



**Board of Nursing  
Business Meeting Agenda  
July 11, 2025  
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 the **Labor and Industries**, located at [7273 Linderson Way SW, Tumwater, WA 98501](#) in room S119 and via zoom.

[Click here for Zoom registration](#)

**Board Members:**

Kimberley Tucker, PhD, RN, CNE, Chair  
Quiana Daniels, BS, RN, LPN, Vice Chair  
MaiKia Moua, BSN, MPH, RN, Secretary/Treasurer  
Adam Canary, LPN  
Jacob Garcia, MBA, MSN, RN, PCCN  
Ella B. Guilford, MSN, M.Ed., BSN, RN  
Alisha Halverson, DNP, CNM, ARNP  
Luis Herrera, DNP, ARNP, FNP-BC  
Heleena Hufnagel, BS, MBA-HCA, Public Member  
Ajay Mendoza, CNM  
Dawn Morrell, BSN, RN  
Sharon Ness, RN  
Norma Perez, M.Ed., Public Member  
Michael Syputa, LPN

**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  
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 (*July 3, 2025*).

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

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](http://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](http://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 – Kimberley Tucker, Chair – DISCUSSION/ACTION

### II. Call to Order

#### A. Introductions

#### B. New officers take their seats

1. Kimberley Tucker, Chair
2. Quina Daniels, Vice Chair
3. Maikia Moua, Secretary/Treasurer

#### C. Order of the Agenda

#### D. Land Acknowledgement – Ella Guilford

#### E. Announcements

### III. 8:40 AM – Consent Agenda – DISCUSSION/ACTION (pg 8-35)

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

#### A. Approval of Minutes (pg 9-22)

1. WABON Business Meeting
  - a. May 9, 2025
2. Advanced Practice Subcommittee
  - a. May 21, 2025
  - b. June 2025 – No Meeting

- III. **8:40 AM – Consent Agenda – DISCUSSION/ACTION. Continued.**
  - 3. Discipline Subcommittee
    - a. No meeting
  - 4. Consistent Standards of Practice Subcommittee
    - a. April 1, 2025
  - 5. Licensing Subcommittee
    - a. April 2025 – No meeting
    - b. May 2025 – No meeting
    - c. June 2025 – No meeting
  - 6. Research Subcommittee
    - a. April 21, 2025
  - 7. Education Subcommittee
    - a. No meeting
- IV. **Letter from NCSBN President Phyllis Johnson (pg 23-24)**
- V. **Performance Measures (pg 25-28)**
  - 1. Investigations
  - 2. Legal
  - 3. Washington Health Professional Services (WHPS)
  - 4. Nursing Assistant Program Approval Panel (NAPAP)
  - 5. Nursing Program Approval Panel (NPAP)
- VI. **Licensing Report to the Governor’s Office (pg 29)**
- VII. **Washington Center for Nursing/WABON monthly meetings (pg 30-31)**
  - 1. June 6, 2025
- VIII. **Out-of-state travel reports (pg 32-35)**
  - 1. April 28-30, 2025. Erin Bush and Lynn Batchelder, Santa Rosa, CA - NCSBN Discipline Case Management Conference
  - 2. June 2-4, 2025. Alison Bradywood, New Castle, NH – NCSBN Executive Officer Summit
- IX. **8:45 AM – 9:15 AM – Chair Report – Kimberly Tucker – DISCUSSION/ACTION (pg 36-42)**
  - A. **Schedule of Meetings and locations for next year (pg 37)**
    - Situation: Each year the board indicates geographic locations for in-person meetings, or if virtual meetings are indicated.
    - Background: The board historically has met six times per year with virtual meetings at least during winter months (November, January).
    - Assessment: In-person board meetings cost \$5000-12,000 depending on location and number of days (up to two). Operational budget constraints are important to consider in electing in-person locations.
    - Recommendation: Identify the schedule and locations of 2026 board meetings.
  - B. **Volunteers for Land Acknowledgment for next year (pg 38)**
  - C. **Appointment of subcommittee panel chairs and members (pg 39-40)**
  - D. **Out of State Travel Plans Presentation (pg 41-42)**
- X. **9:15 AM – 10:45 AM – Executive Director Report – Alison Bradywood – DISCUSSION/ACTION (pg 43-63)**
  - A. **Budget Report – Maikia Moua, Chris Archuleta (pg 44-47)**
  - B. **Strategic Plan Update (pg 48-58)**
    - 1. 2025 Bill Implementation - Completed
    - 2. Data-Driven Practice: Performance Measures – Debbie Carlson
    - 3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Completed
    - 4. Communications – Social Media Presence – Shad Bell

**V. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION. Continued.**

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

**D. WHPS Rebranding – Catherine Woodard**

Situation: Research and changing best practices around substance use disorder and monitoring programs translate into updated nomenclature and the use of terms that are less stigmatizing and more human-centric. WHPS is currently revising language throughout the program's literature to reflect those changes.

Background: Washington Health Professional Services is the name of the SUD monitoring program for nurses. Neither the name nor the acronym is descriptive of the purpose or function of the program. WHPS also does not have a dedicated vision statement.

Assessment: A rebranding of WHPS to a name that better identifies the purpose of the program and speaks to the support for nurses in the SUD monitoring program would promote program participation for nurses in need. A rebrand of the program name and related logo, along with a descriptive vision statement, will promote sensitivity to a human-centered approach to regulation related to SUD.

Recommendation: Support staff efforts to develop options for a new name and vision statement for the WHPS program for board consideration and adoption at the September business meeting.

**E. WCN Updates – Jacob Garcia, Heleena Hufnagel**

**F. Interagency Aesthetics Taskforce Update**

**G. HEALWA Usage Survey**

**H. Board Procedure Creation, Adoption, and Review Process (pg 60-63)**

Situation: The Board is responsible for developing and adopting new Board procedures and reviewing existing ones that outline tasks requiring Board-specific oversight. Procedures are reviewed in a two-year cycle but may be updated as needed to reflect current practices.

Background: A total of 69 procedures are listed as Board-specific and presented over a two-year cycle. Many do not change substantially, and others refer to Board operations. Assessment: J12.05 Board Procedure Creation, Adoption and Review proposes to, 1) Define the subject matter of Board-specific procedures; 2) Outline the approval process based on the type of revision required. Substantive changes receive, at a minimum, approval from Board Leadership (Chair, Vice Chair, Secretary/Treasurer). Non-substantive changes are delegated by the Board to division Directors, with oversight provided by the Executive Director (ED); and 3) Reduce the full Board's time in reviewing Board non-substantive and operational procedures. This procedure does not apply to routine staff operational procedures, which are the responsibility of the ED.

Recommendation: Move to adopt J12.05 as presented.

**I. Welcome to the Secretary of Health**

**10:45 AM – 11:00 AM – Break**

**VI. 11:00 AM – 11:30 AM – Subcommittee Report – DISCUSSION/ACTION (pg 64-82)**

**A. Advanced Practice – Ajay Mendoza, Chair – No report**

**B. Consistent Standards of Practice – Ella Guilford, Chair**

**1. School Nurse Delegation to Unlicensed Assistive Personnel (UAP) in Public and Private Schools, K-12 Grades Advisory Opinion (pg 65-71)**

Situation: Revisions were made to the school nurse delegation advisory opinion to reflect updated RCW 28A.210.383.



Background: RCW 28A.210.383 allows trained school personnel to administer school-supplied epinephrine to students with a prescription on file—without nurse delegation—aligning with RCW 28A.210.380. Previously, under Title 28A RCW, the Common School Provisions, nurse delegation was required for legend drugs, OTC medications, and epinephrine via auto-injector.

Assessment: The revised advisory opinion reflects legislative updates, clarifies reoccurring questions, introduces a new format for improved usability, includes the Registered Nurse Delegation Decision Tree, and clarifies whether injectable epinephrine administration qualifies as delegation under RCW 28A.210.383.

Recommendation: Approval of Advisory Opinion.

**2. Anaphylaxis and Epinephrine Administration – Public and Private Schools, K-12 Grades FAQs (pg 72-73)**

Situation: The School Nursing Delegation, Anaphylaxis and Epinephrine Administration Frequently Asked Questions address expanded access to individuals authorized to administer anaphylaxis medications in schools.

Background: The FAQs provide clear, accessible guidance for school nurses navigating recent legislative changes that include RCW 28A.210.383 that expands access to anaphylaxis medications in schools.

Assessment: The revised FAQs incorporate streamlined responses to frequently asked questions. Key updates include clarifications on the use of school personnel for administering epinephrine, and decision-making resources, and references to RCWs/WACs.  
Recommendations: Approval of FAQs.

**3. Opioid Overdose Reversal Medication (OORM) Advisory Opinion (pg 74-79)**

Situation: The OORM Advisory Opinion revision updates change to availability of new category of OORM and addition of intranasal naloxone (legend drug and over the counter drug).

Background: A general review was necessary to ensure current updates to the advisory opinion.

Assessment: The revised advisory opinion provides updated information with new options for OORM used to respond to questions about scope of practice for nurses and unlicensed assistive personnel administering OORM.

Recommendations: Approval of advisory opinion.

**C. Discipline – Sharon Ness, Chair – No report**

**D. Licensing – Dawn Morrell, Chair – No report**

**E. Research – Maikia Moua, Chair**

**1. Publication Announcement**

Potential Discrimination in Nursing Complaint Intake Cases

Lohitvenkatesh Oswal, Mary Sue Gorski, RN, PhD, Catherine Woodard

Journal of Nursing Regulation

**2. English Proficiency Exams (pg 80-82)**

**F. Education – Kimberley Tucker, Chair – no report**

**VII. 11:30 AM – 12:00 PM – Education – Gerianne Babbo - DISCUSSION/ACTION (pg 83-122)**

**A. Nursing Education**

**1. Annual Education Report – Emma Cozart (pg 102-122)**

Situation: The Washington State Board of Nursing (WABON) requires all nursing education programs to provide information annually [WAC 246-840-520(3)]. This report summarizes 2023-2024 academic year survey data from approved Washington State nursing programs, nursing assistant programs, and out-of-state programs approved for clinical placement of students. Selected data trends are highlighted.

**Background:** This report combines results from five different surveys; 1) the in state prelicensure nursing program survey administered by the National Council of State Boards of Nursing (NCSBN), 2) the in state post-licensure program survey administered by the WABON, 3) the in-state refresher program survey administered by WABON, 4) the out-of-state program survey administered by WABON, and 5) the nursing assistant program survey administered by WABON.

**Assessment:** The final report has been reviewed and refined by the Education Unit staff. This report presents a summary of the required information provided by the nursing education programs for 2023-2024 and nursing assistant training programs for 2022-2024.

**Recommendation:** Approve the Nursing Education Program 2023-2024 Annual Report

2. Preceptorship Grant Updates
3. Process Improvement Initiatives

## **12:00 PM – 1:00 PM – Lunch**

### **VIII. 12:00 PM – 1:00 PM – Workplace Violence Prevention: Creating a Culture of Safety, Katie Blanchard, PhD-c, MSN, NPD-BC, CNE, CPP, RN (pg 123-150)**

The presentation will define workplace violence, why it is important, and provide evidence-based interventions.

### **IX. 1:00 PM – 1:15 PM – Public Comment**

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

### **X. 1:15 PM – 2:15 PM – Rule Hearing: SB 5582 Nurse Administrator Rule (pg 152-165)**

**Situation:** Proposed amendments to education and experience requirements for nurse administrators of baccalaureate nursing education programs.

**Background:** Engrossed Second Substitute Senate Bill (E2SSB) 5582 (Chapter 126, Laws of 2023), now codified as RCW 18.79.150, states that the board may grant approval to baccalaureate nursing education programs where the nurse administrator holds a graduate degree with a major in nursing and has sufficient experience as a registered nurse (RN) but does not hold a doctoral degree (E2SSB 5582, Sec. 7). Currently, WAC 246-840-517 requires a doctoral degree for nurse administrators of baccalaureate programs.

**Assessment:** Five rule workshops (December 2024 - February 2025) solicited feedback from interested parties. The resulting proposed language maintains the current qualifications but expands the process for candidates to grant exceptions to the doctoral degree, educational qualifications, and/or experience requirements when there is a plan for structured mentorship, professional development, and support from the hiring institution.

**Recommendation:** It is recommended that the board adopt the proposed rule to align with the new statutory authority under RCW 18.79.150.

**XI. 2:15 – 3:15 PM Legislation & Rules Update – Anthony Partridge - DISCUSSION/ACTION (pg 166-193)**

**A. Agency Request Legislation – RCW 18.79.260: RN Delegation (pg 167-171)**

Situation: RCW 18.79.260 contains prescriptive language outlining specific tasks and settings where nurse delegation is permitted. Current language restricts the flexibility needed to meet patient care demands across diverse and evolving environments.

Background: Several amendments set parameters around nurse delegation in specific settings, particularly in community-based and LTC settings, and for certain medications. The healthcare landscape has changed significantly over time and this rigidity limits the ability of nurses to use professional judgment in appropriate delegation decisions.

Assessment: Current language in RCW 18.79.260 is overly prescriptive. Request legislation is needed to amend the statute to provide high-level oversight while allowing rules to define operational structures and processes.

Recommendation: Consider approving the submission of request legislation for the 2026 Legislative Session to amend RCW 18.79.260.

**B. 2026 Legislative Priorities (pg 172-175)**

Situation: WABON adopts annual legislative priorities to support public safety.

Background: Nursing is the focal point of numerous public health and workforce legislative agendas. Clear definition of WABON's priorities assists in communication across organizations and state agencies throughout the legislative session.

Assessment: Adopted priorities will be developed into a one-page flyer for distribution.

Recommendation: Consider adopting the proposed 2026 Legislative Priorities.

**C. Rules Update – Jessilyn Dagum (pg 184-192)**

**1. Early Remediation for Nursing Assistants (pg 193)**

Situation: The Board will assume disciplinary authority for nursing assistants on July 1, 2026, under Senate Bill 5051. Currently, there is no formal early remediation process for nursing assistants who commit minor violations.

Background: The Department of Health currently regulates nursing assistants. All violations, even minor ones, may lead to formal discipline. The Board uses early remediation for nurses in similar cases. These approaches focus on education and improvement, not punishment.

Assessment: Without early remediation, low-risk cases may result in harsh outcomes. This can discourage individuals from staying in the workforce. Interested parties have expressed the need for non-punitive options that support learning and growth. Recommendation: Develop an early remediation process for nursing assistants as part of the transition in regulatory authority. Incorporating this approach into the Board's disciplinary framework will promote fairness, protect the public, and support workforce retention.

**3:15 PM – 3:30 PM - Break**

**XII. 3:30 PM – 4:00 PM - Nursing Assistant – Reuben Argel, Christine Tran (pg 194-204)**

1. Nursing Assistant Education Update Brief - Reuben Argel, Christine Tran
2. Update on Fraudulent Nursing Assistant Certificate of Completion - Reuben Argel
3. Skills Testing Pilot Update - Christine Tran
4. Nursing Assistant Language Support Project - Sandra Graham

**XIII. Meeting Evaluation**

**XIV. Closing**



# III.

## Consent

## Agenda



**Board of Nursing  
Business Meeting Minutes  
May 9, 2025  
8:30 AM- 5:00 PM**

This meeting was held virtually, individuals who participate in the virtual meeting and didn't have computer or phone access were invited to attend at the **Department of Health, building Town Center 2, room 167** located at [111 Israel Rd SW, Tumwater, WA 98501](https://www.wa.gov/locations/town-center-2). If you would like to request a copy of this recording, please visit the DOH Public Records Portal at <https://doh.wa.gov/about-us/public-records>.

**Board Members:**

Dawn Morrell, BSN, RN, Chair  
Quiana Daniels, BS, RN, LPN, Vice Chair  
MaiKia Moua, BSN, MPH, RN, Secretary/Treasurer  
Adam Canary, LPN  
Jacob Garcia, MBA, MSN, RN, PCCN  
Heleena Hufnagel, BS, MBA-HCA, Public Member  
Sharon Ness, RN  
Michael Syputa, LPN  
Kimberly Tucker PhD, RN, CNE

**Excused:**

Ella B. Guilford, MSN, M.Ed., BSN, RN  
Alisha Halverson, DNP, CNM, ARNP  
Luis Herrera, DNP, ARNP, FNP-BC  
Ajay Mendoza, CNM  
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  
Anthony Partridge, MPPA, Assistant Director of Policy  
Catherine Woodard, Director, Discipline and WHPS

**I. 8:30 AM – Opening – Dawn Morrell, Chair – DISCUSSION/ACTION**

**II. Call to Order**

**A. Introductions**

**B. Order of the Agenda**

**C. Land Acknowledgement – Sharon Ness**

**D. Announcements**

**1. Special Recognition**

The Board of Nursing Recognized the contributions of Nancy Ostrander, RN, for 66 years of service to the People of Washington State.

**2. Nurses Week**

The Board of Nursing gave thanks to Nurses for Nurses Week!

**3. Memorial Day**

Mr. Argel presented the “Angels of Bataan and Corregidor”. 77 American military nurses taken prisoner in the Philippines, provided lifesaving care to the civilian POWs in the Santo Tomas and Los Banos Internment Camps where they were held from 1942-1945. All Army and Navy Nurses were awarded the Bronze Star Medal for extraordinary heroism in action.

**III. Consent Agenda – DISCUSSION/ACTION**

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

ACTION: Dr. Tucker moved, with a second from Mr. Garcia, to approve the consent agenda. The motion passed.

**A. Approval of Minutes**

**1. WABON Business Meeting**

a. March 14, 2025

**2. Advanced Practice Subcommittee**

a. January 15, 2025

b. March 19, 2025

**3. Discipline Subcommittee**

a. February meeting cancelled

**4. Consistent Standards of Practice Subcommittee**

a. February 4, 2025

**5. Licensing Subcommittee**

a. March 18, 2025 – Approved December 17, 2024, minutes

b. April – No Meeting

**6. Research Subcommittee**

a. October 21, 2024

**7. Education Subcommittee**

a. No meeting

### **III. Consent Agenda – DISCUSSION/ACTION. Continued.**

#### **B. 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)

#### **C. Licensing Report to the Governor's Office**

#### **D. Washington Center for Nursing/WABON monthly meetings**

1. March 27, 2025
2. April 21, 2025, quarterly meeting with DOH.
3. April 24, 2025
4. April 28, 2025 – no minutes

#### **E. Out-of-state travel reports**

1. Alison Bradywood – NCSBN Midyear & Alabama Office of Apprenticeship

#### **F. Procedures Revision** *(name change and formatting only – non-substantive)*

1. B31.03 Effect of Military Status on Credentials
2. B38.03 Social Security Numbers
3. E01.05 Nursing Program Approval Process
4. E03.05 Complaints and Actions Related to Nursing Education
5. E05.03 Continuing Approval for Nursing Programs in Washington State
6. E06.03 Approval of Student Clinical Learning in Washington for Out-of-State Nursing Programs
7. E07.03 Nursing Education Unit Complaint Investigation Procedure
8. A31.04 Timely Resolution of SOAs/STIDs
9. A37.03 ARNP Hearings
10. A41.04 Investigative Mental or Physical Examinations
11. A47.04 Surrender of Credential

### **IV. Chair Report – Dawn Morrell – DISCUSSION/ACTION**

#### **A. NCSBN Annual Business Meeting (Chair and ED as delegates)**

The incoming Chair and ED are to attend the NCSBN Annual Business Meeting as delegates with the WABON award winner. The meeting is scheduled for August 13-15 in Chicago.

#### **B. Signature Authority – H16.04**

1. The executive director is required to bring the procedure before the Board prior to the end of the biennial fiscal year. In accord with RCW 18.130.050 and RCW 18.130.095, WABON will determine which decisions are delegated to staff and who has signature authority to sign on behalf of the Board after a Board or panel decision.

ACTION: Ms. Ness moved, with a second from Dr. Tucker, to adopt the procedure as revised to align with the end of the biennial fiscal year (2027) unless an earlier revision is necessary. The motion passed.

**IV. Chair Report – Dawn Morrell – DISCUSSION/ACTION. Continued.**

**C. 2025-2026 Out of State Travel Plans**

Ms. Morrell, presented the 2025-2026 Out of State Travel Plans, interested Board Members are to reach out to the ED and Chair. Funds are limited but may be requested for NCSBN events.

**D. Disciplinary Hearing Dates**

Board Members are asked to review the disciplinary hearing dates, Ms. Nolet to send a fillable form for signups.

**E. Service Awards**

1. Board Members completing their terms of service.
  - a. Sharon Ness
  - b. Adam Canary
2. Pro Tem members completing their fourth term of service.
  - a. Mary Baroni
  - b. Bianca Reis
  - c. Tracy Rude

**V. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION**

**A. Budget Report – Maikia Moua, Chris Archuleta**

Mr. Archuleta stated that the WABON budget is underspent by \$4.7M and the current revenue balance is (\$329K). As WABON is now operating with a negative fund balance, leadership is evaluating all options to offset the revenue deficit, including eliminating unnecessary spending and exploring reductions in staffing and/or reductions in FTE percentages. Current vacant positions will remain open and will not be filled.

Mr. Archuleta presented projections on licensure which originally predicted a conversion rate of 50% of eligible single state license holders and 90% of new applications would upgrade or select the MSL each month. Since full implementation, those predictions have been adjusted down to 10% of eligible single state license holders and 50% of new applicants would convert monthly. The actual average conversion rates are 6.4% and 20.6% respectively.

**B. Facility and State Budget Update – Alison Bradywood, Chris Archuleta**

Dr. Bradywood and Mr. Archuleta presented an update on the state budget and facility changes. The State Budget was approved by congress and sent to the Governor for signature, he has until about the end of May to sign or veto. Mr. Archuleta reported that the Department of Health has decided to vacate Town Center one building which will affect space in Town Center two including WABON office space. Only a small contingent to be affected as only about five staff members work out of the office with some drop in spaces and meeting rooms may require scheduling.

**C. WCN Update**

Dr. Bradywood gave a brief update on the progress toward the one-year contract with WCN, deliverables are currently being developed and are expected to be submitted before the end of May.



**V. Executive Director Report – Alison Bradywood – DISCUSSION/ACTION. Continued.**

**D. Strategic Plan Update**

1. 2023 Bill Implementation - Complete

2. Data-Driven Practice – No Report

3. Diversity, Equity, Inclusion, & Belonging (DEIB) – Anthony Partridge

Mr. Partridge reported the DEIB taskforce's focus was on policy development and integration, community and interested parties' engagement, and assessment. He further reported the taskforces work plan is 84% complete, and included next steps on operationalizing principles and concepts, and developing diverse partnerships.

4. Communications – Social Media Presence – Shad Bell

Mr. Bell presented website analytics and future plans with social media. Data in this report was collected through Google Analytics, and includes all website traffic during the first quarter of 2024, from January 1st, 2025, through March 31st, 2025. Like last quarter, WABON saw declines in the number of users and the total number of pages viewed in Q1 of 2025 as compared to Q4 of 2024. Social media numbers continue to increase thanks to work by Mr. Smoots who has taken over social media.

**E. WHPS Update – Catherine Woodard**

1. WHPS post-completion survey results

Ms. Woodard presented the WHPS post-completion survey results. With the help of pro-tem board members and former WHPS graduate Allison Wood, WHPS and WRAMP staff developed a short, anonymous survey and sent it to 100 WHPS participants who successfully completed the program between January 2023 and December 2024. The survey's purpose was to obtain information focused on areas of established support and potential improvement for future participants.

2. UW nursing student project on nurse handbook infographics

Ms. Woodard discussed the nurse handbook and the proposed infographics in development.

3. Stipend program budget

Ms. Woodard discussed the state of the stipend program for WHPS, due to not being re-funded by the state the funds will be spent by the end of June. The program hopes the stipend program will be renewed in a future budget.

**F. Operation Nightingale – Catherine Woodard**

Ms. Woodard reported on operation nightingale. Discipline is working with licensing and research to review a recent FBI list showing schools/nurses issued fraudulent licensure to see if they have reached Washington State.

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

Mr. Hoehn reported on the progress of HELMS phase two implementation. He further reported HELMS was included in the State budget taking the burden from programs. Board members discussed the progression of HELMS and future planning.

## VI. Subcommittee Report – DISCUSSION/ACTION

### A. Advanced Practice – Ajay Mendoza, Chair

No report.

### B. Consistent Standards of Practice – Ella Guilford, Chair ~ presented by Quiana Daniels

#### 1. Advisory Opinion Procedure – F03.06

WABON staff and the Consistent Standards of Practice Sub-Committee (CSPSC) review procedures to remain compliant with BON policy and best practice standards, supporting clarity among staff and interested parties. The CSPSC recommends adopting revisions of the Advisory Opinion Procedure to align with the rule writing process.

ACTION: Ms. Daniels moved, with a second by Dr. Tucker, to adopt the procedure as revised to align with the end of the biennial fiscal year (2027) unless an earlier revision is necessary. The motion passed.

#### 2. Telehealth Advisory Opinion Rescind – AO 25.00

Chapter 18.134 RCW (Uniform Telehealth Act), introduces changes to telehealth practices, notably permitting out-of-state practitioners to deliver care in Washington State without requiring Washington State licensing or multi-state licensing. This new legislation raises various issues that intersect with the existing Telehealth Advisory Opinion, creating potential confusion for practitioners, nurses, and interested parties.

The CSPSC recommends rescinding the existing Telehealth Advisory Opinion and developing a set of Frequently Asked Questions (FAQs) to clarify the new regulations and provide guidance to practitioners.

ACTION: Ms. Daniels moved, with a second by Ms. Moua, to rescind the existing Telehealth Advisory Opinion and develop a set of Frequently Asked Questions (FAQs) to clarify the new regulations and provide guidance to practitioners for LPN, and RNs. The motion passed and is to be revised at a future meeting.

### C. Discipline – Sharon Ness, Chair

Three discipline procedures were updated for terminology and references. These include adjustments related to current practice.

Procedure A46.05 *Summary Actions* now includes reference to the new procedure J25, *Disciplinary News Releases and Hot Topic Messages*. Board staff are now responsible for generating news releases related to board business and disciplinary matters.

Procedure A48.04 *Case Status Correspondence* now includes a clause that staff will not send a notification letter to a respondent if it would impede an effective investigation. The reference is found in the uniform procedure rules in RCW and is referenced at the top of the procedure.

Procedure A53.03 *Notice of Required Evaluation* adds reference to a related procedure and clarifies tasks such as copying WHPS on service of the NRE and correcting the workflow when a contract with WHPS is deemed appropriate.

ACTION: Ms. Ness moved, with a second from the Discipline Subcommittee, to adopt revisions to the procedures A46.05 Summary Actions; A48.04 Case Status Correspondence; A53.03 Notice of Required Evaluation to align with current terminology, best practices, and a new related procedure. The motion passed.

**D. Licensing – Dawn Morrell, Chair**

1. Nurse License Verification Procedure B36.02

WABON ceased printing of credentials and renewal notices upon the implementation of the HELMS database and utilizing electronic primary source verification for all nursing credentials, the procedure was revised to reflect the change in processes.

ACTION: Ms. Morrell moved, with a second from Dr. Tucker, to approve changes to the Nurse License Verification procedure to align with the implementation of the HELMS database.

**E. Research – Maikia Moua, Chair**

1. Student Engagement – Heather Hamilton

Ms. Hamilton reviewed student projects for spring/summer 2025.

2. Performance Measures – An overview of process using research performance measures- Emma Cozart

Ms. Cozart presented performance measure processes including data collection, performance reporting and quarterly score card, and annual reporting/presentation.

**F. Education – Kimberly Tucker, Chair**

1. No report

**VII. Education Session**

Assistant Director Meridith Smith and Ms. Stefanie Turner from the Alabama Office of Apprenticeship presented the nurse apprenticeship program. The program was developed in 2019 and the first cohorts launched in May 2022. The program now includes 80 clinical facilities and 23 nursing programs across the state. Mobile Infirmary is a 689 licensed bed facility and key clinical partner in the apprenticeship program. There are 290 RN and LPN completed apprentices, and 539 currently registered apprentices.

**VIII. Public Comment**

This time allows members of the public to present comments to the WABON. No comments were made.

## **IX. Education – Gerianne Babbo, Reuben Argel - DISCUSSION/ACTION**

### **A. Nursing Education – Gerianne Babbo**

#### **1. Preceptorship Grant 2025**

Dr. Babbo reported the program had received 493 submissions, and the new CRNP program received 62 applications. The CRNP program was not funded past June 2025. The preceptor staff will be completing an OFM report which is due Sept 25, 2025.

#### **2. Education Rules in Progress**

Dr. Babbo reported education is working with rules on the completion of a CR 102 for SB 5582 Nurse Administrator.

#### **3. NCSBN Webinar on Model Act**

Dr. Babbo invited board members to a webinar on the Model Act to be offered by NCSBN.

### **B. Nursing Assistant – Reuben Argel, Christine Tran**

#### **1. Strategic Plan Updates**

Mr. Argel reported there are currently 188 approved Nursing Assistant Training programs

#### **2. SB 5582 – Rural Hospital and High School Nursing Assistant Partnership**

Two programs to start in spring 2025. The project was selected for presentation at the June 2025 Nation Forum in Philadelphia.

#### **3. Skills Testing Pilot Updates**

Ms. Tran reported that in February 2025 a survey was sent to participating programs to gather input on the process and to not participated programs on the barriers. Positive outcomes observed included the path to credentialing more linear and easier to explain, higher pass rates and clarity. Pass rates continue to be 88% for the pilot program, with 86% for non-pilot programs.

#### **4. Briefing on Nursing Assistant and Language Research Pilot**

Ms. Priya reported the purpose is to support our multilingual community in becoming NAs through a process that honors all languages and encourages English language learning.

The information will be used to develop standards and strategies for NA programs to assist their students from the time of enrollment up to the time of credentialing.

## **X. Legislation & Rules Update – Quiana Daniels, Anthony Partridge - DISCUSSION/ACTION**

### **A. 2025 Legislative Session Report**

Ms. Daniels and Mr. Partridge reported on the 2025 Legislative Session. The session ended on April 27 and was successful including and increased presence at the capital, building relationships and networking. WABON is earning a positive reputation that had people seeking out WABON for opinions on legislation. SB 5051 Nursing Assistant Consolidating Regulatory Authority was passed unanimously in both chambers and signed on April 4, it becomes effective on July 1, 2026.

### **B. 2026 Agency Request Legislation**

RCW 18.79.260 contains prescriptive language outlining specific tasks and settings where nurse delegation is permitted. The RCW presents challenges, including limited flexibility, barriers to access, and regulatory inconsistency.

ACTION: Ms. Daniels moved, with a second from Dr. Tucker, to approve the development of a request legislation proposal for the 2026 legislative session to amend RCW 18.79.260 concerning nurse delegation. The motion passed.

### **C. Rules Update – Jessilyn Dagum**

#### **1. Rules Overview**

Ms. Dagum presented a rules overview of rules in progress including SB 5582 Nurse Administrator, RN and LPN Licensing chapter rewrite, NA Skills testing and Advanced practice chapter rewrite.

#### **2. Draft Rule Language – RN/LPN Licensing and Continuing Competency Rule**

As required by RCW 43.70.041, the board is undertaking a comprehensive, phased rewrite of chapter 246-840 WAC to clarify and update outdated language, rewrite and reformat existing rules to reflect current best practices, and restructure sections as necessary.

ACTION: Mr. Garcia moved, with a second by Ms. Moua, to approve the changes to the RN/LPN licensing and continuing competency rules as proposed and move forward with the CR-102 process.

## **XI. Nominations Committee - Jacob Garcia - DISCUSSION/ACTION**

### **A. Elections of Officers**

The WABON elects the chair, vice chair and secretary/treasurer for the coming year.

ACTION: Mr. Garcia moved, with a second from Mr. Syputa, to elect the slate of candidates. Ms. Morrell called roll to pass the motion. All the members present said aye.

The new Board Officers are:

Kimberley Tucker – Chair

Quiana Daniels – Vice Chair

Maikia Moua – Secretary/Treasurer

### **B. Annual WABON Award**

Mr. Garcia presented the WABON Award. Each year, the WABON recognizes staff for the award. The 2025 winner announced was Ms. Bonnie King for her dedication and work on procedures.

## **XII. Meeting Evaluation**

1. Did the length of the packet meet your needs?

Strongly Agree 89% Agree 11% Neither Agree or Disagree 0% Disagree 0% Strongly Disagree 0%

2. Was the information and SBAR in the packet helpful?

Strongly Agree 89% Agree 11% Neither Agree or Disagree 0% Disagree 0% Strongly Disagree 0%

3. Did you feel like your voice was heard?

Strongly Agree 89% Agree 11% Neither Agree or Disagree 0% Disagree 0% Strongly Disagree 0%

4. The meeting content was relevant to the Strategic Plan and to the Board?

Strongly Agree 89% Agree 11% Neither Agree or Disagree 0% Disagree 0% Strongly Disagree 0%

5. What could be improved?

Jacob Garcia N/A

6. Comments

Quiana Daniels - Great meeting!

Jacob Garcia - Great meeting

Heleena Hufnagel - Thank you again, team for all the work put into this meeting.

## **XIII. Closing 2:50 PM**



**Washington State Board of Nursing (WABON)  
Advanced Practice Subcommittee Meeting Minutes  
May 21, 2025 7:00 p.m. to 8:00 p.m.**

**Subcommittee  
Members Present:**

Ajay Mendoza, CNM, Interim Chair  
Alisha Halverson, DNP, CNM, ARNP  
Kelli Camp, MSN, CRNA, ARNP  
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP  
Cyd Marckmann, DNP, ARNP  
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC  
Jane Allen, DNP, CNM, ARNP

**Absent:**

Luis Herrera, ARNP, FNP-BC  
Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN  
Aaron Eastman, DNP, CRNA, ARNP  
Wendy E. Murchie, DNP, CPNP-AC  
Molly Dutton, MS, MN, ARNP-BC

**Staff Present:**

Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research  
Heather Hamilton, Research Assistant  
Lohitvenkatesh Oswal, Research Assistant  
Jessilyn Dagum, Policy Analyst

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

- Ajay Mendoza called the meeting to order at 7:00 PM. The Public Disclosure Statement was read aloud for attendees. The Advanced Practice Subcommittee members and support staff were introduced.
- This was Molly Dutton and Bianca Reis last Advanced Practice subcommittee meeting, they were thanked for their expertise and time during their membership with WABON.

**II. Standing Agenda Items**

- Announcements/Hot Topic/WABON Business Meeting Updates
- Review of Advanced Practice Draft Minutes: March 19, 2025
  - The subcommittee reviewed and consented for the minutes to be brought to the board.

**III. Old Business**

- Ajay Mendoza gave an update on the Aesthetics webpage; interdisciplinary groups are working together to finalize recommendations and resources, once complete WABON staff will create a new webpage on its site to house the information for practicing nurses.
- MarySue Gorski gave an update on the telehealth advisory opinion put out by the Advanced Practice group, and clarified the temporary care outlined in RCW 18.134.050 for out-state-providers.
- MarySue Gorski gave an update on HELM's licensing demographic data, and the continued work to implement HELMs for survey and reporting on nurses.

**IV. New Business**

- Jessilyn Dagum gave an update about the ARNP Rules update, Phase Two. She shared information on the approved rules for review by the Board, section 246-840-300 → 4990 which includes 16 Advanced Practice rules and 28 Pain Management rules. The CR101 is expected to be filed in early summer. Suggestions, comments, thoughts/questions on rules, etc. should be emailed to [WABONrules@doh.wa.gov](mailto:WABONrules@doh.wa.gov) and [MarySue.Gorski@doh.wa.gov](mailto:MarySue.Gorski@doh.wa.gov) for public comment and consideration during this process.

## **V. Ending Items**

- Public Comment was sought at 7:39pm
  - Nancy Lawton asked for clarification on where the aesthetics webpage would appear – as a page on the WABON site, most likely under the Practicing Nurses tab. She also expressed appreciation for the work for updating ARNP rules and will share her observations/thoughts through email.
- Date of Next Meeting – July 16<sup>th</sup>, 2025
- Adjournment – 7:42pm
- Attendance – 18 Total
  - Public Members: 7
  - Subcommittee & Staff Members: 11





**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

May 19, 2025

Dear Colleagues:

The NCSBN Board of Directors (BOD) convened in Chicago on May 6-7, 2025, for a two-day board meeting. As is customary at this time of year, the BOD considered agenda items related to the upcoming Delegate Assembly (DA), which include:

- Approval of the 2026-2028 NCSBN Strategic Initiative Statement.
- Leadership Succession Committee (LSC) 2025 Slate of Candidates.
- NCLEX® Examination Committee (NEC) recommendations for approving the 2026 NCLEX-RN® Test Plan and the 2026 NCLEX-PN® Test Plan.

The LSC has prepared the 2025 Slate of Candidates for leadership positions within the organization. These candidates have been selected with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN.

The slate includes candidates for various leadership roles, each bringing a unique set of skills and experiences to the table.

Following the evaluations of the 2024 RN and PN Practice Analysis results, draft NCLEX RN and PN test plans were developed and distributed to the nursing regulatory bodies (NRBs) for review and feedback. Draft documents were presented to the BOD and will be presented at the Annual Meeting for review and approval by the DA. The BOD approved the above recommendations for the 2025 DA.

The BOD periodically reviews and updates NCSBN policies regularly, and it did so at this meeting. Policies considered related to the use of the Nursys® license by endorsement, public dissemination of data and NCLEX examination-related policies. The BOD approved the following policy revisions:

- Policy 12.20 Use of Nursys by NRB when processing License Applications by Endorsements: The policy revisions were necessary to align with the Nursys system enhancements, which will automatically delete verifications based on their age and/or the NRB system configuration. This commitment to adaptability is a testament to our dedication to serving the nursing community.
- Policy 13.2 Public Dissemination of Data: The proposed revisions provide that board orders shall not contain PII “unless the data is otherwise publicly available or applicable law authorizes the Member Board to make the data publicly available.”
- NCLEX policies: The NEC reviews and recommends revisions to the BOD on the Board's examination-related policies and procedures on an annual basis.

## POST-BOARD MEETING UPDATE, CONTINUED

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

- Acceptance of the financial statements for the period ended March 31, 2025. The statements present the financial position of NCSBN as of March 31, 2025.
- Approval of revisions of Policy 8.5 Investments to change the asset allocation range for international equity to a minimum of 0% and a maximum of 18% of the total value of the investment portfolio. The asset allocation is appropriate for the organization's investment goals and risk tolerance.
- Approval of the proposal to increase the NCLEX exam fee and establish a timeline to present the proposal to the DA.

Additional agenda items included CEO and Chief updates on operations, updates on Government Affairs, the Governance and Bylaws Committee, and the Model Act and Rules Committee. The BOD also acted upon the approval of a recipient of the NCSBN Founders Award.

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

Sincerely,

*Phyllis Johnson, DNP, RN, FNP-BC*

**Phyllis Polk Johnson, DNP, RN, FNP-BC**

President

pjohnson@msbn.ms.gov

### Mission

NCSBN empowers and supports nursing regulators in their mandate to protect the public.

### Vision

Leading regulatory excellence worldwide.

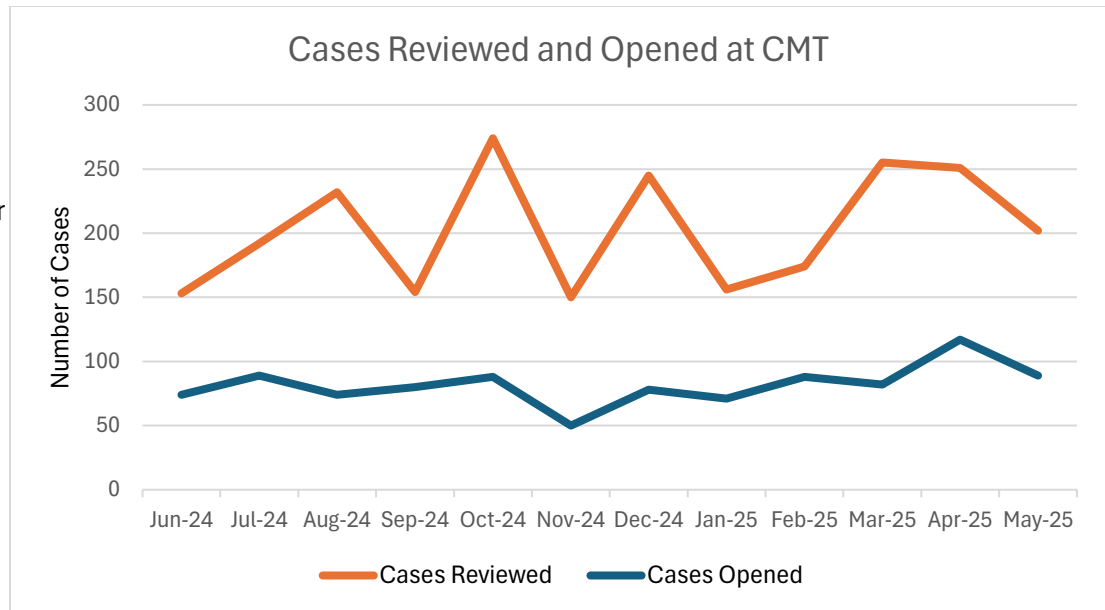
### Values

Collaboration • Transparency •  
Innovation • Integrity • Excellence

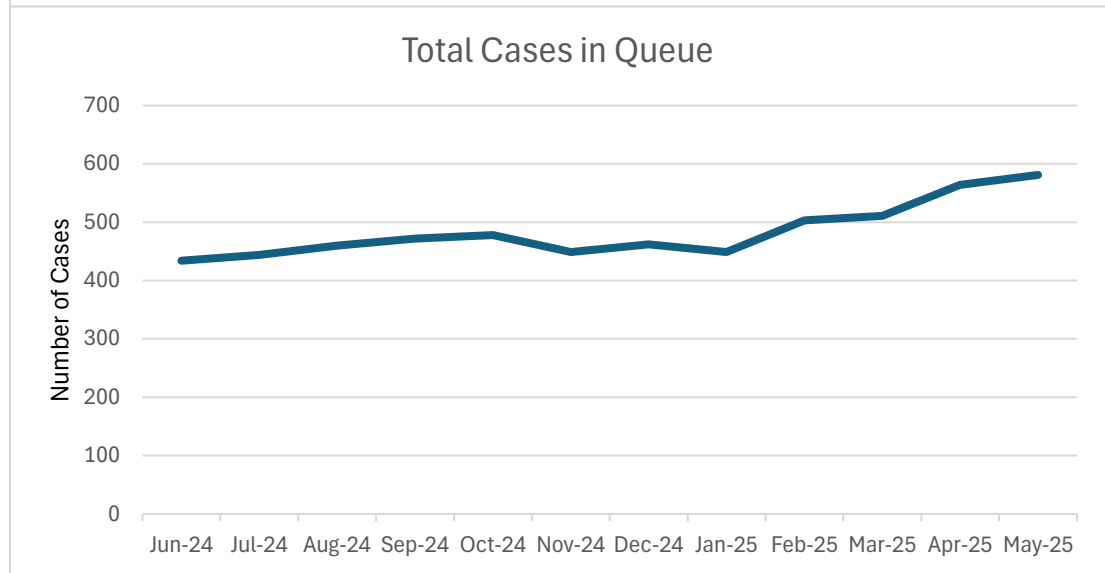
# Investigations Performance Measures



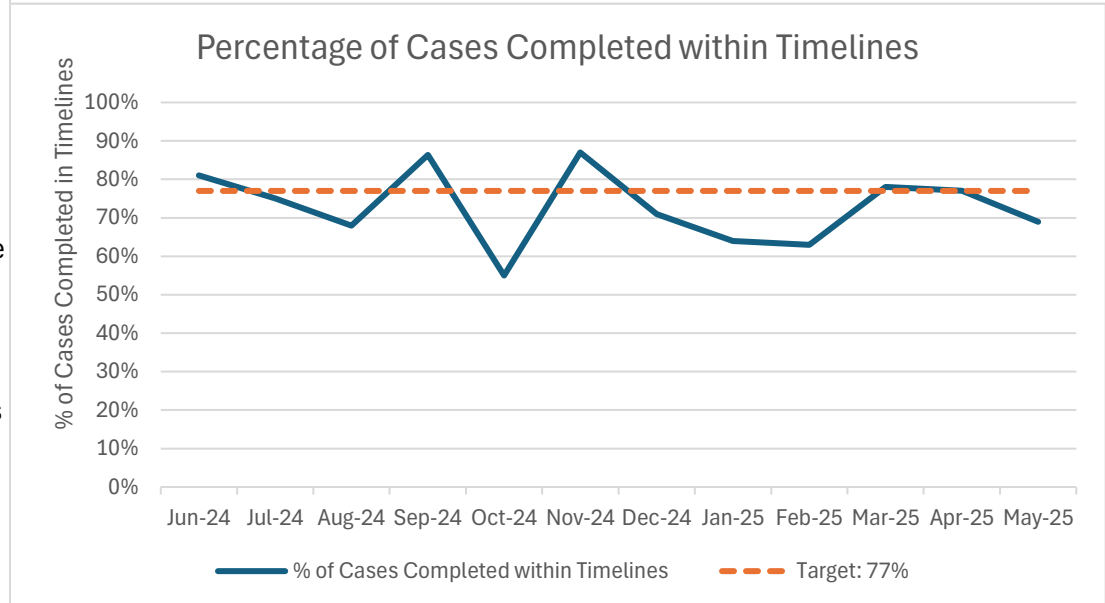
**Volume.** The number of cases reviewed and opened each month in the last 12 months by the Case Management Team.



