

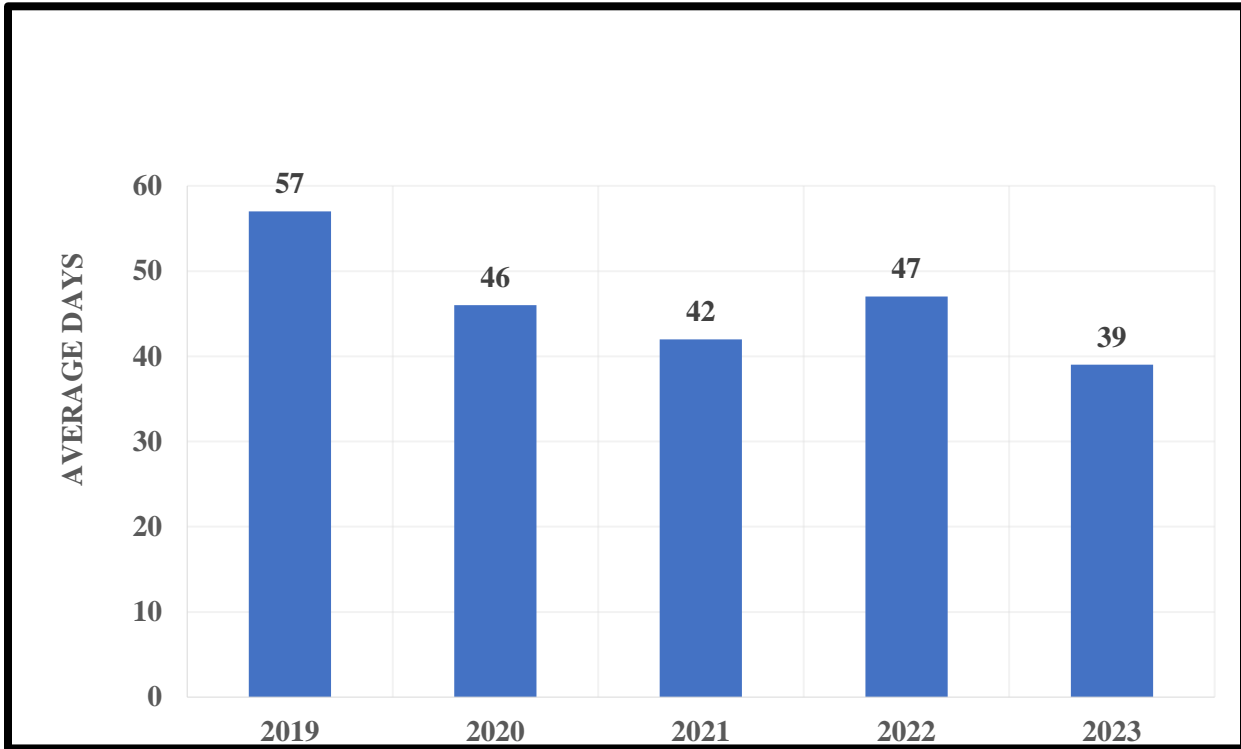
Washington Health Professional Services 2023 Annual Report

**All measured results were derived from data collected between
January 1, 2023, and December 31, 2023**

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1. Length of time to determine eligibility for program participation



- Average days from intake to contract (agreement) offered.
- Process includes intake, evaluation recommendations, reason for entry/referral, case file review at weekly WHPS case staffing.
- Performance measure is 45 days from intake to contract offered.
- *Not all contracts offered result in a signed contract.*

