

*2003–2005 Biennial Report*

# Health Professions Quality Assurance and Regulatory Activities

**December 2006**

(Revised June 2007)





This is an updated version of the 2003-2005 Health Professions Quality Assurance and Regulatory Activities Report (UDA) report. The 2003-2005 UDA was republished because errors were included in the original December 2006 publication. The complete list of changes can be found in the errata.

If you have any questions about the report or the changes please call Steve Hodgson at 236-4990.

## Errata

Errors were included in the original production of the 2003-2005 Health Professions Quality Assurance and Regulatory Activities Report (UDA) report. The following are corrections for errors included in the December 2006 version.

### Executive Summary

- P. I, line 26: “Investigations Completed 4,842 8,295 71%” should read “Investigations Completed 4,842 6,279 30%.”
- P. II, line 12: “8,300” should read “6,300”;  
“more than 50 percent” should read “781.”
- P. II, line 13: “32.5” should read “14.”
- P. II, line 14: “77” should read “30.”
- P. II, Chart 15 has been replaced.

### Section 2

- P. 27, line 11: “8,295” should read “6,279.”
- P. 27, line 12: “51 percent” should read “14 percent.”
- P. 27, Table 5 has been replaced.
- P. 28, line 7: “31 percent (1,739) of the 5,601” should read “35 percent (1,521) of the 4,399.”
- P. 28, line 9: “31 percent (831) of the 2,694” should read “32 percent (593) of the 1,880.”
- P. 29, line 4: “69 percent (211) of the 306” should read “50 percent (158) of the 316.”
- P. 29, Table 6 has been replaced.
- P. 30, Table 7 has been replaced.
- P. 30, line 2: “68 percent of the 8,295” should read “70 percent of the 6,279”
- P. 30, line 3: “32 percent” should read “30 percent.”
- P. 30, line 8: “50 percent” should read “38 percent.”
- P. 30, line 12: “51 percent” should read “14 percent.”
- P. 30, line 13: “8,295” should read “6,279.”
- P. 37, line 8: “11 percent (35) of the 306” should read “11 percent (35) of the 316.”
- P. 37, Table 12 has been replaced.
- P. 38, Table 13 has been replaced.
- P. 42, line 3: “8,295 (51 percent)” should read “6,279 (14 percent).”
- P. 42, line 8: “5,601 (45 percent)” should read “4,399 (14 percent).”
- P. 42, line 10: “2,694 (65 percent)” should read “1,880 (15 percent).”

### Section 3

- P.52, line 9: “(-564 percent)” should read (-85 percent).”
- P.52, line 11: “(-22 percent)” should read (-18 percent).”
- P.52, line 12: “(-40 percent)” should read (-28 percent).”

### Section 5

- P. 70, line 3: “71 percent” should read “30 percent.”
- P. 70, line 4: “51 percent” should read “14 percent.”
- P. 70, Chart 15 has been replaced.

*2003–2005 Biennial Report*

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For more information or additional  
copies of this report contact:

Health Professions Quality Assurance  
Profession Services  
PO Box 47860  
Olympia, WA 98504-7860  
360-236-4996  
FAX 360-753-0657

For general assistance call:  
Customer Service Center  
(360) 236-4700

Mary C. Selecky  
Secretary of Health



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# Executive Summary

This 2003–2005 report from the Washington Department of Health details recent activities to regulate health care providers.<sup>1</sup> The report reviews trends, accomplishments, and challenges.

The biennium was marked by a number of highlights. These include a reduction of fees in many professions, further development of criminal background checks for health profession applicants and new Internet-based services for customers. The period also saw an increasing number of complaints against health care providers and growing public concern over the time it takes to discipline them.

These and other issues are reflected in the activities listed in this report. These activities support the Secretary of Health and independent boards and commissions in four primary areas:

**Credentialing** – The licensing, certification and registration of 290,941 health care practitioners in 57 professions.

**Complaint Management** – Accepting, investigating and adjudicating complaints against health care practitioners.

**Discipline** – Administering a wide range of sanctions to ensure competent and professional health care and patient safety.

**Public Education** – Providing information to the public on health care practitioners and their disciplinary record.

Activity	Ten Years of Growth		
	1995	2005	Percentage Increase from 1995
Health care Providers credentialed	199,387	290,941	46%
Health Professions regulated	45	57	27%
Reports/Complaints received	8,000	14,082	76%
Investigations completed	4,842	6,279	30%
Cases resolved: total resolutions	7,650	13,446	76%
Public Disclosure requests	11,158	17,405	56%
HPQA Employees	192	215	12%

## Demand for Professional Regulatory Services

The 2003–2005 biennium was marked by a continued and sharp rise in the number of credentialed health care providers, formal complaints and requests for public information when compared to 2001–2003.

- The number of credentialed health care providers rose by more than 19,500 to 290,941, or 7.2 percent.

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<sup>1</sup> Required under the Uniform Disciplinary Act, RCW 18.130.310 (UDA) and produced by the Health Professions Quality Assurance Office of the Department of Health

- The total number of complaints increased to more than 14,000, a rise of about 400, or 2.7 percent.
- Requests for public information increased to 17,405 requests, a 19 percent rise.

Each of these numbers continues a long term trend. During the 10-year period 1995–2005, the number of providers and the number of complaints, respectively, rose by 46 percent and 60 percent. During the same period, staffing to regulate these providers increased 12 percent.

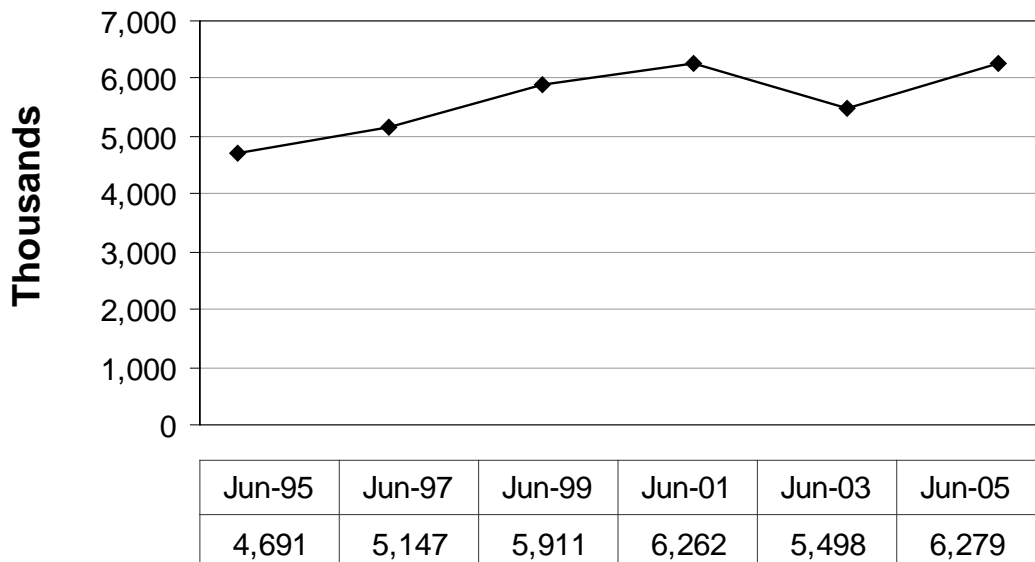
### A Focus on Enforcement and Discipline

The increase in health care providers and complaints has led to an even larger jump in the number of investigations, reflecting the department’s increased focus on ensuring patient safety.

- Investigations totaled nearly 6,300 in 2003–2005, an increase of 781, or 14 percent, from 2001–2003.
- The number of investigations in 2003–2005 increased by 30 percent in the 10 years since 1993–1995.
- The number of health care providers barred from practice increased by 23 percent from 2001–2003 to 2003–2005.

Based on data from the biennium, the number of complaints filed in 2003–2005 represented about five percent of credentialed health care providers. About one in ten complaints leads to formal disciplinary sanction. The most common sanctions were aimed at rehabilitating the health care provider (53 percent), followed by removal from practice (37 percent). Sanctions were most frequently imposed for incompetence, negligence, or malpractice.

Chart 15  
Investigations Completed



## **Better Service and Efficiency**

The sharp increase in workload and concern over provider care has driven recent improvements to the regulatory system. New technology is speeding and improving communications with the public and health care practitioners. Improved management approaches focus on a more strategic approach to problem solving.

### Use of Technology

New systems allow the public to check the credentials of health care providers over the Internet and to receive quick service at the department's customer service call center. These approaches have resulted in:

- Dramatic increases in calls, credential renewals and verifications, and continuing education audits. These increases range from 23 percent to 484 percent.
- Nearly seven million inquiries to the on-line Provider Credential Search. This system provides easy access to information on nearly 300,000 health care practitioners.
- More than 104,000 disciplinary documents delivered electronically since April 2003, saving substantial labor and postage costs.

### Improved Management Processes

In 2003–2005, the department initiated the ASPIRE program to improve timeliness, consistency and accountability in the disciplinary process. This program focuses on thinking strategically and improving processes. This effort consolidated several functions and led to:

- Shorter timelines from complaint to issuance of charges.
- Modifying disciplinary orders to speed enforcement when practitioners do not comply.
- New guidelines intended to increase the consistency of sanctions for similar violations.
- New procedures to reduce the number of continuances in the hearing process.

The results of these improvements are being carefully tracked as part of the state's Government Management Accountability & Performance program.

### Setting the Stage for 2005-07

Health Professions Quality Assurance will continue to be driven by several initiatives begun during the past biennium. These will include, among other efforts:

- Reducing the backlog of disciplinary cases.
- Ensuring that misconduct cases involving the most threat to patient safety are acted upon swiftly.
- Applying consistent disciplinary sanctions for all health professions.
- Continuing to assist the public in making informed decisions regarding their health care.

Continued improvement is a challenge in a business environment characterized by increasing demand and limited resources. The number of credential holders will continue to increase each year with a parallel rise in complaints. Public expectations of instant access to information place new demands on personnel and the systems to automate responses.

All of this will require a continual review of the Health Professions Quality Assurance system, decisions regarding changes in operations, and evaluation of the results. The department remains dedicated to improving services and fulfilling its mission to “protect and improve the health of people in Washington State.”

# Section 1

# Quality Assurance

# Framework



# Overview

Health Professions Quality Assurance (HPQA) is an office within the Health Systems Quality Assurance Division. HPQA is charged with protecting public health and safety by regulating the competency and quality of 290,941<sup>1</sup> credentialed health care providers.

## Mission

The agency mission is to “Protect and improve the health of the people in Washington State.” To support the mission, HPQA personnel work in partnership with 12 boards, four commissions, and eight advisory committees in the regulation of 57 health care professions. The Uniform Disciplinary Act, chapter 18.130 RCW, provides standardized processes for credentialing and discipline of practitioners and serves as the statutory framework for the regulation of health care providers in Washington.

## Goals

HPQA established goals through a strategic planning process that reflects the core business of the office.

1. Ensure only providers who meet the qualifications established in law and rule receive credentials.
2. Ensure credentialed practitioners meet regulatory standards.
3. Help the public make informed decisions about health care practitioners.
4. Improve the quality of our business.

The on-going work to achieve these goals includes:

- Setting minimum standards for obtaining a credential.
- Establishing educational requirements, conducting educational program reviews, and site visits.
- Reviewing applicants’ qualifications and backgrounds.
- Issuing credentials to qualified applicants, processing credential renewals, and monitoring continuing education requirements.
- Setting standards of practice and informing health care providers of those standards.
- Developing and implementing legislation, administrative rules, policies, and procedures.
- Receiving and processing complaints against health care providers.
- Conducting investigations, audits, and inspections.
- Taking disciplinary action where warranted.
- Continuing to improve disciplinary processes.

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<sup>1</sup> SOURCE: HPQA ASI Licensing data as of July 1, 2005

- 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, complaints, and disciplinary history of practitioners.
- Providing documents and other disclosable records when requested by the public (e.g., copies of disciplinary case files).
- Measuring customer service performance (e.g., pharmacy inspections, walk-in customer assistance).
- Increasing public awareness of standards for practitioners, HPQA resources, and how and when to report concerns.
- Assuring that HPQA staff have employee development plans reflecting required core competencies.

## Leadership, Organization, and Vision

Director Bonnie King leads the HPQA office. She reports to Assistant Secretary Laurie Jenkins who reports to Secretary Mary Selecky. HPQA employed 215 people in 2003–2005 to support regulatory work.<sup>2</sup> Five of seven HPQA office sections work directly with the 57 professions. Two sections provide support services (e.g. legal, investigations, hearing scheduling, impaired practitioner monitoring, customer service, and public disclosure). Legislation and rule development and implementation, business policies and procedures, and publications are managed within the HPQA Office of the Director.<sup>3</sup>

The HPQA Deputy Director, Policy Manager, Budget Officer and section Executive Directors, report to the HPQA Director. This HPQA Management Team meets weekly to conduct organization business.

During the 2001–2003 biennium with a change in leadership at the Director level, the HPQA Management Team created a new vision statement to carry the organization into the future. The new HPQA vision became ASPIRE:

*We Act Strategically to Prioritize and Invest our Resources more Effectively.*

The vision is a reminder of the importance of carefully assessing the resources we expend while conducting our core business. Our core business is credentialing qualified practitioners, ensuring practitioners provide health care services according to regulatory standards, enhancing the ability of the public to make informed decisions about their health care, and continually improving the quality of our business. During the 2003–2005 biennium, HPQA grew and matured this vision into one that is an institutionalized process for continuous quality improvement. Executives and managers, along with staff working groups are involved in this ongoing strategic process in a way that ensures business practices are continually improved.

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<sup>2</sup> See Page 74 for a ten-year biennial comparison of HPQA full-time employees.

<sup>3</sup> See page 82 for the HPQA organization chart.



## Funding

Health professions regulation is funded through credentialing fees. Revenue and expenditures are tracked at the individual profession level. Each profession is required to be self-supporting. All fees within HPQA are subject to the Washington State Legislature's appropriation process. The appropriation (authority to spend revenue) is determined through a process established by the Washington State Office of Financial Management and the Department of Health based on guidance from the Governor. Excess revenue can be carried forward from one biennium to the next, but spending authority cannot. The 2003–2005 biennium budget for all professions was approximately \$40.7 million.

## Credential Types<sup>4</sup>

HPQA issues three types of credentials:

1. **License:** A method of regulation by which the state grants permission to persons who meet predetermined qualifications to engage in a health profession. 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 regulatory authority, either a board, commission or the Secretary, determines the qualifications. Some non-certified personnel may perform the same tasks, but may not use "certified" in the title. Some facilities and health care professions require certification.
3. **Registration:** A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. If required, a description of the service, location, nature, and operation of the health activity practiced must also be provided.

