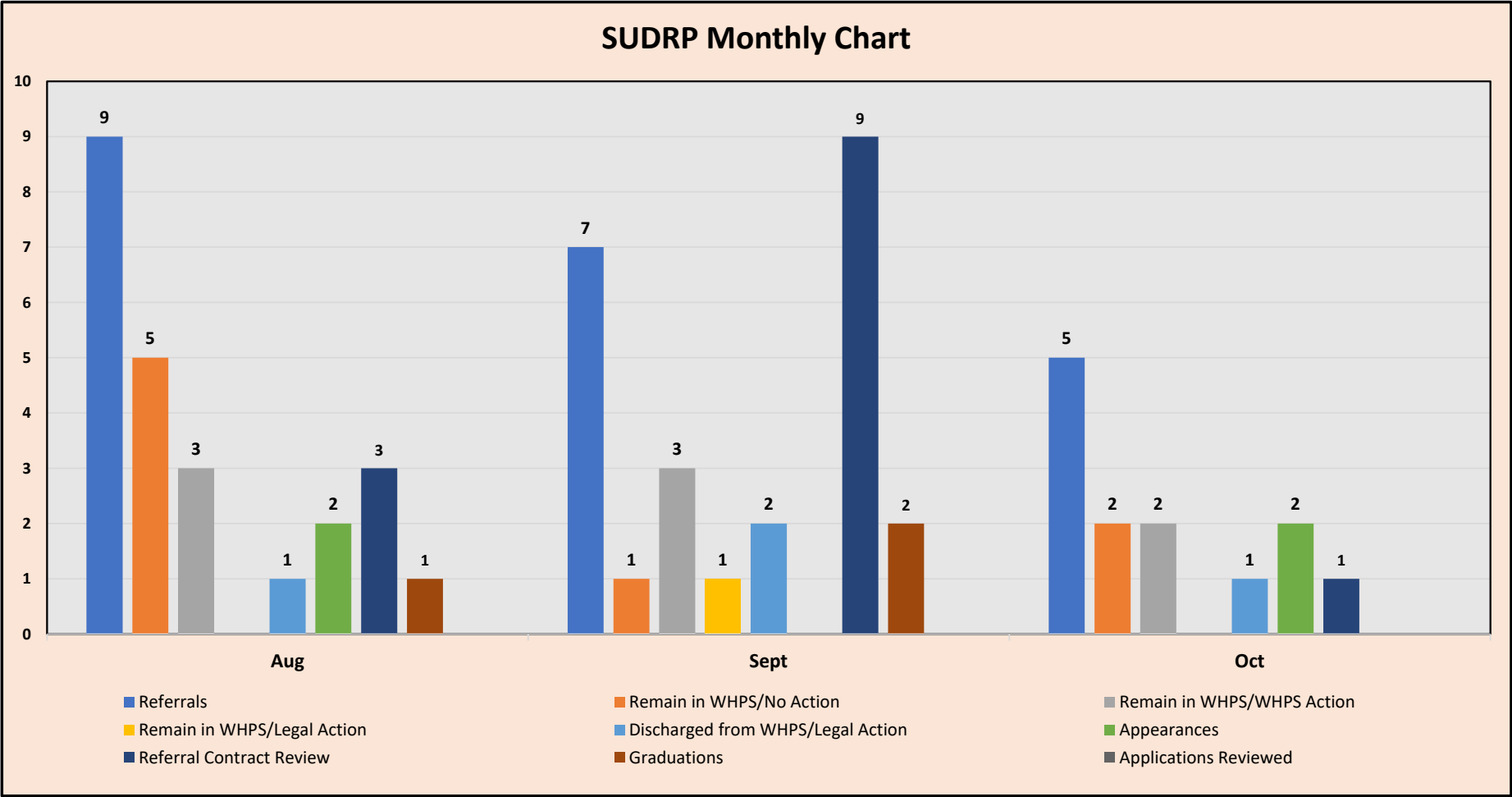
	Approved	Denied
Total	4	
Total RC Review	4	

Graduations

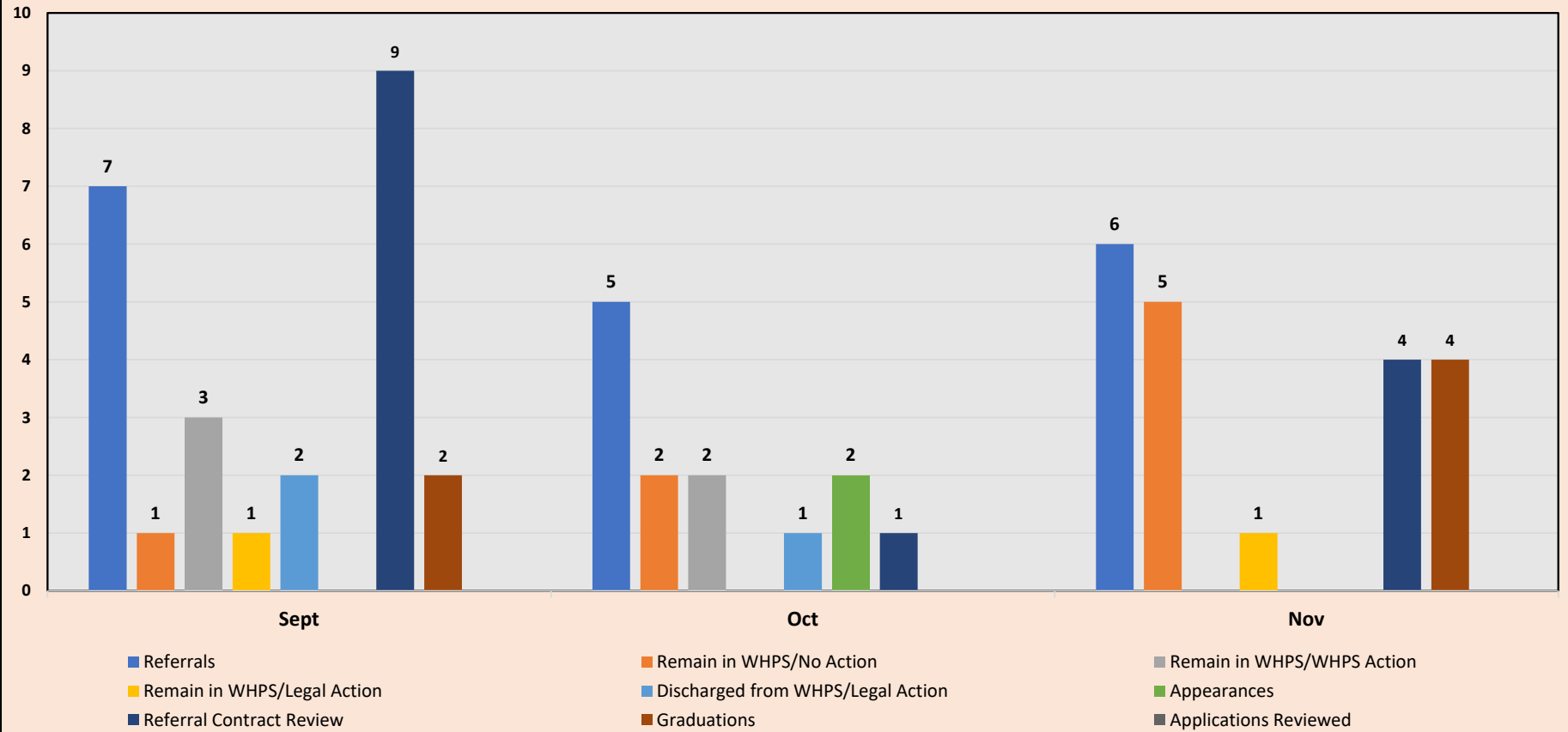
	Order	STID	APUC	RC
Total	2			2
Total Graduations	4			

Applications Reviewed

	Approved	Denied
Total		
Total Reviewed	0	



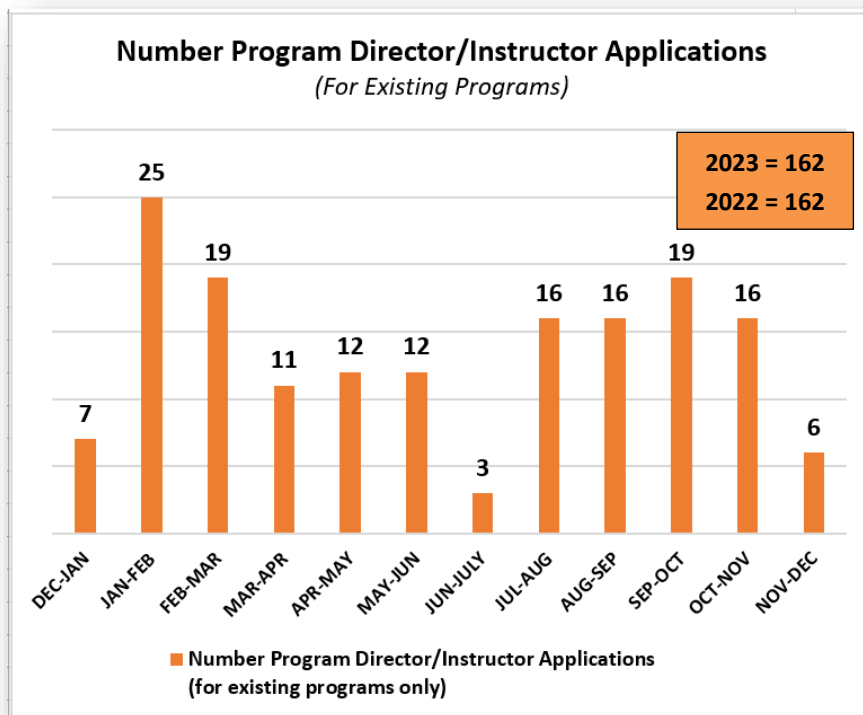
SUDRP Monthly Chart



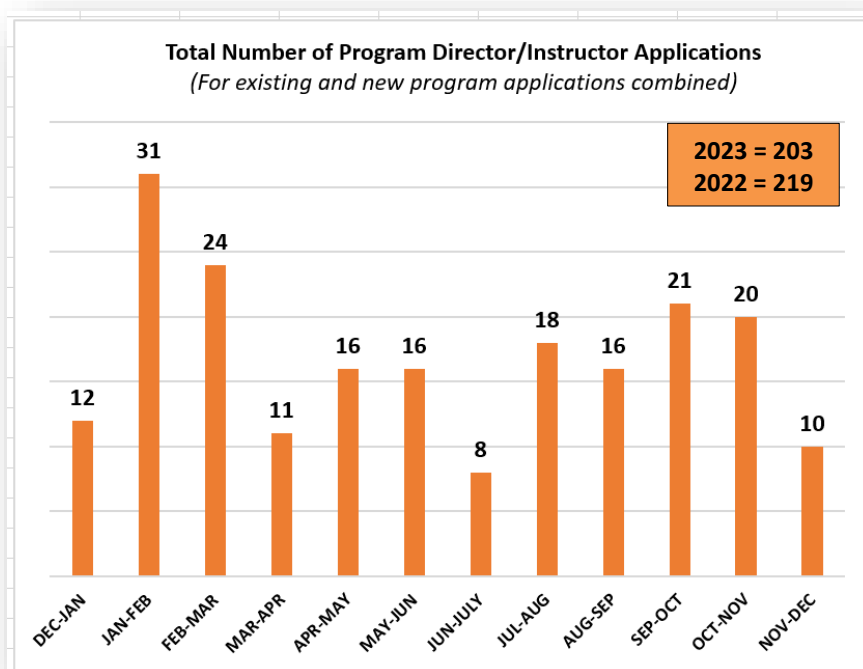
Data and Performance Measures Related to Nursing Assistant Training Programs

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).

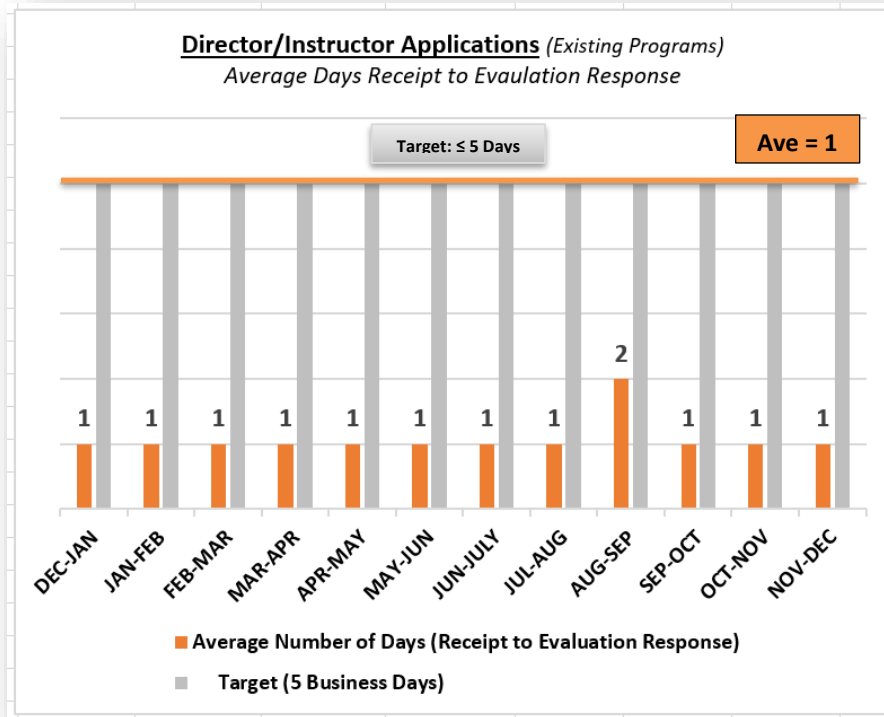
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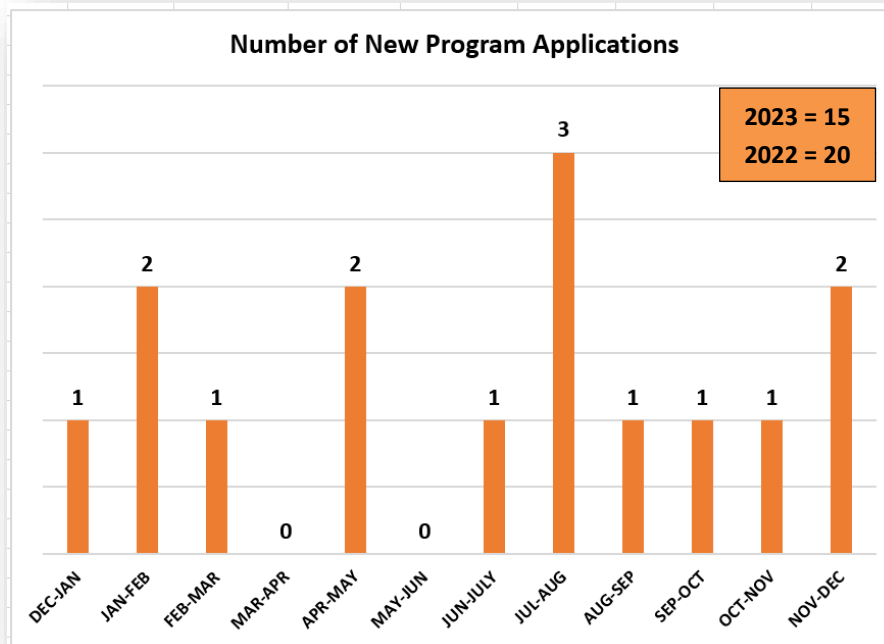
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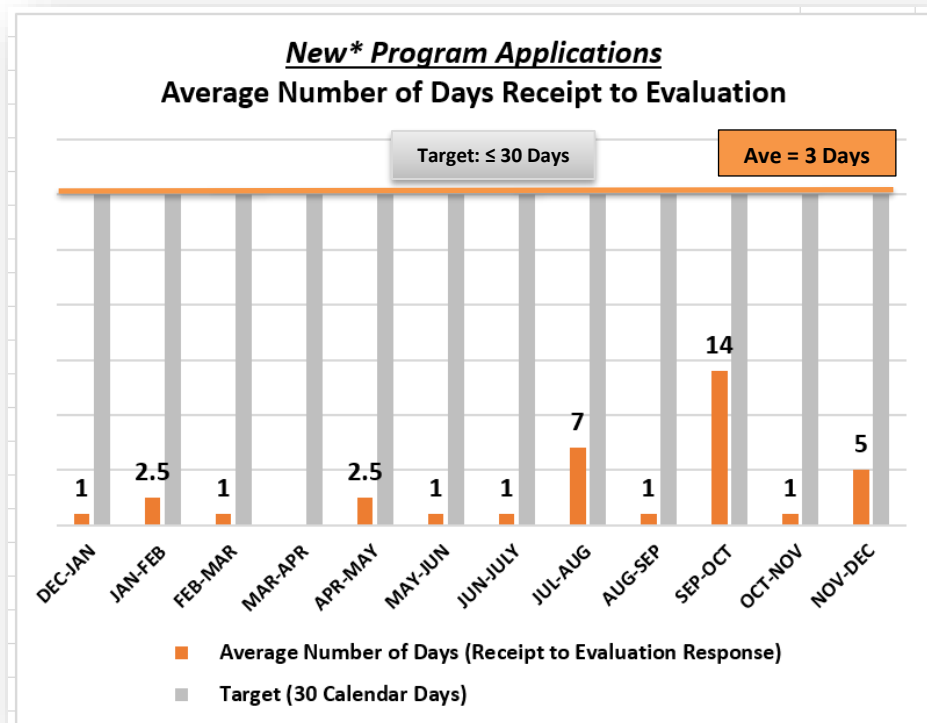
Performance Measure:



Descriptive Data:

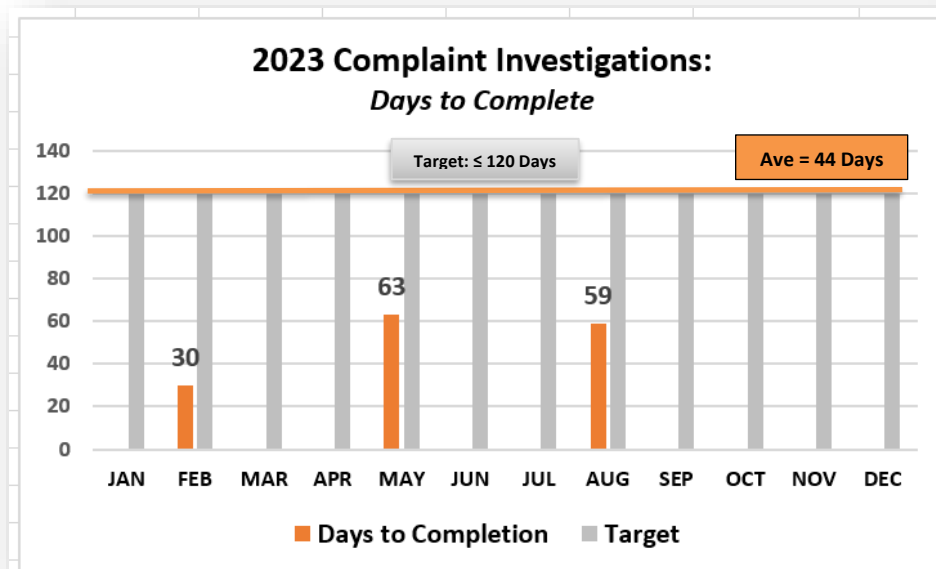


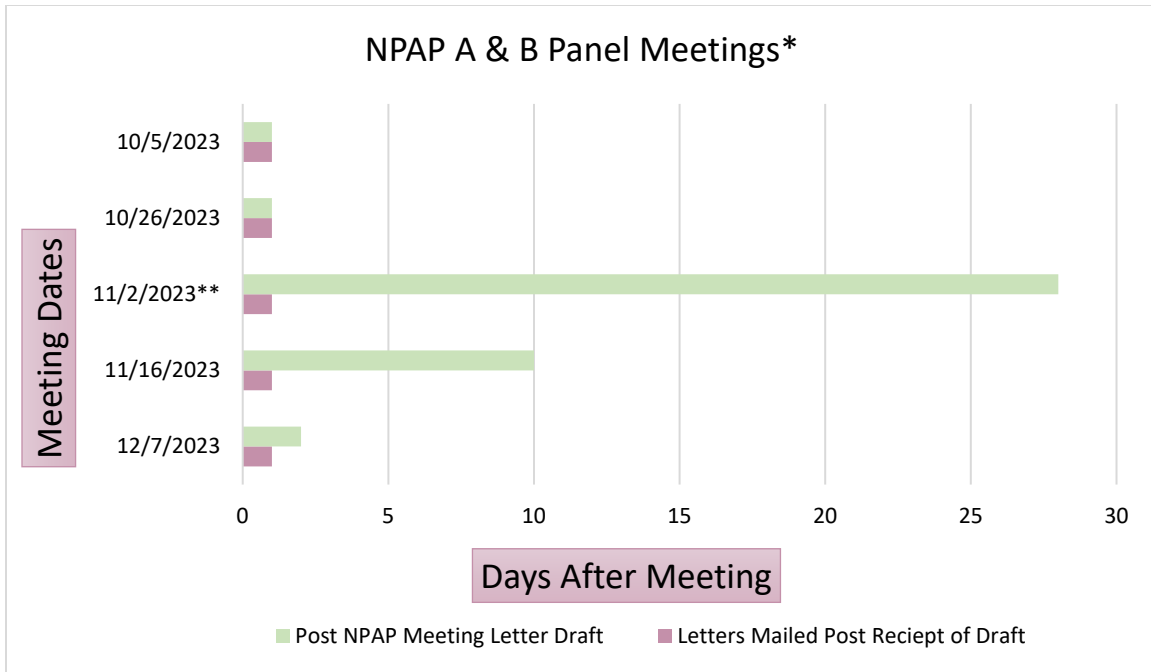
Performance Measure:



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

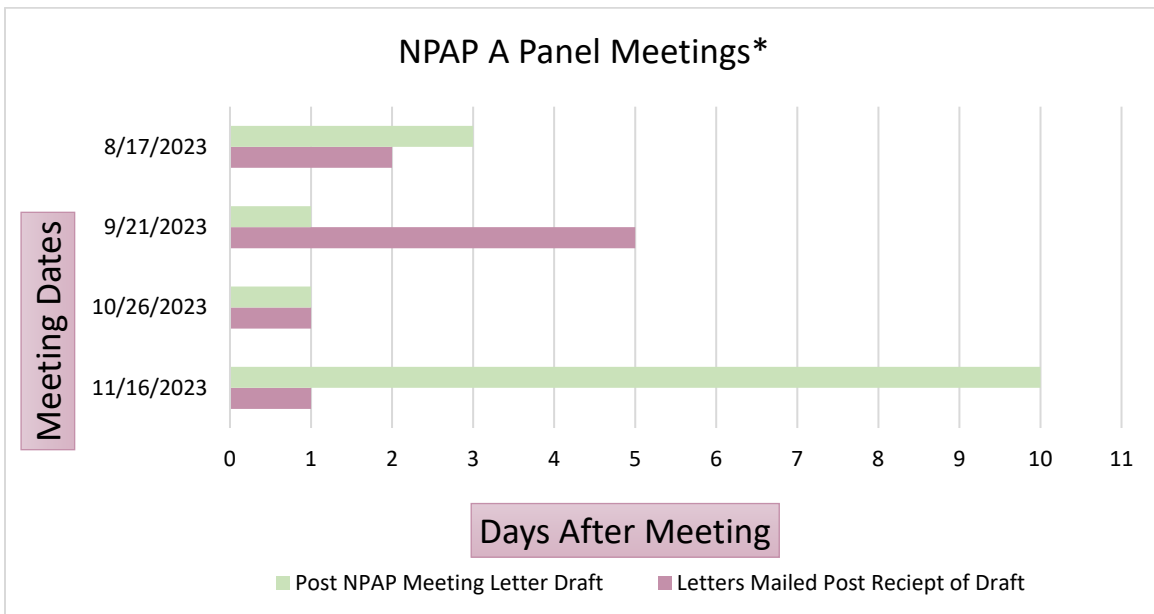
Performance Measure



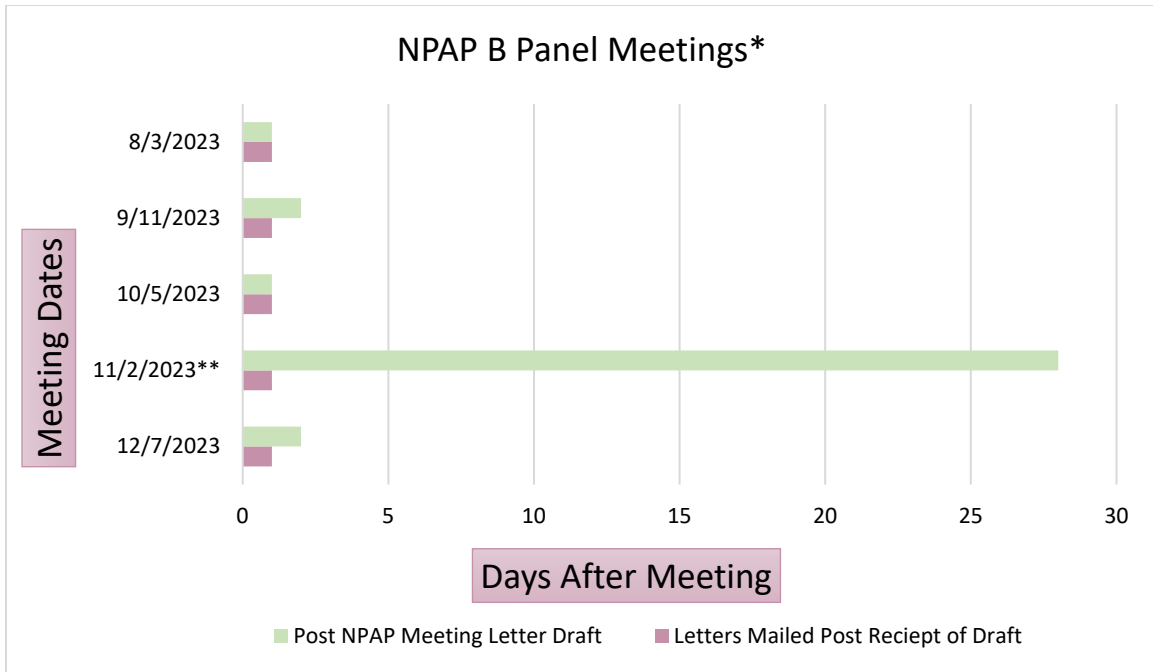


***Outlier due to audit found that one letter had not been sent to one program.*

**Letters mailed within 30 days of NPAP meeting*

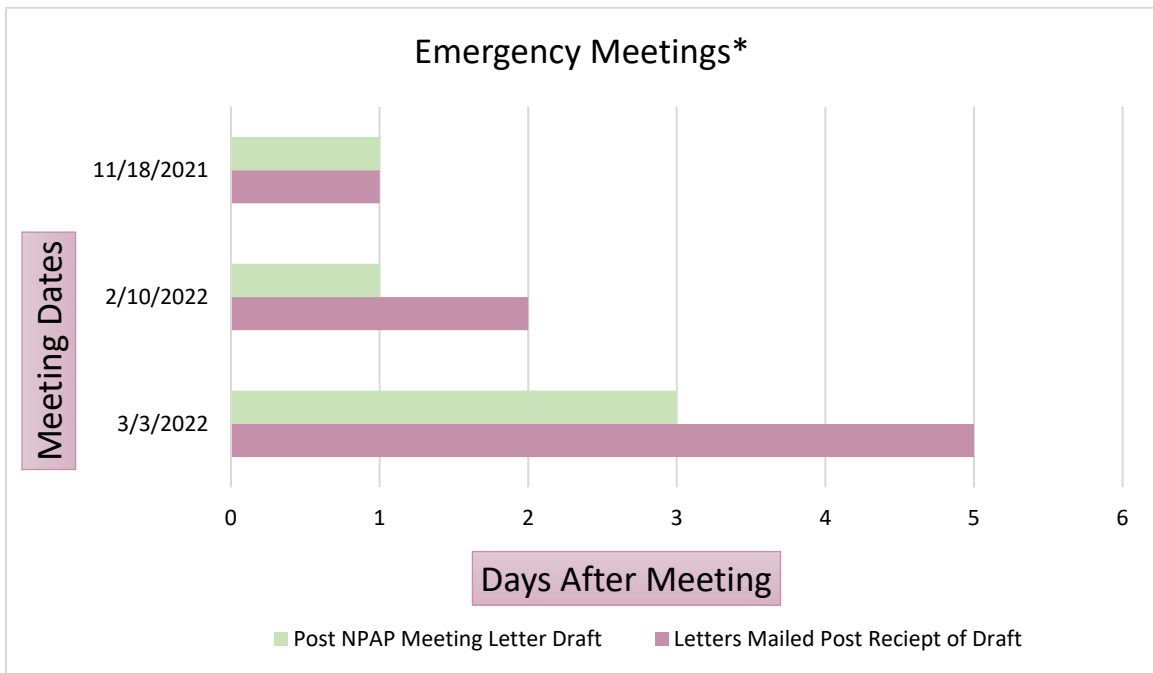


**Letters mailed within 30 days of NPAP meeting*



***Outlier due to audit found that one letter had not been sent to one program.*

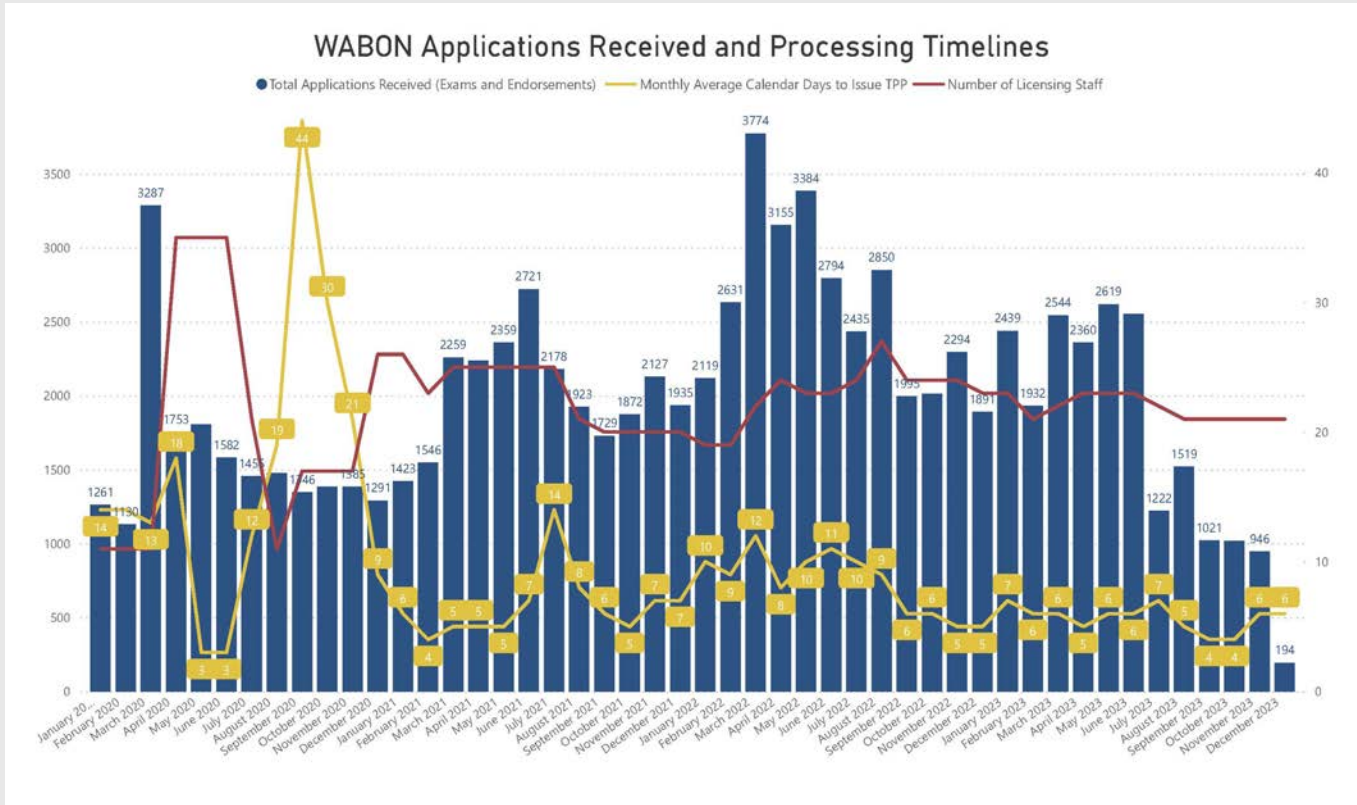
**Letters mailed within 30 days of NPAP meeting*