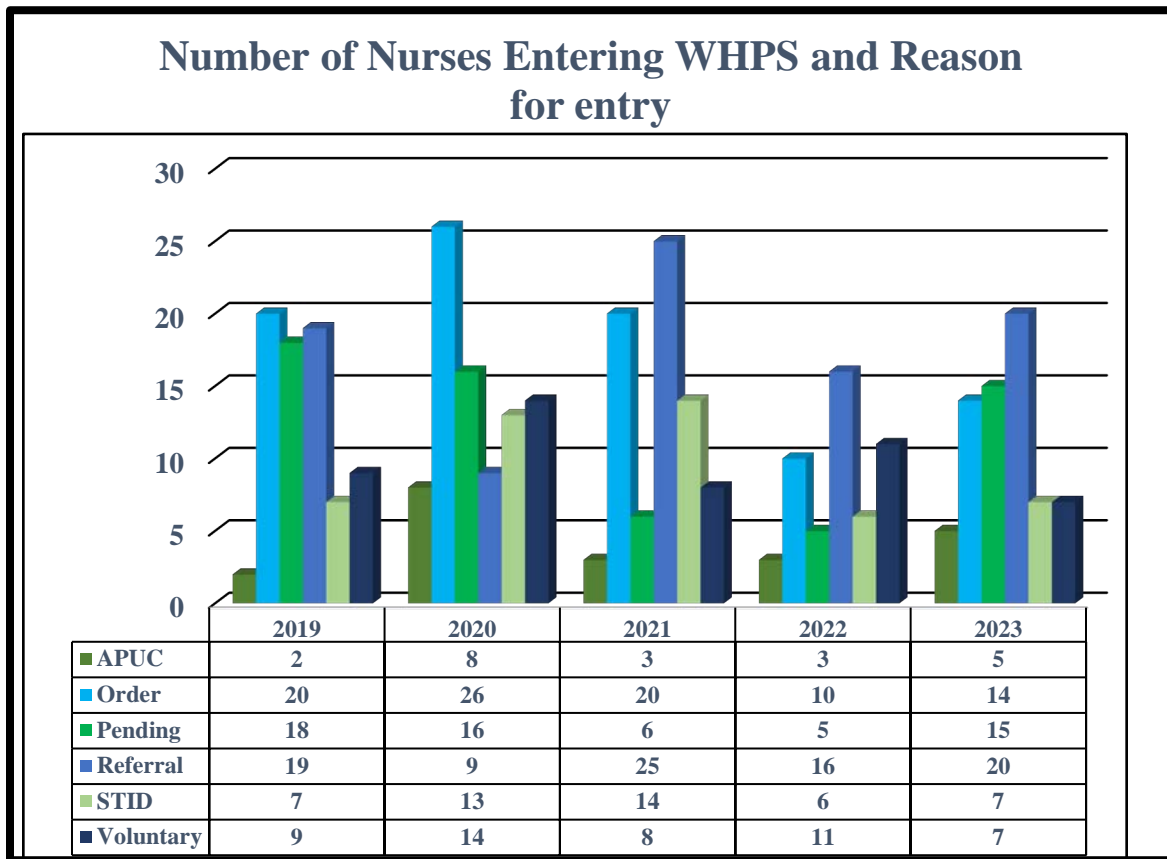
2. Length of time from when the program receives the referral to the execution of the agreement



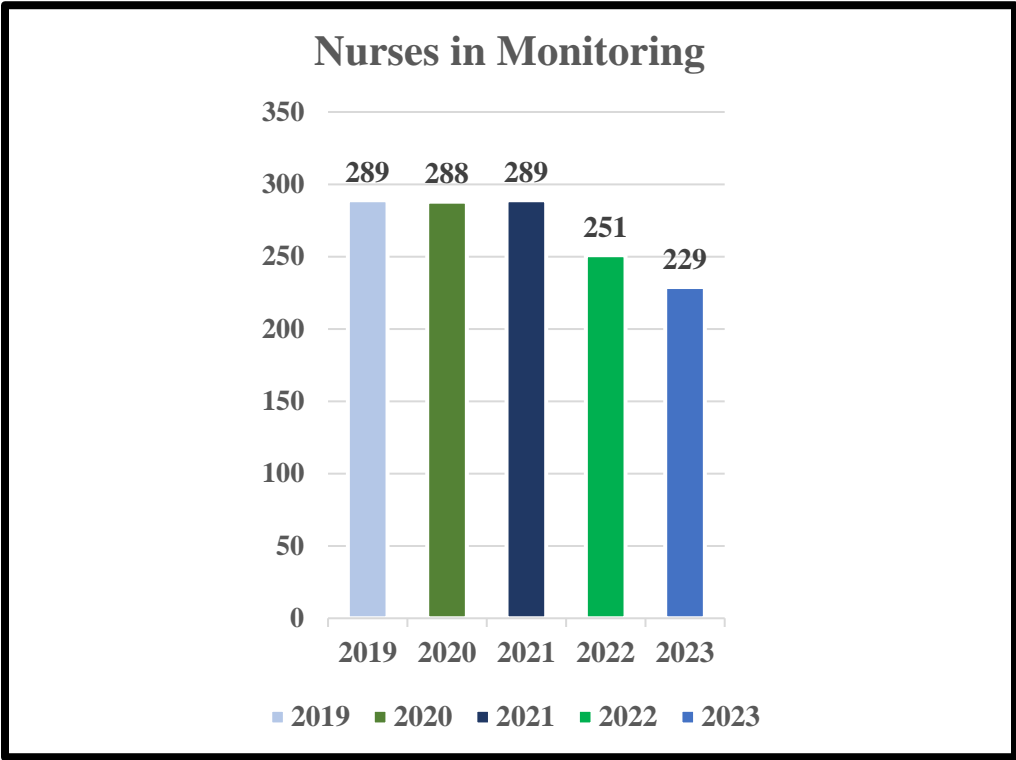
- Term agreement used interchangeably with contract.
- Average days from intake to contract (agreement) signed/monitoring begins.