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<sup>4</sup> RCW 18.120.020

Table 1  
 Credentialed Health Care Providers and Entities  
 July 1, 2005

RCW	Profession	Number Credentialed	Licensing/Disciplinary Authority	Current Renewal Fees (All in \$)
<i>Licensed Professions</i>				
18.06	Acupuncturist	950	Secretary	81
18.79	Advanced Registered Nurse Practitioner	3,706	Nursing Care Quality Assurance commission	50/per specialty*
18.35	Audiologist	363	Board of Hearing & Speech	25
18.25	Chiropractor	2,164	Chiropractic Quality Assurance commission	190
18.29	Dental Hygienist	4,706	Secretary	15
18.32	Dentist	5,876	Dental Quality Assurance commission	230**
18.30	Denturist	142	Board of Denturists/Secretary	1,925*
18.34	Dispensing Optician	879	Secretary	30
18.35	Hearing Instrument Fitter/Dispenser	275	Board of Hearing & Speech	25
18.79	Licensed Practical Nurse	14,401	Nursing Care Quality Assurance commission	50
18.225	Marriage & Family Therapist	914	Secretary	83
18.108	Massage Therapist	11,987	Board of Massage/Secretary	10
18.225	Mental Health Counselor	4,094	Secretary	29
18.50	Midwife	90	Secretary	450
18.36A	Naturopathic Physician	727	Secretary	200
18.52	Nursing Home Administrator	447	Board of Nursing Home Administrators	250
18.59	Occupational Therapist	2,355	Board of Occupational Therapy Practice	90
18.59	Occupational Therapist Assistant	542	Board of Occupational Therapy Practice	65*
18.55	Ocularist	10	Secretary	200
18.53,18.54	Optometrist	1,519	Optometry Board	100
18.200	Orthotist/Prosthetist	211	Secretary	20
18.57	Osteopathic Physician & Surgeon	816	Board of Osteopathic Medicine & Surgery	75**
18.57A	Osteopathic Physician Assistant	34	Board of Osteopathic Medicine & Surgery	55**
18.64	Pharmacies & Other Pharmaceutical Firms	2,786	Board of Pharmacy	31 to 525 ***
18.64	Pharmacist	7,299	Board of Pharmacy	120
18.74	Physical Therapist	4,511	Board of Physical Therapy	25
18.71	Physician	21,173	Medical Quality Assurance commission	330* **
18.71A	Physician Assistant	1,810	Medical Quality Assurance commission	115* **
18.22	Podiatrist	285	Podiatric Medical Board	605**
18.83	Psychologist	1,893	Examining Board of Psychology	72
18.79	Registered Nurse	68,459	Nursing Care Quality Assurance commission	50
18.89	Respiratory Care Practitioner	2,196	Secretary	50*
18.225	Social Worker	2,852	Secretary	42
18.35	Speech Language Pathologist	1,281	Board of Hearing & Speech	25
18.92	Veterinarian	2,828	Veterinary Board of Governors	130**
	<b>Subtotal</b>	<b>174,581</b>		

RCW	Profession	Number Credentialed	Licensing/Disciplinary Authority	Current Renewal Fees (All in \$)
<b>Certified Professions</b>				
18.205	Chemical Dependency Professional	2,559	Secretary	82
18.138	Dietitian/Nutritionist	1,055	Secretary	45
18.135	Health Care Assistant	13,082	Secretary	60 *
18.88A	Nursing Assistant	35,359	Nursing Care Quality Assurance commission/Secretary	20
18.64A	Pharmacy Technician	7,120	Board of Pharmacy	35
18.84	Radiologic Technologist	4,704	Secretary	45 *
18.155	Sex Offender Treatment Provider	152	Secretary	210 to 560
<b>Subtotal.....</b>		<b>64,031</b>		
<b>Registered Professions</b>				
18.25	Chiropractic X-ray Technician	217	Chiropractic Quality Assurance Commission	28
18.19	Counselor	16,966	Secretary	28
18.34	Dispensing Optician Apprentice	854	Secretary	0
18.19	Hypnotherapist	408	Secretary	15
18.92	Humane Society	10	Veterinary Board of Governors	75***
18.79	Nurse Technician	508	Nursing Care Quality Assurance commission	35
18.88A	Nursing Assistant	23,573	Nursing Care Quality Assurance commission/Secretary	20
18.52C	Nursing Pool Operator	167	Secretary	60
18.64A	Pharmacy Assistant	3,624	Board of Pharmacy	0
18.64	Pharmacy Intern	700	Board of Pharmacy	20
18.23	Recreation Therapist	134	Secretary	85
18.215	Surgical Technologist	1,732	Secretary	15
18.92	Veterinary Medication Clerk	357	Veterinary Board of Governors	30
18.92	Veterinary Technician	1,101	Veterinary Board of Governors	65
18.88	X-ray Technician	1,978	Secretary	35 *
<b>Subtotal</b>		<b>52,329</b>		
<b>Grand Total</b>		<b>290,941</b>		

\* *Fee every two years*

\*\* *Additional fees of up to \$35 dedicated to the Washington Physicians Health Program, a monitoring program for chemically impaired practitioners.*

\*\*\* *Credentialed entities*

## Boards, Commissions, and Committees<sup>5</sup>

The authority for the regulation of health care professions in Washington rests with boards, commissions, or the Secretary. By law, boards, commissions, and the Secretary have independent authority regarding licensing and disciplinary decisions.

While Governor-appointed boards have regulated some professions for decades, newer professions are under the authority of the Secretary. The Governor appoints 138 members to boards and commissions. These boards and commissions regulate 34 professions.

<sup>5</sup> See page 85 for a listing of boards, commissions, and committees.

Prior to 1994, only health care professional boards existed. In 1994 because of legislation, eight licensing and disciplinary boards for medical, dental, chiropractic, and nursing became four commissions. These four commissions have more members than other boards and their workload for licensing and disciplinary activities is greater as well.

The Secretary has authority for 23 health care professions and appoints 49 members to eight advisory committees. These committees provide clinical and technical advice to the Secretary regarding licensing and discipline of providers, but they do not have independent authority. The Secretary may also appoint pro tem members to boards and commissions when workload demands exceed their capacity.

HPQA staff supports the work of boards, commissions, and the Secretary. Recruitment and development of diverse, well-qualified board, commission, and committee members, including members who represent the public is a high priority. Staff work closely with health care professional associations, other interested organizations, and the Governor's office in the recruitment process.

The agency and the boards and commissions work together to protect the public. 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. The agency has decision-making authority over administrative issues, processes and procedures.

RCW 43.70.240 requires that the Secretary enter into a written operating agreement on administrative procedures with each of the boards and commissions. The agreement is reviewed annually by the parties and addresses administrative activities supporting board and commission policies, goals, and objectives.

In the 2003–2005 biennium, HPQA staff provided support for 213 days of open public meetings during which boards, commissions, and committees conducted official business. This number of days is down from the previous biennium's number of 288 due to a budget deficit in the first half of 2005. Board, commission and committee members spent another 76 days performing other duties such as reviewing cases, participating in settlement conferences, sitting on rule-making panels, or on hearing panels to determine case outcomes.<sup>6</sup>

Board, commission, and committee members provide expertise regarding standards of practice as they apply 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 public. The expertise of all members and HPQA's organizational management support the interdependent regulatory model.

## Results

During the 2003–2005 biennium several projects or rule processes were begun or completed.

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<sup>6</sup> SOURCE: HPQA Staff tallies

## Goal 1: Ensure Only Providers Who Meet the **Qualifications Established in Law and Rule Receive** Credentials.

### Credentialing

During the 2003–2005 biennium, HPQA issued 73,441 new licenses, certifications, and registrations, and renewed 467,402 credentials.<sup>7</sup>

### Washington State 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 resulted from media investigations that revealed health care providers with criminal backgrounds were working with vulnerable patients. The nature of the criminal offenses would have made them ineligible for licensure if the applicants had disclosed the facts.

The study concluded it would be best for HPQA to conduct 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. The Office of the Superintendent of Public Instruction has begun a pilot project using LiveScan equipment that transmits fingerprints electronically. HPQA is monitoring the project.

The primary purpose of the background check is to assure that applicants provide licensing authorities with full information during the application process. If undisclosed criminal violations are found, appropriate action is taken against the applicant. This may include denying the application. 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 conviction remains a part of the application file and is available for public disclosure on request.

During the 2003–2005 biennium, HPQA conducted 71,408 background checks.<sup>8</sup> Some applications result in more than one background check due to aliases, court reporting errors or omissions, and applicants indicating they have a conviction despite nothing being found. Of the 71,408 checks, 3,039 or four percent, had criminal convictions in Washington State. Of the 3,039 with convictions 1,796 or 59 percent, did not disclose the conviction on their application. In other words, two and a half percent of the 71,408 applicants did not disclose criminal convictions. This is up by one-half percent over the previous biennium.

Professions with the highest percentage of criminal convictions discovered through background checks in 2003-2005 were:

- Chemical Dependency Professionals 15.8 %
- Nursing Assistants 6.3 %

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<sup>7</sup> SOURCE: HPQA ASI licensing data

<sup>8</sup> SOURCE: HPQA Investigation Service Unit

- Denturists 6.2 %
- Registered Counselors 5.7 %
- Midwives 5.5 %
- Dispensing Opticians 5.3 %
- Health Care Assistants 5.0 %

Table 2  
Criminal Convictions<sup>9</sup>  
July 1, 2005

	Total Applicants	Applicants With Convictions	Applicants Who Disclosed	Applicants Not Disclosing	% With <sup>10</sup> Convictions	% Disclosed	% Non-Disclosed
Acupuncturist	183	0	0	0	0 %	0 %	0 %
Advanced Registered Nurse Practitioner	656	2	1	1	0 %	50 %	50 %
Audiologist/Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	484	3	2	1	1 %	67 %	33 %
Chemical Dependency Professional	353	56	38	18	16 %	68 %	32 %
Chiropractor	285	2	0	2	1 %	0 %	100 %
Counselor	4,777	277	175	102	6 %	63 %	37 %
Dental Hygienist	573	8	5	3	1 %	63 %	37 %
Dentist	643	3	1	2	0 %	33 %	67 %
Denturist	48	3	2	1	6 %	67 %	33 %
Dietitian/Nutritionist	166	1	0	1	1 %	0 %	100 %
Dispensing Optician	529	28	10	18	6 %	36 %	64 %
Health Care Assistant	5,284	266	99	167	5 %	37 %	63 %
Hypnotherapist	124	6	2	4	5 %	33 %	67 %
Licensed Practical Nurse	2,374	79	37	42	3 %	47 %	53 %
Marriage & Family Therapist	117	1	0	1	1 %	0 %	100 %
Massage Therapist	2,632	79	35	44	3 %	44 %	56 %
Mental Health Counselor	516	11	8	3	2 %	73 %	27 %
Midwife	18	1	0	1	6 %	0 %	100 %
Naturopathic Physician	186	0	0	0	0 %	0 %	0 %
Nursing Assistant	27,366	1,732	595	1,137	6 %	34 %	66 %
Nursing Home Administrator	78	1	0	1	1 %	0 %	100 %
Nurse Technician	591	12	8	4	2 %	67 %	33 %
Occupational Therapist	348	0	0	0	0 %	0 %	0 %
Ocularist	0	0	0	0	0 %	0 %	0 %
Optometrist	157	2	0	2	1 %	0 %	100 %
Orthotics/Prosthetics	17	0	0	0	0 %	0 %	0 %
Osteopathic Physician	147	0	0	0	0 %	0 %	0 %
Osteopathic Physician Assistant	22	0	0	0	0 %	0 %	0 %
Pharmacies and Other	9	0	0	0	0 %	0 %	0 %
Pharmacist	568	5	3	2	1 %	60 %	40 %
Pharmacy Assistant	3,312	143	71	72	4 %	50 %	50 %
Pharmacy Intern	543	9	5	4	2 %	56 %	44 %

<sup>9</sup> SOURCE: HPQA Investigation Service Unit

<sup>10</sup> Represents percent of all applicants for the specific profession.

	Total Applicants	Applicants With Convictions	Applicants Who Disclosed	Applicants Not Disclosing	% With Convictions	% Disclosed	% Non-Disclosed
Pharmacy Technician	1,656	71	40	31	4 %	56 %	44 %
Physical Therapist	607	1	0	1	0 %	0 %	100 %
Physician	2,426	5	2	3	0 %	40 %	60 %
Physician Assistant	476	3	0	3	1 %	0 %	100 %
Podiatrist	46	0	0	0	0 %	0 %	0 %
Psychologist	187	0	0	0	0 %	0 %	0 %
Radiological Technician	932	23	7	16	3 %	30 %	70 %
Recreation Therapist	89	2	0	2	2 %	0 %	100 %
Registered Nurse	7,096	55	29	26	1 %	53 %	47 %
Respiratory Care Practitioner	279	3	1	2	1 %	33 %	67 %
Sex Offender Treatment Provider	25	0	0	0	0 %	0 %	0 %
Social Worker	408	3	2	1	1 %	67 %	33 %
Surgical Technologist	471	16	7	9	3 %	44 %	56 %
Veterinarian	302	0	0	0	0 %	0 %	0 %
Veterinary Medication Clerk	160	2	1	1	1 %	50 %	50 %
Veterinary Technician	169	4	4	0	2 %	100 %	0 %
X-ray Technician	765	33	14	19	4 %	42 %	58 %
<b>Total</b>	<b>69,098</b>	<b>2,950</b>	<b>1,203</b>	<b>1,747</b>	<b>4 %</b>	<b>41 %</b>	<b>59 %</b>

In 2001 when criminal background checks were started, eight percent of applicants had in-state criminal convictions and 80 percent of those had not disclosed the conviction on their application. The 2001–2003 biennium showed a dramatic decrease to four percent of applicants with criminal convictions. Of those, 60 percent did not disclose conviction information.<sup>11</sup> In the 2003–2005 biennium, the number of applicants with criminal convictions remained at four percent and the number of those who did not disclose conviction information decreased slightly to 59 percent.

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

### New Standards

During the 2003–2005 biennium, the legislature enacted new laws that changed practice standards for certain professions.

**Acupuncturist:** ESSB 6554 amended the clinical training provisions for applicants to require 500 hours of approved clinical training.

**Dental Hygiene:** ESSB 6554 allowed an applicant for a dental hygiene license to obtain an initial limited license. The initial limited license is renewable upon demonstration of successful passage of the examination for administering local anesthetic, nitrous oxide, and oxygen analgesia.

