1999–2001 Biennial Report

Health Professions Quality Assurance and Regulatory Activities

June 2002

Health Systems Quality Assurance

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Executive Summary

This is the seventh biennial report to the legislature from the Department of Health (DOH) and the health care professions disciplinary authorities in accordance with the Uniform Disciplinary Act (UDA), RCW 18.130.310.

Section One in this 1999–2001 report provides an overview of the Health Professions Quality Assurance office (HPQA), accomplishments during the biennium, and recommendations for further improvement. Section Two provides information on the number of complaints made, investigated, and adjudicated, and the manner in which the cases were resolved. Information is also provided regarding the sanctions imposed on health care providers as a result of discipinary action, the nature of those sanctions, and the most frequent violations of the UDA across professions.

The report is intended to provide educational information regarding the work of HPQA in addition to a quantitative analysis. The results during the biennium are measured against goals developed at the beginning of the biennium. HPQA's core business is reflected throughout the report and highlighted here.

Credentialing Activity

During the biennium, HPQA:

- Regulated 254,285 health care providers representing 55 health care professions;
- Issued 71,285 new licenses, certifications and registrations;
- Renewed 426,164 credentials, most of which were annual renewals. The remainder were two-year renewals;
- Began regulation of a new credentialed profession, hemodialysis technicians, and an endorsement was created for animal massage practitioner;
- Changed credentials for marriage and family therapists, mental health counselors and social workers from certification to licensure;
- Established rules for the surgical technologists credentialing process;
- Implemented criminal background checks on all new applicants through the Washington State Patrol;
- Implemented rules permitting Advanced Registered Nurse Practitioners to prescribe Schedule II-IV drugs after filing practice plans with the Nursing Care Quality Assurance Commission.

Disciplinary Activity

During the biennium, HPQA:

- Received 12,216 reports against health care providers and unlicensed persons, which represents about five percent of the credentialed health care providers;
- Completed 6,262 investigations;
- Issued 1,372 orders after adjudicative proceedings, which represents action against approximately one percent of the credentialed health care providers;

- Analyzed disciplinary activity that demonstrated disciplinary authorities' appropriate use of case resolution tools (e.g., default orders, informal dispositions, agreed orders and final orders) and appropriate sanctions;
- Demonstrated a 16 percent gain in timeliness to assess, investigate and resolve cases since 1997 when timeline requirements were instituted.

The table below reflects the percentage of increase and decrease in types of actions this biennium versus last.

Type of Action	1997-99 Biennium	1999-01 Bennium	Percentage Increase/Decrease from 1997-99 Biennium
Reports received	11,273	12,216	8% increase
Investigations	5,911	6,262	6% increase
Informal Disposition of Cases: Stipulation to Informal Disposition (STID)	294	327	11% increase
Formal Disposition of Cases: Agreed Orders between parties accepted by the disciplinary authority	369	502	36% increase
Formal Disposition of Cases: Final Orders after a formal hearing	160	369	131% increase
Defaults: Health care providers did not respond or chose not to participate	372	174	114% decrease
Removal from practice resulting from Final Orders and Defaults	577	587	2% increase

Education, Information and Service Activity

During the biennium, HPQA:

- Participated in a focused effort to create recommendations that would reduce medication errors;
- Provided 631,615 verifications of credential status from the Automated Verification Service (AVS) accessed by phone or computer;
- Responded to 12,971 requests for the disclosure of public records;
- Received feedback on service provided to 6,831 counter customers resulting in an 88 percent rating of satisfactory or excellent.
- Provided 734 group presentations;
- Made 3,772 individual technical assistance visits;
- Provided 7,484 written advisories;
- Supported the work of 12 boards, four commissions and nine advisory committees consisting of 198 members.

Ten Years of Growth

For the first time, a biennia comparison is provided in Section Three of the report illustrating credentialing and disciplinary activity trends from 1991. The following table is illustrative of the growth experienced in that 10-year period.

Activity	1991	2001	Percentage Increase from 1991
Health Care Providers credentialed	159,148	254,285	60% increase
Health Professions regulated	40	55	38% increase
Reports/Complaints received	4,874	12,216	151% increase
Investigations completed	3,185	6,262	97% increase
Cases resolved: total resolutions	4,794	11,776	146% increase
Public Disclosure requests	3,639	12,971	256% increase
HPQA Employees	184	200	9% increase

HPQA is dedicated to improving its core business services within existing resources. The number of credential holders continues to increase each year. Complaints against providers continue to increase as well. Public expectations of health care provider information being available place new demands on personnel and the systems to automate responses. All of this requires a continual review of the HPQA system, decisions regarding operations and change, and evaluation of the results.

Section 1
Quality Assurance Framework

Overview

Health Professions Quality Assurance (HPQA) is an office within the Department of Health (DOH), Health Services Quality Assurance Division. HPQA is charged with protecting public health and safety by regulating the competency and quality of 254,285[1] currently credentialed health care providers.[2]

Mission

The HPQA mission is to "Protect and enhance the health of the people of Washington State by assuring access to safe, competent health care providers." To support the mission, HPQA personnel work in partnership with 12 boards, four commissions, and nine advisory committees in the regulation of 55 health care professions (e.g., medical doctors, nurses, counselors). The Uniform Disciplinary Act, chapter 18.130 RCW, provides standardized processes for discipline of practitioners and serves as the statutory framework for the regulation of health care providers in Washington State.

Goals

HPQA established goals during the 1997-1999 Biennium that reflect the core business of the office. The following goals remained viable during the 1999-2001 Biennium and were used to measure performance and results.

1. Ensure only qualified people provide services;
2. Ensure credentialed practitioners provide services according to standards;
3. Enhance the ability of the public to make informed decisions; and
4. Improve the quality of our business.

Tasks to attain the goals were:

- Setting minimum standards for obtaining a credential;
- Establishing educational requirements, conducting educational program reviews and site visits;
- Reviewing applicants' qualifications and background;
- Issuing credentials to qualified applicants, processing credential renewals and monitoring continuing education requirements;
- Setting standards of practice and educating health care providers regarding the standards;
- Developing and implementing legislation, administrative rules, policies, and procedures;
- Receiving and processing complaints against health care providers;
- Conducting investigations, audits and inspections;

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[1] SOURCE: HPQA Business Administration Tracking System 6/30/01

[2] See pages 61-62 for a biennia comparison.

- Implementing adjudicative processes;
- Applying consistent disciplinary sanctions for all health professions;
- Monitoring compliance with sanctions;
- Providing monitoring services for chemically impaired practitioners;
- Providing information to the public (e.g., hospitals, insurance companies, consumers) regarding credential status, complaint and disciplinary history;
- Providing documents that can be disclosed to the public;
- Establishing performance measures relative to customer service (e.g., pharmacy inspections, in-person customer assistance at DOH offices, community informational presentations);
- Establishing performance measures relative to operational performance (e.g., timeliness of pharmacy inspections, investigations and disciplinary activities).

Leadership, Organization and Vision

Director Sue Shoblom leads the HPQA office. She reports to Assistant Secretary Ron Weaver, who reports to DOH Secretary Mary Selecky. The Director's Office and seven sections within HPQA employ approximately 200 individuals who support the regulatory work of HPQA.[3] Five sections work directly with the 55 professions. Two sections provide support services (e.g., legal, investigations, hearing scheduling, impaired practitioner monitoring, information services, legislation, rule development, and implementation).[4]

The section directors report to the HPQA Director. The HPQA Management Team, comprised of all the directors, the financial manager, and the office manager, meet weekly.

During the 1999–2001 Biennium, the HPQA Management Team created a new vision statement to carry the organization into the future. Continuing to react to challenges rather than planning ahead to avert them would not serve the public or the organization well. The new HPQA vision became:

From Reaction to Prevention
through Education

This vision enables HPQA to focus on what is already being done well and to work on enhancements. It is also the driver behind two new projects begun during the 1999–2001 Biennium: 1) creation of a centralized Customer Service Center; and 2) provision of health care provider information on the Internet to assist the public in making informed decisions about practitioners.

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[3] DOH has approximately 1,200 employees. See page 66 for a biennia comparison of HPQA FTE allotment.

[4] See page 74 for the HPQA Organization Chart.

Funding

Health professions' regulation is funded through credentialing fees. Revenue and expenditures are tracked at the individual profession level. RCW 43.70.250 requires professions to be self-supporting. This proves to be a challenge for professions with relatively few credentialed practitioners whose fees are comparatively higher in order to support regulatory activities. Excess revenue is carried forward from one biennium to the next. The 1999–2001 Biennium budget for all professions was approximately $35 million. Although funding is fee-based and fees must be dedicated to supporting individual professions, all fees within HPQA are subject to the Washington State Legislature's appropriation process. Authority to spend revenue is determined by the Washington State Office of Financial Management and DOH.

Credential Types

There are three types of credentials issued by HPQA.

1. License: A method of regulation by which the state grants permission to persons who meet predetermined qualifications to engage in a health profession. The qualifications are set by law and without a license, the practice of the specific health profession would be unlawful. Licensure protects the scope of practice and the health care provider's title.
2. Certification: A voluntary process by which the state grants recognition to an individual who has met certain qualifications. The qualifications are set in law. A non-certified person may perform the same tasks, but may not use "certified" in the title.
3. Registration: A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession and, if required, the location, nature and operation of the health activity practiced.

Table 1
Credentialed Health Care Providers

RCW	Profession	Number Credentialed	Licensing/Disciplinary Authority	Renewal Fees (All in $)
Licensed Professions				
18.06	Acupuncturist	648	DOH Secretary	180
18.79	Advanced Registered Nurse Practitioner	3,123	Nursing Care Quality Assurance Commission	50 /per specialty*
18.25	Chiropractor	2,223	Chiropractic Quality Assurance Commission	270
18.29	Dental Hygienist	4,049	DOH Secretary	60
18.32	Dentist	5,214	Dental Quality Assurance Commission	205 **
18.30	Denturist	97	Board of Denture Technology/ DOH Secretary	2,750 *
18.34	Dispensing Optician	929	DOH Secretary	125
18.35	Hearing Instrument Fitter/Dispenser	313	Board of Hearing & Speech	200
18.79	Licensed Practical Nurse	14,167	Nursing Care Quality Assurance Commission	50
18.225	Marriage & FamilyTherapist	889	DOH Secretary	83
18.108	Massage Therapist	9,211	Board of Massage/ DOH Secretrary	40
18.225	Mental Health Counselor	3,645	DOH Secretary	29
18.50	Midwife	115	DOH Secretary	950
18.36A	Naturopathic Physician	472	DOH Secretary	450
18.52	Nursing Home Administrator	600	Board of Nursing Home Administrators	295
18.59	Occupational Therapist	2,098	Board of Occupational Therapy Practice	95
18.59	Occupational Therapist Assistant	548	Board of Occupational Therapy Practice	70 *
18.55	Ocularist	6	DOH Secretary	225
18.53,18.54	Optometrist	1,415	Optometry Board	100
18.200	Orthotics/Prosthetics	205	DOH Secretary	575
18.57	Osteopathic Physician & Surgeon	713	Board of Osteopathic Medicine & Surgery	475 **
18.57A	Osteopathic Physician Assistant	37	Board of Osteopathic Medicine & Surgery	200 **
18.64,18.64A	Pharmacies & Other Pharmaceutical Firms	4,327	Board of Pharmacy	35 to 590
18.64	Pharmacist	7,183	Board of Pharmacy	135
18.74	Physical Therapist	3,809	Board of Physical Therapy	65
18.71	Physician	18,953	Medical Quality Assurance Commission	400 * **
18.71A	Physician Assistant	1,424	Medical Quality Assurance Commission	70 * **
18.22	Podiatrist	300	Podiatric Medical Board	825 **
18.83	Psychologist	1,620	Examining Board of Psychology	285
18.79	Registered Nurse	63,016	Nursing Care Quality Assurance Commission	50
18.89	Respiratory Care Practitioner	2,035	DOH Secretary	50 *
18.225	Social Worker	2,648	DOH Secretary	42
18.92	Veterinarian	2,715	Veterinary Board of Governors	120
18.92	Veterinary Technician	817	Veterinary Board of Governors	65
	Subtotal	**159,564**		
Certified Professions				
18.35	Audiologist	279	Board of Hearing & Speech	200
18.205	Chemical Dependency Professional	2,378	DOH Secretary	125
18.138	Dietitian/Nutritionist	807	DOH Secretary	45
18.135	Health Care Assistant	10,143	DOH Secretary	33 *
18.88A	Nursing Assistant	33,080	Nursing Care Quality Assurance Commission/DOH Secretary	25
18.64,18.64A	Pharmacy Technician	5,270	Board of Pharmacy	35
18.84	Radiological Technician	3,684	DOH Secretary	45 *
18.155	Sex Offender Treatment Provider	140	DOH Secretary	300 to 800
18.35	Speech Language Pathologist	459	Board of Hearing & Speech	200
	Subtotal	**56,240**		

RCW	Profession	Number Credentialed	Licensing/Disciplinary Authority	Renewal Fees (All in $)
Registered Professions				
18.48	Adult Family Home Provider	2,643	DOH Secretary	85
18.25	Chiropractic X-Ray Technician	202	Chiropractic Quality Assurance Commission	40
18.19	Counselor	15,724	DOH Secretary	37
18.19	Hypnotherapist	340	DOH Secretary	130
18.88A	Nursing Assistant	15,080	Nursing Care Quality Assurance Commission/DOH Secretary	25
18.52C	Nursing Pool Operator	158	DOH Secretary	115
18.64,18.64A	Pharmacy Assistant	1,232	Board of Pharmacy	0
18.215	Surgical Technologist	1,227	DOH Secretary	125
18.92	Veterinarian Medication Clerk	235	Veterinary Board of Governors	30
18.84	X-Ray Technician	1,640	DOH Secretary	35 *
	Subtotal	**38,481**		
	Grand Total	**254,285**		

***** Fee every two years

** Additional fees of up to $25 dedicated to the Washington Physicians Health Program, a monitoring program for chemically impaired practitioners.

Boards, Commissions and Committees

Especially important to the division's success in meeting its responsibilities are the working relationships with the 25 boards, commissions and committees.[5] One hundred ninety-four board, commission and committee members provide a critical link to the health care providers regulated by HPQA. The Governor appoints 139 members while the Secretary has appointment authority for 55. The Secretary may also appoint pro tem members when workload demands exceed board and commission capacity. Recruitment and development of well qualified board, commission, and committee members, including members who represent the public at large, is a high priority. HPQA works closely with health care provider associations, other interested organizations, and the Governor's Office in the recruitment process.

DOH and the boards and commissions are interdependent. The legislature created a partnership in which the boards and commissions set program goals and policies and have decision-making authority over health professions' regulation and discipline, including adjudicative decisions. DOH has decision-making authority over administrative issues, processes and procedures. The DOH Secretary is responsible for organizing DOH to best serve and support agency, board and commission goals, objectives and policies.

RCW 43.70.240 requires that the DOH Secretary enter into a written operating agreement on administrative procedures with the boards and commissions. The agreement addresses administrative activities supporting board and commission policies, goals and objectives. During the biennium, board and commission members met with DOH staff over a two-day period. The purpose in meeting was to create a new model operating agreement with board or commission-specific legal requirements as addenda. Once drafted, the document was taken to individual boards and commissions for consideration. Fourteen of the 16 boards and commissions signed the agreements; the Medical Quality Assurance Commission and the Board of Pharmacy (BOP) chose not to sign. Even though the two groups decided not to sign

[5] See page 77 for a listing of board, commissions and committees.

based on their desire for more autonomy, HPQA staff continue to support their work as outlined in the model agreement.

In the 1999–2001 biennium, HPQA staff provided support for 319 days of open public meetings during which boards, commissions, and committees conducted official business. Another 218 days were spent by board, commission and committee members performing other duties such as reviewing cases, attending conferences to settle cases, sitting on rule-making panels, or on hearing panels to determine case outcomes.[6]

Board, commission, and committee members provide expertise regarding standards of practice as it applies to case disposition. They are also a resource for determining standards of practice through the rule-making process. Public members on the boards, commissions, and committees represent the interests of the general public. The expertise of all members and HPQA's organizational management and support create a strong regulatory team.

[6] SOURCE: HPQA Workload Indicators

Results

During the biennium several projects or rule processes were begun or completed in keeping with HPQA goals and new statutory requirements.

Goal 1: Ensure Only Qualified People Provide Services.

Credentialing:

During the 1999–2001 biennium, HPQA issued 71,285 new licenses, certifications and registrations and renewed 426,164 credentials.[7]

New Credentials Created:

Hemodialysis Technician: Certification of hemodialysis technicians was required by amendment to chapter 18.135 RCW, Health Care Assistants. HPQA adopted mandatory training standards for renal dialysis facilities to use in training hemodialysis technicians as health care assistants. A task force was recruited to provide technical expertise in the development of core competencies and minimum training standards using the rule-making process.[8] Certification will be available March 2002.

Animal Massage Practitioner: The Massage Practice Act, chapter 18.108 RCW, was amended to create endorsements for animal massage practitioners. They are able to provide massage therapy to animals upon completion of specific training. The Board of Massage will adopt rules that describe the training in consultation with the Washington State Board of Veterinary Governors.

Counselor Licensure: Marriage and family therapists, mental health counselors, and social workers who were previously certified became licensed practitioners when chapter 18.19 RCW was amended by the 2001 Legislature and a new chapter within title 18 RCW was created. No change was made to the registered counselor or hypnotherapist programs. The Secretary has appointed a new licensed counselor advisory committee and new licenses have been issued. Standards of conduct are being developed in consultation with the advisory committee.

Credentialing Rules Completed:

Surgical Technologists: Rules establishing the credentialing process for Surgical Technologists' registration were completed during this biennium. Surgical Technologists became regulated in the 1997–1999 Biennium.

Criminal Background Checks:

In January 2000, HPQA published a report in collaboration with the Department of Social and Health Services (DSHS) titled, *Background Checks*. The report was in response to Governor Locke's request for a study and recommendations on in-state and interstate criminal background checks as a condition for health professional licensing. The Governor's request was the result of media investigations that revealed health care providers with criminal backgrounds were working with vulnerable

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[7] SOURCE: HPQA Workload Indicators

[8] Rules serve the dual purpose of educating practitioners on standards of professional conduct and providing the legal basis for disciplining the few practitioners who violate them.

patients. The nature of the criminal offenses would have made them ineligible for licensure if the facts had been disclosed.

The study concluded that it would be best for HPQA to begin conducting in-state criminal background checks for new applicants for health care credentials. Federal criminal background checks could take months and be very expensive. The recommendation was to revisit the federal criminal background checks when electronic finger printing and transmission to the FBI become available in Washington.

A six-month pilot project to conduct Washington State criminal background checks on a select group of new credential applicants began in June 2000. By April 2001, criminal background checks were being conducted on all new applicants against public information available from the Washington State Patrol's database.

The primary purpose of the background check is to find information that the applicant may not have provided during the application process. If undisclosed criminal violations are found, appropriate action is taken against the applicant based on the nature of the violation. A criminal conviction may also be the basis for denying a practitioner's credential. At a minimum, the applicant is granted a credential and sent notification informing him/her that the criminal conviction was found but did not rise to the level of denying a credential. The information regarding the criminal conviction does remain a part of the practitioner's file and is available for public disclosure on request.

