

YOUR NURSE PRACTICE ACT AND THE DISCIPLINARY PROCESS

A HANDBOOK FOR NURSES

Developed in collaboration with the Nursing Care Quality Assurance Commission.
Revised 2019.

WASHINGTON STATE **NURSES** ASSOCIATION

YOUR NURSE PRACTICE ACT AND THE DISCIPLINARY PROCESS

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Revised 2019

Approved by the WSNA Board of Directors December 2011

Approved by WSNA Professional Nursing and Health Care Council October 2011

Approved by the WSNA Board of Directors March 1997

Approved by WSNA Cabinet on Nursing Practice and Education January 1997

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Foreword

The primary intent of this handbook is to ensure that you are aware of the disciplinary process in case you are ever required to appear before the Washington State Nursing Care Quality Assurance Commission (Nursing Commission). This handbook was developed in response to the many inquiries that have come to WSNA regarding the issue of the Nursing Commission's disciplinary process.

Anyone faced with a complaint against their license and their livelihood experiences a great deal of emotional stress—anger, guilt, fear, and helplessness. These highly charged emotions can consume and overwhelm a usually thoughtful, careful person. The sections of this handbook are designed to help you develop a careful strategy in order to make an appropriate and timely response. Additional information is located on the Nursing Commission web pages on discipline at: <https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/Discipline>.

Before speaking to anyone at the Nursing Commission you have the right to:

- **Gather all information you have about the situation.**
- **Not admit guilt.**
- **Get in touch with your professional liability insurance agent.**
- **Seek legal counsel.**

WSNA hopes this provides you with the necessary information to make choices on how to interact with the Nursing Commission in Washington State. Your feedback about the information in this handbook would be appreciated and may be used in future revisions.

Overview

The best defense against a disciplinary action is staying current in your nursing practice. Every nurse should know the Nurse Practice Act and be aware of other laws and rules that govern nursing practice. Every nurse needs to be familiar with:

- The laws of Nursing Practice in Washington State RCW 18.79.
<https://apps.leg.wa.gov/RCW/default.aspx?cite=18.79>
- The rules, WAC 246-840.
<https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840>
- The Uniform Disciplinary Act (UDA) that guides disciplinary actions for all health professions, including nurses.
<https://apps.leg.wa.gov/rcw/default.aspx?cite=18.130>
- Mandatory reporting requirements, WAC 246-16-200 through 270.
<https://apps.leg.wa.gov/WAC/default.aspx?cite=200-270>
- Whistle-blower laws, WAC 246-15.
<https://apps.leg.wa.gov/WAC/default.aspx?cite=246-15>

Ignorance of these laws is not an adequate defense in a disciplinary action. Every nurse has the responsibility to be aware of changes in the Laws of Nursing Practice that may impact practice. To view the most recent version of the laws and rules, use the website links. Do not rely on outdated printed materials. Access the Nursing Commission Website (<https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>) for the most recent statements on practice and changes.

It is also the nurse's responsibility to keep abreast of legislative changes that may impact practice. WSNA helps members by providing information on the WSNA website as well as through multiple publications and resources. In several studies of disciplinary action, nurses seem to be most vulnerable for violating the Nurse Practice Act when they are new to their position or practice setting. All nurses must have an adequate orientation and must be prepared to take on new responsibilities. Nurses are also responsible for keeping their knowledge and skills up to date.

During the September, 2010, Nursing Care Quality Assurance Commission (NCQAC) meeting, the final rules related to continuing competency requirements were adopted. **These rules went into effect on Jan. 1, 2011.** Registered nurses and licensed practical nurses were required to begin maintaining documentation/verification of compliance illustrating at least 531 hours of active practice and 45 hours of continuing education every three years. **The three-year period began with the nurse's 2011 birthday date. Audits for compliance in 2014.** Licensure renewals will continue to be on an annual basis; however, nurses will be expected to sign an attestation every three years to reflect that they are compliant with the requirements for both practice and continuing education hours.

To avoid disciplinary action, a nurse must keep current! All must demonstrate compliance with the NCQAC continuing competency requirements, review new institutional policies, and participate in state, national and specialty nursing organizations.

Being involved in disciplinary action before the Nursing Commission can result in dire consequences that are personal, professional and financial. We hope that the information presented in this handbook will educate nurses about the Nurse Practice Act and prevent the distressing process of disciplinary action.