**Dental:** HB 1689 eliminated the requirement to take and pass a clinical licensure examination upon successful completion of a least one year of the residency program. It required the residency programs to be approved by the Dental Quality Assurance commission and accredited by the American Dental Association’s commission on Dental Accreditation. In addition, it allowed for the issuance of a limited dental resident permit.

<sup>11</sup> The 2001–2003 report incorrectly showed this percentage as 20 percent.

***Dispensing Optician:*** ESSB 6554 eliminated citizenship requirements for dispensing optician license applicants.

***Naturopathic Physicians:*** HB 1546 allowed the prescribing of legend drugs and controlled substances, including codeine and testosterone, limited to the scope of naturopathic practice as defined by rules established by the Secretary. It also allowed including intramuscular, intravenous, subcutaneous, and intradermal injections of substances, as limited to the scope of naturopathic practice as defined by rules established by the Secretary. In addition, it required naturopathic education programs to be accredited.

***Nurse Practitioners:*** HB 1479 allowed advanced registered nurse practitioners to prescribe schedule II through IV drugs without a joint practice agreement with an allopathic or osteopathic physician.

***Nursing:*** ESSB 6554 streamlined licensing requirements. It created authority for a clinical experience opportunity for licensed practical nurses that are getting their registered nurse license through a non-traditional school.

***Nursing:*** SB 5599 created the Nursing Resource Center Account. The account is funded by a \$5 surcharge on licenses for registered nurses and licensed practical nurses. The funds are used to administer and provide grants to a Central Nursing Resource Center that will explore nursing workforce shortage issues.

***Nursing:*** SHB 1075 increased the number of Nursing Care Quality Assurance commission members from 11 to 15 by increasing the number of registered nurse members. It specified qualifications for certain RN members to include: faculty from a four-year university school of nursing, faculty from a two-year community or technical school of nursing, staff nurses, and a nurse executive or manager. It also converted a non-voting licensed midwife member to a public member.

***Pharmacy:*** ESSB 6478 required shopkeepers, who do not have a licensed pharmacy, and itinerant vendors to only purchase ephedrine, pseudoephedrine, or phenylpropanolamine from wholesalers or manufacturers licensed by the Department of Health. It also required wholesalers to report transactions with shopkeepers, itinerant vendors, and pharmacies (“suspicious transactions”) exceeding identified thresholds.

***Pharmacy:*** HB 1168 required the department to license Canadian pharmacies to ship, mail, or deliver prescription drugs to Washington residents. It required a waiver from the federal Food and Drug Administration (submitted September 2005). As of July 2006, the waiver has not been granted.

***Pharmacy:*** HB 2266 placed restrictions on the sale of ephedrine, pseudoephedrine, or phenylpropanolamine, such as requiring photo identification, age limits, and quantity limits. It also required the Board of Pharmacy to conduct a statewide pilot project requiring the collection and maintenance of written or electronic logs or other means of recording sales transactions.

***Pharmacy:*** SB 5470 required the department to license Canadian, United Kingdom, Irish, and other non-domesticated drug wholesalers to distribute to Washington pharmacies. It required a waiver from the federal Food and Drug Administration (submitted September 1, 2005). As of July 2006, the waiver has not been granted.



**Physical Therapy:** HB 1137 required education and training before performing electroneuromyographic examinations and sharp debridement.

**Psychology:** ESSB 6554 changed the law to make the oral exam optional. It eliminated the requirement that one of the two years of supervised experience required for a license be obtained after receiving the doctoral degree. In addition, it allowed psychologists from other states with national certification to qualify for temporary practice permits and licensure through endorsement.

**Respiratory Care:** ESSB 6554 created an additional path to licensure through recognition of the national board's advanced practitioner credential, as long as it meets or exceeds Washington State standards.

**Sex Offender Treatment Providers:** SHB 2849 allowed the department to issue affiliate sex offender treatment provider certifications and determine minimum education, experience, and training requirements. In addition it allowed the department to deny certification in accordance with the Uniform Disciplinary Act.

**Pharmacists; Advanced Registered Nurse Practitioners; Dentists; Naturopathic Physicians; Optometrists; Osteopathic Physicians & Surgeons; Osteopathic Physician Assistants; Physicians; Physician Assistants; Podiatrists; and Psychologists:** SB 5492 amended RCW 70.41.210 and expanded the reporting requirements for hospitals when the clinical privileges of any of the above mentioned professions are restricted, suspended, limited, or terminated based on a conviction, determination, or finding by the hospital that they have committed an action defined as unprofessional conduct per RCW 18.130.180. The hospital must also report any voluntary restriction or termination by the practitioner to avoid action on clinical privileges.

## Fee Changes

Each health care profession statute requires license, credential, and registration fees be sufficient to fund regulatory activities for that profession. The license, credential, and registration fees paid by many professions exceeded regulatory costs, creating a surplus of nearly 50 percent of the budget. The surplus could not be accessed without additional spending authority from the legislature.

It is the legal responsibility of the Secretary to establish fees to defray program costs, in accord with RCW 43.70.250. The Secretary also adopts rules to establish fees in accordance with the Administrative Procedures Act Chapter 34.05 RCW. The Secretary determined it was necessary to reduce fees in order to:

- Assure health care professionals are not overcharged.
- Defray costs of administering the regulatory programs.
- Allow for surplus, from which additional spending authority could be requested. The reserve was targeted at 20 percent above the authorized spending authority—about \$10 million.

The rule change was effective July 1, 2005 and allows adjustments below the current fee level set in rule. It also allows for fees to be raised back up to the level stated in rule without additional rule-making. The rules to reduce individual profession fees do not allow fees to be raised higher than the original level without a rule-making process.

## Standards Review

Washington Administrative Code (rules) which set standards and guide disciplinary activity are constantly being reviewed. They are reviewed for need, reasonableness, effectiveness and efficiency, stakeholder involvement, coordination among regulatory agencies, consistency with legislative intent and statutory authority. During the 2003–2005 biennium, 19 rules were repealed and 41 rules were newly implemented or revised.

## Chemically Impaired Practitioners

Another avenue to assure practitioners provide services according to regulatory standards is provided for in the law. 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 or her life. Programs offer several services, including confidential consultation with the practitioner 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 percent 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 allopathic physicians and physician assistants, dentists, pharmacists, osteopathic physicians and physician assistants, podiatrists, and veterinarians. This is 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 agency employees. The program also serves emergency medical personnel, intravenous therapy technicians, and paramedics who are regulated within another office of Health Systems Quality Assurance. Profession program budgets provide funding on a biennial basis. Only those professions that have health care providers using the service provide funding to the program. The clients pay additional fees to outside providers for random urinalysis tests and support groups.
2. Washington Physicians Health Program (WPHP) is a confidential program for chemically impaired allopathic physicians and physician assistants, dentists, osteopathic physicians and physician assistants, veterinarians and podiatrists.

The program 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. The program operates under a contract with the department. 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 \$35 per health care provider is deposited. Only those professions served by the program pay the surcharge on their license fee. The account is not subject to allotment restrictions. The clients pay additional fees for random urinalysis tests and support groups.

3. Washington Recovery Assistance Program for Pharmacy (WRAPP) is a voluntary substance abuse monitoring program. The program provides education, intervention, assessment, treatment referral and monitoring services to pharmacists, pharmacy technicians and pharmacy assistants. The program contracts with the agency to provide services and HPQA staff provide contract oversight. The Board of Pharmacy may mandate practitioners into the program. The Board of Pharmacy funds the service and clients pay additional fees for random urinalysis tests and support groups. Table 3 provides an activity summary of the three substance abuse monitoring programs used by HPQA. Professions without enrollees are not shown.

Table 3  
Alternative Programs-Chemically Impaired Practitioners

Profession	Program	Total # Mandated	Total # Voluntary	Total # Enrolled	Total # of Successful Completions
Advanced Registered Nurse Practitioner	WHPS	1	2	9	2
Chemical Dependency Professional	WHPS	4	12	24	4
Chiropractor	WHPS	2	0	2	0
Counselor	WHPS	11	2	18	1
Dentist*	WHPS	0	1	1	1
Dentist*	WPHP	2	7	19	0
Dental Hygienist	WHPS	1	2	4	1
Denturist	WHPS	1	0	1	0
Emergency Medical Technician	WHPS	0	4	16	8
Health Care Assistant	WHPS	2	0	5	0
Hearing and Speech Therapist	WHPS	1	0	1	0
Licensed Practical Nurse	WHPS	27	11	92	10
Massage Therapist	WHPS	2	0	4	0
Nursing Assistant	WHPS	9	1	14	1
Occupational Therapist	WHPS	1	0	1	0
Optometrist	WHPS	1	0	1	1
Osteopathic Physician	WPHP	0	2	3	2
Paramedic	WHPS	2	1	6	2
Pharmacist and Pharmacy Technician	WRAPP	35	12	90	16
Physical Therapist	WHPS	0	1	1	0
Physician	WPHP	0	47	138	38
Physician Assistant	WPHP	2	5	14	3

Profession	Program	Total # Mandated	Total # Voluntary	Total # Enrolled	Total # of Successful Completions
Podiatrist	WPHP	1	1	3	3
Psychologist	WHPS	1	3	3	0
Radiologic Technologist	WHPS	1	2	6	2
Registered Nurse	WHPS	68	37	324	58
Respiratory Care Practitioner	WHPS	4	0	4	0
Surgical Technologist	WHPS	4	5	9	0
Veterinarian	WPHP	0	2	5	4
Veterinary Technician	WHPS	0	0	2	1
X-Ray Technician	WHPS	2	0	2	1
<b>Total</b>	<b>All</b>	<b>185</b>	<b>160</b>	<b>822</b>	<b>159</b>

\* Two programs covered dentists during the 2003–2005 biennium

**WHPS**—Washington Health Professional Services

**WPHP**—Washington Physicians Health Program

**WRAPP**—Washington Recovery Assistance Program for Pharmacy

## Technical Assistance

**Group Presentations, Individual Visits, and Written Advisories:** The Secretary, boards, and commissions provide written advisory information to clarify their positions on topics and situations faced by Washington health care providers and consumers.

Technical assistance for health care practitioners is often provided by staff on a one-to-one basis on request. Staff who support boards, commissions, and committees provide training to students in programs throughout the state.

The individual visits listed below include inspections of licensed pharmacy sites. Pharmacy board investigators, in addition to conducting investigations, perform site inspections and provide technical assistance to encourage compliance with a multitude of highly technical state and federal drug laws. The Pharmacy board often provides technical assistance to law enforcement agencies and prosecuting attorneys.

### Technical Assistance<sup>12</sup>

Assistance Provided	2003–2005 Biennium
Group Presentations	577
Individual Visits	5,206
Written Advisory Information	5,737
<b>Total</b>	<b>11,520</b>

**Profession Web Pages:** HPQA continues to maintain web sites for all regulated health professions. The sites provide a consistent appearance and easy access to over 1,000 forms and informational documents. Practitioners have 24-hour access to information on fees, credentialing requirements, meeting minutes and agendas, continuing education, practice, contact information, and more.

<sup>12</sup> Staff tallies

## Compliance

Compliance Monitoring Standards: After due process, some practitioners are issued disciplinary orders with conditions in order to continue in practice. These individuals are monitored for compliance with the order for a specified length of time.

## Goal 3: Enhance the Ability of the Public to Make Informed Decisions About Health Care Practitioners.

### Internet Access

**HPQA Web Site:** Information needed by Washington consumers was the driver behind the development of the HPQA web site. Organized in a question and answer format, the information ranges from what the office does to how to file a complaint against a practitioner. Questions and answers also help consumers in understanding investigation threshold levels and jurisdiction restrictions.

**Provider Credential Search:** The web site supplies easy access to information on the nearly 300,000 Washington health care practitioners. The Provider Credential Search includes extensive data integrity and security measures. It is an easy-to-use and accurate means of communicating with the public.

The Provider Credential Search supplies real time information on practitioners' birth year and license status, restrictions, and disciplinary actions. Even partial search entries result in a listing of health care professionals from which to choose. Users are able to see if a practitioner has ever had more than one credential to practice in Washington. Visitors are able to review and print copies of legal documents issued by the department after July 1998. Health care facilities and insurers also have easy, quick access to real time information about the status of new and renewed credentials.

The web site is available through either the department's home page at [www.doh.wa.gov](http://www.doh.wa.gov), or HPQA's home page at <https://fortress.wa.gov/doh/hpqa1/>. Visitors have an opportunity to learn about HPQA's mission, responsibilities, partnerships with boards and commissions, and the licensing and disciplinary process. Visitors may also use the glossary containing over 75 words and phrases for help with understanding language used throughout the web site and in the legal documents.

Internal policy and procedure changes have made it possible to post information on emergency disciplinary actions on the Provider Credential Search within 24 hours of service on the respondent. This represents a substantial supplement to the media release process of notifying the public. Appendix D provides examples and frequently asked questions about the Provider Credential Search tool.

In the 2003–2005 biennium, there were almost 7 million “hits” to the web site. The ability to download legal documents was implemented in April 2003. During the 2003–2005 biennium, over 104,000 documents were downloaded. That represents averages of 292,000 hits and 4,000 documents downloaded per month. This information used to take weeks to provide through a formal public disclosure process. It is now available to anyone with Internet access.

## Public Records Access

**Public Disclosure and Records Center (PDRC):** Every month, HPQA receives hundreds of public disclosure requests. The requests range from telephone credential verifications to complete copies of investigative and disciplinary files.

Seven full-time and three temporary staff review and manually redact non-disclosable information from the documents requested. They copy, assemble, and mail the information to the requestor, including a cover letter listing all redacted information and the corresponding reasons. They reassemble the file and return it to the off-site storage facility. If the size of the request is 50 pages or more, a bill is sent charging the requester 15 cents for each page over 50.

Requests for large or multiple files can be very labor intensive. However, during the 2003–2005 biennium, 79 percent of all requests were filled within 30 days. At the end of June 2005, the oldest pending request was 90 days old. Many requests are filled within five days by providing a summary of the complaint against the practitioner. Often, this is all the requestor wants.

The Public Disclosure Records Center is also responsible, after redaction, for posting emergency actions (also called summary actions) to the Provider Credential Search within 24 hours. They post charges and routine disciplinary orders within three days. Requests for lists and labels from verified and approved educational services are also provided in response to this type of public disclosure request.