**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

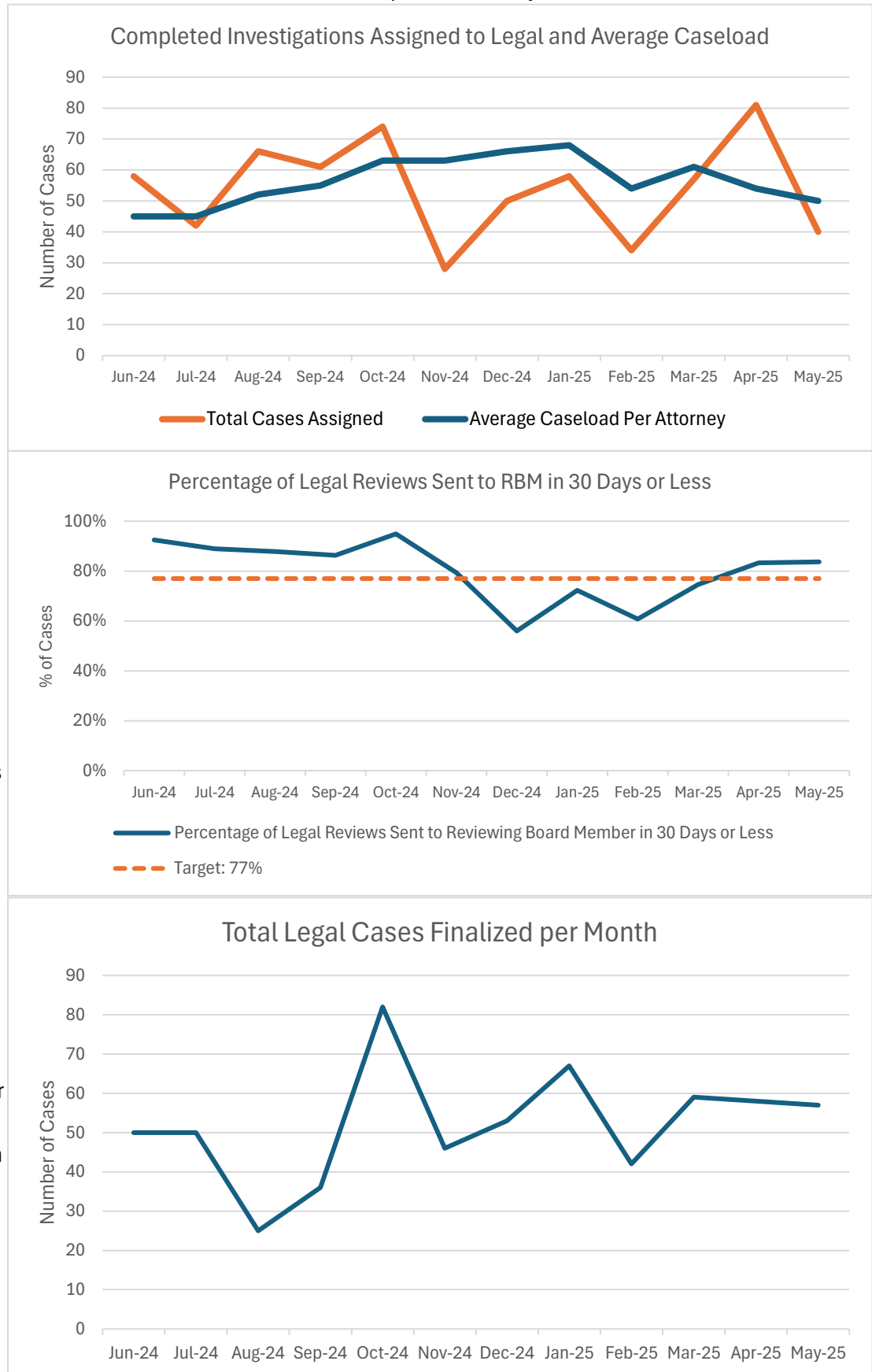


*These measures reflect discipline cases only.*

**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.

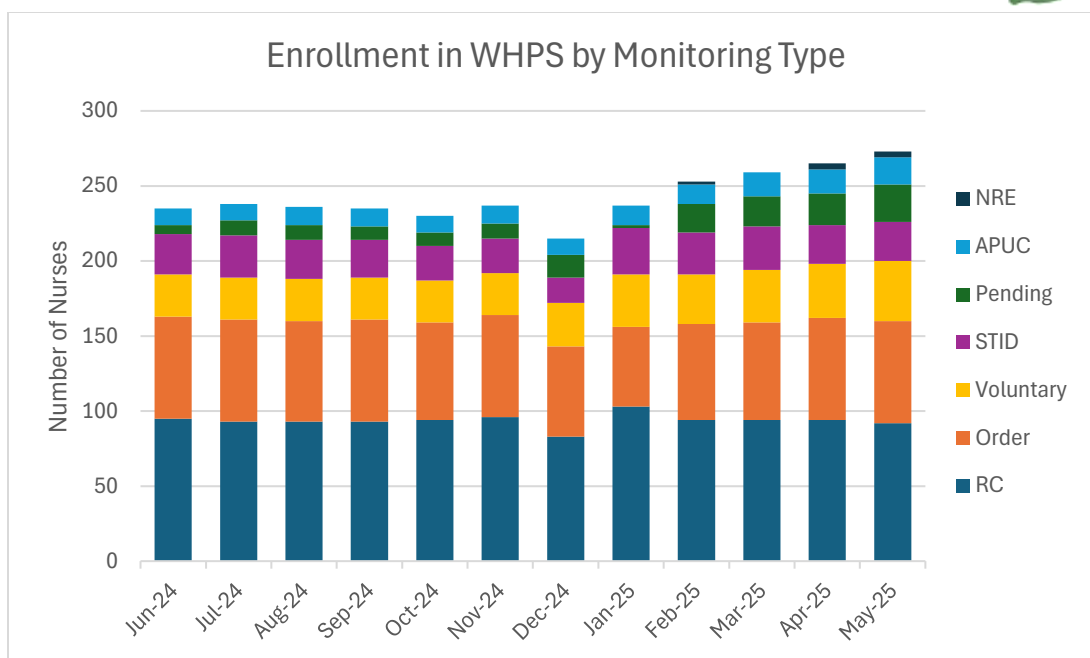


# WHPS and SUDRP Performance Measures



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

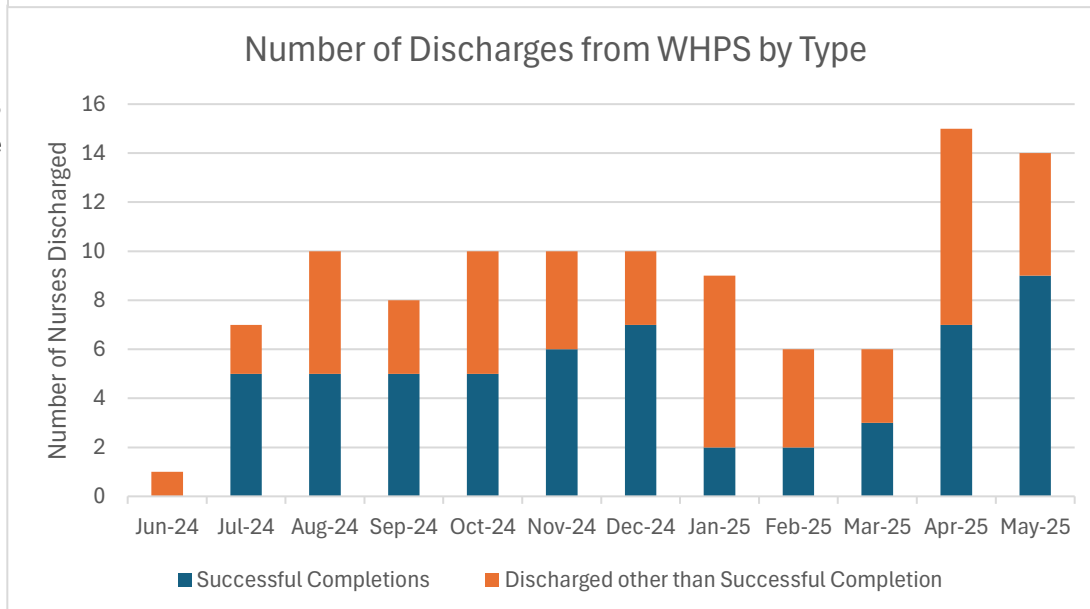
- Notice of Required Evaluation (NRE)
- Agreement to Practice Under Conditions (APUC)
- Pending
- Stipulation to Informal Disposition (STID)
- Voluntary
- Order
- Referral Contract (RC)



## Satisfaction.

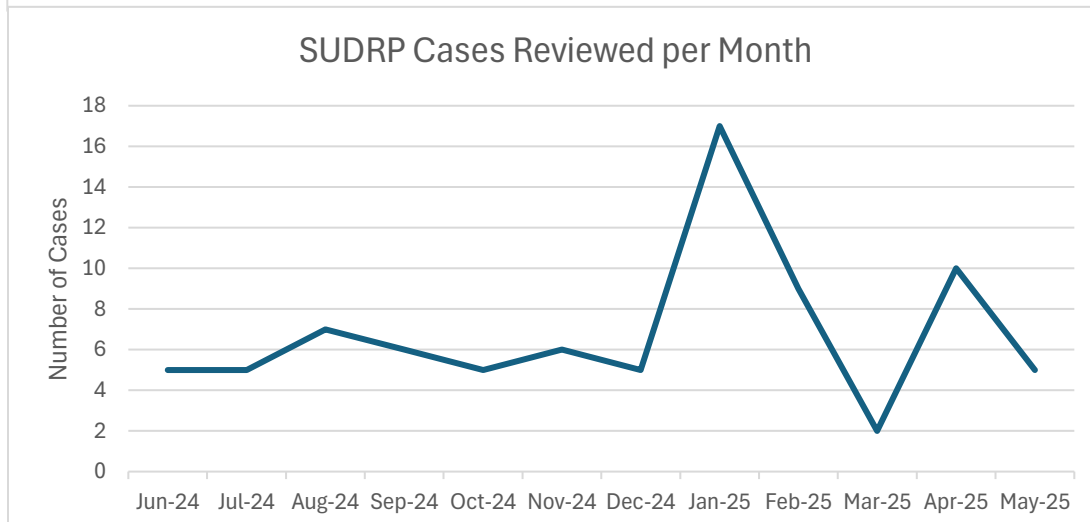
Discharges from WHPS each month by the type of discharge it was. "Other" discharge reasons include:

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



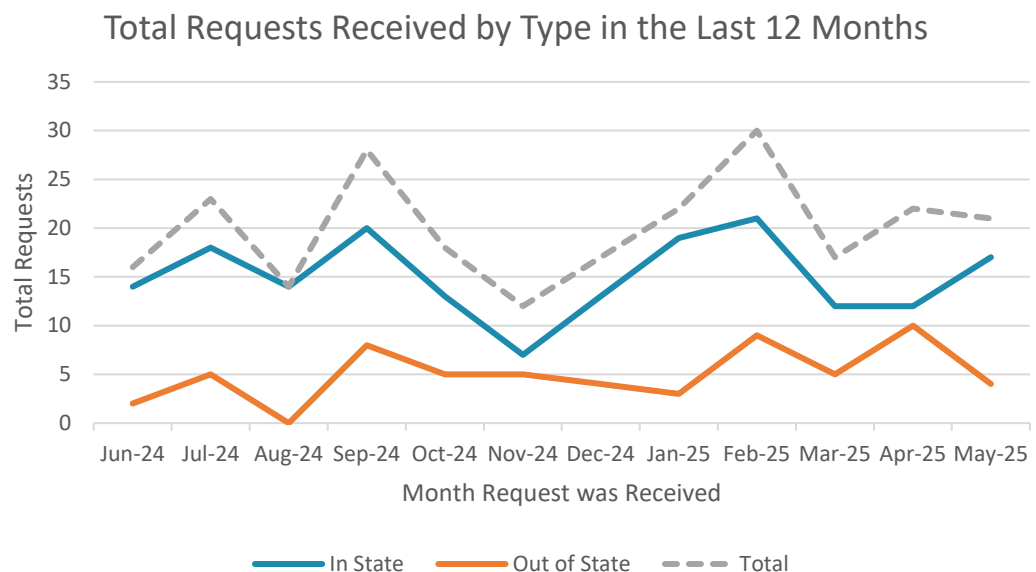
## Volume/

**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.

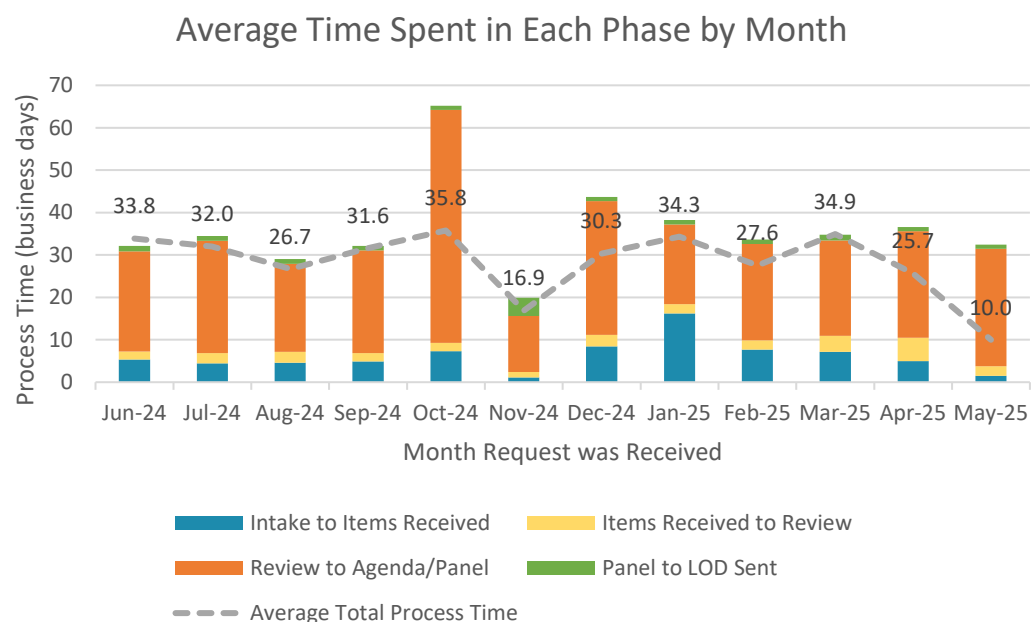


# Education Performance Measures

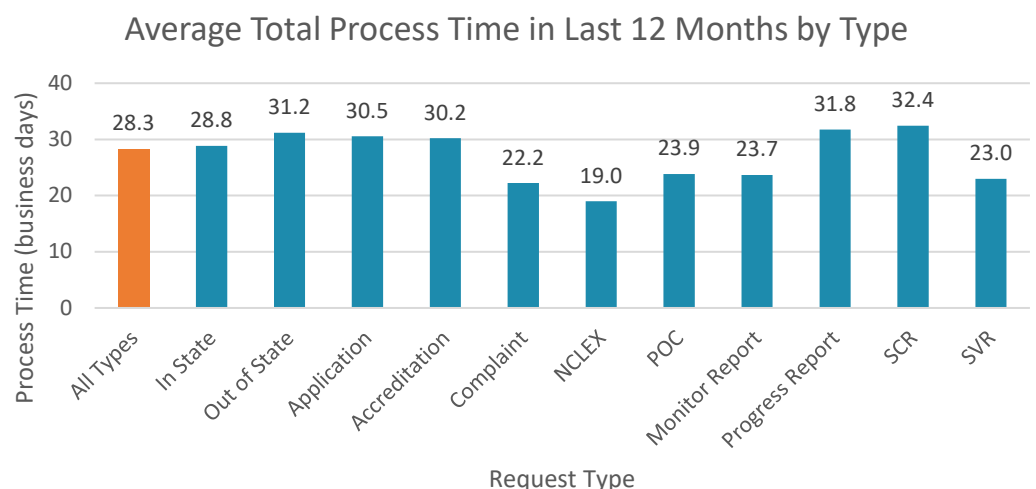
**Volume.** The total number of requests received in the education inbox by whether they were in state or out of state requests.



**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.



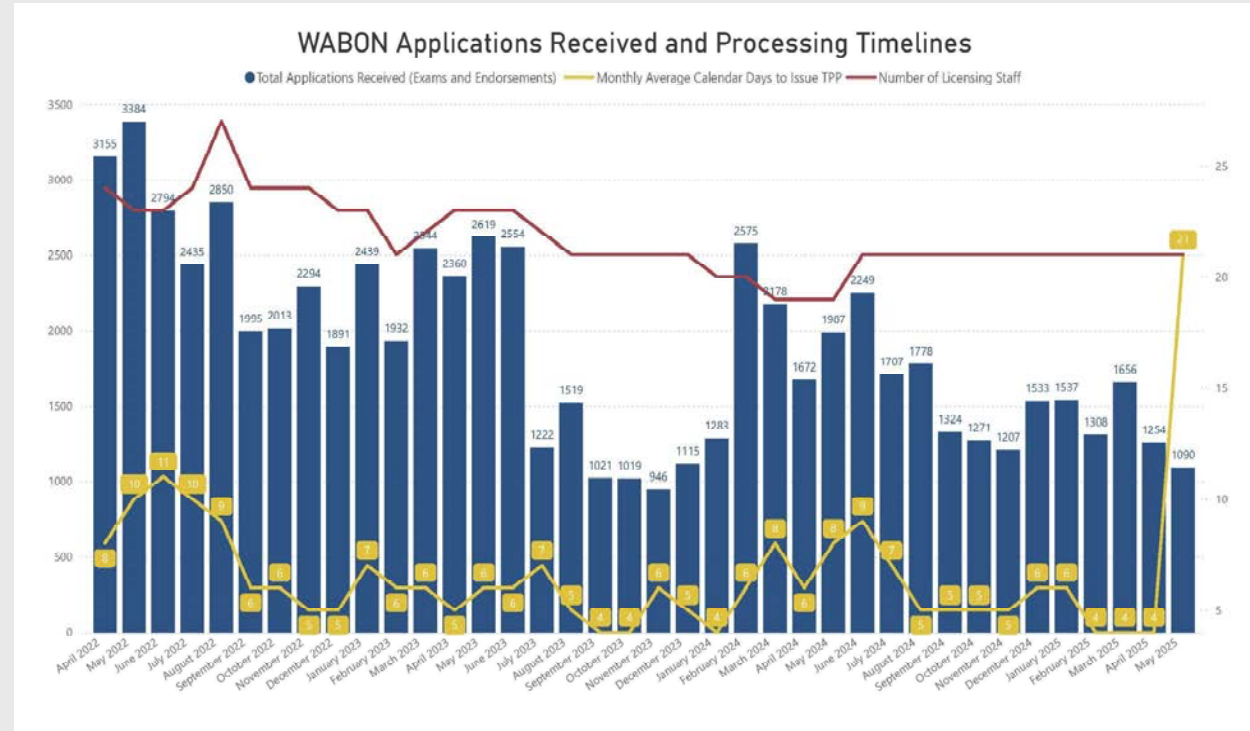


# Washington State Board of Nursing (WABON)

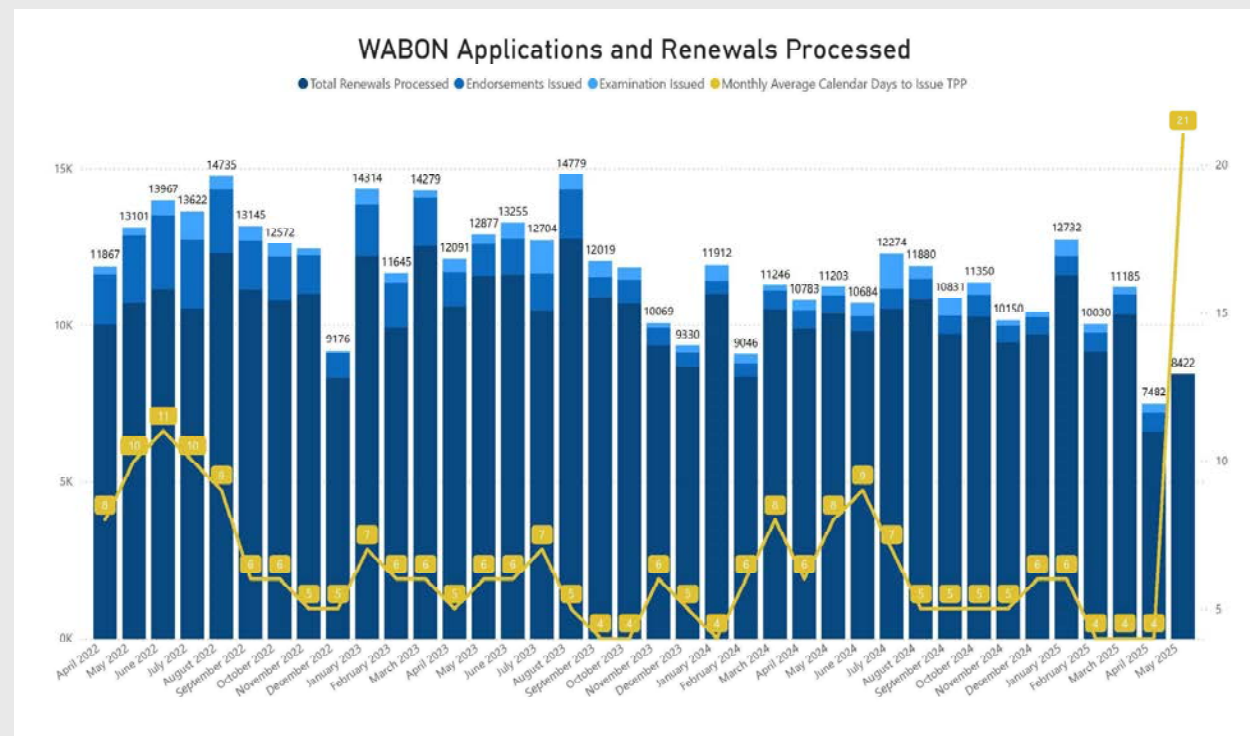
## Nurse Licensure Timelines

Update: Friday, June 13, 2025

For the month of May 2025, the average processing time to issue a temporary practice permit (TPP) was 21 days. On April 29, 2025, the Department of Health launched a new licensing system for all health professionals and facilities in Washington state. The Healthcare Enforcement and Licensing Management System (HELMS) was developed to create efficiencies, improve user experience, streamline processing, strengthen data access, and reduce paper-based activities. **Please note, we are experiencing longer than usual application processing times due to this recent implementation and data migration issues.**



In May 2025, the WABON issued a total of 1,285 nursing licenses. In addition, 8,422 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  
July 11, 2025  
29



**WCN/WABON CHECK IN Meeting**  
**June 6, 2025**  
**Minutes**

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

Topics	Discussion	Action Needed
Call to Order 3:00 PM		
1. Joint Leadership Workshop – June 13, 2025	<p>Workshop members were reviewed who will be attending and expected accomplishments.</p> <p>WABON Members Attending</p> <ul style="list-style-type: none"> <li>Alison Bradywood – in person</li> <li>Dawn Morrell – in person</li> <li>Kimberley Tucker - virtual</li> <li>Heleena Hufnagel = virtual</li> <li>Jacob Garcia - virtual</li> <li>Mary Sue Gorski - virtual</li> <li>Bethany Mauden - virtual</li> </ul> <p>WCN Members Attending</p> <ul style="list-style-type: none"> <li>WCN Board of Directors</li> </ul>	<p><i>Note: Carter group canceled the presentation on 6/10 and no one from the board went.</i></p> <p>Sofia to request Dr. Carter to give a background.</p> <p>Sofia asked if a virtual meeting with the entire boards is possible. Alison responded she is happy to ask the board members to attend if possible. Alison to send an open invitation to the WABON Board.</p> <p>Alison to verify if the broad attendance is a quorum with the ATG office.</p>
2. WA Nursing Leadership	Sofia asked regarding recent cancellations, Alison cancelled a couple due to travel.	
3. July Deliverables	Sofia and Frank are working on sending the shorter deliverables prior to the due dates. The plan is to trickle them out as they are completed to prevent inundating the reviewers.	
4. Contract Update	Contract was signed and submitted to the Contracts Office.	
5. Disbursements	Disbursements have been received by WCN.	

6. Other	<ul style="list-style-type: none"> <li>• Conference was successful, interesting topics on preceptorships from other states, NAC presented posters.</li> <li>• Secretary of Health – expecting announcement within the next week or two.</li> <li>• EO Summit – Alison discussed some education topics presented and Operation Nightengale.</li> <li>• Opportunity for Comment – CR102 Rules Hearing on English Proficiency on Sept 12.</li> <li>• Simulation was discussed related to foreign educated nurses.</li> <li>• Concerns regarding CTC salaries and the state budget.</li> <li>• RFP is pending.</li> </ul>	Sofia to send Alison the next dates.
Next Meeting – June 26, 2025		

Adjourned: 3:35 pm



**BOARD OF NURSING**  
**111 Israel Road SE**  
**P.O. BOX 47864**  
**Olympia, WA 98504**

**NCSBN**  
**Discipline Case Management Conference**  
April 29-30, 2025  
Santa Rosa, California  
Erin Bush and Lynn Batchelder, Instructors

**PURPOSE:**

Demonstrate the critical role that accurate documentation, thorough record-keeping, and the collection of appropriate evidence play in both nursing disciplinary investigations and legal proceedings.

**OUTCOME:**

- Define the objectives of the assigned investigation via recognition of specific resources
- Develop and refine the objectives of the assigned investigation via enumerated tools
- Characterize critical considerations regarding the interview process
- Articulate understanding of Due Process, "Fair Play", and investigator ethics
- Examine specific language use to strengthen investigation correspondence and final reports
- Explore process improvements for case file organization utilizing software organization tools

**RECOMMENDATION:**

Continue to participate with the NCSBN DCM Conference to understand best practices in nursing regulation and network across state lines.



**BOARD OF NURSING**  
**111 Israel Road SE**  
**P.O. BOX 47864**  
**Olympia, WA 98504**

**NCSBN**  
**Executive Officer Summit**  
**New Castle, New Hampshire**  
June 2-4, 2025  
Alison Bradywood

**PURPOSE:**

Facilitate discussions and decision-making on NCSBN initiatives and evolving regulatory issues.

The NCSBN EO Meeting includes the business of NCSBN, leadership and education. Members gather to discuss and decide NCSBN's future initiatives regarding licensure, regulation and issues facing nursing. This meeting is only open to NCSBN executive officers only.

**OUTCOME:**

Agenda:

- Robust discussion of the future of regulation and hot topics across the country
- AI in nursing regulation
- Communication strategies for executive officers
- Executive Officer succession planning
- Extensive networking opportunities across state boards of nursing

**RECOMMENDATION:**

Continue to participate with the NCSBN EO meeting to understand best practices in nursing regulation and network across state lines.

## EXECUTIVE OFFICER LEADERSHIP SUMMIT

# CHALLENGE, CHANGE & COLLABORATION



June 3–4, 2025 | New Castle, N.H.

### Objectives

- Explore strategies for communicating the regulation experience with state government.
- Analyze current issues in nursing regulation.
- Examine how AI supports regulatory business operations to aid in solving problems, improving human decision-making capabilities, automating tasks and driving innovation.
- Examine the lens of public protection within the regulatory space.

### Agenda\*

#### Tuesday, June 3

7:25 am – 4:00 pm

##### Registration

7:25 – 8:25 am

##### Breakfast

8:25 – 8:30 am

##### Welcome

**Alicia Byrd**

Director, Member Engagement, NCSBN

8:30 – 9:00 am

##### Introduction and Ice Breaker

**Lynda D'Alessio, MSN, RN**

Executive Officer Leadership Council (EOLC) Chair;  
Executive Director, Rhode Island Board of Nurse Registration  
and Nursing Education

**Marlene Anielski, MBA, OCPM**

EOLC Vice Chair; Executive Director, Ohio Board of Nursing

9:00 – 10:30 am

##### AI Presentation

**Rich G. Kenny, MMCI, RN**

Executive Advisor, Ethical AI & Strategic Healthcare Futures

An interactive discussion on the current state, future directions and benefit of artificial intelligence technologies with an emphasis on touchpoints with nursing regulation.

10:30 – 10:45 am

##### Break

10:45 – 11:45 am

##### Future of Nursing Regulation

**Phil Dickison, PhD, RN**

CEO, NCSBN

11:45 am – 12:30 pm

##### Regulatory Metrics: Identifying Key Performance Indicators for Effectiveness and Efficiency

**Jim Cleghorn, MA**

Deputy Chief Officer, Policy, Research and Education,  
NCSBN



# EXECUTIVE OFFICER LEADERSHIP SUMMIT

CHALLENGE, CHANGE & COLLABORATION

## Agenda, continued

12:30 – 1:30 pm

### Lunch

1:30 – 2:15 pm

### Communication Strategies

**“How We Can Communicate Our Position with Government”: Lessons from the Trenches**

**Nicki Chopski**, PharmD

Executive Director, Idaho Board of Nursing

**Kelly Jenkins**, MSN, RN, NE-BC

Executive Director, Kentucky Board of Nursing

2:15 – 3:15 pm

### EO Small Group Discussions

**Lynda D'Alessio**, MSN, RN

EOLC Chair; Executive Director, Rhode Island Board of Nurse Registration and Nursing Education

### Topics include:

- EO challenges
- Nursing delegation (to unlicensed people)
- Med spas, hydration clinics/scope of practice
- Instructor turnover and credentials
- Pre-hearing settlement of cases/low success rate with respondents signing pre-hearing consent orders

3:15 – 3:30 pm

### Break

3:30 – 4:30 pm

### EO Small Group: Report Out Key “Takeaways”

6:00 – 9:00 pm

### Group Dinner

Jimmy's Jazz & Blues Club

135 Congress Street, Portsmouth, NH 03801

Buses depart at 5:30 pm from the hotel lobby.

## Wednesday, June 4

7:30 am – 2:30 pm

### Registration

7:30 – 8:30 am

### Breakfast

8:30 – 9:30 am

### Governance & Bylaws: World Café Part 1

**Phil Dickison**, PhD, RN

CEO, NCSBN

**Stephanie Ferguson**, PhD, RN, FAAN

President & CEO, Stephanie L. Ferguson and Associates, LLC

9:30 – 10:00 am

### Break

10:00 – 11:00 am

### Governance & Bylaws: World Café Part 2

11:00 am – 12:00 pm

### EO Succession & Mentoring Toolkit

### Presenters:

**Rachael Fillbrandt**, MBA, MSN, RN

Executive Director, Wyoming State Board of Nursing

**Patty Wolf**, MSN, RNC-OB

Executive Administrator, Alaska Board of Nursing

### Moderator:

**Jason Schwartz**, MA

Director, Member Outreach, Member Engagement, NCSBN

12:00 – 1:00 pm

### Lunch

1:00 – 2:30 pm

### Seasoned EO Panel Discussion

### Presenter:

**Joey Ridenour**, MN, RN, FAAN

Executive Director, Arizona State Board of Nursing

### Moderator:

**Lynda D'Alessio**, MSN, RN

EOLC Chair; Executive Director, Rhode Island Board of Nurse Registration and Nursing Education

A conversation and reflection with our experienced leaders.



# IV

## Chair

## Report





WASHINGTON STATE  
BOARD OF NURSING  
111 Israel Road SE  
P.O. BOX 47864  
Olympia, WA 98504

**Schedule of Meetings and Locations  
FY 25-26**

<b>Dates</b>	<b>Location</b>
September 12, 2025	
November 14, 2025	
January 9, 2026	
March 13, 2026	
May 8, 2026	
July 9 & 10, 2026	
September 11, 2026	
November 13, 2026	



WASHINGTON STATE  
BOARD OF NURSING  
111 Israel Road SE  
P.O. BOX 47864  
Olympia, WA 98504

**Land Acknowledgement Volunteers  
FY 25-26**

<b>Dates</b>	<b>Volunteer</b>
September 12, 2025	Maikia Moua
November 14, 2025	Alisha Halverson
January 9, 2026	
March 13, 2026	
May 8, 2026	
July 10, 2026	
September 11, 2026	
November 13, 2026	

**M = Board Member**      **P = Pro-tem**

Updated 6/18/25

NPAP Panel A	NPAP B	NA-PAP
3rd Thursday; 10am-12pm; Microsoft Teams meeting	1st Thursday of Month; 10am-12pm; Microsoft Teams meeting	2nd Monday every month; 3:00-5:00pm; Microsoft Teams meeting
<b>Mendoza, Ajay Chair</b>	<b>Tucker, Kim Chair</b>	<b>Daniels, Quiana, Chair</b>
Cochrell, Patty, (P) Brown, Fionnuala, (P) Benson, Julie, (P) Woo, Teri, (P)  <i>Babbo, Gerianne; Staff</i>	Guilford, Ella (M) Joiner, Karen, (P) Owens, Joan, (P) Syputa, Michael (M) Osler, Cheri (P)  <i>Babbo, Gerianne; Staff</i>	Perez, Norma (M) Lopez, Alisa (P) Myrick, Helen (P) Muriu, Eunice (P)  <i>Argel, Reuben; Staff</i> <i>Murray, Amy; Staff</i> <i>Estaban, Alana; Staff</i> <i>Tran, Christine; Staff</i> <i>Gunnarson, Dennis; Staff</i> <i>Graham, Sandra; Staff</i>

<b>Out of State Travel</b> <b>July 1, 2025 – June 30, 2026</b>				
<b>Title of Event</b>	<b>Dates</b>	<b>Location</b>	<b>Name(s)</b>	<b>Expenses reimbursed by</b>
Federation of Associations of Regulatory Boards (FARB) Innovation In Regulation Conference <a href="https://farb.org/home">https://farb.org/home</a>	July 23-26, 2025	Denver, CO		WABON
FARB Regulatory Law Seminar <a href="https://farb.org/home">https://farb.org/home</a>	July 23-26, 2025	Denver, CO		WABON
NCSBN NLC Annual Business Meeting	August 12, 2025	Chicago, IL	ED	NCSBN
NCSBN Annual Meeting <a href="https://www.ncsbn.org/events.htm">https://www.ncsbn.org/events.htm</a>	August 12-15, 2025	Chicago, IL	Board Chair & ED	NCSBN
NCSBN NCLEX Conference <a href="https://www.ncsbn.org/events.htm">https://www.ncsbn.org/events.htm</a>	September 10, 2025	Online		WABON
Council on Licensure, Enforcement and Regulation (CLEAR) Annual Meeting <a href="https://clearhq.org/">https://clearhq.org/</a>	Sept 15-18, 2025	Chicago, IL		WABON
NADDI Western Regional Conference	October 28-31, 2025	New Orleans, LA		WABON
AMERICAN ACADEMY OF NURSING - Health Policy Conference	October 16 - 18, 2025	Washington, DC		WABON
Tri-Regulator Symposium <a href="https://www.ncsbn.org/events.htm">https://www.ncsbn.org/events.htm</a>	March 2026	TBA		WABON
NLC Midyear Meeting	March 16, 2026	Phoenix, AZ	ED	NCSBN
NCSBN Midyear Meeting	March 17-20, 2026	Phoenix, AZ	Board Chair & ED	NCSBN

NCSBN Committees	Dates	Location	Name(s)	Expenses reimbursed by
NCSBN Board of Nursing Investigator Training (BONIT)			Catherine Woodard	NCSBN
NCSBN Awards Committee			Lori Underwood	NCSBN
NCSBN Finance Committee			Chris Archuleta	NCSBN
NCSBN Model Acting Rules			Gerianne Babbo	NCSBN
<b>Not yet scheduled</b>				
NADDI Western Regional Conference	Not yet scheduled for 2026			WABON
NCSBN APRN Roundtable	Not yet scheduled for 2026			WABON
NCSBN IT Operation Conference	Not yet scheduled for 2026			WABON
National Organization of Alternative Programs (NOAP)	Not yet scheduled for 2026			WABON
National Forum of State Nursing Workforce Centers	Not yet scheduled for 2026			WABON
NCSBN Discipline Case Management Summit	Not yet scheduled for 2026			WABON
NCSBN EO Summit	Not yet scheduled for 2026		ED	NCSBN
NCSBN Leadership and Public Policy	Not yet scheduled for 2026			WABON
International Nurses Society on Addictions	Not yet scheduled for 2026			WABON
NCSBN Scientific Symposium	Not yet scheduled for 2026			WABON
CLEAR Winter Symposium & Midyear Meeting	Not yet scheduled for 2026			WABON
Region 10 Advanced Practice Nurses	Not yet scheduled for 2026			WABON
SMART Training (Trauma Informed Interviewing)		No date scheduled		WMC hosting - no charge
Washington Health Care Association/Idaho Healthcare Association Fall Conference		Not scheduled		WABON



V.

# Executive Director Report

## NURSING BUDGET STATUS REPORT – May 2025

### 2023-2025 BIENNIUM:

This report covers the period of July 1, 2023, through May 31, 2025, twenty-three months into the biennium, with one month remaining. The WABON budget is underspent by almost 14% or just over \$5M and the current revenue balance is **(\$451K)**.

### **REVENUES FROM FEES:**

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$4.7M. Revenue projections for the biennium were adjusted to account for the anticipated \$2.5M annual loss in fee revenues from implementation of phase one of the NLC in July 2023 (actual loss in FY24 was \$2.2M). Phase two and full implementation of the NLC occurred on January 31, 2024, when WABON began issuing MSLs and collecting the additional fees for the new MSL credentials (\$65 one-time fee for initial MSL and \$20 fee for renewal of MSL). Revenues from recent months have continued to lag adjusted projections and YTD revenues are **3.2%**, or just about **\$1M** short of adjusted projections.

### **EXPENDITURES:**

#### Highlights:

- **Direct Charges:** Actual direct expenditures are trending below budget as anticipated due to budgetary restrictions in place. Salaries and Benefits savings are due to open positions; Rent due to reduction of WABON footprint in Tumwater; and AG costs remain below estimates.
- **Service Unit Charges:** During the budget creation process, service units were overestimated this biennium. Some charges are based solely on actual files or units processed (Background Checks, Adjudicative Services, OLIC). Others are calculated using a weighted system (ACO, Public Disclosure, Call Center). The overestimation resulted in actual expenditures tracking well below budget. We anticipate the trend of underspending budget will continue for the remainder of the fiscal year.
- **Indirect Charges:** As a result of the overestimation of the budgeted service units, budgeted indirect expenditures are also overestimated. When indirect charges are applied to actual expenditures, actual expenditures will trend below estimates. Trends are expected to continue for the remainder of the fiscal year.

### **FISCAL OUTLOOK:**

WABON predicted a conversion rate of 50% of eligible single state license holders and 90% of new applications would upgrade or select the MSL each month. Since full implementation, those predictions have been adjusted down to 10% of eligible single state license holders and 50% of new applicants would convert monthly. The actual average conversion rates are closer to 6% and 20% respectively. As WABON is now operating with a negative fund balance, leadership is evaluating all options to offset the revenue deficit, including eliminating unnecessary spending and exploring reductions in staffing and/or reductions in FTE percentages. Current vacant positions will remain open and will not be filled.

**IMPORTANT TO NOTE:** The \$4.5M in additional allotment gained from the approval of the decision package in FY23 is NOT reported in the 2023-2025 biennial budget allotments. The result is a far more accurate picture of what our budget should look like compared to actual expenditure.