In the six months of the program beginning April 2001, 17,526 health care profession applicants were checked. Of those, 1,334 or 7.6 percent had Washington State criminal convictions. Of the 1,334 who had criminal convictions, 1,073 or 80.4 percent did not disclose the conviction on their application for a health care provider credential. In other words, 6.1 percent of the 17,526 applicants did not disclose criminal convictions.

Table 2
Criminal Convictions
(Six months beginning 4/1/2001)

	Type	Total Applicants	Number Hits	Number Disclosed	Number Non-Disclosed	Percentages: % With Convictions	Percentages: % Disclosed	Percentages: % Non-Disclosed
Acupuncturist	L	36	0	0	0	0.0%	0.0%	0.0%
Adult Family Home Provider	R	263	19	4	15	7.2%	21.1%	78.9%
Advanced Registered Nurse Practitioner	L	0	0	0	0	0.0%	0.0%	0.0%
Audiologist/Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	L,C	130	15	2	13	11.5%	13.3%	86.7%
Chemical Dependency Professional	R	569	121	27	94	21.3%	22.3%	77.7%
Chiropractor	L	66	5	1	4	7.6%	20.0%	80.0%
Counselor	R	1,192	132	42	90	11.1%	31.8%	68.2%
Dental Hygienists	L	150	4	0	4	2.7%	0.0%	100.0%
Dentist	L	63	3	1	2	4.8%	33.3%	66.7%
Denturist	L	7	0	0	0	0.0%	0.0%	0.0%
Dietitian/Nutritionist	C,C	50	0	0	0	0.0%	0.0%	0.0%
Dispensing Optician	L	144	8	1	7	5.6%	12.5%	87.5%
Healthcare Assistant	C	986	66	9	57	6.7%	13.6%	86.4%
Hypnotherapist	R	48	2	0	2	4.2%	0.0%	100.0%
Licensed Practical Nurse	L	19	0	0	0	0.0%	0.0%	0.0%
Marriage & Family Therapist	L	85	3	0	3	3.5%	0.0%	100.0%
Massage Therapist	L	451	23	5	18	5.1%	21.7%	78.3%
Mental Health Counselor	L	174	4	0	4	2.3%	0.0%	100.0%
Midwife	L	0	0	0	0	0.0%	0.0%	0.0%
Naturopathic Physician	L	45	0	0	0	0.0%	0.0%	0.0%
Nursing Assistant	C,R	8,493	758	144	614	8.9%	19.0%	81.0%
Nursing Home Administrator	L	0	0	0	0	0.0%	0.0%	0.0%
Nursing Pool Operator	R	219	11	2	9	5.0%	18.2%	81.8%
Occupational Therapist	L	35	0	0	0	0.0%	0.0%	0.0%
Ocularist	L	2	0	0	0	0.0%	0.0%	0.0%
Optometrist	L	39	1	0	1	2.6%	0.0%	100.0%
Orthotics/Prosthetics	L	7	1	1	0	14.3%	100.0%	0.0%
Osteopathic Physician	L	47	0	0	0	0.0%	0.0%	0.0%
Osteopathic Physician Assistant	L	0	0	0	0	0.0%	0.0%	0.0%
Pharmacies and Other	L	714	26	3	23	3.6%	11.5%	88.5%
Pharmacist	L	122	7	1	6	5.7%	14.3%	85.7%
Pharmacy Assistant	R	39	1	0	1	2.6%	0.0%	100.0%
Pharmacy Intern	R	0	0	0	0	0.0%	0.0%	0.0%
Pharmacy Technician	C	0	0	0	0	0.0%	0.0%	0.0%
Physical Therapist	L	178	0	0	0	0.0%	0.0%	0.0%
Physician	L	890	4	0	4	0.4%	0.0%	100.0%
Physician Assistant	L	33	2	0	2	6.1%	0.0%	100.0%
Podiatrist	L	2	0	0	0	0.0%	0.0%	0.0%
Psychologist	L	58	2	1	1	3.4%	50.0%	50.0%
Radiological Technician	C	328	13	1	12	4.0%	7.7%	92.3%
Registered Nurse	L	135	3	0	3	2.2%	0.0%	100.0%
Respiratory Care Practitioner	L	1	0	0	0	0.0%	0.0%	0.0%
Sex Offender Treatment Provider	C	9	0	0	0	0.0%	0.0%	0.0%
Social Worker	L	88	2	1	1	2.3%	50.0%	50.0%
Surgical Technologist	R	1,223	89	15	74	7.3%	16.9%	83.1%
Veterinarian	L	139	0	0	0	0.0%	0.0%	0.0%
Veterinary Medical Clerk	R	7	0	0	0	0.0%	0.0%	0.0%
Veterinary Technician	L	78	2	0	2	2.6%	0.0%	100.0%
X-ray Technician	R	162	7	0	7	4.3%	0.0%	100.0%
Total		**17,526**	**1,334**	**261**	**1,073**	**7.6%**	**19.6%**	**80.4%**

Types of Credentials: L=License; C=Certification; R = Registration

Goal 2: Ensure Credentialed Practitioners Provide Services According to Standards.

New Standards

Legible Prescriptions: In 2000 the Legend Drug Act, RCW 69.41.100, was modified to require that written prescriptions are legible. A legible prescription is:

A prescription or medication order issued by a practitioner that is capable of being read and understood by the pharmacist filling the prescription, or the nurse or other practitioner implementing the medication order.

Recognition that medication errors have been identified as a cause of unnecessary death and injury prompted the legislature's request that DOH study medication errors. DOH, in consultation with the Board of Pharmacy (BOP) and other professional licensing boards regulating prescriptive authority, submitted recommendations on methods to reduce medication errors. Based on national research done by the Institute of Medicine, DOH launched a focused effort to work with consumers, industry, health profession organizations, and experts in the field to develop a set of recommendations. The need for a comprehensive strategy by government, the industry, consumers, and health care providers to reduce medical errors emerged. The report and its recommendations can be found at: http://www.doh.wa.gov/MedErrors/document/Reportfinal.DOC.

Faxing Prescriptions for Controlled Substances: The legislature amended chapter 69.50 RCW, the Uniform Controlled Substances Act, in 2001 to make it consistent with Federal Drug Enforcement Administration regulations. Pharmacies are now able to accept FAX prescriptions for Schedule II drugs for patients of long term care facilities, including nursing homes, boarding homes, adult family homes, and for hospice patients. Pharmacy rules are being amended to accommodate the change.

Methamphetamines: Chapter 69.42 RCW, Precursor Drugs, was amended to restrict the sale of solid and liquid forms of methamphetamines when the individual transaction involves more than three packages or nine grams. Rules are being written by the BOP to give further guidance to pharmacists and shopkeepers.

Physician Assistant Certified: Rules applicable to physician assistants were amended to require that PAs must pass the national certification examination to be licensed in Washington.

Dentists Continuing Education: The dental rules were amended to add a requirement regarding continuing education.

Scope of Practice Changes

Advanced Registered Nurse Prescriptive Authority: In 2000, the Legislature authorized completion of prescriptive authority for ARNPs. The law allowed an ARNP to prescribe Schedule II-IV drugs when they had a joint practice arrangement with a physician. The joint practice arrangement is now described in rules jointly adopted in 2001 by the Nursing Care Quality Assurance Commission, the Medical Quality Assurance Commission, and the Board of Osteopathic Medicine and Surgery. ARNPs are independent practitioners who had previously prescribed only Legend and

Schedule V Drugs. The rules allow physicians and ARNPs to collaborate by filing their joint practice arrangements with the Nursing Care Quality Assurance Commission.

Advanced Registered Nurse Signature Authority: ARNP rules were amended to reflect their authority to sign death certificates.

Nurse Delegation: Nurse delegation in community-based settings was redefined in 2000 legislation. Community-based care settings are all licensed boarding homes, adult family homes, and homes for people with developmental disabilities. The legislation replaced the task list of items that could be delegated to nursing assistants with a list of three items that cannot be delegated: sterile procedures, injections and central line maintenance. Tasks can now be delegated according to the judgment of the registered nurse. The process is defined in rules adopted by the Nursing Care Quality Assurance Commission, in partnership with the Department of Social and Health Services (DSHS). DSHS regulates the settings.

Dental Care Access: 2001 legislation created an endorsement for dental hygienists and dental assistants to provide dental sealants and fluoride varnishes in school-based sealant programs for low-income, rural, and other at-risk populations. DOH is working in coordination with local public health jurisdictions, local oral health coalitions and the Superintendent of Public Instruction to define the process. Licensed dental hygienists can assess for and apply sealants and fluoride varnishes. Dental assistants, working under the general supervision of a dentist, can also apply sealants and fluoride varnishes. Dental hygienists licensed and dental assistants employed after the effective date of the act may provide dental sealants only after completing an education requirement currently being defined in rule.

Standards Review

Regulatory Reform: Governor Locke issued his Executive Order on regulatory reform in 1997. In response to that order, HPQA began a review of all of its 1,464 rules, half of the total within DOH. The rules were reviewed for need, reasonableness, effectiveness and efficiency, stakeholder involvement, coordination among regulatory agencies, consistency with legislative intent and statutory authority. Ninety percent of all the rules have been reviewed.

Chemically Impaired Practitioners

Statute Permits Alternative to Discipline: RCW 18.130.175 allows the disciplining authority to refer a practitioner to a voluntary substance abuse monitoring program in lieu of disciplinary action. The disciplining authority may also require that a chemically dependent health care provider participate in a substance abuse program.

Because chemical dependence is treatable, early and appropriate entry into effective treatment can save the health care provider's practice, license and even his/her life. Programs offer several services, including confidential consultation with the practitioners or other concerned individuals, such as the person who referred the practitioner for treatment. 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.

Programs Available: There are currently three substance abuse monitoring programs used by HPQA.

1. Washington Health Professional Services (WHPS) is available to all HPQA health professions except for medical physicians, physician assistants, pharmacists, osteopaths, podiatrists, and veterinarians.[9] WHPS offers a confidential and voluntary program for chemically impaired practitioners who experience the effects of chemical dependency in their lives and practices. Practitioners may also be mandated into the program by boards, commissions, or the Secretary. This is the only program of the three within HPQA that is staffed by DOH employees. WHPS also serves emergency medical personnel, intravenous therapy technicians, and paramedics who are regulated within another division of DOH. Profession program budgets provide funding to WHPS on a biennium basis. Only those professions that have health care providers utilizing the service provide funding to WHPS. The clients pay additional fees to providers outside WHPS for random urinalysis tests and support groups.

2. Washington Physicians Health Program (WPHP) is a confidential program for chemically impaired medical physicians, physician assistants, dentists (beginning in 2001–2003), osteopaths, veterinarians and podiatrists. WPHP began under the auspices of a Washington State Medical Association Committee in 1986. It has since evolved into an independent program assisting medical practitioners afflicted with alcoholism, other drug addiction, or mental illness. WPHP operates the program under a contract with DOH. HPQA staff provide oversight for the contract. Funding for this program is provided from a legislatively mandated account into which a surcharge of up to $25 per health care provider is deposited. Only those professions served by WPHP pay the surcharge on their license fee. The account is not subject to allotment restrictions. The clients pay additional fees to WPHP for random urinalysis tests and support groups.

3. Washington Recovery Assistance Program for Pharmacy (WRAPP) is also a voluntary substance abuse monitoring program. The WRAPP program provides education, intervention, assessment, treatment referral and monitoring services to pharmacists, pharmacy technicians and pharmacy assistants. The program contracts with DOH to provide services and HPQA staff provide contract oversight. The BOP may mandate practitioners into the program. The BOP funds the service and clients pay additional fees for random urinalysis tests and support groups.

[9] Due to a change in the Washington Physicians Health Program contract, dentists will be served by this program beginning with the 2001–2003 biennium.

Table 3
Alternative Programs for Chemically Impaired Practitioners

Profession	Credential Type	Total # Mandated 1999-2001	Total # Voluntary 1999-2001	Total # Enrolled	Total # Successful Completions 1999-2001
WHPS Program					
Audiologist	C	0	0	1	0
Chemical Dependency Professional	R	0	1	2	0
Chiropractor	L	0	0	0	0
Counselor	R	0	13	9	8
Dental Hygienist	L	1	1	2	0
Dentist	L	0	11	9	7
Health Care Assistant	C	0	3	3	2
Licensed Practical Nurse	L	11	15	109	14
Nursing Assistant	C, R	4	4	15	1
Occupational Therapist	L	0	2	2	1
Optometrist	L	0	0	1	0
Physical Therapist	L	0	1	3	0
Psychologist	L	0	3	2	2
Radiological Technician	C	0	1	2	0
Registered Nurse	L	21	52	237	82
Respiratory Therapist	L	1	0	1	1
Social Worker	L	0	1	0	1
Surgical Technologist	R	0	0	0	0
WPHP Program					
Osteopathic Physician	L	0	1	3	0
Osteopathic Physician Assistant	L	1	0	1	0
Physician	L	2	56	145	47
Physician Assistant	L	0	4	22	6
Podiatrist	L	0	1	2	0
Veterinarian	L	0	3	8	3
WRAPP Program					
Pharmacist	L	11	6	51	6
Pharmacy Technician	C	4	2	13	0
Total		**56**	**181**	**643**	**181**

Types of Credentials: L=License; C=Certification; R = Registration

Technical Assistance

Group Presentations, Individual Visits, and Written Advisories: Technical assistance for health care providers is often provided by staff on a one-to-one basis when requested. Presentations to groups of practitioners are becoming more common. Staff who support the work of the Medical Quality Assurance Commission, the Chiropractic Quality Assurance Commission, and the Board of Pharmacy provide licensee presentations. HPQA staff also provide training to students in the acupuncture, dental, dental hygiene, physical therapy, physician assistant, occupational therapy, and chiropractic x-ray technician professions.[10] Plans are being made by HPQA staff to present to denturist, veterinarian, and massage therapy students in the new biennium.

[10] SOURCE: HPQA Workload Indicators

Included in the individual visits listed below are inspections of licensed pharmacy sites. Pharmacy Board investigators, in addition to conducting investigations, provide site inspections and provide technical assistance that encourages compliance with a multitude of highly technical state and federal drug laws. Technical assistance by the Pharmacy Board is also regularly provided to law enforcement agencies and prosecuting attorneys throughout the state.

Group Presentations	734
Individual Visits	3,772
Written Advisory Information	7,484
Total	**11,988**

An objective within HPQA had been to increase the number of technical assistance efforts in presenting regulatory standards and expectations to health care providers from baseline year, 1998. HPQA was successful in the effort. The total 11,988 represents an increase of 60.8 percent.

Profession Newsletters: A number of HPQA programs produce newsletters for professions. The newsletters convey information on new standards (rules) adopted, profession policy decisions and information on practitioners who have been disciplined. Those practitioners receiving newsletter information include physicians, chiropractors, dentists, nursing home administrators, occupational therapists, pharmacists, physical therapists, physician assistants, nurses, psychologists, sex offender treatment providers, and veterinarians. Programs may send newsletters directly or provide articles to national health care provider associations for inclusion in their newsletters. Not all professions provide newsletters due to budgetary constraints. It is envisioned that enhancements during the new biennium to profession web sites will provide practitioners with timely and pertinent information.

Disciplinary Process Timeliness

Performance against Timelines: Ensuring that credentialed health care providers provide services according to regulatory standards also requires HPQA to assure a timely process for determining whether they are practicing safely.

In 1993, the Legislature amended the UDA, chapter 18.130 RCW, to require timelines for adjudication of complaints. Because of the statutory change, HPQA adopted model procedural rules in 1993 for secretary professions (Chapter 246-10 WAC) and for boards and commissions (Chapter 246-11 WAC). These rules included time periods for steps in the adjudicative process and allowed presiding officers to grant continuances for good cause.

In response to public concerns about reducing case resolution times, the UDA was amended again by the Legislature in 1995 to require time periods and enforcement mechanisms for assessment, investigation, and case disposition (closure, notice of correction, informal or formal action to be initiated). HPQA worked with boards and commissions to develop rules that went into effect in 1999. The new rules set the time periods for:

- Intake and assessment;
- Investigations;
- Case disposition; and

- Steps within adjudication that had not been addressed in the 1993 rules.

Extensions of the basic time periods are permitted, if good cause is demonstrated. "Good cause" is based on the facts and issues of the case and the situation surrounding the process. If granted, extensions result in oversight by higher levels of management during assessment, investigation and case disposition and by the presiding officer during formal adjudication.

From January 1998 to June 2001, HPQA reduced the average time of intake and assessment from 32 days to seven days. During the same time period, HPQA reduced the average time for resolution or closure of cases from 545 days to 235 days. The sharpest decrease was seen between 1998 and 1999. There continues to be a slight decrease, but with current staffing levels further decreases may not be possible unless the threshold for investigation is further raised.

Table 4
Performance against Timelines[11]

Step[12]	**Basic Time Period**	**Average Days 7/1/99-6/30/00**	**Average Days 7/1/00-6/30/01**
Intake and Initial Assessment	21 days	7	7
Investigation	170	104	100
Case Disposition	140	80	73
Statement of Allegations—Receive Response	14	39	18
Stipulation to Informal Disposition—Signed and presented	60	33	39
Stipulation to Informal Disposition—Serve Respondent	Included in 60 days	7	6
Statement of Allegations to Statement of Charges	60	61	112*
Statement of Charges—Receive Answer	20	30	26
Statement of Charges—Produce Scheduling Order	30	12	14
Adjudication of Statement of Charges	180	182	166
Serve Final Order	45	8	7
Prepare Default Order	60	54	56
Serve Default Order	45	8	9
Steps Completed Within Basic Time Period[13]		**88.32%**	**90.21%**

*NOTE: The average number of days increased in the last year of the biennium to 112 over the first year biennium figure of 61. A transfer of a large volume of cases in the nursing professions from HPQA to the Office of the Attorney General accounts for the increase in time to close out this step of the process.

Objectives set by HPQA for the 1999–2001 Biennium regarding timeliness included increasing to 90 percent the number of complaints resolved within timelines. That goal was successfully attained. This also included the resolution of unlicensed practice complaints.

Another objective set by HPQA was that 65 percent of pharmacy inspections would be completed within established timelines. Seventy-eight percent of the inspections were completed within timelines with 100 percent of those inspected expressing a "satisfied" or higher rating regarding the inspection process.

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[11] See page 65 for Performance against Timelines, four-year comparison.

[12] SOURCE: HPQA Business Administration Tracking System, Average Step Days Per Closed Case Report

[13] SOURCE: HPQA Business Administration Tracking System, Case Step Statistical Report

Compliance

Compliance Monitoring Standards: HPQA increased its technical assistance efforts to prevent health care providers from violating the law and having complaints filed. However, health care providers do come to HPQA's attention and after due process are issued disciplinary orders that include requirements and conditions to continue in practice. These individuals are monitored for compliance with the order for a specified length of time.

An objective of HPQA during the biennium was to assure that compliance is monitored out in a consistent manner across professions. A new policy was adopted that establishes procedures for all programs when a health care provider has been placed on compliance, requests modification to their order, requests reinstatement without conditions, or fails to comply with an order.

Goal 3: Enhance the Ability of the Public to Make Informed Decisions.

HPQA has several avenues by which the public and health care practitioners can obtain information.