## Goal 4: Improve the Quality of our Business.

### Customer Service <sup>13</sup>

**Customer Counter Calls:** During the 2003–2005 biennium, customers who were served in the HPQA office voluntarily used survey cards to evaluate the quality of service they received. Visitors sought personal assistance from the office for credential renewal, verification of health care providers' credentials, applications, name and address changes, and general inquiries. The majority of all customer services, including telephone calls, are associated with the nursing professions. The survey results show that over 90 percent of customers rate service as excellent.

**Customer Service Center (CSC):** HPQA's Customer Service Center is the main point of contact for all 57 regulated professions. The center is comprised of 14 staff and one manager who work together to provide prompt, accurate information by phone and in person at the customer counter. The center answers approximately 900 calls a day with an average wait time of one minute 29 seconds. The average is up over the previous biennium and additional staffing has been approved to meet the goal of answering calls within an average of 30 seconds.

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<sup>13</sup> SOURCE: HPQA Customer Service Center

In addition to answering the majority of HPQA's phone calls, the center also responds to email requests for information; handles all health care providers' credentials that require manual renewal due to name or address changes; mails information in response to requests for credential applications; responds to all customer counter calls, and assists with continuing education and continued competency audits.

The center also provides:

- Live telephone coverage for all health professions programs from 8:00 a.m. to 5:00 p.m.
- Consistent application of policies and procedures across professions when providing information or assistance to the public and practitioners.
- Increased efficiency by centralizing administrative functions such as renewing and verifying credentials and mailing application packets.
- Relief from phone interruptions for program staff, allowing them to focus on the credentialing and disciplinary processes.

During the 2003–2005 biennium, CSC:

- Received 386,235 calls, an increase of 23 percent from the 2001–2003 biennium.
- Renewed 467,402 credentials, an increase of 47 percent.
- Provided written verifications for 57,589 credentials, an increase of more than 119 percent.
- Mailed 94,025 applications packets and law books, a decrease of 15 percent achieved by referring callers to on-line resources.
- Assisted with 4,558 continuing education audits, an increase of 484 percent, due to the addition of staff.

## Disciplinary Process and Review

Chart 1 on the next page is an overview of the disciplinary process used by professions where the Secretary is the disciplining authority. Boards and commissions have varying models.

At the end of the 2003–2005 biennium, the office of Health Professions Quality Assurance (HPQA) took a new approach to its management of the disciplinary process. Uniform feedback from a broad range of stakeholders indicated that HPQA had challenges in the areas of timeliness, consistency, and accountability. As the previous biennium ended, HPQA senior managers devoted their planning session to establishing a new paradigm for dealing with this high profile area.

The results of this planning session were included briefly in the 2001–2003 report to the legislature as an announcement of the ASPIRE program for the improvement of the disciplinary and other health care professions processes. ASPIRE is an acronym for “We **A**ct **S**trategically to **P**rioritize and **I**nvest our **R**esources more **E**ffectively”. During the 2003–2005 biennium, this program was established, nurtured, and matured as a viable and results-driven process for continuous improvement.

ASPIRE’s earliest priority was the disciplinary process used to respond to complaints about health care professionals. Using a formal project approach based on a disciplined structure and analytical rigor, the disciplinary process was subjected to a detailed description and effectiveness critique.

Before ASPIRE, investigations and legal functions were decentralized across HPQA’s 57 health professions and managed in three separate sections of the office. Processes were inconsistent. ASPIRE brought together representatives from these areas to analyze and to improve the process. HPQA senior managers authorized this group to do their work using a written charter to ensure a formal methodology would be followed and key stakeholders would be involved.

The initial work involved creating a template of the existing disciplinary process across all of HPQA’s professions. An immediate outcome was a significant organizational restructuring to centralize all legal and investigative functions. In spite of major challenges, HPQA successfully executed a restructure plan to reorganize one third (70) of the 215 HPQA employees with no business interruption. This occurred in late 2004. As part of this restructure, many forms, procedures, investigative, and legal approaches were reviewed. Consistency was the goal and a major work effort was undertaken during the last six months of the biennium.

Meanwhile, ASPIRE work progressed on analyzing the existing disciplinary process for improvement opportunities. The Disciplinary Process Review group selected the problem areas that had the highest opportunities for important results. The initial selection included (a) high profile/priority cases using the team approach, (b) non-compliance with disciplinary orders, (c) disciplinary sanctions consistency, and (d) scheduling hearings to avoid continuances.

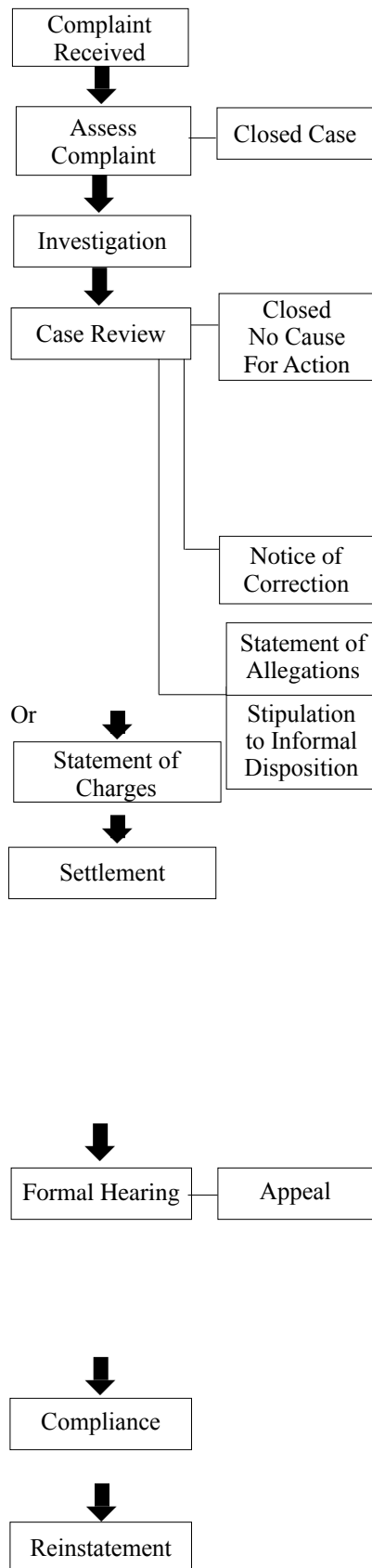
Measures were included from the start and baselines developed where the data existed so that results could be monitored and verified. Results from these efforts during the biennium were:



# Disciplinary Process and Review

## 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 reviews the case and decides to close or forward it for investigation.

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

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. The choices are: 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. A NOC is not considered disciplinary action.

A Statement of Allegations and a Stipulation to Informal Disposition (STID) are used 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 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, reported to national data banks, 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. If conditions are not met, statement of charges could be issued.

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

- **High Profile/Priority Cases:** A task force (investigator, staff attorney, assistant attorney general, and program or board or commission representative) coordinated and focused the investigation and legal work, resulting in shorter time lines from complaint to issuance of charges. About 58 percent of all emergency actions were taken within 90 days in the 2003–2005 biennium. This data had not been previously tracked.
- **Non-Compliance with Orders:** All final disciplinary orders entered after May 2005 include notice advising the practitioner that failure to comply may result in suspension of the credential. If non-compliance occurs, the problem is handled through a motion process rather than new charges of unprofessional conduct and a new hearing. The motions are heard at special, preset intervals. This new process is beginning to be used and expected to shorten the time for action against practitioners who fail to comply with disciplinary orders.
- **Sanctions Consistency:** New guidelines focus on the most frequently charged types of conduct. They define ranges of sanctions based upon severity of the conduct as well as aggravating and mitigating circumstances. Development was concluded after the end of the 2003–2005 biennium.
- **Scheduling Hearings:** Updated scheduling orders have case participants help identify the hearing date and change the sequence for significant events including discovery and witness confirmation. The goal is fewer continuances based upon evidence issues and attorney unavailability. These new orders are now being tested.

By the end of the 2003–2005 biennium, the ASPIRE Disciplinary Process Review work was institutionalized as a permanent way of continuously improving the HPQA disciplinary function. This will ensure that in the future, frequent attention will be paid to making strategic improvements, regardless of the intensity of operational issues.

Many individuals learned critical analysis, a structured approach to change, project management, and how to create well-rounded input to effective decision-making. Better idea generation using the synergy of points of view from differing professions and organizational perspectives has also been a benefit.

### Adjudicative Service Unit ~ Administrative

The administrative section of the Adjudicative Service Unit, formerly known as the Adjudicative Clerk Office, was established within HPQA in July 1997. It acts as a liaison between the parties, program staff, and health law judges to facilitate legal proceedings for the 57 professions. The section 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 hearings, serving legal documents, tracking cases, certifying records to superior court for all petitions for judicial review, issuing suspension notices for defaults on student loans and noncompliance with child support orders, and reporting all adjudicative actions to the Healthcare Integrity Protection Data Bank. During the 2003–2005 biennium the Adjudicative Service administrative unit opened 1,987 case files, received 1,506 motions, served 2,099 prehearing and final orders including or-

ders written by HPQA staff attorneys as well as the agency health law judges, and scheduled 731 hearings. This represents an eight percent increase in case files from 2001–2003; no change in motions; a 44 percent decrease in orders served; and a seven percent decrease in hearings. Decreases were the result of budget constraints the last six months of the 2003–2005 biennium which caused cut backs in disciplinary activities.

### Adjudicative Service Unit ~ Judicial

The judicial unit of the Adjudicative Service Unit works closely with the administrative section 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 or inability to practice with skill and safety 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. The judges also conduct proceedings and write orders for regulatory programs in other agency offices.

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 four full-time and three 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.

During the 2003–2005 biennium, ASU judges conducted 1,210 proceedings and wrote 1,353 orders.

### Learning from Case Appeal Decisions

Once the disciplining authority makes a final case disposition decision, a practitioner or regulated entity has the right to appeal the decision to a superior court for judicial review. The ASU Administrative, as the custodian of record for disciplinary cases, certifies and sends the state's record of the case to the court. When the court reverses or remands the disciplinary authority's decision, the court's decision is reviewed by HPQA staff, the assistant attorney general prosecutor, and the board or commission. Effort is made to inform and educate the participants so future appeals may be avoided. Table 4 describes all superior court decisions on disciplinary cases during the 2003–2005 biennium.<sup>14</sup> Where information is available on the outcome of an appeal, the information is shown.

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<sup>14</sup> SOURCE: Adjudicative Service Unit (ASU)

**Table 4**  
**Case Appeals Activity**

<b>Docket #</b>	<b>Profession</b>	<b>Court</b>	<b>Outcome</b>
02-11-A-1032CH	Chiropractic	Snohomish	Remanded
01-03-A-1083DE	Dental	King	Reversed
03-02-A-1041DE	Dental	King	Pending
01-05-A-1079DE	Dental	Chelan	Pending
03-12-A-1016DE	Dental	Spokane	Action Affirmed
03-12-A-1018DE	Dental	Spokane	Action Affirmed
04-07-A-1029DE	Dental	Clark	Pending
03-01-A-1013DE	Dental	King	Pending
97-06-B-1010DN	Denturist	Thurston	Action Affirmed
03-07-A-1006PH	Pharmacist	Grays Harbor	Pending
03-12-A-1006MD	Physician	Spokane	Action Affirmed
02-06-A-1025MD	Physician	King	Appeal Dismissed
03-06-A-1039MD	Physician	Thurston	Pending
02-06-A-1012MD	Physician	Benton	Action Affirmed
03-12-A-1078MD	Physician	King	Pending
00-09-B-1012NA	Nursing Assistant	Spokane	Action Affirmed
03-09-B-1068RC	Registered Counselor	King	Action Affirmed
03-09-B-1070RC	Registered Counselor	King	Action Affirmed
04-08-A-1025RN	Registered Nurse	King	Appeal Dismissed
01-08-A-1030VT	Veterinarian	Thurston	Action Affirmed

The number and percent of cases in which the action was affirmed, or the appeal was dismissed totaled 11 of 20 cases (55 percent). Those sent back (remanded) for further consideration totaled one of 20 cases (5 percent). One of 20 cases was reversed (5 percent) and seven of 20 cases (35 percent) were pending a court decision at the end of the 2003–2005 biennium.

# Section 2

## Disciplinary 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 2003 through June 2005.

## Investigation

During the biennium, HPQA received a total of 14,082 new complaints against credentialed health care providers and people practicing illegally without a license. This represents a three percent increase over the 2001–2003 biennium. A total of 2,368 open complaints carried over from the previous biennium. A total of 6,279 investigations were completed during the biennium including unlicensed practice investigations. This is a 14 percent increase in investigations over the previous biennium. This increase was made possible by the addition of temporary staff.

Table 5

Investigation Activity by Profession <sup>15</sup>

Profession	Complaints Carried Over from 01–03	Complaints Received	Total Complaints	Total Investigations	Unlicensed Investigations	Total Investigations
Acupuncturist	8	32	40	18	1	19
Advanced Registered Nurse Practitioner	28	113	141	40		40
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	10	60	70	30	5	35
Chemical Dependency Professional	58	193	251	134	3	137
Chiropractic X-Ray Technician	0	2	2			
Chiropractor	81	235	316	151	7	158
Counselor, Registered	149	537	686	363	9	372
Dental Hygienist	13	25	38	17	6	23
Dentist	285	809	1094	645	14	659
Denturist	9	62	71	34	5	39
Dietitian/Nutritionist	1	4	5	1	1	2
Dispensing Optician	1	43	44	11	21	32
Dispensing Optician, Apprentice	1	21	22	15		15
Health Care Assistant	71	249	320	115	7	122
Humane Society	0	2	2	2		2
Hypnotherapist	0	18	18	5	6	11
Licensed Practical Nurse	121	1158	1279	264	8	272
Marriage and Family Therapist	5	27	32	16	2	18
Massage Therapist	24	362	386	189	35	224
Mental Health Counselor	31	110	141	66		66

<sup>15</sup> SOURCE: HPQA Business Administration Tracking System. See page 70 for biennial comparison.

