

2009-11 Biennial Report

Health Systems Quality Assurance

Health Professions Discipline
and Regulatory Activities

December 2012



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Overview

Changes in Frequency and Content of the Report

The Department of Health historically reported to the legislature every two years on its regulation of health professions as detailed in RCW 18.130.310. In 2008, the legislature changed it to an annual report. Then the legislature returned to a biennial report starting with the July 1, 2009-June 30, 2011 biennium.¹

Purpose of the Report

This report details the number of complaints made, investigated, and adjudicated among health professions. It also reports on the final disposition of cases. The report provides data on the department's background check activities and the effectiveness in identifying unqualified license holders. The report also includes data on the average distribution, by health profession, of cases assigned to investigators and staff attorneys. Because the report describes activities conducted under the authority of chapter 18.130 RCW, the Uniform Disciplinary Act, it is sometimes referred to as the "UDA Report."

Scope

The Health Systems Quality Assurance Division (HSQA) of the Department of Health regulates more than 380,000 health care professionals in 80 professions². This includes three new professions³ authorized by the Legislature in the 2009 and 2010 sessions⁴. One profession, registered counselor, ended on June 30, 2010. In its place are eight new credentials, effective July 1, 2009: agency affiliated counselor, certified counselor, certified advisor, chemical dependency professional trainee, marriage and family therapist associate, mental health counselor associate, licensed social worker associate, and licensed social worker-independent clinical associate.

At the end of fiscal year 2011, the secretary of health directly regulated 44 health professions. Thirty-six professions were regulated by the fourteen independent boards and commissions⁵. The department works with most of the boards and commissions⁶ to credential health professionals,

¹ 2009 Legislative Session, ESHB 2327, Section 22.

² This count of health care professions includes orthotists and prosthetists as a single profession, and dieticians and nutritionists as a single profession.

³ The genetic counselor and speech language pathology assistant professions were authorized in the 2009 session, and cardiovascular invasive specialists were authorized in the 2010 session.

⁴ Three additional professions (for a total of 83) were added in the 2011-13 biennium and will be discussed in the next report.

⁵ The Board of Naturopathy, was authorized by the 2011 Legislature. This profession has previously been regulated by the secretary, with a five-member advisory committee. The effective date of the legislation places it in the 2011-13 biennium and it will be reported as a board profession in the next report.

⁶ Under 2008 House Bill 1103, the Medical Quality Assurance Commission and Nursing Care Quality Assurance Commission are engaged in a pilot program where the commissions are responsible for most of their credentialing, investigation and discipline functions. The department continues to provide administrative support to these commissions during the pilot, which ends June 30, 2012.

investigate complaints, and to take disciplinary action⁷. Two boards, the Board of Massage and the Board of Denturists, have licensing, but not disciplinary authority. The department supports the work of these health profession boards and commissions to develop rules and standards of practice that regulate the professions. The department also assists the boards and commissions in monitoring health care professionals' compliance with sanctions. Appendix A contains organization charts for the department and for the division that does this work, HSQA.

This report describes regulatory activities for all professions subject to the Uniform Disciplinary Act, including emergency medical services professions. The five emergency services professions are emergency medical technician, first responder, intermediate life support technician, intravenous therapy technician, and paramedic.

Credential Types

The department issues three types of health care credentials:

1. License: This allows people to practice if they meet certain qualifications. Practicing without a license is illegal. Licensing regulates what practitioners are trained and authorized to do.
2. Certification: The state certifies the professional has met certain qualifications. The regulatory authority – a board, commission, or the secretary of health – sets the qualifications. With some professions, someone who isn't certified may perform the same tasks, but may not use "certified" in their title.
3. Registration: The state keeps an official register of names and addresses of the people in a given profession. If required, a description and the location of the service are included.

Department, Board and Commission Responsibilities

The division directly regulates (including licensing and disciplinary activities) 44 professions on behalf of the secretary of health. It provides administrative support to 12 boards and four commissions. The 12 boards and four commissions regulate 36 of the 80 professions. Again, this includes authority for licensing and discipline, except for the Board of Massage and the Board of Denturists as noted below. For more information, see Appendix B.

Secretary and Board/Commission Authority

Regulatory Authority	Licensing	Disciplining Authority
Secretary of Health	44	46
Boards/Commissions	36	34
Total	79	79

- Four commissions – chiropractic, dental, medical, nursing – oversee credentialing and discipline of 11 professions.
- Ten boards are responsible for credentialing and disciplining 23 professions: hearing and speech, nursing home administrators, occupational therapy practice, optometry, osteopathic

⁷ At this time, there were fourteen boards and commissions with disciplinary authority. With the addition of the Board of Naturopathy in 2011, this number currently stands at 15.

medicine and surgery, pharmacy, physical therapy, podiatric medicine, psychology, and veterinary medicine.

- Two boards – massage and denturists – only have credentialing authority. The secretary oversees discipline for these professions.
- The secretary has credentialing authority for 44 professions and disciplining authority for 46 professions.
- The Nursing Care Quality Assurance Commission sets standards through rules for both registered and certified nursing assistants. The secretary has authority to credential and discipline those professions.

For health professions, the governor appoints members for 15 of the boards and commissions. The secretary appoints members of the Board of Denturists. Eight other advisory committees appointed by the secretary help set licensing standards and discipline practitioners. The secretary may also appoint pro-tem members to boards and commissions to support workload demands.

The Washington Emergency Medical Services and Trauma Care Steering Committee advises the department about emergency medical services (EMS) and trauma care needs in the state. The committee reviews the regional medical services and trauma care plans and recommends changes. They also review proposed rules and recommend modifications in rules for EMS and trauma care. The secretary of health appoints members to the committee as of July 1, 2011. Until then, the governor appointed members.

Workload in 2009-2011 Biennium

Over two years, the division:

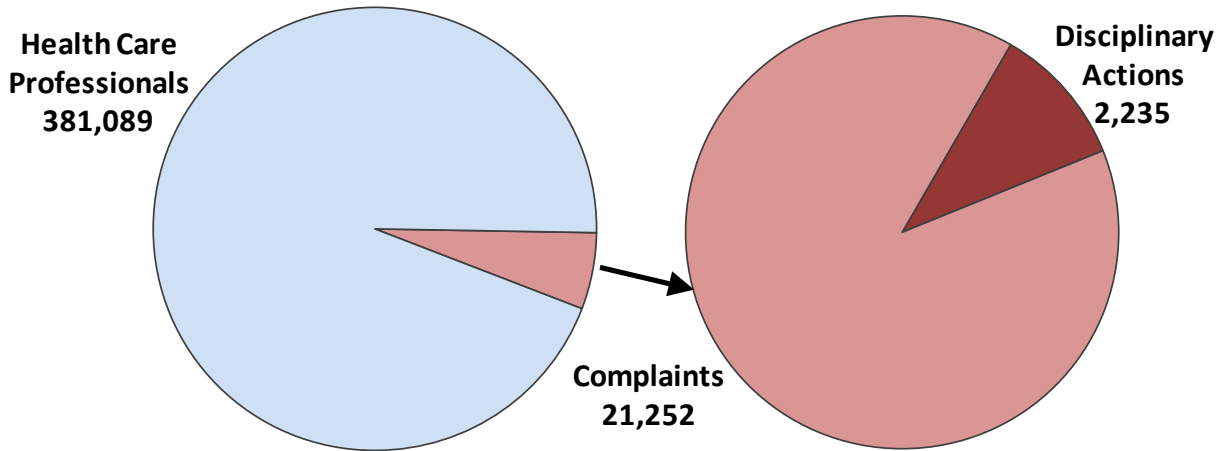
- Issued more than 120,000 new credentials.
- Renewed more than 580,000 existing credentials.
- Processed more than 17,600 new complaints, while working on more than 3,600 complaints received prior to the biennium.
- Issued more than 2,400 disciplinary orders.
- Responded to more than 21,500 requests for public records.

More information about the growth of health professions is available in Appendix C.

Complaints and Discipline

There were 21,252 complaints filed against health care professionals, or about six percent of the 381,089 health care professionals in Washington. Of these complaints, 2,235 or 11 percent resulted in disciplinary sanctions, or less than one percent of all regulated health professionals.

Complaints and Discipline to Total Health Care Professionals



Summary of Disciplinary Activities

Applicant Background Screening

State law allows the department to conduct a background check for criminal history to investigate all new applicants and current license holders. The purpose of the statute (RCW 18.130.064) is to identify those who may not be qualified to practice safely, and to assure the patient safety.

The department works with several criminal and background databases to obtain criminal and disciplinary data on applicants. These databases are used:

- Washington Access to Criminal History (WATCH) is operated by the Washington State Patrol (WSP) and provides criminal conviction records for the state of Washington only. It is used for all applicants.
- Healthcare Integrity and Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB) - two integrated national data banks administered by the U.S. Department of Health and Human Services. The data banks act as a central repository for disciplinary information, including adverse actions, about health professionals.
- FBI Fingerprint-Based National Background Check is conducted on all out-of-state applicants through the FBI and state patrol.

The department has checked criminal background on new applicants for credentials since 2000. About 4 percent of applicants have some activity identified that requires additional review.

The table below provides statistics on the process of evaluative steps in applying the results of background checks on applicants. The department performed nearly 112,000 background checks on applications during the 2009-2011 biennium. Checks through the Washington State Patrol's WATCH database returned reports for 4,705 applicants.

Background reports reveal convictions as well as non-conviction information. The department opened 761 investigation cases on applicants based on criminal conviction information; of these applicants, 86 percent disclosed the conviction on the application. See Appendix E, Criminal Convictions, for details about each profession.

HSQA Background Check Activity 2009-11

Total Applicants	111,746
Applicants with background reports	4,705
Cases opened on applicants with background reports	761
Applicants who disclosed	657 (86%)
Applicants not disclosing	104 (14%)

Background Check Details

All new applicants are also checked against two national disciplinary data banks: Healthcare Integrity Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB). These resources include information about actions in other states, including some criminal convictions, to help determine the need for further review. During the 2009-2011 biennium, checking these sources found that action had been taken on 53 applicants.

Recently, the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), acted to improve the completeness and accuracy of data reported to HIPDB and the National Practitioner Data Bank (NPDB). Through this process, the Division of Practitioner Data Banks (DPDB) audited all government agencies.

The first audit, “Never Reported Professions Compliance Effort,” determined if all states were complying with the requirement to report all professions. HHS gave the states an opportunity to report missing information when gaps were identified. At the end of the audit period, HHS distributed the findings to state governors and posted the states’ audit compliance on the national website. The audit concluded that Washington was in compliance.

The second audit, “Adverse Action Comparison Project,” verified that all states are reporting adverse actions taken against practitioners. The DPDB requested and received reports for multiple professions from the Department of Health. DPDB compared the reports submitted from our agency with information about the actions reported to the data bank to determine completeness and accuracy. This agency has met all of the data bank reporting requirements and has attained “compliant” status for all audited professions. This is an ongoing project. The department will continue to be actively engaged in the compliance activities with the DPDB for all professions regulated by the department.

The 2008 legislature authorized the department to perform federal fingerprint based checks when a state background check is inadequate. The checks are processed through the FBI’s Criminal Justice Information Services (CJIS) Division. On January 1, 2009, the department began performing these checks, focusing on applicants coming from outside of Washington or certain applicants with a criminal history in Washington.

During the 2009-2011 biennium, the department performed nearly 15,000 fingerprint checks, resulting in 924 reports. Background reports using fingerprint data can reveal convictions as well as non-conviction information. Due to length of the fingerprint process, especially when unreadable fingerprints must be repeated, the department may grant temporary practice permits to applicants who satisfy all licensing requirements but are waiting on FBI results. This helps improve access to care by avoiding delays.

Notices of Decision

RCW 18.130.055 allows the department to issue a notice of decision (NOD) either denying the license or granting it with conditions. The applicant may request a hearing on the decision, and must prove they are qualified and can practice safely. The department issued 561 notices of decision during the biennium. About 26 percent (145) requested a hearing by the disciplinary

authority. Of those who requested a hearing, 68 had their application denied. See Appendix F, for more information and individual profession statistics.

Complaints

Most disciplinary activity starts with complaints from the public, practitioners, facilities, or insurance companies. The department may also open complaints based on media accounts or information from law enforcement. During the 2009-2011 biennium the department received or opened 17,609 new complaints against credentialed health care providers and people practicing without a license. This was a 22-percent increase from the 2007-2009 biennium. An additional 3,643 open complaints were carried over from fiscal year 2009. These resulted in a total of 21,252 complaints in the HSQA disciplinary system. See Appendix F for complaint details about each profession.

Historically, discipline included complaints opened because of an issue found on a license application. Legislation in 2008 changed the process for responding to application issues. To compare disciplinary actions, the department will continue to include application cases in our complaint figures. We've also added a table that shows professions affected by application issues.

Common issues with applications include discipline in another state where the applicant is already licensed, or finding problems from a background check. The traditional disciplinary process would be to conduct a full investigation, issue a statement of charges, then issue a final or agreed order. Instead, we issue a decision notice that the applicant's application is denied. The applicant may request a hearing on that decision.

Sexual Misconduct Cases

RCW 18.130.062 requires the secretary to act as sole disciplinary authority for sexual misconduct allegations. The law's purpose is taking prompt action when a provider has engaged in sexual misconduct. The appropriate board or commission reviews each complaint, and maintains responsibility for those cases that also involve clinical expertise or standard of care issues. The board or commission must promptly transfer cases that only involve sexual misconduct to the secretary. During the biennium, 70 cases were referred to the secretary. Of those, 14 were returned to the referring board or commission when the investigation revealed a clinical or care issue.

Cite and Fine Authority

RCW 18.130.230 was amended in 2008 to give the secretary, and the boards and commissions that regulate health care professions, the authority to cite and fine providers for failing to produce requested documents or records. Providers must produce required items within 21 days of a written request from the disciplining authority. The deadline can be extended for good cause. The new ability to issue daily \$100 fines encourages providers to produce records when requested. The maximum fine is \$5,000.

Cite and fine provides a strong incentive to cooperate with investigations, rather than obstruct the process. However, since 2008, there have been 11 instances in which a practitioner was cited for

failing to provide records we've requested during an investigation of unprofessional conduct. Six cited practitioners paid a total of \$21,600. Five others have not paid fines totaling \$19,000. Practitioners cannot renew their credentials until these fines are paid.

Seymour Court Decision

In 2009, the Washington Court of Appeals issued a decision in Seymour v. Dental Quality Assurance Commission that evidence gathered from a health care provider's records, without an authorized investigation, should be excluded from disciplinary proceedings. Following the ruling the department and the boards and commissions:

- Reviewed procedures to ensure that discipline investigations were properly authorized.
- Trained staff about authorizing investigations and collecting evidence.
- Reviewed cases when there was a question about whether an investigation was properly authorized.

Before this decision, if staff investigated a complaint and found an unrelated violation, they might investigate that situation as well. Now staff must seek authorization from the disciplinary authority when they find evidence of misconduct not related to the original complaint.

The additional step of getting new, supplemental authorizations to investigate adds complexity and delay to some cases. In cases where a board or commission has disciplinary authority, for example, a panel of the board or commission must be pulled together, either in person or by conference call, in order to brief them on the new request and ask them for approval to investigate. In professions regulated by the secretary, where internal multidisciplinary case management teams evaluate cases, less additional time and effort is required due to staff being co-located and more readily accessible.

Case Disposition

Complaints are resolved when closed without disciplinary action or when informal or formal disciplinary action is taken. Investigative files and disciplinary documents are public records. Since July 1998, all actions against a health care provider's credential are available on the Internet⁸. Appendix F lists closure types before and after adjudication, by profession and type of disciplining authority (board, commission or secretary).

Board and commission disciplinary actions totaled 1,019 and those for secretary professions totaled 1,216 in 2009-2011. About 28 percent of complaints were resolved with informal dispositions. Formal resolution included 20 percent with agreed orders, 22 percent with default orders, and 6 percent with final orders. The remaining 25 percent involved notices of decision. Definitions are available for key disciplinary terms in Appendix G.

Comparing complaints to actions, boards and commissions took action on nine percent of complaints, and secretary professions took action on 14 percent of complaints.

⁸ <https://fortress.wa.gov/doh/providercredentialsearch/>

Sanction Schedule

In 2004, the secretary of health asked a workgroup to create guidelines to promote consistent disciplinary sanctions for similar unprofessional conduct. The guidelines were adopted May 31, 2006, for professions where the secretary is the disciplinary authority. Each of the 14⁹ boards and commissions with disciplinary authority adopted the guidelines later.

Cases sometimes arise that cannot be addressed by the guidelines. To allow for these cases, compliance goals were set at 95 percent for secretary professions and 80 percent for board and commission professions. These goals were consistently met or exceeded on an aggregate basis.

RCW 18.130.390 required that each board and commission with disciplinary authority appoint a representative to meet and review the existing sanction guidelines. It also required the secretary, in collaboration with boards and commissions, to develop a sanction schedule in rule for all health professions.

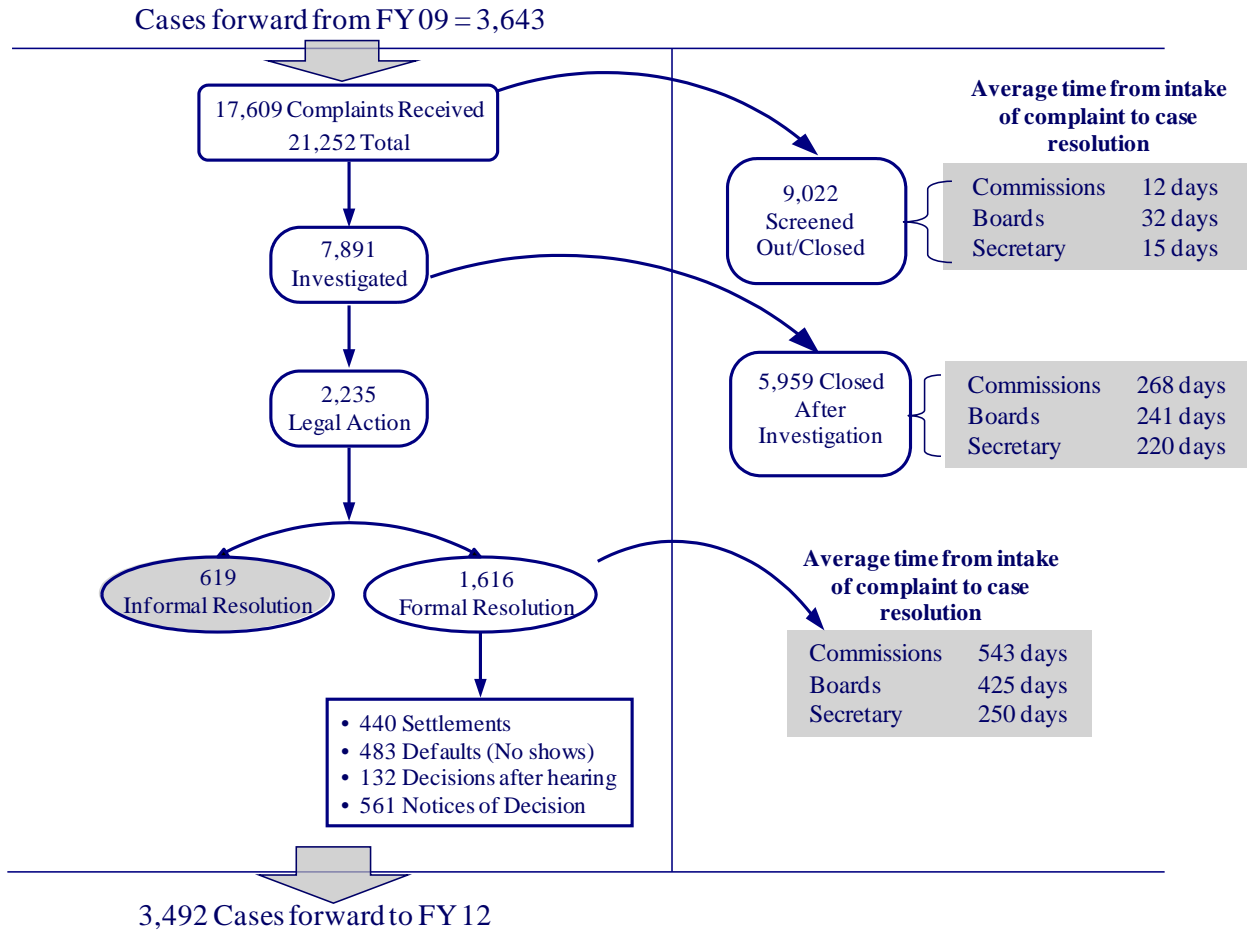
The law required adopting emergency rules for the sanction schedule. Emergency rules and then permanent rules were effective in 2009. These rules provide consistent sanctions for similar misconduct among all regulated health care professions.

Case Process

The following chart maps the disciplinary process, with average length of time from complaint intake through resolution. We've added a new resolution category – notices of decision – as a possible outcome on the chart. These are cases that arise from a license application.

⁹ At this time, there were fourteen boards and commissions with disciplinary authority. With the addition of the Board of Naturopathy in 2011, this number currently stands at 15. The Board of Massage and Board of Denturists have licensing, but not disciplinary, authority.

HSQA Disciplinary Process Flow



See Appendix G for definitions of terms used in disciplinary actions. See Appendix H for a five-year comparison of disciplinary trends. See Appendix I for a listing of disciplinary case appeals activity.

Average Investigative and Legal Caseloads

RCW 18.130.310 requires a report that will “summarize the distribution of the number of cases assigned to each attorney and investigator for each profession.” The law further requires that identities of staff attorneys and investigators be kept anonymous. The tables in Appendix L list by health profession, the average number of cases assigned and worked by the division’s staff attorneys and investigators for the 2009-2011 biennium.

This table may invite comparisons of workload and efficiency between professions. However, the resources needed to pursue individual disciplinary cases cannot be typified across professions or even within a profession. Many factors can influence the amount of investigative and legal resources needed for any individual case, including but not limited to the complexity of the profession, whether there are companion cases with other professions, the nature of the complaint, the availability of investigative records and other information and the involvement of other entities such as law enforcement.

This data also may suggest links to other data within this report, such as the rates of closure of complaints or the rates of discipline. Again, it is important to be cautious; some disciplinary cases may require significant investigative and legal work, only to determine there is no basis for pursuing discipline. By contrast, in certain instances, serious disciplinary action may occur as a result of information (e.g., criminal convictions or actions by other licensing authorities) that requires relatively little new investigative or legal work.

Common Violations of the Law

The Uniform Disciplinary Act (UDA) regulates health care professionals. The disciplining authorities decide whether the health care professional has committed unprofessional conduct, whether he or she can continue to practice with reasonable skill and safety, and under what conditions. If practitioners commit crimes not already known to law enforcement, the department notifies the appropriate jurisdiction. About 65 percent of UDA violations fell into these five frequently reported categories:

Most Common Disciplinary Violations 2009-2011

Type	Percent
Conviction of a gross misdemeanor or felony relating to the practice of a health care profession ¹⁰	29
Violation of any state or federal statute or administrative rule ¹¹	27
Incompetence, negligence, or malpractice ¹²	25
Personal drug or alcohol abuse ¹³	16
Suspension, revocation, or restriction in another jurisdiction ¹⁴	15

See Appendix J for more information about the frequency of violations and the sanctions imposed, by type and by profession.

Unlicensed Practice

When health care that can only be provided by a licensed professional is provided by an unlicensed person, it is called “unlicensed practice.” The secretary is responsible for investigating allegations of unlicensed practice. The Office of Investigation and Inspection manages these complaints. If unlicensed practice is found, the department can issue a cease-and-desist order.

A cease-and-desist order requires the person to stop the unlicensed activity and may impose a fine. Continued unlicensed practice may result in court enforcement of the cease-and-desist order or

¹⁰ RCW 18.130.180(17)

¹¹ RCW 18.130.180(7)

¹² RCW 18.130.180(4)

¹³ RCW 18.130.180(6) and/or (23)

¹⁴ RCW 18.130.180(5)

criminal prosecution. Due to limited resources, the department focuses on those cases with the highest risk to the public.

There were 774 such complaints during the 2009-2011 biennium, an increase of nine percent from the 2007-09 biennium. The number of cases resulting in a cease-and-desist order declined to 35, an eight percent drop from the previous biennium.

Unlicensed Practice Disciplinary Activity 2009-11

Total Complaints	774
Closed No Action Taken Before Investigation	352
Closed No Action Taken After Investigation	282
Cease-and-desist Order Issued	35
Total Closed	669

A more detailed listing of unlicensed practice by type of profession is found in Appendix F.

EMS Credentialing Changes

The department adopted changes to certification levels for emergency medical services (EMS) in the Washington Administrative Code (WAC) on May 15, 2011. These changes were made for the following reasons:

- A recent national revision and standardization of EMS certification levels.
- Consolidating Washington’s five levels of intermediate certification into a single certification – advanced emergency medical technician (EMT).
- A newly adopted national EMS education structure that replaces the National Department of Transportation EMS curriculum.

The new rules adopt the National Registry of EMTs (NREMT) test for all levels of certification. Washington has required the national exam for paramedic certification. The adoption of a national exam for all EMS providers is consistent with requirements for certification in other health professions and for EMS professions across the country. Using the NREMT test eliminates the expense of developing, validating, and administering certification tests.

These changes align the state with the national trend of standardizing EMS certification, making it easier for EMS professionals to gain certification in other states.

Alternatives to Discipline

The department refers practitioners to one of three different substance abuse monitoring programs. Two programs work under contracts monitored by department staff. The department runs a third program. These programs are:

- Washington Physicians Health Program (WPHP) is a contracted program that works with chemically impaired allopathic physicians and physician assistants, dentists, osteopathic physicians and physician assistants, veterinarians, and podiatrists.
- Washington Recovery Assistance Program for Pharmacy (WRAPP) is a contracted program that works with chemically impaired pharmacists and other credentialed pharmacy staff.
- Washington Health Professional Services (WHPS) is a department-run program that works with chemically impaired health professionals not served by WPHP or WRAPP.

Disciplining authorities can refer practitioners to a program. They may also require providers to enter the program as a condition of practice or return to practice. Practitioners may also voluntarily participate in one of the programs if they have an active health care credential in Washington. The substance abuse monitoring programs must report practitioners to the department if they don't comply with the conditions of a monitoring contract. The disciplining authority may then take disciplinary action. See Appendix K, Alternative Programs – Chemically Impaired Practitioners for more information.

Board and Commission Supplemental Reports

RCW 18.130.310(2) allows health professions boards and commissions to prepare a biennial report to complement the UDA report. The reports may provide additional information about disciplinary activities, rule-making and policy activities, and receipts and expenditures.

The following reports were prepared by boards and commissions with regulatory authority for health professions. Two boards, the Board of Massage and the Board of Denturists, are dual authority boards, where certain licensing and/or examination functions are the authority of the board, while disciplinary authority resides with the department. In these situations, disciplinary graphs have been omitted, but information is available in the appendices.