Electronic Access

Automated Verification Service (AVS): Developed during the previous biennium, the system allows hospitals, insurance providers, and managed health care organizations to obtain information on health care practitioners 24 hours a day, seven days a week. The AVS System can be accessed either by telephone (360) 664-4111 or by computer modem (360) 664-4144. Credentialed persons can also call the AVS to verify their own credential, see if their renewal has been processed, or if there are any open or closed complaints. The system is available for all 55 health care professions. During the biennium, 631,615 verifications were provided. (See Table 5) [14] Staff has benefited from the AVS system because it reduces the time necessary to provide the information orally. Hospitals, insurance carriers, managed care organizations, and individual practitioners benefit from being provided with easy access to practitioner information. A limitation to use of the system by the general public is that it is necessary to enter the 10-digit credential number to access the provider information.[15]

Public Disclosure of Information

Public Disclosure: Our public disclosure process allows individuals access to copies of information concerning health care practitioners' credential and disciplinary status. HPQA processed 12,971 requests for public disclosure this past biennium.[16] The types of public disclosure requests vary considerably and can include requests for copies of complaints, disciplinary cases, and credential application files. HPQA also receives thousands of telephone requests for license verifications and processed 25,007 requests for written verifications of credential status.

Public disclosure requests are a major workload for HPQA staff because there is information that cannot be released to the public, such as home address, social

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[14] SOURCE: HPQA ASI data ad hoc report (IVR Logs)
[15] See page 66 for an AVS biennia comparison.
[16] SOURCE: HPQA Workload Indicators

Table 5
Automated Verifications

Profession	Type	Voice	Modem	Total
Acupuncturist	L	1,736	889	2,625
Adult Family Home	R	669	3	672
Audiologist/Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	L, C	775	1,197	1,972
Chemical Dependency Professional	R	409	88	497
Chiropractic X-Ray Technician	R	5	2	7
Chiropractor	L	6,171	4,749	10,920
Counselor	R	16,929	13,152	30,081
Dental Hygienist	L	240	22	262
Dentist	L	6,639	6,068	12,707
Denturist	L	55	2	57
Dietitian/Nutritionist	C, C	627	652	1,279
Dispensing Optician	L	266	89	355
Health Care Assistant	C	3,148	462	3,610
Licensed Practical Nurse	L	25,125	1,443	26,568
Massage Therapist	L	7,046	3,130	10,176
Midwife	L	159	697	856
Naturopathic Physician	L	1,112	750	1,862
Nursing Assistant	C, R	73,655	3,351	77,006
Nursing Home Administrator	L	210	7	217
Nursing Pool Operator	R	123	12	135
Occupational Therapist	L	1,567	1,405	2,972
Occupational Therapist Assistant	L	415	38	453
Ocularist	L	19	21	40
Optometrist	L	2,690	4,597	7,287
Orthotics/Prosthetics	L	158	282	440
Osteopathic Physician & Surgeon and Physician Assistant	L	3,794	4,714	8,508
Pharmacist and Pharmacy Assistant, Interm and Technician	L	2,223	427	2,650
Physical Therapist	L	7,559	7,073	14,632
Physician and Physician Assistant	L	117,416	149,946	267,362
Podiatrist	L	2,131	4,002	6,133
Psychologist	L	5,074	5,602	10,676
Radiological Technician	C	1,580	253	1,833
Registered Nurse and Advanced Registered Nurse Practitioner	L	85,850	35,772	121,622
Respiratory Care Practitioner	L	2,178	214	2,392
Sex Offender Treatment Provider	C	84	120	204
Surgical Technologist	R	125	37	162
Veterinarian	L	1,887	0	1,887
Veterinarian Medical Clerk	R		1	1
Veterinary Technician	L	34	3	37
X-Ray Technician	R	413	47	460
Totals		**380,296**	**251,319**	**631,615**

Types of Credentials: L = License; C = Certification; R = Registration

security number, and health care records. Complete files need to be copied. Non-releasable information is removed and the entire file is recopied. Staff must then list in a cover letter all materials not released and the reasons they were not provided. There is also an appeal process for requesters who are not satisfied with the results. In order to assure responses to public disclosure requests meet legal standards regarding what can and cannot be released, additional training was provided this biennium on revisions to the HPQA Public Disclosure Policy. HPQA staff also participated in an agency project to design on-line interactive training for staff in the basics of public disclosure.

Table 6 lists the number of requests received for file documents only.

Table 6
Public Disclosure Requests[17]

Profession	Type	Public Disclosure Requests
Acupuncturist	L	14
Adult Family Home	R	6
Advanced Registered Nurse Practitioner	L	81
Audiologist/Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	L, C	49
Chemical Dependency Professional	R	15
Chiropractic X-Ray Technician	R	0
Chiropractor	L	865
Counselor	R	213
Dental Hygienist	L	21
Dentist	L	1,116
Denturist	L	71
Dietitian/Nutritionist	C, C	0
Dispensing Optician	L	13
Health Care Assistant	C	4
Hypnotherapist	R	8
Licensed Practical Nurse	L	314
Marriage & Family Therapist	L	73
Massage	L	51
Mental Health Counselor	L	189
Midwife	L	16
Naturopathic Physician	L	56
Nursing Assistant	C, R	306
Nursing Home Administrator	L	10
Nursing Pool Operator	R	1
Occupational Therapist	L	53
Occupational Therapist Assistant	L	22
Ocularist	L	0
Optometrist	L	46
Orthotics/Prosthetics	L	4
Osteopathic Physician & Surgeon	L	242
Osteopathic Physician Assistant	L	1
Pharmacies & Other Pharmaceutical Firms	L	0
Pharmacist	L	134
Pharmacy Assistant	R	0
Pharmacy Intern	R	0
Pharmacy Technician	C	0
Physical Therapist	L	122
Physician	L	7,386
Physician Assistant	L	161
Podiatrist	L	119
Psychologist	L	273
Radiological Technician	C	2
Registered Nurse	L	686
Respiratory Care Practitioner	L	6
Sex Offender Treatment Provider	C	30
Social Worker	L	146
Surgical Technologist	R	0
Veterinarian	L	40
Veterinary Medication Clerk	R	0
Veterinary Technician	L	5
X-Ray Technician	R	1
Total		**12,971**

Types of Credentials: L = License; C = Certification; R = Registration

[17] See page 65 for Public Disclosure Request biennia comparison.

Public Awareness of HPQA

Pyramid Communications Report: In 1999 a poll convincingly demonstrated that the vast majority of Washington residents are not familiar with the DOH HPQA role and services provided. Nearly one-third of those surveyed said they would be most likely to contact the Washington State Medical Association (WSMA) for information about credentials of health-care providers, facilities or services. In fact, WSMA only represents about one-third of the state's physicians and has no legal authority over those who practice medicine.

In 2000 HPQA hired Pyramid Communications to develop a strategic communications plan to increase the public's awareness about the services that HPQA provides to health care consumers. After conducting interviews and reviewing HPQA's web site and other materials, key opportunities and barriers were identified.

Opportunities:

- An improved web site will provide a cost-effective, efficient way to enhance public access to health and safety information.
- An online database of health care providers creates an opportunity to launch a public awareness campaign.
- HPQA's communications should emphasize the key role it plays as a public health and education resource.
- A centralized telephone database will enhance HPQA services.
- Strong partnerships to disseminate information about HPQA should be developed with appropriate partners.

Barriers:

- The information currently available to the public doesn't tell the whole story about a practitioner.
- Information must be made available on a more timely basis. Currently public disclosure requests received in writing and asking for documents can take weeks because of the volume and the complexity of redaction.
- Before launching a public campaign, HPQA must make sure that adequate staff and structure are available to handle "prospective" calls in addition to existing investigatory and licensing responsibilities.

This information along with information gathered from a HPQA Management Team organizational analysis was used to move forward with two major projects: 1) Customer Service Center; and 2) Web-based Practitioner Look-up. These projects were begun in 2001. The Customer Service Center was opened in January 2002. It is expected that the Practitioner Look-up will be launched on the web by spring 2002.

Each of the professions has its own web site. These are being updated and will be streamlined by having all standard information common to professions on a HPQA web page that can serve as a portal or become the source of information from a profession-specific page.

Goal 4: Improve the Quality of our Business.

Customer Service Performance

Customer Counter Calls: During the 1999–2001 Biennium, 6,831 customers who came into the Olympia office on regulatory business evaluated the quality of service they received from HPQA. Visitors seeking assistance with a variety of needs such as credential renewal, verification of health care providers' credentials, applications, name and address changes, and general inquiries voluntarily completed survey cards. Statistics indicate that 45 percent of all customer services we provide are associated with the nursing profession.[18]

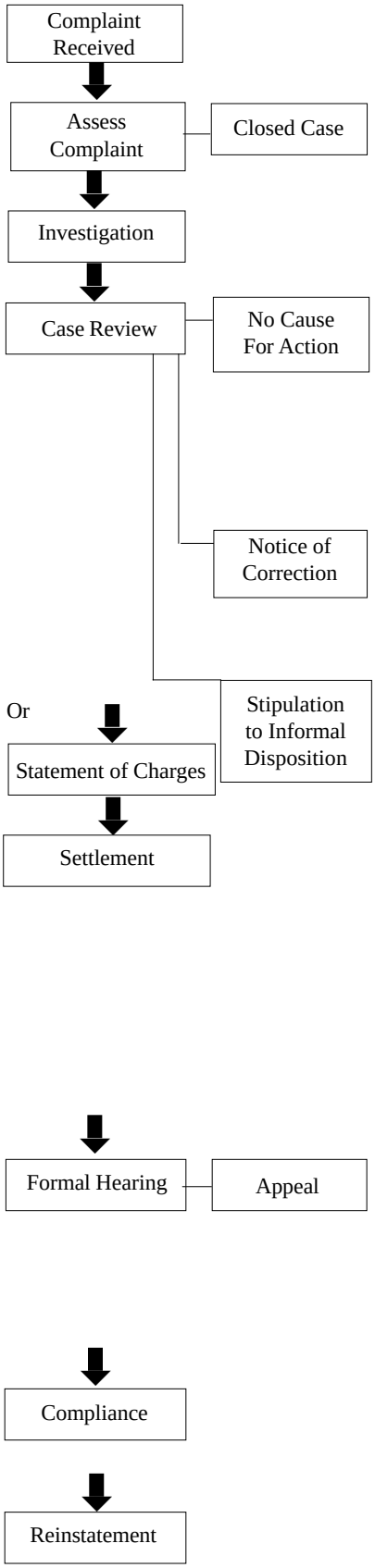
HPQA's objective was to reach a 90 percent satisfaction rate during the biennium. At the end of June 2000 the satisfaction rate reached 86 percent and by the end of June 2001 had climbed to 87.6 percent indicating their experience was satisfactory or excellent in the areas of efficiency, staff knowledge, and friendliness.

Disciplinary Process and Review

Process: At the Governor's direction and in response to constituent concerns, HPQA contracted with David M. Howe, Public Knowledge, Inc., to conduct a review of the investigative and decision-making processes of HPQA and its associated boards and commissions. Following is an overview of the disciplinary process to provide a context for the report findings.

[18] SOURCE: HPQA Director's Office

Chart 1
Disciplinary Flow



Reports and complaints are received from a variety of sources and reflect widely varying degrees of seriousness.

Upon receipt, a file is set up, credential status checked and former cases traced. An initial assessment is done, a case management team or board/commission review and decide to close the case or forward for investigation.

Cases requiring investigation are forwarded to a health care investigator to gather the facts surrounding the case.

The case management team reviews investigated complaints. For secretary authority professions, the team makes a case disposition recommendation to a profession executive director. For boards and commissions, the team makes a recommendation to the reviewing board member or panel to decide case disposition (close no cause for action, notice of correction, issue a statement of allegations, or statement of charges).

A Notice of Correction (NOC) notifies the health care provider that violation of a statute or rule has been documented. The provider is given a reasonable period of time to correct the violation. It is not considered disciplinary action.

A Stipulation to Informal Disposition (STID) is a method for the disciplinary authority to resolve a case without the health care provider admitting to unprofessional conduct, but agreeing to corrective action. A STID is reportable to national data banks, but is informal and not distributed to the media.

A Statement of Charges is issued when information obtained in the investigation substantiates the allegations and formal disciplinary activities are determined to be necessary.

A settlement conference is made available to all respondents who have formally received a statement of allegations or charges. The desired outcome of the settlement conference is a mutually agreed upon STID or Agreed Order which can be presented to the disciplining authority for approval.

At a formal hearing, an assistant attorney general presents the case. The disciplinary authority makes a decision after hearing. Final orders may mandate revocation, suspension, restriction or limitation. All statement of charges and final orders are publicly disclosable and distributed to the media. The health care provider has the right to appeal the decision to superior court.

HPQA staff monitor compliance with conditions in orders. Conditions may include practice reviews, urinalysis reports, patient notification, progress reports, and/or continuing education.

When conditions of compliance are met, the provider requests a termination of the conditions.

Report Findings and Status: Public Knowledge, Inc. reviewed the processes and addressed procedural and systemic weaknesses. The report acknowledged the fundamentally sound nature of the processes and made 16 prioritized recommendations for improvement. Those recommendations were:

1. Train licensees on frequent compliance issues
2. Enhance policy tools to address repeat offenders
3. Develop a policy for incorporating the impact of felony or gross misdemeanor convictions
4. Enhance existing DOH web site and public information system to include full practitioner disciplinary history
5. Enhance training for board/commission members
6. Stagger terms of public members
7. Continue to improve materials given to new complainants
8. Improve closure letters
9. Establish a formal public contact point
10. Tighten rules on recusal and training on when to recuse
11. Tighten rules on appearances
12. Change role of Case Management Teams (CMT) to include recommending charging decisions
13. Include public members in the review and approval of agreed order
14. Appoint additional public members to certain board and commissions
15. Rotate program managers
16. Conduct a limited annual case audit procedure

The prioritization assigned was noted, but in determining the timing for action on each recommendation, it was necessary to relate those actions to existing priorities, current initiatives, and additional responsive action needed. HPQA management also determined that, regardless of the priority assigned in the report, each of the recommendations should be addressed by specific outcome-directed activity. A report status is provided as Appendix G.

Disciplinary Process Consistency:

Case Management Teams: The Legislature has directed that there be consistency from profession to profession in the process to resolve reports and complaints against practitioners. Case Management Teams were established in the previous biennium in each of the six HPQA sections to timely process and consistently handle complaints.

The teams, consisting of program staff, investigators and staff attorneys, review all new reports weekly. The team determines whether the report warrants investigation for secretary authority professions. For boards and commissions, the team uses criteria established by the board or commission to make the decision or to make a recommendation to the board or commission.

The case management teams also review the results of investigations. For secretary authority professions, the team makes a recommendation to a HPQA section executive director to close the case or to take disciplinary action. For boards and commissions, the team makes a recommendation to a reviewing board member or panel.

During the 2001–2003 Biennium, the Case Management Team process will be reassessed to assure that the intent of the process is being carried out.

Use of Board/Commission Panels: Boards and commissions are using panels of no less than three members, who meet more frequently than the full boards and commissions. Telephone conferences rather than face-to-face meetings are used as well. These panels make initial assessment and case disposition decisions on a regular and frequent schedule to comply with timelines.

Threshold Criteria for Investigation: Threshold criteria have been established in policy for all secretary authority professions, boards and commissions. These criteria are used to decide whether a case should be closed rather than expend resources on investigation. Cases are closed before investigation when the facts indicate closing the case would not result in significant public protection concerns. The same criteria are applied and a case may be closed after investigation when the facts lead to no significant concerns. These criteria assure consistency across professions.

Case Disposition Guidelines: Case disposition criteria have been established in policy for all professions. These criteria are applied after cases are investigated to determine appropriate action, including notice of correction, informal disposition and formal charges. These criteria assure consistent actions across professions.

Legislation Enhances Quality of Business

Use of Board/Commission Pro Tem Members: In 2001, the Legislature amended chapter 18.130 RCW, UDA, to allow appointment by the Secretary of additional pro tem members to boards and commissions. This was in response to an increasing workload. HPQA is working to increase the pool of eligible public members available for consideration as pro tem members.

Surrender of License: RCW 18.130.160 was amended in 2001 to add a new subsection that permits the surrender of a practitioner's credential, once a Statement of Charges or Statement of Allegations has been issued. HPQA has developed a policy to guide the use of the surrender of license as a disciplinary tool.

Adjudicative Clerk Office:

The Adjudicative Clerk Office (ACO), established within HPQA in July 1997, acts as a liaison between the parties, program staff and the Office of Professional Standards (OPS) to facilitate uniform due process. The ACO is the custodian of record for disciplinary cases from issuance of the initiating document through final case disposition for boards, commissions and secretary professions.

Specific activities include maintaining official records, scheduling cases, serving legal documents, tracking cases, responding to public disclosure requests, certifying records to superior court for all petitions for judicial review, issuing suspension notices for defaults on student loans and non-compliance with child support orders, and reporting all adjudicative actions to the Health Care Integrity Protection Data

Bank. During the 1999–2001 biennium the ACO issued over 1,774 docket numbers, served 4,373 motions or orders, and scheduled 1,658 cases.[19]

Office of Professional Standards

The Office of Professional Standards (OPS) works closely with the ACO to provide consistent, efficient adjudicative processes for all parties in a case. Health law judges make prehearing decisions and preside at hearings where allegations of unprofessional conduct have been brought against health care providers. As an impartial and independent body separate from HPQA, the judges report to a senior health law judge and are accountable to the Secretary. Support staff for the office report to the Deputy Director of HPQA.

The primary responsibilities of the judges are to conduct prehearing proceedings for boards, commissions and the Secretary, to rule on motions and to prepare prehearing orders. Judges conduct legal proceedings on behalf of the Secretary and are the final decision makers in those cases. They also preside during hearings with panels of board and commission members. The three full-time and five contract health law judges manage legal proceedings for boards and commissions, but have no authority to make final decisions unless the board or commission delegates them that authority. The boards and commissions make final decisions and the judges draft orders based on those decisions. The board or commission panel chair must sign the final orders.

During the 1999–2001 Biennium, OPS judges conducted 1,479 proceedings and wrote 2,478 orders.[20]

[19] SOURCE: HPQA ACO
[20] SOURCE: HPQA OPS

Learning from Case Appeal Decisions

Once a final case disposition decision is made, a practitioner has the right to appeal the decision to a superior court for judicial review. The ACO, as the custodian of record for disciplinary cases, certifies and sends the state's record of the case to the court. Cases in which the decision of the regulatory authority is overturned or remanded are debriefed by HPQA staff with the regulatory authority once a final decision has been made and a case can no longer be appealed. The debriefing usually involves the reviewing board or commission member, staff attorney, prosecuting assistant attorney general, and the health law judge. They present a summary of the case facts and what led to the final decision in an effort to educate and prevent future case dismissals or remands.