3. Number and types of referrals

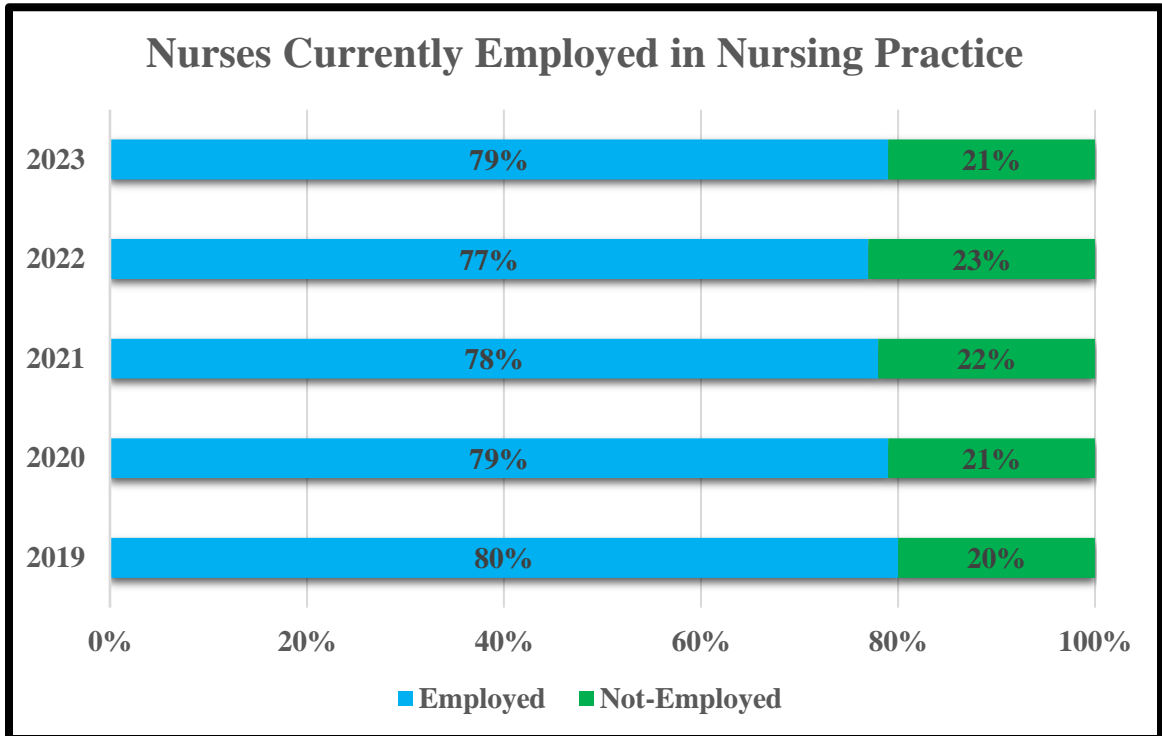


4. Average number of nurses in WHPS (new and existing nurses)



- SUD alternative to discipline programs nationwide have experienced a decline in the number of participants.

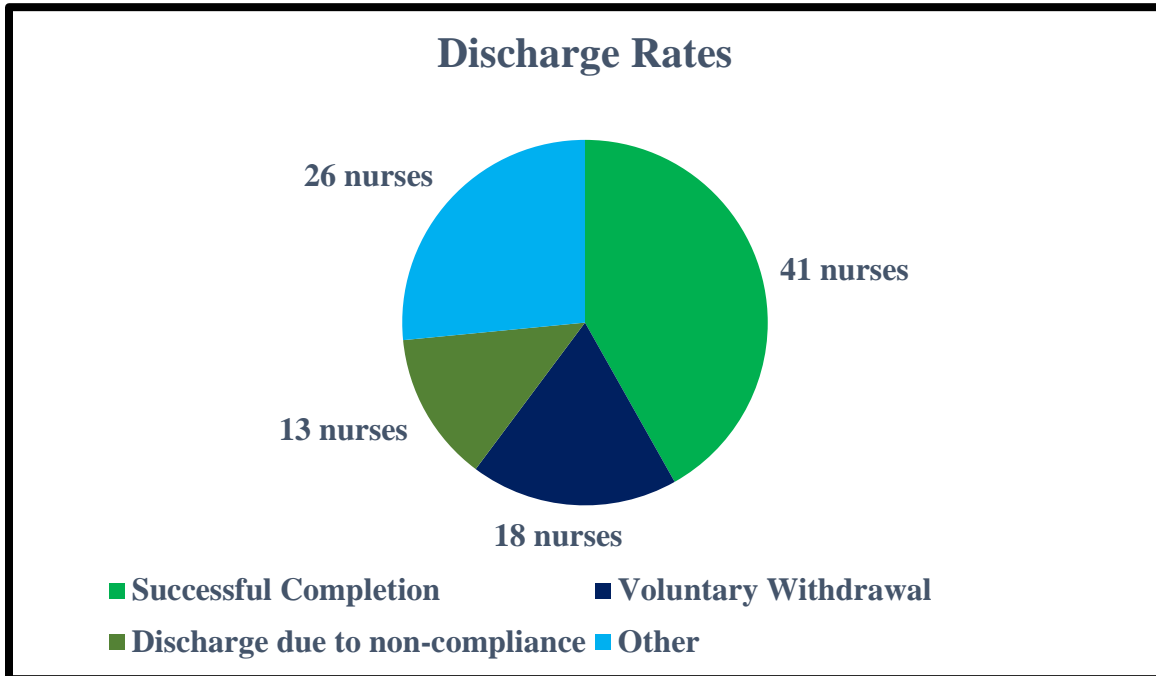
5. Return to work rates for WHPS nurses working under their current credentials