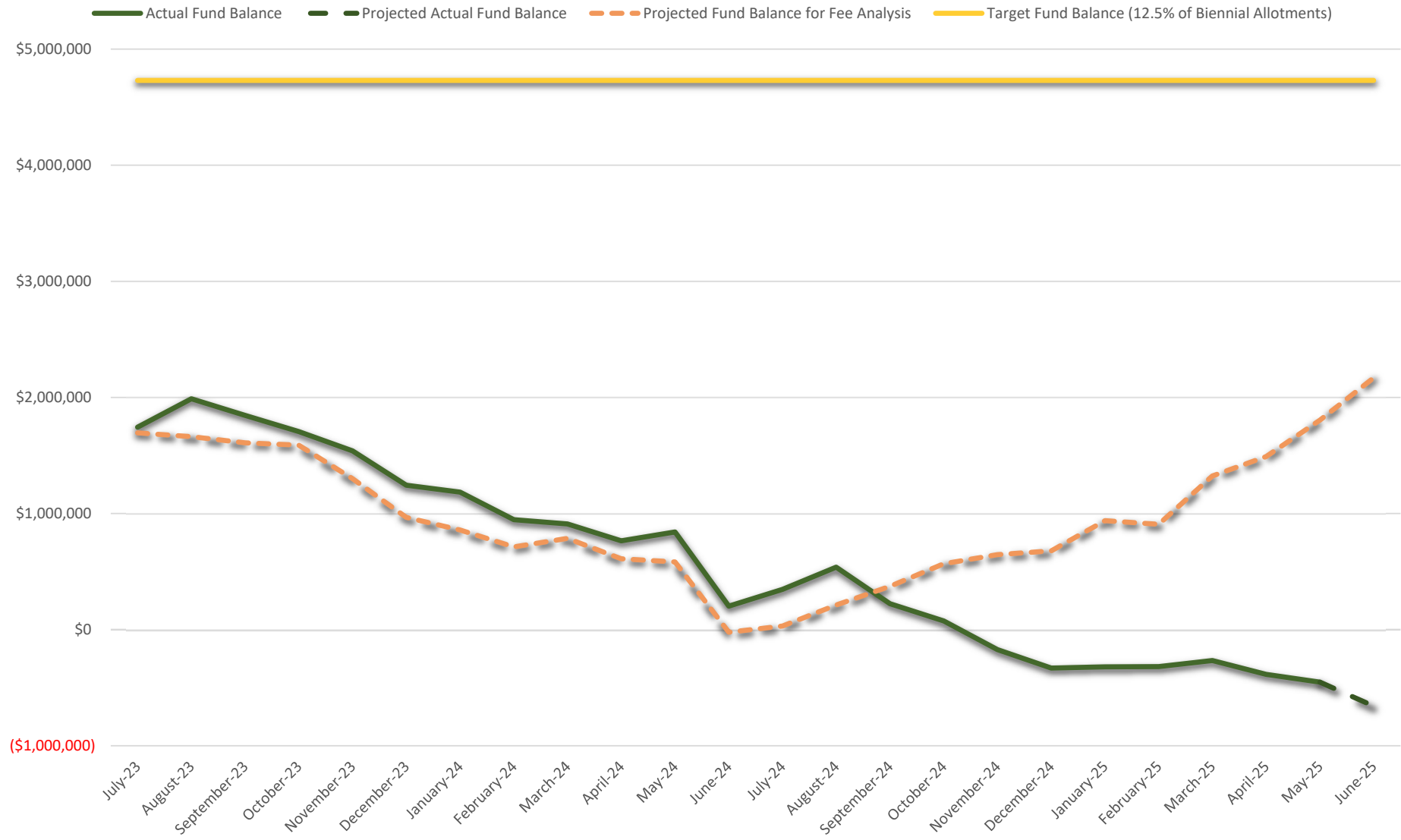
**Washington State Board of Nursing**  
**Monthly Expenses for Commission + Staffing, Long Term Care, and Compact Provisos**  
**02G Health Professions Account**  
 For the period July 1, 2023 through May 31, 2025

	BUDGET	thru FM21	thru FM21	ALLOT	Expense	FM23 ALLOT	FM23 Expense	TO-DATE	TO-DATE	TO-DATE	TO-DATE
<b>DIRECT EXPENDITURES:</b>											
FTEs	77.74	96.49	90.72	78.64	80.00	78.64	82.92	101.11	94.93	6.18	93.89%
Staff Salaries & Benefits	\$ 21,111,448	\$ 18,568,175	\$ 17,359,271	\$ 884,693	\$ 828,308	\$ 884,692	\$ 854,557	\$ 20,337,560	\$ 19,042,136	\$ 1,295,424	93.63%
Commission Salaries	\$ 611,112	\$ 534,696	\$ 457,297	\$ 25,472	\$ 23,677	\$ 25,472	\$ 20,095	\$ 585,640	\$ 501,069	\$ 84,571	85.56%
Goods & Services	\$ 876,079	\$ 777,789	\$ 565,009	\$ 32,714	\$ 24,337	\$ 32,714	\$ 14,066	\$ 843,217	\$ 603,412	\$ 239,805	71.56%
Rent	\$ 1,012,004	\$ 888,950	\$ 454,569	\$ 42,870	\$ 22,222	\$ 42,867	\$ 21,074	\$ 974,687	\$ 497,865	\$ 476,822	51.08%
Attorney General (AG)	\$ 1,705,439	\$ 1,494,539	\$ 1,251,432	\$ 70,300	\$ -	\$ 70,300	\$ 178,143	\$ 1,635,139	\$ 1,429,575	\$ 205,564	87.43%
Travel	\$ 140,664	\$ 122,961	\$ 104,594	\$ 5,901	\$ 5,314	\$ 5,901	\$ 5,961	\$ 134,763	\$ 115,869	\$ 18,894	85.98%
Equipment	\$ 154,134	\$ 154,134	\$ 137,831	\$ -	\$ -	\$ -	\$ 3,416	\$ 154,134	\$ 141,246	\$ 12,888	91.64%
IT Support & Software Licenses	\$ 473,533	\$ 414,394	\$ 398,561	\$ 20,611	\$ 11,598	\$ 20,612	\$ 28,175	\$ 455,617	\$ 438,334	\$ 17,283	96.21%
<b>TOTAL DIRECT</b>	<b>\$ 26,084,413</b>	<b>\$ 22,955,638</b>	<b>\$ 20,728,564</b>	<b>\$ 1,082,561</b>	<b>\$ 915,456</b>	<b>\$ 1,082,558</b>	<b>\$ 1,125,487</b>	<b>\$ 25,120,757</b>	<b>\$ 22,769,507</b>	<b>\$ 2,351,250</b>	<b>90.64%</b>
<b>SERVICE UNITS:</b>											
FBI Background Checks (TA090)	\$ 767,864	\$ 724,236	\$ 739,137	\$ 14,542	\$ 26,169	\$ 14,542	\$ 24,242	\$ 753,320	\$ 789,548	\$ (36,228)	104.81%
Office of Professional Standards (TA020)	\$ 571,764	\$ 498,885	\$ 305,573	\$ 24,032	\$ 14,014	\$ 24,032	\$ 15,442	\$ 546,949	\$ 335,029	\$ 211,920	61.25%
Adjudication Clerk (TA010)	\$ 346,400	\$ 302,450	\$ 97,615	\$ 14,601	\$ 3,301	\$ 14,601	\$ 3,560	\$ 331,652	\$ 104,477	\$ 227,175	31.50%
HP Investigations (TA040, 070, 100)	\$ 81,092	\$ 78,004	\$ 40,444	\$ 1,666	\$ 1,769	\$ 711	\$ 757	\$ 80,381	\$ 42,970	\$ 37,411	53.46%
Legal Services (TA140, 150, 210)	\$ 44,864	\$ 44,084	\$ 34,687	\$ 260	\$ 1,995	\$ 260	\$ 1,350	\$ 44,604	\$ 38,032	\$ 6,572	85.27%
Call Center (TA030)	\$ 58,038	\$ 52,382	\$ 60,493	\$ 1,896	\$ 2,746	\$ 1,880	\$ 3,102	\$ 56,158	\$ 66,341	\$ (10,183)	118.13%
Public Disclosure (TA180)	\$ 504,940	\$ 438,451	\$ 321,073	\$ 21,920	\$ 23,662	\$ 21,920	\$ 25,501	\$ 482,291	\$ 370,236	\$ 112,055	76.77%
Revenue Reconciliation (TA200)	\$ 126,343	\$ 119,445	\$ 141,457	\$ 2,294	\$ 6,105	\$ 2,294	\$ 4,078	\$ 124,033	\$ 151,640	\$ (27,607)	122.26%
Online Healthcare Provider Lic - Staff (TA130)	\$ 507,012	\$ 442,874	\$ 279,970	\$ 21,379	\$ 5,370	\$ 21,379	\$ 3,889	\$ 485,632	\$ 289,229	\$ 196,403	59.56%
Online Healthcare Provider Lic - Contract (TE8000)	\$ 289,734	\$ 289,734	\$ 71,425	\$ -	\$ -	\$ -	\$ -	\$ 289,734	\$ 71,425	\$ 218,309	0.00%
Suicide Assessment Study (TA120)	\$ 30,927	\$ 27,003	\$ -	\$ 1,308	\$ -	\$ 1,308	\$ -	\$ 29,619	\$ -	\$ 29,619	0.00%
<b>TOTAL SERVICE UNITS</b>	<b>\$ 3,328,978</b>	<b>\$ 3,017,548</b>	<b>\$ 2,091,875</b>	<b>\$ 103,898</b>	<b>\$ 85,131</b>	<b>\$ 102,927</b>	<b>\$ 81,922</b>	<b>\$ 3,224,373</b>	<b>\$ 2,258,927</b>	<b>\$ 965,446</b>	<b>70.06%</b>
<b>INDIRECT CHARGES:</b>											
Agency Indirects	\$ 4,941,298	\$ 4,361,502	\$ 3,675,424	\$ 199,984	\$ 164,117	\$ 199,984	\$ 197,962	\$ 4,761,470	\$ 4,037,503	\$ 723,967	84.80%
HSQA Div Indirects	\$ 3,302,159	\$ 2,914,582	\$ 1,990,503	\$ 133,685	\$ 91,053	\$ 133,685	\$ 109,874	\$ 3,181,952	\$ 2,191,430	\$ 990,522	68.87%
<b>TOTAL INDIRECTS</b>	<b>\$ 8,243,457</b>	<b>\$ 7,276,084</b>	<b>\$ 5,665,926</b>	<b>\$ 333,669</b>	<b>\$ 255,171</b>	<b>\$ 333,669</b>	<b>\$ 307,836</b>	<b>\$ 7,943,422</b>	<b>\$ 6,228,933</b>	<b>\$ 1,714,488</b>	<b>78.42%</b>
<b>GRAND TOTAL</b>	<b>\$ 37,656,848</b>	<b>\$ 33,249,270</b>	<b>\$ 28,486,365</b>	<b>\$ 1,520,128</b>	<b>\$ 1,255,758</b>	<b>\$ 1,519,154</b>	<b>\$ 1,515,245</b>	<b>\$ 36,288,552</b>	<b>\$ 31,257,368</b>	<b>\$ 5,031,184</b>	<b>86.14%</b>

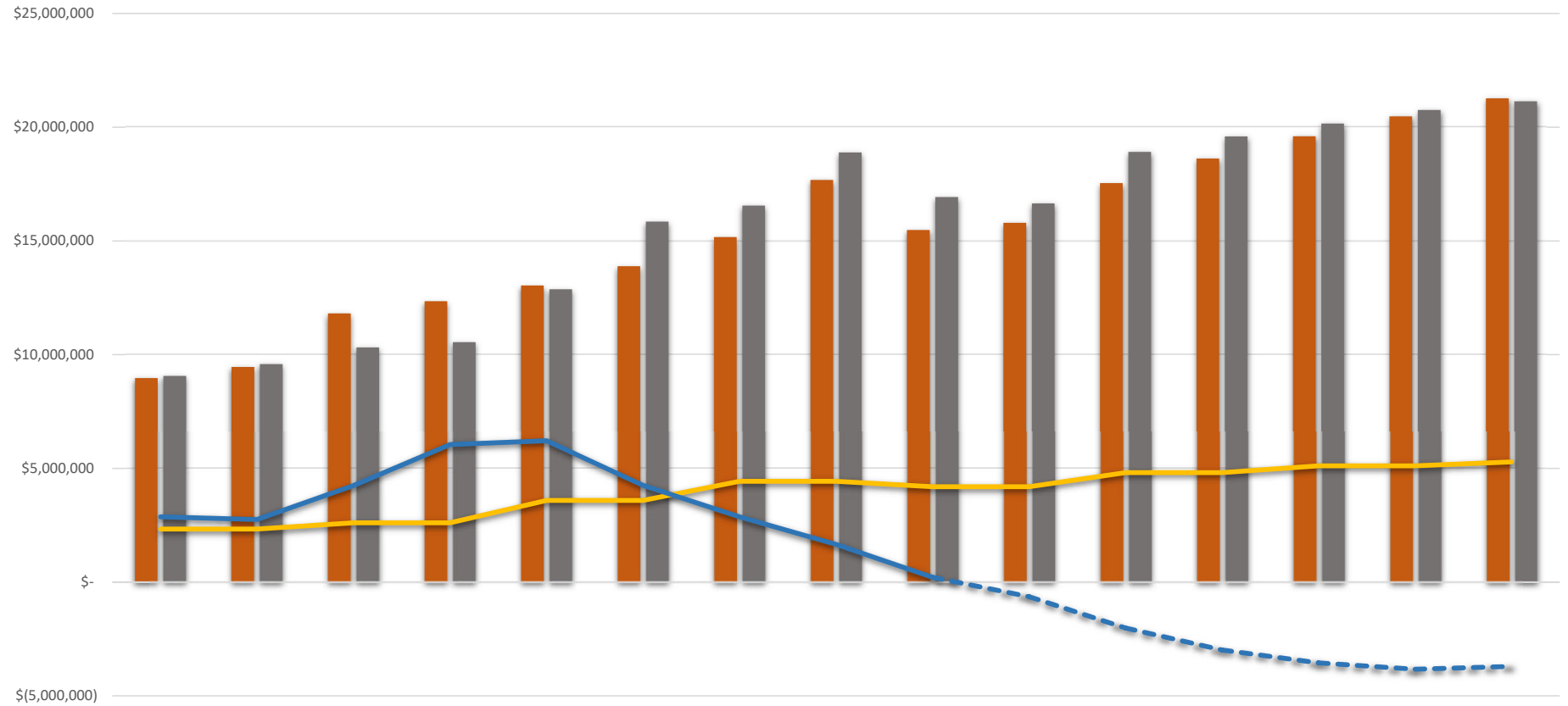
**NURSING REVENUE**

BEGINNING REVENUE BALANCE	\$ 1,659,304
21-23 REVENUE TO-DATE	\$ 29,925,860
21-23 HELMS ASSESS. TO-DATE	\$ 779,532
21-23 EXPENDITURES TO-DATE	\$ 31,257,368
<b>ENDING REVENUE BALANCE</b>	<b>\$ (451,736)</b>

## 23-25 WABON Fund Balance Through FM23 + Projected



## WABON Financial Forecast FY2016 - FY2030



	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	15,797,364	17,544,824	18,626,935	19,599,680	20,476,781	21,269,936
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	16,933,144	16,650,466	18,917,600	19,594,173	20,164,637	20,759,869	21,143,550
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	4,197,951	4,197,951	4,813,972	4,813,972	5,115,563	5,115,563	5,285,887
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	210,510	(642,592)	(2,015,367)	(2,982,605)	(3,547,562)	(3,830,650)	(3,704,264)



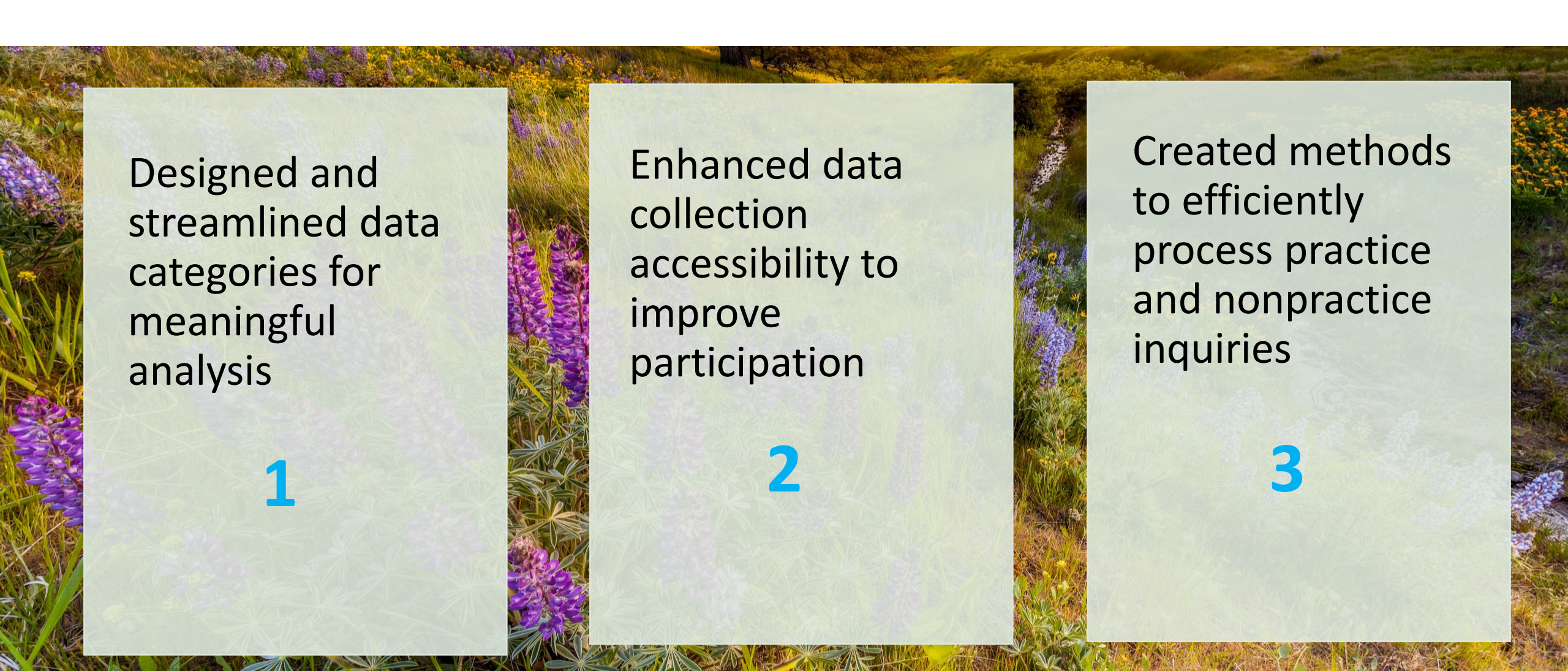
# Annual Report Practice Unit Performance Measures

WABON Business Meeting  
July 2025

# Progress and Key Improvements (June 2024-May 2025)

- Defining and standardizing practice performance measures.
- Developed tool for data collection methods.
- Developed tool to redirect inquiry to appropriate department or unit.
- Created a framework to manage questions efficiently and effectively.





Designed and  
streamlined data  
categories for  
meaningful  
analysis

1

Enhanced data  
collection  
accessibility to  
improve  
participation

2

Created methods  
to efficiently  
process practice  
and nonpractice  
inquiries

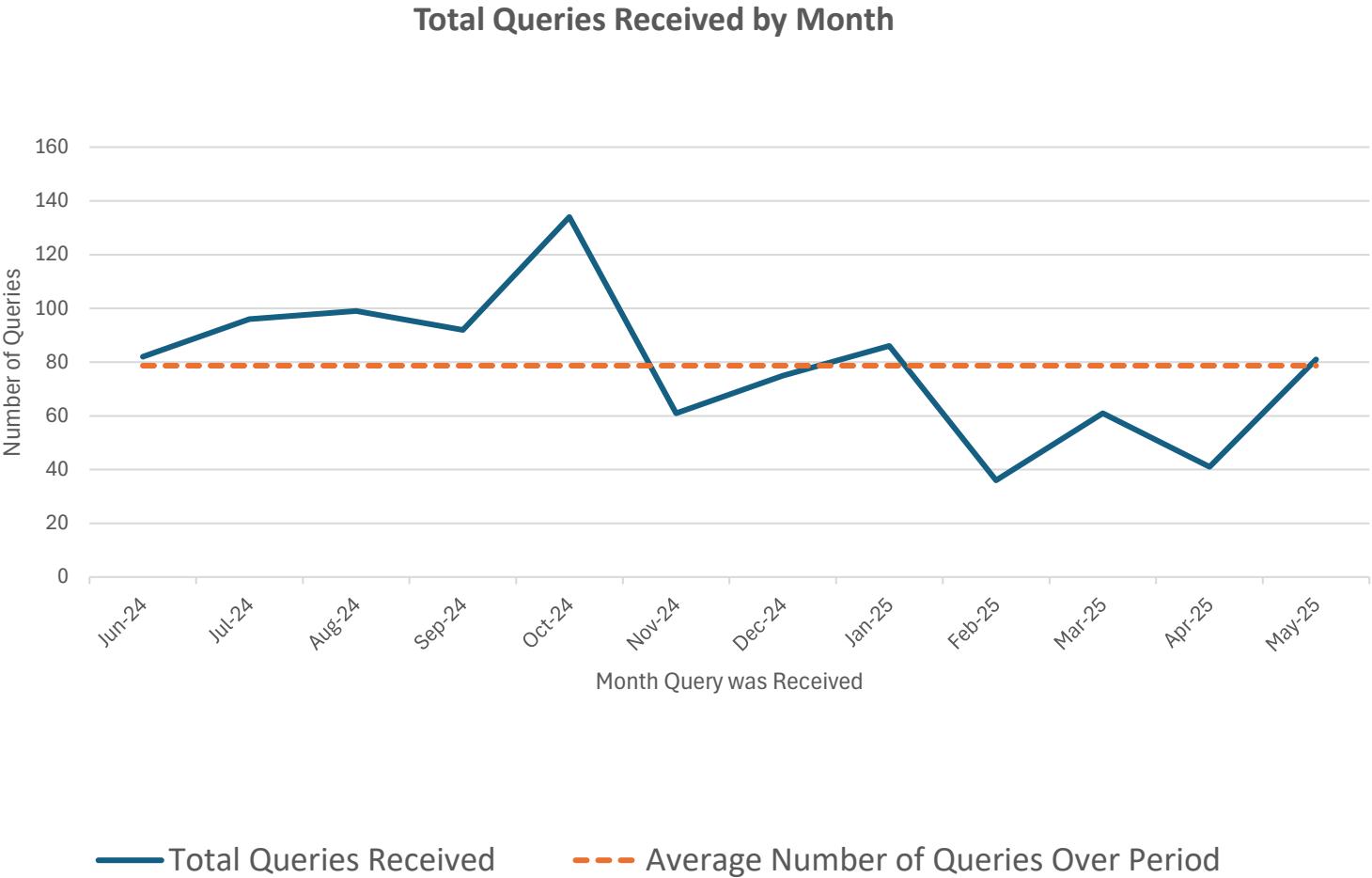
3

# Strategies for Achieving Results



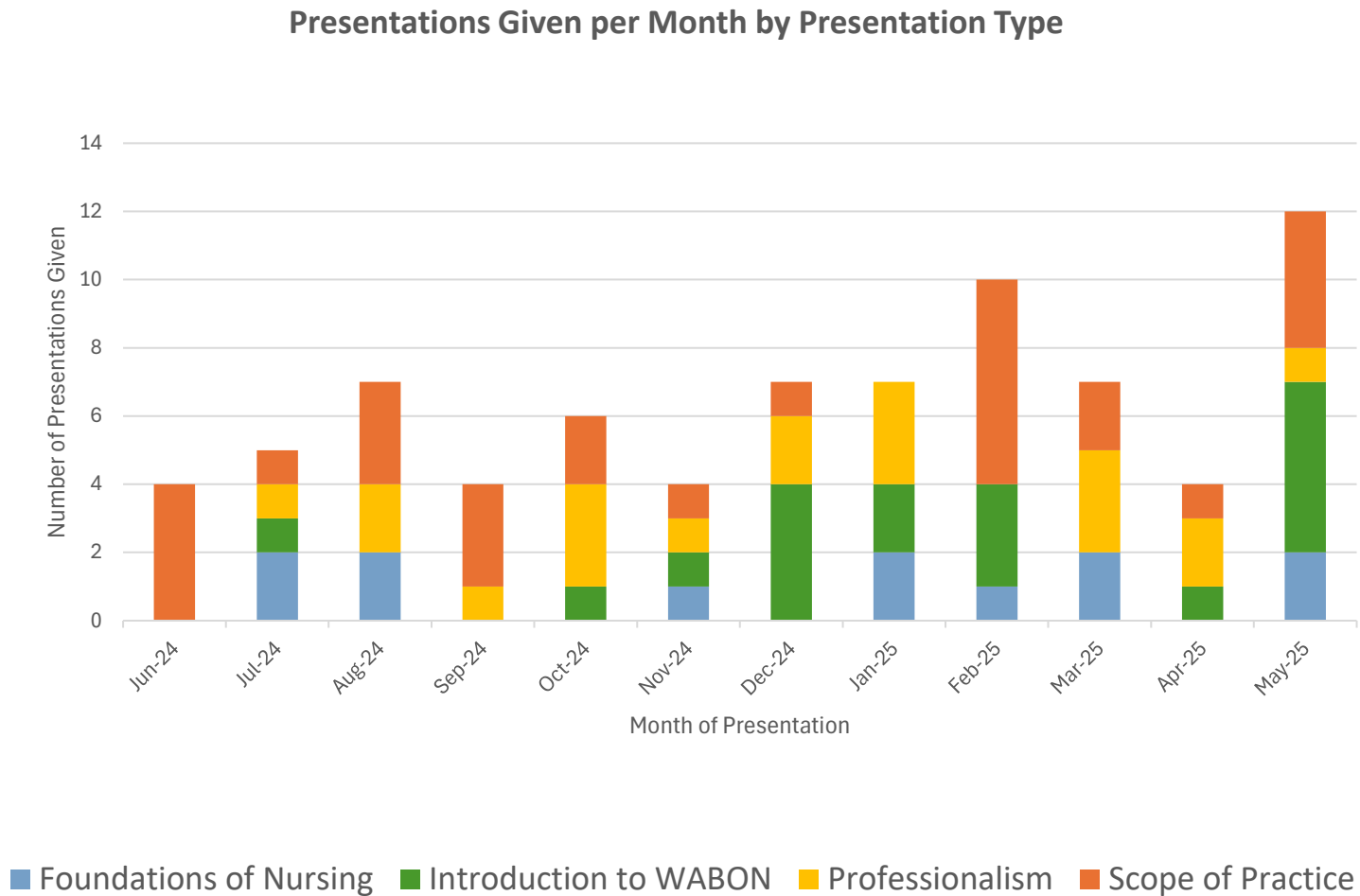
# Volume – Practice Inquiries

Annual Volume	944 Inquiries from June 2024-May 2025
Monthly Average	86
Neutral	No goal has been set for on demand public inquiries.
Why is this relevant?	This measure reflects public inquiries to nurse consultants for guidance on practice decision-making and understanding accountabilities for nursing assistants, nurse tech, LPNs, RNs, and ARNPs.



# Volume: Presentations Given

Annual Volume	77 presentations from June 2024-May 2025
Monthly Average	6.5
Neutral	No goal was set for on demand request
Why is this relevant?	This measure reflects our external public request from schools, and other healthcare organizations.

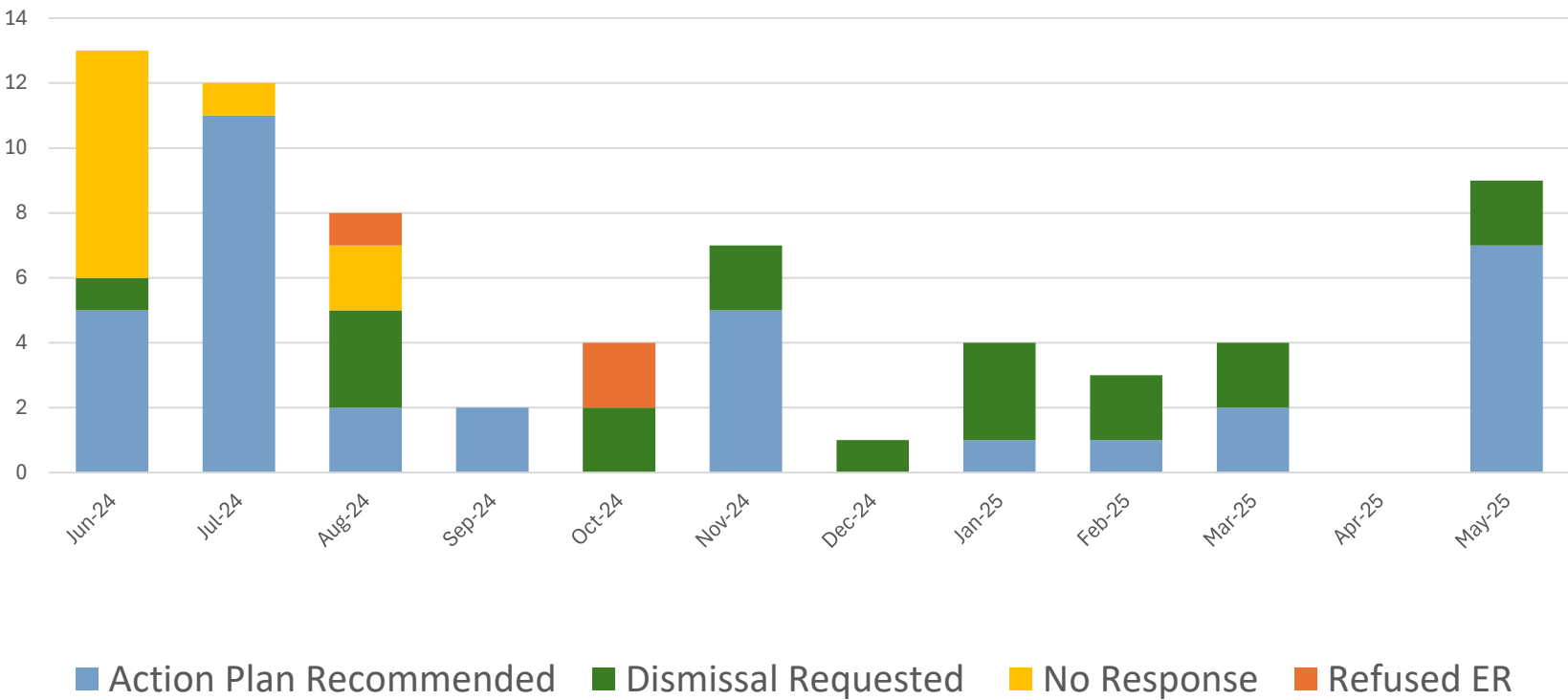




# Volume: Early Remediation Cases Processed

Annual Volume	67 cases processed from June 2024-May 2025
Monthly Average	5.6 cases a month
Neutral	No goal was set for case assignment
Why is this relevant?	Offers opportunity to identify practice breakdown categories for training/education focus, preventative approach and reduce investigation costs.

Early Remediation Cases Processed per Month by Outcome



# Future Goals and Next Steps

1

Add response time  
to Practice Inquiries

2

Initial discovery of  
unique customer  
satisfaction metrics

3

Inventory and track  
metrics to reflect  
volume of Advisory  
Opinions/FAQ  
documents

# Questions and Feedback



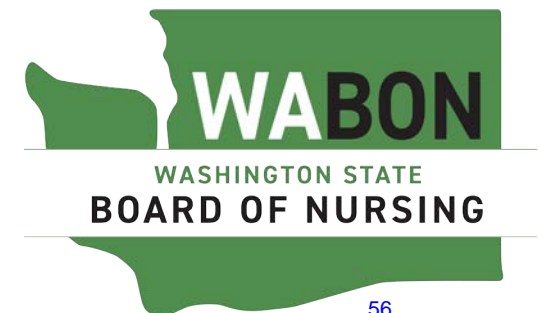




# Communications Update

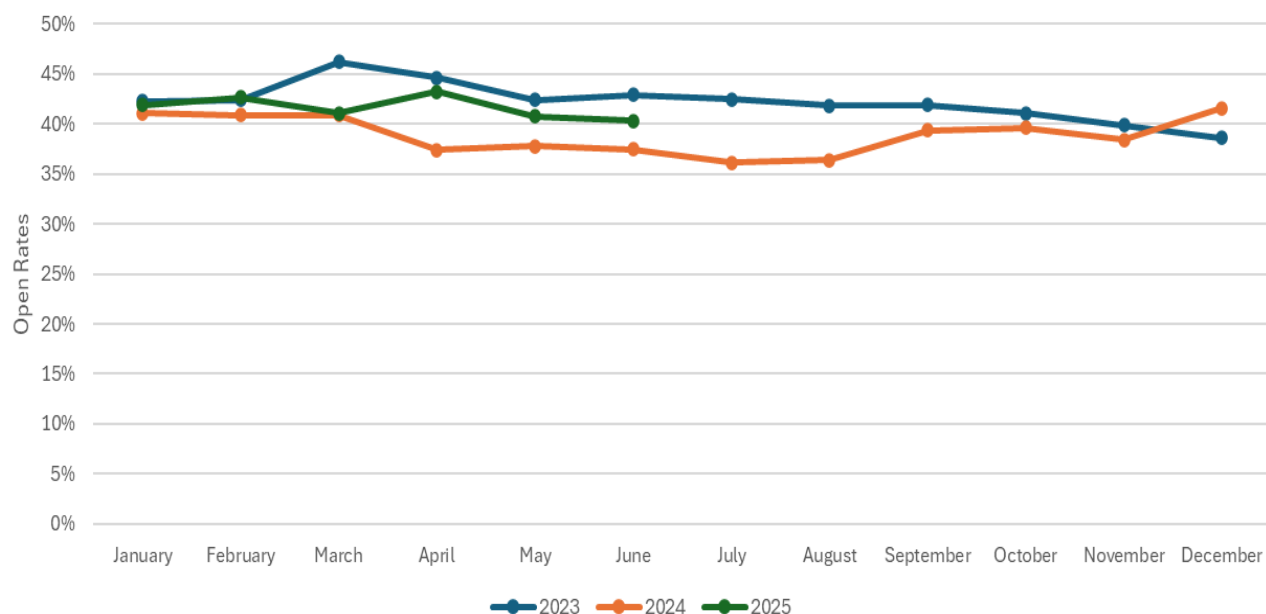
July 11, 2025

WABON Business Meeting  
July 11, 2025



# GovDelivery

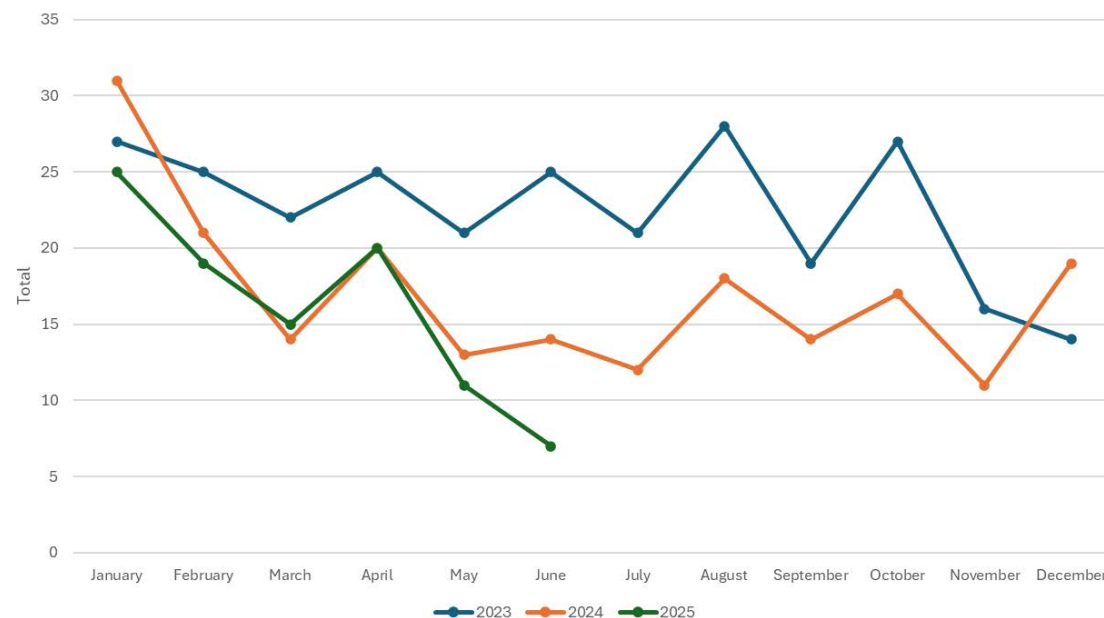
Average Open Rate of  
GovDeliverys



## Top Opened GovDelivery Notices

- Credentialing Freeze in February, Apply or Renew in January!
- Does Your License Expire in April?
- February Credentialing Freeze - licensing and credentialing systems will be unavailable

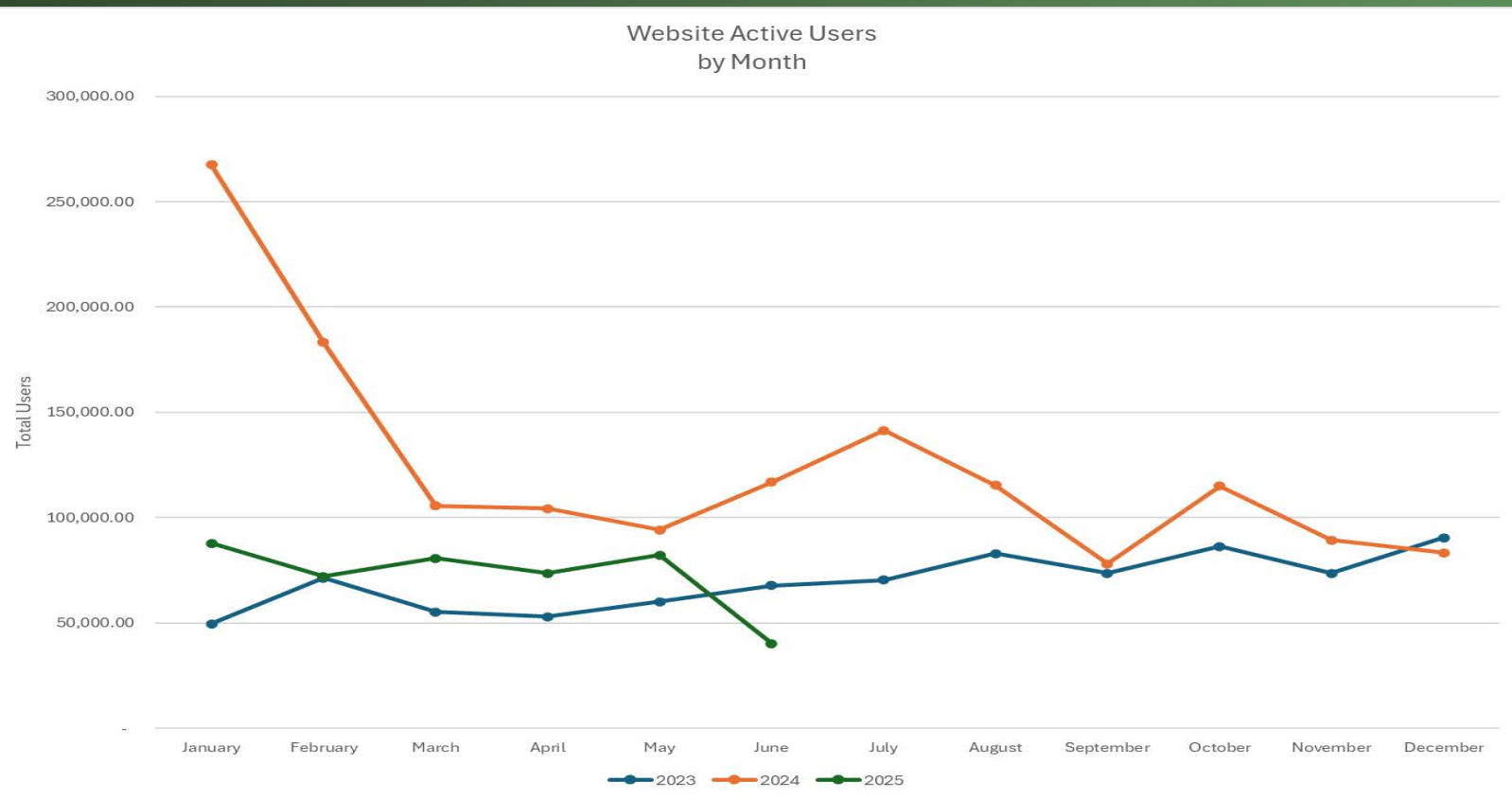
# of GovDelivery Notices



Washington State Board of Nursing  
July 11, 2025

WABON Business Meeting  
July 11, 2025

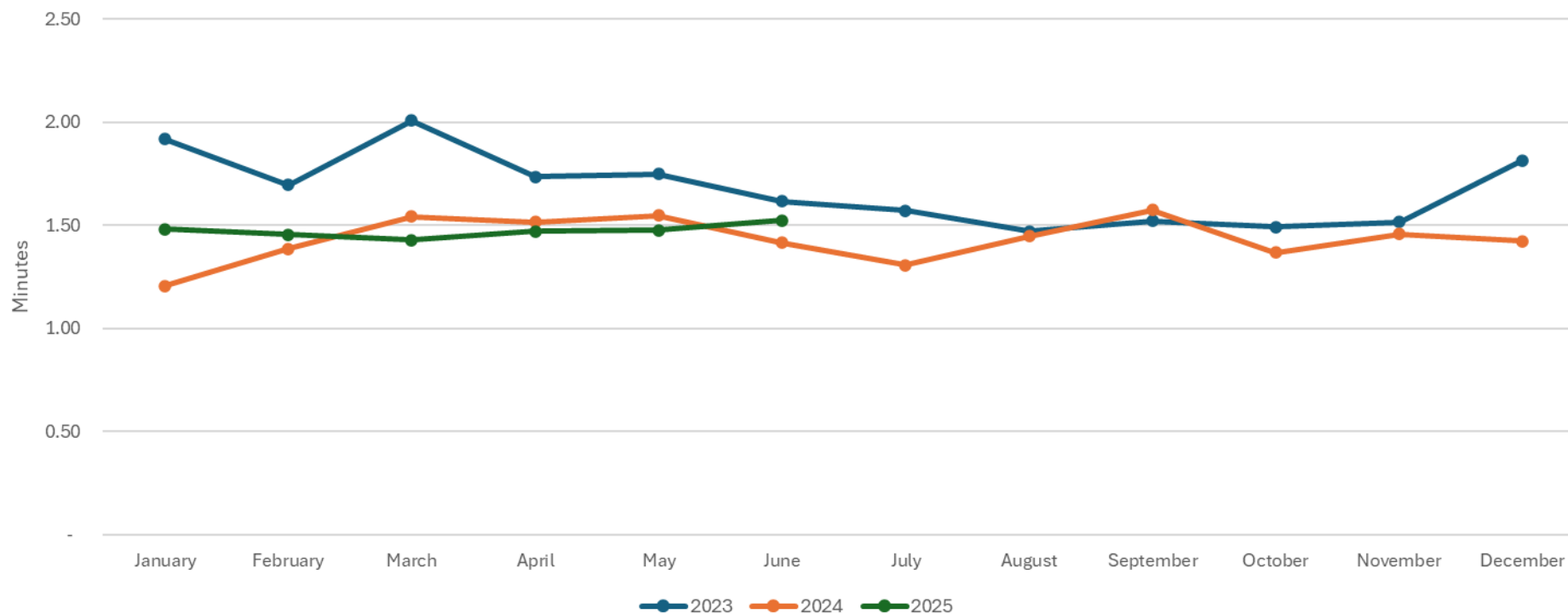
# Website Users



\*June 2025 was as of to date June 17.

# Website Engagement

Website Average Engagement  
in Minutes



\*June 2025 was as of to date June 17.

Washington State Board of Nursing  
July 11, 2025



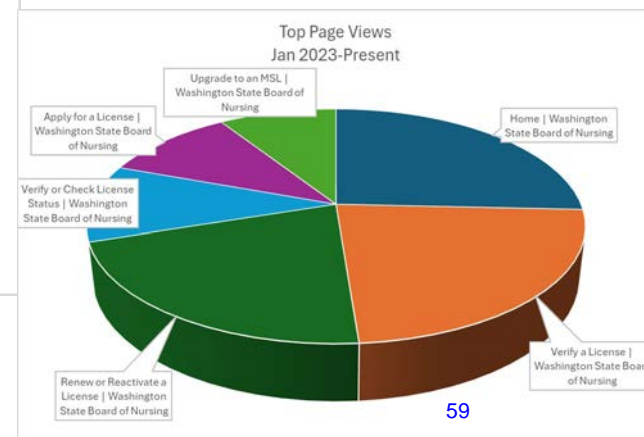
WABON Business Meeting  
July 11, 2025

## Top Website Pages

- Homepage
- Verify a License
- Renew or Reactivate a license
- Verify or Check License Status
- Upgrade to an MSL

## Ideal Engagement

- Time on site: 1.5 to 3 Minutes
- Performance Score: 100% at 98%
- Structure Score: 100% at 93%







## Board Procedure Creation, Adoption and Review

**Procedure:** J12.05

**References:**

**Applies to:** Washington State Board of Nursing Leadership, Executive Director, Directors

**Contact:** Bonnie King, MA, Policy Analyst  
Policy Unit

**Policy Analyst:** Bonnie King

**Effective Date:** July 11, 2025

**Review Date:** July, 2027

**Supersedes:** J12.04 – January 16, 2025

**Approved:** Kim Tucker, PhD, RN, CNE, Chair  
Washington State Board of Nursing (WABON)

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### Purpose Statement

The Washington State Board of Nursing (Board) is responsible for developing and adopting new procedures, as well as reviewing existing ones that outline tasks requiring Board-specific oversight. These procedures are reviewed in a two-year cycle but may be updated as needed to reflect current practices.

This procedure defines the subject matter of Board-specific procedures and outlines the approval process based on the type of revision required. Substantive changes must receive, at a minimum, approval from Board Leadership. Non-substantive changes are delegated by the Board to division Directors, with oversight provided by the Executive Director (ED).

This procedure does not apply to operational procedures, which are the responsibility of the Board's ED.



## Definitions

**Board Leadership** – The Chair, Vice-chair, and Secretary/Treasurer

**Board-specific Procedures** – Procedures that must be approved by the Board

- Delegation of authority. (Example: Delegation of Signature Authority)
- Supervision of the ED. (Example: Evaluation of the ED by WABON)
- Approval of legal interpretations, policies or advisory opinions. (Example: Interpretive & Policy Statements; Advisory Opinion Procedure)
- Budget-impact. (Example: Travel Reservation Requests; In & Out of State Travel)
- Specific to Board conduct. (Example: Ethics, Conflict of Interest & Recusal)
- Specific to Board meetings. (Example: Establishing Regular & Special Meetings; Interruption of Board Meetings)
- Other Board-specific procedures deemed necessary by the Board.

**Non-substantive Change** – Changes to format, typographical or grammatical corrections which do not change the intent, and/or personnel or other name changes.

**Substantive Change** – Changes to the content which change required process steps.

**WABON** – The Washington State Board of Nursing. When used in the process steps, it refers to Governor-appointed board members attending regular or special meetings and considering Board-specific procedures.