Table 7 describes Superior Court rulings on disciplinary cases issued during the 1999–2001 Biennium. Where information is available on the outcome of an appeal, the information is shown.[21]

Table 7
Case Appeal Activity

Docket No.	Profession	Superior Court/Other	Outcome
98-10-A-1009CH	Chiropractic	King	Case dismissed. Chiropractic Commission decision stands.
99-09-A-1010DE	Dental	Thurston	Case dismissed. Dental Commission decision stands.
	Medical	King	Case dismissed. Medical Commission decision stands.
98-04-A-1068MD	Medical	Thurston	Case dismissed. Medical Commission decision stands.
97-07-A-1084MD	Medical	Thurston	Case dismissed. Medical Commission decision stands.
98-11-A-1022MD	Medical	Pierce	Medical Commission decision overturned.
00-06-A-1097MD	Medical	Pierce	Medical Commission decision overturned.
97-06-A-1140MD	Medical	King	Case dismissed. Medical Commission decision stands.
97-08-A-1081MD	Medical	Grant	Medical Commission decision overturned. Commission appealing decision to appellate court.
97-06-A-1212MD	Medical	King	Medical Commission decision upheld at superior and appellate court levels, but Washington State Supreme Court remanded case back to Commission to be heard again based on a higher level of evidence–clear & convincing. State appealed to federal level due to possible implications for all administrative hearings. (U.S. Supreme Court denied petition.)
98-04-A-1069MD	Medical	King	Remanded back to Medical Commission for decision on one charge only. All other charges were vacated.
99-08-B-1044MH	Mental Health Counselor	King	Case dismissed. Secretary decision stands.
99-03-B-1105NC	Nursing Assistant	King	Case dismissed. Nursing Commission decision stands.
99-04-A-1037OD	Optometry	King	Case dismissed. Practitioner Deceased.
97-08-A-1049OP	Osteopathic	Thurston	Remanded to Osteopathic Board for consideration in light of Washington Supreme Court ruling on increased burden of proof. Board reaffirmed its decision. Judicial review in superior court pending.
97-06-A-1005PT	Physical Therapist	Thurston	Case dismissed. Physical Therapy Board decision stands.
98-04-A-1061PY	Psychology	Chelan	Psychology Board decision overturned.
98-10-B-1015RC	Registered Counselor	Thurston	Case dismissed. DOH Secretary decision stands.
99-03-A-1031RN	Registered Nurse	Thurston	Case dismissed. Nursing Commission decision stands.
98-05-A-1083RN	Registered Nurse	Pierce	Case dismissed. Nursing Commission decision stands.
97-10-A-1077RN	Registered Nurse	Spokane	Nursing Commission decision overturned.

[21] SOURCE: HPQA ACO and Office of the Attorney General.

Overlapping Scope of Practice

Questions frequently come to boards, commissions and staff from practitioners or health care consumers regarding what is permissible within the scope of practice of a particular health profession. The board, commission, or staff to secretary professions, interprets individual practice acts (laws) with advice from its assistant attorney general, in order to respond to the questions. If the law is not clear, it makes a determination based on its expert knowledge and research of current commonly accepted practice. An index of previously issued interpretive or policy statements is maintained. It may also serve as a source of information for new inquiries. (The Nursing Care Quality Assurance Commission refers to these statements as advisory opinions or position statements.)

Prior to 1995 legislation, boards and commissions issued statements with little or no input from other professions. In 1995, RCW 18.130.065 was enacted mandating the Secretary to review and coordinate all proposed interpretive statements, policy statements and declaratory orders. The intent of the review process was to assure communication among affected professions prior to the issuance of a statement regarding scope of practice.

In an effort to further enhance communication across the professions, the Nursing Care Quality Assurance Commission with staff support from the HPQA Policy Office took the lead in a series of meetings. Other meeting participants were board, commission members, and staff from the Medical Quality Assurance Commission, Dental Quality Assurance Commission, Board of Pharmacy, and the Board of Osteopathic Medicine and Surgery. These are the regulatory authorities most often involved in overlapping scope of practice issues. The group met four times from January through June 2001.

The workgroup developed a purpose statement, “To optimize communication between and among health professions quality assurance (HPQA) regulatory authorities to address potential areas of conflict prior to final statements being issued.” It also created a decision tree that boards, commissions or programs could send to practitioners to empower them to find their own answers. The decision tree was taken from a nationally accepted nursing model and it leads the individual through a series of questions to assist them in determining whether a particular act is within their scope of practice. Information was developed to accompany the decision tree that provides the inquirer with directions on how to request assistance, if they do not find the decision tree helpful enough.

At the last meeting of the workgroup in June 2001, a draft revised HPQA policy statement, *Interpretive Statements, Policy Statements, and Declaratory Orders Proposed for Adoption or Issuance by Boards, Commissions, or Secretary Professions,* was approved. The policy includes a questionnaire to be filled out by program staff particularly emphasizing the need to contact other professions and interested parties before issuing a statement. It also includes the decision tree as a resource for use by the professions.

The policy was formally adopted by HPQA on August 28, 2001. Training was provided to HPQA staff on the policy. Individual boards and commissions were notified of the new policy as well.

Facilities and Services Licensing and HPQA Joint Investigation Process Improvement

We have been asked why Facilities and Services Licensing (FSL), a subdivision within DOH that regulates facilities (e.g., hospitals) and HPQA do not investigate as a team and why information and evidence gathered is managed differently by the two DOH subdivisions.

An intra-agency team of individuals representing investigation units and legal advisors with participation from management representatives was formed to explore the issues. As a first step, the legal barriers to obtaining information from facilities and individual health care providers were discussed. Second, the investigative processes used by FSL and HPQA were detailed for the participants.

The process of bringing the two subdivisions together fostered better communication from the outset. Other learning included:

- Only information that could be legally obtained by HPQA could actually be given to HPQA by FSL according to present statutes. The same is true for HPQA sharing evidence with FSL. It could only be shared if FSL had the legal authority to obtain the evidence in the first place.
- Federal laws require a very quick investigative response by FSL. HPQA is limited in its response time by the "Whistle Blower" law that requires a written release in order to obtain records that may contain a complainant's name.
- Early communication between FSL and HPQA chief investigators or other investigators allows for faster teamwork, or coordinated individual investigations. A "Quick Response Team" concept was developed.

Additional work is being done by FSL regarding records retention. Cross training of all investigators on similarities and differences in the FSL and HPQA processes is being planned.

DOH and Department of Corrections Offender Health Care Standards

FSL inspects Department of Corrections (DOC) health care facilities. HPQA responds to complaints from offenders and DOC staff regarding health care. Questions or concerns about health care brought to FSL or HPQA from a variety of sources may have resulted in varied responses and some confusion.

In the fall of 2000 representatives of DOC, HPQA and FSL met to lay the groundwork for a combined effort to develop written standards for the health care of offenders against which FSL would inspect facilities. A cooperative agreement between the two agencies was signed. The agreement established a management oversight team as well as a core team that would actually write the new standards. The core team members represent the functional areas, organizational and professional interests within DOC, HPQA and FSL.

The core team has been meeting twice a month since early 2001. Two documents with standards for major institutions and minimum security facilities have been combined into one document titled, *Standards of Health Services Division for the Operation and Maintenance of Health Services in Correctional Facilities.* The document is still in draft form. Both DOC and HPQA policies referencing patient care have been cross-referenced in the document.

Four priority issues are currently being addressed:

- Movement and transfer of offenders within the system and outside the system into the community;
- Mental health;
- Medications and pharmacy operational issues; and
- Offender medical records.

It is anticipated the work will continue into the new biennium. Of particular importance will be communication of the findings and recommended processes to be used to address issues in the future. Boards, commissions, DOH and DOC staff members will need to be apprised of the new standards and asked to adopt them, if necessary.

Exploring Solutions to Health Care Provider Shortages

According to a report from the Workforce Training and Education Board, Washington's shortage of health care workers is at a crisis level. Health occupations that face critical shortages include nurses, medical aides, dental hygienists, billers and coders, laboratory personnel, pharmacists and radiological technicians.

In 2001, HPQA staff began participating on a division workgroup. The purpose of the workgroup was to determine what actions could be taken both short (2001–2003) and long term (2003–2005) to encourage a sufficient, diverse and competent workforce to provide health care. HPQA already had methods in place to permit alternative entries to a credential. They include:

- Emphasis on the use of national exams rather than requiring Washington State-specific exams;
- Allowing a credential endorsement from other states with substantially equivalent requirements; and
- Expanding the number of state exams accepted, allowing education, training or work experience in lieu of exams—in certain professions.

Other activities were identified that HPQA could accomplish in the short term:

- Evaluate licensure applications for appropriate readability (by grade level) and make changes as warranted;
- Evaluate technical assistance provided during the application process and make changes as appropriate;
- Continue to encourage regulatory authorities to use national exams;
- Continue to raise consciousness of boards and commission through presentations and sharing information of ongoing efforts;
- Research military health care provider education and training equivalency to determine whether they meet Washington State credentialing requirements or not;
- Encourage development of practice standards that permit telehealth practices;
- Encourage regulatory authorities to re-evaluate approved schools; and

- Assist in applicant educational efforts regarding practice in underserved areas by providing existing brochures that include financial incentive or other information when sending out application packets.

Longer term possibilities included:

- Explore with regulatory authorities consideration of special certifications to allow providers more flexibility in both rural and urban underserved areas;
- Encourage regulatory authorities to allow continuing education credit for providers volunteering services to underserved populations and for cultural sensitivity training;
- Explore with regulatory authorities consideration of discounting credentialing fees in underserved areas; and
- Encourage regulatory authorities to consider flexibility in scopes of practice including allowing practice according to training.

The Nursing Care Quality Assurance Commission (NCQAC) has started a process to review the licensing rules for registered nurses, licensed practical nurses and advanced registered nurse practitioners. The purpose of the review is to identify barriers to licensure, inconsistencies in the licensing rules, and to provide a rationale for the requirements. The NCQAC is also working with the council of Nurse Educators of Washington State to encourage flexibility in their class scheduling to remove barriers to students. They are also participating in the Washington State Tri-Council for Nursing composed of members of the Washington State Nurses Association, the Northwest Organization of Nurse Executives and the Council of Nurse Educators of Washington State to address the nursing shortage collaboratively with nursing unions, employers and educators with a focus on registered nurses. DOH representatives are also active participants in meeting with the state's Workforce Training and Education Board.

Recommendations

RCW 18.130.310 states that the biennial report may include recommendations for improving the disciplinary process, including proposed legislation.

DOH did not propose specific legislation to modify the Uniform Disciplinary Act (UDA) for consideration by the 2002 Legislature. However, the following areas warrant future consideration:

Funding Challenges

A number of professions are smaller in comparison to other professions. For example there are approximately 100 licensed denturists versus 63,000 registered nurses in Washington. RCW 43.70.250 mandates that the costs of each professional, occupational or business licensing program be fully borne by the members of that profession, occupation or business. To support the regulatory activities of the denturist program, a credentialing fee of $1375 per year is charged while the annual fee for a registered nurse is $50.

The current fee for any profession does not guarantee costs will be covered. The number of credentialed health care providers in a profession can fluctuate. The number of complaints that result in lengthy and costly disciplinary proceedings can change from year to year. A single case appealed to higher levels can do great damage to a small professions' budget. The current rule-making process to create profession standards can also be very resource intensive. When increased costs continue over time, it becomes necessary to increase the profession's fee. That may discourage participation in a particular health care practice.

In an era of health care workforce shortages, financial barriers to licensure need to be carefully reviewed and possibilities explored.

Disciplinary Process Improvements

Potential changes to strengthen the UDA include:

- Add a prompt action process for failure to comply with a disciplinary order to reduce disciplinary costs and better protect the public.
- Add a provision to bar any form of financial exploitation of patients.
- Add a provision within RCW 18.130.180(5) that a practitioner who, in lieu of disciplinary action, voluntarily surrenders a credential issued by another state could be charged with unprofessional conduct in Washington.
- Allow an inactive status credential for all professions.
- Add a records protection provision for practitioners participating in continuing competency programs.
- Rewrite chapter 19.68 RCW, Rebating by Practitioners to clarify the statute and to define sale of goods.

Section 2
Uniform Disciplinary Act Activity

Investigation, Closure and Case Resolution

The Uniform Disciplinary Act (UDA), chapter 18.130 RCW, provides standardized processes for discipline of practitioners and serves as the statutory framework for the regulation of health care providers in Washington State. This section of the report contains quantitative data concerning investigations, case closures and case resolutions involving health care providers from July 1999 through June 2001.

Investigation

During the biennium, HPQA received a total of 12,216 complaints against credentialed health care providers and unlicensed persons. A total of 2,349 open complaints were carried over from the previous biennium.[22] Complaints are assessed for jurisdiction, possible violation, and threshold criteria. Complaints determined not to warrant investigation are usually closed within 21 days.[23] A total of 6,262 investigations were completed during the biennium.[24]

Table 8
Investigation Activity by Profession[25]
7/1/99–6/30/01

Profession	Complaints Received	Investigations	Unlicensed Investigations	Total
Acupuncturist	11	11	1	12
Adult Family Home	556	159	4	163
Advanced Registered Nurse Practitioner	62	29	0	29
Audiologist/Hearing Instrument Fitter/ Dispenser/Speech Language Pathologist	93	47	2	49
Chemical Dependency Professional	64	53	0	53
Chiropractic X-Ray Technician	2	2	0	2
Chiropractor	281	178	5	183
Counselor	301	214	26	240
Dental Hygienist	13	8	2	10
Dentist	816	594	4	598
Denturist	23	25	3	28
Dietitian/Nutritionist	1	0	2	2
Dispensing Optician	34	22	14	36
Health Care Assistant	75	69	1	70
Hypnotherapist	2	3	0	3
Licensed Practical Nurse	944	362	3	365
Marriage & FamilyTherapist	19	8	0	8
Massage Therapist	104	89	24	113
Mental Health Counselor	65	36	3	39
Midwife	21	21	2	23
Naturopathic Physician	17	11	3	14
Nursing Assistant	3,409	563	3	566
Nursing Home Administrator	48	50	0	50
Nursing Pool Operator	5	2	0	2
Occupational Therapist	9	9	0	9
Occupational Therapy Assistant	1	1	0	1
Optometrist	63	38	6	44
Orthotics/Prosthetics	14	6	6	12
Osteopathic Physician & Physician Assistant	165	67	0	67

[22] SOURCE: HPQA ASI Licensing Data
[23] See page 63 for Complaint biennia comparison.
[24] See page 63 for Investigation Activity biennia comparison.
[25] SOURCE: HPQA Business Administration Tracking System

Profession	Complaints Received	Investigations	Unlicensed Investigations	Total
Pharmacies & Other Pharmaceutical Firms	614	432	0	432
Pharmacist	575	450	0	450
Physical Therapist	70	38	2	40
Physician & Physician Assistant	1,832	1,672	21	1,693
Podiatrist	45	28	1	29
Psychologist	114	45	13	58
Radiological Technnician	10	9	3	12
Registered Nurse	1,295	534	7	541
Respiratory Care Practitioner	15	13	1	14
Sex Offender Treatment Provider	29	16	2	18
Social Worker	40	22	1	23
Surgical Technologist	2	0	0	0
Veterinarian	147	134	9	143
Veterinarian Technician	1	3	0	3
Veterinary Medication Clerk	1	1	0	1
X-Ray Technician	7	9	5	14
Total	**12,015**	**6,088**	**179**	**6,262**

Case Closures and Resolutions

Complaints Closed Prior to Adjudicative Proceedings:

Numerous complaints are closed prior to the issuance of a statement of allegations or a statement of charges. These cases are closed for a number of reasons including, but not limited to:

- The evidence is insufficient to prove the allegations against a health care provider;
- The evidence disproves the allegations;
- The disciplinary authority does not have jurisdiction;
- The complaint does not rise to a threshold to warrant investigation or after investigation it is determined the complaint should have been closed below threshold;[26]
- The complaint is best resolved with a Notice of Correction that notifies the health care provider of a violation. The health care provider is given a reasonable time period to correct the violation and must notify the disciplinary authority that corrective action has been taken.

There are instances when additional evidence warrants the withdrawal of a statement of allegations or statement of charges after it has been issued to the health care provider.

Table 9 provides information by profession for closures that occurred prior to adjudicative proceedings. The statistics include closures in unlicensed practice cases.

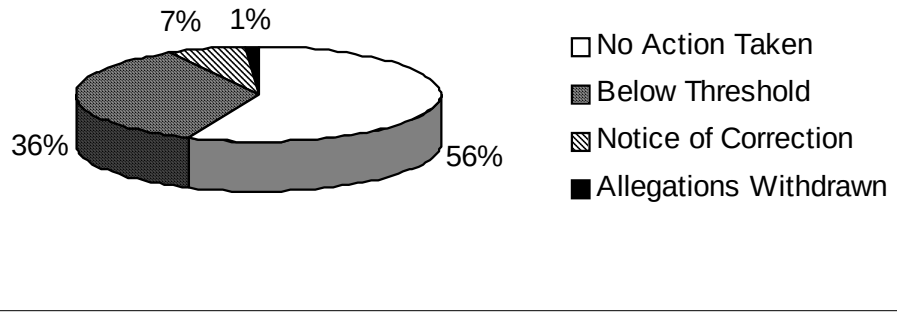
[26] The disciplinary authorities have established written criteria for use in determining thresholds for investigation.

Table 9
Complaints Closed Prior to Adjudicative Proceedings[27]
7/1/99–6/30/01

Profession	Closed No Action Taken (Prior to Investi-gation)	Closed No Action Taken (After Investi-gation)	Closed Below Threshold (Prior to Investi-gation)	Closed Below Threshold (After Investi-gation)	Closed Notice of Correction (NOC)	Number of Allegations or Charges Withdrawn
Acupuncturist	3	3	0	2	0	0
Adult Family Home	5	12	208	18	219	0
Advanced Registered Nurse Practitioner	25	15	6	0	1	1
Audiologist/Hearing Instrument Fitter/ Dispenser, Speech Language Pathologist	14	31	21	10	7	0
Chemical Dependency Professional	19	6	13	4	16	0
Chiropractic X-Ray Technician	1	0	0	0	1	0
Chiropractor	12	95	63	38	33	4
Counselor	68	80	44	15	23	0
Dental Hygienist	1	5	2	1	0	0
Dentist	5	463	174	58	14	1
Denturist	3	8	1	0	2	0
Dietitian/Nutritionist	0	0	0	0	0	0
Dispensing Optician	5	14	1	0	4	1
Health Care Assistant	10	20	3	6	17	1
Hypnotherapist	0	0	0	0	0	0
Licensed Practical Nurse	178	163	342	24	26	6
Marriage & Family Therapist	4	5	3	1	0	1
Massage Therapist	18	29	9	6	11	0
Mental Health	25	20	10	1	1	0
Midwife	2	18	0	0	0	0
Naturopathic Physician	2	8	1	2	1	0
Nursing Assistant	1,097	265	1,609	31	33	19
Nursing Home Administrator	4	22	5	1	5	1
Nursing Pool Operator	1	2	2	0	0	0
Occupational Therapist	1	5	0	1	0	0
Occupational Therapy Assistant	0	0	0	1	0	0
Optometrist	4	23	16	1	12	1
Orthotics/Prosthetics	0	2	0	0	0	2
Osteopathic Physician & Physician Assistant	11	68	41	2	1	2
Pharmacies & Other Pharmaceutical Firms	116	408	60	5	16	0
Pharmacist	67	151	30	1	199	2
Physical Therapist	7	36	5	3	1	1
Physician & Physician Assistant	22	1,228	383	1	10	23
Podiatrist	5	24	12	0	1	1
Psychologist	45	23	25	8	2	0
Radiological Technician	1	1	0	0	1	0
Registered Nurse	267	264	320	34	33	14
Respiratory Care Practitioner	0	7	0	0	3	0
Sex Offender Treatment Provider	8	12	1	1	2	0
Social Worker	13	11	8	3	0	0
Surgical Technologist	2	0	0	0	0	0
Unlicensed	16	144	6	4	13	0
Veterinarian	7	87	20	3	4	1
Veterinarian Technician	0	1	0	0	0	0
Veterinary Medication Clerk	0	0	0	0	1	0
X-Ray Technician	2	2	0	0	2	0
Total	**2,096**	**3,781**	**3,444**	**286**	**715**	**82**

[27] SOURCE: HPQA Business Administration Tracking System. See page 64 for bienna comparison.