- The data in this report includes employment tracked for nurses working in Washington under their single state credential.
- Employment data includes ARNP, CRNA, RN and LPN.
- Performance measure is 75% employment rate.



6. Reasons for program discharge, including successful completion



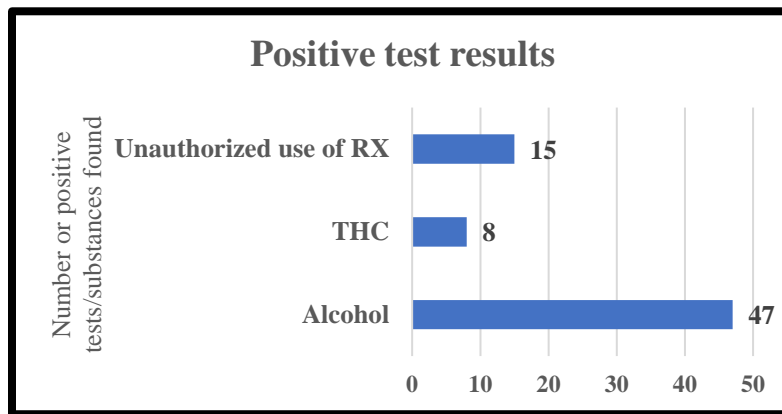
- WHPS discharged 98 nurses from the program in 2023.
- Forty-one nurses (42%) successfully completed the program.
- Eighteen nurses (18%) voluntarily withdrew from the program, which may include the reason of financial hardship.
- WHPS discharged 13 nurses (13%) for non-compliance, which included positive tests or unauthorized prescription use.
- The reasons for discharge of the remaining nurses included, but were not limited to, medical reasons, refused offer of contract, not appropriate for a contract, or referred to WABON for discipline.



7. Relapse rate/numbers

Cited in Procedure W44.02, *For public protection and the purposes of monitoring, the National Council of State Boards of Nursing Substance Use Disorder in Nursing (2011) defines relapse as “Any unauthorized use or abuse of alcohol, medications or mind-altering substances.”*

- Sixty-nine tests were positive in 2023 for medications or substances that were not authorized or approved for use.
- Of those, 47 (69%) tests were positive for alcohol; 25 of the tests were PEth positive (blood tests).
- Eight (12%) tests were positive for THC/Cannabinoids (eight positive tests were attributed to three nurses).
- Fifteen (22%) tests were positive due to use of unauthorized prescriptions or over-the-counter medications.
- Thirteen (19%) of the positive tests were admitted relapse.
 - Two nurses admitted to relapsing on four separate occasions.
 - One nurse admitted to relapsing on two separate occasions.
 - Three nurses admitted to relapsing following a positive test for alcohol.