### Process: New Board-specific Procedures

Steps	Person(s) Involved	Activity or Event(s)
1	WABON	Identifies the need for a new procedure, approves the creation of a new procedure at a regular or special Board meeting and directs staff to draft.
2	Staff	Depending on the nature of the request, a unit or an individual staff member drafts the procedure, has the draft reviewed by legal and the ED and brings back to the Board at a regular or special meeting.
3	WABON	Requests revisions or adopts.
4	Policy Analyst	Adds the procedure to the Procedure SharePoint site and provides oversight regarding the review cycle established in the procedure.

### Process: Substantive Change to existing Board-specific Procedures

Steps	Person(s) Involved	Activity or Event(s)
1	Policy Analyst	Prompts Directors and the ED when Board procedures are due for review.
2	Directors or the ED	Make corrections as necessary.
3	ED	Presents the procedure to Board Leadership at a meeting held prior to an upcoming Board meeting.
4	Board Leadership	Approves, requests revisions, or recommends for consideration by WABON.
5	ED	Sends an email to the Policy Analyst with the date Board Leadership approved, requested revisions or recommended consideration by WABON.
6	Policy Analyst	Records the Board Leadership decision on the Procedure SharePoint site, posts updated procedure and informs other staff as necessary.

### Process: Non-Substantive Change to existing Board-specific Procedures

Steps	Person(s) Involved	Activity or Event(s)
1	Policy Analyst	Prompts Directors and the ED when Board procedures are due for review.
2	Directors or the ED	Determine required changes are non-substantive and make the changes and forward to the Policy Analyst.
3	Policy Analyst	<ul style="list-style-type: none"> <li>Procedures changed by the ED are reposted with updates to the SharePoint site and staff informed as necessary.</li> <li>Procedures changed by a Director are forwarded to the ED.</li> </ul>
4	ED	<ul style="list-style-type: none"> <li>Approves, requests revisions, or recommends for consideration by Board Leadership</li> <li>Sends an email to the Policy Analyst with the date of approval, requested revisions or recommended consideration by Board Leadership.</li> <li>If recommended for consideration by Board Leadership, follow <b>Substantive Change</b> Process above.</li> </ul>
5	Policy Analyst	Records the ED decision on the Procedure SharePoint site, posts updated procedure and informs other staff as necessary.

## Concept: Change Approval Level for Board Procedures

Requires Board approval  
via a new procedure – J12.05

Total Board Procedures – 69		
Examples shown by type		
<b>Type:</b> Describes Unit process steps  <b>Number:</b> about 56	<b>Type:</b> Board-specific - requiring training or with timelines  <b>Number:</b> about 8	<b>Type:</b> Board-specific  <b>Number:</b> about 5
<b>Approval Level:</b> <ul style="list-style-type: none"> <li>• <b>Substantive</b> – Unit Subcommittee or panel</li> <li>• <b>Non-substantive</b> – Unit Director</li> <li>• Once Subcommittee or panel approves, Director “signs” on behalf</li> </ul>	<b>Approval Level:</b> <ul style="list-style-type: none"> <li>• ED or designee</li> </ul> <b>Other:</b> <ul style="list-style-type: none"> <li>• Add links in Board Orientation Manual</li> <li>• Maintain current auto-email reminders and/or create annual calendar</li> </ul>	<b>Approval Level:</b> Remains with the Board for annual or biennial review
A06 – Review of Board of Nursing Reports	A25 – Case Disposition Panels	H16 – Signature Delegation
A07 – Anonymous Complaints	H01 – Officer Nominations	J21 – Interpretive & Policy Statements
A08 – Action in Another Jurisdiction	H02 – Election of Officers	F03 – Advisory Opinion Procedure
B09 – ARNP Application Exemption Request	H03 – In & Out of State Travel	H14 – Evaluation of ED by WABON
B15 – NT Not in Good Standing or Taking Approved Leave	J10 – Travel Reservation Requests	J22 – ED Leave Approval
B31 – Effect of Military Status on Credentials	H08 – Ethics, Conflict of Interest & Recusal	
E02 – NA Training Program Approval	H 10 – Interruption of Board Meetings	
J04 – List of Credential Holders Requests (already delegated to a panel for decision)	H17 – Establishing Regular & Special Meetings	
+ 48 more		

**ED Procedures:** Analyze which could be delegated to the Unit Director level or other designee.

**Other:** Transition to a new procedures’ table format, Maintain “gatekeeper” tracking of procedures, Encourage real-time revisions instead of waiting two years.



# VI.

## Subcommittee

## Reports

## Advisory Opinion

### School Nurse Delegation to School Personnel in Public and Private Schools, Kindergarten-Twelve Grades

#### Introduction

This advisory opinion clarifies the requirements and guidelines for nursing delegation to unlicensed school personnel in kindergarten through twelve (K-12) grades, public and private schools, outlining activities allowed under [RCW 18.79.260](#) and exceptions in [28A.210 RCW](#).

For this advisory opinion, the term “school personnel” refers to unlicensed school personnel who may assist with health-related tasks under specific conditions. This definition does not apply to nursing assistants or medical assistants as their roles are separately regulated.

School nurses include registered nurses (RNs) and advanced registered nurse practitioners (ARNPs), consistent with the intent of [RCW 28A.210.305](#) which authorizes RNs and ARNPs to function as school nurses. While licensed practical nurses (LPNs) are included in the definition of nursing practice under [Chapter 18.79 RCW](#), they do not have delegation authority and must function under the direction and supervision of an RN or ARNP to provide nursing care in schools.

#### Background

Students with acute or chronic health conditions require nursing support to fully participate in school activities. Delegation allows nurses to extend care, especially in districts with limited healthcare staff.

The school nurse may delegate tasks to school personnel based on individual student needs. Delegation decisions are made case by case, following the nursing delegation process. The school nurse remains accountable for assessing patient needs, assigning tasks, and providing clear instructions and supervision.

In some emergency situations, such as anaphylaxis, RCW 28A.210.383 allows trained school personnel to administer epinephrine without formal delegation. These exceptions support timely interventions and are further explained under Delegation Exceptions.

## Legal Background

### General Delegation Laws and Rules

Laws/Regulations	Key Requirements
<a href="#">RCW 18.79.260</a>	Delegating nurses must: <ul style="list-style-type: none"><li>• Assess the individual's competence to perform the task.</li><li>• Evaluate whether delegation is appropriate in specific situations.</li><li>• Supervise the delegated task.</li><li>• Delegate only tasks within the nurse's scope of practice.</li></ul>
<a href="#">WAC 246-840-010</a>	Defines delegation as transferring selected tasks to competent individuals in selected situations; nurse supervises school personnel performance.
<a href="#">RCW 28A.210</a>	Applies to K-12 school nursing, but excludes: <ul style="list-style-type: none"><li>• Early childhood programs <a href="#">Chapter 43.216 RCW</a> and <a href="#">Chapter 110-300 WAC</a>).</li><li>• State schools sensory impaired students (<a href="#">Chapter 72.40 RCW</a>).</li><li>• Camps outside the K-12 jurisdiction.</li></ul>

### Responsibility and Accountability

The school nurse is responsible for delegating nursing care and is protected by law from coercion or retaliation if delegation is deemed inappropriate ([RCW 18.79.260](#)). Both the school nurse and school personnel are accountable for their actions.

No one may coerce a nurse into delegating tasks that compromise student safety ([RCW 18.79.260](#)). Additionally, School employees administering medication are protected under [RCW 28A.210.275](#) provided they follow nursing laws, directives, and school district policies.

The school nurse must train school personnel, coordinate with parents and healthcare practitioners, and ensure ongoing training for infrequent services or medications ([RCW 28A.210.275](#)).

### **Individual Health Plans (IHPs) & Emergency Care Plans (ECPs)**

An Individual Health Plan (IHP) and Emergency Care Plan (ECP) are required for students with:

- Diabetes ([RCW 28A.210.330](#))
- Seizure disorders ([RCW 28A.210.355](#))
- Asthma/anaphylaxis episodes ([RCW 28A.210.370](#))
- Adrenal Insufficiency ([HB 1709](#))

### **Allowable Delegation of Tasks**

Under [RCW 28A.210](#) school nurses may delegate certain nursing tasks to school personnel, including:

- Medication Administration – Requires a written prescription for legend drugs and OTC medications ([RCW 28A.210.260](#)) Administration of legend drugs and over-the-counter medications (OTCs). School district policies may vary regarding the delegation of OTC medication administration, student self-carry, and self-administration of medications once an order is on file ([RCW 28A.210.260](#)).
- Non-sterile, Intermittent Bladder Catheterization -([RCW 28A.210.280](#) and [WAC 246-840-820](#)).
- Routine and Non-Complex Nursing Tasks-Tasks must not require puncturing tissue, sterile procedures, or nursing judgment.

### **Delegation Exceptions**

Anaphylaxis: [RCW 28A.210.383](#)

- School nurses may train school personnel to administer injectable epinephrine without delegation.
- Designated trained school personnel may administer autoinjector epinephrine using school stock supply if the student's prescribed epinephrine is unavailable.
- Only the RN, ARNP, or LPN may administer stock epinephrine if the student does not have a prescription on file.

Parent Designated Adults (PDA's) [RCW 28A.210.330](#) and [RCW 28A.210.355](#)

PDAs assist students with diabetes, seizure disorders (RCW 28A.210.355), and adrenal insufficiency ([HB 1709](#)) per their IHP or ECP. Their responsibilities are limited to condition-specific tasks.

#### School Nurse's Role in PDA Oversight

- School nurses may train PDAs to provide care as outlined in the IHP.
- School nurses do not delegate or supervise PDA tasks related to diabetes, seizures, or adrenal insufficiency, as these are **parent-authorized** under [RCW 28A.210.260](#)

#### Scope of PDA Responsibilities

- PDAs perform parent-authorized tasks, documented in a signed form.
- Parents must communicate student changes in condition-related nursing tasks (e.g., insulin dose adjustments), with the school nurse updating orders and care plans as needed.

#### New or Unrelated Medical Needs

- For medical needs outside the PDA-authorized condition outlined in [RCW 28A.210.260](#), the school nurse manages care as they would for any other student.
- If the PDA is unlicensed, the school nurse may delegate specific tasks, such as administering an antibiotic. Following the delegation process.

#### **Documentation/Delegation Limits**

- Any delegated task outside the PDA's original designation should be documented as a separate function on the care plan.



- Delegation should be task specific and not imply broader medical responsibilities.

### **Opioid Overdose Reversal Medication (OORM): RCW 28A.210.390**

- School ARNPs, RNs, and LPNs may administer prescription or OTC OORM under a standing order.
- School personnel may administer OORM for suspected overdoses under a standing order.
- School nurses may train school personnel to administer injectable OORM without delegation.
- Intranasal OORM delegation is optional for school nurses.

See the WABON's [Opioid Overdose Reversal Medications Advisory Opinion](#).

### **Telehealth Nursing**

School nurses may use telehealth modalities to initiate, evaluate, supervise, and provide ongoing assessment of delegated tasks ([Chapter 18.79 RCW](#), [Chapter 246-840 WAC](#), [Chapter 18.88A RCW](#), [Chapter 246-841 WAC](#)). Telemedicine training is required for school nurses providing telehealth services ([RCW 43.70.495](#)).

### **Privacy and Confidentiality**

The [Federal Educational Rights and Privacy Act \(FERPA\)](#) protects student records. The [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) generally does not apply unless the school is a HIPAA covered entity providing healthcare to non-students.

### **Conclusion and Guidance**

Nursing delegation involves assigning specific nursing tasks to competent school personnel for an individual student. The school nurse remains responsible for training, evaluating competence, and providing ongoing supervision. The nursing process cannot be delegated—school nurses must follow state and federal laws applicable to school settings. For additional guidance, refer to WABON's [Nursing Delegation Decision Tree](#) and [Frequently Asked Questions](#) on Telehealth Nursing Services.

## **Nursing Delegation Scope of Practice Decision Tool**

The Washington Board of Nursing (WABON) recommends using the [RN Delegation Scope of Practice Decision Tool](#) to determine if a task is safe to delegate. The school nurse cannot delegate tasks requiring:

- Sterile techniques,
- Skin puncturing, except where explicitly allowed,
- Nursing skills and judgment.

## **Role and Responsibilities**

### **Nurse Delegator**

- Develop, administer, and evaluate IHPs and ECPs for students with chronic health conditions. (Note: An IHP and ECP are required for students with diabetes, seizure disorders, potential anaphylaxis, and adrenal insufficiency).
- Communicate, collaborate, and coordinate care with parents/guardians, healthcare practitioners, PDAs, school administrators, and any other individual involved in the care of the student.
- Document nursing care, including delegated activities, in the student's medical record.
- Ensure all delegated nursing tasks are supervised and performed safely.
- Follow FERPA regulations or HIPAA regulations if applicable.

### **Delegatee (school personnel)**

- Accept only responsibilities they are trained and qualified to perform.
- Maintain competency and seek clarification if unsure about task.
- Carry out delegated tasks correctly and document nursing care in the student's medical record.
- Follow FERPA or HIPAA regulations if applicable.

### **Parent Designated Adults (PDAs)**

- The school nurse remains accountable and responsible for ensuring the well-being and safety of the student, regardless of designation of a PDA.
- School nurses cannot delegate tasks related to diabetes, seizure treatments, or adrenal insufficiencies but may delegate other tasks to the school personnel following the

delegation process. The school nurse develops, monitors, and evaluates the IHP and ECP. School nurses may be involved in training and competency assessment of PDAs per district policy and procedure.

### **Telehealth Considerations**

Telehealth services may not always be available or appropriate for a specific student or situation. The school nurse must determine which aspects of assessment, delegation, and supervision require face-to-face interaction. See WABON's [Frequently Asked Questions Website](#) for more guidance on telehealth nursing services.

### **References and Resources**

#### **Washington State Board of Nursing (WABON)**

##### [Washington State Board of Nursing Support for Practicing Nurses](#)

- Guidance and support for nursing practice, delegation, and regulatory compliance in Washington State.

#### **Guidance and Standards**

- [National Association of School Nurses](#): Best practices for school nursing delegation.
- [National Guidelines for Nursing Delegation - National Council State Boards of Nursing \(NCSBN\) National Council of State Boards of Nursing](#): National guidelines that help nurses understand legal and ethical responsibilities.
- [American Nurses Association and the National Council of State Boards of Nursing](#): Joint recommendations on nursing delegation and accountability.
- School Health Nursing Roles, [Office of the Superintendent of Public Instruction: Health Services Resources](#): Washington guidelines, policies, and delegation standards for school nurses.
- [The School Health Services Team: Supporting Student Outcomes - National Association of School Nurses](#), A framework for integrating nursing care into schools.
- [Federal Educational Rights and Privacy Act \(FERPA\)](#)
- [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#)
- [Standing Orders | Washington State Department of Health](#)

## FREQUENTLY ASKED QUESTIONS (FAQs)

### Category: Registered Nurse

#### Title: Anaphylaxis and Epinephrine Administration – Kindergarten-Twelve (K-12) Grades, Public and Private Schools

**Can the school registered nurse (RN) delegate administration of epinephrine using (single-dose syringe, epinephrine auto injector (EAI), or intranasal) unlicensed assistive personnel (UAP) in public and private schools, kindergarten through twelve (K-12) grades?**

No, a school RN cannot delegate injectable medications, including epinephrine, to school personnel in public and private schools, K-12 grades. However, [RCW 28A.210.383](#) provides an exception:

- Trained school personnel may administer epinephrine from a school-supplied epinephrine auto injector (EAI) without RN delegation, if there is a prescription and standing order from an authorized healthcare practitioner.
- A school RN may train school personnel to administer injectable epinephrine without needing to delegate this authority.

**Can a student self-administer epinephrine using a single-dose, pre-filled syringe, epinephrine autoinjector (EAI) in public and private schools, kindergarten through twelve (K-12) grades?**

Yes, [RCW 28A.210.370](#) allows self-administration of medications, including epinephrine, if the student meets the requirements under the treatment plan for anaphylaxis, and has a prescription from their health care practitioner. This may include self-administering epinephrine using a prefilled medication device, EAI, or intranasal device if authorized in the prescription.

**What is the school nurse's role in storing and handling stock epinephrine, and how should staff capacity concerns be addressed?**

[RCW 28A.210.383](#) allows schools to maintain a stock supply of epinephrine. However, the statute does not provide detailed requirements for the storage, handling, administration, or staffing capacity related to stock epinephrine, including autoinjectors or intranasal routes.

These operational decisions are best determined at the school district level, aligned with district policies and protocols. Districts are encouraged to consult with their local health jurisdiction for guidance. Additional resources, including the [Washington State Department of Health Standing Order for Epinephrine](#), are available to support implementation.

DRAFT

# Opioid Overdose Reversal Medications (OORM) Advisory Opinion

## Introduction

The purpose of this advisory opinion is to provide information and guidance about the licensed practical nurse (LPN), registered nurse (RN), advanced registered nurse practitioner (ARNP), nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), and nurse technician (NT) scope of practice to store, dispense, administer, distribute, and deliver opioid overdose reversal medications (OORM).

## Background

Nurses are on the frontlines of the opioid crisis, making a significant impact through prevention, early detection, patient education, and treatment of opioid use disorder. Their roles range from direct patient care and support to advocacy and leadership in policy reform. As the opioid epidemic continues to evolve, nurses remain vital to addressing its complex challenges. By leveraging their clinical expertise, compassion, and advocacy skills, nurses play an essential part in mitigating the devastating effects of opioid addiction and helping patients navigate the path to recovery. Frontline interventions such as education, OORM distribution, and Medication Assisted Treatment (MAT) case management roles have a significant role for nurses in opioid overdose prevention.

Opioid antagonists are used to reverse opioid overdose. Naloxone is the primary and accepted standard of care for opioid overdoses. Naloxone is approved by the Food and Drug Administration (FDA) for intravenous, intramuscular, subcutaneous, and intranasal administration routes. Evzio® (Naloxone) and Zimhi® (Naloxone) are pre-refilled autoinjectors for intramuscular or subcutaneous injection. New intranasal options: Rezenopy® (Naloxone), Kloxxado® (Naloxone), and Narcan® (Naloxone). Opvee® (Nalmefene) is another class of prescriptive OORM administered intranasally. Over the counter Naloxone intranasal spray is also available.

## Legal Background

Laws and rules that apply to the nurse's role in prevention and treatment of opioid overdoses include the following:

- [RCW 69.41.095](#) allows any person to lawfully possess, store, deliver, distribute, or administer OORM with a prescription or order issued by an [authorized practitioner](#). The law includes language providing protection from criminal or civil liability or disciplinary action.
- [RCW 4.24.300](#), commonly known as the “Good Samaritan” law, provides immunity from civil liability to anyone (including licensed health care providers) who provides emergency care, without compensation, unless there is gross negligence or misconduct.
- [RCW 69.41.095](#) allows pharmacies and other entities to dispense and deliver OORM products following the [Naloxone State-Wide Standing Order](#). Individual facilities or organizations are allowed to issue a standing order approved by an [authorized practitioner](#) or staff to administer OORM.
- [RCW 69.41.095](#) does not require RN delegation for credentialed or non-credentialed UAP to possess, store, deliver, or distribute prescription or over the counter OORM following an order or standing order from an [authorized practitioner](#) by any route in any setting. While [RCW 69.41.095](#) does not require nursing delegation, [RCW 18.79.260](#) permits RN delegation of an intranasal OORM to the NA-R/NA-C or HCA-C for individuals only in community-based settings (adult family homes, assisted living facilities, and community residential programs for people with developmentally disabilities) and home care settings. The RN is not allowed to delegate injectable OORM in these settings. The LPN is not allowed to delegate to UAP in any setting.
- [RCW 28A.210.390](#) and [RCW 28A.210.395](#) define requirements for schools related to the prevention of opioid overdoses. [RCW 28A.210.390](#) requires all school districts to obtain and maintain at least one set of OORM in each of its public schools. The school nurse, a health care professional, or trained staff person located at a health care clinic on public school property or under contract with the school district or designated trained school personnel may distribute or administer the school-owned OORM following a standing order.

[RCW 28A.210.260](#) allows the RN to delegate administration of a prescriptive or over the counter intranasal OORM (although delegation is not required) but does not allow delegation of OORM by injection.

## Conclusion and Guidance

The Washington State Board of Nursing (WABON) supports overdose prevention and harm reduction efforts. The WABON encourages nurses and ARNPs to incorporate overdose prevention into their daily practice using the nursing process and care planning. [Stopoverdose.Org](#) provides education, resources, and technical assistance for individuals, professionals, and communities in Washington who want to learn how to prevent and respond to overdose and improve the health of people who use drugs. For more information, visit the [Washington State Department of Health: Overdose Prevention, Recognition, and Response](#).

The LPN, RN, ARNP, NA-R, NA-C, and NT must follow all relevant laws and rules. It is within the scope of practice of the RN, LPN, NT, and NA-R/NA-C, or other UAP to:

- Store, dispense, administer, distribute, and deliver prescription or over the counter OORM under the direction/orders of an [authorized practitioner](#) or. [Naloxone State-Wide Standing Order](#) to any person who may be present at a suspected opioid-related overdose (e.g., individuals, law enforcement, emergency medical services, hospitals, long-term care services, correctional centers/jails, family members, nurses, or service providers) in any setting.
- Self-carry a prescription or over the counter OORM and administer the medication to any person with a suspected opioid overdose.

It is within the scope of practice of the ARNP, with prescriptive authority, to:

- Prescribe an OORM for anyone at risk for having or witnessing an opioid overdose.
- Prescribe off-label medication for use as OORM.
- Prescribe, dispense, distribute, and deliver an OORM directly to any person who may be present at an opioid-related overdose (e.g., individuals, law enforcement, emergency medical technicians, family members, nurses, or service providers) in any setting.



- Enter into a [Collaborative Drug Therapy Agreement \(CDTA\)](#) with a pharmacist allowing the pharmacist to prescribe Naloxone directly to the public. The ARNP interested in entering into a [CDTA](#) with a pharmacist must submit the [CDTA Application](#) to the [Pharmacy Commission | Washington State Department of Health](#) for review and approval.

WABON supports institutions and agencies in initiating and implementing formal opioid overdose prevention programs as a strategy to prevent and respond to opioid overdoses within their facilities and/or in the community. Key components include:

- Educating high-risk patients, their family members, friends, and the community on recognizing opioid overdose signs, and administering opioid antagonist.
- Incorporating opioid overdose prevention training into nursing education curriculum.
- Allowing nurses and UAP to dispense, distribute, administer, and deliver OORM to high-risk patients and/or family members in any setting.
- Implementing CDTAs, standing orders/protocols to prescribe, dispense, distribute, and deliver opioid overdose medication, including following the [Naloxone State-Wide Standing Order](#).
- Following evidence-based practices for opioid analgesics to manage pain, and overdose management.

## **RN Delegation**

Although RN delegation is not required, the RN may choose to delegate intranasal OORM:

- To the NA-R/NA-C or Home Care Aide-Certified (HCA-C) in community-based and home settings following the delegation process.
- Non-credentialed staff in K-12 grade schools (public and private).

Unlicensed Assistive Personnel (UAP) may dispense, administer, distribute, and deliver intranasal or injectable medications following an order from an [authorized practitioner](#) for a patient or following standing orders, without RN delegation in any setting. Although not required, the RN may delegate administration of intranasal OORM to a UAP following

the delegation process to UAP in limited settings. These settings include Community-based settings (such as adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities), home settings, and Kindergarten through Twelve (K-12) grades, public and private schools. RN delegation of intranasal medication is only allowed in community-based settings, home settings, or K-12 settings. Licensed Practical Nurses (LPNs) are not allowed to delegate to UAP in any setting.

WABON recommends the nurse use the [Nursing Scope of Practice Decision Tree](#) to determine if an activity is within their individual scope of practice based on legal parameters, competencies (training, skills, knowledge, and experience), facility policies, practice standards, and other factors.

## References and Resources

### Laws and Rules

- [Washington State Department of Health: WABON Laws and Rules](#)
- [Washington State Department of Health: Pharmacy Quality Assurance Commission Laws and Rules](#)
- [RCW 28A.210.390: Opioid Overdose Reversal Medication—Standing Order—Administration](#)
- [RCW 28A.210.395: Opioid Overdose Reversal Medication—Policy Guidelines and Treatment Requirements—Grant Program](#)
- [RCW 4.24.300: Immunity from Liability for Certain Types of Medical Care](#)

### Resources

- [Centers for Disease Control: Overdose Resource Exchange Library](#)
- [Human Health Services: Surgeon General's Advisory on Naloxone and Opioid Overdose](#)
- [National Association of School Nurses: Naloxone in the School Setting](#)
- [National Council State Boards of Nursing: Opioid Toolkit](#)
- [Office of the Superintendent of Public Instruction: Health Services Resources](#)
- [Stop Overdose.Org](#)

- [Substance Abuse and Mental Health Services Administration: Opioid Overdose Reversal Medications](#)
- [Washington State Department of Children, Youth, and Families: Opioid Overdose Reversal Medications](#)
- [Washington State Department of Health](#)
  - [Washington State Department of Health: Overdose Prevention, Recognition, and Response](#)
  - [Overdose Education and Naloxone Distribution](#)
- [STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND ...](#)
- [Washington State Department of Social and Health Services: Opioid Overdose Reversal Medications in Long-Term Care Facilities](#)
- [Washington State Health Care Authority: Opiate Opioid and Overdose Response Plan](#)
  - [Opioid-Related Overdose Policy Guidelines and Training in the School Setting](#)
  - [3424 Procedure Opioid-Related Overdose Reversal](#)
  - [3424 Opioid-Related Overdose Reversal](#)

# English Proficiency Exams

## Preliminary Data

Lohitvenkatesh Oswal, Research Unit

# Background

- Internationally educated nurses are required to take an English Proficiency Exam (EPE) to practice in the United States in most states (except for OR and MT), with exceptions.
- While criteria vary, there is a lack of evidence to support or inform EPE requirements.
- We have compiled 13 years of EPE data available at WABON and compared the rate of discipline to the overall population.
- Next steps are to explore additional data to better inform our state's EPE regulations.

# Data

Year	English Proficiency Exam takers	Total Disciplinary Actions	Disciplinary Rate of exam takers (% of Exam takers)
1/1/2012-5/1/2025	4605	6	0.130 %

Year	Total RNs and LPNs	Disciplinary Actions Completed	Disciplinary rate (% of Total RNs and LPNs)
2018	107,057	153	0.143 %
2019	111,820	179	0.160 %
2020	111,134	161	0.145 %
2021	119,717	165	0.138 %
2022	131,836	133	0.101 %
2023	135,644	153	0.113 %
2024	115,226	128	0.111 %

- Over 13 years, 6 nurses were disciplined of the 4605 who completed EPE (0.130% rate).
- The annual rate of discipline for all nurses is comparable (range 0.101%-0.160%).
- International nurses who complete the EPE have comparable discipline rates as all RNs and LPNs.



# VII.

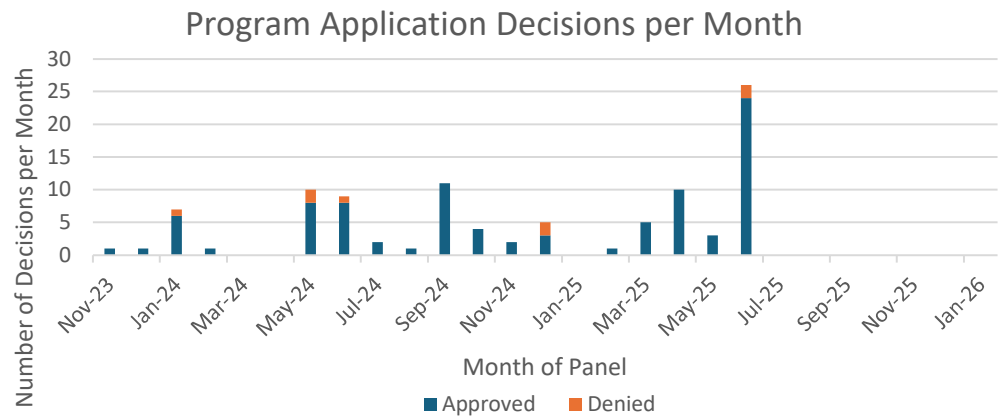
## Education

## Report

# NPAP Summary Report

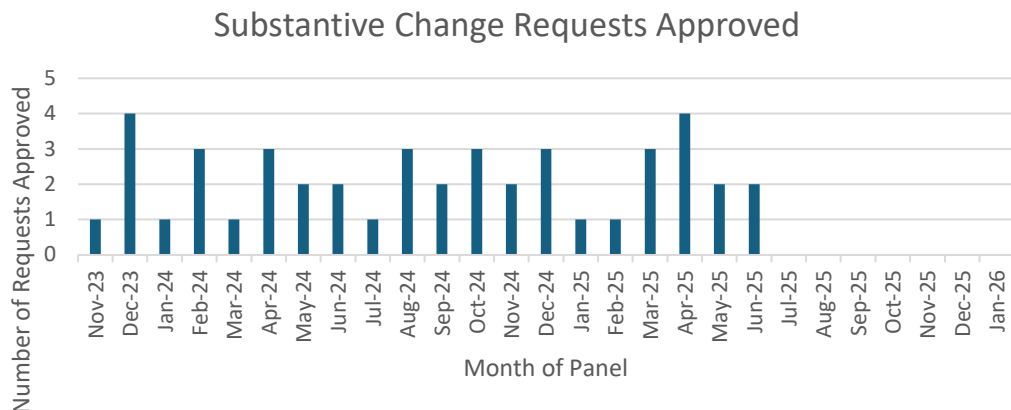
## Program Applications.

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.



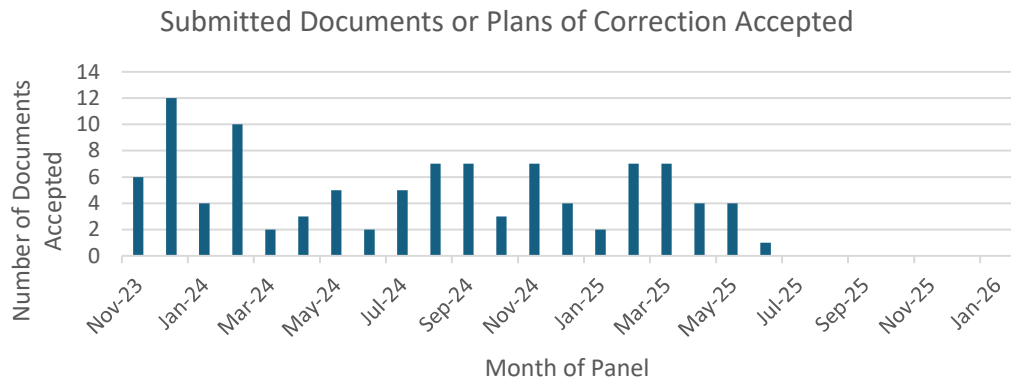
## Change Requests.

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



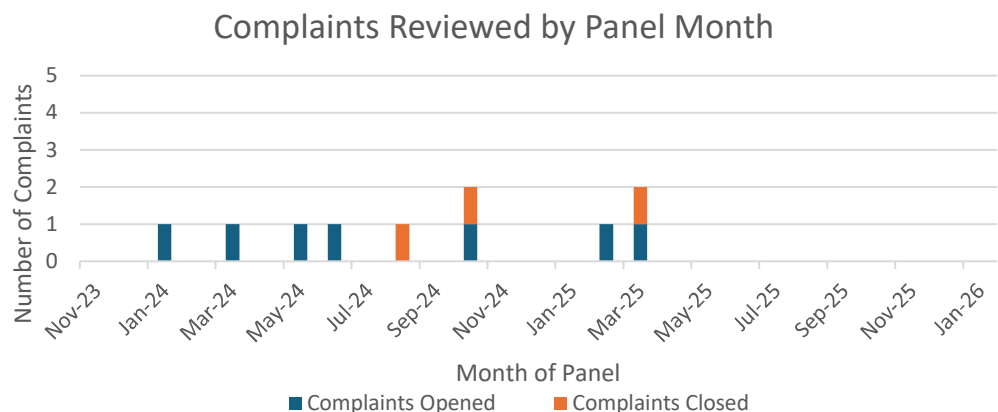
## Accepted Documents.

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.







# Nursing Program Annual Report

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WASHINGTON STATE BOARD OF  
NURSING

JULY 2025

# Introduction 2023-2024

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Approved Washington State nursing programs, nursing assistant, and out-of-state programs approved for clinical placement of students

Five different surveys combined:

- 1) Prelicensure in-state program survey administered by the National Council of State Boards of Nursing (NCSBN).
- 2) Postlicensure in-state program survey administered by the WABON.
- 3) Out-of-state program survey administered by WABON.
- 4) Refresher program survey administered by WABON.
- 5) Nursing assistant training program survey administered by WABON.

# Overview

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- Students
- Faculty
- Trend analysis academic progression
- Out of state programs
- Nursing assistant programs

# Dashboards Available

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- [Education](#)
- [Licensing](#) *(updates paused)*
- [Workforce](#) *(updates paused)*
- [Discipline](#)
- [Preceptor Grant](#)



Click for more information

# Nursing Education Trends by Academic Year



## Program

- ☒ Select all
- ☒ Postlicensure
- ☒ Prelicensure
- ☒ AD-RN
- ☒ BSN
- ☒ GE
- ☒ LPN
- ☒ LPN to BSN
- ☒ Other BSN

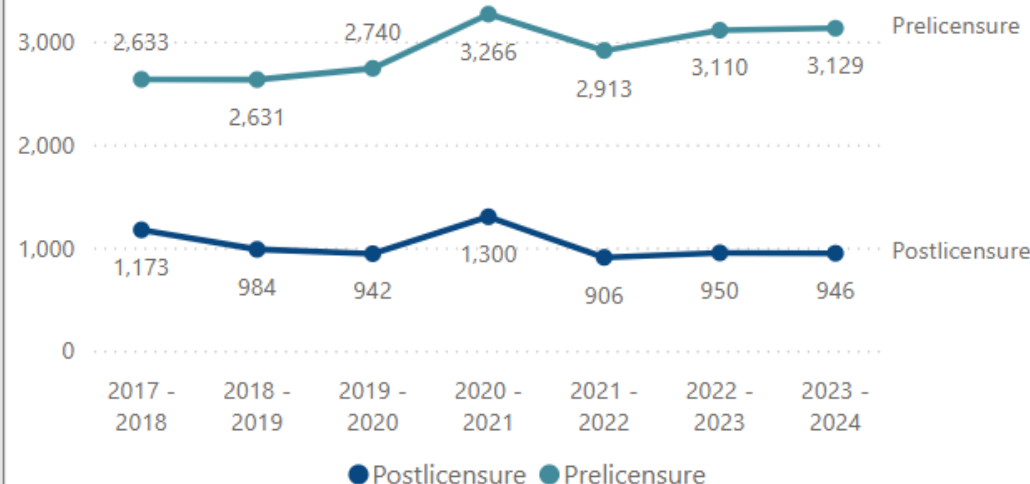
## School Type

- ☒ Select all
- ☒ College
- ☒ University

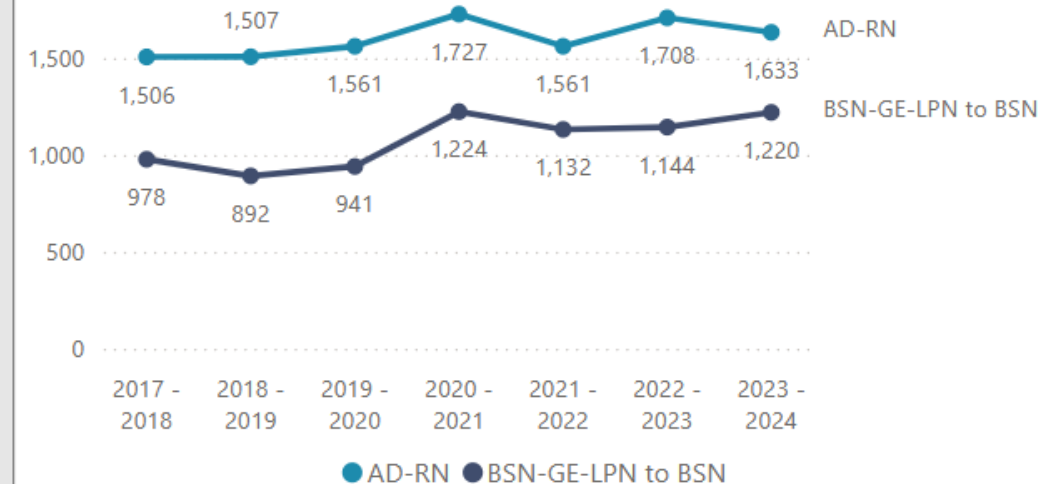
## College or University

Multiple selections

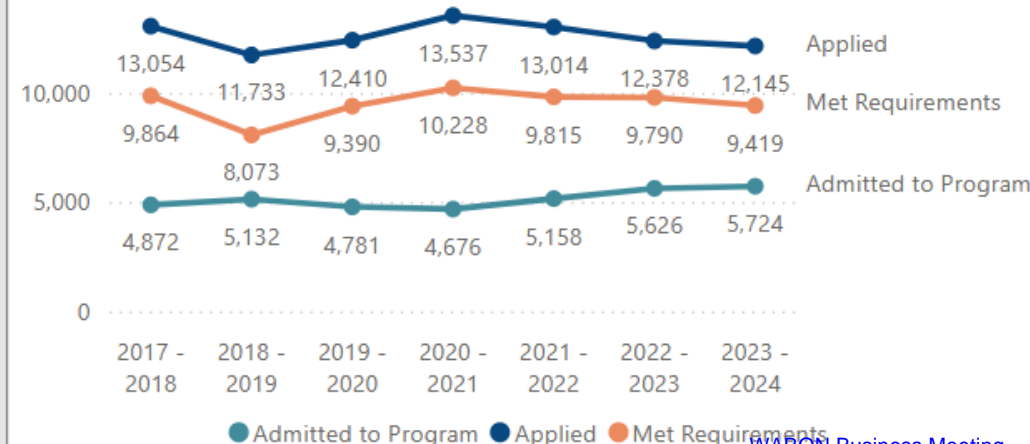
### Total Graduates



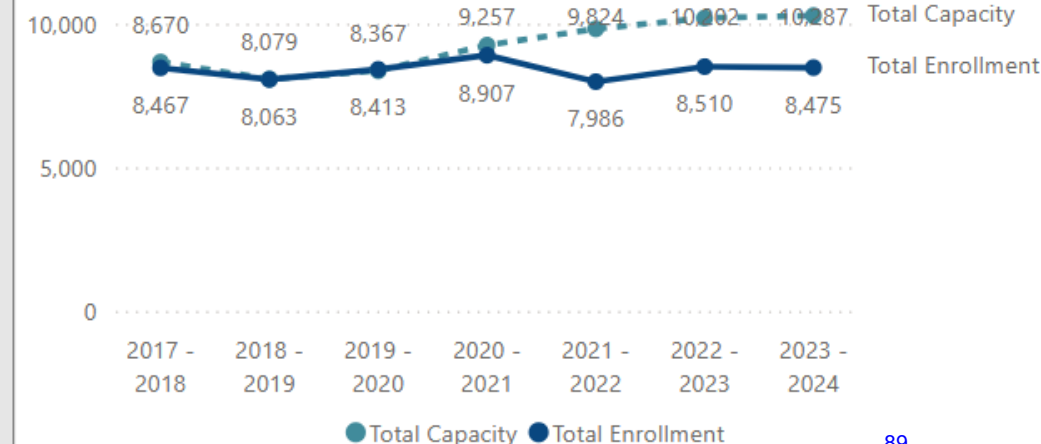
### AD-RN and Prelicensure BSN Graduates



### Admission Details by Year

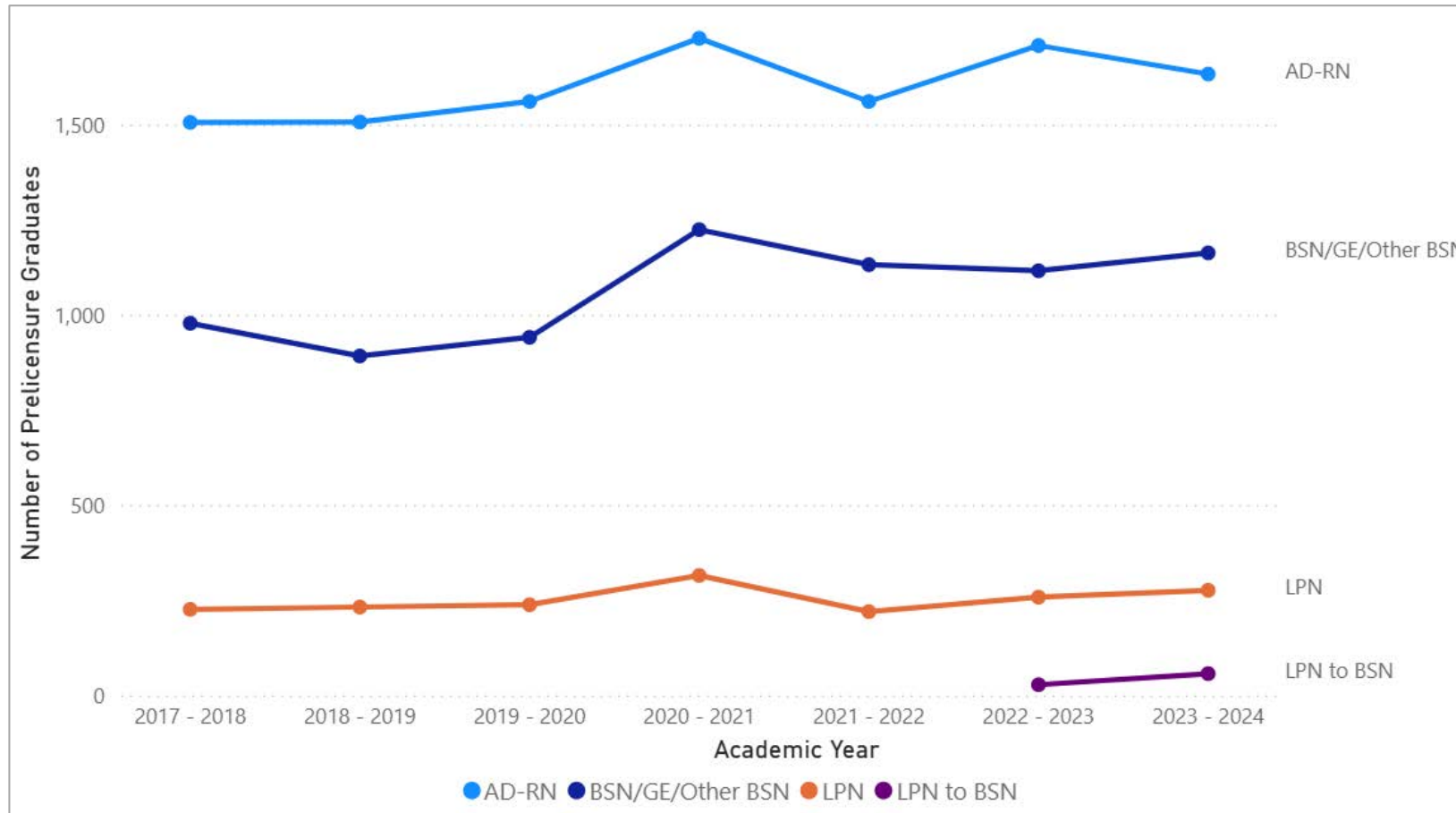


### Total Enrollment and Estimated Enrollment Capacity

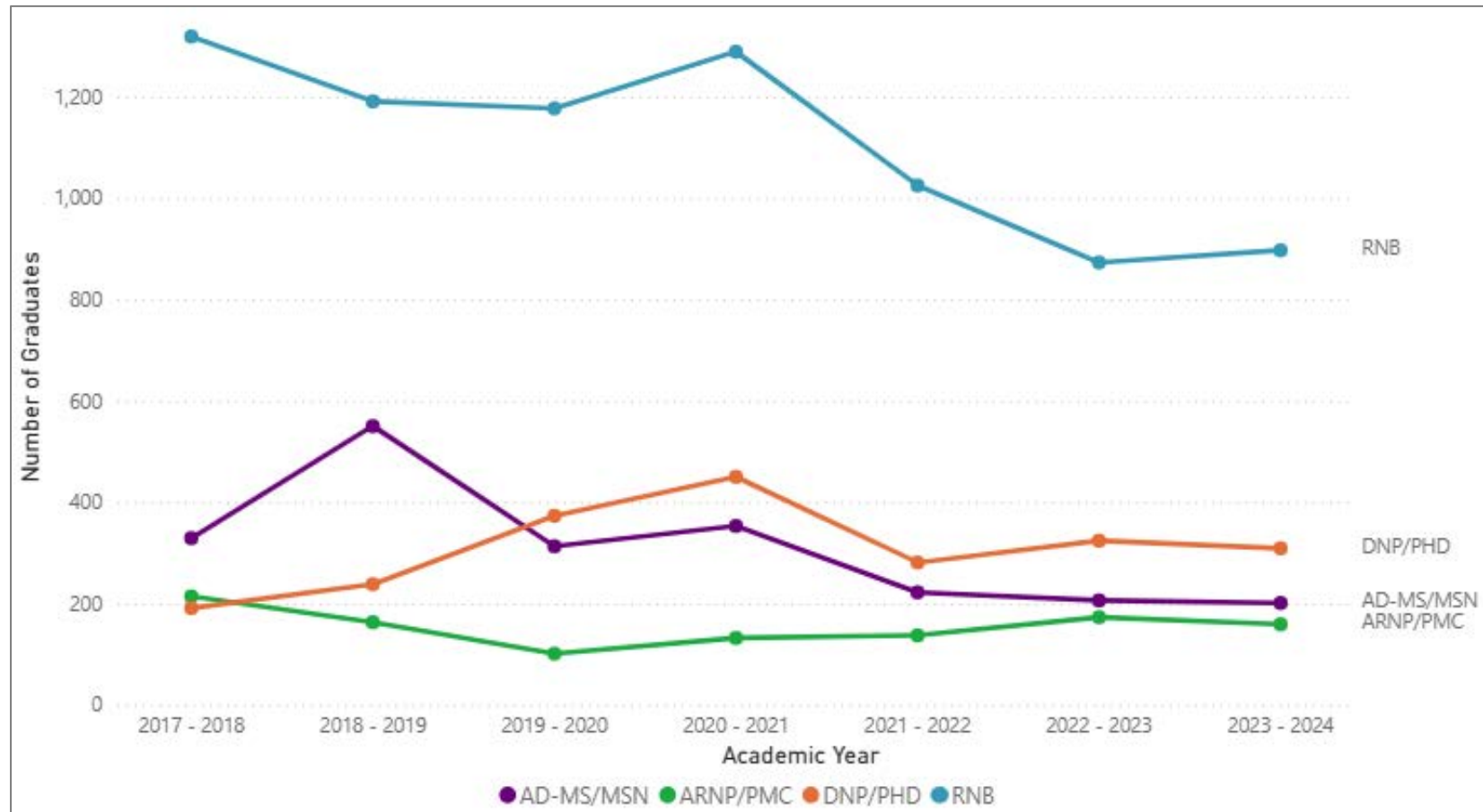
WABON Business Meeting  
July 11, 2025

Applicants often apply to multiple nursing programs seeking admission. Western Governors University excluded from view by default; use College or University filter to include.

