



## WASHINGTON STATE BOARD OF NURSING (WABON)

### Consistent Standards of Practice Sub Committee

October 1, 2024 12 p.m. to 1 p.m.

**Join the Meeting on Zoom**  
from your computer, tablet or smartphone

### You can also dial in using your phone

United States: +1 (253) 215-8782

Meeting ID: 863 7463 1831

**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  
Alison Bradywood, DNP, MN/MPH, RN, NEA-BC, Executive Director

### 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, but no later than September 17, 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](mailto:civil.rights@doh.wa.gov)

### Meeting Minutes:

WABON records meetings to help write accurate minutes. Minutes are approved at the WABON business meeting. WABON posts minutes on our website [Meetings | WABON](#).

All minutes and recordings are public records. They are available on request from the Department of Health (DOH) at [Public Records | WA DOH](#).

**WASHINGTON STATE BOARD OF NURSING (WABON)**

**Consistent Standards of Practice Sub Committee**

**October 1, 2024 12 p.m. to 1 p.m.**

- I. 12:00 PM Opening – Ella Guilford, Chair**
  - A. Call to Order – Ella
  - B. Public Disclosure Statement – Ella
  - C. Introductions of Members, Staff, and Public – Ella/Shana
  
- II. Standing Agenda Items**
  - A. Announcements/Hot Topic/WABON Business Meeting Update
    - i. Presentations/Webinars
  - B. Review of Draft Minutes – August 6, 2024
  
- III. Old Business**
  - A. Quality Improvement/CSPSC’s Prioritization Work Update – Shana
  
- IV. New Business**
  - A. Support Letter request from Washington State Hospital Association (WSHA) to WABON for Distribution of Take-Home Naloxone for Post-Partum Women – Jenica Sandall
  - B. LPN Apprenticeship Update – Marlin
  
- V. Public Comment** – This time allows for members of the public to present comments to the subcommittee. For issues regarding disciplinary cases, call 360-236-4713.
  
- VI. Ending Items**
  - A. Review of Actions
  - B. Meeting Evaluation
  - C. Date of Next Meeting – December 3, 2024
  
- VII. Adjournment**



**WASHINGTON STATE BOARD OF NURSING (WABON)**  
**Consistent Standards of Practice Sub Committee Minutes**  
**August 6, 2024 12 p.m. to 1 p.m.**

**Join the Meeting on Zoom**  
from your computer, tablet or smartphone

**You can also dial in using your phone**

United States: +1 (253) 215-8782

Meeting ID: 863 7463 1831

**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

**I. Opening**

- a. Ella called the meeting to Order at 12:01
- b. Ella read the Public Disclosure Statement
- c. Ella/Shana introduced members and staff.

**II. Standing Agenda Items**

Ella: We have the practice performance measures form and the SharePoint transition. Shana, did you want to say anything about that?

Shana: We are transitioning a lot of our documents and projects. Even the CSPSC meeting minutes and agendas will be on SharePoint. We're transitioning to SharePoint with the goal of doing that by the end of August. You will receive orientation for how to access the CSPSC Agenda and packet.

Deborah - WABON: Josh who is leading this work said he will be doing individual orientations. It will be different than the Y/ X drive that you're using now.

Ella: She's sending out links so you can make an appointment with them.

Deborah - WABON: We're still having that interagency task force meeting for aesthetics and IV hydration. You know, that's why we put our informed consent Advisor Opinion on hold and waiting for recommendations from that interagency task

**WASHINGTON STATE BOARD OF NURSING (WABON)**  
**Consistent Standards of Practice Sub Committee**  
**August 6, 2024 12 p.m. to 1 p.m.**

force, and we've broken out into, I want to say 3 or 4 subgroups working on different topics.

Gail McGaffick: Hey, this was just perfect timing, because I had a follow up question for Debbie. I'm curious about this inter-agency task force on informed consent. And I wonder if you could provide any more detail about the four subgroups.

