



**Board of Nursing
Meeting Agenda**

**September 13, 2024
8:30 AM- 5:00 PM**

This is a virtual meeting, if you would like to participate in the virtual meeting and you don't have computer or phone access you may attend at building TC2 room 166 in the Washington State Department of Health, [111 Israel Rd SE, Tumwater, WA, 98501](https://www.wa.gov/locations/111-israel-rd-se-tumwater-wa-98501).

Zoom registration:

<https://us02web.zoom.us/join/zoom/register/tZwpdOuupzkrGtwmkFPhwCmvgwbvcqxdbo0H>

Board Members:

Dawn Morrell, RN, BSN, Chair
Quiana Daniels, BS, RN, LPN, Vice Chair
MaiKia Moua, RN, BSN, MPH, Secretary/Treasurer
Adam Canary, LPN
Jacob Garcia, MBA, MSN, RN, PCCN
Ella B. Guilford, MSN, M.Ed., BSN, RN
Heleena Hufnagel, BS, MBA-HCA, Public Member
Ajay Mendoza, CNM
Sharon Ness, RN
Norma Perez, M.Ed., Public Member
Kimberly Tucker PhD, RN, CNE

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

Staff:

Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director
Chris Archuleta, Director, Operations and Finance
Reuben Argel, Director, Nursing Assistant Education
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
Karl Hoehn, JD, FRE, Assistant Director, Discipline and Legal
Grant Hulteen, Assistant Director, Discipline, Investigations & WHPS
Anthony Partridge, MPPA, Assistant Director of Regulatory Affairs
Catherine Woodard, Director, Discipline and WHPS

Questions

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

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

Language and Accessibility

If you plan to attend and need language or accessibility services, WABON can arrange help. Please contact us at least one week before the meeting, (*September 6, 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.

I. 8:30 AM Opening

II. Call to Order

A. Introductions

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

B. Order of the Agenda

C. Land Acknowledgement – Ajay Mendoza

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. July 12, 2024
2. Advanced Practice Subcommittee
 - a. July 17, 2024
3. Discipline Subcommittee
 - a. June 18, 2024
4. Consistent Standards of Practice Subcommittee
 - a. June 4, 2024

III. Consent Agenda – DISCUSSION/ACTION. Continued.

A. Approval of Minutes

5. Licensing Subcommittee
 - a. June 18, 2024
 - b. July 2024 – No meeting
6. Research Subcommittee
 - a. July 15, 2024
7. Education Subcommittee – No meeting

B. Letter from NCSBN President Jay Douglas

C. Performance Measures

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

D. Licensing Report to the Governor’s Office

E. Procedure Revisions *(name change and formatting only – non-substantive)*

1. W37.02 Practice Approval
2. W47.02 Outreach and Education
3. W48.02 Office Hours and Standards
4. H14.03 Evaluation of Executive Director

F. Washington Center for Nursing/WABON monthly meetings

1. July 25, 2024
2. August 12, 2024 (WCN/DOH/WABON)
3. August 15, 2024

G. Out of state travel reports – no report

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. July 18, 2024
2. July 22, 2024
3. August 1, 2024
4. August 15, 2024
5. August 19, 2024
6. September 5, 2024

B. Nursing Assistant Program Approval Panel (NAPAP)

1. June 10, 2024
2. July 8, 2024
3. August 12, 2024
4. September 9, 2024

V. **9:00 AM – 10:30 AM – Executive Director Report – Alison Bradywood – DISCUSSION/ACTION**

A. Budget Report – Maikia Moua, Chris Archuleta – No report

B. Strategic Plan Update

1. Bill Implementation
 - a. 2023 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
 - b. 2023 SB 5499 – Multistate Licensing Volumes – Amber Bielaski
 - c. 2024 SB 6286 – Anesthesia Workforce Study – Anthony Partridge
2. Data-Driven Practice – Debbie Carlson, Margaret Holm, Shana Johnny, Marlin Galiano
3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge – No update
4. Communications – Social Media Presence – Shad Bell

C. Rules Update – Jessilyn Dagum

1. Rules Update
2. Chapter 246-840 WAC Rewrite (5-year formal review process)

Situation: Proposing to conduct a phased rewrite of Chapter 246-840 WAC. This project aims to ensure that the rules are up to date, reflect current best practices, and align with the Board's statutory responsibilities.

Background: RCW 43.70.041 requires a formal review process of existing rules every 5 years. Chapter 246-840 WAC has reached the point where a review is necessary. The chapter currently contains outdated and redundant sections that need to be revised or removed.

Assessment: Conducting the rewrite in four phases allows the Board to manage the scope of the project effectively, ensuring each phase is thorough and focused. This approach minimizes disruption and enables the Board to address critical areas in a timely manner. The proposed changes include adding new sections, cleaning up and restructuring the chapter, updating the chapter title to accurately reflect the Board's purview, replacing instances of "commission" with "board," and correcting outdated WAC references.

Recommendation: Consider approving a phased rewrite of Chapter 246-840 WAC to meet the requirements of RCW 43.70.041 and to accurately update the chapter.
3. J21.02 – Interpretive Statements and Policy Statements procedure

Situation: Procedures are reviewed on a biennial basis. It is necessary to revise this procedure regarding format, WABON name change, and technical items to reflect current practice.

Background: The Board has authority to issue interpretive statements and policy statements. This procedure describes the process to adopt, review, and rescind interpretive statements or policy statements and establishes the Board process for compliance with Health Systems Quality Assurance (HSQA) review requirements, and the Office of the Code Reviser legal requirements.

Assessment: Changes in the procedure include changing “Commission” to “Board,” specifying RCW references, and changing from a five-year automatic rescission schedule to a six-year timeframe. During this time, the policy analyst may make a recommendation to rescind, develop/revise rules, or determine whether another type of communication is appropriate in place of the statement.

Recommendation: Consider approving revisions to J21.02 – Interpretive Statements and Policy Statements.

- V. **Executive Director Report – Alison Bradywood – DISCUSSION/ACTION. Continued.**
 - D. **Health Enforcement and Licensure Management System (HELMS) Update – Karl Hoehn**
 - E. **Aesthetics Interagency Taskforce – Alison Bradywood**
 - F. **State Auditor’s Office Licensing Performance Report – Alison Bradywood**

10:30 AM – 10:45 AM Break

VI. 10:45 AM – 11:30 AM – Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Ajay Mendoza, Chair

- 1. AP Compact Alternative

B. Consistent Standards of Practice – Ella Guilford, Chair

- 1. New Commonly Asked Questions

- a. Situation: One of the most complex nursing skills is delegation with Washington State statutes and regulations being multifaceted and difficult to understand.

- Background: Nursing statutes and rules provide requirements for nursing delegation to unlicensed assistive personnel (UAP), such as nursing assistants, home care aides, medical assistants, and surgical technicians, and non-credentialed individuals.

- Assessment: The Practice Team receives numerous questions about nurse delegation. The CAQs will help clarify requirements for nursing delegation and allow consistency in responses specific to blood glucose testing and insulin administration.

- Recommendation: Request approval of the two Commonly Asked Questions (CAQs)

- 1. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin for Treatment of Diabetes Mellitus to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C)
- 2. RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Public and Private Schools, Kindergarten-Twelfth (K-12) Grades

C. Discipline – Sharon Ness, Chair

- 1. Procedure Revisions

- a. A34.10 Early Remediation Program

- Situation: Procedure A34.10 adds discrimination to the list of practice deficiencies that may be eligible for early remediation. It also eliminates the language for employee monitoring (Board no longer requires monitoring in action plans) and distinguishes review by the nurse consultant instead of investigation.

- Background: Board staff and Discipline Subcommittee (DSC) regularly review procedures for updates to remain current with best practice standards and to reflect operational changes.

- Assessment: The DSC and Board approved adding discrimination to the list of categories above threshold for review at Case Management Team meetings to open for investigation and added discrimination to the list of potential practice deficiencies for Early Remediation cases. Eliminating employee monitoring from action plans and changing investigation to review aligns with best practice.

- Recommendation: The DSC recommends approving the revisions to A34.10 Early Remediation.

VI. Subcommittee Report – DISCUSSION/ACTION. Continued.

A. Discipline – Sharon Ness, Chair. Continued.

1. Procedure Revisions. Continued.

b. W30.02 Confidentiality, Records Management, and Security

Situation: Nurses in the WHPS monitoring program are required to interact with their case managers to ensure effective monitoring and compliance with their contract. Nurses represented by legal counsel does not prevent working directly with their case manager. Revisions to this procedure eliminate language that prohibits case managers from speaking to nurses when they are represented.

Background: Board staff and DSC recognize the need to remove barriers to effective communication and monitoring in the WHPS program.

Assessment: This procedure removes language prohibiting case managers from speaking with nurses on their caseload represented by legal counsel, updates language to address paperless environments, and confidentiality for virtual case staffing meetings.

Recommendation: DSC recommends approving updates to Procedure W30.02.

2. Discrimination policy statement language

Situation: A policy statement on discrimination, is needed to formalize disciplinary action. This statement is aligned with the WABON DEIB statement approved at the July 2024 business meeting.

Background: The Research Unit analyzed six months of complaint data, determining that some complaints closed as below threshold may have involved discrimination. The Board adopted procedural changes to address discrimination in the disciplinary process.

Assessment: The policy statement identifies discrimination as a violation of standard of care and is considered unprofessional conduct, DOH and WMC have similar statements. WABON commits to identifying potential discriminatory acts in the delivery of healthcare through careful screening of reports at complaint intake and throughout the disciplinary process, taking appropriate action based on the severity of the conduct when appropriate.

Recommendation: DSC recommends approval of the policy statement on discrimination, subsequent filing with the Code Reviser’s Office, and inclusion on the WABON website.

D. Licensing – Dawn Morrell, Chair

1. Review Canadian English Language Benchmark Assessment for Nurses (CELBAN)

2. Review International Education Evaluations, LLC (IEE)

Situation: WABON approves education evaluation companies and English proficiency examinations used to meet nurse licensing requirements in Washington.

Background: WABON was requested to review CELBAN and determine if this evaluation company is equivalent to WABON approved evaluation companies. IEE requested WABON’s evaluation and consideration for approval.

Assessment: Both companies were presented to NPAP for review.

Recommendation: NPAP recommended approval of both companies.

E. Research – Maikia Moua, Chair

1. Student Engagement; introductions of Fall/Winter students.

VI. Subcommittee Report – DISCUSSION/ACTION. Continued.

F. Education – Kimberly Tucker, Chair

1. NCLEX Attempts

Situation: Limiting NCLEX attempts in context of Operation Nightingale may limit applicants without appropriate educational backgrounds.

Background: In 2007, WABON WAC 246-840-070 reflected NCLEX limits to three attempts over two years. This was eliminated as an unnecessary barrier prior to concern for fraudulent nursing programs.

Assessment: NCSBN data shows significantly different pass rates for those attending known Nightingale programs.

Recommendation: Consider limiting NCLEX attempts with remediation for those that exceed this limit.

VII. 11:30 AM – 11:45 AM – 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.

11:45 AM – 1:00 PM – Lunch

VIII. 12:00 PM – 1:00 PM – Education Session – The Collaborative Compass: Guiding IV Hydration Regulation for Improved Patient Outcomes in Mississippi, Phyllis Johnson, DNP-RN, FNP-BC, Executive Director, Mississippi Board of Nursing

The focus is what Mississippi has done on exploring how collaborative efforts can serve as a compass to navigate and enhance IV hydration practices, ultimately leading to improved patient outcomes.

IX. 1:00 PM – 1:40 PM – Legislative Update – Anthony Partridge

A. Legislative Priorities One-Pager

B. Nursing Assistant Request Legislation – Confirmation to Submit

Situation: Final financial review prior to Nursing Assistant (NA) agency request legislation proposal submission for the 2025 legislative session.

Background: NAs are currently regulated by two different agencies, WABON and the Department of Health (DOH), leading to inefficiencies and inconsistencies in oversight. In May 2024, the board approved the development of a request legislation proposal to consolidate NA regulatory authority under WABON.

Assessment: Consolidating regulatory authority would transfer disciplinary and credentialing functions for NAs from DOH to WABON, create two new Nursing Assistant–Certified board member roles, and convert an existing LPN board member with an LPN or RN NA educator board member.

Recommendation: Consider approving the final request legislation proposal for submission.

X. 1:40 PM – 2:15 PM - Education, DISCUSSION/ACTION

A. Nursing Education – Gerianne Babbo

1. SB 5582 – 1:2 Simulation, and Nurse Administrator Qualifications for BSN Programs
2. NCLEX Conference Report

X. Education, DISCUSSION/ACTION. Continued.

B. Nursing Assistant – Reuben Argel, Christine Tran

1. Strategic Plan Updates
2. SB 5582 – Rural Hospital and High School Nursing Assistant Partnership
3. Skills Testing Pilot Updates

XI. 2:15 PM – 2:30 PM - Board Pay Summary: July 1, 2023 – June 30, 2024 - Bethany Mauden – DISCUSSION

2:30 PM – 2:45 PM – Break

XII. 2:45 PM – 3:45 PM – Executive Session

Executive Session is closed to the public. The board will be convening under RCW 42.30.110(i).

XIII. 3:45 PM – 4:00 PM – WCN Contract - Dawn Morrell - DISCUSSION/ACTION

A. WCN Contract Expiration Next Steps

XIV. Meeting Evaluation

XV. Closing



**Board of Nursing
Business Meeting Minutes**

July 12, 2024
8:30 AM - 5:00 PM

This meeting was held in person at **Labor and Industries**, located at [7273 Linderson Way SW, Tumwater, WA 98501](https://www.wa.gov/locations/7273-Linderson-Way-SW-Tumwater-WA-98501) in room S121 (Auditorium) and via zoom.

If you would like to request a copy of this recording, please visit the DOH Public Records Portal at <https://doh.wa.gov/about-us/public-records>.

Commission Members:

Adam Canary, LPN, Interim Chair
 Quiana Daniels, BS, RN, LPN, Interim, Incoming Vice Chair
 Kimberly Tucker PhD, RN, CNE, Interim Secretary/Treasurer
 Jacob Garcia, MBA, MSN, RN, PCCN
 Ella B. Guilford, MSN, M.Ed., BSN, RN
 Heleena Hufnagel, BS, MBA-HCA, Public Member
 Ajay Mendoza, CNM
 Dawn Morrell, RN, BSN, Incoming Chair
 MaiKia Moua, RN, BSN, MPH, Incoming Secretary/Treasurer
 Sharon Ness, RN
 Norma Perez, M.Ed., Public Member

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

Staff:

Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director
 Chris Archuleta, Director, Operations and Finance
 Reuben Argel, MBA, BSN, RN, Director, Nursing Assistant Education
 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
 Karl Hoehn, JD, FRE, Assistant Director, Discipline and Legal
 Grant Hulteen, Assistant Director, Discipline, Investigations & WHPS
 Anthony Partridge, MPPA, Assistant Director of Regulatory Affairs
 Catherine Woodard, Director, Discipline and WHPS

I. 8:30 AM Opening – Adam Canary, Interim Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

B. New officers take their seats.

1. Dawn Morrell, Chair
2. Quiana Daniels, Vice Chair
3. Maikia Moua, Secretary/Treasurer

C. Order of the Agenda

D. Land Acknowledgement – Ella Guilford

E. Announcements

Dr. Bradywood presented WABON updates.

Welcome to new pro tems and staff:

- New pro tem members
 - Bliss Ali
 - Mimi Alvarez
 - Kelli Camp
 - Cheri Osler
 - Teri Woo
- New staff
 - Heather Hamilton
 - Eunice Muriu
 - Brian Rapacz
 - Jayney Lee

HELMS changes

- Thanks to Teresa Corrado for her work on HELMS, Amber Bielaski and Alicia Payne will be taking the helm on this work.

Special congrats – Quiana Daniels for being a volunteer coach for Seattle Storm.

III. Consent Agenda – DISCUSSION/ACTION

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

Motion: Ms. Daniels moved, with a second from Ms. Guilford, to approve the consent agenda. The motion passed.

A. Approval of Minutes

1. WABON Business Meeting
 - a. May 10, 2024
2. Advanced Practice Subcommittee
 - a. April 17, 2024
 - b. May 2024 – No Meeting
 - c. June 2024 – No Meeting
3. Discipline Subcommittee
 - a. February 20, 2024
4. Consistent Standards of Practice Subcommittee
 - a. April 2, 2024

III. Consent Agenda – DISCUSSION/ACTION. Continued.

5. Licensing Subcommittee
 - a. April 16, 2024
 - b. May 2024 – No Meeting
6. Research Subcommittee
 - a. April 15, 2024
 - b. May 2024 – No Meeting
 - c. June 2024 – No Meeting
7. Education Subcommittee – No Meeting

B. Letter from NCSBN President Jay Douglas

C. Performance Measures

1. Investigations
2. Legal
3. Washington Health Professional Services (WHPS)
4. Nursing Program Approval Panel (NPAP)

D. Licensing Report to the Governor’s Office

E. Washington Center for Nursing/WABON monthly meetings

1. April 22, 2024 – WCN/DOH/WABON Quarterly Meeting
2. May – No Meeting
3. June 13, 2024

F. Out-of-state travel reports

1. NCSBN IT/Operations Conference (Salt Lake City) – Shad Bell
2. National Workforce Forum (San Diego) – Lohitvenkatesh Oswal

G. Joint Operating Agreement Annual Review

H. Procedure Revision (*name change and formatting only – non-substantive*)

1. R03.02 – Facilitation of Data Access

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. May 2, 2024
2. May 16, 2024
3. May 30, 2024
4. June 6, 2024
5. June 20, 2024
6. July 8, 2024

B. Nursing Assistant Program Approval Panel (NAPAP)

1. May 13, 2024
2. June 10, 2024

V. Chair Report – Dawn Morrell – DISCUSSION/ACTION

A. Nominations Committee Recognition – Gene Pingle

Gene Pingle introduced new investigator – Laurie McCully

B. NCSBN Annual Meeting – August 28 – 30, 2024

1. ICNLCA Commission – August 27, 2024
2. The Chair and Executive Director attend as delegates.
3. Board of Directors recommendations

C. Subcommittee chairs and membership

D. Schedule of WABON meetings and locations

The board discussed meeting dates and locations for the upcoming year.

- November 7, 8, 2024 – Tumwater, Washington
- January 10, 2025 – Virtual
- March 14, 2025 – Eastern Washington
- May 9, 2025 – Virtual
- July 10 & 11, 2025 – Tumwater, Washington
- September 12, 2025 - Tumwater, Washington
- November 14, 2025 - Virtual

MOTION: Ms. Daniels moved to accept the schedule of WABON Meetings and Locations with a second from Mr. Mendoza. The motion passed.

E. Land Acknowledgement Assignments

The board volunteered for upcoming dates for presenting the land acknowledgements for September 2024 to March 2025.

- September 13, 2024 – Ajay Mendoza
- November 7 & 8, 2024 – Jacob Garcia
- January 10, 2025 – Quiana Daniels
- March 14, 2025 – Dawn Morrell

The board will revisit the schedule for the rest of the year at an upcoming meeting once new board members have been seated.

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

A. Budget Report – Maikia Moua, Chris Archuleta

Mr. Archuleta reported WABON predicted a conversion rate of 50% of eligible single state license holders to upgrade to the MSL each month. Since full implementation, the conversion rate has been closer to 12%. WABON is actively promoting the benefits of the MSL in hopes of increasing the conversion rates. There will be one final HELMS payment due in June 2024 that will endanger WABON to operate with a negative fund balance but it appears that WABON will continue to have a positive balance. Continued close accounting of expenses and generation of additional revenue from additional MSLs will support this trajectory.

VI. Executive Director Report – Alison Bradywood. Continued.

B. Strategic Plan Update

1. Bill Implementation – NLC Taskforce – Amber Bielaski
Ms. Bielaski reported the taskforce has been disbanded post full implementation. Continued analysis of multistate licensees will look at new graduates and may be predictive of a slow, yet continued uptake in the MSL option.
2. Data-Driven Practice – Debbie Carlson
Ms. Carlson gave a brief update on the progress of data-driven practice and the implementation planning for the practice inquiry form project.
3. Diversity, Equity, Inclusion, & Belonging (DEI-B) – Anthony Partridge
Mr. Partridge presented an organizational DEI-B commitment statement which underscores WABON’s commitment to fair and unbiased regulatory practices and provides visibility of progress.

MOTION: Mr. Garcia moved, with a second from Mr. Mendoza, to adopt the diversity, equity, inclusion, and belonging commitment statement for the Washington State Board of Nursing. The motion passed.

4. Communications – Social Media Presence – No update

C. Rules Update – Jessilyn Dagum

1. Update on HSQA Expedited Rulemaking – Technical Correction to Fee Rule (WAC 246-840-990)

Ms. Dagum reported in January 2024, the Department of Health (department) in consultation with the Washington State Board of Nursing (board), adopted amendments to WAC 246-840-990 for the surcharge fee changes for the nursing center. It was discovered that the fee totals listed for retired active and inactive licenses in WAC 246-840-990 were incorrect and did not include the increased surcharge fee. The changes only correct a math error in the total lines. There is no change to the fees being charged as the surcharge collection was accurate. This expedited proposal is in accordance with RCW 34.05.533(1)(c) and corrects typographical errors.

2. Proposed Rule Language – ARNP Education Requirements for Licensure
Ms. Dagum presented the proposed rule language addresses the recommendation from JARRC and incorporates feedback from interested parties.

MOTION: Mr. Mendoza moved, with a second from Ms. Moua, to approve the proposed amendments to WAC 246-840-010, 340, and 342 regarding ARNP education requirements for licensure and move forward with the filing of a CR-102. The motion passed.

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

Mr. Hoehn reported on the progress in the implementation of the HELM system. HELMS lite went into effect in April. Credentialing is planned to start in December 2024, and enforcement in September 2025. A budget gap of \$13.5M remains, and HELMS has suggested actions to close the budget gap including requesting funding from the State of Washington.

E. Electronic Signatures & Photo Release – Shad Bell

Mr. Bell presented the electronic signature and photo release forms; the photo release form was new this year and related to the new website and social media. Both forms were requested to be completed by the board and sent to Ms. Mauden.

VII. Legislative Affairs – Anthony Partridge - DISCUSSION/ACTION

A. 2025 Legislative Priorities

Mr. Partridge presented the recommended legislative priorities for 2025.

Continue to support initiatives from 2024

1. Fund financial aid to support nurse substance use treatment (HB 1255).
2. Invest in simulation professional development for nursing faculty.
3. Fund nursing faculty salaries.
4. Quantify Long-Term Care staffing needs.
5. Enhance the nursing workforce.

New initiatives for 2025.

1. Assume regulatory authority of Nursing Assistants.
2. Support ARNP pay parity.

MOTION: Mr. Canary moved, with a second from Ms. Daniels, to adopt the proposed 2025 legislative priorities for the Washington State Board of Nursing. The motion passed.

B. Bill Implementation

1. **HB 1255 (2023):** 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 presented an update on bill implementation. WABON began accepting applications for the stipend on July 1, 2024, the applications are currently being reviewed. WABON is requesting additional funding to support the program.

2. **SB 6286 (2024):** Addressing the anesthesia workforce shortage by reducing barriers and expanding educational opportunities to increase the supply of certified registered nurse anesthetists in Washington.

Mr. Partridge reported WABON's website now reflects the CRNA preceptor grant and collaboration is starting with the Medical Commission for rulemaking, and with the Center for Health Workforce Studies for the workforce study.

3. **HB 2416 (2024):** APRN Title Change.

Mr. Partridge reported the effective date is June 2027, the communications team has developed a communication plan.

C. Nursing Assistant Request Legislation

1. **Board Composition**

Mr. Partridge presented three options for the board to include the representation of Nursing Assistants. Nursing Assistants are not currently represented on the board and direct representation of the profession may be desired. Additionally, the current number of board members may not be sufficient to oversee the expanded regulatory responsibility which is expected to significantly increase workload and complexity of regulatory tasks.

Voting:

Option 1 – maintain current board composition. – no votes.

Option 2 – replace an existing current vacant LPN position with a Nursing Assistant. – no votes.

Option 3 – Add two board member positions and replace existing current vacant LPN position with an educator of Nursing Assistants either LPN, or RN. – unanimous votes.

MOTION: Mr. Canary moved, with a second from Ms. Guilford, to approve option three which is to add two additional board member positions for Nursing Assistant and replace existing vacant LPN position with a NAC educator either RN or LPN. The motion passed.

VII. Legislative Affairs – Anthony Partridge. Continued.

2. **Implementation Date**

Mr. Partridge presented a proposal regarding implementation of the Nursing Assistant effective date refers to the date of a law officially taking effect and becoming enforceable. Specification of a future date allows time for preparation, transition, or compliance with new requirements. Implementation after July 1, 2026, would reduce the risk of additional HELMS costs or impacting HELMS implementation, and presents a reasonable timeline for comprehensive operational implementation.

MOTION: Mr. Canary moved, with a second from Mr. Mendoza, to approve an implementation date of July 1, 2026, for the Nursing Assistant request legislation proposal. The motion passed.

3. **RCW 18.88A.087(3) Annual Reporting Requirement**

Mr. Partridge presented the annual Home Care Aide and Medical Assistant bridge report. This annual reporting requirement does not address key areas of nursing assistant training and licensure.

MOTION: Mr. Canary moved, with a second from Ms. Ness, to approve striking the annual reporting requirement in RCW 18.88A.087(3) from the Nursing Assistant request legislation proposal.

D. Nursing Assistant Federal Changes Proposal

Dr. Bradywood presented that WABON, in partnership with WHCA and Leading Age, shared talking points related to nursing assistant workforce challenges and OBRA regulations with NCSBN.

MOTION: Ms. Moua moved, with a second by Ms. Daniels, to support further education of congressional delegates and national organizations, and future participation in forums that may address federal regulation related to nursing assistant training and retention in the workforce. The motion passed.

VIII. Education Session – Professional Boundaries – Margaret Holm, JD, RN, WABON Nurse Consultant

Margaret Holm presented on the importance and role of professional boundaries in nursing and discuss the ethical aspects of these boundaries.

IX. Public Comment

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

Rosalia Watson, NAC Director – asked for clarification on the legislation regarding the stipend for preceptors.

Karla Jackson Anderson – online comment - I would like to express my dismay at the adjustment to the agenda, because as a nurse delegator, I joined just to hear the agenda item about nurse delegation (& possibly comment) & missed it because the published agenda was not followed.

X. Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice –Ajay Mendoza, Chair – No Report

B. Consistent Standards of Practice – Ella Guilford, Chair

Ms. Carlson presented several commonly asked questions developed by the practice team regarding nursing delegation which will help clarify requirements for nursing delegation and allow consistency in responses.

MOTION: Ms. Guilford moved, with a second by the Consistent Standards of Practice Subcommittee, to approve the Nurse Delegation Commonly Asked Questions. The motion passed.

C. Discipline – Sharon Ness, Chair

1. Safe to Practice Procedure

Ms. Ness presented Procedure A40.03 addresses concerns of ‘safe to practice’ issues including impairment from medications, refusing overtime assignments when feeling unsafe, practicing with a positive THC drug test, or practicing with an acute or chronic condition. The Discipline Subcommittee supports addressing ‘safe to practice’ issues via policy, not procedural decision. The Practice Unit is prepared to develop messaging for the WABON website, and/or a policy statement for ‘safe to practice’.

MOTION: Ms. Ness moved, with a second from the Discipline Subcommittee, to rescind Procedure A40.03 Safe to Practice Policy. The motion passed.

2. Substance Use Disorder Review Panel (SUDRP) Stipend Program Review

Ms. Ness presented Procedure A57.02 addresses the topics that the SUDRP analyses at weekly meetings. SUDRP is responsible for reviewing applications for stipend funds according to established criteria.

MOTION: Ms. Ness moved, with a second from the Discipline Subcommittee, to adopt revisions to A57.02 Substance Use Disorder Review Panel. The motion passed.

3. Washington Health Professional Services (WHPS) Mentorship Program

Ms. Ness presented the WHPS mentorship program allowing nurses who have successfully completed the program to mentor new nurses.

The mentorship program’s purpose is to build understanding of WHPS for nurses entering contracts, and to increase compliance.

MOTION: Ms. Ness moved, with a second from the Discipline Subcommittee, to approve the WHPS Mentorship Program. The motion passed

D. Licensing – Dawn Morrell, Chair

1. RCW 18.130.077 (SSHB 1724) Implementation – Sierra McWilliams

Ms. McWilliams presented the Licensing Subcommittee reviewed changes to RCW 18.130.077 to determine impacts to WABON licensure requirements.

The Licensing Subcommittee does not believe that there are other states that are “substantially equivalent” in requirements.

MOTION: Mr. Garcia moved, with a second from the Licensing Subcommittee, that after reviewing RCW 18.130.077, the Washington State Board of Nursing (WABON) does not waive education, training, experience, or exam requirements for applicants who have achieved a national certification for the profession. WABON determines that no other state is substantially equivalent, and therefore should continue with the current licensing requirements for all applications. The motion passed.

E. Research – Maikia Moua, Chair – No Report

F. Education – Kimberly Tucker, Chair – No Report

XI. Education – Gerianne Babbo, Reuben Argel, Christine Tran - DISCUSSION/ACTION

A. Nursing Education

1. Preceptorship Grant Update

Dr. Babbo presented a preceptor grant update and reported for fiscal year 2023-2024 there were 2137 submissions an increase from 1269 from the previous year which is an increase of 68.4%. A detailed report is due to the Governor’s office next year.

2. Senate Bill 5582 1:2 Simulation Rule Update

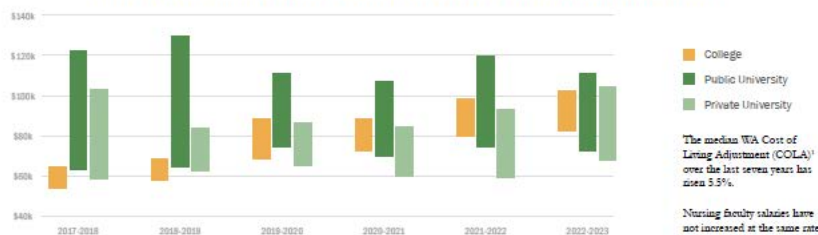
Dr. Babbo reported the simulation rule filing CR 102 is in progress, with rule hearing expected in August.

3. 2025 Legislative Priorities - Faculty Salaries Summary

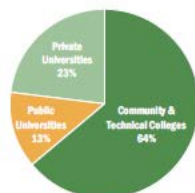
Dr. Babbo presented a one-page summary on faculty salaries and faculty vacancies.



2022-23 Average Highest and Lowest 9-Month Salaries for Full-Time Faculty Salary by College



2022-23 Pre-Licensure Graduates by College Type



Average 2023 Clinical Nurse Wages vs Nursing Faculty Wages in Washington² compared to California³

	Washington	California**	United States ¹
Average 2023 Annual Wage (all professions)	\$84,167	\$89,472	\$77,483
Nurse Faculty	\$81,940	\$108,153	\$86,530
Average RN Wage	\$101,670 Faculty is 24% less	\$137,890 Faculty is 27% less	\$94,480 Faculty is 8.5% less
Average NP Wage	\$135,590 Faculty is 65% less	\$161,540 Faculty is 49% less	\$126,490 Faculty is 33% less

NOTE: Washington Faculty roles require a master's degree or higher while the average RN wage may reflect an ADN, BSN, or higher.
** California comparison serves to illustrate a similarly high nursing wage, high cost of living environment.

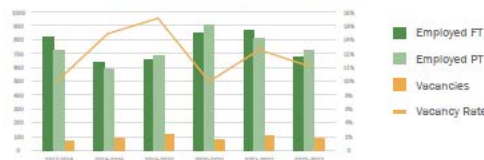
2023 WA Faculty Vacancies

NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs recommend:

- Consistent, full-time faculty (at least 35% of the total faculty (including all clinical adjunct, part-time, or other faculty) are employed at the institution.
- Linked to higher NCLEX pass rates, nursing program approval.
- Faculty must hold a graduate degree to teach in RN programs, with specific exemptions allowed.
- High faculty turnover and inability to recruit qualified faculty linked to poor NCLEX performance in students.

National Nursing Faculty Vacancy Rate: 7.8%
(79.8% of these were faculty positions requiring or preferring a doctoral degree)
Washington Pre-licensure Vacancy Rate: 11%⁴
Washington Post-licensure Vacancy Rate: 15%⁴

WA Faculty Vacancy Rate 2017-2023



Faculty Retention

Academic Year	Percent Expected to Retire in 5 Years	Percent Resigned
2022-2023	19.5	5.8

*One-third of current US nursing faculty workforce in baccalaureate and graduate programs are expected to retire by 2025⁵
⁴Nursing Faculty Shortage Fact Sheet, AACN 2024
⁵AACN 2024

¹Washington Law Center, 2023-2024 Washington State Cost of Living Adjustment (COLA)
²WA Employment Security Department, 2023 Occupational Employment and Wage Estimates
³U.S. Bureau of Labor Statistics, 2023 Occupational Employment and Wage Estimates
⁴Washington Center for Nursing, 2024 Nursing Faculty Shortage Fact Sheet
⁵American Association of Colleges of Nursing, 2024 Nursing Faculty Shortage Fact Sheet

4. Nursing Faculty Education Rule In-Services

Dr. Babbo reported they are developing education rules in-services for nursing faculty for preparation site visits.

5. Program Approval In-Services

Dr. Babbo reported there were five sessions since March 2024 with 95 total participants and 32 colleges represented.

B. Nursing Assistant

1. Strategic Plan Update

Mr. Argel reported on Nursing Assistant standardization efforts for the NAC exam, working in collaboration with the National Council and introduced Eunice Muriu a new Nurse Consultant in rural hospital/high school training program.

XI. Education – Gerianne Babbo, Reuben Argel, Christine Tran. Continued.

B. Nursing Assistant. Continued.

2. Skills Testing

Mr. Argel reported on the skill testing process and positive pass rates. The team has evaluated the skills exam as a part of the requirement for program completion (instead of the skills exam process occurring after graduation) which is allowable under rule.

MOTION: Ms. Hufnagel moved, with a second from Dr. Tucker, to approve the placement of the nursing assistant skills exam prior to graduation from the approved education program. The motion passed.

XII. Board Resources & Training – Bethany Mauden, Josh Smoots, Lohitvenkatesh Oswal – DISCUSSION/ACTION

A. Board Pay Training

Ms. Mauden presented board pay instructions, tips and tricks.

B. Travel Reimbursement (TEMS)

Ms. Mauden presented TEMS travel rules and provided instructions on the TEMS reimbursement process.

C. Board Hours Assessment

Ms. Mauden and Mr. Smoots presented the finding of the Board Hours Assessment.

Recommendations

- Refining expectations
 - Update job descriptions on website and SharePoint
- SharePoint for Board Members – in the works!
- Orientation Modules – in the works!
 - Mini orientation modules
- Explore Board meeting software
- Improved meeting materials
 - Simplified packets
 - Better bookmarking
- Improved communication between Board members and leadership
- Clearer timelines, especially regarding due dates
- Review composition of Board for broader representation
- Create mentorship program
 - Training and expectations for mentors
 - List of available mentors and their specialties
 - Planned mentor-mentee activities
 - Board Member to Board Member & Pro Tem to Pro Tem

D. SharePoint

Mr. Smoots presented an overview of the new SharePoint Board Member pages and will reach out to each Board Member to schedule time to review individual pages.

XIII. Meeting Evaluation

1. Did the length of the packet meet your needs?
Strongly Agree 3/8 (37.5%)
Agree 5/8 (62.5%)
Neither Agree or Disagree 0/8 (0%)
Disagree 0/8 (10%)
Strongly Disagree 0/8 (0%)
2. Was the information and SBAR in the packet helpful?
Strongly Agree 7/8 (87.5%)
Agree 1/8 (12.5%)
Neither Agree or Disagree 0/8 (0%)
Disagree 1/8 (10%)
Strongly Disagree 0/8 (0%)
3. Did you feel like your voice was heard?
Strongly Agree 5/8 (62.5%)
Agree 3/8 (37.5%)
Neither Agree or Disagree 0/8 (0%)
Disagree 0/8 (10%)
Strongly Disagree 0/8 (0%)
4. The meeting content was relevant to the Strategic Plan and to the Board?
Strongly Agree 5/8 (62.5%)
Agree 3/8 (37.5%)
Neither Agree or Disagree 1/8 (10%)
Disagree 0/8 (0%)
Strongly Disagree 0/8 (0%)
5. Comments
 - Kim Tucker - Good meeting. Appreciated the lunch education session.
 - Norma Perez - I am excited to start using the new SharePoint site to access materials. Kudos to Bethany & Josh on sharing very useful information to the Board.
 - Sharon Ness - My only concern is being able to hear when we are in in person meetings. Virtual meetings are fine I would also like to give a thank you for the time and energy spent to make our jobs more efficient.
 - Heleena Hufnagel - Excellent presentations and relevant topics for discussion, thank you all.
 - Jacob Garcia - Great meeting had a lot of good discussion regarding issues and the future of the Board of directors!
 - Ella Guilford - Excellent information. All relevant information present prior to meeting. Thank you!
 - Ajay Mendoza - Thank you for a great business meeting

XIV. Closing 3:01pm



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Minutes
July 17, 2024**

Subcommittee Members Present:	Ajay Mendoza, CNM, Interim Chair Bliss Ali, RN, MN, ARNP, CNM, MPH Wendy E. Murchie, DNP, CPNP-AC Aaron Eastman, DNP, CRNA, ARNP Kelli Camp, MSN, CRNA, ARNP
Absent:	Bianca Reis, DNP, MBA, ARNP, PMHNP-BC Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN Molly Dutton, MS, MN, ARNP-BC Cyd Marckmann, DNP, ARNP
Staff Present:	Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research Lohitvenkatesh Oswal, Research Assistant Heather Hamilton, Research Assistant

**I. 7:00 PM Opening – Ajay Mendoza, Interim-Chair
Call to Order**

- Ajay Mendoza 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
 - Heather Hamilton shared announcements on the APRN rule language update, the Advance Practice subcommittee work plan item updates, and the Paid Family Medical Leave Requests notice provided in the packet.
- Review of Advanced Practice Draft Minutes: April 17, 2024
 - Reviewed, with consensus to bring to the September 13, 2024 WABON business meeting for approval.

III. Old Business

- AP Compact Updates
 - AJ Mendoza gave an update on the AP Compact.

IV. New Business

- New Opioid Dosing law
 - AJ Mendoza reviewed the Washington Medical Commission updates on the new opioid dosing law and the subcommittee discussed it.
- CNS Position Statement on APRN Compact (Jaclyn Wiggins)
 - Jaclyn Wiggins shared her Development of a CNS Position Statement on the APRN Compact PowerPoint presentation and answered questions from the subcommittee.

V. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
 - Nancy Lawton noted that UW is not holding their Advanced Practice conference this year; ARNPs United is holding an Advanced Practice conference and invited subcommittee members. She noted she is looking for CNM organizations in Washington to contact.
 - Louise Kaplan commented on the opioid update and provided feedback that there is a need for consensus on which dose calculator should be used.
- Date of Next Meeting – August 21, 2024
- Adjournment – The meeting adjourned at 7:37pm

DRAFT



**Washington State Board of Nursing
Discipline Subcommittee **MINUTES**
June 18, 2024
3:30 pm to 5:30 pm**

Committee Members Present: Sharon Ness, RN, Chair
Dawn Morrell, BSN, RN
Quiana Daniels, GCertHealthSc, BS, RN, LPN
Tiffany Randich, RN, Pro-Tem
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP, Pro-Tem
Molly Altman, PhD, CNM, MPH, FACNM, Pro-Tem

Staff Present: Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, JD, Assistant Director, Discipline - Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS
Rena Powell, Case Manager
Barb Elsner, HSC
Holly Palmer, HSC
Margaret Holm, JD, RN, ad hoc
Heidi Collins, Case Manager
Lori Linenberger, Case Manager

1. **3:30 pm opening – Sharon**
 - a. Call to order – Digital recording announcement – *Sharon read*
 - b. Roll call of board members and staff - *performed*

2. **February 20, 2024 Minutes – Sharon**
 - a. In draft format until WABON approves at the July 2024 business meeting – *approved to move forward for final approval*

3. **Performance measures – June 2023-May 2024 – Catherine, Grant, Karl**
 - o *This is the first meeting where we’re presenting the rolling trend charts instead of the double monthly charts like we did before.*
 - o *As we go through these charts, I’d like you to think about anything else you’d like to see. I will point out the metrics we have reported on in the past and you can tell us what, if any of that information you’d like to continue to see.*
 - a. Investigations – *Catherine provided highlights of the three trend charts.*
 - o *Previously reported average caseload per investigator, total investigations completed, number completed per investigator, number of cases open beyond timelines, and number of task backs assigned.*
 - o *Dawn – would like to include additional data (action item)*
 - b. Legal – *Karl provided highlights of the three trend charts.*
 - o *Previously reported average number of cases finalized per staff attorney; document drafting time; and work type complexity, which includes number of ARNP cases, cases finalized with a legal review only, by default or final order after hearing, or by STID, AO, or APUC.*
 - o *Sharon – would like to include additional data (action item), at least the Legal Case Closures graph*
 - o *Dawn – would like to include ARNP case information*
 - c. WHPS – *Grant provided highlights of the two WHPS and one SUDRP trend charts.*
 - o *Previously reported numbers of out-of-state nurses in monitoring; caseloads per case manager; numbers of nurses employed; specific reasons for non-compliance.*
 - o *Would like to see additional stats: Percentage of successful completions; out of state nurses in monitoring, caseloads per CM, number of employed nurses, generic non-compliance reasons (action item)*
 - d. SUDRP
 - o *Previously reported reasons for SUDRP referrals and outcomes of the referrals.*
 - o **Action item: add trend line for average cases reviewed**

4. **Bill Implementation and Rules Updates – Catherine, Karl, Grant**
 - a. RCW 18.79.440 (SHB 1255) WHPS Stigma and Stipend program
 - o *Adena has been working with Ramneeta in IT and testing the ‘yes’ identifier on Provider Credential Search.*
 - o *IT has not been able to remove it yet. They think they have a solution.*
 - o *Adena continues to test scenarios with Ramneeta. IT has prioritized this work despite HELMS commitments.*
 - o *Stipend Program - Accepting applications beginning June 1. WHPS received the first application on June 12 and we’ll move this to the SUDRP agenda for June 20.*
 - o *We are prepared to submit the decision package for additional funding, which is \$900,000 for the next biennium. We are factoring in a modest growth rate, and*

we recognize if we're really successful, we may run out of money. Absent the decision package, we'll still have an ongoing fund allotment of \$25,000 per year.

5. Procedure Review – Catherine, Karl

- a. A40.03 Safe to Practice – Impaired Practice policy – Request to rescind
 - *This is an old procedure that, as we work our way through all the procedures to update them, we realize does not belong here. The topic of nurses not working while impaired is not our procedure, but rather belongs on our website under Practice. Debbie is going to add the information to their FAQs. I'm requesting the subcommittee to agree with our recommendation to rescind this procedure. With your approval, we will bring it to the full board on July 12th.*
 - *Approval to request to be rescinded at WABON business meeting in July – turn into a statement on the website.*
- b. A57.02 Substance Use Disorder Review Panel – update to include stipend financial assistance review
 - *This is a relatively new procedure. However, now that we're implementing the WHPS stigma/stipend program, we needed to add review of applications and determination of need to the list of SUDRP responsibilities. We also updated NCQAC to WABON.*
 - *Approval to move forward to WABON business meeting in July*

6. WHPS Updates – Grant

- a. Mental Health Monitoring
 - *The goal is to add a mental health monitoring component to WHPS. We envision this will include making resources available on our website and training the case managers to monitor mental health participants in the program. We cannot provide treatment, but we can monitor nurses for compliance who need treatment and anyone using medications for mental health disorders.*
 - *Approximately 70% of our participants in WHPS have a dual diagnosis of SUD and mental health disorder.*
 - *Reviewed the suicide prevention program from South Carolina. UW Veterinarians have a great program. Collecting information from AFSP (American Foundation for Suicide Prevention).*
 - *Working with WPHP (physician's program) as a resource for our program.*
- b. Medical Director – Daniel Roa, DNP, ARNP
 - *Daniel will begin June 17 and will overlap Dr Beck for two weeks. Dr Beck is retiring from the medical director position on June 30.*
 - *Daniel works as a practitioner in Clark County and is well educated in SUD and mental health disorders. Comes with a lot of history/education.*
- c. Mentor Program – Documents for Review – Grant reviewed
 - *The WHPS team desires to engage in a mentorship program for nurses who have successfully completed the program to mentor new nurses joining the program.*
 - *Heidi Collins and Lori Linenberger organized the structure of the program. SUDRP reviewed the program components, made some edits, and now it's ready for your review.*
 - *The mentorship program is developed for graduate nurses to assist new nurses in the program to gain traction and understanding of WHPS expectations, requirements, the online monitoring system (Recovery Trek), testing, and*

employment questions. It is intended to supplement the peer support group experience, to provide one-on-one support.

- *The mentorship program is not a sponsorship. Mentors and mentees will not be involved in any financial relationship. Mentors are volunteers and are not paid for their service.*
- *If at any time the mentor/mentee relationship becomes uncomfortable, either party can terminate it.*
- *Legal drafted the consent for release of confidential information and volunteer non-disclosure agreement.*
 - *Approval to move the documents forward for approval at WABON July Business Meeting. (Action Item)*

7. Joy in Practice Conference Update – Grant *(that's the correct title, not Joy in Nursing as the agenda showed)*

a. Date, time, location

- *The conference will be held on October 4, 2024, at the Labor and Industries building in Tumwater.*

b. Speakers

- *Donna Cardillo, “The Inspiration Nurse,” is the keynote speaker. Elevating nurses to live and work at their highest potential. Donna is a humorist and master motivator who is going to uplift, energize, and motivate everyone in the room!*
- *A panel discussion will feature Penny Tovar (pro tem), Qiana Daniels (board member and entrepreneur), and Jeremy Aaron (founder of ANDS Nurse Consulting). The planning committee is looking to add a couple more people to the panel.*
- *HeartMath will present in a breakout session. They have developed practical solutions for relieving stress and anxiety, improving health and wellness, enhancing spirituality, and improving individual performance.*
- *Melissa Fraser (WHPS case manager) will talk about the WHPS program, and two graduates (Allison Wood and Shayla Holcomb) will talk about their WHPS experience.*
- *The agenda is still in the planning stage; the planning committee is hoping to add at least one more speaker.*

8. Work plan – Sharon, Catherine – Catherine reviewed

9. Public comment – Sharon - No speakers

10. Anything for the good of the order? – All

- a. Sharon – would like to thank the staff for time and effort they put into their work.*

11. Adjournment – 4:40pm



Consistent Standards of Practice Sub-Committee
Meeting Minutes

Committee Members:	Ella Guilford, MSN, M.Ed., BSN, RN, Chair Quiana Daniels, BSN, RN, LPN, Member Heleena Hufnagel, MBA-HCA, BS, Member Tiffany Randich, RN, LPN, Pro Tem Diana Meyer, DNP, RN, NEA-BC, FAEN, Pro Tem
Staff:	Shana Johnny, DNP, RN, Nursing Practice Consultant Margaret Holm, JD, RN, Nursing Practice Consultant Marlin Galiano, MN, RN, Nursing Practice Consultant Seana Reichold, Staff Attorney Luis Cisneros, Staff Attorney Dennis Gunnarson, Administrative Assistant Deborah Carlson, MSN, RN, Nursing Practice Director Rebecca Nylin, MNc, RN

I. Opening:

Committee Chair Ella Guilford called the meeting to order at 12:03 p.m. Subcommittee members and staff were introduced. After introducing subcommittee members and staff, Ella Guilford read the Public Disclosure Statement.

II. Standing Agenda Items

A. Announcements/Hot Topics:

The CSPSC will use the consent agenda process for routine document revision items that do not require discussion or substantive changes. This process will help the subcommittee streamline action items into a single consensus for better efficiency.

We have grouped commonly asked questions (CAQ) revisions into one agenda item rather than going through each document separately; therefore, we will not discuss each item separately. We will allow public comment before the consent agenda items. Does anybody have any questions concerning this?

Deborah Carlson: We need to vote on the Consent Agenda.

Diana Meyer/Quiana Daniels/Affirmed

B. Public Comment:

Ella Bernita Guilford: Public comments?

Gail McGaffick: I want to acknowledge the authors for all their hard work. Kat and I were pleased to be able to be the editors.

C. Presentations/Webinars:

Ella Guilford: The Joy of Nursing Seminar is on October 2nd.

D. Draft Minutes:

Ella Guilford: Our next item is a review of the draft minutes.

Diana Meyer/Quiana Daniels/Affirmed

II. Old business

A. Informed Consent Resource Update -Shana

- Our current cosmetic advisory opinion (AO) needs to address issues that have surfaced with informed consent.
- WABON approved drafting an AO on informed consent in November 2023. We held public workshops, and in January more workshops were scheduled. However, after a thorough discussion and further research of the nursing regulations, we stopped working on creating a new informed consent advisory opinion because the nursing regulations do not directly address this topic.
- We are reworking the strategy for developing informed consent, including AOs and CAQs. A new cross-agency task force has been developed to discuss and strategize on umbrella topics that include informed consent, such as Aesthetics. We invite you to be part of this effort and recommend rescinding the informed consent AO.

Quiana Daniels: So, we're resending the informed consent. Is the task force looking at something along the lines of general training?

Deborah Carlson: They're probably going to have to be legislation. It's not just us. It's national. That's why they're doing an Inter-Agency Task Force.

Diana Meyer: This is a great opportunity to make it solid, at least for the State of Washington. The nurses that are performing these procedures that require informed consent are the ones responsible for the informed consent.

Deborah Carlson: Some are saying that the person that's performing that procedure should be the one that is getting the informed consent. Verbal, too. I wouldn't doubt there'd be something around education or training.

Ella Bernita Guilford: We used to just make sure the physician had talked with the patient, and we got the signature, and they would sign before they did the procedures.

Gail McGaffick: I'm very interested in tracking the work of the interagency task force. How do you see that folks like us could be involved or stay informed on what's going on?

Deborah Carlson: I can let Alison know that you're you have an interest. Right now, it's just a discussion internally with the Medical and Pharmacy Commission to figure out what to do, but I'm sure there'll be something public.

Quiana Daniels / Diana Meyer / Affirmed

B. CAQ Drafts – Debbie

Ella Bernita Guilford: We want to pull #4 and# 5 from the consent agenda to the regular agenda for discussion. Does anybody have any questions or concerns about us moving this to the agenda? Can I have a motion to move these two documents to the consent agenda?

Diana / Quiana / Affirmed

Ella Bernita Guilford: Let's have a motion to move the other 13 documents to the WABON meeting.

Diana / Quiana / Affirmed

IV. New Business:

A. Advisory Opinion Drafts

AO 14.01 and the revision (14.02). Delegation of glucose monitoring to nursing assistance (NA) and healthcare aids (HCAs) in the community-based setting and its revision - Debbie

- In 2019, the Department of Social and Health Services (DSHS) asked the BON to write an advisory opinion (AO). Then the law came out, so we wrote this. DSHS wanted to make sure that delegating insulin was okay, and the BON said yes.
- With the change in the new blood glucose (BG) law and the AO being five years old, we have initiated the process of updating it. The revised AO will specify that BG tests can only be conducted in community-based home settings. Our legal team is currently reviewing the update, which will address the delegation in the community and the supervision of BG tests. The new rule is expected to be in effect by **July 1**.

Diana Meyer: I'm not the expert so maybe we should defer to it our legal experts here with us, but I still don't see that this changes the intent, so it didn't need to be pulled from the consent agenda, especially since that information came in late.

Deborah Carlson: We do get the question about weight loss and those getting insulin for some kind of adrenal disease. We should also consider location. It goes with an AO I discussed, so we should send them all simultaneously. We should hold back on any of the questions about non-insulin until we can get that clarified.

Diana Meyer: You did such a great job describing the different levels of supervision in one of the CAQs. And then in other documents, we simply say, there needs to be supervision. So, I think we need to identify what level of supervision is needed when we say there needs to be supervision.

Quiana Daniels: It's great for the nurse delegator, but also the person who's receiving delegation. They need to know what their role is in the process.

Janet Wakefield DSHS: I am asked "Can we delegate this?" All the time. The latest issue is the insulin pump and the level of supervision.

Deborah Carlson: Sometimes they're even done with Telemedicine.

B. Quality Improvement/CSPSC Prioritization Matrix Update – Shana

We are prioritizing tasks and activities for CSPSC. The prioritization matrix is in its final testing phase. We are consulting with Diana Meyer. For the next steps, there will be a small workgroup meeting to further test this tool.