# Total Prelicensure Program Graduates by Program Type

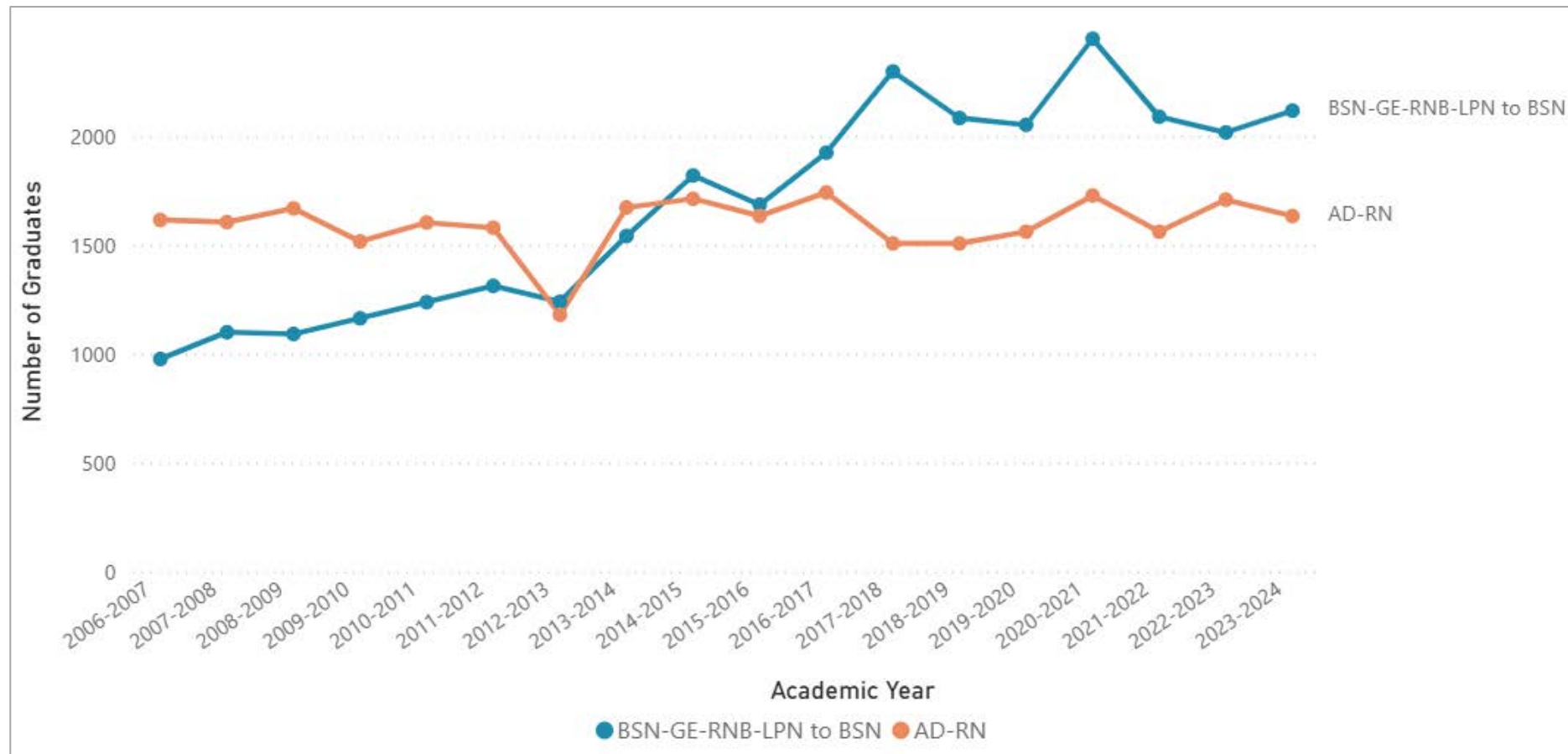


# Total Postlicensure Program Graduates by Type of Program

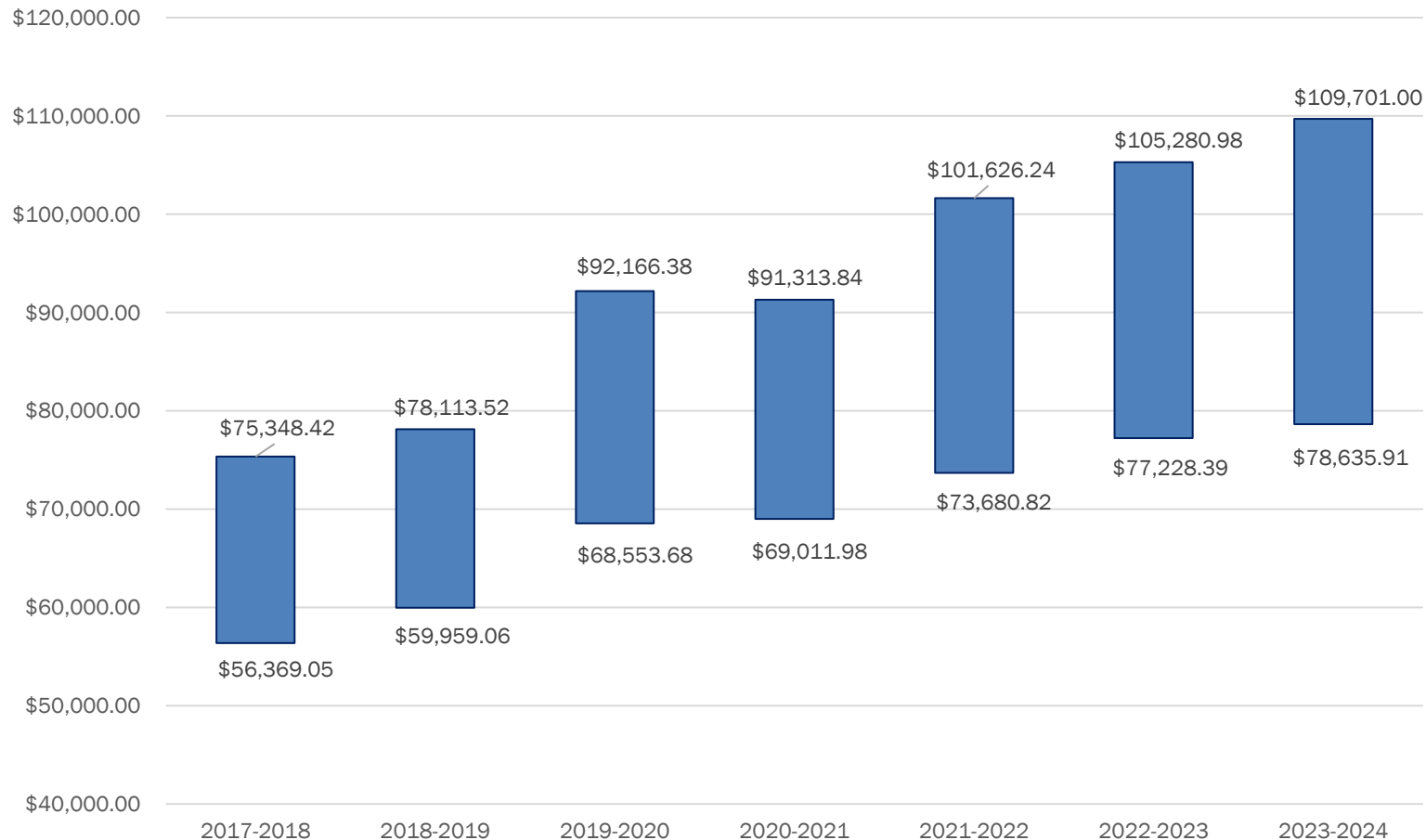




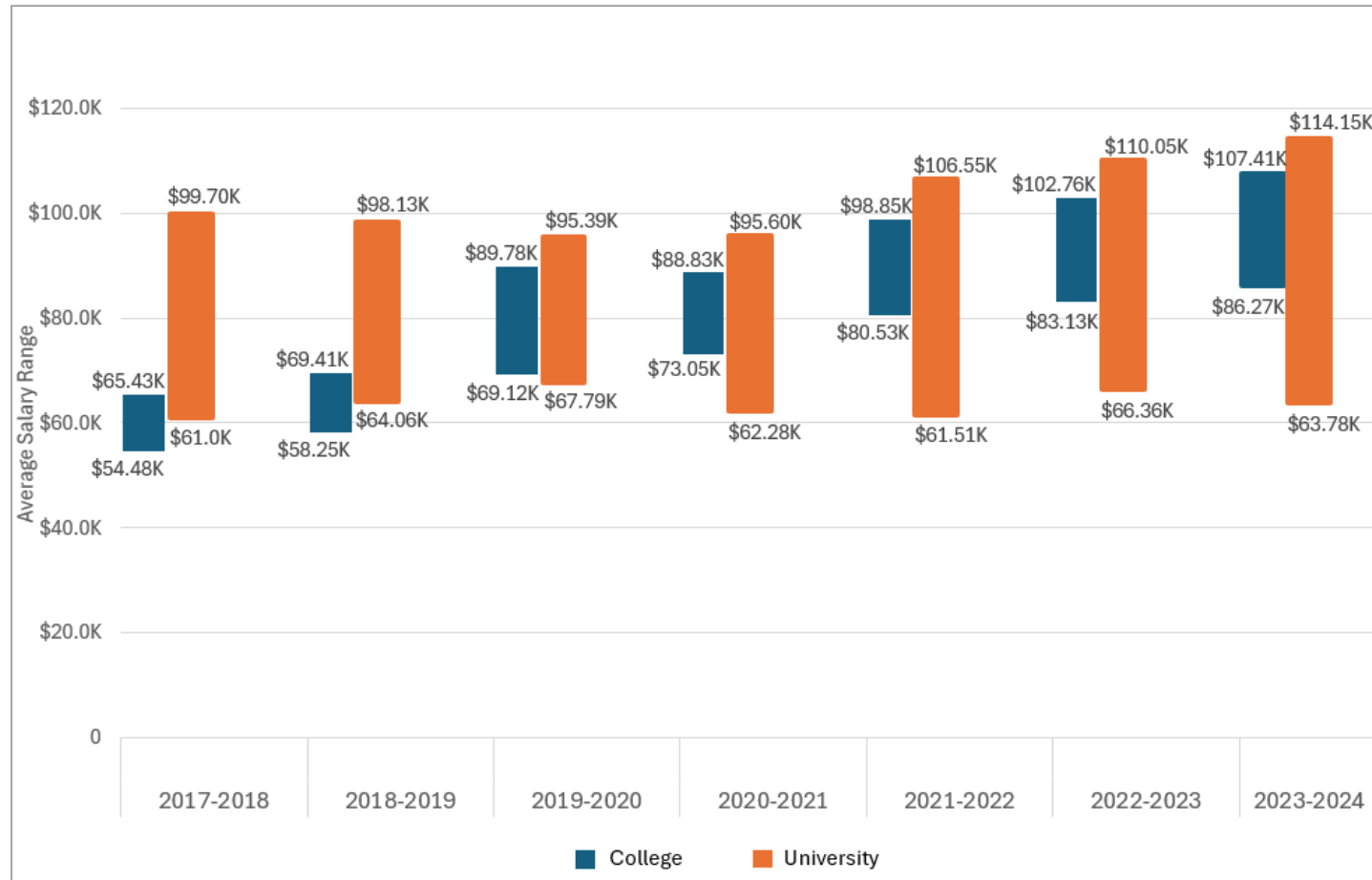
## Comparing AD-RN and total BSN graduate trends (RN)



# Average Salary Range for 9 Month Full-Time Faculty Contracts by Academic Year



# Comparing Average 9 Month Full Time Faculty Salaries for Colleges and Universities



# Students with Clinical Site Placement from Out of State Programs by Track

---

	LPN	AD-RN	LPN to BSN	BSN	RNB	AD-MS	GE	MSN	NP-MN	PMC	DNP	PhD	Other	Total
<b>2020-2021</b>	126	235		551	155	1	1	86	530	51	114	4	5	1,859
<b>2021-2022</b>	156	225		472	232	0	0	48	414	69	146	4	13	1,779
<b>2022-2023</b>	180	256		572	235	3	0	72	457	55	113	9	16	1,968
<b>2023-2024</b>	146	272	23	486	230	7	0	79	392	82	140	0	3	1,860



Click for more information

# Out of State Students in Washington Clinical



2017 - 2018

2018 - 2019

2019 - 2020

2020 - 2021

2021 - 2022

2022 - 2023

2023 - 2024

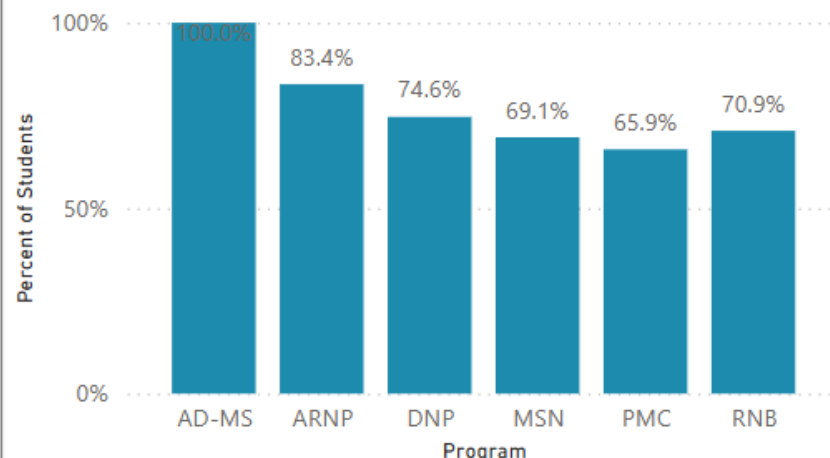
Colleges or Universities

112

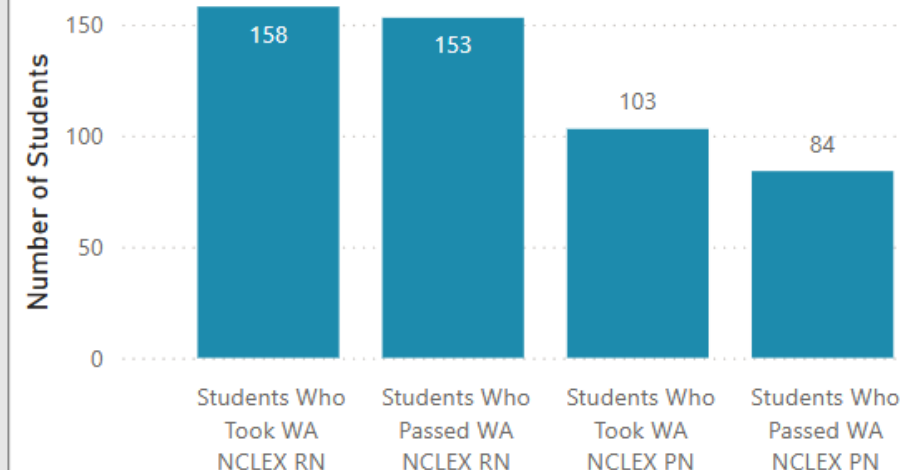
Total Programs Reported

250

Percent of Postlicensure Students Reportedly Planning to Stay in WA



Out of State Students Taking WA NCLEX



Prelicensure Students

927

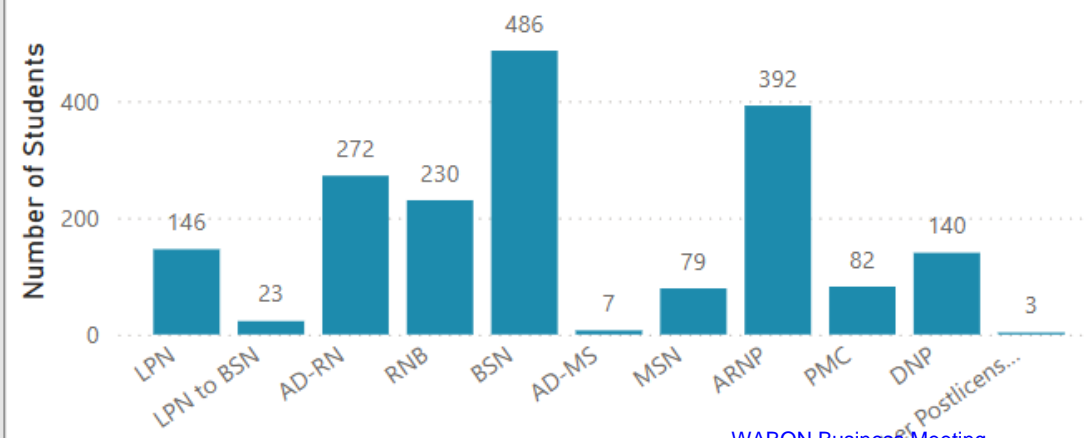
Postlicensure Students

933

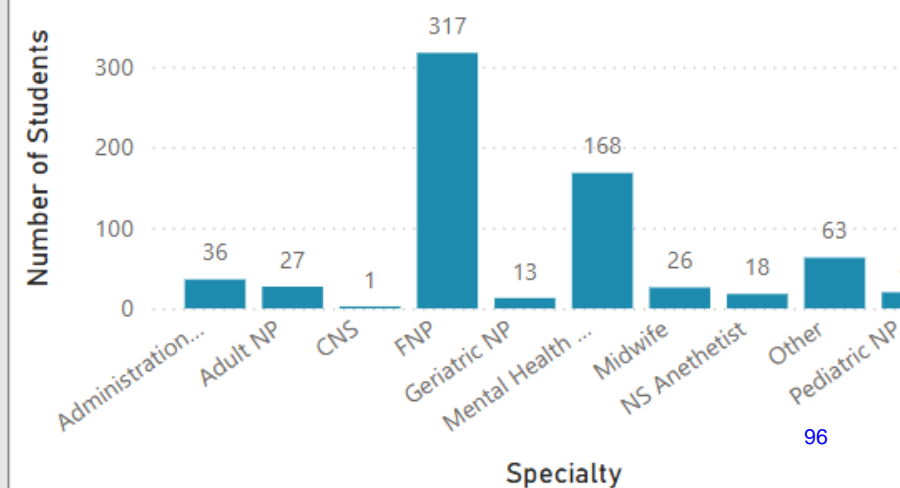
Top States of OOS Students with WA Clinical Experience

State	OOS Total
Oregon	551
Idaho	473
Minnesota	159
Illinois	99
Arizona	94
Indiana	85
Kentucky	78
Alabama	56

Out of State Students in WA Clinical by Program

WABON Business Meeting  
July 11, 2025

Specialties of Postlicensure Students in WA Clinical



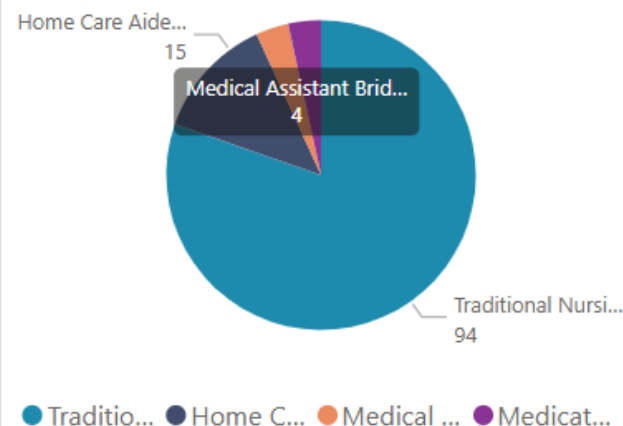
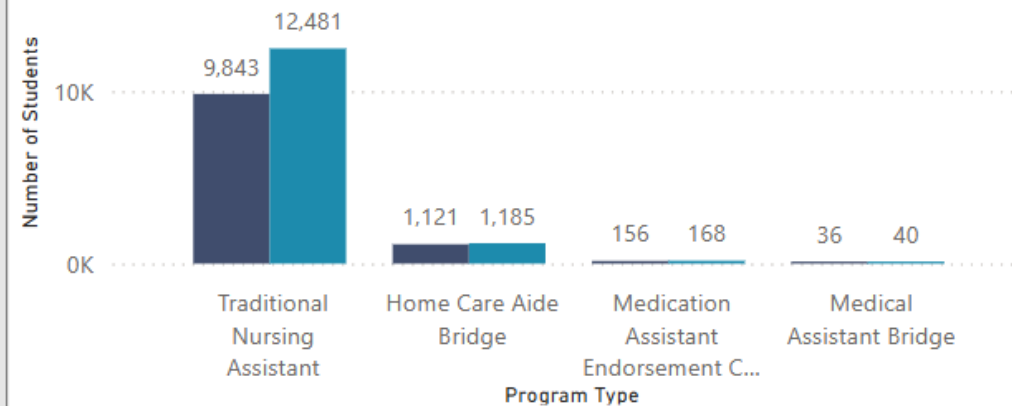
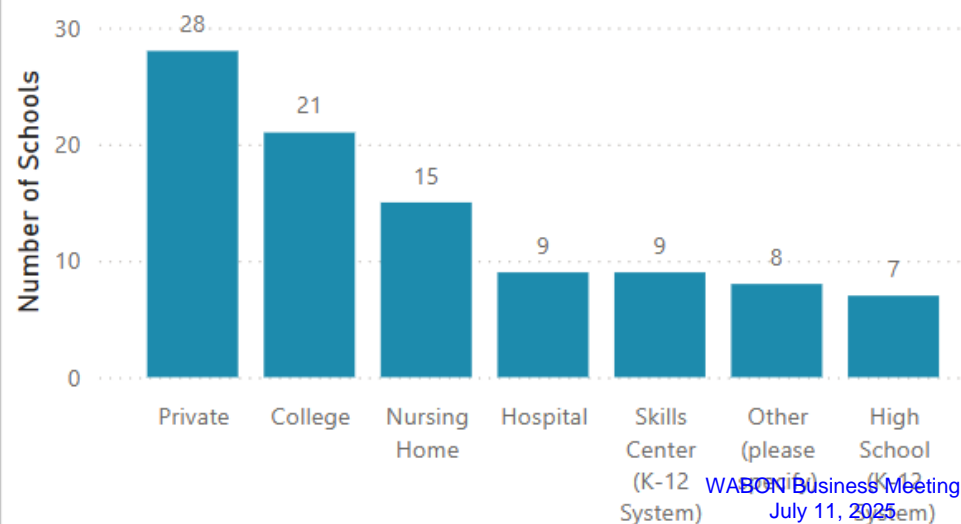
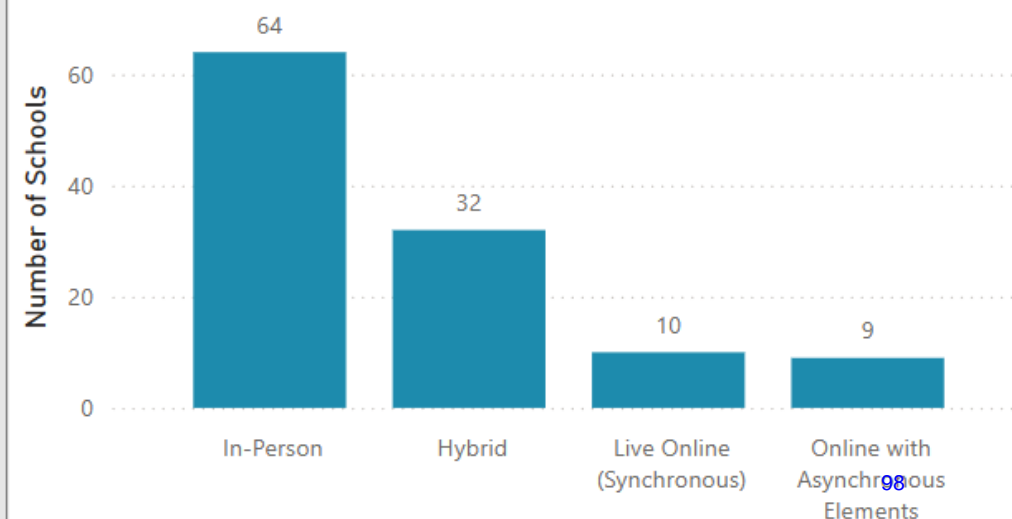
# Students Who Started and Completed Nursing Assistant Training Programs

---

	Started Program	Voluntarily Withdrew	Did Not Pass	Completed Program	Completion Rate
Home Care Aide Bridge	1,185	33	23	1,121	94.6%
Medical Assistant Bridge	40	2	11	36	90.0%
Medication Assistant Endorsement	168	2	6	156	92.9%
Traditional Nursing Assistant	12,481	1,045	948	9,843	78.9%
<b>Total</b>	<b>13,874</b>	<b>1,082</b>	<b>988</b>	<b>11,156</b>	<b>80.4%</b>

[Click for more information](#)

# Nursing Assistant Training Programs 2022-2024

[Overview](#)[Demographics](#)[Employment](#)[Map](#)**Schools  
Surveyed****97****Total Programs****117****Total Programs by Training Type****Students Who Started and Completed Program by Program Type****Description** ● Completed Program ● Started Program**Number of Schools by Type****Learning Modality Used by Nursing Assistant Training Schools**



# Key Takeaways

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- Enrollment capacity and the number of students admitted annually have risen since 2020-2021
- The number of BS-RN prepared nurses continues to slowly outpace AD-RN nurses
- Faculty salaries continue to steadily rise, particularly in CTCs

# Recommendations

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- Use of the Dashboard for more detail in data sources.
- Further collect nursing assistant training data to allow for trend analysis in the future.
- Review WCN's upcoming report on Nursing Education Trends 2019-2023 for more in-depth analysis on nursing education trends.

# Questions?

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

---

NURSING EDUCATION PROGRAMS  
2023-2024 ANNUAL SCHOOL REPORT

*STATISTICAL SUMMARY AND TRENDS ANALYSIS*

DOH 669-269 (Revised May 2020)  
**Public Health** – *Always Working for a Safer and Healthier Washington*

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## Acronyms

<b>AD-RN</b>	<b>Associate Degree in Nursing – Registered Nurse</b>
<b>AD-MS</b>	Associate Degree in Nursing to Master of Nursing
<b>ARNP</b>	Advanced Registered Nurse Practitioner
<b>BSN</b>	Bachelor of Science in Nursing – Registered Nurse
<b>LPN</b>	Licensed Practical Nurse
<b>LPN to AD-RN</b>	Licensed Practical Nurse to Associate Degree in Nursing
<b>LPN to BSN</b>	Licensed Practical Nurse to Bachelor of Science in Nursing
<b>GE</b>	Graduate Entry Programs – Registered Nurse
<b>MSN</b>	Master of Science Nursing
<b>NCLEX®</b>	National Council Licensure Examination
<b>RN</b>	Registered Nurse
<b>RNB</b>	Registered Nurse Bachelor (Bachelor’s degree programs for licensed RNs)
<b>PMC</b>	Post Master’s Certificate Nurse
<b>DNP</b>	Doctorate of Nursing Practice
<b>MN</b>	Master of Nursing
<b>MS</b>	Master of Science
<b>NA</b>	Nursing Assistant
<b>CNS</b>	Clinical Nurse Specialist
<b>FNP</b>	Family Nurse Practitioner
<b>ANP</b>	Adult Nurse Practitioner
<b>MHNP</b>	Mental Health Nurse Practitioner
<b>PNP</b>	Pediatric Nurse Practitioner
<b>GNP</b>	Geriatric Nurse Practitioner
<b>MW</b>	Midwife
<b>ANES</b>	Nurse Anesthetist
<b>ED</b>	Education
<b>Adm</b>	Administration and Leadership
<b>POP</b>	Population Health
<b>WABON</b>	Washington State Board of Nursing

# Nursing Programs Annual Report

## 2023-2024

### **Introduction**

#### **Background**

The Washington State Board of Nursing (WABON) requires all nursing education programs to provide information annually [WAC 246-840-520(3)]. This report summarizes 2023-2024 academic year survey data from approved Washington State nursing programs and out-of-state programs approved for clinical placement of students. Selected data trends are highlighted.

This report combines results from five different surveys; 1) the in state prelicensure nursing program survey administered by the National Council of State Boards of Nursing (NCSBN), 2) the in state post-licensure program survey administered by the WABON, 3) the in-state refresher program survey administered by WABON, 4) the out-of-state program survey administered by WABON, and 5) the nursing assistant program survey administered by WABON.

Thirteen universities and twenty-nine community and technical colleges (CTC) with approved nursing schools in Washington State completed the pre-licensure and post-licensure surveys as applicable.

One hundred twelve out-of-state schools approved for clinical placements completed the out-of-state survey during the 2023-2024 academic year. These 112 colleges and universities reported on a total of 250 programs.

Ninety-seven nursing assistant schools in Washington state responded to the 2022-2024 Nursing Assistant Program survey, reporting a total of 117 programs. This survey had an estimated 76% response rate.

Six refresher programs completed the 2023-2024 Refresher Program Survey, reflecting 5 RN refresher programs and 2 LPN refresher programs.

The report will combine, when possible, prelicensure and post-licensure student and faculty program information provided by nursing schools in the state of Washington. The more limited but valuable out-of-state program results are provided after the in-state program information. This is followed by the results from our refresher program survey and our nursing assistant program survey. When appropriate, Washington state responses will be compared to national benchmarks and selected research findings. Finally, there is a summary and analysis of the annual survey findings, with a list of recommended actions based on these results and trend analysis.

#### **Data Dashboards**

Beginning in January 2024, WABON launched several interactive data dashboards on the nursing.wa.gov website (currently located under the [Research and Data](#) pages), that includes extensive Licensing Data, Workforce Data, Discipline Data, Preceptor Grant Data, and Education Data. With the introduction of the data dashboards, users can now access nursing data more directly and can find the answers to questions they may have more easily. Data processing and validation methods have also changed with the introduction of the data dashboards. Because of this, some data found within the dashboard may vary slightly from the information reported in previous annual reports.



For additional education data such as clinical hours, NCLEX data, data by program, and more, please visit the [Education Data Dashboard](#).

## **In-State Programs**

Forty-two approved nursing schools in Washington State completed the annual survey representing a total of 85 program types. There are seven licensed practical nurse (LPN) programs, and twenty-six associate degree RN (AD-RN) programs. Nine of the AD-RN programs also offer an LPN to AD-RN pathway. Six universities and four community colleges offer RN to BSN (RNB) programs and five schools offer LPN to BSN programs. Twelve universities offer Bachelor of Science in nursing (BSN) programs. There are two AD-RN to MSN (AD-MS) programs, one program offering master's degree graduate entry to the RN (GE), one master's degree for advanced registered nurse practitioner (ARNP), and six other master's programs. Finally, there are four post-master's certificate (PMC) programs, seven doctoral of nursing practice (DNP) and two Ph.D. programs. The undergraduate and graduate program specifics are outlined below.

## **Prelicensure Programs**

The total number of pre-licensure graduates increased from the 2022-2023 academic year to the 2023-2024 academic year. In 2023-2024, LPN programs had 276 graduates and BSN/GE/Other BSN programs had 1,163 graduates, indicating an increase for both program types. Those completing Graduate Entry (GE) degrees are included in these graduation numbers because they are prelicensure programs. The number of AD-RN program graduates was 1,633, a slight decrease from the year prior. The number of LPN to BSN program graduates are included here since they are pre-RN licensure, increased from the 2022-2023 to the 2023-2024 academic year as well.

**Table 1. In State Prelicensure Graduates**

	<b>LPN</b>	<b>AD-RN</b>	<b>BSN/GE/other</b>	<b>LPN to BSN</b>
<b>2017-2018</b>	226	1507	978	
<b>2018-2019</b>	232	1507	892	
<b>2019-2020</b>	238	1561	941	
<b>2020-2021</b>	315	1727	1224	
<b>2021-2022</b>	220	1561	1132	
<b>2022-2023</b>	258	1708	1116	28
<b>2023-2024</b>	276	1633	1163	57

Figure 1: Total Prelicensure Program Graduates by Type of Program

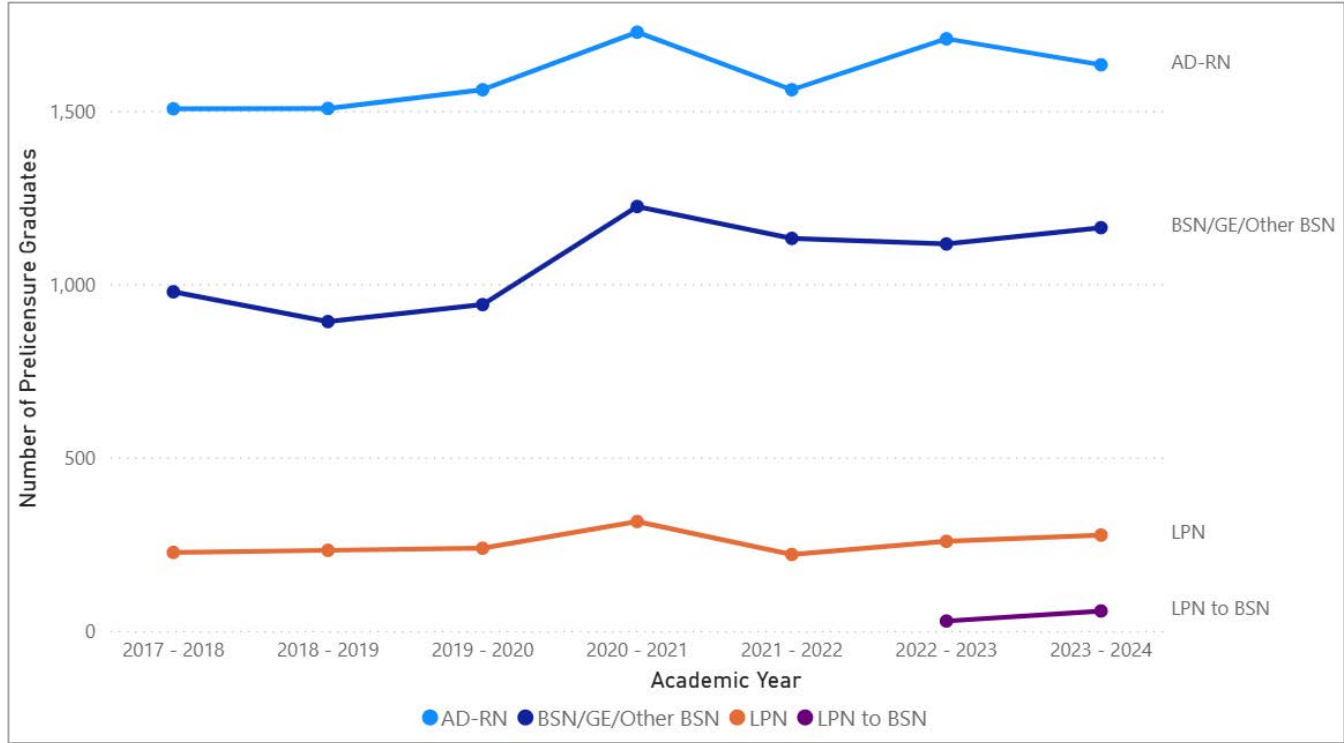


Table 1 and Figure 1 above provide prelicensure program graduations for comparison to the past six years. The amount of BSN/GE/Other prelicensure, LPN, and LPN to BSN graduates have increased slightly since last year, while AD-RN graduates has decreased since last year’s rise. The Institute of Medicine Report (IOM) [2010], titled *The Future of Nursing*, identifies nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. Washington State has been a leader in successful strategies for academic progression from AD to BSN and LPN to BSN.

LPN to AD-RN Programs

For the first time with this year’s prelicensure survey, we added additional questions for AD-RN programs to provide data on students in the LPN to AD-RN program tracks. In the 2023-2024 academic year, eight community and technical colleges in Washington approved for LPN to AD-RN programs reported a total of 396 LPN to AD-RN students. A total of 189 LPN to AD-RN graduates were reported during the academic year. This information as well as details about student application and admission can be found in table 5 below.

Table 5: Overview of Key LPN to AD-RN Data Points for Academic Year 2023-2024

Overview	2023-2024
Total Enrollment	396
Applied to Program	844
Met Program Requirements	648
Admitted to Program	316
Total Graduates	189

LPN to BSN Programs

Starting in the academic year 2022-2023, WABON has begun collecting data on LPN to BSN programs within the state. We were able to collect data from five LPN to BSN programs this year. In table 6 below, you can see

some key highlights about these programs in Washington from this academic year, 2023-2024, compared to last academic year, 2022-2023. This program type across the board has shown growth in total enrollment, applications, students admitted, and graduates. These programs work towards WABONs goal of academic progression by offering a pathway for licensed practical nurses to obtain a Bachelor of Science degree in nursing.

**Table 6: Overview of Key LPN to BSN Data Points for Academic Years 2022-2023 and 2023-2024**

Overview	2022-2023	2023-2024
Total Enrollment	112	118
Total Enrollment Capacity	135	184
Applied to Program	193	201
Met Program Requirements	139	178
Admitted to Program	84	102
Total Graduates	28	57

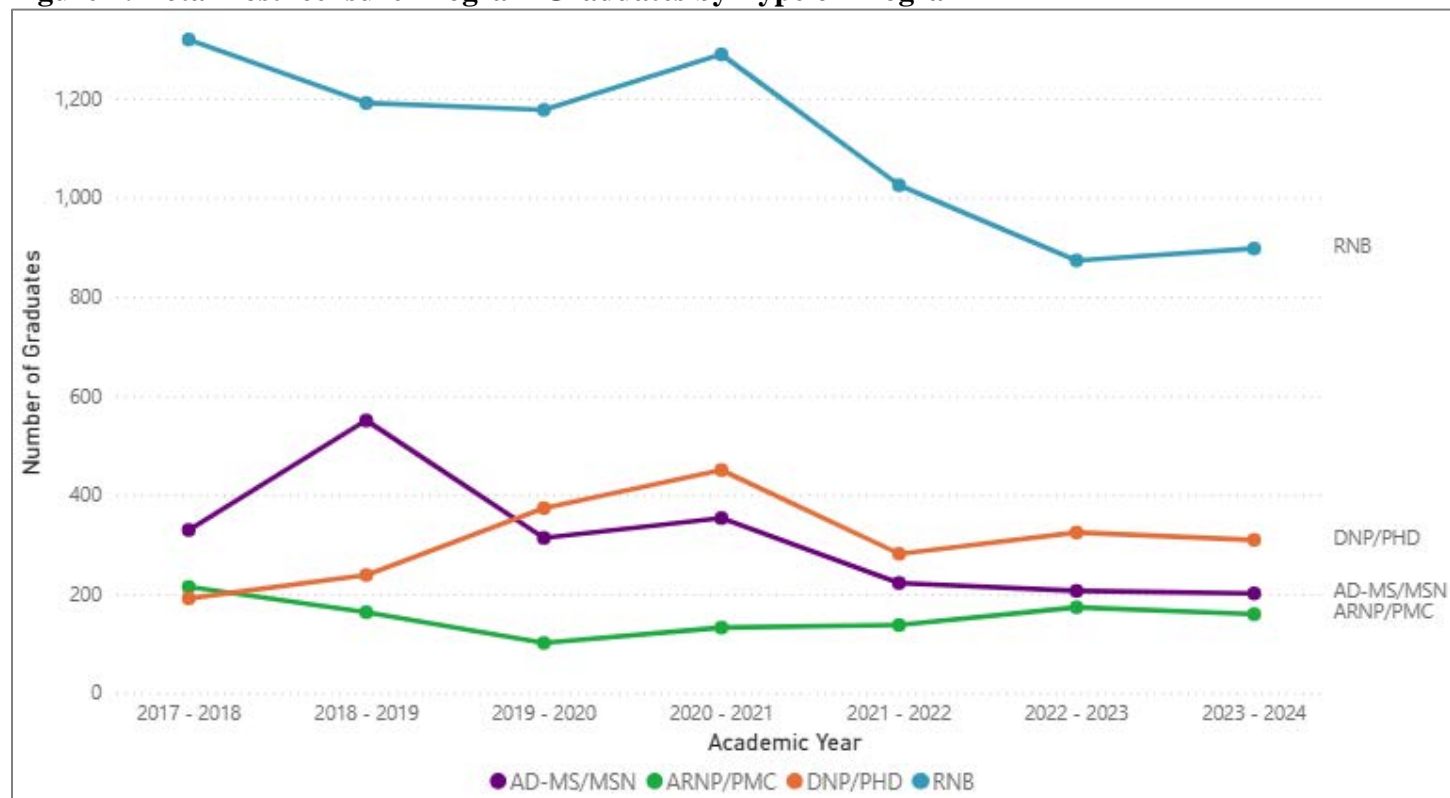
## Postlicensure Programs

Table 3 and Figure 2 below outline the RNB, masters, and doctoral graduates by type of program combining graduates into one RNB category, 2 master's categories, and one doctoral category for illustration. The graduates of RNB programs increased to 897 during the last academic year. The 182 MSN graduates preparing for specialties that do not require an ARNP and 19 AD-RN to MS graduates are combined. 153 master's prepared advanced registered nurse practitioners graduated in 2023-2024 and are combined with the 6 post-master's certificates in nursing (PMC) graduates. Also, programs reported 286 DNP and 23 PhD for a total of 309 graduates with a nursing doctorate in 2023-2024. The total number of graduates from post-licensure programs for six years is outlined below.