Deborah: There's one on entrepreneurship regarding these cosmetic places opening up medical spa businesses. Then there's one specifically on informed consent. I don't remember the other two.

Gail: If there's an opportunity, either, maybe before the next meeting, if you could send an email. I'm interested in tracking this, and I know that WSHA would as well.

Deborah: Our Jurisprudence (JP) module is in the process of being revised. It's going to sustain significant changes because of the nurse licensure compact. The JP module is not active right now. We've decided to just not have it open for use now, because the licensing section is going to be so different.

Ella introduced the WABON Nursing Conference on **October 2nd**, and the topic will be Voice and Vision, the Possibilities. Next, the Washington State presentation Webinar.

Shana: Margaret, I, and Marlin have a presentation for WSNA tomorrow for a large swath of nurses from all over.

- a. Ella opened the floor for public comment
- b. Ella introduced the **June 4th** minutes for discussion and approval. We will send them to the next BON meeting. June 4<sup>th</sup> meeting minutes approved

III. Draft minutes approved.

IV. Old Business

- a. CAQ Drafts – Debbie

Ella: Next item on the agenda is old business.

Deborah: We had all those commonly asked questions (CAQs) the board and approved. Two were kept out because there was this discussion about the current advisory opinion that says the nurse can delegate giving insulin, but it doesn't say non-insulin. Our advisory opinion was done a few years ago that said they could also give non-insulin for treatment of diabetes. We were going to be revising this, there was a question about whether we really could use the word non-insulin for treatment of diabetes because of the way the way the law is written. I took out non-insulin and just left insulin. Gail had a couple of minor clarifications that are not in the packet. The changes are just grammatical changes.

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

**WASHINGTON STATE BOARD OF NURSING (WABON)**  
**Consistent Standards of Practice Sub Committee**  
**August 6, 2024 12 p.m. to 1 p.m.**

Mellitus to the Nursing Assistant-Registered/Nursing Assistant Certified (NA-R/NA-C) or Home Care Aide-Certified (HCA-C).

Ella: Shana wanted to say something about the consent agenda?

Shana: I think Debbie really touched on this earlier, and I think you did. And then Gail, of course, had her questions about the interagency task force. I just want to give a little bit of background to the public. The conversation around aesthetics has really shapeshifted due to a lot of depth and complexity to a lot of these issues that keep arising, so a task force was recommended. We brought all these internal agencies first together. They're prioritizing these topics that cascade down from aesthetics. One of those being informed consent. We had drafts in place, but we've placed everything on hold. The task force is really there to help us. Other agencies, the pharmacy and the Medical Board, all have a piece of this.

Deborah : The questions we are getting are difficult to answer because there are no laws or rules around medical spas and cosmetic procedures.

Ella led the vote to approve the CAQS. Approved.

V. Ella presented the new business.

a. Quality Improvement/CSPSC's Prioritization Work Update

Shana: This is a prioritization matrix. And we're at this stage now, where we're really refining and testing it so that it can really enhance our ability to prioritize. Our work activities, the requests that are made to the CSP. The requester can be an internal agency or a public member, and they can fill it out to ask. You know whatever question is supposed to be practice related. We put weight to the actual inquiry, the weight having to do with risk. Is this a risk to the public, and so forth. Thank you, Dennis and Marlin. It calculates the weights that we have placed to the actual task. To the right is our priority value.

The higher number is more of a priority than the lower number. We're looking at improving how we respond to the public and being more efficient in our work. We're in the testing phase. The next step is we will have just a very small work group come together to see

Quiana: I'm loving to see how everything has been organized and I'm loving the scale that let's see what we need to prioritize.

b. Shana: Diane was our consultant. She has had some great ideas. And certainly, Marlin and Dennis developed this form.