Profession	Complaints Carried Over from 01-03	Complaints Received	Total Complaints	Investigations	Unlicensed Investigations	Total Investigations
Midwife	11	18	29	14	2	16
Naturopathic Physician	6	36	42	21	1	22
Nursing Assistant	266	4041	4307	549	44	593
Nursing Home Administrator	26	66	92	31	1	32
Nursing Pool Operator	1	2	3			
Nursing Technician	0	3	3	2		2
Occupational Therapist	3	24	27	12	3	15
Occupational Therapy Assistant	1	7	8			
Ocularist	0	0	0	0	0	0
Optometrist	6	54	60	19	1	20
Orthotist/Prosthetist	0	3	3	1	1	2
Osteopathic Physician	29	153	182	82		82
Osteopathic Physician Assistant	2	7	9	2		2
Pharmacies and Other Pharmaceutical Firms	33	394	427	218		218
Pharmacist	53	224	277	174	1	175
Pharmacy Assistant	8	42	50	16		16
Pharmacy Intern	0	8	8	1	1	2
Pharmacy Technician	29	109	138	63		63
Physical Therapist	16	66	82	38	5	43
Physician	482	2076	2558	1409	44	1453
Physician Assistant	22	89	111	68		68
Podiatrist	17	31	48	34		34
Psychologist	32	112	144	58	1	59
Radiological Technologist	23	30	53	36	5	41
Recreation Therapist	0	5	5	2		2
Registered Nurse	252	1325	1577	500	30	530
Respiratory Care Practitioner	9	24	33	14	2	16
Sex Offender Treatment Provider	8	18	26	14		14
Social Worker	9	65	74	27	4	31
Surgical Technologist	4	16	20	11	3	14
Unknown / Unlicensed	59	719	778		235	235
Veterinarian	52	194	246	163	20	183
Veterinarian Retired	1	3	4	2		2
Veterinary Medication Clerk	1	5	6	2	4	6
Veterinary Technician	1	7	8	3	1	4
X-Ray Technician	10	44	54	32	6	38
<b>Total</b>	<b>2,368</b>	<b>14,082</b>	<b>16,450</b>	<b>5,734</b>	<b>545</b>	<b>6,279</b>

### Percentage of Investigations Completed

Tables 6 and 7 show the percentage of investigations completed compared to total investigations completed and to the number of complaints received. The column titled Percentage of Total Board/Commission (Secretary) Investigations compares the total number of investigations completed for a profession to the total number of investigations completed. For example, physician and physician assistant completed investigations represented 35 percent (1,521) of the 4,399 boards and commissions completed investigations; nursing assistant completed investigations represented 32 percent (593) of the 1,880 Secretary-profession completed investigations.



The column titled Percentage of Profession Investigations to Complaints shows the percentage of investigations completed against the total number of complaints received by the same profession. For example, chiropractic completed investigations of 50 percent (158) of the 316 complaints received by the Chiropractic Commission.

Table 6  
Board and Commission Professions  
Percentage of Investigations Completed

Boards and commissions	Complaints Carried Over from 01-03	New Complaints Received	Total Complaints	Investigations	% of Total Board/Commission Investigations	% of Profession Investigations to Complaints
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	10	60	70	35	1	50
Chiropractic X-Ray Technician	0	2	2	0	0	0
Chiropractor	81	235	316	158	4	50
Dentist	285	809	1094	659	15	60
Humane Society	0	2	2	2	0	100
Licensed Practical Nurse	121	1158	1279	272	6	21
Massage Therapist	24	362	386	224	5	58
Nursing Home Administrator	26	66	92	32	1	35
Nursing Technician	0	3	3	2	0	67
Occupational Therapist	3	24	27	15	0	56
Occupational Therapy Assistant	1	7	8	0	0	0
Optometrist	6	54	60	20	0	33
Osteopathic Physician, Osteopathic Physician Assistant	31	160	191	84	2	44
Pharmacies and Other Pharmaceutical Firms	33	394	427	218	5	51
Pharmacist, Pharmacy Assistant, Pharmacy Intern, Pharmacy Technician	90	383	473	256	6	54
Physical Therapist	16	66	82	43	1	52
Physician, Physician Assistant	504	2165	2669	1521	35	57
Podiatrist	17	31	48	34	1	71
Psychologist	32	112	144	59	1	41
Registered Nurse, Advanced Registered Nurse Practitioner	280	1438	1718	570	13	33
Veterinarian	52	194	246	183	4	74
Veterinarian Retired	1	3	4	2	0	50
Veterinary Medication Clerk	1	5	6	6	0	100
Veterinary Technician	1	7	8	4	0	50
<b>Total Boards and Commissions</b>	<b>1615</b>	<b>7740</b>	<b>9355</b>	<b>4399</b>	<b>100</b>	<b>47</b>

Table 7  
Secretary Professions  
Percentage of Investigations Completed

Secretary Professions	Complaints Carried Over from 01-03	New Complaints Received	Total Complaints	Investigations	% of Total Secretary Investigations	% of Profession Investigations to Complaints
Acupuncturist	8	32	40	19	1	48
Chemical Dependency Professional	58	193	251	137	7	55
Counselor, Registered	149	537	686	372	20	54
Dental Hygienist	13	25	38	23	1	61
Denturist	9	62	71	39	2	55
Dietitian/Nutritionist	1	4	5	2	0	40
Dispensing Optician	1	43	44	32	2	73
Dispensing Optician, Apprentice	1	21	22	15	1	68
Health Care Assistant	71	249	320	122	6	38
Hypnotherapist	0	18	18	11	1	61
Marriage and Family Therapist	5	27	32	18	1	56
Mental Health Counselor	31	110	141	66	4	47
Midwife	11	18	29	16	1	55
Naturopathic Physician	6	36	42	22	1	52
Nursing Assistant	266	4041	4307	593	32	14
Nursing Pool Operator	1	2	3	0	0	0
Ocularist	0	0	0	0	0	0
Orthotist/Prosthetist	0	3	3	2	0	67
Radiological Technologist	23	30	53	41	2	77
Recreation Therapist	0	5	5	2	0	40
Respiratory Care Practitioner	9	24	33	16	1	48
Sex Offender Treatment Provider	8	18	26	14	1	54
Social Worker	9	65	74	31	2	42
Surgical Technologist	4	16	20	14	1	70
Unknown / Unlicensed	59	719	778	235	13	30
X-Ray Technician	10	44	54	38	2	70
<b>Sub Total Secretary</b>	<b>753</b>	<b>6342</b>	<b>7095</b>	<b>1880</b>	<b>100</b>	<b>26</b>
<b>Total Boards, Commissions, Secretary</b>	<b>2,368</b>	<b>14,102</b>	<b>16,450</b>	<b>6,279</b>	<b>100</b>	<b>38</b>

In summary, board and commission disciplinary authority professions completed 70 percent of the 6,279 total investigations completed during the biennium; Secretary authority professions completed 30 percent of the investigations. In general, boards and commissions regulate more of the primary care professions whose practitioners can pose a greater risk of harm to patients. This may be reflected in the higher percentage of decisions to investigate. The percentage of completed investigations compared to complaints carried forward from 2001-2003 and new complaints received in 2003-2005 was an average of 38 percent for all professions. In order to expedite processing more serious cases, threshold criteria were established in 1997 below which complaints are not investigated.

Overall, new complaints increased 3 percent this biennium from 13,712 in 2001-2003 to 14,082 in 2003-2005. Investigations increased 14 percent over the previous biennium from 5,498 in 2001-2003 to 6,279 in 2003-2005. This is attributed

to temporary investigation staff being added for a period of six months. In November 2004, three separate investigation units were consolidated into one which also increased the coverage of cases by personnel in the event of sickness, vacations, or vacancies.

## Case Review

### Complaints Closed Prior to Disciplinary Action

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 complaint does not rise to a threshold to warrant investigation or after investigation it is determined the complaint should have been closed below threshold. Below threshold criteria were established in 1997.
- The evidence is insufficient to support the allegations against a health care provider.
- The evidence disproves the allegations.
- The disciplinary authority does not have jurisdiction.
- The complaint is best resolved with a Notice of Correction notifying 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 new evidence warrants the withdrawal of a statement of allegations or statement of charges after it has been issued to the health care provider.

Table 8 provides information by profession for cases closed prior to adjudicative proceedings. The statistics include closures in unlicensed practice cases.

Table 8

### Complaints Closed Prior To Adjudicative Proceedings <sup>16</sup>

Professions	Closed No Action Taken (Prior to Investigation)	Closed No Action Taken (After Investigation)	Closed Below Threshold (Prior to Investigation)	Closed Below Threshold (After Investigation)	Closed Notice of Correction (NOC)	Number of Allegations or Charges Withdrawn	Total Closed
Acupuncturist	4	13	7	0	0	0	24
Advanced Registered Nurse Practitioner	51	30	8	1	0	1	91
Audiologist, Hearing Instrument Filter/ Dispenser, Speech Language Pathologist	17	23	6	5	0	0	51
Chemical Dependency Professional	25	56	12	9	4	4	110
Chiropractic X-Ray Technician	1	0	0	0	0	0	1
Chiropractor	13	90	32	8	9	4	156
Counselor, Registered	87	123	30	52	6	5	303
Dental Hygienist	1	4	9	1	10	0	25

<sup>16</sup> SOURCE: HPQA Business Administration Tracking System. See page 71 for biennial comparison.

Professions	Closed No Action Taken (Prior to Investigation)	Closed No Action Taken (After Investigation)	Closed Below Threshold (Prior to Investigation)	Closed Below Threshold (After Investigation)	Closed Notice of Correction (NOC)	Number of Allegations or Charges Withdrawn	Total Closed
Dentist	22	418	124	34	16	17	631
Denturist	2	17	4	4	0	4	31
Dietitian/Nutritionist	1	1	1	0	0	0	3
Dispensing Optician	2	6	4	0	2	0	14
Dispensing Optician Apprentice	0	13	1	1	1	0	16
Health Care Assistant	68	46	45	33	0	4	196
Humane Society	0	0	0	0	0	0	0
Hypnotherapist	4	1	1	0	1	0	7
Licensed Practical Nurse	477	174	382	23	0	7	1,063
Marriage and Family Therapist	4	9	3	2	1	0	19
Massage Therapist	13	48	96	97	10	0	264
Mental Health Counselor	19	31	18	3	3	1	75
Midwife	4	10	1	1	0	0	16
Naturopathic Physician	1	12	3	5	0	1	22
Nursing Assistant	1,779	353	1,585	41	1	13	3,772
Nursing Home Administrator	29	37	5	5	0	0	76
Nursing Pool Operator	1	0	0	0	0	0	1
Nurse Technician	0	0	0	0	0	0	0
Occupational Therapist	1	6	6	2	0	0	15
Occupational Therapy Assistant	1	0	3	1	0	0	5
Ocularist	0	0	0	0	0	0	0
Optometrist	11	22	3	6	1	0	43
Orthotist/Prosthetist	1	1	0	0	0	0	2
Osteopathic Physician	3	59	29	2	0	0	93
Osteopathic Physician Assistant	0	3	1	0	0	0	4
Pharmacies and Other Pharmaceutical Firms	168	248	31	0	3	0	450
Pharmacist	23	59	5	0	81	4	172
Pharmacy Assistant	0	19	1	0	0	0	20
Pharmacy Intern	0	6	0	0	0	0	6
Pharmacy Technician	11	40	1	0	1	0	53
Physical Therapist	7	20	7	7	4	0	45
Physician	4	1,141	479	3	1	14	1,642
Physician Assistant	0	42	20	0	0	0	62
Podiatrist	0	15	2	4	0	1	22
Psychologist	33	46	4	5	2	0	90
Radiological Technologist	1	21	0	2	0	0	24
Recreation Therapist	0	1	2	0	1	0	4
Registered Nurse	538	311	306	46	0	10	1,211
Respiratory Care Practitioner	5	5	1	1	0	0	12
Sex Offender Treatment Provider	5	12	1	3	1	0	22
Social Worker	18	18	4	2	1	1	44
Surgical Technologist	1	7	0	0	0	0	8
Unlicensed	171	249	3	1	24	0	448
Veterinarian	8	113	19	7	12	4	163

Professions	Closed No Action Taken (Prior to Investigation)	Closed No Action Taken (After Investigation)	Closed Below Threshold (Prior to Investigation)	Closed Below Threshold (After Investigation)	Closed Notice of Correction (NOC)	Number of Allegations or Charges Withdrawn	Total Closed
Veterinary Medication Clerk	0	1	0	2	0	0	3
Veterinarian Retired	0	2	0	0	0	0	2
Veterinary Technician	0	3	1	0	0	0	4
X-Ray Technician	10	7	4	5	2	0	28
<b>Total</b>	<b>3,645</b>	<b>3,992</b>	<b>3,310</b>	<b>424</b>	<b>198</b>	<b>95</b>	<b>11,664</b>

## Percentage of Complaints Closed

Tables 9 and 10 show the percentage of cases closed with no action prior to adjudication, compared to total cases closed with no action, and to the number of complaints received. The column titled, “Percentage of Total Board/Commission (Secretary) Closures”, shows the total number of cases closed with no action for that profession to the total number of cases closed with no action. For example, physician and physician assistant cases closed with no action represented 26 percent (1,704) of 6,438 board and commission cases closed with no action; nursing assistant cases closed with no action represented 72 percent (3,772) of the 5,226 Secretary profession cases closed with no action. The column titled Percentage of Profession Closures to Complaints shows the percentage of cases closed with no action against the total number of complaints received by the same profession. For example, the Chiropractic Commission closed 51 percent (156) of cases with no action compared to the 306 complaints received by the Commission.