Introduction

This document gives nurses a description of the disciplinary process used by the Nursing Commission. The purpose of the Nursing Commission is to establish, monitor and enforce licensing, consistent standards of practice, continuing competency and discipline of registered nurses, licensed practical nurses, advanced registered nurse practitioners and nursing technicians in Washington State. Rules, policies, and protocols developed by the Nursing Commission must promote the delivery of quality health care to the residents of Washington State.

The fifteen members of the Nursing Commission include seven registered nurses, three licensed practical nurses, two advanced registered nurse practitioners and three public members. The Governor appoints members to serve staggered four year terms. Members may serve two terms.

Nurses may view the Nursing Commission as an advocate for nursing. In reality, the Nursing Commission's primary role is to protect the public from unsafe nursing practice. The legal basis for licensure rests on the government's responsibility to protect the public. The laws and rules of nursing practice define and limit the practice of nursing. The laws and rules define "unprofessional conduct." Nurses need to have an understanding of the role of the Nursing Commission and be able to act accordingly if involved in disciplinary action.

The State of Washington grants a license to a nurse who earns their trust through education, examination and a thorough background check. Nurses renew their license in order to serve the residents of Washington. Nurses must demonstrate Continued Competency to renew their license in Washington. The Nursing Commission may take informal or formal action on the license if the nurse does not continue to meet licensing and practice standards. The Uniform Disciplinary Act (UDA) describes the process and procedures used for disciplinary actions for all health care providers in Washington State. The process begins with a report to the Nursing Commission.

A license, because it is granted based on conditions, is not a permanent right. Relatively few nurses have complaints of poor nursing practice resulting in disciplinary action on their license. However, on occasion, a nurse may violate a provision of the laws and/or rules simply out of lack of knowledge. All nurses need to know their rights and responsibilities when presented with allegations from the Nursing Commission. We hope this handbook will be used as a resource for you.

Grounds for Disciplinary Action

Rules (WAC 246-840-700) describe the **Standards of Nursing Conduct or Practice**. The rules give a side by side comparison of the responsibilities of a registered nurse and a licensed practical nurse using the nursing process. The rules then describe violations of nursing conduct or practice. Each violation must be supported by evidence that is clear and convincing. Each charge must bear a direct relationship to a threat to public safety. Additionally, as mentioned previously, the **Uniform Disciplinary Act** also provides guidance related to grounds for disciplinary action against nurses in the State of Washington. Regulation RCW 18.130.180 also delineates 27 types of unprofessional conduct, which all nurses should be familiar with (<https://app.leg.wa.gov/RCW/default.aspx?cite=18.130.180>).

Standards of Practice

Standards of nursing conduct or practice are defined in the Washington Administrative Code for registered nurses (WAC 246-840). The stated purpose for defining standards “is to identify responsibilities of the nurse in health care settings...” The law further states that each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the standards of nursing practice.

Included in this section of the WAC are statements that have significant impact for nurses. They are: “the nurse shall be **responsible** and **accountable** for the quality of nursing care given to clients. This responsibility **cannot** be avoided by accepting the orders or directions of another person.” In other words, neither physician orders, nor supervisory directions, nor the policies of health care institutions can exempt the nurse from this accountability.

The standards of nursing conduct or practice are as follows.

1. Nursing process

- a. The nurse shall collect pertinent objective and subjective data...
- b. The nurse shall plan and implement nursing care...
- c. The nurse shall provide timely communication with other health care providers regarding significant changes in client status...
- d. The nurse shall document...

2. Delegation and Supervision

The nurse shall be accountable for the safety of clients by:

- a. Delegating selected nursing functions to others based on their education, credentials, and competence;
- b. Supervising delegates.

3. Other responsibilities the nurse shall have include:

- a. Knowledge and understanding of laws and rules regulating nursing function within the scope of nursing;
- b. Responsibility and accountability for practice based on scope of education, demonstrated competence, and experience;
- c. Adequate instruction and orientation before implementing unfamiliar practice;
- d. Responsibility for maintaining current knowledge in field of practice;
- e. Conducting nursing practice without discrimination;
- f. Protecting confidential information;
- g. Reporting unsafe nursing practice...

Failure to adhere to the preceding standards of practice may be grounds for action against the nurse’s license.

For the complete reference, see <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-700>.