Reviewing the Disciplinary Graphs

The report for each full authority board or commission includes three graphs:

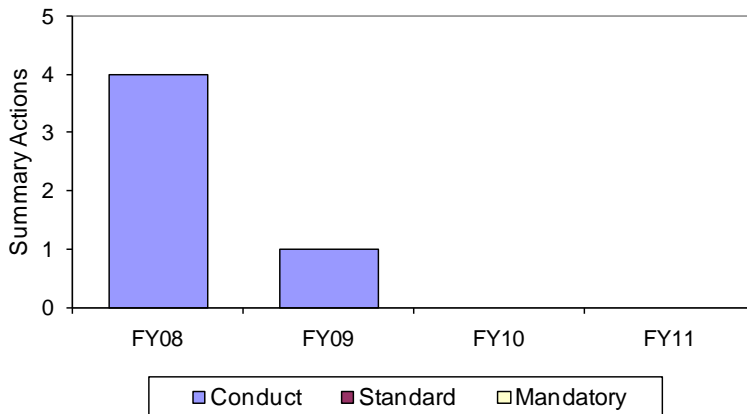
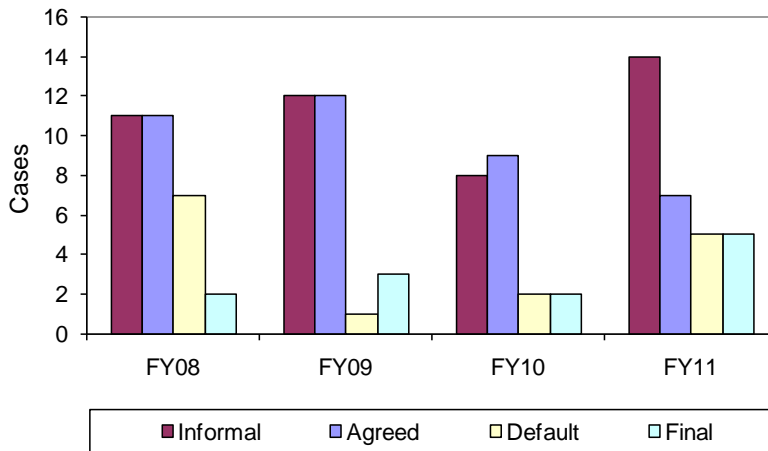
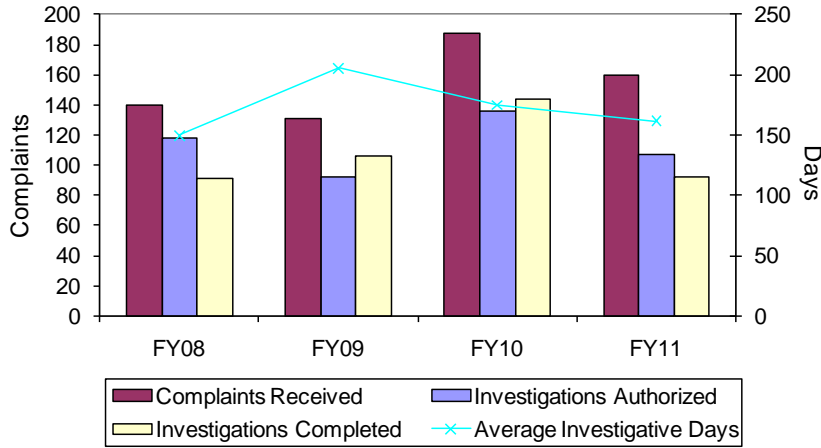
- 1) The first graph summarizes, by fiscal year, the number of complaints received, and investigations authorized and completed over the last four years. It also includes the average number of days for investigative activities each year.
- 2) The second graph depicts the types of disciplinary case outcomes for each board or commission over the past four years, by fiscal year:
 - a. **Informal**—these are Stipulations to Informal Disposition or STIDs. These are generally used for less serious allegations or where the practitioner has no prior history of violations. STIDs don't require the practitioner to admit fault, but agree to the conditions imposed by the board or commission.
 - b. **Agreed**—when the board or commission issues a statement of charges (SOC) against a practitioner, it often enters settlement discussions with the respondent or a representing attorney. If agreement can be reached on enforcement actions and a formal hearing is unneeded, an agreed order is signed by both parties.
 - c. **Default**—when the board or commission issues an SOC against a practitioner, the respondent has 20 days in which to respond. Sometimes, the respondent doesn't respond, and the board or commission unilaterally takes action to suspend or revoke the respondent's credential.
 - d. **Final**—when the board or commission issues an SOC against a practitioner, and settlement discussions either don't occur or fail to reach agreement, a contested administrative hearing is held. A panel of the board or commission hears the case, along with a presiding officer. Similar to other types of legal proceedings, evidence is reviewed and witnesses may be called.
- 3) The third illustrates the number of summary actions that have been taken by the board or commission over the last four years, by fiscal year. Summary actions are used only when there's imminent risk of harm to the public. The board or commission immediately suspends or restricts the practitioner's credential pending outcome of a final hearing.

SUPPLEMENTAL REPORT – Chiropractic Quality Assurance Commission

The Chiropractic Quality Assurance Commission protects the public by credentialing and disciplining chiropractors and chiropractic X-ray technicians. The commission regulates the professions by developing rules, policies, and guidelines.

The governor appoints 14 commission members – 11 chiropractors and three public members – to serve four-year terms.

Four-Year Disciplinary Summary



Rulemaking and Policy Activities

The commission amended WAC 246-808-560 – Documentation of Care because there were several disciplinary cases related to quality of documentation. The commission amended the language to clarify and define that documentation must be legible, timely, and include relevant clinical information.

The commission adopted a class IIIB and IV laser usage policy. The commission approved the use of class IIIB and IV lasers by chiropractic physicians as part of treatment within the scope of practice as defined in Chapter 18.25 RCW.

This commission doesn't condone the use of lasers for treatment outside the scope of practice defined in Chapter 18.25 RCW. Therefore, a laser may not be used for purposes such as body contouring, treating toenail fungus, cellulite, or hair removal.

The commission has received notification that a proposed amendment to WAC 246-808-180 qualifies for an exception to the rulemaking moratorium due to patient safety concerns. Staff will begin working on this rule.

Once the rulemaking moratorium ends, the following rulemaking will resume:

- WAC 246-808-150 – Continuing Education
- WAC 246-808-550 – Future Care Contracts
- WAC 246-808-215 – Registration of Chiropractic X-Ray Technicians

The following rules have also been identified by the commission as needing to be amended:

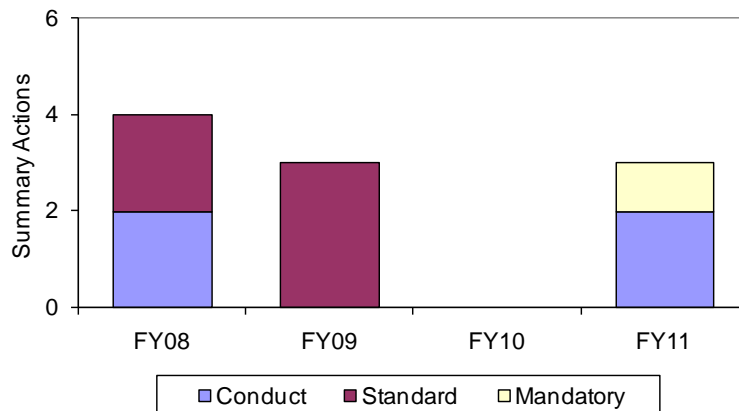
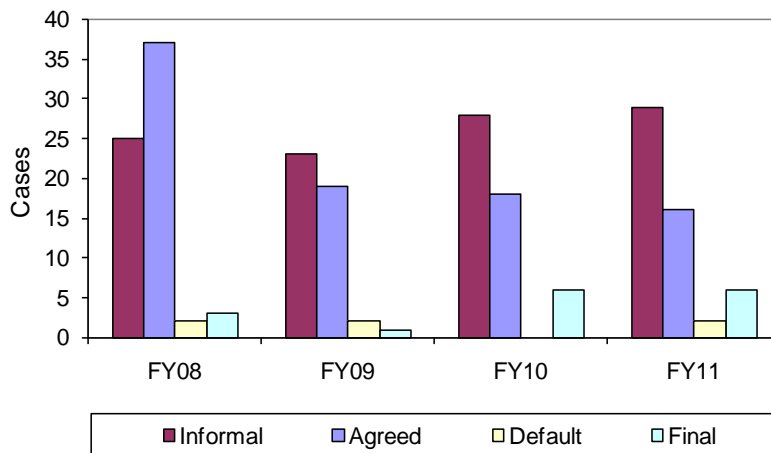
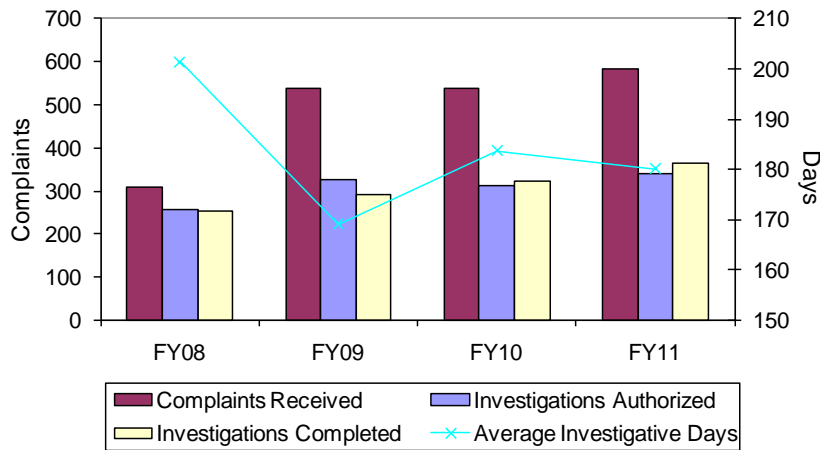
- WAC 246-808-020 – Colleges - Policy
- WAC 246-808-030 – Accreditation of Colleges - Procedure
- WAC 246-808-040 – Colleges – Educational Standards Required for Accreditation
- WAC 246-808-545 – Improper Billing Practices
- WAC 246-808-565 – Radiographic Standards

SUPPLEMENTAL REPORT – Dental Quality Assurance Commission

The Dental Quality Assurance Commission protects the public by credentialing and disciplining dentists, expanded function dental auxiliaries, and dental assistants. The commission regulates the professions by developing rules, policies, and guidelines.

The governor appoints 16 commission members – 12 dentists, two expanded function dental auxiliaries, and two public members – to serve four-year terms.

Four-Year Disciplinary Summary



Rulemaking and Policy Activities

LEGISLATION

Engrossed Substitute House Bill (ESHB) 5307 regarding military training and experience for multiple professions passed during the 2011 legislative session. ESHB 5307 requires that for dental professions regulated under chapter 18.260 RCW, an applicant with military training or experience satisfies requirements of this chapter for training or experience unless the commission determines that training or experience is not substantially equivalent to state standards. The commission is currently evaluating military training to determine whether it's equivalent to current rules.

RULEMAKING

When the Executive Order 10-06 rulemaking moratorium was issued, several rules were in process to amend dental law. Two rules met an exemption to the moratorium so rulemaking continued. The other rules in process are pending until the end of the moratorium. The commission appreciates and encourages the participation of stakeholders in the rulemaking process.

- The commission adopted modifications to WAC 246-817-701 and 246-817-722 to make rule requirements clearer for administering anesthetic agents during dental procedures. The rules became effective December 4, 2010.
- The commission adopted a rule for inactive dentist license status, WAC 246-817-220. The rule defines how to get an inactive dentist license, and requirements for license renewal and return to active status. The rule became effective April 17, 2011. As of June 3, 2011, there are six dentists with inactive status.
- Engrossed Substitute House Bill (ESHB) 2876 directs the commission to adopt rules to manage chronic, non-cancer pain. The commission was part of a multi-profession workgroup drafting these rules. A committee was created of commission members, a representative from Washington State Dental Association, and a representative from the University of Washington, to evaluate draft rules. The adopted rules include dosing criteria, guidance on when to consult with pain management specialists, tracking clinical progress, and tracking opioid use. The rules were effective July 1, 2011.
- The commission amended WAC 246-817-150 to remove language that conflicted with RCW 18.32.195 that does not require commission approval of University of Washington, School of Dentistry clinics that are located off campus. The commission is required to approve/license faculty members who meet the requirements of RCW 18.32.195. The rule became effective June 17, 2011.
- At the time of the rule moratorium, the commission was modifying:
 1. WAC 246-817-310 and creating a new rule to clarify what information should be included in dental treatment records. WAC 246-817-310, Maintenance and Retention of Records, specifies requirements for maintaining and retaining dental records. The commission saw a need to clarify what should be contained in records because it's not stated in law. Treatment record requirements are necessary to evaluate standard of care for treatment provided.
 2. WAC 246-817-520, 525, 540, and 545 addresses delegating dental duties to dental assistants and expanded function dental auxiliaries. Modifying these rules will help clarify which tasks that may be delegated by a dentist.

The commission will continue work on these rules after the rulemaking moratorium ends.

SUPPLEMENTAL REPORT – Board of Denturists

The board:

- Determines the qualifications of people applying for licensure.
- Prescribes, administers, and determines requirements for examinations, and establishes a passing grade for licensure.
- Evaluates and approves schools from which graduation is accepted.
- Evaluates and approves states, U.S. territories, District of Columbia or Puerto Rico, with substantially equivalent licensing standards.

Rulemaking and Policy Activities

The board schedules two practical (clinical) examinations a year if there are sufficient applicants wishing to take the examination. To reduce costs, the board began giving the exam at a less expensive facility. In FY 2010 (July 1, 2009 through June 30, 2010), the board gave three clinical exams and staff gave seven written exams.

The graph below depicts a three-year examination summary.

Fiscal Year	# of applicants for written exam	# passing	# of applicants for clinical exam	# passing
2008	18	5	8	5
2009	9	4	7	6
2010	21	13	18	17

Fees

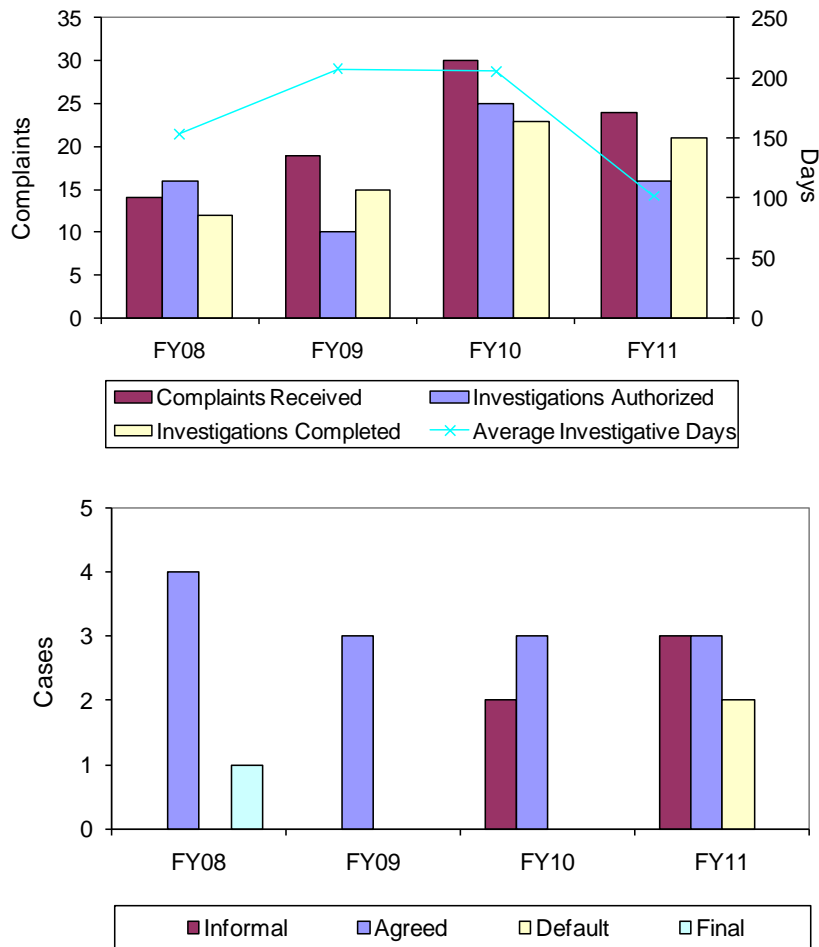
Licensing and renewal fees increased significantly in 2010. The application fee is \$1,500 and the annual renewal fee is \$1,855. Most of these significant costs have been driven by increases in disciplinary actions.

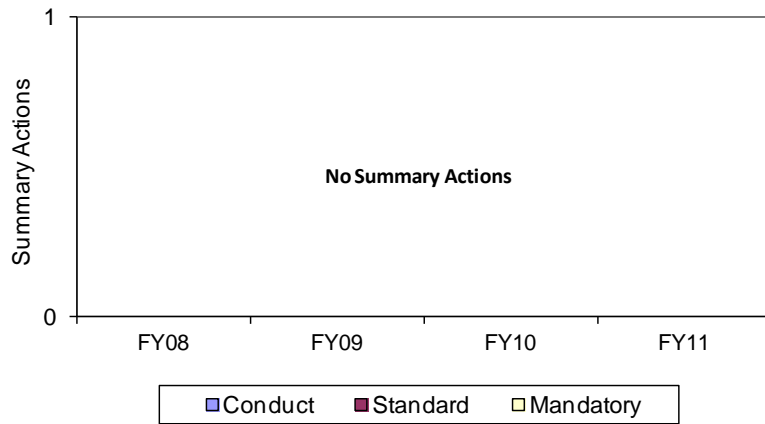
The board expressed concern about how the fee increases affect denturists practicing in Washington and those considering establishing practices here. A large application fee and renewal fee are deterrents to attracting more licensees. Excessive fees put a significant burden on funding the activities of a small profession, such as denturists, who have about 150 licensees to pay for program costs.

SUPPLEMENTAL REPORT – Board of Hearing and Speech

The Board of Hearing and Speech protects the public by credentialing and disciplining hearing and speech professions, and by developing rules, policies, and guidelines regulating the practice of audiologists, hearing instrument fitter/dispensers, speech-language pathologists, and speech-language pathology assistants. The governor appoints 11 board members to serve three-year terms. The board consists of two audiologists, two hearing instrument fitter/dispensers, two speech-language pathologists, three public members, one advisory medical physician, and one non-voting speech-language pathology assistant.

Four-Year Disciplinary Summary





Rulemaking and Policy Activities

Legislation was passed in 2009 to certify speech-language pathology assistants (SLPAs). The board developed rules to implement the legislation and began certifying SLPAs on July 26, 2010. The legislation also added an SLPA to the board as a non-voting member. The rulemaking included minimum standards of practice, direct and indirect supervision requirements, education requirements, inactive certification, fees, and grandfathering requirements.

The board adopted WAC 246-828-305, providing for temporary practice permits to be issued to an applicant while waiting for a fingerprint-based national background check. To receive the permit, the applicant must meet all other requirements of the profession, be licensed in another state, and have no criminal record in Washington.

SUPPLEMENTAL REPORT – Board of Massage

The board is made up of four massage therapists and one public member appointed by the governor. The professional members must have at least three years of experience as a massage therapist immediately preceding appointment. All members must be U.S. citizens and residents of Washington. The board meets the first Tuesday of every other month.

The board:

- Evaluates and approves massage educational programs.
- Inspects or reviews schools, programs, or apprenticeship programs.
- Determines which states have educational and examination licensing requirements equivalent to Washington's.
- Establishes continuing education requirements.
- Adopts rules subject to the approval of the secretary of health.

Rulemaking and Policy Activities

There are over 200 approved massage school and programs.

Massage Program Review

Year	New approvals	Re-approvals
2009	14	40
2010	12	22

Rules adopted by the board:

- WAC 246-830-475 – Continuing education – The rule increases the number of required continuing education hours from 16 to 24 for licensed massage practitioners, and allows for use of additional resources such as articles, video, and other multimedia devices to complete continuing education requirements.
- WAC 246-830-477 – Inactive status – The rule creates an inactive credential for massage practitioners and establishes requirements for maintaining an inactive status and converting from an inactive to an active status.

SUPPLEMENTAL REPORT – Medical Quality Assurance Commission (MQAC)

MQAC Purpose and Composition

The Medical Quality Assurance Commission (MQAC) promotes patient safety and enhances the integrity of the profession through licensing, discipline, rulemaking, and education. The governor appoints 21 commission members to four-year terms: 13 physicians, six public members, and two physician assistants.

The commission began a mandated five-year pilot project on July 1, 2008, to evaluate the effect of additional authority over budget and staffing. The commission developed and submitted a 2009-2011 Budget Decision Package and a 2011-2013 Budget Decision Package to the Office of Financial Management. The commission and the secretary of health developed key performance measures to evaluate progress during the pilot. Chapters 18.71 RCW, 18.71A RCW, 18.130 RCW, 246-918 WAC and 246-919 WAC, govern the commission. The current information is [posted on the commission's website](http://www.doh.wa.gov/hsqa/MQAC) (www.doh.wa.gov/hsqa/MQAC).

Internal Relationships

The commission works with the Department of Health to accomplish commission goals. The commission and the secretary of health approved and implemented a joint operating agreement.

MQAC Goals for 2011-2013

- Increase positive performance indicators to 95 percent or better in all measures.
- Implement efficiencies to the disciplinary process to improve processing complaints.
- Increase the frequency of education presentations by commissioner to stakeholder groups.
- Adopt federal standards for collecting demographic information from Washington licensees.
- Collect demographic data to help stakeholders make workforce decisions.
- Participate in research with the Federation of State Medical Boards to provide the legislature with national data to improve regulatory effectiveness and patient safety.
- Research repeat violations among physicians and physician assistants and learn how to reduce the rate of recidivism.

Performance Measures

The commission and the department negotiated key performance measures to track progress during the pilot project. The commission is tracking the following measures quarterly to see how effective it is in credentialing, investigations, case disposition, personnel, budget, and rulemaking. The measures are designed to evaluate the effectiveness of the commission's decision to utilize a fully integrated enforcement model, including dedicated investigation and legal staff. The average performance for fiscal year 2009-2011 across 11 of the business unit measures are located below:

1103 Performance Measure	8 Quarter Average
1.1: Percent of healthcare credentials issued within 14 days of receiving all documents. (Target: >95%)	96.75%
1.2: Percent of applications which a Notice of Decision on Application is issued within 30 days of the decision to deny the license or grant with conditions. (Target: >81%)	85.41%
2.1: Percent of cases in which the intake/assessment steps are	99.74%

completed within 21 days. (Target: >77%)	
2.2: Percent of cases in which the investigation step is completed within 170 days. (Target: >77%)	89.94%
2.3: Percent of cases in which the case disposition step is completed within 140 days. (Target: >77%)	85.79%
2.4: Percent of open cases that are currently in the investigation step for over 170 days. (Target: <23%)	6.24%
2.5: Percent of open cases that are currently in the case disposition step for over 140 days. (Target: <23%)	29.54%
2.6: Percent of orders and STIDs that comply with the sanction schedule. (Target: >93%)	99.00%
2.7: Percent of cases involving sexual misconduct where the board or commission determines it does not involve standard of care or clinical expertise and transfers it to the secretary within 14 days. (Target: 100%)	100%
3.1: Number of completed investigations vs. number of investigators. (Target: N/A)	9.17
3.2: Number of completed investigations that are assigned to a staff attorney for legal review or production of documents vs. the number of staff attorneys. (Target: 65 per attorney)	53.20

Licensing Statistics

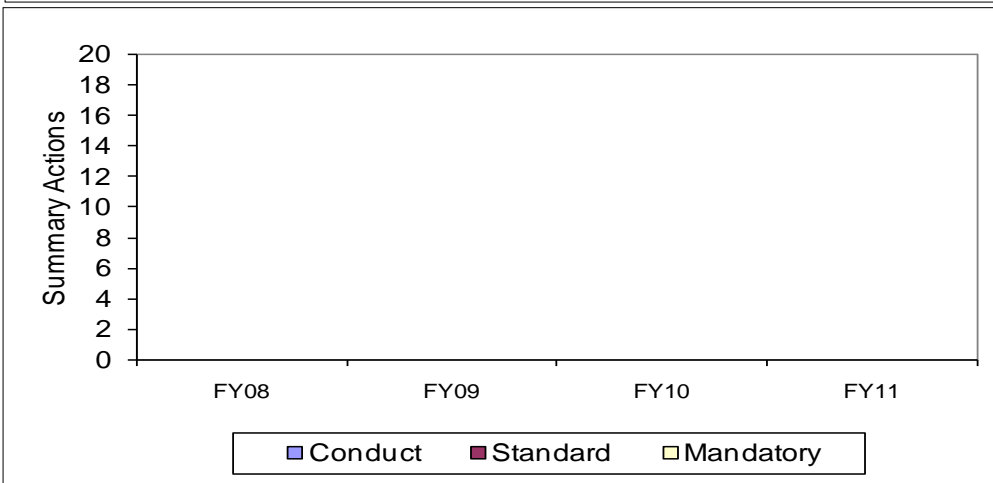
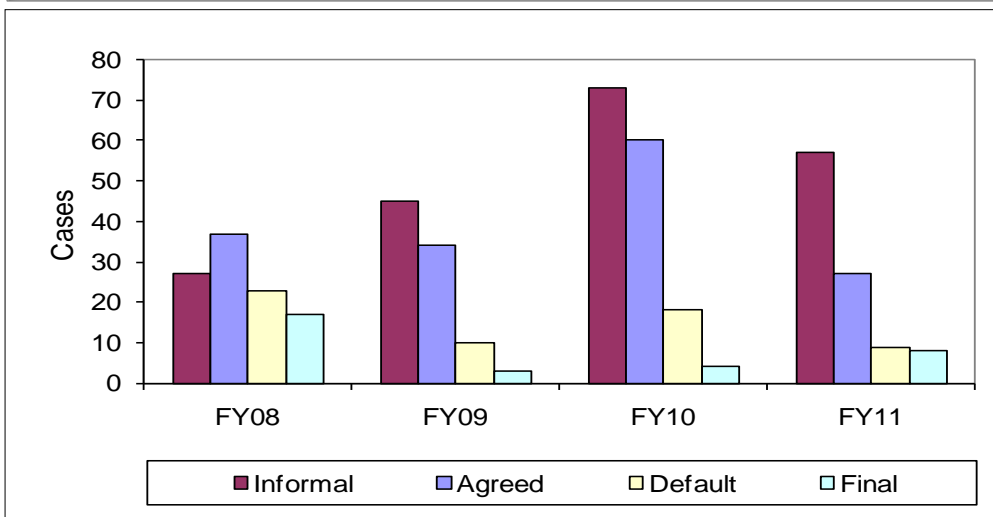
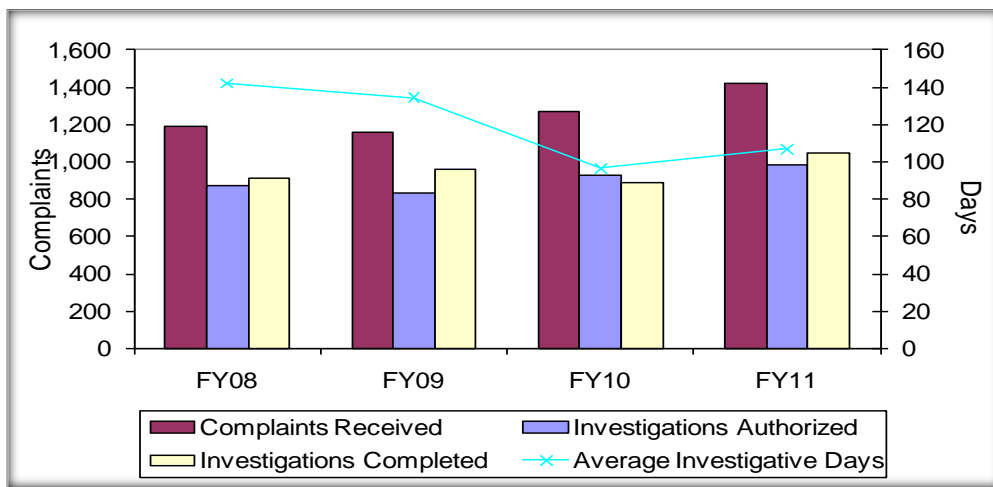
The Commission currently regulates 25,766 physicians (MDs) and 2,470 physician assistants (PAs).

Fiscal Year	MD Applications Received	MD Licenses Issued Includes Reinstated	PA Applications Received	PA Licenses Issued	PA Practice Plans Approved	Limited MD Applications Received	Limited MD Licenses Issued
FY 10	1,690	1,451	284	248	697	375	369
FY 11	1,562	1,736	272	289	752	436	495

Disciplinary Statistics

Managing complaints consumes about 85 percent of the commission's time and resources. Complaints come from the public, insurance companies, medical societies, hospitals, medical service bureaus, professional standards review organizations, and federal, state, and local agencies.