Table 9

### Board and Commission Complaints Closed Prior to Adjudicative Proceedings

Boards and Commissions	Complaints Carried Over from 01–03	New Complaints Received	Total Complaints	Total Closed Prior to Adjudication	% of Total Board/ Commission Closures	% of Profession Closures to Complaints
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	10	59	69	51	1	74
Chiropractic X-Ray Technician	0	1	1	1	0	100
Chiropractor	81	225	306	156	2	51
Dentist	285	808	1,093	631	10	58
Humane Society	0	2	2	0	0	0
Licensed Practical Nurse	121	1,185	1,306	1,063	17	81
Massage Therapist	24	323	347	264	4	76
Nursing Home Administrator	26	76	102	76	1	75
Nurse Technician	0	0	0	0	0	0
Occupational Therapist	3	20	23	15	0	65
Occupational Therapy Assistant	1	7	8	5	0	63
Optometrist	6	57	63	43	1	68
Osteopathic Physician, Osteopathic Physician Assistant	31	160	191	97	2	51
Pharmacies and Other Pharmaceutical Firms	33	527	560	450	7	80
Pharmacist, Pharmacy Assistant, Pharmacy Intern, Pharmacy Technician	90	402	492	251	4	51

Boards and commissions	Complaints Carried Over from 01–03	New Complaints Received	Total Complaints	Total Closed Prior to Adjudication	% of Total Board/ Commission Closures	% of Profession Closures to Complaints
Physical Therapist	16	67	83	45	1	54
Physician, Physician Assistant	504	2,140	2,644	1,704	26	64
Podiatrist	17	32	49	22	0	45
Psychologist	32	107	139	90	1	65
Registered Nurse, Advanced Registered Nurse Practitioner	280	1,556	1,836	1,302	20	71
Veterinarian	52	181	233	163	3	70
Veterinary Medication Clerk	1	3	4	3	0	75
Veterinarian Retired	1	3	4	2	0	50
Veterinary Technician	1	6	7	4	0	57
<b>Subtotal Boards and commissions</b>	<b>1,615</b>	<b>7,947</b>	<b>9,562</b>	<b>6,438</b>	<b>100</b>	<b>67</b>

Table 10  
Secretary Professions  
Complaints Closed Prior to Adjudicative Proceedings

Secretary Professions	Complaints Carried Over from 01–03	New Complaints Received	Total Complaints	Total Closed Prior to Adjudication	% of Total Secretary Closures	% of Profession Closures to Complaints
Acupuncturist	8	28	36	24	1	67
Chemical Dependency Professional	58	198	256	110	2	43
Counselor, Registered	149	568	717	303	6	42
Dental Hygienist	13	19	32	25	1	78
Denturist	9	57	66	31	1	47
Dietitian/Nutritionist	1	3	4	3	0	75
Dispensing Optician	1	17	18	14	0	78
Dispensing Optician Apprentice	1	22	23	16	0	70
Health Care Assistant	71	277	348	196	4	56
Hypnotherapist	0	12	12	7	0	58
Marriage and Family Therapist	5	25	30	19	0	63
Mental Health Counselor	31	111	142	75	1	53
Midwife	11	16	27	16	0	59
Naturopathic Physician	6	37	43	22	0	51
Nursing Assistant	266	3,994	4,260	3,772	72	89
Nursing Pool Operator	1	1	2	1	0	50
Ocularist	0	0	0	0	0	0
Orthotist/Prosthetist	0	3	3	2	0	67
Radiological Technologist	23	27	50	24	1	48
Recreation Therapist	0	4	4	4	0	100
Respiratory Care Practitioner	9	25	34	12	0	35
Sex Offender Treatment Provider	8	18	26	22	0	85
Social Worker	9	63	72	44	1	61
Surgical Technologist	4	15	19	8	0	42
Unlicensed	59	554	613	448	9	73
X-Ray Technician	10	44	54	28	1	52
<b>Subtotal Secretary</b>	<b>753</b>	<b>6,138</b>	<b>6,891</b>	<b>5,226</b>	<b>100</b>	<b>76</b>
<b>Total Boards, commissions, Secretary</b>	<b>2,368</b>	<b>14,085</b>	<b>16,453</b>	<b>11,664</b>	<b>100</b>	<b>71</b>

Board and commission disciplinary authority professions closed 55 percent of the 11,664 total cases closed prior to adjudication during the biennium. Secretary authority professions closed 45 percent of the cases closed prior to adjudication. The percentage of cases closed by boards and commissions prior to adjudication, compared to complaints carried forward from 2001-2003 and new complaints received in 2003-2005, was 67 percent. The percentage of cases closed by Secretary professions prior to adjudication, compared to complaints carried forward from 2001-2003 and new complaints received in 2003-2005, was 76 percent. For all professions, it was 71 percent.

## Complaint Resolutions After Adjudicative Proceedings

Complaints are considered 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. All orders are considered public records. Orders associated with actions against health care providers' credentials (since July 1998) are available on the Internet.

The legislature amended the Uniform Disciplinary Act in 2001 allowing the disciplining authorities to permit practitioners to surrender their license in lieu of disciplinary action. The legislature agreed there was a need for health care providers to be able to surrender their credential without going through the disciplinary process. In accordance with department procedures, the surrender of license is used when the practitioner agrees to retire from practice and not to resume practice; and when the circumstances involve a practitioner at the end of his or her effective practice. The surrender is not used if the practitioner intends to practice in another jurisdiction, if the disciplining authority believes return to practice is reasonably possible, or if a hearing has been conducted in the case.

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

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

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

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

Table 11

Complaints Resolved After Adjudicative Proceedings <sup>17</sup>

Profession Name	Informal Disposition	Default Order	Agreed Order	Final Order	Total
Acupuncturist	3	2	2	1	8
Advanced Registered Nurse Practitioner	5	2	15	1	23
"Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist"	0	1	6	0	7
Chemical Dependency Professional	19	15	22	4	60
Chiropractic X-Ray Technician	0	0	0	0	0
Chiropractor	18	4	10	3	35
Counselor, Registered	67	54	80	9	210
Dental Hygienist	2	0	2	0	4
Dentist	49	6	55	21	131
Denturist	3	0	4	1	8
Dietitian/Nutritionist	1	0	0	0	1
Dispensing Optician	0	0	0	0	0
Dispensing Optician Apprentice	2	1	1	0	4
Health Care Assistant	25	25	35	2	87
Humane Society	0	0	0	0	0
Hypnotherapist	2	0	0	0	2
Licensed Practical Nurse	34	49	32	4	119
Marriage and Family Therapist	0	1	2	0	3
Massage Therapist	13	6	14	11	44
Mental Health Counselor	6	2	11	3	22
Midwife	0	0	3	1	4
Naturopathic Physician	1	0	0	2	3
Nursing Assistant	12	161	56	34	263
Nursing Home Administrator	4	0	0	3	7
Nursing Pool Operator	0	1	0	0	1
Nursing Technician	0	0	0	0	0
Occupational Therapist	1	1	1	0	3
Occupational Therapy Assistant	0	0	1	0	1
Ocularist	0	0	0	0	0
Optometrist	2	0	3	0	5
Orthotist/Prosthetist	0	0	0	0	0
Osteopathic Physician	4	1	1	1	7
Osteopathic Physician Assistant	1	1	0	0	2
Pharmacies and Other Pharmaceutical Firms	0	2	6	1	9
Pharmacist	11	19	38	4	72
Pharmacy Assistant	2	11	7	0	20

<sup>17</sup> SOURCE: Adjudicative Clerk Office data compilation. See page 71 for biennia comparison.



Profession Name	Informal Disposition	Default Order	Agreed Order	Final Order	Total
Pharmacy Intern	0	0	0	0	0
Pharmacy Technician	1	20	29	6	56
Physical Therapist	3	1	2	1	7
Physician	32	11	60	43	146
Physician Assistant	6	3	5	0	14
Podiatrist	5	0	1	0	6
Psychologist	0	0	7	2	9
Radiological Technologist	2	2	0	1	5
Recreation Therapist	0	0	0	0	0
Registered Nurse	77	75	100	13	265
Respiratory Care Practitioner	2	1	5	6	14
Sex Offender Treatment Provider	1	1	0	0	2
Social Worker	1	0	3	3	7
Surgical Technologist	2	1	2	3	8
Unlicensed	0	16	10	14	40
Veterinarian	20	1	4	0	25
Veterinary Medication Clerk	1	0	0	0	1
Veterinarian Retired	1	0	0	0	1
Veterinary Technician	0	1	0	0	1
X-Ray Technician	7	0	3	0	10
TOTAL	448	498	638	198	1,782

## Percentage of Disciplinary Action

Tables 12 and 13 show the percentage of disciplinary action for each profession compared to all board and commission disciplinary actions. For example, physician and physician assistant disciplinary action represented 16 percent (160) of the 1,016 board and commission disciplinary actions; nursing assistant disciplinary action represented 34 percent (263) of the 766 Secretary-profession disciplinary actions. They also show the percentage of disciplinary actions for each profession compared to the same professions total complaints. For example, chiropractic disciplinary actions were 11 percent (35) of the 316 complaints received by the Chiropractic commission.

Table 12

Boards and Commissions	Board and Commission Professions Complaints Resolved After Adjudicative Proceedings					
	New Carried Over from 01-03	Total Complaints Received	Total Complaints	% of Total Disciplinary Actions	% of Board/Commission Disciplinary Actions	% of Profession Disciplinary Actions to Complaints
"Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist"	10	60	70	7	1	10
Chiropractic X-Ray Technician	0	2	2	0	0	0
Chiropractor	81	235	316	35	3	11
Dentist	285	809	1,094	131	13	12
Humane Society	0	2	2	0	0	0
Licensed Practical Nurse	121	1,158	1,279	119	12	9
Massage Therapist	24	362	386	44	4	11

Boards and Commissions	New Carried Over from 01-03	Total Complaints Received	Total Complaints	% of Total Disciplinary Actions	% of Board/Commission Disciplinary Actions	% of Profession Disciplinary Actions to Complaints
Nursing Home Administrator	26	66	92	7	1	8
Occupational Therapist	3	24	27	3	0	11
Occupational Therapy Assistant	1	7	8	1	0	13
Optometrist	6	54	60	5	0	8
Osteopathic Physician, Osteopathic Physician Assistant	31	160	191	9	1	5
Pharmacies and Other Pharmaceutical Firms	33	394	427	9	1	2
"Pharmacist, Pharmacy Assistant, Pharmacy Intern, Pharmacy Technician"	90	383	473	148	15	31
Physical Therapist	16	66	82	7	1	9
Physician, Physician Assistant	504	2,165	2,669	160	16	6
Podiatrist	17	31	48	6	1	13
Psychologist	32	112	144	9	1	6
"Registered Nurse, Advanced Registered Nurse Practitioner"	280	1,438	1,718	288	28	17
Veterinarian	52	194	246	25	2	10
Veterinary Medication Clerk	1	3	4	1	0	25
Veterinarian Retired	1	5	6	1	0	17
Veterinary Technician	1	7	8	1	0	13
<b>Total Boards and Commissions</b>	<b>1,615</b>	<b>7,737</b>	<b>9,352</b>	<b>1,016</b>	<b>100</b>	<b>11</b>

Table 13  
Secretary Professions  
Complaints Resolved After Adjudicative Proceedings

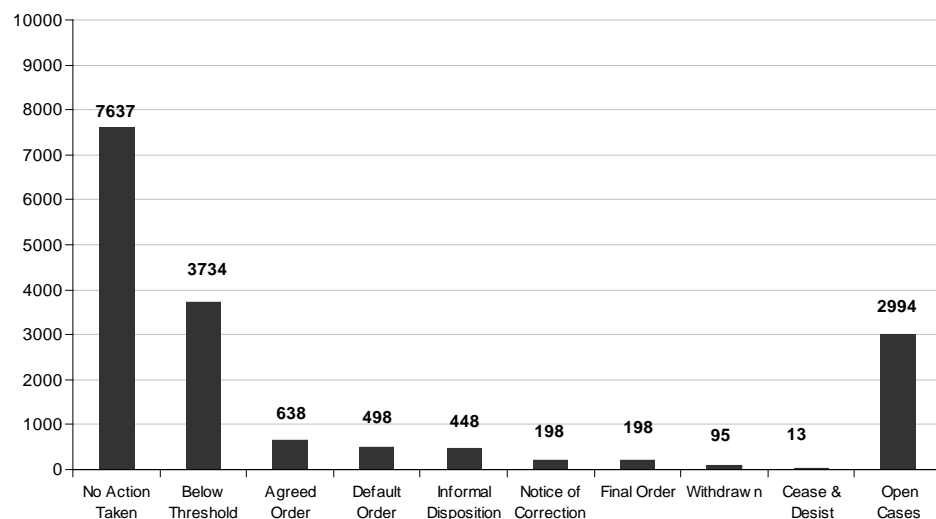
Secretary Professions	Complaints Carried Over from 01-03	New Complaints Received	Total Complaints	Total Disciplinary Actions	% of Total Secretary Disciplinary Actions	% of Profession Disciplinary Actions to Complaints
Acupuncturist	8	32	40	8	1	20
Chemical Dependency Professional	58	193	251	60	8	24
Counselor, Registered	149	537	686	210	27	31
Dental Hygienist	13	25	38	4	1	11
Denturist	9	62	71	8	1	11
Dietitian/Nutritionist	1	4	5	1	0	20
Dispensing Optician	1	43	44	0	0	0
Dispensing Optician Apprentice	1	21	22	4	1	18
Health Care Assistant	71	249	320	87	11	27
Hypnotherapist	0	18	18	2	0	11
Marriage and Family Therapist	5	27	32	3	0	9
Mental Health Counselor	31	110	141	22	3	16
Midwife	11	18	29	4	1	14
Naturopathic Physician	6	36	42	3	0	7
Nursing Assistant	266	4,041	4,307	263	34	6
Nursing Technician	0	3	3	0	0	0

Secretary Professions	Complaints Carried Over from 01-03	New Complaints Received	Total Complaints	Total Disciplinary Actions	% of Total Secretary Disciplinary Actions	% of Profession Disciplinary Actions to Complaints
Nursing Pool Operator	1	2	3	1	0	33
Ocularist	0	0	0	0	0	0
Orthotist/Prosthetist	0	3	3	0	0	0
Radiological Technologist	23	30	53	5	1	9
Recreation Therapist	0	5	5	0	0	0
Respiratory Care Practitioner	9	24	33	14	2	42
Sex Offender Treatment Provider	8	18	26	2	0	8
Social Worker	9	65	74	7	1	9
Surgical Technologist	4	16	20	8	1	40
Unlicensed	59	719	778	40	5	5
X-Ray Technician	10	44	54	10	1	19
<b>Subtotal Secretary</b>	<b>753</b>	<b>6,345</b>	<b>7,098</b>	<b>766</b>	<b>100</b>	<b>11</b>
<b>Total Boards/Commissions/ Secretary</b>	<b>2,368</b>	<b>14,082</b>	<b>16,450</b>	<b>1,782</b>	<b>100</b>	<b>11</b>

Of the 1,782 disciplinary actions for this biennium, boards and commissions were responsible for 57 percent of disciplinary actions and the Secretary professions 43 percent. When comparing the number of disciplinary actions to the number of complaints carried forward from 2001-2003 and new complaints received in 2003-2005, the percentage for boards, commissions and Secretary professions is the same, 11 percent.

Professions with high rates of discipline as compared to total disciplinary actions included registered nurses with 15 percent (265), registered counselors with 12 percent (210), physicians (MDs) with 8 percent (146), dentists with 7 percent (131), and licensed practical nurses with 7 percent (119).

Chart 2  
Summary of Case Dispositions and End of Biennium Open Cases



## Unlicensed Practice Closures and Resolutions

Responsibility for preventing unlicensed practice lies with the Secretary. The central HPQA investigation unit manages intake, assessment, and investigation. Unlicensed practice complaints are closed before investigation, or resolved with a Notice of Correction or a Cease and Desist Order. A Notice of Correction notifies the practitioner that if they continue to infringe on the scope of practice of credentialed health care providers, there will be further action. A Cease and Desist Order requires the recipient to stop practice and may impose a fine. If the unlicensed practice continues, the result may be court enforcement of the Cease and Desist Order or criminal prosecution. Due to limited resources for unlicensed practice regulation, HPQA focuses its resources on those cases presenting a substantial risk of harm to the public.