**Table 3. Post-licensure Total Number of Graduates by Program**

Academic Year	RNB	MSN/ADMN Non ARNP	MSN/ARNP/PMC	PhD/DNP
2018-2019	1191	550	163	238
2019-2020	1177	313	101	373
2020-2021	1289	353	132	450
2021-2022	1025	222	137	281
2022-2023	873	206	173	324
2023-2024	897	201	159	309

**Figure 2: Total Postlicensure Program Graduates by Type of Program**



Although there were graduates from graduate entry (GE) programs during 2023-2024, the GE graduates were reported with undergraduate pre-licensure programs, so they are not included in the graduation numbers above.

Individual specialty programs are provided below in Table 4. The graduates prepared in different specialty areas meet the needs across the state in primary care, education, research, and other areas of practice. The number of graduates by program and specialty area are outlined below from three types of programs and 12 different specialty areas.

**Table 4. In-State Post licensure Graduates by Program and Selected Specialty Areas 2023-2024**

2023-2024	CNS	FNP	ANP	MHNP	PNP	GNP	MW	ANES	ED	Adm	POP	Other
ARNP-MN		98		55								
MSN									66	74	6	36
ARNP- DNP	4	110	14	51	13	34	17	15		12		12
<b>TOTALS</b>	<b>4</b>	<b>208</b>	<b>14</b>	<b>106</b>	<b>13</b>	<b>34</b>	<b>17</b>	<b>15</b>	<b>66</b>	<b>86</b>	<b>6</b>	<b>48</b>

## RN to BSN

The enrollment in RN to BSN programs in Washington schools started to rise sharply in 2013-2014 academic year and continued to rise to a high in 2017-2018 with 2,582 students enrolled in RNB programs. This year, there are 897 RNB graduates representing a slight increase of graduates compared to last year's 873 graduates.

Figure 3: Comparing AD-RN and total BSN graduate trends

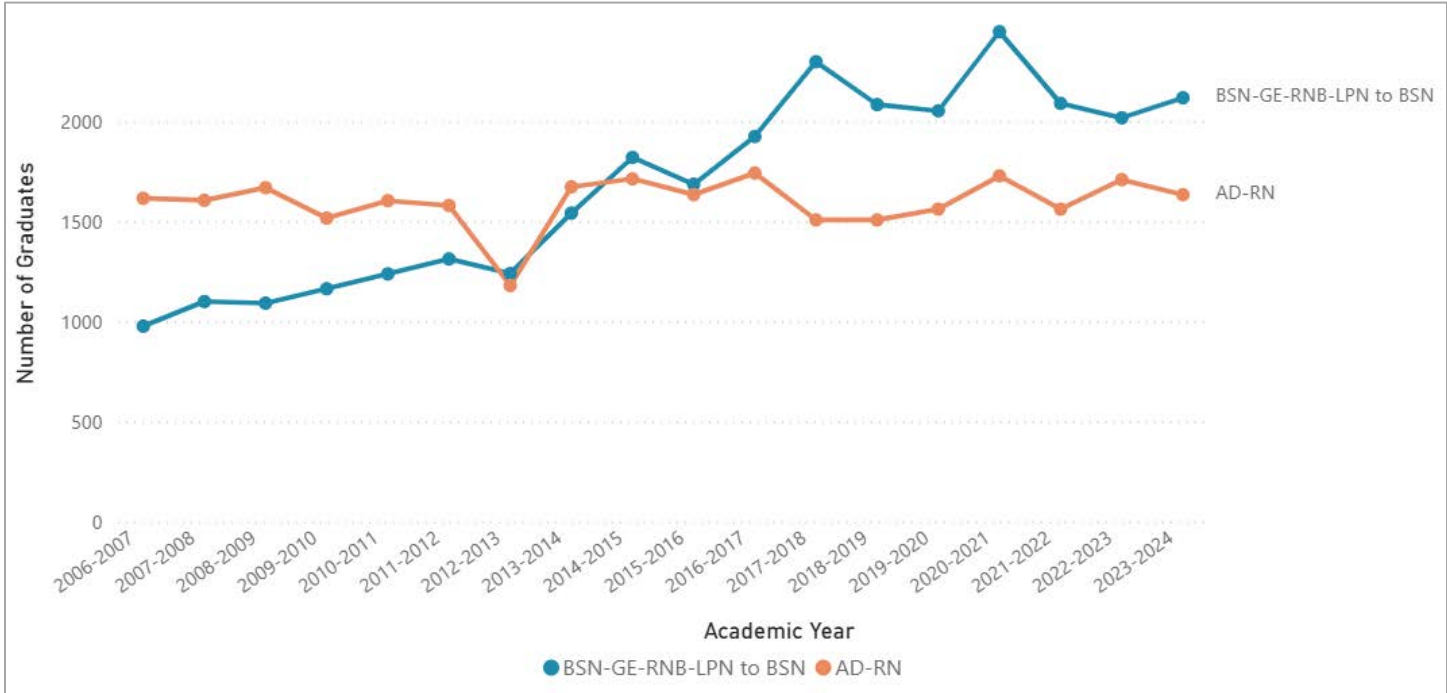


Figure 3 gives a little different picture of the results of successful academic progression strategies on increasing the number of RNs with BSN degrees. The number of RN to BSN graduates are combined with BSN, LPN to BSN, and GE graduates to represent the total BSN prepared RNs in 2023-2024. This can be compared with the AD-RN graduates. Although an imperfect comparison, it can provide some insight into the changing nursing education landscape in the state and show how the number of Bachelors prepared nurses has increased in the last two decades, while the amount of Associates prepared nurses has stayed relatively unchanged.

Refresher Programs

Data on Refresher Programs within Washington state is collected separately from other education programs via the WABON Refresher Program Annual Survey. Refresher Programs serve to help nurses return their license to active status after they have been inactive or let their license lapse for three or more years. Washington State began collecting data on these programs in 2021-2022. Some key data points for these programs can be seen in table 7 below. Currently, we have 6 RN refresher programs in the state and 2 LPN refresher programs, that saw a total of 63 students complete the program last year, a small decrease from the 66 graduates who completed the program the year prior.

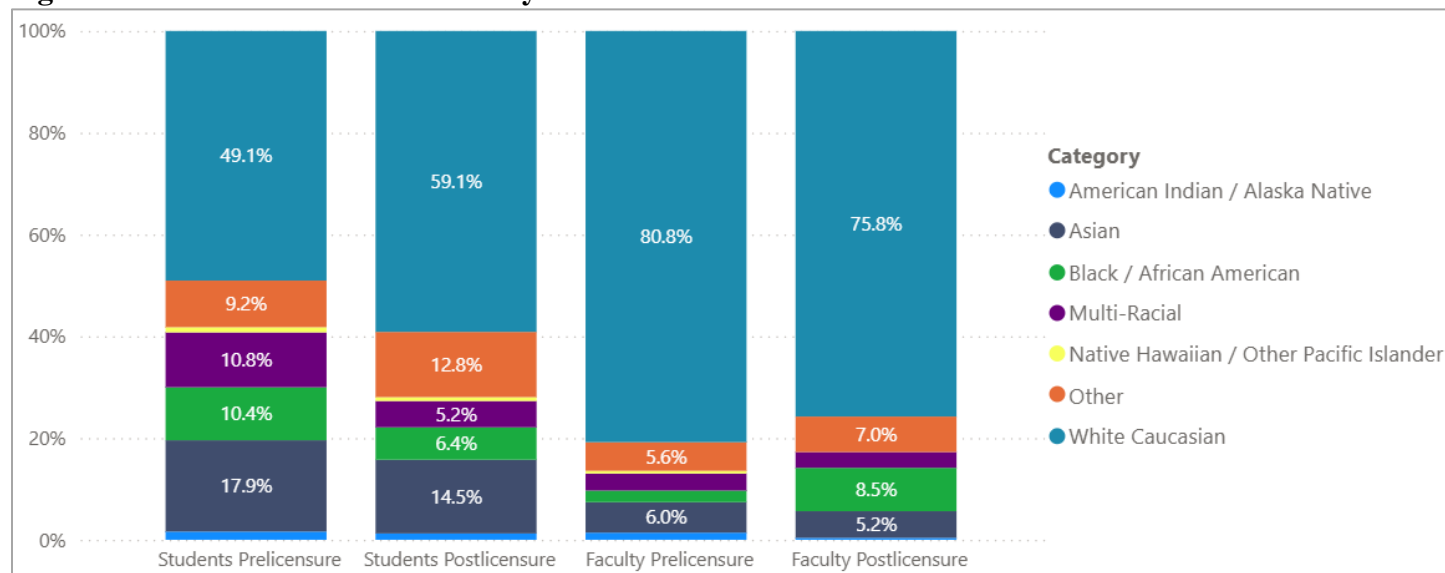
Table 7: Overview of Key Refresher Program Data Points

Overview	LPN	RN
Number of Programs	2	5
Total Enrollment	19	69
Total Graduates	10	53

Faculty and Student Race and Ethnicity

Washington State nurse educators are committed to the goal of assuring faculty and students reflected the diversity of the Washington State residents they serve. These efforts have accelerated with commitment to infuse all work with goals of equity and inclusion.

**Figure 4: Percent of Full-Time Faculty and Student Race**



**Figure 5: Percent of Full-Time Faculty and Student Ethnicity**

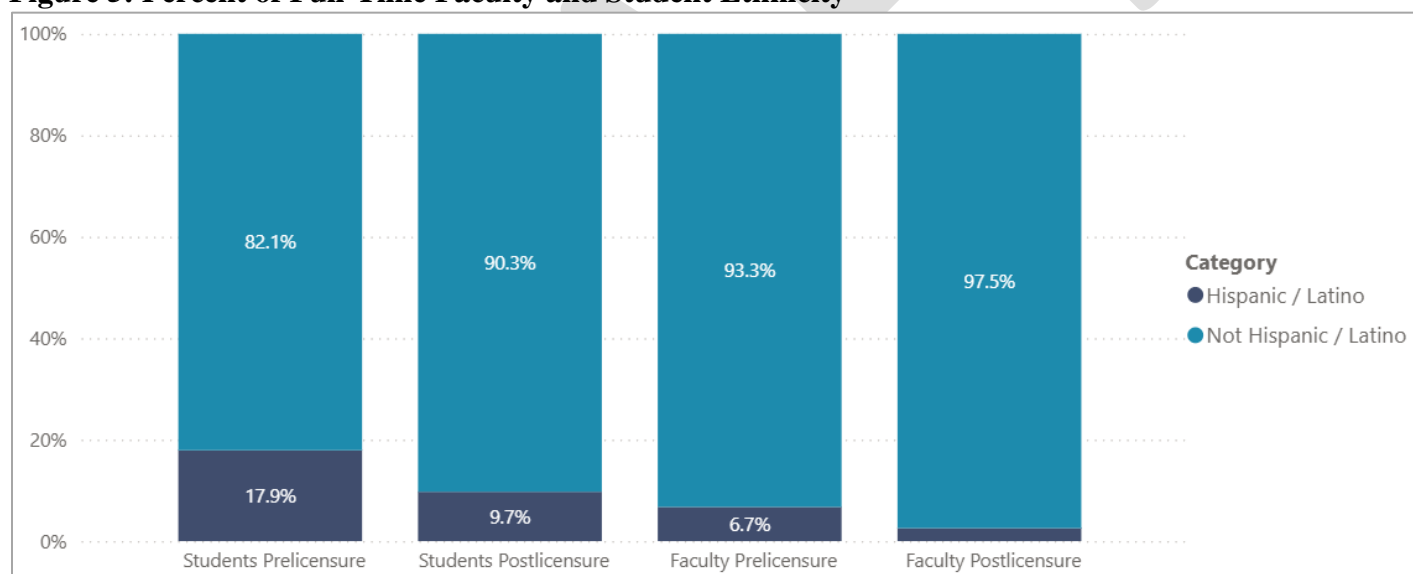


Figure 4 above illustrates the differences between racial population patterns between students and faculty in both prelicensure and post-licensure, and figure 5 illustrates the ethnicity distribution. Table 8 below provides the 2023-2024 percentage comparisons of student and faculty race with Washington State population. 80.8% percent of prelicensure full-time faculty members are White/Caucasian, 6.0% percent Asian, 5.6% multi-racial, 2.3% percent are black/African American, and 6.7% are Hispanic or Latino. 75.8% percent of post-licensure faculty are White/ Caucasian, 5.2% percent Asian, 3.1% multi-racial, and 8.5% percent black/African American, and 2.6% report their ethnicity as Hispanic or Latino. Table 8 below shows that pre-licensure and

post-licensure students for the academic year 2023-2024 were more diverse than faculty or than the state of Washington population.

**Table 8: Percent of Faculty and Student Race and Ethnicity Compared with WA State Population**

<b>Race / Ethnicity</b>	<b>WA 2021 Pop Estimates</b>	<b>Student Prelicensure</b>	<b>Student Postlicensure</b>	<b>Faculty Prelicensure</b>	<b>Faculty Postlicensure</b>
Race: American Indian / Alaskan Native	2.0%	1.62%	1.25%	1.41%	0.39%
Race: Asian	10.0%	17.95%	14.49%	5.99%	5.23%
Race: Black / African American	4.5%	10.41%	6.37%	2.29%	8.53%
Race: Multi-Racial	5.2%	10.78%	5.18%	3.35%	3.10%
Race: Native Hawaiian / Other Pacific Islander	0.8%	1.02%	0.75%	0.53%	6.98%
Race: Other / Unknown	n/a	9.16%	12.82%	5.63%	75.78%
Race: White Caucasian	77.5%	49.06%	59.14%	80.81%	0.39%
Ethnicity: Hispanic or Latino	13.7%	17.90%	9.72%	6.72%	2.55%
Ethnicity: Non-Hispanic or Latino	86.3%	82.10%	90.28%	93.28%	97.45%

## Faculty Retention

Table 9 outlines important information on faculty retention that is collected via the postlicensure survey. Postlicensure programs in 2023-2024 reported that 5.8% percent of full-time faculty are expected to retire in the next five years, a sizeable decrease from last year's rise. Approximately 5.6 percent of faculty reported to have resigned in the last year, which is similar to the 5.8 percent reported the previous year and the 5 percent the year before.

**Table 9: In State Postlicensure Full-Time Faculty Turnover**

<b>Academic Year</b>	<b>Percent expected to retire in 5 years</b>	<b>Percent who resigned</b>
2020-2021	12	10
2021-2022	13	5
2022-2023	19.5	5.8
2023-2024	5.8	5.6

## Faculty Salary

A barrier to successful recruitment and retention of nursing faculty members is inadequate compensation. By asking nursing programs about the contract lengths and associated salary ranges for full-time and part-time nursing faculty, we are able to examine salary trends and make comparisons between college and program types. As seen below in table 10, nursing programs reported having the highest amount of faculty with full-time 9-month contracts, so our analysis primarily focused on this contract length.

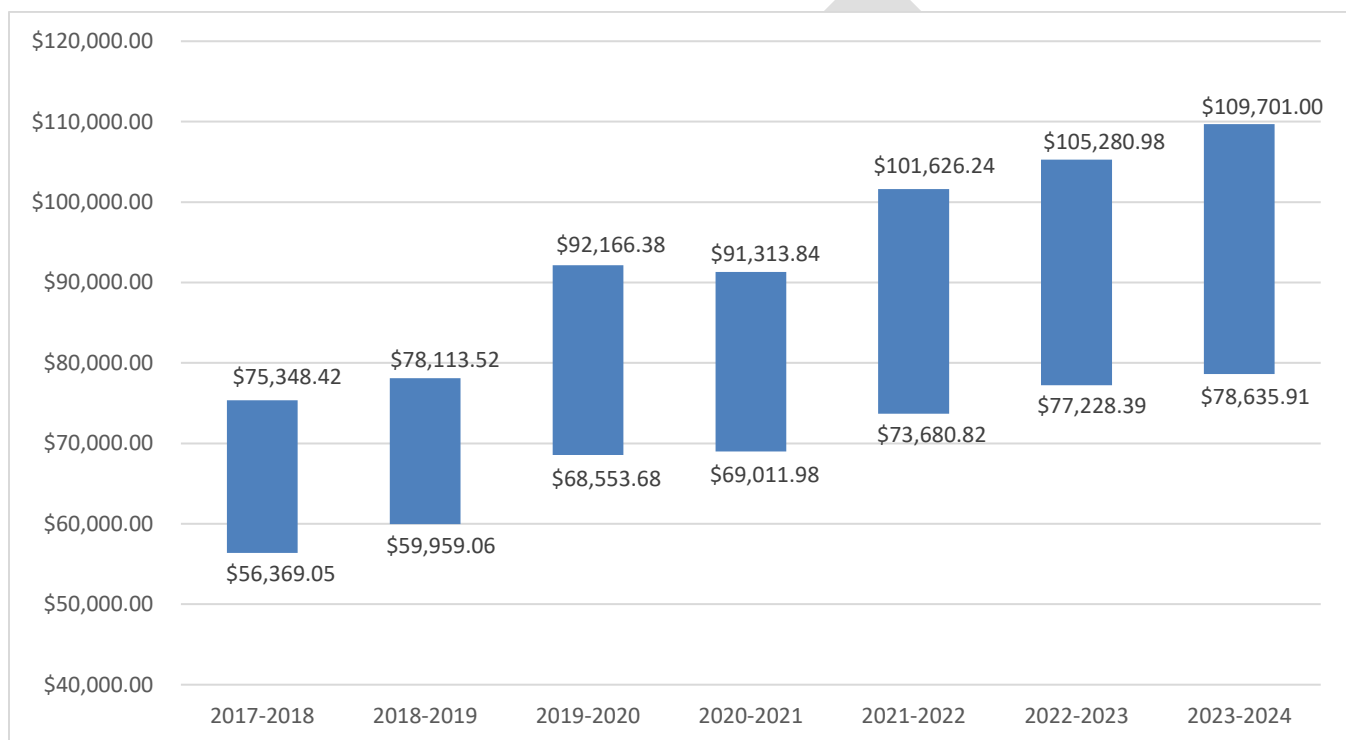


**Table 10: Number of Full-Time and Part-Time Faculty by Contract Length in Academic Year 2023-2024**

	3 months	6 months	9 months	12 months	Pay per Course	Pay per Hour
Full-Time			690	106		
Part-Time			255	46		
Adjunct	235	52			297	279
<b>Total</b>	<b>235</b>	<b>52</b>	<b>945</b>	<b>152</b>	<b>297</b>	<b>279</b>

In figure 6 below, we can see that, on average over the last six years for all programs, Washington state nursing program faculty salaries have been increasing, reaching new local maximums in the 2023-2024 academic year for 9-month contracts.

**Figure 6: Average Salary Range for 9 Month Full-Time Faculty Contracts by Academic Year**



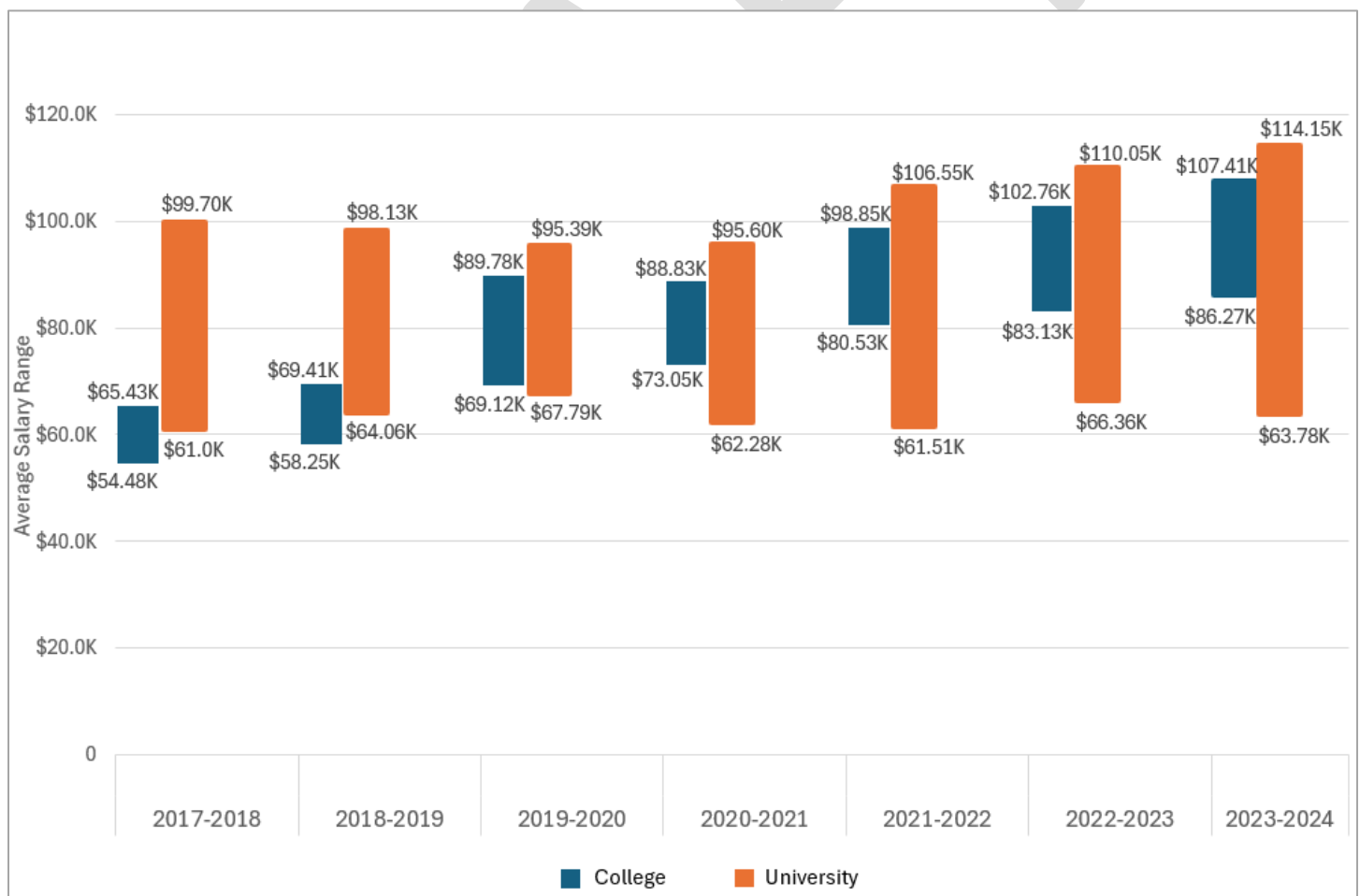
Breaking this down into school type in table 11 below, we can see this trend of rising salaries is most prominent in Community/Technical Colleges and private universities, while public universities tend to have more fluctuation in their average highest and lowest full-time faculty salaries.

**Table 11: Average Highest and Lowest 9-month Salaries for Full-Time Faculty Salary by College Type**

	Community and Technical Colleges		Public Universities		Private Universities		All Programs	
	Average Lowest	Average Highest	Average Lowest	Average Highest	Average Lowest	Average Highest	Average Lowest	Average Highest
2017 – 2018	\$54,484	\$65,426	\$68,085	\$126,018	\$58,338	\$89,835	\$56,369	\$75,348
2018 – 2019	\$58,249	\$69,410	\$66,167	\$129,772	\$63,160	\$84,571	\$59,959	\$78,114
2019 – 2020	\$69,121	\$89,777	\$75,523	\$118,365	\$65,210	\$87,734	\$68,554	\$92,166
2020 – 2021	\$73,052	\$88,828	\$71,131	\$117,897	\$59,750	\$89,223	\$69,012	\$91,314
2021 – 2022	\$80,528	\$98,854	\$72,493	\$125,535	\$57,284	\$99,254	\$73,681	\$101,626
2022 – 2023	\$83,126	\$102,764	\$76,205	\$143,588	\$62,850	\$98,073	\$77,228	\$105,281
2023 – 2024	\$86,266	\$107,414	\$64,521	\$141,137	\$63,435	\$101,701	\$78,636	\$109,701

In figure 7 below, we can see a visual comparison of the average faculty salary ranges for full-time faculty with 9 month contracts from community/technical colleges compared to universities (both public and private combined).

**Figure 7: Comparing College and University Salary Ranges for 9 Month Full-Time Faculty**



## Faculty Education

In the 2023-2024 academic year, community and technical colleges in Washington state reported that 93.4% of their full-time faculty had at least a master's level degree in nursing or a field other than nursing, and universities reported 62.2% of their full-time faculty having at least a doctoral level degree in nursing or a field other than nursing. In table 12 below, we can see this broken down by educational level attained and the college type.

**Table 12: Number of Full-Time Faculty by Highest Level of Education in Academic Year 2023-2024**

	BSN	MSN	DNP	PhD	Other Masters	Other Doctoral
Community/Technical Colleges	20	220	30	14	11	
University	2	254	175	225	16	54
<b>Total</b>	<b>22</b>	<b>474</b>	<b>205</b>	<b>239</b>	<b>27</b>	<b>54</b>

## Simulation Program and Simulation Faculty Certifications

Prelicensure programs including AD-RN, LPN, LPN to BSN, BSN, and GE programs have received several questions on their simulation program and faculty for several years. As seen in table 13 below, over 90% of prelicensure programs indicate they offer simulation for clinical experiences or didactic courses, however this percentage decreased from 97.9% in academic year 2022-2023 to 92.2% in academic year 2023-2024.

**Table 13: Number of Prelicensure Programs Offering Simulation**

Academic Year	Offering Simulation	Not Offering	Percent Offering
2019 - 2020	39	2	95.1%
2020 - 2021	43	1	97.7%
2021 - 2022	43	1	97.7%
2022 - 2023	47	1	97.9%
2023 - 2024	47	4	92.2%

Prelicensure programs have reported an increasing number of simulation labs either accredited by the Society for Simulation in Healthcare (SSH) or having the Healthcare Simulation Standards Endorsement from the International Nursing Association for Clinical Simulation and Learning. As seen in table 14 below, the number of programs with these accreditations has risen from 1 program in 2022-2023 to 5 programs this past academic year, representing 10% of all programs with an accredited lab.

**Table 14: Number of Prelicensure Programs with Accredited Labs**

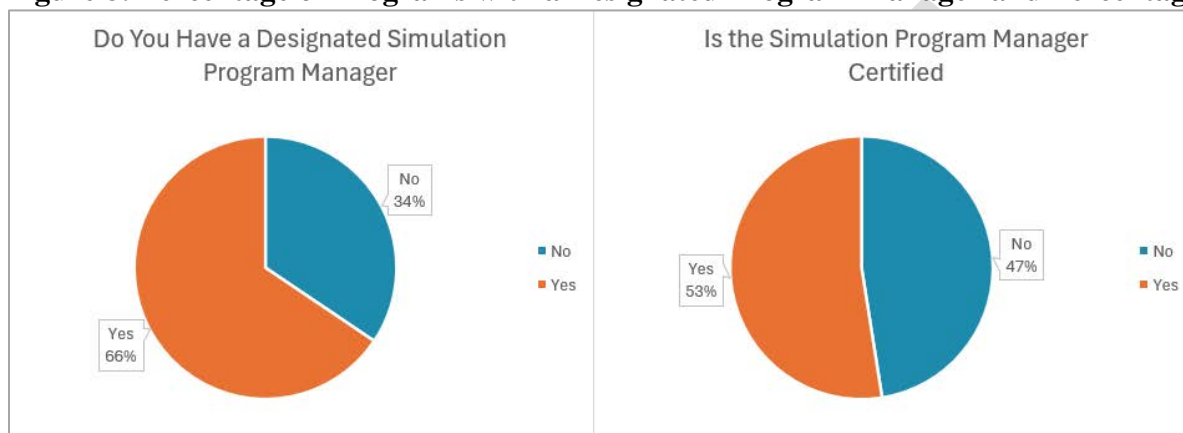
Academic Year	Lab Accredited	Not Accredited	Percent Accredited
2019 - 2020	3	36	7.7%
2020 - 2021	1	41	2.4%
2021 - 2022	1	42	2.3%
2022 - 2023	5	41	10.9%
2023 - 2024	5	43	10.4%

This year, we collected additional information on simulation programs and simulation faculty certifications for prelicensure programs and RNB programs as well. These questions were added to the survey to help us get a better understanding of simulation programs in nursing education and how they are implemented across the state. Two data points collected included the total number of faculty within the program that facilitate

simulation-based learning experiences, and of those faculty, how many are certified by the Society for Simulation in Healthcare (SSH) as a Certified Healthcare Simulation Education (CHSE) or CHSE-Advanced. A total of 343 faculty were reported to be facilitating simulation-based learning experiences, and of those faculty 55 were certified, 16% of all simulation faculty.

Programs were also asked whether they had a designated simulation program manager, and if so, whether the simulation program manager is certified by the SSH as a CHSE or CHSE-Advanced. Responding programs reported that 66% of programs do have a designated simulation program manager, and of those managers, 53% are certified as a CHSE or CHSE-Advanced, as seen in figure 8 below.

**Figure 8: Percentage of Programs with a Designated Program Manager and Percentage Certified**



## Out-of-State Programs

The out-of-state nursing program approval process for student clinical placement in Washington State began in 2012. Because the approval process relates to clinical placements only, the data gathered are different from that gathered from the in-state programs. The student numbers reflect student clinical placement only and do not currently include graduation numbers. One hundred twelve approved colleges and universities completed the survey and indicated they had clinical placements in one or more tracks. Table 15 outlines the twenty-three prelicensure programs and 227 post-licensure program tracks totaling 250 tracks with clinical placements this year.

**Table 15: Out of State Programs and Student Clinical Placements 2023-2024**

College/University (112 total)	Total Programs	Total Clinical Students
Prelicensure	23	927
Post-licensure	227	933
Totals	250	1,860

During the academic year 2023-2024, twenty three programs approved for clinical students in Washington State for initial LPN or RN licensure completed the survey. Two licensed practical nurse (LPN) programs, two licensed practical nurse to Bachelor of Science in Nursing programs (LPN to BSN), four associate degree RN (AD-RN) programs, no graduate entry (GE) programs, thirteen schools have students in Bachelor of Science in nursing (BSN) programs, and two other prelicensure programs.

The remaining programs with clinical students prepare graduates to advance their education post-licensure. There are twenty-four RN to BSN (RNB) programs, four associate degree to master's (AD-MS), fifty-two master's programs preparing for ARNP licensure (ARNP) and forty-three other master's programs (MSN). Finally, there are thirty-seven post master's certificate programs (PMC), fifty-nine doctoral of nursing practice (DNP), one doctoral (PhD) program, and seven other postlicensure programs. The total number of programs by type is outlined below in Table 16 providing the previous five years results for comparison.

**Table 16: Number and Types of Out of State Programs Approved for Clinical Site Placements**

	LPN	AD-RN	LPN to BSN	BSN	RNB	AD - MS	GE	MSN	ARNP	PMC	DNP	PhD	Other	Total
<b>2018-2019</b>	3	6		28	33	6	4	41	41	34	51	8	3	258
<b>2019-2020</b>	1	6		29	30	9	5	39	43	37	44	9	0	252
<b>2020-2021</b>	2	4		18	23	7	2	43	46	38	53	5	2	243
<b>2021-2022</b>	2	6		13	21	4	2	38	51	41	49	6	1	234
<b>2022-2023</b>	2	4		13	24	5	0	41	53	33	58	6	6	245
<b>2023-2024</b>	2	4	2	13	24	4	0	43	52	37	59	1	7	250

### Out-of-State Student Statistics

The number of students placed in clinical by out-of-state programs is illustrated below showing trends for the last five years. Approved out-of-state programs completing the survey provided 1,860 clinical site placements for students in the 2023-2024 academic year reflecting a decrease from the total of 1,968 students in the 2022-2023 academic year.

Prelicensure program clinical placements from out of state programs preparing students for LPN or RN licensure have slightly increased from what we saw last year, as seen below in table 17. The ARNP-MN program placements have increased after last year's decrease, while DNP programs saw a year of decrease.

**Table 17: Students with Clinical Site Placement from Out of State Programs by Program Type**

	LPN	AD-RN	LPN to BSN	BSN	RNB	AD - MS	GE	MSN	ARNP	PMC	DNP	PhD	Other	Total
<b>2018-2019</b>	168	276		534	240	2	4	140	516	185	191	0	7	2,263
<b>2019-2020</b>	20	163		206	107	3	0	61	557	28	94	1	0	1,240
<b>2020-2021</b>	126	235		551	155	1	1	86	530	51	114	4	5	1,859
<b>2021-2022</b>	156	225		472	232	0	0	48	414	69	146	4	13	1,779
<b>2022-2023</b>	180	256		572	235	3	0	72	457	55	113	9	16	1,968
<b>2023-2024</b>	146	272	23	486	230	7	0	79	392	82	140	0	3	1,860

Starting in the 2021-2022 survey, we asked out of state post-licensure programs for the number of graduates completing clinical or practice experiences in Washington State who plan to work in Washington State after graduation. Answering this question has been required since the 2022-2023 survey. Out of state programs indicated a total of 695 students in clinical are planning to work in Washington state after they graduate, compared to a total of 909 students in Washington clinical enrolled in these programs. This means a total of 76.5% of students in Washington clinical from relevant programs are planning to stay in Washington after graduation. The breakdown of this number by program can be seen below in Table 18.

**Table 18: Students with Clinical Site Placement from Out of State Programs who Plan to Work in Washington by Program Type**

2023-2024 Academic Year	ADMS	ARNP	DNP	MSN	PHD	PMC	RNB	Total
Students Planning to Work in WA	7	327	97	47		54	163	695
Total Students in WA Clinical	7	392	130	68	0	82	230	909
% of Students Reported Staying	100%	83.4%	74.6%	69.1%		65.9%	70.9%	<b>76.5%</b>

## **Nursing Assistant Programs**

With the 2022-2024 renewal cycle, approximately 76% of nursing assistant training programs completed the In State Nursing Assistant Program Survey. This was the first time a survey had been required for nursing assistant programs, and contained questions on the program, student and faculty demographics, faculty education, and students entering and completing the program. The survey was completed by 97 schools reporting 117 programs: 94 traditional nursing assistant programs, 15 home care aide bridge, 4 medical assistant bridge, and 4 medication assistant endorsement certification programs. In table 19 below, you can see the number of programs offered by training type and by school type. The most common school type is private schools, followed by colleges and then nursing homes.

**Table 19: Number of Nursing Assistant Programs by Training Type and School Type**

	College	High School	Hospital	Nursing Home	Private	Skills Center	Other	Total
Home Care Aide Bridge	2			1	11		1	<b>15</b>
Medical Assistant Bridge	1				3			<b>4</b>
Medication Assistant Endorsement				1	3			<b>4</b>
Traditional Nursing Assistant	21	7	9	14	27	9	7	<b>94</b>
Total	34	7	9	16	44	9	8	<b>117</b>

During the 2022-2024 renewal cycle, a total of 13,874 students started in the nursing assistant training programs, and 11,156 students completed the program, giving an overall completion rate of 80.4%. As seen in table 20 below, completion rates were highest in the Home Care Aide Bridge programs, and lowest in the traditional nursing assistant programs. Of the students who did not complete the nursing assistant training program, 52.3% voluntarily withdrew, and 47.7% did not pass for any reason.

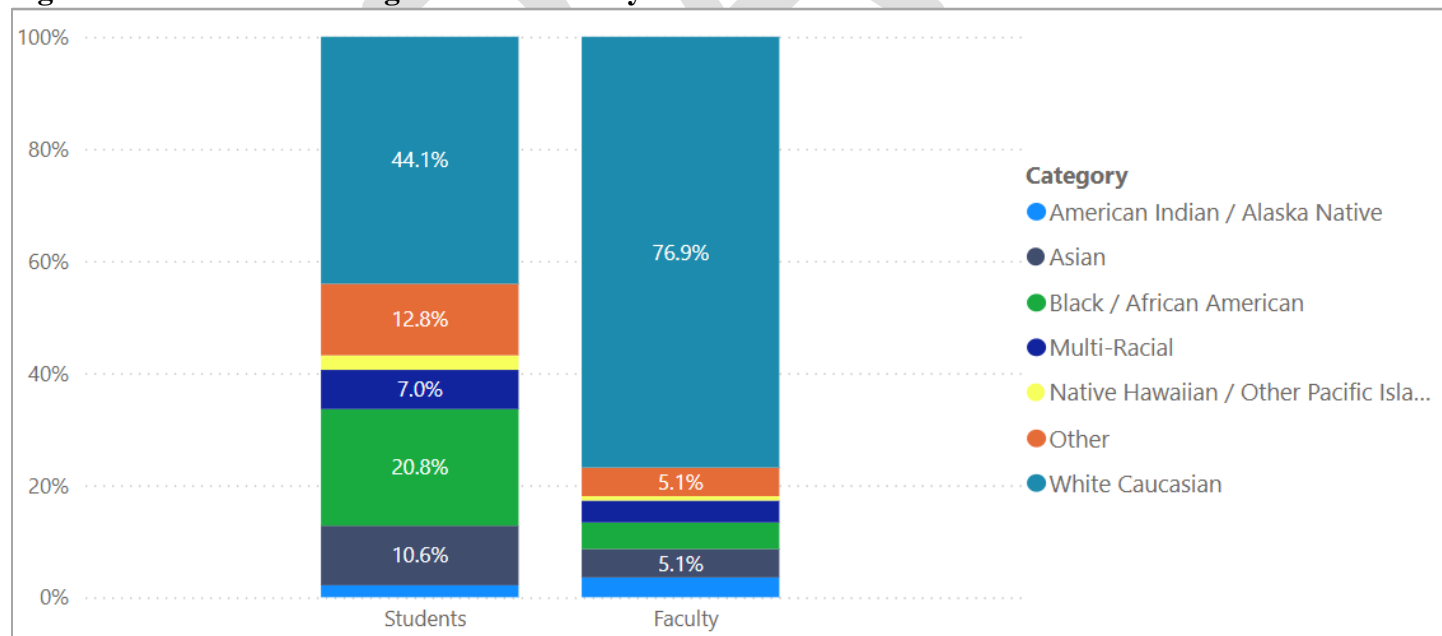
**Table 20: Number of Students Who Started and Completed Nursing Assistant Training Programs**

	Started Program	Voluntarily Withdrew	Did Not Pass	Completed Program	Completion Rate
Home Care Aide Bridge	1,185	33	23	1,121	94.6%
Medical Assistant Bridge	40	2	11	36	90.0%
Medication Assistant Endorsement	168	2	6	156	92.9%
Traditional Nursing Assistant	12,481	1,045	948	9,843	78.9%
<b>Total</b>	<b>13,874</b>	<b>1,082</b>	<b>988</b>	<b>11,156</b>	<b>80.4%</b>

## Student and Faculty Demographics

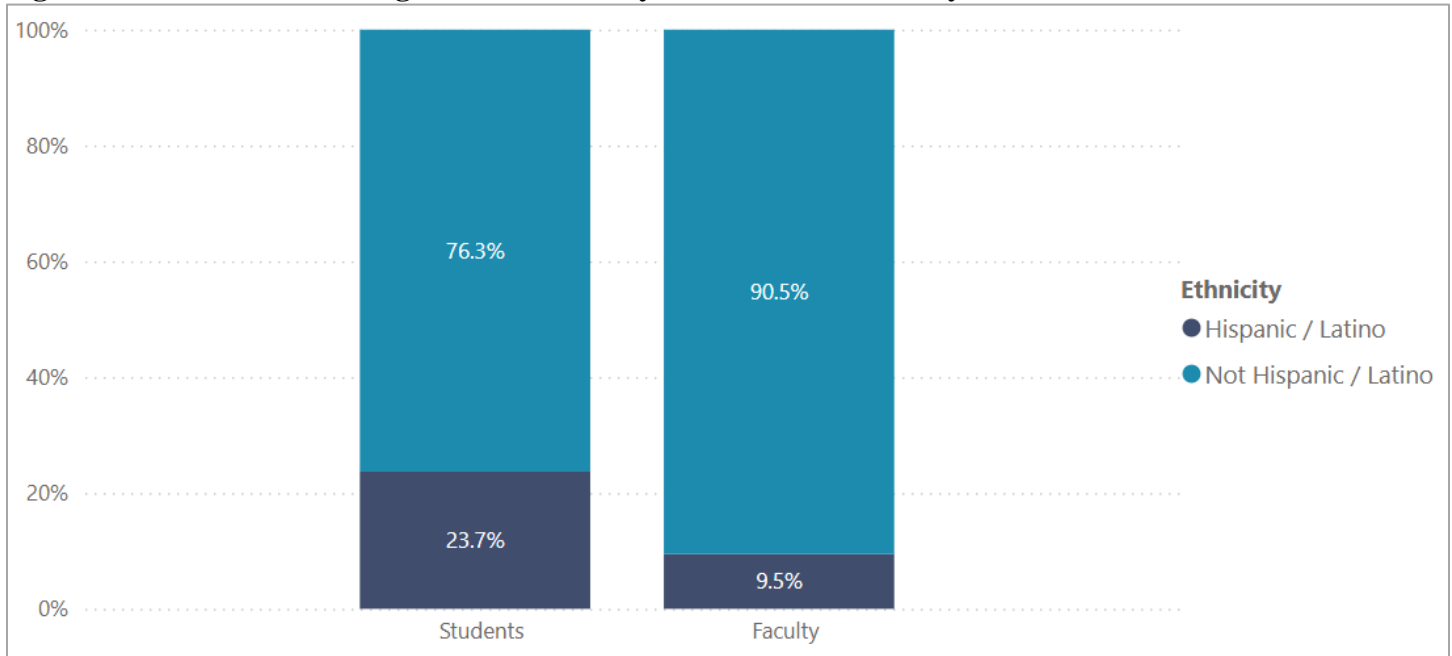
Nursing assistant programs in Washington state reported a total of 273 faculty employed in their training programs. Of these faculty employed, approximately 77% were identified as white Caucasian and 91% were not Hispanic or Latino, which is comparable to the Washington population estimates. In contrast, students were reported to be much more diverse, with only 44% of students identified as white Caucasian and 76% as not Hispanic or Latino. A comparison of student and faculty racial demographics can be viewed in figure 9 below and ethnicity in figure 10. Detailed demographic data for both race and ethnicity can be found in table 21 below.

**Figure 9: Percent of Nursing Assistant Faculty and Student Race**





**Figure 10: Percent of Nursing Assistant Faculty and Student Ethnicity**



**Table 21: Percent of Nursing Assistant Faculty and Student Race and Ethnicity Compared with WA Population**

Race / Ethnicity	WA 2021 Pop Estimates	Students	Faculty
Race: American Indian / Alaskan Native	2.0%	2.2%	3.5%
Race: Asian	10.0%	10.6%	5.1%
Race: Black / African American	4.5%	20.8%	4.7%
Race: Multi-Racial	5.2%	7.0%	3.9%
Race: Native Hawaiian / Other Pacific Islander	0.8%	2.6%	0.8%
Race: Other / Unknown	n/a	12.8%	5.1%
Race: White Caucasian	77.5%	44.1%	76.9%
Ethnicity: Hispanic or Latino	13.7%	23.7%	9.5%
Ethnicity: Non-Hispanic or Latino	86.3%	76.3%	90.5%

### Faculty Education and Retention

At the time of nursing assistant program renewal, 141 nursing assistant program instructors obtained at least a Bachelor of Science in nursing, 52.2% of all program instructors. The highest nursing degree obtained by all instructors is shown in table 22 below.

**Table 22: Highest Nursing Degrees of Nursing Assistant Program Instructors**

Diploma	LPN	AD-RN	BSN	MSN	Total
6	57	66	78	63	270

Nursing assistant programs reported a total of 273 nursing assistant program faculty and 36 open faculty positions. Of the 273 program faculty, 64 are in their first year of employment, and 65 faculty are projected to retire in the next 5 years.

## **Summary/Analysis**

Washington State nurse educators made the commitment in 2011 for a higher educated and more diverse nursing workforce, when the Council for Nurse Education in Washington State (CNEWS) and the Washington Center for Nursing (WCN) collaborated to develop a Master Plan for Nursing Education ([WCN, 2014](#)). The commitment has been reinforced with the work of *Action Now!* and the Critical Gap workgroups addressing the gaps in the nursing workforce. This report highlights trends in the direction of meeting these goals.

## **Diversity/Inclusion**

The survey results indicate that we are making improvements towards having a more diverse nursing workforce that better reflects the population of Washington state.