On July 1, 2009, at the beginning of the biennium, there were open investigations in 293 cases and 314 cases pending legal review and action. On June 30, 2011, at the end of the biennium, there were 192 open investigations and 297 cases pending legal review and action.



Note: Some cases may take longer than one year to process because of the complexity of medical investigations and the legal process. Consequently, the number of cases closed and the number of actions taken will not correspond to the number of complaints opened.

In most disciplinary actions, the commission monitors the practitioner’s practice for a specified period. At the end of the biennium, the commission was actively monitoring 171 practitioners to ensure they were complying with commission orders. Many of these practitioners are required to meet personally

with the commission once a year, or sometimes more frequently. During the biennium, 42 practitioners successfully completed the terms of their orders, and were released from their orders.

MQAC Accomplishments 2009-2011

- Established rules regulating office-based surgery, enhancing patient safety.
- Adopted pain management rules for treating chronic non-cancer pain to combat the extreme rise in unintentional prescription opioid deaths.
- Created disciplinary orders that are clearer, consistent, and transparent.
- Reinstated the commission's quarterly newsletter.
- Reduced legal backlog by 50 percent.
- Reduced investigation backlog by 75 percent.
- Implemented the Federation of State Medical Boards Uniform Application, which allows physicians and physician assistants to apply electronically, reduce application timelines, and standardize the application process across state jurisdictions.
- Improved communication and interaction with all stakeholders by developing educational programs materials, and scheduling educational programs and focus groups.

Rulemaking

The commission's rulemaking activity includes the following:

- Pain management (adopted March 2011 by legislative mandate).
- Retired active physicians (adopted December 2010).
- Office-based surgery (adopted April 2010).

Policies and Guidelines

During the biennium, the commission issued, revised or was in the process of revising the following policies, procedures, and guidelines:

- MD2011-01: Investigation of physician assistants and sponsoring or supervising physicians.
- MD2011-02: Policy on telephone conference calls and consent agenda for case closures.
- MD2011-04: Delegation of authority.
- MD2011-06: Consent agenda.
- MD2011-07: Processing completed investigations more efficiently.

SUPPLEMENTAL REPORT – Nursing Care Quality Assurance Commission

RCW 18.79.390 authorized including the Nursing Care Quality Assurance Commission (NCQAC) in a pilot project granting the commission more authority with budget, spending, and personnel. In the third year of the pilot project, the commission:

- Proposed its own budget for the 2011-2013 biennium.
- Assumed responsibility for licensure, renewal and answering phone calls that had previously been department functions.
- Began focused work on substance use and abuse investigations and cases.
- Developed audit criteria for the discipline alternative provided by the Washington Health Professional Services.
- Launched a team to categorize substance use and abuse cases with similar patterns and standardize procedures to improve disciplinary timelines on substance use cases.
- Drafted a report based on the Washington State – British Columbia Memorandum to Enhance Competitiveness and Prosperity in Washington and British Columbia on strategies to reduce barriers for Canadian registered nurses seeking licensure in Washington State.

Nursing Education

The commission has authority over schools training people to be licensed or registered, advanced registered nurse practitioners and licensed practical nurses (RCW 18.79.110). The following chart summarizes nursing programs placed on conditional approval by the NCQAC, including their progress in achieving full approval. Nursing programs must meet 56 standards; the numbers below represent the number of standards not met by each program.

Conditional Approval	Progress in Meeting Standards			
	July 1, 2008	July 1, 2009	July 1, 2010	July 1, 2011
Bates Technical College Practical Nurse (LPN)	n/a	12	10	2
Centralia College LPN	3	full approval	full approval	full approval
LPN to Associate's Degree Registered Nurse	3	full approval	full approval	full approval
Clover Park Technical College LPN	8	full approval	full approval	2
Practical Nurse to Associate's Degree Registered Nurse (AD-RN)	9	3	2	2
Green River Community College LPN	7	3	full approval	full approval
Lake Washington Technical College Edmonds Community College LPN	n/a	n/a	n/a	10
Northwest University Bachelor of Science in Nursing	1	full approval	full approval	full approval
Renton Technical College LPN	n/a	1	full approval	full approval

LPN to ADRN	2	1	full approval	full approval
Skagit Valley Community College LPN	10	10	full approval	full approval
South Seattle Community College LPN to AD-RN	initial approval	initial approval	3	1
South Puget Sound Community College AD-RN	n/a	n/a	n/a	6
Spokane Community College AD-RN to Registered Nurse (RN)	n/a	n/a	12	full approval

Consistent Standards of Practice

A commission subcommittee addresses consistent standards of practice across professional nursing in the state. The subcommittee monitors practice and discipline trends as well as patient safety concerns with the goal of safer practices and better patient outcomes. The subcommittee partners with clinical experts to direct practice improvement across the nursing profession.

A half-time advanced registered nurse practitioner (ARNP) consultant, in place since November 2010, led work to form an ARNP subcommittee, helping to improve effectiveness of responses to inquiries. This further increased understanding among the nursing profession of laws governing ARNP scope of practice, and licensing of ARNPs moving into the state.

Continuing Competency for Washington’s Nurses

The commission is responsible for licensing, consistent standards of practice, continuing competency mechanisms, and discipline standards.

The commission adopted three primary pillars of continuing competency:

- Active practice – paid and unpaid at least 531 hours every three years.
- Continuing nursing education – at least 45 hours every three years.
- Nurses doing self-assessment and reflection of their professional practice.

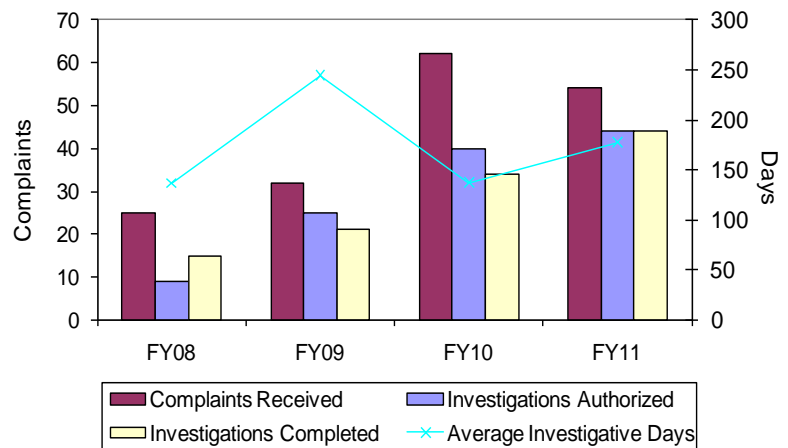
The program started January 1, 2011. The first audits begin in January 2014 based on the nurse’s renewal month.

Investigations

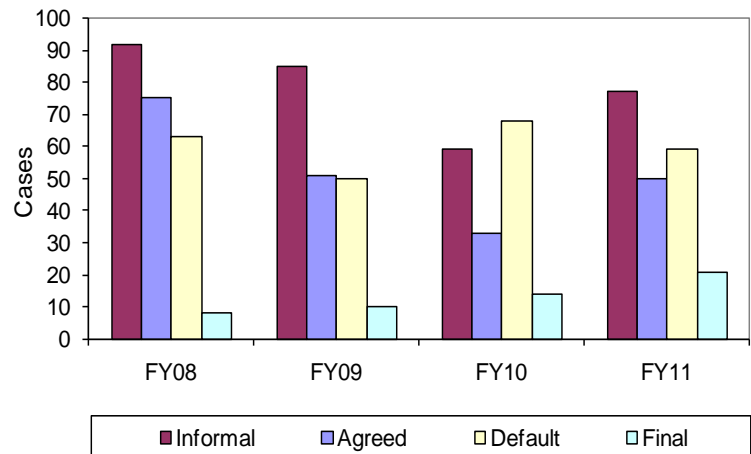
In July 2008, the commission conducted 427 open investigations divided between a chief investigator and four clinical health care investigators. Since then, the unit added an investigator supervisor, two non-clinical investigators, and more clinical investigators. By early June 2011, the commission had 399 open investigations, bringing the ratio of investigators to investigations from 1:107 to 1:50. The investigative unit worked with the complaint and discipline units to review and update the below-threshold guidelines; these efforts helped to increase the number of cases closed within timelines.

Four-Year Disciplinary Summary

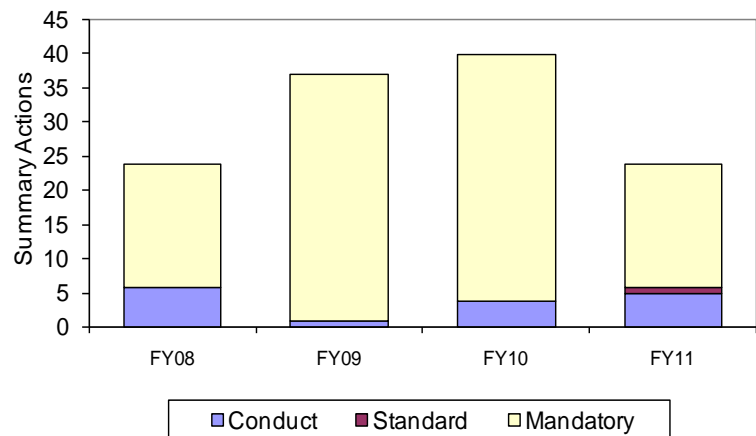
Strategies the NCQAC Investigative Unit implemented since 2008 helped meet our performance objectives. More efficiency resulted in a reducing aged discipline cases from four years at the beginning of the project to 1.6 years by September 2010. Investigators now use a consistent form to show narcotic discrepancies in medication administration and substance abuse cases. Investigators present the completed investigation in a standardized, concise report and file format.



Cases resolved by type of disciplinary order.



Most summary suspensions are mandatory suspensions. These are based on actions taken in another state where the licensee isn't allowed to practice in that state.



Early Remediation Program

The commission approved a project to explore better ways to resolve standard of care cases that involve low risk of patient harm. At its September 2009 meeting, the commission approved the Early Remediation Program, adopted in August 2010 as WAC 246-840-581 through 58.

Complaints meeting certain criteria are investigated to substantiate the complaint, and to discuss the program with the nurse. Cases are resolved with voluntary education and practice monitoring. Closed cases don't appear on Provider Credential Search, and don't incur any state legal costs.

In the first 20 months of the program, over 100 nurses participated in the program.

- Of these, 59 percent have been closed and 41 percent are currently open.
- Of those currently open, 11 are in preliminary investigation; 13 have an "action plan" in place.
- The remaining cases were returned for full investigation for various reasons.

Nursing Rules

The commission completed a number of rules in 2009-2011. Several rules were a result of legislation. One rule was as a result of implementing best practices.

1. **ARNP Rules** – All of the rules affecting advanced registered nurse practitioners were revised after extensive statewide workshops on rules writing. Effective January 11, 2009.
2. **Nurse Delegation** – Legislation passed in 2008 added insulin injections to tasks allowed for delegation. The commission amended the rules to include this task. Effective March 21, 2009.
3. **Temporary Practice Permits** – Allows nurses to practice while awaiting fingerprint background if all other licensing requirements are met. Adopted September 13, 2009.
4. **Early Remediation** – Rules allow complaints of a less serious nature to be resolved with alternate methods. The nurse can voluntarily receive additional education, training, and monitoring. Adopted September 17, 2010.
5. **Continuing Competency** – The continuing competency rules require 531 hours of active practice and 45 hours of continuing education every three years for registered nurses and practical nurses. The requirement begins with the renewal date in 2011 and ends with the renewal date in 2014 and every three years thereafter. Effective January 1, 2011.
6. **Chronic Non Cancer Pain Management for ARNPs** – Legislation passed in 2010 required the commission to adopt rules on opioid use for treating patients with chronic non-cancer pain. Effective July 1, 2011.
7. **Alternative Training for Home Care Aides and Medical Assistants** – Legislation passed in 2010 required the commission to adopt rules on alternative training for home care aides-certified and medical assistants-certified. These rules allow those two groups to get added training to be eligible to become a nursing assistant-certified. Effective August 27, 2011.

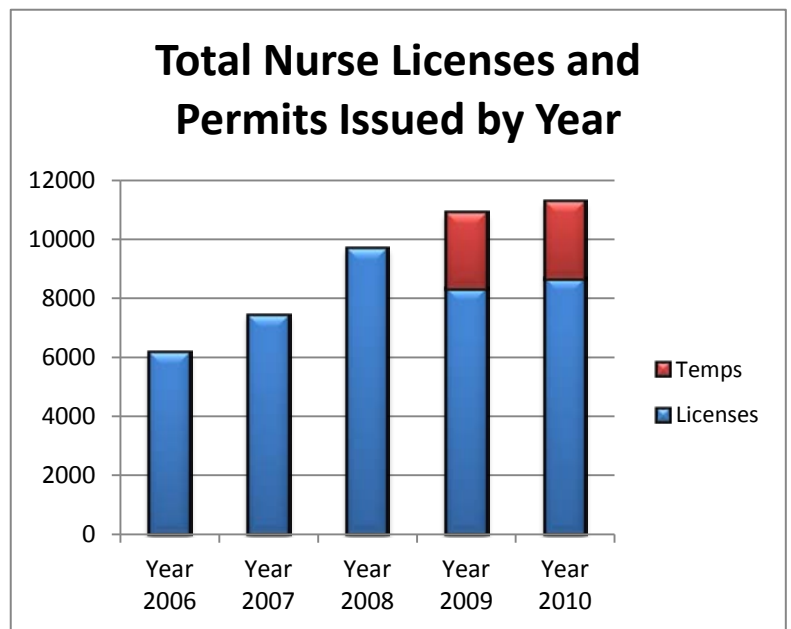
Licensing

The commission's investigative unit began processing criminal background checks for licensing applicants in September 2008 (previously this was the Department of Health's role). In September 2010 a new position was authorized to process criminal background checks of applications. This improved efficiencies and cut processing time in half:

- From September 2008 through August 2010, it took an average of 10 days to complete background checks on nurse applications.
- From September 2010 through June 2011, it took an average of five days to complete background checks on nurse applications.

Added licensing staff helped the commission complete a large backlog of work, and complete applications and schedule examinations faster.

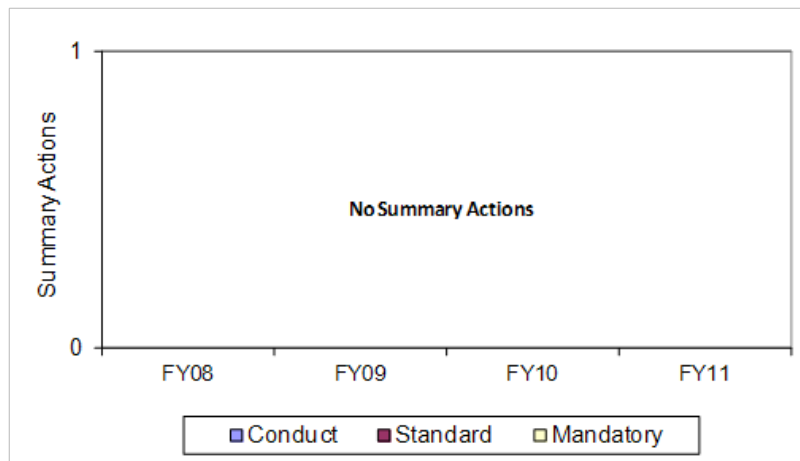
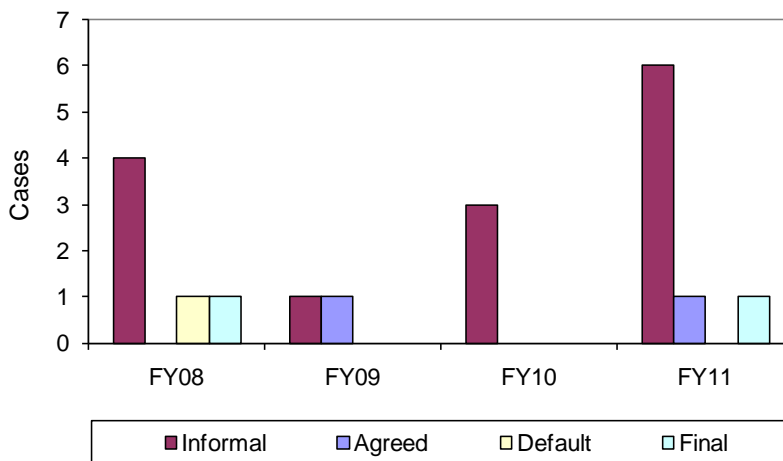
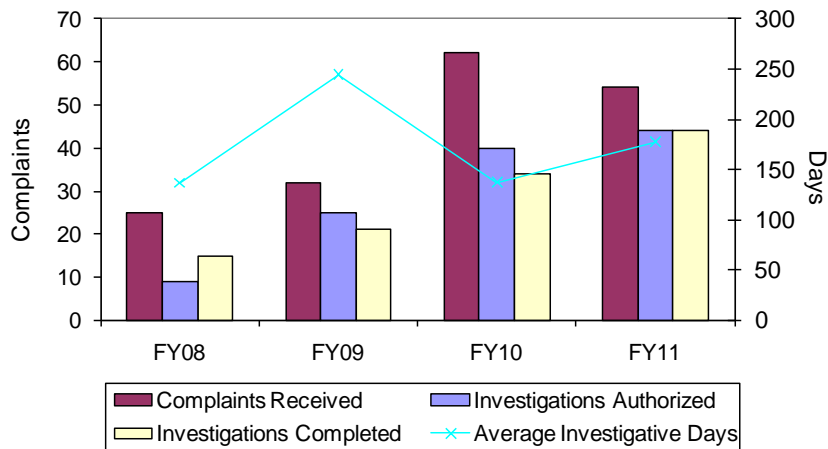
- Processed 1,577 refunds in six months.
- Issued 8,326 new licenses in 2009 and 8,651 new licenses in 2010.
- Issued 2,562 temporary practice permits in 2009 and 2,635 in 2010.
- Completed new applications in 14 days or less from receipt of the last document for 95 percent of the applicants.
- Answered more than 4,000 calls per month in less than 60 seconds for 98 percent of the calls.



SUPPLEMENTAL REPORT – Board of Nursing Home Administrators

The Board of Nursing Home Administrators has nine members: four licensed nursing home administrators, four health care professionals who have an association with nursing homes or elder care, and one public member who is either a resident of a nursing home, a relative of a nursing home resident, or eligible for Medicare.

Four-Year Disciplinary Summary



Rulemaking and Policy Activities

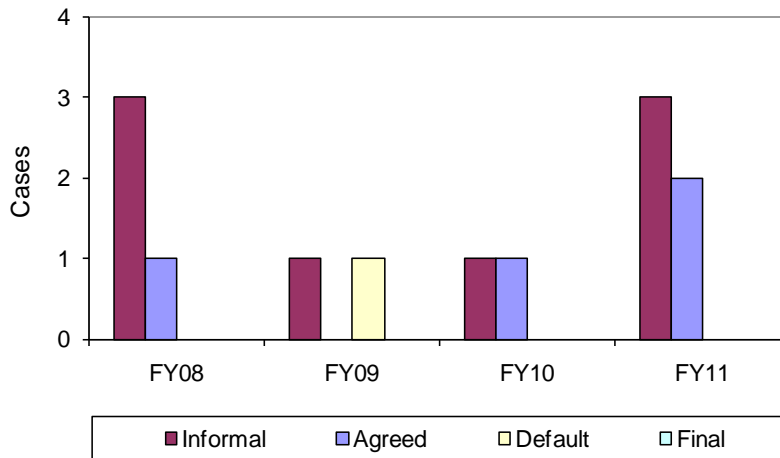
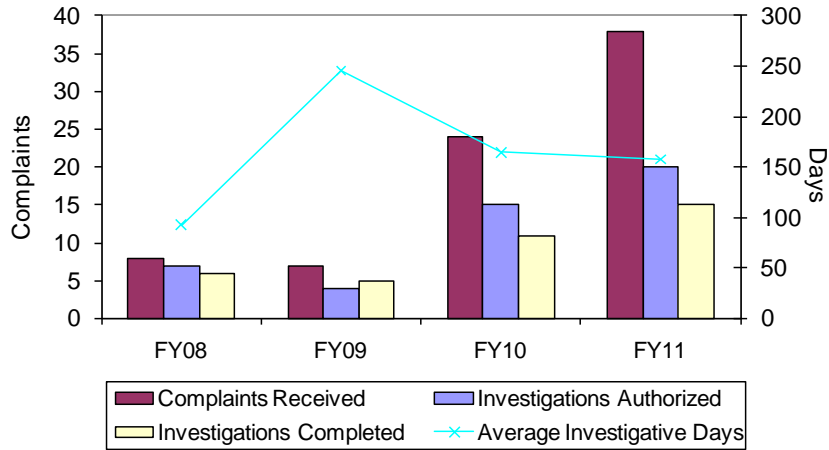
The board meets about four times per year. It promotes cost savings by using videoconference or phone conference.

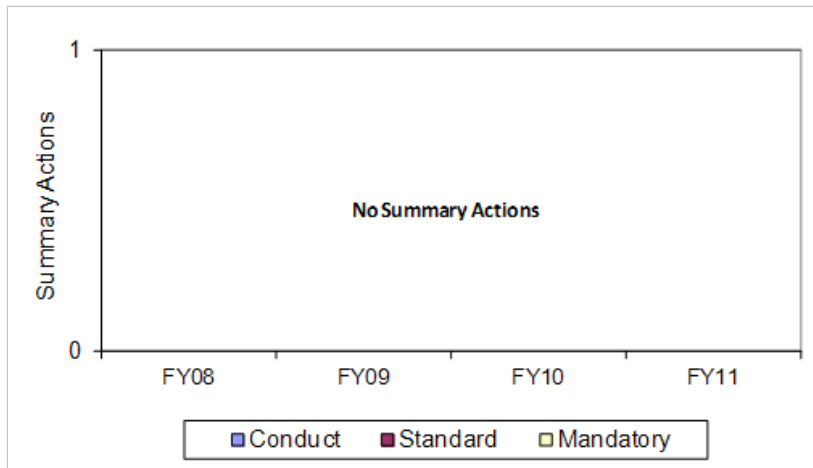
During this report period, the board voted to include multicultural education in the administrator-in-training (AIT) program. The board also reviewed and determined AIT requirements for limited licenses for Christian Science nursing homes. The board also adopted a policy defining an institution of higher learning to eliminate barriers to licensure. The board is currently creating requirements for preceptor training to assure AIT preceptors are equipped to adequately train new administrators.

SUPPLEMENTAL REPORT – Board of Occupational Therapy Practice

The Board of Occupational Therapy Practice protects the public by licensing and disciplining occupational therapists and occupational therapy assistants, and by developing rules, policies, and guidelines regulating the practice of occupational therapy. The governor appoints five board members – three occupational therapists, one occupational therapy assistant, and one public member – to serve three-year terms.

Four Year Disciplinary Summary





Rulemaking and Policy Activities

During the 2011 legislative session, Senate Substitute Bill 5018 expanded scope of practice for occupational therapy to include wound care management and sharp debridement, with appropriate education and training. The legislature authorized the rulemaking.

The board repealed WAC 246-847-175 Delegation of Authority to Initiate an Investigation. The rule wasn't necessary because the board already has statutory authority, RCW 18.130.050 (18), to delegate investigations to a panel.

SUPPLEMENTAL REPORT – Board of Optometry

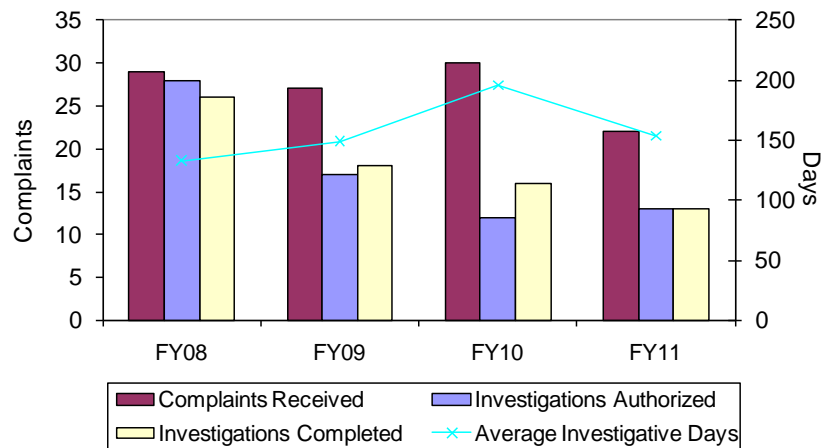
The Board of Optometry consists of five licensed optometrists and one public member appointed by the governor for a term of three years. The board oversees the licensure and discipline of optometrists and adopts rules and policies as needed to govern the practice of optometry.

The board holds regular quarterly meetings and hosts an annual post-graduate seminar. Board panels meet between regular meetings to evaluate complaints and make decisions on disciplinary matters.

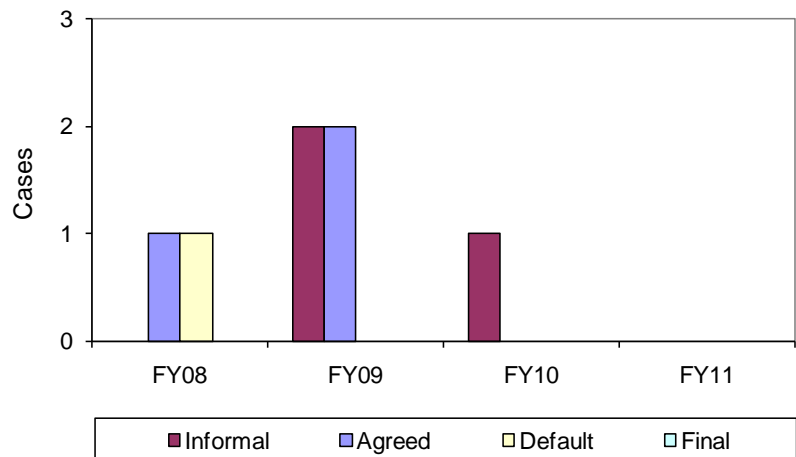
There are 1,379 optometrists licensed in Washington.

Four Year Disciplinary Summary

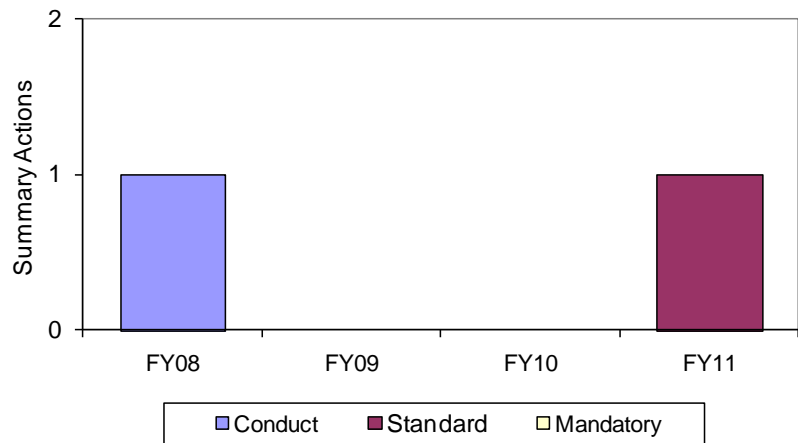
The number of complaints and resulting investigations declined from 2010 to 2011. For the past four years, all authorized investigations were completed.



The board has few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Both the STID and agreed order are subject to national data bank reporting.



The board can issue summary, or immediate, suspensions and summary restrictions. A restriction allows the licensee to continue to practice with certain conditions until the outcome of a formal hearing. A mandatory summary action based on orders from other states is required. All of these actions are rare. Over four years, the board has ordered two summary suspensions.