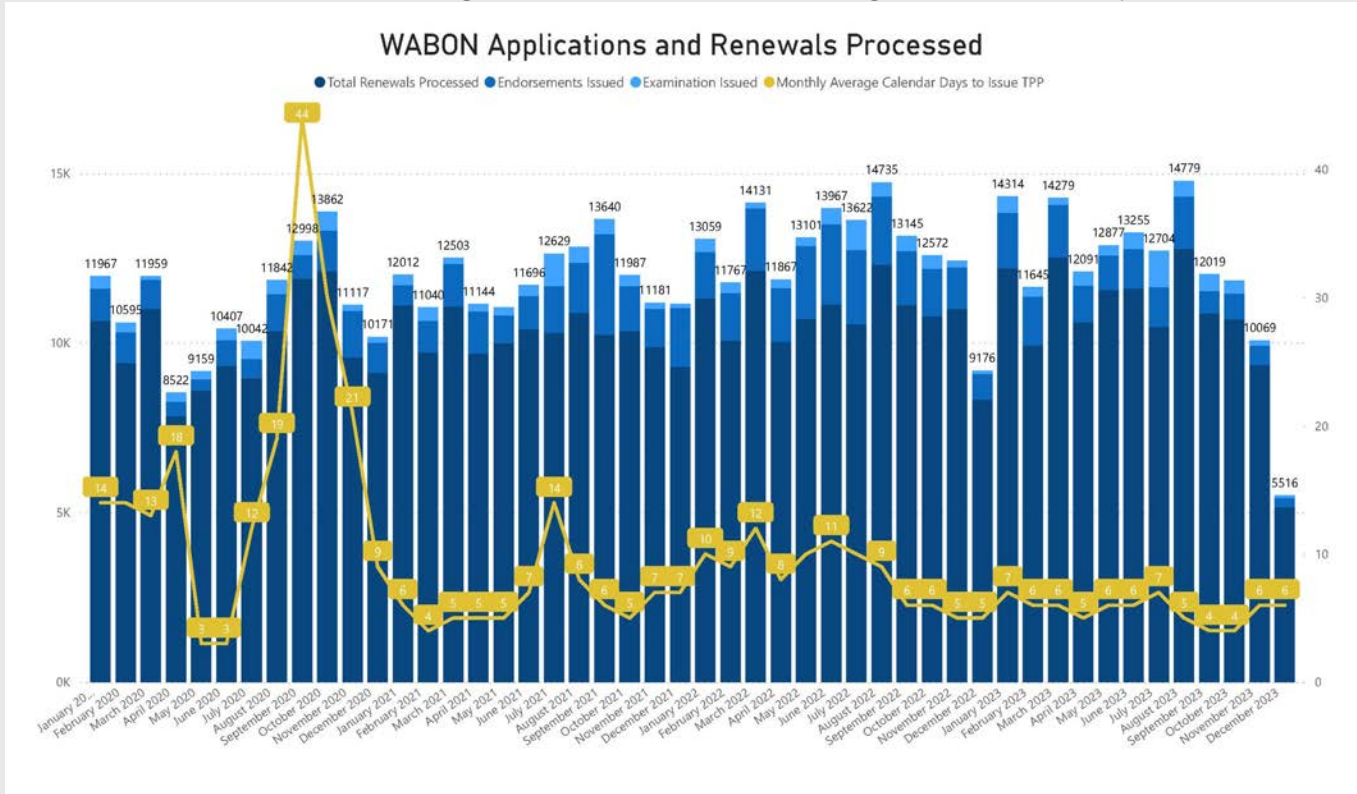
**Letters mailed within 30 days of NPAP meeting*

For the week of December 18, 2023, the current processing time to issue a complete temporary practice permit (TPP) is four days (including weekends and holidays).

The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for WABON since January 2020. The WABON received 946 new applications during November 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 November 2023, the WABON issued a total of 808 new nursing licenses. In addition, 10,290 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. Denial applications are omitted from the report since this delay is outside of the WABON's control.

WABON Business Meetings
January 12, 2024

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WCN/WABON CHECK IN Meeting
November 28, 2023
Minutes
4:00 – 5:00 PM

Attendees: Alison Bradywood, Sofia Aragon, Frank Kohel, Bethany Mauden

Topics	Discussion	Action Needed
Budget Updates	WCN has been paid to date. Deliverables – Alison has not yet received a contract for review. The contract should reflect the changes to budget reporting expectations.	Alison to seek a copy of the contract for revision and will send it to WCN for review.
WCN Board Meeting – December 8	Alison will be presenting at the WCN Board Meeting at 11:10am in person and discuss the Legislative Priorities of the Board of Nursing. Alison briefly discussed the one pager developed by WABON.	Frank to send the invitation to Alison.
Other		
Next Meeting -	December 26, 2023	

Approved:

Travel Report
2023 Federation of State Medical Boards
Attorneys Workshop

November 30 – December 1, 2023
Louisville, KY

Attendee: Sara Kirschenman, Staff Attorney

PURPOSE: This annual conference is designed for attorneys and legal staff of state medical boards and brings together experts in the field of medical licensure and discipline to discuss the current legal issues and trends facing medical boards.

OUTCOME: While the conference is intended for legal staff of state medical boards, the topics presented, and hot issues discussed, were very relevant and similar to the nurse discipline issues that WABON faces. I attended all conference sessions on the following topics (slide presentations for most presentations are available for review).

2023 End-of-Year Legislative Update

Strategic Development of Sexual Misconduct Cases

Professional Sexual Misconduct Cases: The Role of Comprehensive Independent Evaluations

Navigating the AI Frontier: Regulatory Challenges and Opportunities for State Medical Boards

State of the States

Becoming TikTok Famous: When Does Using Social Media Become Unprofessional Conduct

Practical Skills for Litigators: Depositions and Interrogatories in Discovery

Update from the National Practitioner Data Bank

Chasing a Purposeful Life and Career (Ethics Session)

RECOMMENDATION: Continue to support this conference by sending WABON legal staff.

Washington State Board of Nursing

NPAP DECISION SUMMARY REPORT

Date: December 7th, 2023 **Updated** December 8th, 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	194 DNP Programs
Approval – Programs	1	80	21	30	6 LPN to BSN	1 RN Refresher Program
Approval – Sub Change Request	1	31	35	20	5 PVR	1 LPN Refresher Program
Plan of Correction (POC) Required		8	4	2	8 LPN to ADN	9 Nurse Tech
Acceptance of Submitted Documents or POC	4	67	60	64		
Additional Documents or Actions Required		2	1	4		
Deferred Action		10	9	12		
Removal of Conditional Approval						
Limit Student Enrollment		1	1	1		
Voluntary Closure		1		1		
Require Monitoring Report		13	8			
Site Visit Report		11	10	3		
Removal of Moratorium on admissions						

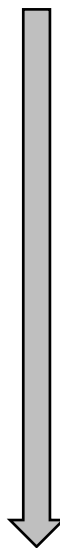
Covid-19 Curriculum Adjustments				7
Other		1	3	2
Other-Acknowledge Receipt of POC		2		
Letter of Concern			1	
Approvals-Miscellaneous (non-program)		3	3	2
Monitoring Report:				
Accept		22	1	
Not Accept				
Deferred				
Out-of-State DL Student Waivers:				
Accept				
Deny				
Deferred				
Complaints:				
Open		8	2	3
Closed		3	3	3
Defer				
Complaint Investigation Reviewed:				
Accept Investigation Report	2	4	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 (December 2023)

Number of Nursing Assistant Training Programs (All Types)	197
• Traditional Programs	156
• Home Care Aide Alternative/Bridge Programs	22
• Medical Assistant Alternative/Bridge Programs	10
• Medication Assistant Certification Endorsement (MACE) Programs	9

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.



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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	1		18
Program Applications Deferred		1			1	1							3
Program Applications Denied													0
Program Change Requests Approved		1							1		1	1	4
Program Change Requests Deferred			1				2		1		2	1	7
Program Change Requests Denied			1										1
Program Complaints Reviewed			1				1	3	1	1	1		8
Program Complaints Opened			1			1		2		1	1	1	7
Program Complaints Closed	1	2	1	1				1	1	1	1		9
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			1	19
Additional Documents/Program Actions Required	1	9	9	10	1	17	18	1	4		4	1	75
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							1		6
Other Review or Process Decisions	14	7	10	10	12	11	8	7	8	2	6	9	104

Washington State Board of Nursing

Position Description

Nominations Committee

Purpose:

1. Select members of the Washington State Board of Nursing 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 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**

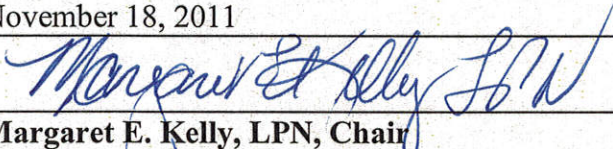
Title: Election of Officers **Number:** H02.03

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.

Washington State Board of Nursing

Position Description

Chair

Qualifications:

Served on the Washington State Board of Nursing (WABON) a minimum of one year at the time the term as the chair is to begin.

Demonstrated leadership characteristics by serving at least one of the following:

Chair of a sub-committee

Chair of a panel

Leadership in employment, association or community work

Duties and Responsibilities:

1. Provides strategic vision and leadership to the WABON, in collaboration with the Executive Director, determining WABON priorities, policy, and practice.
2. Conducts meetings of the WABON according to Roberts Rules of Order.
Votes when necessary to make or break a tie.
3. Appoints chairpersons and members of all regular and special committees, panels, and task forces.
4. Participates as a member of the Legislative Panel.
5. Represents the WABON in public forums.
6. Appoints members to the Nominating Committee at the November meeting, receives the list of nominations in March, and oversees the election of officers in May.
7. Plans for succession and smooth transition to the next chairperson.
8. Addresses WABON member performance issues.
9. Uses signatory authority on documents as required.
10. Serves as a delegate to the National Council of State Boards of Nursing for the annual delegate assembly held each August.

Approved: 7/06, 7/08

Revised: 10/08

03/11

03/13/15

01/11/19

Washington State Board of Nursing

Position Description

Vice Chair

Qualifications:

Served on the Board a minimum of one year at the time the term begins as vice chair.
Demonstrated leadership characteristics by serving at least one of the following:

- Chair of a sub-committee
- Chair of a panel
- Leadership in employment, association or community work

Duties and Responsibilities:

1. Assumes the duties of the Chair as needed.
2. Chairs the Legislative Panel.
3. Provides assistance to the Chair and Executive Director as needed.
4. Participates at the HSQA Boards and Commission Forum as a representative of the WABON.
5. Participates in National Council of State Board of Nursing meetings and events as available.
6. Participates on WABON duties with various task forces, committees, charging panels, hearings.

Approved: 07/06, 07/08

Revised: 06/08

03/11

09/13

03/13/15

Washington State Board of Nursing

Position Description

Secretary Treasurer

Qualifications:

Served on the Washington State Board of Nursing (WABON) a minimum of one year at the time the term is to begin.

Demonstrated leadership characteristics by serving at least one of the following:

Chair of a sub-committee

Leadership in employment, association or community work

Duties and Responsibilities:

1. Reviews the minutes from the WABON business meetings prior to publishing in the packet of materials for the next business meeting. Editorial comments and substantive comments are forwarded to the executive director's administrative assistant within two weeks of receipt of the draft minutes.
2. Gathers input from WABON members on budgetary priorities through the strategic planning process.
3. Reviews the biennial budget proposals with the executive director prior to being submitted through the Department of Health.
4. Reviews the monthly budget reports with the budget manager.
5. Presents the budget reports at the WABON business meetings.
6. Participates in state budget meetings as directed by the chair.
7. Conducts the WABON business meeting in the absences of the Chair or Vice Chair.

Approved: 03/13/15

Revised: 03/13/15

Revised: 09/09/16

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 some of the expenditure totals (primarily service units) reported due to delays in posting agency charges, errors in payroll processing, and making the necessary adjustments to the accounting systems. Additional context provided below.

IMPORTANT TO NOTE: As discussed at the September 2023 business meeting, the agency submitted a decision package on behalf of WABON in the FY23 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 November 30, 2023, five months into the biennium, with nineteen months remaining. The WABON budget is underspent by 15.1% or about \$1.2M and the current revenue balance is just over \$1.4M.

REVENUES FROM FEES:

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$4.7M. As expected, WABON began 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 annually) 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. To date, revenues from fees have outpaced projections by 3.2%, or just over \$200K. December’s revenues are expected to fall short of projections in anticipation of implementation of phase two of the NLC.

EXPENDITURES:**Highlights:**

- Due to errors in payroll processing, Staff Salaries & Benefits are still not finalized.
- Commission Salaries include a small amount of carryover from last biennium.
- 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.
- Indirect rates are final, and totals have been updated to reflect estimates based on known charges.

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 on January 31, 2024.



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

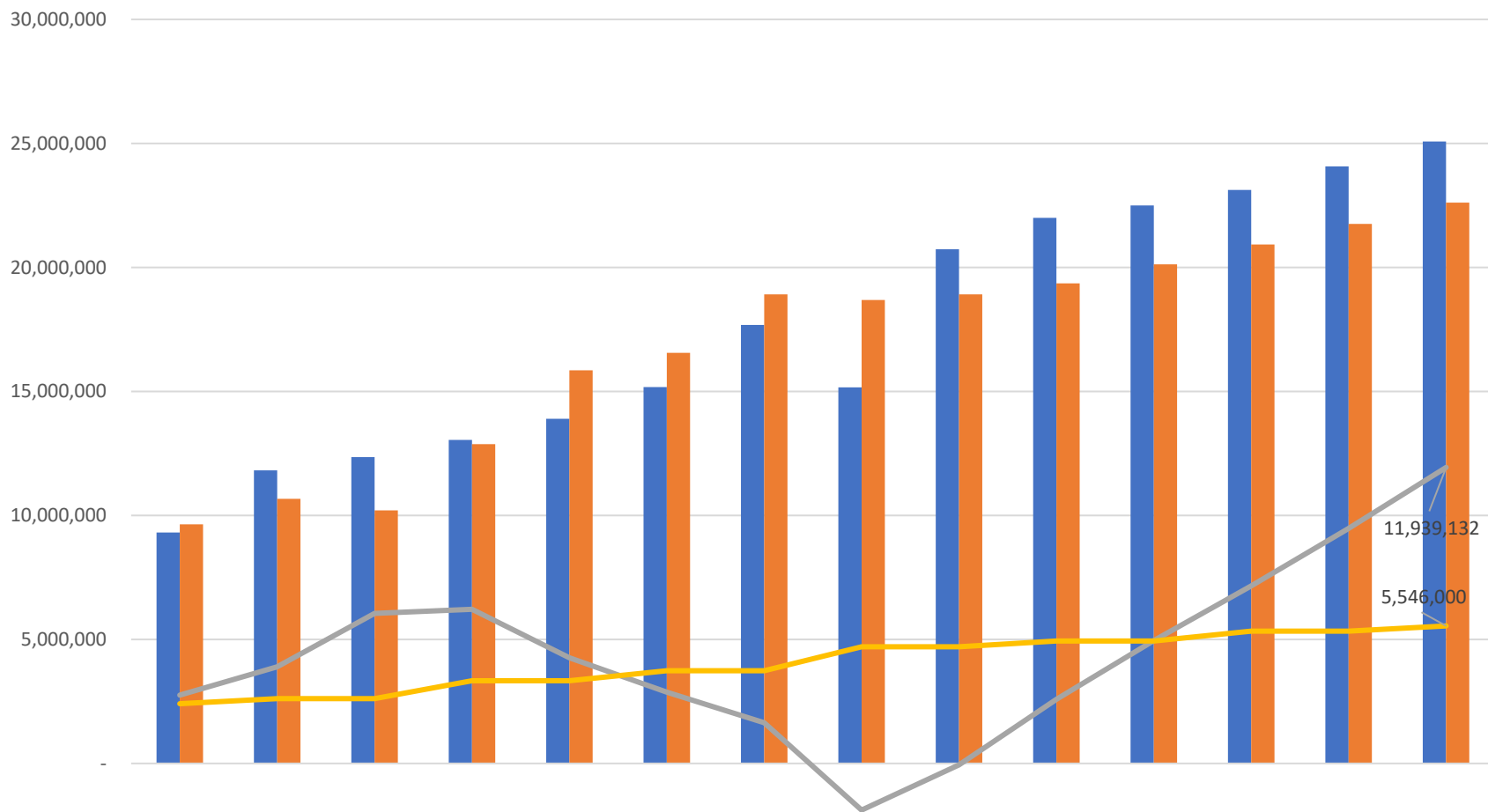
VI.A.2 2023-25 Nursing Budget
 Status Report - FM05 - Revised

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT THROUGH	ACTUALS THROUGH	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:		FM03	FM03	FM04	FM04	FM05	FM05				
FTEs	87.70	84.39	81.16	89.39	80.36	89.39	82.09	88.89	81.19	-7.70	91.34%
Staff Salaries & Benefits	\$ 21,095,128	\$ 2,571,738	\$ 2,516,186	\$ 863,594	\$ 791,051	\$ 860,501	\$ 823,646	\$ 4,295,833	\$ 4,130,883	\$ (164,950)	96.16%
Commission Salaries	\$ 611,112	\$ 76,362	\$ 81,533	\$ 25,454	\$ 26,658	\$ 25,454	\$ 21,561	\$ 127,270	\$ 129,752	\$ 2,482	101.95%
Goods & Services	\$ 874,423	\$ 459,254	\$ 74,670	\$ (292,889)	\$ 30,830	\$ 32,888	\$ 23,473	\$ 199,253	\$ 128,973	\$ (70,280)	64.73%
Rent	\$ 1,011,050	\$ 119,420	\$ 75,131	\$ 41,547	\$ 20,330	\$ 42,921	\$ 2,806	\$ 203,888	\$ 98,268	\$ (105,620)	48.20%
Attorney General (AG)	\$ 1,702,439	\$ 232,439	\$ 101,138	\$ 70,000	\$ 45,210	\$ 70,000	\$ 123,757	\$ 372,439	\$ 270,105	\$ (102,334)	72.52%
Travel	\$ 139,704	\$ 17,463	\$ 17,636	\$ 5,821	\$ 5,203	\$ 5,821	\$ 8,380	\$ 29,105	\$ 31,219	\$ 2,114	107.26%
Equipment	\$ 154,134	\$ 89,551	\$ 8,430	\$ -	\$ -	\$ -	\$ 13,925	\$ 89,551	\$ 22,355	\$ (67,196)	24.96%
IT Support & Software Licenses	\$ 473,073	\$ 54,298	\$ 16,272	\$ 18,893	\$ 63,198	\$ 19,530	\$ 12,011	\$ 92,721	\$ 91,481	\$ (1,240)	98.66%
TOTAL DIRECT	\$ 26,061,063	\$ 3,620,525	\$ 2,890,996	\$ 732,420	\$ 982,480	\$ 1,057,115	\$ 1,029,558	\$ 5,410,060	\$ 4,903,034	\$ (507,026)	90.63%
SERVICE UNITS:											
FBI Background Checks (TA090)	\$ 767,864	\$ 115,986	\$ 64,346	\$ 38,662	\$ 33,336	\$ 38,662	\$ -	\$ 193,310	\$ 97,682	\$ (95,628)	50.53%
Office of Professional Standards (TA020)	\$ 571,764	\$ 70,062	\$ 12,827	\$ 23,354	\$ 5,217	\$ 23,354	\$ 24,008	\$ 116,770	\$ 42,051	\$ (74,719)	36.01%
Adjudication Clerk (TA010)	\$ 346,400	\$ 42,650	\$ -	\$ 14,184	\$ 7,303	\$ 14,184	\$ -	\$ 71,018	\$ 7,303	\$ (63,715)	10.28%
HP Investigations (TA040, 070, 100)	\$ 81,092	\$ 11,160	\$ 3,886	\$ 3,720	\$ 2,363	\$ 3,720	\$ 2,081	\$ 18,600	\$ 8,330	\$ (10,270)	44.78%
Legal Services (TA140, 150, 210)	\$ 44,864	\$ 6,912	\$ 3,312	\$ 2,304	\$ 429	\$ 2,304	\$ 707	\$ 11,520	\$ 4,449	\$ (7,071)	38.62%
Call Center (TA030)	\$ 58,038	\$ 7,785	\$ 6,952	\$ 2,590	\$ 3,132	\$ 2,590	\$ 2,832	\$ 12,965	\$ 12,915	\$ (50)	99.62%
Public Disclosure (TA180)	\$ 504,940	\$ 49,308	\$ -	\$ 16,436	\$ 57,680	\$ 21,655	\$ 16,312	\$ 87,399	\$ 73,993	\$ (13,406)	84.66%
Revenue Reconciliation (TA200)	\$ 126,343	\$ 18,724	\$ 15,705	\$ 6,230	\$ 6,654	\$ 6,230	\$ 4,913	\$ 31,184	\$ 27,272	\$ (3,912)	87.46%
Online Healthcare Provider Lic - Staff (TA130)	\$ 507,012	\$ 62,616	\$ 39,501	\$ 20,872	\$ 18,801	\$ 20,872	\$ 20,928	\$ 104,360	\$ 79,230	\$ (25,130)	75.92%
Online Healthcare Provider Lic - Contract (TE8000)	\$ 289,734	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Suicide Assessment Study (TA120)	\$ 30,927	\$ 3,810	\$ -	\$ 1,270	\$ -	\$ 1,270	\$ -	\$ 6,350	\$ -	\$ (6,350)	0.00%
TOTAL SERVICE UNITS	\$ 3,328,978	\$ 389,013	\$ 146,530	\$ 129,622	\$ 134,914	\$ 134,841	\$ 71,781	\$ 653,476	\$ 353,225	\$ (300,251)	54.05%
INDIRECT CHARGES:											
Agency Indirects (16.9%)	\$ 5,067,462	\$ 667,503	\$ 466,928	\$ 145,157	\$ 172,233	\$ 200,913	\$ 159,874	\$ 1,013,573	\$ 799,034	\$ (214,539)	78.83%
HSQA Division Indirects (11.3%)	\$ 3,386,527	\$ 445,708	\$ 306,994	\$ 97,026	\$ 113,273	\$ 134,306	\$ 105,147	\$ 677,040	\$ 525,413	\$ (151,627)	77.60%
TOTAL INDIRECTS (28.2%)	\$ 8,453,989	\$ 1,113,211	\$ 773,922	\$ 242,183	\$ 285,505	\$ 335,219	\$ 265,020	\$ 1,690,613	\$ 1,324,448	\$ (366,166)	78.34%
GRAND TOTAL	\$ 37,844,030	\$ 5,122,749	\$ 3,811,447	\$ 1,104,225	\$ 1,402,900	\$ 1,527,175	\$ 1,366,359	\$ 7,754,149	\$ 6,580,707	\$ (1,173,442)	84.87%

NURSING REVENUE

BEGINNING REVENUE BALANCE	\$ 1,659,304
21-23 REVENUE TO-DATE	\$ 6,396,465
21-23 HELMS ASSESS. TO-DATE	\$ -
21-23 EXPENDITURES TO-DATE	\$ 6,580,706
ENDING REVENUE BALANCE	\$ 1,475,062

Board of Nursing Fund Balance Forecast
\$65 Initial MSL/\$20 Renewal MSL
July 1, 2024 Implementation

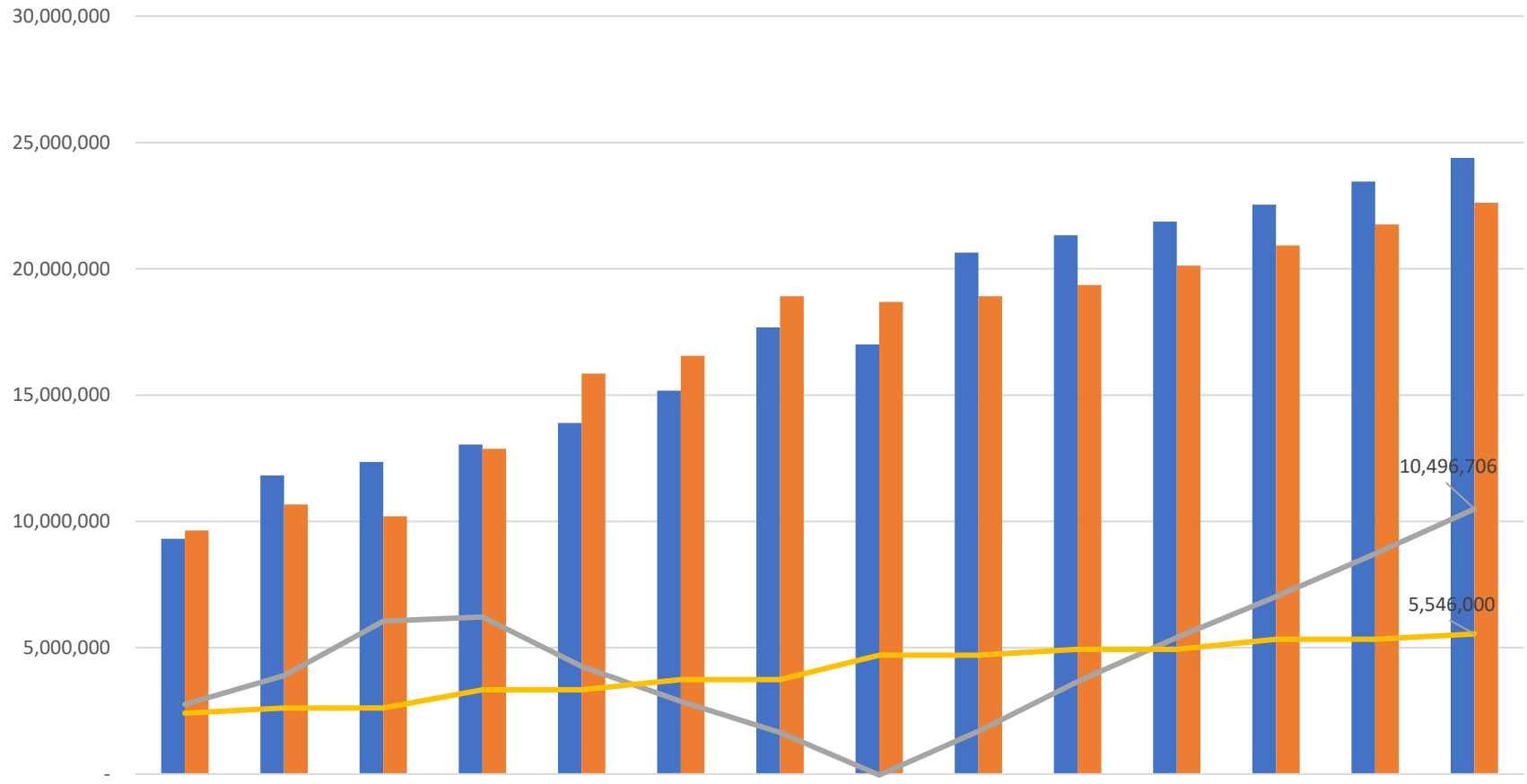


(5,000,000)