A diverse nursing workforce and faculty can help improve patient and population health outcomes, particularly related to reducing disparities in health. The prelicensure nursing student population continues to be the most diverse group reported on the education surveys, with postlicensure students showing some positive changes towards diversity as well. Nursing program faculty, particularly those from prelicensure programs, have some of the closest alignment to the Washington state population in terms of racial diversity. However, faculty in both pre- and post-licensure programs underrepresent the Hispanic or Latino ethnicity group when compared to Washington residents.

## **Academic Progression**

Access to academic progression for nurses at all levels from nursing assistant (CNA) to PhD is an important piece of retaining and maintaining the nursing workforce. Nurse educators in Washington have responded with expanded program enrollments. Tracking of and supporting continued progress in AD-RN to BSN and LPN to BSN progression will be important as we move to developing academic progression pathways for CNAs and LPNs.

Enrollment and graduations in graduate-level programs have continued to show increases responding to the shortage of nurse faculty, primary care providers, and researchers. Our state mirrors national trends with more ARNP students moving to DNP programs from MSN programs after last year's decline. Approval of out-of-state programs tracks for clinical placements helps ensure quality and additional capacity in high-need areas. Availability of quality clinical placements for all nurses continues to provide a significant challenge for both in state and out of state programs.

## **Faculty**

Faculty must complete graduate studies potentially accruing additional debt and further straining income inequities. In addition to the imperative to increase nursing faculty education level, there are impending retirements and vacancies.

Faculty salaries have, on average, been steadily increasing over the last five years. The passing of House Bill 2158 in 2021, also known as the Workforce Education Investment Act, has likely been a key contributor to the increases shown in Community and Technical Colleges across Washington state.

## **Conclusions**

We continue to accelerate our progress toward the best educational mix of nurses for safe and quality care in Washington State. The complex multiple education pathways in nursing provide multiple opportunities to increase the overall education level of nurses.

Across settings, nurses are being called upon to coordinate care and to collaborate with a variety of health professionals, including physicians, social workers, physical and occupational therapists, and pharmacists, most of whom hold master's or doctoral degrees. There has been a significant investment of state resources to support nursing education through faculty salary increases, payment to preceptors, quality simulation and more.

The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity (NAM 2021) renews the recommended focus on the education preparation of nurses and challenges nurses to be leaders in the urgent work to advance health equity. Nursing education capacity in Washington State continues to increase, adding to a higher educated workforce and we must continue to accelerate our progress to meet the growing health care needs of the residents of Washington State.

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# VIII.

## Lunch Presentation

## Workplace Violence

# WORKPLACE VIOLENCE PREVENTION: CREATING A CULTURE OF SAFETY

KATIE BLANCHARD, PhD-C, MSN, RN, NPD-BC, CNE, CPP



# Agenda:

- Defining Workplace Violence
- Why is important
- Evidence -based interventions

Life doesn't get easier or more forgiving, we get stronger and more resilient

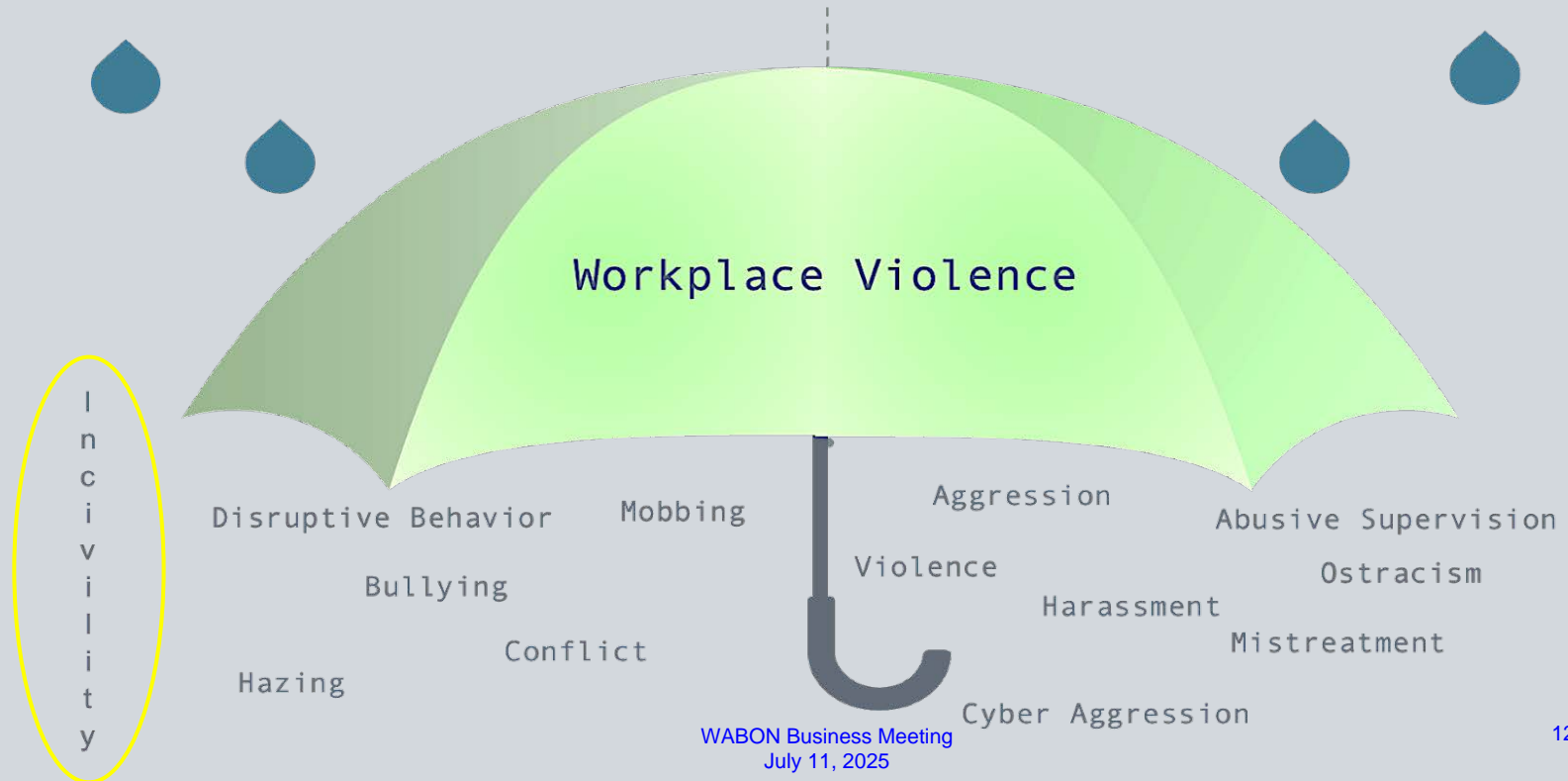
Steve Maraboli

# A LITTLE ABOUT ME





# What is Workplace Violence?



# COMMON BEHAVIORS OF BULLYING

Physical	Social	Work- related
Pushing	Ignoring	Publicly criticizing work
Invading personal space	Gossiping or spreading rumors	Assigning work with unrealistic deadlines
Eye rolling	Excluding from work-related social events	Withholding important information
Speaking with raised voices or threatening tones	Attacks on personal characteristics	Excessive scrutiny of another's work
Raising hands as if to hit	Offensive jokes	Withholding benefits such as time off and participation in educational opportunities
	Verbal put-downs	Not allowing opportunities for advancement

# Types of Workplace Violence

Type 1

Criminal  
Attempt

Type 2

Customer/Client

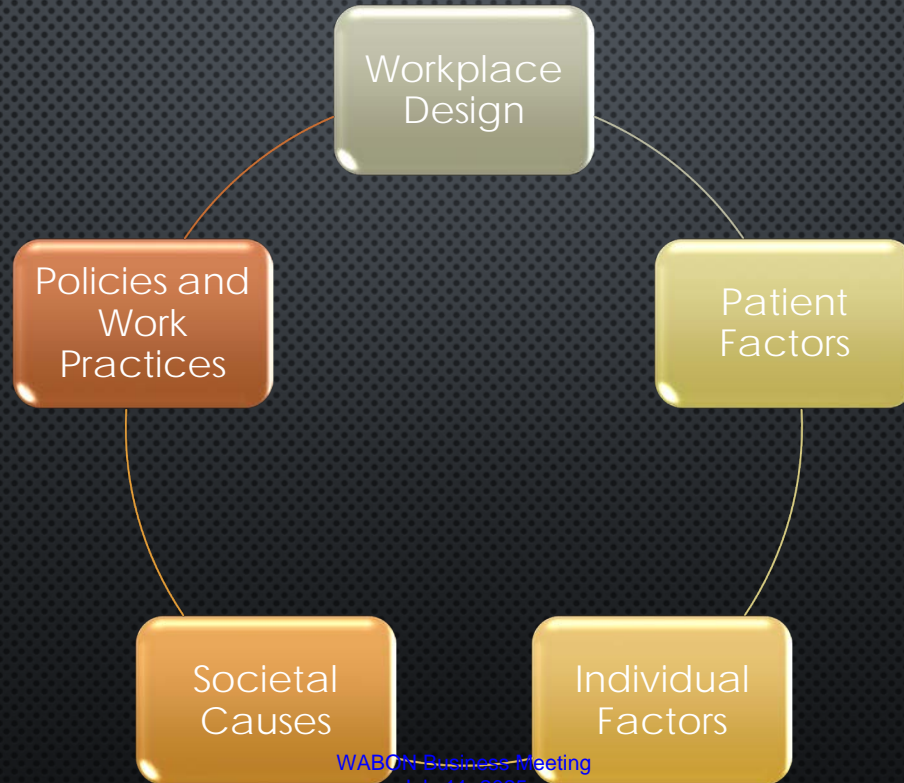
Type 3

Worker on  
Worker

Type 4

Personal  
Relationships





## Primary Prevention

```
graph TD; A[Primary Prevention] --> B[Policy, Educational Training, Risk Evaluation, Posting information  
Ensure, Customers Know Their Rights and Responsibilities]; B --> C[Secondary Prevention]; C --> D[Identify Factors and Potential Conflicts, Give Warnings, Maintain  
Record of Complaints, Enhance Surveillance]; D --> E[Tertiary Prevention]; E --> F[Take Disciplinary Actions, Provide Support Services to Victims];
```

Policy, Educational Training, Risk Evaluation, Posting information  
Ensure, Customers Know Their Rights and Responsibilities

## Secondary Prevention

Identify Factors and Potential Conflicts, Give Warnings, Maintain  
Record of Complaints, Enhance Surveillance

## Tertiary Prevention

Take Disciplinary Actions, Provide Support Services to Victims

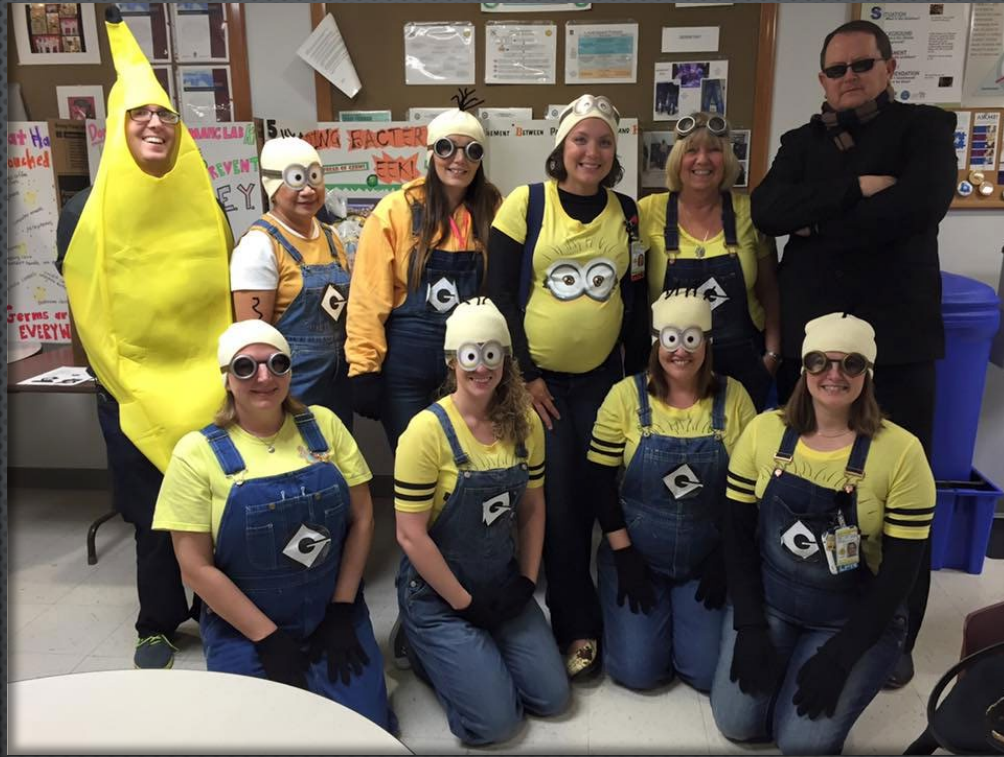


# Key Ingredients for Success

**Table 1.****Elements of the implementation of the WPV preparedness program**

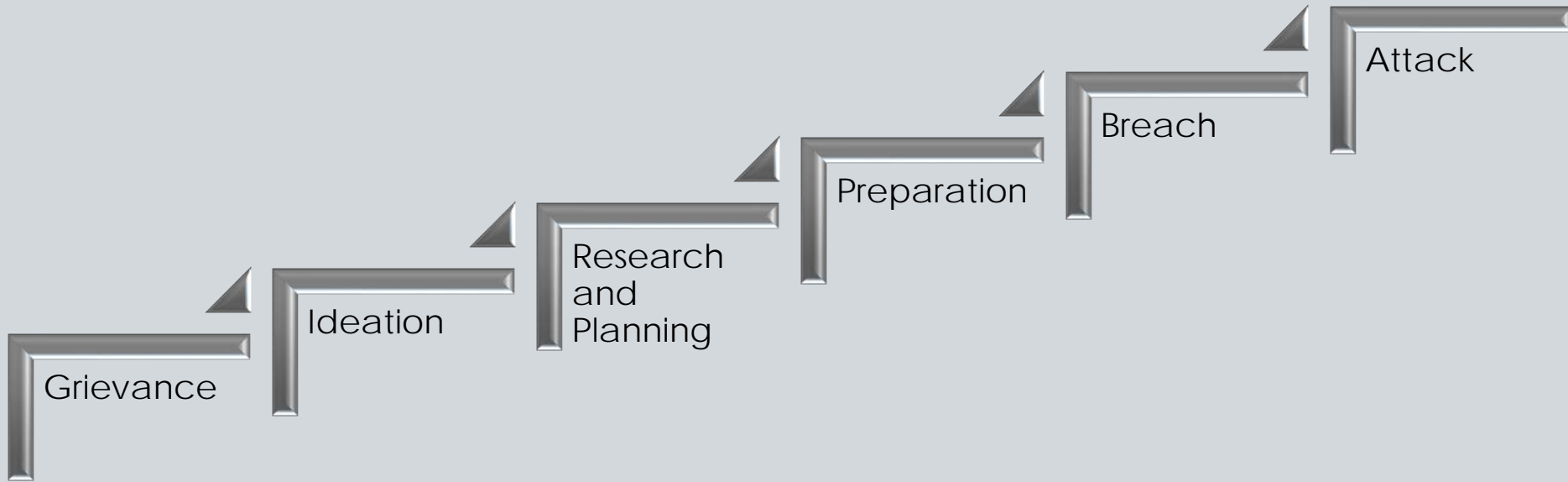
Item	Description
Committee structure	Multidisciplinary committee representation to support development, implementation and ongoing management of the WPV program
Leadership	Senior leadership support for committee structure and the development and implementation of a WPV program
Policies	Enterprise WPV policy, behavior safety plan, security
Gap analysis	Completion of gap analysis to gather baseline information that identifies organizational needs
Security program	Security program that records incidents, enhances access to control and collaborates with local law enforcement
Behavioural emergency response team	Emergency incident response nursing and security personnel for patients with violent behaviour
Resources	Toolkits to identify resources specific to violent patient situations
Education	Staff education and safety training to prepare all healthcare employees on WPV prevention, including de-escalation, prevention and staff safety, based on expected level of risk
Data	Central data repository to ensure accurate reporting, review and analysis of WPV incidents
Culture	Culture that discourages an environment of acceptance of WPV





# Warning Signs Identified









# EVIDENCE BASED INTERVENTIONS



# Grievance

## PRIMARY PREVENTION

- COMMUNICATION, TEAMWORK, TRAUMA INFORMED APPROACH.

## ADDRESS CONFLICT THROUGH

- DE-ESCALATION, ASK FOR HELP, AND GAIN UNDERSTANDING.





# Ideation

LEAKAGE IS OFTEN OBSERVED IN CASES OF WORKER-ON-WORKER VIOLENCE.

## ACTIONS:

- TAKE ALL THREATS SERIOUSLY
- PUBLISH YOUR REPORTING CHANNELS FOR SUSPICIOUS OR POTENTIALLY UNSAFE CONDITIONS
- ESTABLISH A MULTIDISCIPLINARY COMMITTEE TO EVALUATE RISK FACTORS AND GIVE GUIDANCE





## Research and Planning

THIS POINT ON THE PATHWAY  
INDIVIDUALS ARE PUTTING TOGETHER  
THE WHO, WHAT, WHEN, AND HOW OF  
THEIR PLAN.

- SEE SOMETHING SAY SOMETHING!



# Pre -Attack Preparation

OFTEN MARKED BY GATHERING  
MATERIALS AND TESTING  
BOUNDARIES.

ACTIONS:

- KNOW FINAL ACT BEHAVIORS





# Breach

OVERCOME SECURITY MEASURES  
AND POSITION THEMSELVES IN THE  
PROXIMITY OF THE TARGET.

## ACTIONS:

- ROBUST SAFETY PLAN TO INCLUDE ENTRANCE AND EXIT OF CAMPUS
- USE OF ADMINISTRATIVE LEAVE AND INCREASED SECURITY MEASURES



# Attack

## POST ATTACK CONSIDERATIONS:

- EMERGENCY INCIDENT RESPONSE TEAM
- POLICIES AND PROCEDURES TO CLEAR A SCENE
- EMERGENCY MEDICAL CARE
- DE-BRIEFING AND RESOURCES FOR CO-WORKERS AND COMMUNITY



# WHAT ACTUALLY HAPPENED

HR is  
processing  
the  
paperwork

I don't know  
what you  
should do

There is nothing  
we can do until  
he actually  
hurts you

We can't support having  
someone present with you when  
you are working one on one with  
him

That's just how  
he is

But think how  
much  
experience  
you are  
gaining

Come to me with  
facts not  
emotions

He is harmless

I need you to  
pick up the  
slack





# PUTTING IT ALL TOGETHER

ENGAGE IN PRIMARY PREVENTION MEASURES

ENSURE STAFF ARE TRAINED IN IDENTIFYING POTENTIAL WPV AND KNOW WHERE TO REPORT

- TAKE ALL THREATS SERIOUSLY
- ACCOUNTABILITY IS VITAL
- SEEK OUT RESOURCES EARLY
- NEVER STOP HAVING EMPATHY AND COMPASSION FOR THOSE AROUND US

# Leadership



## Communication



## Teamwork



## Training



# FROM THE OTHER SIDE OF THE CURTAIN



# Thank You for Your Time and Participation

**Katie Ann Blanchard PhD -C, MSN, BSN, CNE, NPD-BC, CPP**  
**[katie.blanchard@dshs.wa.gov](mailto:katie.blanchard@dshs.wa.gov)**

## REFERENCES

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IX.

Public

Comment





X.

Rules

Hearing



# PROPOSED RULE MAKING

**CR-102 (June 2024)**  
**(Implements RCW 34.05.320)**  
 Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
 STATE OF WASHINGTON  
 FILED

DATE: June 02, 2025

TIME: 7:15 AM

WSR 25-12-079

**Agency:** Department of Health – Board of Nursing

☒ **Original Notice**

☐ **Supplemental Notice to WSR**

☐ **Continuance of WSR**

☒ **Preproposal Statement of Inquiry was filed as WSR 24-21-151; or**

☐ **Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_; or**

☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or**

☐ **Proposal is exempt under RCW \_\_\_\_\_.**

**Title of rule and other identifying information:** Nurse Administrator Education and Experience Requirements for Baccalaureate Nursing Education programs. The Washington State Board of Nursing (board) is proposing amendments to education and experience requirements for nurse administrators of baccalaureate nursing education programs in WAC 246-840-517 in response to Engrossed Second Substitute Senate Bill (E2SSB) 5582 (chapter 126, Laws of 2023) codified as RCW 18.79.150.

## Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
7/11/2025	1:15 p.m.	<b>Physical location:</b> Labor and Industries Room S119 7273 Linderson Way SW Tumwater, WA 98501  <b>Virtual:</b> Please follow this link to register for the virtual hearing which will give you instructions to either join the meeting on a device, or to call in to the meeting on the phone:  <a href="https://us02web.zoom.us/join/ncNbuiXcQ2ilOISvzOZxNA">https://us02web.zoom.us/join/ncNbuiXcQ2ilOISvzOZxNA</a>  After registering you will receive a confirmation email containing information about joining the webinar.	The public hearing will be hybrid. Participants can attend at the physical location or virtually by registering on Zoom.

**Date of intended adoption:** 7/11/2025 (Note: This is **NOT** the effective date)

## Submit written comments to:

Name Jessilyn Dagum

Address PO Box 47864 Olympia, WA 98504-7864

Email [WABONRules@doh.wa.gov](mailto:WABONRules@doh.wa.gov)

Fax 360-236-4738

Other <https://fortress.wa.gov/doh/policyreview>

## Assistance for persons with disabilities:

Contact Jessilyn Dagum

Phone 360-236-3538

Fax 360-236-4738

TTY 711

Email [WABONRules@doh.wa.gov](mailto:WABONRules@doh.wa.gov)

Beginning (date and time) The date and time of this filing By (date and time) 6/25/2025 at 11:59pm	Other By (date) <u>6/25/2025</u>												
<b>Purpose of the proposal and its anticipated effects, including any changes in existing rules:</b> The purpose of the proposal is to amend WAC 246-840-517 to align with RCW 18.79.150 by maintaining the doctoral degree requirement for nurse administrators of baccalaureate nursing education programs while expanding the exception process. The proposed rule allows individuals without a doctoral degree or other specified qualifications to serve in this role under a board-approved comprehensive plan. Under the proposed rule, individuals who do not meet one or more of the required qualifications, including the doctoral degree requirement, may serve as a nurse administrator if the hiring institution submits a comprehensive plan within 30 days of hire. The comprehensive plan must include elements of mentorship, professional development, and annual evaluations over a two-year period. Additionally, a revised development plan must be submitted to the board each year over the two-year period based on the comprehensive plan and performance review of the nurse administrator.  The anticipated effect is to reduce barriers for qualified nurse leaders while maintaining program quality, supporting the nurse administrator's success in the role, and reducing turnover through structured support.													
<b>Reasons supporting proposal:</b> The proposed rule implements RCW 18.79.150, which permits the board to approve baccalaureate nursing education programs led by nurse administrators who hold a graduate degree in nursing and have sufficient experience as a registered nurse (RN), even if they do not hold a doctoral degree. Expanding the exception process provides greater flexibility to address workforce and leadership needs while also building a structured plan for mentorship and professional development to support the nurse administrator's success.													
<b>Statutory authority for adoption:</b> RCW 18.79.010, 18.79.110, and 18.79.150													
<b>Statute being implemented:</b> RCW 18.79.150													
<b>Is rule necessary because of a:</b> <div style="display: flex; justify-content: space-between;"> <div>           Federal Law?            Federal Court Decision?            State Court Decision?         </div> <div> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No         </div> </div> If yes, CITATION:													
<b>Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:</b> None													
<b>Name of proponent:</b> Washington State Board of Nursing <b>Type of proponent:</b> <input type="checkbox"/> Private. <input type="checkbox"/> Public. <input checked="" type="checkbox"/> Governmental.													
<b>Name of agency personnel responsible for:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 40%;">Office Location</th> <th style="width: 20%;">Phone</th> </tr> </thead> <tbody> <tr> <td>Drafting: Jessilyn Dagum</td> <td>111 Israel Road SE Tumwater, WA 98501</td> <td>360-236-3538</td> </tr> <tr> <td>Implementation: Gerianne Babbo</td> <td>111 Israel Road SE Tumwater, WA 98501</td> <td>360-236-4724</td> </tr> <tr> <td>Enforcement: Catherine Woodard</td> <td>111 Israel Road SE Tumwater, WA 98501</td> <td>360-236-4757</td> </tr> </tbody> </table>		Name	Office Location	Phone	Drafting: Jessilyn Dagum	111 Israel Road SE Tumwater, WA 98501	360-236-3538	Implementation: Gerianne Babbo	111 Israel Road SE Tumwater, WA 98501	360-236-4724	Enforcement: Catherine Woodard	111 Israel Road SE Tumwater, WA 98501	360-236-4757
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Implementation: Gerianne Babbo	111 Israel Road SE Tumwater, WA 98501	360-236-4724											
Enforcement: Catherine Woodard	111 Israel Road SE Tumwater, WA 98501	360-236-4757											
<b>Is a school district fiscal impact statement required under <a href="#">RCW 28A.305.135</a>?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, insert statement here:  <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">           The public may obtain a copy of the school district fiscal impact statement by contacting:            Name            Address            Phone            Fax            TTY            Email            Other         </div>													
<b>Is a cost-benefit analysis required under <a href="#">RCW 34.05.328</a>?</b> <input checked="" type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting: Name Jessilyn Dagum													

Address PO Box 47864, Olympia, WA 98504-7864  
Phone 360-236-3538  
Fax 360-236-4738  
TTY 711  
Email [WABONRules@doh.wa.gov](mailto:WABONRules@doh.wa.gov)  
Other n/a

☐ No: Please explain:

### Regulatory Fairness Act and Small Business Economic Impact Statement

Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

#### (1) Identification of exemptions:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s):

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

☐ This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

☐ This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570](#)(2) because it was adopted by a referendum.

☒ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(3). Check all that apply:

☐ [RCW 34.05.310](#) (4)(b)  
(Internal government operations)

☒ [RCW 34.05.310](#) (4)(e)  
(Dictated by statute)

☐ [RCW 34.05.310](#) (4)(c)  
(Incorporation by reference)

☐ [RCW 34.05.310](#) (4)(f)  
(Set or adjust fees)

☒ [RCW 34.05.310](#) (4)(d)  
(Correct or clarify language)

☐ [RCW 34.05.310](#) (4)(g)  
((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025](#)(4). (Does not affect small businesses).

☐ This rule proposal, or portions of the proposal, is exempt under RCW \_\_\_\_\_.

Explanation of how the above exemption(s) applies to the proposed rule: Portions of the proposed rule are housekeeping changes to align the existing rule language with the proposed rule language. Administrative changes to subsections under WAC 246-840-517 (1)(2)(3)(5) and (6) are exempt from analysis under RCW 34.05.310(4)(d) as they correct typographical errors, make name changes, or clarify language of the rule without changing its effect, or under RCW 34.05.310(4)(e) rules the content of which is explicitly and specifically dictated by statute.

#### (2) Scope of exemptions: *Check one.*

☐ The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.

☒ The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here:

WAC 246-840-517 (1)(2)(5) and (6) make corrections to the rule formatting and are exempt under RCW 34.05.310(4)(d) as the proposed changes clarify language and make typographical updates from 'commission' to the 'board'. WAC 246-840-517 (3) explains and clarifies requirements for baccalaureate and graduate nursing education programs and is exempt under RCW 34.05.310(4)(e) as the proposed rule amendments are dictated by statute.

☐ The rule proposal: Is not exempt. (*Complete section 3.*) Exemptions are identified above.

#### (3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

☒ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs.

☐ Yes      Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

**General Note**

Portions of the proposed rule that are significant were analyzed in the cost-benefit analysis as required under the Administrative Procedure Act, RCW 34.05.328, and estimated probable costs were determined. The calculated cost of the proposed rule is \$708 to the institution that has hired the nurse administrator and the nursing education program dean or director conducting the mentoring, which is less than the minor cost threshold of \$1,331 (\$18,011 for Colleges, Universities, and Professional Schools with Nursing Programs, on the high end). According to the North American Industry Classification System (NAICS) code 611210 for Community Colleges with Nursing Programs, the nurse administrator costs are indicated for compliance with the rule for small businesses, which in Washington state, there are 19 identified entities. Estimates of the cost are based on average staff time of 2,080 working hours per year at a median hourly wage of \$64.38 for an annual, 12-month contract. The activities outlined in the exception process by the proposed rule language require both the nurse administrator and their mentor to conduct 11 hours per year creating the development plan for a total of \$1,416 over the 2-year period. Institutions may experience this cost only if they pursue the exception process; compliance is otherwise estimated at no additional cost if the hired nurse administrator meet all qualifications. The board determined that the proposed rule does not have a disproportionate impact on small businesses as compared to the 10 percent of businesses that are the largest businesses required to comply with the proposed rule. The rule provides a flexible pathway for compliance that is entirely optional and does not impose recurring or scaling costs on small businesses.

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name Jessilyn Dagum  
Address PO Box 47864, Olympia, WA 98504-7864  
Phone 360-236-3538  
Fax 360-236-4738  
TTY 711  
Email WABONRules@doh.wa.gov  
Other n/a

**Date:** 4/31/2025

**Name:** Alison Bradywood DNP, MN/MPH, RN, NEA-BC

**Title:** Executive Director, Washington State Board of Nursing

**Signature:**



**WAC 246-840-517 Nurse administrator qualification requirements in nursing education programs located in Washington state.** (1) The nursing education program administrator must be a professionally and academically qualified registered nurse with an active, unencumbered Washington nursing license.

**~~((Practical or Associate Degree Nursing Education Programs))~~**

(2) ~~((In a nursing education program offering practical or associate degree nursing education,))~~ The nurse administrator of a practical or associate degree nursing education program must have a minimum of:

(a) The following educational qualifications:

(i) A bachelor of science in nursing (BSN) from a nursing education program accredited by a national nursing education accrediting body recognized by the United States Department of Education and a graduate degree; or

~~((b))~~ (ii) A graduate degree from a nursing education program accredited by a national nursing education accrediting body recognized by the United States Department of Education; and

~~((c))~~ (b) Preparation in education that includes teaching adults, adult learning theory, teaching methods, curriculum development, and curriculum evaluation, or two years of teaching experience in nursing education that demonstrates this type of preparation;

~~((d))~~ (c) Curriculum development and administration experience;

~~((e))~~ (d) Five years of experience as a registered nurse including two years of experience in nursing education; and

~~((f))~~ (e) Current knowledge of nursing practice at the practical nurse or associate degree program level as appropriate.

**~~((Baccalaureate and Graduate Nursing Education Programs))~~**

(3) ~~((In a nursing education program offering baccalaureate or graduate degrees in nursing,))~~ The nurse administrator of a baccalaureate or graduate nursing education program must have:

(a) The following educational qualifications:

(i) A graduate degree in nursing from a nursing education program accredited by a national nursing education accreditation body recognized by the United States Department of Education; and

(ii) A doctoral degree in nursing or in a related educational field. The doctoral degree must be from a college or university accredited by both a national and a regional accrediting body and a national nursing accrediting body recognized by the United States Department of Education; and

~~((b))~~ (b) Preparation in education that includes teaching adults, adult learning theory, teaching methods, curriculum development, and curriculum evaluation, or two years of teaching experience in nursing education that demonstrates this type of preparation;

~~((c))~~ (c) Preparation or experience in nursing administration or educational administration; and



~~((e))~~ (d) At least five years of experience as a registered nurse including two years of experience in nursing education at or above the highest level of the nursing education program the nurse administrator will be administering.

~~The ((commission may grant an exception to the experience in nursing education requirement if the program can demonstrate that two academic years of ongoing educational consultation is provided to the nurse administrator))~~ board may grant an exception to the two years of experience in nursing education requirement, for nurse administrators of graduate nursing education programs, if the program can demonstrate that the nurse administrator will be provided with two academic years of ongoing educational mentorship by a person who meets or exceeds nurse administrator qualifications identified in this subsection.

(4) The board may grant an exception to any or all of the requirements in subsection (3)(a)(ii), (b), (c), or (d) of this section for nurse administrators of baccalaureate nursing education programs if the following conditions are met:

(a) The educational institution, parent institution, postsecondary educational institution, or governing entity submits to the board for approval within 30 days of hire a written comprehensive plan to support the nurse administrator's success in the role.

(i) The plan must address the nurse administrator's areas of exception as they relate to any or all of the requirements in subsection (3)(a)(ii), (b), (c), or (d) of this section.

(ii) The plan must include strategies such as ongoing mentorship by a qualified nurse administrator who meets or exceeds the qualifications in subsection (3)(a), (b), (c), and (d) of this section, mentorship at the academic institution, structured professional development, and additional education to address gaps in teaching methods, curriculum development, and nursing administrative experience.

(iii) An individual with two or more years of experience as an academic nurse administrator is not required to have a comprehensive plan.

(b) An evaluation of both the comprehensive plan and the performance of the nurse administrator must occur each year for a two-year period. The evaluation should involve input from the nurse administrator, mentors, nursing faculty, and administrative peers.

(c) An actionable development plan must be submitted to the board each year for two years, based on the data and analysis of the comprehensive plan and performance review of the nurse administrator.

(5) The nurse administrator shall be responsible for creation and maintenance of an environment conducive to teaching and learning through:

(a) Facilitation of the development, implementation, and evaluation of the curriculum.

(b) Communication and decision making regarding program needs, budget preparation and monitoring, and ongoing involvement with central administration and other units of the parent institution.

(c) Facilitation of faculty development and performance review for full-time and part-time faculty consistent with the policies of the institution and standards of professional nursing practice, and encouragement of faculty to seek ways of improving clinical skills and methods of demonstrating continued educational and clinical competence.

(d) Evaluation of clinical performance of nursing faculty in practice situations must be performed by a qualified licensed nurse as appropriate to the level of practice being taught.

~~((d))~~ (e) Facilitation of faculty recruitment and appointment. The nurse administrator of the nursing education program shall establish a goal for acquiring faculty with diversity in ethnicity, gender, clinical specialty and experience.

~~((e))~~ (f) Recommendation of faculty for appointment, promotion, tenure, and retention consistent with the policies of the institution and standards in this chapter.

~~((f))~~ (g) Facilitation of the development of long-range goals and objectives for the nursing program.

~~((g))~~ (h) Facilitation of recruitment, selection, and advisement of students.

~~((h))~~ (i) Assurance that the rules of the ~~((commission))~~ board are effectively implemented.

~~((i))~~ (j) Notification to the ~~((commission))~~ board of events as identified in WAC 246-840-513 and 246-840-554(3).

~~((5))~~ (6) The nurse administrator must have sufficient time provided to fulfill relevant administrative duties and responsibilities.

# Rule Hearing: Summary of Comments

Rule: .SB 5582 Nurse Administrator

#	Date	Method	Comment	Support or Opposition
1	6/10/25	Email	Rules such as this dumb down the practice of nursing. Education and experience are the foundation to build practice on...as a bedside nurse and as a nurse leader. Nursing is a profession..it is a professional practice. When the education and experience components are removed it is just a job. We can draw a parallel...should we remove the education requirement from your surgeon....do you think a surgeon would practice with competence if the education component was removed??? It saddens me deeply that our own board does not protect our practice, our profession. Sincerely Kberly Metz DNP, RN	Unknown
2	6/16/25	Email/DOH Rules Comment Page	<p><b>Position Statement on RCW 18.79.150 and E2SSB 5582 Implementation</b></p> <p>As a doctorate-prepared Nurse Practitioner and Nurse Manager dedicated to advancing nursing education and ensuring a resilient healthcare workforce, I support the intent behind RCW 18.79.150 and the implementation of Engrossed Second Substitute Senate Bill 5582. These measures represent a forward-thinking approach to addressing Washington’s nursing shortage by expanding access to education, modernizing leadership pathways, and fostering innovation in workforce development. However, to ensure the long-term success and integrity of nursing education programs, I recommend the following amendments and safeguards:</p> <p><b>Supportive Elements</b></p> <ul style="list-style-type: none"> <li>• <b>Expanded Access:</b> The law opens doors for experienced nurses to lead educational programs, even without doctoral degrees, provided they are supported by structured development plans.</li> <li>• <b>Workforce Innovation:</b> It promotes apprenticeship models, simulation-based training, and high school-to-career pipelines, which are essential for addressing regional disparities and future workforce needs.</li> <li>• <b>Retention and Mentorship:</b> The proposed rule’s emphasis on mentorship and annual evaluations fosters leadership growth and reduces turnover.</li> </ul>	Support

		<p><b>Recommended Changes</b></p> <ol style="list-style-type: none"><li><b>1. Standardized Oversight for Exceptions</b> Require the Board of Nursing to publish annual summaries of exception approvals, including metrics on program outcomes, to ensure transparency and consistency in how exceptions are granted and monitored.</li><li><b>2. Minimum Mentorship Standards</b> Define clear qualifications and training for mentors assigned to nurse administrators under exception plans to ensure high-quality guidance and accountability.</li><li><b>3. Independent Program Quality Audits</b> Introduce periodic third-party audits of nursing programs operating under exception plans to verify that educational standards are upheld and student outcomes are not compromised.</li><li><b>4. Sunset Clause for Exception Flexibility</b> Include a 5-year sunset clause on the expanded exception process, with a legislative review to assess its impact on program quality, leadership retention, and student success.</li><li><b>5. Administrative Support Funding</b> Provide dedicated funding or resource support for institutions required to implement and report on comprehensive development plans, to reduce administrative burden and ensure compliance.</li></ol> <p><b>Conclusion</b></p> <p>With these enhancements, the law can achieve its goal of expanding the nursing workforce while preserving the academic rigor and leadership excellence that define Washington’s nursing education programs. I urge stakeholders to adopt these changes to ensure the policy’s success and sustainability.</p> <p>Best Regards, <b>Kailyn Robert Elliott, DNP, MSN, MBA, ARNP, RN, FNP-BC, LSSBB, PMP</b> Assistant Nurse Manager Emergency Department &amp; Clinical Decision Unit Swedish Medical Center, Edmonds Campus Pronouns: He/Him/His</p>	
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Jun 16 2025 1:04PM

Position Statement on RCW 18.79.150 and E2SSB 5582 Implementation As a doctorate-prepared Nurse Practitioner and Nurse Manager dedicated to advancing nursing education and ensuring a resilient healthcare workforce, I support the intent behind RCW 18.79.150 and the implementation of Engrossed Second Substitute Senate Bill 5582. These measures represent a forward-thinking approach to addressing Washington's nursing shortage by expanding access to education, modernizing leadership pathways, and fostering innovation in workforce development. However, to ensure the long-term success and integrity of nursing education programs, I recommend the following amendments and safeguards: Supportive Elements Expanded Access: The law opens doors for experienced nurses to lead educational programs, even without doctoral degrees, provided they are supported by structured development plans. Workforce Innovation: It promotes apprenticeship models, simulation-based training, and high school-to-career pipelines, which are essential for addressing regional disparities and future workforce needs. Retention and Mentorship: The proposed rule's emphasis on mentorship and annual evaluations fosters leadership growth and reduces turnover. Recommended Changes Standardized Oversight for Exceptions Require the Board of Nursing to publish annual summaries of exception approvals, including metrics on program outcomes, to ensure transparency and consistency in how exceptions are granted and monitored. Minimum Mentorship Standards Define clear qualifications and training for mentors assigned to nurse administrators under exception plans to ensure high-quality guidance and accountability. Independent Program Quality Audits Introduce periodic third-party audits of nursing programs operating under exception plans to verify that educational standards are upheld and student outcomes are not compromised. Sunset Clause for Exception Flexibility Include a 5-year sunset clause on the expanded exception process, with a legislative review to assess its impact on program quality, leadership retention, and student success. Administrative Support Funding Provide dedicated funding or resource support for institutions required to implement and report on comprehensive development plans, to reduce administrative burden and ensure compliance. Conclusion With these enhancements, the law can achieve its goal of expanding the nursing workforce while preserving the academic rigor and leadership excellence that define Washington's nursing education programs. I urge stakeholders to adopt these changes to ensure the policy's success and sustainability.

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Policy, Legislative, and Constituent Relations Office  
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Olympia, WA 98504-7876

Washington State Department of Health  
Policy, Legislative, and Constituent Relations Office  
111 Israel Rd, SE  
Tumwater, WA 98501

Last Update: 12/04/2013  
Send inquiries about DOH and its programs to the [Health Consumer Assistance Office](#)  
Comments or questions regarding this web site? Send mail to the [Subsite Developer](#).

WABON Business Meeting  
July 11, 2025

162

## Dagum, Jessilyn (DOH)

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**From:** Kimberly Metz <dkmetz70@gmail.com>  
**Sent:** Tuesday, June 10, 2025 7:54 AM  
**To:** DOH WABON Rules  
**Subject:** Public comment CR 102

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

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### External Email

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Rules such as this dumb down the practice of nursing. Education and experience are the foundation to build practice on...as a bedside nurse and as a nurse leader. Nursing is a profession..it is a professional practice. When the education and experience components are removed it is just a job. We can draw a parallel...should we remove the education requirement from your surgeon....do you think a surgeon would practice with competence if the education component was removed??? It saddens me deeply that our own board does not protect our practice, our profession. Sincerely Kberly Metz DNP, RN



## Dagum, Jessilyn (DOH)

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**From:** Elliott, Kailyn <Kailyn.Elliott@swedish.org>  
**Sent:** Monday, June 16, 2025 1:04 PM  
**To:** DOH WABON Rules  
**Subject:** Public Comment

**Follow Up Flag:** Follow up  
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External Email

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### Position Statement on RCW 18.79.150 and E2SSB 5582 Implementation

As a doctorate-prepared Nurse Practitioner and Nurse Manager dedicated to advancing nursing education and ensuring a resilient healthcare workforce, I support the intent behind RCW 18.79.150 and the implementation of Engrossed Second Substitute Senate Bill 5582. These measures represent a forward-thinking approach to addressing Washington's nursing shortage by expanding access to education, modernizing leadership pathways, and fostering innovation in workforce development.

However, to ensure the long-term success and integrity of nursing education programs, I recommend the following amendments and safeguards:

#### Supportive Elements

- **Expanded Access:** The law opens doors for experienced nurses to lead educational programs, even without doctoral degrees, provided they are supported by structured development plans.
- **Workforce Innovation:** It promotes apprenticeship models, simulation-based training, and high school-to-career pipelines, which are essential for addressing regional disparities and future workforce needs.
- **Retention and Mentorship:** The proposed rule's emphasis on mentorship and annual evaluations fosters leadership growth and reduces turnover.

#### Recommended Changes

1. **Standardized Oversight for Exceptions**  
Require the Board of Nursing to publish annual summaries of exception approvals, including metrics on program outcomes, to ensure transparency and consistency in how exceptions are granted and monitored.
2. **Minimum Mentorship Standards**  
Define clear qualifications and training for mentors assigned to nurse administrators under exception plans to ensure high-quality guidance and accountability.
3. **Independent Program Quality Audits**  
Introduce periodic third-party audits of nursing programs operating under exception plans to verify that educational standards are upheld and student outcomes are not compromised.

#### 4. **Sunset Clause for Exception Flexibility**

Include a 5-year sunset clause on the expanded exception process, with a legislative review to assess its impact on program quality, leadership retention, and student success.

#### 5. **Administrative Support Funding**

Provide dedicated funding or resource support for institutions required to implement and report on comprehensive development plans, to reduce administrative burden and ensure compliance.

### **Conclusion**

With these enhancements, the law can achieve its goal of expanding the nursing workforce while preserving the academic rigor and leadership excellence that define Washington's nursing education programs. I urge stakeholders to adopt these changes to ensure the policy's success and sustainability.

Best Regards,



**Kailyn Robert Elliott, DNP, MSN, MBA, ARNP, RN, FNP-BC, LSSBB, PMP**

Assistant Nurse Manager

Emergency Department & Clinical Decision Unit

Swedish Medical Center, Edmonds Campus

Pronouns: He/Him/His

Whether your battlefield is paperwork or the OR, you are the difference between surrender and survival  
- Me, I said that.