Rulemaking and Policy Activities

Policies adopted by the board:

- A person currently licensed to practice optometry in Washington state who has not yet completed the requirements for certification under RCW 18.53.010(2)(c) and/or (d) may place his or her license on an inactive status as provided in RCW 18.53.210. Adopted 12/3/2010.
- Credentialing by endorsement, RCW 18.53.035, may be applied to a current Washington licensee who must meet the certification requirements of RCW 18.53.010(2) when the licensee holds a current unrestricted license in another state that has equivalent certification requirements of RCW 18.53.010(2).

Rules adopted by the board:

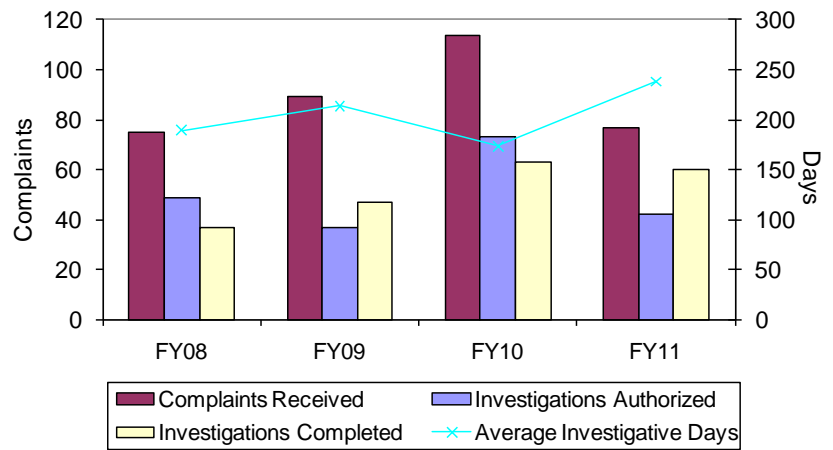
- WAC 246-851-110 - courses qualifying for credit – optometry continuing education. The rule corrects the reference from the Washington Association of Optometric Physicians to the Optometric Physicians of Washington.
- WAC 246-851-570 and WAC 246-851-600 - allow consideration of current practice at equivalent standards in other states meeting the certification requirements for oral medication and injection of epinephrine for optometrists currently licensed in Washington.
- WAC 246-851-495 - provides for a temporary practice permit to be issued to an otherwise qualified applicant for a license to practice optometry if a fingerprint-based national background check must be conducted. The rule will improve access to care by avoiding delays in licensing for qualified applicants who would otherwise be prohibited from providing optometric services while awaiting national background checks.

SUPPLEMENTAL REPORT – Board of Osteopathic Medicine and Surgery

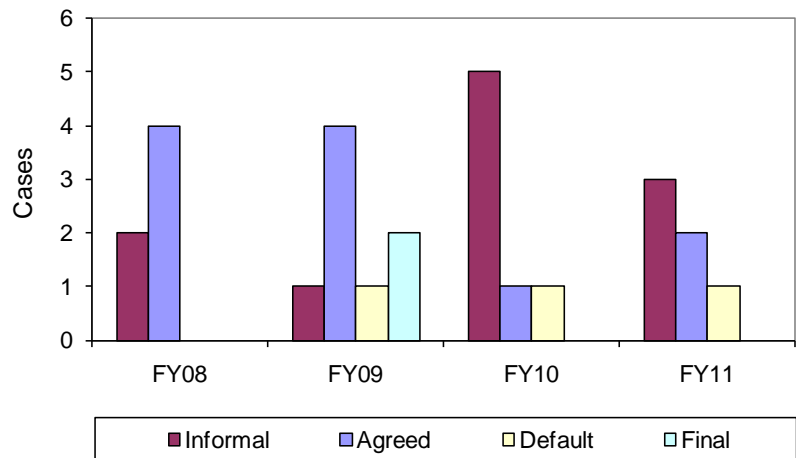
The Board of Osteopathic Medicine and Surgery consists of six practicing osteopathic physicians and one public member. The board meets six times a year and all the meetings are open to the public.

Four Year Disciplinary Summary

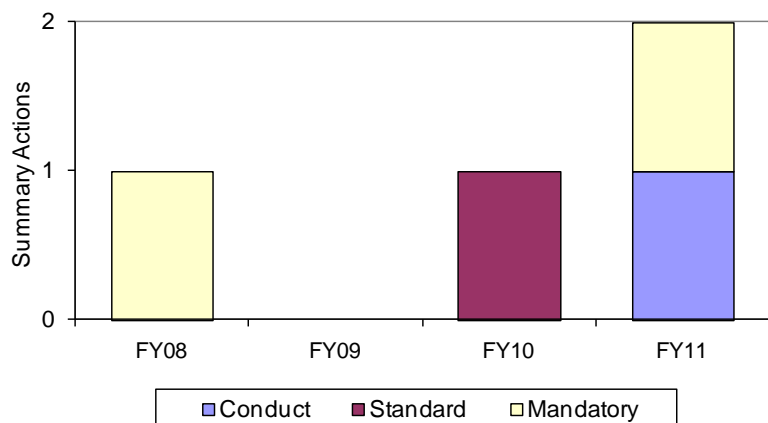
The number of complaints received rose from 2008 to 2010, then dropped in 2011. The number of investigations completed rose during this period.



The board has few formal hearings; there were two in 2009. Most cases are settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Both the STID and agreed order are subject to national data bank reporting.



The board has the ability to issue summary suspensions and/or summary restrictions. A restriction allows the licensee to continue to practice but only under certain practice conditions until the outcome of a formal hearing.



Rulemaking and Policy Activities

Non-surgical medical cosmetic procedures

The board continued developing rules for non-surgical medical cosmetic procedures for osteopathic physicians and osteopathic physician assistants. The rules were filed with the Code Reviser's office in March 2011 and were effective on May 1, 2011.

Office-based surgery using sedation

The board continued developing rules for sedation in office-based surgeries as authorized in 2007 legislation (HB 1414). In 2009 and 2010, members from the Board of Osteopathic Medicine and Surgery, the Podiatric Medical Board and the Medical Quality Assurance Commission met to ensure similar language appears in the rule. The rule was filed with the Code Reviser's office in December 2010, and became effective on January 17, 2011.

Retired-active status

The board was petitioned to consider a retired active status for osteopathic physicians. The board determined to pursue rulemaking to create a retired active license. However, in September 2010 the board discussed the issue further and decided not to pursue a retired active status because a regular active license would suffice.

Outreach activities

The board held a meeting at the Pacific Northwest University of Health Sciences in Yakima in September 2009. After their regular business meeting, the board met with students to discuss licensing and disciplinary issues that face osteopathic physicians. The board scheduled to meet at the school again in September 2011.

Jurisprudence exam

In 2009 the board and staff created a jurisprudence examination that was added to the osteopathic website to get comments on the exam content. The board is considering making the exam part of initial licensure and will discuss at future board meetings.

Management of chronic non-cancer pain

The board drafted rules for the management of chronic non-cancer pain as directed in ESHB 2876 (2010). In 2010 – 2011 the board along with representatives from the Medical Quality Assurance Commission, the Nursing Care Quality Assurance Commission, the Podiatric Medical Board and the Dental Quality Assurance Commission, met to create rule language for the management of chronic non-cancer pain and repeal current pain management rule language. The rules were filed with the Code Reviser's office in May 2011, and became effective on July 1, 2011.

SUPPLEMENTAL REPORT – Board of Pharmacy

The Washington State Board of Pharmacy was created by the 1891 legislature to perform two main functions. The first was to examine and license pharmacies, shopkeepers who sell non-prescription remedies, drug manufacturers, and pharmaceutical wholesalers. The second function was to control the distribution of drugs.

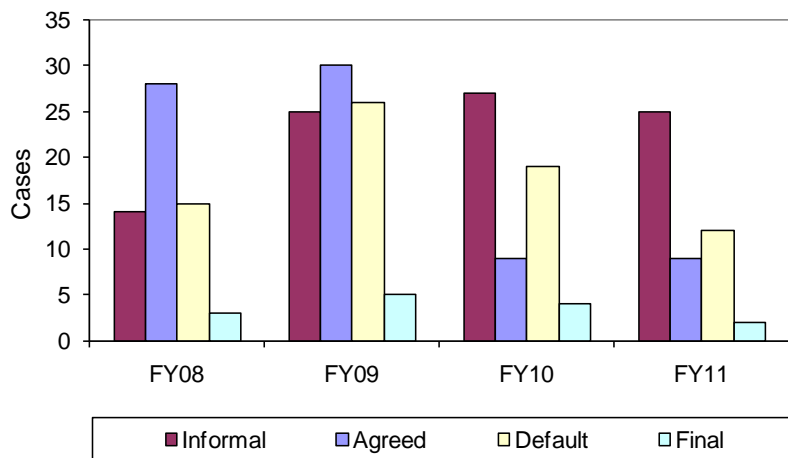
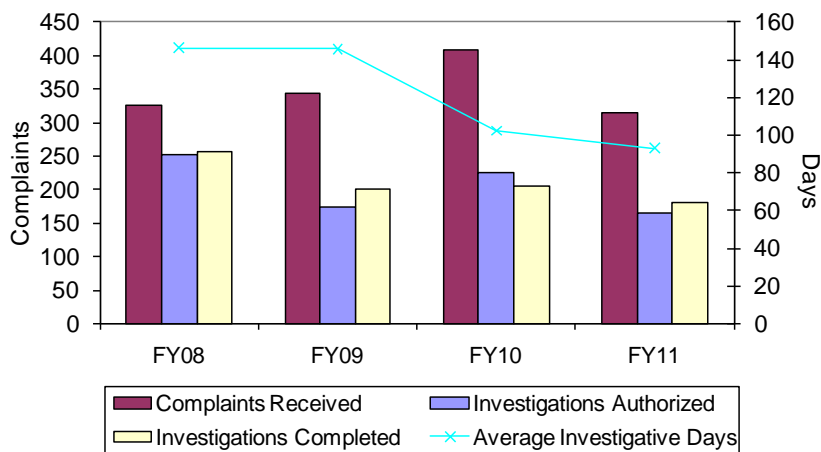
There are seven governor-appointed members of the board: five licensed pharmacists and two are public members. Board members serve for four years and may serve no more than two terms.

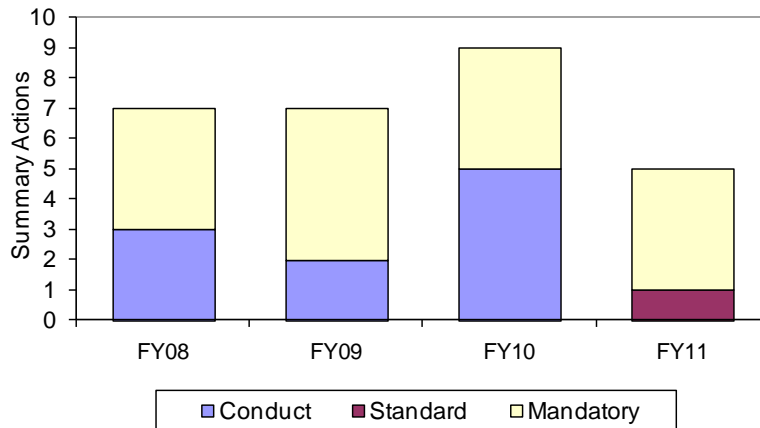
The board oversees the practice of 13 credential types, including pharmacists, pharmacy interns, technicians, and assistants.

Board’s Mission Statement

The board’s mission is to achieve the highest standards in the practice of pharmacy, to promote public health and safety, and to effectively communicate with the governor, legislature, the Department of Health, the public and the profession.

Four-Year Disciplinary Summary





Rulemaking and Policy Activities

The following is a list and brief description of the board’s current rulemaking activities and goals to improve the safety of drug delivery systems in Washington.

- WAC 246-887-100 – adds “synthetic cannabinoids” and “substitute cathinones” to Schedule I of the Uniform Controlled Substances Act. These products have a high potential for abuse and present a clear and imminent danger to the public. Placing these substances in Schedule I bans the sale, possession, manufacture, and delivery of these substances.
- Implementing Chapter 71, Laws of 2011 to establish continuing education requirements for pharmacy technicians. Continuing education will expand the knowledge base of certified pharmacy technicians as they assist pharmacists.

Additional rule and project priorities include:

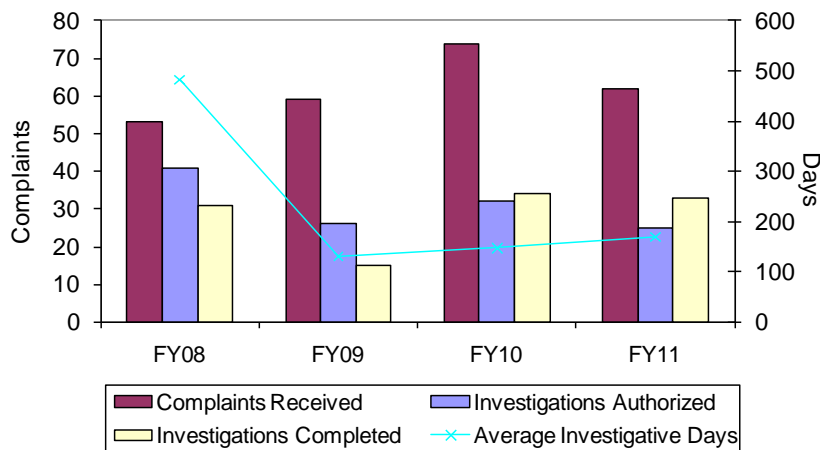
- Updating chapter 246-873 – Hospital Standards
- Updating chapter 246-858 – Pharmacist – Internship Requirements
- In-depth analysis of all pharmacy rules for clarity, consolidation, and modernization
- Quality improvement and assurance programs

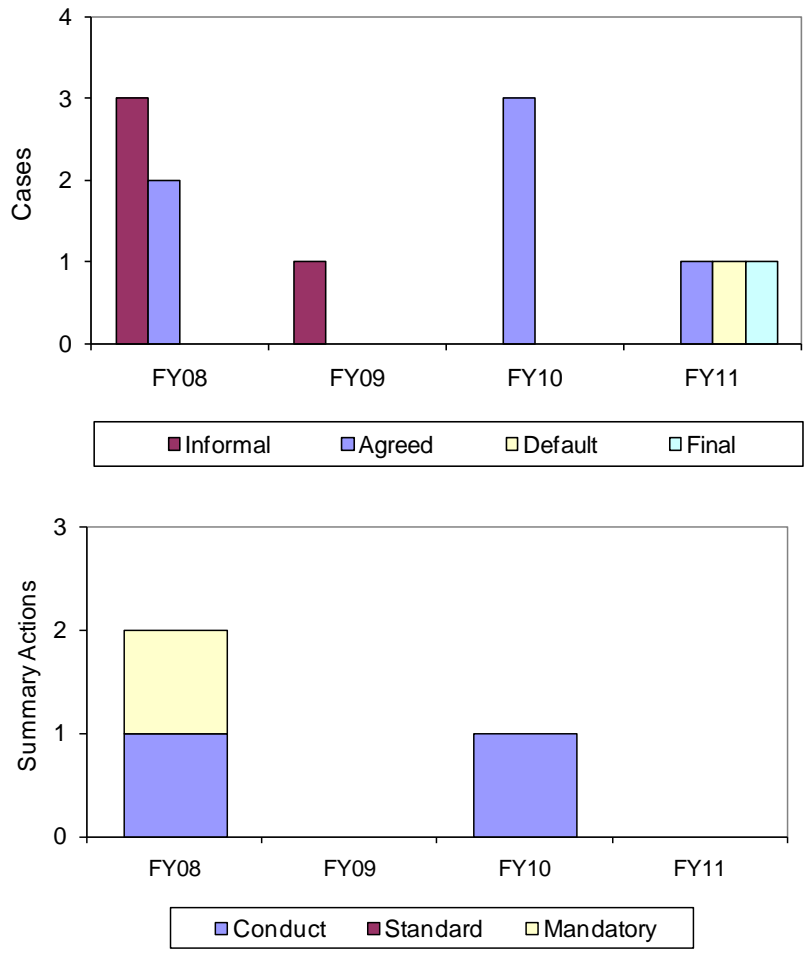
SUPPLEMENTAL REPORT – Board of Physical Therapy

The Board of Physical Therapy is made up of four physical therapists, one physical therapist assistant, and one public member appointed by the governor. The professional members must have at least five years experience, and actively engaged in practice within two years of appointment. All members must be U.S. citizens and residents of Washington. The board typically meets every 8-12 weeks. The board’s major duties include:

- Establishing qualifications for minimal competency to grant or deny licensure of physical therapists and physical therapy assistants.
- Regulating the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure.
- Establishing and monitoring compliance with continuing education requirements.
- Ensuring consistent standards of practice.
- Developing continuing competency mechanisms.
- Assessing, investigating, and making recommendations related to complaints against physical therapists and physical therapist assistants which may range from closure without action to license revocation.
- Serving as reviewing members on disciplinary cases and serving on disciplinary hearing panels.
- Serving as members of standing committees, when appointed.
- Developing rules, policies, and procedures to promote the delivery of quality health care to the residents of the state.

Four-Year Disciplinary Summary





Rulemaking and policy activities

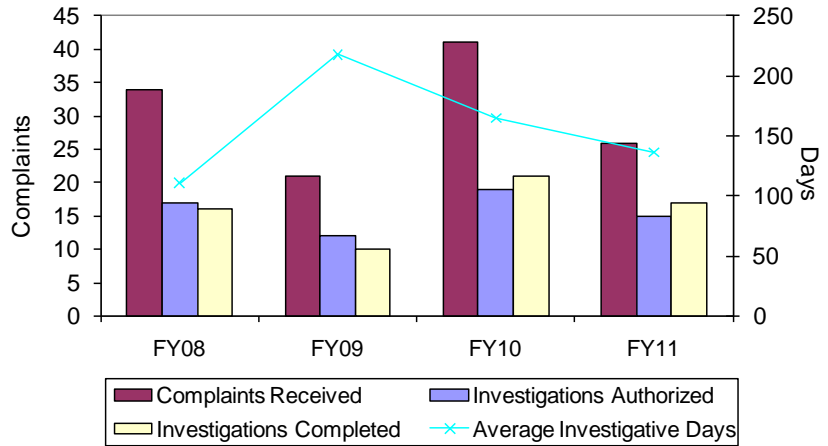
WAC 246-915-187 – Telehealth in the Practice of Physical Therapy. The rule clarifies that telehealth is within the scope of practice of physical therapists and physical therapist assistants, clearly defines what telehealth is, clarifies that physical therapy provided via telehealth must meet all standard of care requirements, and specifies that the use of telehealth must be documented in the patient health record.

SUPPLEMENTAL REPORT – Podiatric Medical Board

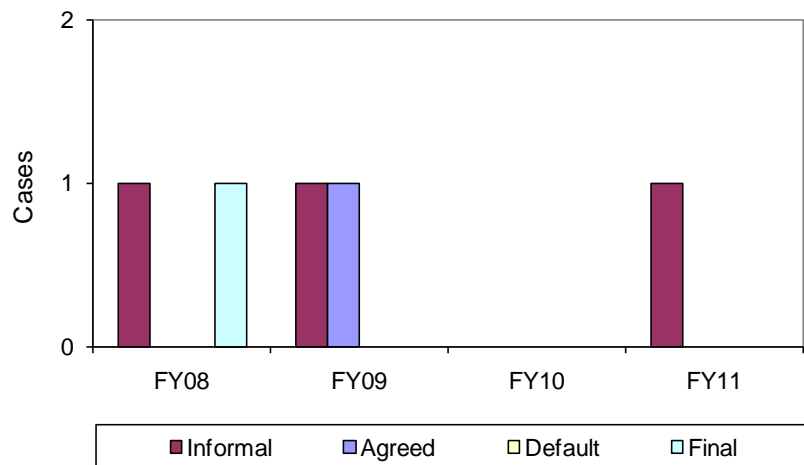
The Podiatric Medical Board consists of four practicing podiatric physicians and one public member. The board usually meets four times a year and all the meetings are open to the public.

Four-Year Disciplinary Summary

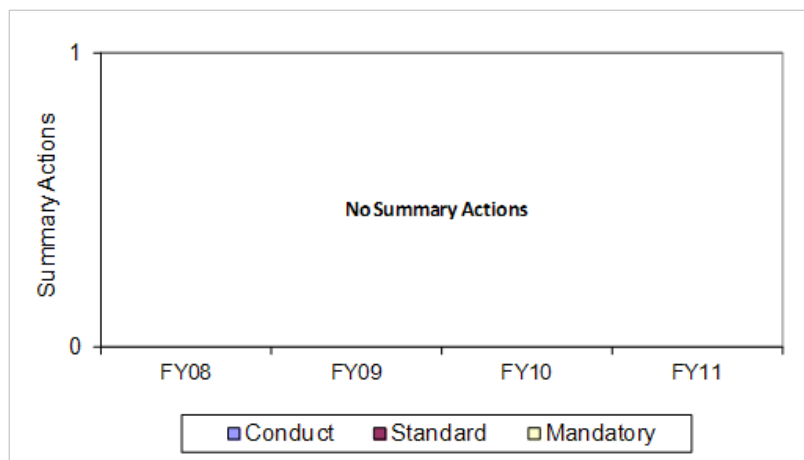
The number of complaints received declined in 2009 but rose again in 2010. The number of investigations completed was consistent with the complaints received.



The board has very few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Both the STID and agreed order are subject to national data bank reporting.



Though the board did not issue any summary actions from 2008 to present, the board does have the ability to issue summary suspensions and/or summary restrictions. A restriction allows the license to continue to practice but only under certain practice conditions until the outcome of a formal hearing.



Rulemaking and Policy Activities

Office-based surgery using sedation

The board continued developing rules for sedation in office-based surgeries as authorized in HB 1414 (2007). In 2009 and 2010, members of the Podiatric Medical Board, the Board of Osteopathic Medicine and Surgery, and the Medical Quality Assurance Commission met to ensure similar language appears in the rule. The rule was filed with the code reviser's office in December 2010 and was effective on January 21, 2011.

Orthotic device definitions and prescribing

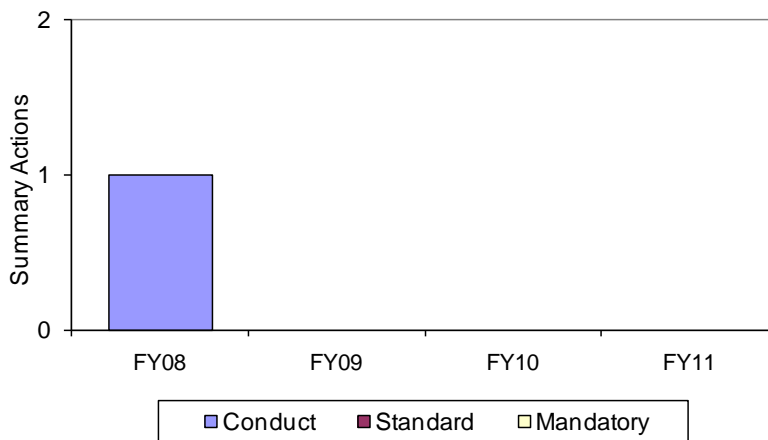
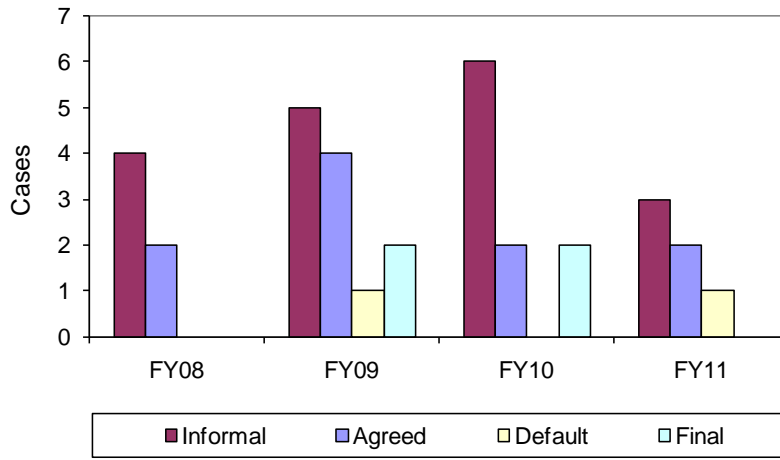
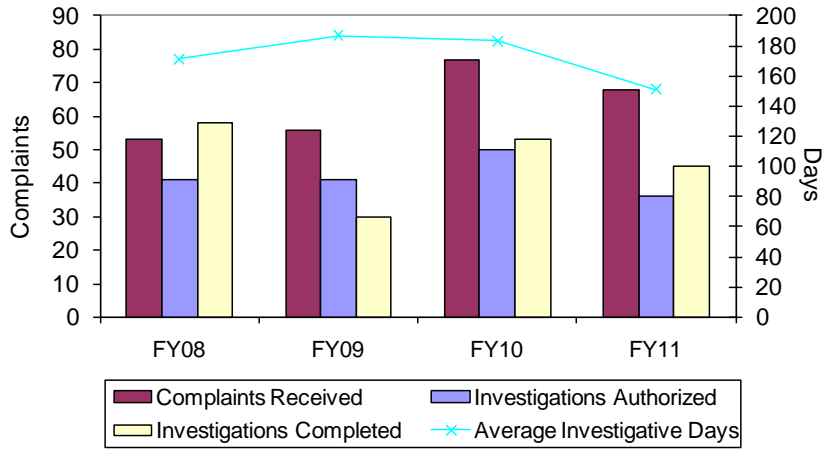
The board continued developing rules to clarify definitions for orthotic devices. The board also continued developing rules to identify the differences between prescription and non-prescription orthotic devices. This is on hold due to the rulemaking moratorium.

Management of chronic non-cancer pain

The board developed rules for the management of chronic non-cancer pain as directed in ESHB 2876 (2010). In 2010 – 2011, the board along with members of the Medical Quality Assurance Commission, the Nursing Care Quality Assurance Commission, the Board of Osteopathic Medicine and Surgery, and the Dental Quality Assurance Commission, worked together to create rule language for the management of chronic non-cancer pain and repeal current pain management language. The rules were filed with the Code Reviser's office in May 2011, and were effective on July 1, 2011.

SUPPLEMENTAL REPORT – Examining Board of Psychology

Four-Year Disciplinary Summary



Rulemaking and Policy Activities

The Examining Board of Psychology protects the public by licensing and disciplining psychologists, and through the development of rules, policies, and guidelines, regulating the practice of psychology. The governor appoints nine board members – seven psychologists and two public members – to serve five-year terms.

The board administers examinations to qualified applicants. It determines the subject matter and scope of the examination.

The board schedules one written jurisprudence examination every month. To save expenses the exam is given at the Department of Health's Tumwater facility, so there are no added costs for room rental or staff travel.

In 2010, the board gave the examination to about 180 examinees; 92 percent passed. The board has continued developing the state jurisprudence examination since 2004.

The board repealed WAC 246-924-483 Delegation of Authority to Initiate an Investigation. These rules were unnecessary because the board has statutory authority to delegate the decision to initiate investigations to a panel. RCW 18.130.050(18) authorizes the disciplining authority to establish panels with three or more members to perform any duty or authority within its jurisdiction.

Potential rulemaking related to license requirements and supervision is on hold during the rulemaking moratorium. One rule met an exemption requirement to the moratorium and rulemaking continued.

The board adopted WAC 246-924-483. This rule allows temporary practice permits to be issued to a license applicant if a fingerprint-based national background check must be conducted. The national background check is lengthy and has caused licensing delays that may affect the public's access to health care. To receive the permit, the applicant must meet all other licensing requirements, be licensed in another state, and have no criminal record in Washington.

RCW 18.83.090 was amended in 2009. The change requires the Office of Crime Victims Advocacy to supply the board with information on methods of recognizing victims of human trafficking, what services are available for these victims, and where to report potential trafficking situations. The board has developed a webpage to share this information with licensed psychologists.