	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	9,307,459	11,813,24	12,352,63	13,042,44	13,893,21	15,171,44	17,679,89	15,161,26	20,731,98	22,000,61	22,497,96	23,125,45	24,071,02	25,077,66
Expenditure	9,640,780	10,670,28	10,199,34	12,874,91	15,851,08	16,554,35	18,912,85	18,685,39	18,911,71	19,357,06	20,124,52	20,922,48	21,752,14	22,614,78
Fund Balance	2,751,241	3,894,201	6,047,486	6,215,019	4,257,146	2,874,234	1,641,268	(1,882,86)	(62,600)	2,580,955	4,954,397	7,157,369	9,476,249	11,939,13
Target Reserve (12.5%)	2,410,000	2,609,000	2,609,000	3,332,000	3,332,000	3,735,000	3,735,000	4,700,000	4,700,000	4,935,000	4,935,000	5,334,000	5,334,000	5,546,000

Revenue Expenditure Fund Balance Target Reserve (12.5%)

Board of Nursing Fund Balance Forecast
\$65 Initial MSL/\$20 Renewal MSL
January 31, 2024 Implementation

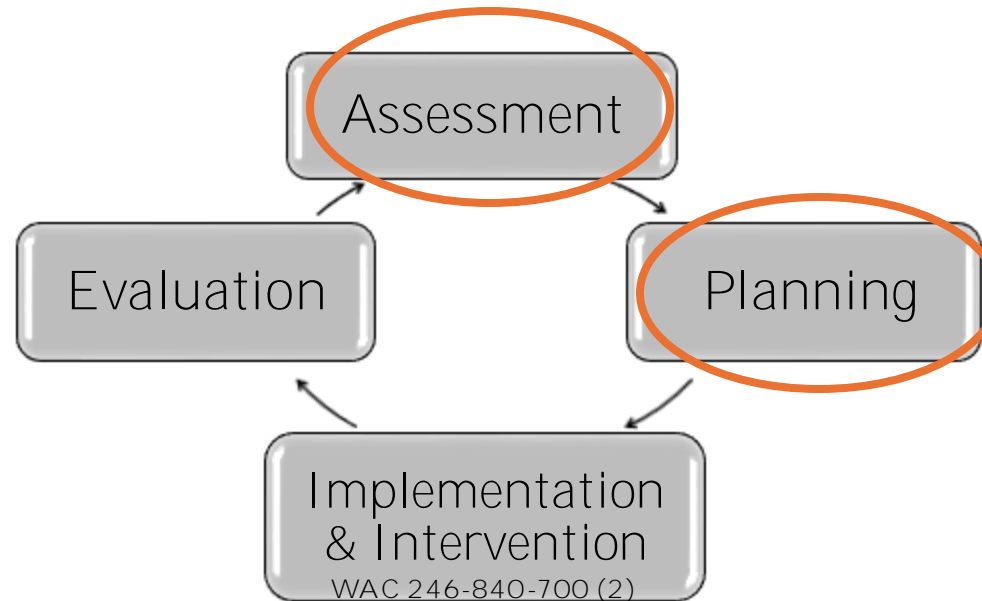


	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	9,307,459	11,813,24	12,352,63	13,042,44	13,893,21	15,171,44	17,679,89	17,005,20	20,638,95	21,325,66	21,869,75	22,538,89	23,453,61	24,391,45
Expenditure	9,640,780	10,670,28	10,199,34	12,874,91	15,851,08	16,554,35	18,912,85	18,685,39	18,911,71	19,357,06	20,124,52	20,922,48	21,752,14	22,614,78
Fund Balance	2,751,241	3,894,201	6,047,486	6,215,019	4,257,146	2,874,234	1,641,268	(38,916)	1,688,323	3,656,919	5,402,145	7,018,559	8,720,029	10,496,70
Target Reserve (12.5%)	2,410,000	2,609,000	2,609,000	3,332,000	3,332,000	3,735,000	3,735,000	4,700,000	4,700,000	4,935,000	4,935,000	5,334,000	5,334,000	5,546,000

Revenue Expenditure Fund Balance Target Reserve (12.5%)

Practice Unit Strategic Data Plan BON Update 12/2023

Assessment and Planning



Goal

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

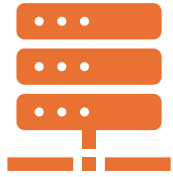


Data Infrastructure

Assessment/Planning

Objective

1. Develop a data stewardship management plan (DMP) by December 2023.
 - Status: Draft strategy plan in place for organizing, managing, sharing, and protecting the data privacy.
 - ✓ DOH resources for data management best practices under review.
- 1a. Develop a project plan that outline goals, objectives, activities, resource projections, and timelines.
 - Status: Draft plan in place (available upon request).



Identify and prioritize data

Assessment/Planning

2. Identify data sets on nursing practice breakdown.

- Action Plan: Collect, organize, and prioritize available data sets.
- Activity Status: [Data Sources identified.](#)
 - ✓ [2023 Nursing practice consultation- nurse practice box questions.](#)
 - ✓ [2022-2023 CMT weekly Excel reports](#)
 - ✓ [2023 School incident reports](#)
 - ✓ [Disciplinary Dashboard data](#)
 - ✓ [Disciplinary Sub-committee Early Remediation Reports](#)



Identify and prioritize data

Assessment/Planning

Activity Status continued:

- ✓ Identify categories for practice breakdown data,
- ✓ Work with data consultant to format, code, sort, and organize data into a usable dataset,
- ✓ Support and maintain a cohesive collaboration with the Research, Discipline (CMT), and Education units to obtain nursing practice data
- ❖ Practice data meeting with data consultant and next steps 12-20-23.

Social Media Analysis Report



January 12, 2024

Presented by:

Penny Tovar BSN, RN



Penny Tovar, CurlyCon Los Angeles, Nov 2023, guest speaker and panelist

About me



- Bachelor's registered nurse
- Director of Applied Medical Science
- Pro-tem member of communications committee
- Owner of Plus More Group, LLC.



Brands that have contracted me

Johnson & Johnson



Report objective

A detailed analysis of nurse demographics, social media users, the current presence of other state boards of nursing, the benefits of a social media presence for WABON, and the recommended social media strategy.

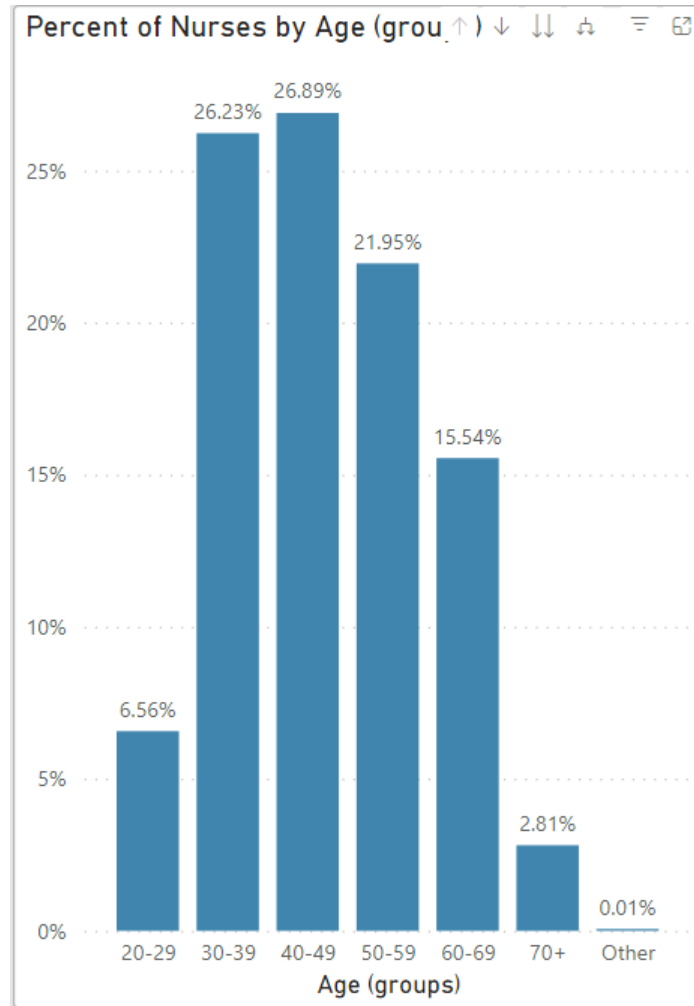


Outline

1. Demographic of nurses and social media users
2. 50 states: boards of nursing analysis
3. Social media strategy
4. Estimation of resources

Demographic of nurses and social media users

How old is the nursing force?



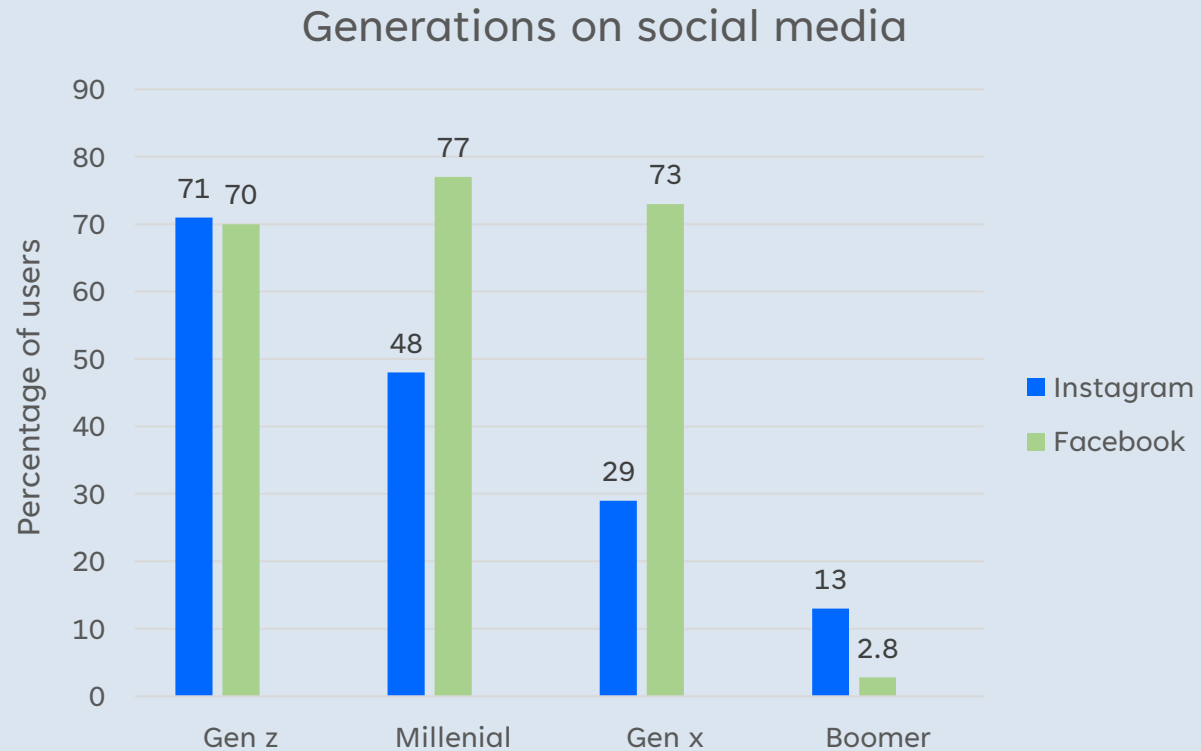
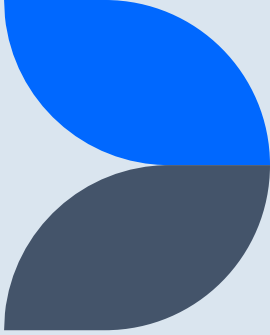
46.5

Average of Age

45.0

Median of Age

Who's on social media?



<https://www.pewresearch.org/internet/fact-sheet/social-media/?tabId=tab-c14683cb-c4f4-41d0-a635-52c4eeae0245>

generation	age range
Gen z	11 – 26 years
Millennial	27 – 41 years
Gen x	42 – 56 years
Boomer	57 – 75 years

50 States Analysis



- Which state BON's are on social media?
- What do they post?
- What is their strategy?
- What can we learn from them?

Out of 50 states...



Facebook

50%
25/50 states



Instagram

2%
10/50 states



Twitter

42%
21/50 states



LinkedIn

26%
13/50 states

Leading examples

Arkansas



Illinois



Rhode Island



Where are they present?



Arkansas State Board of Nursing

Facebook (8,400)

Instagram (290)

Twitter (650)



Illinois Department of Financial and Professional Regulation

Facebook (20,000)

Instagram (450)

Twitter (1,980)



Rhode Island Department of Health

Facebook (58,000)

Instagram (6,423)

Twitter (23,800)

Arkansas State Board of Nursing



- Deadlines
- Applications
- Webinars
- Local events
- Relevant articles
- Staff acknowledgements
- 10 years on social media

Illinois Department of Financial and Professional Regulation

- Community stories
- Public health announcements
- Current issues
- Photos from local events
- Reposts from associated organizations
- Staff acknowledgements



Social media strategy

Social media strategy



Branding

- color/font
- watermark
- border
- templates



Verticals

- establish the types of content to be posted



Formats

- text post
- photo
- short form video



Best Practices

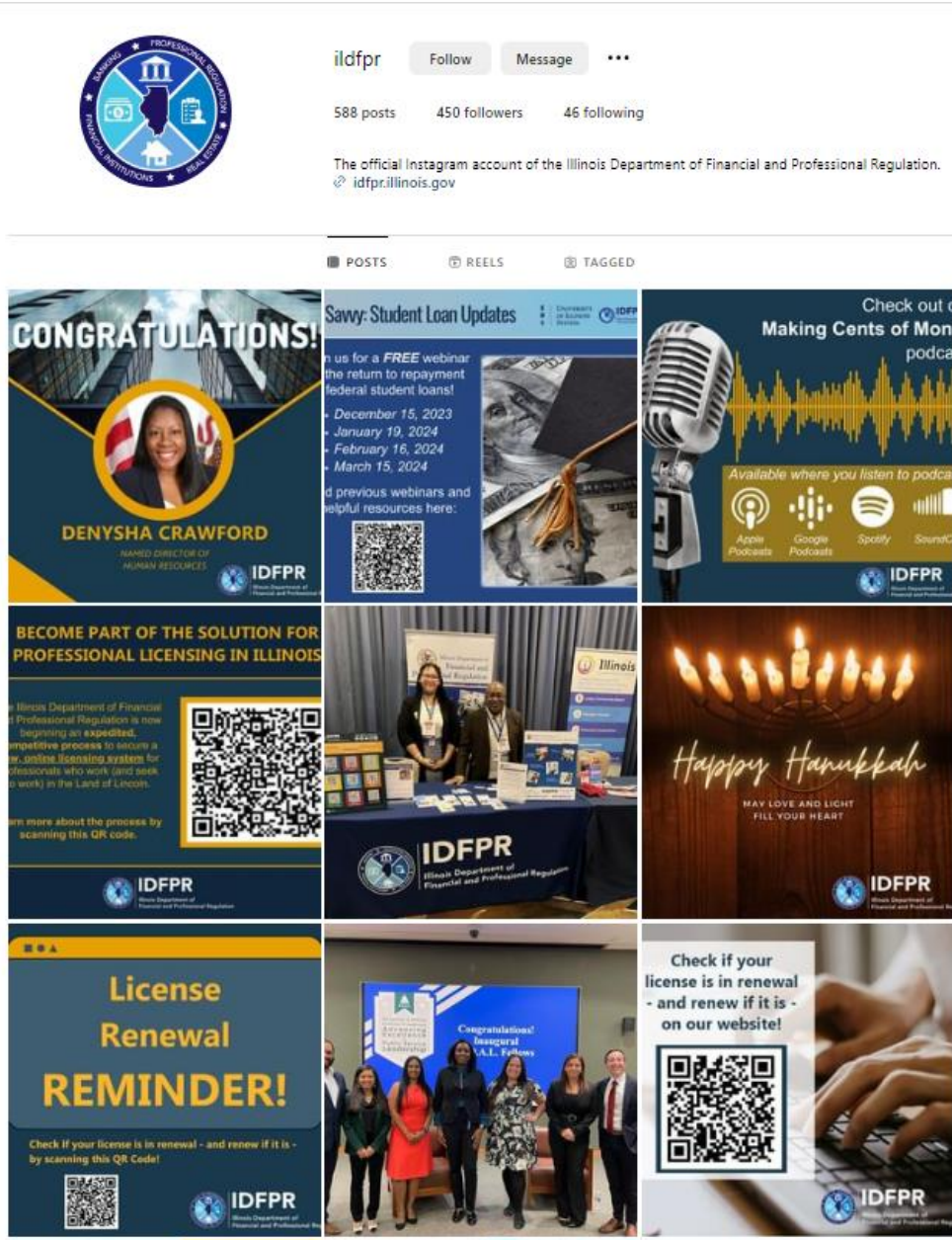
- hashtags 3 x 3
- real faces
- cohesive branding
- comment filters



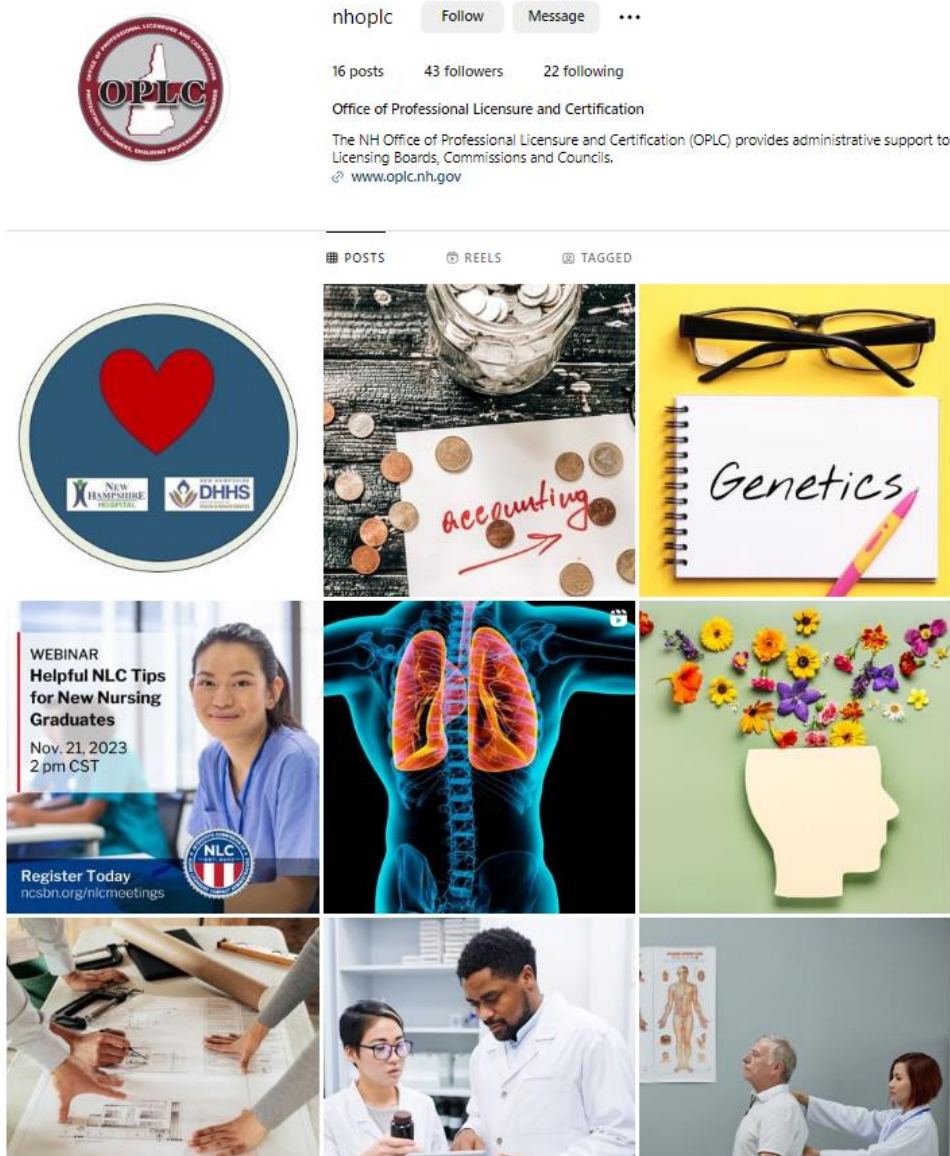
Avoid

- stock images
- plain text
- fire hosing





- thematic colors
- consistent fonts
- watermark
- real faces
- templates



- no watermark
- inconsistent branding
- stock images
- no faces
- no message conveyed in image

“

“I feel like it [social media] is an extremely positive avenue, it has helped us humanize our board members, it helps us to communicate quickly and efficiently and it helps us to build community... it is a great tool of communication”

“I’ve had very few negative comments, surprisingly... I have not found that to be an issue at all”

“If a board of nursing did not want to join social media, I would ask, ‘why don’t you want to join social media?’ I find more positives than negatives, it is such an effective communication tool”

“There is no budget, I create all the content right on my phone and I post everything myself... I also use word and power point to create some posts”

”



Lou Ann Walker

Public Information Coordinator

Arkansas State Board of Nursing

louann.walker@arkansas.gov

Estimated resources

Possible costs... but not necessary



Social media manager

Creates an editorial calendar, plans content, executes creation of content, creative direction



Social media management tool

Hootsuite is used to create content, engage clients, AI tools, analytics and reporting tools.



Boosting budget

Paying platforms to boost specific posts to certain audiences



Content creation

Outsourcing videographers, photographers for content

Why should WABON join social media?

Washington state is an exemplary leader in the healthcare industry of the United States, a social media presence would further solidify our reputation as innovative and progressive

To increase communication amongst all generations of nurses, more nurses are on social media than ever before! And we are missing out on that communication

To take the opportunity to truly connect with our community, we must connect with the communities we are trying to serve



Thank you

E-mail: WABONRules@doh.wa.gov

Phone: (360) 236-3538

Website: <https://nursing.wa.gov/support-practicing-nurses/rules-laws-and-statements/rules/rules-progress>

EMERGENCY RULES (120-Day Limit)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	LAST FILING DATE Washington State Register (WSR)
1	Initial Out-of-State Exam and Endorsement Licensing Rules	WAC 246-840-030 WAC 246-840-090	Amending specific rule language to clarify licensure requirements for registered nursing (RN) and licensed practical nursing (LPN) applicants applying for initial licensure via an out-of-state traditional nursing education program approved by another U.S. nursing board and applicants applying via interstate endorsement.	WSR: <u>23-18-064</u> File: 9/1/2023

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.	<u>WSR: 22-06-057</u> Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.	<u>WSR: 23-21-071</u> Filed: 10/12/2023	11/29/2023	In progress
2	Multistate License Fee	Amendments to: WAC 246-840-990	<u>5499-S.SL.pdf (wa.gov)</u> 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.	<u>WSR: 23-16-127</u> File: 8/1/2023	8/23/2023 8/28/2023 8/29/2023	<u>WSR: 23-26-060</u> File: 10/25/2023	12/5/2023	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	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: <u>23-11-143</u> File: 5/24/2023	6/22/2023 6/29/2023	In progress		
4	Nursing Credential Opportunities	Amendments to: WAC 246-840-517 WAC 246-840-534 And other relevant rule sections in Chapter 246-840 WAC	<u>5582-S2.SL.pdf (wa.gov)</u> 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: <u>23-17-011</u> File: 8/4/2023	9/26/2023 10/5/2023 10/16/2023 10/17/2023 10/26/2023 11/20/2023 12/4/2023			
5	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.	<u>1255-S.SL.pdf (wa.gov)</u> 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: <u>23-17-074</u> File: 8/14/2023	12/13/2023 12/15/2023			
6	Blood Glucose Delegation	Amendments to: WAC 246-840-930 WAC 246-840-940	SHB <u>1124-S.PL.pdf (wa.gov)</u> 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.	WSR: <u>23-02-037</u> Filed: 12/29/2022	2/1/2023 and 2/6/2023. Note: Additional workshops were held 5/15/2023 and 5/19/2023.			

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			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.					
7	ARNP Education Requirements	Amendments to: TBD	<p>On July 5, 2023, the JARRC found by majority vote that by requiring a "graduate degree" to be a master's 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.</p> <p>On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board:</p> <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>	In progress				

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	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	WSR: 23-23-166 Filed: 11/21/2023 Effective: 12/22/2023
2	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.	WSR: 21-05-021 Filed: 2/8/2021	October 2022 through February 2023.	WSR: 23-15-091 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	WSR: 23-20-117 Filed: 10/3/2023 Effective: 11/3/2023
3	ARNP Opioid Prescribing Rules	Amendments to: WAC 246-840-463 WAC 246-840-4659	The rules were opened to address concerns expressed by Washington state long-term care associations and advanced practice nursing associations about the implementation of the 2018 opioid prescribing rules. On December 21, 2018, WABON adopted Interpretive Statement (NCIS 2.00), Application of WAC 246-840-4659 to nursing homes	WSR: 19-15-092 Filed: 7/22/2019	6/21/2022 and 6/30/22	WSR: 23-08-064 Filed 4/4/2023	5/12/2023	WSR: 23-14-082 Filed: 6/29/2023 Effective: 7/30/2023

#	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
			and long-term acute care hospitals. Interpretive statements are not enforceable and not subject to discipline under the Uniform Disciplinary Act.					
4	ARNP Inactive and Expired Licenses	Amendments to: WAC 246-840-365 WAC 246-840-367	Concerns expressed at the 3/11/2022 CR-102 rules hearing (see Emergency to Perm Rules below effective 9/9/2022) caused the 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.	WSR: 22-12-090 Filed: 6/1/2022	6/21/2022 and 6/30/22.	WSR: 23-01-134 Filed: 12/20/2022	1/27/2023	WSR: 23-08-069 Filed: 4/4/2023 Effective: 5/5/2023
5	Nursing Emergency Rules	WAC 246-840-365 WAC 246-840-367	Amend specific credential and license requirements for Nurse Technicians (NT), Licensed Practical Nurses (LPN), Registered Nurses (RN), and Advanced Registered Nurse Practitioners (ARNP) in response to the COVID-19 pandemic and the critical demand for healthcare professionals.					WSR: 23-03-011 File: 1/6/2023
6	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 Effective: 12/22/2023
7	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	N/A	WSR: 22-17-144 Filed: 8/23/2022 Effective: 9/24/2022
8	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 Effective: 12/1/2023
9	Emergency to Permanent Rules	3/11/2022 246-840-533, 930 9/17/2021	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,	WSR: 22-12-026 Filed: 5/23/2022 Effective: 9/9/2022

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/ EMERGENCY
		Original 246-840-365, 367, 533, 930					367 removed and will be included in a new CR-101.	
10	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 Effective: 5/13/2022
11	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 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.	WSR: 19-01-001 Filed: 12/5/2018		WSR: 21-04-096 Filed: 2/1/2021	3/12/2021	WSR: 21-11-032 Filed: 5/12/2021 Effective: 6/13/2021
12	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	N/A	WSR: 21-04-016 Filed: 1/22/2021

Commonly Asked Questions (CAQ)

Category: Patient Abandonment

What is the legal definition of patient abandonment?

The Washington State nursing laws and rules do not define patient abandonment. The Washington State Board of Nursing (WABON) has investigated and disciplined nurses for issues surrounding the concept of abandonment as it relates to the nurse's duty to a patient. The WABON's position applies to the licensed practical nurse, registered nurse, and advanced registered nurse practitioner. Some behavior may be considered an employer-employment issue and not patient abandonment. The American Nurses Association (ANA) defines patient abandonment as "a unilateral severance of the **established** nurse-patient relationship without giving reasonable notice to the appropriate person so that arrangements can be made for the continuation of nursing care by others. Refusal to accept an assignment (or a nurse-patient relationship) does not constitute patient abandonment (ANA 2001c)."

How does the Washington State Board of Nursing (WABON) define patient abandonment?

The nurse's duty is not defined by any single event, such as clocking in or taking a report. From the WABON's standpoint, the focus is on the relationship and responsibility of the nurse to the patient, not to the employer or employment setting. The primary concern is whether the nurse's actions compromised patient safety or caused patient abandonment. To qualify as patient abandonment, the nurse must:

- Accept the patient assignment, thus establishing a nurse-patient relationship, and then,
- Sever the nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient, contractor) so that arrangements can be made for the continuation of nursing care by others.

Determination of patient abandonment is based on the facts of the individual case, unique circumstances, of each situation, and their application to grounds for disciplinary action in the nursing laws and rules.

The concept of the nurse's duty to promote patient safety also serves as the basis for determining behavior that could be considered unprofessional conduct by the nurse. The Board believes nurses should be vigilant and exercise sound professional judgment when accepting assignments requested by employers who need nurses to fill vacant shifts for licensed nursing staff or other staffing-related situations. Clear communication between staff and supervisors is essential to arrive at solutions that best focus on patient care needs without compromising patient safety or a nurse's license.