8. Number of nurses temporarily removed from practice and reasons for removal

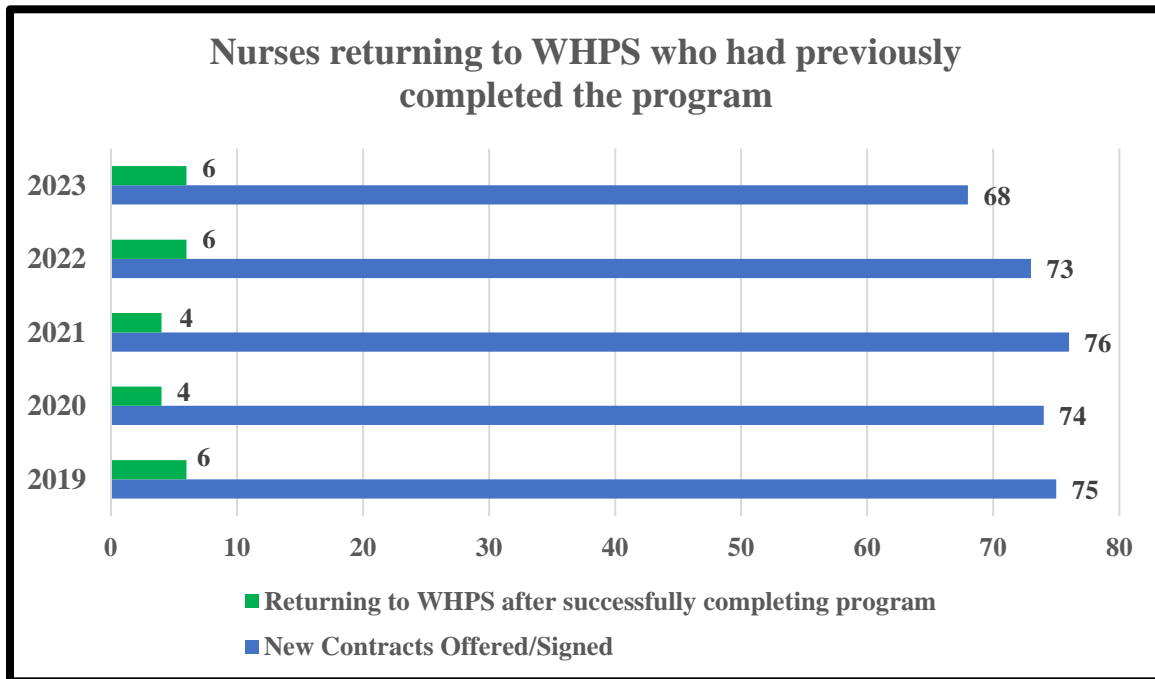
Reasons for removal from practice include, but are not limited to:

- Positive drug tests
- Unauthorized use of prescription or over-the-counter medications
- Employment non-compliance
- Excessive missed tests
- Admitted relapse

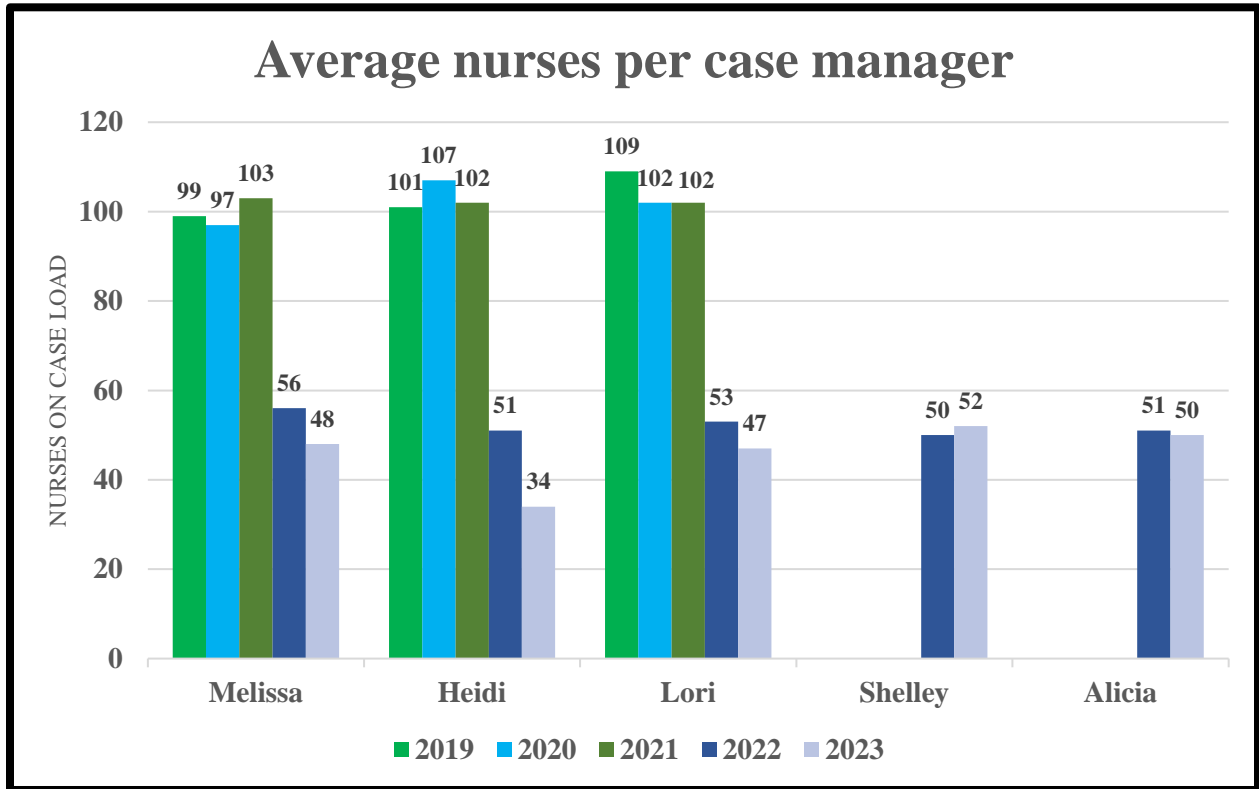
WHPS reported 31 incidents of non-compliance which resulted in case managers temporarily removing 18 nurses from practice.