Violation of Standards of Nursing Practice

Guidelines have been developed by the Nursing Commission as to the acts, practices, or omissions that are inconsistent with generally accepted standards of nursing conduct or practice. Examples of such conduct are:

1. Nursing process
 - a. Failing to assess and evaluate client status, failing to provide nursing intervention as necessary.
 - b. Willfully and repeatedly failing to report or document...
 - c. Willfully and repeatedly making inaccurate or unreadable entries in records regarding medications, treatments, ...
 - d. Willfully and repeatedly failing to give medications and/or treatments according to policies and procedures; ... to properly record medication wastage.
 - e. Willfully causing or contributing to abuse of the client.
2. Delegation and Supervision
 - a. Delegating to unqualified personnel, either by scope of practice, competence, or knowledge.
 - b. Failing to supervise personnel to whom nursing tasks were delegated.
3. Failing to adhere to standards, including:
 - a. Performing nursing procedures without appropriate knowledge or education, failure to obtain proper instruction.
 - b. Violating confidentiality of client information.
 - c. Writing prescriptions without authority.
4. Other violations
 - a. Taking medications, supplies, or personal items from the work setting for personal use.
 - b. Practicing nursing while impaired by any mental, physical, or emotional condition...
 - c. Abandoning clients by leaving assignment without transferring responsibilities to appropriate personnel (see NCQAC position statement on patient abandonment at <https://www.doh.wa.gov/portals/1/Documents/6000/PatientAbndmt.pdf>).
 - d. Practicing nursing while impaired by drugs or alcohol.
 - e. Sexual misconduct, or conviction of physical or sexual abuse while practicing nursing.

Any of these violations will give the Nursing Commission the authority to take action against the nurse's license.

CASE IN POINT:

Practice Beyond Scope

Jennifer, a 20-year experienced labor and delivery RN, was called in to the hospital at 0300 due to an increase in patients. She was assigned to a patient in early labor who was scared and writhing all over the bed. The previous nurse had tried to start an IV twice, without success. Since the IV had been ordered by the physician, Jennifer felt that it was imperative to get the IV started. She decided that if she could get the patient calmed down, she would have a better chance of placing the IV. Without an order, Jennifer gave the patient an IM dose of pain medication, and successfully placed the IV. An hour later the physician came into the hospital and became very upset when it was discovered that the patient had been given medication without an order. The physician went to the nursing supervisor and demanded that Jennifer be reported to the Nursing Commission for giving medication without an order. Disciplinary action was taken against Jennifer's license for practice beyond the scope of practice as defined by law. She was issued Formal Charges with conditions, as well as a fine. She also had to write a ten-page paper regarding the legal scope of practice for an RN. ■

Mandatory Reporting

Washington's **Mandatory Reporting Law** requires that anyone knowing of a nurse whose nursing practice or conduct does not meet accepted standards must report the nurse to someone in authority so corrective action can be taken. This report should be documented in writing. Failure of any nurse to report such a potential violation, in and of itself, may constitute a violation of nursing standards.

The Nursing Commission does advocate that the intention of mandatory reporting is not to report each and every nursing error. When deciding whether to report or not, certain criteria need to be taken into consideration, such as:

1. History of the nurse's performance.
2. Demonstration of a pattern of unsafe practice.
3. Magnitude of any occurrence for actual or potential harm to the public.

Mandatory reporting laws also define a number of violations that **must always** be reported to the Nursing Commission. These are:

1. Practicing with an expired license.
2. Conviction of a crime relating to nursing, or in some instances that may "lower the standing of the profession in the eyes of the public."
3. Being fired due to unsafe practice or conduct in violation of the standards of nursing.
4. An inability to practice nursing with reasonable skill or safety.
5. Client abuse.
6. Any single incident which creates serious harm or risk to the client (refer to WAC 246-16).
7. Substance abuse.

Nurse imposter reporting is no longer required but is highly encouraged under new rules; reports are made to the Secretary of Health, who has jurisdiction over unlicensed practice.

CASE IN POINT:

Failure to Report Unprofessional Conduct

Susan was working as the charge nurse on a medical unit. Another RN working with her took a medication that was meant for a patient because the patient was allergic to the drug. Susan knew the other nurse had taken the medication for her own use, even though hospital policy stated they were to destroy the drug. The Washington law required that any nurse, knowing of another nurse whose behavior or nursing practice fails to meet accepted standards, is required to report that nurse to someone in authority who can institute corrective action. Failure to report may in itself constitute a violation of nursing standards. In Susan's case, since she did not stop the nurse or report the event, she was disciplined for failure to report an incident to the Nursing Commission. ■

Disciplinary Process

REPORTS / COMPLAINTS

The Nursing Commission receives reports from several sources: patients, other health care professionals, self reporting and other state agencies conducting investigations. A Case Management Team assesses all reports within 21 days. At least three Nursing Commission members must be on the Case Management Team. The team decides if the report is within the Nursing Commission's jurisdiction:

Is this report of an RN, LPN, ARNP or nursing technician?