[RCW 18.130.180: Uniform Disciplinary Act - Unprofessional conduct](#)

[WAC 246-840-710](#),
[WAC 246-840-720](#),
[WAC 246-840-730](#)
[WAC 246-840-740](#)

Is it considered patient abandonment if a nurse is the sole provider of care of the patient, and no other care provider is available to relieve the nurse?

There are some unique circumstances that may be considered patient abandonment. An example is a registered nurse with a private practice or a contract to provide care to a patient who does not arrange for another qualified care provider to continue the care. A complaint should be reported to the Washington State Board of Nursing (WABON) for review of case circumstances. Conduct that is not actionable by the WABON is most appropriately addressed by the employer, consistent with employment laws, rules, and policies. Conduct that is consistent with patient abandonment may result in disciplinary action.

What is the nurse's responsibility specific to patient abandonment?

The Washington State Board of Nursing (WABON) holds nurses accountable to the minimum standard of care, which requires the nurse to fulfill a patient care assignment or transfer responsibility to another qualified person once a nurse has accepted an assignment.

What are some examples of an employee-employment issue vs. patient abandonment?

The Washington State Board of Nursing (WABON) does not have jurisdiction over employers or employment-related issues or disputes. Other laws regulating facility licensure may apply certain responsibilities to the employer for patient safety, such as developing effective patient care systems or providing adequate numbers of qualified staff. Specific requirements for a given facility may be obtained by contacting the applicable licensing authority for the institution. The WABON believes that the following are examples of employment issues that would not typically involve violations of nursing laws and rules:

Examples of Patient Abandonment	Examples of Employer-Employee Issues
<ul style="list-style-type: none">▪ Accepting the assignment and then leaving the unit without notifying a qualified person.▪ Leaving without reporting to the on-coming shift.▪ Leaving patients without any licensed supervision (especially at a long-term care facility with no licensed person coming on duty).▪ Sleeping on duty.	<ul style="list-style-type: none">• Resignation without advance notice, assuming the nurse's current patient care assignment and work shift have been completed.• Refusal to work additional shifts, either "doubles" or extra shifts on days off.• Other work-related issues, such as frequent absenteeism or tardiness, or conflicts between staff/employees.

<ul style="list-style-type: none"> ▪ Going off the unit without notifying a qualified person and arranging coverage of patients. ▪ Leaving in an emergency. ▪ Overlooking or failing to report abuse or neglect. ▪ Giving care while. ▪ Giving incompetent care. ▪ Delegating care to an unqualified caregiver. ▪ Failure to perform assigned responsibilities. ▪ Closing a private practice without making reasonable arrangements for the patient to transfer care. 	<ul style="list-style-type: none"> • Not showing up for work or not calling in. • Refusing to work all remaining scheduled shifts after resigning. • Refusing an assignment for religious, cultural, legal, or ethical reasons. • Not returning from a leave of absence. • Refusing to work in an unsafe situation. • Refusing to delegate to an unsafe caregiver. • Refusing to give care that may harm the patient. • Refusing to accept an assignment or a nurse-patient relationship. • Refusing to work mandatory overtime beyond the regularly scheduled number of hours. • Refusing to work in an unfamiliar, specialized, or “high-tech” practice area when there has been no orientation, educational preparation, or employment experience. • Refusing to “float” to an unfamiliar unit to accept a patient assignment.
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[RCW 18.130.180: Uniform Disciplinary Act - Unprofessional conduct](#)
[WAC 246-840-710,](#)
[WAC 246-840-720,](#)
[WAC 246-840-730](#)
[WAC 246-840-740](#)
[Safe to Practice Policy \(wa.gov\)](#)

If a nurse is assigned to see a home-bound patient daily, but did not show up for a week, notify anyone, and did not arrange for another nurse to see the patient, is this patient abandonment?

It is important to consider what the nurse-patient assignment involves. Acceptance of a patient assignment may vary from setting to setting and requires a clear understanding of the workload and the agreement to provide care. In this situation, since the nurse failed to see the patient for a week and failed to request another nurse visit, this may be considered patient abandonment. A complaint should be reported to the Washington State Board of Nursing (WABON) for possible disciplinary action. Conduct that is not actionable by the WABON is most appropriately addressed by the employer, consistent with employment laws, rules, and policies.

If it is unsafe for the nurse to provide care during an emergency or disaster, is this patient abandonment?

A nurse may have to choose between the duty to provide safe patient care and protecting the nurse's own life during an emergency, including but not limited to disasters, infectious disease outbreaks, acts of terrorism, active shooter incidents, and workplace violence. Regardless of practice setting, position title or role, all nurses must adhere to nursing laws and rules. There is also no routine answer to the question, *"When does the nurse's duty to a patient begin?"* The nurse's duty is not defined by any single event such as clocking in or taking a report. From the Washington State Board of Nursing (WABON) standpoint, the focus for disciplinary sanctions is on the relationship and responsibility of the nurse to the patient, not to the employer or employment setting. The WABON believes nurses should be vigilant and exercise sound professional judgment when accepting assignments that may be requested by employers who need nurses to fill vacant shifts for licensed nursing staff or other staffing-related situations. The nurse should take steps to protect patients if there is time and using a method that does not jeopardize the nurse's safety or interfere with law enforcement personnel.

An example is an active shooter incident. This scenario may include evacuating the area or preventing entry to a place where the active shooter is located. However, during the situation, a nurse may find insufficient time to do anything but ensure their own safety. In this case, as soon as the situation has been resolved the nurse should promptly resume care of patients.

In accordance with [FBI active shooter training](#), the safe and ethical response would be to maintain safety of oneself instead of rushing to an injured party in a dangerous situation. As soon as the immediate danger to self is over, a nurse would go to any injured person and assist in the most informed and efficient way possible.

Clear communication between staff and supervisors is essential to arrive at solutions that best focus on patient care needs without compromising patient safety or a nurse's license. The Washington State Board of Nursing (WABON) recommends developing and periodically reviewing policies and procedures to provide nurses with clear guidance and direction for patients to receive safe and effective care.

What do I do if my employer requires me to stay for a double shift during a disaster, and I am already physically exhausted?

A nurse must accept only assignments that consider patient safety and are commensurate with the nurse's educational preparation, experience, knowledge, physical, and emotional ability. This is an employer-employment issue that the Washington State Board of Nursing does not have authority over.

How does the Washington State Board of Nursing (WABON) decide whether a complaint is patient abandonment or an employee-employment issue?

Complaints of "patient abandonment" when it is evident from the allegation that it is an employment issue will not be investigated by the WABON. Some general factors that would be considered in investigating a complaint alleging a nurse left an assignment by a nurse would include, but not be limited to:

- The extent of dependency or disability of the patient.
- Stability of the patient.
- The length of time the patient was deprived of care.
- Any harm to the patient/level of risk of harm to the patient.
- Steps taken by the nurse to notify a supervisor of the inability to provide care.
- Previous history of leaving a patient care assignment.
- Emergencies that require nurses to respond, including but not limited to disasters, disease outbreaks, and bioterrorism.
- Workplace violence, including but not limited to an active shooter situation.
- Other unprofessional conduct concerning the practice of nursing.
- The nurse's general competency regarding adherence to minimum nursing standards.

As with all allegations received by the WABON, the alleged conduct by a nurse will be thoroughly investigated to determine what, if any, violations of the nursing laws and rules have occurred. Depending upon the case analysis, actions may range from the case being closed with no findings or action, to suspension or revocation, or voluntary surrender of the nurse's license. If evidence of violations exists, the WABON must determine what sanction is appropriate to take on the nurse's license and what specific stipulation requirements will be applied.

[RCW 18.130.180: Uniform Disciplinary Act - Unprofessional conduct](#)

[WAC 246-840-710,](#)

[WAC 246-840-720,](#)

[WAC 246-840-730](#)

[WAC 246-840-740](#)

[Safe to Practice Policy \(wa.gov\)](#)

Can the nurse invoke “Safe Harbor” in Washington State if the nurse feels they are asked to accept an assignment that could cause the nurse to violate their duty to a patient?

Washington State does not have a “Safe Harbor” law. Safe Harbor is a means by which a nurse can request a peer review committee determination of a specific situation concerning the nurse’s duty to a patient, affording nurse immunity from the board action against the nurse’s license.

DRAFT

Washington State Board of Nursing (WABON) Subcommittee Position Description

Consistent Standards of Practice Subcommittee (CSPSC)

Purpose: To advise, monitor, and recommend scope of practice processes, advisory opinions, interpretive statements, policy statements, ~~and declaratory statements~~, general policies and procedures, ~~commonly asked questions, other guidance documents, and requests for regulation rule-review or formulation related to thea~~ registered nurse (RN), licensed practical nurse (LPN), ~~nurse technician (NT)~~, and nursing assistant (NA).

Membership: (Chair appointed by the WABON NCQAC Chair)

- RN member of the WABON Nursing Care Quality Assurance Commission (NCQAC)
- LPN member of the WABON NCQAC
- Public member of the WABON NCQAC

Duties and Responsibilities of the Sub-committee:

1. ~~Establishes subcommittee meeting dates and times in consultation With assistance from staff, prepares the agenda of the sub-committee meetings.~~
 1. ~~with the subcommittee membersIn consultation with sub-committee members, establishes the dates and times for the sub-committee meetings.~~
 2. ~~Prepares and distributes the CSPSC agenda, in consultation with the chair following internal policies, procedures, and the Open Public Meetings Act (OPMA).~~
 2. ~~Drafts responses to questions regarding scope of practice assigned by the WABON. , at least two weeks prior to the NCQAC business meetings~~
 3. ~~Prepares and presents a report to the NCQAC at business meetings with possible action items~~
 3.
 4. ~~With NCQAC members, Reviews practice standards, addresses requests for advisory opinions, /interpretive statements, and other WABON approved documents. ,and recommends improvements~~
 5. ~~Implements assigned responsibilities for the NCQAC strategic plan.~~
 5. ~~Reviews WABON NCQAC policies, advisory opinions, policy statements, and other documents, position statements, andand administrative rules as directed and scheduled by the WABON. commission related to RN, LPN, NT and NA scope of practice issues;~~
 6.

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Commented [C(4R2): I did clarify with Gerianne that the NT's SOP changes frequently depending on their training and competencies throughout the educational process - she did not think we needed to add them to the CSPSC position. It isn't that there might not be a need to do an FAQ or advisory opinion but that they would go through the Education SC.

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6. Responds ~~, as directed by the commission,~~ to the changing healthcare environment by addressing scope of practice issues and making recommendations to the WABON as appropriate, and developing policies and position statements as needed.
7. Provides recommendations and implements assigned responsibilities for the WABON Strategic Plan.
8. Provides an comprehensive annual report to the Washington State Board of Nursing including activities, accomplishments, and opportunities for improvement.

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Staff:

~~Associate Director of~~ Nursing Practice Director
Nursing Practice Consultants
Nursing Practice Administrative Assistant
Staff Attorney

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Adopted: Date Unknown

Revised: 3/11, 3/13/2015, 5/12/2017, TBD

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

Title:	Decision Making Criteria for License Applications	Number:	A21.087
Reference:	<u>RCW 18.130.050 (13)RCW 18.130.064; RCW 18.80.020(3)(f); RCW 18.130.180(2); Haley v. Medical Disciplinary Board, 117 Wash.2d 720 (1991); In re Kindschi, 52 Wash.2d 8 (1958)</u>		
Contact:	<u>Mary Dale Catherine Woodard, Discipline ManagerDirector Washington State Nursing Care Quality Assurance CommissionBoard of Nursing (NCQACWABON)</u>		
Effective Date:	<u>August 1, 2016January 12, 2024</u>	Date ReviewedDate for Review:	<u>August December 201623January 12, 2026</u>
Supersedes:	<u>August 1, 2016 October 1, 2015 September 9, 2011 July 1, 2005 March 12, 2004 May 16, 2003 March 14, 1997</u>		
Approved:	<u>Alison Bradywood DNP, MN/MPH, RN, NEA-BC Executive Director Washington State Board of Nursing</u>		

PURPOSE:

When an otherwise qualified applicant for a nursing license has a positive response or criminal background check, the application is considered an “exception” application. This procedure describes the process allows administrative staff to apply criteria established by thefor the Washington State Board of Nursing (WABON) to consider such NCQAC to approve the applications. It is the intent of the commissionNCQACWABON to fairly and quickly process applications for licenses.

On July 8, 20162016, the NCQAC approved the Health Services Quality Assurance (HSQA) FBI background administrative staff to use this procedure in comparison decision making with court documents against positive FBI background results. This update to the procedure rescinds decision making authority for HSQA background

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check staff and requires all criminal conviction history to be provided to WABON in accordance with relevant laws and regulations.

PROCEDURE:

NCQAC WABON Administrative staff shall:

I. Approve applications in accordance with Addendum 1 when there has been a single occurrence resulting in no criminal convictions exist and the applicant meets all other licensure criteria. Cases involving multiple convictions shall be referred to the Case Management Team (CMT). Exception, if all convictions are over 10 years old, applications may be approved by administrative staff.

II. HSQA administrative staff shall approve FBI background workflows and User Defined Fields (UDFs) in the licensing and discipline database. This allows the WABON staff to proceed with licensure. In cases involving convictions, administrative staff shall verify and match convictions with court documents and forward them to WABON staff.

III. Staff will follow the flowchart in Addendum 2 when the applicant has answered "no" to the question regarding criminal convictions, yet conviction(s) are found, CMT will determine whether the "no" answer amounts to a material misrepresentation. If an applicant answers "no," but that conviction alone would not have resulted in any denial or restrictions to the license, then that "no" answer is "not material" under the meaning of RCW 18.130.180 (2). Any conviction which would result in a denial or restriction of the license is a "material" misrepresentation, which will be forwarded to CMT.

IV. Staff may approve applications in the following situations:

- 2-A. Approve applications for applicants with stated medical conditions, which fall under the Americans with Disabilities Act, where the applicant states they can practice with reasonable skill and safety, and there are no limitations or impairments, or the condition is controlled or alleviated with medication.
- 3-B. Approve applications for applicants with action taken in another state, where the applicant has complied with all conditions and has been reinstated, holding a current unencumbered license.
- 4-C. Approve applications for applicants named in a malpractice, hospital, or civil suit where negligence was not established.

Exception applications not meeting these criteria will be forwarded to CMT for review and a decision to approve or deny.

V. CMT considers the following non-exclusive list of factors in decision making:

- A. The seriousness of the conviction and the facts that led to it.
- B. The length of time since the conviction.
- C. The age and maturity of the applicant when the offense(s) occurred.
- D. Whether the applicant has made any required restitution.

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E. The activities of the applicant since the conviction.

VI. WABON cannot issue a multistate (MSL) credential if the applicant has *any* felony conviction, no matter how old. For misdemeanor convictions, CMT determines whether that conviction *relates to the practice of nursing* and should be a basis for denial of the application. Whether an act relates to the practice of a profession is not limited to acts committed during the care of a patient. It includes acts indicating unfitness to bear the responsibilities of, and to enjoy the privileges of, a profession. *Haley v. Medical Disciplinary Board*, 117 Wash.2d 720, 731 (1991). A professional disciplinary action “is taken for two purposes: to protect the public, and to protect the standing of the . . . profession in the eyes of the public.” *In re Kindschi*, 52 Wash.2d 8,11 (1958).

HSQA administrative staff shall:

A. Approve FBI background workflows in the licensing and discipline database Integrated Licensing and Regulatory System (ILRS) database in accordance with Addendum 1 when there is a single occurrence resulting in a criminal conviction. This allows the NCQAC staff to proceed with licensure. In cases involving multiple convictions administrative staff shall verify and match convictions with court documents and forward to NCQAC staff. Exception, if all convictions are over 10 years old, the licensing and discipline database ILRS FBI background workflow may be approved by administrative staff.

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ADDENDUM 1

Below is the criteria used for staff to recommend approval for applications with convictions for Commission's NCQAC's Final Approval. Criteria is based on a single incident, not multiple unless listed.

NOTE: When the recommended action is "Issue with sanctions," the file is referred to CMT

F-Felony; Class A or B—Deny 10 years; Class C—issue after 5 years with sanctions

G-Gross Misdemeanor—Issue with sanctions

M-Misdemeanor—Issue

Incident	If conviction occurred within the last 3 years-	If conviction occurred 3-10 years ago	M/G/F (Class)
Animal Cruelty	Issue with sanctions-	Issue credential	G
Assault 4 (simple assault)	Issue with sanctions-	Issue credential	G
Coercion	Issue with sanctions-	Issue credential	G
Criminal Trespass 2	Issue-	Issue credential	M
Drug convictions (Gross misdemeanor)	Issue with sanctions requiring monitoring	Issue with sanctions or require proof of completion of program	G
DUI—first offense (no bodily harm)	Issue credential-	Issue credential	G
DUI—second offense	Issue with sanctions	Issue credential	G
False reporting; Filing a false report	Issue with sanctions-	Issue credential	G
Making False or Misleading Statements-	Issue with sanctions-	Issue credential	G
Marijuana 40 grams or less	Issue credential	Issue credential	M
Minor in possession of alcohol	Issue credential	Issue credential	G
Obstructing a Law Enforcement Officer-	Issue with sanctions-	Issue credential	G
Possession of drug paraphernalia	Issue credential	Issue credential	M
Prostitution	Issue with sanctions-	Issue credential	M/G
Resisting Arrest-	Issue credential	Issue credential	M
Shoplifting	Issue with sanctions-	Issue credential	M/G
Simple Assault-	Issue with sanctions-	Issue credential	G
Telephone Call Harassment-	Issue with sanctions-	Issue credential	G
Welfare Fraud	Issue with sanctions-	Issue credential	G
Incident	If conviction is 0-5 years	If conviction occurred 5-10 years ago	
Arson-	Deny credential	Deny credential	F
Assault 1-	Deny credential	Deny credential	F(A)
Assault 2-	Deny credential	Deny credential	F(B)
Assault 3-	Deny credential	Issue with sanctions	F(C)
Attempt to Elude	Issue with sanctions	Issue credential	F

A21-087

Bomb threat	Deny credential	Deny credential	F (B)
Burglary 1 or 2	Deny credential	Deny credential	F(A&B)
Child molestation	Deny credential	Deny credential	F
Communication with a minor for immoral purposes	Deny credential	Deny credential	F
Conspiracy	Issue with sanctions	Issue credential	G
Criminal Mistreatment 1	Deny credential	Deny credential	F
Criminal Mistreatment 2	Deny credential	Issue with sanctions	F (C)
Criminal Trespass 1	Issue with sanctions	Issue credential	G
Custodial assault	Deny credential	Issue with sanctions	F (C)
Drug convictions (Felony)	Deny credential or issue under monitoring program	Deny credential or require proof of completion of program	F
Extortion 1	Deny credential	Deny Credential	F
Extortion 2	Deny Credential	Issue with sanctions	F (C)
Forgery	Deny credential	Issue with sanctions	F (C)
Indecent Exposure victim under 14	Deny credential	Issue credential	G
Indecent liberties	Deny Credential	Deny credential	F
Malicious Mischief 1	Deny credential	Issue with sanctions	F (B)
Malicious Mischief 2	Deny credential	Issue credential	F (C)
Malicious Mischief 3	Issue with sanctions	Issue credential	G
Murder	Deny credential	Deny credential	F
No Contact Order Violation	Issue with sanctions	Issue credential	G
Possession of Stolen Property 1	Deny credential	Deny credential	F
Possession of Stolen Property 2	Deny credential	Issue with sanctions	F (C)
Possession of Stolen Property 3	Issue with sanctions	Issue credential	G
Promoting Prostitution 1	Deny credential	Issue with sanctions	F (B)
Rape 1,2,3	Deny credential	Deny credential	F
Reckless Endangerment	Issue with sanctions	Issue credential	G
Residential Burglary	Deny credential	Deny credential	F (B)
Theft 1 or Robbery 1 and 2	Deny credential	Deny credential	F
Theft 2	Deny credential	Issue with sanctions	F (C)
Theft 3	Issue with sanctions	Issue credential	G
UIBC over \$250 (worthless check)	Deny credential	Issue with sanctions	F (C)
UIBC under \$250 (worthless check)	Issue with sanctions	Issue credential	G
Vehicle Theft	Deny credential	Issue with sanctions	F

RCW 18.130.055 states: (1) The disciplining authority may deny an application for licensure or grant a license with conditions if the applicant:

(e) Has been convicted or is subject to current prosecution or pending charges of a crime involving moral turpitude or a crime identified in RCW 43.43.830.

ADDENDUM 2

Exception Applications

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Application must be complete * Complete

YES or NO

Answer

Application

Answer to question 5c on app. Any yes answer or positive background

Staff Action:
Review and apply Criteria per Addendum 1

Applicant does not meet criteria for issuance

* Need Statement / Court Documents

Assure all documents are in application file

Applicant meets criteria for issuance

NO Answer

Available or submitted Yes

NO Answer

Yes Answer

Staff Action

* Send letter to Applicant
* Send Application to Licensing

Staff Action

* Send Application to Licensing

Staff Action

Refer to Investigations

onal

n from

Send to CMT

A21-087

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

Title:	Decision Making Criteria for License Applications	Number:	A21.08
Reference:	RCW 18.130.064; RCW 18.80.020(3)(f); RCW 18.130.180(2); <i>Haley v. Medical Disciplinary Board</i> , 117 Wash.2d 720 (1991); <i>In re Kindschi</i> , 52 Wash.2d 8 (1958)		
Contact:	Catherine Woodard, Discipline Director Washington State Board of Nursing (WABON)		
Effective Date:	January 12, 2024	Date for Review:	January 12, 2026
Supersedes:	August 1, 2016 October 1, 2015 September 9, 2011 July 1, 2005 March 12, 2004 May 16, 2003 March 14, 1997		
Approved:	Alison Bradywood DNP, MN/MPH, RN, NEA-BC Executive Director Washington State Board of Nursing		

PURPOSE:

When an otherwise qualified applicant for a nursing license has a positive response or criminal background check, the application is considered an “exception” application. This procedure describes the process for the Washington State Board of Nursing (WABON) to consider such applications. It is the intent of WABON to fairly and quickly process applications for licenses.

On July 8, 2016, the NCQAC approved the Health Services Quality Assurance (HSQA) FBI background administrative staff to use this procedure in comparison decision making with court documents against positive FBI background results. This update to the procedure *rescinds* decision making authority for HSQA background check staff and requires all criminal conviction history to be provided to WABON in accordance with relevant laws and regulations.

PROCEDURE:

- I. WABON staff shall approve applications when no criminal convictions exist, and the applicant meets all other licensure criteria. Cases involving convictions shall be referred to the Case Management Team (CMT).

HSQA administrative staff shall approve FBI background workflows and User Defined Fields (UDFs) in the licensing and discipline database. This allows the WABON staff to proceed with licensure. In cases involving convictions, administrative staff shall verify and match convictions with court documents and forward them to WABON staff.

- II. When the applicant has answered “no” to the question regarding criminal convictions, yet conviction(s) are found, CMT will determine whether the “no” answer amounts to a material misrepresentation. If an applicant answers “no,” but that conviction alone would not have resulted in any denial or restrictions to the license, then that “no” answer is “not material” under the meaning of RCW 18.130.180 (2). Any conviction which would result in a denial or restriction of the license is a “material” misrepresentation.

- III. Staff may approve applications in the following situations:

- A. Approve applications for applicants with stated medical conditions, which fall under the Americans with Disabilities Act, where the applicant states they can practice with reasonable skill and safety, and there are no limitations or impairments, or the condition is controlled or alleviated with medication.
- B. Approve applications for applicants with action taken in another state, where the applicant has complied with all conditions and has been reinstated, holding a current unencumbered license.
- C. Approve applications for applicants named in a malpractice, hospital, or civil suit where negligence was not established.

Exception applications not meeting these criteria will be forwarded to CMT for review and a decision to approve or deny.

- IV. CMT considers the following non-exclusive list of factors in decision making:

- A. The seriousness of the conviction and the facts that led to it.
- B. The length of time since the conviction.
- C. The age and maturity of the applicant when the offense(s) occurred.
- D. Whether the applicant has made any required restitution.
- E. The activities of the applicant since the conviction.

- V. WABON cannot issue a multistate (MSL) credential if the applicant has *any* felony conviction, no matter how old. For misdemeanor convictions, CMT determines whether that conviction *relates to the practice* of nursing and should be a basis for denial of the application. Whether an act relates to the practice of a profession is not limited to acts committed during the care of a patient. It includes acts indicating unfitness to bear the

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WAC 246-840-750 Philosophy governing voluntary substance abuse monitoring programs. The ~~nursing care quality assurance commission (commission)~~ Washington state board of nursing (board) recognizes the need to establish a means of providing early recognition and treatment options for licensed practical nurses or registered nurses whose competency may be impaired due to the abuse of drugs or alcohol. The ~~commission-board~~ intends that such nurses be ~~treated~~ treated, and their treatment monitored so that they can return to or continue to practice their profession in a manner, that safeguards the public. The Washington health professional services (WHPS) program is the ~~commission's-board's~~ approved substance abuse monitoring program under RCW 18.130.175. The ~~commission-board~~ may refer licensed practical nurses or registered nurses to WHPS as either an alternative to or in connection with disciplinary actions under RCW 18.130.160. [Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-750, filed 5/24/17, effective 6/24/17. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-750, filed 6/18/97, effective 7/19/97.]

WAC 246-840-760 Definitions of terms used in WAC 246-840-750 through 246-840-~~780~~790. The definitions in this section apply throughout WAC 246-840-750 through 246-840-~~780~~790 unless the text clearly requires otherwise.

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~~(1) "Approved treatment facility" is a facility certified by the division of behavioral health and recovery (DBHR) department of social and health services, according to chapters 388-877 through 388-877B WAC that meets the defined standards. Drug and alcohol treatment facilities located out of state must have substantially equivalent standards.~~

(21) ~~"Continuing care"~~ means the phase of treatment following acute treatment. Common elements of continuing care include relapse prevention and self-help group participation.

~~(2) "Defray" means the board may pay up to 80% of out-of-pocket expenses related to WHPS program participation that includes substance use disorder evaluations (SUD), SUD treatment and other ancillary services including drug testing, participation, professional peer support groups and any other expenses deemed appropriate by the board.~~

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~~(3) "Financial assistance" means board approval to use funds to pay for a participants out-of-pocket costs associated with participation in the WHPS program.~~

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(4) "Financial need" means a demonstrated need by a WHPS participant to help pay for costs related to participation in the WHPS program.

(5) "Monitoring contract" is a comprehensive, structured agreement between the recovering nurse and WHPS defining the requirements of the nurse's program participation.

(6) "Peer support group" is a professionally facilitated support group designed to support recovery and re-entry into practice.

(7) "Random drug screens" means laboratory tests to detect the presence of drugs of abuse in body fluids and other biologic specimens that are performed at irregular intervals not known in advance by the person to be tested.

(8) "Referral contract" is a formal agreement between the ~~commission board~~ and the nurse to comply with the requirements of the WHPS program in lieu of discipline.

(9) "Self-help groups" means groups or fellowships providing support for people with substance use disorder to support their sobriety and recovery.

(10) "Stigma" means a negative perception by peers, patients, the public, employers, or others related to SUD.

(11) "Stipend application" means a board application form that requires the participant requesting stipend

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assistance to provide information to determine eligibility for stipend funds.

(12) "Stipend program" means the ~~use of~~board program ~~general funds~~ to defray the out-of-pocket expenses for participants who have applied for and been approved to receive financial assistance in connection with participation in WHPS. The purpose is to assist nurses who would otherwise be unable to participate in the program because of personal financial limitations.

(13) "SUDRP" means substance use disorder review panel consisting of one governor-appointed board member as chair, two or more board members or pro-tem members, and board staff participants as needed.

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(~~14~~) ~~"~~"Substance abuse~~"~~" or ~~"~~"substance use disorder~~"~~"
(SUD) means a chronic progressive illness that involves the use of alcohol or other drugs to a degree that it interferes with the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

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(~~15~~) ~~"~~"Washington health professional services (WHPS)~~"~~" is the approved substance abuse monitoring program as described in RCW 18.130.175 that meets criteria established by the ~~commission~~board. WHPS does not provide evaluation or treatment services.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-760, filed 5/24/17, effective 6/24/17. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-760, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-760, filed 6/18/97, effective 7/19/97.]

WAC 246-840-770 Approval of substance abuse monitoring

programs. The ~~commission-board~~ uses WHPS as the approved monitoring program.

(1) WHPS will:

(a) Employ staff with the qualifications and knowledge of both substance abuse and the practice of nursing as defined in this chapter to be able to evaluate:

(i) Clinical laboratories;

(ii) Laboratory results;

(iii) Providers of substance abuse treatment, both individuals and facilities;

(iv) Peer support groups;

(v) The nursing work environment; and

(vi) The ability of the nurse to practice with reasonable skill and safety.

(b) Enter into a monitoring contract with the nurse to oversee the nurse's required recovery activities. Exceptions may be made to individual components of the contract as needed.

(c) Determine, on an individual basis, whether a nurse will be prohibited from engaging in the practice of nursing for a period of time and restrictions, if any, on the nurse's access to controlled substances in the workplace.

(d) Maintain case records on participating nurses.

(e) Report to the ~~commission-board~~ any nurse who fails to comply with the requirements of the monitoring program as defined by the ~~commissionboard~~.

(f) Provide the ~~commission-board~~ with an annual statistical report.

(2) The ~~commission-board~~ approves WHPS's procedures on treatment, monitoring, and limitations on the practice of nursing for those participating in the program.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-770, filed 5/24/17,

effective 6/24/17. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-770, filed 6/18/97, effective 7/19/97.]