V. Public Comment Ella Guilford opened the floor for additional comments.

VI. Ending Items

- Move the draft minutes to WABON for review,
- Rescind BON approval for the informed consent AO and postpone the development of the Informed Consent CAQs,
- Move the consent agenda CAQs to the BON meeting for review,
- Bring the AO14.02—Delegation of BG testing, monitoring, and insulin injection back to the August CSPSC meeting.
- Ella Bernita Guilford: Our next meeting date, **August 6th, 2024.**

Adjournment 12:47 PM



WASHINGTON STATE BOARD OF NURSING

Licensing Subcommittee Minutes

June 18, 2024 1: 00 pm to 2: 00 pm

- Committee Members:** Dawn Morrell, BSN, RN, Chair
 Adam Canary, LPN
 Helen Myrick, Public Member
 Yvonne Strader, RN, BSN, BSPA, MHA
 Jacob Garcia, MBA, MSN, RN, PCCN
- 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 records. The minutes of this meeting will be posted on our website after they have been approved at the **September 13, 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, RN Subcommittee Chair

- **Roll Call**
- **Call to Order** - Board Member Dawn Morrell, Board Member Helen Myrick, Board Member Jacob Garcia, Dr. Shana Johnny, Mr. Karl Hoehn, Ms. Miranda Bayne, Ms. Kathy Bay, Ms. Amber Zawislak-Bielaski, Ms. Lori Underwood.

II. Standing Agenda Items

- **Announcements/Hot Topic/WABON Business Meeting Updates** - Board Member Morrell asked the committee if there were any topics or announcements to be discussed. Board member Myrick said that the highlight to mention was that the Board unanimously passed the motion to accept the nursing assistant responsibility in full and take to the 2025 legislation session. She continued by adding that if all goes well, the goal will be to implement by December 2026.
- **Approve Minutes for April 23, 2024** - Board Member Garcia moved with a second from Board Member Myrick to approve the minutes for April 23, 2024.

III. Old Business

- **Nurse Licensure Compact Implementation Update** – Ms. Zawislak-Bielaski shared the most recent data along with providing an overview on the different pathways of obtaining a Washington state multistate license. She further explained that in the month of May, we received five hundred, forty-six multistate license upgrade/conversion applications. In the previous months, we received one hundred ninety-four in January, one thousand, nine hundred fifty-eight in February, which was our highest month, and eight hundred, sixty-two

in March. In April, we received five hundred, eighty-eight multistate license upgrade applications. She continued to share that the research team would be adding the number of individuals who fully completed the process to the dashboard on our website. Ms. Zawislak-Bielaski also shared that looking at the data, it reflects that we had about three thousand total that had fully complete the licensure process and now hold a Washington multistate license. She then asked if the committee had any questions. Board member Garcia inquired if we were still trying to look into the trend between how many nurses we have per month and seeing if they are the percentage transitioning to the multistate license. Ms. Zawislak-Bielaski responded that we are still looking into that data as we work with our IT team to gather data based upon renewal trends. Board member Myrick asked if we are meeting the predicted expectation of new graduates and if they are applying for the multistate license more than the single state license. Ms. Zawislak-Bielaski responded that we are still trying to figure that one out. It was a little more difficult to track just because with the conversions, it was very easy to pull our report on how many nurses applied for the conversion because we have them applying and using a tracking credential that is associated with their license. We are working with our IT team to capture the new graduates' applications as they will not have that tracking credential. Online, it looks like just a regular single state license. Board member Morrell inquired about the FBI fingerprint background check process with the multistate license and asked if it was a barrier for nurses applying for a multistate license. Ms. Zawislak-Bielaski explained the process and shared that in the process, if we are still waiting for the completion of the FBI background check, we would still be able to issue a Temporary Practice Permit to the multistate license applicants. Ms. Zawislak-Bielaski concluded by sharing that we continue to present to schools the benefits of having a Washington state multistate license.

- **HELMS Update** – Ms. Zawislak-Bielaski provided an update on the HELMS project and the implementation of HELMS LITE. She explained that this was basically the release of the application side of HELMS. It replaced the online application portal. Unfortunately, we did have our share of issues with the system as we would have with any new system release. She explained that we are working our way through the bugs. Ms. Zawislak-Bielaski shared that she participates in daily HELMS hyper-care meetings with a group from other areas where they discuss the issues reported and share the information with the IT team working with HELMS. Mr. Hoehn added that we are in a phase of the project that is intensely focused on the credentialing. He further shared that Ms. Zawislak-Bielaski, and her crew deserve a huge congratulations because the hyper-care period was originally supposed to only last two weeks, but we had lots of issues rise that affected our licensing unit. He also shared that the HELMS team is trying to determine factors about the proposed release in December of this year and maybe having to push the date back to February. The HELMS team is hoping to have all the licensing completed by December of this year, and then the entire system in working order by Fall of 2025. Board member Morrell asked Mr. Hoehn if he would provide some background to what the HELMS project is. Mr. Hoehn explained the purpose and background of HELMS.

IV. New Business

- **Governor's Weekly Report** – Ms. Underwood provided an update on the Governor's report. She shared that we were at an eight day turn around for processing applications. We can attribute some of this to the HELMS Lite issues we experienced. She shared examples of a few issues. Applicants were submitting their online application, and the application simply did not come through to us; it appeared in our system as a blank document. We had to reach out to IT and request they recreate the document. We were seeing files stuck at our intake desk. We received a lot of calls from frustrated applicants. Our customer service team worked as the middleman as we tried to assist both the applicants and provide details to our IT team on what the issues were so they could resolve it and allow applicants to successfully submit their application. We have been working on getting that number back down below seven days. She added that hopefully as HELMS issues get resolved, we will have less files sitting, and we'll be able to move files through the licensing process quickly.
- **SSHB 1724 - RCW 18.130.077 Licensure Requirements Waiver for Out-of-State and Nationally Certified Applicants** – Mr. Hoehn provided background on substitute House Bill 1724. In the 2023 legislative session, this House bill was related to behavioral health providers. We analyzed it and determined that it really had no effects on nursing. It dropped off our radar in the 2023 session. He added that very late in the legislative process, the legislature added a section that affected the Uniformed Disciplinary Act, which of course all healthcare professions, boards, and commissions are bound by. He continued to explain that they added a new section in the UDA, 077. This basically gives a shell in #1. It explains that we shall waive education, training, experience and exam requirements for applicants who have been credentialed in another state or states with substantially equivalent standards for two years preceding their application. Mr. Hoehn explained that this was in efforts to try and get the healthcare workforce into place. However, we already have the compact that allows nurses from forty-two states to come in and practice in Washington state. This became law as of mid-2023 and we became aware that other boards and commissions in the Department of Health were trying to come up with examples for this shell, waiving all these things. The question that really comes before the Board is which are those states with substantially equivalent standards. This is not defined in the new law; but we do have an interpretation based on legal advice that the words waive education, training and experience, and exam requirements means that for these equivalent states, we would not even be able to ask applicants to supply evidence or confirm such things as transcripts or exam scores. And this is a law that was intended to streamline the licensing process.

Mr. Hoehn continued to explain to the committee the question that comes before the Board are two decisions. Would the Board believe it is in the interest of the public to waive education, training experience or exam requirements for applicants who have achieved a national certification for their profession? This seems that it would only apply in our case to ARNPs, but we already have a maintenance certification requirement in our licensing laws for ARNPs. This really goes to sub section two of 077, and that really is discretionary. Mr. Hoehn added that the questions needing to be addressed is if the Board will adopt to waive these requirements for nationally certified nurses? Secondly, which other states, if any, are substantially equivalent? These will need to be voted on at the July business meeting. Mr. Hoehn asked Ms. Bayne if she had

anything to add. Ms. Bayne only replied that this decision will need to be taken to the full Board. She further explained that although it was explained in a one-page document, it was a little bit confusing because the first question is referencing subsection two and the second question is referencing subsection one. She agreed with Mr. Hoehn and added that the licensing subcommittee would need to make a recommendation to the full Board. Board member Garcia asked for clarification regarding national certification and the professions it was relevant to as he is nationally certified through Critical Care Associations. Based on the language, would this apply to RNs and ARNP credentials? Mr. Hoehn explained that this was a good point; however, in this case, it would apply to ARNP credentials as it is tied to licensure because we have maintenance of certification as a requirement in this state, all the other extremely important certifications that are attained are not requirements for licensing. Board member Morrell expressed her concern regarding this amendment as the Board takes very seriously that the people of Washington are protected. She continued to add that the Board did add extra rules when it came to the Florida school issues reserving the right to request and review supporting documents when we suspect things are not kosher. Board member Garcia inquired if the Operation Nightingale was publicized before or after this amendment was added. He believed that this would be important contextual information. Ms. Bayne replied that Operation Nightengale was indeed publicized fore the passage of this statute. Board member Morrell added that she would like to keep this Board's ability to request and review transcripts during the licensing process if necessary. She asked the committee for their thoughts on this. Board member Garcia replied that he was in alignment with Board member Morrell. He continued to add that it was not in the best interest of the public health to waive these requirements, just as we saw what could possibly happen with Operation Nightengale. Board member Myrick also agreed with Board members, Garcia and Morrell. Board member Morrell asked if there needed to be a motion. Mr. Hoehn shared that if there's a consensus among the board members on the call, they could take this plan forward and make a recommendation to the full Board at the July business meeting.

V. **Ending Items**

- **Public Comment** - None
- **Review of Actions**
- **Meeting Evaluation** - All
- **Date of Next Meeting** - August 20, 2024
- **Adjournment** 1:55 PM



**Washington State Board of Nursing (WABON)
Research Subcommittee Meeting Minutes
April 15, 2024 5:00 p.m. to 6:00 p.m.**

Subcommittee Members: MaiKia Moua, RN, BSN, MPH, Chair
Judy Loveless-Morris, PhD
Mary Baroni, PhD, RN
Heleena Hufnagel, BS, MBA-HCA

Absent: Sharon Ness, RN
Katie Haerling, PhD, RN, CHSE

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

I. 5:00 PM Opening

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

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
 - MaiKia Moua gave an update on Annual Board Survey workgroup.
 - MaiKia Moua gave an update on meeting schedule. Subcommittee discussed.
- Review of Draft Minutes: March 18, 2024
 - Reviewed, with consensus to bring to the July 11, 2024 WABON business meeting for approval.

III. Old Business

- Work plan update
 - Mary Sue Gorski, Lohitvenkatesh Oswal, Emma Cozart and MaiKia Moua provided updates on the work plan. Subcommittee discussed and provided feedback.

IV. New Business

- LPN Workforce
 - Abbie Cozzi presented data on the LPN workforce and academic progression in Washington state and answered questions from subcommittee.

IV. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Date of Next Meeting – July 15, 2024
- Adjournment – Meeting adjourned at 6:02 pm.

DRAFT



Letter FROM THE President

POST-BOARD MEETING UPDATE

July 19, 2024

Dear Members:

The Board of Directors (BOD) met July 9–10 in Chicago, cognizant of the fact that this will be the last time this year that the current board members will convene for a board meeting. This is also the last board meeting for me after four years of having the honor and privilege to serve as president of the BOD for this incredible organization. How these past four years have flown. The BOD and the membership have certainly experienced unexpected challenges and opportunities in nursing regulation.

In August, the delegates will vote on a president-elect, directors-at-large and, at the conclusion of the meeting, Phyllis Polk Johnson will begin her term as president after serving as president-elect for three years. Nothing in the world is constant but change, and so it is with NCSBN.

During this past board meeting, the customary environmental scan revealed topics of interest and themes related to LPN education, APRN regulation, Operation Nightingale, military education equivalency, IV hydration clinics, medication aides, national workforce data, scope of practice and reports of upcoming changes in leadership at nurse regulatory boards.

Highlights of meetings attended by the CEO and officers included the World Health Organization Global Partners, International Nurse Regulator Collaborative, the American Nurses Association Membership Assembly, Tri-Council for Nursing, and a joint meeting of leadership representatives of NCSBN and the Interstate Commission of Nurse Licensure Compact Administrators.

The BOD also heard and appreciated formal reports from the CEO and the chief officers about activities and work updates related to nursing regulation, testing, finance and information technology. The BOD met in closed session to review the CEO's performance assessment, a process that the BOD conducts annually.

Staff provided work plans and progress reports related to the Model Act and Rules Committee and the Governance Review and Bylaws Committee. Both committees have been charged by the BOD with significant work and the development of member engagement plans that will result in recommendations to be acted on by the Delegate Assembly in the future.

The BOD made appointments and reappointed members to the NCLEX® Examination Committee, NCLEX® Item Review Subcommittee and Awards Committee for fiscal year 2025 (FY25). Once again, the interest and engagement of the membership was evident as we received more applications than open positions. Thank you to all of you who applied.

POST-BOARD MEETING UPDATE, CONTINUED

Finally, I look forward to spending time with you all at the 2024 NCSBN Annual Meeting in Chicago in August, focusing on this year's theme "**Every Moment Matters: Realizing Lasting Impact.**" Staff and the BOD have planned time for networking, beginning with the welcome reception Tuesday evening at the Lincoln Park Zoo Wildlife Center, time to celebrate each other through the EO Service Awards and NCSBN Awards, time to act on business and time for reflection on the words of some great speakers who will inform and energize our work as regulators going forward.

As I think about my personal involvement with NCSBN that has spanned the last 25 years, I recognize and appreciate the NCSBN moments that developed me as a nursing regulator. Moments created by connection, support, resources, and information sharing around public protection. I am profoundly grateful for the opportunities afforded to me by involvement with NCSBN.

Warmly,

Jay Douglas, MSM, RN, CSAC, FRE

President

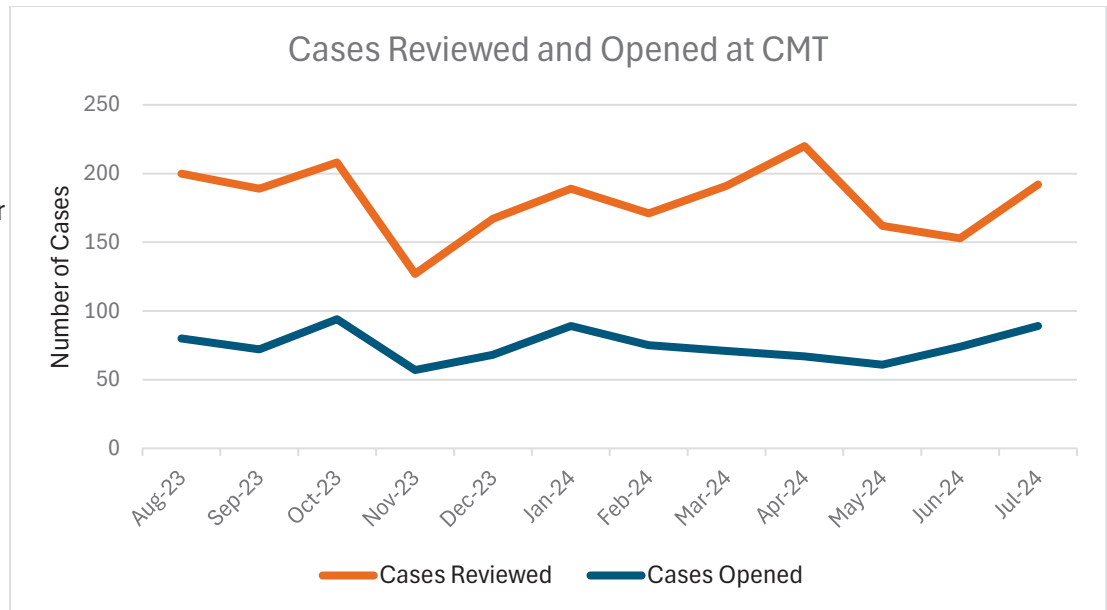
804.516.9028

jay.douglas@dhp.virginia.gov

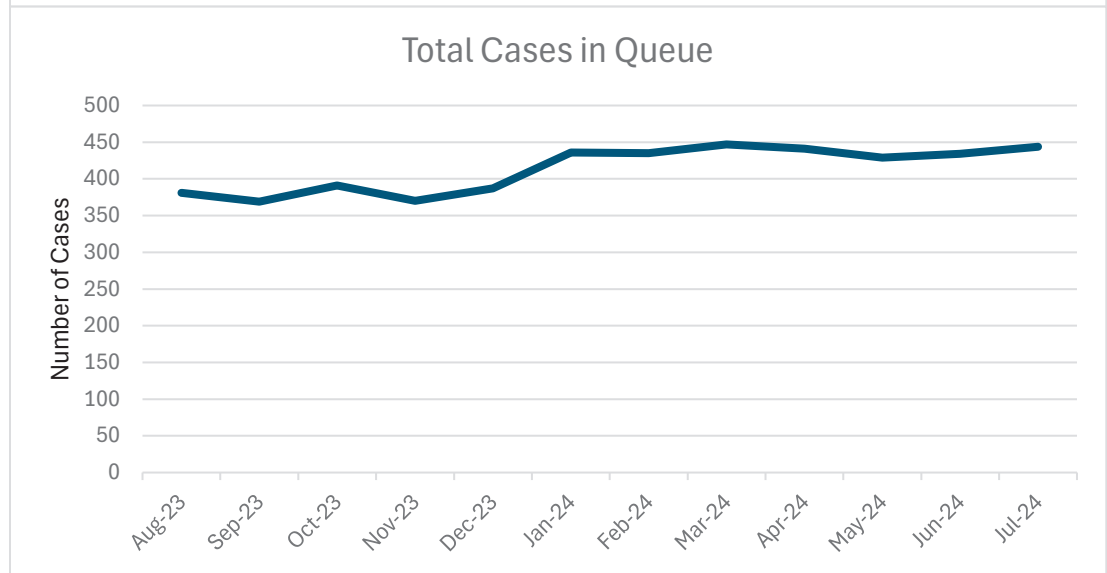


Investigations Performance Measures

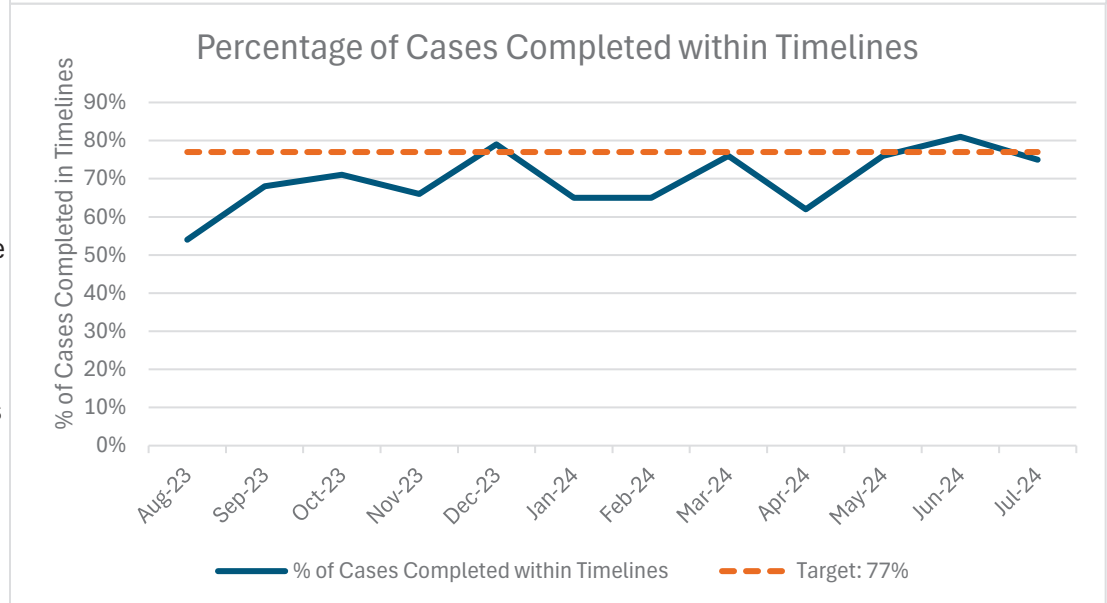
Volume. The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



Volume. The total number of cases in the queue and the total number of cases completed each month in the last 12 months. The goal is to keep the queue below 1000 cases.



Turnaround. The percentage of cases completed within the determined timelines each month in the last 12 months. The target is 77%.

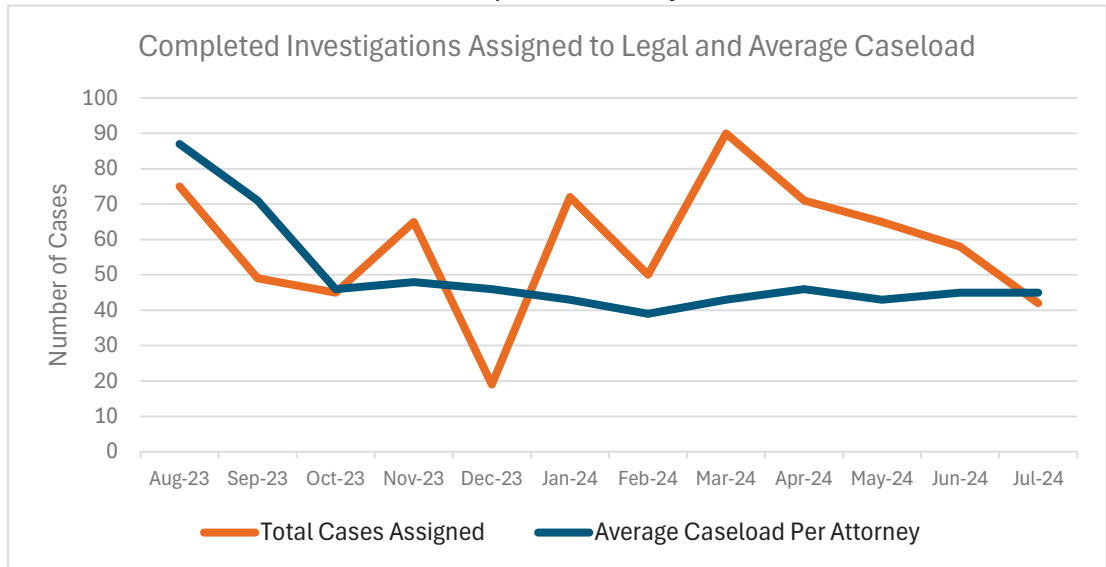


Legal Unit Performance Measures

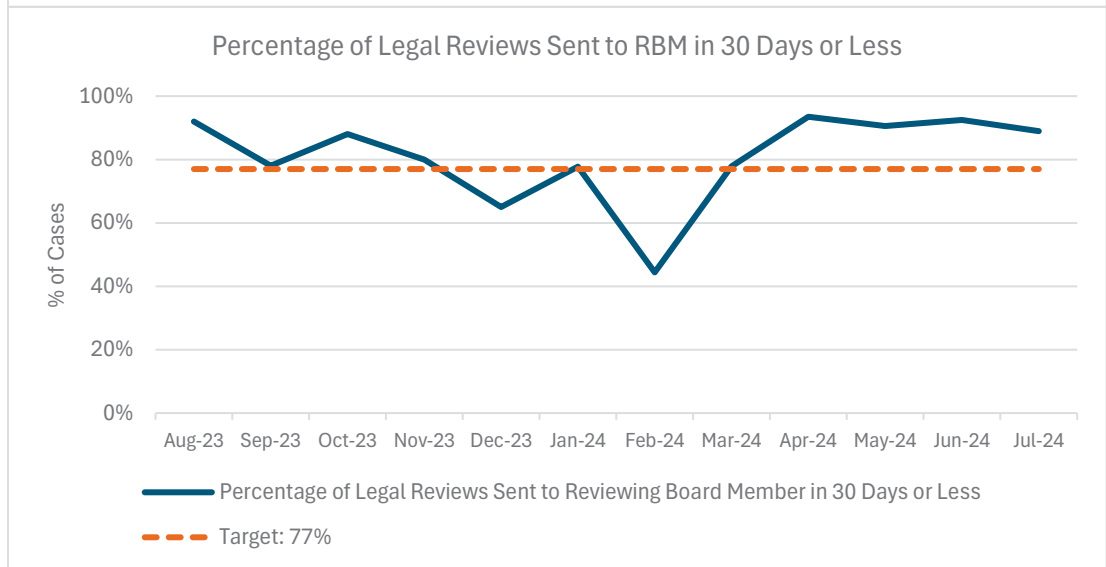


These measures reflect discipline cases only.

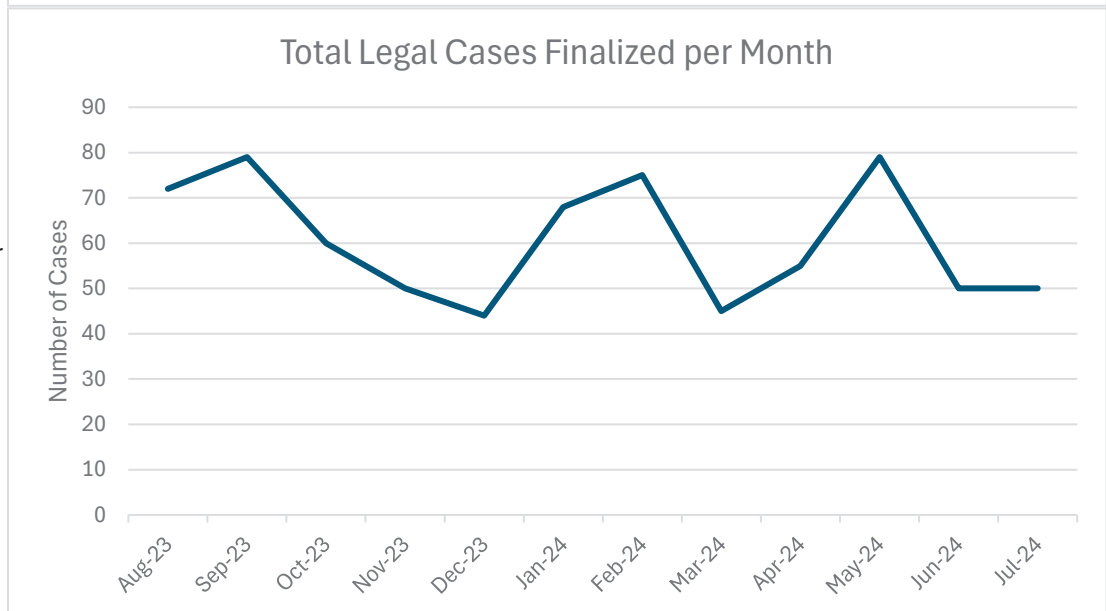
Volume. The total number of cases completed by investigations and assigned to legal and the average caseload per attorney each month. The goal is a flat average caseload to show similar amounts of cases opened and closed.



Turnaround. The percentage of legal reviews sent to the Reviewing Board Member in 30 days or less each month in the last 12 months. The target is 77%.



Volume. The number of legal cases finalized each month in the last 12 month.

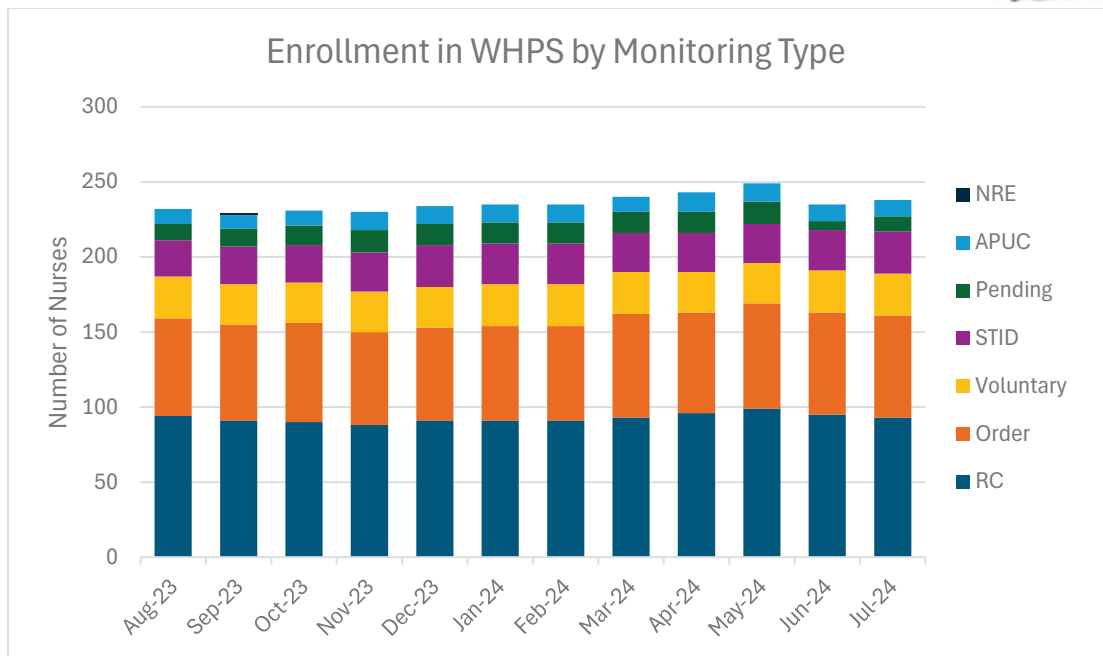


WHPS and SUDRP Performance Measures



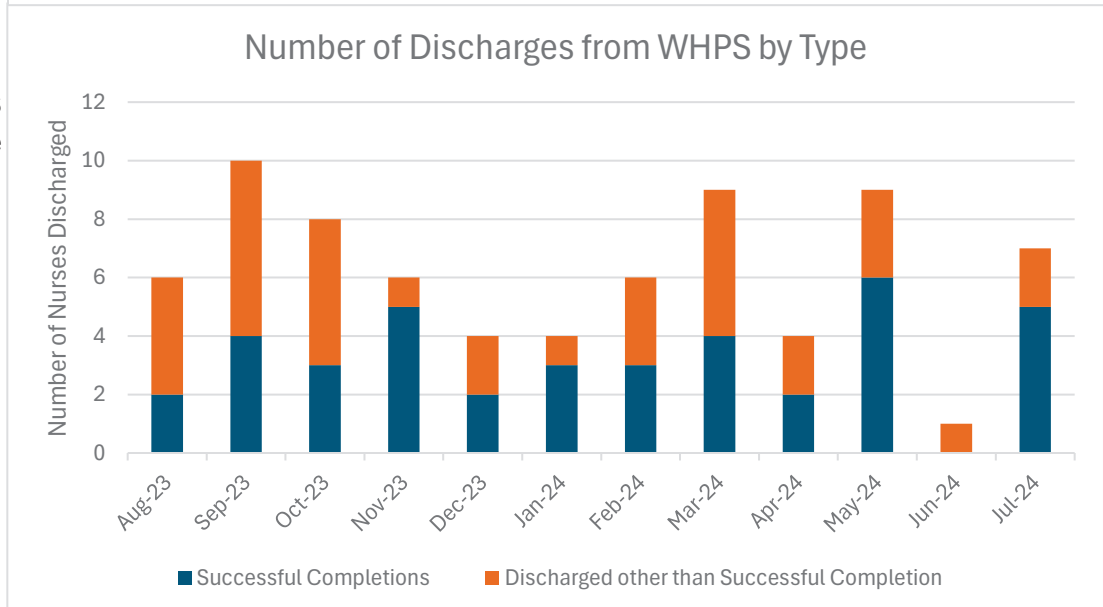
Volume. The number of nurses enrolled in WHPS by entry type. Entry types include:

- Notice of Required Evaluation (NRE)
- Agreement to Practice Under Conditions (APUC)
- Pending
- Stipulation to Informal Disposition (STID)
- Voluntary
- Order
- Referral Contract (RC)

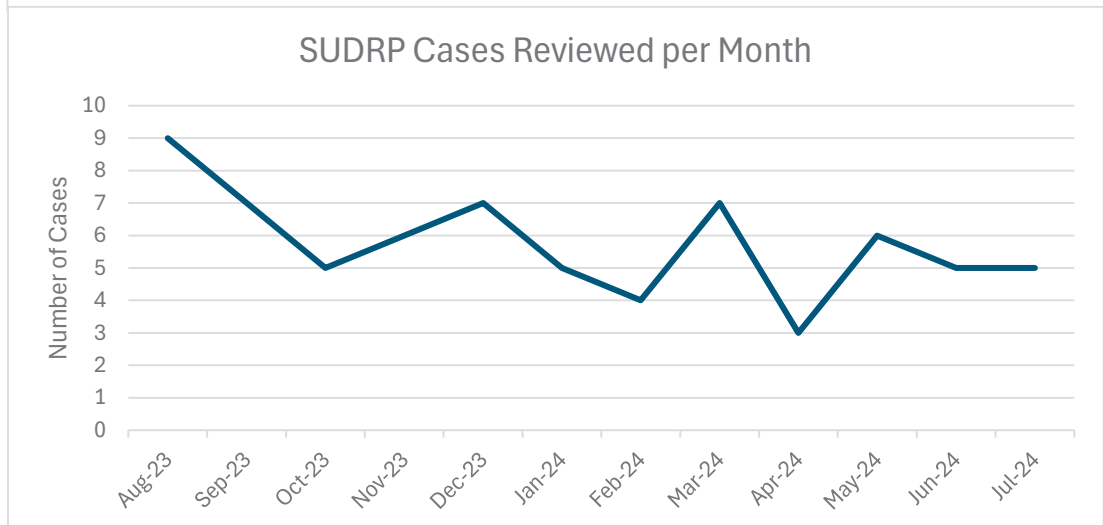


Satisfaction. Discharges from WHPS each month by the type of discharge it was. "Other" discharge reasons include:

- Not Appropriate
- Offered/Refused
- Referred back to WABON
- Pending discipline
- Deceased
- Medical discharge
- Voluntary withdrawal



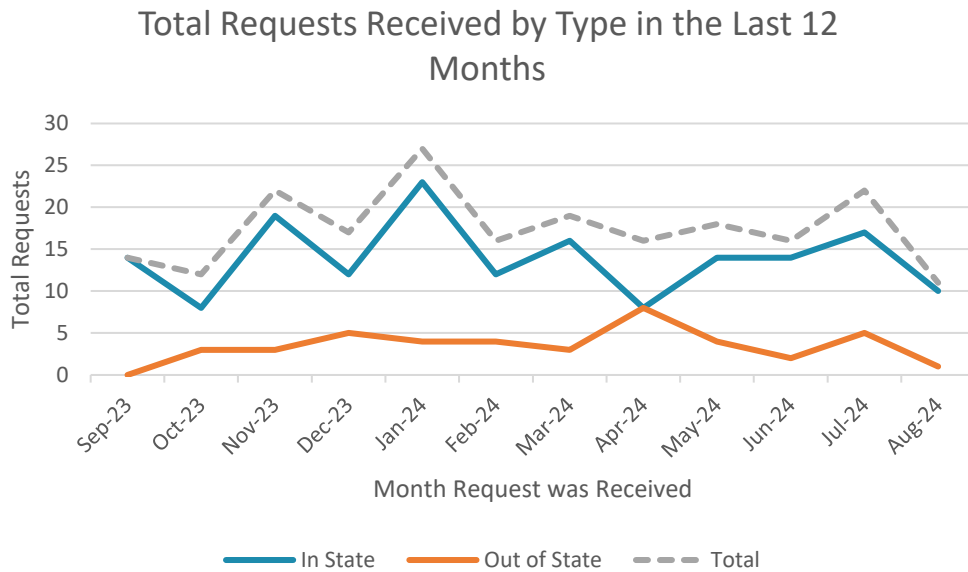
Volume/ Satisfaction. The number of SUDRP cases reviewed each month in the last 12 months. The goal of the program is to need to review no SUDRP cases.



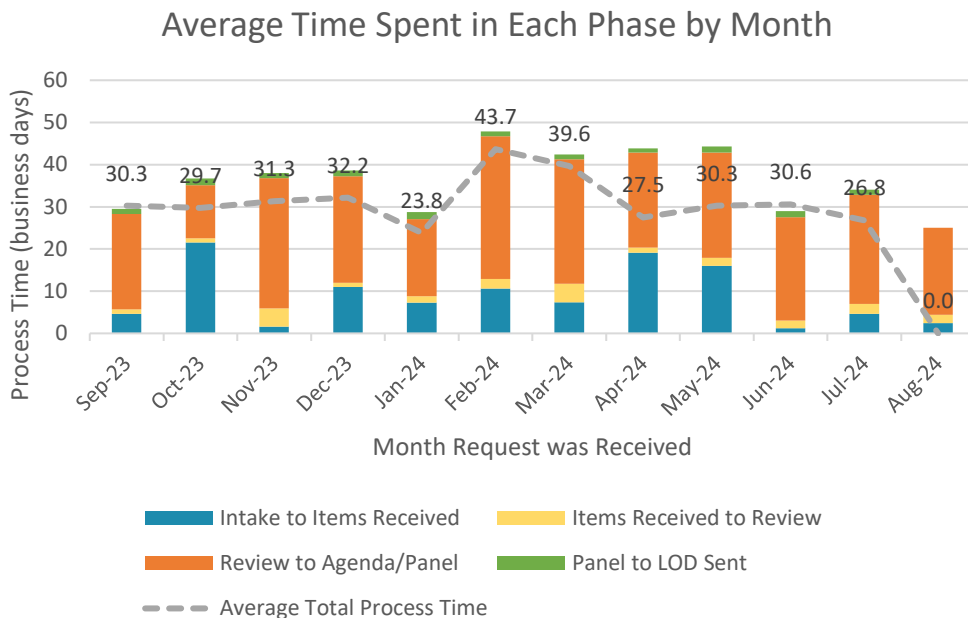


Education Performance Measures

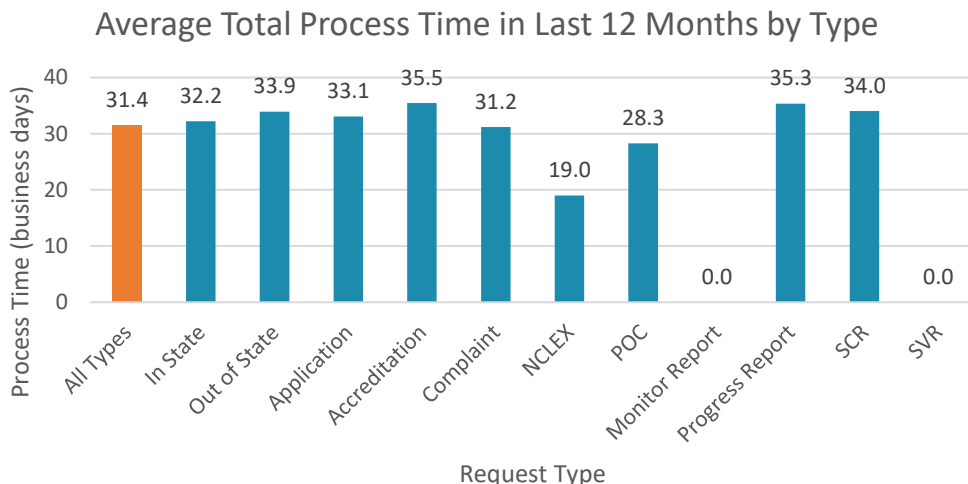
Volume. The total number of requests received in the education inbox by whether they were in state or out of state requests.



Turnaround. The average time spent in each processing phase for education inbox requests by month. The average total process time is shown by the grey dotted line.



Turnaround. The average total process time that it took to process an education inbox request in the last 12 months by the type of request it was. The average time for all types is shown in orange.

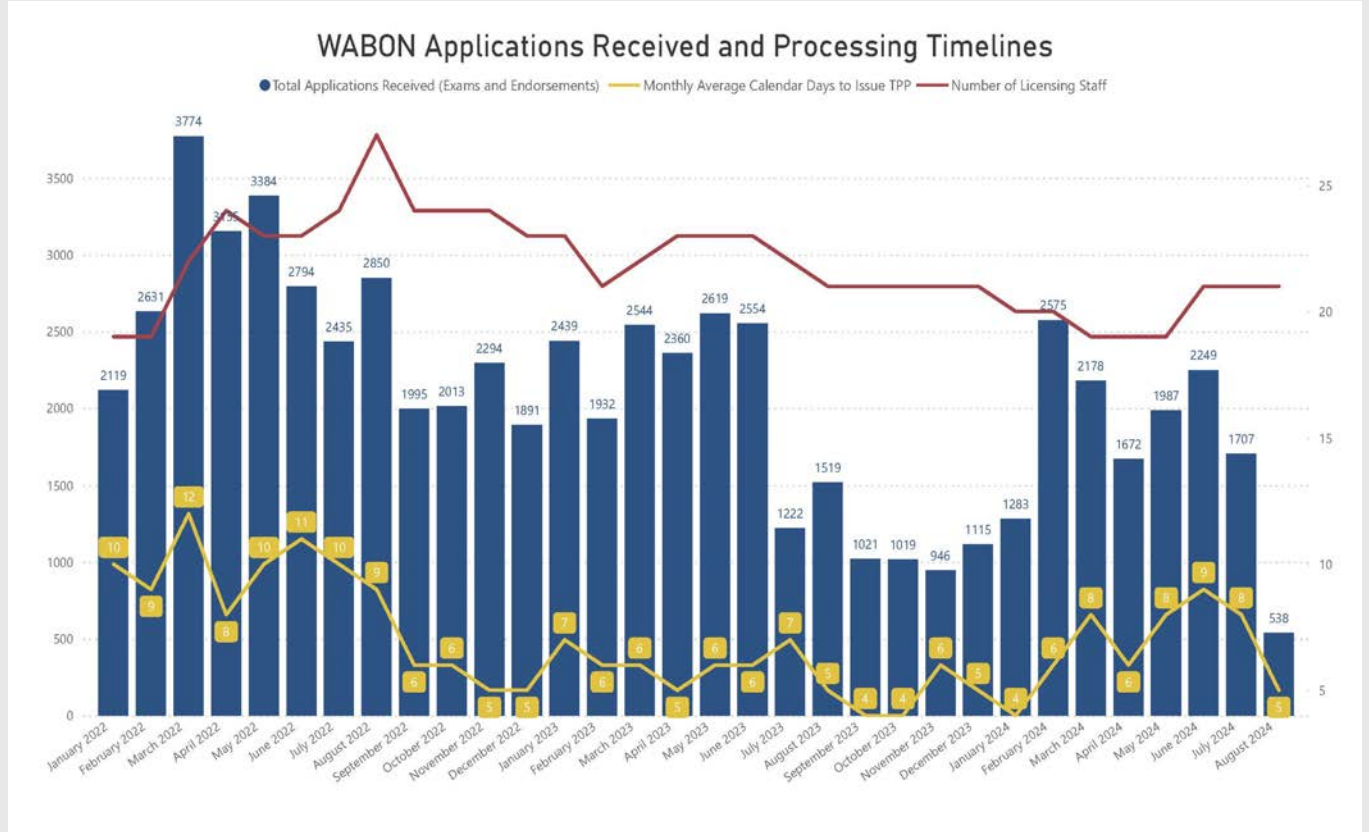


Nurse Licensure Timelines

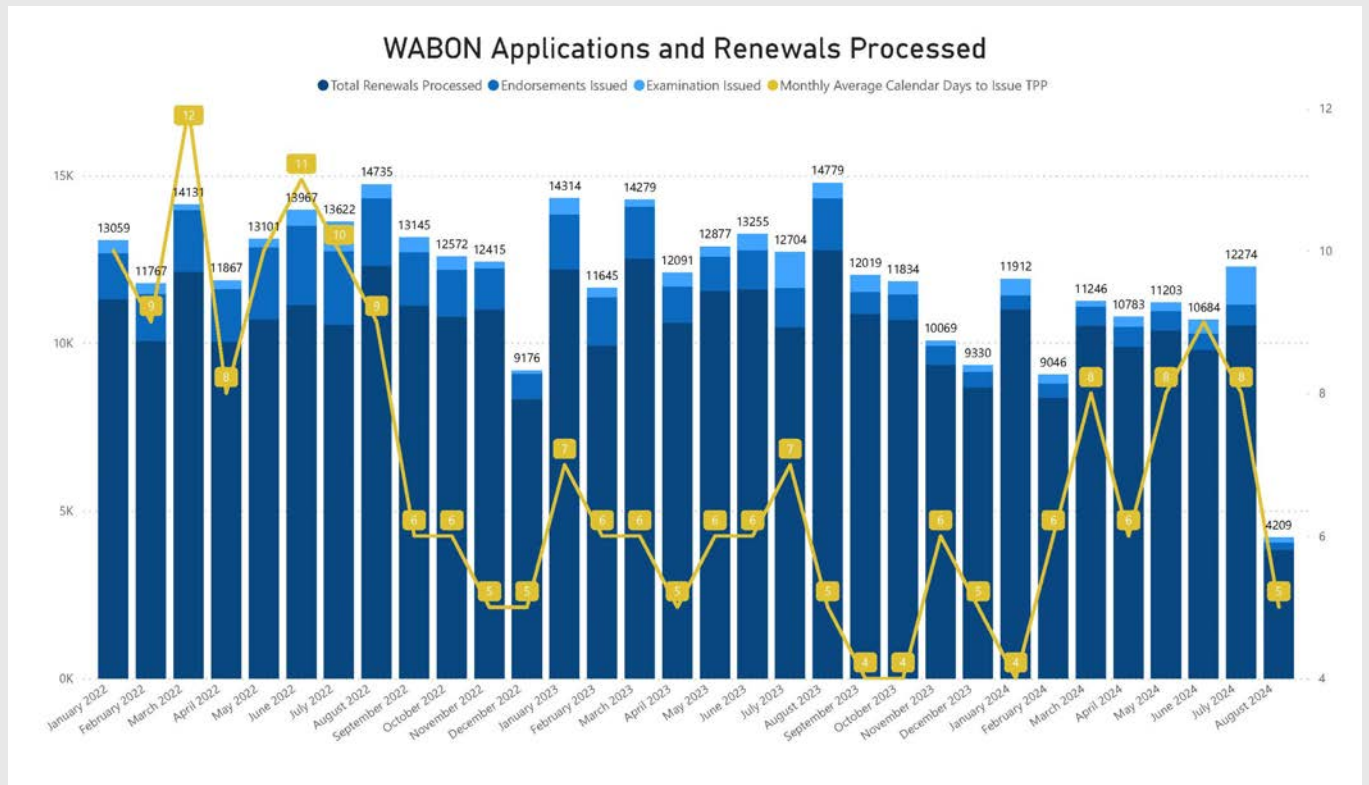
Update: Monday, August 12, 2024

For the week of August 12, 2024, the current processing time to issue a complete temporary practice permit (TPP) was six 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 2022. The WABON received 1,506 new applications during July 2024. Of the applications received, 435 applications were MSL upgrade applications from nurses with a current active WA single state license.



The second chart on this report reflects the monthly outputs from the WABON. In July 2024, the WABON issued a total of 1,829 new nursing licenses. In addition, 10,815 nursing renewals were completed.



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

WABON Business Meeting
September 13, 2024

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

Title:	Practice Approval	Number: W37.02
Reference:	<p>RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</p> <p>RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (<i>as amended by 2023 c 425</i>).</p> <p>RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</p> <p>WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</p> <p>WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</p> <p>WAC 246-840-770 - Approval of substance use monitoring programs</p> <p>WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</p> <p>WAC 246-840-790 - Substance use disorder monitoring stipend program</p>	
Contact:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)	
Effective Date:	September 13, 2024	Date for Review: September 13, 2026
Supersedes:	W37.01 – November 4, 2022 W08.01 – January 9, 2016	
Approved:	Dawn Morrell, RN, BSN Chair Washington State Board of Nursing (WABON)	

PURPOSE:

Safely returning nurses to practice is a goal of the Washington State Board of Nursing (WABON) and Washington Health Professional Services (WHPS). WHPS recognizes that it takes six to twelve months of approved practice to adequately assess the nurse's ability to practice safely.

PROCEDURE:

- I. WHPS Practice Approval
 - A. Practicing without WHPS approval places patients at risk and is a serious violation of the nurse's program participation contract. Nurses practicing in unapproved capacities must immediately cease practice and WHPS will refer the nurse to the Substance Use Disorder Review Panel (SUDRP) .
 - B. The program participation contract authorizes WHPS to communicate with current or prospective employers and school faculty as appropriate. In some instances, the case manager may visit the nurse's worksite or school/practicum site.
 - C. The nurse must notify WHPS and obtain approval prior to starting a new healthcare position or taking on new healthcare duties. (See Procedure W32 *Program Non-Compliance and Discharge Criteria*.)
 - D. The case manager and worksite monitor (WSM) will discuss workplace restrictions and other issues related to the nurse returning to work or assuming new duties. The case manager will obtain and review the position or job class description for compatibility with the nurse's program participation contract. The employment contract shall include the list of practice restrictions, if any, and WSM criteria.
 - E. If the case manager approves the employment contract, the nurse, WSM, and employer representative must co-sign and return the contract prior to beginning any work involving patient care. The WHPS case manager will co-sign the contract and provide a finalized copy to the nurse allowing practice as stipulated.
 - F. The WSM will complete the electronic WHPS orientation module prior to accepting the responsibilities and signing the employment contract.
- II. WHPS Practice Approval in an Educational Program
 - A. Nurses in an educational program that includes clinical practice must:
 1. Notify the school of their participation in WHPS.
 2. Obtain WHPS approval.
 3. Notify the school faculty member. WHPS will determine the need for monthly worksite/practicum reports on a case-by-case basis.
 4. The nurse and clinical faculty member will complete and co-sign the clinical practicum contract.
 - B. The clinical faculty member will complete the electronic WHPS orientation module prior to accepting the responsibilities and signing the clinical practicum contract.

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

Title:	Outreach and Education	Number:	W47.02
Reference:	<p>RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</p> <p>RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (<i>as amended by 2023 c 425</i>).</p> <p>RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</p> <p>WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</p> <p>WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</p> <p>WAC 246-840-770 - Approval of substance use monitoring programs</p> <p>WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</p> <p>WAC 246-840-790 - Substance use disorder monitoring stipend program</p>		
Contact:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)		
Effective Date:	September 13, 2024	Date for Review:	September 13, 2026
Supersedes:	W47.01 – November 4, 2022 W25.01 – January 8, 2016		
Approved:	Dawn Morrell, RN, BSN Chair Washington State Board of Nursing (WABON)		

PURPOSE:

Washington Health Professional Services (WHPS) provides education and outreach to entities such as healthcare and professional organizations, drug courts, educational and academic programs, and government agencies. The desired outcome of these efforts is to protect the public by facilitating awareness and understanding of substance use disorder, encouraging organizations and individuals to recognize WHPS as a resource, and increase program participation.

PROCEDURE:

The Washington State Board of Nursing (WABON) will support the Director, Discipline and WHPS and Assistant Director, WHPS to:

- I Conduct an annual review of outreach and education performance trends, partner organizations, and entities served by the WHPS program. WHPS will identify target audiences that would benefit from WHPS education and consultation services.
- II Strategize and develop education and outreach plans with the goal of building and maintaining collaborative relationships with monitoring programs in Washington and other states.
- III Develop and facilitate educational resources, learning activities, and events through:
 - A. Determining type and length of educational activity or event.
 - B. Conducting focused literature review to provide most up-to-date and evidence-based content.
 - C. Identifying most appropriate delivery of educational content (e.g., synchronous, asynchronous, electronic, or printed materials and evaluation methods).
 - D. Applying for accredited educational credits when appropriate or necessary.
- IV Maintain a user-friendly WHPS website.
- V Function as a resource information hub for substance use disorder and the WHPS program.
- VI Conduct an annual review of education and outreach activities and report subsequent outcomes metrics.

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

Title:	Office Hours and Standards	Number: W48.02
Reference:	<p>RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.</p> <p>RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs (<i>as amended by 2023 c 425</i>).</p> <p>RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.</p> <p>WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.</p> <p>WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.</p> <p>WAC 246-840-770 - Approval of substance use monitoring programs</p> <p>WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.</p> <p>WAC 246-840-790 - Substance use disorder monitoring stipend program</p>	
Contact:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing (WABON)	
Effective Date:	September 13, 2024	Date for Review: September 13, 2026
Supersedes:	W48.01 – November 4, 2022 W26.01 – January 8, 2016	
Approved:	Dawn Morrell, RN, BSN, Chair Washington State Board of Nursing (WABON)	

PURPOSE:

Washington Health Professional Services (WHPS) provides accessible services to facilitate public protection through monitoring nurses with substance use disorder.

PROCEDURE:

- I The Assistant Director, WHPS has administrative responsibility for adequate staffing and accessibility to WHPS services during established business hours, Monday through Friday (excluding holidays), 8am – 5pm.
- II The Assistant Director, WHPS or designee is responsible to provide coverage for planned and unplanned absences to ensure the accessibility of WHPS staff and accountability to the public.
- III Continuous telephone access to WHPS staff is available during business hours. WHPS staff will promptly answer incoming telephone calls and respond to electronic communications. WHPS staff will return all telephone calls and electronic communications within 24 hours or the next business day.