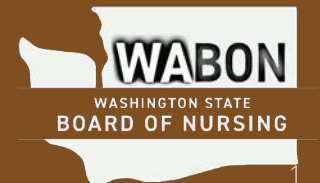
VI. Ending Items

a. Ella presented the meeting evaluation.

b. Date of Next Meeting – October 1, 2024

PROCESS IMPROVEMENT:  
CONSISTENT STANDARDS OF PRACTICE (CSPSC)  
PRIORITIZATION MATRIX

NURSING PRACTICE UNIT



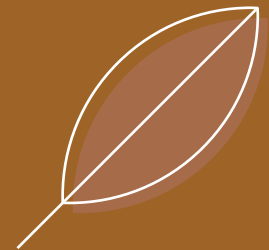
# BACKGROUND

- CSPSC Prioritization of activities
- CSPSC roles, BON Strategic plan, and best practices
- Consultation with Ms. Diana Meyers
- Decision to use a weighted scoring model (Eisenhower Matrix), to quantify and rank CSPSC requests



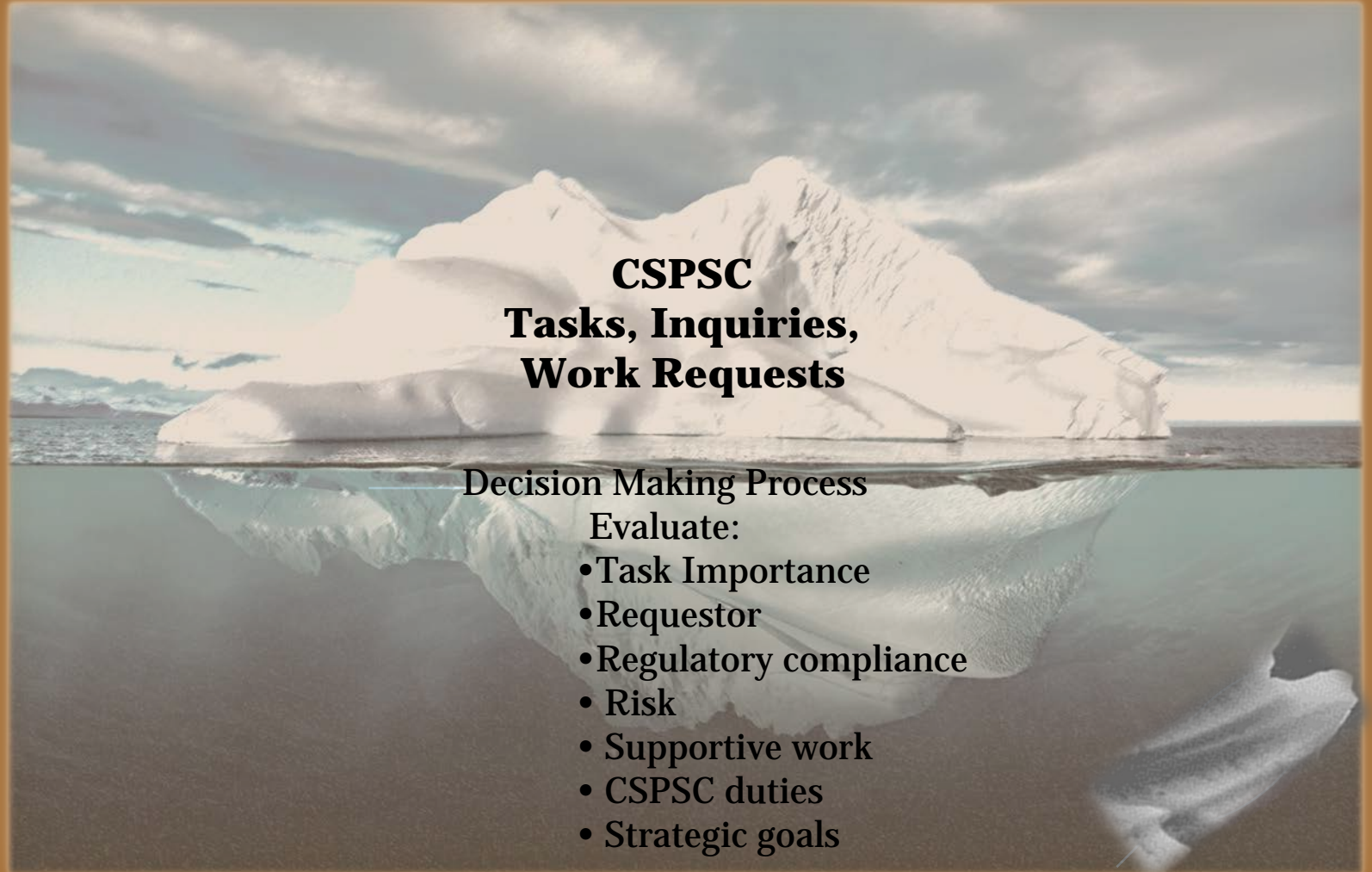
# PRIORITIZATION GOALS

- Align projects with strategic plan
- Quantify which projects add most value
- Reconsider low value projects
- Identify and resolve resource prioritization challenges
- Balance the portfolio of projects in the backlog
- Build an achievable portfolio roadmap





# CSPSC Prioritization Matrix



# PRIORITIZATION MATRIX DATA COLLECTION FORM



## 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

# PRIORITIZATION MATRIX DATA COLLECTION FORM

## Active List Analysis

(N=65)

- Requested from
  - WABON: 93%
  - DOH/DSHS: 7%
- # of BON/CSP Priorities
  - 0: 62%
  - 1: 7%
  - >1: 31%
- Impacts Core/Foundational CSP Work: 75%
- Meets Regulatory Need: 25%
- Likelihood of pt harm
  - None: 47%
  - Low: 14%
  - Moderate: 3%
  - High: 11%
- Severity of Risk
  - No harm: 88%
  - Temporary: 1%
  - Death: 11%
- Urgency
  - Urgent: 17%
  - Routine: 83%

# 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

Diana Meyer, DNP,  
RN, NEA-BC, FAEN,  
Pro Tem

# Louisiana State Board of Nursing

17373 Perkins Road  
Baton Rouge, LA 70810  