Table 14

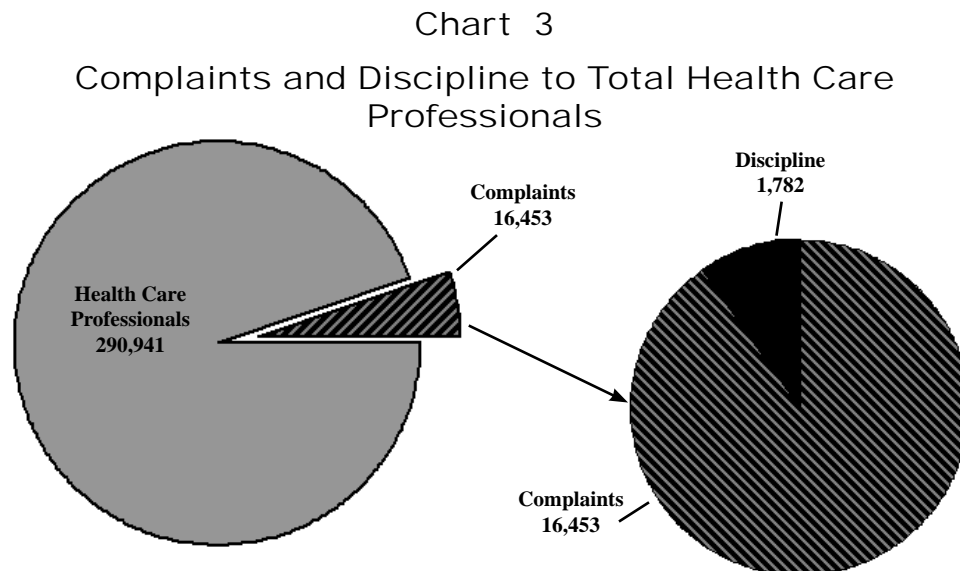
Professions	Complaints Carried Over from 01-03	Complaints Received	Total Complaints	Closed No Action Taken Prior to Investigation	Closed No Action Taken After Investigation	Closed Notice of Correction	Cease & Desist Order Issued	Total Closed 03-05
Acupuncturist	0	4	4	1	1	0	0	2
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	0	5	5	0	1	0	0	1
Chemical Dependency Professional	0	5	5	0	2	1	0	3
Chiropractic X-Ray Technician	0	1	1	1	0	0	0	1
Chiropractor	3	11	14	4	3	0	1	8
Counselor, Registered	0	15	15	2	9	0	0	11
Dental Hygienist	0	6	6	0	5	0	1	6
Dentist	8	16	24	1	8	0	5	14
Denturist	3	6	9	0	6	0	0	6
Dietitian/Nutritionist	0	1	1	0	1	0	0	1
"Dispensing Optician, Dispensing Optician Apprentice"	1	28	29	4	17	3	0	24
Health Care Assistant	2	16	18	1	7	0	0	8
Hypnotherapist	0	6	6	0	5	1	0	6
Licensed Practical Nurse	4	10	14	2	7	1	0	10
Marriage and Family Therapist	0	2	2	0	2	0	0	2
Massage Therapist	4	49	53	9	22	8	2	41
Midwife	1	2	3	1	2	0	0	3
Naturopathic Physician	3	1	4	0	1	0	0	1
Nursing Assistant	2	181	183	125	52	0	0	177
Nursing Home Administrator	1	0	1	0	1	0	0	1
Nursing Pool Operator	0	1	1	1	0	0	0	1
Occupational Therapist	0	4	4	1	1	0	1	3
Optometrist	0	2	2					0
Orthotist/Prosthetist	1	0	1	0	1	0	0	1
"Pharmacist, Pharmacy Assistant, Pharmacy Intern, Pharmacy Technician"	1	5	6	0	1	1	0	2
Physical Therapist	0	6	6	0	6	0	0	6
Physician	14	68	82	12	21	1	3	37
Physician Assistant	2	0	2	0	0	0	0	0

Professions	Complaints Carried Over from 01-03	Complaints Received	Total Complaints	Closed No Action Taken Prior to Investigation	Closed No Action Taken After Investigation	Closed Notice of Correction	Cease & Desist Order Issued	Total Closed 03-05
Psychologist	0	12	12	2	1	1	0	4
Radiological Technologist	0	5	5	0	3	0	0	3
Recreation Therapist	0	1	1	1	0	0	0	1
"Registered Nurse, Advanced Registered Nurse Practitioner"	0	43	43	6	27	1	0	34
Respiratory Care Practitioner	1	1	2	0	2	0	0	2
Social Worker	0	6	6	0	5	0	0	5
Surgical Technologist	1	2	3	0	3	0	0	3
Veterinarian	7	22	29	0	18	5	0	23
Veterinary Medication Clerk	0	4	4	0	4	0	0	4
Veterinary Technician	0	1	1	0	0	1	0	1
X-Ray Technician	0	6	6	0	5	0	0	5
<b>Total</b>	<b>59</b>	<b>554</b>	<b>613</b>	<b>174</b>	<b>250</b>	<b>24</b>	<b>13</b>	<b>461</b>

## Summary

When the number of disciplinary actions taken (1,782) is compared to the number of credentialed health care providers (290,941), less than one percent of all credentialed health care providers received disciplinary action. There were 1,782 disciplinary actions taken. There are 290,941 licensed health care professionals. The vast majority of health care providers in Washington State provide quality care to their patients.

About 6 percent of health care professionals came to the attention of HPQA in 2003–2005. Of all complaints, about 11 percent (1,782 of 16,453) resulted in disciplinary action.



<sup>18</sup> SOURCE: HPQA Business Administration Tracking System

During the 2003–2005 biennium as compared to the 2001–2003 biennium:

- New complaints received increased from 13,712 to 14,085 (3 percent).
- Investigations completed increased from 5,498 to 6,279 (14 percent).
  - The increase was due to the addition of temporary investigative staff and the consolidation of three investigative units into one which also increased the coverage of cases by personnel in the event of sickness, vacations, or vacancies.
  - Board and commission investigations increased from 3,866 to 4,399 (14 percent).
  - Secretary profession investigations increased from 1,632 to 1,880 (15 percent).
- Complaints closed prior to disciplinary action (adjudication) increased from 11,253 to 11,664 (4 percent).
  - Board and commission closures prior to disciplinary action increased from 6,329 to 6,438 (2 percent).
  - Secretary profession closures prior to disciplinary action increased from 4,924 to 5,226 (6 percent).
- Number of complaints closed with disciplinary action decreased from 1,859 to 1,782 (-4 percent).
  - Board and commission closures with disciplinary action decreased from 1,026 to 1,016 (-1 percent).
  - Secretary profession closures with disciplinary action decreased from 833 to 766 (-8 percent).
  - Decreases were caused by budgetary constraints resulting in cutbacks to stay within spending authority (allotment) during last six months of 2003-2005 biennium.

# Section 3 Sanctions and Violations





# Sanctions Imposed

## National Data Bank Reporting

In 1998, Health Professions Quality Assurance (HPQA) began reporting all disciplinary actions to the Healthcare Integrity and Protection Data Bank (HIPDB). HPQA medical and dental programs started reporting in 1996. The HIPDB is a national data collection program for the reporting and disclosure of certain final adverse actions against health care practitioners, providers, and suppliers. To assure alignment with data reported by HPQA, data for this section was derived from information provided by the data bank.

The HIPDB collects and disseminates health care related data bank information on:

- Civil judgments taken in federal or state court.
- Criminal convictions in federal or state court.
- Injunctions.
- Federal or state licensing and certification actions, including revocations, reprimands, censures, probations, suspensions, and any other loss of license, or the right to apply for or renew a license, whether by voluntary surrender or otherwise.
- Exclusions from participation in Federal or State health care programs.
- Any other adjudicated actions or decisions defined in HIPDB regulations.

The purpose of the data bank is to combat fraud and abuse in health insurance and health care delivery and to promote quality care. The data bank is primarily a flagging system that may serve to alert users that a more comprehensive review of a practitioner's, provider's or supplier's past actions may be prudent. The intent is that data bank information be used in combination with information from other sources (for example, evidence of current competence through continuous quality improvement studies, peer recommendations, verification of training and experience, and relationships with organizations) in making determinations on employment, affiliation, certification, or licensure.

## Sanctions By Profession

When adverse actions are reported to HIPDB, the sanction imposed on the practitioner is also reported. For purposes of this report sanctions were divided into five categories: removal from practice, removal from practice with conditions, rehabilitative, deterrent, and voluntary surrender of the credential.

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

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

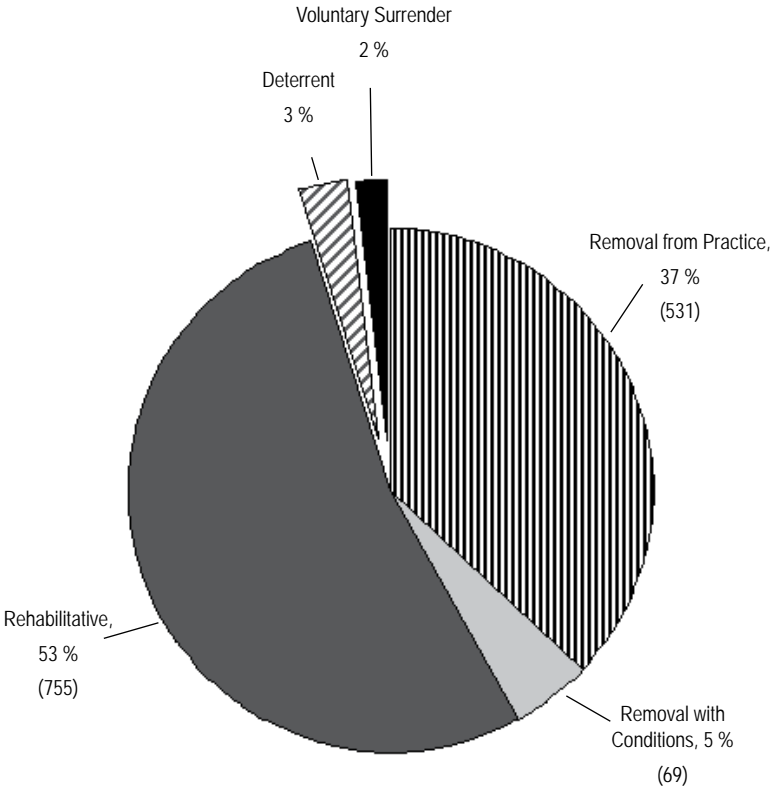
**Rehabilitative Sanctions:** These include probation of license, substance abuse treatment and monitoring, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

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

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

The total number of sanctions (1,430) shown below is less than the total number of disciplinary actions after adjudication (1,782). The disciplinary actions represent cases closed after adjudication. There can be multiple cases against a single practitioner. Reports to the data bank represent reports on individual practitioners, not individual cases.

Chart 4 – Sanctions <sup>19</sup>  
N = 1,430



<sup>19</sup> SOURCE: HIPDB data compilation

Table 15  
Category of Sanctions Imposed by Profession

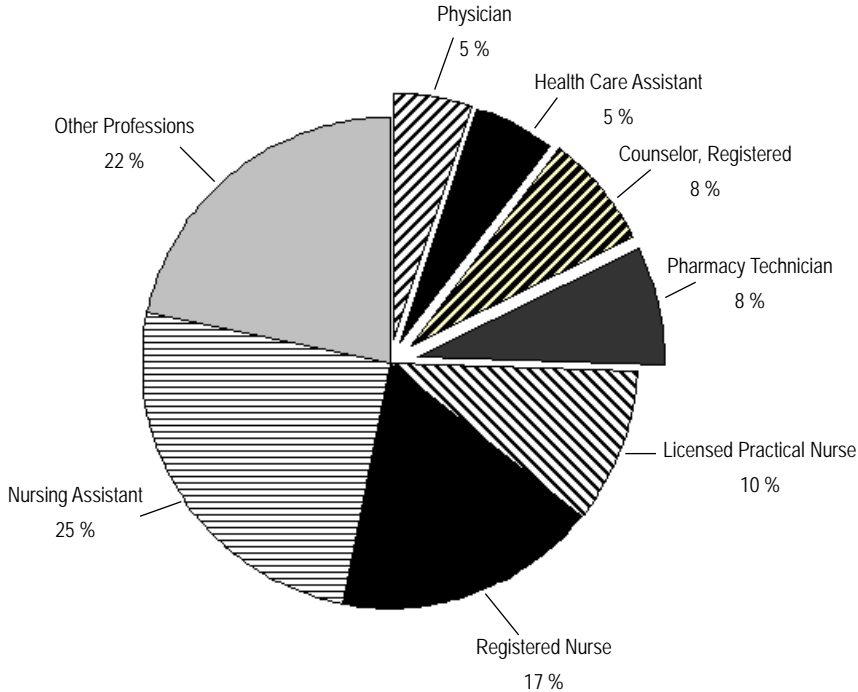
Profession Name	Removal from Practice (Revocation Indefinite Suspension)	Removal with Conditions (Suspension for Specific Period)	Rehabilitative (Probation Limitation or Restriction)	Deterrent (Reprimand, Fine)	Voluntary Surrender	Total
Acupuncturist	3	0	5	0	0	8
Advanced Registered Nurse Practitioner	6	0	10	1	0	17
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	2	0	0	0	0	2
Chemical Dependency Professional	9	5	32	0	1	47
Chiropractic X-Ray Technician	0	0	0	0	0	0
Chiropractor	13	2	26	1	0	42
Counselor, Registered	41	7	113	1	1	163
Dental Hygienist	1	0	2	0	0	3
Dentist	12	2	76	16	2	108
Denturist	1	0	5	1	0	7
Dietitian/Nutritionist	0	0	1	0	0	1
Dispensing Optician	1	1	2	0	0	4
Dispensing Optician Apprentice	0	0	0	0	0	0
Health Care Assistant	28	3	61	8	0	100
Hypnotherapist	0	0	0	0	0	0
Licensed Practical Nurse	54	8	52	0	0	114
Marriage and Family Therapist	1	2	1	0	0	4
Massage Therapist	15	2	22	0	1	40
Mental Health Counselor	4	2	12	0	2	20
Midwife	1	0	1	0	1	3
Naturopathic Physician	1	0	2	0	0	3
Nursing Assistant	134	8	42	2	0	186
Nursing Home Administrator	0	0	0	0	0	0
Nursing Pool Operator	0	0	0	0	0	0
Occupational Therapist	0	0	2	0	0	2
Occupational Therapy Assistant	0	0	1	0	0	1
Ocularist	0	0	0	0	0	0
Optometrist	2	0	2	0	0	4
Orthotist/Prosthetist	0	0	0	0	0	0
Osteopathic Physician	2	0	7	0	1	10
Osteopathic Physician Assistant	1	0	0	0	0	1
Pharmacies and Other Pharmaceutical Firms	0	0	0	0	0	0
Pharmacist	12	6	38	0	3	59
Pharmacy Assistant	14		10	0	0	24
Pharmacy Intern	1	0	0	0	0	1
Pharmacy Technician	41	2	14	0	1	58
Physical Therapist	1	1	3	0	1	6
Physician	26	1	65	14	10	116
Physician Assistant	2	0	9	0	0	11
Podiatrist	1	0	5	0	1	7
Psychologist	1	1	4	0	1	7
Radiological Technician	4	0	2	0	0	6