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

Title:	Evaluation of Executive Director by the Washington State Board of Nursing	Number: H14.03
Reference:	RCW 18.79.140 RCW 18.79.390	
Author:	Alison Bradywood DNP, MN/MPH, RN, NEA-BC Executive Director (ED) Washington State Board of Nursing (WABON)	
Effective Date	September 13, 2024	Date for Review: March 13, 2026
Supersedes:	H14.02 – May 12, 2023 H14.01 – May 13, 2016	
Approved:	Dawn Morrell, RN, BSN Chair Washington State Board of Nursing (WABON)	

PURPOSE:

The Executive Director (ED) of the Washington State Board of Nursing (Board) is hired by and serves at the pleasure of the Board. Each year, the Board evaluates the performance of the ED.

PROCEDURE:

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

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



**WCN/WABON CHECK IN Meeting
July 25, 2024
Minutes**

Present: Sofia Aragon, Alison Bradywood, Bethany Mauden, Frank Kohel.

Topics	Discussion	Action Needed
Call to Order	1:00 PM	
1. Clarification of deliverable timeframes to the agenda	<p>Reviewers requested timeframes for submission were unclear to the reviewers. Alison believed this was regarding the historical information generally provided. It was a concern from both reviewers. For example for the timeframe since the last report versus the entire historical.</p> <p>Sofia explained the rationale toward data collection timeframes.</p>	Bethany to investigate pro tem members role in the work with WCN.
2. Deliverable Review	<p>Deliverables submitted for review.</p> <p>4.3 4.6 5.1 5.3 5.4 5.5 6.1 6.2 7.1</p> <p>8.1 – has not been received, Alison inquired into when the submission will take place.</p>	<p>WCN is creating a smart sheet to enter all the comments and acceptance into the document for the review.</p> <p>WCN is looking toward the acceptance criteria logistics.</p> <p>Sofia will check on the progress of 8.1</p> <p>To be further discussed during the quarterly meeting with WCN/WABON/DOH.</p>

<p>3. Idea about a facilitated discussion regarding WABON and CNEWS</p>	<p>Evaluation criteria, different approaches. a) How they work together to meet regulatory requirements. Who does what and how. b) What improvements can be made together?</p> <p>Suggestions: Add a summary of findings – pitfalls, timelines. Session from Alison Bradywood, Gerianne Babbo. CNEWS giving input to WABON on feedback for improvement.</p>	<p>Sofia and Frank will share with CNEWS.</p>
<p>4. Next Contract</p>	<p>Alison inquired when to begin negotiations for 2025-2027.</p>	<p>Contract negotiations to begin in September.</p>
<p>5. Next Meeting</p>	<p>Change of cadence of meeting to last Thursday of the month.</p>	<p>August 15, 2024</p>

Adjourned: 1:36pm

DRAFT

**Washington Center for Nursing
Board of Nursing
Department of Health**

Quarterly Meeting

August 12, 2024

Minutes

Attendees: Tracy Rude, Alison Bradywood, Sheryl Hilt, Jonnita Thompson, Elizabeth Geisler, Heleena Hufnagel, Jacob Garcia, Frank Kohel, Brenda Little, Michelle James, Angelina Flores-Montoya, Fawzi Belal, Dawn Morrell, Steven Simpkins, Sofia Aragon, Melissa Hutchinson

Called to Order: 9:00 AM

1. Welcome and Introductions

2. HELMS Update

Ms. Geisler presented an introduction to the HELMS project and gave an update on the progress of the project. www.doh.wa.gov/helms

- HELMS Lite – went live on April 24, 2024 (applications for 138 professions)
- Credentialing – go live date February 19, 2025 (all applications)
- Enforcement – Q4 2025

Decision packages are being submitted for funding to complete the project.

3. Reflections on deliverable review process and suggestions for improvement

Ms. Morrell discussed her challenges when reviewing the deliverables including the creation of the cover page. “teasing” out the deliverables may be difficult when they know the work is being done. Having trouble finding the information and reporting.

Ms. Morrell asked for clarity on who approved the final decisions and payment.

Reflection on historical information being redoing versus more current information.

What does it look like to show the actual completion and compliance. Acceptance criteria were new for the current contract.

4. Discussion of deliverables

- 4.3 - DIVERSITY - Coordinate development of programming to support CNEWS Diversity, Equity & Inclusion

Acceptance Criteria:

Document that includes objectives and evaluation of outcomes related to

- a. A programming event that was held to support CNEWS diversity, equity, and inclusion
- b. Incorporation of current trends in nursing workforce and education diversity in Washington State

H.H – Partially met. Criteria A was met with CNEWS presentation. Criteria B is not met. If the deliverables are biannual, there should be updated data to reflect 2024 trends. There could be opportunities to work with DOH, academia or regional organizations to gather data on a quarterly basis. Additionally, there are opportunities to use forecasted data and discuss opportunities for improvement.

J.G – Met

WCN Action: request for an explanation of the expectation of current trends in Washington State.

- 4.6- DIVERSITY - Support for one So You Want to be a Professor Workshop and one So You Want to be a Professor Skills Seminar for each year.

Acceptance Criteria:

Document describing objectives and evaluation of outcomes of So you Want to be a Professor Workshop and skills seminars. Document to include:

- a. Attendance for So You Want to be a Professor Workshop and So You Want to be a Professor Skills Seminar
- b. Evaluation Summary
- c. Recommendations for future work R/T So You Want to be a Professor Workshop and So You Want to be a Professor Skills Seminars.

H.H. – Partially met. What is not clear for me is the connection of this work to the RCW, which is looking for actionability. Based on the information provided, there are no clear recommendations for how policy changes, academia or organizational leadership can help these attendees to become educators.

I think it would also be helpful to separate out the deliverable into current year as well, since COVID-19, multistate licensure compact, NCLEX changes etc. may have changed some of the demographics and barriers for folks interested in becoming educators.

J.G. – Met

WCN Action: WCN will highlight the actionability in the coversheet.

- 5.1 - NURSING EDUCATION: CLINICAL PLACEMENT REPORT

Acceptance Criteria:

1. Analysis of clinical placements data; to inform clinical placement adequacy and gaps. Analysis of trend data related to clinical placements for nursing education.

2. Methods section including data limitations and survey response rate.
3. Recommendations and future studies.
4. Dissemination plan including distribution of findings and communication of results.
5. Citation of other data sources and additional references.

H.H. – met

D.M. – met

WCN Action: Add high level summary regarding process issues.

- 5.3 WA Nursing Workforce Research Group

Acceptance criteria: Convene nursing workforce researchers in the state quarterly including a representative of the workforce board. Support group to generate agendas, minutes and provide staff support to meet.

H.H – potentially met - Should the annual summary include all 4 quarters? I see Q1 in Sept 2023, Q2 in Dec 2023, Q3 in March 2024. There was another meeting in June 2024. Is it possible to include these minutes? If so, I would venture this deliverable is complete.

J.G. – met

WCN Action: add statement regarding the status of the meeting.

- 5.4 Nursing Workforce Research Dissemination

Acceptance criteria:

Provide on WCN website with link to WABON prior to date due:

Copy of Data snapshots

D.M. – met

H.H. – met. But missing link to presentation deck.

J.G. – met. But missing link.

WCN Action: add statement regarding status of information not posted based on criteria.

- 6.2 Provide staff support to the Council on Nursing Education in WA state CNEWS technical support MOU agreement; includes tracking members, multiple conferences, Zoom and communication calls

Acceptance Criteria:

Summary report describing staff support given to CNEWS to include:

a. Time commitment

b. Feedback report from CNEWS on WCN Support and note changes to MOU between CNEWS and WCN.

H.H. - Would like more info on what the expectation is. Hours wise and timeline, yes effort is documented. Clarification around standards, is the minimum having the two major meetings and being available upon request? Is there an agreed upon number of contract hours allocated?

J.G. - Met -there are recommendations for supporting documents see summary of review A.

WCN Action: Add clarification on where information is broken out.

- 7.1 Educate the public, including students K-12 about opportunities and careers in nursing. RCW 18.79.202(2)(g).

Acceptance criteria:

Written Report to include:

- a. Description of efforts, event partners, and number of students reached
- b. Recommendations for future promotions

H.H. - Met. First, a lot of outreach was done, good job on this. I do think that there needs to be some clarification with the RCW. It makes sense to me that the primary focus was on high school students because they will be graduating into the workforce sooner. The lowest age range I saw clearly identified was middle school students. Is the desire to “promote nursing as a career” for elementary too or is this more around exposing children to what a nurse is and different roles they serve? What does a breakout look like for K-12 and what are the expectations for the age ranges

J.G. – Partially met. Recommendations for future promotions were sort of met.

WCN Action: add statement regarding status of program related to the future promotions and process metrics.

- 8.1 – Quarterly communication meetings with the Department of Health and WABON to discuss deliverables, payment status, request the 09L Quarterly Surcharge report to be submitted to WCN by Department of Health and WABON. Deliverable was not received.

ACTION: Ms. Morrell and Dr. Bradywood had concerns due to issues with the deliverables that are consistently reoccurring, other options may be explored with the WCN Board.

5. Process discussion – review and update/affirm group agreements

ACTION/Recommendation: review the processes and procedures of the review process, and deliverables themselves. Acceptance criteria to be reviewed, funding of the center and the work. Be clear on met/not met.

Responsibility: to be further discussed during the monthly meeting.

6. WCN contract amendment process and timeline for adoption

Due to time constraints, unable to discuss at this meeting. To be further discussed.

7. Surcharge revenue projections 2025 timeline

Due to time constraints, unable to discuss at this meeting. To be further discussed.
ACTION: Sheryl will email the projections to the group when finalized in September and will come to the next meeting.

Meeting ended at 11:01 am



**WCN/WABON CHECK IN Meeting
August 15, 2024
Minutes**

Present: Sofia Aragon, Alison Bradywood, Bethany Mauden, Frank Kohel.

Call to order: 12:00 PM

Topics	Discussion	Action Needed
1. Debrief on WCN/DOH/WABON Meeting on August 12.	WCN is working on wrapping up the feedback from the recent meeting. DOH sent the policy for disbursement to WCN for their reference. Alison thanked Sofia and Frank for their work on continuing improvements on the deliverables process and streamlining.	Sofia is seeking feedback from WCN Board Members and employees and will share it with Alison on August 26.
2. Next Meeting	September 26, 2024	

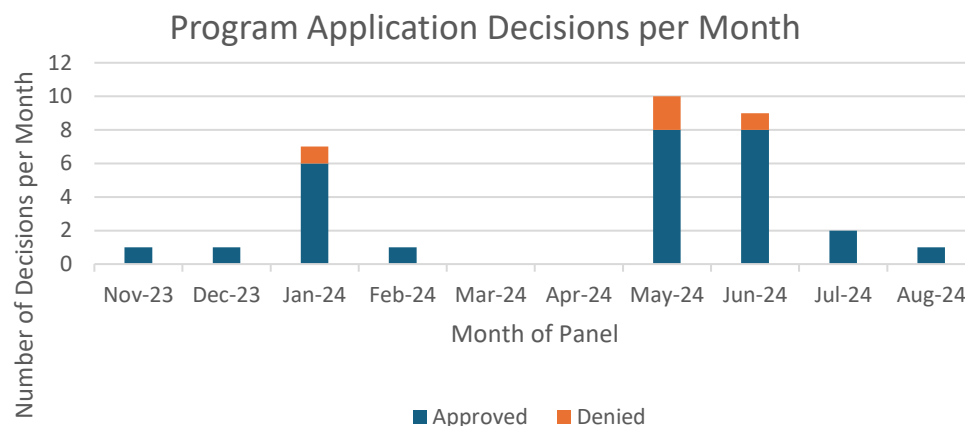
Adjourned: 12:07 PM



NPAP Summary Report

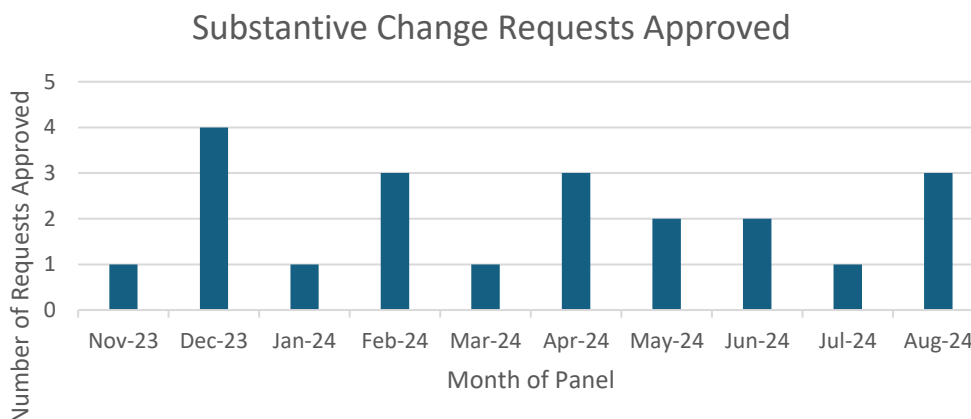
Program Applications.

The number of decisions reached and letters of decision sent to programs regarding applications by the month of the NPAP panel, and whether those applications were approved or denied.



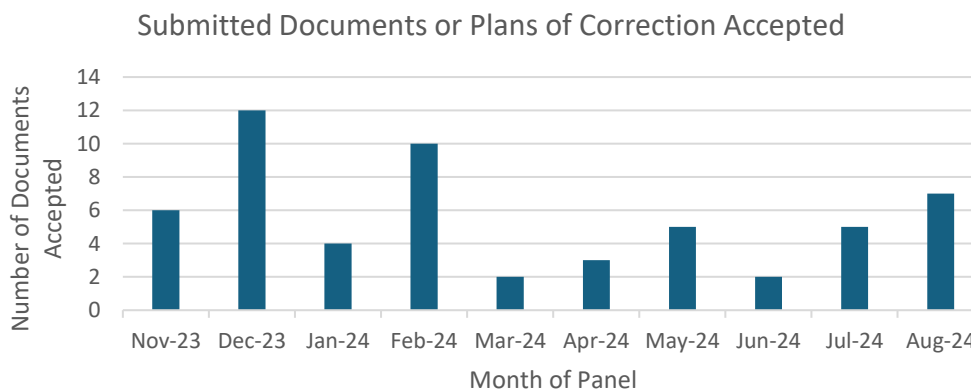
Change Requests.

The number of decisions reached and accompanying letters of decisions sent to programs regarding substantive change requests by the month of NPAP panel.



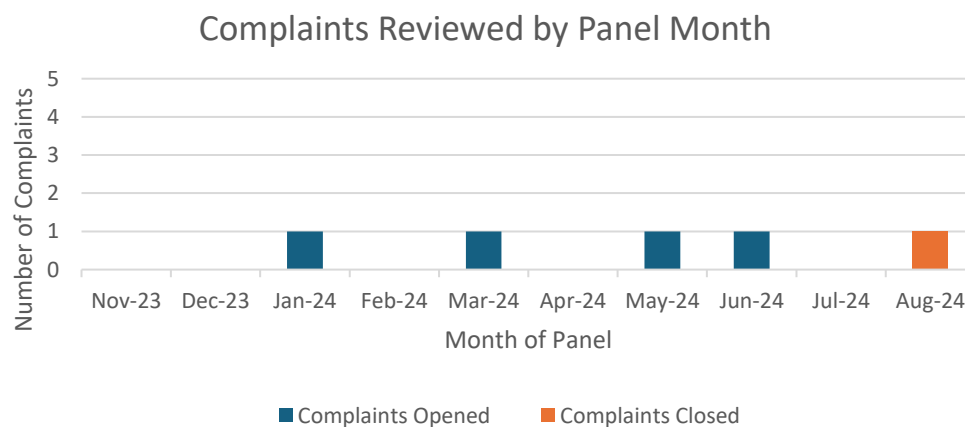
Accepted Documents.

The number of submitted documents or plans of correction that were accepted at NPAP meeting panels per month.

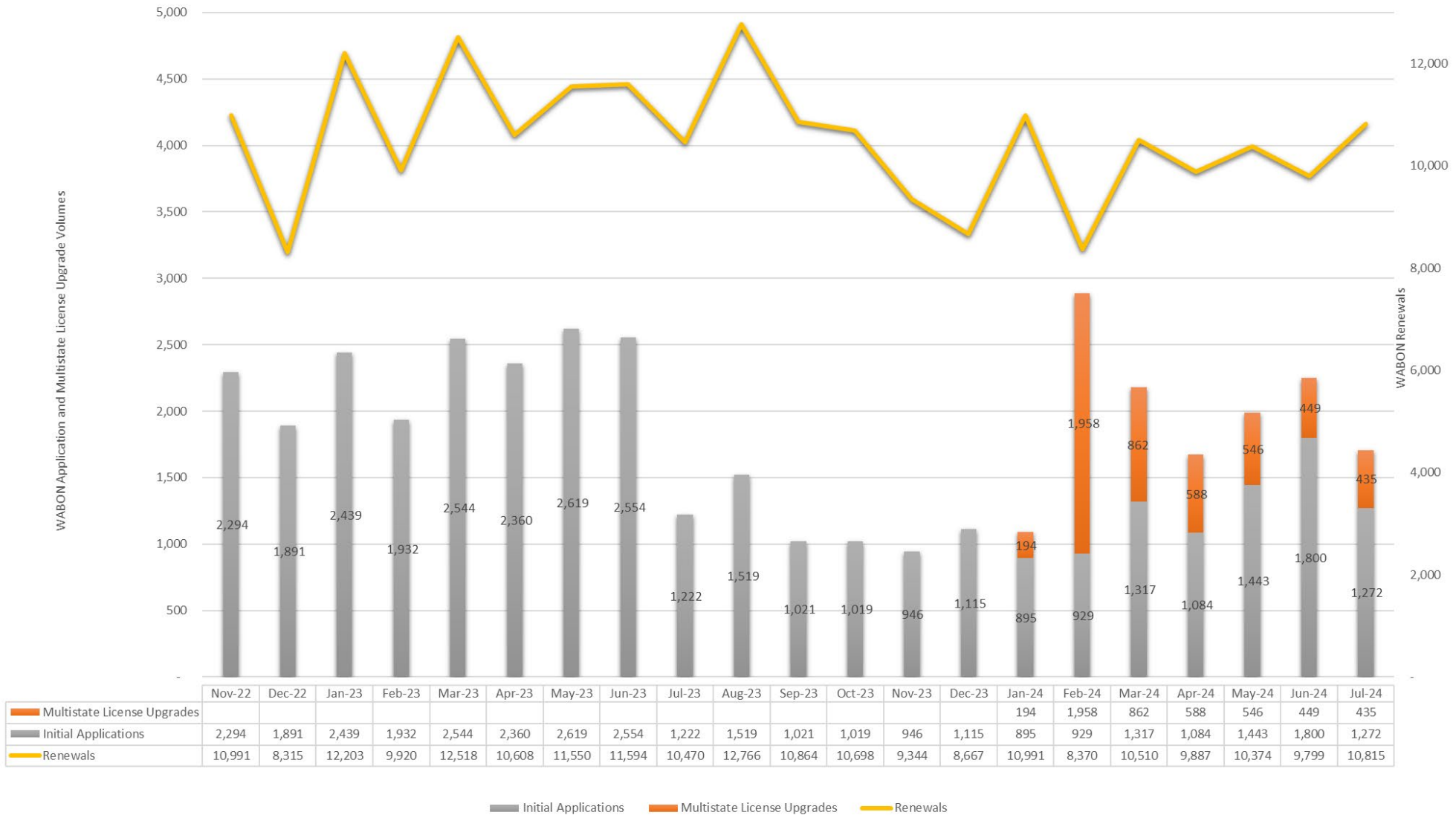


Program Complaints.

The number of complaints that were either opened or closed at NPAP meetings by panel month.



WABON Applications, Renewals, and MSL Upgrade Volumes



The grey bar reflects the total volume of applications received between November 2022 through July 2024. This includes registered nurses (RNs), licensed practical nurses (LPNs), advanced registered nurse practitioners (ARNPs), and nursing technicians (NTECs). The orange bar reflects the total volume of RNs and LPNs with an active Washington single state license, who have applied to upgrade/convert to a Washington multistate license (MSL) since the January 31, 2024. Please note, these nurses are not new to the Washington state nursing population. As of August 2024, a total of 356 LPN MSLs (3.4% of active LPNs) and 4,285 registered nurse MSLs (4% of active RNs) have been issued in Washington state.



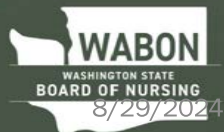
Strategic Plan Report

Nursing Practice Unit



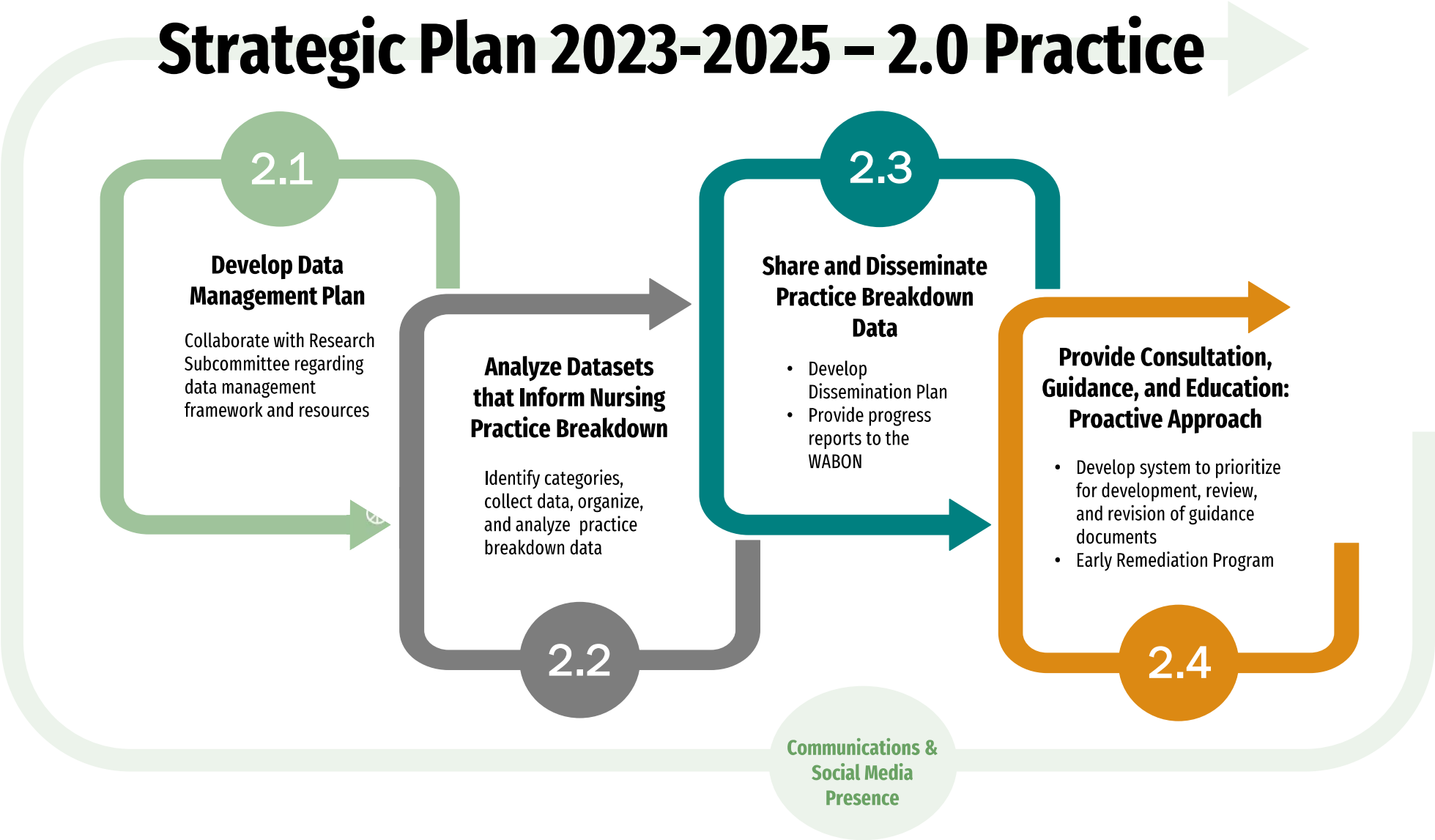
Strategic Plan Goals

- Gather relevant data to identify and analyze instances of practice breakdowns that affect nursing practice
- Deliver proactive education to support nurses informed by the analysis of practice breakdown data



Washington State Department of Health:
Washington State Board of Nursing

Strategic Plan 2023-2025 – 2.0 Practice





2.1

Develop Data Management Plan (DMT)

Collaborate with Research Subcommittee regarding data management framework and resources

8/29/2024

Washington State Department of Health: Washington State
Board of Nursing

Data Collection



FORMS We Use

- Practice Queries
- Early Remediation
- Continuing Competency Audit
- Educational Presentation Requests
- CSPSC Priority Matrix (Testing phase)
- Presentation Evaluation (Testing phase)

8/29/2024



Analyze Datasets that Inform Nursing Practice Breakdown

Identify categories, collect data, organize, and analyze practice breakdown data

2.2



Washington State Board of Nursing

- Education ▾
- Licensing ▾
- Support for Practicing Nurses ▾**
- About Us ▾

- Commonly Asked Questions
- Practice Guidance
- Practice Resources
- Contact Practice Consultants**
- Rules, Laws, and Statements
- Nurse Practice Act Summary
- Support for Substance Use
- Glossary of Terms
- Mental Health Resources for Nurses

NEWS AND ALERTS:

Apply for a WA multistate

The new WA multistate license (MSL) application is now open. Nurses whose primary state of residence (PSOR) is Washington can apply for a multistate license.

MSL upgrade information:

- ...

Contact a Nursing Practice Consultant

If you need more help, please contact us:

[Ask the Practice Team ↗](#)

Nursing Practice Question Form

Aug 12, 2024

Please fill out this Form if you would like to ask a question to Washington State Board of Nursing (WABON) Practice Unit. This questionnaire covers the jurisdiction of the WABON

[Start now](#)

Performance Measure: Practice Queries

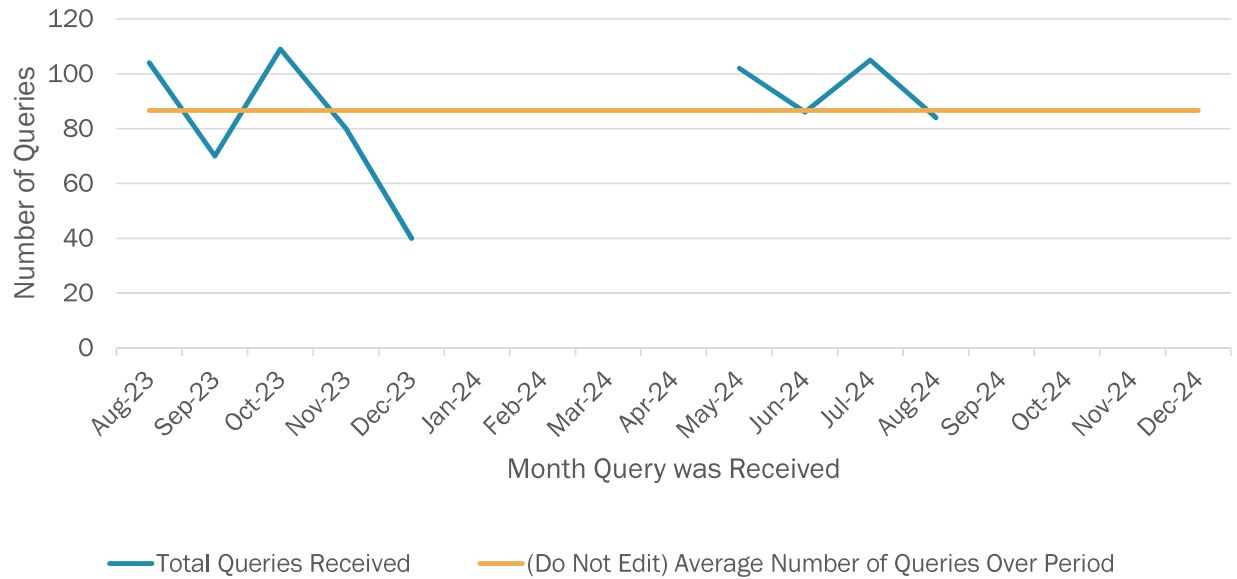
Volume.

The total number of practice queries received per month in the last 12 months. This fluctuates based on external demand.

Median = 87

8/29/2024

Total Queries Received by Month



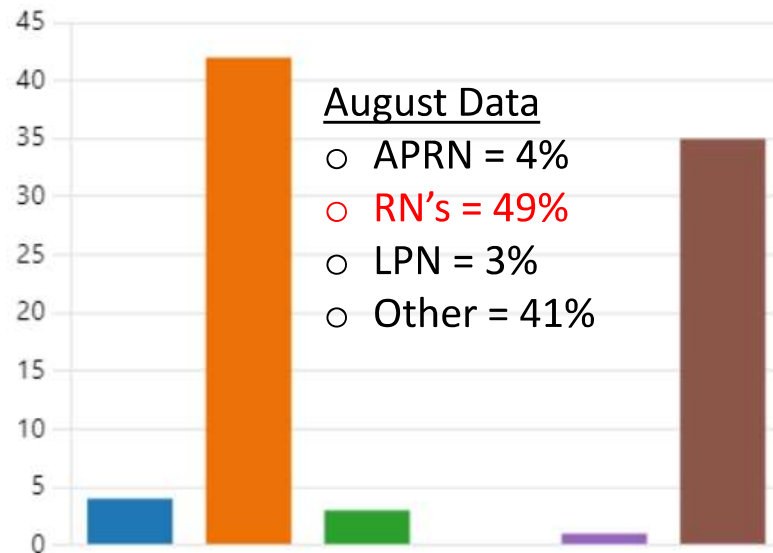
Washington State Department of Health:
Washington State Board of Nursing

Practice Queries: Who is Asking the Question?

4. Enter nursing credential of person asking question

[More Details](#)

● APRN (Advanced Practice RN)	4
● RN (Registered Nurse)	42
● LPN (Licensed Practical Nurse)	3
● NT (Nurse Technician)	0
● NA (Nursing Assistant)	1
● Other	35



8/29/2024

Practice Queries: 5 Categories

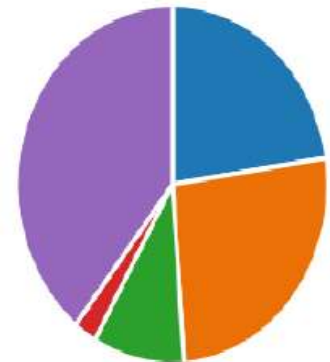
August Queries

- **Scope of Practice = 39%**
- Licensure = 26%
- Regulations = 22%
- Cont. Competency = 9%
- Practice Standards = 2%

5. Inquiry/question category (5 branched)

More Details

● Authority governance/regulations	19
● Licensure	22
● Continuing competency	8
● Practice standards	2
● Scope of practice	33



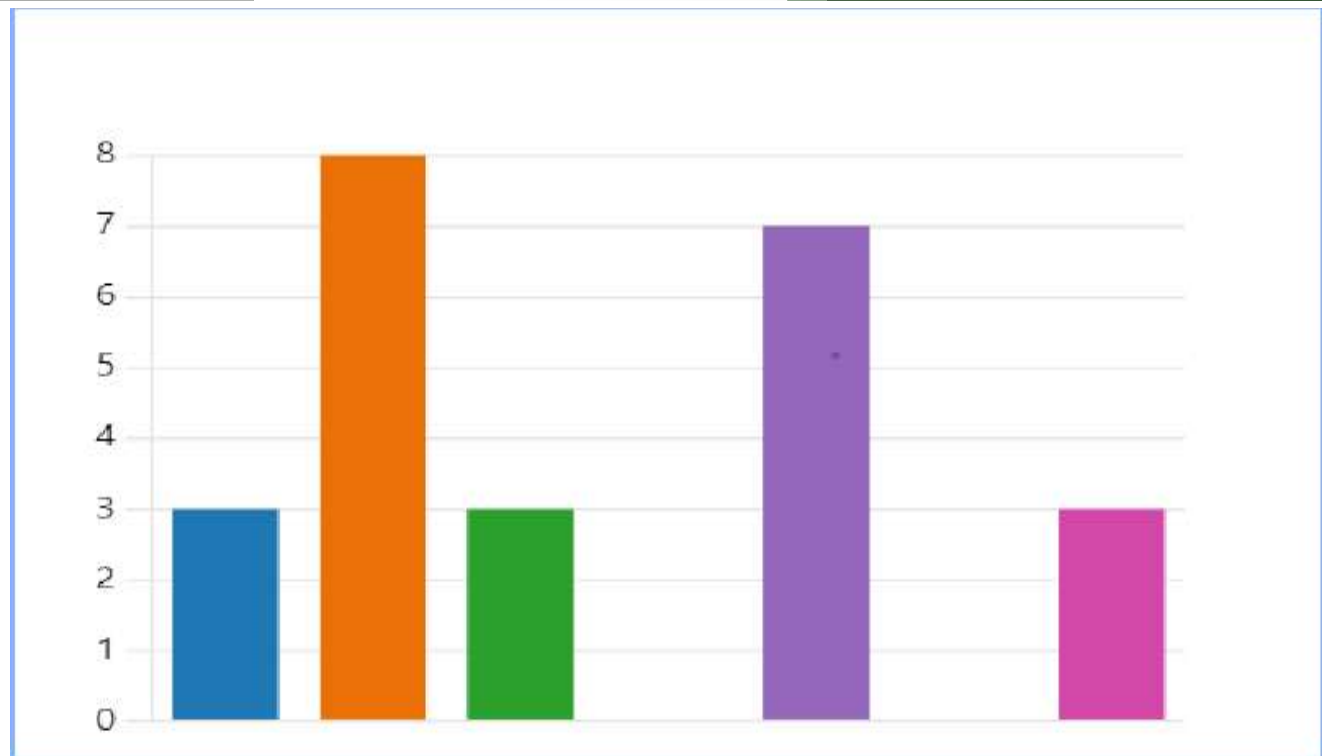
8/29/2024

Practice Queries:

What Nursing Credential is the Inquiry About?

August data

- APRN = 12%
- RN = 33%
- LPN = 12%
- NAC = 29%
- Other = 12%



8/29/2024

Running a home health care agency, we provide nursing services including IV infusions, medication administration, tracheostomy care, and wound care. Considering expansion, we are seeking clarity on the roles LPNs can play in a patient's home and the necessary supervision requirements. Specifically, we are uncertain about the independent administration of medications via a PICC line by an LPN under an RN's supervision at a patient's home."

"Our main challenge in understanding the law is interpreting the wording: "Under the direction or supervision of a RN, administer drugs, medications, treatments, tests, injections, and inoculations as directed by licensed practitioners or a RN, the task may involve piercing of tissues and require independent judgment and skill." We're also trying to figure out when we can do these things without a nurse being there."

(Sample synthetic quote form nurse inquiry box).

Practice Question Example

8/29/2024

Early Remediation Data



2024 Early Remediation Case

Aug 2024

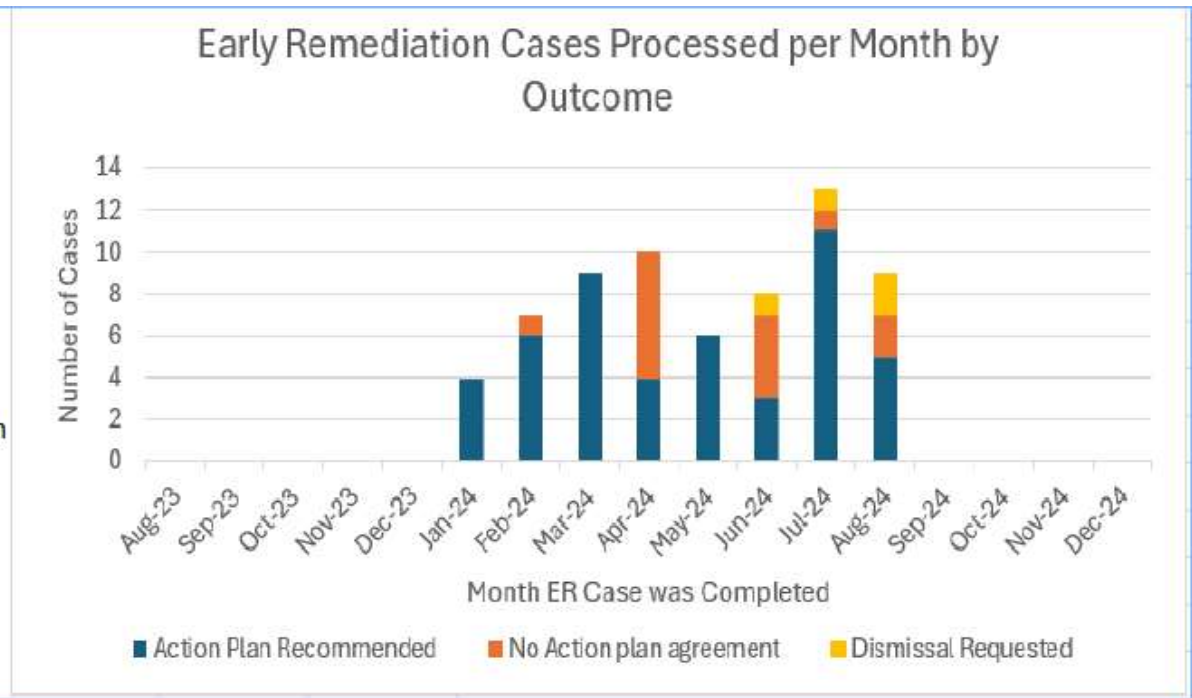
Start now

The image shows a presentation slide with a background of purple flowers. A dark grey semi-transparent box is overlaid on the slide, containing the text '2024 Early Remediation Case' and 'Aug 2024'. A 'Start now' button is located in the bottom right corner of the slide.

Performance Measure: Early Remediation Data

Action Plan = 71%
No Action Plan Agree = 23%
Dismissal Requested = 4%

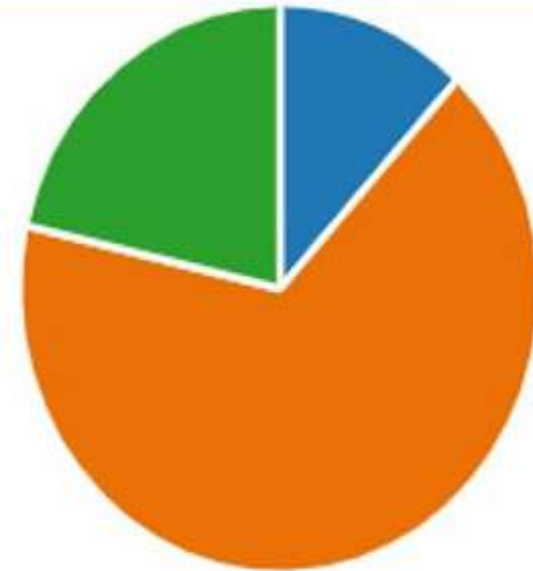
Volume
The number of cases referred to Early Remediation that resulted in an Action Plan, recommended dismissals or no action plan agreement reached.



8/29/2024

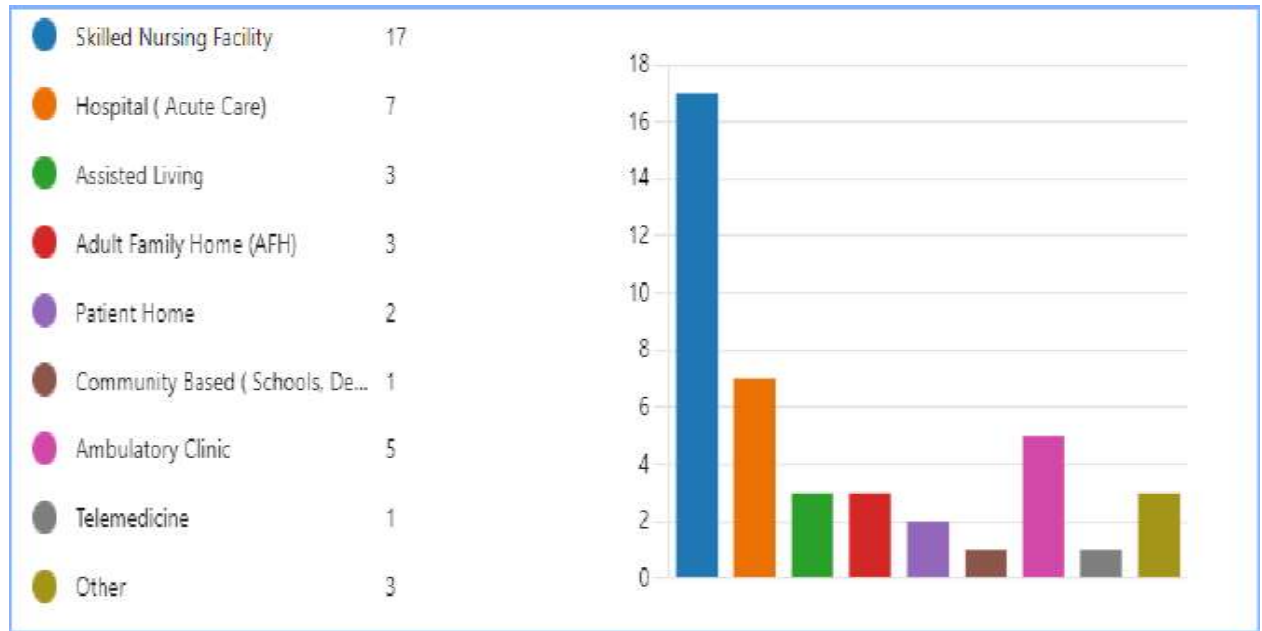
Early Remediation Data

- APRN = 11%
- RN = 66%
- LPN = 21%



8/29/2024

Early Remediation Data: Origin of Practice Breakdown



- Skilled Nursing Facility = 40%
- Acute Care = 16%
- Ambulatory Clinic = 11%
- Assisted Living = 7%

8/29/2024

Early Remediation Data

Who is Reporting?

Employer = 38%

Co-worker = 14%

DSHS = 11%

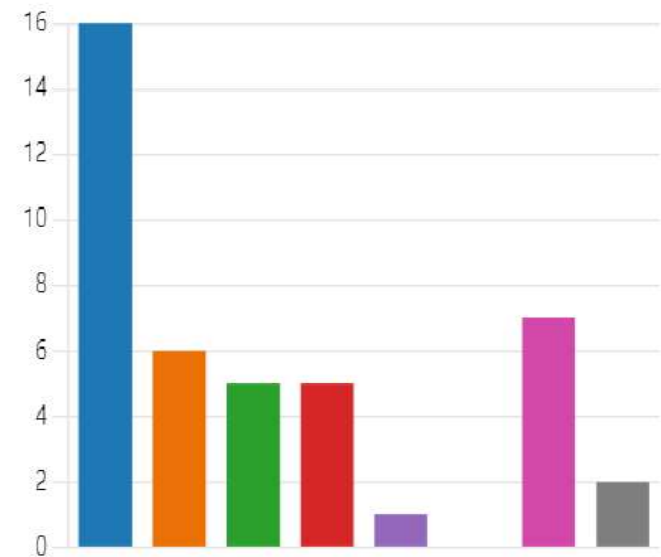
Patient/Family = 13%

Self Reported = 4%

Other = 16%

Jan-Aug 2024

Employer	16
Co-worker	6
DSHS	5
Patient	5
Patient Family	1
Agency referral (Medical Comm...	0
Other	7
Self reported	2



8/29/2024

Presentation Calendar

The screenshot displays a 'Presentation Calendar' interface. At the top, there are options for '+ New', 'Share', and 'Export to Excel'. The calendar is set to 'August 2024' and shows a grid of dates. A view menu is open, listing several views: 'Month' (checked), 'Week', 'Items that need attention', 'All Items', 'Practice Team Board', 'Practice Team Event Calendar' (checked), 'Practice Team Gallery', 'Create new view', 'Save view as', and 'Edit current view'. The calendar grid shows several events: '10:30 AM Le...' on Tuesday, Aug 27; '12 PM CoAd...' on Wednesday, Aug 28; '10:30 AM W...' on Thursday, Aug 29; '2 PM Legal F...' on Friday, Aug 30; and '9 AM Docu...' on Saturday, Aug 31. To the right of the calendar is a video thumbnail titled 'Presentations' with a 'Learn more' link and a '1 of 5' indicator.

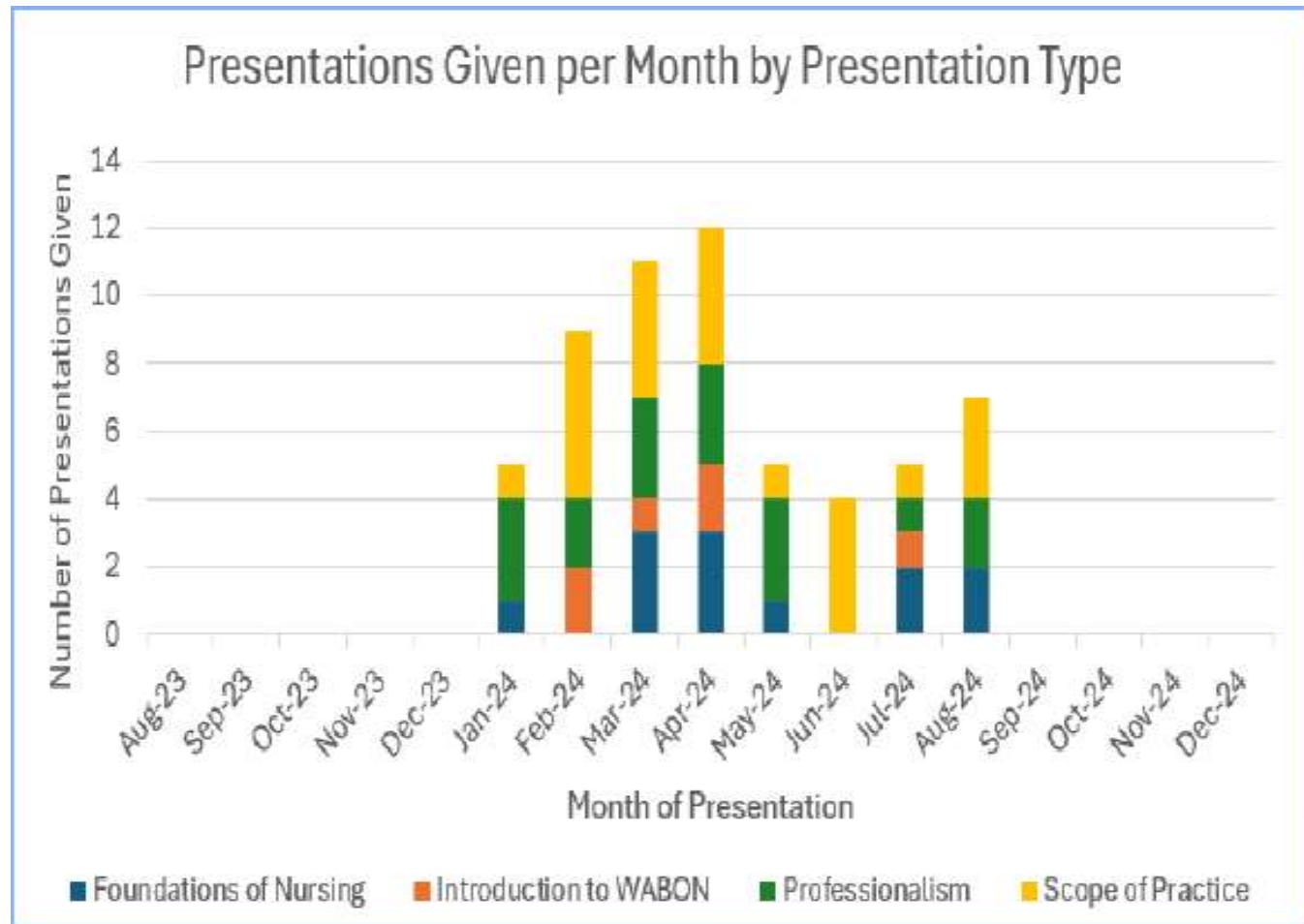
8/29/2024

Educational Presentations Performance Measure

The total number of Practice Unit presentations given each month by presentation type. These presentations are typically requested by audiences external to WABON.

Attendance range =17 to 125
Median = 82

8/29/2024



Washington State Department of Health:
Washington State Board of Nursing

00

2024 Continuing Competency Audit v4

Aug 28, 2024

Start now

The image shows a video player interface. At the top left, there is a circular icon with '00' inside. The main content area features a blurred background of a person in a white lab coat. Overlaid on this is a semi-transparent white box containing the title '2024 Continuing Competency Audit v4' and the date 'Aug 28, 2024'. In the bottom right corner of the video frame, there is a dark green button with the text 'Start now'. Below the video frame, there are some faint, illegible icons.

8/29/2024

Washington State Department of Health: Washington State Board of Nursing

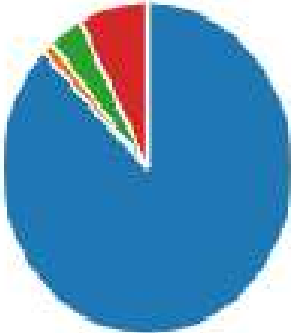
Continuing Competency Reviews

Data collection began
March 2024

8/29/2024

5. Continuing Competency Requirements Met (Education or Practice)

Yes	69
No	1
Exempt (Student)	3
Other	6



Washington State Department of Health:
Washington State Board of Nursing

2.3

Share and Disseminate Practice Breakdown Data

- Develop Dissemination Plan
- Provide progress reports to the WABON



Provide Consultation, Guidance, and Education: Proactive Approach

- Develop system to prioritize for development, review, and revision of guidance documents
- Early Remediation Program

2.4

Process Improvement: Matrix Testing Phase

Aug 2024 CSPSC Prioritization Matrix

Aug 23, 2024

Internal: Please fill out if you have a work request for BON-Consistent Standards of Practice (CSPSC) sub-committee

8/29/2024

Strategic Plan 2023-2025

Prioritization Matrix



Next Steps: Process Improvement

Our WABON Practice Unit is responsible for providing practice consultation and training.

We **are** improving our processes.

We are using nursing expertise with available technology to transform the quality of our work processes.

8/29/2024



Questions?



Discussion and Questions

Deborah Carlson, MSN, RN
Nursing Practice Director

Margaret Holm, JD, RN
Nurse Practice Consultant

Shana Johnny, DNP, MN, RN
Nurse Practice Consultant

Marlin Galiano, MN, RN
Nurse Practice Consultant

Dennis Gunnarson
Administrative Assistant



Washington State Department of Health:
Washington State Board of Nursing

Social Media Analytics Report – WABON

Quarter 2 of 2024

Executive Summary

In the second quarter of 2024, the Washington State Board of Nursing (WABON) website launched its social media presence on Facebook, Instagram and LinkedIn. The launch occurred during Nurses Week, May 6 – 12.

Introduction

This report includes an overview of the WABON social media performance during Q2 2024, including sources of traffic, top-performing pages, session details, and more.

Methodology

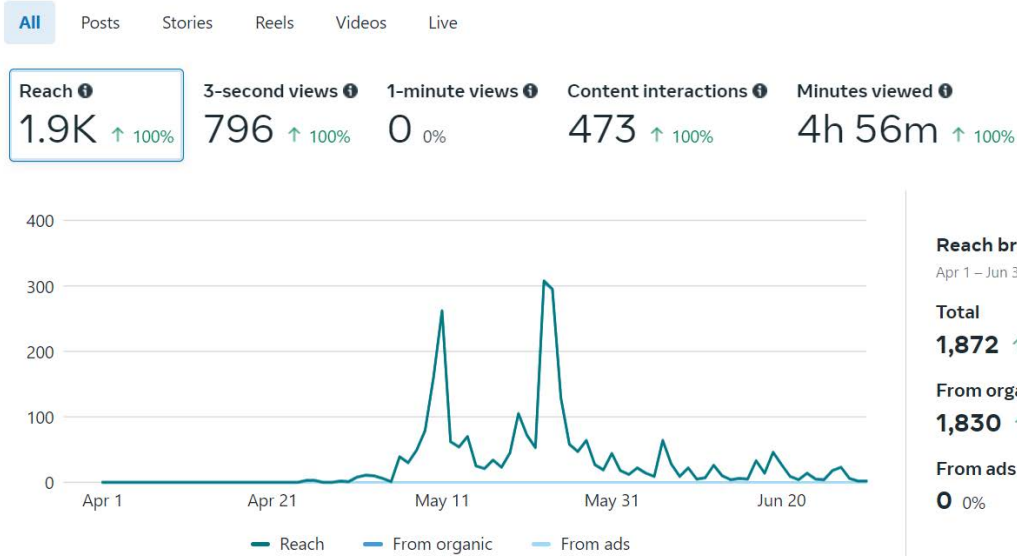
Data in this report was collected through Meta Business Suite Analytics and LinkedIn Analytics, and includes all website traffic during the second quarter of 2024, from April 1st, 2024 through June 30th, 2024.