Is this a report of an incident within the State of Washington, or a finding of unprofessional conduct by another state?

The Case Management Team closes reports if they are not within their jurisdiction.

EARLY REMEDIATION

In any complaint where the Nursing Commission identifies practice deficiencies, the Nursing Commission may resolve the matter through the early remediation program. The Nursing Commission shall use the following criteria to determine eligibility for early remediation:

- a. The identified practice deficiency(s) could be corrected by remedial education, on-the-job training and practice monitoring within six months or less, and patient protection does not require significant long-term practice limits.
- b. The nurse is willing and able to participate in the early remediation program.
- c. The nurse's current employer, if any, agrees to participate in the action plan.
- d. The nurse has no current charges or disciplinary history of unprofessional conduct and has not previously participated in an action plan.
- e. The degree of patient harm suffered as a result of the nurse's substandard practice is minor, if any.

Upon agreement on a plan, the matter is closed, unless the nurse fails to comply with the action plan at any time prior to its completion. No "flag" is then placed against the nurse's license regarding the complaint so long as the plan is complied with. However, the Nursing Commission may decide to conduct a full investigation and consider disciplinary action if additional facts become known or circumstances change such that the nurse is no longer eligible based on the aforementioned criteria.

INVESTIGATION

The reports must be above a threshold to be opened to an investigation. The Nursing Commission investigates reports of the following:

1. Drug diversion or narcotic abuse with impairment (work related). This includes use of illegal (street) drugs.
2. Sexual misconduct.
3. Harm to patient requiring medical intervention.
4. Physical abuse.
5. Negligence which leads to patient death.
6. Mental incapacity with harm to patient or likelihood of harm.
7. Crimes against persons or personal property of a patient.
8. Substance abuse affecting ability to practice safely.
9. Pattern of gross nursing incompetence.
10. Beyond the scope, to include lack of documentation of clinical competency.
11. Pattern of errors or an isolated error, to include judgment errors.
12. Practice with a lapsed license for more than 6 months without allegation of unprofessional conduct.
13. Falsification of records.
14. Inappropriate delegation beyond respondent's own scope.
15. Failure to supervise resulting in an unreasonable risk of harm to a patient or resulting in serious harm to a patient.

If a nurse believes a report about them may be sent to the Nursing Commission (i.e., threats from clients, supervisors, or other medical personnel), the nurse should document the details. The details provide the nurse with a written account of the incident, while the memory is still fresh. Any existing written document may be requested by the investigator. Failure to provide the document would be unprofessional conduct.

In our democracy, all people are considered innocent until proven guilty. The burden of collection and proving unprofessional conduct or inability to safely practice lies with the State. Investigators must collect enough evidence to clearly convince Nursing Commission members that a violation occurred.

When the Nursing Commission opens the report to an investigation, an investigator is assigned. The investigator sends a letter to the person who sent the complaint, or complainant. The investigator develops and follows a plan for the investigation. In most cases, the investigator informs the nurse of the investigation in writing. In some cases, the investigator may determine that notifying the nurse would impede an investigation. The investigator has the right to decide whether this risk exists.

The investigator collects evidence through interviews of people who may be witnesses to the complaint: co-workers, supervisors, family members, patients. The investigator may review medical records, personnel records, staffing reports, and medication reports.

The Nursing Commission has nurses and non-nurses as investigators. Many complaint investigations do not include violations of standards of nursing care. The most frequent complaint investigated

by the Nursing Commission involves substance use and abuse by nurses. The Nursing Commission can also investigate felonies and gross misdemeanors against nurses.

The investigator may not find evidence of a violation. In these cases, the investigation may be returned to the Case Management Team for a decision to close the case if it meets “expedited closure” criteria. In all other cases, the case goes to a Reviewing Commission Member (RCM) and a Staff Attorney for review. The RCM may direct the investigator to other sources, present the case to a panel of commission members, or close the investigation. The complainant and the nurse are informed in writing of the decision.

The investigation phase allows 170 days to collect evidence. The investigator completes an investigative report. The investigator sends the nurse a letter of allegations. Allegations are potential violations of the regulations. At this point, the nurse is given the opportunity to provide an explanation of the situation. **This is the time when it is imperative that the nurse seek legal counsel.** The attorney should be experienced in representing health professionals. An attorney provides advice on how best to proceed.