Telephone: (225) 755-7500  
[www.lsbn.state.la.us](http://www.lsbn.state.la.us)

## Proposed Language from Louisiana Board of Nursing in Support of Naloxone Distribution

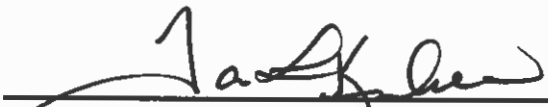
### Addressing: Louisiana Hospital Nurses


The Louisiana Board of Nursing supports the distribution of naloxone to community members at-risk of experiencing an overdose, or at risk of witnessing an overdose. Pursuant to TITLE 40 - Public Health and Safety- RS 40:978.2 - Naloxone; prescription; dispensing; administration by third party; limitation of liability, hospitals may distribute naloxone under a hospital-wide standing order, for no charge or compensation.

Essential requirements of compliance are:

- The naloxone must be acquired and stored separately from the hospital's pharmacy inventory. The emergency department, or distribution location, is required to keep a log to track the distribution of the naloxone doses distributed.
- The hospital emergency department, or distribution location, is required to have policies and procedures, which will dictate how the hospital emergency department or distribution center will distribute the naloxone, including storage locations and whether the naloxone will be labeled or not labeled.

The Louisiana Board of Nursing finds that RS. 40:978:2 supersedes existing regulations regarding nursing participation in dispensing and distribution of medications. Naloxone being provided to the community as part of a harm reduction program may be dispensed by a nurse directly to a community member or patient of a hospital if supplied at no charge under a standing order issued by a healthcare provider.