Results

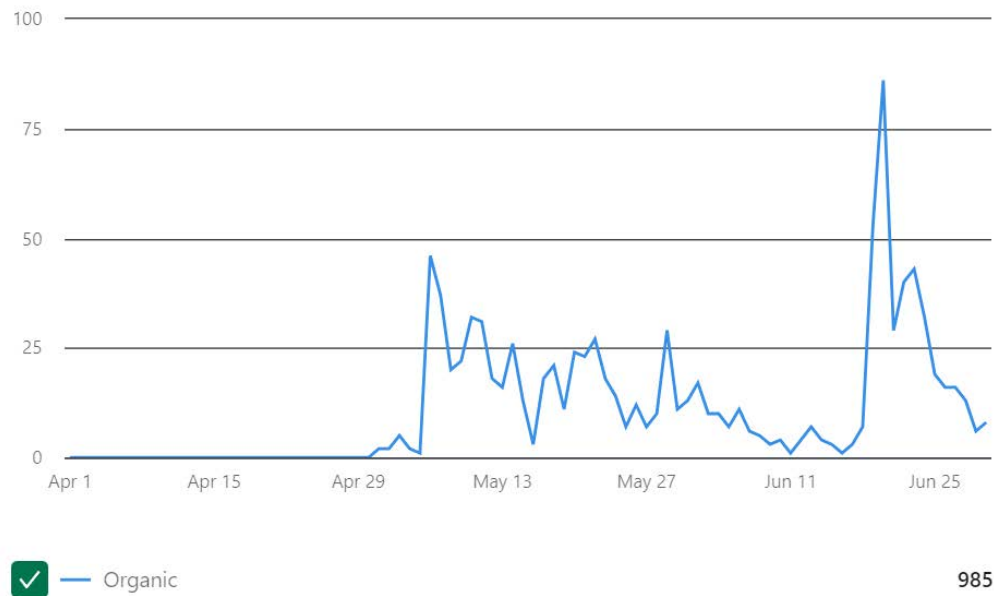
Key Findings

1. **Total Followers:** The WABON Facebook following is currently 62 Facebook users, Instagram has 46 followers, and LinkedIn has 45 followers. (Note that follower counts are current as of August 28, 2024)
2. **Reach:** Over Q2, Facebook had a reach of 1.9K, Instagram had a reach of 365. (reach not available for LinkedIn)
3. **Active Visitors:** Facebook garnered 639 page visits, Instagram had 368 visits, and LinkedIn had 134 visits.
4. **Audience:** Once Facebook and Instagram have over 100 followers, more demographic information on followers will become available. LinkedIn demographic information includes 26.9% of visitors from Healthcare Services, 9% from Business Development, 7.5% from Legal, 6.7% from Accounting, 6.7% from Operations, 5.2% from Marketing, 4.5% from Administrative, 4.5% from Information Technology, 4.5% from Media and Communication, and 2.2% from Education job functions.
5. **Interactions:** The Q2 posts with the most interactions included the Congratulatory post for Dawn Morrell and a Happy Nurses Week post highlighting Tiffany, Tami and Theresa.

Facebook Content Overview, Q2



LinkedIn Unique Views, Q2



Conclusions

The launch of WABON’s social media appears slow, however numbers have continued to climb steadily and interaction has increased. This is evident in current posting, and once Q3 numbers are available, a good uptick will be visible in the data.

Website Analytics Report – WABON

Quarter 2 of 2024

Executive Summary

In the second quarter of 2024, the Washington State Board of Nursing (WABON) website received a total of 254,461 users with an average engagement time of 1 minutes and 35 seconds. The majority of users arrived at the website through direct traffic (45.9%), followed by organic search (39.5%), and then referral (14.2%). The top visited pages were the Verify a License page, the Home page, and the Online Application Instructions page.

Introduction

This report includes an overview of the WABON website performance during Q2 2024, including sources of traffic, top-performing pages, session details, and more.

Methodology

Data in this report was collected through Google Analytics, and includes all website traffic during the second quarter of 2024, from April 1st, 2024 through June 30th, 2024. Comparisons were made using data from Q1 of 2024, from the time period January 1st, 2024 through March 31st, 2024.

Results

Key Findings

1. **Total Visits:** The WABON website had 388,768 total sessions during Q2 of 2024, which is an decrease of 38.1% from the previous period, Q1 of 2024.
2. **Engagement Rate:** Of these 388,768 sessions in Q2 of 2024, 227,341 were considered “engaged sessions”, meaning that the sessions lasted longer than 10 seconds, or the user visited 2 or more pages during their session. The website therefore had an engagement rate of 58.5%, a decrease of 2.6% from the previous period.
3. **Active Visitors:** The WABON website had 254,461 active users during Q2 of 2024. This is a decrease of 49.3% from the previous period, Q1 of 2024.
4. **New Visitors:** The WABON website had 235,487 new visitors during Q2 of 2024. This is a decrease of 49.2% from the previous period, Q1 of 2024.
5. **Page views:** The website recorded 919,247 total page views during the Q2 of 2024, representing a decrease of 42.9% from the previous period.
6. **Bounce Rate:** The website had a bounce rate of 41.5% during Q2 of 2024, an increase of 3.9% from the previous period. Bounce rate indicates the number of sessions that were not engaged sessions.

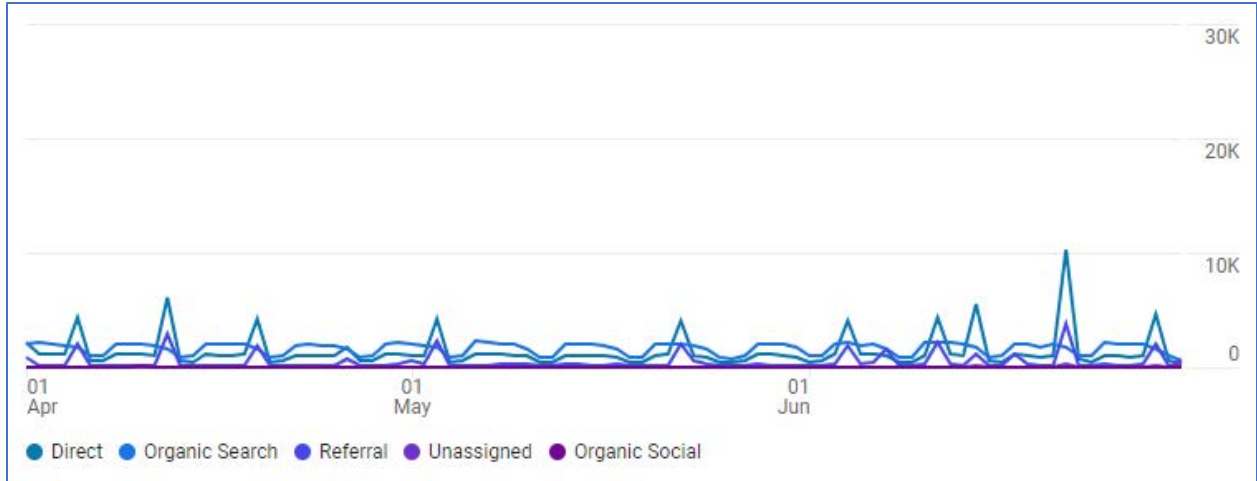


Figure 1. New Users by Traffic Source Over Time in Q2 of 2024

Pages

The most popular pages on the website during the period were:

1. **Verify a License:** 106,335 page views, a decrease of 42.9% from the period before.
2. **Home:** 70,612 page views, a decrease of 66.3% from the previous quarter.
3. **Online Application Instructions:** 63,760 page views, an increase of 32.9% from the period before.
3. **Renew or Reactivate License:** 55,723 page views, a decrease of 68.0% from the period before.
4. **Upgrade to an MSL:** 47,597 page views, a decrease of 42.4% from the period before.

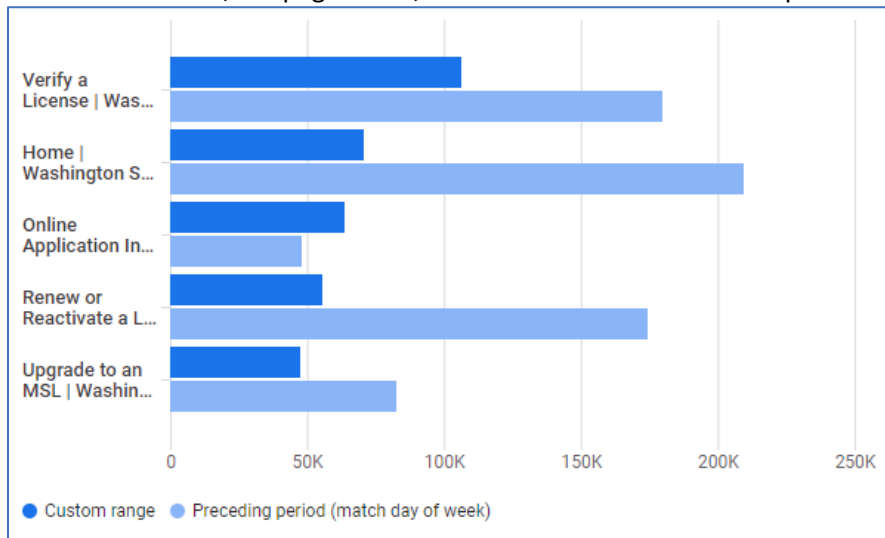


Figure 2. Total Views of Top Pages during Q2 of 2024 compared to Q1 of 2024

Traffic Sources

The majority of traffic during Q2 of 2024 came from the following sources:

1. **Direct:** 113,949 visits, a decrease of 59.9% from the period before. This accounted for 45.9% of all sessions.

2. **Organic Search:** 109,317 visits, a decrease of 1.4% from the period before. This accounted for 39.5% of all sessions.
3. **Referral:** 37,210 visits, a decrease of 60.5% from the period before. This accounted for 14.2% of all sessions.

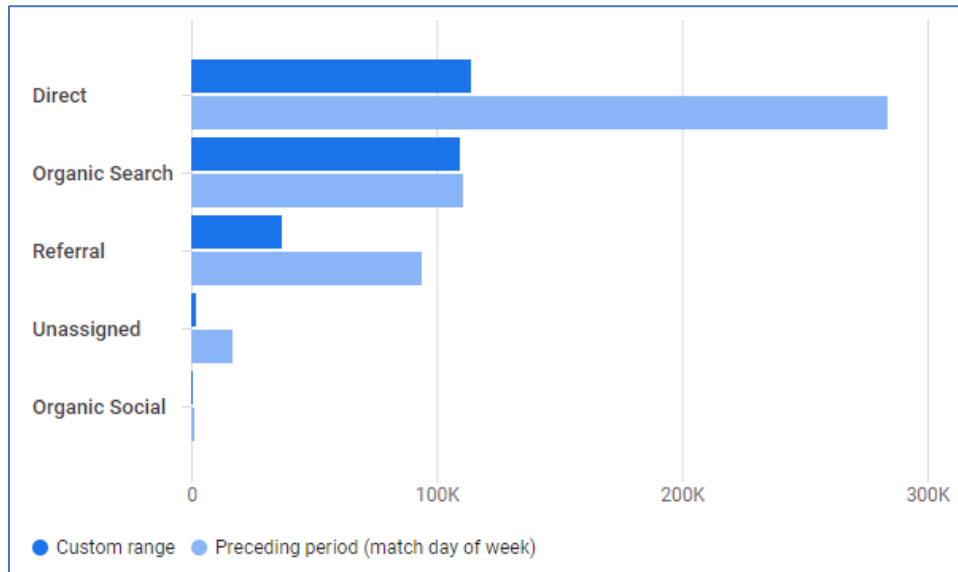


Figure 3. Total Users by Source of Traffic During Q2 of 2024 Compared to Q1 2024

Users and User Behavior

During the previous quarter of 2024, WABON website users were most commonly from the following countries:

1. **United States:** 244,105 users, a decrease of 50.0% from the period prior.
2. **Canada:** 3,486 users, a decrease of 29.1% from the period prior.
3. **Philippines:** 1,368 users, a decrease of 26.3% from the period prior.

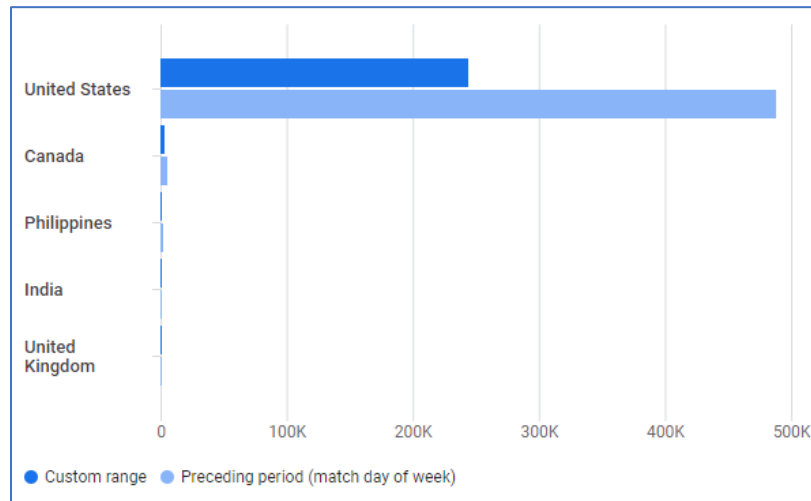


Figure 4. Total Users by Country During Q2 of 2024 Compared to Q1 2024

Users were most commonly from the following cities:

1. **Seattle:** 52,169 users, an increase of 1.3% from the period prior.

2. **Moses Lake:** 14,486 users, a decrease of 75.3% from the period prior.
3. **Des Moines:** 13,132 users, a decrease of 75.5% from the period prior.

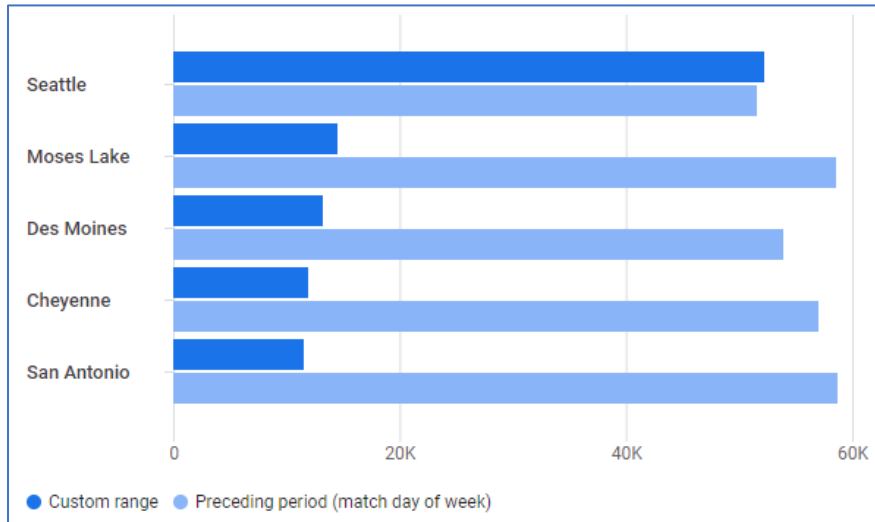


Figure 5. Total Users by City During Q2 of 2024 Compared to Q1 2024

User behavior on the website during Q2 of 2024 was as follows:

1. **Average Engagement Time:** The average engagement time was 1 minute and 35 seconds, an increase of 70.7% from Q1 of 2024.
2. **Pages per Session:** The average number of pages viewed during a user’s session was 3.6 pages, an increase of 12.6% from Q1 of 2024.

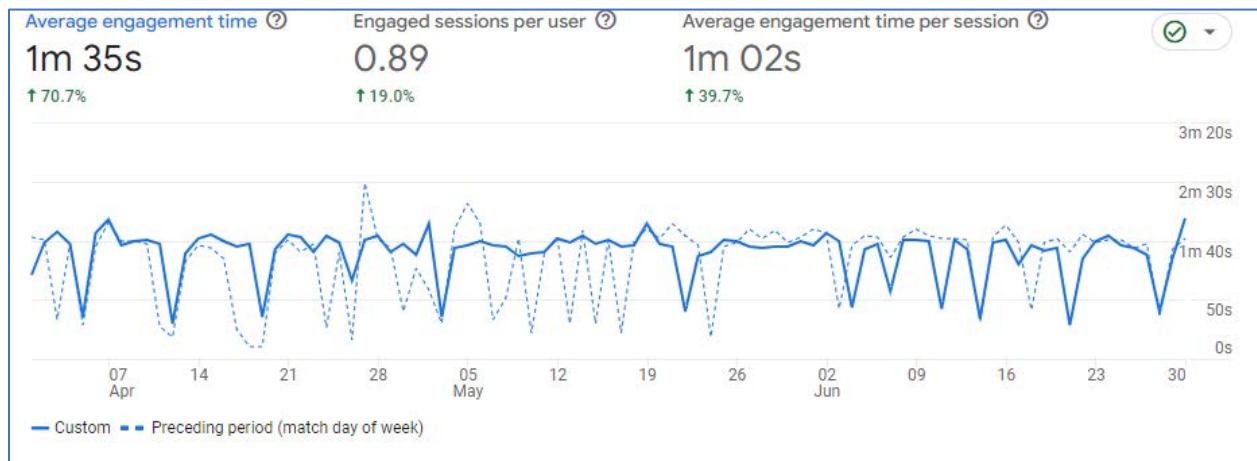


Figure 6. Average Engagement Time in Q2 of 2024 Compared to Q1

Users visited the website by using the following devices in the previous quarter of 2024:

1. **Desktop:** 174,377 users used a desktop to access the website, a decrease of 57.6% since the previous quarter. This accounted for 68.3% of all users.
2. **Mobile:** 78,978 users used a mobile device to access the website, a decrease of 10.7% since the previous quarter. This accounted for 30.9% of all users.

3. **Tablet:** 1,846 users used a tablet to access the website, a decrease of 7.6% since the previous quarter. This accounted for 0.7% of all users.

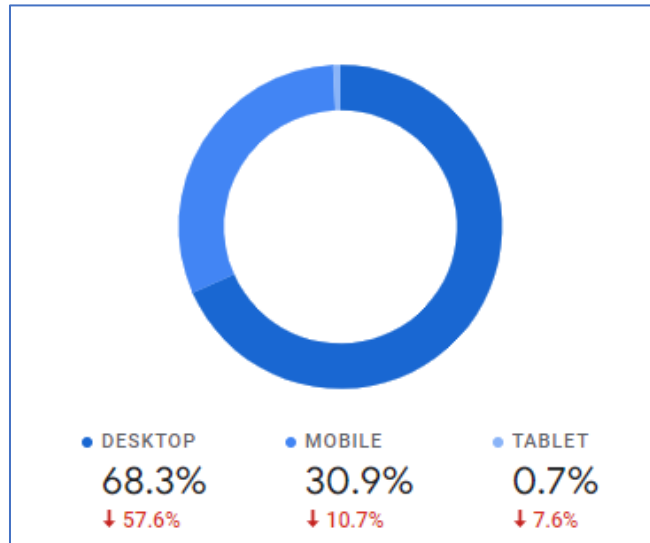


Figure 7. Breakdown of Total Users by Operating Device During Q2 of 2024

Conclusions

The second quarter of 2024 showed decreases in most measures and a return to similar view and users count as was seen in 2023. This is unsurprising, given the meteoric rise we saw in Q1 of 2024.

We saw decreases in page views, sessions started, the number of visitors, and engagement rate. Engagement rate decreased and bounce rate increased once again, however average engagement time and pages viewed per session have increased. This means that even though less users are visiting and engaging with the website, those that do engage are spending more time on the website and viewing more pages than they had been previously.

GovDelivery Performance: Bulletin Report Analytics

Compiled July 1st, 2024

Data Range: April 1st, 2024 through June 30th, 2024

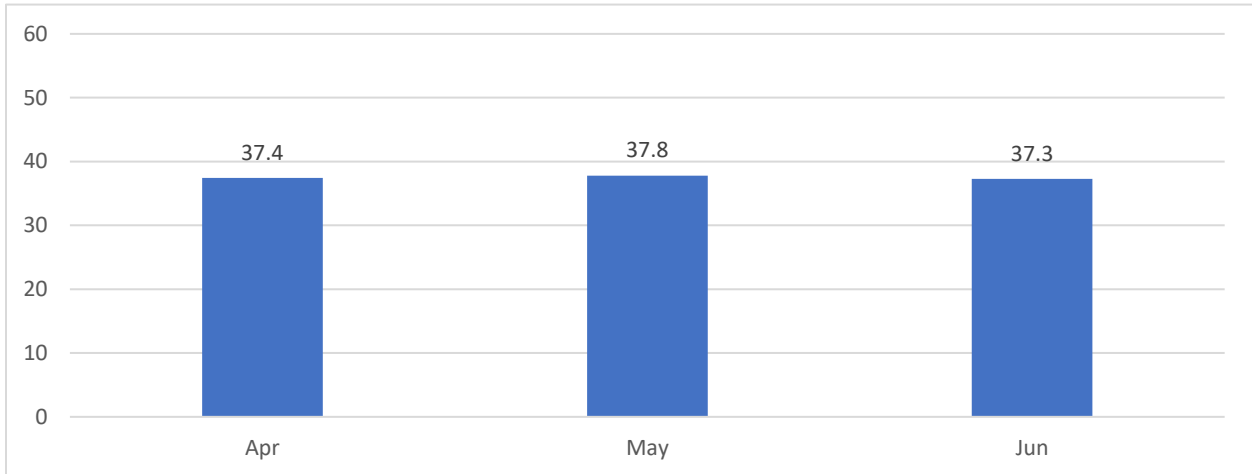
Summary

Data is collected by GovDelivery on all bulletins sent out. This report compiles some of that data from the date range: April 1st, 2024 through June 30th, 2024. The data shows that email open rate was the highest in May, and the highest for the Legislation and Rules category. News and Alerts had the highest number of total opens, and the bulletin “CR-103 Permanent Rule Announcement” had the most total opens.

Highest Viewed Bulletins

Bulletin Subject	Total Opens
CR-103 Permanent Rule Announcement	187,323
Opportunity to help improve the Safe Medication Return system	120,225
Military spouses - removing barriers to temporary practice permits	112,538
Department of Health Rulemaking	111,221
NOTICE OF NEW LAW RELATED TO PAID FAMILY MEDICAL LEAVE REQUESTS	68,869

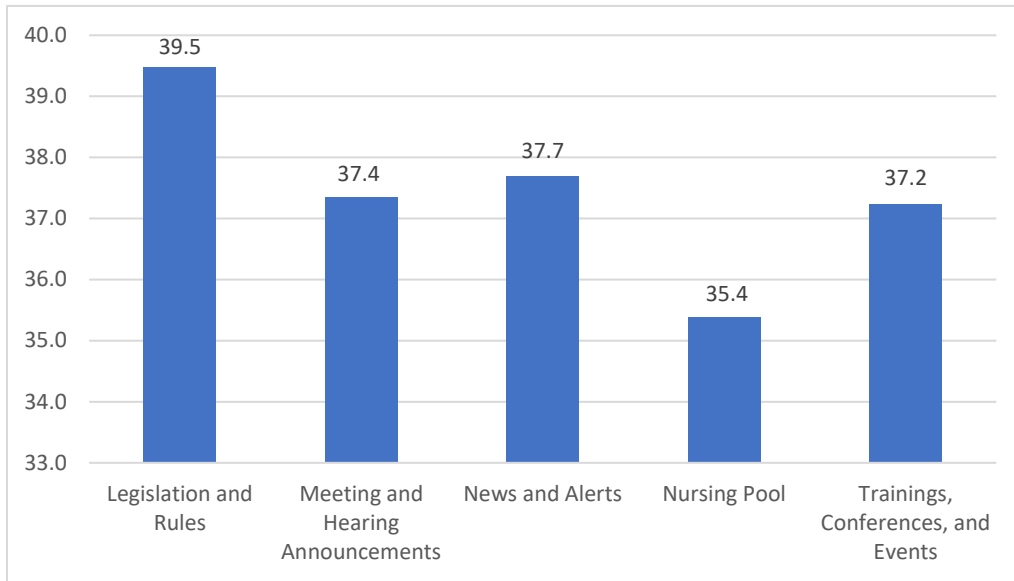
Average Unique Email Open Rate



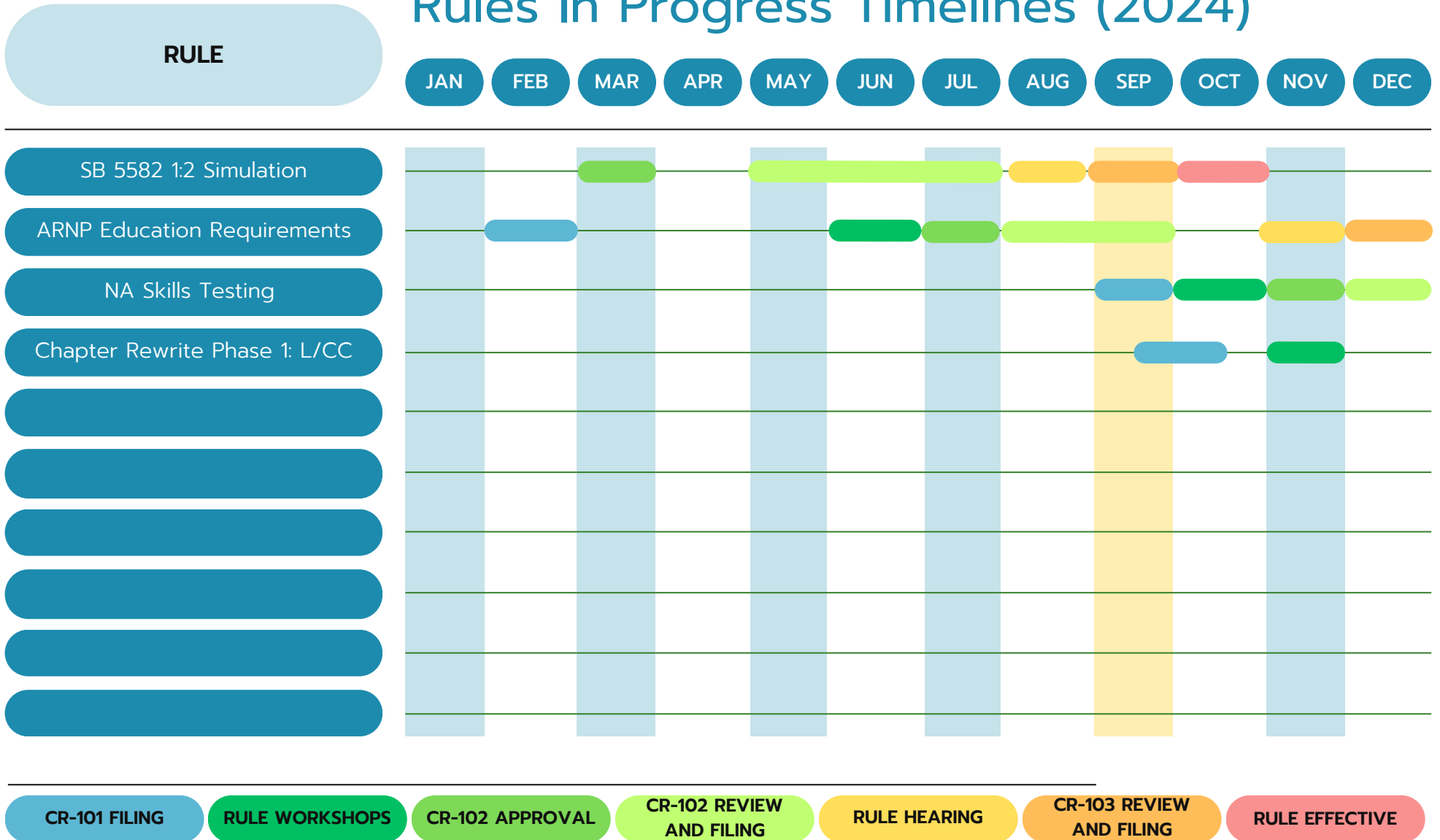
Total Opens by Month and Subscription Group

Subscription Group	January	February	March	All Quarter
Legislation and Rules		132,681	123,511	256,192
Meeting and Hearing Announcements	356,066	112,577	226,550	695,193
News and Alerts	371,681	488,214	456,211	1,316,106
Trainings, Conferences, and Events	347,589			347,589
Grand Total	1,255,508	792,470	806,272	2,854,250

Average Unique Email Open Rate by Subscription Group in the Last 12 Months



Rules In Progress Timelines (2024)



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	There are no emergency rules at this time.			

EXPEDITED RULES

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	FILING DATE Washington State Register (WSR)
1	Nursing Fee Rule Corrections (Secretary Authority)	WAC 246-840-990	<p>In January 2024, the Department of Health (department) in consultation with the Washington State Board of Nursing (board), adopted amendments to WAC 246-840-990. These amendments were introduced to establish the multistate nursing license fee and increase the nursing center surcharge fee as directed by Substitute Senate Bill (SSB) 5499 (chapter 123, Laws of 2023). The nursing center surcharge fee increased from five to eight dollars per year for all initial licenses and renewal licenses for registered nurses (RN) and licensed practical nurses (LPN).</p> <p>However, it was discovered that the fee totals for retired active and inactive licenses in WAC 246-840-990 were incorrect and did not include the correct nursing center surcharge fee. The department, in consultation with the board, is proposing further amendments to WAC 246-840-990 to correct these amounts and ensure the fee totals accurately reflect the correct surcharge fee. This correction is entirely technical and does not change what licensees are currently charged.</p>	<p>WSR: 24-14-126 File: 7/02/2024 Comment Deadline: 9/3/2024 (midnight)</p>

CURRENT RULES IN PROGRESS (STANDARD RULEMAKING)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
1	1:2 Simulation	Amendments to: WAC 246-840-534 And potential new rule section, WAC 246-840-5341, in Chapter 246-840 WAC.	SB 5582-S2.SL.pdf (wa.gov) Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. The Washington State Board of Nursing (board) is considering amendments to nursing education rules in response to Engrossed Second Substitute Senate Bill (E2SSB) 5582 (Chapter 126, Laws of 2023). The board is considering amending WAC 246-840-517, 246-840-534, and other related rule sections.	WSR: 23-17-011 File: 8/4/2023	9/26/2023 10/5/2023 10/16/2023 10/17/2023 10/26/2023 11/20/2023 12/4/2023	WSR: 24-15-133 Filed: 7/23/2024	8/27/2024	
2	ARNP Education Requirements for Licensure	Amendments to: WAC 246-840-010 WAC 246-840-340 WAC 246-840-342 And other related rule sections in Chapter 246-840 WAC	On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board: (1) define the term “graduate degree” in chapter 246-840 WAC and (2) provide for the exemptions to education requirements for Advanced Registered Nurse Practitioner license applicants in board Procedures B35.01 and B9.06 by rule. 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.	WSR: 24-05-022 Filed: 2/9/2024	6/20/2024 6/21/2024	In Progress		
3	NA Skills Testing	Amendments to: Sections in Chapter 246-841A WAC	NA certification requires both a written (or oral) and skills examination. In 2023, the Board faced challenges with mass testing for NA certification, including limited testing availability and the need for students to travel further to access testing sites. To address these challenges, the Board decided to transition to test administration by the training programs. In October 2023, the Board launched a voluntary training program testing initiative, allowing NA students to be tested through their training programs instead of centralized testing sites. Since the transition, there has	In progress				

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			<p>been an increase in testing capacity, with higher testing volumes and improved student confidence in familiar testing environments. Pass rates have also slightly increased, indicating the effectiveness of the new testing approach.</p> <p>NA skills testing, conducted by training programs, serves as a vital mechanism for offering convenient and localized testing opportunities to students. Presently, 88 out of 180 programs are administering skills tests to their own students. Establishing rules to formalize this testing approach would provide clarity and support for students, encompassing accommodations and the grievance process. Additionally, it would delineate eligibility criteria for in-program testing and spread testing availability across the state. To address these challenges and formalize the transition to training program testing, rulemaking is necessary.</p>					

UPCOMING RULE PROJECTS

- Phased Chapter 246-840 WAC Rewrite

RECENTLY FILED RULES (EFFECTIVE 2021-2024)

#	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	Blood Glucose Management	Amendments to: WAC 246-840-930 WAC 246-840-940 New Rules: WAC 246-840-835 WAC 246-840-935	HB 1124-S.PL.pdf (wa.gov) Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections. Identifies two areas that require WABON rulemaking: <ol style="list-style-type: none"> Expands the allowance for the RN to delegate glucose monitoring and testing beyond community-based and home settings to all settings where the NA-R/NA-C and HCAs work. Removes from statute the timelines for RN supervision and evaluation of the delegated task of administering insulin and directs the board to determine the interval in rule. 	WSR: 23-02-037 Filed: 12/29/2022	2/1/2023 and 2/6/2023. Note: Additional workshops were held 5/15/2023 and 5/19/2023.	WSR: 24-08-076 File: 4/3/2024	5/10/2024	WSR: 24-13-079 File: 6/17/2024 Effective: 7/18/2024
2	Substance Use Disorder Monitoring Program Participation	Amendments to: WAC 246-840-750 through WAC 246-840-780 New Rule: WAC 246-840-790	HB 1255-S.SL.pdf (wa.gov) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. The Washington State Board of Nursing (board) is considering amendments to current rule sections relating to the board's substance use disorder (SUD) monitoring program in response to Substitute House Bill (SHB) 1255 Nursing — Substance Use Disorder Monitoring Program Participation (chapter 141, Laws of 2023). The board is also considering creating new rule sections to establish a stipend program as directed by SHB 1255.	WSR: 23-17-074 File: 8/14/2023	12/13/2023 12/15/2023	WSR: 24-07-063 File: 3/15/2024	5/10/2024	WSR: 24-12-066 File: 6/3/2024 Effective: 7/1/2024
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: 23-11-143 File: 5/24/2023	6/22/2023 6/29/2023	WSR: 24-03-103 File: 1/18/2024	3/8/2024	WSR: 24-10-063 File: 4/26/2024 Effective: 5/27/2024

#	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
4	Nursing Temporary Practice Permits	Amendments to: WAC 264-840-095	<p>Temporary practice permit effective dates for licensed practical nurses (LPN) and registered nurses (RN). The Washington State Board of Nursing (board) is adopting amendments to WAC 246-840-095, Temporary Practice Permits, reducing the length of time a temporary practice permit is effective and updating criteria to issue a temporary practice permit in order to align the internal board process with rule language and implement Second Substitute House Bill (2SHB) 1009 (chapter 165, Laws of 2023), Military Spouses—Professional Licensing and Employment.</p> <p>The board is adopting amendments to reduce the length of time a temporary practice permit is active from 180 days, after the temporary practice permit is issued, to 60 days to align WAC 246-840-095 with the current practice of the board and promote completion of the licensure process. The amendments also reduce the extension of the temporary practice permit from 180 days to 30 days.</p>	WSR: 22-06-057 Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.	WSR: 23-21-071 Filed: 10/12/2023	11/29/2023	WSR: 24-03-055 Filed: 1/11/2024 Effective: 2/11/2024
5	Multistate License Fee	Amendments to: WAC 246-840-990	<p>5499-S.SL.pdf (wa.gov) Concerning the multistate nurse licensure compact. Creating a fee and updating a surcharge for a multistate nursing license. WAC 246-840-990, Fees and renewal cycle. The Department of Health (department) in consultation with the Washington State Board of Nursing (board) must update an existing licensing surcharge amount in rule to comply with the new surcharge amount in law. The department and the board are also considering rulemaking to create a fee for a new multi-state license option for registered nurses (RNs) and licensed practical nurses (LPNs) residing in Washington State in keeping with Substitute Senate Bill (SSB) 5499 Multistate Nurse Licensure Compact (Chapter 123, Laws of 2023), effective July 23, 2023.</p>	WSR: 23-16-127 File: 8/1/2023	8/23/2023 8/28/2023 8/29/2023	WSR: 23-26-060 File: 10/25/2023	12/5/2023	WSR: 24-02-057 Filed: 12/28/2023 Effective: 1/31/2024
6	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	<p>ESSB 5229-S.SL.pdf (wa.gov) Health Equity & Continuing Competency</p> <p>Health equity continuing education for licensed practical nurses (LPN) and registered nurses (RN) licensed in WAC 246-840-220 and 246-840-222. The Washington State Board of Nursing (board) is adopting an amendment to WAC 246-840-220 to implement Engrossed Substitute Senate Bill (ESSB) 5229 (chapter 276, Laws of 2021).</p>	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

#	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
			<p>The board is adopting a new section of rule and revisions to existing rule in order to establish health equity continuing education (CE) requirements to comply with RCW 43.70.613.RCW 43.70.613(3)(b) directs the rule-making authority for each health profession licensed under Title 18 RCW that is subject to continuing education (CE) to adopt rules requiring a licensee to complete health equity continuing education training at least once every four years. The statute also directs the Department of Health (department) to create model rules establishing the minimum standards for health equity CE programs. The department filed model rules for health equity CE minimum standards on November 23, 2022, under WSR 22-23-167. Any rules developed for the board must meet or exceed the minimum standards in the model rules in WAC 246-12-800 through 246-12-830.</p> <p>The board's adopted rule adds two hours of health equity education to be completed as part of the current continuing education requirements every year. This exceeds the two hours of health equity education to be completed every four years required in the model rules. The proposed rule requires two hours in health equity CE every year which can be counted under existing CE requirements for the profession. No additional topics are being added to the model rules requirements.</p>					
7	Nursing Assistants and NAC Training Program Standards	<p>Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary.</p> <p>Chapter 246-842 WAC (repealing)</p>	<p>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.</p>	<p><u>WSR: 21-05-021</u> Filed: 2/8/2021</p>	<p>October 2022 through February 2023.</p>	<p>WSR:<u>23-15-091</u> Filed: 7/18/2023</p> <p>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</p>	<p>8/30/2023</p>	<p>WSR: 23-20-117</p> <p>Filed: 10/3/2023</p> <p>Effective: 11/3/2023</p>

#	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
8	ARNP Opioid Prescribing Rules	Amendments to: WAC 246-840-463 WAC 246-840-4659	The rules were opened to address concerns expressed by Washington state long-term care associations and advanced practice nursing associations about the implementation of the 2018 opioid prescribing rules. On December 21, 2018, WABON adopted Interpretive Statement (NCIS 2.00), Application of WAC 246-840-4659 to nursing homes and long-term acute care hospitals. Interpretive statements are not enforceable and not subject to discipline under the Uniform Disciplinary Act.	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
9	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
10	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
11	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
12	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
13	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

#	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
14	Emergency to Permanent Rules	3/11/2022 246-840-533, 930 9/17/2021 Original 246-840-365, 367, 533, 930	Create permanent rules from some of the previous emergency rules. WABON first adopted emergency rules in response to COVID-19 in April 2020. They were refiled multiple times while permanent language is being developed.	WSR: 21-19-104 Filed: 9/17/2021	11/3/2021 11/8/2021	WSR: 22-04-081 Filed: 1/31/2022	3/11/2022 WAC 246-840-365, 367 removed and will be included in a new CR-101.	WSR: 22-12-026 Filed: 5/23/2022 Effective: 9/9/2022
15	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
16	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
17	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



Chapter 246-840 Rewrite

Chapter 246-840 Rewrite

Formal Rule Review

[RCW 43.70.041](#)

- Five-year formal review process of existing rules
- Assess existing rules to identify outdated or redundant sections
- Rewrite and reformat existing rules to reflect current best practices

Overview

- Clean up and restructure Chapter 246-840 WAC in phases
- Change the chapter title from “Practical and Registered Nursing” to reflect the board’s appropriate purview
- Change “commission” to “board”
- Correct outdated WAC references

Phased Approach

Phase 1

- Licensing, Continuing Competency

Phase 2

- Advanced Practice

Phase 3

- Nursing Education Programs, Nurse Technicians

Phase 4

- Practice Standards and Delegation

Phase 1 Overview

- Standard changes
- Amending RN, LPN, and ARNP licensing and continuing competency rules in order to:
 - Reflect changes made in related WACs
 - Reorganize sections for clarity
 - Reduce barriers for multistate licensure applicants and applicants educated outside the United States.
 - Introduce new WAC for applicants who passed the NCLEX for another jurisdiction outside of the United States (example: Canada and Australia)

Chapter Rewrite



2024

2025

2026

2027

PHASE 1 – L/CC

SEP 2024 – OCT 2025

PHASE 2 – AP

JAN 2025 – MAR 2026

PHASE 3 – ED/NT

MAR 2025 – MAY 2026

PHASE 4 – P/D

MAR 2026 – MAY 2027

Chapter 246-840 WAC Rewrite Workbook

Objectives

- Review, revise, and clean up Chapter 246-840 WAC
- Change the chapter title from “Practical and Registered Nursing” to reflect the board’s appropriate purview
- Change “commission” to “board”
- Correct outdated WAC references

Total Number of Sections in Chapter 246-840 WAC	154
Definitions	1
Licensing	14
Documenting Continuing Competency	7
Advanced Practice	16
Advanced Practice - Pain Management	28
Nursing Education Programs	53
Practice Standards	18
Nursing Technicians	8
Delegation of Nursing Care Tasks in Community-Based and In-Home Care Settings	9

Next Steps

Phase 1 – Licensing and Continuing Competency

- **September 2024**
 - Identify WAC sections and scope of rulemaking
 - Identify controversial sections and topic areas
 - Identify interested parties
- **November 2024**
 - File CR-101 and begin the rulemaking process

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

Title:	Interpretive <u>Statements</u> and Policy Statements	Number	J21.0 322
Reference:	<p>RCW 34.05.010 (8) – Definitions: Interpretive Statement Department of Health- Health Systems Quality Assurance Interpretive or Policy Statements Procedure (1-1-06)</p> <p><u>RCW 3405.010 (15) – Definitions: Policy Statement</u> <u>Chapter 34.05 RCW Administrative Procedure Act</u> <u>Consultation and Collaboration Procedure</u> <u>RCW 34.05.230 – Interpretive and policy statements</u> <u>RCW 18.130.065 – Rules Policies and Orders – Secretary’s Role</u> <u>NCIS 1.0 – Patient Abandonment Interpretive Statement</u></p>		
Contact:	<p>Jessilyn Dagumatherine Woodard Policy Analystof Discipline Washington State Board of Nursing (WABON)</p>		
Effective Date:	September 13 <u>September 13</u> March 8 , 2024	Date for Review:	September 13, March 8, <u>September 13, March 8,</u> 2026
Supersedes:	<p>J21.01 – January 14, 2022 F01.02 Development, Rescinding and Archiving of Interpretive Statements, Advisory Opinions, Policy Statements, and Declaratory Orders, May 11, 2012 F03.02 Request for Interpretive Statement, Consistent Standards of Practice Subcommittee Responsibilities and Actions, May 11, 2012 F02.03 Nursing Practice Advisory Opinions, Interpretive Statements, Policy Statements, and Declaratory Orders. November 19, 2010</p>		
Approved:	<p>Dawn Morrell, BSN, RN, BSN Chair Washington State Board of Nursing (WABON)</p>		

PURPOSE:

The ~~NCQAC~~ Washington State Board of Nursing (bBBoard) has the authority to issue interpretive statements and policy statements. ~~The purpose of this~~ This procedure describes the process to adopt, review, and rescind interpretive statements or policy statements (statements).

The procedure establishes the ~~BB~~board process ~~within the Nursing Care Quality Assurance Commission (NCQAC), for compliance with Department of Health (DOH) Health Systems Quality Assurance (HSQA), Office of the Secretary, Health Systems Quality Assurance (HSQA) review requirements,~~ and the Office of the Code Reviser legal requirements.

Definitions

~~For this procedure, the following definitions apply:~~

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).

~~Interpretive statements are intended to convey general guidance to assist interested parties by indicating the Washington State Board of Nursing’s current analysis and conclusion(s) on issues that are neither case, nor fact-specific, and that may come before the board at a time in the future.~~

~~An interpretive statement does not have the force and effect of law. It is merely an explanatory document intended to convey the board’s interpretation of the law and regulation as it existed at the time the statement was issued. It may answer questions regarding scope of practice or how to apply the information in statute or rule to a particular situation.~~

~~A.~~

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. RCW 34.05.010 (15).

A policy statement informs the public of the agency’s current approach to implementation of its own law or rule. A policy statement does not have the force and effect of law.

~~B. _____~~

~~**Author** – NCQAC Board staff members who work to support the NCQAC Board.~~

PROCEDURE:

Statement need identified

- I. The ~~Board or Board staff author~~ identifies ~~the possible~~ need for ~~written clarification of a rule or law~~ an interpretive statement and notify the executive director. ~~The need may be identified through a sub-committee. The NCQAC Board may also direct the author to initiate the statement process. Indications of a need may arise through: The need may be indicated by:~~

~~1.A.~~ _____ Questions or controversy related to nurse licensure, practice, education, or discipline issues.

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- ~~2.B.~~ Questions related to how to apply the application of information in a statute or rule into a particular situation.;
- ~~3.C.~~ Patient safety concerns.;
- ~~4.D.~~ Changes in technology.;
- ~~5.E.~~ Legislation or regulatory reform.

~~II.~~ The author notifies the NCQAC Board Executive Director of the need for a statement.
~~III.II.~~ Prior to ~~presentation~~presenting the statement to the relevant subcommittee and Board for approval to begin the process. ~~Responsible staff~~the author consults with the ~~NCQAC Board~~Executive Director, pPolicy aAnalyst, lLegal staffManager, and the subject matter expert to:

- ~~1.A.~~ Determine ~~whether if~~ a statement is needed, or whether a rule or other type of communication is appropriate.;
- ~~2.B.~~ Determine which statement to use.;
- ~~3.C.~~ Identify and assign the lead author and other team members to assist with developing a statement.;
- ~~4.D.~~ Develop the timeline and prioritize.;
- ~~5.E.~~ Identify overlapping practice issues and other concerns.;
- ~~6.F.~~ Identify potential controversies.;
- ~~7.G.~~ Identify impact to other programs/offices/divisions.

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~~IV.III.~~ The ~~NCQAC BBoard~~pPolicy aAnalyst notifies the ~~HSQA Office of the Secretary Policy, Legislative, Constituent Relations Office (OS-PLCR)Health Systems Quality Assurance (HSQA) Division~~pPolicy aAnalyst, and the Office of ~~the Secretary Policy, Planning & Evaluation (OPPE)~~rRegulatory aAffairs mManager~~Policy Analyst~~ of potential controversies or other issues related to the statement.

Commission Board aApproval and drafting

- A. ~~Responsible S-staff~~The author obtains ~~NCQAC BBoard~~ approval to begin the statement process. ~~(unless the Board initiated the request for a statement, already directed by the NCQAC Board to initiate the statement process).~~ The ~~NCQAC BBoard~~ may choose to decline to issue a statement.
- B. The author drafts the statement ~~(using "draft" watermark and plain talk standards)~~ and saves the draft~~draft statement~~ and related documents on SharePoint.
- C. The author consults with others throughout the process for review and comment. Those may include: the assigned team and subject matter experts, ~~OS-PLCR Board~~Executive Director, pPolicy aAnalyst, lLegal staffManager, subject matter expert, HSQA pPolicy aAnalyst and OPPE ~~rRegulatory aAffairs mManager, OS Policy Analyst, NCQAC Board aAssistant aAttorney gGeneral (AAG) advisor to the Board, and other affected ~~Department of Health DOH programs, boards, commissions, or other state agencies for review throughout the development of the draft statement for requesting review and comment.~~~~

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- D. The author follows the ~~Washington State Department of Public Health~~ DOH Tribal Consultation and Collaboration Procedure.
- E. The author completes any final edits and submits the draft to the ~~e~~Executive ~~d~~Director and AAG for review.
- F. The author obtains preliminary approval of the draft document ~~b~~from ~~y~~ the ~~commission~~ Board and ~~makes~~ edits ~~as~~if necessary.
 - ~~The author submits the draft statement to the OS-PLCR for review.~~
- ~~G. The author determines the projected adopted date and includes the date on Form 101B.~~

Statement rReview

- A. ~~The author submits the draft statement to the B~~Board ~~p~~Policy ~~a~~Analyst. ~~In consultation with the HSQA pPolicy aAnalyst, the b~~Board ~~p~~Policy ~~a~~Analyst ~~will~~ submits the draft statement to the DOH OPPE ~~r~~Regulatory ~~a~~Affairs ~~m~~Manager using the current process and forms required by the DOH OPPE.
- B. ~~The DOH OPPE r~~Regulatory ~~a~~Affairs ~~m~~Manager reviews the statement package and returns it to the ~~B~~Board ~~p~~Policy ~~a~~Analyst for any recommended edits.
- C. ~~The Board must approve S~~substantial edits or recommendations ~~must be approved by the Board.~~
- D. ~~Once final edits have been made and the Board approves~~approved by the Board, ~~if necessary,~~ the statement package is returned to the DOH OPPE ~~r~~Regulatory ~~a~~Affairs ~~m~~Manager through the required process channels.
- ~~A. The author submits the draft statement to the NCQAC Policy Analyst.~~
- ~~A. The NCQAC Policy Analyst submits the draft statement and packet to the OS Policy Analyst for review:~~
 - ~~a. HSQA Form 101A – Cover/Signature Sheet~~
 - ~~a. HSQA Form 101B – Notice of Adoption of Interpretive or Policy Statement~~
 - ~~a. HSQA Form 101C – Interpretive or Policy Statement~~
- ~~a. The OS Policy Analyst follows the Review Process as written in the Department of Health Health Systems Quality Assurance Interpretive or Policy Statements Procedure (1-1-06).~~

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Statement fFiling

- A. ~~The OS Policy Analyst follows the Statement Filing Process as written in the Department of Health Health Systems Quality Assurance Interpretive or Policy Statements Procedure (1-1-06)~~
- B. ~~The OS Policy Analyst returns the statement package to the NCQAC Policy Analyst for any recommended edits.~~
 - ~~Substantial edits or recommendations must be approved by the commission.~~
- ~~The NCQAC Policy Analyst returns the statement package to the OS Policy Analyst for additional review following the Department of Health Health Systems Quality Assurance Interpretive or Policy Statements Procedure (1-1-06)~~
- A. ~~The DOH OPPE r~~Regulatory ~~a~~Affairs ~~m~~Manager ~~OS Policy Analyst~~ coordinates final approval and statement filing processes with the ~~NCQAC B~~Board ~~p~~Policy ~~a~~Analyst.

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~~E.B.~~ The Board must formally adopt the statement during an open public meeting after the review and approval process. The statement ~~is will not be filed after until~~ the Board adopts the statement.

Communications, ~~d~~Distribution, and ~~t~~Tracking

Distribute the approved statement following established communication policies and procedures:

- A. ~~Responsible staff R~~remove the “draft” watermark and save the document on the Rules SharePoint site.
- ~~a.B.~~ Send the final document to the ~~The c~~Communications team ~~Specialist to sends the~~ statement out on GovDelivery and posting on the ~~appropriate NCQAC B~~Board website. ~~The NCQAC Board Policy Analyst and the author will work with the Operations Unit to ensure the information in the tracking system is current.~~

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~~NOTE: Statements do not require a DOH publication number.~~

Reviewing, ~~r~~Rescinding, and ~~a~~Archiving

- ~~A.~~ The ~~NCQAC B~~Board ~~p~~Policy ~~a~~Analyst, in consultation with the ~~NCQAC B~~Board ~~e~~Executive ~~d~~Director, ~~L~~egal ~~s~~taff ~~M~~anager, and subject matter expert, reviews statements on a ~~biennial~~annual basis to determine ~~if whether~~ the statement is still valid. ~~If a statement is still considered valid after three renewal cycles, or six years, the B~~
- ~~B.~~ ~~Statements that are five years old will automatically be scheduled to be rescinded. If the statement is considered valid, the NCQAC B~~Board ~~p~~Policy ~~a~~Analyst ~~requests the~~ commission ~~Board to determine an extension for up to one year,~~ make recommendations to rescind, develop/revise rules, or determine ~~other~~ whether another type of communication is appropriate.
- ~~C.~~ The ~~B~~NCQAC ~~B~~Board ~~p~~Policy ~~a~~Analyst follows the Office of the Code Reviser ~~Office~~ procedures to rescind a statement upon the ~~Be~~commission's ~~Board's~~ approval.
- ~~D.~~ Interpretive and policy statements are subject to a six-year retention schedule for archiving purposes.

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~~D.~~

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Department of Health
Office of XXXXX

Interpretive or Policy Statement

Revised – 10/18/11

Title:	Number:
References:	
Contact:	
Phone:	
Email:	
Effective Date:	
Supersedes:	
Approved By:	

~~Conclusion-Statement~~

Background and Analysis

Conclusion ~~(stated again)~~

Note: The policy or interpretive statement does not need headers. The ~~conclusion~~-statement, background and analysis, and conclusion ~~(again)~~ should be separate paragraphs.