- One nurse was removed from practice on four separate occasions due to positive tests for alcohol.
- One nurse was removed from practice on three separate occasions due to excessive missed tests and positive tests for alcohol.
- One nurse was removed from practice on three separate occasions due to test tampering.
- One nurse was removed from practice on three separate occasions due to a positive test for alcohol and unauthorized use of prescription medication.

9. Recidivism rates for nurses who successfully completed WHPS in years prior



10. Case manager caseloads

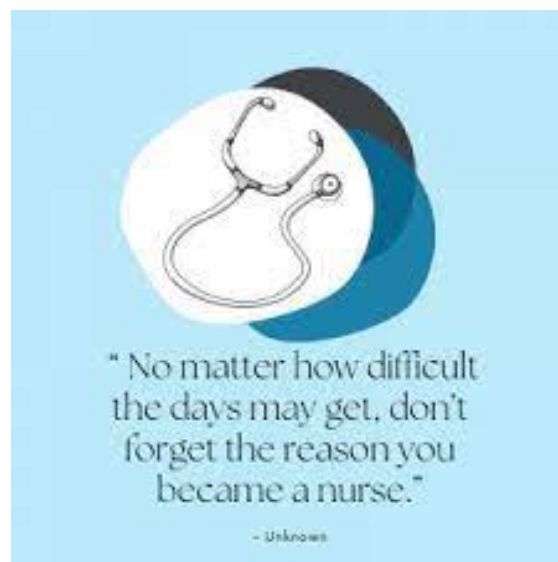


- Caseload data is generated monthly. Numbers above include the average number of nurses each case manager is responsible for annually.
- Two additional case managers were added in November 2021.



11. Internal quality assurance frequency and findings

2023	Total Program Participation	Average Days from Intake to Contract Signed	Average Days Positive Drug Test Turn-around Time	Incidents Referred to SUDRP	Average Days to Report an Incident to SUDRP	Number of Late Monthly Reports Submitted by Nurses	Emp. Rate	Case File Integrity, Required Documents, Up-to-date, Detailed Information	Missed Tests
Jan	231	38	7	5	29	38	79	98	5
Feb	234	38	8	7	25	27	80	96	7
Mar	223	40	8	0	0	44	80	97	1
Apr	222	31	8	4	19	31	80	97	3
May	219	35	9	5	31	15	78	98	2
June	226	12	10	1	32	21	78	96	4
July	229	32	9	5	26	20	77	97	9
Aug	232	37	9	6	26	26	76	95	4
Sep	229	41	11	4	39	29	78	99	8
Oct	231	40	9	6	25	25	81	98	6
Nov	230	19	9	4	18	23	81	99	7
Dec	234	30	10	1	40	23	83	98	6
Target		45	7		30	30	75	100	



12. Case managers' responses to non-compliance and relapse issues

- A review of 2023 non-compliance and incidents determined the case managers responded to incidents in a timely manner, followed policies and procedures, documented communication, and saved all relevant documentation.

13. Confirmation that required documents can be tracked and verified

- In an effort to continually verify program compliance and ensure all processes and procedures are followed, the assistant director of discipline, WHPS and operations manager review selected case files monthly. The purpose for this review is to confirm completeness of files and verify receipt of required documentation. This includes, but is not limited to, signed contracts, release of information, treatment evaluations and reports, employment contracts and required employment reports, group participation reports, attendance reports, self-reports, up-to-date prescription information, medication management reports or other required documentation. Monthly reports are generated to ensure issues of non-compliance are addressed in a timely manner and that all required follow up to these issues of non-compliance adhere to WHPS program policies and procedures. The case file integrity data collected is included in the internal quality assurance review frequency and findings table in #11 above.

14. External Audits Findings and Performance

- In November 2021, two case manager associate positions were reallocated to case managers. There are now five case managers and an operations manager. This reallocation reduced the average caseload from 100 nurses per case manager to an average of 50 nurses per case manager. This change has allowed more time for case managers to interact and respond to their nurses, attend peer support group sessions, and conduct outreach activities.