The board has determined that telemedicine is an up-and-coming issue. The board currently has a sub-committee assigned to monitor what is happening with other jurisdictions and with other health professions regarding this issue.

SUPPLEMENTAL REPORT - Veterinary Board of Governors

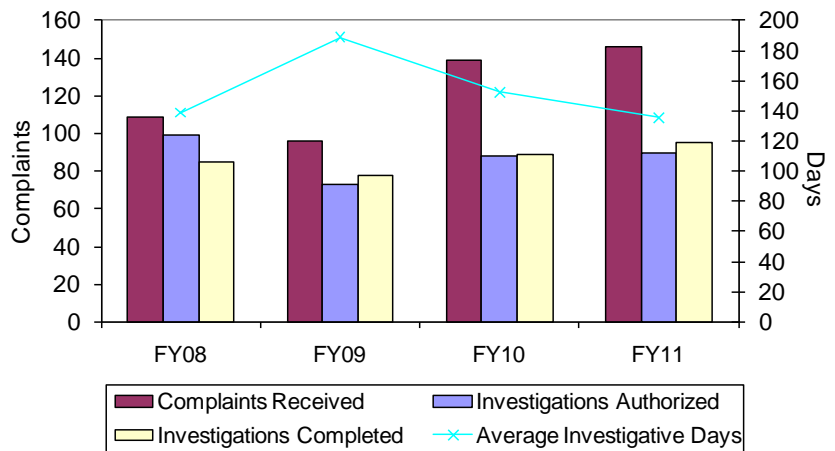
The Veterinary Board of Governors consists of seven governor-appointed members: five licensed veterinarians, one licensed veterinary technician, and one public member. Board members serve five-year terms. The board oversees the licensure and discipline of veterinarians, veterinary technicians, and veterinary medication clerks. It also adopts rules and policies as needed to govern the practice of veterinary medicine, dentistry, and surgery.

The board holds regular quarterly meetings. Board panels meet in the interim to evaluate complaints and decide disciplinary matters.

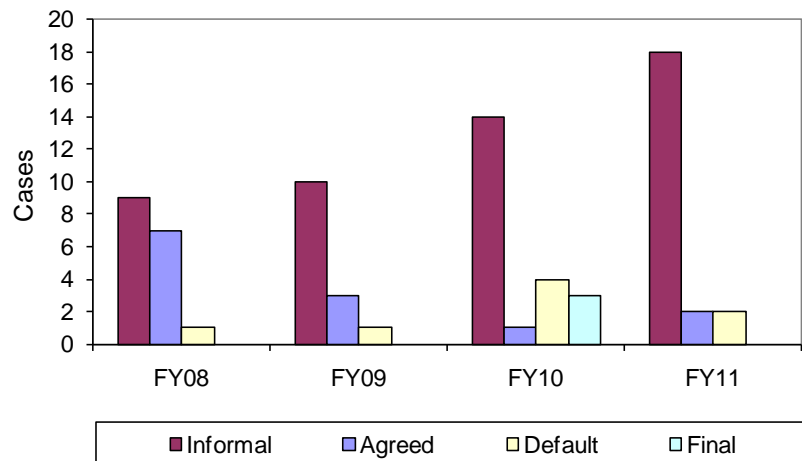
Currently, there are 2,965 licensed veterinarians, 1,595 licensed veterinary technicians, and 556 registered veterinary medication clerks.

Four-Year Disciplinary Summary

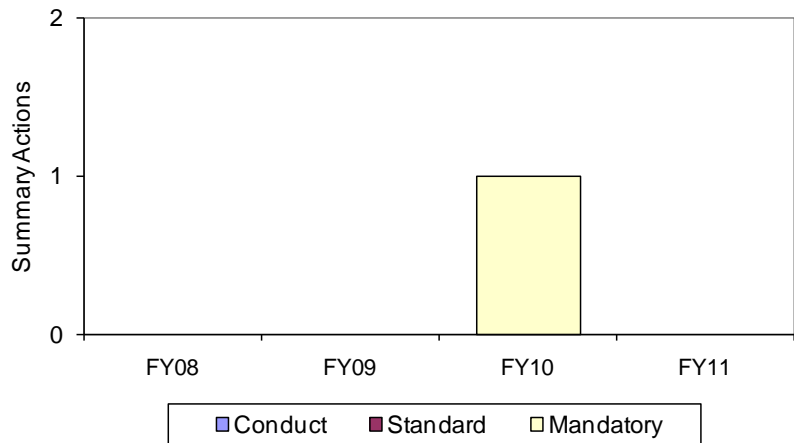
The number of complaints continues to increase, while the number of investigations authorized by the board has dropped. The number of investigations completed over the past four years, equals or nearly equals the number of investigations authorized.



The board has few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Both the STID and agreed order are subject to national data bank reporting.



The board has the ability to issue summary (immediate) suspensions and/or summary restrictions. A restriction allows the licensee to continue to practice but only under certain practice conditions until the outcome of a formal hearing. A mandatory summary action based on orders from other states is required. Only one licensee in four years has been summarily suspended.



Rulemaking and Policy Activities

WAC 246-933-255 How to obtain a temporary practice permit while the national background check is completed (for veterinarians). Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed.

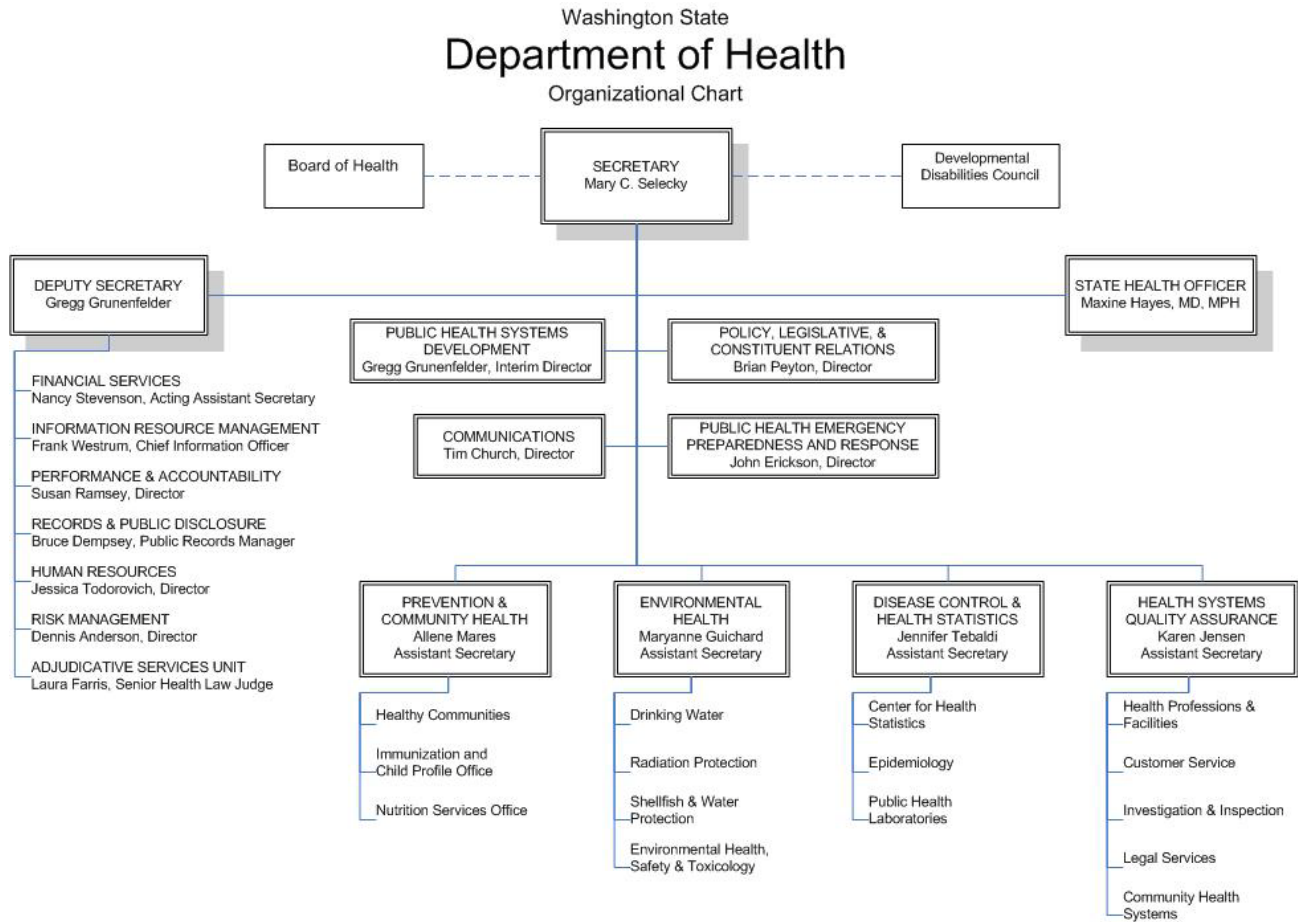
WAC 246-935-135 How to obtain a temporary practice permit while the national background check is completed (for veterinary technicians). Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed.

WAC 246-935-060: Eligibility for examination as a veterinary technician. Veterinary technicians must complete an American Veterinary Medical Association (AVMA) approved program. The AVMA recognizes the Canadian Veterinary Medical Association (CVMA) process for accreditation of Canadian veterinary technician programs. The amended rule recognizes veterinary technology or technician programs that are accredited by the CVMA. Recognition of accredited Canadian programs will reduce barriers for Canadian graduates.

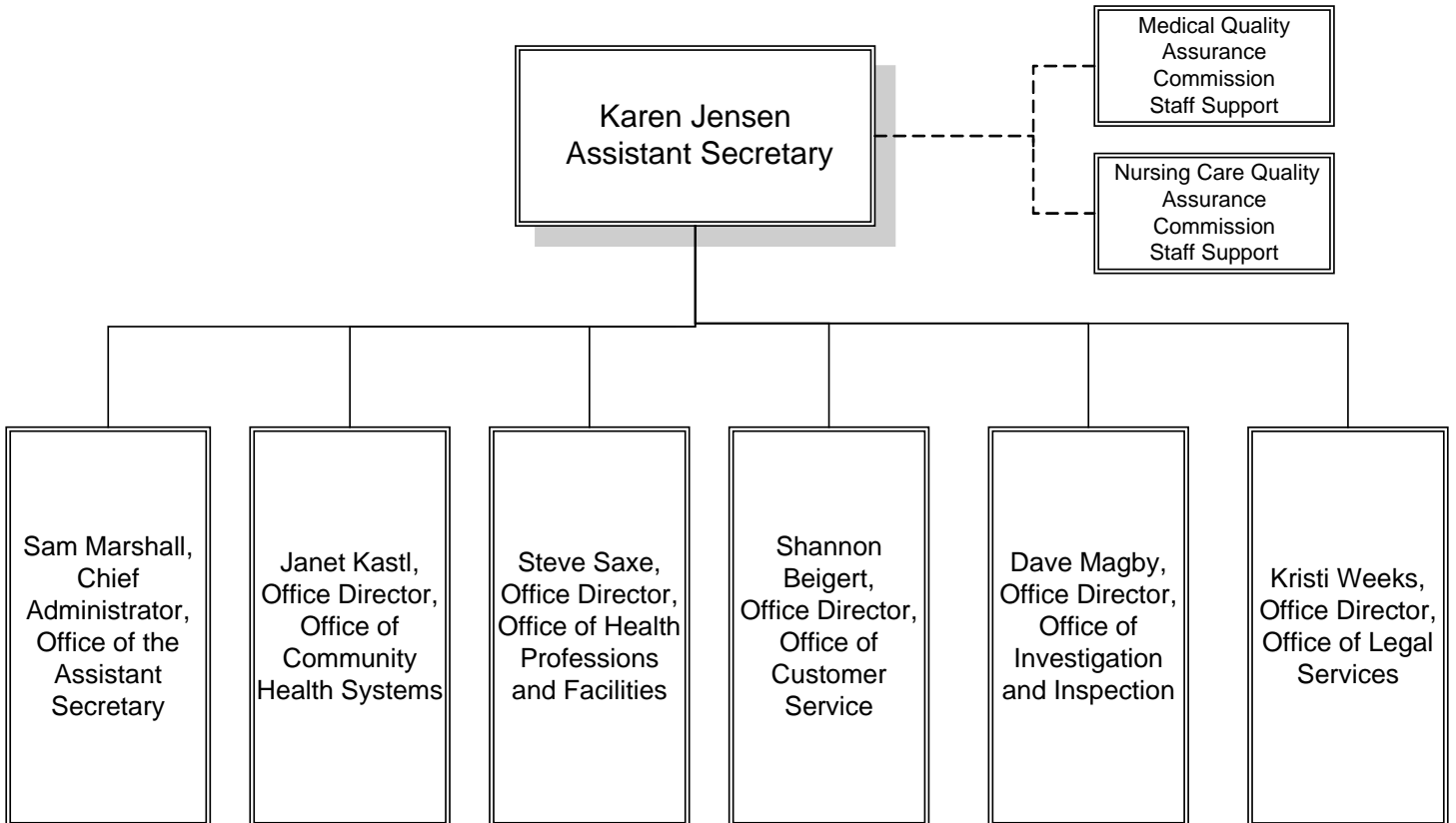
246-935-400 Citation and purpose. WAC 246-935-410 Definitions. WAC 246-935-420 Delegated nondiscretionary functions used in the preparing of legend drugs, non-legend drugs and controlled substances. WAC 246-935-430 Controlled substance storage and records. WAC 246-935-440 Maintenance of patient medical records. 246-933-320 General requirements for all veterinary medical facilities. The 2009 legislature enacted Substitute House Bill 1271 which allows a licensed veterinarian to delegate to a licensed veterinary technician certain nondiscretionary functions used in the preparing of legend drugs, non-legend drugs and controlled substances associated with the practice of veterinary medicine. These rules provide the standards to define specific nondiscretionary functions to assure the public that authorized drugs are being prepared and administered under appropriate supervision.

WAC 246-933-320 General requirements for all veterinary medical facilities. The rule clarifies the content of patient records, who may request copies of patient records, and the fees that may be charged for providing the patient records. The rules also shorten the time period for responding to a request for records from 15 to 10 days.

Appendix A - Department of Health and Health Systems Quality Assurance Organizational Charts



Washington State
Department of Health
Health Systems Quality Assurance
Organizational Chart



Appendix B - Boards, Commissions, Committees and Secretary Professions

Governor-Appointed Boards, Commissions, and Committees

Board or Commission	Members
Chiropractic Quality Assurance Commission <ul style="list-style-type: none"> • 11 chiropractors • 3 public members 	14
Dental Quality Assurance Commission <ul style="list-style-type: none"> • 12 dentists • 2 expanded function dental auxiliaries (EFDAs) • 2 public members 	16
Emergency Medical Systems and Trauma Steering Committee	30
Board of Hearing and Speech <ul style="list-style-type: none"> • 2 hearing instrument fitter/dispensers • 2 audiologists • 2 speech language pathologists • 1 speech language pathology assistant • 1 physician (non-voting) • 3 public members 	11
Board of Massage (Note: Secretary has disciplining authority. Board has rulemaking and licensing authority.) <ul style="list-style-type: none"> • 4 massage practitioners • 1 public member 	5
Medical Quality Assurance Commission <ul style="list-style-type: none"> • 13 physicians • 2 physician assistants • 6 public members 	21
Nursing Care Quality Assurance Commission <ul style="list-style-type: none"> • 7 registered nurses • 2 advanced registered nurse practitioners • 3 licensed practical nurses • 3 public members 	15

<p>Board of Nursing Home Administrators</p> <ul style="list-style-type: none"> • 4 nursing home administrators • 4 representatives of health care professions • 1 public member 	9
<p>Board of Occupational Therapy Practice</p> <ul style="list-style-type: none"> • 3 occupational therapists • 1 occupational therapy assistant • 1 public member 	5
<p>Optometry Board</p> <ul style="list-style-type: none"> • 5 optometrists • 1 public member 	6
<p>Board of Osteopathic Medicine and Surgery</p> <ul style="list-style-type: none"> • 6 physicians • 1 public member 	7
<p>Board of Pharmacy</p> <ul style="list-style-type: none"> • 5 pharmacists • 2 public members 	7
<p>Board of Physical Therapy Practice</p> <ul style="list-style-type: none"> • 4 physical therapists • 1 physical therapy assistant • 1 public member 	6
<p>Podiatric Medical Board</p> <ul style="list-style-type: none"> • 4 physicians • 1 public member 	5
<p>Examining Board of Psychology</p> <ul style="list-style-type: none"> • 7 psychologists • 2 public members 	9
<p>Veterinary Board of Governors</p> <ul style="list-style-type: none"> • 5 veterinarians • 1 licensed veterinary technician • 1 public member 	7

Secretary-Appointed Boards and Committees

Board or Committee	Members
Board of Denturists (Note: Secretary has disciplining authority. Board has rulemaking and licensing authority) <ul style="list-style-type: none"> • 4 denturists • 1 dentist • 2 public members (one over the age of 65) 	7
Athletic Trainers Advisory Committee <ul style="list-style-type: none"> • 4 athletic trainers • 1 public member 	5
Chemical Dependency Certification Advisory Committee <ul style="list-style-type: none"> • 4 chemical dependency counselors • 1 chemical dependency treatment program director • 1 physician or a licensed or certified mental health practitioner • 1 public member who has received chemical dependency counseling 	7
Dental Hygiene Examining Committee <ul style="list-style-type: none"> • 3 dental hygienists • 1 public member 	4
Dispensing Opticians Examining Committee <ul style="list-style-type: none"> • 3 dispensing opticians 	3
Mental Health Counselors, Marriage & Family Therapists, and Social Workers Advisory Committee <ul style="list-style-type: none"> • 2 licensed mental health counselors • 1 licensed advanced social worker • 1 licensed independent clinical social worker • 2 licensed marriage and family therapists • 3 public members 	9
Midwifery Advisory Committee <ul style="list-style-type: none"> • 1 certified nurse midwife • 2 physicians • 3 licensed midwives • 1 public member 	7
Naturopathic Advisory Committee <ul style="list-style-type: none"> • 3 naturopathic physicians • 2 public members 	5
Orthotics and Prosthetics Advisory Committee <ul style="list-style-type: none"> • 1 orthotist • 1 prosthetist • 1 physician • 2 public members 	5

Secretary Authority Professions – No Advisory Committee

<ul style="list-style-type: none"> • advanced emergency medical technician • agency affiliated counselor • athletic trainer • certified adviser • certified chemical dependency professional trainee • certified counselor • dental assistant • dietician/nutritionist • East Asian medical practitioner* • emergency medical responder • emergency medical technician • expanded dental function dental auxiliary • health care assistant • licensed marriage and family therapist associate 	<ul style="list-style-type: none"> • licensed mental health counselor • associate licensed social work associate – advanced • licensed social work associate - independent clinical • nursing assistant** • nursing pool • ocularist • paramedic • physical therapist assistant • radiologic technologist • radiologist assistant • recreation therapist • registered hypnotherapist • respiratory therapist • sex offender treatment provider • sex offender treatment provider affiliate • surgical technologist • x-ray technician
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*Profession’s name changed from acupuncturist during the 2010 legislative session.

**Nursing Care Quality Assurance Commission has rulemaking authority for nursing assistants for education and examination requirements.

Appendix C - Licensee Counts by Profession¹⁵

Profession	2001	2003	2005	2007	2008	2009	2010	2011	Growth/ Decline*
Advanced Registered Nurse Practitioner	3,123	3,412	3,706	4,058	4,323	4,535	4,791	5,035	61.2%
Athletic Trainer						372	411	460	23.7%
Audiologist	279	348	363	395	403	386	380	396	41.9%
Chemical Dependency Professional	2,378	2,540	2,559	2,687	2,666	2,654	2,777	2,821	18.6%
Chemical Dependency Professional Trainee							1,071	1,452	35.6%
Chiropractic X-Ray Technician	202	209	217	257	224	234	232	227	12.4%
Chiropractor	2,223	2,320	2,164	2,291	2,243	2,249	2,260	2,334	5.0%
Counselor, Agency Affiliated							5,220	6,060	16.1%
Counselor, Certified							304	728	139.5%
Dental Assistant						9,339	9,836	11,036	18.2%
Dental Hygienist	4,049	4,359	4,706	5,015	4,975	5,196	5,370	5,562	37.4%
Dentist	5,214	5,585	5,876	5,825	5,874	5,923	6,072	6,155	18.0%
Denturist	97	123	142	158	134	140	142	151	55.7%
Dietitian Nutritionist	807	948	1,055	1,201	1,238	1,323	1,419	1,541	91.0%
Dispensing Optician	929	942	879	927	924	934	961	990	6.6%
Dispensing Optician Apprentice		855	854	992	995	1,018	999	1,049	22.7%
East Asian Medicine Practitioner*	648	841	950	1,046	1,064	1,131	1,203	1,262	94.8%
Emergency Medical Responder*						806	704	628	-22.1%
Emergency Medical Technician						14,376	13,954	14,095	-2.0%
Expanded Function Dental Auxiliary						3	56	114	103.6%
Health Care Assistant	10,143	11,803	13,082	15,424	15,709	15,991	16,665	17,880	76.3%
Hearing Instrument Fitter Dispenser	313	321	275	271	274	263	275	285	-8.9%
Humane Society	0	10	10	9	9	6	5	13	30.0%
Hypnotherapist	340	363	408	503	544	577	621	683	100.9%
Licensed Practical Nurse	14,167	14,153	14,401	14,592	14,164	14,085	13,973	13,975	-1.4%
Marriage and Family Therapist	889	907	914	999	1,003	1,056	1,138	1,237	39.1%
Marriage and Family Therapist Associate							223	297	33.2%
Massage Therapist	9,211	10,362	11,987	13,468	13,099	13,018	13,276	13,864	50.5%
Mental Health Counselor	3,645	3,919	4,094	4,349	4,416	4,521	4,827	5,099	39.9%
Mental Health Counselor Associate							905	1,233	36.2%
Midwife	115	97	90	89	91	105	108	108	-6.1%
Naturopathic Physician	472	577	727	843	865	939	967	1,035	119.3%
Nursing Assistant	48,159	53,320	58,932	65,100	63,740	66,991	71,671	74,975	55.7%
Nursing Home Administrator	600	552	447	451	434	443	448	453	-24.5%
Nursing Pool Operator	158	198	167	164	174	201	186	187	18.4%
Nursing Technician	0	202	508	769	581	551	432	415	-18.3%
Occupational Therapist	2,098	2,212	2,355	2,512	2,553	2,644	2,747	2,876	37.1%
Occupational Therapy Assistant	548	537	542	573	569	565	594	625	14.1%
Ocularist	6	13	10	7	7	8	8	8	33.3%
Optometrist	1,415	1,436	1,519	1,559	1,491	1,475	1,464	1,395	-1.4%
Orthotics Prosthetics	205	202	211	228	229	245	264	283	38.0%
Osteopathic Physician	713	771	816	1,000	1,029	1,119	1,206	1,261	76.9%
Osteopathic Physician Assistant	37	42	34	36	33	45	45	50	35.1%
Paramedic						2,103	2,178	2,318	10.2%
Pharmacies and Other Pharmaceutical Firms	2,300	2,498	2,786	3,037	2,996	3,197	3,311	3,384	47.1%
Pharmacist	7,183	7,016	7,299	7,814	7,957	8,216	8,556	8,861	23.4%
Pharmacist Intern	310	698	700	1,037	1,084	1,141	1,232	1,236	77.1%
Pharmacy Assistant	1,232	3,108	3,624	5,099	5,488	6,123	7,574	8,364	169.1%
Pharmacy Technician	5,270	6,156	7,120	8,155	8,257	8,568	8,815	9,257	75.7%
Physical Therapist	3,809	4,146	4,511	4,878	4,874	5,042	5,300	5,577	46.4%
Physical Therapist Assistant						1,258	1,381	1,531	21.7%
Physician	18,953	20,911	21,173	23,520	23,844	24,670	25,135	25,783	36.0%
Physician Assistant	1,424	1,605	1,810	2,022	2,109	2,220	2,358	2,472	73.6%
Podiatrist	300	312	285	311	297	309	322	328	9.3%
Psychologist	1,620	1,706	1,893	2,063	2,108	2,195	2,337	2,422	49.5%
Radiological Technologist	3,684	4,313	4,704	5,358	5,495	5,607	5,743	5,830	58.3%
Recreation Therapist		17	134	148	142	131	140	139	3.7%
Registered Nurse	63,016	65,247	68,459	73,894	75,798	79,740	82,094	83,381	32.3%
Respiratory Care Practitioner	2,035	2,098	2,196	2,286	2,270	2,384	2,426	2,516	23.6%
Retired Volunteer Medical Worker						4	6	6	50.0%
Sex Offender Treatment Provider	140	143	152	160	155	151	148	149	6.4%
Social Worker Advanced							94	96	2.1%
Social Worker Associate Advanced							128	174	35.9%
Social Worker Associate Independent Clinical							632	773	22.3%
Social Worker Independent Clinical	2,648	2,763	2,852	3,035	3,083	3,116	3,176	3,322	25.5%
Speech Language Pathologist	459	1,068	1,281	1,532	1,544	1,662	1,736	1,841	72.4%
Surgical Technologist	1,227	1,507	1,732	2,237	2,382	2,544	2,824	3,041	147.8%
Veterinarian	2,715	2,744	2,828	2,955	2,934	3,023	3,166	3,343	23.1%
Veterinary Medication Clerk	235	299	357	393	376	381	425	542	130.6%
Veterinary Technician	817	930	1,101	1,246	1,294	1,433	1,569	1,610	97.1%
X-Ray Technician	1,640	1,848	1,978	1,997	1,972	1,928	1,890	1,837	12.0%
Total	252,257	271,432	290,941	300,975	302,536	342,613	364,906	381,089	51.1%

¹⁵ Growth rates for most professions were calculated using ten years of data. For certain new professions, early data was excluded to avoid over-stating the profession's growth rate.

Appendix D - Performance against Timelines

Timely regulatory actions help ensure credentialed health care practitioners provide services according to standards.

In 1993, the legislature amended the UDA, chapter 18.130 RCW, to require timelines for adjudication of complaints. HSQA adopted model procedural rules in 1993; chapter 246-10 WAC for secretary professions and chapter 246-11 WAC for boards and commissions. These rules have time periods for steps in the process and allow presiding officers to grant continuances for good cause.

The legislature amended the UDA again in 1995 in an effort to resolve cases faster. HSQA worked with boards and commissions to develop rules that went into effect in 1999. The rules set basic time periods for:

- Intake and assessment
- Investigations
- Case disposition
- Steps within adjudication not addressed in the 1993 rules

Extensions of the basic time periods are permitted if good cause is demonstrated. The basis for “good cause” is the facts and issues of the case and the situation. Extensions result in additional oversight during assessment, investigation, and case disposition.

The following statistics compare average times to close cases for the last two biennia:

- For all case types, with or without disciplinary proceedings, decreased three percent from 154 to 149 days.
- Without disciplinary proceedings, decreased six percent, from 124 to 117 days,
- With disciplinary proceedings (adjudication), decreased four percent, from 391 to 374 days.
- With agreed orders, increased 21 percent, from 454 to 549 days.
- With final orders (a subset of adjudication), decreased six percent, from 563 to 529 days. Specific data on the average time to close with an Agreed Order or Final Orders is found in the table titled “Performance against Time Lines.”

The first table shows the disciplinary process steps and the base time period for each step in chapters 246-10 and 246-11 WAC.

Timelines

Step	Base Time Period
Intake and Initial Assessment	21
Investigation	170
Case Disposition	140
Statement of Allegations—Receive Response	14
Stipulation to Informal Disposition—Signed, Presented, Respondent Served	60
Statement of Allegations not accepted resulting in a Statement of Charges	60
Statement of Charges—Receive Answer	20
Statement of Charges—Produce Scheduling Order	30
Adjudication of Statement of Charges	180
Serve Final Order	45
Prepare Default Order	60
Serve Default Order	45

Average time to close cases is shown in the following table by type of closure. The averages are compared to the time periods permitted in the usual steps to reach the closure.