Page 6 of 6

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Cabinet and Governor Appointed Agencies' Performance Audit Action Item(s) & Status**Washington Board of Nursing — Opportunities are Present to Support Efforts by the Board to Speed Licensing**

(See also [cabinet agency response](#) for full context to Washington State Auditor's Office (SAO) commissioned [report](#), conducted by TAP International, Inc., January 2023)

The Washington Board of Nursing (WABON) was the only auditee for this performance audit.

Results Summary in brief:

1. In 2021, the WABON took an average of ten weeks to complete the entire licensing process from receipt of the application to the issuance date of the license.
2. Six key factors can contribute to lengthier processing times for licensing.
3. Other states' practices can offer viable options for the WABON to consider in its efforts to ensure quality nursing care.

Recommendations (Rec) Summary:

1. Improve the process for collection of FBI background checks with the Health Systems Quality Assurance (HSQA) agency for licenses by endorsement and multistate licenses. For applicants seeking a license to work only in Washington State, allow WABON greater flexibility, under RCW 18.130.064, in the collection of criminal background checks, such as allowing background check exemptions if the applicant can demonstrate a recently completed criminal background check.
2. Eliminate the requirement for transcripts from WABON-approved nationally accredited nursing schools located in Washington State when the nursing school also provides lists of its graduates to WABON and allow WABON the discretion to request transcripts when needed.
3. Update the license application to collect the applicant's state of residency, physical address, and mailing address.
4. Update the WAC to allow out-of-state applicants from non-traditional nursing schools to be eligible for licensure upon completing 1,000 hours of clinical experience within Washington state.
5. Establish and compute a measure(s) that provides for other assessments of licensing timeliness and performance.
6. Purchase and implement automated technologies like artificial intelligence bots to scan and extract relevant application information versus manually entering licensing applications into ILRS.
7. For licenses to work only in Washington state, continue to issue Temporary Practice Permits (TPPs) for applicants, pending receipt of results of federal background checks.
8. Modify the licensing process to minimize the number of touches by different staff by adopting an alternative staffing strategy, which includes expanding the areas that individual staff can review.
9. As part of the implementation of the Nurse Licensure Compact (NLC), assess alternative strategies, such as assignments of staff to process specific types of licensing applications versus assigning staff based on exam, endorsement, or international applications.

The table below shows the current status of action items the agency initiated to address issues identified in the performance audit report. Please see the [cabinet agency response](#) for additional context and any additional steps already taken.

For an explanation of the columns below, [see the legend](#).

Issue/ Rec	Status	Action Steps	Lead Agency	Due Date	Current Resources ?	Budget Impact?	Legislation Required?	Notes
Rec 1	Complete	Develop the Nurse Licensure Compact (NLC) implementation plan, including FBI criminal background checks on all applicants	WABON (NCQAC)	12/24	Yes	Yes – increase d cost by volume to issue multistate license (MSL)	No	<p>With the implementation of phase one of the NLC on July 24, 2023, WABON began accepting nurses with an active MSL in another state without having to submit an endorsement application or requiring an FBI background check (this step is already completed in the issuing state).</p> <p>WABON implemented phase two the NLC to issue Washington MSLs as of January 31, 2024. Collaborative planning with the FBI criminal background check team resulted in a streamlined process for applicants.</p>
Rec 1	Complete	Explore amending RCW 18.130.064 with the Health Systems Quality Assurance to improve the collection of FBI criminal background checks	WABON (NCQAC)	9/23	Yes	No	No	<p>WABON/HSQA partnership found mechanisms to implement FBI criminal background checks without increasing licensing time for applicants. The enactment of the NLC provided funding to increase staffing in the DOH FBI Unit to account for an increased volume of FBI background checks.</p> <p>The DOH FBI Unit began implementing the fingerprint LiveScan option which has improved the collection of criminal background checks in a timely manner. No legislative changes were required to implement this recommendation.</p>
Rec 3	In Progress	Explore updating the license application to capture	WABON (NCQAC)	9/23	Yes	No	No	As part of HELMS platform development, subject matter experts from licensing updated the licensing application to increase

Issue/ Rec	Status	Action Steps	Lead Agency	Due Date	Current Resources ?	Budget Impact?	Legislation Required?	Notes
		additional applicant information up front						<p>the capture of information with initial entry. Updated licensure application was complete in Q4 2023.</p> <p>Updated licensure applications were deployed first with HELMS Lite on April 24, 2024, and will be fully in place when the next phase of HELMS implementation is completed in February 2025.</p>
Rec 5	Complete	Negotiate and sign the joint operating agreement at the July WABON meeting	WABON (NCQAC)	7/23	Yes	No	No	Joint Operating Agreement signed in July 2023. Annual review planning underway in collaboration with HSQA.
Rec 5	In Progress	Work with HSQA to develop meaningful performance measures	WABON (NCQAC)	1/24	Yes	No	No	<p>Performance measure related to licensing (and all other work units) presented to HSQA first in December 2023 and quarterly thereafter. Robust process improvement is underway to fully explore meaningful performance metrics for all areas (licensing completed first): turnaround time, volumes, and customer satisfaction.</p> <p>Average time for issuing a RN or LPN TPPs is <7 days.</p>
Rec 5	In Progress	Share outcomes and best practices to measure performance outcomes with DOH and publicly display them on the WABON website	WABON (NCQAC)	2/24	Yes	No	No	<p>WABON external webpage publicly displays four comprehensive dashboards: licensing, education, workforce, and discipline.</p> <p>Quarterly meetings with HSQA to define and review performance metrics. This also includes defining best practices in measurement and understanding our service levels.</p>
Rec 7	Complete	WABON will revise WAC 246-840-095 with reasonable deadlines for the collection of	WABON (NCQAC)	12/23	Yes	No	No	WABON adopted amendments to reduce the length of time a temporary practice permit is active from 180 days after the TPP is issued

Issue/ Rec	Status	Action Steps	Lead Agency	Due Date	Current Resources ?	Budget Impact?	Legislation Required?	Notes
		FBI fingerprints and issue temporary practice permits						to 60 days to align WAC 246-840-095 with the current practice of WABON and to promote completion of the licensure process. The amendments also reduce the extension of the temporary practice permit from 180 days to 30 days. The amendments exclude military spouses in accordance with 2SHB 1009, which requires the board to issue a temporary practice permit, which is active for no less than 180 days, to a person who meets the criteria of RCW 18.340.020, within 30 days of receiving a completed application. WAC effective February 11, 2024.
Rec 8	Complete	Implement the Nurse Licensure Compact requiring Washington to be a member of the Compact Administrators Commission. The commission collects data and research associated with the compact. WABON will adopt rules to fully implement the compact	WABON (NCQAC)	12/25	Yes	No	Yes	Washington State joined the Nurse Licensure Compact effective July 23, 2023. The WABON Executive Director participates as the delegate on the Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA) via quarterly meetings. Data and research related to the NLC are distributed routinely by the National Council of State Boards of Nursing (NCSBN). The Secretary of Health adopted amendments to WAC 246-840-990 to establish new MSL fees effective January 31, 2024. No other rulemaking was required to implement this recommendation.
Rec 8	Waiting on someone else	Fully implement HELMS to aid with data collection and analysis	WABON (NCQAC)	12/24	No	Yes	No	The phase two deployment of HELMS has been delayed and will fully launch in February 2025. All nursing data fields have been submitted as of Q1 2024 and are awaiting full implementation.

Issue/ Rec	Status	Action Steps	Lead Agency	Due Date	Current Resources ?	Budget Impact?	Legislation Required?	Notes
Rec 9	Complete	Consider the findings of the HSQA credentialing process review and explore recommendations for efficiencies gained and process improvements	WABON (NCQAC)	12/24	Yes	No	No	<p>WABON has explored this process and continue to look for best practices within HSQA/WMC, other state boards of nursing, and other regulatory bodies to streamline processes.</p> <p>WABON recently concluded discussions with the Oregon Board of Nursing to explore their licensing process and identify potential improvements.</p>
Rec 9	In Progress	Explore systems used by other state boards of nursing	WABON (NCQAC)	12/24	Yes	No	No	<p>WABON continues to collaborate with boards of nursing and NCSBN to understand best practices and measure standards.</p> <p>In 2025, NCSBN is looking to develop performance metrics for boards of nursing to make data more visible, including licensing data, and be able to more actively learn from states that have best practices in place.</p>
Rec 9	In Progress	Explore systems used by other licensing agencies in the state of Washington	WABON (NCQAC)	12/24	Yes	No	No	WABON continues to collaborate with HSQA, WMC, and DSHS to understand processes with licensure and registration.
Rec 9	In Progress	Work with the Council of Enforcement and Licensing (CLEAR) and Federated Associations of Regulatory Boards (FARB) to gather information on licensing processes	WABON (NCQAC)	12/24	No	Yes	No	WABON plans to directly engage with CLEAR and FARB to gather information on licensing processes to determine if available data will inform potential improvements. The cost of participating in conferences and events sponsored by these organizations has been a barrier. However, access to virtual resources produced by these organizations continue to provide supplemental information in the interim.
Rec 9	In Progress	Compare outcomes of all four data collections and identify	WABON (NCQAC)	7/26	Yes	No	No	WABON is planning for future analysis and comparison once information on licensing

Issue/ Rec	Status	Action Steps	Lead Agency	Due Date	Current Resources ?	Budget Impact?	Legislation Required?	Notes
		similarities and differences and present the findings to the Department of Health						processes is gathered from all identified sources. Findings from a full comparison of outcomes between all four data collections will be shared with DOH.
Rec 10	Deferred	Deferred until after the actions are complete for Recommendation 9	WABON (NCQAC)	TBD	No	Yes	No	The ongoing data collection and analysis described in Recommendation 9 continues to provide evidence to inform changes.

Commonly Asked Questions

Category: Registered Nurse (RN) Delegation

RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin for Treatment of Diabetes Mellitus to Non-Credentialed Staff in Public and Private Schools, Kindergarten-Twelfth (K-12) Grades

Is the school registered nurse (RN) allowed to delegate performance of a capillary blood glucose (CBG) test to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?

No. The school laws and rules do not allow the school RN to delegate performance of a CGB test to non-credentialed staff in public and private schools, K-12 grades or any other task that involves piercing the skin.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

Is the school registered nurse (RN) allowed to delegate application of an insulin pump continuous glucose monitor (CGM) set or pod to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?

No. The school laws and rules do not allow the school RN to delegate application of an insulin pump CGM set or pod to non-credentialed staff in public and private schools, K-12 grades.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

Is the school registered nurse (RN) allowed to delegate filling of an insulin pump reservoir to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?

No. The school laws and rules do not allow the school RN to delegate filling of an insulin pump reservoir to non-credentialed staff in public or private schools, K-12 grades.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

Is the school registered nurse (RN) allowed to delegate intermittent scanning of a continuous glucose monitor (CGM) sensor using a scanning device to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?

Yes. The school RN is allowed to delegate the task of performing intermittent scanning of a CGM sensor using a scanning device to non-credentialed staff in public and private schools, K-12 grades.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

Is the school registered nurse (RN) allowed to delegate administration of bonus doses of insulin for food/carbohydrate coverage via an insulin pump to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?

No. The school RN is not allowed to delegate administration of bolus doses of insulin for food/carbohydrate coverage via an insulin pump to non-credentialed staff in public and private schools, K-12 grades.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

Is the school registered nurse (RN) allowed to delegate calibration of a continuous glucose monitoring (CGM) system after a new CGM sensor is applied to non-credentialed staff in public and private schools, kindergarten-twelfth (K-12) grades?

Yes. The school RN is allowed to delegate calibration of a CGM system after a new CGM sensor is applied to non-credentialed staff in public and private schools, K-12 grades. It is important to note that application of the sensor itself cannot be delegated by the school RN.

[Chapter 28A.210 RCW: Health-Screening and Requirements Registered Nurse Delegation in School Settings](#)

Commonly Asked Questions

Category: Registered Nurse (RN) Delegation

RN Delegation of Blood Glucose Testing/Monitoring and Administration of Insulin for Treatment of Diabetes Mellitus to the Nursing Assistant-Registered/Nursing Assistant-Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C)

Is an order from an [authorized health care practitioner](#) needed for the registered nurse (RN) to delegate to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C) the task of performing a capillary blood glucose (CBG) test?

Yes. An order is required from an [authorized health care practitioner](#) to perform any activity that involves puncturing the skin as this is considered part of the definition of the practice of medicine ([RCW 18.71.011](#)). This would include a CBG such as a fingerstick test. This can be done using a standing order approved by an [authorized health care practitioner](#).

[Standing Orders](#)

Is the Registered Nurse (RN) required to have a Clinical Laboratory Improvement Amendments (CLIA)-waiver to delegate performing a capillary blood glucose (CBG) test to a nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

It depends. A CBG test is a CLIA-waived test. CLIA-waived tests are simple and have a low risk of error and are used for screening. The [Clinical Laboratory Improvement Amendments \(CLIA\)](#) of 1988 (CLIA) regulates laboratory testing for health assessment, diagnosis, prevention, or treatment of disease. CLIA-waived tests include tests cleared by the Food and Drug Administration (FDA) for home use and tests approved for waiver under the CLIA criteria. See the [Medical Test Site \(MTS\) Licensing Applications | Washington State Department of Health](#) website for information and requirements about obtaining a CLIA-waiver. The legal owner of the business, entity, or facility (e.g., a hospital, nursing home, school/school district, private clinic, or a home health agency) is required to obtain the CLIA waiver. The RN may be required to have the CLIA waiver if they are the owner of the business. A facility/entity CLIA-waiver can be verified on the [Facility Search Website](#). The Washington State Board of Nursing recommends contacting the [Washington State Department of Health MTS Program](#) for additional questions about the requirements. A CLIA-waiver is not required if the patient or family members perform the test.

Is the registered nurse (RN) allowed to delegate insulin injections subcutaneously for the treatment of Diabetes Mellitus to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

It depends. The RN is allowed to delegate insulin injections subcutaneously for the treatment of diabetes to the NA-R/NA-C or HCA-C **only** in community-based settings* and in-home care settings. The RN delegator must supervise the task at least every two weeks for one month, or more often as needed. The RN must follow the nurse delegation process.

The following statute and WACs are applicable to nurse delegation in community-based* and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

The HCA-C is allowed to work only in community-based*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

Is the registered nurse (RN) allowed to delegate the task of performing a [Clinical Laboratory Improvements Amendments \(CLIA\)-waived](#) capillary blood glucose (CBG) test to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

Yes. The RN is allowed to delegate the task of performing a [CLIA-waived](#) CBG test to the NA-R/NA-C in any setting where health care services are provided. The RN is allowed to delegate the task of obtaining a CBG to the HCA-C only in community-based* and in-home care settings. An order is required from an [authorized health care practitioner](#) to perform any activity that involves puncturing the skin as this is considered part of the definition of the practice of medicine ([RCW 18.71.011](#)). The RN must follow the nurse delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make that determination.

In addition, the following statute and WACs are applicable to nurse delegation in community-based* and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

The HCA-C is allowed to work only in community-based*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

Is the registered nurse (RN) allowed to delegate application of a continuous glucose monitor (CGM) sensor to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

Yes. The RN is allowed to delegate application of a CGM sensor to the NA-R/NA-C in any setting. A CGM monitors blood glucose levels using a sensor, a small wire catheter inserted under the skin. CGMs have sensor applicators for insertion under the skin.

[Choosing a CGM | Glucose Monitor | American Diabetes Association](#)

The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#).

In addition, the following statute and WACs are applicable to nurse delegation in community-based* and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

The HCA-C is allowed to work only in community-based*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

Is the registered nurse (RN) allowed to delegate application of an insulin pump infusion set or pod to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

It depends. The RN is allowed to delegate application of an insulin pump infusion set or pod to the NA-R/NA-C only in only in community-based settings* and in-home care setting. The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#).

In addition, the following statute and WACs are applicable to nurse delegation in community-based* and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

The HCA-C is allowed to work only in community-based*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

Is the registered nurse (RN) allowed to delegate filling of an insulin pump reservoir to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

It depends. The RN is allowed to delegate filling of an insulin pump reservoir to the NA-R/NA-C or HCA-C only in community-based settings* and in-home care settings. The RN must follow the nurse delegation process for community-based* and in-home care settings. The following statute and WACs are applicable to delegation in community-based* and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

The HCA-C is allowed to work only in community-based*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

Is the registered nurse (RN) allowed to delegate intermittent scanning of a continuous glucose monitor (CGM) sensor using a scanning device to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide (HCA-C)?

Yes. The RN is allowed to delegate the task of performing intermittent scanning of a CGM sensor in any setting to the NA-R/NA-C or HCA-C. The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#) to make the determination if nurse delegation is appropriate.

In addition, the following statute and WACs are applicable to nurse delegation in community-based* and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

The HCA-C is allowed to work only in community-based*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

Is the registered nurse (RN) allowed to delegate administration of bolus doses of insulin for food/carbohydrate coverage via an insulin pump to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

It depends. The decision by the RN to delegate administration of a bolus dose of insulin for food/carbohydrate coverage must be determined by the stability and condition of the patient and whether nursing judgment and/or frequent assessments are needed. RN delegation of this task can only be done in community-based settings* and in-home care settings if it's determined that nursing judgment and/or frequent assessments are not needed. The RN must follow the nurse delegation requirements for community-based and in-home care settings.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

The HCA-C is allowed to work only in community-based*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#) Close Spacing Gap

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

Is the registered nurse (RN) allowed to delegate administration of bolus doses of insulin via an insulin pump to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

It depends. The decision by the RN to delegate administration of a bolus dose of insulin for blood sugar correction must be determined by the stability and condition of the patient and whether nursing judgment and/or frequent assessments are needed. RN delegation of this task can only be done in community-based settings* and in-home care settings if it's determined that nursing judgment and/or frequent assessments are not needed. The RN must follow the nurse delegation requirements for community-based and in-home care settings.

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

[WAC 246-840-920: Definitions](#)

[WAC 246-840-930: Criteria](#)

[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

[WAC 246-840-960: Rescinding Delegation](#)

[WAC 246-840-970: Accountability, Liability, and Coercion](#)

The HCA-C is allowed to work only in community-based*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks Close Spacing Gap](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

Is the registered nurse (RN) allowed to delegate calibration of a continuous glucose monitoring (CGM) system to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or home care aide-certified (HCA-C)?

It depends. The RN is allowed to delegate to the NA-R/NA-C or HCA-C routine calibration of a CGM system. The RN must follow the delegation process outlined in [RCW 18.79.260 \(3\)\(a\)](#).

In addition, the following statute and WACs are applicable to nurse delegation in community-based* and in-home care settings:

[RCW 18.79.260: Registered Nurse—Activities Allowed—Delegation of Tasks](#)

[WAC 246-840-910: Purpose](#)

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[WAC 246-840-940: Community-Based and In-Home Care Nursing Delegation Decision Tree](#)

[WAC 246-840-950: How to Make Changes to Delegated Tasks](#)

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The HCA-C is allowed to work only in community-based*, in-home care settings, and enhanced service facilities. The following statute and WACs are applicable to nurse delegation to the HCA-C in addition to the statute and WACs noted above:

[RCW 18.88B.070: Nurse Delegated Tasks](#)

[WAC 246-980-130 Provision of Delegation of Certain Tasks to the HCA-C](#)

[WAC 246-980-140: Scope of Practice for Long-Term Care Workers](#)

[WAC 246-980-150: Standards of Practice](#)

*Community-based settings include adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities ([RCW 18.79.260](#)).

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

Title:	Early Remediation Program	Number:	A34.10 09
Reference:	RCW 18.130.050 - Authority of disciplining authority RCW 18.130.090 - Statement of charge—Request for hearing RCW 18.130.172 - Evidence summary and stipulations WAC 246-840-581 - Early remediation program purpose WAC 246-840-582 - Early remediation program definitions WAC 246-840-583 - Early remediation program criteria WAC 246-16-890 - Sanctions—Aggravating and mitigating factors		
Reference:	RCW 18.130.050, 18.130.090, 18.130.172 WAC 246-840-581, 246-840-582, 246-840-583, 246-16-890		
Contact:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission (NCQAC) Washington State Board of Nursing (WABON)		
Effective Date:	September 13 , 2024 1 — Date <u>off</u> Reviewed: September 13, 2026 November 4, 2022		
Supersedes:	A34.09 - September 10, 2021 A34.08 - May 14, 2021 A34.07 - March 13, 2020 A34.06 - March 10, 2017 A34.05 - September 11, 2015 A34.04 - September 13, 2013 A34.03 - September 21, 2012 A34.02 - July 19, 2011 A34.01 - September 11, 2009		
Supersedes:	September 10, 2021 May 14, 2021 March 13, 2020; March 10, 2017; September 11, 2015; September 13, 2013; September 21, 2012; July 19, 2011; September 11, 2009 -		

Approved:

A34.10

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-	Dawn Morrell, RN, BSN Chair Washington State Board of Nursing (WABON)
-	Laurie Soine, PhD, ARNP, NCQA Dawn Morrell, BSN, RN Chair, Washington State Board of Nursing

PURPOSE:

The intent of the Early Remediation (ER) Program is to protect patients by resolving allegations of practice deficiencies of a less serious nature through a plan of remedial education and training. ~~Such allegations may not include substance use or drug diversion.~~

PROCEDURE:

- I [When the Washington State Board of Nursing \(WABON\) receives a report of substandard nursing practice, staff follow Procedure A50 *Complaint Intake* to initiate a case file. The case is reviewed at a Case Management Team \(CMT\) meeting and the panel makes one of three decisions:](#)
- A. [Close the matter without action. \(See Procedure A06 *Review of Board of Nursing Reports*\)](#)
 - B. [Authorize the case for full investigation.](#)
 - C. [Identify the case as a candidate for the ER Program and authorize a review.](#)

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II [The Case Disposition Panel \(CDP\) may also refer cases to the ER Program at their meetings. The assigned staff attorney and reviewing board member \(RBM\) will have already reviewed the completed case file when they present it to CDP for discussion and resolution. CDP may conclude that the case meets the ER criteria. The panel can develop an action plan and refer the nurse to the program at that time.](#)

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- III [Practice deficiencies are defined as:](#)
- A. [Substandard nursing practice.](#)
 - B. [Failure to properly conduct a patient assessment, document treatment, or administer medications.](#)
 - C. [Failure to comply with scope of practice requirements or delegation laws and regulations.](#)
 - D. [Documentation errors that are careless or recurrent but do not rise to intentionally falsifying the record](#)
 - E. [Communication breakdowns, such as errors in transcribing orders.](#)
 - F. [Failure to provide patient safety concerns at shift change.](#)
 - G. [Rude and non-therapeutic communication with patients and family members.](#)
 - H. [Discrimination](#)

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[Practice deficiencies do not include drug diversion, patient abuse, fraud, theft, deceit or other intentional misconduct, or conduct resulting in more than minor patient harm. *Intentional* means intending the result which actually comes to pass or knowing and deliberate.](#)

[The CMT or CDP panel should consider reports that identify a newly licensed nurse or a](#)

nurse who had inadequate orientation for the ER Program.

IV CMT or CDP determines if a nurse is eligible for the ER Program using the following criteria:

- A. The nurse's continued practice does not pose a threat to patient safety.
- B. The identified practice deficiencies could be corrected by remedial education or on-the-job training.
- C. The alleged conduct resulted in no or minor patient harm.
- D. The nurse is willing and able to participate.
- E. The nurse has no current charges or disciplinary history of unprofessional conduct and has not previously participated in the ER Program.

V If CMT identifies a case is appropriate for the ER Program, an assigned nurse consultant conducts a review to identify the alleged substandard practice. This review may include interviews with the principals who may have knowledge of the incident(s), as well as obtaining relevant documentation. Additional documents may include the review and recommendations regarding the Respondent's continuing competency activities. (See Procedure A56 Continuing Competency Reviews.)

VI WABON staff presents the results of the review to CMT for determination.

- A. If the review demonstrates the allegation(s) are unsubstantiated, lack jurisdiction, or are below threshold, CMT closes the case. (See Procedure A22 Expedited Case Disposition).
- B. If the review supports the allegations, CMT determines the appropriate terms for an action plan to remedy the identified practice deficiencies. The action plan acknowledges that the Respondent does not admit to misconduct. If the review demonstrates the case is no longer appropriate for the ER Program, CMT determines next steps, which may include authorization for a full investigation or case closure.

VII WABON staff sends the suggested action plan to the Respondent.

- A. If the Respondent accepts the suggested action plan, the compliance officer monitors the Respondent's progress and adherence to the action plan.
- B. If the participant declines the action plan, CMT will determine next steps.

VIII CMT reviews the completed action plan for compliance and considers the timely and successful completion of an action plan as the final step in the process of non-disciplinary remediation. Upon determining the Respondent met all the requirements of the action plan, the case is closed in the disciplinary database.

IX If the Respondent fails to meet the requirements of the action plan, the compliance officer staff sends a written notice to the Respondent. If the Respondent believes they have met the requirements, they may provide a statement to CMT. CMT will review the action plan information, as well as any statement the Respondent submits before making a final decision.

X CMT will consider these criteria and potentially other factors when returning an ER case for full investigation:

- A. The Respondent was unable to substantially complete the action plan or demonstrate rehabilitation.
- B. Discovery of additional facts indicates the alleged conduct resulted in significant

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patient harm or was more serious than originally alleged.

C. Discovery of allegations of additional practice deficiencies or unprofessional conduct.

XI If the Respondent participated in the ER Program but failed to successfully complete the action plan for any reason, CMT or CDP will review the case and determine next steps, which may include authorization for a full investigation, disciplinary action, or case closure. In determining appropriate sanctions, WABON may consider participation in the action plan a mitigating factor under WAC 246-16-890(3)(c)(voluntary remedial action); (4)(d)(potential for successful rehabilitation); and/or (4)(e)(present competence to practice).

A. ~~When the Nursing Care Quality Assurance Commission (NCQAC) Washington State Board of Nursing (WABON) receives a report of substandard nursing practice, staff follow the Case Intake Procedure (A50 Complaint Intake) to initiate a case file. The case is scheduled for the next reviewed at a Case Management Team (CMT) meeting and the panel. The CMT reviews the report and makes one of three decisions:~~

B. ~~_____~~

C. ~~Close the matter without action. (See Procedure A06 Review of Commission Board of Nursing Reports);~~

D. ~~Authorize the case for full investigation.; or~~

E. ~~Authorize the case for investigation and identify the case as a candidate for the ER Program and authorize a review.~~

F. ~~_____~~

G. ~~Reports that identify a newly licensed nurse or a nurse who had inadequate orientation should be considered for the ER Program.~~

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H. ~~_____ The Case Disposition Panel (CDP) may also refer~~ Cases may be referred to the ER Program at Case Disposition Panel (CDP) ~~their meetings. The assigned staff attorney and reviewing board member (RBM) will have already reviewed the completed case file when they present it to CDP for discussion and resolution. CDP may conclude that the case~~ Cases at that point have already been investigated and reviewed by a Reviewing Commission Member (RCM) and a staff attorney. If the case meets the ER criteria, ~~The panel can develop, an aAction pPlan may be developed, and refer the nurse to~~ the case entered in the program ~~at that time.~~

I. _____

J. _____ Practice deficiencies are defined as:

K. _____

L. _____ Substandard nursing practice;

M. _____ Failure to properly conduct a patient assessment, document treatment, or administer medications; or;

N. _____ Failure to comply with scope of practice requirements or delegation laws and regulations;

O. _____ Documentation errors that are careless or, recurrent but do not rise to intentionally falsifying the record

P. _____ Communication breakdowns, such as errors in transcribing orders;

Q. _____ Failure to provide patient safety concerns at shift change;

Rude and non therapeutic communication with patients and family members;

R. _____ Discrimination

S. _____

Reports that identify a newly licensed nurse or a nurse who had inadequate orientation should be considered for the ER Program.

Practice deficiencies do not include drug diversion, patient abuse, fraud, theft, deceit or other intentional misconduct, or conduct resulting in more than minor patient harm. "Intentional" means intending the result which actually comes to pass or knowing and deliberate.

The CMT or CDP panel should consider reports that identify a newly licensed nurse or a nurse who had inadequate orientation for the ER Program.

T. _____

U. _____

V. _____ The CMT or CDP determines if a nurse is eligible for the ER Program using the following criteria:

W. _____

X. _____ The nurse's continued practice does not pose a threat to patient safety.

Y. _____ The identified practice deficiencies could be corrected by remedial education or, on the job training, or practice monitoring within six months or less.

Z. _____ The alleged conduct resulted in no or minor patient harm.

AA. _____ The nurse is willing and able to participate.

BB. _____ The nurse has no current charges or disciplinary history of unprofessional conduct

and has not previously participated in the ER Program.

CC. _____

DD. _____ If CMT identifies a candidate appropriate for the ER Program, an assigned Nursing Consultant Institutional (NCI) conducts a preliminary review investigation to confirm substantiation of identify the alleged substandard practice. This investigation review includes, at a minimum may include, interviews of the complainant, respondent and any other key witnesses with the principals who may have knowledge of the incident(s), as well as obtaining additional obtaining relevant documentation. Additional documents may include the review and recommendations regarding submitted the Respondent's continuing competency activities. (See Procedure A56 Continuing Competency Reviews.)

EE. _____

FF. _____ NCQAC WABON staff presents the preliminary results of the review to CMT for determination. an ER Team consisting of three NCQAC members and supporting staff. Supporting staff consists of the Chief Investigator, Staff Attorney, ER Monitor, Disciplinary Manager and/or Case Manager. The ER Panel makes the decision and includes the three NCQAC members only.

GG. _____

I. _____ If the preliminary review investigation results demonstrates the allegation(s) are unsubstantiated, lack jurisdiction, or are below threshold, CMT closes the case. is closed (See Procedure A22 Expedited Case Disposition).

HH. _____ If the preliminary review investigation results supports substantiate the allegations, the ER Team CMT determines the appropriate terms for an suggested a Action pPlan to remedy the identified practice deficiencies identified deficiencies in nursing practice. The action plan acknowledges that the Respondent does not admit to misconduct.

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1. ~~_____ If the preliminary review investigation results demonstrates the case is no longer appropriate for the ER Program, the ER Panel/CMT determines next steps, which may include authorization for a full investigation or case closure. authorizes the file for full investigation or closure.~~

H. _____

JJ. _____

KK. ~~_____ NCQAC/WABON staff sends the suggested aAction pPlan to the Respondent.~~

LL. _____

1. ~~_____ If the Respondent participant accepts the suggested aAction pPlan, the disciplinary process is over, and the case is closed in the licensing and discipline database. (The compliance officer monitors the Respondent's progress and adherence to the action plan. Action Plan is monitored by the ER Monitor.~~

2. ~~_____ If the participant declines the aAction pPlan, CMT will determine next steps. the ER Panel determines if the case should be sent for full investigation or closed.~~

MM. _____

NN. ~~_____ The Action Plan requirements will be completed within 6 months from the date the Action Plan was accepted. NCQAC staff presents the case summary report to the ER Team for a decision. The summary report includes:~~

OO. _____

1. ~~_____ The initial complaint,~~

2. ~~_____ The preliminary investigation report, and~~

PP. ~~_____ The Action Plan results.~~

QQ. _____

~~The ER Panel/CMT reviews the completed action plan for compliance and considers the timely and successful completion of an action plan as the final step in the process of non-disciplinary remediation. Upon determining the Respondent met all the requirements of the action plan, considers the timely and successful completion of an Action Plan as the final step in the process of non-disciplinary remediation. the case is closed in the disciplinary database.~~

RR. _____

~~If the Respondent fails Action Plan results demonstrate failure to meet the Action Plan requirements of the action plan, NCQAC/the compliance officer staff sends a written notice to the Respondent, the participant written notice. If the participant Respondent believes they have met the requirements, they may provide a statement to the ER Team/CMT. The ER Panel/CMT will review the action plan information from the NCI, as well as any statement the Respondent submits submitted by the participant before making a final decision.~~

SS. _____

~~CMT will consider these Criteria and potentially other factors to use when returning an ER case for full investigation; include, but are not limited to:~~

TT. _____

1. ~~_____ The Respondent nurse was unable to substantially complete the aAction pPlan or demonstrate rehabilitation.~~

2. ~~_____ The nurse was unable to complete the Action Plan within the time frame outlined in the Action Plan.~~

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3. ~~Discovery of additional facts indicate indicates the alleged conduct resulted in significant patient harm or was more serious than originally alleged.~~

4. ~~Discovery of a Allegations of additional practice deficiencies or unprofessional conduct.~~

UU. ~~If the Respondent nurse participated in the ER Program but failed to successfully complete the a Action pPlan within six months for any reason, CMT or CDP will review the case and determine next steps, which may include authorization for a full investigation, disciplinary action, or case closure, a new case may be opened on the original conduct. In determining appropriate sanctions, NCQAC WABON may consider participation in the a Action pPlan a mitigating factor under WAC 246-16-890(3)(c)(voluntary remedial action); (4)(d)(potential for successful rehabilitation); and/or (4)(e)(present competence to practice).~~

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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title: Confidentiality, Records Management, and Security **Number:** W30.02
‡

Reference: [RCW 18.130.160 - Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations.](#)
[RCW 18.130.175 - Physician health and voluntary substance use disorder monitoring programs \(as amended by 2023 c 425\).](#)
[RCW 18.79.440 - Public posting of enforcement actions restricted—Substance use disorder monitoring stipend program.](#)
[WAC 246-840-750 - Philosophy governing voluntary substance use monitoring programs.](#)
[WAC 246-840-760 - Definitions of terms used in WAC 246-840-750 through 246-840-790.](#)
[WAC 246-840-770 - Approval of substance use monitoring programs](#)
[WAC 246-840-780 - Conditions for participants entering the approved substance use monitoring program.](#)
[WAC through 246-840-790](#)
[- Substance use disorder monitoring stipend program](#)

Contact: [Paula R. Meyer, MSN, RN, FREC](#) [Catherine Woodard](#)
~~Executive Director, Discipline and Washington Health Professional Services~~
[Washington State Board of Nursing Nursing Care Quality Assurance Commission](#)

[\(WABON\)](#)

Effective Date: ~~March 8, 2019~~ [September 13, 2024](#) **Date to befor Reviewed:** [September 13, 2026](#)
[November 2022](#)

Supersedes: [W30.01 - March 2019](#)
[W03.01 – January 8, 2016](#)
[W23.01 – January 8, 2016](#)

Approved: [Tracy Rude, LPN](#) [Dawn Morrell, BSN, RN, BSN](#)
Chair
[Nursing Care Quality Assurance Commission](#) [Washington State Board of Nursing \(WABON\)](#)

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PURPOSE:

Washington Health Professional Services (WHPS) maintains confidentiality to the maximum extent provided by law. Releases of Information (includes contract authorization to communicate/release information) are used for all third-party communication concerning a nurse.

PROCEDURE:

I. Confidentiality

- A. WHPS staff complete *Protecting Electronic Information* training and sign confidentiality agreements annually.
- ~~C.B.~~ WHPS provides information regarding a nurse’s program participation according to laws and procedures.
- ~~E.~~ WHPS maintains the confidentiality of nurses voluntarily participating in the program by not reporting to the Washington State Board of Nursing (WABON) NCQAC as long as they remain compliant with their ~~p~~Program ~~p~~Participant ~~c~~Contract.
- ~~C. H.~~

II. Release of Information

- A. The WHPS ~~staff~~director will provide nurses’ monitoring records to ~~NCQAC~~ WABON on disciplinary cases.
- ~~C.B.~~ WHPS will not communicate with third parties without appropriate authorization to release information.
 1. The nurse will sign a Release of Information ~~that is at intake as~~ part of the ~~p~~Program ~~p~~Participation ~~c~~Contract.
 2. If the nurse declines to sign or revokes authorization to release information, WHPS will refer the nurse to ~~NCQAC~~ the Substance Use Disorder Review Panel (SUDRP) as WHPS cannot effectively monitor the nurse.
 3. The Release of Information authorizes WHPS to communicate with, but is not limited to:
 - ~~a-a)~~ NCQAC-WABON
 - ~~b-b)~~ Current and prospective employers and schools-
 - ~~e-c)~~ Mental health and ~~chemical dependency~~ substance use disorder professionals and treatment providers-
 - ~~d-d)~~ Healthcare providers-
 - ~~e-e)~~ Peer support facilitators-
 - ~~f-f)~~ Probation departments and drug court agencies-
 - ~~g-g)~~ Drug test collection sites and contractors-
 - ~~h-h)~~ ~~Out of the~~ state monitoring and ~~licensing~~ regulatory agencies ~~bodies.~~

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C. Legal Representation

~~D.~~

~~WHPS requires that a nurse in the program has a direct working relationship with the requires the nurse to engage in the program in direct communication with the case management team.~~

~~1.~~

~~1-1. If a nurse in the program retains legal counsel, WHPS requires the nurse to engage in the program in direct communication with the case management team.~~

~~3-2. WHPS may will refer the nurse's legal representative to NCQAC-WABON legal services manager.~~

~~Once the nurse employs a legal representative, all communications involving the nurse occur between the legal representative and NCQAC legal team.~~

~~E.D.~~ WHPS will refer all media requests to the NCQAC-WABON executive director and the communications team.

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III. Public Disclosure

~~A.~~ Monitoring records are considered treatment records. RCW 18.79.440 and RCW 18.130.175 (4) protects treatment and monitoring records from public disclosure. This includes nurses requesting their own records.

~~A.~~

~~B.~~ The WHPS assistant director, WHPS director will review all records requests and forward to the Public Disclosure Records Unit as necessary.

~~C.~~ WHPS will refer all subpoenas to the NCQAC-WABON legal services manager.

~~E.~~

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IV. Records Management and Security

~~A.~~ WHPS maintains monitoring records in a secure, password-protected electronic records system.

~~A.~~

~~B.~~ WHPS transfers any physical documents requiring retention and secure storage to the state Records Retention Center on an annual basis, scans and tosses paper documents. WHPS receives faxed documents to a secure email and does not print the documents.

~~1.~~

~~B.~~ Regardless of format, WHPS maintains all records for 30 years after file closure.

~~C.~~

~~D.~~ WHPS has access to uses private areas for confidential, sensitive conversations to respect the privacy of the nurse. Case staffing also occurs in a private area, including the telework environment.

~~6. Case staffing occurs in a private, secure area.~~

~~H.E. WHPS staff locks their computers when away from their workstations.~~

~~I.A. WHPS receives faxed documents to a secure email and does not print the documents.~~

DRAFT

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Department of Health
Washington State Board of Nursing (WABON)

Policy Statement

<i>Title:</i>	Statement on Discrimination in Healthcare	<i>Number:</i> NPS 1.00
<i>References:</i>	See Endnotes	
<i>Contact:</i>	Catherine Woodard, Director Discipline and WHPS Washington State Board of Nursing (WABON)	
<i>Phone:</i>	360-236-4703	
<i>Email:</i>	Catherine.Woodard@doh.wa.gov	
<i>Effective Date:</i>	September 13, 2024	
<i>Supersedes:</i>	N/A	
<i>Approved By:</i>	Washington State Board of Nursing	

Statement Discrimination is a social determinant of health that violates fundamental human rights and impedes access to quality and equitable healthcare. The impacts of discrimination have been studied and documented in the healthcare system.ⁱ It is associated with both increased incidence and adverse patient outcomes.ⁱⁱ In healthcare, it is primarily but not exclusively implicit bias, that which occurs at the subconscious level, that results in health disparities and health inequities.

Background and Analysis Discrimination violates the standard of care and is unprofessional conduct. If the Washington State Board of Nursing (WABON) identifies discriminatory behavior in a report or investigation, WABON will take appropriate action based on the severity of the conduct. Discrimination types include but are not limited to:

- Age
- Race
- Ethnic origin/place of origin
- Citizenship/immigration status
- Religion/ideology
- Sex
- Gender identity/expression
- Language/accent
- Veteran/active military status
- Weight
- Socio-economic/housing status
- Relationship/marital arrangement
- Disability (including mental, physical, developmental or learning disabilities)
- Criminal record
- Sexual orientation
- Close relationship with a person identified by one of the above types

Discriminatory behavior can encompass a broad continuum of behavior, ranging from unintentional behavior, to conduct with reckless disregard for the patient, to deliberate discriminatory behavior. At one end of the continuum, the behavior may be remediated with education and guidance. At the other end, when the behavior is deemed reckless and intentional, WABON may consider stronger measures. Nurses should be aware that discriminatory behavior may also violate both state and federal law, including the Washington Law Against Discrimination (Chapter 49.60 RCW), the Civil Rights Act of 1964, and the American with Disabilities Act.

Conclusion WABON has identified diversity, equity, inclusion, and anti-racism as a strategic goal and seeks to make our work in this area visible and measurable. See WABON's [DEIB Commitment Statement](#). WABON commits to identifying potential discriminatory acts in the delivery of healthcare through careful screening of reports at complaint intake and processing, and through thorough examination of evidence collected in the investigative process. WABON also commits to ongoing research and internal audits of complaint intake to ensure that all reports are viewed with an anti-discrimination lens.

ⁱ Beagan, B. L., Bizzeth, S. R., & Etowa, J. (2023). Interpersonal, institutional, and structural racism in Canadian nursing: A culture of silence. *Canadian Journal of Nursing Research*, 55(2), 195-205.

Kritsotakis, G., Gkorezis, P., Andreadaki, E., Theodoropoulou, M., Grigoriou, G., Alvizou, A., ... & Ratsika, N. (2022). Nursing practice environment and employee silence about patient safety: the mediating role of professional discrimination experienced by nurses. *Journal of advanced nursing*, 78(2), 434-445.

National Academies of Sciences, Engineering, and Medicine. 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>.

ⁱⁱ FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC medical ethics*, 18, 1-18. Chicago

From: [Diane Hipkin](#)
To: [Underwood, Lori \(DOH\)](#)
Cc: [Alex Tran](#); [Sara VanderWal](#)
Subject: RE: CELBAN : Interest in Canadian approved English proficiency Tests
Date: Thursday, June 13, 2024 8:00:12 AM
Attachments: [image001.png](#)
[image002.png](#)
[image004.png](#)
[image005.png](#)
[StewartStrachan\(2022\)SustainingCELBAN.pdf](#)
[CELBAN Test Description for External Stakeholders.docx](#)

External Email

Hello Lori,

Thank you for your interest in the Canadian English Language Assessment for Nurses (CELBAN). As CELBAN's Examiner Trainer and QA Specialist, I'm happy to share information on our psychometric analysis process and the nature of CELBAN as an occupation-specific language assessment.

CELBAN conducts psychometric analysis of our exam content on an annual basis. Traditional statistical methods together with Rasch model approaches are used to investigate the psychometric quality of each of the forms for the Listening and Reading components of the exam. For both components, the individual items together achieve a high level of internal consistency as indicated by the reliability values of greater than 0.80. The forms achieved relatively similar differences between the overall mean difficulty values (based on p-value and Rasch-based logit measure differences) and an overall acceptable level of discrimination (pt-biserial ≥ 0.2). Results provide evidence to support acceptable psychometric performance of each form and support form equivalence.

The speaking and writing forms also achieve high levels of internal consistency as reflected by reliability (Cronbach's alpha) values above 0.86. Each rating criterion discriminates appropriately in accordance with the model requirements (Infit MnSq values) for good measurement. All criteria achieved values within the recommended range, indicating appropriate discrimination in terms of examinee writing ability.

Examiner scoring behaviour is analyzed twice a year for both the speaking and writing components. Overall, speaking and writing examiners display relatively high levels of inter-rater reliability, achieving recommended measure (logit) values. Within examiner scoring tendencies or intra-rater reliability is also investigated, and sufficient reliability is

achieved by examiners. Investigation into differential rater functioning across speaking criteria indicates when scoring bias exists for specific rating criteria and these findings are addressed through follow-up QA initiatives for examiner calibrations. CELBAN examiners demonstrate appropriate use of the rating scale to discriminate between high and low performers for both speaking and writing components.

CELBAN is a test of nursing language. The tasks are modelled on English language use in a nursing-related context and represent the ways in which nurses use language in the workplace. CELBAN is not a test of medical terminology, knowledge, or clinical skills. The speaking assessment evaluates a candidate's ability to: describe, gather information, give instructions, advise, discuss different perspectives, and offer an opinion through role plays and discussion questions. The writing assessment evaluates a candidate's ability to describe an incident and respond to a personal opinion statement on a healthcare related topic. Listening content involves conversational interactions in a healthcare setting while reading content is written to reflect current topics and trends in nursing or realistic on-the-job materials.

I have attached an article called: Sustaining an Occupation-Specific Language Assessment for the Canadian Healthcare Field, written by Gail Stewart & Andrea Strachan and our test description. I hope the two documents will provide you with sufficient background on CELBAN's development and current delivery model. If you or Dr. Babbo have any further questions, we would be happy to meet with you.

Regards,

Diane



Diane Hipkin
Examiner Trainer/QA Specialist
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www.touchstoneinstitute.ca

From: Underwood, Lori (DOH) <Lori.Underwood@DOH.WA.GOV>

Hi Lori,

Thank you for reaching out! It's very exciting to hear that the Washington State Board of Nursing might approve the CELBAN for nurses seeking licensure in Washington. I'll try to give an overview of the process, fees, test information and requirements.

CELBAN was developed to provide a language proficiency assessment to internationally educated nurses seeking licensure in Canada, but there are no specific requirements for anyone interested in taking the assessment. CELBAN is completed online over 2 appointments: the speaking test is a one-on-one discussion with one of our examiners and the CBT (Computer Based Test for the Listening, Reading and Writing skill areas) can be completed remotely or at a Prometric test centre anywhere in the world.

The cost for an examinee to register for CELBAN is CAN\$ 425. Registration is through the form on our website: <https://www.celbancentre.ca/form.aspx>. During registration, examinees choose the date and time of their speaking test which are typically available 3-8 weeks away from the current date. Following registration, examinees are provided with the information to schedule their CBT within 2 weeks of their speaking test.

Once all skill areas are complete and scores are finalized, the examinee receives an Unofficial Score Report showing their scores in the 4 skill areas with personalized feedback from our examiners about their writing and speaking results. During registration, the examinee also selects the organization who will receive their official results, which are issued digitally through our secure server. For examinees who have previously completed CELBAN, they can request for their official results to be released to another organization by completing [this online request form](#) indicating the contact information of the organization.

The scores for each skill area are provided as CLB levels (Canadian Language Benchmarks) ranging between CLB 6 and CLB 10. The requirements for all nursing designations across Canada, including RN and LPN are:

Listening: CLB 9
Reading: CLB 8
Writing: CLB 7
Speaking: CLB 8

Let us know if there is any other information we can provide to help with your review and consideration!

Regards,

Sara VanderWal (she/her)
Senior Exam Coordinator


CELBAN CENTRE

Nursing Specific • Canadian Made

Toll Free: 1-844-550-5053

Tel: 416-355-5053

Email: celban@tsin.ca

Sustaining an Occupation-Specific Language Assessment for the Canadian Healthcare Field

Gail Stewart & Andrea Strachan

Since its implementation in 2004, the Canadian English Language Benchmark Assessment for Nurses (CELBAN) has been accepted as evidence of language ability for licensure of internationally educated nurses (IENs) in Canada. This article focuses on the complexities of sustaining an occupation-specific assessment over time. The authors reference the seminal work of Epp and Lewis, who developed the original CELBAN test forms and aligned the test results with the Canadian Language Benchmarks (CLB), and then go on to describe a research and development project that was carried out under the direction of Touchstone Institute and overseen by the Centre for Canadian Language Benchmarks (CCLB) to renew the test model and develop additional content. This is followed by a discussion of the maintenance strategies required to sustain a secure assessment within the evolving Canadian context.

Depuis sa mise en place en 2004, le Canadian English Language Benchmark Assessment for Nurses (CELBAN) a été accepté comme preuve de compétence linguistique pour l'obtention du permis d'exercer au Canada pour le personnel infirmier formé à l'étranger. Cet article porte sur les complexités liées au maintien d'une évaluation propre à une profession au fil du temps. Les auteurs font référence au travail précurseur d'Epp et Lewis qui ont mis au point les formulaires du test CELBAN original et aligné les résultats du test avec les niveaux de compétences linguistiques canadiens, ensuite ont décrit un projet de recherche et de développement qui s'est effectué sous la direction du Touchstone Institute et a été supervisé par le Centre des niveaux de compétence linguistique canadiens pour renouveler le modèle de test et mettre au point des contenus supplémentaires. Cet article est suivi d'une discussion des stratégies d'entretien nécessaires pour maintenir une évaluation sûre dans le contexte évolutif canadien.

Keywords: Assessment, ESP (English for specific purposes), CLB (Canadian Language Benchmarks)

The Canadian English Language Benchmark Assessment for Nurses (CELBAN) is an occupation-specific measure of communicative competence in English as a second language (ESL). It was developed by Epp and Lewis (2004b) of the Red River College Learning Centre in a research project

overseen by the original sole owner of the test, the Centre for Canadian Language Benchmarks (CCLB). CELBAN was administered and managed by the Canadian English Language Assessment Services (CELAS) Centre at Red River College from 2004 to 2014, with the test results accepted by nursing regulators across Canada as evidence of language proficiency for internationally educated nurses (IENs). In 2014, Touchstone Institute assumed responsibility for CELBAN administration, and in 2020 also assumed partial ownership of the test, along with the CCLB.

When a test is implemented, a complex infrastructure is required to sustain its ongoing usage and maintain its security and validity. As the assessment context shifts over time, continuous attention must be paid to influences that can impact sustainability. For CELBAN, these influences have included changes in nursing regulatory policy, fluctuations in administration volume, revisions to the Canadian Language Benchmarks (CLB) document and, most recently, restrictions imposed by the COVID-19 pandemic.

This article traces influences that have prevailed across the stages of CELBAN development, implementation, renewal, and maintenance, with the aim of shedding light on the responsive research and development activity required to maintain the viability and integrity of an occupation-specific assessment.

Foundational Research and Development

The concept of a Canadian nursing-specific language assessment arose in the early 2000s, largely due to labour market growth in Canada attributable to increased immigration and federal and provincial government initiatives aimed at expediting the integration of immigrants into the Canadian economy (Alboim, 2002; Blythe et al., 2006; Johnson & Baumall, 2011; Russell et al., 2009). A central critique of professional credentialing systems in general has been the use of language proficiency tests that do not specifically measure the communication competencies most relevant to professional practice (Austin et al., 2003; Jeans et al., 2005; Strachan, 2007). Within this context, a project was initiated to investigate the possibility of a Canadian nursing-specific language assessment that would address concerns raised by nursing regulators, IENs, immigrant settlement officers and language training professionals about the critical shortage of nurses in Canada and the limitations of large-scale general proficiency tests to effectively measure communication for the healthcare professions. (Epp & Stawychny, 2002).

Identifying Proficiency Levels for the Nursing Profession

The first phase of the project was devoted to identifying the proficiency levels required to successfully negotiate nursing communication tasks in the four language skills—speaking, listening, writing, and reading. To

carry out this research, Epp and Stawychny used the Canadian Language Benchmarks (CLB) to analyze nursing tasks and relate them to ESL ability levels in a process that the researchers referred to as “benchmarking” (Epp & Stawychny, 2002). The CLB framework was particularly suited to this type of occupational language analysis, as it represents an underlying scale that spans 12 levels of ESL ability in each of the four language skills. These ability levels, or benchmarks, are fleshed out in a document (Centre for Canadian Language Benchmarks, 2000, 2012) that provides descriptors of ability at each CLB level, along with examples of tasks that can typically be performed by ESL users at that level, or benchmark. Presenting “a clear hierarchy, or a progressive continuum of language knowledge and skills” (Centre for Canadian Language Benchmarks, 2000, p. viii), along with illustrative communication tasks within community, academic and workplace contexts, the CLB 2000 document proved to be a flexible resource for the identification of ability levels for the nursing profession.

The project leads conducted clinical observations and worked with a team that included academics, registered nurses (RNs), registered practical nurses (RPNs), registered nursing assistants (RNAs) and licensed practical nurses (LPNs) to identify the specific communication skills required for nurses to function successfully in practice within Canada’s healthcare system. The tasks that were identified during the clinical observations were charted in reference to CLB levels based on the language skills required, the conditions of performance, and specific features of the interactions. By comparing the characteristics of the tasks to descriptors in the CLB document, the researchers were able to assign a CLB level to each of the nursing tasks.

A key finding that emerged from this CLB-referenced research study was a reinforcement of the recommendation for a language assessment specific to the nursing profession. As previously mentioned, nursing regulators had some doubts about the suitability of general language proficiency assessments for identifying communicative ability specific to the healthcare professions. They were also aware of the existence of occupation-specific tests, such as the Midwives’ Language Proficiency Test (Mendelsohn & Stewart, 1999) and the Occupational English Test for Nurses (McNamara, 1990), which were being used successfully to measure communication for healthcare contexts. They believed that a nursing-specific test referenced to the CLB would provide a valid indicator of the language proficiency required to function in the Canadian nursing profession.