The investigative report and all evidence collected is forwarded to a member of the Nursing Commission. The reviewing Commission member reviews and evaluates all the evidence. The Nursing Commission member presents the evidence to three other Nursing Commission members, or a panel. The panel may decide:

1. Evidence shows that there is reason to believe a violation of RCW 18.130.180 has occurred and therefore is cause for administrative action (discipline), and sends the case to the Legal Services Office for a Statement of Charges or Stipulation to Informal Discipline.
2. An immediate threat to the public exists and the nurse’s license is summarily suspended.
3. To refer the nurse to the alternative to discipline program, the Washington Health Professional Services, due to substance use or abuse.
4. Evidence is not clear nor convincing and does not warrant disciplinary action. The panel closes the case.

The Nursing Commission sends a letter to the complainant and the nurse notifying them of the actions and responsibilities. According to law, the Nursing Commission must report to the public all actions on nurses’ licenses. Only formal actions must be publicly reported. Stipulations are public, but do not go out in DOH media releases. The Nursing Commission reports actions through the Provider Credential Search. If a report to the Nursing Commission is closed by the Case Management Team, no action is recorded. If a report is opened to investigation, the Provider Credential Search shows no action. If a statement of charges or statement of allegations is pursued, the action column states ‘Pending’ and links to the document. If an order or Stipulation to Informal Disposition is issued, the action column says “Yes” and links to the order or stipulation. If the investigation is closed due to insufficient or lack of evidence, the Provider Credential Search shows no action.

Formal and Informal Actions

The panel of Nursing Commission members may determine the actions necessary are formal or informal. **Formal actions are captured in a Statement of Charges.** The Nursing Commission may decide formal action is necessary according to the sanction standards and produce a Statement of Charges. **Informal actions are captured in a Stipulation to Informal Discipline.** In a stipulation to informal discipline, the nurse does not admit guilt and agrees to actions defined by the Nursing Commission.

The Nursing Commission uses a set of sanction standards to determine actions. In order to be fair and objective, the Nursing Commission developed the sanction standards to apply in cases with similar fact patterns and outcomes. The Nursing Commission adopted the Nursing Sanctioning Standards in 2004. Nursing Commission members use the Nursing Sanctioning Standards with the Sanctioning Rules for all Health Professions to determine priority level of cases and actions to take. The Uniform Disciplinary Act states that “Safeguarding the public’s health and safety is the paramount responsibility of every disciplining authority. In determining what action is appropriate, . . . the disciplining authority must first consider what sanctions are necessary to protect or compensate the public. Only after such provisions have been made may the disciplining authority consider and include in the order requirements designed to rehabilitate the license holder.”

The actions are meant to rehabilitate rather than punish. The philosophy is to take the minimal amount of action necessary to redirect the nurse to provide safe patient care. There are rare instances when the Nursing Commission feels there are no rehabilitative measures that can be used to protect patients. In these cases, the Nursing Commission may permanently revoke the license.

The nurse is informed of the Nursing Commission’s decision in a legal document. A Nursing Commission Staff Attorney prepares the document. The document, or statement of charges, identifies specific incidents reflecting unprofessional conduct or violations of the Nurse Practice Act. The precise statutes violated are listed. The document directs the nurse to decide how to proceed. Every nurse has the right to a hearing and to be represented by an attorney before the Nursing Commission. To protect this right, the nurse must respond within twenty days after the document is mailed. The document is mailed to the address currently on file with the Nursing Commission. It is the nurse’s responsibility to send all address changes to the Nursing Commission. If no response is received from the nurse within twenty days, the Nursing Commission assumes the allegations are not being contested. This results in the loss of the right to an adjudicative hearing. The adjudicative hearing gives the nurse the opportunity for settlement of the allegations. An order will be entered to possibly reprimand, suspend or revoke the nurse’s license to practice in the state of Washington. Frequently, this results in an indefinite suspension of the license. The nurse can petition for reinstatement later per RCW 18.130.150.

SETTLEMENT OR FORMAL HEARING

The Statement of Charges also instructs the nurse to make a choice between admitting to the charges, not contesting the charges, or denying the charges. The nurse needs to have a clear understanding of the document before admitting to anything. When a Statement of Charges is received, if the nurse had not already done so, the nurse may best be served by obtaining legal counsel. Legal counsel can help the nurse decide the best option. The nurse needs to realize the outcome of the Statement of Charges could have a significant impact on the nurse's future employment potential and earning capacity.