Performance against Timelines Biennium

Closure Type	Cases Closed	Basic Time Period (Calendar Days)	Average Days 7/1/09 - 6/30/11	% of Cases within Base Period
Allegations Withdrawn	119	405	587	19%
Charges Withdrawn	36	606	1033	39%
Closed prior to Investigation	9,013	21	16	80%
Closed after Investigation	3,227	331	247	77%
Closed with Informal Disposition	619	405	481	51%
Closed with Agreed Order	440	606	549	62%
Closed with Default Order	483	486	367	75%
Closed with Final Order	132	606	529	61%
Closed with Notice of Decision	561		89	

Appendix E - Criminal Background Reports Biennium

Profession	Applicants			Self-		% Disclosed	Actions Taken
	Total Applicants	with Reports	Cases Opened on Applicants	disclosed? Yes	No		
Advanced Registered Nurse Practitioner	865	27	0	0	0		0
Athletic Trainer	151	7	0	0	0		0
Chemical Dependency Professional	407	105	0	0	0		0
Chemical Dependency Professional Trainee	1,758	347	148	145	3	98%	114
Chiropractor	284	22	1	1	0	100%	0
Counselor Agency Affiliated	6,989	292	32	29	3	91%	21
Counselor Certified	764	23	1	1	0		0
Counselor Certified Adviser	11	1	0	0	0		0
Counselor Registered	416	60	27	27	0	100%	22
Dental Assistant	4,611	218	46	33	13	72%	26
Dental Hygiene	565	9	2	1	1	50%	0
Dentist	817	39	1	0	1	0%	0
Denturist	29	1	1	1	0	100%	0
Dietitian/Nutritionist	304	4	1	1	0	100%	0
Dispensing Optician	96	1	1	1	0	100%	0
Dispensing Optician Apprentice	306	6	0	0	0		0
Drug Controlled Substance Researcher	122	1	0	0	0		0
East Asian Medicine Practitioner	240	4	1	1	0	100%	1
Emergency Medical Responder	118	11	0	0	0		0
Emergency Medical Technician	2,932	92	19	18	1	95%	10
Expanded Function Dental Auxiliary	113	5	1	1	0	100%	1
Genetic Counselor	61	0	0	0	0		0
Health Care Assistant	7,342	353	44	41	3	93%	19
Hearing and Speech	762	10	1	1	0	100%	1
Hypnotherapist	225	4	2	2	0	100%	0
Intermediate Life Support Technician	130	5	0	0	0		0
Intravenous Therapy Technician	126	5	0	0	0		0
Licensed Practical Nurse	2,807	131	2	1	1	50%	1
Marriage and Family Therapist	241	4	0	0	0		0
Marriage and Family Therapist Associate	366	3	0	0	0		0
Massage Practitioner	2,941	167	70	63	7	90%	15
Mental Health Counselor	891	27	4	3	1	75%	1
Mental Health Counselor Associate	1,439	29	2	1	1	50%	0
Midwife	16	0	0	0	0		0
Naturopathic Physician	155	1	0	0	0		0
Nursing Assistant	36,272	1,267	284	230	54	81%	159
Nursing Home Administrator	111	9	0	0	0		0
Nursing Pool	54	0	0	0	0		0
Nursing Technician	580	10	0	0	0		0
Occupational Therapist	527	13	0	0	0		0
Occupational Therapy Assistant	120	5	2	2	0	100%	2
Optometrist	168	4	0	0	0		0
Orthotics/Prosthetics	49	2	0	0	0		0
Osteopathic Physician	315	21	2	1	1		1
Osteopathic Physician Assistant	18	0	0	0	0		0

Profession	Total Applicants	Applicants		Self-disclosed?		% Disclosed	Actions Taken
		with Reports	Cases Opened on Applicants	Yes	No		
Paramedic	386	15	0	0	0		0
Pharmacist	1,407	30	2	2	0	100%	2
Pharmacist Intern	986	25	2	1	1	50%	0
Pharmacy Assistant	5,727	214	24	23	1	96%	9
Pharmacy Technician	1,575	66	5	3	2	60%	0
Physical Therapist	1,108	33	2	1	1	50%	0
Physical Therapist Assistant	582	32	2	0	2	0%	1
Physician	3,714	199	5	1	4	20%	0
Physician Assistant	507	12	0	0	0		0
Podiatric Physician	39	0	0	0	0		0
Psychologist	344	7	0	0	0		0
Radiologic Technologist	846	38	1	1	0	100%	0
Radiologist Assistant	3	0	0	0	0		0
Recreational Therapist	34	1	0	0	0		0
Registered Nurse	11,679	472	6	6	0	100%	4
Respiratory Care Practitioner	480	29	2	0	2	0%	2
Sex Offender Treatment Provider	27	1	0	0	0		0
Social Worker Advanced	39	0	0	0	0		0
Social Worker Associate Advanced	198	1	0	0	0		0
Social Worker Associate Independent Clinic	903	29	2	2	0	100%	0
Social Worker Independent Clinical	498	12	0	0	0		0
Surgical Technologist	1,025	63	4	3	1	75%	1
Veterinarian	470	13	0	0	0		0
Veterinary Medication Clerk	375	8	0	0	0		0
Veterinary Technician	385	19	6	6	0	100%	6
X-Ray Technician	795	41	3	3	0	100%	1
Total	111,746	4,705	761	657	104	86%	420

Appendix F - Investigation, Closure, and Case Resolution

The Uniform Disciplinary Act (UDA), chapter 18.130 RCW, provides standardized processes for discipline of practitioners. It serves as the statutory framework for the regulation of health care providers in Washington. This section of the report contains quantitative data on investigations, case closures, and case resolutions involving health care providers during the 2009-2011 biennium.

Investigation

During the biennium, HSQA received a total of 17,609 new complaints against credentialed health care providers and people alleged to be practicing illegally without a license. This is a 22 percent increase from the 2007-09 biennium. A total of 3,643 open complaints carried over from the previous fiscal year. The department authorized 7,628 investigations during the biennium, a decrease of five percent from the 8,019 investigations authorized during the previous biennium.

A total of 7,891 investigations were completed during the biennium, including unlicensed practice investigations. This is a one percent decrease from the 2007-09 biennium.

Investigation Activity by Profession

Profession	Carry Over from FY09	Complaints Received	Total Complaints	Investigations Completed	Unlicensed Investigations	Total Investigations
Advanced Registered Nurse Practitioner	93	291	384	124	0	124
Athletic Trainer	1	13	14	1	3	4
Chemical Dependency Professional	93	490	583	179	3	182
Chiropractic X-Ray Technician	3	5	8	5	1	6
Chiropractor	122	343	465	214	16	230
Counselor Agency Affiliated	0	137	137	45	2	47
Counselor, Certified	0	41	41	17	5	22
Counselor, Registered	187	361	548	198	5	203
Dental Assistant	20	131	151	38	7	45
Dental Hygiene	15	40	55	26	4	30
Dentist	318	991	1,309	634	11	645
Denturist	14	70	84	38	2	40
Dietitian/Nutritionist	3	8	11	4	0	4
Dispensing Optician	5	33	38	7	13	20
Dispensing Optician Apprentice	0	10	10	5	0	5
East Asian Medicine Practitioner	15	39	54	26	2	28
Emergency Medical Responder	0	5	5	2	0	2
Emergency Medical Technician	30	129	159	68	3	71
Health Care Assistant	132	351	483	145	5	150
Hearing and Speech	18	54	72	31	13	44
Humane Society	1	1	2	0	1	1
Hypnotherapist	6	19	25	7	1	8
Intermediate Life Support Technician	2	3	5	2	0	2
Intravenous Therapy Technician	6	8	14	6	0	6
Licensed Practical Nurse	192	1,025	1,217	309	5	314
Marriage and Family Therapist	20	47	67	32	2	34
Marriage and Family Therapist Associate	0	5	5	3	0	3
Massage Practitioner	63	446	509	151	58	209
Mental Health Counselor	65	227	292	126	7	133
Mental Health Counselor Associate	0	43	43	15	1	16

Profession	Carry Over from FY09	Complaints Received	Total Complaints	Investigations Completed	Unlicensed Investigations	Total Investigations
Midwife	6	25	31	19	4	23
Naturopathic Physician	15	46	61	19	5	24
Nursing Assistant	501	4,923	5,424	1,048	10	1,058
Nursing Home Administrator	27	116	143	78	0	78
Nursing Pool	2	3	5	1	1	2
Occupational Therapist	5	48	53	21	0	21
Occupational Therapy Assistant	3	14	17	5	0	5
Optometrist	15	52	67	27	2	29
Orthotics/Prosthetics	5	0	5	4	2	6
Osteopathic Physician	64	186	250	120	0	120
Osteopathic Physician Assistant	0	5	5	3	0	3
Paramedic	15	34	49	28	0	28
Pharmacies and other Pharmaceutical Firms	13	186	199	52	15	67
Pharmacist	94	313	407	198	2	200
Pharmacist Intern	2	8	10	6	0	6
Pharmacy Assistant	15	105	120	35	2	37
Pharmacy Technician	50	110	160	73	4	77
Physical Therapist	23	91	114	49	2	51
Physical Therapist Assistant	10	45	55	11	5	16
Physician	520	2,532	3,052	1,771	44	1,815
Physician Assistant	34	156	190	118	1	119
Podiatric Physician	16	67	83	38	0	38
Psychologist	45	145	190	95	3	98
Radiologic Technologist	16	30	46	23	2	25
Recreational Therapist	1	0	1	0	0	0
Registered Nurse	551	2,371	2,922	945	9	954
Respiratory Care Practitioner	8	65	73	32	1	33
Sex Offender Treatment Provider	16	30	46	23	0	23
Social Worker Advanced	2	13	15	1	0	1
Social Worker Associate Advanced	0	5	5	1	1	2
Social Worker Associate Independent Clinical	0	19	19	5	0	5
Social Worker Independent Clinical	28	124	152	61	4	65
Surgical Technologist	5	48	53	19	4	23
Veterinarian	73	240	313	140	29	169
Veterinary Medication Clerk	0	12	12	1	1	2
Veterinary Technician	4	33	37	11	2	13
X-Ray Technician	35	43	78	25	2	27
Total	3,643	17,609	21,252	7,564	327	7,891

Percentage of Investigations Completed

The following tables compare investigations completed to the number of complaints received. The column titled Percentage of Total Board/Commission (or secretary) Investigations compares the total number of investigations completed for a profession to the total number of investigations completed for all professions. For example, completed physician investigations made up 36 percent (908) of the 2,516 board and commission investigations completed; completed nursing assistant investigations represented 43 percent (586) of the 1,372 completed secretary profession investigations.

The column titled Percentage of Profession Investigations to Complaints shows investigations completed as a percentage of complaints received by the same profession. For example, 61 percent (44) of the 72 total complaints received by the Board of Hearing and Speech were investigated.

Board and Commission Professions Percentage of Investigations Completed

Profession	Carry Over from FY09	Complaints Received	Total Complaints	Total Investigations	% of Boards/ Commission Investigations	% of Profession Investigations to Complaints
Chiropractic X-Ray Technician	3	5	8	6	0	75
Chiropractor	122	343	465	230	4	49
Dental Assistant	20	131	151	45	1	30
Dentist	318	991	1,309	645	12	49
Hearing and Speech	18	54	72	44	1	61
Humane Society	1	1	2	1	0	50
Licensed Practical Nurse	192	1,025	1,217	314	6	26
Nursing Home Administrator	27	116	143	78	1	55
Occupational Therapist	5	48	53	21	0	40
Occupational Therapy Assistant	3	14	17	5	0	29
Optometrist	15	52	67	29	1	43
Osteopathic Physician	64	186	250	120	2	48
Osteopathic Physician Assistant	0	5	5	3	0	60
Pharmacies and other Pharmaceutical Firms	13	186	199	67	1	34
Pharmacist	94	313	407	200	4	49
Pharmacist Intern	2	8	10	6	0	60
Pharmacy Assistant	15	105	120	37	1	31
Pharmacy Technician	50	110	160	77	1	48
Physical Therapist	23	91	114	51	1	45
Physical Therapist Assistant	10	45	55	16	0	29
Physician	520	2,532	3,052	1,815	34	59
Physician Assistant	34	156	190	119	2	63
Podiatric Physician	16	67	83	38	1	46
Psychologist	45	145	190	98	2	52
Registered Nurse, ARNP	644	2,662	3,306	1,078	20	33
Veterinarian	73	240	313	169	3	54
Veterinary Medication Clerk	0	12	12	2	0	17
Veterinary Technician	4	33	37	13	0	35
Subtotal Boards and Commissions	2,331	9,676	12,007	5,327	100	44

Secretary Professions Percentage of Investigations Completed

Profession	Carry Over from FY09	Complaints Received	Total Complaints	Total Investigations	% of Profession	
					% of Secretary Investigations	Investigations to Complaints
Athletic Trainer	1	13	14	4	0	29
Chemical Dependency Professional	93	490	583	182	7	31
Counselor Agency Affiliated	0	137	137	47	2	34
Counselor, Certified	0	41	41	22	1	54
Counselor, Registered	187	361	548	203	8	37
Dental Hygiene	15	40	55	30	1	55
Denturist	14	70	84	40	2	48
Dietitian/Nutritionist	3	8	11	4	0	36
Dispensing Optician	5	33	38	20	1	53
Dispensing Optician Apprentice	0	10	10	5	0	50
East Asian Medicine Practitioner	15	39	54	28	1	52
Emergency Medical Responder	0	5	5	2	0	40
Emergency Medical Technician	30	129	159	71	3	45
Health Care Assistant	132	351	483	150	6	31
Hypnotherapist	6	19	25	8	0	32
Intermediate Life Support Technician	2	3	5	2	0	40
Intravenous Therapy Technician	6	8	14	6	0	43
Marriage and Family Therapist	20	47	67	34	1	51
Marriage and Family Therapist Associate	0	5	5	3	0	60
Massage Practitioner	63	446	509	209	8	41
Mental Health Counselor	65	227	292	133	5	46
Mental Health Counselor Associate	0	43	43	16	1	37
Midwife	6	25	31	23	1	74
Naturopathic Physician	15	46	61	24	1	39
Nursing Assistant	501	4,923	5,424	1,058	41	20
Nursing Pool	2	3	5	2	0	40
Orthotics/Prosthetics	5	0	5	6	0	120
Paramedic	15	34	49	28	1	57
Radiologic Technologist	16	30	46	25	1	54
Recreational Therapist	1	0	1	0	0	0
Respiratory Care Practitioner	8	65	73	33	1	45
Sex Offender Treatment Provider	16	30	46	23	1	50
Social Worker Advanced	2	13	15	1	0	7
Social Worker Associate Advanced	0	5	5	2	0	40
Social Worker Associate Independent Clini	0	19	19	5	0	26
Social Worker Independent Clinical	28	124	152	65	3	43
Surgical Technologist	5	48	53	23	1	43
X-Ray Technician	35	43	78	27	1	35
Subtotal Secretary	1,312	7,933	9,245	2,564	100	28
Total Boards,Commission, Secretary	3,643	17,609	21,252	7,891	100	37

Board and commission professions had 68 percent of the 7,891 investigations completed during the biennium; secretary authority professions completed 32 percent of the investigations. In general, boards and commissions regulate more of the primary care professions whose practitioners can pose a greater risk of harm to patients. This may be reflected in the higher percentage of complaints investigated.

To speed processing of more serious cases, threshold criteria were established in 1997. We do not investigate complaints below that threshold. The department received 22 percent more complaints during the biennium than in 2007-09, 17,609 compared to 14,435. Investigations authorized, however, decreased by five percent from the previous biennium, 7,628 compared to 8,019. Completed investigations also decreased, by one percent from the previous biennium, 7,891 compared to 7,988.

Case Review

Complaints Closed Prior to Disciplinary Action

Many complaints close before issuance of a statement of allegations or a statement of charges. These cases close for a number of reasons, among them:

- The complaint does not rise to a threshold to warrant investigation.
- After the investigation it's decided to close the complaint due to minimal risk.
- The evidence is insufficient to support the allegations against a health care provider.
- The evidence disproves the allegations.
- The evidence does not support a finding of unprofessional conduct.
- The disciplinary authority does not have jurisdiction.
- The complaint is best resolved with a Notice of Correction notifying the health care provider of a minor technical violation. The health care provider has a reasonable time period to correct the violation and then to report the corrective action to the disciplinary authority. If the violation is not corrected, disciplinary action may follow.

Sometimes new evidence warrants the withdrawal of a statement of allegations or statement of charges.

The following table provides information by profession for cases closed before disciplinary action. The statistics include closures in unlicensed practice cases.

Complaints Closed Prior To Disciplinary Action

Profession	Closed		Closed with Notice of Correction	Charges or Allegations Withdrawn	Total Closed
	Prior to Investigation	Closed after Investigation			
Advanced Registered Nurse Practitioner	181	124	0	0	305
Athletic Trainer	5	5	0	0	10
Chemical Dependency Professional	103	166	2	0	271
Chiropractic X-Ray Technician	1	3	0	0	4
Chiropractor	96	177	7	5	285
Counselor Agency Affiliated	33	40	0	0	73
Counselor Certified Adviser	1	0	0	0	1
Counselor, Certified	10	12	0	0	22
Counselor, Registered	205	235	0	3	443
Dental Assistant	19	58	2	0	79
Dental Hygiene	11	18	1	0	30
Dentist	389	484	23	5	901
Denturist	23	32	1	1	57
Dietitian/Nutritionist	2	4	1	0	7

Profession	Closed Prior to Investigation	Closed after Investigation	Closed with Notice of Correction	Charges or Allegations Withdrawn	Total Closed
Dispensing Optician	14	15	1	0	30
Dispensing Optician Apprentice	3	1	0	1	5
East Asian Medicine Practitioner	15	23	0	0	38
Emergency Medical Responder	2	2	0	0	4
Emergency Medical Technician	40	56	0	2	98
Health Care Assistant	145	142	0	7	294
Hearing and Speech	13	26	1	1	41
Hypnotherapist	10	5	0	1	16
Intermediate Life Support Technician	1	2	0	1	4
Intravenous Therapy Technician	4	7	0	0	11
Licensed Practical Nurse	729	199	0	5	933
Marriage and Family Therapist	18	27	0	1	46
Marriage and Family Therapist Associate	0	2	0	0	2
Massage Practitioner	132	188	11	1	332
Mental Health Counselor	104	110	2	3	219
Mental Health Counselor Associate	13	13	0	1	27
Midwife	6	16	0	2	24
Naturopathic Physician	23	16	0	1	40
Nursing Assistant	3,581	823	1	9	4,414
Nursing Home Administrator	31	60	0	2	93
Nursing Pool	2	3	0	0	5
Nursing Technician	3	0	0	0	3
Occupational Therapist	18	11	1	1	31
Occupational Therapy Assistant	6	2	0	0	8
Optometrist	25	25	2	3	55
Orthotist/Prosthetist	1	3	2	0	6
Osteopathic Physician	82	95	1	0	178
Osteopathic Physician Assistant	1	2	0	0	3
Paramedic	10	17	1	1	29
Pharmacies and other Pharmaceutical Firm	104	65	3	3	175
Pharmacist	115	119	45	9	288
Pharmacist Intern	3	4	0	0	7
Pharmacy Assistant	43	23	2	3	71
Pharmacy Technician	28	56	3	3	90
Physical Therapist	43	35	1	3	82
Physical Therapist Assistant	27	13	0	1	41
Physician	713	1,505	1	20	2,239
Physician Assistant	46	91	0	0	137
Podiatric Physician	29	25	0	0	54
Psychologist	57	76	0	4	137
Radiologic Technologist	9	15	1	0	25
Recreational Therapist	1	1	0	0	2
Registered Nurse	1,448	680	0	13	2,141
Respiratory Care Practitioner	10	29	0	0	39
Sex Offender Treatment Provider	13	18	0	0	31
Social Worker Advanced	12	1	1	0	14
Social Worker Associate Advanced	3	2	0	0	5
Social Worker Associate Independent Clini	11	7	0	0	18
Social Worker Independent Clinical	61	67	0	1	129
Surgical Technologist	14	19	1	0	34
Veterinarian	78	128	1	1	208
Veterinary Medication Clerk	10	1	0	0	11
Veterinary Technician	11	5	0	0	16
X-Ray Technician	13	42	0	1	56
Total	9,013	6,276	119	119	15,527

Percentage of Complaints Closed

The following tables show the percentage of cases closed with no disciplinary action, compared to total cases closed with no action and to the number of complaints received. The column titled “Percentage of Total Board/Commission (or secretary) Closures” shows the total number of cases closed with no action for that profession compared to the total number of Board/Commission cases closed with no action.

For example, the 285 chiropractor cases were three percent of the 8,616 board and commission cases closed with no action; the 294 health care assistant cases were four percent of the 6,911 secretary profession cases closed with no action.

The column titled “Percentage of Profession Closures to Complaints” shows the percentage of cases closed with no action compared to the total number of complaints received by the same profession. For example, 65 percent of Board of Nursing Home Administrator cases were closed with no action, 93 cases closed compared to 143 total cases.

Board and Commission Complaints Closed Prior to Adjudicative Proceedings

Credential Type	Carry Over from FY09	Complaints Received	Total Complaints	Total Closed	% of Total Board/ Commission Closures	% of Profession Closures to Complaints
Chiropractic X-Ray Technician	3	5	8	4	0	50
Chiropractor	122	343	465	285	3	61
Dental Assistant	20	131	151	79	1	52
Dentist	318	991	1,309	901	10	69
Hearing and Speech	18	54	72	41	0	57
Humane Society	1	1	2	0	0	0
Licensed Practical Nurse	192	1,025	1,217	933	11	77
Nursing Home Administrator	27	116	143	93	1	65
Nursing Technician	0	0	0	3	0	0
Occupational Therapist	5	48	53	31	0	58
Occupational Therapy Assistant	3	14	17	8	0	47
Optometrist	15	52	67	55	1	82
Osteopathic Physician	64	186	250	178	2	71
Osteopathic Physician Assistant	0	5	5	3	0	60
Pharmacies and other Pharmaceutical Firms	13	186	199	175	2	88
Pharmacist	94	313	407	288	3	71
Pharmacist Intern	2	8	10	7	0	70
Pharmacy Assistant	15	105	120	71	1	59
Pharmacy Technician	50	110	160	90	1	56
Physical Therapist	23	91	114	82	1	72
Physical Therapist Assistant	10	45	55	41	0	75
Physician	520	2,532	3,052	2,239	26	73
Physician Assistant	34	156	190	137	2	72
Podiatric Physician	16	67	83	54	1	65
Psychologist	45	145	190	137	2	72
Registered Nurse/ARNP	644	2,662	3,306	2,446	28	74
Veterinarian	73	240	313	208	2	66
Veterinary Medication Clerk	0	12	12	11	0	92
Veterinary Technician	4	33	37	16	0	43
Subtotal Boards and Commissions	2,331	9,676	12,007	8,616	100	72

Secretary Professions Complaints Closed Prior to Adjudicative Proceedings

Credential Type	Carry Over from FY09	Complaints Received	Total Complaints	Total Closed	% of	
					% of Total Secretary Closures	% of Profession Closures to Complaints
Athletic Trainer	1	13	14	10	0	71
Chemical Dependency Professional	93	490	583	271	4	46
Counselor Agency Affiliated	0	137	137	73	1	53
Counselor Certified Adviser	0	1	1	1	0	100
Counselor, Certified	0	41	41	22	0	54
Counselor, Registered	187	361	548	443	6	81
Dental Hygiene	15	40	55	30	0	55
Denturist	14	70	84	57	1	68
Dietitian/Nutritionist	3	8	11	7	0	64
Dispensing Optician	5	33	38	30	0	79
Dispensing Optician Apprentice	0	10	10	5	0	50
East Asian Medicine Practitioner	15	39	54	38	1	70
Emergency Medical Responder	0	5	5	4	0	80
Emergency Medical Technician	30	129	159	98	1	62
Health Care Assistant	132	351	483	294	4	61
Hypnotherapist	6	19	25	16	0	64
Intermediate Life Support Technician	2	3	5	4	0	80
Intravenous Therapy Technician	6	8	14	11	0	79
Marriage and Family Therapist	20	47	67	46	1	69
Marriage and Family Therapist Associate	0	5	5	2	0	40
Massage Practitioner	63	446	509	332	5	65
Mental Health Counselor	65	227	292	219	3	75
Mental Health Counselor Associate	0	43	43	27	0	63
Midwife	6	25	31	24	0	77
Naturopathic Physician	15	46	61	40	1	66
Nursing Assistant	501	4,923	5,424	4,414	64	81
Nursing Pool	2	3	5	5	0	100
Orthotist/Prosthetist	5	0	5	6	0	120
Paramedic	15	34	49	29	0	59
Radiologic Technologist	16	30	46	25	0	54
Recreational Therapist	1	0	1	2	0	200
Respiratory Care Practitioner	8	65	73	39	1	53
Sex Offender Treatment Provider	16	30	46	31	0	67
Social Worker Advanced	2	13	15	14	0	93
Social Worker Associate Advanced	0	5	5	5	0	100
Social Worker Associate Independent Clinical	0	19	19	18	0	95
Social Worker Independent Clinical	28	124	152	129	2	85
Surgical Technologist	5	48	53	34	0	64
X-Ray Technician	35	43	78	56	1	72
Subtotal Secretary Professions	1,312	7,934	9,246	6,911	100	75
Total Boards, Commission, Secretary	3,643	17,609	21,252	15,527	100	73

During the biennium HSQA closed more than 15,500 cases before adjudication. About 55 percent were board and commission cases and 45 percent were secretary profession cases. Board and commission closures were about 72 percent of complaints open during the year. The secretary professions' percentage of closures compared to the number of complaints was about 75 percent.

Complaint Resolutions after Adjudicative Proceedings

Complaints are resolved before or after the adjudicative process. The type of order issued to the health care provider indicates the manner in which the case was resolved. All orders are public records. Orders associated with actions against health care providers' credentials since July 1998 are available on the Internet.

The legislature amended the Uniform Disciplinary Act in 2001 to permit practitioners to surrender their license in lieu of other sanctions. The surrender of license is used when the practitioner agrees to retire from practice and not to resume practice, the public can be protected through surrender alone, and the circumstances involve a practitioner at the end of his or her effective practice.

The surrender is not used if the practitioner intends to practice in another jurisdiction or if the disciplining authority believes return to practice is reasonably possible.

Stipulation to Informal Disposition: A Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to the STID, he or she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a press release.

Default Order: A Default Order is issued when the credentialed health care provider was given due notice, but either failed to answer the allegations or failed to participate in the adjudicative process as required by law.

Agreed Order: The document, formally called a Stipulated Findings of Fact, Conclusions of Law and Agreed Order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being placed on the health care provider's credential. The health care provider agrees to the conditions in the order. The Agreed Order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public through a press release.

Final Order after Hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing is held. The hearing may be before a health law judge representing the secretary as the decision maker, or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the proven violations of law and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and the public through a press release.

Notice of Decision (NOD): The document issued pursuant to RCW 18.130.055 when the disciplining authority decides to deny an application for licensure or grant the license with conditions.