WAC 246-840-780 Conditions for participants entering the approved substance abuse monitoring program. (1) Any nurse participating in the substance abuse monitoring program must:

(a) Undergo a complete substance use disorder evaluation. This evaluation will be performed by health care professional(s) with expertise in chemical dependency.

(b) Enter into a monitoring contract with WHPS which includes, but is not limited to, the following terms, which require the nurse to:

(i) Undergo any recommended level of treatment ~~in an approved treatment facility~~ by a designated licensed treatment provider, including continuing care;

(ii) Abstain from all mind-altering substances including alcohol and cannabis except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101;

(iii) Cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals;

(iv) Attend peer support group, or self-help group meetings, or both as specified by WHPS;

(v) Complete random or for-cause drug screening as specified by WHPS;

(vi) Comply with specified employment conditions and restrictions as defined by the monitoring contract;

(vii) Agree in writing to allow WHPS to release information to the ~~commission~~board if the nurse does not comply with any contract requirements or is unable to practice with reasonable skill and safety;

(viii) Pay the costs of any required evaluations, substance abuse treatment, peer support group, random drug screens, and other personal expenses incurred in relation to the monitoring program;

(ix) Sign any requested release of information authorizations.

(2) When referred to WHPS in lieu of discipline, the nurse must enter into a referral contract with the ~~commission~~board.

The ~~commission-board~~ may take disciplinary action against the nurse's license under RCW 18.130.160 based on any violation by the nurse of the referral contract.

(3) A nurse may voluntarily participate in WHPS in accordance with RCW 18.130.175(2) without first being referred to WHPS by the ~~commissionboard~~.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-780, filed 5/24/17, effective 6/24/17. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-780, filed 6/18/97, effective 7/19/97.]

NEW SECTION

WAC 246-840-790. Substance Use Disorder Monitoring Stipend

Program. (1) Applicants must meet the requirements in RCW 18.79.440 to be eligible for the substance use disorder monitoring stipend program (stipend program). All disbursements of stipend program funds are subject to ~~legislative fiscal authorization and~~ availability of budgeted funds.

(2) To be eligible for the stipend program, a person must:

(a) Hold an active, inactive, or suspended license issued pursuant to this chapter;

(b) Submit an application on forms provided by the board;

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(c) Be actively participating in the board's approved substance use disorder monitoring program (WHPS program) or have completed the WHPS program within six months of submission of an application for the stipend program; and

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(d) Have a demonstrated need for financial assistance with the expenses incurred in connection with participation in the WHPS program.

(3) A person is not eligible for the stipend program if they have previously applied for and participated in the stipend program and had benefits paid on their behalf from the stipend program.

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(4) The board may defray up to 80 percent of each out-of-pocket expense deemed eligible for defrayment under this section. The board will not pay stipend program funds directly to any person participating in the stipend program. The board will pay out of pocket expenses directly to entities providing services to the person participating in the stipend program.

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(5) Out-of-pocket expenses eligible for defrayment under this section include the costs of substance use evaluation, treatment, other ancillary services, including drug testing, participation in professional peer support groups, and any other expenses deemed appropriate by the board.

(6) A person participating in the stipend program established in this section shall document their out-of-pocket expenses in a manner specified by the board.

(7) Eligibility:

(a) A person may participate in the stipend program by having the stipend program defray authorized out-of-pocket expenses for one monitoring contract period only, including extensions of the contract monitoring period directed by WHPS.

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(b) An applicant who was approved for the stipend program for a monitoring contract period without having benefits paid from the stipend program on their behalf, and later reenters the WHPS program, may be approved to participate in the stipend program.

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(c) Stipend program applications are approved for a twelve-month period. Persons participating in the stipend program must submit an application every twelve months to renew their participation in the stipend program.

(d) A person may participate in the stipend program for a maximum of five (5) years from the approval date of the initial stipend program application. Eligibility for the stipend program terminates upon successful completion of or discharge from the WHPS program.

(e) An applicant who previously applied for the stipend program but whose application was denied is eligible to re-apply if the applicant's financial circumstances have changed.

(8) To establish financial need for the stipend program, a person must provide documentary proof that ~~such as Temporary assistance for needy families (TANF), nonemergency medicaid, state children's health insurance program (SCHIP), supplemental security income (SSI), or federal Basic Food~~total household income is less than 400% of the federal poverty level as determined under 42 U.S.C. 9902(2) and published annually by the U.S. Department of Health and Human Services.

(9) Application forms and documentary proof provided to the board under this section by applicants will be submitted under penalty of perjury and, if shown to be false, could subject the applicant to criminal penalties or other adverse action, including, but not limited to, adverse action for moral turpitude, misrepresentation, or fraud.

(10) The program may defray the cost of eligible out-of-pocket expenses incurred by stipend program participants up to six (6) months prior to application submission.

(11) The board may adopt, publish, and use procedures, forms, guidelines, and other documents necessary for implementation of this rule. Such procedures, forms,

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guidelines, and documents may be revised, amended, or discontinued as necessary in the sole discretion of the board.

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WAC 246-840-750 Philosophy governing voluntary substance

abuse monitoring programs. The Washington state board of nursing (board) recognizes the need to establish a means of providing early recognition and treatment options for licensed practical nurses or registered nurses whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such nurses be treated, and their treatment monitored so that they can return to or continue to practice their profession in a manner, that safeguards the public. The Washington health professional services (WHPS) program is the board's approved substance abuse monitoring program under RCW 18.130.175. The board may refer licensed practical nurses or registered nurses to WHPS as either an alternative to or in connection with disciplinary actions under RCW 18.130.160.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-750, filed 5/24/17, effective 6/24/17. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-750, filed 6/18/97, effective 7/19/97.]

WAC 246-840-760 Definitions of terms used in WAC 246-840-750 through 246-840-790. The definitions in this section apply

throughout WAC 246-840-750 through 246-840-790 unless the text clearly requires otherwise.

(1) "Continuing care" means the phase of treatment following acute treatment. Common elements of continuing care include relapse prevention and self-help group participation.

(2) "Defray" means the board may pay up to 80% of out-of-pocket expenses related to WHPS program participation that includes substance use disorder evaluations (SUD), SUD treatment and other ancillary services including drug testing, participation, professional peer support groups and any other expenses deemed appropriate by the board.

(3) "Financial assistance" means board approval to use funds to pay for a participants out-of-pocket costs associated with participation in the WHPS program.

(4) "Financial need" means a demonstrated need by a WHPS participant to help pay for costs related to participation in the WHPS program.

(5) "Monitoring contract" is a comprehensive, structured agreement between the recovering nurse and WHPS defining the requirements of the nurse's program participation.

(6) "Peer support group" is a professionally facilitated support group designed to support recovery and re-entry into practice.

(7) "Random drug screens" means laboratory tests to detect the presence of drugs of abuse in body fluids and other biologic specimens that are performed at irregular intervals not known in advance by the person to be tested.

(8) "Referral contract" is a formal agreement between the board and the nurse to comply with the requirements of the WHPS program in lieu of discipline.

(9) "Self-help groups" means groups or fellowships providing support for people with substance use disorder to support their sobriety and recovery.

(10) "Stigma" means a negative perception by peers, patients, the public, employers, or others related to SUD.

(11) "Stipend application" means a board application form that requires the participant requesting stipend assistance to provide information to determine eligibility for stipend funds.

(12) "Stipend program" means the board program to defray the out-of-pocket expenses for participants who have applied for and been approved to receive financial assistance in connection with participation in WHPS. The purpose is to assist nurses who would otherwise be unable to participate in the program because of personal financial limitations.

(13) "SUDRP" means substance use disorder review panel consisting of one governor-appointed board member as chair, two or more board members or pro-tem members, and board staff participants as needed.

(14) "Substance abuse" or "substance use disorder" (SUD) means a chronic progressive illness that involves the use of alcohol or other drugs to a degree that it interferes with the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(15) "Washington health professional services (WHPS)" is the approved substance abuse monitoring program as described in RCW 18.130.175 that meets criteria established by the board. WHPS does not provide evaluation or treatment services.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-760, filed 5/24/17, effective 6/24/17. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-760, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-760, filed 6/18/97, effective 7/19/97.]

WAC 246-840-770 Approval of substance abuse monitoring

programs. The board uses WHPS as the approved monitoring program. (1) WHPS will:

(a) Employ staff with the qualifications and knowledge of both substance abuse and the practice of nursing as defined in this chapter to be able to evaluate:

- (i) Clinical laboratories;
- (ii) Laboratory results;
- (iii) Providers of substance abuse treatment, both individuals and facilities;
- (iv) Peer support groups;
- (v) The nursing work environment; and
- (vi) The ability of the nurse to practice with reasonable skill and safety.

(b) Enter into a monitoring contract with the nurse to oversee the nurse's required recovery activities. Exceptions may be made to individual components of the contract as needed.

(c) Determine, on an individual basis, whether a nurse will be prohibited from engaging in the practice of nursing for a

period of time and restrictions, if any, on the nurse's access to controlled substances in the workplace.

(d) Maintain case records on participating nurses.

(e) Report to the board any nurse who fails to comply with the requirements of the monitoring program as defined by the board.

(f) Provide the board with an annual statistical report.

(2) The board approves WHPS's procedures on treatment, monitoring, and limitations on the practice of nursing for those participating in the program.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-770, filed 5/24/17, effective 6/24/17. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-770, filed 6/18/97, effective 7/19/97.]

WAC 246-840-780 Conditions for participants entering the approved substance abuse monitoring program. (1) Any nurse participating in the substance abuse monitoring program must:

(a) Undergo a complete substance use disorder evaluation. This evaluation will be performed by health care professional(s) with expertise in chemical dependency.

(b) Enter into a monitoring contract with WHPS which includes, but is not limited to, the following terms, which require the nurse to:

(i) Undergo any recommended level of treatment by a designated licensed treatment provider, including continuing care;

(ii) Abstain from all mind-altering substances including alcohol and cannabis except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101;

(iii) Cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals;

(iv) Attend peer support group, or self-help group meetings, or both as specified by WHPS;

(v) Complete random or for-cause drug screening as specified by WHPS;

(vi) Comply with specified employment conditions and restrictions as defined by the monitoring contract;

(vii) Agree in writing to allow WHPS to release information to the board if the nurse does not comply with any contract

requirements or is unable to practice with reasonable skill and safety;

(viii) Pay the costs of any required evaluations, substance abuse treatment, peer support group, random drug screens, and other personal expenses incurred in relation to the monitoring program;

(ix) Sign any requested release of information authorizations.

(2) When referred to WHPS in lieu of discipline, the nurse must enter into a referral contract with the board. The board may take disciplinary action against the nurse's license under RCW 18.130.160 based on any violation by the nurse of the referral contract.

(3) A nurse may voluntarily participate in WHPS in accordance with RCW 18.130.175(2) without first being referred to WHPS by the board.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-780, filed 5/24/17, effective 6/24/17. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-780, filed 6/18/97, effective 7/19/97.]

NEW SECTION

WAC 246-840-790. Substance Use Disorder Monitoring Stipend

Program. (1) Applicants must meet the requirements in RCW 18.79.440 to be eligible for the substance use disorder monitoring stipend program (stipend program). All disbursements of stipend program funds are subject to availability of budgeted funds.

(2) To be eligible for the stipend program, a person must:

(a) Hold an active, inactive, or suspended license issued pursuant to this chapter;

(b) Submit an application on forms provided by the board;

(c) Be actively participating in the board's approved substance use disorder monitoring program (WHPS program) or have completed the WHPS program within six months of submission of an application for the stipend program; and

(d) Have a demonstrated need for financial assistance with the expenses incurred in connection with participation in the WHPS program.

(3) A person is not eligible for the stipend program if they have previously applied for and participated in the stipend program and had benefits paid on their behalf from the stipend program.

(4) The board may defray up to 80 percent of each out-of-pocket expense deemed eligible for defrayment under this

section. The board will not pay stipend program funds directly to any person participating in the stipend program. The board will pay out of pocket expenses directly to entities providing services to the person participating in the stipend program.

(5) Out-of-pocket expenses eligible for defrayment under this section include the costs of substance use evaluation, treatment, other ancillary services, including drug testing, participation in professional peer support groups, and any other expenses deemed appropriate by the board.

(6) A person participating in the stipend program established in this section shall document their out-of-pocket expenses in a manner specified by the board.

(7) Eligibility:

(a) A person may participate in the stipend program by having the stipend program defray authorized out-of-pocket expenses for one monitoring contract period only, including extensions of the contract monitoring period directed by WHPS.

(b) An applicant who was approved for the stipend program for a monitoring contract period without having benefits paid from the stipend program on their behalf, and later reenters the WHPS program, may be approved to participate in the stipend program.

(c) Stipend program applications are approved for a twelve-month period. Persons participating in the stipend program must submit an application every twelve months to renew their participation in the stipend program.

(d) A person may participate in the stipend program for a maximum of five (5) years from the approval date of the initial stipend program application. Eligibility for the stipend program terminates upon successful completion of or discharge from the WHPS program.

(e) An applicant who previously applied for the stipend program but whose application was denied is eligible to re-apply if the applicant's financial circumstances have changed.

(8) To establish financial need for the stipend program, a person must provide documentary proof that total household income is less than 400% of the federal poverty level as determined under 42 U.S.C. 9902(2) and published annually by the U.S. Department of Health and Human Services.

(9) Application forms and documentary proof provided to the board under this section by applicants will be submitted under penalty of perjury and, if shown to be false, could subject the applicant to criminal penalties or other adverse action, including, but not limited to, adverse action for moral turpitude, misrepresentation, or fraud.

(10) The program may defray the cost of eligible out-of-pocket expenses incurred by stipend program participants up to six (6) months prior to application submission.

(11) The board may adopt, publish, and use procedures, forms, guidelines, and other documents necessary for implementation of this rule. Such procedures, forms, guidelines, and documents may be revised, amended, or discontinued as necessary in the sole discretion of the board.

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

Title:	Initial and Ongoing Approval of Nursing Assistant Training Programs	Number: E02.03 <u>E02.04</u>
Reference:	<u>RCW 18.88A.060</u> RCW 18.88A.082 <u>RCW 34.05</u> WAC 246-841A	
Contact Author:	Paula R. Meyer, MSN <u>Kathy Moisia, PhD, RN,</u> Executive Director of Nursing Assistant Programs (360) 236-4713 <u>Washington State Board of Nursing</u> Assurance Commission	
Effective Date:	July 1, 2013 <u>TBD</u> Nov. 2022 <u>January 2024</u>	Date for Review: November 2026 <u>January 2026</u>
Supersedes:	E02.02 <u>E02.03 – July 1, 2013</u> E02.02 - N/A (could not find in archived documents) E02.01 – May 13, 2011	
Approved:	Signature added when approved by ED or Chair <u>Adam Canary, LPN</u> Chair Washington State Board of Nursing <u>WABON</u> NCOAC <u>Chair: Yvonne Strader</u> MHA, BSPA, BSN, RN Yvonne Strader, MHA, BSPA, BSN, RN, Chair Washington State Nursing Care Quality Assurance Commission <u>Washington State Board of Nursing</u>	

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PURPOSE STATEMENT:

~~The Nursing Care Quality Assurance Commission (NCQAC)~~The Washington State Board of Nursing (WABON) assures ~~that~~ nursing assistant training programs, ~~alternative-~~meet Revised Code of Washington (RCW) and Washington Administrative Code (WAC) requirements, which supports public safety. The ~~WABON~~NCQAC reviews, approves, and monitors four types of nursing assistant training programs: ~~traditional, home care aide alternative/bridge, medical assistant alternative/bridge,~~ and medication assistant certification endorsement programs ~~meet the state requirements. NCQAC protects and provides for public safety by monitoring and reviewing nurse aide training programs and medication assistant endorsement education programs. The WABON~~NCQAC provides for the competency of nursing assistants by requiring a ~~commission~~board-approved competency exam ~~and through ongoing continuing competency requirements. The after successful completion of each type of training program. The WABON-NCQAC delegates decision-making authority regarding nursing assistant training programs to the~~ Nursing Assistant Program Approval Panel (NAPAP) ~~has delegated authority from the NCQAC to make decisions relevant to all nursing assistant and medication assistant training programs-).~~

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PROCEDURE:

Initial Program Approval:

2.I. The ~~WABON~~NCQAC staff members review all nursing assistant training program applications for compliance with ~~Revised Code of Washington and program standards as identified in Washington Administrative Code Requirements~~RCW and WAC requirements.

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4.II. If ~~at~~the nursing assistant training program does not appear to meet all ~~the~~ requirements for initial approval, a staff member ~~will notify~~notifies the program director of identified deficiencies and ~~request~~requests corrections, clarifications, or additional information ~~needed~~to complete the process.

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b.A. Staff may provide technical assistance as described in WAC 246-841A-390(24) regarding application deficiencies.

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~~4-B.~~ If the program director does not respond to ~~correct address~~ deficiencies or provide clarifications or additional information within 90 days, the staff member may close the application.

~~6.III.~~ Once the staff determines the program's application is ready for the NAPAP's review, staff puts it on the next NAPAP meeting agenda for presentation.

The

~~8.IV.~~ After review and discussion, the NAPAP makes ~~a the~~ decision regarding approval, deferral (i.e., requesting additional information), or denial of the program application. The NAPAP may delegate to staff the approval of program applications that meet meeting all requirements.

Once a program is approved,

~~10.V.~~ When the NAPAP decides to deny a program's application, NCQAC legal staff assigns a program number, notifies the program director of the approval, with a letter of determination as described below. Upon a program's NAPAP's initial program approval by NAPAP, staff obtains a new program number; emails the program director an approval letter; creates the new program file, which includes all program documents; and adds the new program's information to all relevant databases and the [WABON NCQAC](#) website.

~~Personnel Changes:~~

When

~~VI.~~ To make a program wants to change its in program director or add an instructor(s), the program director must submit an submits the appropriate application and supporting documents for review by staff.

~~12.VII.~~ If an applicant meets requirements, staff emails the program director an approval letter. If it is unclear that the whether an applicant meets state requirements, the applicant's NAPAP reviews the application will be reviewed by NAPAP. The Staff notifies the program director will be notified of the panel's decision within 30 days.

~~Evaluation of Initially Approved Programs:~~

~~14.VIII.~~ The NAPAP monitors the new nursing assistant program for the first year programs and conducts a program evaluation after one year. [WAC 246-841A-423](#).

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~~IX. After review of~~ The NAPAP reviews the program evaluation results and assessment of determines whether the program's ability to meet program standards has consistently, the met requirements. The NAPAP may: ~~change then:~~

~~A. Change~~ the program's status to full approval; ~~extend if program standards have been met consistently.~~ WAC 246-841A-425. Staff then emails the program director notifying them of the change to full approval status, changes the status in all relevant databases, and updates the [WABONNCQAC](#) website.

~~B. Extend~~ the program's initial approval; ~~or withdraw~~ for up to one additional year with an evaluation at the end of the second year. Staff then emails the program director notifying them that initial approval is being extended. WAC 246-841A-423(1)(b).

~~16. Withdraw~~ the program's approval; ~~with a letter of determination as described below.~~

Ongoing Program Approval

Ongoing Approval

~~18.X.~~ The NAPAP monitors ~~all~~ nursing assistant training programs and ~~award on an ongoing basis.~~ Programs maintain ongoing approval status when ~~program standards are being met~~ they consistently meet requirements. Monitoring by the NAPAP includes, but is not limited to ~~the following:~~

~~A. Site Visits~~ as described in WAC 246-841A-465(2): Staff conduct site visits to monitor programs with complaints; programs requesting or requiring technical assistance; and new programs. Staff visit other programs to support ongoing compliance with training program rules and standards.

~~b.B.~~ Program Renewal; ~~as required by WAC 246-841A-420(9);~~ All programs participate in a renewal process every two years ~~and.~~ The NAPAP ~~approves~~ ~~all~~ renews programs that participate in the process and meet state requirements. Failure to participate in renewal results in lapse of program approval.

~~d.C.~~ Pass Rates; ~~Programs are~~ as required by WAC 246-841A-460(3): The NAPAP monitors pass rates throughout the year and conducts a formal review of program pass rates annually. The ~~expected to meet the~~ pass rate standard ~~of an~~ for programs is

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80% (annual 80% average pass rate for first-time test-takers on both the written and skills portions of the state exam (written and skills)). NAPAP may add a corrective action designation to a training program's full approval status if the training program fails to meet pass rate standards.

D. Program Complaints and Investigations as described in WAC 246-841A-465:
The NAPAP reviews all complaints made against nursing assistant training programs and ~~may request~~ determines whether staff members conduct an investigation ~~by staff as described in Procedures E09.02 and E10.01~~ E03.03. If the NAPAP decides to investigate a complaint, staff notifies the program director in writing within 10 business days. NAPAP reviews the completed investigation ~~report~~ and determines if ~~there have been violations of rules or deficiencies of a program standards is deficient or in violation of requirements.~~

Program Status Change

Corrective Action Designations

20.XI. The NAPAP may add a corrective action designation to a training program's full approval status when deficiencies in or a violation(s) violations of program standards requirements exist. (s)-exists.

XII. Corrective action designations represent are progressive steps and include:

A. Full approval with plan of correction; full as described in WAC 246-841A-470(2)(a); and

B. Full approval with plan of correction and technical assistance; and as described in WAC 246-841A-470(2)(b).

XIII. When the NAPAP determines a program with full approval requires a plan of correction or a plan of correction and technical assistance, staff notifies the program director with a letter of decision and statement of deficiencies within 30 days.

XIV. When the NAPAP adds a corrective action designation to a program's approval status, staff document the status change in all relevant databases and updates the NCQAC website.

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XV. NAPAP will re-evaluate a program's corrective action designation in accordance with an established timeline and provide the timeline to the program when it is notified in writing of the designation. WAC 246-841A-470(3).

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Conditional Approval

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22.XVI. The NAPAP may change a program's approval status to conditional approval, as described in WAC 246-841A-470(2)(c), when violation(s) of requirements persist with implementation of progressive corrective action designations.

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XVII. The NAPAP will establish in writing additional specific conditions with which the program must comply and may require the program to participate in a technical assistance session with staff. Staff may also conduct site visits. WAC 246-841A-470(2)(c).

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XVIII. When the NAPAP determines a program's approval status will change from full to conditional, WABONNCQAC legal staff notifies the program director with a letter of determination as described below.

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Withdrawal of Program Approval

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24.XIX. The NAPAP may withdraw a program's approval status when any condition of the program's conditional approval status is not met, or the program's deficiencies in or violations of program standards requirements persist with implementation of corrective efforts. WAC 246-841A-475(1).

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XX. To withdraw a program's Program approval status, may also be withdrawn if the program has no approved program director at the time of program renewal; has no first-time test-takers for a period of two years; or is no longer approved by an agency providing dual approval. WAC 246-841A-475(3).

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26.XXI. When the NAPAP uses procedure XX.XX (insert # when known) for Complaint Investigations and Actions Related to Nursing Assistant Training Programs to determine

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it will withdraw a program's approval status, WABONNCQAC legal staff notifies the program director with a letter of determination as described below.

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XXII. Within 10 business days of withdrawal of program approval, the program must submit an action plan for closure providing options for current students to complete the program, and board/mission staff must review and act on the plan within 10 business days of receipt. WAC 246-841A-475(1)(a).

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27. The NAPAP may immediately suspend or withdraw a program's approval status when the operation of the program represents a threat to public health, safety, or welfare in accordance with the Administrative Procedures Act (APA) RCW 34.05.479— and chapter 246-11 WAC. -WAC 246-841A-475(2). Legal staff drafts the letter of determination and summary suspension documents and mails them with the request for hearing form to the program director at the mailing address of record.

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XXIII.

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Letters of Determination

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XXIV. Nursing assistant education staff forward the case file to legal staff for drafting of a letter of determination. A staff attorney drafts a letter of determination outlining the factual basis for the decision, alleged WAC violations, and the decision (i.e., denial or withdrawal of approval, or conditional approval). Legal staff mails the letter of determination along with the request for hearing form to the program director at the mailing address of record.

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XXV. All letters of determination state the right of a program to appeal a decision by WABONNCQAC in accordance with the provisions of chapter 18.88ARCW; the Administrative Procedure Act, chapter 34.05 RCW; and chapter 246-11 WAC. WAC 246-841A-483.

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XXVI. Letters of determination become a final order in 20 days if the program does not appeal the determination.

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Program Re-Application After Withdrawal of Approval:

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29. The NAPAP considers program applications to re-open ~~a nursing assistant training program~~ after withdrawal of approval ~~as~~ according to the timelines identified in the appropriate program rule.

31. —

33. — Program Map

35. —

36. —

37. —

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48. XXVII. WAC 246-841A-490.

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

Title:	Initial and Ongoing Approval of Nursing Assistant Training Programs	Number:	E02.04
Reference:	RCW 18.88A.060 RCW 18.88A.082 RCW 34.05 WAC 246-841A		
Author:	Kathy Moio, PhD, RN Director Nursing Assistant Programs Washington State Board of Nursing		
Effective Date:	January _ 2024	Date for Review:	January _ 2026
Supersedes:	E02.03 – July 1, 2013 E02.02 - N/A (could not find in archived documents) E02.01 – May 13, 2011		
Approved:	Adam Canary, LPN Chair Washington State Board of Nursing		

PURPOSE STATEMENT:

The Washington State Board of Nursing (WABON) assures nursing assistant training programs meet Revised Code of Washington (RCW) and Washington Administrative Code (WAC) requirements, which supports public safety. The WABON reviews, approves, and monitors four types of nursing assistant training programs: traditional, home care aide alternative/bridge, medical assistant alternative/bridge, and medication assistant certification endorsement programs. The WABON provides for the competency of nursing assistants by requiring a board-approved competency exam after successful completion of each type of training program. The WABON delegates decision-making authority regarding nursing assistant training programs to the Nursing Assistant Program Approval Panel (NAPAP).

PROCEDURE:

Initial Program Approval

- I. The WABON staff members review all nursing assistant training program applications for compliance with RCW and WAC requirements.
- II. If the nursing assistant training program does not appear to meet all the requirements for initial approval, a staff member notifies the program director of identified deficiencies and requests corrections, clarifications, or additional information to complete the process.
 - A. Staff may provide technical assistance as described in WAC 246-841A-390(24) regarding application deficiencies.
 - B. If the program director does not respond to address deficiencies within 90 days, staff may close the application.
- III. Once staff determines the program's application is ready for the NAPAP's review, staff puts it on the next NAPAP meeting agenda for presentation.
- IV. After review and discussion, the NAPAP makes the decision regarding approval, deferral, or denial of the program application. The NAPAP may delegate to staff the approval of program applications meeting all requirements.
- V. Upon NAPAP's initial program approval, staff obtains a new program number; emails the program director an approval letter; creates the new program file, which includes all program documents; and adds the new program's information to all relevant databases and the WABON website.

Personnel Changes

- VI. To make a change in program director or add an instructor(s), the program director submits the appropriate application and supporting documents for review by staff.
- VII. If an applicant meets requirements, staff emails the program director an approval letter. If it is unclear whether an applicant meets requirements, the NAPAP reviews the application. Staff notifies the program director of the panel's decision within 30 days.

Evaluation of Initially Approved Programs

- VIII. The NAPAP monitors new nursing assistant programs and conducts a program evaluation after one year. WAC 246-841A-423.
- IX. The NAPAP reviews the program evaluation and determines whether the program has consistently met requirements. The NAPAP may then:
 - A. Change the program's status to full approval if program standards have been met consistently. WAC 246-841A-425. Staff then emails the program director notifying them of the change to full approval status, changes the status in all relevant databases, and updates the WABON website.
 - B. Extend the program's initial approval for up to one additional year with an evaluation at the end of the second year. Staff then emails the program director notifying them that initial approval is being extended. WAC 246-841A-423(1)(b).

Withdraw the program's approval with a letter of determination as described below.

Ongoing Program Approval

- X. The NAPAP monitors nursing assistant training programs on an ongoing basis. Programs maintain ongoing approval status when they consistently meet requirements. Monitoring by the NAPAP includes, but is not limited to:
 - A. Site Visits as described in WAC 246-841A-465(2): Staff conduct site visits to monitor programs with complaints; programs requesting or requiring technical assistance; and new programs. Staff visit other programs to support ongoing compliance with training program rules and standards.
 - B. Program Renewal as required by WAC 246-841A-420(9): All programs participate in a renewal process every two years. The NAPAP renews programs that participate in the process and meet requirements. Failure to participate in renewal results in lapse of program approval.
 - C. Pass Rates as required by WAC 246-841A-460(3): The NAPAP monitors pass rates throughout the year and conducts a formal review of program pass rates annually. The expected pass rate standard for programs is 80% (annual average for first-time test-takers on the written and skills portions of the state exam). NAPAP may add a corrective action designation to a training program's full approval status if the training program fails to meet pass rate standards.
 - D. Program Complaints and Investigations as described in WAC 246-841A-465: The NAPAP reviews all complaints made against nursing assistant training programs and determines whether staff members conduct an investigation as described in Procedures E09.02 and E03.03. If the NAPAP decides to investigate a complaint, staff notifies the program director in writing within 10 business days. NAPAP reviews the completed investigation and determines if a program is deficient or in violation of requirements.