Chart 2
Complaint Closures Prior to Adjudication



Complaint Resolutions after Adjudicative Proceedings

Complaints can be resolved either during the adjudicative process or after formal hearings. The type of order issued to the health care provider indicates the manner in which the case was resolved.

Stipulation to Information Disposition: A Stipulation to Information Disposition (STID) provides for an informal resolution to a statement of allegations. If the health care provider agrees to sign the STID, he/she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reportable to national data banks, but because they are informal do not result in a press release.

Default Orders: A default order is issued when the record shows that 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 the law.

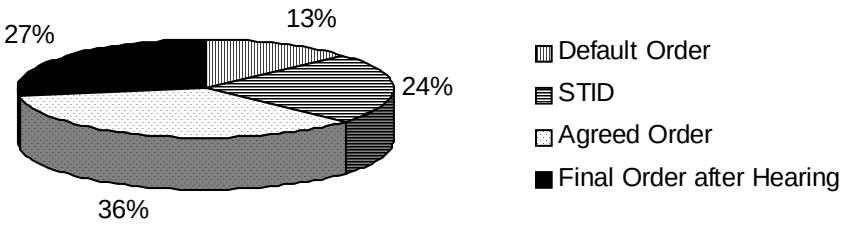
Agreed Order: The document, formally called a Stipulated Findings of Fact, Conclusions of Law and Agreed Order, is a negotiated settlement between the health care provider and representatives of DOH. It states the violations of law that have been substantiated and the sanctions being placed on the health 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 reportable to national data banks, the press and is open to public disclosure.

Final Order after Hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This is a document that is issued after a formal hearing has been held. The hearing may be before a health law judge representing the DOH 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 violations of law that have been substantiated 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 the decision to a superior court. The order is reportable to national data banks, the press and is open to public disclosure.

Table 10
Complaints Resolved after Adjudicative Proceedings[28]
7/1/99–6/30/01

Profession	Informal Disposition	Default Order	Agreed Order	Final Order	Total
Acupuncturist	2	0	1	0	3
Adult Family Home	0	1	29	27	57
Advanced Registered Nurse Practitioner	5	2	2	4	13
Audiologist/Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	1	0	5	4	10
Chemical Dependency Counselor	2	0	1	1	4
Chiropractor	12	3	9	2	26
Counselor	10	5	29	16	60
Dental Hygienist	1	0	1	1	3
Dentist	53	1	30	1	85
Denturist	4	1	2	0	7
Dispensing Optician	3	0	3	4	10
Health Care Assistant	1	2	11	3	17
Hypnotherapist	0	1	0	0	1
Licensed Practical Nurse	44	25	47	48	164
Marriage & Family Therapist	2	1	3	0	6
Massage Therapist	7	6	10	5	28
Mental Health Counselor	1	2	3	1	7
Midwife	1	0	0	0	1
Naturopathic Physician	0	1	0	0	1
Nursing Assistant	31	44	52	177	304
Nursing Home Administrator	7	0	2	0	9
Occupational Therapist	0	0	1	1	2
Optometrist	2	1	2	0	5
Orthotics/Prosthetics	0	2	0	0	2
Osteopathic Physician & Phy. Asst.	4	1	5	0	10
Pharmacist & Pharmacy Asst.	2	13	70	9	94
Physical Therapist	1	2	4	0	7
Physician & Physician Assistant	35	15	49	7	106
Podiatrist	1	1	1	0	3
Psychologist	3	1	5	2	11
Radiological Technician	2	0	3	1	6
Registered Nurse	77	43	102	49	271
Respiratory Care Practitioner	2	0	2	1	5
Sex Offender Treatment Provider	0	0	2	1	3
Social Worker	1	0	2	0	3
Veterinarian	10	0	14	3	27
X-Ray Technician	0	0	0	1	1
Total	**327**	**174**	**502**	**369**	**1,372**

Chart 3
Complaint Resolution after Adjudicative Proceedings



[28] SOURCE: ACO data compilation. See page 64 for biennia comparison.

Unlicensed Practice Closures and Resolutions

Responsibility for unlicensed practice lies with the Secretary. Intake, assessment and investigation are managed by the central HPQA investigation unit. Complaints are closed before or after investigation, they may be closed with a Notice of Correction, or a Cease and Desist Order may be issued. Due to limited resources for unlicensed practice regulation, HPQA focuses its resources on those cases that present a substantial risk of harm to the public.

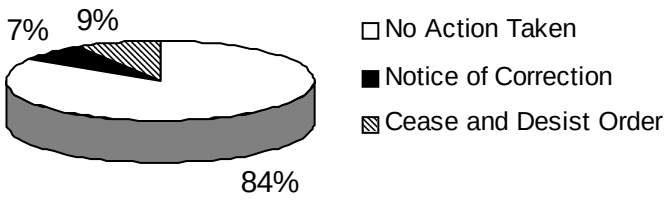
The total number of closures and resolutions shown will not add up to the total number of complaints received because cases may have been closed after the end of the biennium.

Table 11
Unlicensed Practice Closures and Resolutions[29]
7/1/99–6/30/01

Profession Name	Complaints Received	Closed-No Action Taken Prior To Investigation	Closed-No Action Taken After Investigation	Closed-Notice of Correction	Cease & Desist Order Issued
Acupuncturist	1	0	1	0	0
Adult Family Home	4	0	4	0	0
Audiologist/Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	2	0	2	0	0
Chiropractor	5	0	2	3	0
Counselor	28	2	23	1	2
Dental Hygienist	2	0	0	0	2
Dentist	5	1	4	0	0
Denturist	4	0	2	0	1
Dietitian/Nutritionist	5	3	2	0	0
Dispensing Optician	14	0	14	0	0
Health Care Assistant	1	0	1	0	0
Licensed Practical Nurse	3	0	3	0	0
Massage Therapist	24	0	15	7	2
Mental Health Counselor	4	1	3	0	0
Midwife	2	0	1	0	1
Naturopathic Physician	3	0	2	0	1
Nursing Assistant	7	4	3	0	0
Optometrist	6	0	6	0	0
Orthotics/Prosthetics	6	0	6	0	0
Physical Therapist	3	1	2	0	0
Physician	26	4	17	1	3
Podiatrist	1	0	1	0	0
Psychologist	14	1	12	0	1
Radiological Technician	3	0	2	0	1
Registered Nurse	9	1	6	0	1
Respiratory Care Practitioner	1	0	1	0	0
Sex Offender Treatment Provider	2	0	2	0	0
Social Worker	1	0	1	0	0
Veterinarian	9	0	5	1	3
X-Ray Technician	6	1	5	0	0
Total	**201**	**19**	**148**	**13**	**18**

[29] SOURCE: HPQA Business Administration Tracking System

Chart 4
Unlicensed Practice Closures and Resolutions



Summary

There were 2,349 complaints carried over from the 1997–1999 Biennium. During the 1999–2001 Biennium, 12,216 new complaints were received for a total of 14,565. As in previous biennia, a majority of complaints either did not warrant investigation or were closed after investigation. When the number of complaints are compared to the number of credentialed health care providers, only a small percentage (five percent) came to the attention of HPQA. Of those who were reported, an even smaller percentage (one percent) warranted disciplinary action. The vast majority of health care providers in Washington State provide quality care to their patients.

Chart 5
Summary of Case Dispositions

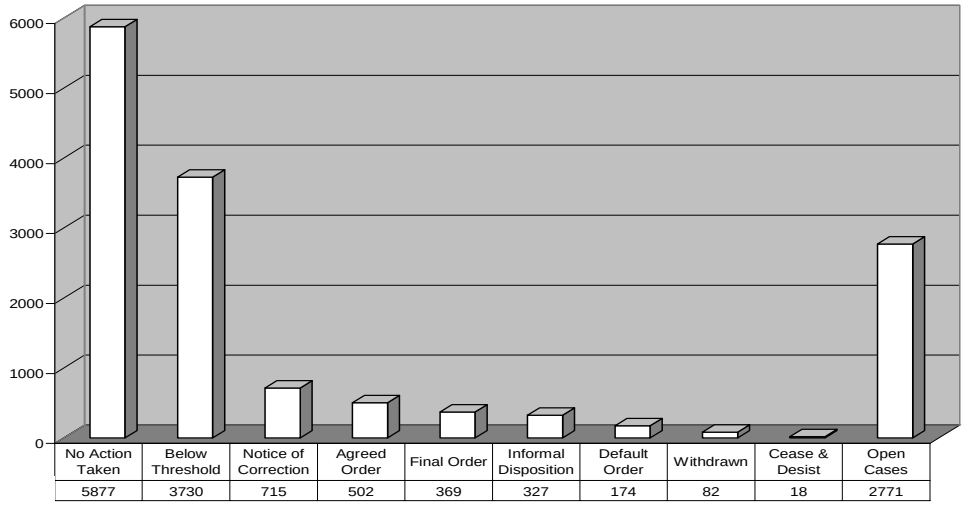
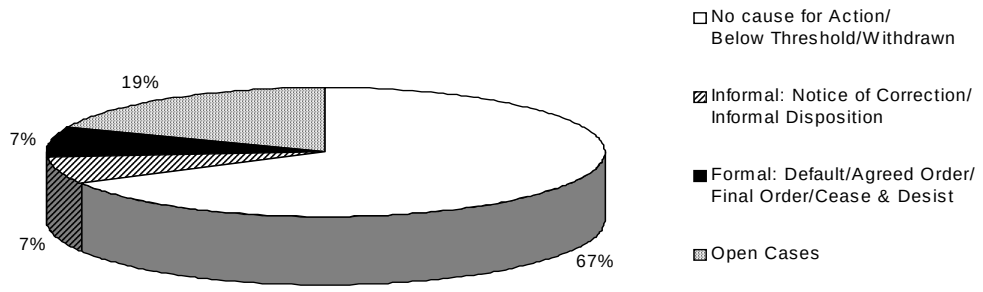


Chart 6
Summary of Case Dispositions



Sanctions Imposed

The Health Professions Quality Assurance Office developed Disciplinary Guidelines for Licensees and Applicants in 1993 to assist the disciplinary authorities in determining what sanctions to impose on health care providers who violate the UDA. The guidelines indicate the appropriate sanctions to impose based on the type and gravity of a UDA violation.

For this report, the Adjudicative Clerk Office (ACO) collected data from formal and informal orders regarding the types of sanctions imposed on health care providers during the biennium. The types of sanctions were divided into four categories: removal from practice, removal from practice with conditions, rehabilitative, and deterrent.

Sanction Categories

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

Removal from Practice with Conditions: The health care provider's license 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, substance abuse treatment and monitoring, counseling and continuing education. This category is used when the health care provider continues in practice with conditions imposed.

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

The following two tables contain the types of sanctions imposed by type of order issued and by disciplinary authority, either the Secretary or boards and commissions.

Notices of Correction are not included in these statistics, as they do not impose conditions for continued practice; they cite an infraction that must be corrected.

Table 12
Category of Sanctions by Type of Order
for Secretary Authority Professions[30]

Secretary Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Informal Dispositions	0	6	29	39	**74**
Default Orders	198	1	1	41	**241**
Agreed Orders	54	86	8	9	**157**
Final Orders	36	14	0	15	**65**
Total	288	107	38	104	537

NOTE: 21 of 40 DOH Secretary controlled professions imposed sanctions.

[30] SOURCE: ACO data compilation

Table 13
Category of Sanctions by Type of Order
for Board or Commission Authority Professions[31]

Board or Commission Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Informal Dispositions	0	8	165	80	**253**
Default Orders	124	0	0	8	**132**
Agreed Orders	102	199	26	17	**344**
Final Orders	73	25	4	4	**106**
Total	**299**	**232**	**195**	**109**	**835**

NOTE: 15 of 16 boards and commissions imposed sanctions.

Orders and Appropriate Sanctions

All of the disciplinary authorities showed consistency and appropriateness in their use of orders to achieve specific sanctioning outcomes. For example, informal dispositions cannot be used to remove health care providers from practice and are most often used to rehabilitate or deter. This is in keeping with legislative intent for this disposition tool. Default orders, on the other hand, resulted in removal from practice a majority of the time. The health care provider had not made any attempt to participate in the adjudicative process and based on lack of response, the disciplinary authority took action that would best protect the public. Agreed and final orders tend to be more case-specific and are used to produce an outcome that will protect the public and, if possible serve to rehabilitate the health care provider.

Stipulation to Informal Disposition: Used to rehabilitate or deter health care providers. This was the legislative intent for the use of STIDs when they were introduced into the UDA in 1993.

Default Order: Most often used to remove a health care provider from practice through revocation or indefinite suspension.

Agreed Order: Used primarily to remove the health care provider from practice with conditions for returning. Secondarily, Agreed Orders are used to remove the provider from practice through revocation or indefinite suspension with the health care provider agreeing to this sanction.

Final Order after Hearing*:* The Secretary-controlled professions and boards and commissions use final orders primarily to remove health care providers from practice through revocation or indefinite suspension. Final orders are also used by the disciplinary authorities to remove the health care provider from practice with conditions.

Sanctions By Profession

Table 14 lists the instances of sanction types imposed by specific professions.

The number of sanctions imposed will always be greater than the number of cases resolved after adjudicative proceedings since orders may contain multiple sanctions against a single health care provider.

[31] SOURCE: ACO data compilation

Table 14
Category of Sanctions Imposed by Profession[32]

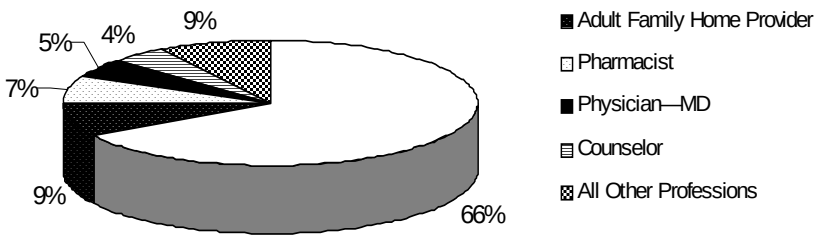
Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Acupuncturist	0	1	0	2	3
Adult Family Home	51	1	4	1	57
Advanced Registered Nurse Practitioner	3	0	3	2	8
Chem. Dependency Counselor	1	1	2	0	4
Chiropractor	6	4	5	11	26
Counselor	22	23	2	13	60
Dental Hygienist	1	1	0	1	3
Dentist	4	18	46	17	85
Denturist	1	1	0	5	7
Dispensing Optician	3	2	1	4	10
Health Care Assistant	6	10	0	1	17
Hearing Instrument Fitter/Dispenser	4	4	0	2	10
Hypnotherapist	1	0	0	0	1
Licensed Practical Nurse	89	31	40	4	164
Marriage & Family Therapist	0	4	0	2	6
Massage Therapist	10	8	1	9	28
Mental Health Counselor	5	1	0	1	7
Midwife	0	0	0	1	1
Naturopathic Physician	0	0	0	1	1
Nursing Assistant	179	47	24	54	304
Nursing Home Administrator	0	2	0	7	9
Occupational Therapist	2	0	0	0	2
Optometrist	1	2	0	2	5
Orthotics/Prosthetics	0	0	0	2	2
Osteopathic Physician	0	6	3	1	10
Pharmacist & Pharmacy Asst.	41	42	6	5	94
Physical Therapist	1	3	2	1	7
Physician	31	32	24	19	106
Podiatrist	0	2	0	1	3
Psychologist	2	6	1	2	11
Radiological Technician	2	1	0	3	6
Registered Nurse	114	68	66	28	276
Respiratory Care Practitioner	1	2	0	2	5
Sex Offender Treatment Provider	1	1	1	0	3
Social Worker	0	3	0	0	3
Veterinarian	4	12	2	9	27
X-Ray Technician	1	0	0	0	1
Totals	**587**	**339**	**233**	**213**	**1,372**

Summary

Removal from Practice: By far, nurses, nursing assistants, and licensed practical nurses are removed from practice more frequently than other professions. These three professions, however, represent approximately 50 percent of all the credentialed health care providers and generate 47 percent of all the reports and complaints received. The other professions shown in the next chart are those with more than 20 instances of removal from practice. The “All Other Profession” group had fewer than 20 instances of removal from practice.

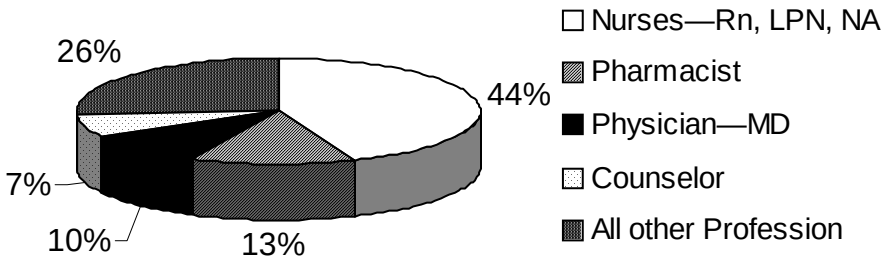
[32] SOURCE: ACO data compilation

Chart 7
Removal from Practice



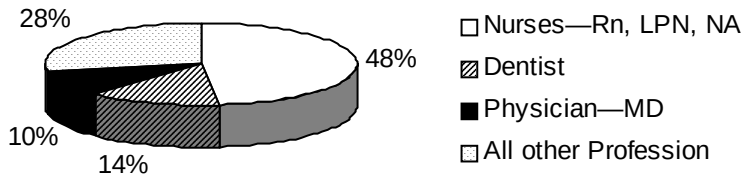
Removal from Practice with Conditions: In this category, the nursing professions again have the highest percentage based on the number of credentialed registered nurses, licensed practical nurses and nursing assistants. In this sanction category, the health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement to good standing are mandated. The other professions shown in the chart are those with more than 20 instances of removal with conditions. The "All Other Profession" group had fewer than 20 instances of removal with conditions.

Chart 8
Removal with Conditions



Rehabilitative and Deterrent: The total rehabilitative and deterrent sanctions were nearly equal and were added together to demonstrate the disciplinary authorities that used them most frequently. Rehabilitative sanctions include probation, substance abuse treatment and monitoring, counseling and continuing education. This category is used when the suspension of a credential is stayed and a health care provider continues in practice with conditions imposed. Deterrent sanctions include requests for voluntary compliance, reprimands and fines. The other professions shown in the chart are those with more than 20 instances of rehabilitative and deterrent sanctions. The "All Other Profession" group had fewer than 20 instances of rehabilitative and deterrent sanctions.

Chart 9
Rehabilitative and Deterrent



Uniform Disciplinary Act Violations

The Uniform Disciplinary Act (UDA), RCW 18.130.180, lists 25 violations of law, all of which are considered unprofessional conduct if substantiated against a health care provider. Because health care providers are regulated in accordance with administrative law, they cannot be criminally charged or imprisoned due to actions by boards, commissions or the Secretary, but their ability to make a living in the health care field may be adversely affected.