15. Legal or financial components as directed by WABON

- WHPS receives its funding through licensing fees.
- WHPS does not have a dedicated budget.
- WHPS employs a Medical Director through a sole source contract. Dr. David Beck currently holds that position. The position is funded for \$65k per fiscal year. The position is part time.
- WHPS contracts with RecoveryTrek, which is a third-party administrator helping to support SUD monitoring and compliance through a robust data management system. The contract is a no cost contract to WABON.

16. Results of annual procedure review with WABON

WABON approved the following procedure changes in 2023. Included in this list is the new procedure W.50 that is a result of legislation passed in the 2023 session.

- W.32 Program Non-Compliance and Discharge Criteria – updated language to reflect the stipend and stigma legislation and current practice.
- W.33 Intake – updated to reflect the stipend and stigma legislation.
- W.34 Substance Use Evaluation and Treatment Services – updated to reflect the stipend and stigma legislation and current practice.
- W.49 Performance Reports and Procedure Review – update to reflect the stipend and stigma legislation.
- W.50 Stipend and Stigma procedure – refined language since the September WABON meeting.

17. Policy recommendations to WABON

In 2023 the Legislature passed Substitute House Bill (SHB) 1255 (RCW 18.79.440). The Bill addresses two issues associated with substance use disorders (SUD): the stigma associated with SUD recovery and a stipend program which is designed to help support nurses financially who otherwise would not be able to participate in the WHPS monitoring program.

- WABON staff reviewed and updated WAC 240-840-750 through WAC 240-840-780 to include the stipend and stigma program and the name change from NCQAC to WABON.
- WHPS and SUDRP created WAC 240-840-790 to address the stipend process.

WABON approved these changes to the rules at the November 2023 board meeting.

RCW 18.79.440 (SHB 1255) allotted \$25,000 annually from the general fund (GF-S) to support the stipend program. WABON submitted a decision package for additional funding to support the stipend program that was not included in the Governor's budget.

18. Education outreach plans and reports

For most of 2023, Dr. John Furman performed WHPS outreach activities. Before Dr. Furman's retirement in January 2024, he participated in several SUD related conferences to perform outreach activities as well as conducted numerous presentations to healthcare entities. In October 2023, Dr. Furman, with the assistance of other WABON staff, organized the bi-annual Wellness/SUD conference for the healthcare community. Nearly 300 people attended the conference. WABON members spoke highly of the varied guest speakers and have requested that we offer the conference annually.

With slightly lower caseloads, case managers will now take on the responsibility of outreach activities. The WHPS outreach efforts are directed towards educating healthcare professionals, healthcare students, healthcare facilities staff, healthcare facility executives and managers, and human resources staff about SUD, the WHPS program, and its benefits.

In 2023, WHPS case managers conducted eight outreach presentations to Cascade Senior Living, Tacoma Community College, Olympic College, NW University, Seattle University and Swedish Hospital. Four of the eight presentations were virtual. Most of the presentations were to college students enrolled in a health care program, such as LPN, RN, or NA. Attendance at the presentations varied between 15 to 47 students or healthcare staff.

The goal for 2024 is for WHPS staff to conduct at least four presentations per month and for WHPS staff to connect with two facilities each month and offer to conduct presentations on the WHPS program and its benefits. A nurse consultant assigned to Practice also includes a short description of WHPS in presentations to her audiences.

WHPS is using digital and social media outreach to connect with nurses and other interested parties. Examples include updating and expanding the WHPS webpage and emails, and a presence in the jurisprudence module in education.

19. Program direction to assure that decisions are congruent with current research, knowledge, best practices, and compliance with legislative and WABON directives

- In addition to what was reported in #18 above, the Discipline Subcommittee reviewed performance measures, statistical data, and procedure revisions at their regular meetings held every other month. The same information is reported to WABON at every business meeting. WHPS follows the NCSBN best practices related to SUD monitoring.
- In 2023 the results of the SUDRP, mentioned above, have improved communications between WHPS staff, board members, and WHPS participants. The SUDRP holds weekly meetings to discuss referrals and other issues such as SUD best practices and education opportunities. WHPS staff and SUDRP members receive monthly notices from Recovery Trek and United States Drug Testing Laboratories (USDTL) for SUD educational webinars, conferences related to SUD treatment, monitoring, testing, medications, and a variety of other SUD topics.