Development of CELBAN

Building on the findings from the CLB-referenced research study, test developers Epp and Lewis (2004b) undertook a project to design an assessment that would measure language ability for the nursing profession in each of the four separate communication skills. The resulting CELBAN test

instruments included authentic task types that had been identified during the clinical observations. These tasks reflected descriptors in the CLB document (CCLB, 2000) and were scored according to the levels on the CLB scale.

Extensive validation research was carried out by the test developers, including broad consultations with a wide range of assessment and subject-matter experts, pilot testing of tasks and items, reliability analysis, and comparisons of CELBAN with other relevant language assessments (Epp & Lewis, 2004c). Based on this research, the developers were confident that CELBAN results accurately represented CLB levels, and the test was implemented with the following required scores based on recommendations from the CLB-referenced research study:

- Speaking CLB 8
- Listening CLB 9
- Writing CLB 7
- Reading CLB 8

CELBAN was adopted by nursing regulators as proof of language ability for licensure due to the clear linkage of its content to nursing communication requirements (Jeans et al., 2005), and information was shared with the ESL field in a series of documents and articles that chronicled the initial research, test development and follow-up activities (Epp & Lewis, 2004a, 2004b; Lewis & Kingdon, 2016). The remainder of this article is intended to build on that narrative by informing the field about further research and development aimed at sustaining the test and responding to changing circumstances.

Post-Implementation Influences on CELBAN

Shifts in the Nursing Regulatory Context

After CELBAN's introduction, stakeholders continued to call for improvements in the ways in which IENs were being integrated into the Canadian healthcare system. The use of paper-based credentials began to be questioned, as a new focus on performance and competency-based evaluation emerged, along with significant changes in IEN credential recognition and within the nursing profession itself. The Canadian Nurses Association Position Statement in Interprofessional Collaboration (2010) stressed the importance of professional collaboration, client-centred care, evidence-informed decision making, ethics and communication. This position translated into changes in the ways in which professional competencies were observed and measured. In 2013, there was a switch from the Canadian Registered Nurse Examination (CRNE),

administered nationally by the Canadian Nurses Association (CNA), to the American-developed National Council Licensure Examination-Registered Nurse (NCLEX-RN).

At the same time, new registration requirements came into effect requiring a baccalaureate degree, such as a Bachelor of Science in Nursing (BSN), Bachelor of Nursing (BN) or equivalent. For IENs, this meant a new competency evaluation system in addition to the nursing qualifying exam. The College of Nurses of Ontario (CNO) engaged the Centre for the Evaluation of Health Professionals Educated Abroad (CEHPEA), now Touchstone Institute, to develop the Internationally Educated Nurse Competency Assessment Program (IENCAP), which was implemented in 2014. The IENCAP is a competency-based Objective Structured Clinical Examination (OSCE), which assesses nursing practices through interactions with standardized patients. The test content reflects Canadian nursing competencies, which include concepts such as client-centredness, interdisciplinary collaboration, and problem-based communication.

Changes to Language Proficiency Standards

In addition to these regulatory and professional changes, there was a new impetus towards a pan-Canadian approach to IEN licensure and registration. Previously, each province had made decisions and set standards for nursing regulation, but in 2011, the Canadian Council of Registered Nurse Regulators (CCRNR) was convened to act as a national forum and voice regarding interprovincial/territorial, national, and global nursing regulatory matters (Shaffer et al., 2016). One of these matters was to confirm the currency of the test scores that were required as proof of language proficiency for the nursing profession. It is common practice to conduct standard-setting procedures to ensure that cut scores, or passing levels, are fair to examinees (Cizek & Bunch, 2007) and indicative of the language proficiency that is needed to function effectively and safely in the profession (Hull, 2015). Although the test development process had ensured that CELBAN results accurately reflected CLB levels, it was equally important to ensure that the passing score, or cut score, on each skill test was considered appropriate and fair by nursing regulators and stakeholders.

To this end, the CNO engaged a team of researchers in 2009 to carry out a standard-setting project. The project involved a panel of stakeholders who looked at the CELBAN test items and determined the passing level for each skill test (Office of the Fairness Commissioner, 2010). As a result of this standard-setting activity, the following CELBAN cut scores were recommended:

- Speaking CLB 8
- Listening CLB 10
- Writing CLB 7
- Reading CLB 8

This outcome reflected a change to the original listening cut score of CLB 9, which had been established during the CLB-referenced research. Implications of this change and the impact on CELBAN are discussed further along in this article.

Increasing Pressures on Test Usage

After the establishment of the CCRNR, additional changes to entry-to-practice standards impacted IEN language proficiency requirements. For example, in 2012 in Ontario, five language tests were accepted as evidence of English language proficiency. These were TOEFL (Test of English as a Foreign Language), TOEIC (Test of English for International Communication), IELTS (International English Language Testing System), MELAB (Michigan English Language Assessment Battery) and CELBAN (CNO, 2012). By 2013, only two approved tests, IELTS and CELBAN, were listed (CNO, 2013). Similar changes occurred across Canada.

As might be expected, with a change in regulatory policy limiting the number of acceptable English language tests to two (CELBAN and IELTS), the number of IENs registering for CELBAN increased. Between 2011 and 2013, the number of CELBAN examinees grew from 574 to 1,104 (Lewis & Kingdon, 2016). During this period, there was pressure on the national test administrators to address a waiting list of IENs who wanted to attempt the test.

As the size of the test-taking population continued to grow, the existing CELBAN content was being exposed to a greater number of examinees, a matter that could potentially impact the security of test tasks and items (Wendler & Walker, 2009). For the first 3 years of administration, there had been two versions of CELBAN in usage for each language skill, with a third version introduced in 2007 (Lewis & Kingdon, 2016). Over time, with administration pressures increasing and more than 1,000 IENs attempting CELBAN annually, the need for new forms of the test became critical, so that in 2014 when the national test administration was transferred to the CELBAN Centre at Touchstone Institute, strategies were sought to support research and development aimed at creating additional forms.

CLB Revision 2012

Another change that followed the development and implementation of CELBAN was a revision to the CLB document. This work was informed by broad consultations across the ESL field and a thorough review by curriculum and test developers. A team of Canadian practitioners and academics collaborated on the development of the revised 2012 edition, which remains aligned with the original CLB scale and its underlying theory of communicative language ability (Bachman, 1990; Celce-Murcia et al., 1995; Bachman & Palmer, 1996). Retaining the original interpretation of levels was important for the CLB document revision in order to ensure that existing assessment instruments would not have to be re-aligned to a new scale. However, with the revision process, the CLB document was altered somewhat in its format and wording for greater user friendliness, clarity, and specificity based on feedback from the field. From this perspective, it would be important to ensure that any newly developed CELBAN test content and scoring criteria would reflect the language used for descriptors and competency statements in the revised CLB 2012 document.

CELBAN Renewal Project

Factors referenced in the previous section of this article created the impetus for a project aimed at reviewing the CELBAN test model and developing additional content for each of the skill tests. To summarize, these factors were:

- shifts in the nursing regulatory environment
- changes in nursing practice towards a competency-based model
- launch of the CLB 2012 and its accompanying theoretical framework
- increase in CELBAN administration numbers
- transfer of test administration responsibilities from CELAS at Red River College to the CELBAN Centre at Touchstone Institute

The resulting project was termed a “renewal” because, in addition to the development of content to support additional forms of the test, the workplan also involved revisions to the test model and modifications to test specifications, procedures, and scoring. The following main objectives guided the project:

- Retain the intent and integrity of the original work carried out by the CELBAN test developers (Epp & Lewis, 2004a, 2004b, 2004c; Lewis & Kingdon, 2016).

- Consider feedback and observations gathered over a decade of test usage to determine what adjustments might be indicated for the test model, content and/or procedures (CELAS, 2014).
- Consider the implications, if any, of the CELBAN standard-setting procedure results.
- Bring together a synthesis of nursing and CLB expertise to create new content.
- Ensure compatibility of the new content and scoring procedures with the format and wording used in the CLB 2012 document (Centre for Canadian Language Benchmarks, 2013a).

Revisiting the CLB Difficulty Range

One of the first steps in the renewal process was to consider the range of CLB levels represented in each of the skill tests. As previously indicated, results of the national standard-setting procedure had established cut scores at speaking CLB 8, listening CLB 10, writing CLB 7 and reading CLB 8. For the skills of speaking, writing, and reading, these cut scores reflected the same ranges established in the original benchmarking activity, which meant that the renewed test forms for those skills could retain the same upper limits of difficulty as the original forms. However, for the skill of listening, the standard setting had established a cut score that was one benchmark higher than the range posited during the original benchmarking activity (Epp & Stawychny, 2002). Assuming that the original test forms contained a large proportion of items representing the original cut-score level of CLB 9, it would be important in the renewal project to ensure sufficient coverage at the newly established cut point of CLB 10.

A perennial question for test development is the range of difficulty that should be represented in a test's content. In a test of eligibility, one approach is to include only content that is calibrated at the passing-score level. In other words, if a reading test requires a passing score of CLB 8, all of the items in that test could be calibrated at a difficulty level of CLB 8. There might be no reason to include content across a broader range of levels unless there is some benefit to doing so. In the case of CELBAN, providing content across a range of ability has certain advantages, as it serves the following purposes:

1. It facilitates authentic representation of the range of tasks that nurses need to accomplish. A variety of task types can be included in the test reflecting a progression of competency and complexity.
2. It supports the assignment of criterion-referenced test scores that accurately reflect CLB levels. This, in turn, assists examinees in

understanding where they fit on the continuum of language ability. When they are not successful in meeting the CELBAN cut score, they are provided with their achieved CLB level for each skill. With this knowledge they can consult the CLB document and other related resources to understand what their levels mean and map out a language training plan to improve their skills and eventually meet the standard required by the regulators.

3. It allows for direct connection with language training providers, such as the many IEN bridging programs at colleges and universities where CELBAN results are accepted for entry and placement purposes. It also benefits community colleges across Canada where the language demands of healthcare programs have been aligned to the CLB (Hammond & Holmes, 2011), and it eliminates the need for IENs to take additional exams for entry into these programs.
4. It fits with the learner-centred “can do” (Centre for Canadian Language Benchmarks, 2013b) approach of the CLB, which devotes attention to recognizing communicative strengths.

It is in the spirit of supporting IENs as they progress towards their language goals that CELBAN has always offered more than a pass/fail result and has always included content across a range of complexity for each of the skill tests. If the test is to provide a valid result at each reported benchmark, the range of content must sufficiently accommodate each of those levels.

CELBAN test scores locate examinees on the CLB scale to inform them about their proficiency levels at the time of the test and to let them know how close they are to meeting the required passing scores. In order to provide this added value, it is necessary for the score range to reflect a reasonable span of benchmarks—narrow enough to produce reliable results yet broad enough to adequately inform examinees of their relative position on the scale of language ability. In the renewal project, it was determined that the results range for each CELBAN skill test would span four benchmarks. Speaking and writing results would be reported across the range of CLB 6 to 9, while results for listening and reading would be reported across the range of CLB 7 to 10.

For the productive skills, this decision would demand prompts and tasks accessible to the target range, along with a set of scoring criteria that could accurately distinguish the target benchmarks. For the receptive language skills, both concrete and abstract content would have to be included in the test, with items to tap some of the more basic elements of comprehension, such as getting the main idea and identifying factual details, along with more complex abilities, such as recognizing nuance and drawing inferences.

Selecting Renewal Task Types

When the renewal project began, the original CELBAN test content was reviewed by a test development expert and a panel of nursing professionals. In addition, feedback was gathered from experienced assessors who had administered the test over a number of years. The feedback was analyzed to inform adjustments to protocols, task types, and scoring procedures.

When making adjustments to task types, it was critical to keep in mind that an occupation-specific assessment is distinguished from a test of general language proficiency by “authenticity of task” (Douglas, 2000). Douglas defines authenticity as the “interaction between language knowledge and specific-purpose content knowledge. Authenticity of task means that the test tasks should share critical features of tasks in the target language use situation of interest to test takers” (2000, p. 2).

While authenticity is always important in an occupation-specific test, it is equally important to consider potential issues that can arise when authentic tasks are transferred to the assessment context. The fact that a task is realistic does not automatically make it suitable for testing purposes (Norton & Stewart, 1999; Stewart, 2008). To ensure a balance between the need for a task to be authentic to the nursing context and the need for it to be suitable for testing purposes, the following guiding criteria were used to inform the task selection process.

- Relevance to the healthcare context
- Compatibility with CLB descriptors
- Suitability for testing language rather than nursing knowledge
- Efficiency of administration
- Efficiency and reliability of scoring

These task selection criteria were helpful when it came to evaluating the suitability of content suggested by subject matter experts (SMEs). As practicing nurses and nurse educators, the SMEs were often focused on professional competencies, so that in some cases, their suggested tasks were not suitable as measures of communicative ability. For example, a task that requires an examinee to describe or explain a specific medical procedure would be unfair in a language test, as it would require the application of nursing knowledge. When examinees take CELBAN, they are told that the test is not measuring their nursing knowledge but only their language ability, and this premise has to be reflected in all of the tasks. For this reason, prompts such as “Explain how you would insert a catheter” or “Describe the symptoms of multiple sclerosis” could not be accepted for CELBAN tasks. With the list of guiding

criteria for referral, the content team could identify any suggested tasks that might be highly relevant to nursing but not appropriate for a CLB-based language assessment. SMEs could be referred to specific pages in the CLB document for information on the features of communicative language tasks and clarification on the reasons why some of their suggested nursing tasks were unsuitable for the purpose of language assessment.

The guiding criteria also informed decisions about whether to retain certain task types from the original CELBAN test forms. For example, the writing test included a video-mediated task that required examinees to listen to an interaction and fill out a chart with accurate information while listening. This task was authentic. It replicated many professional situations in which nurses listen to information from clients and make notes about symptoms, medical history, lifestyle choices and medications. Furthermore, the specifications were compatible with CLB 7–10 writing task types under the Reproducing Information competency, which include taking notes while listening to information (Centre for Canadian Language Benchmarks, 2012). However, as a writing assessment task, this activity relied quite heavily on listening comprehension, making it likely that examinees with higher listening proficiency levels would perform better on the writing task than other examinees at the same level of writing ability whose listening proficiency was not as advanced. Although many authentic tasks combine listening and writing, performance on those two skills is actually very different. Listening is more closely related to reading as both are receptive skills, and to speaking as both are oral/aural skills, but the relationship of listening to writing is not as strong (Hosseini, 2012). Since there is a separate CELBAN instrument to evaluate listening ability, and because listening and writing abilities are not strongly related, it was determined that the listening load should be eliminated from the writing test. This meant that, despite its authenticity and CLB compatibility, the task in question had to be replaced during the renewal project.

For different reasons, an adjustment had to be made to one of the original listening task types that had been based on a series of relatively lengthy video-mediated scenarios. The length of the scenarios was compatible with CLB descriptors, and the task required examinees to concentrate intently on each situation just as they would do in an actual nursing context. However, the length of these scenarios had to be reduced because the longer passages required large numbers of test items to be associated with a single video clip, which limited the number of scenarios that could be included in a single test form and made it challenging to mix and match items when creating alternate forms of the test. When the clips were shortened, it became possible to increase the number of scenarios and the variety of contexts and speakers represented in the test, thereby expanding domain coverage without extending administration time.

Referencing Test Results to the CLB 2012

In making adjustments to task types and content, it was important to retain the CLB compatibility established by the CELBAN benchmarking team (Epp & Stawychny, 2002) and the test developers (Epp & Lewis, 2004b, Lewis & Kingdon, 2016). The original scoring procedures were referenced to CLB 2000 descriptors, and as the underlying scale had not been altered in the 2012 revisions to the CLB document, there was no requirement to adjust the interpretation of CELBAN test results. In other words, the original alignment of test results to CLB levels could be presumed accurate. However, it was necessary to refine the scoring criteria to reflect new task types and to ensure consistency with the wording of CLB 2012 descriptors.

Accordingly, the scoring grids for productive skills underwent a revision, with the CLB 2012 document providing direct support for this undertaking. The CLB Profiles of Ability were particularly helpful in this regard, as they provided summaries of performance at each benchmark. A Profile of Ability indicates, in general terms, what a person can do, and also hones in on specific features of communication, such as vocabulary, structure, and mechanics. This approach is highly compatible with the development of holistic and analytic scoring grids, as it provides a snapshot of the progression of language ability across levels.

The first round of revision resulted in draft versions of new scoring grids for the productive skills, and in order to test out the suitability and utility of these grids, a group of trained CELBAN examiners reviewed the scoring criteria and provided feedback to inform a round of revision. They then used the revised grids to evaluate samples of speaking and writing performance that had been gathered for this purpose across the range of CLB levels. Further feedback was provided on the clarity, specificity, and usability of the scoring criteria, and the grids were further refined based on the examiners' experiences working with the grids. The final grids were then used for scoring productive skill performance during pilot testing (Touchstone Institute, 2018a, 2019b).

For the receptive skills, newly developed items had to be referenced to the CLB, and one way to do this would have been to pilot new items and compare their calculated difficulties with the difficulties established for the original test items in the 2004 development project. This strictly data-based approach was rejected because CELBAN data analysis relies primarily on Classical Test Theory (CTT), a method in which the item statistics are sample dependent. Using CTT, it would not have been possible to accurately compare item difficulties derived at different times from two different samples of the population (Magno, 2009; Schumacker, 2010).

Another possible approach would have been to select a suitable range of anchor items from the original test and embed them, along with newly developed items, into pilot test forms, so that all of the items could be tested

on the same sample. The challenge in this regard was the possibility that the original test items might have been known to pilot participants. CELBAN pilot samples are drawn from the population of IENs, and the three original CELBAN test forms had been in usage for a lengthy period. It was therefore possible that some volunteer pilot participants might have had knowledge of the original test content, either directly as a result of having taken CELBAN themselves, or indirectly through information passed along by other examinees. If the original items had been compromised in any way, the relative difficulties established in the pilot data analysis would not be accurate.

For these reasons, an alternative approach was taken for relating the new receptive-skill items to the CLB scale. This involved applying a judgement-based approach (Tannenbaum & Wylie, 2004), with elements of the bookmark method (Mitzel et al., 2001) often used for standard-setting activities. The specific methodology was devised and refined through a series of previous CLB-based test development projects (Stewart & Nagy, 2004, 2015). It involved a facilitated interaction among a small panel of CLB experts, who relied on CLB descriptors and empirical difficulty indices to assign a CLB level to each item in the reading and listening tests. The objective was to achieve consensus on the CLB level of each item, as consensus methods generally render more accurate results than an average of independent judgements (Hambleton & Jirka, 2009). It was considered important to employ experts with a high degree of CLB knowledge and experience, as consensus among a small panel of true experts was preferable to averaging the opinions of a larger group with less expertise.

The panel comprised four individuals, with every expert meeting the following requirements:

- TESL certification and ESL teaching experience
- at least 20 years working in the ESL field
- CLB-based test item writing experience
- experience in developing CLB-based curricula

All but one panelist also met these additional criteria:

- CLB-based test development experience
- previous experience in health-related assessment
- member of CLB 2012 document revision team
- experience in test administration and management

The CLB experts worked together over a series of three meetings to reach consensus on the assignment of a CLB level to each receptive-skill test item, after which they determined how many correct responses would be required to achieve each CLB level on the overall test. In this endeavour, the group relied on data analysis results from the reading and listening pilot tests (Touchstone Institute, 2018b, 2019a), which provided a difficulty index for each item. These difficulty rankings were used, along with criteria from the CLB Profiles of Ability and Competency Indicators, to reach consensus on the CLB level of each test item. Throughout the work on scoring procedures, the consensus of CLB experts was limited to linking test scores with the Canadian Language Benchmarks. Consideration of cut scores for acceptance to nursing practice was beyond the scope of this process, as standard setting is the responsibility of nursing regulatory bodies.

Maintenance and Continuous Improvement

Updating Examinee Resources

Following the renewal of the test model and configuration of additional test forms, it was important to ensure that the CELBAN information available to examinees remained current and relevant, as stipulated in the standards that apply to development and maintenance of assessments (AERA, APA, NCME, 2014). To this end, the CELBAN Test Information Manual (CELBAN Centre, 2019) was updated with details about the test format, task features, administration procedures and evaluation criteria. Refinements were also made to the CELBAN diagnostic feedback process. Examiners regularly provide “actionable feedback” (Cannon & Witherspoon, 2005) for each person who attempts CELBAN so that examinees know what their strengths and weaknesses are. Following the renewal project, a new set of CLB-based standardized descriptors was framed to reference key elements of communication that are fundamental to performance in the general nursing environment (Hull, 2015). Based on the feedback that CELBAN provides, examinees who have not met the language requirement can map out plans to improve their communicative ability in the areas of weakness that have been identified.

In terms of test preparation, the CELBAN Readiness Self-assessment (CRSA), which was developed in 2005 by CELAS at Red River College (Lewis & Kingdon, 2016), has always been a popular resource for prospective test takers (CELBAN Centre, 2019), and following the test renewal, the CELBAN Centre and the CCLB worked on a series of updated test practice materials that reflect features of the renewed model.

Migrating CELBAN to Online Delivery

The CELBAN development and renewal process resulted in a paper-based assessment, with the speaking component administered individually in a face-to-face context and the other skill tests administered to large groups in proctored sessions. Under this model, CELBAN test administrations were conducted until early 2020, at which time the COVID-19 pandemic introduced restrictions that impacted test operations. Because the assessment was not designed to function amid pandemic restrictions or to allow for physical distance, administrations had to be cancelled and other delivery approaches immediately considered.

To this end, a research project was initiated to investigate the feasibility of migrating CELBAN to an online environment. This undertaking, which involved collaboration between Touchstone Institute and the Centre for Canadian Language Benchmarks, led to the launch in January, 2021 of a delivery system that allows candidates to access CELBAN through approved Canadian examination centres or from their homes. The two-part administration consists of the speaking interview, conducted via a virtual platform with a trained CELBAN examiner who interacts with the examinee in real time, and a computer-based assessment of reading, writing, and listening.

With the shift to online delivery, CELBAN constructs and format have not been altered. The assessment retains its original task-based approach and linkage to the CLB scale. Psychometric validation has been conducted to ensure inter-rater reliability of online speaking and writing test results, as well as equivalence with results derived from the former paper-based test model for the four language skills. Security of online delivery is ensured by means of an environment scan, strict examinee identification protocols and live monitoring of test sessions, with every assessment also video recorded.

Ongoing Content Development

Ongoing development of CELBAN content is essential to ensure that the items and prompts in each skill test do not become overly exposed to the examinee population and therefore widely known. This is an important component of regular test maintenance, but it is one that is often overlooked. With the renewal process completed and regular administration activity in place, attention has turned to the consideration of regular content development cycles to ensure that CELBAN prompts and items remain fresh and new for examinees. The planned approach to content development will be different for each language skill and will be based on the procedures that were applied during the renewal process for preparing, pilot testing, and configuring additional content for new test forms.

Conclusion

A language assessment is not a finite commodity to be developed in a single endeavour and then administered indefinitely. Instead, it is a dynamic procedure that requires ongoing consideration and maintenance of its content, protocols, and procedures. The maintenance of an occupation-specific language assessment has many facets. In addition to the predictable day-to-day activities, such as examinee registration, test administration, delivery of results, and dissemination of information, there are evolving circumstances and unforeseen events that impact the flow of operations.

CELBAN has weathered shifts in the nursing regulatory context, a revision of the underlying CLB framework, adjustments to the accepted cut scores, and most recently, the COVID-19 pandemic. The response to these influences has resulted in a renewal of the CELBAN test model and an adaptation of the test content and procedures for online administration, along with corresponding updates to supporting resources. As the future of occupation-specific language assessment unfolds, and as circumstances in the Canadian healthcare context continue to evolve over time, it is hoped that CELBAN will have the resilience to go on serving the needs of IENs and nursing regulators for years to come.

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From: [Bear, Sarah J \(DOH\)](#)
To: [Zawislak, Amber \(DOH\)](#); [Underwood, Lori \(DOH\)](#)
Cc: [Babbo, Gerianne M \(DOH\)](#); [Bay, Kathy W \(DOH\)](#)
Subject: NPAP recommendation on the CELBAN
Date: Thursday, June 20, 2024 12:53:18 PM
Attachments: [image001.png](#)
[image002.png](#)

Hello Amber and Lori,

The NPAP met today and reviewed the Canadian English Language Benchmark Assessment (CELBAN) for Nurses.

The NPAP recommends to the Licensing Subcommittee adding the CELBAN exam as an option to document English proficiency.

Please let me know if there are questions.

Thank you!

Sarah

Sarah Bear, EdD, MSN, RN, CNE
Nursing Education Consultant
Washington State Board of Nursing
Sarah.bear@doh.wa.gov



360-489-5693 cell | www.nursing.wa.gov



Date: March 11, 2024

Dear Washington State Board of Nursing:

International Education Evaluations (IEE) is requesting approval to provide credentials evaluations for Registered Nurses and Licensed Practical/Vocational Nurses through the Washington State Board of Nursing (BON). IEE is an independent organization providing evaluation and translation services since 1981. IEE is a member of the National Association of Credential Evaluation Services (NACES). Reports generated by IEE staff are used for immigration, education, employment, professional licensing, and teacher certification. IEE does not represent, recruit, or serve as a placement organization for domestic or international nursing.

Enclosed with this packet of information is a table comparing the Washington State BON requirements with the IEE capabilities. I've also provided several attachments to provide additional information.

IEE has developed a method of credentials evaluation to ensure authentication and comparability of international education to U.S. requirements. This is accomplished through standard processes of authentication/validation of credential documents (identity and licensure), language proficiency and education for U.S. nursing documents. IEE has provided this service for over twenty years (20) through provision of education equivalencies for the North Carolina Board of Nursing. We have recently been approved by the Florida, Wyoming, and Illinois Boards of Nursing.

I lead the Nursing Division as IEE Chief Nurse Executive. I have included my CV (Appendix A) for your review to provide evidence of my ability as a leader in nursing with experience in test development and measurement, standardized testing methodologies, NCLEX, international credentialing, curriculum development and accreditation standards. IEE reviews applications for credentials evaluation via a process developed by nurse leaders following the best practices identified for credentialing organizations through NACES and the National Council of State Boards of Nursing (NCSBN).

Credentialing reports/certificates will be issued based on established criteria. IEE has been successful in issuing other credentialing reports within 3 business days following receipt of all applicant's documents. Nursing certificates will be prioritized to ensure issuance within 5 days of receipt of authenticated/complete documents.

Thank you in advance for your consideration. Please contact me as needed for any follow-up. We look forward to obtaining approval from your agency as we are anxious to begin further assisting the nursing workforce.

Sincerely,
Dr. Susan Sanders

Dr. Susan Sanders, DNP, RN, NEA-BC, Chief Nurse Executive
International Education Evaluations
susan@myiee.org
615-337-1611

<p align="center">Washington State Board of Nursing WAC 246-840-045</p>	<p align="center">IEE Response</p>
<p>1. (a) Successfully complete a basic nursing education program approved in that country.</p> <p style="padding-left: 40px;">(i) The nursing education program must be equivalent to the minimum standards prevailing for nursing education programs approved by the commission.</p> <p style="padding-left: 40px;">(ii) Any deficiencies in the nursing program (theory and clinical practice in medical, psychiatric, obstetric, surgical and pediatric nursing) may be satisfactorily completed in a commission approved nursing program or program created for internationally educated nurses identified in WAC 246-840-549, 246-840-551 or 246-840-552.</p>	<p>1. (a) IEE will provide a thorough course-by-course review of original transcripts and records from the school and nursing programs. A comparability or non-comparability statement is included on the applicant’s report as suggested by the National Council of State Boards of Nursing (NCSBN).</p> <p>Original source documents are required from schools of nursing. This includes a transcript and Request for Academic Records (RAR) (see Appendix B), which details the clinical and theory hours for the nursing subjects including:</p> <ul style="list-style-type: none"> • Adult Medical Nursing • Adult Surgical Nursing • Maternal and Infant Nursing • Pediatric Nursing and Care of Children • Psychiatric and Mental Health Nursing • Gerontology and Geriatric Care • Community Nursing and Public Health <p>and pre-requisite courses in the curriculum including:</p> <ul style="list-style-type: none"> • Anatomy and Physiology • Microbiology • Pharmacology • Nutrition • Chemistry • Physics
<p>1. (b) Obtain an evaluation or certificate from a commission approved credential evaluation service verifying that the educational program completed by the applicant is equivalent to nursing education in the state of Washington.</p>	<p>1. (b) The IEE report (Appendix C) contains the following information:</p> <p>a. Current and former names</p> <p>b. Date of birth</p> <p>c. Country of Education</p> <p>d. Social Security number if available</p> <p>e. U.S. comparability</p> <p>f. Source and description of documents</p>

	<p>g. Secondary and Post-Secondary education description and documents:</p> <ul style="list-style-type: none"> • Name of education credentials for secondary and post-secondary schools (high school records may be original or scanned by the applicant – depending on BON request) • name and nature of the nursing program(s) including accreditation status of the school • dates of attendance and graduation • field of study • reference information regarding the country of education • transcript information on nursing and pre-requisite courses <p>d. watermarked report provided through a secure portal with copies of the documents received and/or translated</p> <p>e. notification to the state BON, NACES and NCSBN if fraudulent activity is observed or suspected</p> <p>f. status of license(s) held by applicant – including active/expired status and a report of disciplinary action if applicable</p> <p>g. nurse’s native language along with the language of instruction in the nursing program and the language of the nursing textbooks</p>
<p>1. (c) Demonstrate English language proficiency by passing a commission approved English proficiency examination at a commission designated standard, or provide evidence directly from the school of earning a high school diploma or college degree from a United States institution prior to commission approval to take the national licensing examination. Individuals from Canada (except for Quebec), United Kingdom, Ireland, Australia, New Zealand, American Samoa, Guam, Northern Mariana Island, and U.S. Virgin Islands will have this requirement waived.</p>	<p>1. (c) Evidence for language of instruction and texts is obtained from both the applicant and the school of nursing. Individuals from Canada (except for Quebec), United Kingdom, Ireland, Australia, New Zealand, American Samoa, Guam, Northern Mariana Island, and U.S. Virgin Islands will have this requirement waived. Other applicants will submit English Language Proficiency (ELP) scores and these are verified with the test administrator by IEE.</p>

<p>1. (d) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050.</p>	<p>1. (d) Not applicable to IEE</p>
<p>2. Registered nurse and practical nurse applicants must submit the following documents: (a) A completed licensure application with the required fee as defined in WAC 246-840-990.</p>	<p>2. (a) Not applicable to IEE</p>
<p>(b) Official transcript directly from the nursing education program or licensure agency in the country where the applicant was educated and previously licensed. (i) Transcript must be in English or accompanied by an official English translation. If the applicant's original documents (education and licensing) are on file in another state or with an approved credential evaluation agency, the applicant may request that the state board or approved credential evaluating agency send copies directly to the commission in lieu of the originals. (ii) The transcript must: (A) Include the applicant's date of enrollment, date of graduation and credential conferred. (B) Describe the course names and credit hours completed. (C) Document equivalency to the minimum standards in Washington state. Course descriptions or syllabi may be requested to determine equivalency to Washington state standards.</p>	<p>2. (b) IEE will provide the BON all documents submitted by the applicant and/or school(s). Records are verified per the IEE policy (see Appendix D). Applicants to the Washington BON are directed to a specific landing page on IEE website. Reports are transferred to Washington BON via a secure portal to as many staff members as requested. Training for the Washington BON staff will be provided.</p> <p>Transcripts received that are not in English are translated by an authorized translation agency. IEE is a certified translator by the ATA and provides this service for the applicant as needed (separate fee).</p> <p>All components for 2 (b) (ii) are met with the IEE report.</p>

2. (c) Documentation from a commission approved nursing program showing that any deficiency has been satisfactorily completed.	2. (c)Not applicable to IEE.
(d) Documents must show the applicant has passed a commission approved English proficiency examination or the requirement is waived as identified in subsection (1) of this section.	2. (d) As per above

Appendix A

Dr. Susan T. Sanders, DNP, RN, NEA-BC

RECENT WORK EXPERIENCE

International Education Evaluations (IEE)

Charlotte, NC

Chief Nurse Executive

Develop and oversee Nursing Division for Nursing Evaluations and VisaExpress™

Commission on Graduates of Foreign Nursing Schools (CGFNS)

Philadelphia, PA

Chief of Programs and Learning

- Oversaw credentialing programs (staff, customer service, marketing)
- Contributed to thought leadership related to nurse credentialing and migration
- Assisted with business development
- Designed education programs
- Recommended standards for credentialing internationally educated nurses

Kaplan, Inc.

New York, NY

Vice President, Nursing

- Guided vision and strategy for product development and positioning
- Informed marketing and product positioning for the Nursing suite of tools and services. ●Created a team of nursing consultants for nursing faculty support
- Increased market share and margin of nursing product
- Promoted brand through publications and presentations

Quorum Health Resources (QHR)

Brentwood, TN

Associate Vice President, Clinical Operations

- Created and provided educational programs
- Coached and mentored nursing leaders
- Performed on-site consulting for healthcare facilities on
 - Education
 - Operations
 - Magnet® criteria
 - Regulatory agencies
 - Nursing excellence
 - Productivity and finance

Bedford County Medical Center

Shelbyville, TN

Chief Nursing Officer

- Managed hospital and home health clinical services
 - Shared administrative responsibilities
 - Ensured compliance with JCAHO standards
 - Achieved successful state surveys

ACADEMIC EXPERIENCE

Middle Tennessee State University

Murfreesboro, TN

Adjunct Professor

- Provided on-line courses for undergraduate and graduate (MSN) program
- Assisted with development of syllabi, course structure, administered grades
- Courses included: Health Assessment, Health Policy, Research, Professional Role Development, Advanced Pathophysiology, Scholarly Synthesis, Theoretical Foundations.

Union University

Jackson, TN

Adjunct Professor

- Taught on-line courses for graduate students
- Courses included: Nursing Administration and the Law, Nursing Administration Resource Management.

Motlow State Community College

Lynchburg, TN

Director of Nursing Education and Allied Health

- Led the Associate Degree Nursing Program with stellar student performance
- Achieved successful NLN Accreditation
- Instructed select topics such as management, leadership, trauma, and role development

EDUCATION

University of Tennessee Health Science Center

Memphis, TN

Doctor of Nursing Practice, Administration

Residency Project: "Evaluating Preparation for Nursing Excellence"

University of Alabama

Huntsville, AL

Master of Science, Nursing

Thesis: "Faculty Expectations of Clinical Competence of Graduating Associate and Baccalaureate Degree Nursing Students"

University of Tennessee

Knoxville, TN

Bachelor of Science, Nursing

Certified Nursing Executive, Advanced

Board Certified

American Nurses Credentialing Center

PUBLICATIONS

Doherty, C. & Sanders, S. (2023). Contributing “Know the way, show the way”. In Mentoring in Nursing Through Narrative Stories Across the World. Springer Publishing.

Lilyquist, K., Sanders, S., Parsh, B. (2015). Why teach an NCLEX prep course? *Nursing 2015*, 45 (2), 55-56.

Ng, P., Lilyquist, K., Sanders, S., Parsh, B. (2015). Prepping for NCLEX? Eight tips to get you started. *Nursing 2015*, 45 (4), 19-20.

Sanders, S. (2014, August 28). Kaplan survey: Nearly half of recent nursing school graduates are concerned about working in a hostile environment or becoming victims of workplace bullying (Press release). Retrieved August 28, 2014 from.

Sanders, S. (2011). Assisting nursing students through linguistic modification of multiple-choice questions. Unpublished whitepaper.

Sanders, S. (2010). How Nursing students study. Unpublished whitepaper.

Sanders, S. (2010). The Efficacy of remediation on nursing student success. Unpublished whitepaper.

Sanders, S. (2008). Generations at work. The Business of Caring. Healthcare Financial Management Association.

Sanders, S. (2007). Getting the right dollars from payors. The Business of Caring. Healthcare Financial Management Association.

Sanders, S. (2004). Nurse Leaders in Tennessee. Tennessee Nurse.

Confer, D.; Frantz, R.; Nemiroff, P.; Junen, A.; Mitchell, S.; Palmer, J. Evolving Wound Care Modalities. Acute and Chronic Nursing Management (1992) Ed. Ruth A. Bryant. Mosby Year Book.

ACADEMIC PRESENTATIONS

Podium Presenter, OADN, November 2021. Correlating Nursing Clinical Decision-Making to NCLEX RN Outcomes.

Podium Presentation STTI International Research Conference, Abu Dhabi – virtual 2020. “Best Practices in Undergraduate Nursing Education: Concept-

Based Curriculum.”

Poster Presentation STTI International Research Conference, Calgary, July 2019. “Next Generation NCLEX-RN and Virtual Simulation”

Poster Presentation STTI International Research Conference, Calgary, July 2019. “Next Generation NCLEX-RN® and Virtual Simulation”.

Podium Presentation – STTI International Research Conference, Calgary, July 2019. “Preparing Nurses for Global Mobility”.

Podium Presentation – International Council of Nurses, Singapore, June 2019. “Global Mobility and Preparation for Nursing in the United States”.

Podium presenter STTI/NLN Nursing Education Research Conference, Washington, DC, April 2018. “A Model for Sustaining NCLEX-RN® Success”.

Poster Presentation STTI International Research Conference, Melbourne, Australia, July 2018. “Assessing and Correlating Nursing Clinical Decision Making to NCLEX-RN® Outcomes”

Accepted Poster Presentation STTI 28th International Nursing Research Congress, “Selecting Internationally Educated Nurses (IEN) to Participate in a Program of NCLEX-RN® Preparation”

Poster presenter ICN 2017, "NCLEX®-RN Preparation Success for the Internationally Educated Nurse (IEN)" A joint poster with CGFN (Commission on Graduate Foreign Nurses) + SACM (Saudi Arabian Cultural Mission) + Kaplan Nursing.

Podium presenter ICN 2017, “Guiding the Internationally Educated Nurse to Pass the NCLEX®-RN”

Keynote Speaker and Presenter, Kansas AODN, October 2016. “Test Construction and Item Writing Workshop”, “How Nursing Students Study”, “Nursing Student Retention”.

Invited Speaker at 8th Annual Medical Career Day, October, 2016 – King Abdulaziz University, King Abdulaziz Medical Center, Princes Nora University. “How to be Successful in Nursing”, “Inside the NCLEX®”, “Nursing Specialization – Issues & Reality”.

Poster Presentation at Conference for Nurse Educators, June 2016. “What are the predictors for student success as measured by program completion and first time passing of NCLEX®-RN?” Co-presented with Dr. Anthony Ramsey, Dr. Sharla Cooper.

Poster Presentation at Nursing Educators Forum, Las Vegas, January 2016. “What are the predictors for student success as measured by program completion and first time passing of NCLEX®-RN?” Co-presented with Dr. Anthony Ramsey, Dr. Sharla Cooper.

Podium Presentation @ Sigma Theta Tau Research Conference, July 2015. “Invited to Repeat the NCLEX-RN? How Faculty Can Help Improve Student Outcomes”.

Podium Presenter for 2-day CE program @ Nurse Educators Conference, Cleveland State Community College, June 2015.

Podium Presentation @ St Anselm Nursing Educators Conference, May 2015.
"Test Construction and Item Writing."

Podium Presentation @ Sigma Theta Tau 2013. "Assisting Nursing Students through Linguistic Modification of Multiple Choice Questions".

Poster Presenter @2012 St. Anselm Conference "Assisting Nursing Students through Linguistic Modification of Multiple Choice Questions", June, 2012.

Poster Presenter @ 2011 Arkansas Nurses Association Conference "How Do Nursing Students Study?" October, 2011.

Poster Presenter @ 2011 Emerging Technology Conference "The Efficacy of On-Line Remediation on Nursing Student NCLEX-RN® Success" July, 2011.

Poster Presenter @ 2011 Nurse Educators Conference in the Rockies "How Do Nursing Students Study?" July, 2011.

Poster Presenter @ 2009 Nursing and Quality Leadership Summit "Achieving Clinical Excellence: Putting Evidence into Practice" on October 28, 2009, Nashville, TN

Presenter @ American College Healthcare Executives, Annual Congress, March 2009," Nursing Department Strategic Plan Development for the Nurse Executive"

Presenter, @ Healthcare Financial Management 2009 Executive Summit, March 2009, "Nursing and the Business of Caring"

Presenter @ Healthcare Financial Management Association Annual Conference, June 2008,"How a Nursing-Finance Collaboration Delivers on Quality & Bottom Line Goals

Presenter @ Alabama Hospital Association, CEO Meeting, June 2008, "What Your CNO Needs from You"

Poster Presenter @ Nursing Management's Recruitment and Retention Conference, Boston, April 2008, "Customizing Leadership Development for Retention, Patient Satisfaction and Productivity"

Presenter @ American College of Healthcare Executives, Congress, March 2008. "Increasing Hospital Throughput"

Presenter @ Colorado Organization of Nurse Leaders, February 2008, "Bridging the Gap between Clinicians and the Revenue Cycle"

Presenter @ Healthcare Consortia, October 24, 2007, "Why Does the Nursing Department Need a Strategic Plan?"

Presenter @ New York Healthcare Financial Management Association, October 17, 2007. "How Nurses Impact the Revenue Cycle".

Presenter @ HealthTrust Purchasing Group, August 21, 2007, "Different Generations, Different Expectations"

Presenter @ AONE Annual Meeting, April 2007. "How Nurses Impact the Revenue Cycle"

Presenter @ various state organizations, topics: "Key Competencies for Nurse Executives", "Patient Safety", "Generational Differences"

PROFESSIONAL AND COMMUNITY ACTIVITIES

Past President, Advisory Board, University of Tennessee Health Science Center, College of Nursing

Independent consultant developing Associate Degree Nursing Programs Past

Sigma Theta Tau, member

President (2005-2007) Tennessee Nurses Association

State President (2002) National Organization for Associate Degree Nursing

Member State Consultant (1996-2000) TN Association for Student Nurses

TNA, State Treasurer (2000-2002, 2002-2004)

TNA District 8 President (2001-2004)

Past Chair, TNA Committee on Continuing Education Review (6 years of service)

Past member American Nurses Credentialing Center, Commission on Accreditation

NCLEX-RN Item Writer

Consultant, TN Board of Nursing – Complaint Review

Appendix B



REQUEST FOR ACADEMIC RECORDS: NURSING

Note to Applicant: It is your responsibility to ask your university/institution to send your records to International Education Evaluations. Please complete the top part of this form and submit it to the registrar, controller of examinations or other authorized official at your university. Note that some universities may charge a fee for this service.

Last / Family Name		First / Given Name	
Previous Name (if applicable)		Date of Birth (dd/mm/yyyy)	
Institution Name		Dates Attended From: (mm/yyyy) To: (mm/yyyy)	
Degree or Qualification Conferred <small>(if applicable)</small>	Year of Award <small>(if applicable)</small>		Major / Specialization
Student ID or Roll Number <small>(if applicable)</small>		Applicant's Email Address	

I hereby authorize the release of my academic records to International Education Evaluations.

Student's Signature _____ **Date**

Note to Authorized Official: The above-named student seeks to have their credentials evaluated and requests that a transcript of their academic records/statement of marks - showing all subjects and all grades/marks awarded for all years of study - be released to IEE, Inc. Please complete this form, place the form and academic records in an envelope, sign and seal the envelope across the back flap, and send it directly to IEE, Inc. at the address on page 2.

Name of Official Completing Form		Title	
Name of college, university, or nursing school			
Address			URL [www.]
City	Country		Postal Code
Phone	Fax		Email
<i>Confirmation of Enrollment Dates</i>	Attended FROM (mm/yyyy)		TO (mm/yyyy)
	<i>Confirmation of Program Completion</i>		Title of Degree/Credential/Qualification

Confirmation of Theoretical Instruction and Clinical Hours

Important:

- a) If no hours were completed, indicate with N/A
- b) For integrated curriculum, use column 3 to indicate in which courses the topics are integrated

Nursing Subject	Theory Hours	Clinical Hours	If applicable, please list courses in which these topics are integrated.	CHECK if concurrent
Adult Medical Nursing				
Adult Surgical Nursing				
Maternal and Infant Nursing				
Pediatric Nursing and Care of Children				
Psychiatric and Mental Health Nursing				
Gerontology and Geriatric Care				
Community Nursing and Public Health				

Non-Nursing Courses	Theory Hours	Laboratory Hours	If applicable, please list courses in which these topics are integrated.
Anatomy and Physiology			
Microbiology			
Pharmacology			
Nutrition			
Chemistry			
Physics			

Native Language:	
Language of Instruction:	
Language of Nursing Texts:	

Authorized Official's Signature and Seal

Date

Please return this form with official academic records (transcript, statements of marks, etc.)

Submit via Post
 International Education Evaluations
 7900 Matthews Mint Hill Rd, Suite 1A
 Charlotte, NC 28227-6566, USA

Submit electronically (preferred)
records@myiee.org

Appendix C

INTERNATIONAL EDUCATION EVALUATIONS

DATE: January 14, 2024
NAME: First Middle Last
OTHER NAMES: First Middle Last
DATE OF BIRTH: February 02, 1983

REF: Sample Report DC Nursing
COUNTRY: Mexico, Philippines, Maldives
SS# If Available: 111-11-1111

EVALUATION TYPE

- Professional License (Nursing)

ANALYSIS METHODOLOGY

- Year-count, as described in the Statement of Evaluation section

US COMPARABILITY

- High school diploma
- Bachelor of Science in Nursing degree

COUNTRY OVERVIEW

Primary education in Mexico currently has a duration of six primary grades. Secondary education in Mexico currently has a duration of three lower secondary grades and three upper secondary grades. At the end of Grade 12, students receive the *Bachillerato* or *Preparatoria*. The first undergraduate degree in Mexico is the *Licenciatura*; the length of this program can vary.

EVALUATION

Credential 1

Authentication:	Original record received directly from Escuela Preparatoria "Amigas"
Country:	Mexico
Admission requirement:	Grade 9
Program duration:	3 years
Period of study:	1995-1999
Program completion:	May 1999
Field(s) of study:	General academic
Issuing institution:	Escuela Preparatoria "Amigas"
Institution status:	Regionally accredited
US comparability:	High school diploma
Gives access to:	<i>May be considered for undergraduate admission to colleges and universities in the United States.</i>

Credential 2

Authentication:	Original record received directly from St. Agnes School of Nursing
Country:	Philippines
Program duration:	4 years
Period of study:	1999-2003
Program completion:	June 2003
Field(s) of study:	Nursing
Issuing institution:	St. Agnes School of Nursing
Institution status:	Regionally accredited
Language of instruction:	English, with Tagalog textbooks
US comparability:	Bachelor of Science in Nursing degree
Gives access to:	<i>Nurse licensure examinations, further nursing education, or graduate-level admission. May be considered for graduate admission to colleges and universities in the United States.</i>

INTERNATIONAL EDUCATION EVALUATIONS

Credential 2

Licensure Subjects	Theory Hours	Clinical Hours
Nurse Education, St. Agnes School of Nursing		
Adult Medical Nursing	350.00	400.00
Adult Surgical Nursing	0	0
Maternal / Infant Nursing	80.00	80.00
Nursing Care of Children	80.00	80.00
Psychiatric / Mental Health	50.00	50.00
Gerontology and Geriatric Care	25.00	50.00
Community Nursing and Public Health	25.00	50.00
Total	610.00	710.00

Medical and surgical nursing were taught concurrently.

Science Core Subjects	Theory Hours	Practical Hours
Nurse Education, St. Agnes School of Nursing		
Anatomy and Physiology	45.00	80.00
Microbiology	45.00	80.00
Pharmacology	45.00	25.00
Nutrition	45.00	0
Chemistry	45.00	80.00
Physics	45.00	80.00
Total	270.00	345.00

LICENSURE

Professional Title:

Professional License Number:

Issuing Institution:

Authentication:

License Issued:

License Expires:

Discipline:

Eligibility:

US Comparability:

Scope of Practice:

Professional Nurse

98715MM05

Maldives Health Authority

Received directly from Maldives Health Authority

12 January 2004

11 January 2025

No disciplinary action has been recorded against this license

Completed first-level general nursing program at a government-approved school of nursing; passed the national nursing examination administered by NMC

First level general (registered) nurse

Collaborate with other health care providers for the curative, preventive, and rehabilitative aspect of care and restoration of health, and administration of written prescription for treatment; provide health education to individuals, families, and communities.

LANGUAGE

Native Language:

English Proficiency Exam:

Exam Scores:

Spanish

TOEFL

91

INTERNATIONAL EDUCATION EVALUATIONS

STATEMENT OF EVALUATION

IEE evaluations and assessments are based on the judgment of evaluators experienced in international nursing education, a review of current literature, and documentation provided. Guidance is provided through the IEE Nursing Division, led by an experienced nurse educator. IEE staff are trained in research methods, fraud detection, familiarity with foreign education systems and information sources, and communication with applicant and third parties. We are members of NACES (National Association of Credential Evaluation Services), AACRAO (American Association of Collegiate Registrars and Admissions Officers), TAICEP: The Association for International Credential Evaluation Professionals, and NAFSA: Association of International Educators. This evaluation is simply advisory and is in no way binding on any institution, agency, or organization, each of which has the authority to make decisions that it chooses regarding the application of this analysis.

*****This is the final line of this report, nothing follows*****



International
Education
Evaluations

**International Education Evaluation (IEE)
P&P for Records and Verification of Nursing Applications**

Receive mail in office (USPS, UPS, FEDEX, DHL) and emails (see below for acceptable formats)

Process documents per established procedure.

Special Nursing Instructions:

The following are important notes related to nursing documents for applicants seeking Board of Nursing (BON) reports and/or VisaExpress™ Certificates (VEC):

IEE will obtain complete official records directly from the original/primary sources looking for:

Transcript & Diploma (usually the sources of this information) – should be in official language of issue. Translation may be included if from a certified source or IEE will provide the translation.

Name of qualification

Dates of enrollment

Subjects studied with the credits or hours

May have grades or an accompanying mark sheet (these will not be utilized in BON reports or VEC but will be needed for Nursing Education Reports)

Features of paper documents to be assessed:

Records:

1. Physical Features – related to type of paper, formatting, layout, typography (for example, 8.5 X 11 paper is not typically used in Europe or other countries). Receipt from an authorized delivery agents/couriers by monitoring airway bills, tracking numbers, seals, integrity of packages, etc.

Verification:

2. Content/Information they contain – erasures, color copies/scans presented as originals, misalignment of text, pixelated logos/seals, atypical paper (color, texture, weight), missing security features (watermarks, seals, etc.). Fraudulent clues are those that may not match the country's education system, incongruous dates of study related to the age of the applicant, atypical grading format, inconsistencies in the information, uncommon language, nonexistent degrees/majors (research on the school's website will provide much needed information).

When in doubt, further research, contact with the school, comparison with previous records from the country/school should be considered. Notify team lead or Chief Nursing Executive (CNE) if areas of concern are identified.

School Status:

In addition to the above, it is crucial to determine the status of the school and whether it is recognized in the host country. Check to be sure the institution is approved and authorized to provide nursing education and the resulting credentials allow the person to practice as a nurse there. The authorizing council may be an accrediting agency, the Ministry of Health (MOH), the Nursing Council, Ministry of Education or equivalent.

Features of Emails to be assessed:

Caution is needed with email addresses. Public accounts such as “.yahoo”, “.gmail”, etc. should be verified with the school. It is preferential to obtain emails from the intuitional accounts “.edu”.

Suspected fraudulent documents/emails (see also Nursing Division Policy Re: Fraudulent Documents):

Documents may be fraudulent by either alterations or fabrications. Records may start out as authentic by belonging to the applicant or another individual. There may be alteration(s) of information on the document – changing a name, degree, major, credits, hours, grades, etc. These alterations are generally made to fulfill specific requirements. Fabricated documents, in contrast are created entirely from scratch.

Should an applicant submit fraudulent or altered academic records for an active or expired order:

- IEE will not return them to the applicant.
- No refund will be issued.
- No report will be prepared.
- IEE is obligated to share the applicant’s name, date of birth, country, and institution name with all other NACES members in the event of confirmed fraud.
- IEE will also alert the institution (BON) receiving the applicant’s evaluation if fraudulent documents were received.
- Upon notification of fraudulent activity, the CNE will notify the National Council of State Boards of Nursing (NCSBN) through their FITS system (Falsified Identity Tracking System). IEE is a member of this reporting system.

Developed December 2023

Revised March 2024

From: [Bear, Sarah J \(DOH\)](#)
To: [Zawislak, Amber \(DOH\)](#); [Underwood, Lori \(DOH\)](#)
Cc: [Babbo, Gerianne M \(DOH\)](#)
Subject: NPAP recommends approval of International Education Evaluations, LLC
Date: Thursday, July 18, 2024 12:35:50 PM
Attachments: [image001.png](#)
[image002.png](#)

Good morning Amber and Lori,

The NPAP met today and recommended approval of the International Education Evaluations, LLC as an authorized organization to provide foreign credential evaluations.

Please let me know if you need anything else.