Complaints Resolved after Adjudicative Proceedings

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	NOD	Total Closed
Athletic Trainer	0	0	0	0	1	1
Chemical Dependency Professional	11	16	5	19	130	181
Chiropractic X-Ray Technician	0	0	3	0	0	3
Chiropractor	22	13	2	3	0	40
Counselor Agency Affiliated	1	3	1	0	20	25
Counselor, Certified	0	0	0	1	5	6
Counselor, Registered	7	17	14	13	25	76
Dental Assistant	0	3	0	7	29	39
Dental Hygiene	3	0	0	0	0	3
Dentist	57	29	2	1	1	90
Denturist	3	1	0	3	0	7
Dietitian/Nutritionist	1	0	0	0	0	1
Dispensing Optician	1	0	1	0	1	3
East Asian Medicine Practitioner	3	0	0	0	1	4
Emergency Medical Technician	7	6	11	1	10	35
Expanded Function Dental Auxiliary	0	1	0	0	0	1
Health Care Assistant	20	19	35	15	33	122
Hearing and Speech	5	6	2	0	5	18
Hypnotherapist	0	0	1	1	0	2
Intermediate Life Support Technician	0	1	0	0	0	1
Intravenous Therapy Technician	1	1	1	0	1	4
Licensed Practical Nurse	33	19	24	8	13	97
Marriage and Family Therapist	2	4	0	0	0	6
Massage Practitioner	23	16	10	5	17	71
Mental Health Counselor	8	13	0	1	6	28
Mental Health Counselor Associate	1	0	0	1	5	7
Midwife	0	1	0	0	0	1
Naturopathic Physician	1	1	1	0	1	4
Nursing Assistant	50	100	219	20	189	578
Nursing Home Administrator	9	0	0	1	0	10
Occupational Therapist	4	1	0	0	0	5
Occupational Therapy Assistant	0	1	0	0	2	3
Optometrist	1	0	0	0	0	1
Osteopathic Physician	8	3	1	0	1	13
Paramedic	4	2	1	2	0	9
Pharmacies and other Pharmaceutical Firm	0	3	1	1	1	6
Pharmacist	38	7	4	1	4	54
Pharmacist Intern	0	0	1	0	0	1
Pharmacy Assistant	4	1	10	2	10	27
Pharmacy Technician	10	6	14	1	1	32
Physical Therapist	0	2	0	0	2	4
Physical Therapist Assistant	0	1	1	1	4	7
Physician	121	67	21	8	14	231
Physician Assistant	6	15	1	1	2	25
Podiatric Physician	1	0	0	0	0	1
Psychologist	9	4	1	1	0	15
Radiologic Technologist	5	3	1	1	0	10
Recreational Therapist	0	0	0	0	0	0
Registered Nurse/ARNP	102	43	84	12	11	252
Respiratory Care Practitioner	1	0	4	0	2	7
Sex Offender Treatment Provider	0	4	0	0	0	4
Social Worker Associate Independent Clini	0	1	0	0	0	1
Social Worker Independent Clinical	2	3	0	0	0	5
Surgical Technologist	0	1	1	0	5	7
Veterinarian	28	1	4	0	0	33
Veterinary Medication Clerk	1	0	0	0	0	1
Veterinary Technician	3	1	1	0	5	10
X-Ray Technician	2	0	0	1	4	7
Total	619	440	483	132	561	2,235

Percentage of Disciplinary Action

The following tables show the percentage of disciplinary action for each profession compared to all board, commission and secretary disciplinary actions. For example, the 90 dentist actions were seven percent of the 1,019 board and commission disciplinary actions; the 71 massage practitioner actions were six percent of the 1,216 secretary profession disciplinary actions. The tables also show the percentage of disciplinary actions for each profession compared to the same profession's total complaints. For example, the 15 psychology disciplinary actions were eight percent of the 190 psychology complaints.

Board and Commission Professions Complaints Resolved after Adjudicative Proceedings

Credential Type	Carry Over from FY09	Complaints Received	Total Complaints	Total Disciplinary Actions	% of Total	% of
					Board/ Commission Closures	Profession Closures to Complaints
Chiropractic X-Ray Technician	3	5	8	3	0	38
Chiropractor	122	343	465	40	4	9
Dental Assistant	20	131	151	39	4	26
Dentist	318	991	1,309	90	9	7
Expanded Function Dental Auxiliary	0	0	0	1	0	0
Hearing and Speech	18	54	72	18	2	25
Humane Society	1	1	2	0	0	0
Licensed Practical Nurse	192	1,025	1,217	97	10	8
Nursing Home Administrator	27	116	143	10	1	7
Nursing Technician	0	0	0	0	0	0
Occupational Therapist	5	48	53	5	0	9
Occupational Therapy Assistant	3	14	17	3	0	18
Optometrist	15	52	67	1	0	1
Osteopathic Physician	64	186	250	13	1	5
Osteopathic Physician Assistant	0	5	5	0	0	0
Pharmacies and other Pharmaceutical Firms	13	186	199	6	1	3
Pharmacist	94	313	407	54	5	13
Pharmacist Intern	2	8	10	1	0	10
Pharmacy Assistant	15	105	120	27	3	23
Pharmacy Technician	50	110	160	32	3	20
Physical Therapist	23	91	114	4	0	4
Physical Therapist Assistant	10	45	55	7	1	13
Physician	520	2,532	3,052	231	23	8
Physician Assistant	34	156	190	25	2	13
Podiatric Physician	16	67	83	1	0	1
Psychologist	45	145	190	15	1	8
Registered Nurse/ARNP	644	2,662	3,306	252	25	8
Veterinarian	73	240	313	33	3	11
Veterinary Medication Clerk	0	12	12	1	0	8
Veterinary Technician	4	33	37	10	1	27
Subtotal Boards and Commissions	2,331	9,676	12,007	1,019	100	9

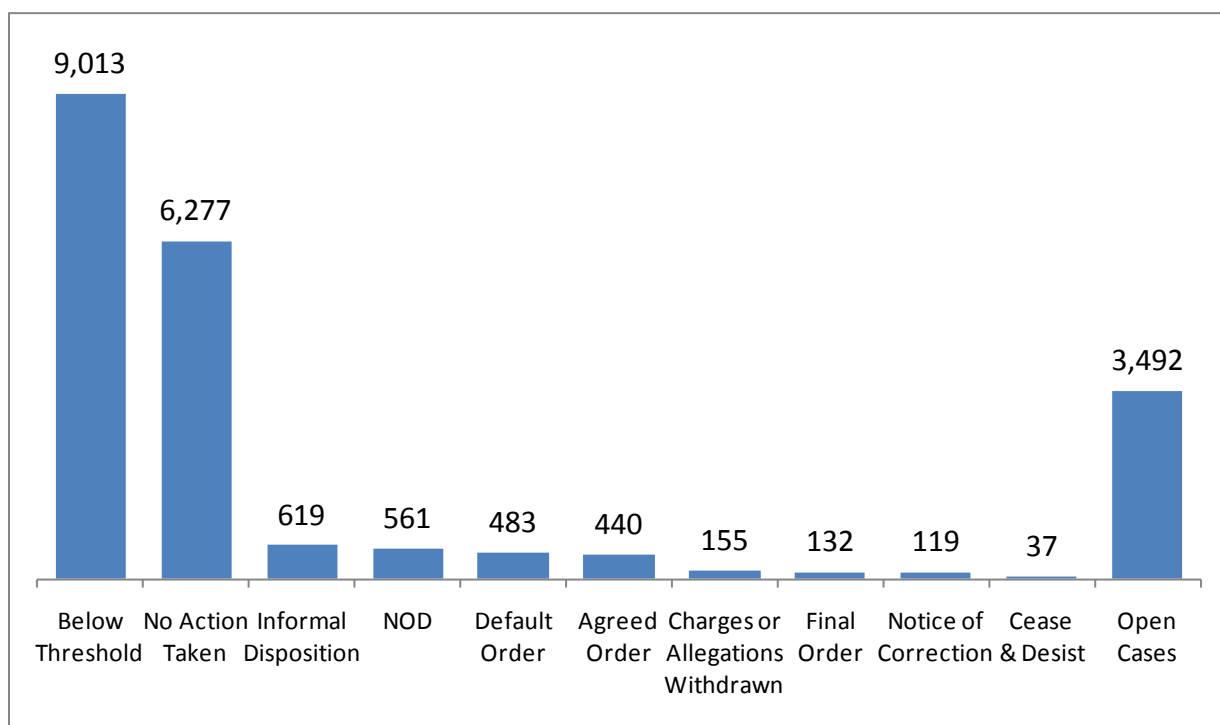
Secretary Professions Complaints Resolved after Adjudicative Proceedings

Credential Type	Carry Over from FY09	Complaints Received	Total Complaints	Total Disciplinary Actions	% of Total Secretary Closures	% of Profession Closures to Complaints
Athletic Trainer	1	13	14	1	0	7
Chemical Dependency Professional	93	490	583	181	15	31
Counselor Agency Affiliated	0	137	137	25	2	18
Counselor, Certified	0	41	41	6	0	15
Counselor, Registered	187	361	548	76	6	14
Dental Hygiene	15	40	55	3	0	5
Denturist	14	70	84	7	1	8
Dietitian/Nutritionist	3	8	11	1	0	9
Dispensing Optician	5	33	38	3	0	8
Dispensing Optician Apprentice	0	10	10	0	0	0
East Asian Medicine Practitioner	15	39	54	4	0	7
Emergency Medical Responder	0	5	5	0	0	0
Emergency Medical Technician	30	129	159	35	3	22
Health Care Assistant	132	351	483	122	10	25
Hypnotherapist	6	19	25	2	0	8
Intermediate Life Support Technician	2	3	5	1	0	20
Intravenous Therapy Technician	6	8	14	4	0	29
Intravenous/Airway Technician				0		
Marriage and Family Therapist	20	47	67	6	0	9
Marriage and Family Therapist Associate	0	5	5	0	0	0
Massage Practitioner	63	446	509	71	6	14
Mental Health Counselor	65	227	292	28	2	10
Mental Health Counselor Associate	0	43	43	7	1	16
Midwife	6	25	31	1	0	3
Naturopathic Physician	15	46	61	4	0	7
Nursing Assistant	501	4,923	5,424	578	48	11
Nursing Pool	2	3	5	0	0	0
Orthotics/Prosthetics	5	0	5	0	0	0
Paramedic	15	34	49	9	1	18
Radiologic Technologist	16	30	46	10	1	22
Recreational Therapist	1	0	1	0	0	0
Respiratory Care Practitioner	8	65	73	7	1	10
Sex Offender Treatment Provider	16	30	46	4	0	9
Social Worker Advanced	2	13	15	0	0	0
Social Worker Associate Advanced	0	5	5	0	0	0
Social Worker Associate Independent Clinical	0	19	19	1	0	5
Social Worker Independent Clinical	28	124	152	5	0	3
Surgical Technologist	5	48	53	7	1	13
X-Ray Technician	35	43	78	7	1	9
Subtotal Secretary Professions	1,312	7,933	9,245	1,216	100	13
Total Boards, Commission, Secretary	3,643	17,609	21,252	2,235	100	11

Of the 2,235 disciplinary actions during the 2009-11 biennium, boards and commissions handled 46 percent and the secretary professions 54 percent. When comparing the number of disciplinary actions to total complaints, the percentage for boards and commissions was nine percent and 13 percent for secretary professions. The percentage for all professions was 11 percent compared to 13.5 percent for last biennium.

Professions with high rates of disciplinary actions compared to total complaints include chemical dependency professionals with 31 percent (181), health care assistants with 25 percent (122), dental assistants with 26 percent (39), and pharmacy assistants with 23 percent (27).

Summary of Case Dispositions and End of Biennium Open Cases



Unlicensed Practice Closures and Resolutions

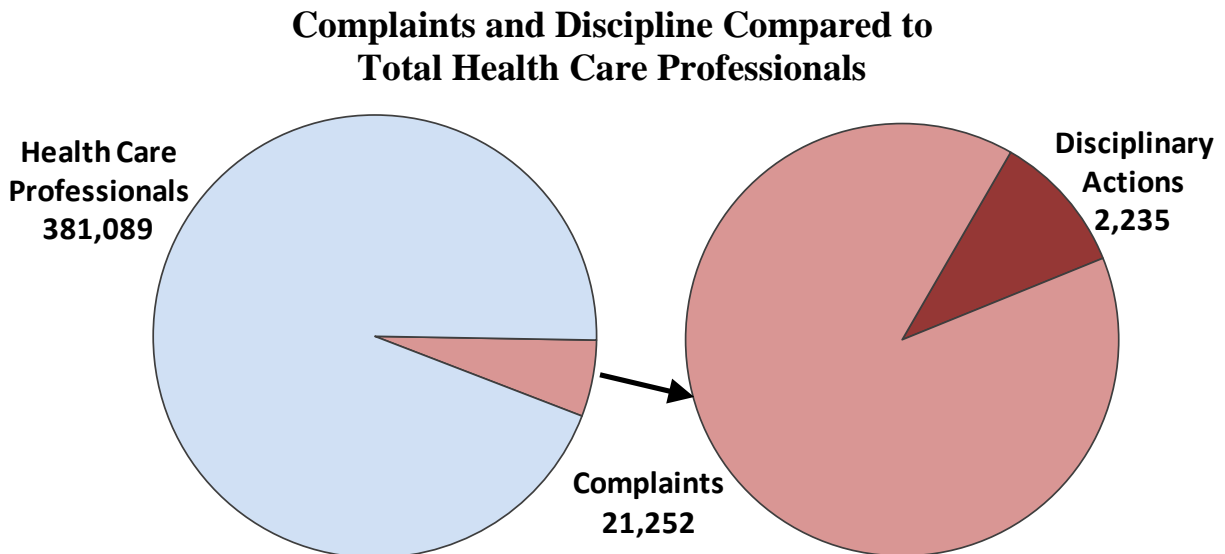
The secretary is responsible for taking action against unlicensed practice. The HSQA investigation unit manages intake, assessment, and investigation. Unlicensed practice complaints are closed before investigation or resolved with a Notice of Correction or a Cease-and-Desist Order. A Notice of Correction notifies the person there will be further action if they continue to infringe on the scope of practice of credentialed health care providers. A Cease-and-Desist Order requires the recipient to stop practice and may impose a fine. Continued unlicensed practice may result in court enforcement of the Cease-and-Desist Order or criminal prosecution. HSQA focuses its resources on those cases posing the greatest risk to the public.

Unlicensed Practice Closures and Resolutions

Profession	Carry Over from FY09	Complaints Received	Total Complaints	Closed	Closed	Cease and	Total Closed
				No Action Prior to Investigation	No Action After Investigation	Desist Order Issued	
Athletic Trainer	0	7	7	2	3	0	5
Chemical Dependency Professional	4	9	13	5	3	0	8
Chiropractic X-Ray Technician	0	2	2	1	1	0	2
Chiropractor	7	17	24	8	11	2	21
Counselor Agency Affiliated	0	7	7	5	2	0	7
Counselor Certified Adviser	0	1	1	1	0	0	1
Counselor, Certified	0	6	6	1	4	0	5
Counselor, Registered	14	11	25	6	11	1	18
Dental Assistant	3	15	18	6	7	0	13
Dental Hygiene	2	2	4	0	4	0	4
Dentist	7	7	14	2	10	0	12
Denturist	0	4	4	0	1	0	1
Dietitian/Nutritionist	0	1	1	0	0	0	0
Dispensing Optician	4	20	24	9	11	1	21
Dispensing Optician Apprentice	0	3	3	2	0	0	2
East Asian Medicine Practitioner	0	3	3	1	2	0	3
Emergency Medical Technician	0	5	5	2	2	0	4
Health Care Assistant	12	11	23	9	8	2	19
Hearing and Speech	3	11	14	0	4	1	5
Humane Society	1	0	1	0	1	0	1
Hypnotherapist	2	6	8	5	1	1	7
Licensed Practical Nurse	0	7	7	2	5	0	7
Marriage and Family Therapist	1	3	4	2	1	0	3
Massage Practitioner	6	128	134	57	39	5	101
Mental Health Counselor	2	21	23	14	8	0	22
Mental Health Counselor Associate	0	4	4	3	0	1	4
Midwife	0	6	6	2	2	0	4
Naturopathic Physician	5	8	13	3	2	4	9
Nursing Assistant	6	110	116	104	9	1	114
Nursing Home Administrator	1	2	3	2	1	0	3
Nursing Pool	0	1	1	0	1	0	1
Occupational Therapist	0	2	2	2	0	0	2
Optometrist	0	5	5	3	2	0	5
Orthotics/Prosthetics	1	0	1	0	0	0	0
Osteopathic Physician	1	1	2	1	0	0	1
Pharmacies and other Pharmaceutical Firms	2	27	29	12	15	0	27
Pharmacist	1	3	4	1	2	0	3
Pharmacy Assistant	1	5	6	3	2	1	6
Pharmacy Technician	0	5	5	2	2	1	5
Physical Therapist	2	1	3	1	2	0	3
Physical Therapist Assistant	2	4	6	1	3	0	4
Physician	34	54	88	16	37	9	62
Physician Assistant	0	1	1	0	0	1	1
Podiatric Physician	0	1	1	1	0	0	1
Psychologist	2	14	16	10	3	0	13
Radiologic Technologist	0	2	2	0	0	1	1
Registered Nurse/ARNP	7	22	29	11	8	2	21
Respiratory Care Practitioner	0	1	1	0	1	0	1
Sex Offender Treatment Provider	1	0	1	0	1	0	1
Social Worker Advanced	0	3	3	3	0	0	3
Social Worker Associate Advanced	0	1	1	0	1	0	1
Social Worker Independent Clinical	0	11	11	7	4	0	11
Surgical Technologist	2	5	7	3	4	0	7
Veterinarian	14	37	51	12	30	2	44
Veterinary Medication Clerk	0	1	1	0	1	0	1
Veterinary Technician	1	7	8	5	2	1	8
X-Ray Technician	0	2	2	0	1	0	1
Total	151	653	804	348	275	37	660

Summary

The vast majority of health care providers never have a complaint filed about their care. About six percent of health care professionals had a complaint against them in the 2009-11 biennium. Of the 21,252 complaints, about 11 percent, or 2,235, resulted in discipline. When considering all health care providers (381,089), about six-tenths of one percent were disciplined during the 2009-11 biennium.



Comparing the 2009-11 biennium to 2007-09:

- New complaints increased by 22 percent from 14,435 to 17,609.
- Investigation authorization rate decreased from 56 to 43 percent.
 - Board and commission authorizations decreased from 60 to 53 percent.
 - Secretary authorizations decreased from 51 to 31 percent.
- Investigations completed decreased by one percent from 7,988 to 7,891.
 - Board and commission investigations increased by six percent, from 5,023 to 5,327.
 - Secretary profession investigations decreased by 14 percent, from 2,965 to 2,564.
- Complaints closed prior to disciplinary action (adjudication) increased from 11,537 to 15,527 (35 percent).
 - Board and commission closures prior to disciplinary action increased from 6,856 to 8,616 (26 percent).
 - Secretary profession closures prior to disciplinary action increased by 48 percent, from 4,681 to 6,911.
- Number of complaints closed with disciplinary action decreased by seven percent, from 2,407 to 2,235.
 - Board and commission closures with disciplinary action decreased by 11 percent, from 1,148 to 1,019.
 - Secretary profession closures with disciplinary action decreased by three percent, from 1,259 to 1,216.

Appendix G - Definitions

Stipulation to Informal Disposition: A Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to sign the STID, he or she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a press release.

Default Order: A Default Order is issued when the credentialed health care provider is given notice, but either fails to answer the allegations or fails to participate in the adjudicative process as required by law.

Agreed Order: Formally called a Stipulated Findings of Fact, Conclusions of Law, and Agreed Order, this document is a negotiated settlement agreement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being placed on the health care provider's credential. The health care provider agrees to the conditions in the order. The Agreed Order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public through a press release.

Final Order after Hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be before a health law judge representing the secretary as the decision-maker or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the proven violations of law and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks, and released to the public through a press release.

Notice of Decision: The document issued pursuant to RCW 18.130.055 when the disciplining authority decides to deny an application for licensure or grant the license with conditions.

Removal from Practice: The health care provider's credential is revoked or indefinitely suspended.

Removal from Practice with Conditions: The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

Rehabilitative Sanctions: These include probation of license, substance abuse treatment and monitoring, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

Deterrent Sanctions: These include compliance requirements, reprimands, and fines.

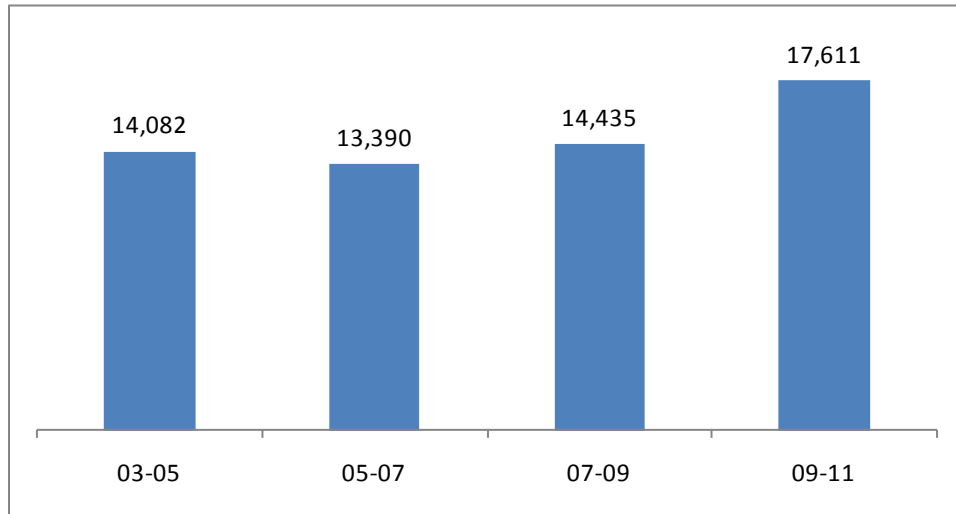
Surrender: The health care provider relinquishes the right to practice. This type of sanction is only permitted after a complaint is filed, and through a stipulation to informal disposition or formal order.

Appendix H - Biennial Comparison

Complaints Received

The number of new complaints received has increased by 25 percent since the 2003-5 biennium. This does not include carry-forward complaints from the previous biennium.

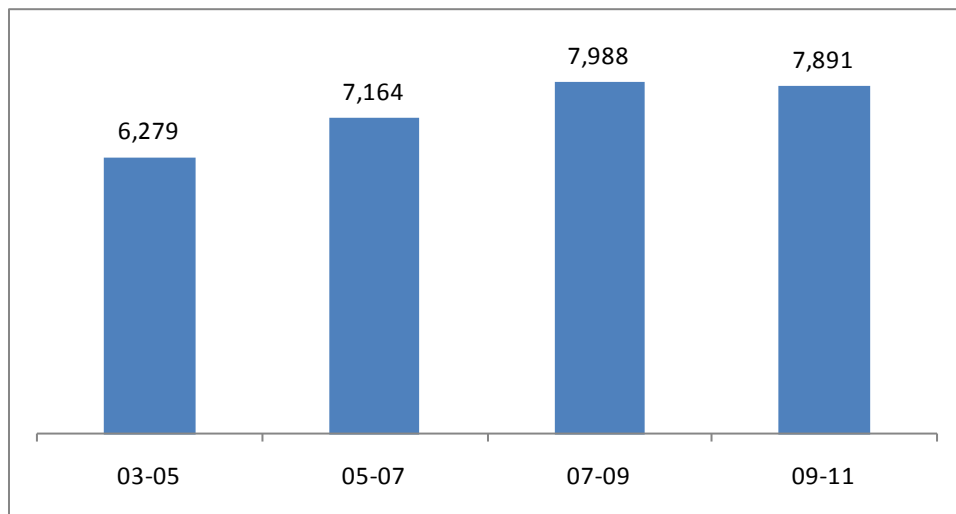
New Complaints Received



Investigations

The number of completed investigations (including unlicensed practice) declined slightly (1.2%) compared to last biennium. This decline stands in contrast to the 26 percent increase since the 2003-5 biennium. Increases in investigations closed were due largely to staffing increases, and investigation process efficiencies that were identified and implemented.

Investigations Completed

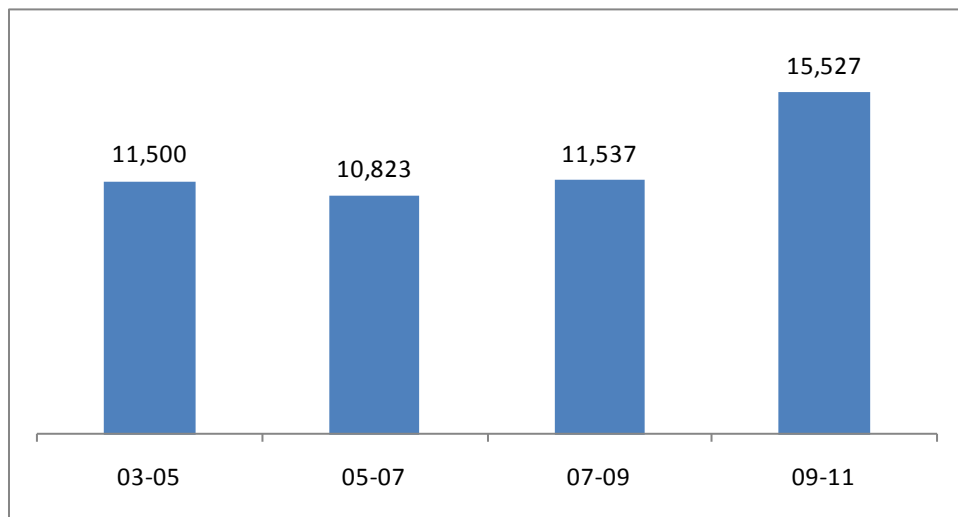


Complaint Closures before Adjudicative Proceedings

The following chart shows the change in closures before adjudicative proceedings over the last five years. These are cases closed with no action due to insufficient evidence. In these cases, evidence disproved the allegations, the complaint was below the threshold for investigation, the disciplinary authority did not have jurisdiction, the allegations were withdrawn, or a Notice of Correction (NOC) was issued.

There has been a 35 percent increase in closures before adjudicative proceedings over the last four biennia.

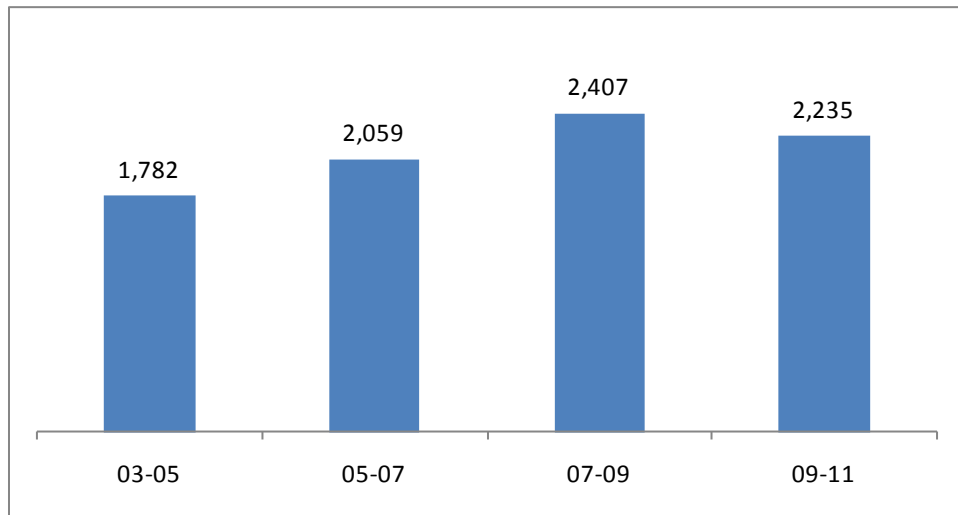
Complaint Closures before Adjudicative Proceedings



Complaint Closures after Adjudicative Proceedings

The following chart shows the 25 percent increase in cases resolved with corrective or disciplinary action over the past four biennia. They include cases closed by default orders, informal dispositions, agreed orders, final orders after hearing, unlicensed practice cease-and-desist orders, and notices of decision.