20. Annual Summary of Performance Measures

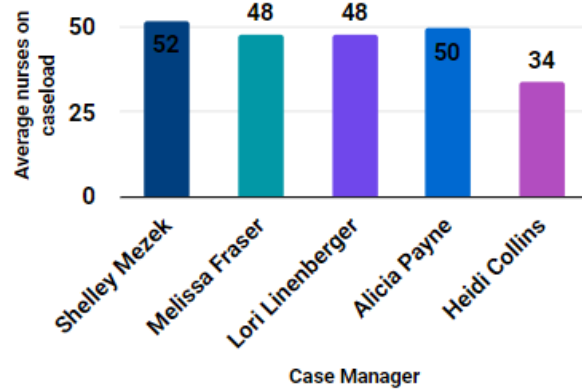
New intakes by license

License	2023 Intake
ARNP/CRNA	8
RN/LPN	84

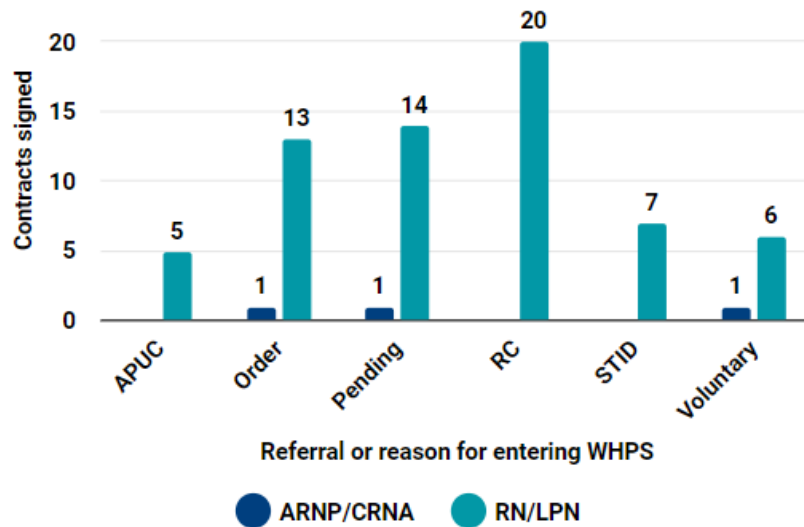
Average in monitoring by license

License	Total
ARNP/CRNA	16
RN/LPN	213

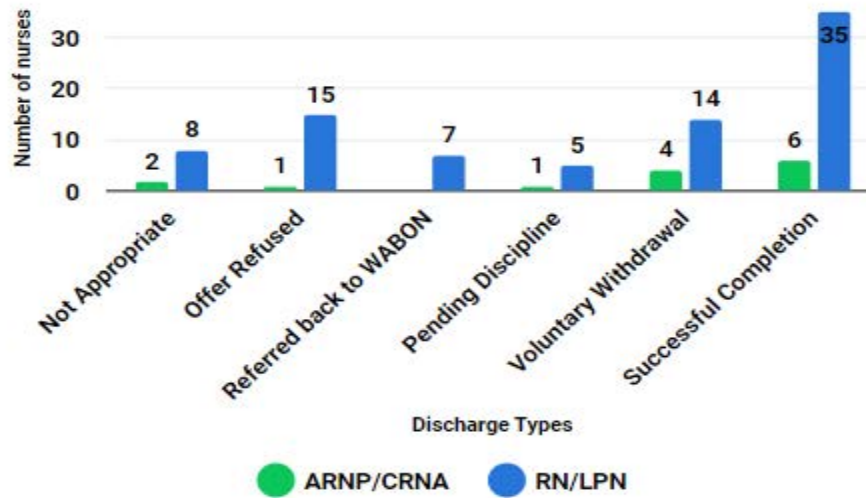
Average caseload per case manager



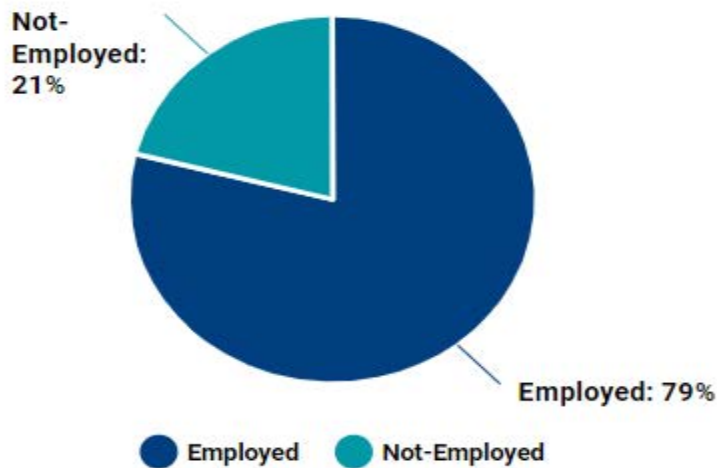
Contracts signed by reason, referral and license type



Discharge: Number of nurses discharged by reason



Employment Measures for 2023



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