Corrective Action Designations

- XI. The NAPAP may add a corrective action designation to a training program's full approval status when deficiencies or violations of requirements exists.
- XII. Corrective action designations are progressive and include:
 - A. Full approval with plan of correction as described in WAC 246-841A-470(2)(a); and
 - B. Full approval with plan of correction and technical assistance as described in WAC 246-841A-470(2)(b).
- XIII. When the NAPAP determines a program with full approval requires a plan of correction or a plan of correction and technical assistance, staff notifies the program director with a letter of decision and statement of deficiencies within 30 days.
- XIV. When the NAPAP adds a corrective action designation to a program's approval status, staff document the status change in all relevant databases and updates the NCQAC website.

- XV. NAPAP will re-evaluate a program's corrective action designation in accordance with an established timeline and provide the timeline to the program when it is notified in writing of the designation. WAC 246-841A-470(3).

Conditional Approval

- XVI. The NAPAP may change a program's approval status to conditional, as described in WAC 246-841A-470(2)(c), when violation(s) of requirements persist with implementation of progressive corrective action designations.
- XVII. The NAPAP will establish in writing additional specific conditions with which the program must comply and may require the program to participate in a technical assistance session with staff. Staff may also conduct site visits. WAC 246-841A-470(2)(c).
- XVIII. When the NAPAP determines a program's approval status will change from full to conditional, WABON legal staff notifies the program director with a letter of determination as described below.

Withdrawal of Program Approval

- XIX. The NAPAP may withdraw a program's approval status when any condition of the program's conditional approval status is not met, or the program's violations of requirements persist with implementation of corrective efforts. WAC 246-841A-475(1).
- XX. Program approval may also be withdrawn if the program has no approved program director at the time of program renewal; has no first-time test-takers for a period of two years; or is no longer approved by an agency providing dual approval. WAC 246-841A-475(3).
- XXI. When the NAPAP determines it will withdraw a program's approval, WABON legal staff notifies the program director with a letter of determination as described below.
- XXII. Within 10 business days of withdrawal of program approval, the program must submit an action plan for closure providing options for current students to complete the program, and board staff must review and act on the plan within 10 business days of receipt. WAC 246-841-475(1)(a).
- XXIII. The NAPAP may immediately suspend or withdraw a program's approval status when the operation of the program represents a threat to public health, safety, or welfare in accordance with the Administrative Procedures Act (APA) RCW 34.05.479 and chapter 246-11 WAC. WAC 246-841A-475(2). Legal staff drafts the letter of determination and summary suspension documents and mails them with the request for hearing form to the program director at the mailing address of record.

Letters of Determination

- XXIV. Nursing assistant education staff forward the case file to legal staff for drafting of a letter of determination. A staff attorney drafts a letter of determination outlining the factual basis for the decision, alleged WAC violations, and the decision (i.e., denial or

withdrawal of approval, or conditional approval). Legal staff mails the letter of determination along with the request for hearing form to the program director at the mailing address of record.

XXV. All letters of determination state the right of a program to appeal a decision by WABON in accordance with the provisions of chapter 18.88RCW; the Administrative Procedure Act, chapter 34.05 RCW; and chapter 246-11 WAC. WAC 246-841A-483.

XXVI. Letters of determination become a final order in 20 days if the program does not appeal the determination.

Program Re-Application After Withdrawal of Approval

XXVII. The NAPAP considers program applications to re-open after withdrawal of approval according to the timelines identified in WAC 246-841A-490.

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

Title:	Complaints, Complaint Investigations, and Actions Related to Nursing Assistant Training Programs	Number: <u>10.01</u> E10.01
Reference:	RCW 34.05 RCW 18.79.110 RCW 18.79.150 RCW 18.88A.060 WAC 246-841A (hyperlink when available and rules are effective)	
Author:	Kathy Moio, PhD, RN Director of Nursing Assistant Programs Washington State Board of Nursing Nursing Care Quality Assurance Commission	
Effective Date:	TBD November 2022 <u>January .,2024</u>	Date for Review: November 2024 <u>January .,2026</u>
Supersedes:	E03.03 March 9, 2018 E07.01 Feb. 20, 2014	

Approved:	<i>Signature added when approved by ED or Chair</i>
	Adam Canary, LPN Chair Washington State Board of Nursing Executive Director or WABONNCQAC Chair Washington State Board of Nursing Nursing Care Quality Assurance Commission

PURPOSE:

This procedure provides for consistency in the following activities related to nursing assistant training programs: intake and review of complaints alleging violations of requirements; completing program complaint investigations; and taking actions related to programs.

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PROCEDURE:

Complaint Intake

~~II.~~I. A person may submit a complaint to any member of unit staff verbally, in writing, or electronically. Staff may also identify information from other sources as desk complaints.

~~IV.~~II. If a complainant is involved, staff encourages the complainant to complete the ~~WABONNCQAC~~ electronic complaint form and provides the link.

~~VI.~~III. Staff notifies the ~~unit~~ Director of Nursing Assistant Programs (Director) (or designee) of the complaint.

~~VIII.~~IV. The Director (or designee) reviews the complaint and advises the Administrative Assistant (AA) based on nature of the allegation(s):

~~B.~~A. A violation of the Nurse Practice Act (RCW 18.79, WAC 246-840) or Uniform Disciplinary Act (RCW 18.130): the AA refers it to the ~~WABONNCQAC~~ Discipline Intake.

~~D.~~B. A nursing education program complaint: the AA refers it to the Director for Nursing Education.

~~F.~~C. A nursing assistant training program complaint: the AA completes the intake.

~~X.~~V. The AA completes the complaint intake upon receipt of the Director's request. The AA:
A. Documents in ILRS the date received, complainant name, and nature of complaint and assigns a case number in ILRS.

~~C.~~B. Sets "present for assessment date" according to the next meeting of the NAPAP or other panel (if the unit director identifies the complaint requires immediate review, any ~~WABONNCQAC~~ panel may review to determine whether to open for investigation).

~~E.~~C. If a complainant is involved: the AA emails a complaint received letter.

~~XII.~~VI. A unit Program Specialist completes complaint intake steps when the AA is not available.

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Assessment of the Complaint

~~XIV.VII.~~ The NAPAP or designated panel reviews the complaint ~~and makes an investigative determination~~, which results in one of the following actions:

~~B.~~ Open the complaint ~~for a full investigation~~;

~~D.A.~~ ~~Close the~~ The complaint ~~as below threshold for an investigation~~; ~~alleges conduct that does not comply with nursing assistant training program standards and should be investigated.~~

~~F.B.~~ Close the complaint ~~for no potential violation~~;

~~H.1.~~ ~~Close the~~ ~~No jurisdiction: The~~ complaint ~~for does not involve allegations of non-compliance with program requirements. This includes~~ no jurisdiction; ~~over grades/grading.~~

~~J.~~ ~~Close the~~ ~~Insufficient information: The~~ complaint ~~as otherwise resolved~~; or

~~L.2.~~ ~~Close the complaint for~~ ~~allegations do not warrant action due to insufficient information and sufficient information is not made available in a timely manner.~~

3. No violation: The complaint alleges conduct consistent with program requirements.

4. Otherwise resolved: The allegations in the complaint are already being investigated, have been corrected, or are being dealt with as part of ongoing corrective action.

~~XV.VIII.~~ The AA documents the panel action in ILRS. If the complaint is opened for investigation, the AA also emails an “open complaint” letter to notify the training program director and retains a copy for the investigative file.

Investigative Timelines

~~XVII.~~ If the complaint is opened for investigation, the ~~unit director~~ Director (or designee) assigns a unit investigator within two (2) business days.

~~IX.~~ ~~The~~ Director or unit investigator may consult with legal and investigation units when

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case complexities require their expertise and involvement.

~~XIX.X.~~ X. The investigator completes the investigation and draft investigative report within 120 days. The ~~unit director~~ Director may grant an extension due to extenuating circumstances.

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Investigations

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~~XXI.XI.~~ XI. Unit investigators:

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~~B.A.~~ A. Complete Washington State investigator training prior to conducting investigations and apply the knowledge in their investigations.

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~~D.B.~~ B. Collect complaint data based on interviews, record reviews, and observations—using all three methods whenever possible. They collect data in-person and electronically—~~using~~ utilizing the ~~best~~ most effective routes for each situation.

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~~F.C.~~ C. Make every effort to verify the accuracy of information collected. Review records received for completeness and legibility.

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~~H.D.~~ D. Obtain information from multiple sources. The fact-finding process may include information from the complainant, training program personnel, current and former students, personnel at clinical training sites, and other relevant people.

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~~J.E.~~ E. Ask open-ended questions to gather information and make no assumptions about what is being said. They use probing questions to help clarify facts.

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~~L.F.~~ F. Notify the ~~unit director~~ Director (or designee) of in-person investigation activities to identify a plan for safety (i.e., call at designated time; public location; staff partner attends).

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~~N.G.~~ G. Consult with the legal and investigation units for case complexities requiring their ~~expert review~~ expertise and ~~advisement~~ involvement.

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Investigative Reports

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~~XXII.XII.~~ XII. Unit investigators include the following information in their reports (in the order listed):

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A. Name of program;

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- B. Program contact information;
- C. ILRS complaint number;
- D. The original complaint;
- E. Date complaint received;
- F. Date assigned to complaint investigator;
- G. Name of investigator;
- H. Dates of investigation (initiation date/completion date);
- I. History of other complaints or violations;
- J. Chronology of investigation and findings;
- K. Relevant rules:
 - 1. A hyperlinked list of rule numbers and
 - 2. Relevant rule language (i.e., section title and key text;)
- L. A list of supporting evidence included in the Appendix; and
- M. Appendix items in the same order as listed above.

~~XXIII.~~XIII. The investigator writes in a concise, grammatically correct format. The investigator uses active voice and plain talk wherever possible. The investigator reviews and corrects spelling errors, typos, and other errors.

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~~XXIV.~~XIV. The investigator saves the draft report and a copy of the investigative file by case number in the confidential file for nursing assistant program complaint investigations. The investigator notifies the ~~unit director~~Director (or designee) it is ready for review and provides a hyperlink to the report.

~~XXV.~~XV. The ~~unit director~~Director (or designee) and investigator collaborate to finalize the draft report and identify a reviewing ~~case manager~~commission member (RCM).

~~XXVI.~~XVI. The investigator notifies legal staff and the RCM the report is ready for their collaborative review. The investigator provides legal staff a hyperlink to the report and places a copy of the report in the RCM's confidential folder.

XVII. AA moves file to Case Disposition in ILRS and assigns legal review to the assigned attorney.

~~XXVII.~~XVIII. When legal staff and the RCM complete their review, the RCM notifies the investigator. The investigator places the complaint investigation on the next panel meeting agenda.

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Panel Decisions and Actions Related to Investigative Reports

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XIX. The RCM presents the complaint and investigative ~~report~~findings to the panel. The panel determines whether violation(s) of program requirements occurred. ~~The panel also and~~ determines a course of action consistent with WABON's~~NCQAC's~~ authority.

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~~A. The panel determines one of the following:~~

~~A. Close the complaint after investigation and prepare a letter of decision: No action to alter approval status by WABON NCQAC due to:~~

- ~~1. No jurisdiction;~~
- ~~2. No violation of rule;~~
- ~~3. Insufficient evidence; or~~
- ~~4. Risk minimal, not likely to reoccur; or~~
- ~~4.5 Evidence supports does not support a violation.~~

~~B. The panel may take Violation(s) determined. Authorize one of the following course/courses of action/action:~~

~~XXVII. Letter of Decision:~~

~~D. No action to alter approval status by NCQAC due to no identified violation(s) of requirements.~~

~~E.1. Corrective action designation added to full approval status due to violation(s) of requirements:~~

- ~~1-a) Statement of Deficiencies and Plan of correction; or~~
- ~~2-b) Statement of Deficiencies and Plan of correction and with technical assistance.~~

~~F.2. Letter of Determination:~~

- ~~1-a) Intent to place the program on conditional approval status due to violation(s) of requirements; or~~
- ~~2-b) Intent to withdraw program approval due to significant violation(s) of requirements.~~

Program Notification of Panel Actions

~~XXIX. The unit director/Director or designated nurse consultant prepares a letter of decision to notify the program director of the action taken by the panel. When violation(s) of requirements are identified, the letter includes a statement of deficiencies. The AA assists with formatting and emailing the letter.~~

~~XXXI. NCQAC legal staff prepare a letter of determination including a statement of deficiencies to notify the program director of the action taken by the panel.~~

~~XX. Staff send letters of decision within 30 days of the NAPAP decision; legal.~~

~~XXI. Nursing assistant unit staff forward the case file to legal staff for drafting of a letter of determination. A staff attorney drafts a letter of determination outlining the factual basis for the decision, alleged WAC violations, and the decision (i.e., denial or withdrawal of approval, or conditional approval). Legal staff mails the letter of determination along with the request for hearing form to the program director at the mailing address of record.~~

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Legal staff send letters of determination within 60 days of the NAPAP decision. ~~Staff send a hard copy of~~

~~XXXIII. All letters with receipt tracking (in addition to email) when a corrective action designation or change in approval status is involved.~~

Appeal of **NCOAC Decisions**

~~XXXVII.XXII. All Letters of Determination affecting a program's approval status shall~~determination state the right of a program to appeal a decision by ~~WABON~~**NCOAC** in accordance with the provisions of ~~chapter 18.79 RCW and the chapter 18.88~~ARCW; the Administrative Procedure Act, ~~chapter 34.05 RCW, chapter 34.05 RCW; and chapter 246-11 WAC. WAC 246-841A-483.~~

~~XXXIX.XXIII. The letter~~Letters of determination ~~becomes~~become a final order in 20 days if the program does not appeal the determination.

Archiving of Investigative Files

~~XL.XXIV.~~ The AA ensures that all investigative files are archived based on the DOH archiving schedule.

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

Title:	Initial and Ongoing Approval of Nursing Assistant Training Programs	Number:	E02.04
Reference:	RCW 18.88A.060 RCW 18.88A.082 RCW 34.05 WAC 246-841A		
Author:	Kathy Moisiso, PhD, RN Director Nursing Assistant Programs Washington State Board of Nursing		
Effective Date:	January _ 2024	Date for Review:	January _ 2026
Supersedes:	E02.03 – July 1, 2013 E02.02 - N/A (could not find in archived documents) E02.01 – May 13, 2011		
Approved:	Adam Canary, LPN Chair Washington State Board of Nursing		

PURPOSE STATEMENT:

The Washington State Board of Nursing (WABON) assures nursing assistant training programs meet Revised Code of Washington (RCW) and Washington Administrative Code (WAC) requirements, which supports public safety. The WABON reviews, approves, and monitors four types of nursing assistant training programs: traditional, home care aide alternative/bridge, medical assistant alternative/bridge, and medication assistant certification endorsement programs. The WABON provides for the competency of nursing assistants by requiring a board-approved competency exam after successful completion of each type of training program. The WABON delegates decision-making authority regarding nursing assistant training programs to the Nursing Assistant Program Approval Panel (NAPAP).

PROCEDURE:

Initial Program Approval

- I. The WABON staff members review all nursing assistant training program applications for compliance with RCW and WAC requirements.
- II. If the nursing assistant training program does not appear to meet all the requirements for initial approval, a staff member notifies the program director of identified deficiencies and requests corrections, clarifications, or additional information to complete the process.
 - A. Staff may provide technical assistance as described in WAC 246-841A-390(24) regarding application deficiencies.
 - B. If the program director does not respond to address deficiencies within 90 days, staff may close the application.
- III. Once staff determines the program's application is ready for the NAPAP's review, staff puts it on the next NAPAP meeting agenda for presentation.
- IV. After review and discussion, the NAPAP makes the decision regarding approval, deferral, or denial of the program application. The NAPAP may delegate to staff the approval of program applications meeting all requirements.
- V. Upon NAPAP's initial program approval, staff obtains a new program number; emails the program director an approval letter; creates the new program file, which includes all program documents; and adds the new program's information to all relevant databases and the WABON website.

Personnel Changes

- VI. To make a change in program director or add an instructor(s), the program director submits the appropriate application and supporting documents for review by staff.
- VII. If an applicant meets requirements, staff emails the program director an approval letter. If it is unclear whether an applicant meets requirements, the NAPAP reviews the application. Staff notifies the program director of the panel's decision within 30 days.

Evaluation of Initially Approved Programs

- VIII. The NAPAP monitors new nursing assistant programs and conducts a program evaluation after one year. WAC 246-841A-423.
- IX. The NAPAP reviews the program evaluation and determines whether the program has consistently met requirements. The NAPAP may then:
 - A. Change the program's status to full approval if program standards have been met consistently. WAC 246-841A-425. Staff then emails the program director notifying them of the change to full approval status, changes the status in all relevant databases, and updates the WABON website.
 - B. Extend the program's initial approval for up to one additional year with an evaluation at the end of the second year. Staff then emails the program director notifying them that initial approval is being extended. WAC 246-841A-423(1)(b).

Withdraw the program's approval with a letter of determination as described below.

Ongoing Program Approval

- X. The NAPAP monitors nursing assistant training programs on an ongoing basis. Programs maintain ongoing approval status when they consistently meet requirements. Monitoring by the NAPAP includes, but is not limited to:
 - A. Site Visits as described in WAC 246-841A-465(2): Staff conduct site visits to monitor programs with complaints; programs requesting or requiring technical assistance; and new programs. Staff visit other programs to support ongoing compliance with training program rules and standards.
 - B. Program Renewal as required by WAC 246-841A-420(9): All programs participate in a renewal process every two years. The NAPAP renews programs that participate in the process and meet requirements. Failure to participate in renewal results in lapse of program approval.
 - C. Pass Rates as required by WAC 246-841A-460(3): The NAPAP monitors pass rates throughout the year and conducts a formal review of program pass rates annually. The expected pass rate standard for programs is 80% (annual average for first-time test-takers on the written and skills portions of the state exam). NAPAP may add a corrective action designation to a training program's full approval status if the training program fails to meet pass rate standards.
 - D. Program Complaints and Investigations as described in WAC 246-841A-465: The NAPAP reviews all complaints made against nursing assistant training programs and determines whether staff members conduct an investigation as described in Procedures E09.02 and E03.03. If the NAPAP decides to investigate a complaint, staff notifies the program director in writing within 10 business days. NAPAP reviews the completed investigation and determines if a program is deficient or in violation of requirements.

Corrective Action Designations

- XI. The NAPAP may add a corrective action designation to a training program's full approval status when deficiencies or violations of requirements exists.
- XII. Corrective action designations are progressive and include:
 - A. Full approval with plan of correction as described in WAC 246-841A-470(2)(a); and
 - B. Full approval with plan of correction and technical assistance as described in WAC 246-841A-470(2)(b).
- XIII. When the NAPAP determines a program with full approval requires a plan of correction or a plan of correction and technical assistance, staff notifies the program director with a letter of decision and statement of deficiencies within 30 days.
- XIV. When the NAPAP adds a corrective action designation to a program's approval status, staff document the status change in all relevant databases and updates the NCQAC website.

- XV. NAPAP will re-evaluate a program's corrective action designation in accordance with an established timeline and provide the timeline to the program when it is notified in writing of the designation. WAC 246-841A-470(3).

Conditional Approval

- XVI. The NAPAP may change a program's approval status to conditional, as described in WAC 246-841A-470(2)(c), when violation(s) of requirements persist with implementation of progressive corrective action designations.
- XVII. The NAPAP will establish in writing additional specific conditions with which the program must comply and may require the program to participate in a technical assistance session with staff. Staff may also conduct site visits. WAC 246-841A-470(2)(c).
- XVIII. When the NAPAP determines a program's approval status will change from full to conditional, WABON legal staff notifies the program director with a letter of determination as described below.

Withdrawal of Program Approval

- XIX. The NAPAP may withdraw a program's approval status when any condition of the program's conditional approval status is not met, or the program's violations of requirements persist with implementation of corrective efforts. WAC 246-841A-475(1).
- XX. Program approval may also be withdrawn if the program has no approved program director at the time of program renewal; has no first-time test-takers for a period of two years; or is no longer approved by an agency providing dual approval. WAC 246-841A-475(3).
- XXI. When the NAPAP determines it will withdraw a program's approval, WABON legal staff notifies the program director with a letter of determination as described below.
- XXII. Within 10 business days of withdrawal of program approval, the program must submit an action plan for closure providing options for current students to complete the program, and board staff must review and act on the plan within 10 business days of receipt. WAC 246-841-475(1)(a).
- XXIII. The NAPAP may immediately suspend or withdraw a program's approval status when the operation of the program represents a threat to public health, safety, or welfare in accordance with the Administrative Procedures Act (APA) RCW 34.05.479 and chapter 246-11 WAC. WAC 246-841A-475(2). Legal staff drafts the letter of determination and summary suspension documents and mails them with the request for hearing form to the program director at the mailing address of record.

Letters of Determination

- XXIV. Nursing assistant education staff forward the case file to legal staff for drafting of a letter of determination. A staff attorney drafts a letter of determination outlining the factual basis for the decision, alleged WAC violations, and the decision (i.e., denial or

withdrawal of approval, or conditional approval). Legal staff mails the letter of determination along with the request for hearing form to the program director at the mailing address of record.

XXV. All letters of determination state the right of a program to appeal a decision by WABON in accordance with the provisions of chapter 18.88RCW; the Administrative Procedure Act, chapter 34.05 RCW; and chapter 246-11 WAC. WAC 246-841A-483.

XXVI. Letters of determination become a final order in 20 days if the program does not appeal the determination.

Program Re-Application After Withdrawal of Approval

XXVII. The NAPAP considers program applications to re-open after withdrawal of approval according to the timelines identified in WAC 246-841A-490.

Strategic Plan for Nursing Assistants (2023-2025) – **UPDATED Dec. 15, 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 	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; rules orientations held in Nov.; more planned for 2024

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
		<ul style="list-style-type: none"> Implement evaluation plan of curriculum implementation 		
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 	<p>Ongoing</p> <p>8/1/23 & Ongoing Ongoing</p> <p>Ongoing</p> <p>8/1/23 & Ongoing</p> <p>By 3/1/24</p>	WABON staff continues availability to consult and support lead agency; finalization of contract between lead agency and sponsor complete, but experienced delays, which has put the project behind in terms of planned timelines; workplan needs revision and

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
		<ul style="list-style-type: none"> Support evaluation of and reporting on the pilot to the legislature, the WABON, and interested parties 	Ongoing & Legislative Report Due 12/1/25	acceleration to meet timelines.
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 	By 10/31/23 By 11/30/23 By 1/5/24 By 3/1/24 Start 3/1/24 & Ongoing Ongoing with formal evaluation for report due to legislature 12/1/25 Legislative Reports Due 12/1/24 &	Potential partners for project identified through outreach/communication efforts; initial statewide meeting held 12/6/23 with strong turn-out of agency partners and interested parties (~100 overall); participants discussed the needs in their community and provided input to shape the project; follow-up meeting with collaborating agencies scheduled for mid-January (to shape next steps and next agenda based on participant needs/input); next

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
			12/1/25	statewide meeting slated for Jan. 31.
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>	Nurse consultant hired and started 11/1/23; Orientation to unit and this initiative are underway.



PILOT PROJECT TO CREATE PARTNERSHIPS BETWEEN RURAL HOSPITALS AND AREA HIGH SCHOOLS

- WABON
- December 6, 2023
3:00 p.m. – 4:30 p.m.
- Presenters: Marlin Galiano, Katy Mayes & Kathy Moisieo
- **Icebreaker: *Say hello in chat, share one thing you love about being part of a rural community!***

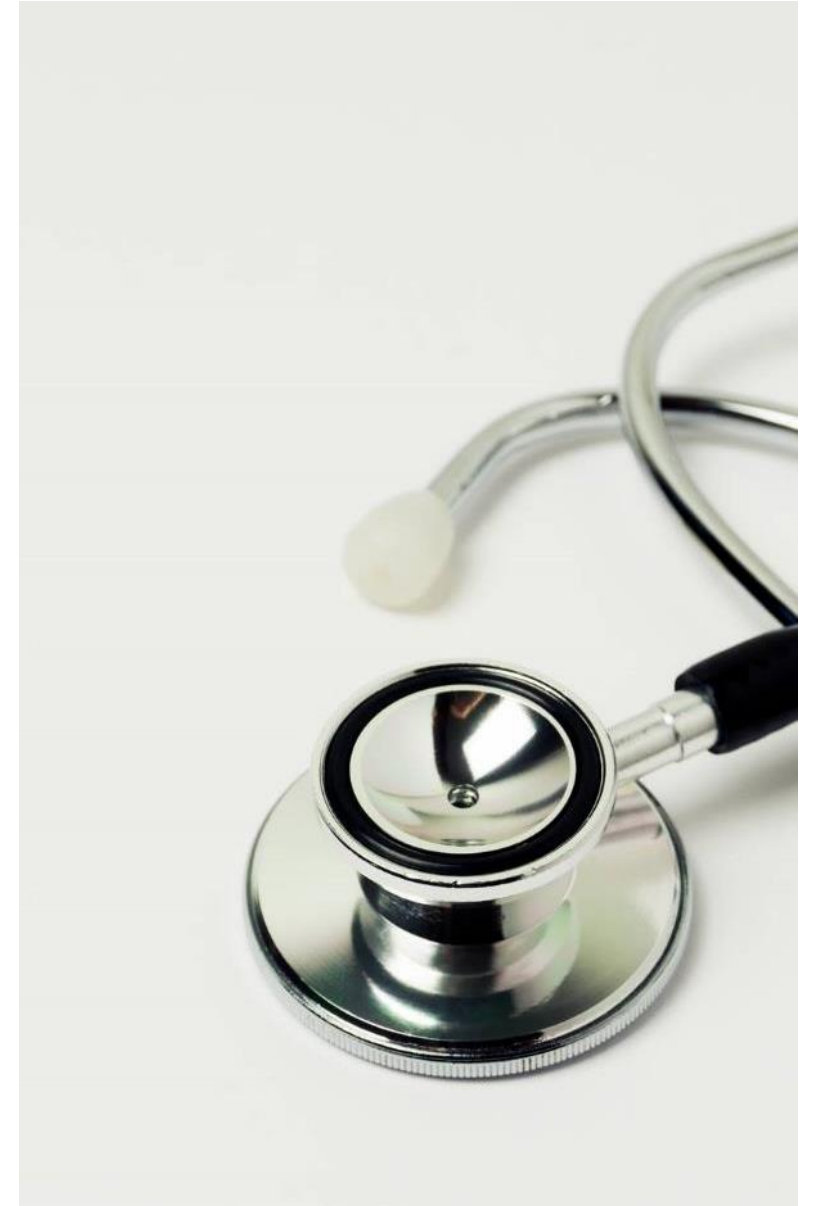
Frontrunners

For Rural Health

MEETING OBJECTIVES

Learn about ESSB 5582 legislation (section 11)

- **Connect** with educators, hospital leaders, and state agencies
- **Offer** ideas based on the needs of your community
- **Discover** ways to get involved
- **Plan** actionable next steps





OVERVIEW OF ESSB 5582 (SECTION 11)

Legislature Home (wa.gov) [5582-S2.SL.pdf \(wa.gov\)](#)

Address nursing workforce shortages by supporting students':

- Nursing assistant education.
- Entry into the healthcare workforce.
- Advancement into nursing or other healthcare career pathways.

ESSB 5582 (18.79.435 RCW)

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



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

***Note:** All references to "commission" is now changed to "board of nursing."

ESSB 5582

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

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



ESSB 5582

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



(5) The commission shall submit a report, in accordance with RCW 43.01.036, to the health care committees of the legislature by **December 1, 2024**, and **December 1, 2025**, with the status of the pilot projects and any findings and recommendations.

Rural workforce pilot projects. (*Expires July 1, 2026.*)

COLLABORATING AGENCIES: INTRODUCE YOURSELF!

- Department of Health
- Office of Superintendent of Public Instruction
- Department of Labor and Industries



OTHER COLLABORATORS: WHO IS HERE & WHO ELSE NEEDS TO BE AT THE TABLE?

- We have heard from several interested parties already:
 - State Board of Community and Technical Colleges
 - Department of Health and Human Services
 - Washington State Hospital Association
- There are others with interest ... YOU!
- Please put your name, organization, and email in chat.
- Who is missing?



List them in the chat!

NOW WE WANT TO HEAR FROM YOU! HOW CAN WE HELP...

High Schools

- Questions?
- Needs?
- Concerns?
- Current barriers?
- Goals?
- Ideas?

Hospitals

- Questions?
- Needs?
- Concerns?
- Current barriers?
- Goals?
- Ideas?



Raise your hand to speak or write in the chat!