Frequent Violations

Of the 25 possible UDA violations, five were substantiated more frequently than others across the professions.[33] Beginning with the most frequently substantiated violation, they are:

1. *RCW 18.130.180 (4):* Incompetence, negligence, or malpractice.
2. *RCW 18.130.180 (6), (23):* Personal drug or alcohol abuse or impairment; prescription or drug violations.
3. *RCW 18.130.180 (17):* Conviction of a gross misdemeanor or felony relating to practice of a health care profession.
4. *RCW 18.130.180 (7):* Violation of any state or federal statute.
5. *RCW 18.130.180 (24):* Abuse of a client or patient or sexual contact with a client or patient.

Sanctions By Violation Type

The following tables illustrate the types of sanctions imposed by professions when one of the five violations is substantiated.

The professions listed in the tables are responsible for 80 percent of all corrective and disciplinary actions taken. They also represent 70 percent of all the credentialed health care providers. Other professions are represented in the aggregate.

Table 15
Sanctions Imposed for Incompetence, Negligence, or Malpractice
RCW 18.130.180 (4)

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselor	4	12	1	1	18
Dentist		9	7	2	18
Licensed Practical Nurse	11	7	9	2	29
Nursing Assistant	14	6	2	2	24
Pharmacist	5	27	2	1	35
Physician - MD	1	8	9	7	25
Registered Nurse	21	27	27	7	82
Other Professions	5	16	3	4	28
TOTAL	**61**	**112**	**60**	**26**	**259**

[33] SOURCE: ACO data compilation

Table 16
Sanctions Imposed for Drug Related Violations
RCW 18.130.180 (6, 23)

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselor	5	2			7
Dentist	1	1			2
Licensed Practical Nurse	32	6	1		39
Nursing Assistant	22	8	5	5	40
Pharmacist	15	6			21
Physician - MD	8	4			12
Registered Nurse	49	14	6	5	74
Other Professions	6	2			8
TOTAL	**138**	**43**	**12**	**10**	**203**

Table 17
Sanctions Imposed for Conviction of a Gross Misdemeanor or Felony
RCW 18.130.180 (17)

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselor	3	1		3	7
Dentist		2	1		3
Licensed Practical Nurse	2				2
Nursing Assistant	37	17	4	37	95
Pharmacist	1	2			3
Physician - MD	1		1	1	3
Registered Nurse	7	2			9
Other Professions	4	6	2	4	16
TOTAL	**55**	**30**	**8**	**45**	**138**

Table 18
Sanctions Imposed for Violation of any State or Federal Statute Regulating the Profession
RCW 18.130.180 (7)

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselor	1	1	1	2	5
Dentist	1	3	1	2	7
Licensed Practical Nurse	2	2			4
Nursing Assistant	5	1	1	1	8
Pharmacist					0
Physician - MD	8	10		2	20
Registered Nurse	2	5	2	4	13
Other Professions	51	4	5	3	63
TOTAL	**70**	**26**	**10**	**14**	**120**

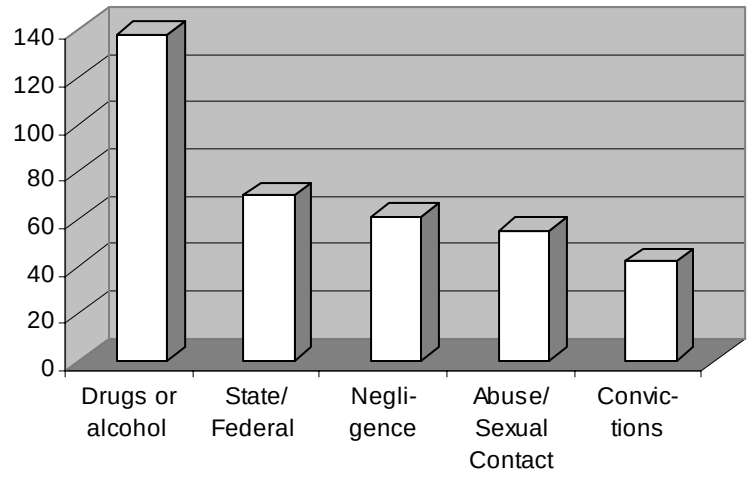
Table 19
Sanctions Imposed for Abuse of a Client or Patient
or Sexual Contact with a Client or Patient
RCW 18.130.180 (24)

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselor		2			2
Dentist					0
Licensed Practical Nurse	2		1	2	5
Nursing Assistant	31	3	1	1	36
Pharmacist					0
Physician - MD	3	5	1		9
Registered Nurse	2	2	4	1	9
Other Professions	4	4			8
TOTAL	**42**	**16**	**7**	**4**	**69**

Frequency of Sanctions

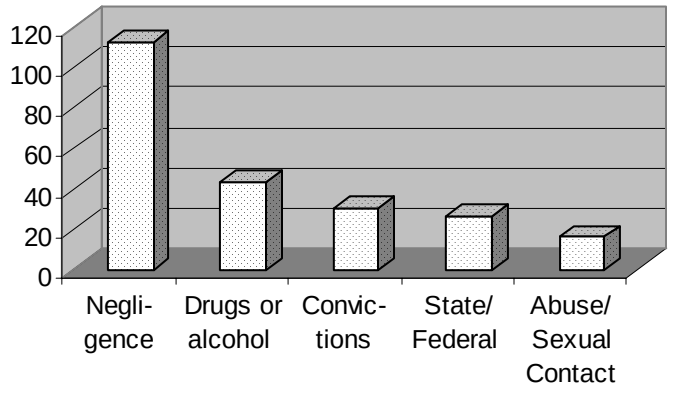
Of the five most frequent violations, a health care provider is most apt to be removed from practice if the violation is related to drug and alcohol use, RCW 18.130.180 (6, 23).

Chart 10
Removal from Practice by Violation Type



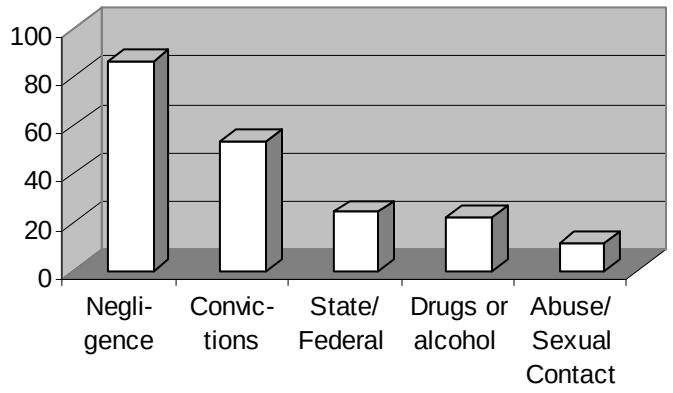
Of the five most frequent violations, a health care provider is most apt to be sanctioned by removal from practice with conditions for returning to practice if the violation is RCW 18.130.180 (4), negligence, incompetence or malpractice.

Chart 11
Removal with Conditions by Violation Type



Of the five most frequent violations, rehabilitative and deterrent sanctions are also most often used if the violation is RCW 18.130.180 (4), negligence, incompetence or malpractice.

Chart 12
Rehabilitative & Deterrent by Violation Type



Student Loan Default & Child Support Violations

In the 1997-1999 Biennium, HPQA also became responsible for suspending health care provider licenses for non-payment of student loans and non-compliance with child support orders.

Under state law, these mandatory suspensions of credentials are non-discretionary. If a lending agency certifies to DOH that a health care provider is in default of a student loan, HPQA must suspend the credential in accordance with RCW 18.135.125.

If DSHS certifies to the DOH that the person is in noncompliance with a child support order, HPQA must suspend the credential in accordance with RCW 18.130.127.

The following table lists professions in which a health care provider's credential was suspended for either of the violations.

Table 20[34]
Default Student Loans and Nonpayment of Child Support

Profession	Default Student Loan	Non-Payment of Child Support
Chiropractor	7	2
Counselor	0	1
Massage Therapist	1	0
Nursing Assistant	0	40
Physician	1	0
Physician Assistant	1	0
Registered Nurse	0	1
Total	**10**	**44**

[34] SOURCE: ACO

Section 3
Biennia Comparison

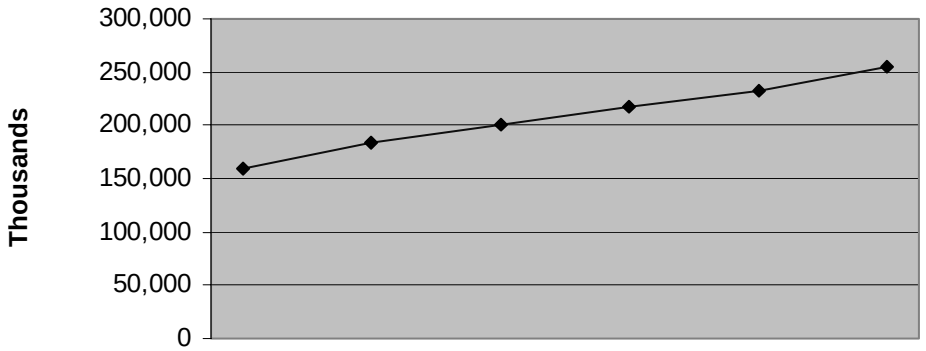
Biennia Comparison

This is the first time biennia comparison data has been provided in the report. It is hoped this information will be of value in reviewing statistical trends over a number of years. All of the data is based on statistics previously reported in HPQA Biennial Reports, unless otherwise explained.

Credentialed Health Care Providers

Since 1991 the number of credentialed health care providers has increased by **60 percent.**

Chart 13
Credentialed Health Care Providers



Jun-91	Jun-93	Jun-95	Jun-97	Jun-99	Jun-01
159,148	183,045	199,865	218,000	231,751	254,285

Credentialed Health Care Providers by Profession

The following table details individual profession growth or decline over time. The number of credentialed health care providers is not a clear indicator of how many are actively practicing and available to patients. Retired active licenses and other limited licenses are included in the statistics and health care providers may not be working full time. The following data is taken from the ASI Licensing System rather than previous reports. The data is from June of each year. The percentage of growth/ decline is from first significant year for the profession.

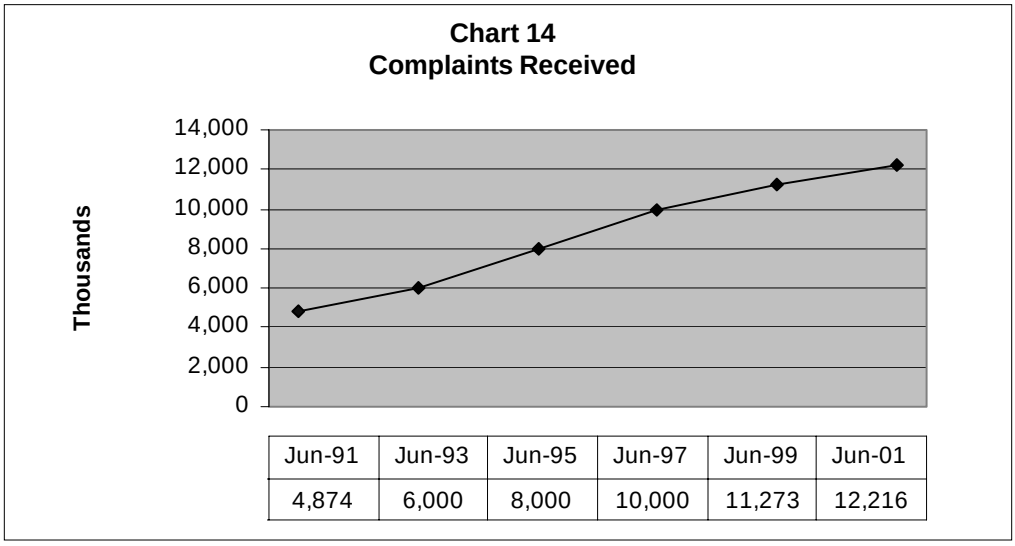
Table 21
Credentialed Health Care Providers by Profession

Profession	1991	1993	1995	1997	1999	2001	Growth/ Decline '91-'01
Acupuncturist	90	149	224	320	458	648	620%
Adult Family Home Provider	0	0	0	1,493	2,725	2,643	77%
Advanced Registered Nurse Practioner	1,314	1,642	2,130	2,486	2,871	3,123	138%
Audiologist	0	0	0	157	257	279	78%
Chemical Dependency Professional	0	0	0	0	0	2,378	N/A
Chiropractic X-Ray Technician	0	182	180	208	217	202	11%
Chiropractor	1,572	1,755	1,871	2,011	2,138	2,223	41%
Counselor	12,119	13,491	14,932	15,753	16,301	15,724	30%
Dental Hygienist	3,026	3,106	3,338	3,570	3,815	4,049	34%
Dentist	3,900	4,141	4,364	4,692	4,953	5,214	34%
Denturist	0	0	14	95	93	97	593%
Dietitian/ Nutritionist	542	635	677	707	738	807	49%
Dispensing Optician	737	789	820	897	903	929	26%
Health Care Assistant	5,573	6,865	7,496	8,059	9,340	10,143	82%
Hearing Instrument Fitter/Dispenser	352	365	411	409	329	313	-11%
Hypnotherapist	351	370	360	314	295	340	-3%
Licensed Practical Nurse	15,172	15,174	15,198	15,069	14,624	14,167	-7%
Marriage & Family Therapist*	0	0	0	0	0	889	N/A
Massage Therapist	2,816	3,823	5,205	6,596	7,774	9,211	227%
Mental Health Counselor*	0	0	0	0	0	3,645	N/A
Midwife	96	100	103	119	108	115	20%
Naturopathic Physician	229	251	277	338	398	472	106%
Nursing Assistant	21,403	30,512	36,165	40,790	45,110	48,159	125%
Nursing Home Administrator	556	618	631	651	640	600	8%
Nursing Pool Operator	132	102	87	80	83	158	20%
Occupational Therapist	1,258	1,545	1,784	2,004	2,114	2,098	67%
Occupational Therapy Assistant	222	310	395	517	584	548	147%
Ocularist	8	8	9	9	6	6	-25%
Optometrist	1,076	1,181	1,224	1,287	1,339	1,415	32%
Orthotics/Prosthetics	0	0	0	0	150	205	37%
Osteopathic Physician	591	621	619	658	682	713	21%
Osteopathic Physician Assistant	8	30	35	47	49	37	363%
Pharmacies & Other Pharmaceutical Firms	2,062	2,632	3,186	3,934	4,137	4,327	110%
Pharmacist	4,450	4,954	5,506	6,087	6,548	7,183	61%
Pharmacy Assistant	0	0	0	0	0	1,232	N/A
Pharmacy Technician	1,802	2,337	3,101	3,847	4,532	5,270	192%
Physical Therapist	2,533	2,962	3,401	3,562	3,678	3,809	50%
Physician	15,705	16,617	16,913	17,532	18,249	18,953	21%
Physician Assistant	652	781	895	1,068	1,266	1,424	118%
Podiatric Physician	261	265	269	269	289	300	15%
Psychologist	1,110	1,265	1,346	1,487	1,539	1,620	46%
Radiological Technician	239	2,337	2,716	3,005	3,325	3,684	58%
Registered Nurse	53,557	55,592	57,671	60,197	61,145	63,016	18%
Respiratory Care Practitioner	1,121	1,371	1,578	1,891	2,039	2,035	82%
Sex Offender Treatment Provider	0	132	148	151	143	140	6%
Social Worker*	0	0	0	0	0	2,648	N/A
Speech Language Pathologist	0	0	0	473	664	459	-3%
Surgical Technologist	0	0	0	0	0	1,227	N/A
Veterinarian	2,196	2,336	2,504	2,641	2,681	2,715	24%
Veterinary Medication Clerk	0	0	103	169	206	235	128%
Veterinary Technician	298	362	478	597	700	817	174%
X-Ray Technician	0	1,335	1,499	1,524	1,516	1,640	23%
Total	**159,129**	**183,043**	**199,863**	**217,770**	**231,751**	**254,285**	**60%**

*These professions were previously certified. They became licensed in 2001.

Complaints Received

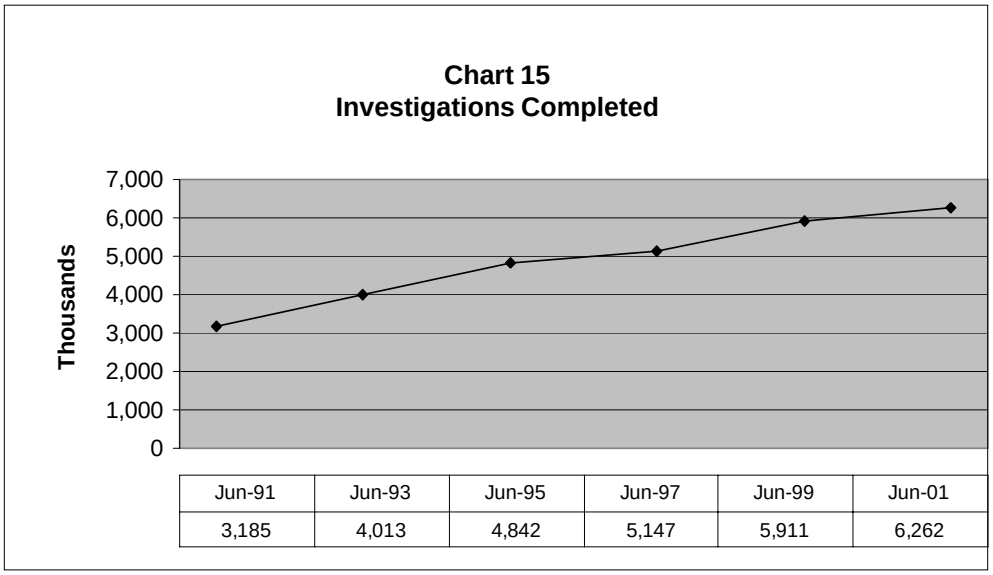
Since 1991 the number of complaints received by HPQA have increased by **151 percent**.



Jun-91	Jun-93	Jun-95	Jun-97	Jun-99	Jun-01
4,874	6,000	8,000	10,000	11,273	12,216

Investigations

Since 1991 the number of completed investigations including unlicensed practice has increased nearly **97 percent**.

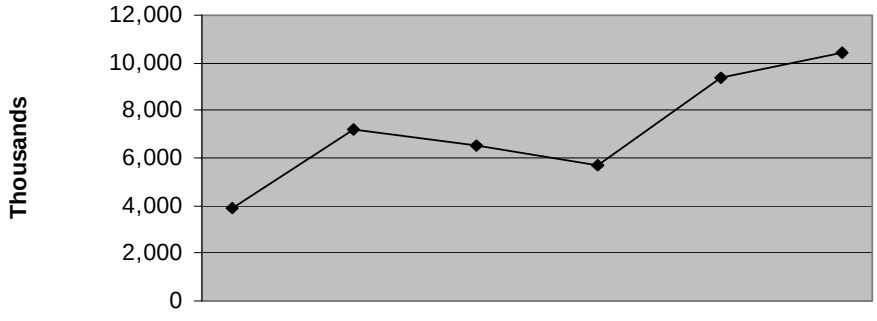


Jun-91	Jun-93	Jun-95	Jun-97	Jun-99	Jun-01
3,185	4,013	4,842	5,147	5,911	6,262

Complaint Closures Before Adjudicative Proceedings

The statistics represent those cases that were closed with no action because there was insufficient evidence, 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. The statistics for 2001 include unlicensed practice cases. The NOC has only been used in the last two biennia. Statistics for 1991 and 1993 were extrapolated based on the 1991–1993 Biennial Report statement that about 80 percent of all complaints received resulted in no formal disciplinary action. The statistics over time represent a **166 percent** increase in the number of closures before adjudicative proceedings.