Complaint Closures after Adjudicative Proceedings



Appendix I - Case Appeals Activity

Docket #	Profession	Court	Outcome
07-05-A-1044CH	Chiropractor	Yakima	Pending
M2008-117995	Denturist	King	Affirmed
M2010-105	Emergency Medical Technician	Spokane	Affirmed
M2008-117230	Massage Therapist	Thurston	Dismissed
04-07-A-1022MD	Physician	Whatcom	Pending
M2008-118027	Physician	Thurston	Pending
M2009-981	Physician	Thurston	Pending
M2008-118316	Radiologic Technologist	King	Pending
M2008-118776	Registered Counselor	Pierce	Dismissed

Appendix J - Violations and Sanctions

Uniform Disciplinary Act Violations

The Uniform Disciplinary Act (UDA), RCW 18.130.180, lists 25 violations considered unprofessional conduct. Health care providers cannot be criminally charged by boards, commissions, or the secretary because the UDA is administrative law. However, their ability to make a living in the health care field may be adversely affected. Criminal convictions can result in UDA actions against practitioners' credentials.

Frequent Violations

Of the 25 possible UDA violations, five accounted for 65 percent of the 1,603 violations across all professions. The number of violations exceeds the number of sanctions because violators are often cited for more than one violation when reported to HIPDB. The most frequently reported violations during fiscal year 2008 were:

1. RCW 18.130.180(17): Conviction of a gross misdemeanor or felony relating to the practice of a health care profession, 545 (29 percent).
2. RCW 18.130.180(7): Violation of any state or federal statute or administrative rule, 507 (27 percent).
3. RCW 18.130.180(4): Incompetence, negligence, or malpractice, 469 (25 percent).
4. RCW 18.130.180(6) and (23): Personal drug or alcohol abuse, 303 (16 percent).
5. RCW 18.130.180(5): Suspension, revocation, or restriction in another jurisdiction, 291 (15 percent).

Violations related to moral turpitude, dishonesty, or corruption (RCW 18.130.180(1)) were cited 591 times in sanctions reported to HIPDB, making these the most frequently reported violation. Ninety-three percent of violations of RCW 18.130.180(1) were cited in conjunction with other violations.

Sanctions Imposed

When adverse actions are reported to the Healthcare Integrity and Protection Data Bank (HIPDB), the sanction imposed on the practitioner is also reported. For purposes of this report, sanctions were divided into five categories:

- Removal from practice
- Removal from practice with conditions
- Rehabilitative
- Deterrent
- Surrender of the credential

Removal from Practice: The health care provider's credential is revoked or indefinitely suspended.

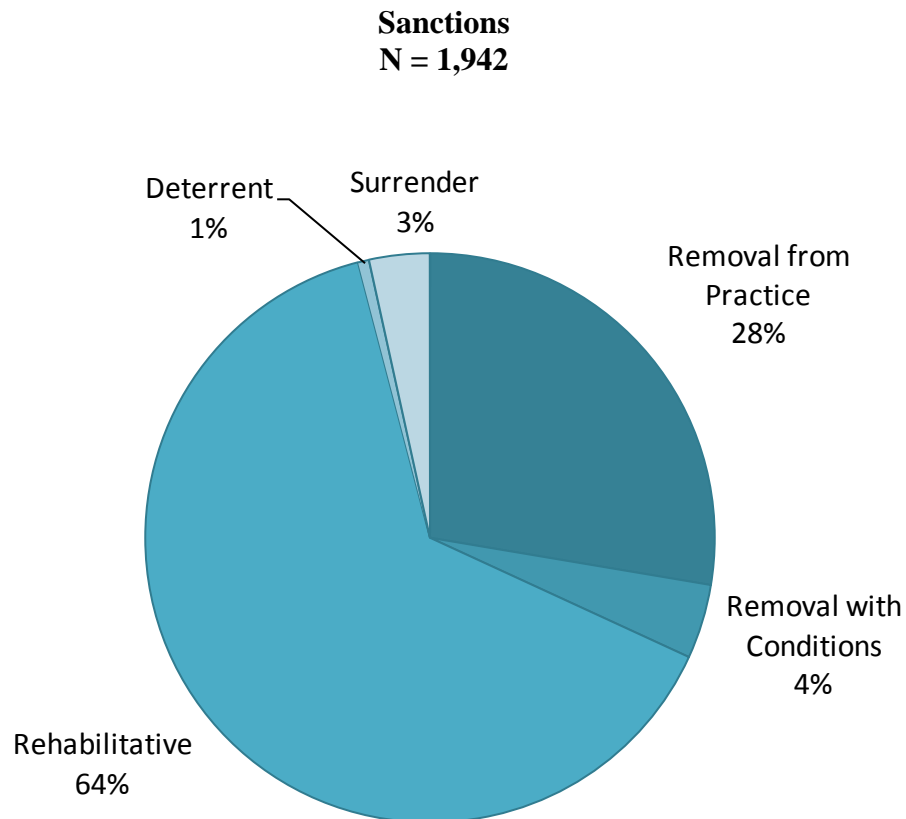
Removal from Practice with Conditions: The health care provider’s credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

Rehabilitative Sanctions: These include probation of license, substance abuse treatment and monitoring, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

Deterrent Sanctions: These include compliance requirements, reprimands, and fines.

Surrender: The health care provider relinquishes the right to practice. This type of sanction is only permitted after a complaint is filed, and through a stipulation to informal disposition or a formal order.

The total number of sanctions (1,942) shown below is less than the total number of disciplinary actions after adjudication (2,235). The disciplinary actions represent cases closed after adjudication. There can be multiple cases against a single practitioner. Reports to the data bank represent reports on individual practitioners, not individual cases.



Sanctions Imposed by Profession

Profession	Removal	Removal	Rehabilitative	Deterrent	Voluntary	Total
	from Practice (Revocation Indefinite Suspension)	with Conditions (Suspension for Specific Period)	(Probation Limitation or Restriction)	(Reprimand, Fine)	Surrender	
Advanced Registered Nurse Practition	2	1	7	0	1	11
Athletic Trainer	0	0	1	0	0	1
Audiologist	1	0	1	0	0	2
Chemical Dependency Professional	9	2	139	1	3	154
Chiropractic X-Ray Technician	3	1	0	0	0	4
Chiropractor	7	0	32	4	1	44
Counselor Agency Affiliated	1	0	19	0	0	20
Counselor Certified	0	0	4	0	0	4
Counselor, Registered	21	5	36	1	3	66
Dental Assistant	2	0	31	0	0	33
Dental Hygienist	0	0	3	0	0	3
Dentist	5	0	66	1	5	77
Denturist	0	2	2	0	1	5
Dietitian	1	0	0	0	0	1
Dispensing Optician	1	0	0	0	1	2
East Asian Medicine Practitioner	0	0	2	0	1	3
Emergency Medical Technician	14	1	18	0	1	34
Expanded Function Dental Auxiliary	0	0	1	0	0	1
Health Care Assistant	46	9	49	1	0	105
Hearing Instrument Fitter and Dispens	2	0	6	0	2	10
Hypnotherapist	1	0	1	0	0	2
Intermediate Life Support Technician	0	0	1	0	0	1
Intravenous Therapy Technician	1	0	1	0	0	2
Licensed Practical Nurse	33	2	46	0	2	83
Marriage and Family Therapist	1	1	4	0	0	6
Massage Practitioner	20	1	44	0	5	70
Mental Health Counselor	5	0	20	0	0	25
Midwife	0	0	1	0	0	1
Naturopathic Physician	0	0	2	1	0	3
Nursing Assistant	214	46	232	0	2	494
Nursing Home Administrator	0	0	6	0	2	8
Nutritionist	0	0	1	0	0	1
Occupational Therapist	0	0	5	0	0	5
Occupational Therapy Assistant	0	0	4	0	0	4
Optometrist	0	0	1	0	0	1
Osteopathic Physician	3	0	10	0	1	14
Paramedic	2	0	5	0	1	8
Pharmacist	5	3	44	0	1	53
Pharmacist Intern	1	0	0	0	0	1
Pharmacy Assistant	8	1	2	0	3	14
Pharmacy Technician	15	0	11	0	4	30
Physical Therapist	0	1	4	0	0	5
Physical Therapist Assistant	1	0	1	0	0	2
Physician	18	3	141	0	9	171
Physician Assistant	1	1	11	0	0	13
Podiatric Physician	0	0	1	0	0	1
Psychologist	2	0	9	2	2	15
Radiologic Technologist	4	0	8	0	0	12
Registered Nurse	76	2	155	0	15	248
Respiratory Care Practitioner	1	0	2	0	0	3
Sex Offender Treatment Provider	1	0	1	1	0	3
Social Worker Associate Independent	0	0	1	0	0	1
Social Worker Independent Clinical	0	0	4	0	0	4
Speech Language Pathologist License	0	0	2	0	0	2
Surgical Technologist	1	0	5	0	0	6
Veterinarian	3	0	27	0	1	31
Veterinary Medication Clerk	0	0	1	0	0	1
Veterinary Technician	1	0	8	0	0	9
X-Ray Technician	4	0	5	0	0	9
Total	537	82	1,244	12	67	1,942

Summary

Sanctions during the 2009-11 biennium compared to biennium 2007-09:

- Removal from practice decreased by 11 percent, from 603 to 537.
- Removal from practice with conditions decreased by 58 percent, from 197 to 82.
- Rehabilitative sanctions increased by 20 percent, from 1,040 to 1,244.
- Deterrent sanctions decreased by from 9 to 12 (33 percent).
- Surrender in lieu of other sanctions increased by 27 percent, from 52 to 67.

Appendix K - Chemically Impaired Practitioners

The law provides a way to assure practitioners provide services according to regulatory standards. RCW 18.130.175 allows disciplining authorities to refer a practitioner to a voluntary substance abuse monitoring program instead of disciplinary action. The disciplining authority can also require that a chemically dependent health care provider participate in a substance abuse program.

Early and effective treatment can save the health care provider's practice license, and even his or her life. Programs offer several services including confidential consultation with the practitioner or other concerned individuals. Other services include intervention, referrals for evaluation and treatment, development of a comprehensive rehabilitation plan, compliance monitoring, support, outreach, and education in the health care community.

Nationally, these programs have high success rates ranging from 85 to 90 percent. Success is generally defined as achieving a chemically free and professionally productive lifestyle.

Alternative Programs - Chemically Impaired Practitioners

Profession	Program	New Mandated	New Voluntary	Total Enrolled (as of 6/30/2011)	Successful Completions
Athletic Trainer	WHPS	1	0	0	1
Chemical Dependency Professional	WHPS	54	2	50	18
Chiropractor	WHPS	1	0	0	1
Counselor, Registered	WHPS	11	0	9	24
Dental Assistant	WHPS	9	0	4	1
Dental Hygienist	WHPS	0	0	3	4
Dentist	WPHP	2	8	25	8
Denturist	WHPS	0	0	1	0
Emergency Medical Technician	WHPS	6	0	12	3
Health Care Assistant	WHPS	8	1	7	1
Hearing & Speech	WHPS	2	0	2	0
Licensed Practical Nurse	WHPS	19	0	55	16
Massage Therapist	WHPS	12	0	5	3
Nursing Assistant	WHPS	28	1	23	3
Occupational Therapist	WHPS	3	0	3	0
Osteopathic Physician	WPHP	1	8	10	3
Paramedic	WHPS	1	0	3	0
Pharmacist, Intern, Technician	WRAPP	5	35	71	12
Physical Therapist	WHPS	1	1	2	0
Physical Therapist Assistant	WHPS	1	0	1	0
Physician	WPHP	4	102	216	67
Physician Assistant	WPHP	1	14	27	3
Podiatric Physician	WPHP	0	0	3	2
Psychologist	WHPS	0	0	1	0
Radiological Technologist	WHPS	0	0	8	0
Registered Nurse, ARNP	WHPS	49	5	299	91
Respiratory Care Therapist	WHPS	1	0	3	1
Surgical Technician	WHPS	1	0	3	2
Veterinarian	WPHP	0	5	6	1
Veterinary Technician	WHPS	3	0	3	0
X-Ray Technician	WHPS	0	0	1	0
Total		224	182	856	265

Appendix L – Case Distribution to Investigators and Staff Attorneys

The tables show cases worked by investigators and staff attorneys during the biennium. The information is shown by staff and profession.

- To preserve anonymity individual staff members are indicated by a number.
- The numbers of cases shown include any case worked during the biennium.
- This number of cases shown will be different than the numbers of cases received or closed as it can include cases at any point in the investigative or legal process.
- Not all staff worked for the department through the entire biennium which resulted in varying numbers of cases worked.
- The number of months each staff member worked for the department during the 2009-2011 biennium is indicated in the bottom row of each chart.
- Certain investigators conduct both investigations and inspections for the pharmacy program.
- In some cases, multiple staff may have provided support to the primary investigator or staff attorney.
- Certain staff attorneys work for MQAC only.

Program	Staff Attorney									
	1	2	3	4	5	6	7	8	9	10
Athletic Trainer		1		4						
Chemical Dependency Profession		9		5	8			5		3
Chemical Dependency Professional Trainee		28		20	28		2	29		3
Chiropractic				13	3			1		184
Counselor Agency Affiliated		5		5	7			7		
Counselor Certified		2			1			3		
Dental				62	1			1		1
Dental Assistant		1		45	1		1	5		
Dental Hygiene				2						
Denturist				5						
Dietitian/Nutritionist							1			
Dispensing Optician		1						1		2
East Asian Medicine Practitioner		1		2	1					
Emergency Medical Systems and Trauma		1		8	40			47		2
Health Care Assistant		15		29	31		2	20		1
Hearing and Speech		1		1	1			1		
Marriage and Family Therapist Associate										1
Marriage and Family Therapy				1	1			1		1
Massage		39		14	10			49		
Mental Health Counselor		2		4	2		1	2		4
Mental Health Counselor Associate		1		1	2			1		
Midwife				1	12		4	1		
MQAC	270	2	344	3	3	326				89
Naturopathic Physician		1			1		1			
NCQAC		283		12	263		125	330		
Nursing Assistant		203		210	136		10	227		1
Nursing Home Administrator										
Occupational Therapy				23						
Optometrist										7
Orthotist/Prosthetist										
Osteopathic		1		1	1		1	5		
Pharmacy Board		7		6	14			3		281
Physical Therapist Assistant				15	1					
Physical Therapy				39				1		
Podiatric Physician and Surgeon								1		
Psychology				3	1			26		
Radiologic Technologist		1		1	1			5		
Recreational Therapist										
Registered Counselor		24		22	20			24		13
Registered Hypnotherapist		1			1					
Respiratory Care Practitioner		3			2			2		
Sex Offender Treatment Provider								1		
Social Work Advanced and Clinical Associate										
Social Worker				2				3		2
Surgical Technologist		5		1	2			3		
Veterinary		1		4				2		
Total	270	639	344	564	595	326	148	807	89	506
Months Worked in Biennium	24	24	24	24	24	24	7	24	24	24

Program	Staff Attorney									
	11	12	13	14	15	16	17	18	19	20
Athletic Trainer										
Chemical Dependency Profession					1				1	29
Chemical Dependency Professional Trainee										8
Chiropractic		34	37		11				1	
Counselor Agency Affiliated										10
Counselor Certified					1					1
Dental					143	39				
Dental Assistant					5	1				
Dental Hygiene					3	7				
Denturist					3	3				
Dietitian/Nutritionist					1					
Dispensing Optician										
East Asian Medicine Practitioner					1					
Emergency Medical Systems and Trauma			16							
Health Care Assistant					10	12				2
Hearing and Speech										
Marriage and Family Therapist Associate										1
Marriage and Family Therapy					1					10
Massage		5			4				4	1
Mental Health Counselor		1								25
Mental Health Counselor Associate										
Midwife										6
MQAC	166				127		318	132		
Naturopathic Physician		1			3				3	2
NCQAC				1	6				165	4
Nursing Assistant			2	2	2	2				1
Nursing Home Administrator						1			28	
Occupational Therapy										15
Optometrist					1					
Orthotist/Prosthetist					1					
Osteopathic									51	
Pharmacy Board		38	18	66	217	3				
Physical Therapist Assistant										7
Physical Therapy					2					20
Podiatric Physician and Surgeon										1
Psychology					5					
Radiologic Technologist					4	1			13	
Recreational Therapist										1
Registered Counselor		3			2				4	48
Registered Hypnotherapist										3
Respiratory Care Practitioner									5	
Sex Offender Treatment Provider										4
Social Work Advanced and Clinical Associate										
Social Worker										16
Surgical Technologist					1				1	8
Veterinary					3					107
Total	166	82	73	69	459	69	318	132	383	223
Months Worked in Biennium	13	2	6	6	18	6	24	9	24	24

Program	Staff Attorney					
	21	22	23	24	25	26
Athletic Trainer				2		
Chemical Dependency Profession	1		11	1	25	
Chemical Dependency Professional Trainee			39		2	
Chiropractic	59		4	4		
Counselor Agency Affiliated			5		5	
Counselor Certified			4		2	
Dental			93	196		
Dental Assistant			13	1		
Dental Hygiene	1		6	4		
Denturist			3	14		1
Dietitian/Nutritionist						1
Dispensing Optician	1					
East Asian Medicine Practitioner	11		1			1
Emergency Medical Systems and Trauma			3	1		
Health Care Assistant			21	2	5	97
Hearing and Speech	9		5	1	1	59
Marriage and Family Therapist Associate						
Marriage and Family Therapy			1		12	1
Massage	33	1	9	7		
Mental Health Counselor	1		5	3	23	
Mental Health Counselor Associate			3		3	
Midwife						
MQAC	2		5	5	2	
Naturopathic Physician			1	4	1	14
NCQAC	171	95	12	1	1	3
Nursing Assistant	2	1	191	3	1	14
Nursing Home Administrator			1			104
Occupational Therapy			1			
Optometrist	23					
Orthotist/Prosthetist	1			1		
Osteopathic	14		11		1	189
Pharmacy Board			29			2
Physical Therapist Assistant	1		1			
Physical Therapy						
Podiatric Physician and Surgeon					10	28
Psychology	4		1	4	39	69
Radiologic Technologist	1		4			21
Recreational Therapist						
Registered Counselor	1		25	2	46	4
Registered Hypnotherapist			1		2	
Respiratory Care Practitioner		1	1			2
Sex Offender Treatment Provider	1				5	
Social Work Advanced and Clinical Associate			1			
Social Worker	1				4	
Surgical Technologist			1			3
Veterinary			6	137		
Total	338	98	518	393	190	613
Months Worked in Biennium	24	6	24	24	24	24

Program	Investigator														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Athletic Trainer															
Chemical Dependency Profession	7	1	8	7				14		9	1			5	1
Chemical Dependency Professional Trainee		2						1		2		1			
Chiropractic	25	8	7	32				10		4	4			12	
Counselor Agency Affiliated	2		4	3				3	1	7				2	
Counselor Certified	2		2	1				3		1					
Dental	42	71	21	40			1	29	1	9	8			70	22
Dental Asst	4	10	2	3				2						5	3
Dental Hygiene	1	2	1					5		2				4	
Denturist	3	4	2	1				6		6	1			5	
Dietitian/Nutritionist								1							
Dispensing Optician	1	1	2	5				1						1	
East Asian Medicine Practitioner	2	5	2	1						2				3	
EMS	1	1	5					7		2				3	1
Health Care Assistant	4	2	7	19				16		8					
Hearing and Speech	1		1	1						5					1
Marriage and Family Therapist Associate										1					
Marriage and Family Therapy	1		1	2						9	1				
Massage	10	4	62	18				4		4		1		7	1
Mental Health Counselor	4	1	6	15				7		12				4	
Mental Health Counselor Associate		2		1				2		3					
Midwife				1											
MQAC	5	4	1	5		44	1	3	114	8		3			
Naturopathic Physician	3	1	1	4				1		1				1	
NCQAC	1	1		1	247					1	2				64
Nursing Assistant	19	23	41	75	1		2	106	1	96		28		13	12
Nursing Home Administrator	5	1	3	3				5		6		2		2	
Nursing Pool															
Occupational Therapy	2		1	2										1	
Optometrist	3		1	2						1	3				
Orthotist/Prosthetist	1														
Osteopathic	11	3	4	9				7		7		1			
Pharmacy Board				5			29			4		3	108		
Physical Therapy	7	1	1	5				1		3					
Physical Therapy	2			1				1		1		1		1	
Podiatric Physician and Surgeon	7	1		1				1		3	2				
Psychology	9		6	12			1	1		16				2	
Radiologic Technologist	1	1	1	6				4		4				1	
Registered Counselor	5	3	1	14				11		14				9	3
Registered Hypnotherapist		2		2						2					
Respiratory Care Practitioner	3		3	1				2		3		1			
Sex Offender Treatment Provider	2		2	2						6					
Social Work Advanced and Clinical Associate	1			2						1					
Social Worker	12		1	4				3		3				1	1
Surgical Technologist	1	4		2				1							
Veterinary	5	3	9	17				9		7	5		1	16	
Total Cases Worked	216	164	212	329	253	50	41	275	128	286	33	53	122	182	124
Months Worked in Biennium	24	24	24	24	24	24	24	24	24	24	2	6	24	24	10

Program	Investigator														
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Athletic Trainer					1							1			
Chemical Dependency Profession	7				12	8				14		3	1		
Chemical Dependency Professional Trainee					1	1			1	2		1			
Chiropractic	18				15	11				15		3		2	
Counselor Agency Affiliated	1				3	1				5		1			
Counselor Certified	1									1					
Dental	32				10	4				23		7	1	43	
Dental Asst					2					3		2		2	
Dental Hygiene	1					2				1				1	
Denturist	3				7					1		1			
Dietitian/Nutritionist	1			1	1					2					
Dispensing Optician					3					3					
East Asian Medicine Practitioner	3				7	1				1				2	
EMS	6				6	19				20		6	1	3	
Health Care Assistant	8				4	11				17		7	1		
Hearing and Speech					1					2		3			
Marriage and Family Therapist Associate															
Marriage and Family Therapy	2				5					1		1			
Massage	2				8	24				7		8		1	
Mental Health Counselor	3				11	7				4		1	2		
Mental Health Counselor Associate	3				1										
Midwife					7										
MQAC		1	104		7	1	179		122			1			
Naturopathic Physician	2				2										
NCQAC	3	9	1	149	2	2				8	44	14		31	
Nursing Assistant	74				21	34				69		35	24	4	1
Nursing Home Administrator	2				1	1				15		4			
Nursing Pool															
Occupational Therapy						3				1		2			
Optometrist	1				5	1									
Orthotist/Prosthetist						1				1				1	
Osteopathic	2				11	18				7		6		2	
Pharmacy Board						3		33		3					47
Physical Therapy	2				1	5				2		3	1		
Physical Therapy					1	2				2		2			
Podiatric Physician and Surgeon	1				4							1			
Psychology	5				5	3				9		4			
Radiologic Technologist	1				4	4				8		1			
Registered Counselor	9				6	4				13		9		2	
Registered Hypnotherapist	1											2			
Respiratory Care Practitioner	1					1				1		2			
Sex Offender Treatment Provider										1					
Social Work Advanced and Clinical Associate															
Social Worker	2				1					4		1			
Surgical Technologist	2				1					1		1	1		
Veterinary	10					6				2		9			
Total Cases Worked	225	27	123	169	197	199	201	56	147	294	70	169	60	123	78
Months Worked in Biennium	24	24	24	24	24	24	24	24	24	24	4	24	6	14	24

Program	Investigator														
	31	32	33	34	35	36	37	38	39	40	42	43	44	45	
Athletic Trainer				2					1		1				
Chemical Dependency Profession				4		14		5	17		18				
Chemical Dependency Professional Trainee						1			1		7				
Chiropractic				11		8		12	45		12				
Counselor Agency Affiliated				2		5		4	6		6				
Counselor Certified				1		2			1		4				
Dental				17		51	1	41	59		34				
Dental Asst				1		2		1	4		3				
Dental Hygiene				2		2		3	3		2				
Denturist				1		4	1	4	6		6				
Dietitian/Nutritionist				1											
Dispensing Optician				2		1			1		1				
East Asian Medicine Practitioner						3					2				
EMS						5		2	6		10				
Health Care Assistant				5		8		1	10		13				
Hearing and Speech				1		1		5	2		2				
Marriage and Family Therapist Associate									1						
Marriage and Family Therapy						3		1	4		4				
Massage				7		10		6	11		7				
Mental Health Counselor				1		1		6	4		14				
Mental Health Counselor Associate						2			1		1				
Midwife								9	2						
MQAC		1		3	125	5		10	3		3	134			
Naturopathic Physician				1		1		1	2		7				
NCQAC				2		1		1	3	196	4		36	42	
Nursing Assistant				44	1	37		2	70		71				
Nursing Home Administrator				3		5		4	10		6				
Nursing Pool															
Occupational Therapy				2		3		2	1		2				
Optometrist				3	1	4			3		2				
Orthotist/Prosthetist				2											
Osteopathic				3		16		10	19		8				
Pharmacy Board	16	67	20			1	33	2	2		4				
Physical Therapy						4		11	4		6				
Physical Therapy								2							
Podiatric Physician and Surgeon				1		2		1	2		4				
Psychology				3	1	10		2	4		12				
Radiologic Technologist						1			2		1				
Registered Counselor				8	1	25		6	23		15				
Registered Hypnotherapist								1							
Respiratory Care Practitioner				18					2		2				
Sex Offender Treatment Provider				1		5			3		1				
Social Work Advanced and Clinical Associate															
Social Worker						6		3	9		5				
Surgical Technologist						1			2		4				
Veterinary				67		6		1	9		5				
Total Cases Worked	47	100	53	253	164	292	72	197	397	236	351	177	80	87	
Months Worked in Biennium	8	24	12	24	24	24	24	24	24	24	24	24	12	4	

Program	Investigator										
	46	47	48	49	50	51	52	53	54	55	
Athletic Trainer						2					
Chemical Dependency Profession			1		10	5	10		9	7	
Chemical Dependency Professional Trainee			2	1	1	1			1	1	
Chiropractic			2		15	17	8		15	11	
Counselor Agency Affiliated					4	3	3			4	
Counselor Certified					2					4	
Dental			16		56	37	16		15	38	
Dental Asst					3	2	1		1	4	
Dental Hygiene					1	1	1			4	
Denturist					2				1	2	
Dietitian/Nutritionist											
Dispensing Optician			1		1	1				2	
East Asian Medicine Practitioner			1		1		1		1	1	
EMS		1			4	18	1		8	17	
Health Care Assistant			2		9	10	2		5	8	
Hearing and Speech					1	17	1		3	5	
Marriage and Family Therapist Associate					1	1				2	
Marriage and Family Therapy					1	4	1		1	1	
Massage			1		20	23	9		5	7	
Mental Health Counselor			4		10	10	5		11	11	
Mental Health Counselor Associate			1		2	1				1	
Midwife					2				3		
MQAC				198	1	7			3	4	
Naturopathic Physician					3	3			1		
NCQAC		233		1	5	5	5		1	2	
Nursing Assistant			25		82	80	40		51	91	
Nursing Home Administrator			1		3	9	1		1	8	
Nursing Pool										1	
Occupational Therapy			1		8	6	1		1	1	
Optometrist						1				3	
Orthotist/Prosthetist										2	
Osteopathic				1	7	6	1		5	5	
Pharmacy Board		2			1			49		1	
Physical Therapy				1	5				2	3	
Physical Therapy					3						
Podiatric Physician and Surgeon					4	6	1		3	1	
Psychology					3	9			6	4	
Radiologic Technologist			2		6	2				16	
Registered Counselor					16	8	5		5	11	
Registered Hypnotherapist										1	
Respiratory Care Practitioner						2			1	2	
Sex Offender Treatment Provider					1	1			1		
Social Work Advanced and Clinical Associate							2			1	
Social Worker			2		5	5			8	1	
Surgical Technologist					1	1	1		2	2	
Veterinary			3		17	11	4		5	13	
Total Cases Worked	48	281	115	249	367	366	172	102	230	357	
Months Worked in Biennium	21	24	5	24	24	24	14	24	13	24	