REFLECTION AND NEXT STEPS

- Reflect on listening session
- Propose January 31st meeting date
- Schedule 1:1 partnership discussions/support





Thank you for your time



Frontrunners For Rural Health

MEETING SUMMARY

Meeting Topic	Pilot Project to create partnerships between rural hospitals and area high schools	Meeting Facilitators	Marlin Galiano, MN, RN <i>Nursing Education Consultant</i> , Katy Mayes, M. Ed <i>Health Services Consultant</i> , Kathy Moisie, PhD, RN <i>Director, Nursing Assistant Programs</i>
Meeting Date/Time	12/6/2023 300pm-430pm	Meeting Location	Virtual Zoom
# of Attendees	100 (reached maximum capacity with overflow!)	Additional Meeting Documentation	PowerPoint Presentation Attached

Meeting Goals

- **Learn** about ESSB 5582
- **Connect** with educators, hospital leaders, and state agencies.
- **Offer** ideas based on the needs of your community.
- **Discover** ways to get involved.
- **Plan** actionable next steps

MEETING NOTES

Goal	Remarks	Action Item
Learn about ESSB 5582	Marlin Galiano presented ESSB 5582 legislation with a focus on Section 11, the pilot program. Links to the entire bill are included in the attached PowerPoint.	Connect with facilitators on any further questions regarding ESSB 5582

Meeting Summary

<p>Connect with educators, hospital leaders, and state agencies.</p>	<p>Introductions by state agencies collaborating on pilot included in 5582 included:</p> <ul style="list-style-type: none"> - Pat Justis, MA Executive Director Rural Health/Office of Community Health Systems Health Systems Quality Assurance -Jordan Shepherd, Field Supervisor for Department of Labor & Industries, Apprenticeship Section -Suzanne Dover Youth Employment Standards, Department of Labor & Industries -In abstentia: Michelle Spenser Family and Consumer Sciences Program Supervisor, Career & Technical Education Office of Superintendent of Public Instruction (OSPI) <p><u>An amazing sample of our attendees!</u></p> <p>SBCTC WSHA The Rural Collaborative Yakima Valley Tech Summit Pacific Medical Center Kittitas Valley Healthcare Three Rivers Hospital Walla Walla University Three Rivers Hospital Evergreen Health Monroe Clover Park Technical College Workforce Development ALTSA Klickitat Valley Health Dayton Washington Columbia County Health System Willapa Harbor Hospital Forks Community Hospital TriState Health</p>	<p>If you are seeking contact information for a fellow participant, please reach out to our facilitators below and we will happily connect you!</p> <p>Marlin.Galiano@doh.wa.gov Katy.Mayes@doh.wa.gov</p> <p>If we missed you on the sample attendee list, it doesn't mean you weren't noted! Just that we didn't grab your organization name during the icebreaker.</p>
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Meeting Summary

	<p>Wenatchee High School Arbor Health Harbor Regional Health- Aberdeen NEW Health FQHC Providence Healthcare St. Elizabeth Hospital Providence Mount Carmel Hospital Providence St. Joseph's Hospital Providence Centralia Ferry County Health SnoIsle TECH Skills Center Lincoln Hospital Lind-Ritzville High School Jefferson Healthcare Lourdes Health Pasco Peace Island Medical Center Summit Pacific Medical Center Mason Health Tri Tech skills Center Othello Community Hospital Peace Health United General In Reach Career Pathways ESD 101 CTE/Career Connected Learning Klickitat County Health Department Valley View Health Center Columbia Basin Hospital- Ephrata NWESD 189 Confluence Health Harbor Regional Health</p>	
<p>Offer ideas based on the needs of your community.</p>	<p>Robust exchange of ideas during listening session identified several areas to explore including but not limited to minor work permits, age limitations in various work settings, funding, licensing and</p>	<p>Facilitators working in interim to connect with individuals who expressed immediate interest seeking assistance with items such as articulation agreements, launching new NAC programs, etc.</p>

Meeting Summary

	exam fees, access to NAC programs, starting new NAC programs, access to clinical sites, establishing partnerships	Partners will continue to address valuable input with particular emphasis on addressing assumptions to youth employment/mitigating barriers for schools and hospitals
Discover ways to get involved.	We discussed how this group can shape this pilot, discussion of potentially forming sub-work groups in the future based on needs/interests	Facilitators working in interim to synthesize ideas from 12/6 discussion, assess potential need for sub committees, will survey group for feedback if needed prior to next mtg and send detailed agenda in advance
Plan actionable next steps	<p>Proposal of next group meeting on January 31st 300pm-430pm</p> <p>Schedule 1:1 partnership discussions/support</p>	<p>Save the date on your calendar! Official invite to follow soon!</p> <p>Please reach out to facilitators for any 1:1 time or if you need assistance connecting with a partner from our meeting. Calls, meetings, emails, welcome!</p>



EVIDENCE-BASED REGULATION OF SIMULATION: DRAFT RULE UPDATES INFORMED BY CR-101 WORKSHOPS

Katie Haerling PhD, RN, CHSE
Washington State Board of Nursing (WABON)

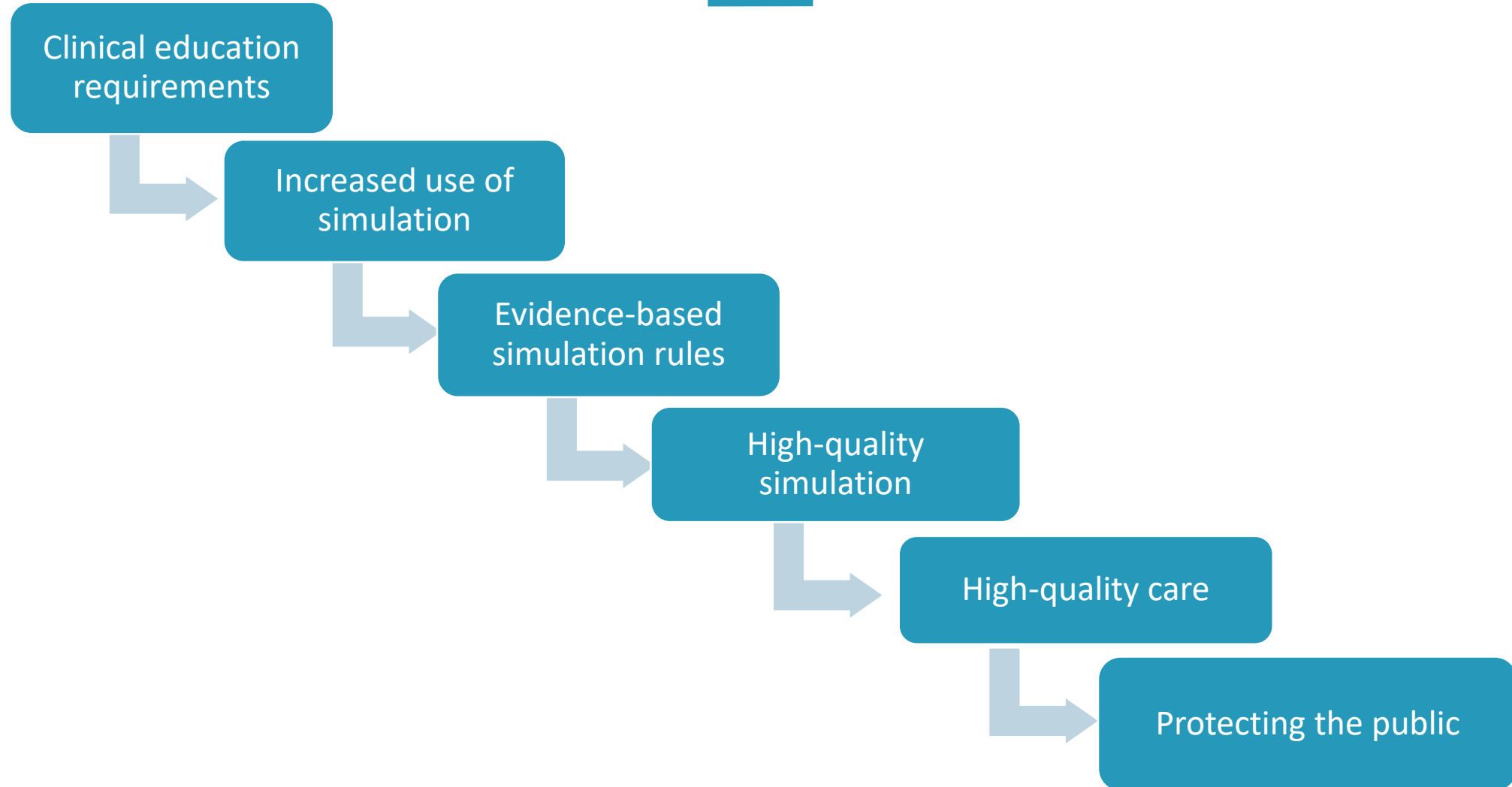
Objectives

1. Update the BON on draft language for 1:2 simulation rule.
2. Emphasize the importance of high-quality simulation.
3. Illustrate the process for drafting language for the 1:2 simulation rule including the review of the literature and Healthcare Simulation Standards of Best Practice™, expert consultation, and public workshops.
4. Demonstrate the robust process used to solicit input from the public and stakeholders.
5. Describe the balance between strict adherence to evidence-based practices and supporting feasibility and sustainability.

Simulation in Action



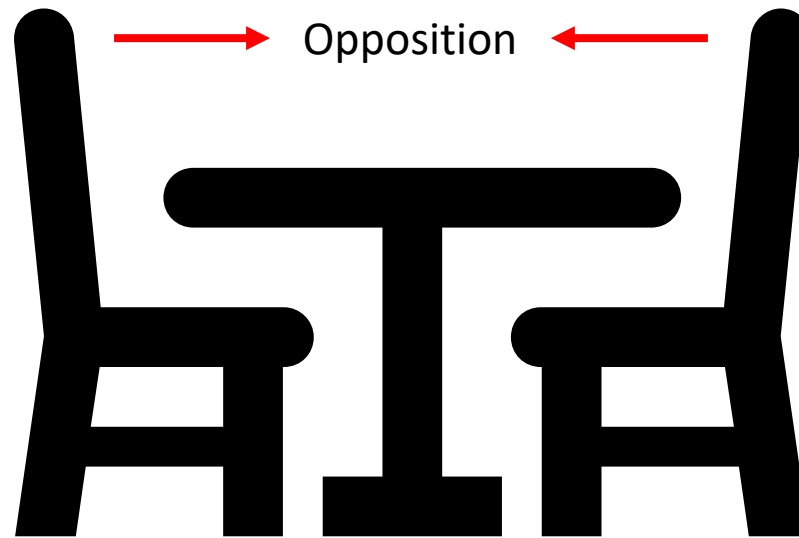
Importance of Evidence Based Rules



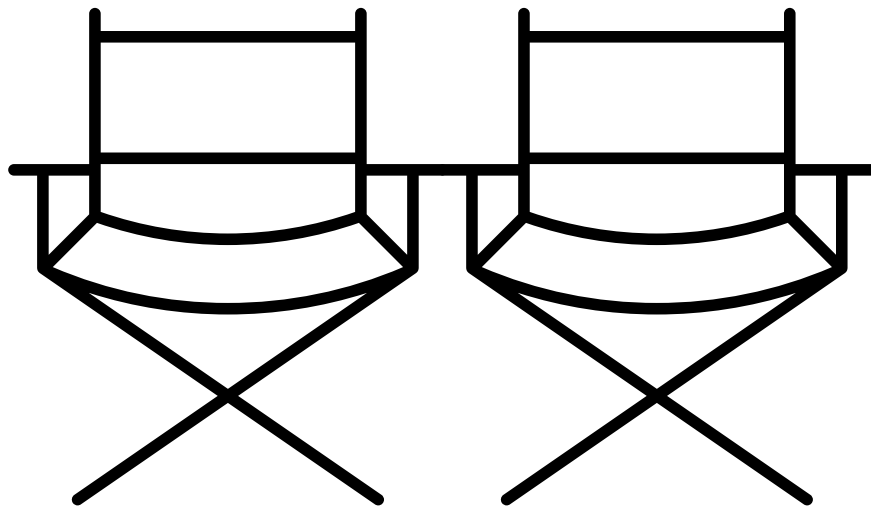
Iterative Process x 7



Situating the Conversation



Situating the Conversation



Academic-practice gap

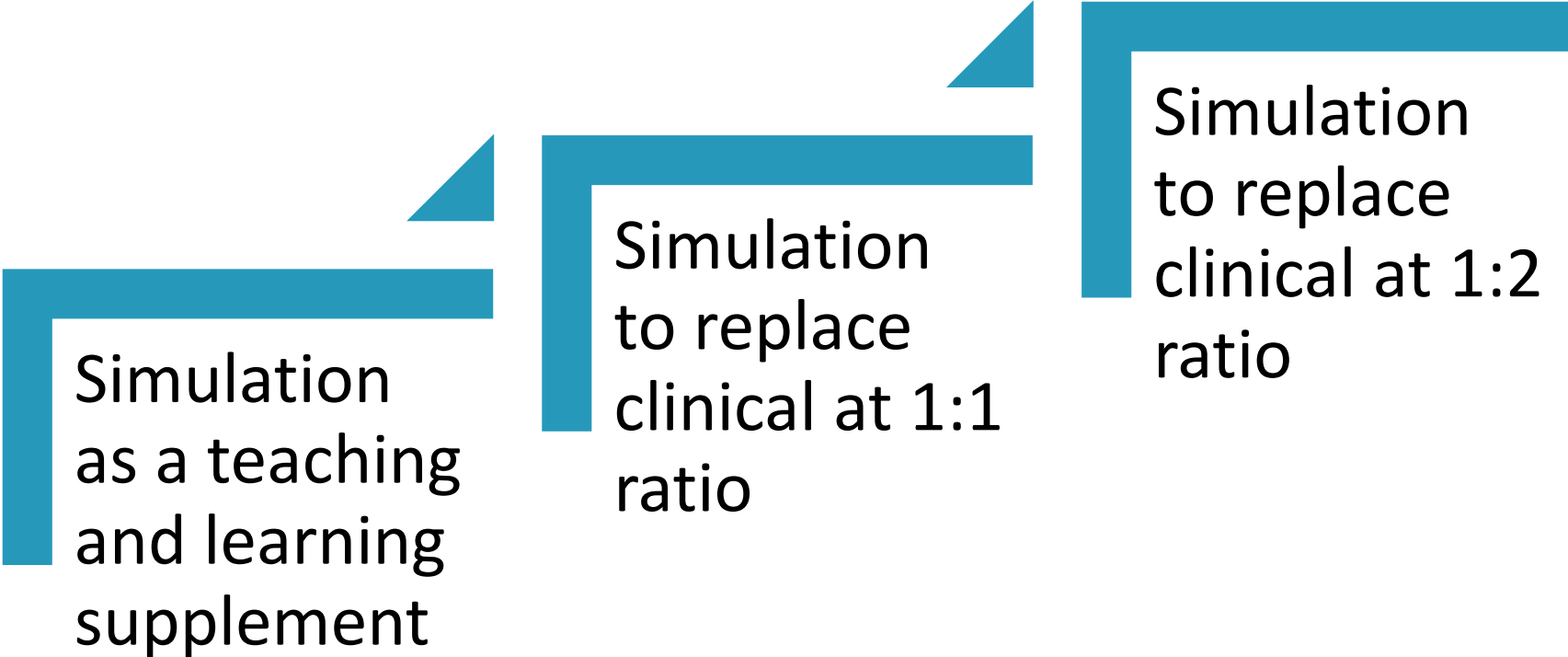


Limited clinical placement sites



Increasing complexity of practice

Context

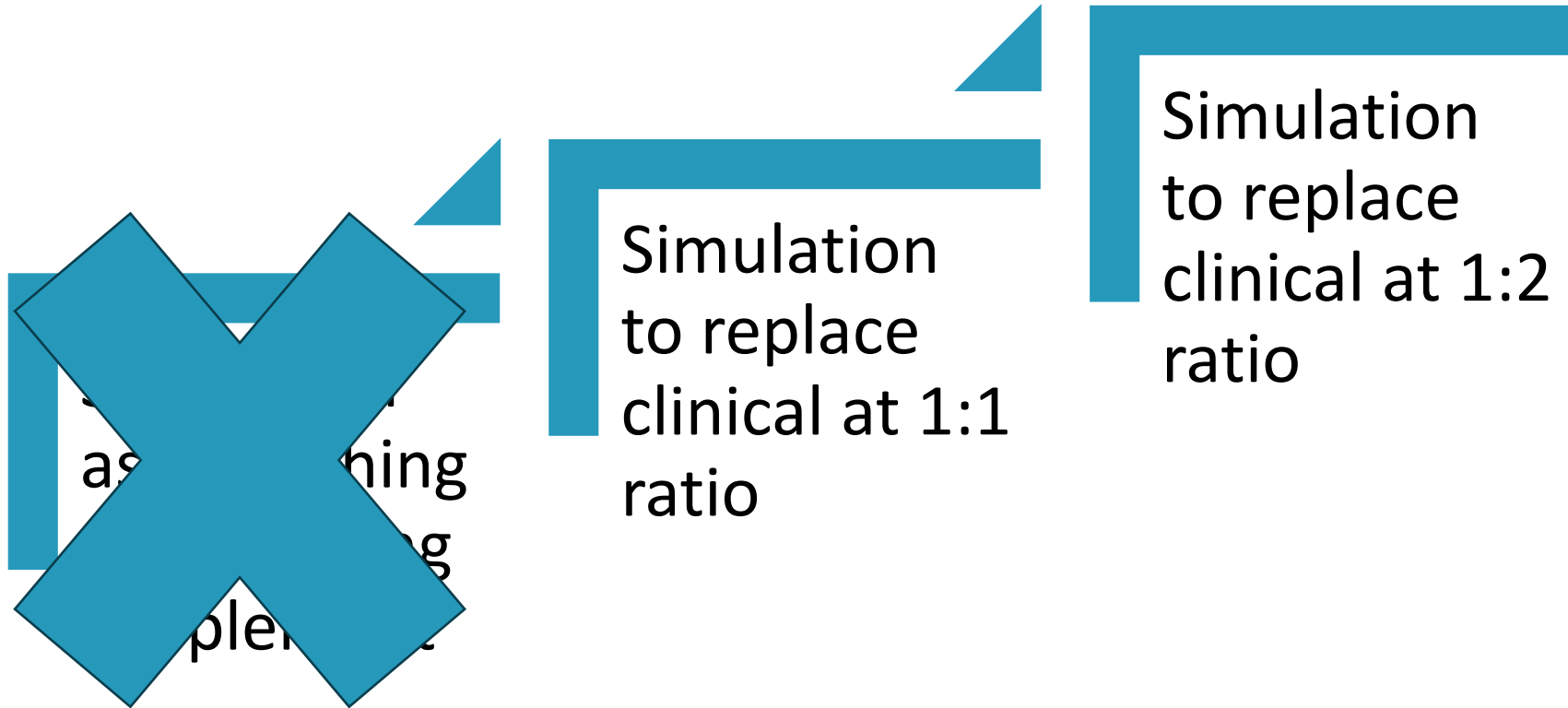


Simulation
as a teaching
and learning
supplement

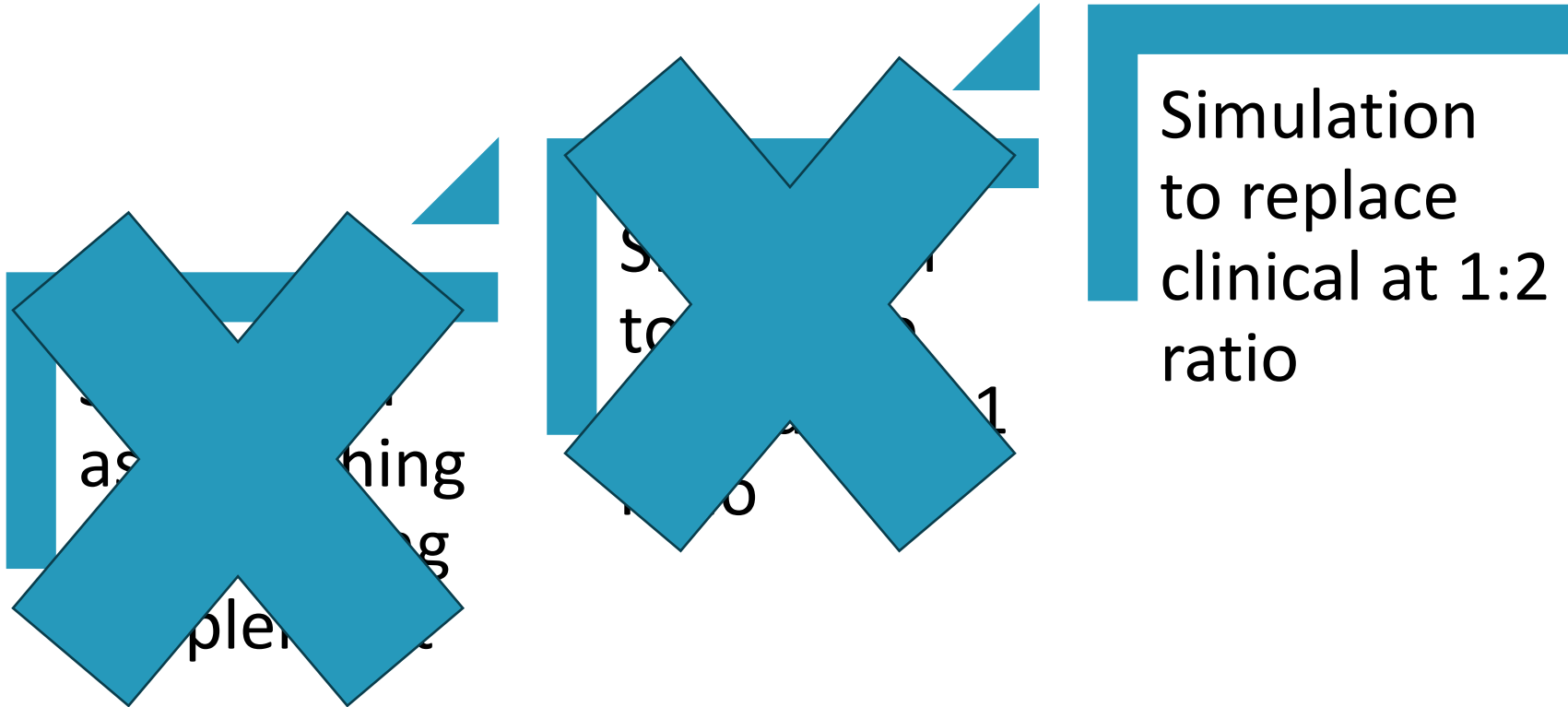
Simulation
to replace
clinical at 1:1
ratio