When a nurse receives a Statement of Charges, several options are available. One is to request a hearing. The nurse has the right to present supporting evidence and witnesses. Alternatively, the nurse may seek a settlement through two options:

1. Settlement conference can be requested without the necessity of a formal hearing. The Nursing Commission staff attorney meets with the nurse to conclude a resolution of the allegations. If the nurse has legal counsel, they can be present for the conference. If the nurse agrees to a tentative settlement, this information is sent to the reviewing Nursing Commission member. If the reviewing Nursing Commission member agrees to the settlement offer, the agreement is sent to the Nursing Commission Staff Attorney and the nurse to become final.
2. The nurse may also seek a settlement by submitting a written statement and any supporting documents for consideration by the reviewing Nursing Commission member. A settlement offer may be determined.

In either situation, the nurse does not have to accept the settlement offer and can make a counter offer or go to a formal hearing. If a settlement offer is agreed upon then it will be presented to a three member panel of Nursing Commission members for approval. If the Nursing Commission does not give approval, the process can go on to a formal hearing or further settlement negotiations. It is highly recommended that the nurse be represented by legal counsel during these proceedings.

If the decision by the nurse is to go to formal hearing, the date will be scheduled at the nearest available hearing date. Three members of the Nursing Commission are the hearing panel members. The Assistant Attorney General prosecutes on behalf of the state. A health law judge from the Office of Professional Standards conducts the hearing. The nurse has the right to bring witnesses and any written documentation to the hearing, and any evidence or exhibits not disclosed at the pre-hearing conference may be excluded at a later date. Of note, it is important to comply with all dates and timelines in the judge's scheduling order. Absence at a pre-hearing conference or the hearing may result in a default (failure to appear) and a suspension may be entered.

The nurse may also cross examine the state's witnesses. At the conclusion of the hearing, the Nursing Commission panel members go into closed session. The Nursing Commission members decide regarding the charges and the evidence presented by both sides. The decision is sent in writing to the nurse. If the nurse also filed a grievance related to disciplinary action imposed by the employer, the union should be aware of any settlement discussions and agreements.

CASE IN POINT:

Failure to Renew License

Sarah, a nurse attorney, did not receive her notice to renew her RN license in the mail. She was very busy at the time getting ready for trial and just forgot about the renewal. Eight months later Sarah was listed on a seminar brochure as a speaker and listed as a JD, RN. Someone on the Nursing Commission staff saw the brochure and knew that Sarah had an expired license. Therefore, Sarah was in violation of the Nurse Practice Act and was served with a Statement of Allegations. In order to obtain a current active license Sarah had to pay a late fee with her renewal fee.

Another case of failure to renew a license involved an Advanced Registered Nurse Practitioner. In Washington state, if you are a registered nurse who is also an ARNP, you must have two licenses — one as a RN and one as an ARNP. The nurse renewed her ARNP license and assumed that was all that was needed. Because the nurse was practicing nursing without a valid RN license, she was in violation of the Nurse Practice Act. The nurse had to pay a late renewal fee with her RN renewal fee. If she had not renewed her RN license for a period longer than three years, she would also have been required to complete a refresher course. ■

DISCIPLINARY ACTIONS

Disciplinary actions used by the Nursing Commission include:

- **Stipulation to Informal Discipline:** the nurse does not admit to the allegations but agrees to complete actions defined by the Nursing Commission.
- **Probation:** the nurse's license is limited for a defined period and terms to be completed are listed in the agreed order.
- **Suspension:** the nurse's license is not valid for a defined time period and the nurse must meet the terms defined in the order before requesting the Nursing Commission to reinstate the license.
- **Summary Suspension:** the nurse's license is not valid for a defined time period and may not practice until further order.
- **Permanent Revocation:** the nurse's license is removed and the nurse may not practice in the State of Washington forever.

Conditions placed on the nurse's license can be addressed as fulfilling a knowledge deficit, such as writing a paper or attending a medication course. Other conditions may affect the ability to practice such as working under the direct supervision of another registered nurse, not being able to work as a charge nurse, or not being able to give medications. These conditions can significantly impact the nurse's employment. The conditions placed on the nurse's license cannot be taken lightly and must be followed exactly. Further disciplinary action could result if the terms are not met. Fines are also set for violations and must be paid in a timely manner. If not, further action could be taken on the nurse's license and could result in the fine being forwarded to a collection agency.