  
Tavell L. Kindall, PhD, DNP, APRN, FNP<sup>BC</sup>, FAANP  
President, Louisiana State Board of Nurses

  
Karen C. Lyon, PhD, MBA, APRN, CNS<sup>BC</sup>, NEA  
LSBN Executive Director/CEO

# Louisiana State Board of Nursing

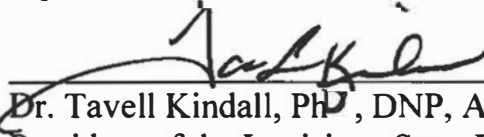
17373 Perkins Road  
Baton Rouge, LA 70810  
Telephone: (225) 755-7500  
[www.lsbnp.state.la.us](http://www.lsbnp.state.la.us)

**La. R.S. 40:978.2**

## **Resolution**

The Louisiana Board of Nursing met on August 10, 2023 at 17373 Perkins Road, Baton Rouge, La, and did pass the following resolution:

BE IT RESOLVED THAT, by an affirmative vote of board members participating in the decision-making process during this meeting, the Louisiana Board of Nursing recognizes La R.S. 40:978.2 is the most recent expression of the Louisiana Legislatures will regarding the dispensing of Naloxone and does supersede the Boards laws and regulations regarding dispensing.



Dr. Tavell Kindall, PhD, DNP, APRN, FNP  
President of the Louisiana State Board of Nursing

### **La. R.S. 40:978.2:**

“D. Notwithstanding any other provision of law or regulation, a person or organization acting pursuant to a standing order issued by a healthcare professional who is authorized to prescribe Naloxone, or another opioid antagonist may store Naloxone or another opioid antagonist and may dispense naloxone or another opioid antagonist if such activities are performed without charge or compensation.”

Louisiana Laws - Louisiana State Legislature.

September 23, 2024

Dear Ella Guilford, MSN, M.Ed., BSN, RN, and Sub Committee Members:

My name is Jenica Sandall and I am the director of Safe Deliveries Roadmap at the Washington State Hospital Association (WSHA). WSHA's Safe Deliveries Roadmap is leading a pilot project with five Washington birthing hospitals, working with perinatal units on a harm reduction strategy to increase dispensing of naloxone to at-risk patients prior to discharge. This pilot is funded by a grant from the [Alliance for Innovation on Maternal Health](#) and WSHA is contracted with the nonprofit [The Naloxone Project](#) for technical assistance.

**Situation-** We requested this topic be added to the agenda for consideration of written organizational support from the Board of Nursing for nurses dispensing naloxone in their institutions. In our pilot, we have found that some hospital-based implementation teams are encountering barriers with their institutions reading the [WA RCW 69.41.095](#) to be prohibitive of dispensing from the inpatient setting. For example, the hospital agreed that it was allowable to dispense naloxone from their outpatient pharmacy but would not dispense from their inpatient pharmacy when the outpatient pharmacy was closed.

The standing order permits dispensing and delivery to people at-risk of overdose or those in a position to assist a person experiencing overdose and directs the practitioner to provide education and instructions on the use of naloxone. The RCW does not include language prohibiting dispensing from selected care areas. The dispensing and delivery of and education about this life saving medication is within the scope of care for nurses in Washington, including the inpatient setting.

**Background-** Behavioral health conditions including overdose and mental health conditions are the primary cause of pregnancy related deaths in Washington. The 2023 [WA Maternal Mortality Review](#) Panel Report recommends:

"Facilities should give birth parents who use or have used opioids or other prescribed substances take-home doses of naloxone—not just a prescription—before they discharge from the hospital. Patients and families should be trained on its use. Ensure that Medicaid and private plans fully reimburse facilities for the purchase of naloxone."

While this pilot is aimed at obstetric units, the dilemma exists for all areas of care where at-risk patients may present, including all inpatient units. Literature shows that the rate of naloxone prescribing is low and that the fill rate for those prescriptions is even lower - reported as less than 1-2% for our highest risk patients. Dispensing take-home naloxone directly to patients prior to hospital discharge and providing education on use is a harm reduction intervention within the scope of nursing care in Washington.

**Assessment-**

- The leading cause of pregnancy-associated deaths in Washington State were behavioral health conditions, and 74% of deaths related to unintentional overdose occurred in the year following the end of pregnancy.



