

2015 Report to the Governor and the Legislature

3/17/2016



DOH 669-383

For more information or additional copies of this report contact:
Nursing Care Quality Assurance Commission
Post Office Box 47864
Olympia, WA 98504-7864
Phone: (360) 236-4700
Email: nursing@doh.wa.gov

Nursing Care Quality Assurance Commission Members

Margaret E. Kelly, LPN

Chair

Donna Poole, MSN, ARNP, PMHCNS-BC

Vice Chair

Cass Tang, PM

Public Member, Secretary/Treasurer

Mary Baroni, PhD, RN

Jeannie Eylar, MSN, RN

Charlotte Foster, BSN, MHA, RN

Stephen J. Henderson, JD, MA, Public Member

Lois Hoell, MS, MBA, RN

Suellyn M. Masek, MSN, RN, CNOR

Helen E. Myrick, Public Member

Gene Pingle, BSN, RN-BC, CEN, CPEN

Tiffany Randich, LPN

Tracy Rude, LPN

Laurie Soine, PhD, ARNP

Teri Trillo, MSN, RN, CNE

Commission Staff

Paula R. Meyer, MSN, RN, FRE

Executive Director

Contents

Introduction.....	4
Nursing Education	4
Licensing.....	5
Practice.....	5
Legal and Investigations	5
Budget	6
Next Steps – Future.....	6

Introduction

House Bill 1103 and House Bill 1518 passed the legislature and Governor Jay Inslee signed the bills into law, becoming [RCW 18.79.390](#). The Nursing Care Quality Assurance Commission (Commission) received the 2015 National Council State Boards of Nursing (NCSBN) Regulatory Achievement Award among the fifty-nine member boards. NCSBN recognized the significant performance improvements made by the Commission at the annual conference in Chicago on August 20, 2015.

The (Commission) continues to work to improve public health and the Commission's performance. In its 2013 report to the Governor and Legislature as required by House Bill 1518, the Commission promised to provide an update on progress and accomplishments in 2015. The report includes:

- The Commission's collaborative work with NCSBN, to identify and implement promising practices linked through research and evidence to improved performance;
- Fully leveraged promising practices, and otherwise address management and operational challenges, using the authority granted it under House Bill 1103 and House Bill 1518;
- Management and operational practices implemented and established using its legislative authority.
- Determining the scalability of the improvements implemented, and planned changes are unique to its regulation and oversight of the nursing profession or may have application to other health professions quality assurance system.

The Commission continues to work closely with NCSBN to identify and implement best practices. Working with NCSBN resulted in changes to the Commission's regulation of continuing education, nursing distance education, and the monitoring program for nurses with substance use disorders. The Commission continues to improve the processes and streamline work associated with the licensing and disciplinary processes. The changes made in House Bill 1103 and made permanent in House Bill 1518 allowed the Commission to present information about relevant issues to the legislature. The commission demonstrates significant improvements in its essential operations functions: education, licensing, standards of practice, and discipline.

The Commission continues to use LEAN principles to continuously improve its performance and protect the people of Washington State.

Nursing Education

- Commission staff are members of the NCSBN Distance Learning Education Committee. The committee developed national standards for nursing education distance-learning programs built on evidence-based literature and research. Rules in process reflect current best practices.
- The Commission advocates for military medical training qualifying as nursing education requirements. The Commission repeated a comparison of military medical training with nursing education requirements. Because of the comparison, nursing education administration from the Olympic College program began developing a bridge program to

allow military medical personnel to attain a bachelor's degree in nursing. The goal of the Olympic College is to assist medically trained personnel exiting their military careers to attain a bachelor's degree in nursing and succeed in civilian nursing careers.