Whatever disciplinary action is taken against the nurse's license, the action is recorded in the license file at the Department of Health and remains there permanently. This information is available for public disclosure. Once a statement of allegations or charges is filed, the information may be released to anyone with a request for disclosure.

If the nurse wants to appeal the Nursing Commission's decision or disciplinary action after a full hearing, the nurse can appeal in court. The court examines the Nursing Commission's decision and decides if it conducted the hearing properly. The court may agree with the decision or order the Nursing Commission to rescind the decision. If the Nursing Commission does not agree with the court decision, an appeal to a higher court may be pursued. The nurse or the Nursing Commission may appeal for a reversal of the lower court's ruling.

The importance of obtaining legal counsel cannot be emphasized enough. Most nurses feel they cannot afford an attorney, but if the disciplinary action significantly impacts the nurse's practice and earnings, it is important to look at the long term gains, despite the costs of legal representation. There are time limits throughout the process and knowledge of the laws, rules and proceedings are important. The attorney the nurse selects should be experienced in representing professionals before disciplinary panels. WSNA can provide a list of attorneys who represent nurses before the Nursing Commission.

**WSNA RECOMMENDS THAT ALL
NURSES CONSIDER OBTAINING
PROFESSIONAL LIABILITY
INSURANCE COVERAGE.**

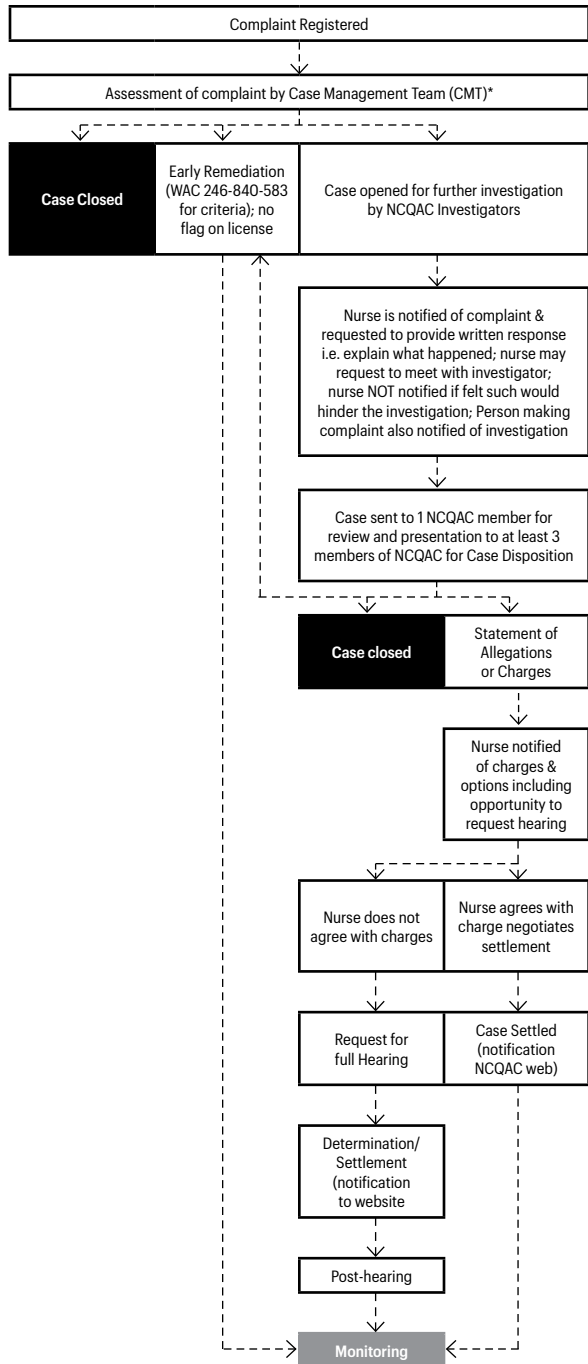
Refer to our website at wsna.org for more information.