- 80% of pregnancy-related deaths were determined to be preventable.
- Naloxone distribution has been found to significantly reduce overdose-related injuries and death.
- Last year, DCYF, HCA, DOH, and WSHA signed a cross-agency letter outlining recent updates relevant to perinatal substance use best practice updates. In that letter, the agencies noted that RCW 69.41.095 is permissive of distribution.

**Request-** WSHA requests that the WA Board of Nursing consider authoring an interpretive statement or advisory opinion in support of naloxone distribution as a harm reduction strategy and explicitly affirming that [WA RCW 69.41.095](#) is broadly permissive of the distribution, dispensing, and delivery of take-home naloxone: from any care setting, to anyone at risk of overdose, a family member, or other person in a position to help the person at risk of overdose, as part of the “usual course of professional practice”, per section (1)(a) of WA RCW 69.41.095. Please see the attached resolution and letter from the Louisiana Board of Nursing as an example.

Sincerely,

A handwritten signature in cursive script that reads "Jenica Sandall".

Jenica Sandall, MSN, RNC-OB, C-ONQS  
Director, Clinical Excellence, Safe Deliveries Roadmap  
Washington State Hospital Association  
[JenicaS@wsha.org](mailto:JenicaS@wsha.org)

Enclosures: 1



*Department of Health*  
*Nursing Care Quality Assurance Commission*

# Advisory Opinion

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

<i>Title:</i>	Naloxone Prescribing Clarification	<i>Number:</i> NCAO 22.00
<i>References:</i>	<a href="#">RCW 18.79.800 Opioid Prescribing Rules</a> <a href="#">Nursing Scope of Practice Decision Tree</a> <a href="#">RCW 69.41.095(5) Opioid Overdose - Standing Order</a>	
<i>Contact:</i>	Mary Sue Gorski, RN, PhD	
<i>Phone:</i>	360-915-3334	
<i>Email:</i>	<a href="mailto:ARNPPractice@doh.wa.gov">ARNPPractice@doh.wa.gov</a>	
<i>Effective Date:</i>	July 10, 2020	
<i>Supersedes:</i>	Not Applicable	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission	

**Statement:**

This Advisory Opinion will serve to clarify the intended meaning of the word “confirm” in Nursing Care Quality Assurance Commission (NCQAC) rule: [WAC 246-840-4980](#). The word “confirm” means the ARNP provides the patient with information regarding a [standing order](#) issued under the prescribing authority of the State Health Officer to allow an eligible person or entity to obtain naloxone at any Washington state pharmacy.

**Background:**

A request was made by the Advanced Practice Subcommittee for the NCQAC to clarify the phrase “shall confirm or provide a current prescription for naloxone when fifty milligrams MED or above, or when prescribed to a high-risk patient” in [WAC 246-840-4980](#). Nurse Practice Act, chapter [18.79](#) RCW, gives full prescribing authority to ARNPs who have undergone proper education and training. Additionally, by law, [RCW 69.41.095\(5\)](#), any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose in Washington state has access to a naloxone prescription at any pharmacy in this state, by standing order under the prescribing authority of the State Health Officer. The purpose of this standing order is to facilitate wide distribution of the opioid antagonist naloxone so people in Washington can provide assistance to persons experiencing an opioid-related overdose.

**Recommendations:**

Given that the standing order is statewide, the ARNP with prescriptive authority may “confirm” the prescription of naloxone by informing the patient of their eligibility and of the availability of naloxone by standing order, following the guidelines outlined in the [State Health Officer’s standing order](#). As such, the word “confirm” in [WAC 246-840-4980](#) means that the ARNP is providing the patient with information regarding the [standing order](#) for naloxone issued by the State Health Officer that provides that naloxone shall be dispensed by any Washington state pharmacy to persons at risk of experiencing an opioid overdose or to persons or entities in a position to assist a person at risk of experiencing an opioid-related overdose.

**Conclusion:**

In conclusion, the NCQAC determines that the word “confirm” in [WAC 246-840-4980](#) includes the ARNP providing education regarding access to naloxone available to all eligible persons or entities in Washington state or providing a current prescription to a patient or eligible person or entity.