[Book time to meet with me](#)

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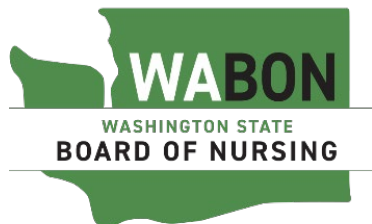


XI.

Legislative

&

Rules Update



# LEGISLATIVE UPDATE

July 11, 2025

WABON Business Meeting  
July 11, 2025

# Nurse Delegation: Current Structure

## **RCW 18.79.260**

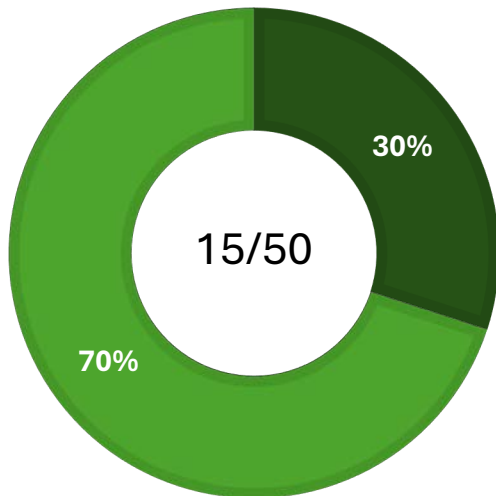
- Explicitly authorizes RN delegation
- Current language is overly prescriptive to care setting and facility type
- Includes provisions related to home health and hospice agencies, and community-based and in-home care settings
- Includes provisions related to insulin injections

## **WAC 246-840-700**

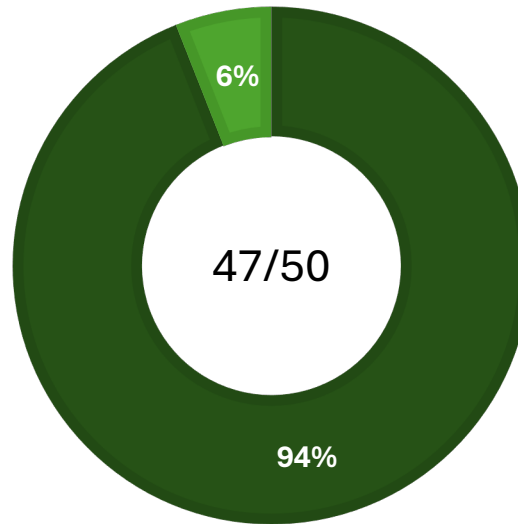
- Outlines delegation standards for both RNs and LPNs
- LPN delegation is not clarified in statute

# National Comparisons

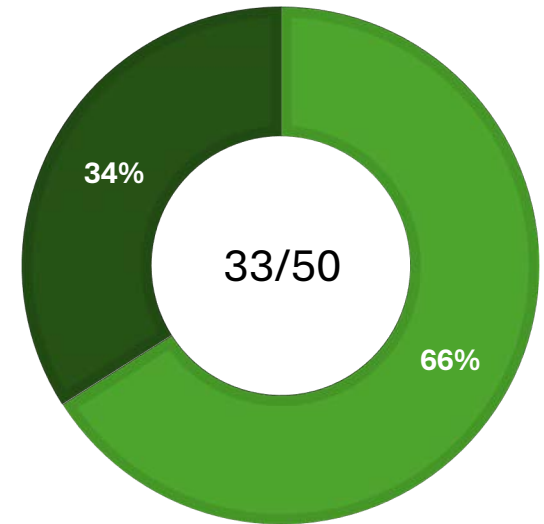
**Explicit Nurse  
Delegation Statute**



**RN Delegation  
Regulated via Rule**



**LPN Delegation  
Regulated via Rule**



■ Yes ■ No



# ARL Proposal

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**Propose amendments to  
the nurse delegation  
statute**

**Option 1:** Limit to RN Delegation  
**Option 2:** Include LPN Delegation



**Improve clarity,  
flexibility, and access by  
removing overly  
prescriptive setting-  
based language**



**Develop operational  
structures and  
delegation processes  
in rule**

## July – August

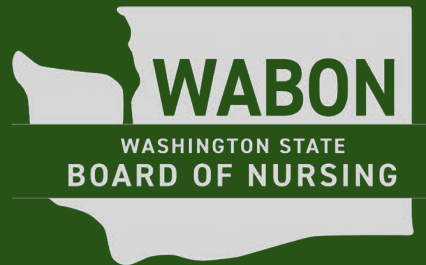
- Continue collaboration with interested parties
- Finalize proposed amendments
- Develop ARL package for the Governor's Office

## September

- Submit completed ARL package to the Governor's Office for review and approval

## October – December

- Hold educational sessions and informational meetings
- Identify bill sponsors
- Pre-file bill for introduction

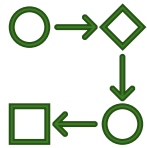


# Legislative Priorities

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# 2026 Legislative Priorities

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## **Address Nurse Delegation**

*WABON Request Legislation*

Amend RCW 18.79.260 to improve clarity and flexibility, reduce barriers to access, and eliminate regulatory inconsistency.



## **Mental Health Support for Healthcare Providers**

Expand access to mental health services for healthcare workers by funding wellness programs, reducing stigma, and creating confidential, on-demand support.



## **Advanced Practice Reimbursement Parity**

Support insurance reimbursement for ARNPs and physician assistants at the same rate as physicians.

# 2026 Legislative Priorities Cont.

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## **Workforce Retention**

- Support nurse wellness programs
- Subsidize and support access to substance use treatment programs
- Prevent healthcare workplace violence
- Subsidize nursing faculty salaries to reduce disparities across the industry, stabilize, retain, and recruit diverse nursing faculty



## **Continue to Build the Nursing Workforce**

- Build new pipelines of entry to nursing
- Reduce barriers to nursing education and careers
- Identify and test new models of care delivery
- Align academia and practice to support new nurse transition
- Support diversity of the nursing workforce and nursing faculty

# Questions?



## RCW 18.79.260

### Registered nurse—Activities allowed—Delegation of tasks. *(Effective until June 30, 2027.)*

\*\*\* CHANGE IN 2025 \*\*\* (SEE [1281-S.SL](#)) \*\*\*

(1) A registered nurse under ~~his or her~~[their](#) license may perform for compensation nursing care, as that term is usually understood, to individuals with illnesses, injuries, or disabilities.

(2) A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, advanced registered nurse practitioner, or midwife acting within the scope of ~~his or her~~[their](#) license, administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of registered nursing practice.

(3) A registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient. [The determination of the appropriateness of delegation of a nursing task is at the discretion of the registered nurse. Acts that require nursing judgment shall not be delegated.- A nurse may delegate certain tasks to registered or certified nursing assistants under chapter 18.88A RCW or home care aides certified under chapter 18.88B RCW, as determined by the nurse to be safely performed.](#)

~~(a) The delegating nurse shall:~~

- ~~(i) Determine the competency of the individual to perform the tasks;~~
- ~~(ii) Evaluate the appropriateness of the delegation;~~
- ~~(iii) Supervise the actions of the person performing the delegated task; and~~
- ~~(iv) Delegate only those tasks that are within the registered nurse's scope of practice.~~

~~(b) A registered nurse, working for a home health or hospice agency regulated under chapter 70.127 RCW, may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care.~~

~~(c) Except as authorized in (b) or (e) of this subsection, a registered nurse may not delegate the administration of medications. Except as authorized in (e) or (f) of this subsection, a registered nurse may not delegate acts requiring substantial skill, and may not delegate piercing or severing of tissues. Acts that require nursing judgment shall not be delegated.~~

(d) No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the ~~board~~ ~~\*nursing care quality assurance commission~~ for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

~~(e) For delegation in community-based care settings or in home care settings, a registered nurse may delegate nursing care tasks only to registered or certified nursing assistants under chapter 18.88A RCW or home care aides certified under chapter 18.88B RCW. Simple care tasks such as blood pressure monitoring, personal care service, diabetic insulin device set up, verbal verification of insulin dosage for sight-impaired individuals, or other tasks as defined by the \*nursing care quality assurance commission are exempted from this requirement.~~

~~(i) "Community-based care settings" includes: Community residential programs for people with developmental disabilities, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and assisted living facilities licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.~~

~~(ii) "In-home care settings" include an individual's place of temporary or permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings as defined in (e)(i) of this subsection.~~

~~(iii) Delegation of nursing care tasks in community-based care settings and in-home care settings is only allowed for individuals who have a stable and predictable condition. "Stable and predictable condition" means a situation in which the individual's clinical and behavioral status is known and does not require the frequent presence and evaluation of a registered nurse.~~

~~(iv) The determination of the appropriateness of delegation of a nursing task is at the discretion of the registered nurse. Other than delegation of the administration of insulin by injection for the purpose of caring for individuals with diabetes, the administration of medications by injection, sterile procedures, and central line maintenance may never be delegated.~~

~~(v) When delegating insulin injections under this section, the registered nurse delegator must instruct the individual regarding proper injection procedures and the use of insulin, demonstrate proper injection procedures, and must supervise and evaluate the individual performing the delegated task as required by the \*commission by rule. If the registered nurse delegator determines that the individual is competent to perform the injection properly and safely, supervision and evaluation shall occur at an interval determined by the \*commission by rule.~~

~~(vi)(A) The registered nurse shall verify that the nursing assistant or home care aide, as the case may be, has completed the required core nurse delegation training required in chapter 18.88A or 18.88B RCW prior to authorizing delegation.~~

~~(B) Before commencing any specific nursing tasks authorized to be delegated in this section, a home care aide must be certified pursuant to chapter 18.88B RCW and must comply with RCW 18.88B.070.~~

~~(b vii)~~ The nurse is accountable for ~~his or her~~ their own individual actions in the delegation process. Nurses acting within the protocols of their delegation authority are immune from liability for any action performed in the course of their delegation duties.

~~(viii)~~ (4) -Nursing task delegation protocols are not intended to regulate the settings in which delegation may occur, but are intended to ensure that nursing care services have a consistent standard of practice upon which the public and the profession may rely, and to safeguard the authority of the nurse to make independent professional decisions regarding the delegation of a task.

~~(f) The delegation of nursing care tasks only to registered or certified nursing assistants under chapter 18.88A RCW or to home care aides certified under chapter 18.88B RCW may include glucose monitoring and testing.~~

(5) Education and training provided by a registered nurse to a caregiver who is a parent, guardian, or family member, or other close association who is appropriately designated to provide care for a patient is not considered delegation of nursing care tasks.

(6) The board ~~\*nursing care quality assurance commission may~~ may adopt rules to implement this section.

(a) By January 1, 2028, the board shall adopt rules to address appropriate delegation parameters.

~~(4) Only a person licensed as a registered nurse may instruct nurses in technical subjects pertaining to nursing.~~

~~(5) Only a person licensed as a registered nurse may hold herself or himself out to the public or designate herself or himself as a registered nurse.~~

## **RCW 18.88A.200**

### **Delegation of nursing care tasks—Legislative finding.**

The legislature recognizes that nurses have been successfully delegating nursing care tasks to family members and auxiliary staff for many years. The opportunity for a nurse to delegate to nursing assistants qualifying under

RCW [18.88A.210](#) may enhance the viability and quality of health care ~~services in community-based care settings and in-home care settings~~ to allow individuals to ~~live as~~ [function as](#) independently as possible with maximum safeguards.

## RCW 18.88A.210

### Delegation—Basic and specialized nurse delegation training requirements.

\*\*\* CHANGE IN 2025 \*\*\* (SEE [1281-S.SL](#)) \*\*\*

\*\*\* CHANGE IN 2025 \*\*\* (SEE [5051.SL](#)) \*\*\*

~~(1) A nursing assistant meeting the requirements of this section who provides care to individuals in community-based care settings or in-home care settings, as defined in RCW 18.79.260(3), may accept delegation of nursing care tasks by a registered nurse as provided in RCW 18.79.260(3).~~

~~(2) For the purposes of this section, "nursing assistant" means a nursing assistant-registered or a nursing assistant-certified. Nothing in this section may be construed to affect the authority of nurses to delegate nursing tasks to other persons, including licensed practical nurses, as authorized by law.~~

~~(3)(a) Before commencing any specific nursing care tasks authorized under this chapter, the nursing assistant must (i) provide to the delegating nurse a certificate of completion issued by the department of social and health services indicating the completion of basic core nurse delegation training, (ii) be regulated by the department of health pursuant to this chapter, subject to the uniform disciplinary act under chapter 18.130 RCW, and (iii) meet any additional training requirements identified by the \*nursing care quality assurance commission. Exceptions to these training requirements must adhere to RCW 18.79.260(3)(e)(vi).~~

~~(b) In addition to meeting the requirements of (a) of this subsection, before commencing the care of individuals with diabetes that involves administration of insulin by injection, the nursing assistant must provide to the delegating nurse a certificate of completion issued by the department of social and health services indicating completion of specialized diabetes nurse delegation training. The training must include, but is not limited to, instruction regarding diabetes, insulin, sliding scale insulin orders, and proper injection procedures.~~

[2008 c 146 s 12; 2003 c 140 s 5; 2000 c 95 s 1; 1998 c 272 s 10; 1995 1st sp.s. c 18 s 46.]

## RCW [18.88A.230](#)

## Delegation—Liability—Reprisal or disciplinary action.

(1) The nursing assistant shall be accountable for their own individual actions in the delegation process. Nursing assistants following written delegation instructions from ~~registered~~ nurses performed in the course of their accurately written, delegated duties shall be immune from liability.

(2) Nursing assistants shall not be subject to any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing task based on patient safety issues. No ~~community-based care setting as defined in RCW 18.79.260(3)(e), or in-home services agency as defined in RCW 70.127.010 facility or employer~~, may discriminate or retaliate in any manner against a person because the person made a complaint or cooperated in the investigation of a complaint.

### RCW 18.88B.070

#### Nurse delegated tasks.

\*\*\* CHANGE IN 2025 \*\*\* (SEE [1281-S.SL](#)) \*\*\*

(1) The legislature recognizes that nurses have been successfully delegating nursing care tasks to family members and others for many years. The opportunity for a nurse to delegate nursing care tasks to home care aides certified under this chapter may enhance the viability and quality of health care services ~~in community-based care settings and in-home care settings~~ to allow individuals ~~to live as to~~ [function as](#) independently as possible with maximum safeguards.

~~(2)(a) A certified home care aide who wishes to perform a nurse delegated task pursuant to RCW 18.79.260 must complete nurse delegation core training under chapter 18.88A RCW before the home care aide may be delegated a nursing care task by a registered nurse delegator. Before administering insulin, a home care aide must also complete the specialized diabetes nurse delegation training under chapter 18.88A RCW. Before commencing any specific nursing care tasks authorized under RCW 18.79.260, the home care aide must:~~

~~(i) Provide to the delegating nurse a transcript or certificate of successful completion of training issued by an approved instructor or approved training entity indicating the completion of basic core nurse delegation training; and~~

~~(ii) Meet any additional training requirements mandated by the \*nursing care quality assurance commission. Any exception to these training requirements is subject to RCW 18.79.260(3)(e)(vi).~~

~~(b) In addition to meeting the requirements of (a) of this subsection, before providing delegated nursing care tasks that involve administration of insulin by injection to individuals with diabetes, the home care aide must provide to the delegating nurse a transcript or certificate of successful completion of training issued by an approved instructor or approved training entity indicating completion of specialized diabetes nurse delegation training. The training must include, but is not limited to, instruction regarding diabetes, insulin, sliding scale insulin orders, and proper injection procedures.~~

(23) The home care aide is accountable for his or her own individual actions in the delegation process. Home care aides accurately following written delegation instructions from a ~~registered~~ nurse are immune from liability regarding the performance of the delegated duties.

(34) Home care aides are not subject to any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing care task based on his or her concerns about patient safety issues. No ~~provider of a community-based care setting as defined in RCW 18.79.260, or in-home services agency as defined in RCW 70.127.010~~ facility or employer, may discriminate or retaliate in any manner against a person because the person made a complaint about the nurse delegation process or cooperated in the investigation of the complaint.

## **RCW 70.127.010**

### **Definitions.**

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Administrator" means an individual responsible for managing the operation of an agency.

(2) "Department" means the department of health.

(3) "Director of clinical services" means an individual responsible for nursing, therapy, nutritional, social, and related services that support the plan of care provided by in-home health and hospice agencies.

(4) "Family" means individuals who are important to, and designated by, the patient or client and who need not be relatives.

(5) "Home care agency" means a person administering or providing home care services directly or through a contract arrangement to individuals in places of temporary or permanent residence. A home care agency that provides delegated



tasks of nursing under RCW 18.79.260(3)~~(e)~~ is not considered a home health agency for the purposes of this chapter.

(6) "Home care services" means nonmedical services and assistance provided to ill, disabled, or vulnerable individuals that enable them to remain in their residences. Home care services include, but are not limited to: Personal care such as assistance with dressing, feeding, and personal hygiene to facilitate self-care; homemaker assistance with household tasks, such as housekeeping, shopping, meal planning and preparation, and transportation; respite care assistance and support provided to the family; or other nonmedical services or delegated tasks of nursing under RCW 18.79.260(3)~~(e)~~.

(7) "Home health agency" means a person administering or providing two or more home health services directly or through a contract arrangement to individuals in places of temporary or permanent residence. A person administering or providing nursing services only may elect to be designated a home health agency for purposes of licensure.

(8) "Home health services" means services provided to ill, disabled, or vulnerable individuals. These services include but are not limited to nursing services, home health aide services, physical therapy services, occupational therapy services, speech therapy services, respiratory therapy services, nutritional services, medical social services, and home medical supplies or equipment services.

(9) "Home health aide services" means services provided by a home health agency or a hospice agency under the supervision of a registered nurse, physical therapist, occupational therapist, or speech therapist who is employed by or under contract to a home health or hospice agency. Such care includes ambulation and exercise, assistance with self-administered medications, reporting changes in patients' conditions and needs, completing appropriate records, and personal care or homemaker services.

(10) "Home medical supplies" or "equipment services" means diagnostic, treatment, and monitoring equipment and supplies provided for the direct care of individuals within a plan of care.

(11) "Hospice agency" means a person administering or providing hospice services directly or through a contract arrangement to individuals in places of temporary or permanent residence under the direction of an interdisciplinary team composed of at least a nurse, social worker, physician, spiritual counselor, and a volunteer.

(12) "Hospice care center" means a homelike, noninstitutional facility where hospice services are provided, and that meets the requirements for operation under RCW 70.127.280.

(13) "Hospice services" means symptom and pain management provided to a terminally ill individual, and emotional, spiritual, and bereavement support for the individual and family in a place of temporary or permanent residence, and may include the provision of home health and home care services for the terminally ill individual.

(14) "Immediate jeopardy" means a situation in which the in-home services agency's noncompliance with one or more statutory or regulatory requirements has placed the health and safety of patients in its care at risk for serious injury, serious harm, serious impairment, or death.

(15) "In-home services agency" means a person licensed to administer or provide home health, home care, hospice services, or hospice care center services directly or through a contract arrangement to individuals in a place of temporary or permanent residence.

(16) "Person" means any individual, business, firm, partnership, corporation, company, association, joint stock association, public or private agency or organization, or the legal successor thereof that employs or contracts with two or more individuals.

(17) "Plan of care" means a written document based on assessment of individual needs that identifies services to meet these needs.

(18) "Quality improvement" means reviewing and evaluating appropriateness and effectiveness of services provided under this chapter.

(19) "Service area" means the geographic area in which the department has given prior approval to a licensee to provide home health, hospice, or home care services.

(20) "Social worker" means a person with a degree from a social work educational program accredited and approved as provided in RCW [18.320.010](#) or who meets qualifications provided in 42 C.F.R. Sec. 418.114 as it existed on January 1, 2012.

(21) "Survey" means an inspection conducted by the department to evaluate and monitor an agency's compliance with this chapter.

E-mail: [WABONRules@doh.wa.gov](mailto:WABONRules@doh.wa.gov)

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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.			

### 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	Nurse Administrator Requirements	Amendments to: WAC 246-840-517	Education and experience requirements for nurse administrators of baccalaureate nursing education programs in Washington state, amending WAC 246-840-517 and other related sections in chapter 246-840 WAC. The board is considering amendments to education and experience requirements for nurse administrators of baccalaureate nursing education programs in response to Engrossed Second Substitute Senate Bill (ESSB) 5582 (Chapter 126, Laws of 2023) codified as RCW 18.79.150.	WSR: <a href="#">24-21-151</a> Filed: 10/22/2024  Note: The board approved rulemaking on May 12, 2023.	12/5/2024 12/12/2024 1/22/2025 1/23/2025 2/13/2025  Note: The board approved draft language on 3/14/2025	WSR: 25-12-079 Filed: 6/2/2025	7/11/2025	
2	Nursing Assistant	Amendments to: Sections in Chapter 246-841A WAC	Nursing Assistant (NA) rules, chapter 246-841A WAC. The Washington State Board of Nursing (board) is considering amendments to nursing assistant rules to implement skills testing in training programs, make changes to the specialty curricula rule requirements, address potential impacts from legislation passed in the 2025 Legislative Session, and other related priorities.	WSR: <a href="#">24-20-087</a> Filed: 9/27/2024 Withdrawn:  New WSR: 25-05-087 Filed: 2/18/2024	4/11/2025 4/17/2025 4/25/2025 4/30/2025 5/16/2025 5/30/2025 6/27/2025			

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			<p>The board is initiating rulemaking to amend chapter 246-841A WAC to:</p> <ul style="list-style-type: none"> <li>Integrate skills testing into NA training programs;</li> <li>Make changes to the specialty curricula rule requirements; and</li> <li>Address any impacts resulting from legislation passed during the 2025 Legislative Session and other related priorities</li> </ul> <p>This rulemaking is necessary to ensure nursing assistant training programs comply with state and federal requirements and to address areas for improvement identified since the adoption of chapter 246-841A WAC.</p>	Note: The board approved rulemaking on January 10, 2025.	Additional workshops will be held in August.			
3	Phase 1 of Chapter Rewrite: RN and LPN Licensing and Continuing Competency	Amendments to: WAC 246-840-015 through 246-840-260	Registered nurse (RN) and licensed practical nurse (LPN) licensing and continuing competency rules. The Washington State Board of Nursing (board) is considering amendments to WAC 246-840-015 through 246-840-260 to clarify and update outdated language, rewrite and reformat existing rules to reflect current best practices, and restructure sections as necessary, as part of the board's 5-year formal rule review process in accordance with RCW 43.70.041. The board is conducting this review in a phased approach. This rulemaking is Phase 1 of the board's formal review process.	<p>WSR: <a href="#">24-24-011</a> Filed: 11/21/2024</p> <p>Note: The board approved rulemaking on September 13, 2024.</p>	<p>2/6/2025 2/10/2025 2/13/2025 2/21/2025 2/25/2025 3/21/2025 4/04/2025</p> <p>Draft language was approved on the May 9, 2025.</p>	In progress		

## UPCOMING RULE PROJECTS

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE
1	Phase 2 of Chapter Rewrite: Advanced Practice	<p>Amendments to: WAC 246-840-010 and WAC 246-840-300 through 246-840-4990</p> <p>Note: The board approved rulemaking on September 13, 2024.</p>	The Washington State Board of Nursing (board) is considering amendments to WAC 246-840-010 and 246-840-300 through 246-840-4990 to clarify and update outdated language, rewrite and reformat existing rules to reflect current best practices, and restructure sections as necessary, as part of the board's 5-year formal rule review process in accordance with RCW 43.70.041. The board is conducting this review in a phased approach. This rulemaking is Phase 2 of the board's formal review process.

## RECENTLY FILED RULES

#	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	ARNP Education Requirements for Licensure	Amendments to: WAC 246-840-010 WAC 246-840-340 WAC 246-840-342	<p>On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board:</p> <p><b>(1) define the term “graduate degree” in chapter 246-840 WAC and</b>  <b>(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.</b></p> <p>On September 7, 2023, at the board’s business meeting, the board held a public hearing to fully consider all written and oral submissions regarding the July 5, 2023, JARRC finding and moved to initial the rulemaking process with a CR-101.</p>	WSR: <a href="#">24-05-022</a> Filed: 2/9/2024	6/20/2024 6/21/2024	WSR: <a href="#">24-20-129</a> Filed: 10/1/2024	11/8/2024	WSR: <a href="#">25-02-080</a> Filed: 12/26/2024 Effective: 1/26/2025
2	Nursing Fee Rule Corrections (Secretary Authority) Expedited Rule	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>			WSR:24-14-126 File: <a href="#">24-14-126</a>		WSR: <a href="#">24-21-150</a> Filed: 10/22/2024 Effective: 11/22/2024

#	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
3	1:2 Simulation	Amendments to: WAC 246-840-534 New Section: WAC 246-840-5341	SB <a href="#">5582-S2.SL.pdf (wa.gov)</a> 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: <a href="#">23-17-011</a> 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: <a href="#">24-15-133</a> Filed: 7/23/2024	8/27/2024	WSR: <a href="#">24-20-031</a> File: 9/23/2024 Effective: 10/24/2024
4	Blood Glucose Management	Amendments to: WAC 246-840-930 WAC 246-840-940  New Rules: WAC 246-840-835 WAC 246-840-935	HB <a href="#">1124-S.PL.pdf (wa.gov)</a> <b>Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections.</b> Identifies two areas that require WABON rulemaking: <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. 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.</li> </ol>	WSR: <a href="#">23-02-037</a> Filed: 12/29/2022	2/1/2023 and 2/6/2023.  Note: Additional workshops were held 5/15/2023 and 5/19/2023.	WSR: <a href="#">24-08-076</a> File: 4/3/2024	5/10/2024	WSR: <a href="#">24-13-079</a> File: 6/17/2024 Effective: 7/18/2024
5	Substance Use Disorder Monitoring Program Participation	Amendments to: WAC 246-840-750 through WAC 246-840-780  New Rule: WAC 246-840-790	HB <a href="#">1255-S.SL.pdf (wa.gov)</a> 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: <a href="#">23-17-074</a> File: 8/14/2023	12/13/2023 12/15/2023	WSR: <a href="#">24-07-063</a> File: 3/15/2024	5/10/2024	WSR: <a href="#">24-12-066</a> File: 6/3/2024 Effective: 7/1/2024
6	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: <a href="#">23-11-143</a> File: 5/24/2023	6/22/2023 6/29/2023	WSR: <a href="#">24-03-103</a> File: 1/18/2024	3/8/2024	WSR: <a href="#">24-10-063</a> File: 4/26/2024 Effective: 5/27/2024



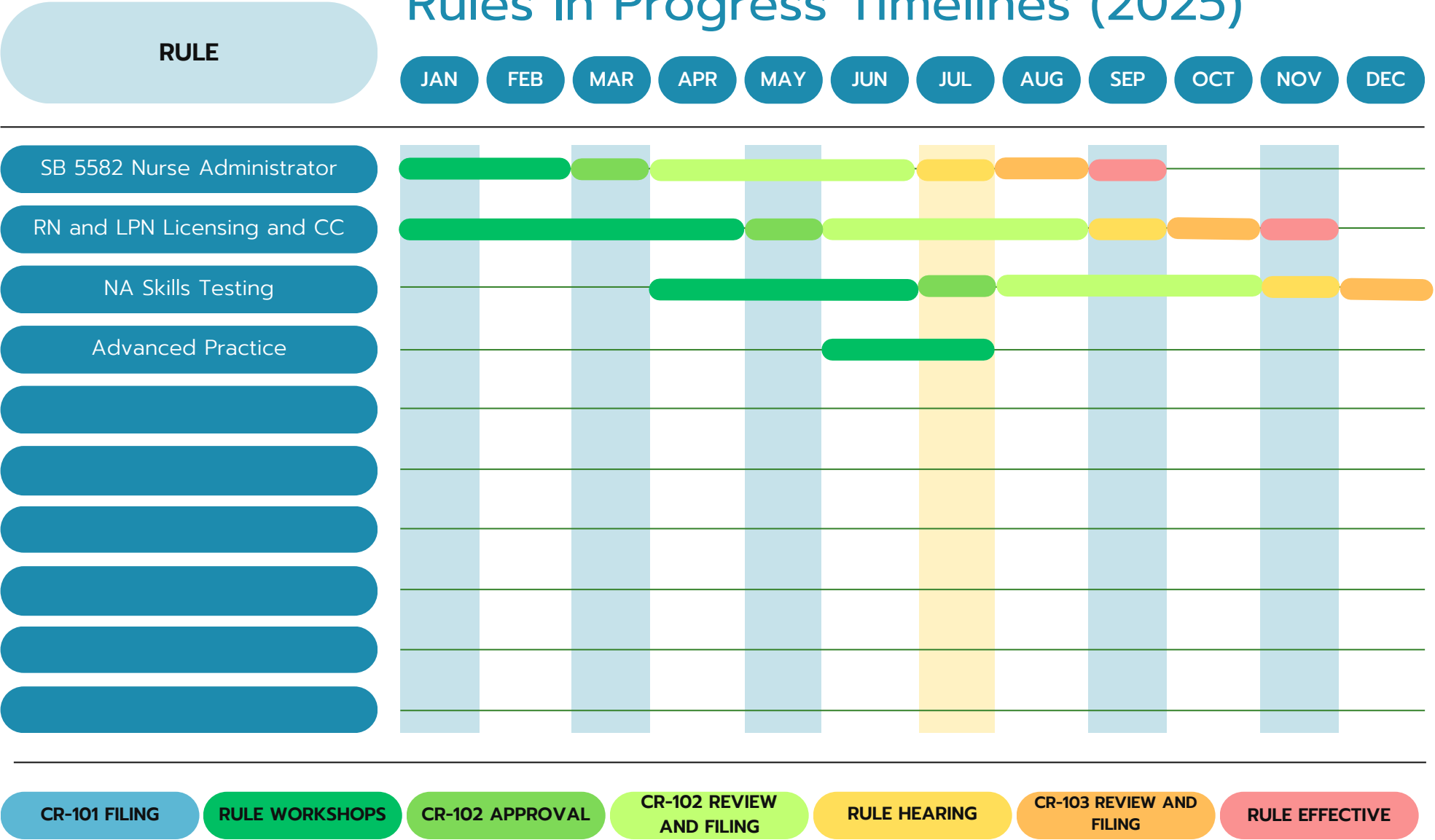
#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/ EMERGENCY
7	Nursing Temporary Practice Permits	Amendments to: WAC 264-840-095	<p>Temporary practice permit effective dates for licensed practical 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>	<a href="#">WSR: 22-06-057</a> Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.	WSR: <a href="#">23-21-071</a> Filed: 10/12/2023	11/29/2023	<p>WSR: <a href="#">24-03-055</a> Filed: 1/11/2024</p> <p>Effective: 2/11/2024</p>
8	Multistate License Fee	Amendments to: WAC 246-840-990	<a href="#">5499-S.SL.pdf (wa.gov)</a> Concerning the multistate nurse licensure compact. Creating a fee and updating a surcharge for a multistate nursing license. WAC 246-840-990, Fees and renewal cycle. The Department of Health (department) in consultation with the Washington State Board of Nursing (board) must update an existing licensing surcharge amount in rule to comply with the new surcharge amount in law. The department and the board are also considering rulemaking to create a fee for a new multi-state license option for registered nurses (RNs) and licensed practical nurses (LPNs) residing in Washington State in keeping with Substitute Senate Bill (SSB) 5499 Multistate Nurse Licensure Compact (Chapter 123, Laws of 2023), effective July 23, 2023.	WSR: <a href="#">23-16-127</a> File: 8/1/2023	8/23/2023 8/28/2023 8/29/2023	WSR: <a href="#">23-22-060</a> File: 10/25/2023	12/5/2023	<p>WSR: <a href="#">24-02-057</a> File: 12/28/2023</p> <p>Effective: 1/31/2024</p>
9	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	<p>ESSB <a href="#">5229-S.SL.pdf (wa.gov)</a> <b>Health Equity &amp; Continuing Competency</b></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: <a href="#">23-03-069</a> 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: <a href="#">23-19-081</a> Filed: 9/19/2023	10/25/2023	<p>WSR: <a href="#">23-23-166</a> Filed: 11/21/2023</p> <p>Effective: 12/22/2023</p>

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			<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>					
10	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>	Legislated work by WABON with key interested parties in 2018-2020 resulting in a final Long-Term Care Report to the Legislature (June 2021) confirmed the need for updating rules. The coronavirus disease 2019 (COVID-19) pandemic magnified the need and urgency for changes to eliminate barriers to career advancement for nursing assistants to help address the nursing assistant shortage in health care. WABON believes standardizing curriculum in training programs will also result in standardizing scope of practice across work settings.	<u>WSR: 21-05-021</u> Filed: 2/8/2021	October 2022 through February 2023.	<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>	<b>8/30/2023</b>	<p>WSR: <u>23-20-117</u></p> <p>Filed: 10/3/2023</p> <p>Effective: 11/3/2023</p>

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11	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.	<a href="#">WSR: 19-15-092</a> Filed: 7/22/2019	6/21/2022 and 6/30/22	<a href="#">WSR: 23-08-064</a> Filed 4/4/2023	5/12/2023	<a href="#">WSR: 23-14-082</a>  Filed: 6/29/2023  Effective: 7/30/2023
12	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.	<a href="#">WSR: 22-12-090</a> Filed: 6/1/2022	6/21/2022 and 6/30/22.	<a href="#">WSR: 23-01-134</a> Filed: 12/20/2022	1/27/2023	<a href="#">WSR: 23-08-069</a> Filed: 4/4/2023 Effective: 5/5/2023
13	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.					<a href="#">WSR: 23-03-011</a> File: 1/6/2023
14	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.	<a href="#">WSR: 19-01-002</a> Filed: 12/5/2018	1/22/2019 1/23/2019 1/24/2019 1/26/2022 2/7/2022	<a href="#">WSR: 22-15-078</a> Filed: 7/18/2022	9/9/2022	<a href="#">WSR: 22-23-130</a> Filed: 11/21/2022  Effective: 12/22/2023
15	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.			<b>Expedited</b> <a href="#">WSR: 22-12-092</a> Filed: 6/1/2022	N/A	<a href="#">WSR: 22-17-144</a> Filed: 8/23/2022 Effective: 9/24/2022
16	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.	<a href="#">WSR: 21-23-053</a> Filed: 11/10/2021	Held by Dept.	<a href="#">WSR: 22-10-104</a> Filed: 5/4/2022	6/13/2022	<a href="#">WSR: 22-15-074</a> Filed: 7/18/2022 Effective: 12/1/2023

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17	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: <u>22-12-026</u> Filed: 5/23/2022 Effective: 9/9/2022
18	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: <u>22-04-082</u> Filed: 1/31/2022 Effective: 5/13/2022
19	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: <u>21-11-032</u> Filed: 5/12/2021 Effective: 6/13/2021
20	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.			<b>Expedited</b> WSR: 20-18-045 Filed: 8/28/2020	N/A	WSR: <u>21-04-016</u> Filed: 1/22/2021

# Rules In Progress Timelines (2025)



# Early Remediation for Nursing Assistants

**Situation:**

The Board will assume disciplinary authority for nursing assistants on July 1, 2026, under Senate Bill 5051. Currently, there is no formal early remediation process for nursing assistants who commit minor violations.

**Background:**

The Department of Health currently regulates nursing assistants. All violations, even minor ones, may lead to formal discipline. The Board uses early remediation for nurses in similar cases. These approaches focus on education and improvement, not punishment.

**Assessment:**

Without early remediation, low-risk cases may result in harsh outcomes. This can discourage individuals from staying in the workforce. Interested parties have expressed the need for non-punitive options that support learning and growth.

**Recommendation:**

Develop an early remediation process for nursing assistants as part of the transition in regulatory authority. Incorporating this approach into the Board's disciplinary framework will promote fairness, protect the public, and support workforce retention.





XIII.

# Nursing Assistant Education

## Update



# Nursing Assistant Education Updates

**Reuben Argel, MBA, BSN, RN**

**Amy Murray, MSN, RN**

**Sandra Graham, MSN, RN**

**Christine Tran, BA**

**Program Director**

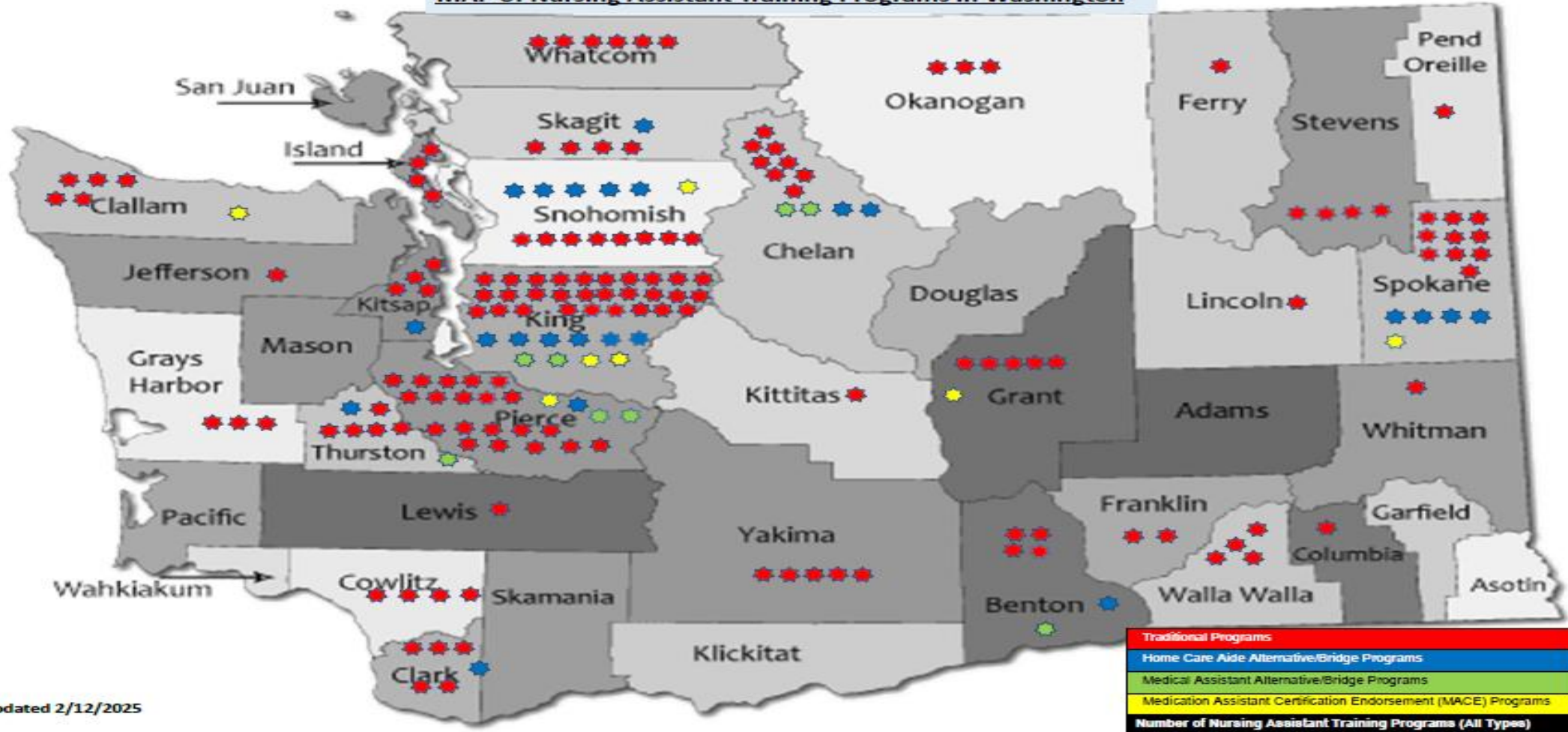
**Nurse Consultant**

**Nurse Consultant**

**Program Specialist**

# Approved Nursing Assistant Certification Programs in Washington State

**MAP of Nursing Assistant Training Programs in Washington**



Updated 2/12/2025

# Fraudulent Nursing Assistant (NA) Certificate of Completion (COC)

## SITUATION:

- The NA Education Team was informed of an apparent fraudulent copy of the Certificate of Completion (COC) circulating in our state. In the past week, five suspicious COCs have been identified.

## BACKGROUND:

- The COC is a student's "diploma" that notifies state agencies as well as employers that they have graduated from an approved nursing assistant training program. Students must present their copy of the COC to the testing facility IF they test outside their own training program. The NA team was notified on June 9, 2025, that a student used what appears to be a photocopy of a COC from a training program in Federal Way, WA, with altered information, to register for the state skills exam.

# Fraudulent NA Certificate of Completion (SBAR)

## ASSESSMENT:

An emergency NAPAP Meeting was convened on Thursday, June 12, 2025, to discuss the situation. NAPAP reviewed the case and moved to send letter all NA Program Directors (PD).

- WABON staff contacted all nursing assistant programs via letter on Friday, June 13, 2025, to make them aware of the situation and to share a copy of a redacted version of the COC.
- NA Education Team, DOH Credentialing Team, and Office of Investigative and Legal Services (OILS) met on Monday, June 15, 2025, and discussed the situation and how to proceed with investigation.
- WABON staff contacted DOH HSQA Complaint Intake Team on Monday, June 15, 2025, to file a complaint against the individuals who WABON believe became credentialed as nursing assistants using a fraudulent COC.
- WABON Staff discovered a 5<sup>th</sup> fraudulent Certificate of Completion on Wednesday, June 18, 2025. This information was forwarded to the DOH HSQA Complaint Intake Team.

## RECOMMENDATION:

- OILS is leading investigation and any inquiry or question will be referred to OILS case manager and chief investigator.
- NA Education Staff will continue performing audits on COC submitted to determine if there are additional fraudulent COCs circulating in the community.



# Nursing Assistant Certified Skills Exam Pilot

Refined the evaluation tool and other testing materials based on pilot program feedback.

In February 2025, we sent out a survey to gather input on the updated process

Surveyed programs not currently participating to understand barriers or hesitations

SELECTED FOR PROJECT PRESENTATION

(NATIONAL) The 2025 National Forum of State Nursing Workforce Centers Conference on 06/03/25 in Philadelphia, PA.



Updated 10/23/2024



# NAC Skills Exam Updates

## **Rules Workshops:**

- Successfully completed public rules workshops for the NAC Skills Exam.
- Strong attendance and valuable input from training programs and interested parties.

## **Skills Testing Data:**

- Pilot programs submit testing data quarterly – expecting data in July for March-June 2025 testing.
- Data will be reviewed and shared at the September board meeting.

## **Pilot Program Participation:**

- Currently 105 programs participating in the pilot.
- Increased from around 80 programs earlier this year.

## **Ongoing Site Visits:**

- Continued on-site pilot skills testing observations
- Ongoing feedback helps refine and improve testing materials

# SPREADING OUR PASSION TO OUR COMMUNITY!

## National Nursing Research Conference Highlights:

- Presented NAC Skills Exam transition in 2023, current NAC Skills Exam Pilot Program and our Rural Hospital Highschool Project.
- Strong interest from other state boards on both projects.
- Potential collaborations with education entities within Washington State and other state boards.
- Collected ideas for impactful projects for our team and future interns, including initiatives to engage youth in nursing careers and build on our rural hospital–high school collaboration.



# NAC/NAR Credentialing Updates

## Credentialing Timeframes :

- Nursing Assistant Registered (NAR): **To Updated During Brief**
- Nursing Assistant Certified (NAC): 7 weeks out

## Reinstating the “Dear Provider” Letter:

- We are collaborating with DSHS to reinstate a temporary policy letter originally in effect March 2024 – March 2025.
- Letter allowed NARs to continue working in nursing homes beyond the 120-day federal limit, if:
  - They completed NAC training
  - Passed both the written and skills exam
  - Applied for their NAC credential
- DSHS Office Chief for Residential Care Services will sending out Letter by end of June 2025.

# Language Support: Multilingual NAC programs

- Survey Analysis of Washingtonian NACs and Instructors
- Analysis of Best Practices Language Screening Classroom and NAC Support Strategies
- Cost Analysis of NAC Language Support Models
- **Next Steps:** Share Findings
- Define Equitable Screening Practices.
- Inform stakeholders about misconceptions about Language Learning
- NAC Program Best Practices: Literature as well as well as local programs.

# QUESTIONS??

## NA Education Team

Reuben, Amy, Sandra, Christine, Alana, Dennis