YOUR NURSE PRACTICE ACT AND THE DISCIPLINARY PROCESS

* CMT = a panel of 3 commissioners, either full members or protem. A full member must chair the panel. A public commission is included. They make the decision. The SA, Investigator, and Discipline manager participate in discussions and answer questions. Open for Investigation criteria is in policy:

- Drug diversion/narcotic abuse w/ impairment; includes use of illegal (street) drugs
- Sexual misconduct
- Harm to patient requiring medical intervention
- Physical abuse
- Negligence which leads to patient death
- Mental incapacity with harm to patient or likelihood of harm
- Crimes against persons or personal property of a patient
- Substance abuse affecting ability to practice safely
- Pattern of gross nursing incompetence
- Beyond the scope to include lack of documentation of clinical competency
- Pattern of errors or an isolated error to include judgment errors
- Practice with lapsed license for > 6 mo.
- Falsification or records
- Inappropriate delegation beyond respondent's own scope
- Failure to supervise resulting in an unreasonable risk of harm to a patient or resulting in serious harm to a patient

1. Once documents have been served, they are available to the public. If a Statement of Allegations is furnished, it is confidential until the Stipulation to Informal Discipline is accepted or the case is closed.
2. The decision to notify the employer is made on a case-by-case basis. Often they will be notified of a summary suspension. They are sent a copy of the final order.



Appendix: Commission or Association?

What's the difference between the Nursing Care Quality Assurance Commission (NCQAC) and the Washington State Nurses Association?

NCQAC and WSNA are two Washington state organizations that play a critical role for the career of every nurse. Although these organizations frequently share common agendas and agree on similar policy issues, the role and function of each organization is very different. Frequently there is a great deal of confusion about the differences between the two organizations, and nurses contact one organization when they really need to make contact with the other. This document is intended to assist Washington State nurses by providing some clarifying information about each organization.

	NCQAC	WSNA
CONTACT	<p>Nursing Care Quality Assurance Commission</p> <p>Phone: 360.236.4700 Fax: 360.236.4738</p> <p>www.doh.wa.gov/hsqa/professions/nursing</p>	<p>Washington State Nurses Association</p> <p>Phone: 206.575.7979 Fax: 206.575.1908</p> <p>www.wsna.org</p>
STRUCTURE	Legally constituted State of Washington regulatory agency within the Department of Health.	Professional association for all registered nurses; a constituent member of the American Nurses Association.
MISSION	Section 18.79.010 of the Revised Code of Washington describes the purpose of NCQAC as: <i>to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington.</i>	<i>The Washington State Nurses Association provides leadership for the nursing profession and promotes quality health care for consumers through education, advocacy and influencing health care policy in the state of Washington.</i>
LEADERSHIP	Members of the Commission are appointed by the Governor for up to four year terms. Membership consists of 15 members including seven RNs, two ARNPs, three LPNs, and three public members.	Members of the Board of Directors are democratically elected by WSNA members.
MEMBERSHIP	Mandatory licensure to practice as an RN, LPN, or ARNP (original education, examination, renewals, and endorsements).	Voluntary membership through application and dues; mandatory membership through various collective bargaining contract agreements.

	NCQC	WSNA
ROLE	Protects the public health, safety and welfare from unqualified or unsafe practitioners.	Informs nurses in Washington state about issues and trends that affect their professional practice. Promotes the professional development and advances the economic and general welfare of all nurses.
POLICY	Adopts rules and regulations to implement its functions; issues interpretations on practice related issues as relevant to statute, rules and regulations.	Adopts position statements and resolutions that advance the profession and the organization's mission.
PRACTICE STANDARDS	Establishes minimum standards for nursing education and practice.	Promotes ANA's standards of nursing practice; works to ensure adherence to ANA's <i>Code of Ethics for Nurses</i> .
EDUCATION	Develops reasonable and uniform standards for nursing practice and education. Approves and renews approval for nursing education programs that meet the Washington Administrative Code requirements.	Develops, promotes and approves continuing nursing education as authorized by the American Nurses Credentialing Center.
WORKFORCE ADVOCACY	Investigates complaints regarding nurses; issues discipline and monitors disciplinary actions (Discipline may include stipulations, revocations, suspensions, denial of license or limitations on scope of nursing or nursing related practice activities.)	Promotes occupational safety for nurses. Provides workforce advocacy program for nurses including addressing workplace issues, e.g., staffing, safe lifting, hazardous exposure, workplace violence.
GOVERNMENT AFFAIRS	Administers Nurse Practice Act and adopts rules and regulations for its implementation.	Acts and speaks for nursing profession related to legislation, governmental programs, and health policy. Reviews all bills introduced in the Washington State Legislature for impact on nurses, nursing and the health care of the public.
REVENUE	Establishes and collects licensure fees pursuant to legislative rules.	Membership dues rates are established by members. A percentage may go to ANA.

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