Chart 16
Cases Closed Prior to Adjudicative Proceedings

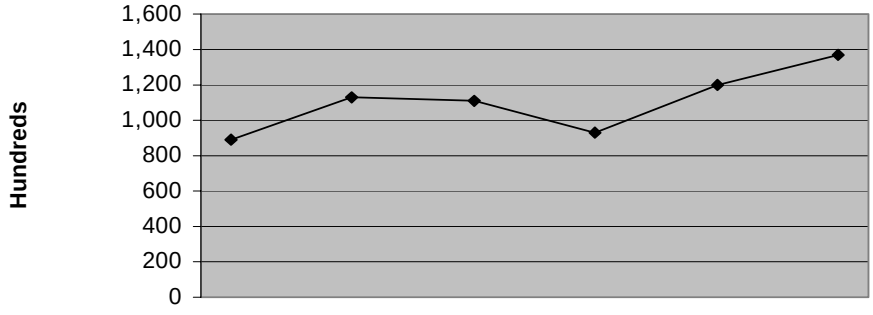


Jun-91	Jun-93	Jun-95	Jun-97	Jun-99	Jun-01
3,899	7,221	6,537	5,672	9,378	10,404

Complaint Closures After Adjudicative Proceedings

The statistics represent those cases that were resolved with corrective or disciplinary action. They include closures by default orders, informal dispositions, agreed orders, final orders after hearing, and unlicensed practice cease and desist orders. Default orders, informal dispositions and unlicensed practice cease and desist orders are corrective action and disciplinary tools that have been added since 1993. The statistics over time represent a **53 percent** increase in the number of case resolutions after adjudicative proceedings.

Chart 17
Cases Closed After Adjudicative Proceedings

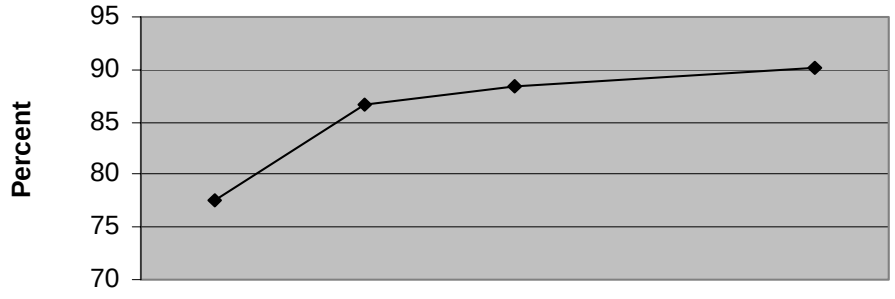


Jun-91	Jun-93	Jun-95	Jun-97	Jun-99	Jun-01
895	1,129	1,113	932	1,201	1,372

Performance Against Timelines

In 1995, legislation mandated timeframes in which to assess, investigate and decide next steps for reports or complaints. Rules establishing the time periods were adopted in 1997. The following chart demonstrates the progress made over a four-year period to complete all steps in the adjudicative process in a timely manner. There was a **16 percent** gain in timeliness over the four-year period.

Chart 18
Percent of Steps Completed on Time

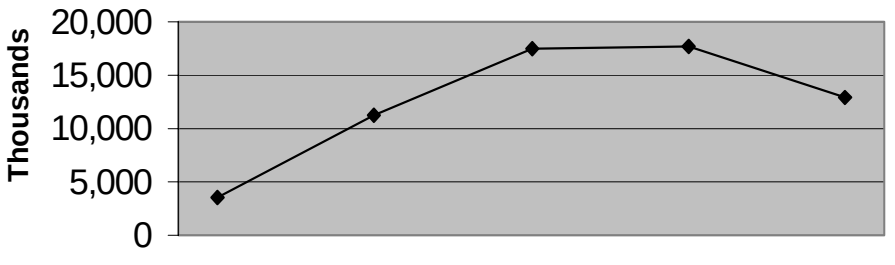


Jun-97	Jun-98	Jun-99	Jun-01
77.6	86.6	88.32	90.21

Public Disclosure Requests

There has been an increasing demand over time for information on health care providers. The sharp increase from 1993-95 and decrease from 1999-01 is accounted for by the method that was used to count requests. The higher numbers represented all the closed complaint files that were retrieved when a request came in for information on a single health care provider. The provider in those instances had multiple complaints and case resolutions. During 1999, it was agreed that a single request for public disclosure on a provider would be counted only once. Even with that anomaly in the statistics, it is believed that the **256 percent** increase in public disclosure requests from 1991 to 2001 is representative of the actual increase in demand for information.

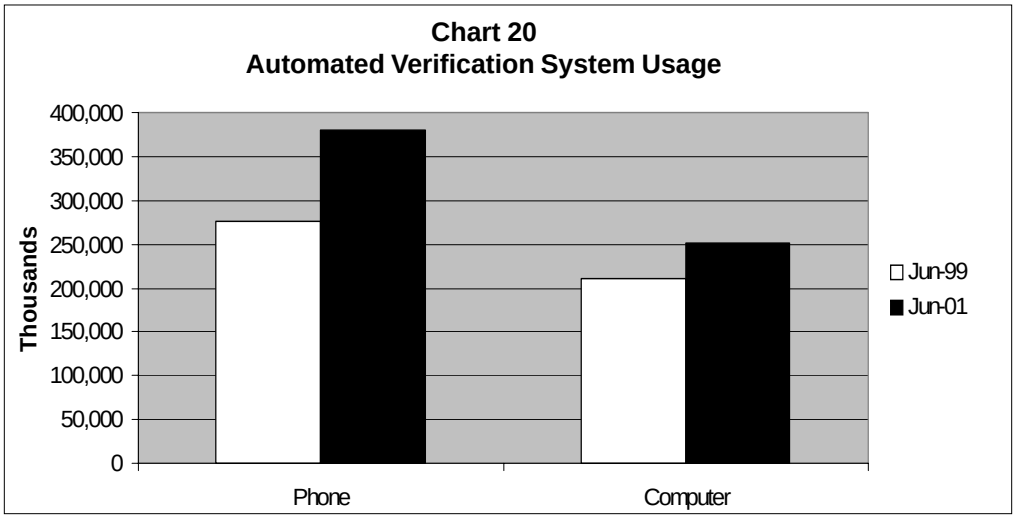
Chart 19
Public Disclosure Requests



Jun-93	Jun-95	Jun-97	Jun-99	Jun-01
3,639	11,158	17,500	17,647	12,971

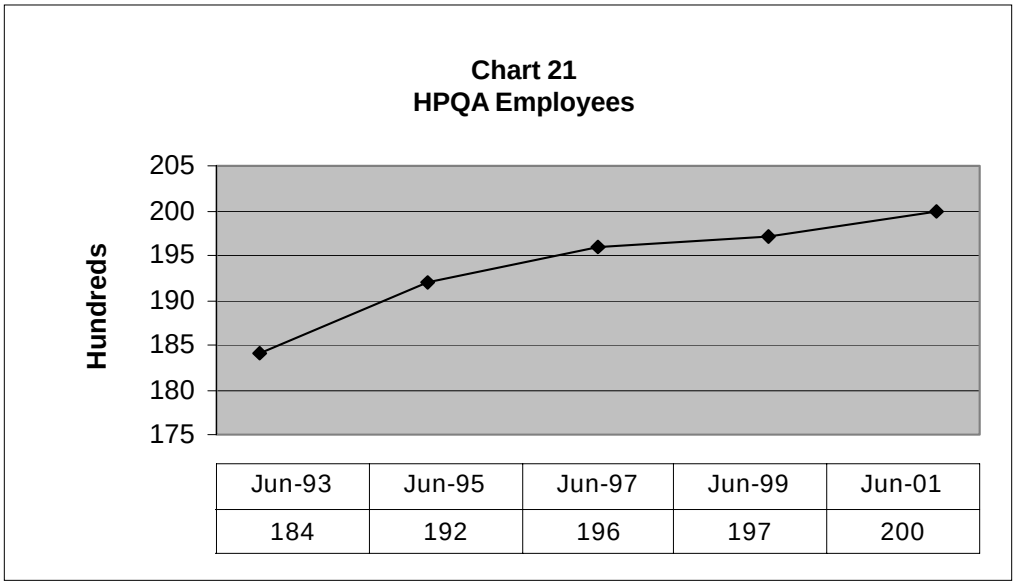
Automated Verification System

The AVS went into service in the 1997–1999 Biennium and allows 24-hour, seven-days per week access by telephone or computer to verify the credential status of health care providers. Hospitals, insurance carriers and other employers primarily use the system. Access requires the health care provider's credential number. Usage by phone has increased **38 percent.** Usage by computer modem has increased **19 percent** in the two-year period.



Health Professions Quality Assurance Employees

Data was not available for the 1989–1991 Biennium full-time equivalent (FTE) count. The increase in the number of employees from the 1991–1993 Biennium to the 1999–2001 Biennium was **9 percent.**



Jun-93	Jun-95	Jun-97	Jun-99	Jun-01
184	192	196	197	200

Conclusions

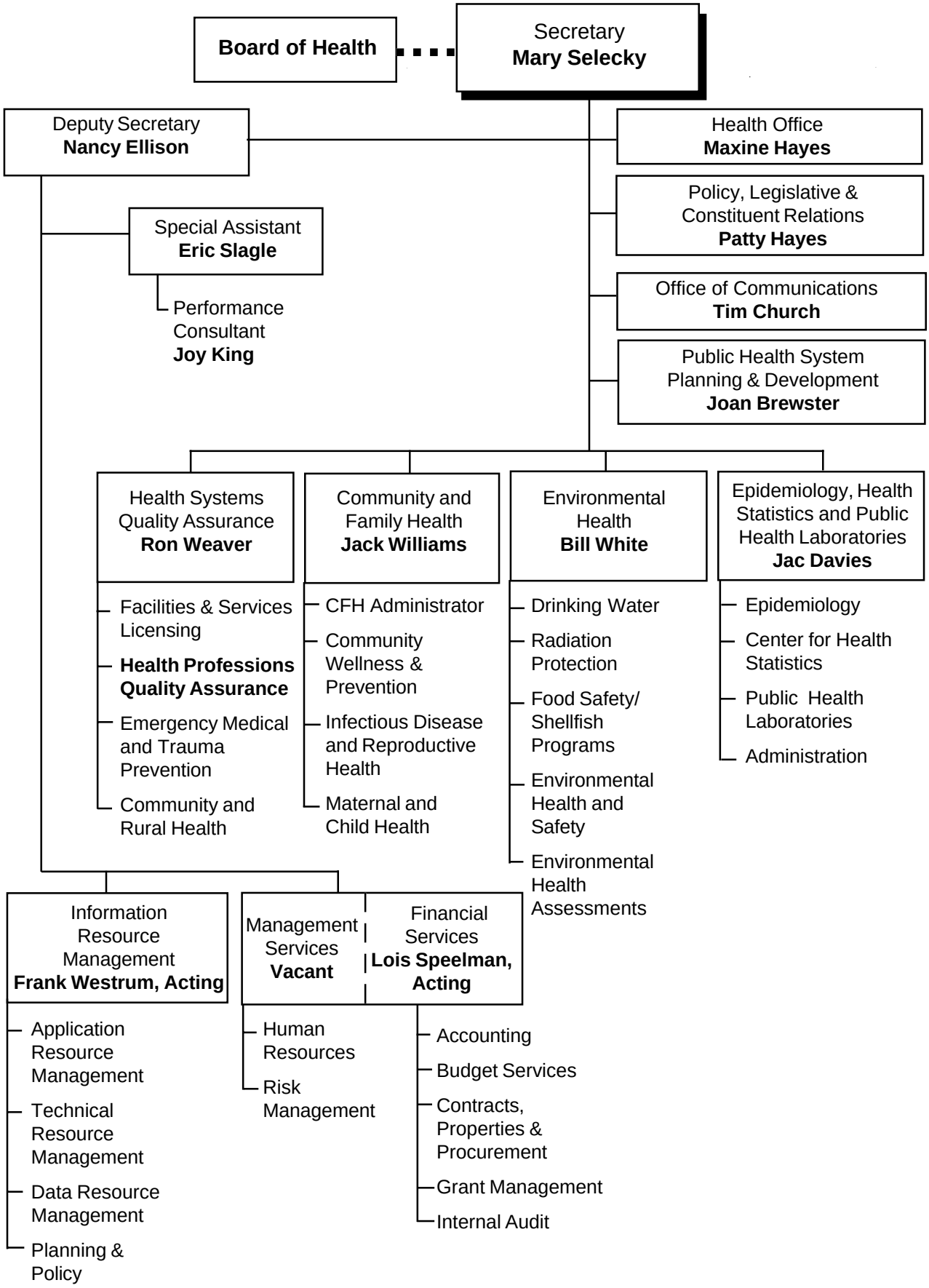
During the last ten years:

- Nearly 100,000 more health care providers became credentialed.
- The number of professions regulated increased from 40 to 55.
- Increased consumer awareness, mandatory malpractice reporting, peer review and facility reporting led to significant increases in the number of complaints DOH received, particularly from 1991– 93. (4,874 to 9,027).
- A backlog of complaints created a downturn in the number of cases resolved in the 1993-95 timeframe, both before adjudication and after adjudication.
- 1997 saw a turnaround regarding case resolution attributed to the following:
  - Four additional staff attorneys were hired in 1995;
  - The Notice of Correction, another mechanism for resolving cases informally, was added in 1996; and
  - Criteria for closing cases below a threshold for investigation were established in 1997. This was an assist to the investigative and adjudicative steps because additional time could be given to more serious cases.
- Although the number of all employees within HPQA increased less than 10 percent during the 10-year period:
  - The number of investigations completed nearly doubled.
  - Cases have been resolved in a more timely manner since 1997 when rules were adopted establishing timelines for resolution.
- The public continues to demand more information about their health care providers as evidenced by the increases in usage of the AVS and public disclosure requests.

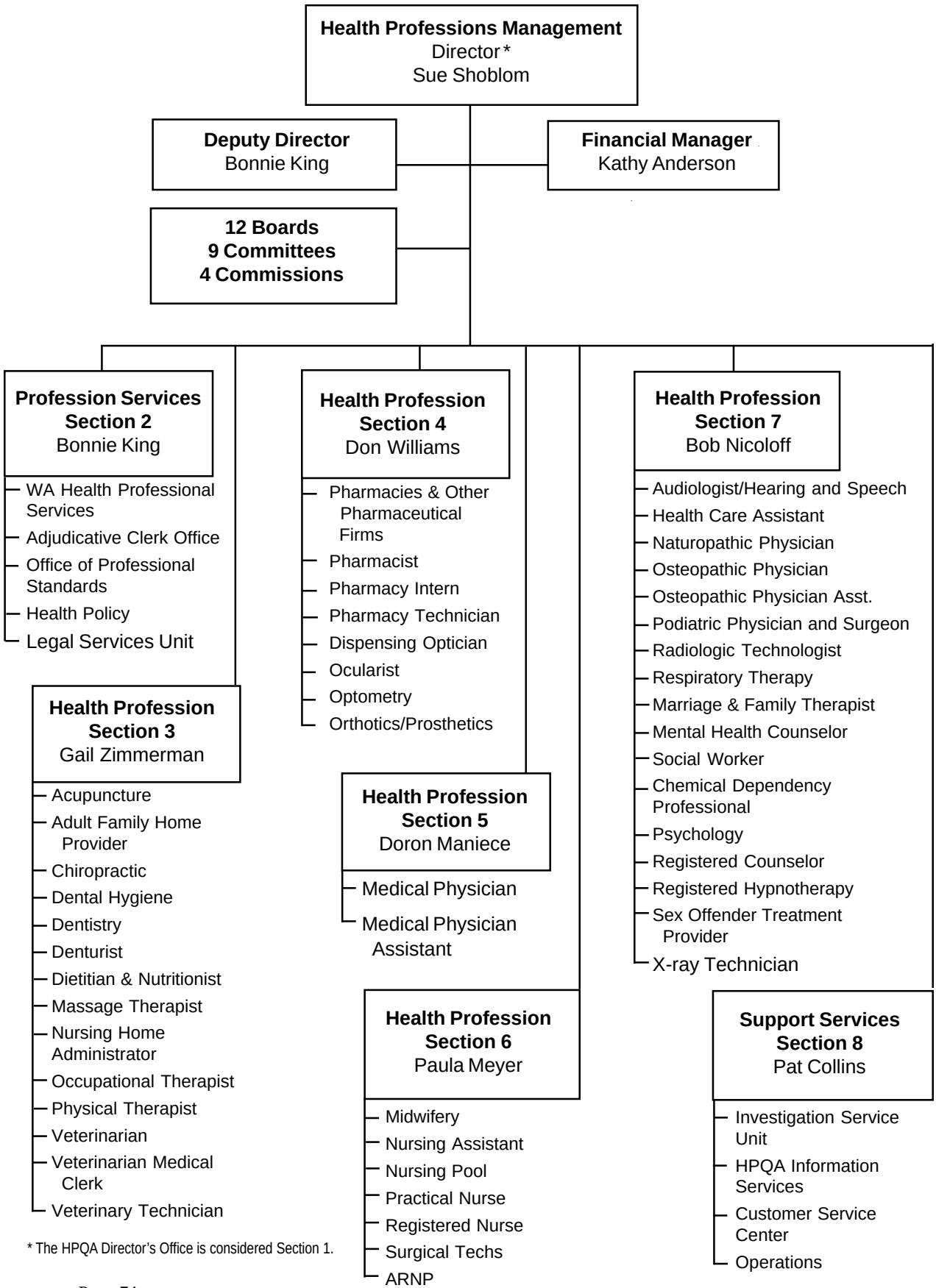
Section 4
Appendices

Appendix A: Department of Health and Health Professions Quality Assurance Organization Charts

Department of Health



Department of Health
Health Professions Quality Assurance



* The HPQA Director's Office is considered Section 1.