Thank you!

Sarah

Sarah Bear, EdD, MSN, RN, CNE
Nursing Education Consultant
Washington State Board of Nursing

Sarah.bear@doh.wa.gov



360-489-5693 cell | www.nursing.wa.gov

WABON Students September 2024

University of Washington Seattle DNP Students

- ❖ **Ruth Rono, BSN, RN, AMB-BC**
 - ❖ Current Position: VA Registered Nurse III
 - ❖ Expertise & Project Interests: Knows 6 languages, worked in Kenya/Norway/Alaska, interest in developing 5-week Nurse Assistant course
- ❖ **Anna Kwak-Callen, MN, RN, CCRN, CPHQ**
 - ❖ Current Position: Operations Manager at Harborview Medical Center
 - ❖ Expertise & Project Interests: Worked in South Korea/Texas/California, interest in DEI policy

University of Washington Tacoma MN Students

- ❖ **Josie Charlotte Ramsay, RN, BSN**
 - ❖ Current Position: Registered Nurse at Swedish Medical Center
 - ❖ Expertise & Project Interests: Worked in North Dakota/Minnesota, onboarding in September
- ❖ **Debra Converse RN, BSN**
 - ❖ Expertise & Project Interests: Onboarding in September
- ❖ **Nirvana Guernsey RN, BSN**
 - ❖ Expertise & Project Interests: Onboarding in September



EDUCATION SUBCOMMITTEE: LIMITING NCLEX ATTEMPTS

September 3, 2024

Background: Operation Nightingale



2021

FBI open Operation Nightingale; investigation from 2016



>7600 fraudulent diplomas issued nationwide



2024

19 programs identified, list continues to grow

Current Impacts

Nurse Licensure Compact allows for license portability without transcript review.

Denial of initial licensure is not recorded as there is not a mechanism to capture (e.g., no Nurse license number in Nursys).

Washington continues to review all transcripts for initial applications and for single state endorsements from unfamiliar education programs.

BONs communicate when issues are identified but variable processes in application review exist.

In our current environment, what else can we do to protect patients and limit licensure if the individual has not attended an adequate nursing program?



NCLEX Attempt Options



LIMIT NCLEX ATTEMPTS



MAINTAIN UNLIMITED
ATTEMPTS

Considerations



Limiting testing access may deter fraudulent applicants from testing in Washington.



Limiting attempts contributes to closing the national safety net.



Minimal impact as a single state.

NCLEX Data

NCSBN 2022 NCLEX Attempt Data

- All takers (N= 326,328)
- 7% of all test takers require >3 attempts
- 4% of all test takers require >5 attempts
- .02% tested >36 attempts (n=79)

- 73.55% pass on first attempt
- 91.68% pass on 3rd attempt
- 95.49% pass on 5th attempt

(Note: data does not capture self-selection of those that chose not to retest)

Attempts	Number	Pass rate %	Cumulative pass rate %
1	226,327	73.55	73.55%
2	51,014	49.53	86.65%
3	20,159	37.68	91.68%
4	9,774	30	94.18%
5	5,536	22.58	95.49%
6	3,505	19.23	96.36%
7	2,349	15.33	96.92%
8	1,727	13.55	97.33%
9	1,267	13.58	97.70%
10	876	11.3	97.96%
11	711	8.72	98.13%
12	543	7.73	98.28%
13	449	8.69	98.43%
14	332	9.64	98.58%
15	304	7.89	98.69%
16	234	6.84	98.78%
17	205	11.71	98.92%
18	165	6.67	99.00%
19	128	5.47	99.05%
20	108	2.78	99.08%

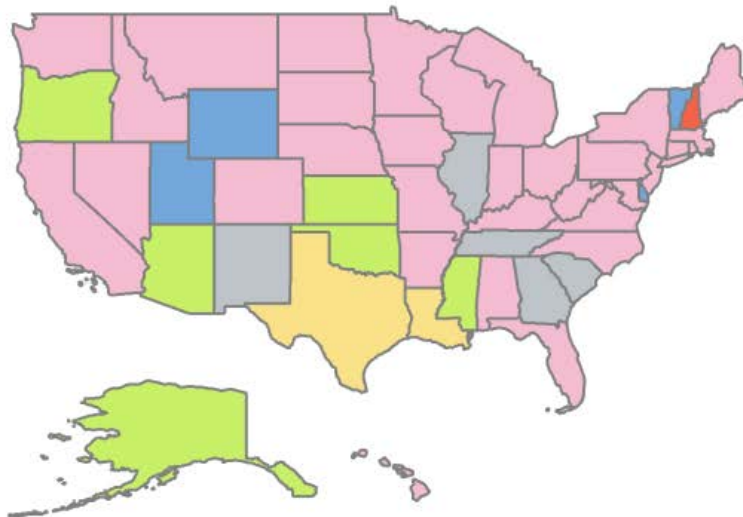
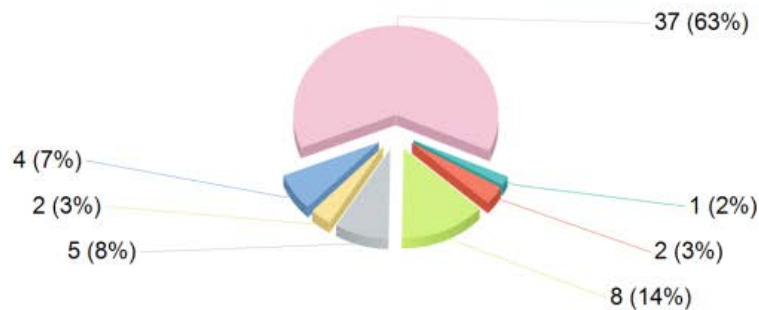
NCSBN 2022 NCLEX Nightingale Attempt Data

- Known Nightingale schools
- Zero pass rate >20 attempts
- Data for >29 attempts not included
- Volume of test takers is not included

Nightingale Attempts	Nightingale Pass rate %	All Takers Pass Rate %
1	38.79	73.55
2	19.29	49.53
3	16.85	37.68
4	13.81	30
5	12.71	22.58
6	11.42	19.23
7	13.1	15.33
8	8.38	13.55
9	7.67	13.58
10	11.98	11.3
11	9.09	8.72
12	6.45	7.73
13	4	8.69
14	1.92	9.64
15	9.3	7.89
16	3.23	6.84
17	11.54	11.71
18	9.52	6.67
19	13.33	5.47
20	18.18	2.78

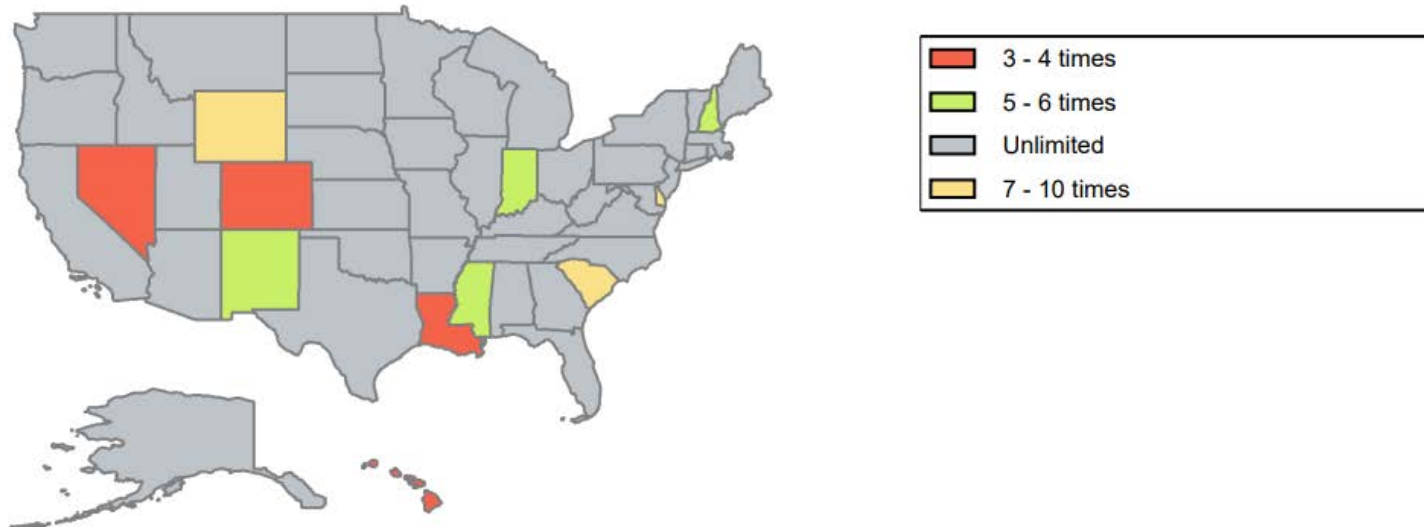
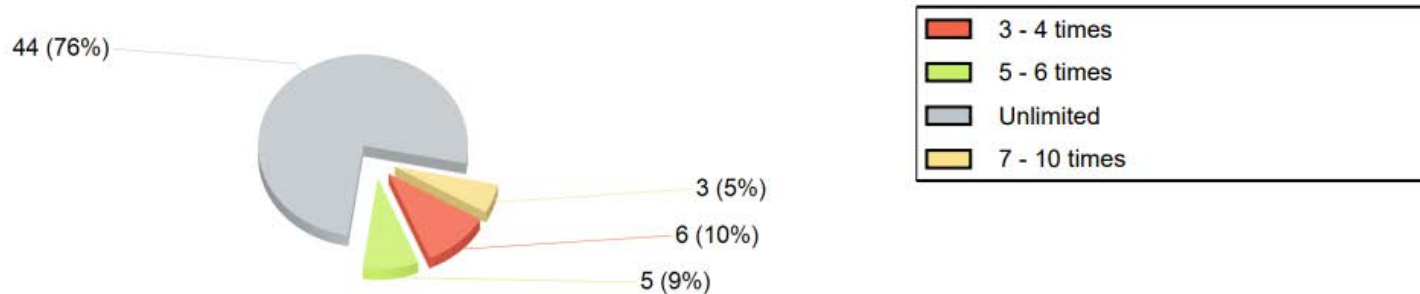
What are Other States Doing?

Time Limited (2023 MB Survey)



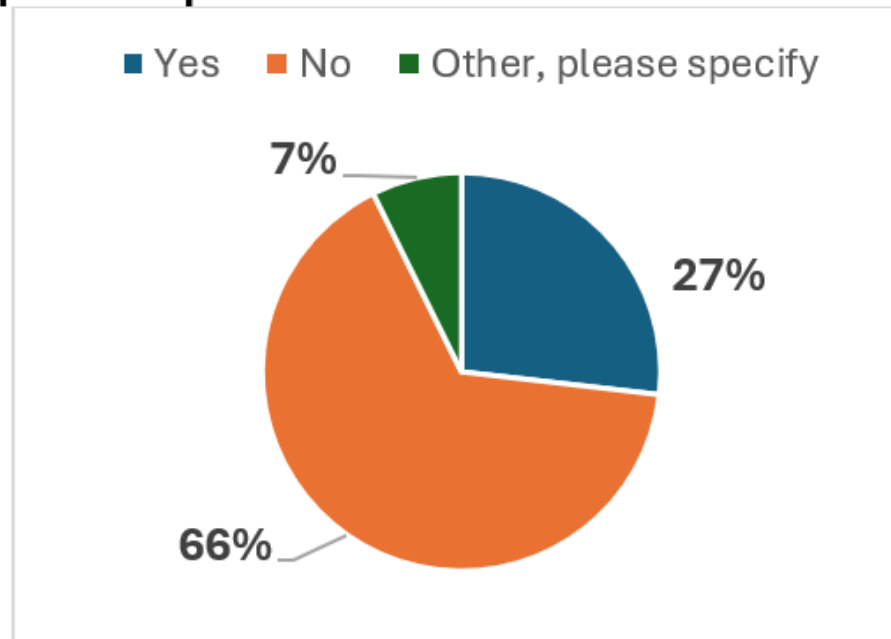
*Oregon interested in aligning with WA if we limit number of attempts.

What are Other States Doing? Attempt Limited (2023 MB Survey)



What are Other States Doing? Remediation (August 2024 Survey)

1. Do your rules require remediation if new graduates are unsuccessful on the NCLEX after multiple attempts?



What are Other States Doing? Remediation (August 2024 Survey)

- Types of Remediation Programs
 - **ATI/Kaplan**
 - **Board approved remediation education with clinical hours**
 - **Present individual study plan to Board for approval**
 - Repeat courses in nursing theory
 - Individual plan
 - Retake all nursing courses
 - RN refresher program + 80 clinical hours

- Most BONs with remediation programs list approved options on website.

Recommendations?

Washington limits testing by time from graduation

Washington limits testing by number of attempts

Remediation: ATI/Kaplan or individualized plan presented may be easiest

***Unintended impacts to students with test anxiety?
Others?***



QUESTIONS?



The Collaborative Compass: Guiding IV Hydration Regulation for Improved Patient Outcomes in Mississippi

Dr. Phyllis Johnson, DNP, RN, FNP-BC

Executive Director, Mississippi Board of Nursing

Objectives

Importance of
Regulations

Collaboration

Common
Indications for
IV hydration

Scope of
Practice

FDA

FTC

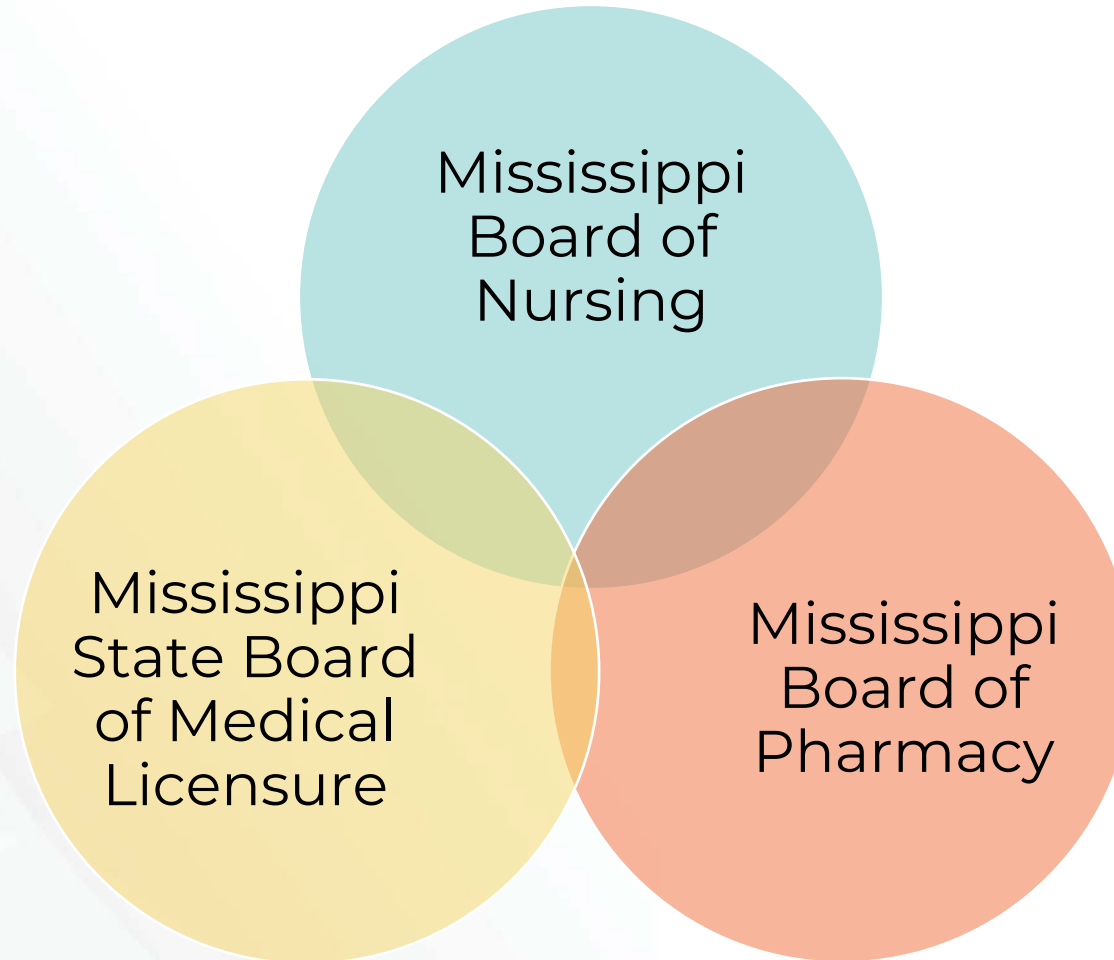
Case Studies

The Importance of Regulation

- Regulations represent legally mandated rules instituted by governmental agencies.
- Play a pivotal role in safeguarding the interests of citizens.

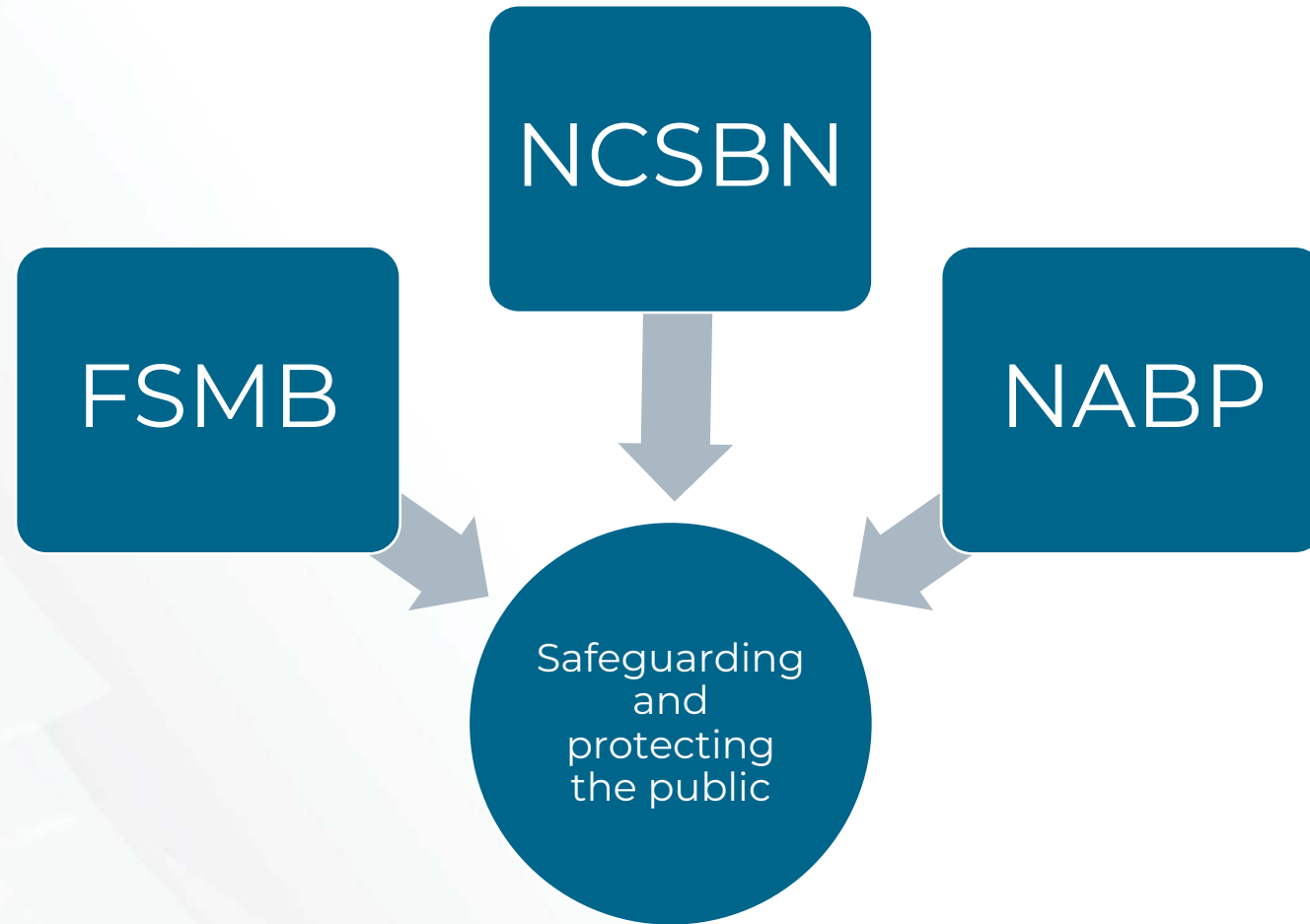


The Power of Triad Collaboration





National Perspective



Businesses Offering IV Hydration Services

- Medspas
- Urgent Cares (Non-hospital affiliated) Stand-alone retail & mobile facilities
- Wellness Gyms and Physiotherapists
- Tanning salons
- Chiropractors
- Holistic medicine & functional/integrative/naturopathic providers

FDA 7/26/23

Uses of IV Products from Websites

- “Just Feel Better”
- “Anti-aging Infusion”
- “Immunity Booster”
- “Brain Booster”
- “Energy Boost”
- “Hangover Fix”
- “Slim Boost Infusion”
- “Antioxidant Therapy”
- “Post Covid-19 Drip”

FDA

General Observations of State Oversight

IV Hydration facilities may not be registered/licensed with states

State boards may be more reactive/complaint driven



Collaborative Compass of IV Hydration in Mississippi

IV hydration

- IV hydration, or intravenous hydration, refers to the administration of fluids directly into a person's bloodstream through a vein to address dehydration or maintain proper fluid balance.
- This method allows for a quick and effective delivery of fluids, electrolytes, and, if necessary, nutrients.
- IV hydration is often used in medical settings, such as hospitals or clinics, when oral rehydration may not be sufficient or feasible.



Common Indications for IV Hydration

Severe Dehydration

Surgery and Medical Procedures

Nausea and Vomiting

Electrolyte Imbalances





STATE OF MISSISSIPPI
MISSISSIPPI BOARD OF PHARMACY

Mississippi Board of Pharmacy: Checklist for Compliance

Infusion Clinics (hydration, other medications)

1. Maintaining the drug storage area
 - a. Are drugs stored per manufacturer's guidelines?
 - b. Is the drug storage area clean and free of dust and clutter?
 - c. No expired drugs in stock.
 - d. The label of the container has the drug name, strength, manufacturer's lot number and expiration date.
 - e. All medication is received with packaging intact, and the integrity of the medication has not been compromised.
2. Who supplies the clinic's medications?
3. Is the supplier permitted with the MS Board of Pharmacy?
4. Is the supplier an outsourcer or 503A pharmacy?
5. Are drugs shipped patient specific and only used for that patient?
 - a. Are the patient specific medications single dose or multi-dose packages?
 - b. When were the patient specific medications received?
 - c. When is the patient scheduled to receive the medications?
 - d. Does the beyond use date appear to be appropriate?
 - e. For single dose vials, verify that remainder is discarded and not used for additional patients.
6. Are drugs shipped in bulk packages for specific patients or for clinic stock?
 - a. Are these bulk packages multi-dose packages/vials?
7. Who created the account with the supplier/s?
8. Which provider credentials are drugs being ordered under?
9. Are any infusions prepared on-site or do they come premixed from the supplier?
10. Are infusions prepared on-site prepared according to manufacturer's guidelines?
11. Obtain copies of patient orders (proof of valid orders)
12. Obtain copies of invoices/purchases for the past 6 months
13. How are drugs labeled (patient specific, take home, etc)
14. How did the facility find their supplier?
15. Take pictures and get copies of any documentation that would be helpful.

Mississippi Collaboration



BOARD OF MEDICAL LICENSURE



BOARD OF NURSING

Investigative Questionnaire MSBML and MBON

Is there a physical exam performed prior to administering hydration therapy?

If yes, who performs the physical examination? (Should be done by practitioner with prescriptive authority)

What type of physical exam is performed? (In-person, telemedicine, hybrid)

Is there a medical indication to receive hydration therapy? (Dehydration, unable to tolerate po)

Is there a reason someone might be denied hydration therapy? (CHF, CKD, HTN, hyponatremia, hypernatremia, etc.)

IS there an order to administer IVF?

Who administers the hydration therapy? (MD, APRN, RN, LPN, EMT, unlicensed person)

Whose authority was the IV fluid ordered? (has to be a person with prescriptive authority) And any documentation? (Invoices)

If an APRN ordered, who is the collaborating physician?

Mississippi Collaboration

Scope of Practice

The activity or intervention is authorized by a valid order.

Standing orders cannot authorize the person carrying out the order to exercise independent medical judgement.

The patient's record is thoroughly reviewed, an appropriate nursing assessment of the patient is conducted, and no contraindications exist to the ordered treatment.

Administration and documentation of the intervention are accurate and complete in the patient's record, including the evaluation and documentation of the patient's response to the treatment.

The nurse is prepared and capable of instituting nursing interventions to resolve an untoward event/reaction that occurs as a result of the administration of IV therapies.

Implementation of measures to prevent exposure to infectious pathogens and communicable conditions.



Does Research Back its Benefits?



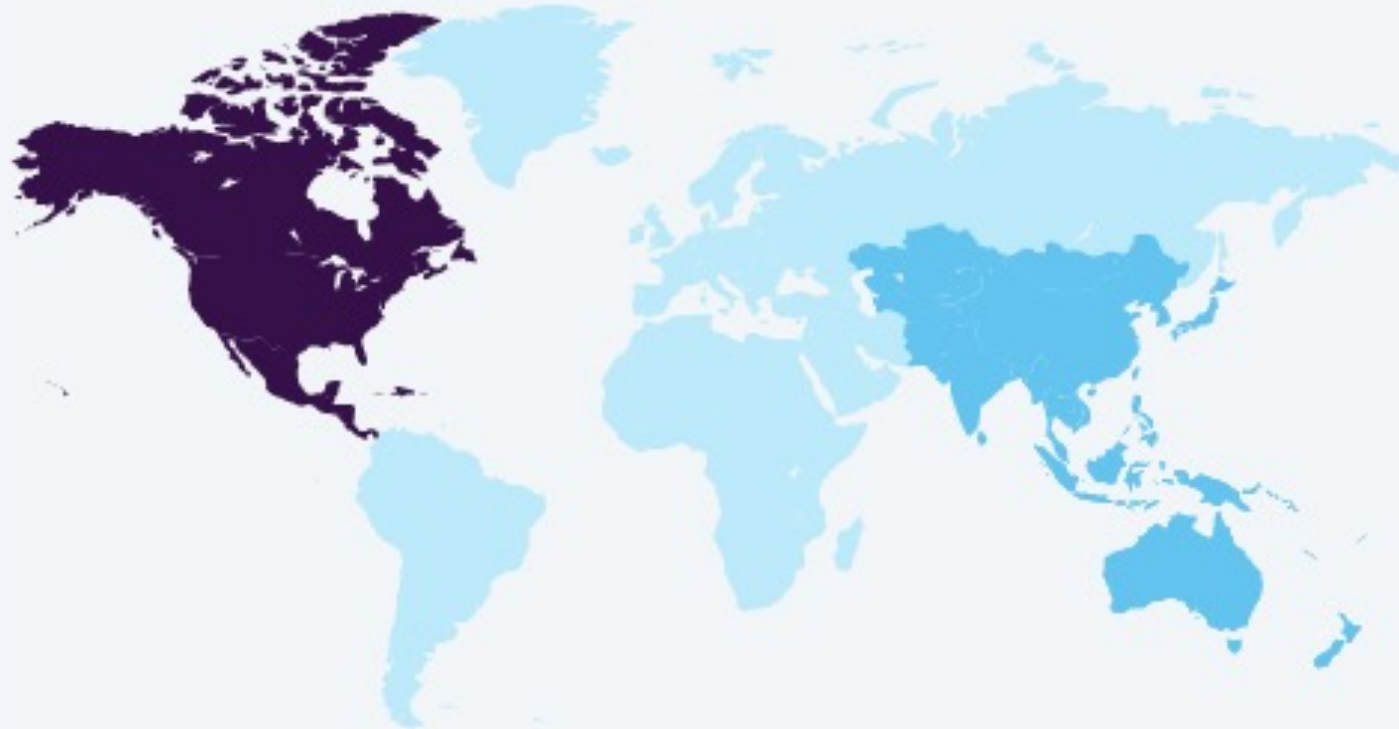
IV Hydration Advertisement

- “Fountain of Youth”
- “Revive”
- “Boost Immune System”
- “Ultimate Hangover Relief”
- “Beautification”
- “Stress Reducer”
- “Memory Enhancer”



Intravenous (IV) Hydration Therapy Market

Trends, by Region, 2023 - 2030



● Largest Market ● Fastest Growing Market



GRAND VIEW RESEARCH

46.8%

North America Market
Revenue Share, 2022

Source:
www.grandviewresearch.com

Global Intravenous (IV) Hydration Therapy Market

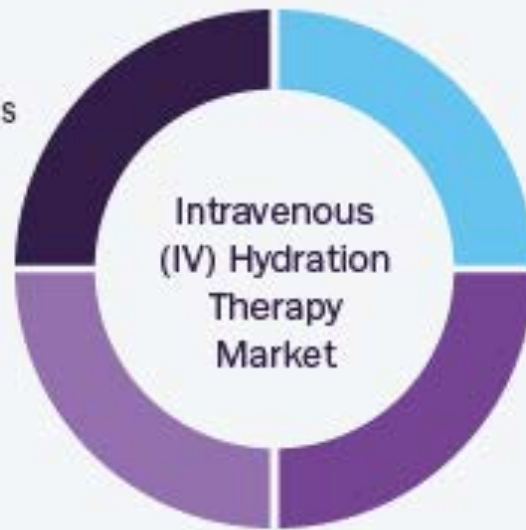
Report Segmentation

End-use Outlook

- Hospitals & Clinics
- Wellness Centers & Spas
- Home Healthcare
- Others

Regional Outlook

- North America
- Europe
- Asia Pacific
- Latin America
- Middle East & Africa



Service Outlook

- Immune Boosters
- Energy Boosters
- Skin Care
- Migraine
- Others

Component Outlook

- Medicated
- Non-medicated



21+

Number of Countries
Covered in the Report

Source:
www.grandviewresearch.com

Evidence-based Research

- The “cocktails” that IV vitamin therapy clinics create and administer are not supported by scientific evidence.
- There have been no clinical studies to show vitamin injections of this type offer any health benefit or are necessary for good health.
- In situations where individuals find themselves too sick to meet their body's fluid requirements through regular oral intake, it is advisable to seek medical attention and consider placement in a healthcare facility where proper monitoring and care can be provided.



Mobile IV Hydration

Discover the endless benefits of IV Hydration and Vitamin Therapy

Drips

- MYERS COCKTAIL
- ENERGY BOOST (REBOOT)
- IMMUNITY BOOSTER
- MIGRAINE/PAIN MIX
- GLOW DRIP
- DEHYDRATION DRIP
- DUO DRIP

Injections

- B12
- BIOTIN
- TORADOL
- DEXAMETHASONE
- FAT BURNER SHOTS
- TAURINE
- AND MORE....

Mississippi IV Hydration Sites

ALL INFUSIONS COME IN 1,000 ML OF FLUIDS

DOC MYERS \$175
Overall wellness drip. This drip comes infused with Vitamin C, B Complex, MIC B, Magnesium, Mineral Blend and B-6.

DOC MYERS PLUS \$250
Superior well-being drip. This drip comes infused with all that's listed in the Doc Myers drip plus Zinc and Glutathione.

SKINNY BLACK DRESS/CURVE CUTTER \$175
Designed to not only increase your metabolism but also works as an appetite suppressant. Melt away those extra pounds and treat your skin to a radiant appearance. This drip comes infused with Amino blend, MIC B-12, B Complex, Lipo C and L Carnitine.

FOUNTAIN OF YOUTH \$175
Brighter skin, stronger hair and nails! This IV combines various antioxidants that help stem the cellular damage that is aging. Regeneration of injured cells improves joint function and aids in the body's natural detoxification. This drip comes infused with CoQ10, B-6, B Complex, biotin, Vitamin C, Glycine and Glutathione.

BEFORE LAST NIGHT \$180
Pre-hydrate before your big night out! This drip comes infused with Selenium, Thiamine, Taurine, MIC B-12, Peppid, Vitamin C, Magnesium, Zinc and B Complex.

ABOUT LAST NIGHT \$180
Rehydrate with this hang over drip and get energized while eliminating that killer headache. This drip comes infused with Magnesium, B-12, Peppid, Zofran, Selenium and Toradol.

MIGRAINE BE GONE \$175
Knock out that pain and nausea and get back to being you! This drip comes infused with Magnesium, Peppid, Zofran and Toradol.

THE APHRODISIAC \$175
Designed to help you get your libido back. This drip is infused with Tri-Amino, Arginine, Carnitine, Taurine, B Complex and B-12.

REVIVE \$165
This "feel-better" infusion will help with colds, sinus, and stomach bugs. This drip

comes infused with Vitamin C, Selenium, Zinc, B Complex, Zofran (if needed), Glutathione and D3 (M only for D3).

FRIDAY NIGHT LIGHTS \$180
Replenishes vitamins and nutrients broken down and lost during workouts & athletic performance. Great for pumping up before games & competitions, or golfing or tennis in this Southern heat! This drip comes infused with increased dosages of Vitamins C and B Complex, MIC B, Mineral and Amino blend, L-Carnitine and Selenium.

DETOX \$175
Cleanse yourself by detoxifying your kidneys and liver with this cleansing drip. This drip is infused with B Complex and an increased dose of Glutathione.

MOTHER-NATURE/PMS/MINI PMS (For Teens) \$175
Help those cramps, bloating, mood swings and pain caused from inflammation. This drip is infused with Calcium, Magnesium, B1, B3, B2, B5, B6, Hydroxo B12 and Selenium. Toradol is optional for inflammation.

ZEN \$175
Stress, stress and more stress. Helps with sleep and relaxation and promoting increased mood. This drip comes infused with Amino Acid, MIC B12, Vitamin C and D3 (M only).

PRE AND POST SURGICAL \$299
This infusion will help you stay leveled and maintain your health prior to and post-surgery. This drip is infused with Vitamin C, Magnesium, B-12, L-Carnitine, B Complex, Taurine, Biotin, Zinc, L-Lysine, Selenium, Thiamine, B5, B9 and Glycine.

C-PAK/GERM C \$185
Antiviral Immune defense! This drip comes infused with Vitamin C (increased dose), B-Complex, B 1,2,3,4,5,6, Selenium, Zinc, Glutathione and D3 (M only).

AFTER BURN \$160
This will help with sunburn relief and relieve nausea due to too much exposure. This drip comes infused with B5, Magnesium, Biotin, Vitamin C, B12 and Glutathione (May add Zofran for nausea and Toradol for inflammation).

BYE BYE BUTTERFLIES \$165
This helps with jetlag, nausea, jitters and abdominal discomfort. This drip comes infused with Zofran, Peppid, Amino Acid, Magnesium and B Complex.

NAD - Call for scheduling and details. \$300
HIGH DOSE VITAMIN C - Call for pre-evaluation set up and labs. \$250

- ADD-ONS:**
- ZOFAN:** Relieves nausea and vomiting. \$20
 - VITAMIN C:** Antioxidant that fights off viruses. \$30+
 - GLUTATHIONE:** Master antioxidant, this supports liver function, kidneys, detoxifies GI tract, prevents premature skin aging and promotes healthy skin by protecting collagen fibers. \$30
 - CALCIUM:** Promotes healthy bones, muscles, nerves and treats dehydration. \$20
 - TORADOL:** Pain relief due to inflammation. \$25
 - VITAMIN B COMPLEX:** Increases metabolism, mood, and memory. Reduces migraines, depression, anxiety and promotes healthy skin and hair. \$35
 - AMINO ACIDS:** Helps enhance the ability to burn fat and improves muscle growth, increases endurance and reduces fatigue and muscle soreness. \$45
 - VITAMIN D (IM INJECTION):** Promotes healthy bones and teeth and fights fatigue. Statistics show that this vitamin has protective qualities against diabetes, MS and cancers. \$30
 - L-CARNITINE:** Increases athletic performance and lean muscle fat, burns fat, speeds up recovery and lowers risk of developing cardiovascular disease, diabetes, and chronic inflammation. \$40
 - PEPID:** Treats heartburn, indigestion and upset stomach. \$20
 - ZINC:** Aids in regulating immune function, fighting the common cold, promotes wound healing, skin clarity and healing of acne and eczema. Enhances memory and learning. \$25
 - B-12:** Helps with chronic fatigue, boosting immunity, improving concentration, mood, and depression. \$25
 - MAGNESIUM:** Keeps bones strong, fights headaches, chronic pain, asthma, hypertension, depression and sleep disorders. \$30
 - BIOTIN:** Skin, hair, and nail fortifying, strengthening and promotes regrow. \$35
 - TRIMMUNE:** Triple defense immunity formula that is made of potent antioxidants and an essential mineral that assists in supporting the body's immune response. \$50
 - LIPID:** Weight loss. \$30
 - LIPID B:** Weight loss with B12. \$35
 - LYSINE:** Essential amino acid and is necessary for our health but our bodies do not make it. It comes from foods and supplements. Remember, the body only absorbs 10% of supplements taken by mouth. Amino acids like lysine are the building blocks of protein. Very beneficial after surgeries such as gastric bypass. \$30
 - THIAMINE:** Plays a vital role in the growth and function of various cells. Helps the body metabolize fats and proteins. \$10
 - TAURINE:** Helps support nerve growth. Important functions in the heart and brain. Lowers blood pressure and calms the nervous system. \$20

- IM INJECTIONS:**
- B12
 - GLUTATHIONE
 - TRI-IMMUNITY
 - D3
 - ALL LIPO'S
 - TRIM (IM INJECTION ONLY)



**Infusion
THERAPY LLC**

6760 U.S. 98 Suite 5
Hattiesburg, MS 39402

601-913-8063

www.infusiontherapyllc.com





IV HYDRATION 2 U
Making Wellness Easy

IV MENU

Myers Cocktail: \$199

The Myers' Cocktail is named for the late John Myers, M.D., a Maryland physician who used intravenous injections of nutrients to treat many chronic conditions. Conditions that have responded positively to the Myers' cocktail treatment include asthma, migraines, chronic fatigue syndrome, fibromyalgia, muscle spasms, pain, allergies, and sinus and respiratory tract infections. The benefits of a Myer's Cocktail IV are well documented, especially its effective treatment of headaches, fatigue, mood disorders, and circulatory issues. The Myer's Cocktail contains electrolytes, B-Complex (Vitamins B1/2/3/5/6) B12, Magnesium, Vitamin C, and Glutathione.

Hangover Cure:\$149

Did you party a little too much last night? It's ok, it happens. There's no need to wait around and suffer with a crippling hangover for hours and hours when you can get rid of your symptoms much faster. The Hangover Cure will do just that. It works by rehydrating your body and replacing the vitamins and minerals that have been depleted from alcohol consumption. It also helps relieve symptoms by giving your body minerals like magnesium that reduce inflammation. The Hangover Cure contains Electrolytes, Vitamins B1/2/3/5/6, and Magnesium.

Energy+Performance: \$165

This blend is perfect for anyone living a very active lifestyle as it was formulated to give you a huge boost of energy and allow your body to perform at the level that you need it to. It is perfect for athletes, runners, crossfitters, and everyone in between who demands more from their body. Whether you're training hard or have a long active day coming up, this blend will give you the boost you need to perform at your best. The Energy and Performance Blend contains electrolytes, Vitamins B1/2/3/5/6, and B12, Magnesium, a Tri-Amino blend of Arginine, Citrulline, and Ornithine.

Infusion Therapy LLC, Hattiesburg, MS



NOW ACCEPTING NEW CLIENTS!

INFUSION THERAPY LLC
WHERE EVERY CLIENT IS FAMILY AND YOUR WELLNESS IS OUR HOME!

WEIGHT LOSS
Once weekly
Injection
(\$250 / Month)

**When you pay the month in advance*
~This would normally be priced at \$75 per Injection.~
Transparent Pricing!
No Initial Assessment or Start-Up Fees!*



Our Menu

IV Drips
Doc Myers, Myers MD+, Fountain of Youth, C-Pack Immunity, Skinny Black Dress, Fit for Tux, Migraine-Be-Gone, The Aphrodisiac, Zenn-Stress-Relief, NAD+, High Dose Vitamin C, and more!

IM Injections
Lipo/L-Carnitine, Lipo B, B12, Tri-Immune, Biotin, Vitamin D3, and more!

Ask us about our Add-On's

601-913-8063
infusiontherapyllc.net
6760 US-90 E. Suite #5, Hattiesburg, MS 39402

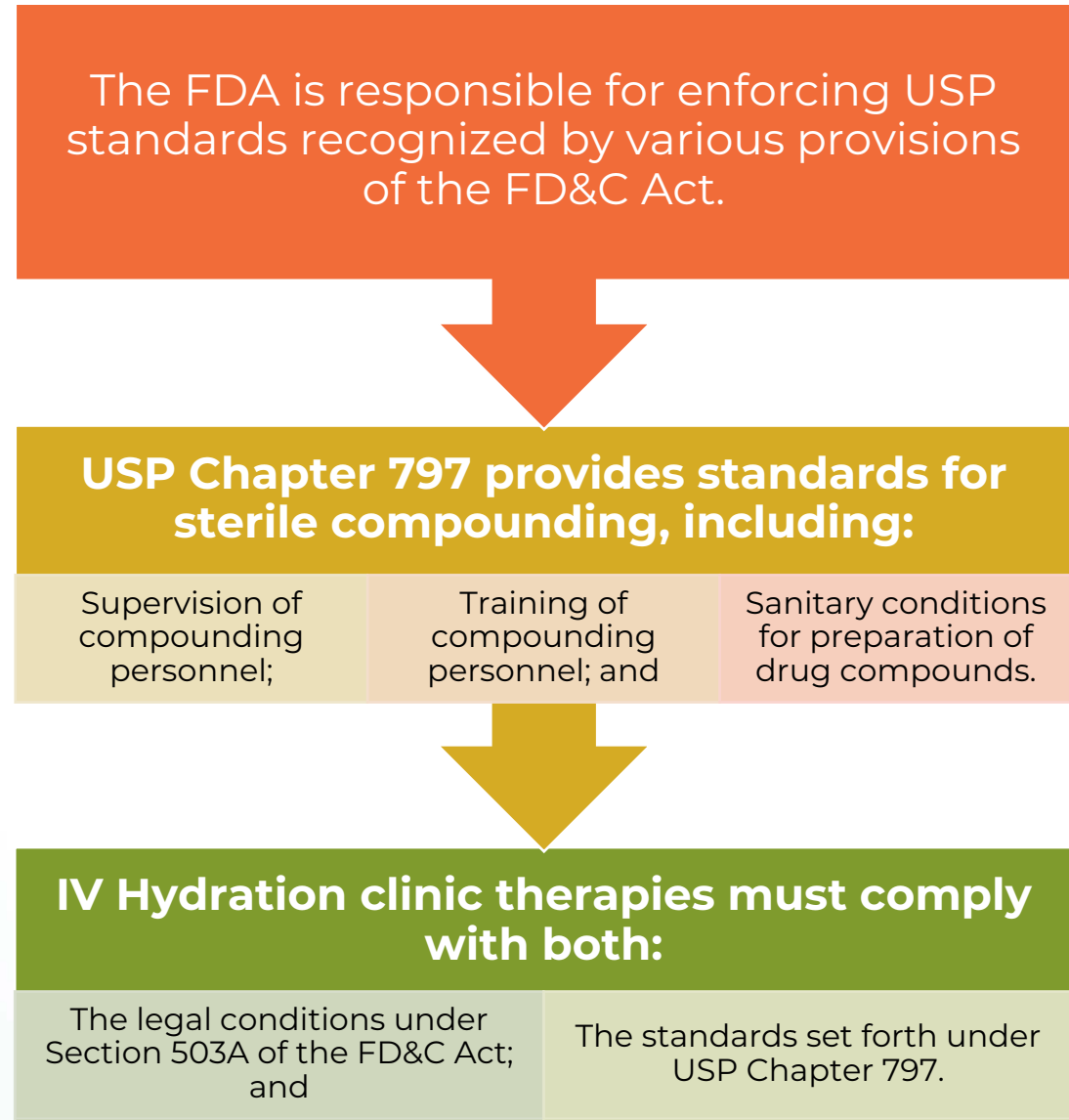
 Infusion Therapy LLC is 😊 feeling motivated at Forrest Co Multi-Purpose Center.
September 23, 2023 · Hattiesburg · 🌐

🌅 Rise and shine, folks! 🌅🌈 Join Infusion Therapy LLC at the sensational **RISE Hot Air Balloon Festival 2023** at the Forrest County Multi-Purpose Center. We're floating some incredible deals your way, to help you keep your cool and beat the heat this season!

🥤🍹 Quench your body's thirst with our exclusive event specials: The invigorating Doc Myers Drip, the slimming Skinny Black Dress Drip, age-defying Fountain of Youth Drip, and handy Plain Fluids Drip. Our infusions are desig... See more



FDA: Compounded IV Therapies



FTC - Federal Trade Commission

- Scientific Proof Needed for Health Claims (FTC)
- All health claims require competent and reliable scientific evidence
- Disease treatment or cure claims require human clinical studies (randomized, placebo controlled, double blind, measuring relevant endpoints or validated surrogate markers, with statistically significant results)

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Claims of Clinical Proof (FTC)

- An advertiser must have at least the level of proof claimed (e.g., reference to a clinical study or scientific research)
- Claims that a product is “clinically proven” or “scientifically proven” to work require evidence sufficient to satisfy the relevant scientific community of the claim’s truth

A&O Enterprises dba iVBars and Aaron K. Roberts

- Respondents operated a chain of IV clinics in Texas and Colorado
- FTC challenged false or unsubstantiated claims that the IV cocktails were:
 - Effective treatments for cancer, cardiovascular disease, MS, diabetes, fibromyalgia, etc.
 - Clinically proven to treat various diseases
 - Safe for all ages
 - Free of side effects

Legislation

- Florida – [HB 227](#) and [SB 672](#), which are companion bills.
 - Summary: This bill outlines the requirements that qualified healthcare providers, including APRNs, RNs, and PAs, must fulfill when administering intravenous vitamin treatment. Additionally, this bill directs the Board of Nursing and other relevant healthcare licensing boards to adopt rules establishing procedures to safely administer intravenous vitamin treatment as well as protocols to follow in the event of a health emergency.
 - Note: HB 227 was reported out of the House Health & Human Services Committee on January 16th.
- Mississippi – [HB 648](#)
 - Summary: This bill states that CNPs and RNs licensed by the Mississippi Board of Nursing shall be authorized to administer fluids containing vitamins for the purpose of improving a person's immune health through intravenous (IV) therapy in a clinical setting. The bill further states that there is no limit on the number of vitamins that may be administered through IV therapy by a CNP or RN at any one time.



Case Studies

Case Study

- RESPONDENT, who is a registered nurse rather than a nurse practitioner, has been engaging in practices beyond the typical scope of a registered nurse by administering IV hydration without specific orders.
- RESPONDENT enlisted with a company and operated within the framework of services provided by the franchise. Within this operational model, the administration of IVs was based on client preferences without any medical justification for the selected IV. Clients had the option to choose fluids and medications from a menu of services.
- RESPONDENT executed these procedures under standing orders from a physician located in another state who did not conduct a direct assessment of the clients involved.

Outcome

- Formal reprimand
- Fine
- Legal aspects of Nursing Course
- Ethics Course
- Scope of Practice Course
- Medication Administration Course

CRNA

- The Board of Nursing conducted an interview with Respondent, who is the owner of Anesthesia establishment. During the interview with Nurse, it was revealed that the establishment did not possess an approved practice site with the Mississippi Board of Nursing. At that time, Respondent was practicing in her home and through a mobile service, thereby violating 30 Miss. Admin. Code Pr. 2840, R. 1.1(N), and Pr. 2840, R. 1.2(D)(2).
- Respondent violated Miss. Code ANN. §73-15-20(7 (d): prescribing outside the scope of practice for a licensed CRNA with said scope of practice being limited to anesthesia and analgesia.

CRNA

- Respondent admitted to having no quality assurance/quality improvement plan or documentation in violation of Miss. code ANN. §73-15-20(7(f) and 30 Miss ADMIN. code pr. 2840, R. 1.4, D.
- Respondent did not have electronic medical records for the clients and admitted to performing no exams.
- Did submit a collaborative agreement dated 2019. However, standing orders were not signed until 2022. Respondent backdated documents submitted.

Outcome

- Formal reprimand
- Fine
- Legal aspects of Nursing Course
- Everyday Ethics Course
- Professional Accountability Course
- Documentation Course
- Social Media Course
- Scope of Practice Course

Case Study

- RESPONDENT is a registered nurse and not a nurse practitioner.
- RESPONDENT has a previous disciplinary action with another state Board of Nursing for practicing outside the scope of an RN. RESPONDENT has been practicing out of scope for a registered nurse by administering IV hydration without specific orders.



- RESPONDENT is the co-owner of an IV hydration business. IVs are administered based on a client's want and there is no medical justification for the selected IV. Clients selected fluids and medications from a menu of services.
- RESPONDENT administered the IV via standing orders from an MD located in another state who never assessed the client.
- The MD did not meet the physical practice requirement per Medical Licensure Code Part 2630. Chapter I.