Licensing

- The Commission improved regulations for continuing competency that requires active practice of nursing with continuing education for renewal of licensure.
- NCSBN identified the Commission as one of five boards of nursing that demonstrated high performance and promising practices in licensure. NCSBN compiled and published the promising practices. NCSBN shared the results of the Commission performance improvement process with all boards of nursing.
- The Commission achieved its performance measure of decision timeliness for 95% of applicants within fourteen days of receipt of the last required document. The Commission consistently exceeds this measure.

Practice

- The Commission paved the way to add Clinical Nurse Specialists to the categories of nurses who may be licensed as Advanced Registered Nurse Practitioners. These rules align with the NCSBN Advanced Practice consensus document, providing a framework for all states to achieve licensure and practice standards across states for Advanced Practice Registered Nurses.
- The Commission became accredited as a certified educational activity provider through the Washington State Nurses Association.
- The Commission promotes nursing education programs to help LPNs transition to RNs. These nursing education programs provide career growth and help meet employer needs.
- Washington Health Professional Services (WHPS), the alternative to discipline substance abuse monitoring program, moved to the Commission in November 2014 as part of an organizational transfer. This change allows WHPS to focus on and develop policies specific to the recovering nurse. The transition of WHPS to the Commission enabled the development of specific goals, performance measures, and tracking mechanisms. The Commission now monitors and reviews performance outcomes and makes changes to align with NCSBN guidelines.
- The Commission formed a Substance Use Disorder Task Force to oversee the work and recommend policy changes. While this work is nearing completion and will be fully implemented during 2016, WHPS and the Commission made other changes to improve efficiencies and enhance public safety. These changes allow the Commission to quickly take action on a nurse's license for non-compliance.

Legal and Investigations

- Prior to the passage of House Bill 1518, the Office of Legal Services, within the Health Systems Quality Assurance (HSQA) at the Department of Health, provided in-house legal staff to the Commission. The Commission formed its own legal unit in November 2014. The transition demonstrated that dedicated staff attorneys dramatically reduced the backlog of work in the discipline process. The change in structure allowed legal staff to streamline the Commission's legal process to improve efficiency.
- The Commission's performance measure on case disposition revealed that the number of open cases older than 140 days was reduced by 40% in the last year, from 202 to 122.
- The Commission in the last year completed 77% of their investigations within the 170-day investigative step, which meets the 77 % target for this measure. However, of all currently open investigations, only 12% of cases are currently beyond the 170-day step, which is 39% better than the target.

Budget

While negotiating the new Joint Operating Agreement, signed on _____ for the 2013-2015 biennium, between the DOH and the Commission, the Commission identified concerns about the amount charged and services provided in the Health Systems Quality Assurance (HSQA) Division indirect rate. The Commission does not fit into the HSQA functional model and the indirect structure that supports it. The Commission does not use the same level of services as other programs in HSQA due to its independence granted in House Bill 1103 and House Bill 1518. The Commission proposed a reduced rate to DOH that better reflected services provided but could reach agreement. House Bill 1518 states that a representative of the Office of Financial Management (OFM) must mediate and determine any dispute between the Commission and DOH, including the terms of the Joint Operating Agreement. The Commission contacted OFM for assistance in mediation on the indirect rate charged during Fiscal Year 2016. After conversations and deliberations, OFM made the following three recommendations:

1. DOH should remove costs associated with Division Directors from each division's indirect rate. DOH should directly bill these costs to those entities that utilize the services. This change should be part of the new cost allocation methodology submitted to the Federal Office of Cost Allocation in the next few months.
2. DOH and the Commission should continue to work toward a solution for direct charging IT costs.
3. DOH and the Commission should continue to strengthen the Service Level Agreement

For fiscal year 2016, the indirect rate for the division did not include the first recommendation.

Next Steps – Future

The Commission continues to improve performance. The Commission will:

- Address the indirect rate with DOH through the operating agreement in 2016.
- Implement WHPS rules and track the metrics.
- Staff organization change management and improved collaboration.
- Peruse NCSBN's nurse licensure and discipline tool Optimal Regulatory Board System (ORBS) by 2018.