Appendix B: Health Professions Quality Assurance

Contact Information

Susan E. Shoblom, Director (360) 236-4995

Bonnie L. King, Deputy Director (360) 236-4984

Section Number	Executive Director	Phone Number
2	Bonnie King	(360) 236-4984
3	Gail Zimmerman	(360) 236-4859
4	Don Williams	(360) 236-4825
5	Doron Maniece	(360) 236-4823
6	Paula Meyer	(360) 236-4714
7	Bob Nicoloff	(360) 236-4924
8	Pat Collins	(360) 236-4994

Appendix C: Boards, Commissions, and Committees Listing

Department of Health
Board or Commission Authority
Governor Appointed

(12 boards and 4 commissions)

Board or Commission .....Members

Chiropractic Quality Assurance Commission .....14 Members
- 11 Chiropractors
- 3 Public Members

Dental Quality Assurance Commission .....14 Members
- 12 Dentists
- 2 Public Members

Board of Hearing and Speech .....10 Members
- 2 Hearing Instrument Fitter/Dispensers
- 2 Audiologists
- 2 Speech Language Pathologists
- 1 Physician (non-voting)
- 3 Public Members

Board of Massage .....5 Members
Note: Secretary has disciplinary authority
- 4 Massage Therapists
- 1 Public Member

Board of Denture Technology .....7 Members
Note: Secretary has disciplinary authority
- 4 Denturists
- 1 Dentist
- 2 Public Members, one over age 65

Medical Quality Assurance Commission .....19 Members
- 13 Physicians
- 2 Physician Assistant
- 4 Public Members

Nursing Care Quality Assurance Commission .....11 Members
- 3 Registered Nurses
- 2 ARNPs
- 3 LPNs
- 1 Midwife (non-voting)
- 2 Public Members

Board of Nursing Home Administrators .....9 Members
- 4 Nursing Home Administrators
- 4 Reps. of Health Care Profession
- 1 Public Member (resident of a nursing home or family member of a resident eligible for Medicare)

Board or Commission ..... Members

Board of Occupational Therapy Practice ..... 5 Members
- 3 Occupational Therapists
- 1 Occupational Therapy Assistant
- 1 Public Member

Optometry Board ..... 6 Members
- 5 Optometrists
- 1 Public Member

Board of Osteopathic Medicine & Surgery ..... 7 Members
- 6 Osteopathic Physicians
- 1 Public Member

Board of Pharmacy ..... 7 Members
- 5 Registered Pharmacists
- 2 Public Members

Board of Physical Therapy ..... 5 Members
- 4 Physical Therapists
- 1 Public Member

Podiatric Medical Board ..... 5 Members
- 4 Podiatrists
- 1 Public Member

Examining Board of Psychology ..... 9 Members
- 7 Psychologists
- 2 Public Members

Veterinary Board of Governors ..... 6 Members
- 5 Veterinarians
- 1 Public Member

Department of Health Secretary Authority Secretary Appointed

(9 advisory committees)

Committee ..... Members

Adult Family Homes Advisory Committee ..... 6 Members
- 2 Resident Advocates
- 3 Adult Family Home Providers
- 1 Public Member

Chemical Dependency Certification
Advisory Committee ..... 7 Chemical Dependency Professionals
- 4 Chemical Dependency Counselors
- 1 Chemical Dependency Treatment Program Director
- 1 Physician, or, Licensed or Certified Mental Health Practitioner
- 1 Public Member Who Has Received Chemical Dependency Counseling

Dental Hygiene Examining Committee ..... 4 Members
- 3 Dental Hygienists
- 1 Public Member

Dispensing Optician Examining Committee ..... 3 Members
- 3 Dispensing Opticians

Committee ..... Members

Mental Health Counselors,
Marriage & Family Therapists,
and Social Workers Advisory Committee ..... 9 Members

- 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

Midwifery Advisory Committee ..... 7 Members

- 1 Certified Nurse Midwife
- 2 Physicians
- 3 Licensed Midwives
- 1 Public Member

Naturopathic Advisory Committee ..... 5 Members

- 3 Naturopaths
- 2 Public Members

Orthotics & Prosthetics Advisory Committee ..... 5 Members

- 1 Orthotist
- 1 Prosthetist
- 1 Physician
- 2 Public Members–Consumers of O&P Services

Sexual Offender Treatment Providers
Advisory Committee ..... 9 Member

- 3 Sexual Offender Treatment Providers
- 1 Victim Treatment Provider
- 1 Defense Attorney
- 1 Prosecuting Attorney
- 1 Representative of DSHS
- 1 Representative of Dept. of Corrections
- 1 Superior Court Judge

Secretary authority professions with no advisory committee:

Acupuncturists, Dietitian/Nutritionists, Health Care Assistants, Nursing Assistants*, Nursing Pool Operators, Ocularists, Radiological Technicians, Respiratory Care Practitioners, Registered Counselors, Registered Hypnotherapists, and Surgical Technologists.

*Nursing Care Quality Assurance has rule-making authority for Nursing Assistants

Appendix D: Resource Documents Available

To obtain any of the following documents please contact the Profession Services Office at (360) 236-4984 or write to PO Box 47860, Olympia, Washington, 98504-7860.

Automated Verification Service (AVS) Brochure

This brochure provides information about HPQA's voice response system for verification of health profession credentials (licenses, certifications and registrations). The brochure explains step by step how to access verifications. The verifications are considered to be official verifications for credentialing purposes. The brochure also outlines the basic hardware and software requirements needed to complete verification by computer.

Guide on the Complaint Process

This brochure describes HPQA, what it does, and provides guidance on how to receive information about a health care provider. It also explains what the complaint process is and gives guidance on how to file a complaint.

Public Disclosure Brochure

This brochure explains what public records are and how to request them. It also explains what kind of information is not disclosable, the cost of obtaining records, and the timelines for public disclosure requests.

Washington Health Professional Services (WHPS) Brochure

WHPS is a confidential program for chemically impaired practitioners. This brochure provides information about what the program does and how it can help practitioners in need. It provides examples of signs that may indicate a practitioner is experiencing problems, as well as information about confidentiality and referrals.

Washington Physicians Health Program (WPHP) Brochure

WPHP is a confidential program for chemically impaired dentists, osteopathic physicians (DOs), physicians (MDs), physician assistants, podiatrists and veterinarians. This brochure provides information about what the program does and how it can help practitioners in need. It provides examples of signs that may indicate a practitioner is experiencing problems, as well as information about confidentiality and referrals.

Washington Recovery Assistance Program for Pharmacy (WRAPP) Brochure

WRAPP is a confidential program for chemically impaired pharmacists and pharmacy technicians. This brochure provides information about what the program does and how it can help practitioners in need. It provides examples of signs that may indicate a practitioner is experiencing problems, as well as information about confidentiality and referrals.

Appendix E: Table and Chart Listing

* Charts 13-21 are biennia comparisons.

Appendix F: Public Knowledge, Inc. Report Response Status

Public Response, Inc. Report Response Status

Recommendations	Workplan	Status
1. Train licensees on frequent compliance issues	Continue medical and chiropractic licensee orientation programs.	Ongoing
	Develop implementation plan for Customer Service Center.	Completed plan. Start date January 2002
	Explore interest in providing licensee orientation programs for other professions.	HPQA staff providing training to students in acupuncture, dental, dental hygiene, physical therapy, occupational therapy, and chiropractic x-ray technician professions. Plans being made to present to denturist, veterinarian, and massage therapy students in the new biennium.
	Enhance the Web (e.g., post information of “top ten” complaint categories on each profession’s web site).	Re-prioritized. Not planned for Phase I which is practitioner disciplinary information. May be added in 2002.
2. Enhance policy tools to address repeat offenders	Continue taking action on subsequent violations as appropriate.	Ongoing
	Use Brief Adjudicative Proceedings (BAPs) to address non-compliance	Completed policy 3/10/2000.
3. Develop a policy for incorporating the impact of felony or gross misdemeanor convictions	Appoint task force to gather information regarding conviction and outcomes across HPQA.	Begun July 2001
	Report results to HPQA and boards and commission for review and comment.	Presented draft policy to HQPA Management Team December 2001; present to boards/commission 2002.
	Complete policy development.	Scheduled for completion May 2002.

Recommendations	Workplan	Status
4. Enhance existing DOH web site and public information system to include full practitioner disciplinary history.	Assess and make web site enhancement recommendations.	Begun April 2001.
	Complete conversion work to report licensing and basic disciplinary information on the web.	Scheduled for completion May 2002.
	Determine staffing necessary to continue web maintenance activities.	Completed December 2001.
5. Enhance training for board/ commission members	Gather existing training materials and new member orientation agendas.	Completed June 2001.
	Develop a model-training plan to include emphasis in the areas proposed in the report. Develop methodology for presenting training materials.	Scheduled for completion April 2002. (See Recommendations 10,11.)
	Develop methods to test learning.	Scheduled for completion Dece ber 2002.
6. Stagger terms of public members	Review appointment dates, identify issues and develop recommendations for the Governor and/or the Secretary.	Scheduled for completion Marc 2002. (See Recommendations 1 14.)
	Consider agency legislation in the 2003 session.	Scheduled for March 2002, although may not be necessary.
7. Continue to improve materials given to new complainants	Develop implementation plan for the Customer Service Center.	Completed October 2001. (See Recommendation 9.)
	Enhance the web: Phase I	Profession web pages being linked to HPQA home page. Scheduled for May 2002.
	Revise current complainant brochure.	Completed December 2001 for web site. Will be available May 2002.
8. Improve closure letters	Gather disclosure letters from all professions and review samples from other states.	Scheduled for completion Marc 2002.
	Review policy, draft new language, test with focus groups, and utilize new letters.	Scheduled for completion April 2002.
9. Establish a formal public contact point	Develop implementation plan for Customer Service Center.	Completed study and plan. Star date January 2002.

Recommendations	Workplan	Status
10. Tighten rules on recusal and training on when to recuse	Establish workgroup to discover and examine current practices. Policy development begins.	Begun January 2002. (See Recommendations 5, 11.) Determined additional training instead of policy will be implemented.
11. Tighten rules on appearances	Survey staff and/or others regarding current issues of appearance of fairness, gather current policies and procedures, and make recommendations.	Begun January 2002. (See Recommendations 5, 10.) Determined additional training instead of policy will be implemented.
12. Change role of case management teams to include recommending charging decisions	Finalize CMT policy, defining composition, roles and responsibilities of the CMT regarding initial assessment, case disposition and case tracking.	Policy Completed 4/24/2001.
13. Include public members in the review and approval of agreed order	Develop policy regarding inclusion of public members on final case disposition decision panels.	Complete Recommendations 6 and 14 first. (See Recommendations 6, 14.)
14. Appoint additional public members to certain board and commissions	Evaluate member ratios, work volume and panel compositions, and legal issues. Explore use of pro tem members, rotating members, and need for additional members. Develop plan to address the needs identified.	Complete Recommendations 6 and 13 first. (See Recommendations 6, 13.)
15. Rotate program managers	HPQA management to develop a plan based on job classification, updated CQs, available special projects, and other considerations.	Completed plan and first phase of program manager rotations November 2001. Five managers moved to new program positions.
16. Conduct a limited annual case audit procedure	Develop quality assurance review procedures to collect information about cases closed without investigation and to review investigated cases, including case selection criteria, review criteria, and personnel to be involved. Conduct first annual review and report to Executive Directors and HPQA Director. Conduct annual reviews.	Begun January 2002. Report and recommendations for final decision scheduled for March 2002. Pilot scheduled for February 2002. Will be ongoing.

Appendix G: Acknowledgements

Adult Family Homes Advisory Committee

Adult Family Home Providers	Craig Fredrickson LeAnn Riley
Public Member	Lois Gies
Resident Advocate	Rick Einar Sharon Perrin
Staff Members	Vicki Brown Gail Zimmerman

Chemical Dependency Certification Advisory Committee

Profession Members	Karen Christensen Mosen Haksar Jean Iverson Scott Munson, Treatment Program Director Richard Smith, Ph.D. Albert Wilkins
Public Member	Robert Helgoe
Staff Members	Shellie Pierce Kris Waidely Bob Nicoloff

Chiropractic Quality Assurance Commission

Profession Members	Garry Baldwin, D.C. David Chan, D.C. Robert Cummins, D.C. Linda DeGroot, D.C. Joseph Howells, D.C. David Jones, D.C. Richard Kale, D.C. Noel Lloyd, D.C. Nancy McCown, D.C. Jerry Miller, D.C. Leo Romero, D.C.
Public Members	Joan Baird Judy Colenso Betty First
Staff Members	Connie Glasgow Gail Zimmerman

Dental Hygiene Examining Committee

Profession Members	Kathy Conrad, R.D.H. Faye Kirkendall, R.D.H. Barbara Routledge, R.D.H.
Public Member	Vacant
Staff Members	Vicki Brown Gail Zimmerman

Dental Quality Assurance Commission

Profession Members	Ernest Barrett, D.D.S. Theresa Cheng, D.D.S. John Davis, D.D.S., J.D. Bryan Edgar, D.D.S. Laurie Fan, D.D.S. Mark Koday, D.D.S. George McIntyre, D.D.S. Daryl Miller, D.D.S. Mark Paxton, D.D.S. Lorin Peterson, D.D.S. Robin Reinke, D.D.S. Russell Timms, D.D.S.
Public Members	Mary Granger Bernard Nelson
Staff Members	Lisa Anderson Gail Zimmerman

Board of Denture Technology

Profession Members	Bruce Anderson, D.N. Vallan Charron, D.D.S. Eugene Choy, D.D.S. George Eckhardt, D.N. Michael Gillispie, D.N.
Public Members	Janet Drake Lucille Phillip
Staff Members	Kirby Putscher Gail Zimmerman

Dispensing Optician Examining Committee

Profession Members	Diane Charles, L.D.O. Virginia Lashley, L.D.O. Leo Oltman, L.D.O.
Staff Members	Judy Haenke Don Williams

Board of Hearing and Speech

Profession Members	Lynn Byrne Kimberly Coy H. Rudolf Gahler, M.D. Charles Madison, Ph.D. James Pannette Mark Scoones Sheila Winkler, Ph.D.
Public Members	Penny Allen Jaqueline Ianniello Kenneth Pope
Staff Members	Traci Troutman Bob Nicoloff

Board of Massage

Profession Members	Morgan Caley, L.M.P. Rosemary Foster, L.M.P. Edward Hulbert, Jr., L.M.P. Karin Olsen, L.M.P.
Public Member	Anni Langsam
Staff Members	Kirby Putscher Gail Zimmerman

Medical Quality Assurance Commission

Profession Members	Julian Ansell, M.D. Kenneth Cogen, M.D. James Cook, M.D. Everado Espinosa, M.D. Wendy Hamai, P.A.-C. Hampton Irwin, M.D. Randi Legett, M.D. William Marineau, M.D. Chelle Moat, M.D. Jan Paxton, P.A.-C. Laura Roderick, M.D. Gilbert Rodriguez, M.D. Rogelio Ruvalcaba, M.D. Sunanda Uberoi, M.D. Douglas Yoshida, M.D.
Public Members	Michael Snell Juanita Wagner, Ph.D., J.D. Marilyn Ward Vacant
Staff Members	Susan Anthony Maryella Jansen Beverly Teeter Doron Maniece

Mental Health Counselors, Marriage & Family Therapists, and Social Workers Advisory Committee

Profession Members	Alison Colson, Licensed S.W. Laura Groshong, Licensed S.W. Bruce Harmon, Licensed M.H.C. Brian Kennedy, M.F.T. Myrna Pinedo, Licensed M.H.C. Cheryl Storm, M.F.T.
Public Member	Bethel Pittmann
Staff Members	Shellie Pierce Kris Waidely Bob Nicoloff

Midwifery Advisory Committee

Profession Members	Barron Brown, M.D. Leslie Gesner, L.M. Morgan Martin, L.M., N.D. Kathleen Naughton, C.N.M. Theodore Palo, M.D. Marijke Van Roojen, L.M.
Public Member	Jennifer Durrie
Staff Members	Kendra Pitzler Paula Meyer

Naturopathic Advisory Committee

Profession Members	John Cantanzaro, N.D. Barbara Gross, N.D. Roger Rowse, N.D.
Public Members	Walter Clemons Kathleen McCurdy
Staff Members	Holly Rawnsley Bob Nicoloff

Nursing Care Quality Assurance Commission

Profession Members	Shirley Aikin, R.N., M.S.N. Joanna Boatman, R.N. Shannon Fitzgerald, M.S.N., A.R.N.P. Rebecca Kerben, L.P.N. Frank Maziarski, C.R.N.A., M.S. Cheryl Payseno, R.N., M.P.A. Roberta Schott, L.P.N. Sandra Weeks, L.M., A.R.N.P. Marlene Wells, L.P.N.
Public Members	Ezra Kinlow Gail Kirk
Staff Members	Maura Egan Jeanne Giese Terry West Paula Meyer

Board of Nursing Home Administrators

Nursing Home Administrators	Linda Batch, L.P.N., Health Profession James-Bennett John Brigham Kate Brostoff, M.D., Health Profession Donna El-Din, Ph.D., Health Education Profession Cal Groenenberg Lenette Watson
Staff Members	Barbara Hayes Gail Zimmerman

Board of Occupational Therapy Practice

Profession Members	Redge Campbell, O.T. Sharon Greenberg, O.T. Kathleen Kannenberg, O.T. D. Jill Petrie, C.O.T.A.
Public Member	Brian Pease
Staff Members	Karen Kelley Gail Zimmerman

Optometry Board

Profession Members	Lund Chin, O.D. Anup Deol, O.D. Richard Ryan, O.D. Jeffrey Sutro, O.D. Ben Wong, O.D.
Public Member	Jeffrey Hoptowit
Staff Members	Judy Haenke Don Williams

Orthotics and Prosthetics Advisory Committee

Profession Members	Joseph Czerniecki, M.D. Karl Entemann, C.P.O. David Tweedy, C.P.O.
Public Members	Mark Billings John Wulf
Staff Members	Judy Haenke Don Williams

Board of Osteopathic Medicine and Surgery

Profession Members	Thomas Bell, D.O. Daniel Dugaw, D.O. Mark Hunt, D.O. Ralph Monteagudo, D.O. Thomas Shelton, D.O. Larry Smith, D.O.
Public Member	William Grant
Staff Members	Arlene Robertson Bob Nicoloff

Board of Pharmacy

Profession Members	Leon Alzola, R.Ph. Susan Boyer, R.Ph. Donna Dockter, R.Ph. Michael Kleinberg, R.Ph. George Roe, R.Ph.
Public Members	Rebecca Hille Sharron Sellers
Staff Members	Grant Chester Susan Loutzenhiser Lisa Salmi Shannon Walker Don Williams

Board of Physical Therapy

Profession Members	Dyke Dickie, P.T. Patricia Muchmore, P.T. Samuel Stockton, P.T. Nancy Wong, P.T.
Public Member	M. Jean Stevens-Owen
Staff Members	Kristin Hamilton Gail Zimmerman

Podiatric Medical Board

Profession Members	David Bernstein, D.P.M. Cynthia Fenberg, D.P.M. Gerald Kuwada, D.P.M. John McChord, D.P.M.
Public Member	William Ith
Staff Members	Arlene Robertson Bob Nicoloff

Examining Board of Psychology

Profession Members	Dean Funabiki, Ph.D. Patricia Hanson, Psy.D. Joanne Ito, Ph.D. Gloria Rose Koepping, Ph.D. John Ramirez, Ph.D. Elizabeth Ann Robinson, Ph.D. W. Douglas Uhl, Psy.D.
Public Members	Raymond Harry Lisa Richesson
Staff Members	Janice Boden Bob Nicoloff

Sexual Offenders Treatment Providers Advisory Committee

Committee Members	Deborah Doane, Victim Treatment Provider Ione George, Prosecuting Attorney Bruce Harris, Dept. of Corrections Rep John Hill, Defense Attorney Jan Horning, Treatment Provider Bruce Olson, Ph.D., Treatment Provider Jack Sowers, Department of Social & Health Services Representative Gary Tabor, Judge Lang Taylor, Treatment Provider
Staff Members	Traci Troutman Bob Nicoloff

Veterinary Board of Governors

Profession Members	Camilo DeGuzman, D.M.V. Jack Havens, D.M.V. (Pro Tem) Christine Susumi, D.M.V. Terry Teeple, D.M.V. Michael Wedam, D.M.V. Linda Lee Wood D.M.V. (Pro Tem) Mary Ellen Zoulas, D.M.V.
Public Member	Janet Stephenson
Staff Members	Karen Kelley Gail Zimmerman