Other Cases

Frisco
Anesthesiologist

Radio Employee
in Texas

MS death of a
woman receiving
IV therapy at
home

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Washington State Board of Nursing

2025 LEGISLATIVE PRIORITIES**1****Consolidate Regulatory Authority for Nursing Assistants**

WABON Request Legislation

Transfer credentialing and disciplinary authority of Nursing Assistants from the Secretary of Health to WABON

2**Fund the Substance Use Disorder (SUD) Stipend Program to Support Nurses**

Request funding for the SUD Stipend Program (RCW 18.79.440) to reduce barriers and increase access to substance use treatment

3**Augment Nursing Faculty Salaries and Professional Development**

- a. Subsidize nursing faculty salaries to reduce disparities across the industry, stabilize, retain, and recruit diverse nursing faculty
- b. Invest in simulation professional development to provide grant options for faculty development, program endorsements, and open-sourced materials for training to increase accessibility

4**Support Advanced Registered Nurse Practitioner (ARNP) Pay Parity**

Support insurance reimbursement for ARNPs and physician assistants at the same rate as physicians

5**Address Long-Term Care (LTC) Staffing Needs**

- a. Advance research on Licensed Practical 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**

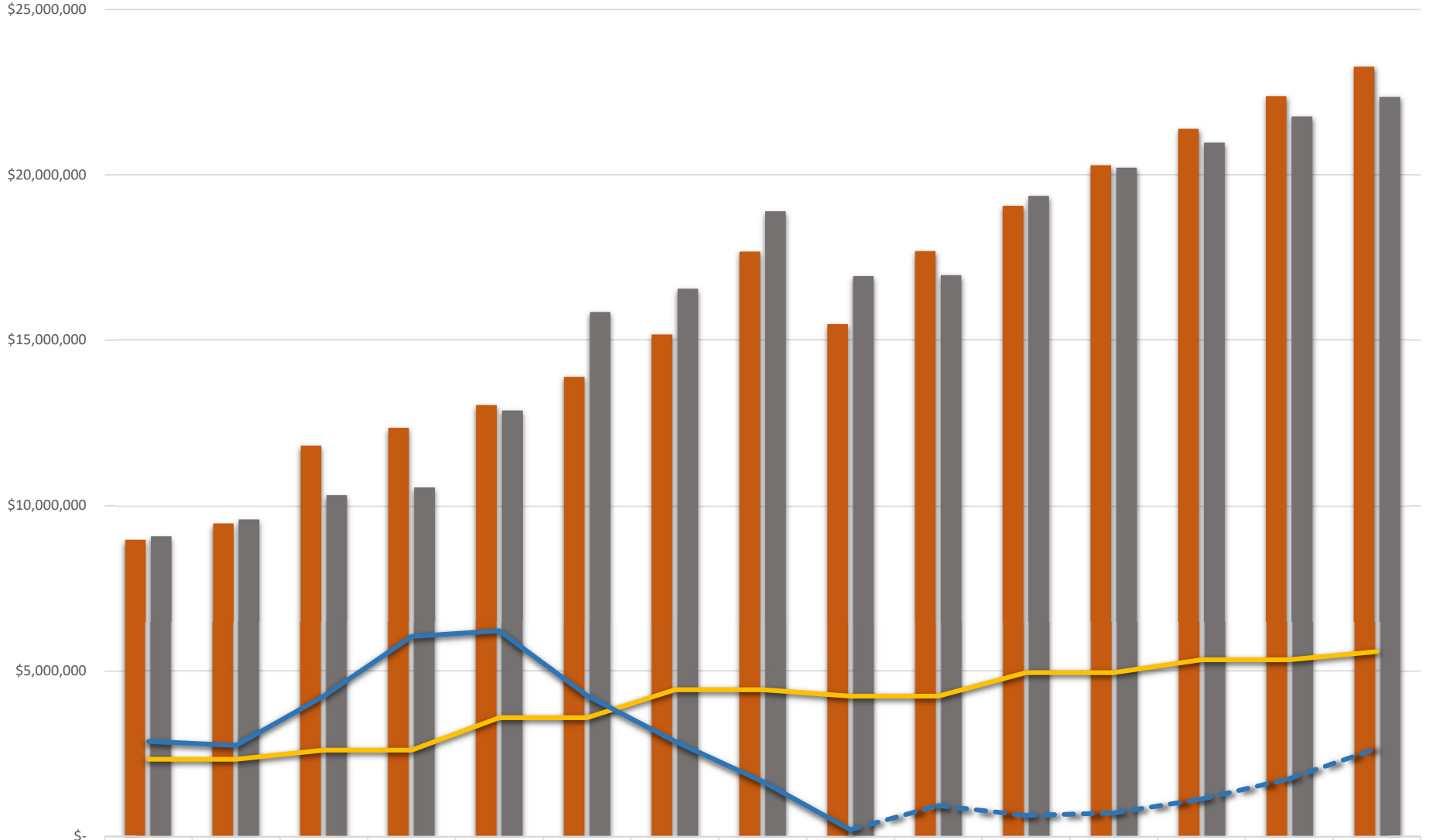
- a. Retain
 - i. Support well-being and burnout prevention programs
 - ii. Prevent healthcare workplace violence
- b. Develop
 - i. Support new graduate nurse transition to practice
 - ii. Build new pipelines of entry to nursing
- c. Innovate
 - i. Identify and test new models of care delivery
 - ii. Align academia and practice to support new nurse transition
 - iii. Share staff and resources across settings
 - iv. Enhance diversity of the nursing workforce and nursing faculty



WABON 2025 Proposed Request Legislation
Consolidating Regulatory Authority of Nursing Assistants

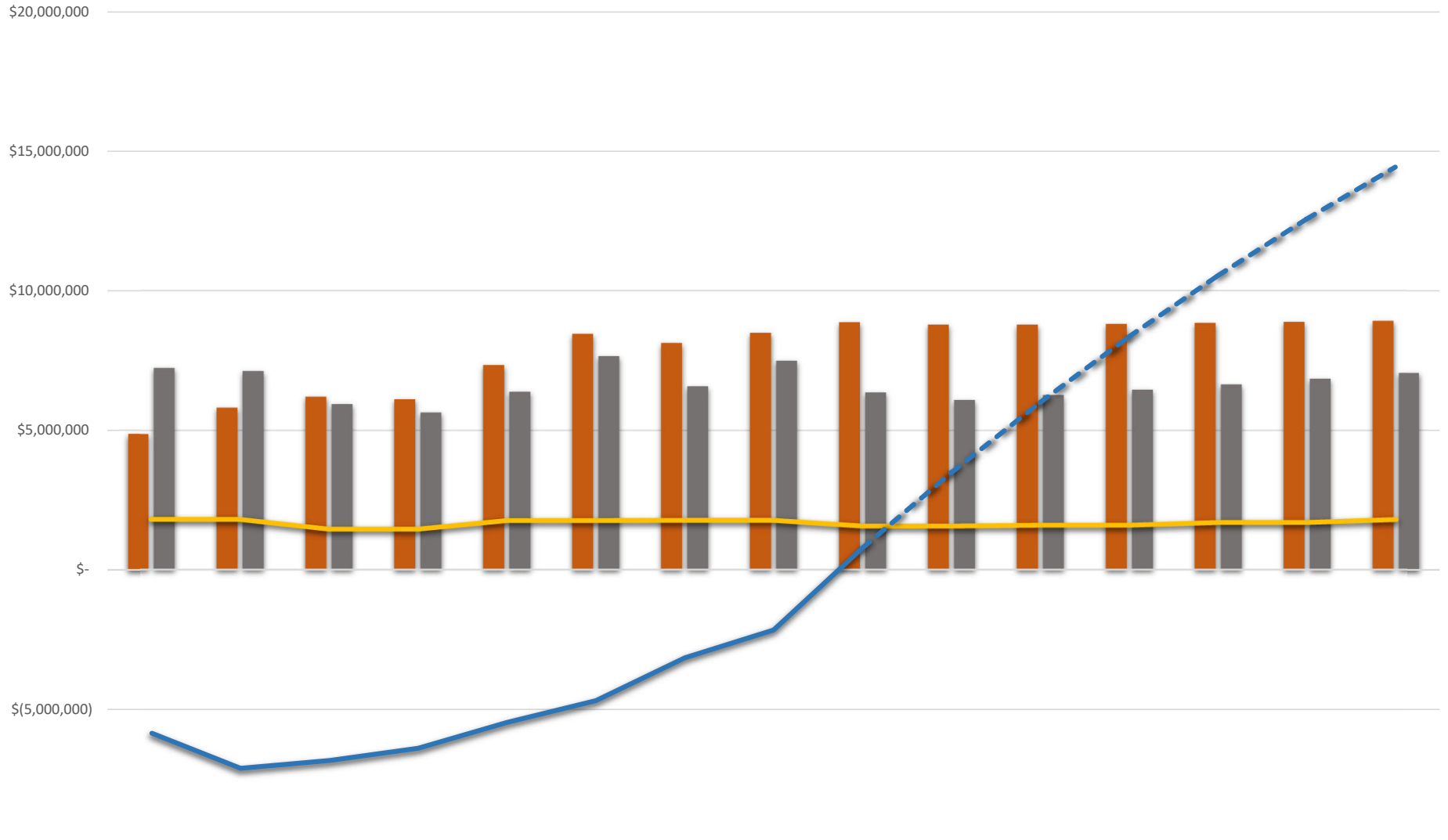
Proposal	
Effective Date	Proposes an effective date of July 1, 2026 to allow for a reasonable timeline for comprehensive implementation and operationalization.
Technical Edits (Chapter 18.88A RCW)	Proposes technical edits throughout all impacted RCWs to change “Nursing Care Quality Assurance Commission” and “commission” to “Washington Board of Nursing” and “board.”
Board Composition (RCW 18.79.070)	Adjusts board composition by adding two new Nursing Assistant – Certified members and converting one Licensed Practical Nurse (LPN) member to a Registered Nurse or LPN member with experience as an NA educator. These changes broaden NA representation on the board and account for the increased regulatory workload and volume of disciplinary cases.
Definitions (RCW 18.88A.020)	Defines “Nursing Assistant” to mean an individual, regardless of title, who, under the direction and supervision of a registered nurse or licensed practical nurse, assists in the delivery of nursing and nursing-related activities to patients in a health care facility, <u>or an individual, regardless of title, who uses their nursing assistant credential to work as a long term care worker as allowed by RCW 18.88B.041(1)(a) or (b).</u>
Powers of Secretary (RCW 18.88A.050)	Transfers NA credentialing and disciplinary authority from the Secretary of Health to WABON. Clarifies that nothing contained in this section may be construed to alter any existing collective bargaining unit or the provisions of any existing collective bargaining agreement.
Disciplinary Authority (RCWs 18.88A.060 , 18.88A.150 , 18.130.040)	Transfers NA disciplinary authority from the Secretary of Health to WABON. Allows the board to delegate certain disciplinary functions to staff where no clinical expertise or standard of care issues are involved.
Credentialing Authority (RCW 18.88A.060)	Transfers the ability to deny and issue NA certificates or registrations from the Secretary of Health to WABON. Includes authority for denying and issuing medication assistant endorsements.
Authority of Department (RCW 18.88B.060)	Provides an exception that preserves WABON’s disciplinary authority for NAs credentialed under Chapter 18.88A RCW working as long term care workers.
Report (RCW 18.88A.087)	Strikes the annual reporting requirement for career advancement for certified home care aides and medical assistants into nursing practice from RCW 18.88A.087(3).
Waiver of Examination for Initial Applications (RCW 18.88A.100)	Repeals RCW 18.88A.100. This outdated section applied only to individuals who filed an application for waiver by December 31, 1991.

WABON Financial Forecast



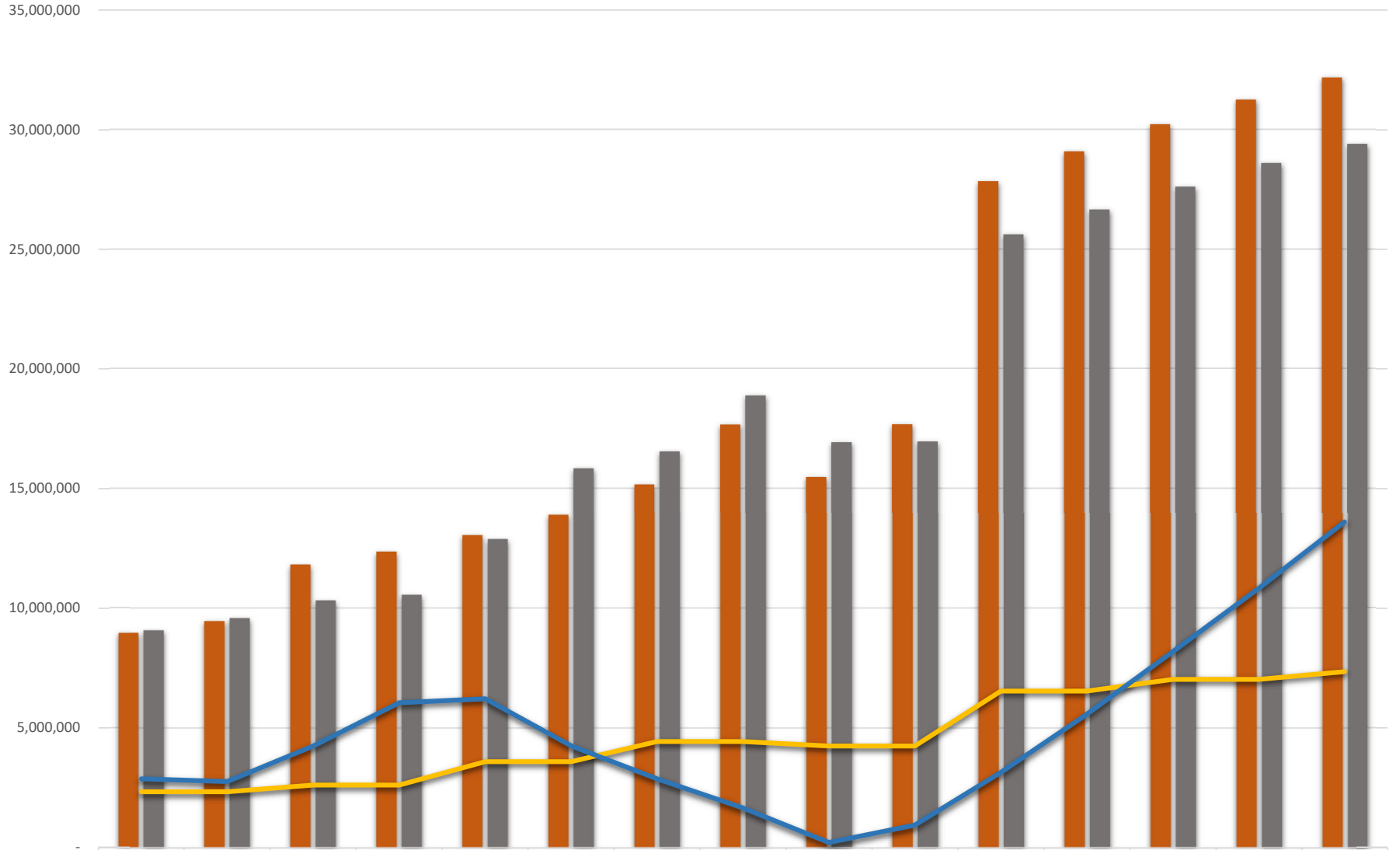
	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	8,968,627	9,460,426	11,813,707	12,353,477	13,042,446	13,893,210	15,171,442	17,679,890	15,484,345	17,693,551	19,064,407	20,290,486	21,390,594	22,380,649	23,274,377
Expenditure	9,069,664	9,582,807	10,318,652	10,552,286	12,874,913	15,851,083	16,554,354	18,894,820	16,939,349	16,966,516	19,362,887	20,214,287	20,971,263	21,764,048	22,356,490
Target Reserve (12.5%)	2,331,559	2,331,559	2,608,867	2,608,867	3,590,750	3,590,750	4,431,147	4,431,147	4,238,233	4,238,233	4,947,147	4,947,147	5,341,914	5,341,914	5,589,122
Fund Balance	2,873,627	2,751,246	4,246,302	6,047,492	6,215,025	4,257,152	2,874,240	1,659,310	204,305	931,340	632,860	709,059	1,128,389	1,744,990	2,662,877

Nursing Assistant Financial Forecast



	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	4,870,850	5,819,831	6,209,969	6,120,663	7,347,187	8,455,192	8,128,631	8,489,939	8,872,618	8,787,282	8,790,085	8,812,202	8,844,834	8,882,737	8,922,842
Expenditure	7,241,621	7,128,383	5,947,062	5,641,321	6,386,307	7,660,379	6,584,682	7,494,495	6,361,512	6,090,566	6,272,448	6,459,785	6,652,743	6,851,490	7,056,199
Target Reserve (12.5%)	1,796,000	1,796,000	1,449,000	1,449,000	1,756,000	1,756,000	1,760,000	1,760,000	1,557,000	1,557,000	1,592,000	1,592,000	1,688,000	1,688,000	1,790,000
Fund Balance	(5,852,425)	(7,108,550)	(6,835,524)	(6,393,767)	(5,465,747)	(4,691,045)	(3,147,095)	(2,150,796)	783,619	3,480,334	5,997,972	8,350,388	10,542,478	12,573,725	14,440,367

Combined WABON / NA Financial Forecast - Beginning FY26



	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Revenue	8,968,627	9,460,426	11,813,70	12,353,47	13,042,44	13,893,21	15,171,44	17,679,89	15,484,34	17,693,55	27,851,54	29,099,56	30,232,17	31,260,01	32,193,76
Expenditure	9,069,664	9,582,807	10,318,65	10,552,28	12,874,91	15,851,08	16,554,35	18,894,82	16,939,34	16,966,51	25,635,33	26,674,07	27,624,00	28,615,53	29,412,68
Target Reserve (12.5%)	2,331,559	2,331,559	2,608,867	2,608,867	3,590,750	3,590,750	4,431,147	4,431,147	4,238,233	4,238,233	6,538,676	6,538,676	7,029,943	7,029,943	7,353,172
Fund Balance	2,873,627	2,751,246	4,246,302	6,047,492	6,215,025	4,257,152	2,874,240	1,659,310	204,305	931,340	3,147,552	5,573,047	8,181,210	10,825,68	13,606,76

WABON – Nursing Assistant Education Updates

09/06/2024

Agenda

- Rural Hospital and High School NA Partnership
- Rollout Plan for NAC Skills Testing Pilot and Testing Data
- Incorporation of DSHS Specialty Trainings into NAC Programs
- Survey data: Visual data of Nursing Education Programs Requirements for Nursing Assistant Training and Certification
- LPN Apprenticeship Program Update

Exciting New Partnership!

WABON NA Education Team Collaboration

- Networked and advertised Partnership at WA-CTE Conference on 08/03/24-08/07/24.
- Met with Summit Pacific Medical Center & Elma High School
 - Addressed barriers to program implementation
 - Provided guidance and resources to support program launch.
 - Established a promising partnership to support the Rural High School and Hospital initiative.
- Spoke at The Rural Collaboration/Chief Nurse Executive Committee Meeting on 09/06/24.
- Rural Hospital and HS NA Partnership Public Meeting on 09/25/24 from 3 PM to 5 PM via Zoom.



Rural Hospital & High School Nursing Assistant Partnership

Challenges

- Funding: Lack of resources to support small programs
- Teaching NA's not an appealing job for RN's
- FTE's for small schools
- Lack of capacity in daily schedule
- CAH capacity limited

Barriers

- Lack of knowledge on L&I guidelines
- Long waiting lists to get into RN programs statewide (pathway not clear)
- No certainty that NA trained high school students will get a job in CAH after completing the program
- Some hospitals will not hire nursing assistant at age 18 nor allow them to do clinicals in their facility

Rural Hospital & High School Nursing Assistant Partnership

Highlights and Successes

- Networking at the WA-CTE Conference in Spokane 8/3-7/2024
- Elma High School Partnering with Summit Pacific Health Center (NEW)
- Promising partnerships being formed both in the East and West of the Cascades
- Some hospitals creatively find ways to fund high school nursing assistant training programs in their community

Recommendations

- Funding
- RN, LPN, CNA, HCA representatives attend WA-CTE to network and highlight high school programs in this conference
- Hospitals to invest in the future of the nursing assistant students in their communities via foundations, recruiting funds etc
- Employers to increase knowledge and familiarity with L&I guidelines for minor workers

New NAC Skills Pilot is Coming...

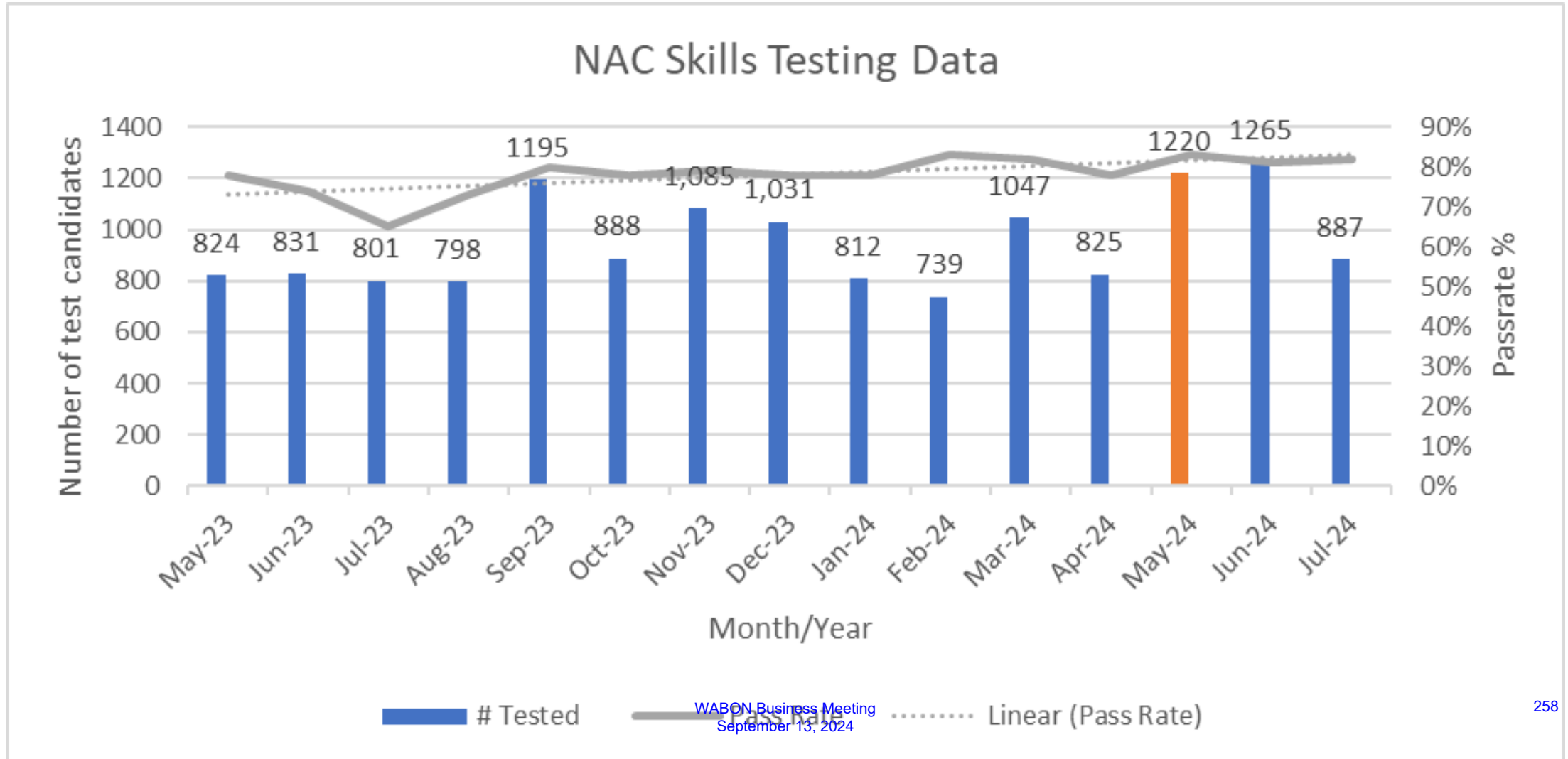


Meeting with programs mid September to get all interested parties set up for our tentative launch date of 10/01/2024.

Launching our pilot with the support of 37 programs so far.

Updated evaluation guideline – coming soon!

NAC Skills Exam Testing Data:



Implementation of Specialty Curricula

Mandatory Implementation Date:

- Programs must implement specialty curricula by Sept 1st, 2025.

Specialty Topics:

- Developmental Disabilities
- Mental Health
- Dementia

Communication to Programs in Sept.

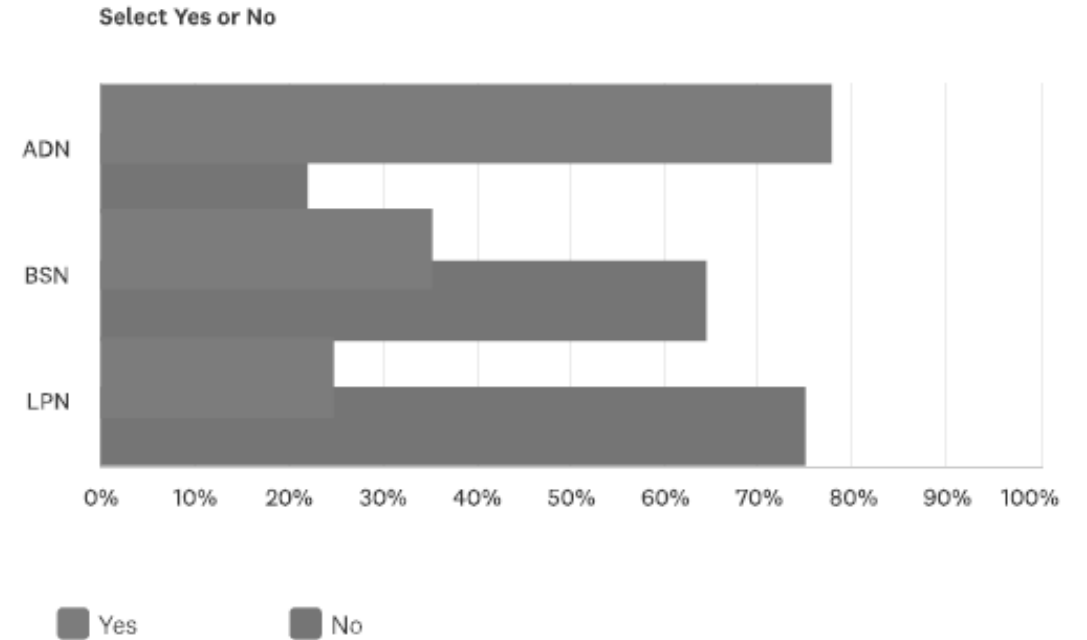
- WABON collaborated with DSHS on proper communication to programs
- Sending out information on training the instructors
- New Certificate of Completion

Survey Data:

We surveyed nursing education programs to gather information on their requirements and preferences for training or certifying students as nursing assistants. Here is the data we collected...

Does your institution offer the following programs?

Answered: 18 Skipped: 0



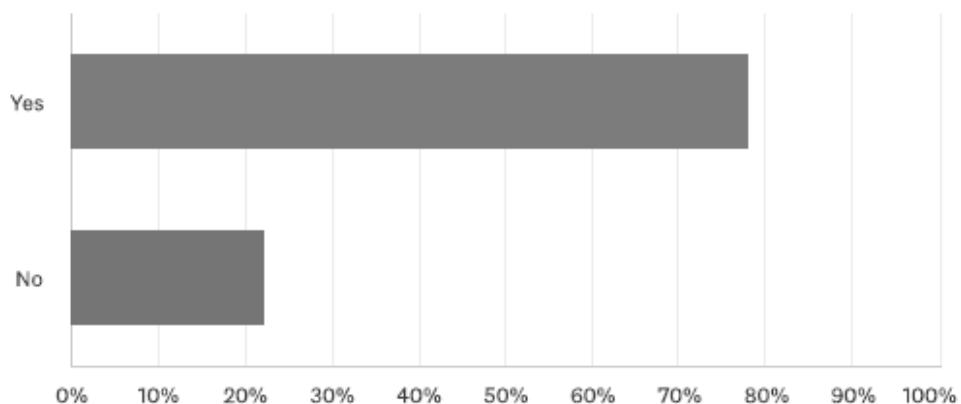
Select Yes or No

	YES	NO	TOTAL
ADN	77.78% 14	22.22% 4	18
BSN	35.29% 6	64.71% 11	17
LPN	25.00% 4	75.00% 12	16

Data continued...

Do your Nursing program admission policies require, or give preference to candidates with Nursing Assistant experience?

Answered: 18 Skipped: 0

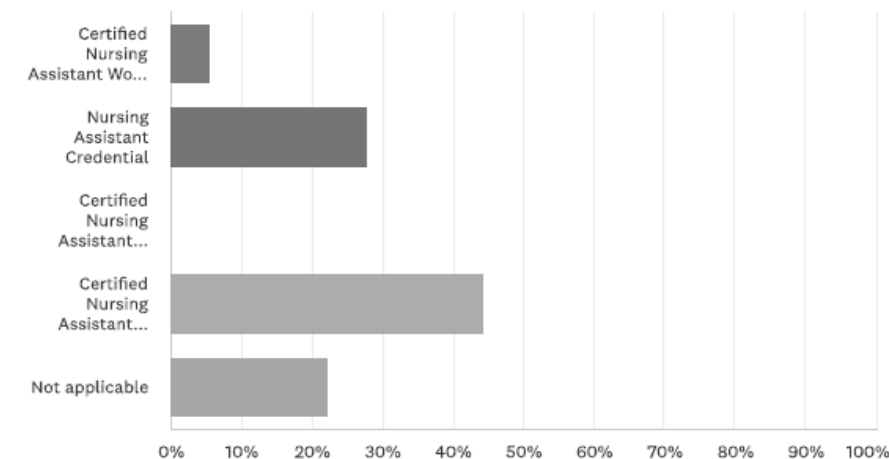


ANSWER CHOICES	RESPONSES
Yes	77.78% 14
No	22.22% 4

WABON Business Meeting
September 13, 2024

If YES for item 2, Please indicate the minimal documentation requirement you expect to have proof of Nursing Assistant experience (Select at least one but you may select multiple depending on your school requirements or policy):

Answered: 18 Skipped: 0



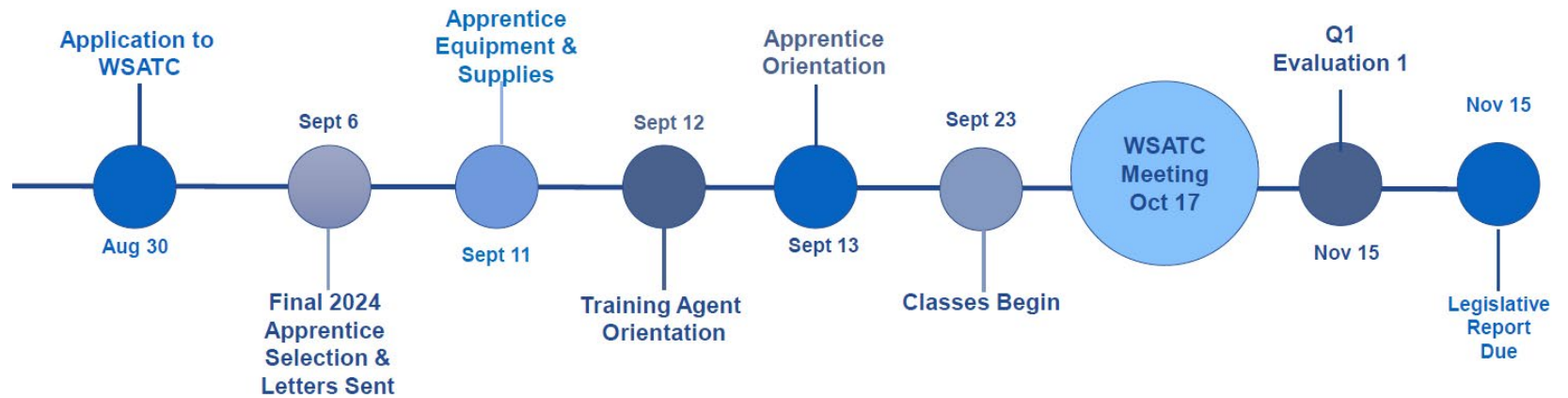
ANSWER CHOICES	RESPONSES
Certified Nursing Assistant Work Experience	5.56% 1
Nursing Assistant Credential	27.78% 5
Certified Nursing Assistant Competency Testing	0.00% 0
Certified Nursing Assistant Training Certificate of Completion or Transcript	44.44% 8
Not applicable	22.22% 4
TOTAL	18

- Plan to have 9 LPN Apprentice to start this Fall 2024 at Edmonds Community College.
- Apprentice Committee held first meeting on 08/26/24.

Chair and Secretary elected.

Approved: Standards, Minimum Wage, Sustainability Plan.

- Submitted application to WA Apprenticeship Training Council for Apprenticeship approval.



LPN Apprenticeship Program Update



As we wrap up today, we also take this moment to recognize and celebrate Hispanic Heritage Month.

This month, we honor the rich history, diverse cultures, and impactful contributions of Hispanic and Latino communities.

Let's continue to embrace and celebrate the diversity that strengthens our collective success!

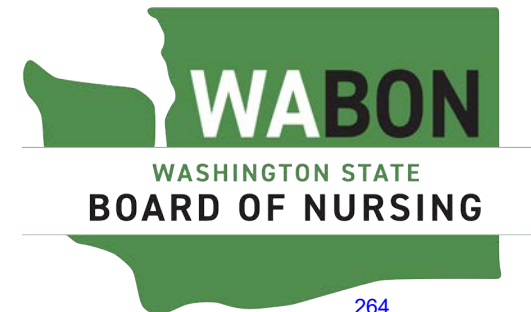
Thank you!



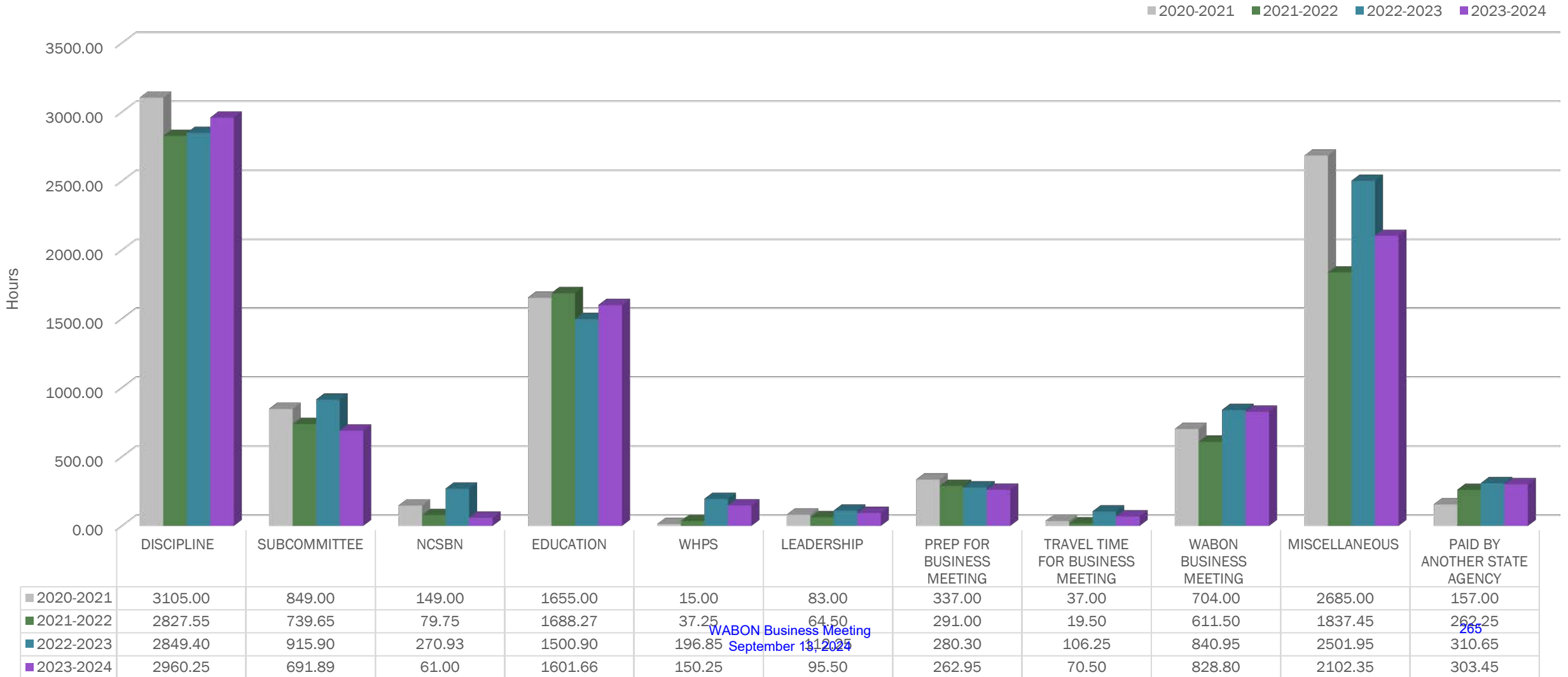
Board Hours Report

FY 23-24

WABON Business Meeting
September 13, 2024

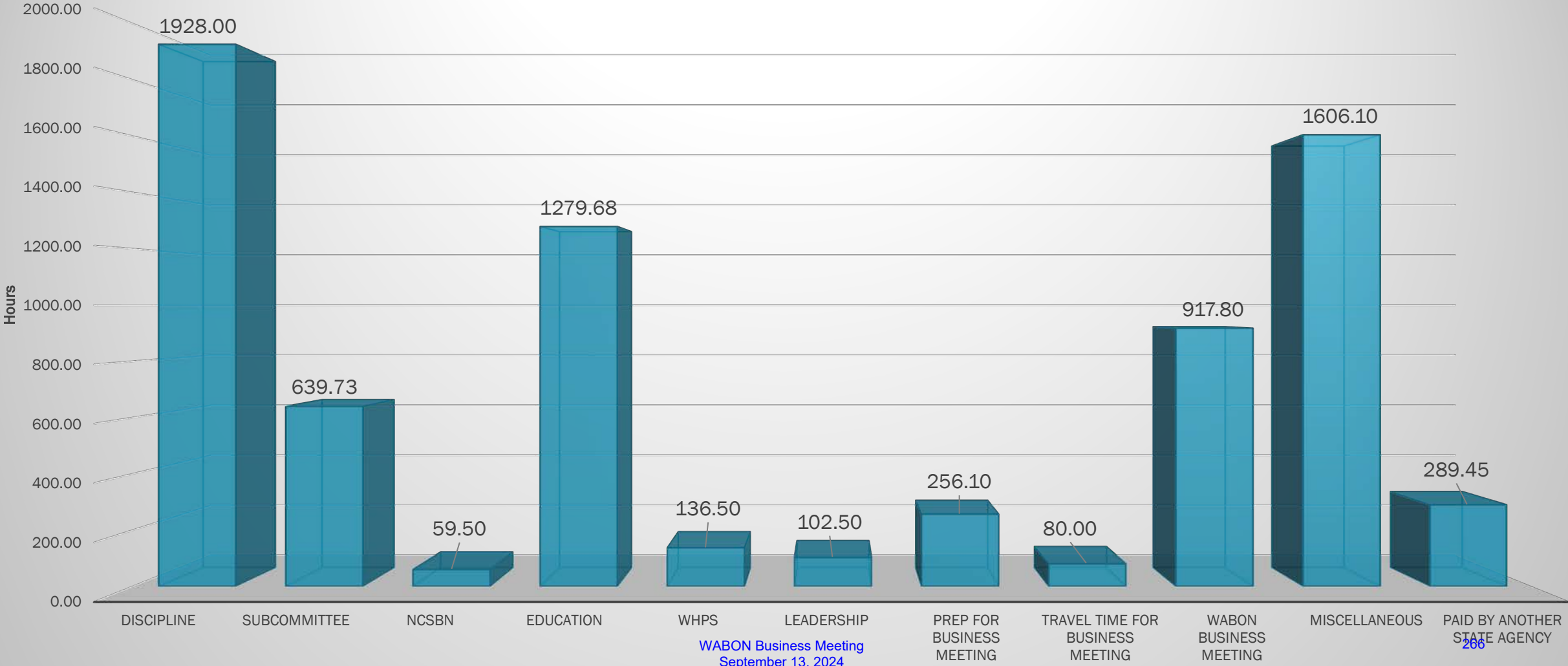


Comparison of Hours by Year



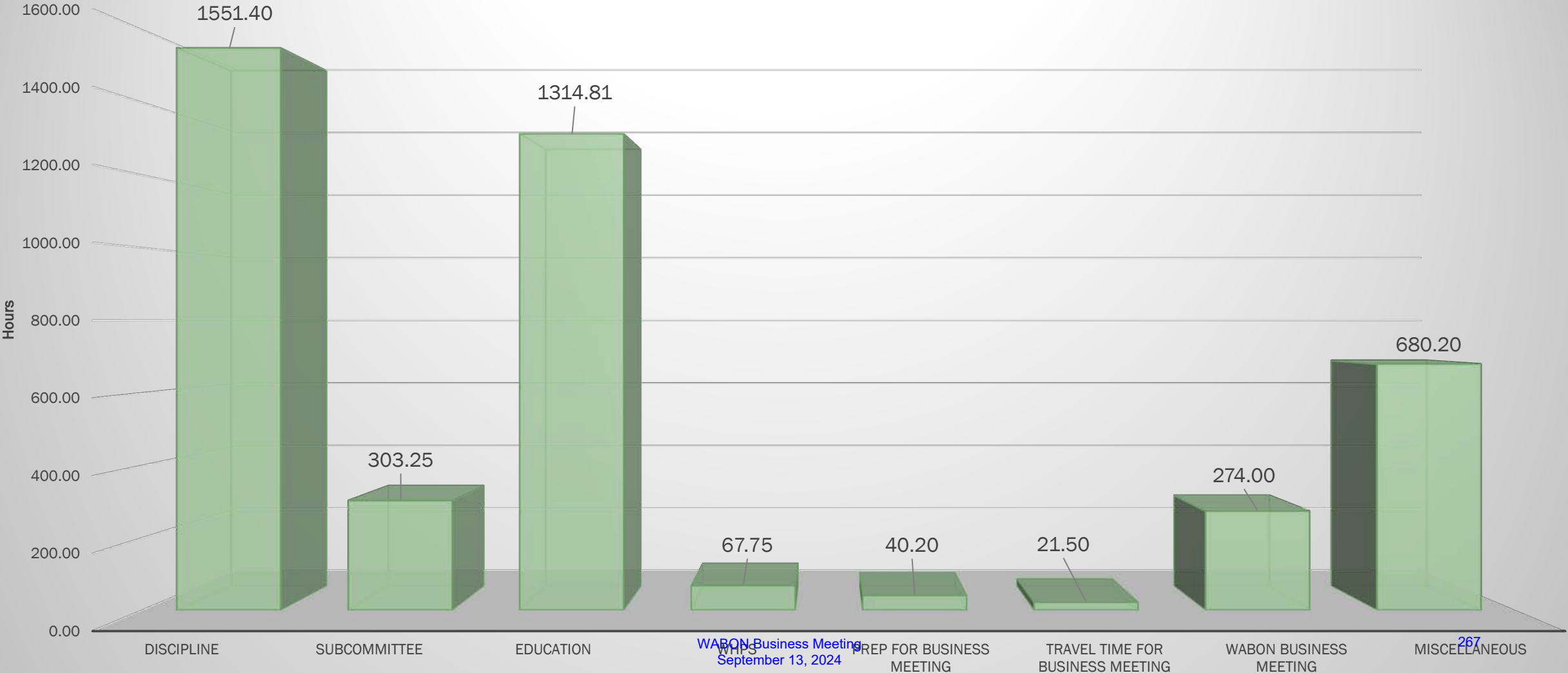
WABON Business Meeting
September 13, 2024

Total Hours by Category – Board Members

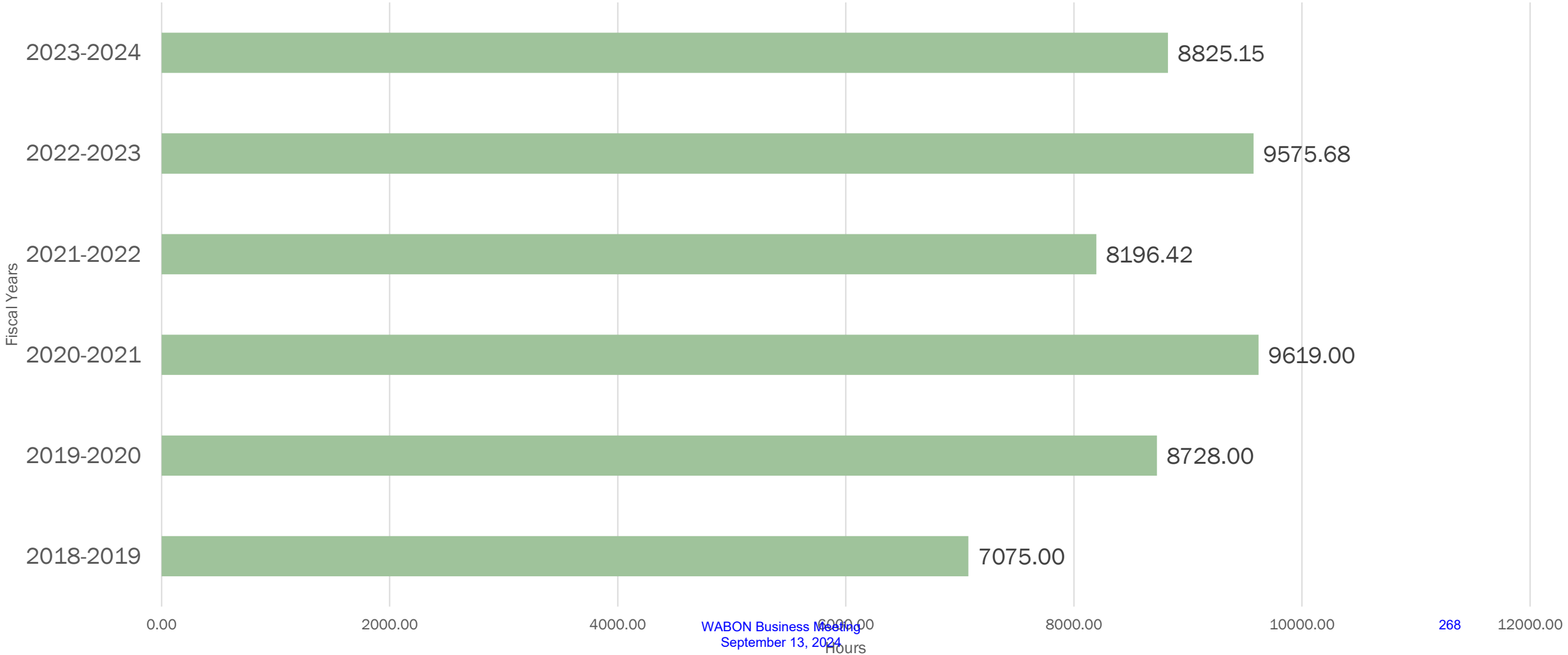


WABON Business Meeting
September 13, 2024

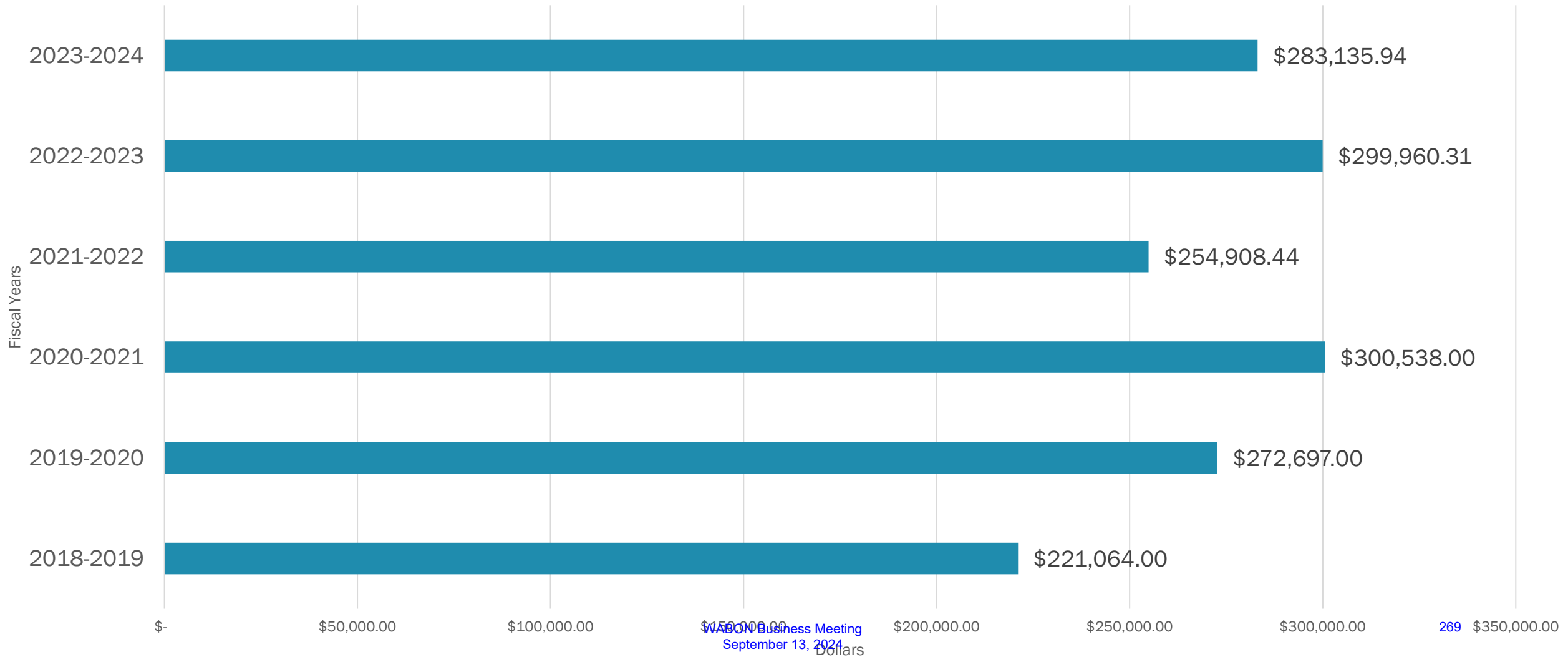
Total Hours by Category – Pro Tems



Total Hours Worked – By Year

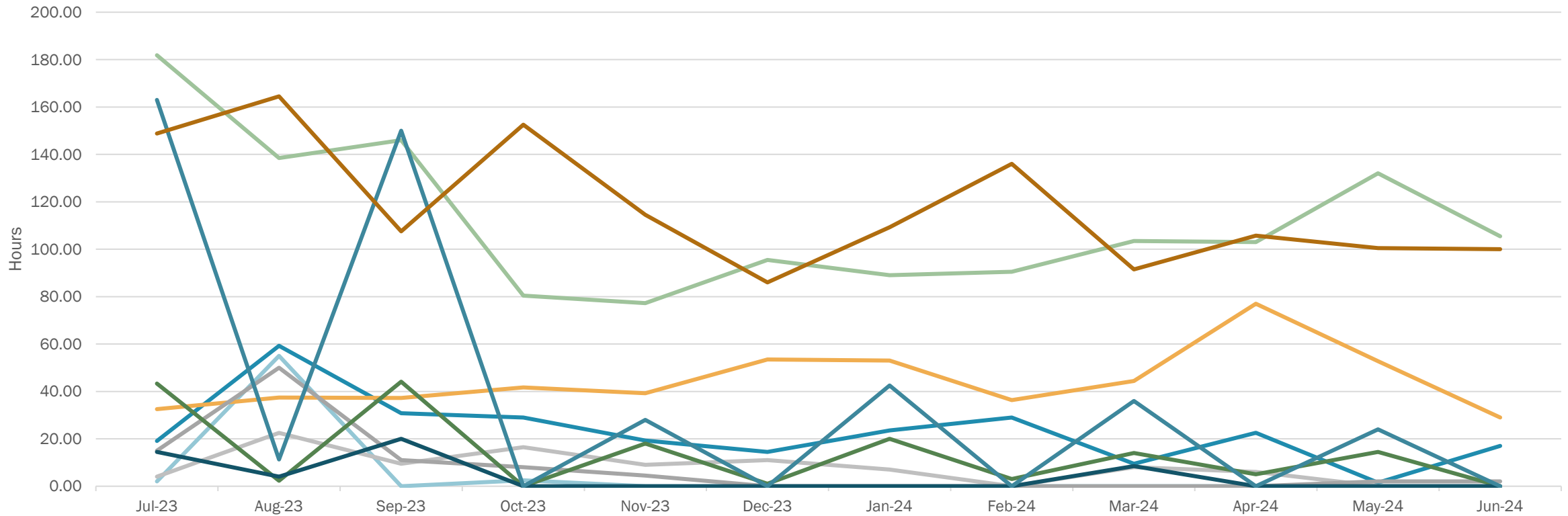


Total Board Pay – By Year



Total Hours Per Month – By Category

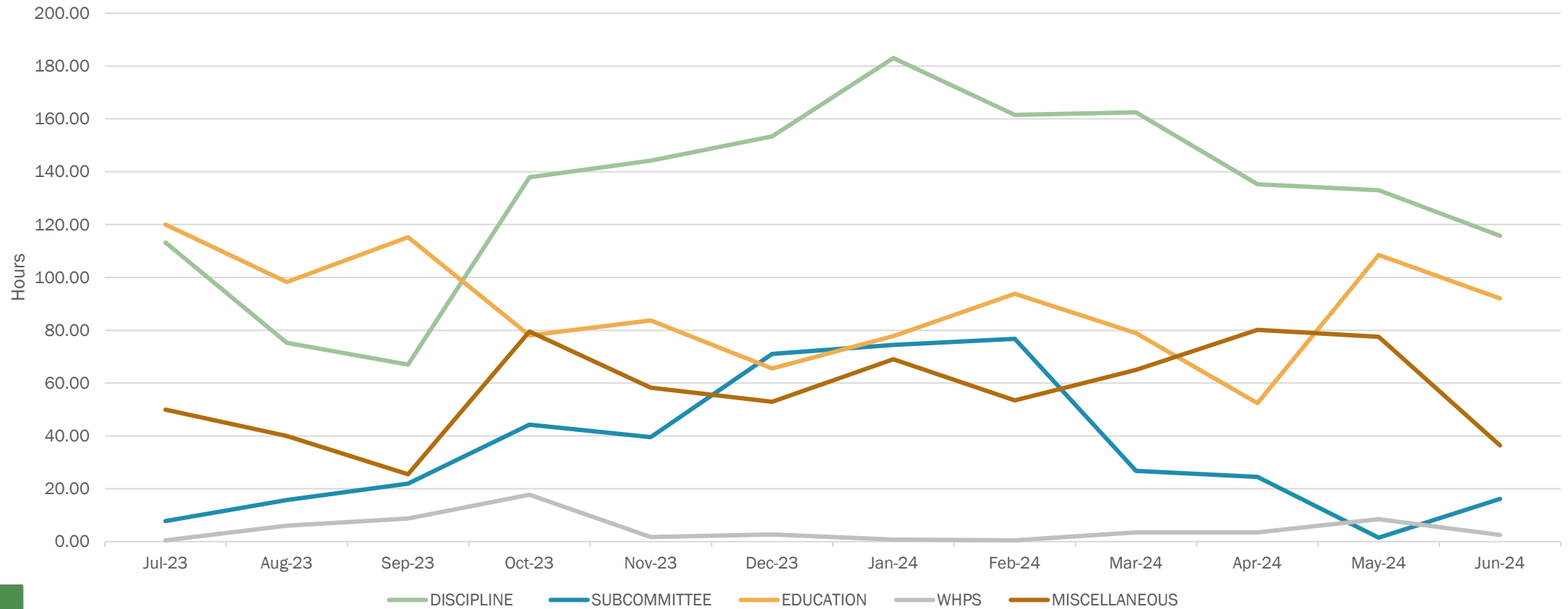
Board Members



WABON Business Meeting
September 13, 2024

Total Hours Per Month – By Category

Pro Tem



WABON Business Meeting
September 13, 2024

Not included as clutters data: Business Meetings, Trip/Travel for Business Meetings, NCSBN, Leadership

Total Hours Per Month – Comparison

Median Hours