Simulation
to replace
clinical at 1:2
ratio

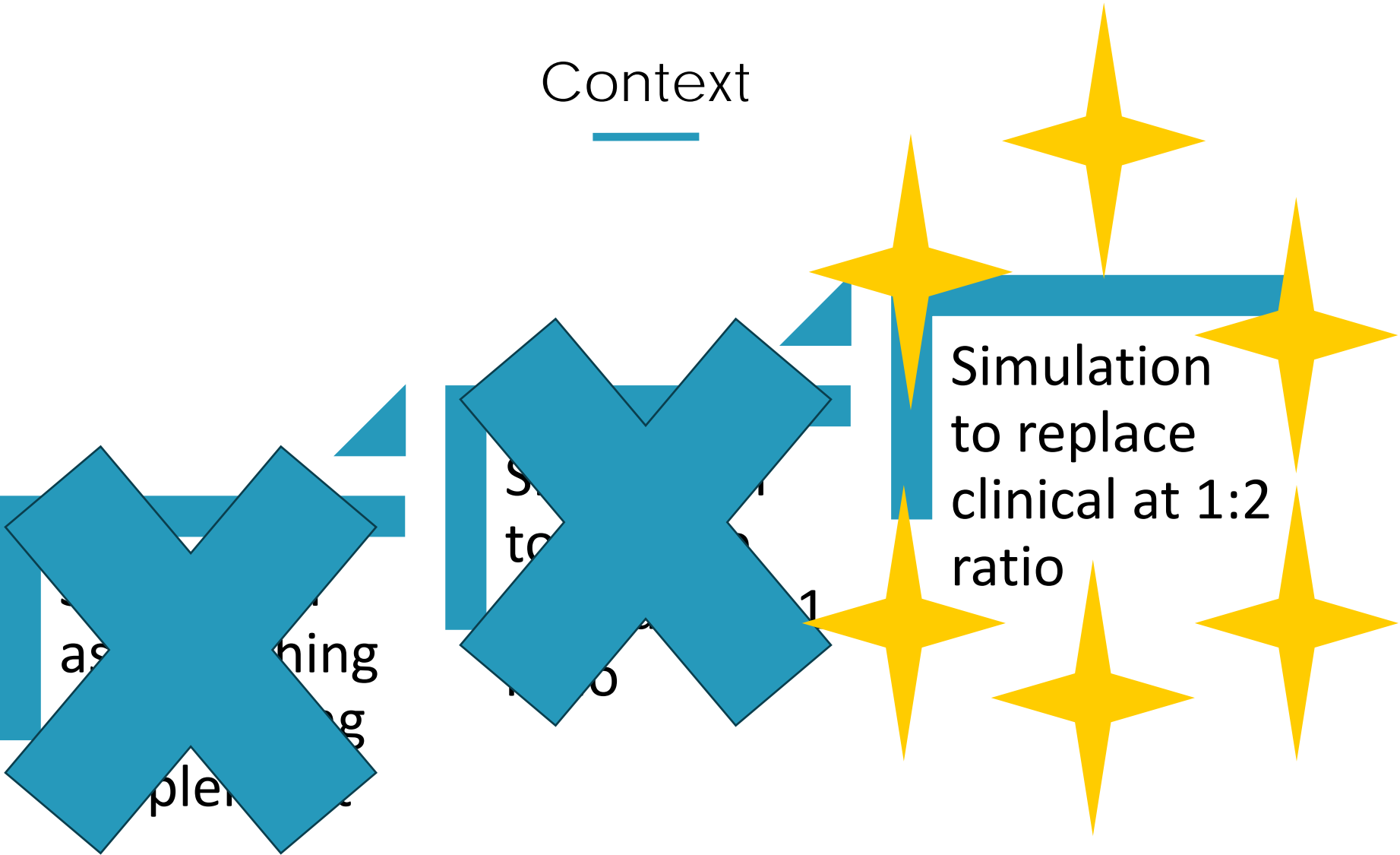
Context



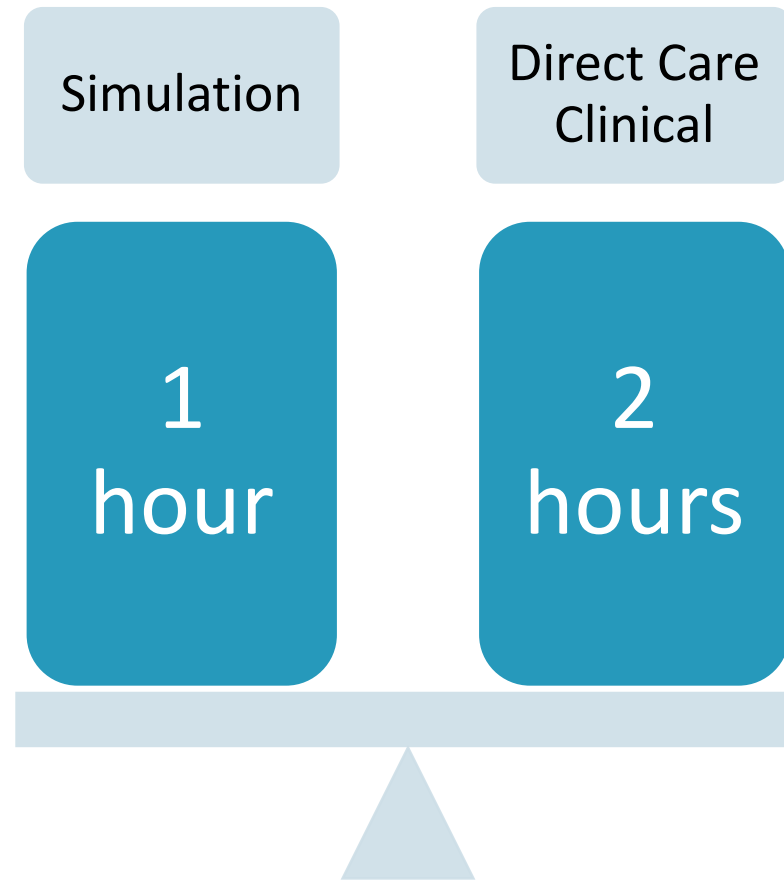
Context



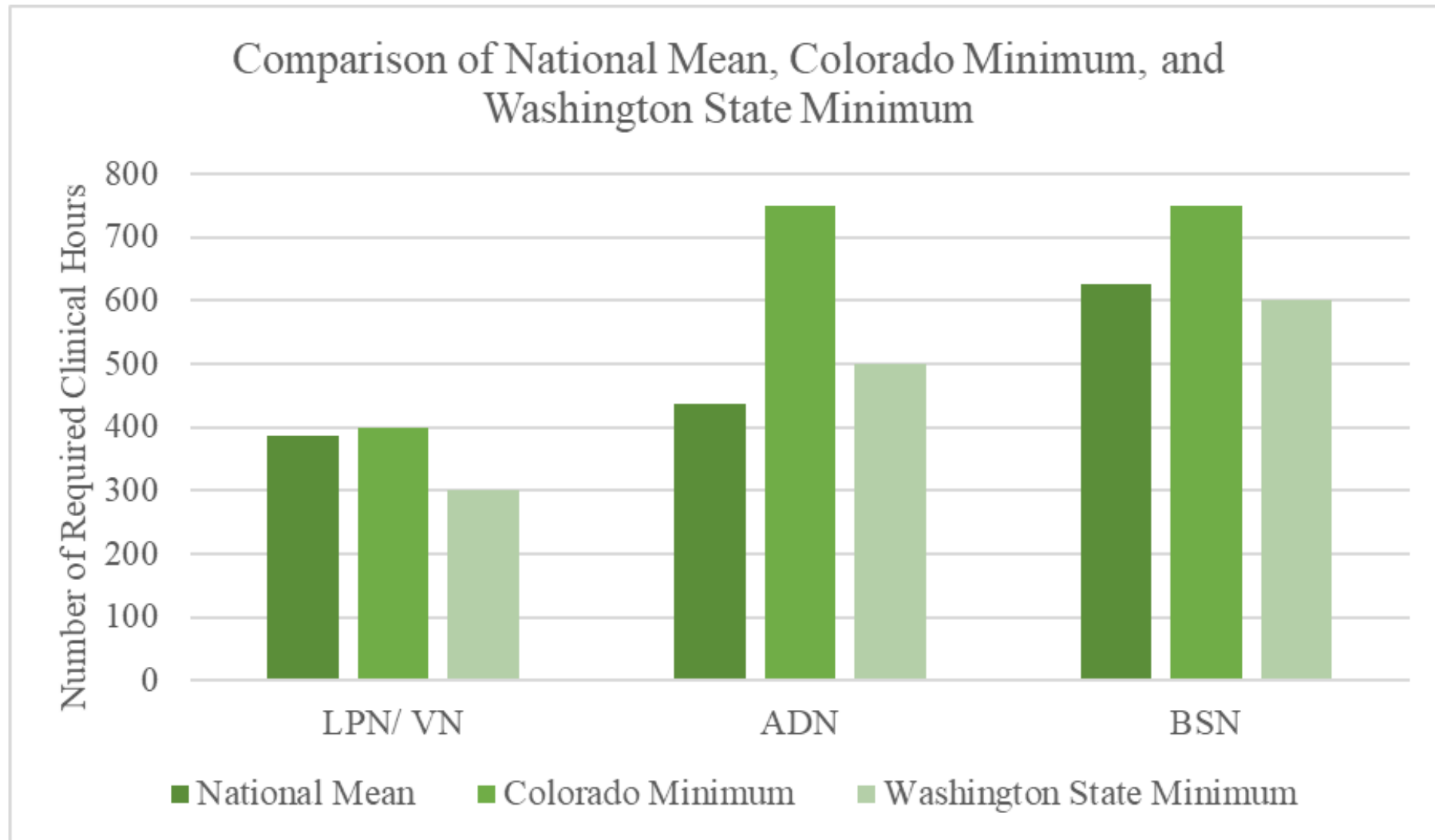
Context



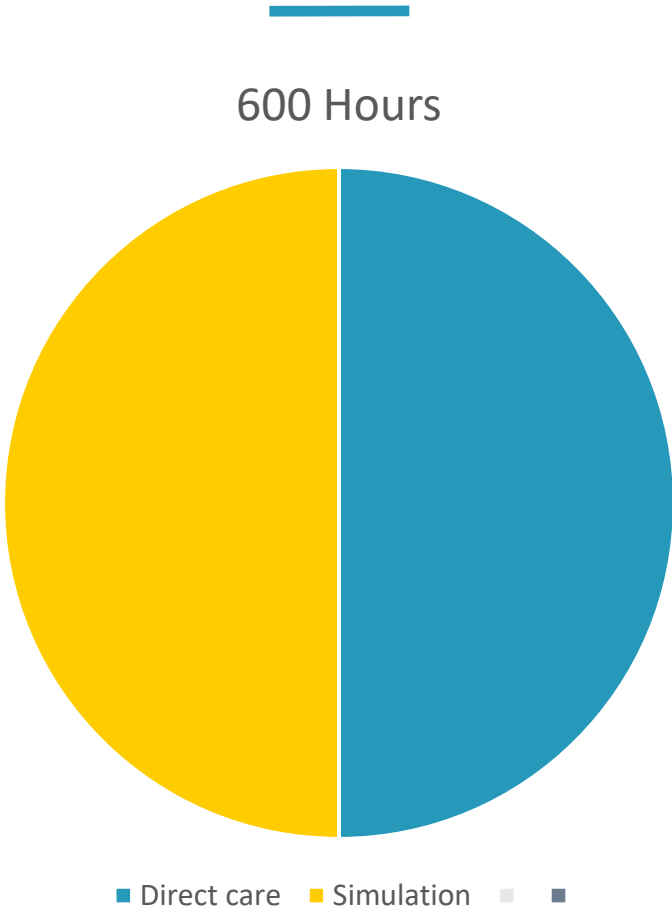
Context: Evidence for the 1:2



Context: Clinical Hour Requirements

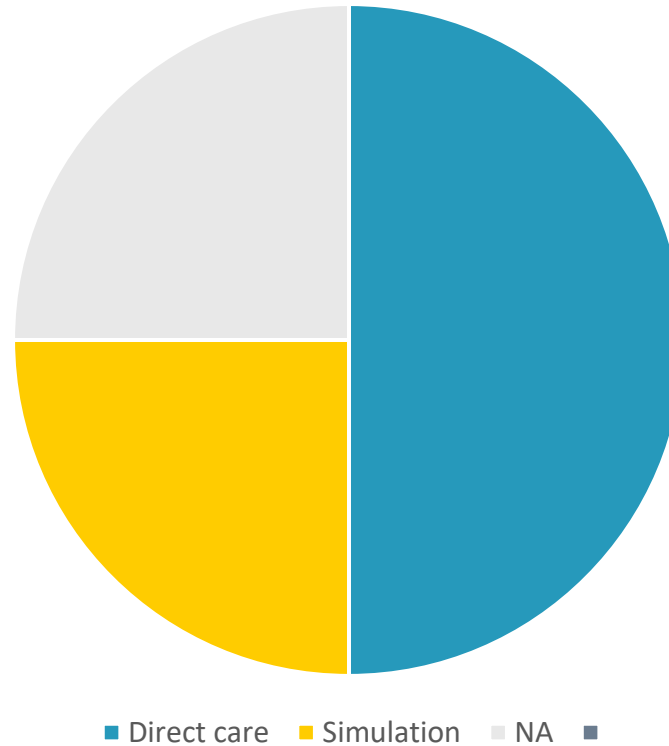


Context: 2014 NCSBN National Simulation Study

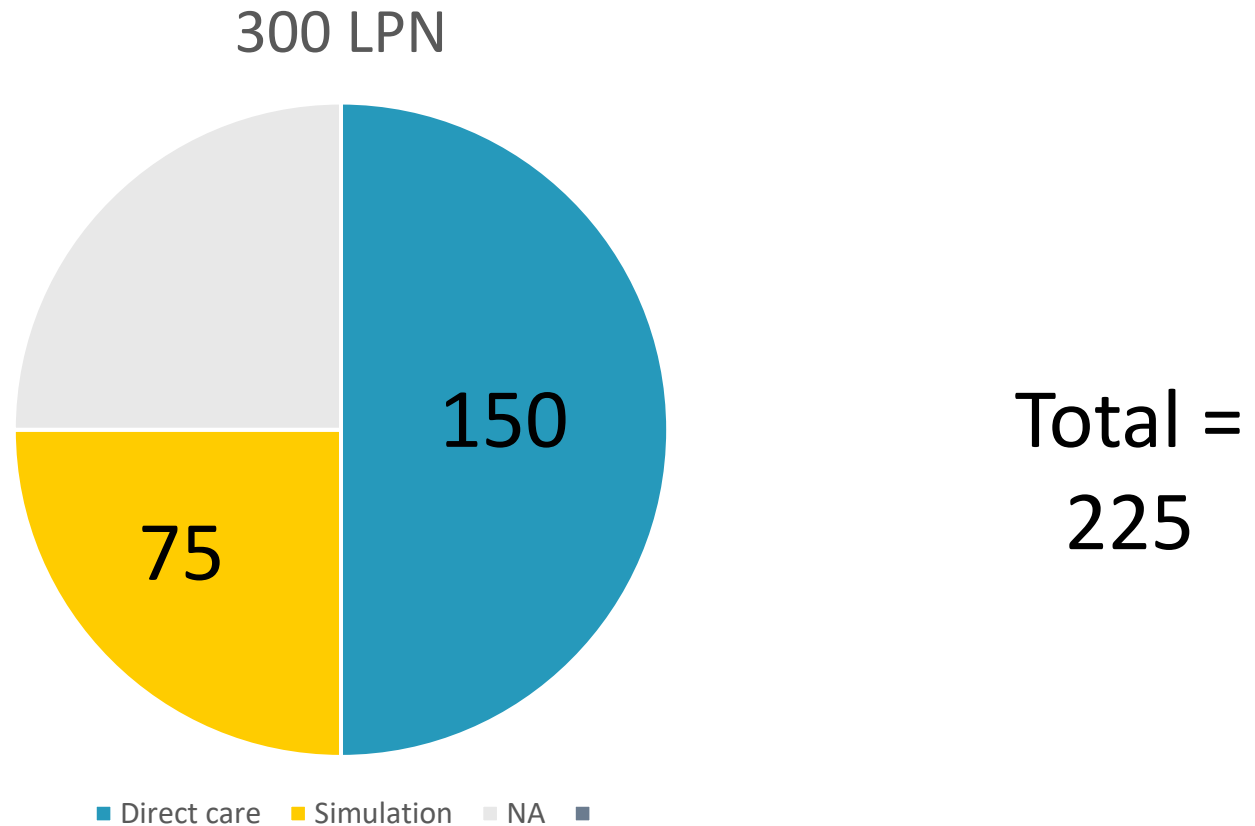


Context: 2014 NCSBN National Simulation Study

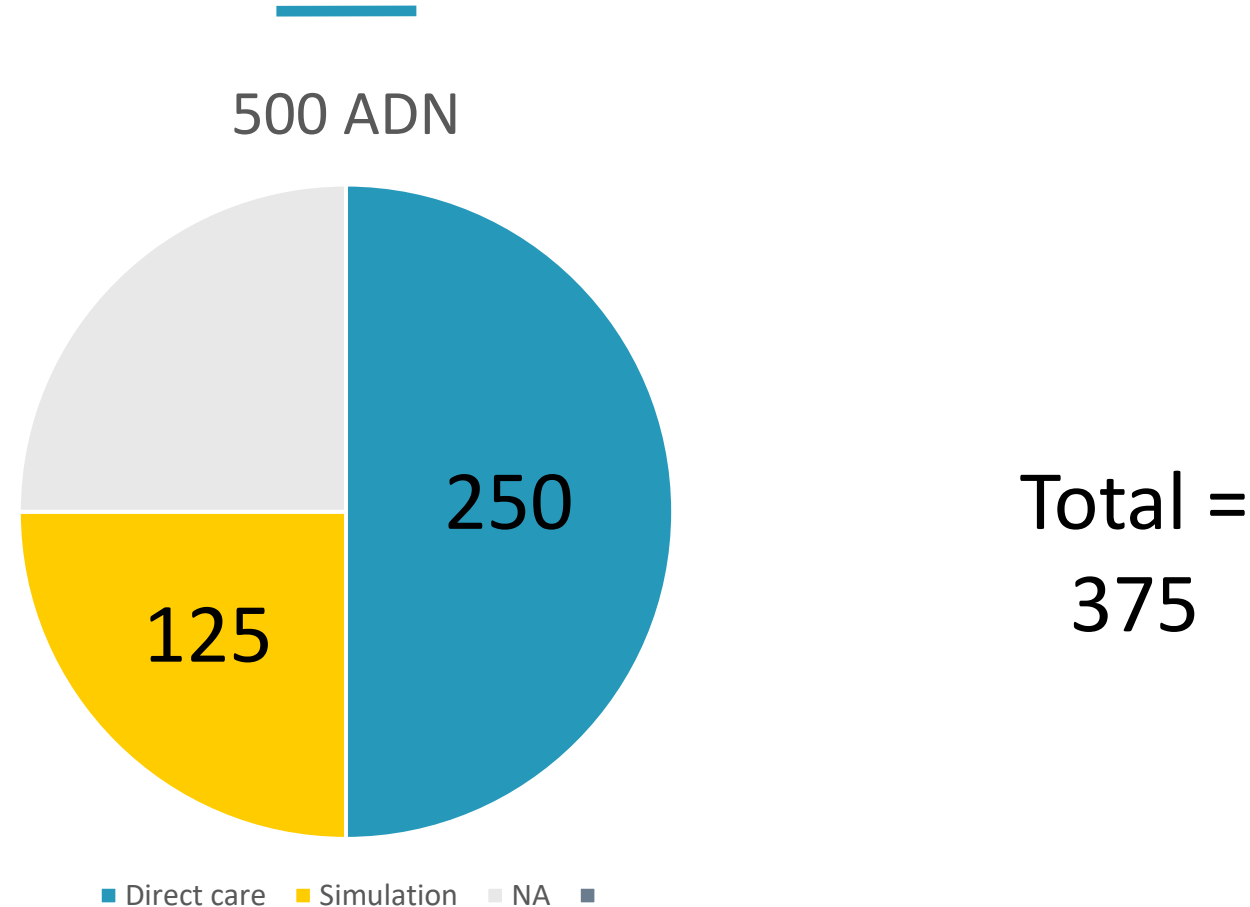
300 (LPN) 500 (ADN) or 600 (BSN) Hours



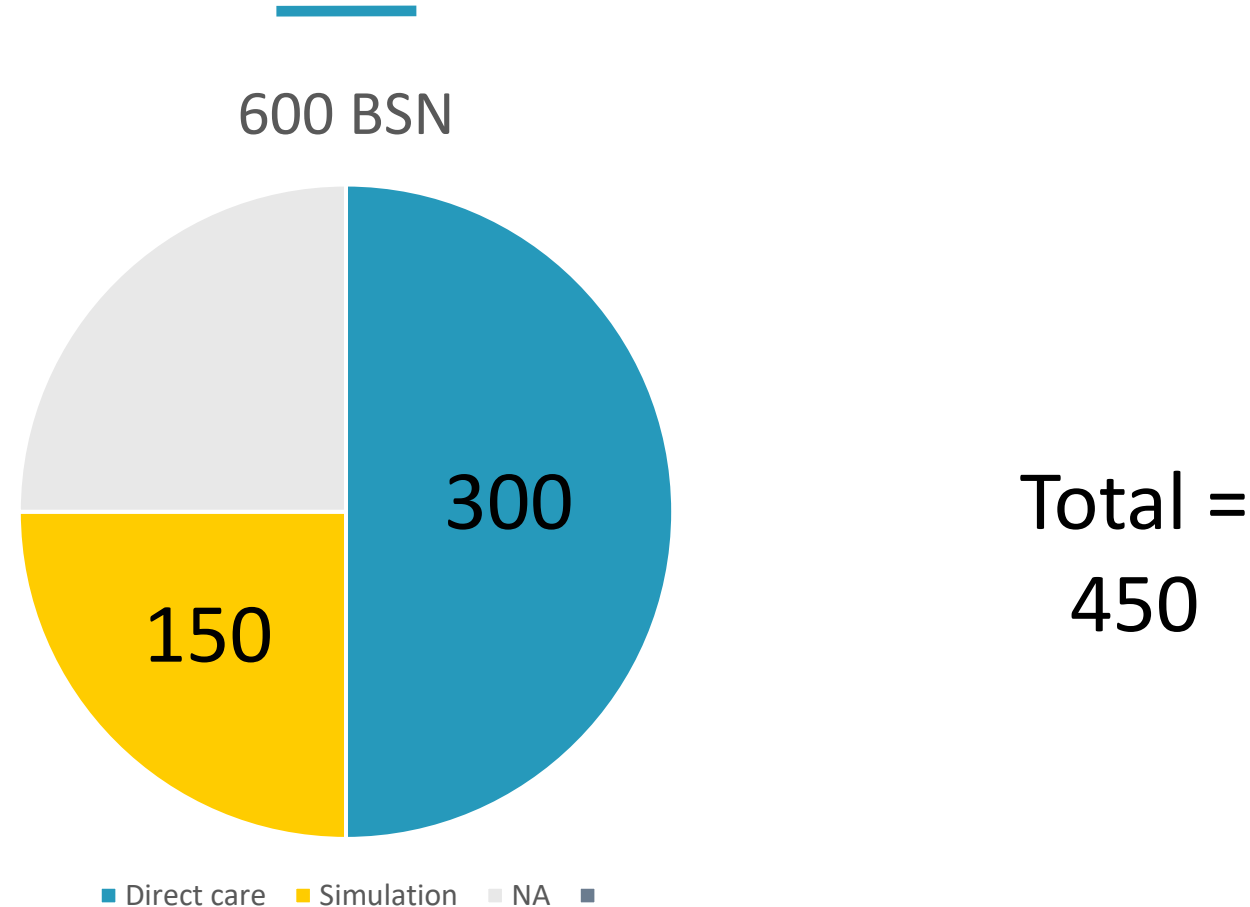
Context: 2014 NCSBN National Simulation Study



Context: 2014 NCSBN National Simulation Study



Context: 2014 NCSBN National Simulation Study



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[https://doi.org/10.1016/S2155-8256\(23\)00029-7](https://doi.org/10.1016/S2155-8256(23)00029-7)

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Draft Language

WAC 246-840-534

Use of simulation for clinical experiences at a 1:1 ratio in LPN, RN, or RN to BSN nursing education programs located in Washington state.

(1) An LPN, RN, or RN to BSN nursing education program may use simulation as a substitute for traditional clinical experiences in WAC 246-840-531 at a 1:1 ratio, where one (1) hour of simulation counts for one (1) hour of required clinical experience, after approval by the commission, not to exceed fifty percent of its clinical hours for a particular course.

WAC 246-840-XXXX

Use of simulation for clinical experiences at a 1:2 ratio in LPN, RN, or RN to BSN nursing education programs located in Washington state.

(1) This section applies to LPN, RN, or RN to BSN nursing education programs providing simulation-based learning experiences as a substitute for clinical and direct patient care experience hours required in WAC 246-840-531 at a 1:2 ratio, where one (1) hour of simulation counts for two (2) hours of required clinical and direct patient care experiences.

(2) Definitions. For the purposes of this section, these terms shall have the following meaning:

(a) “**Simulation**” means an educational technique that replaces or amplifies real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

(b) **“Simulation-based learning experiences”** means structured and facilitated activities that represent actual or potential situations that allow students to demonstrate, develop, or enhance knowledge, skills, and/or attitudes and provide an opportunity to analyze and respond to realistic situations in a simulated environment. Simulation-based learning experiences include the entire set of actions and events from initiation to termination of an individual simulation event. For the purpose of counting time spent in simulation, simulation-based learning experiences include the synchronously facilitated prebriefing, clinical scenario, and debriefing, but do not include asynchronous preparation activities such as readings or case reviews.

(c) **“Screen-based simulation”** means a simulation presented on a computer screen using graphical images and text, similar to the popular gaming format, where the operator interacts with the interface using keyboard, mouse, joystick, or other input device. Screen-based does not include synchronously facilitated, immersive augmented reality or virtual reality.

(d) **“Simulation operations support personnel”** means an individual who is involved in the preparation, operations, implementation, or delivery of the simulation-based learning experience but does not have primary responsibility for the experience. Responsibilities may include but are not limited to preparing the environment, operating equipment and technology, and voicing roles.

(e) **“High stakes evaluation”** refers to an assessment that has major implications or consequences based on the result or the outcome, such as merit pay, progression or grades.

(f) **“Fidelity”** means the level of realism associated with a particular simulation-based learning experience; fidelity can involve a variety of dimensions, including:

- (i) Physical factors such as environment, equipment, and related tools;
- (ii) Psychological factors such as emotions, beliefs, and self-awareness of participants;
- (iii) Social factors such as participant and instructor motivation and goals;
- (iv) Culture of the group; and
- (v) Degree of openness and trust, as well as participants’ modes of thinking.

(g) **“Context”** means a simulation-based learning experience should be contextualized within a situation or backstory to provide a realistic starting point from which the structured activity begins. The complete picture of this context may be given verbally to the learners, found in the patient’s file, or be revealed if requested through adequate inquiry.

(3) Simulation-based learning experience hours may not exceed fifty percent of clinical hours for a particular course. The Board may grant exceptions to a nursing education program demonstrating difficulty in locating clinical placement for a particular curriculum content area required by WAC 246-840-539 and WAC 246-840-541, or WAC 246-840-542.

(4) Simulation-based learning experiences do not include screen-based simulation and must be synchronous.

(5) One nursing faculty may facilitate a simulation-based learning experience for a group of up to eight students (1:8 ratio). Group size shall be limited to the number of students who can be actively engaged in a simulation-based learning experience such that it is conducive to learning. Each student shall participate in the hands-on nurse role in each simulation-based learning experience and when not in that role, as an active observer or active participant in another role that contributes to the student's achievement of learning objective(s).

(6) The role responsibilities of the nursing faculty member who facilitates a simulation-based learning experience must not include operational responsibilities.

(7) The nursing education program must obtain and maintain endorsement or accreditation from an organization that provides endorsement or accreditation in healthcare simulation and is approved by the board. A nursing education program offering simulation at a 1:2 ratio on or after the effective date of this rule must obtain board-approved certification or endorsement on or before [month/day] 2029. After [month/day] 2029, a nursing education program must obtain board-approved endorsement or accreditation prior to offering simulation-based learning experiences to students at a 1:2 ratio. New nursing education programs receiving full board approval must obtain board-approved endorsement or accreditation within four years of receiving full board approval.



(8) The nursing education program must maintain documentation of:

- (a) A strategic plan for the simulation program;
- (b) A plan to manage simulation space, equipment, and personnel resources for the simulation program;
- (c) Policies and Procedures to support and sustain the simulation program; and
- (d) Defined qualifications of simulation operation support personnel.

(9) On or before [month/date] 2029, the simulation program must be managed by a nursing faculty member who holds Certified Healthcare Simulation Educator (CHSE) certification, Certified Healthcare Simulation Educator-Advanced certification (CHSE-A), or other board-approved certification in simulation on or before [month/date] 2029. After [month/day] 2029, the nursing faculty member who manages the simulation program must have and maintain board-approved healthcare simulation educator certification prior to initiating simulation program management duties.

(10) On or before [month/date] 2029, at least ten percent of nursing faculty who facilitate simulation-based learning experiences must hold a CHSE or CHSE-A certification, or other board-approved certification in simulation. After [month/day] 2029, at least ten percent of nursing faculty who facilitate simulation-based learning experiences must hold a board-approved healthcare simulation educator certification prior to initiating simulation facilitation duties.

(11) The board may grant an exception to the requirement that nursing faculty who manage a simulation program and the requirement that at least ten percent of nursing faculty who facilitate simulation-based learning experiences must hold an approved certification if the following conditions are met:

- (a) The program documents a plan for faculty to obtain and the faculty obtains CHSE, CHSE-A certification, or other board-approved certification, within three years of application for exception;
- (b) Professional development is maintained according to WAC 246-840-XXXX(14); and
- (c) Documentation of orientation, mentorship, and evaluation of the simulation faculty is maintained and available to the board for review upon request.

(12) All nursing faculty who facilitate simulation-based learning experiences must be academically and experientially qualified and demonstrate competency in the use of simulation. Accordingly, nursing education programs shall:

- (a) Document that nursing faculty who facilitate simulation-based learning experiences have specific knowledge and skills in simulation pedagogy;
- (b) Document that the facilitative approach is appropriate to the level of learning, experience, and competency of the students;
- (c) Document that facilitation occurs throughout the simulation-based learning experience which aims to support students in achieving expected outcomes. The facilitation methods include prebriefing to prepare students for the simulation, and a debriefing, feedback session, or guided reflection exercise.

The nursing education program may maintain documentation of simulation nursing faculty's current CHSE, CHSE-A, or other board-approved certification as proof of compliance with subsections (12)(a) and (b).

(13) The nursing education program shall document a plan to orient, mentor, and evaluate nursing faculty who facilitate or manage simulation-based learning experiences.

(14) For nursing faculty who facilitate simulation-based learning experiences and do not hold current CHSE, CHSE-A, or other board-approved certification, the nursing education program shall document and provide a means for them to participate in simulation-related professional development that includes evidence of:

(a) A simulation-related educational needs assessment;

(b) An annual professional development plan; and

(c) At least eight (8) hours of simulation-related professional development per year. Professional development includes activities that reasonably contribute to the professional knowledge and development of faculty for purposes of providing simulation-based learning experiences to students.

(15) The nursing education program shall document and provide evidence that the simulation-based learning experiences are:

- (a) Student-centered and evidence-based;
- (b) Aligned with appropriate and measurable student learning objectives;
- (c) Designed to include context and the appropriate level of fidelity; and
- (d) Supportive of the students' psychological safety.

(16) The nursing education program shall document a plan for evaluation of the student, the simulation-based learning experience, and the simulation nursing faculty as follows, and use the evaluation data for continuous quality improvement:

(a) When using simulation-based learning experiences for assessment or evaluation of students, the method of evaluation is determined before the simulation-based experience and criteria for formative, summative, and high-stakes evaluation are met;

(b) All learners, including observers, should provide a meaningful assessment of all elements of each simulation-based learning experience including pre-brief, clinical scenario, debrief, and facilitation by the faculty.;

(17) Nursing education programs may not use a 1:2 ratio if:

- (a) The program is on conditional approval from the board;
- (b) The program is on conditional or probationary status from a nursing accrediting body;
- (c) The program's first time NCLEX pass rates are below 80% for two consecutive years; or
- (d) The program is on a plan of correction for a deficiency related to providing simulation-based learning experiences at either a 1:1 ratio under WAC 246-840-534 or a 1:2 ratio WAC 246-840-XXX.



(18) The board may take action as identified in WAC 246-840-558 against a nursing education program offering simulation-based learning experiences at a 1:2 ratio that does not obtain or maintain a board-approved endorsement or accreditation as required by this section.

Tentative Next Steps Timeline

- **February 2024**
 - Draft Language presented to the Education Subcommittee for approval recommendation for the WABON
- **March 8, 2024**
 - Present a motion to approve the draft rule language and move forward with the filing of the CR-102– presented by the Education Subcommittee
- **May 2024**
 - CR-102 filed for a hearing at the May WABON Business Meeting
- **May 10, 2024**
 - Rule Hearing



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

WABON Annual Survey 2023

Welcome to the Washington State Board of Nursing Annual Member Survey

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

Our goal is to get 100% participation from all members and Pro-Tem members of the Board.

Your feedback is important. Thank you!

WABON Annual Survey 2023

Member info

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

1. Name (first and last)

* 2. What is your role with the Board?

☐ Board member

☐ Pro tem

* 3. How many months have you been on the Board?

As a Pro-Tem

As a Board member

WABON Annual Survey 2023

Board members

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

* 4. How well are you able to do your role as a board member?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am able to complete the work activities asked of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel staff are aware of the level of work I am responsible for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel staff recognize where I have limitations or time constraints and work with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WABON Annual Survey 2023

Board Member Roles

* 5. I understand the different member roles of the Board

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secretary/Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Board member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pro tem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WABON Annual Survey 2023

Board Business Meetings

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

6. How useful are the Board meeting materials?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Meeting materials are well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting materials have everything needed for the meeting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting materials are sent far enough in advance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How well are the Board meetings run?

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

8. How well is decision making done in the Board meetings?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
There is enough information and communication to make informed decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is enough discussion and consideration to decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The group makes collective judgments about important matters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What would help you with in-person meeting attendance?

WABON Annual Survey 2023

Board Meeting Participation

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

10. How do you feel about participating in the Board Business meetings?

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

WABON Annual Survey 2023

Board Membership

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

11. How valued do you feel as a member of the Board?

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

12. How can we ensure that you are feeling heard?

13. How can we improve in seeking your ideas?

WABON Annual Survey 2023

Partnership and Equity

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

14. How well does the Board work together?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Members work well together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration and communication are constructive and actionable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is intentional learning and application of race equity and health equity in our work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WABON Annual Survey 2023

Subcommittees

Please tell us about working with Board subcommittees.

15. What subcommittees do you participate in?

- | | |
|---|--|
| <input type="checkbox"/> Advanced Practice | <input type="checkbox"/> Licensing |
| <input type="checkbox"/> Consistent Standards of Practice | <input type="checkbox"/> Research |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Education | |

16. How well do subcommittees run?

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

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Panels and other committees

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

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

- ☐ Case Management Team

☐ Nursing Assistant Program Approval Panel

☐ Communication Task Force

☐ Nursing Program Approval Panel

☐ Legislative Panel

☐ Long-Term Care Workforce Development Steering Committee

☐ Other (please specify)

☐ None of the above

18. How well do these groups run?

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

WABON Annual Survey 2023

Feedback

Please give us any comments or feedback you have.

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

20. Is there anyone you would like to recognize?

21. If you prefer a personal response to your feedback, please list your contact email address.

Washington State Board of Nursing LEGISLATIVE PRIORITIES

XII.B. WABON 2024
Legislative Priorities
One-pager

1

Fund Financial Aid Supporting Nurse Substance Use Treatment

Decision package to reduce barriers to substance use treatment as part of 18.79.440 (HB 1255)

2

Advanced Practice Registered Nurse (APRN) Title Protection

WABON Request Legislation
Adopt national standard using (APRN) over Advanced Registered Nurse Practitioner (ARNP) for alignment across states and clarity in understanding of advanced practice nursing.

3

Invest in Simulation Professional Development

Provide grant options for faculty development, program endorsements, open-sourced materials for training to increase accessibility.

4

Fund Nursing Faculty Salaries

Subsidize salaries to reduce disparities across the industry, stabilize, retain, and recruit diverse nursing education faculty.

5

Quantify Long-Term Care (LTC) Staffing Needs

- a. **Advance research on Licensed Practicing Nurse (LPN) workforce** to define value, quality of care, and models of care delivery in Washington.
- b. **Amend RCW 18.79.260 to address nurse delegation** broadly to reduce barriers across LTC settings including medication administration, lab testing, and emergency medication access.

6

Enhance the Nursing Workforce

- a. **Retain**
 - i. Support well-being and burnout prevention programs
 - ii. Prevent healthcare workplace violence
- b. **Develop**
 - i. Support new graduate nurse transition to practice
 - ii. Build new pipelines of entry to nursing
- c. **Innovate**
 - i. Identify & test new models of care delivery (e.g., virtual nursing, leverage technology, role alignment)
 - ii. Align academia and practice to support new nurse transition
 - iii. Share staff and resources across settings
 - iv. Enhance diversity of nursing, nursing faculty