Profession Name	Removal from Practice (Revocation Indefinite Suspension)	Removal with Conditions (Suspension for Specific Period)	Rehabilitative (Probation Limitation or Restriction)	Deterrent (Reprimand, Fine)	Voluntary Surrender	Total
Registered Nurse	92	15	123	2	1	233
Respiratory Care Practitioner	2	0	4	1	0	7
Sex Offender Treatment Provider	0	0	0	0	0	0
Social Worker	1	1	1	1	0	4
Surgical Technologist	0	0	0	0	0	0
Unlicensed Practice	0	0	0	0	0	0
Veterinarian	0	0	0	0	0	0
Veterinary Medication Clerk	0	0	0	0	0	0
Veterinary Technician	0	0	0	0	0	0
X-Ray Technician	0	0	0	0	0	0
Total	531	69	755	48	27	1,430

**Removal from Practice:** By far, nursing assistants are removed from practice more frequently than other professions. This profession represents approximately 20 percent of all the credentialed health care providers and generates 28 percent of all the complaints received in 2003–2005. In this biennium, they represent 25 percent of those removed from practice, compared to the previous biennium when this profession represented 65 percent of those removed from practice. The other professions shown in Chart 7 are those with more than 20 practitioners removed from practice. Indefinite suspension is the most frequent sanction used for removal from practice.

Chart 5 – Removal from Practice  
 Twenty or more practitioners removed  
 N = 531

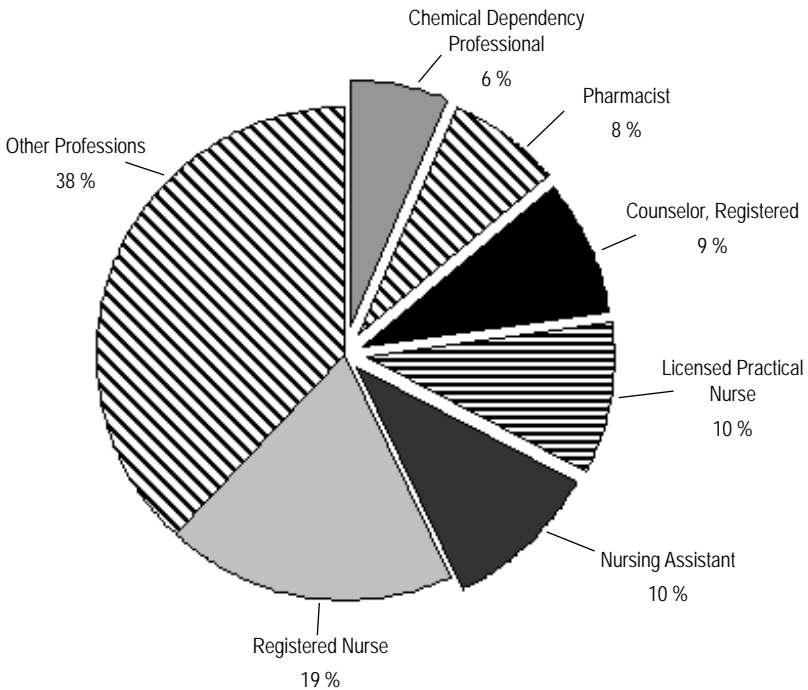
Physician	26
Health Care Assistant	28
Counselor, Registered	41
Pharmacy Technician	41
Licensed Practical Nurse	54
Registered Nurse	92
Nursing Assistant	134
Other Professions	115



**Removal from Practice with Conditions:** In this category, the nursing professions have the highest percentage based on the number of credentialed registered nurses, licensed practical nurses and nursing assistants. Last biennium the nursing professions accounted for 74 percent of removal with conditions, while this biennium this percentage is down to 45 percent. This is significant considering people in the nursing professions represent 49 percent of all the credentialed health professionals in Washington. 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 required.

Chart 6 - Removal with Conditions  
 Five or more practitioners removed with conditions  
 N = 69

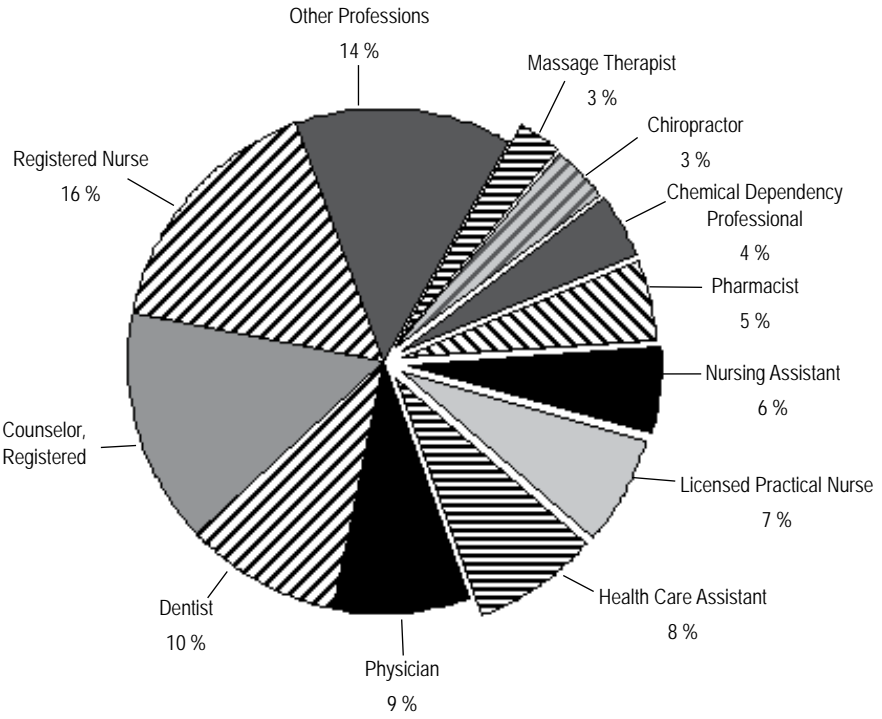
Chemical Dependency Professional	5
Pharmacist	6
Counselor, Registered	7
Licensed Practical Nurse	8
Nursing Assistant	8
Registered Nurse	15
Other Professions	30



**Rehabilitative:** Rehabilitative sanctions accounted for more than half of the sanctions imposed. Rehabilitative sanctions include probation, substance abuse treatment and monitoring, counseling and continuing education. This category is used when a health care provider continues in practice with conditions imposed

Chart 7 – Rehabilitative  
 Twenty or more practitioners with rehabilitative sanctions  
 N = 755

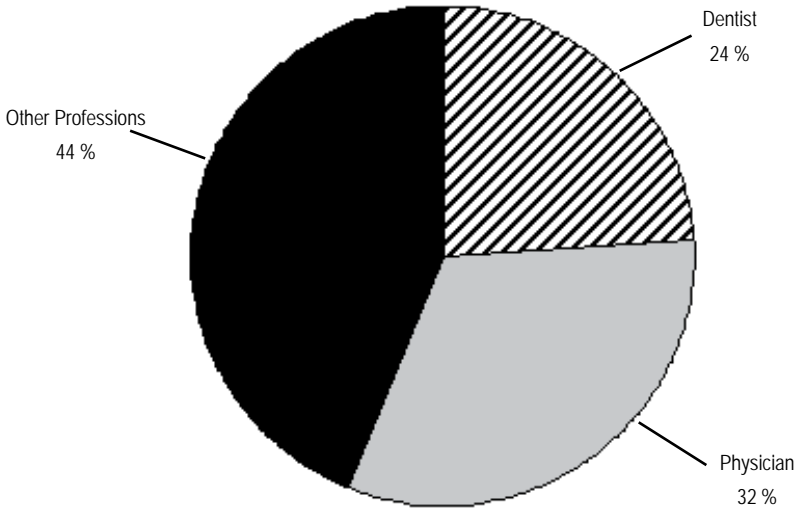
Massage Therapist	22
Chiropractor	26
Chemical Dependency Professional	32
Pharmacist	38
Nursing Assistant	42
Licensed Practical Nurse	52
Health Care Assistant	61
Physician	65
Dentist	76
Counselor, Registered	113
Registered Nurse	123
Other Professions	105



**Deterrent and Voluntary Surrender:** Deterrent and voluntary surrender sanctions accounted for 5 percent of the sanctions imposed. Deterrent sanctions include requests for voluntary compliance, reprimands, censure and fines. Voluntary surrender allows a practitioner to give up his or her credential with no other sanctions imposed.

Chart 8 – Deterrent or Voluntary Surrender  
 Eighteen or more practitioners with deterrent or voluntary surrender  
 sanctions  
 N = 75

	Deterrent	Voluntary	Total
Dentist	16	2	18
Physician	14	10	24
Other Professions	18	15	33



**Summary**

During the 2003-2005 biennium as compared to the 2001-2003 biennium:

- Removal from practice increased from 432 to 531 (23 percent).
- Removal from practice with conditions decreased from 458 to 69 (-85 percent).
- Rehabilitative sanctions decreased from 922 to 755 (-18 percent).
- Deterrent sanctions decreased from 67 to 48 (-28 percent).
- Voluntary surrender sanctions increased from 14 to 27 (93 percent).

Increases were seen in the removal of health care professionals from practice over the previous biennium. There was a dramatic decrease in removing practitioners from practice with conditions to be met before being allowed to return to practice.



# Uniform Disciplinary Act Violations

The Uniform Disciplinary Act (UDA), RCW 18.130.180, lists 25 violations that are considered unprofessional conduct. Because health care providers are regulated in accordance with administrative law, they cannot be criminally charged by boards, commissions, or the Secretary, but their ability to make a living in the health care field may be adversely affected. Criminal convictions can and do result in licensing actions.

## Frequent Violations <sup>20</sup>

Of the 25 possible UDA violations, five accounted for 83 percent of the 1,430 violations across all professions. This biennium's most frequently occurring violations in order of frequency are:

1. RCW 18.130.180(4): Incompetence, negligence, or malpractice 401 (28 percent).
2. RCW 18.130.180(6) and (23): Personal drug or alcohol abuse 238 (17 percent).
3. RCW 18.130.180(17): Conviction of a gross misdemeanor or felony relating to the practice of a health care profession 248 (17 percent).
4. RCW 18.130.180(7): Violation of any state or federal statute or administrative rule 150 (11 percent).
5. RCW 18.130.180(9): Failure to comply with an order issued by the disciplining authority 150 (10 percent).

Last biennium the top five also included RCW 18.130.180(24): Abuse of a client or patient or sexual contact with a client or patient totaling eight percent of all violations. It is not in the top five this biennium. Last biennium RCW 18.130.180(7) was not included in the top five. It ranks fourth this biennium.

## Sanctions By Frequent Violation Type

The following tables illustrate the profession responsible and the types of sanctions imposed by the disciplining authority when one of the five most frequent violations was substantiated. If there were multiple violations resulting in one sanction, the most serious violation was tallied.

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<sup>20</sup> SOURCE: HIPDB data compilation

Table 16  
Sanctions Imposed for Incompetence, Negligence or  
Malpractice  
RCW 18.130.180 (4)

Profession Name	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Voluntary	Total
Pharmacist	4	1	17	0	2	24
Nursing Assistant	19	3	5	1	0	28
Counselor, Registered	9	4	16	0	1	30
Licensed Practical Nurse	16	1	17	0	0	34
Physician	10	0	41	5	2	58
Registered Nurse	17	2	43	1	0	63
Dentist	5	1	44	12	2	64
Other Professions	24	4	66	0	6	100
Total	104	16	249	19	13	401

Table 17  
Sanctions Imposed for Drug Related Violations  
RCW 18.130.180 (6, 23)

Profession Name	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Voluntary	Total
Physician	2	0	8	1	1	12
Health Care Assistant	5	0	10	0	0	15
Nursing Assistant	10	1	4	0	0	15
Pharmacist	4	4	12	0	0	20
Licensed Practical Nurse	13	1	8	0	0	22
Other Professions	10	3	17	0	0	31
Pharmacy Asst, Intern, or Technician	41	2	9	0	1	53
Registered Nurse	26	9	36	0	0	71
Total	111	20	104	1	2	238

Table 18  
Sanctions Imposed for Convictions  
RCW 18.130.180 (17)

Profession Name	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Voluntary	Total
Chemical Dependency Professional	0	0	8	0	0	8
Pharmacy Asst, Intern, or Technician	4	0	8	0	0	12
Massage Therapist	5	0	8	0	0	13
Other Professions	14	1	13	2	0	31
Health Care Assistant	4	2	37	7	0	50
Nursing Assistant	33	1	18	1	0	53
Counselor, Registered	2	0	79	1	0	82
Total	62	4	171	11	0	248

Table 19  
Sanctions Imposed for Federal or State Violations  
RCW 18.130.180 (7)

<b>Profession Name</b>	<b>Removal from Practice</b>	<b>Removal with Conditions</b>	<b>Rehabilitative</b>	<b>Deterrent</b>	<b>Voluntary</b>	<b>Total</b>
Pharmacist	0	0	5	0	1	6
Nursing Assistant	7	1	0	0	0	8
Licensed Practical Nurse	2	0	14	0	0	16
Chiropractor	1	1	18	1	0	21
Dentist	1	0	20	4	0	25
Registered Nurse	6	0	27	0	0	33
Other Professions	6	4	27	3	1	41
<b>Total</b>	<b>23</b>	<b>6</b>	<b>111</b>	<b>8</b>	<b>2</b>	<b>150</b>

Table 20  
Sanctions Imposed for Non Compliance  
RCW 18.130.180 (9)

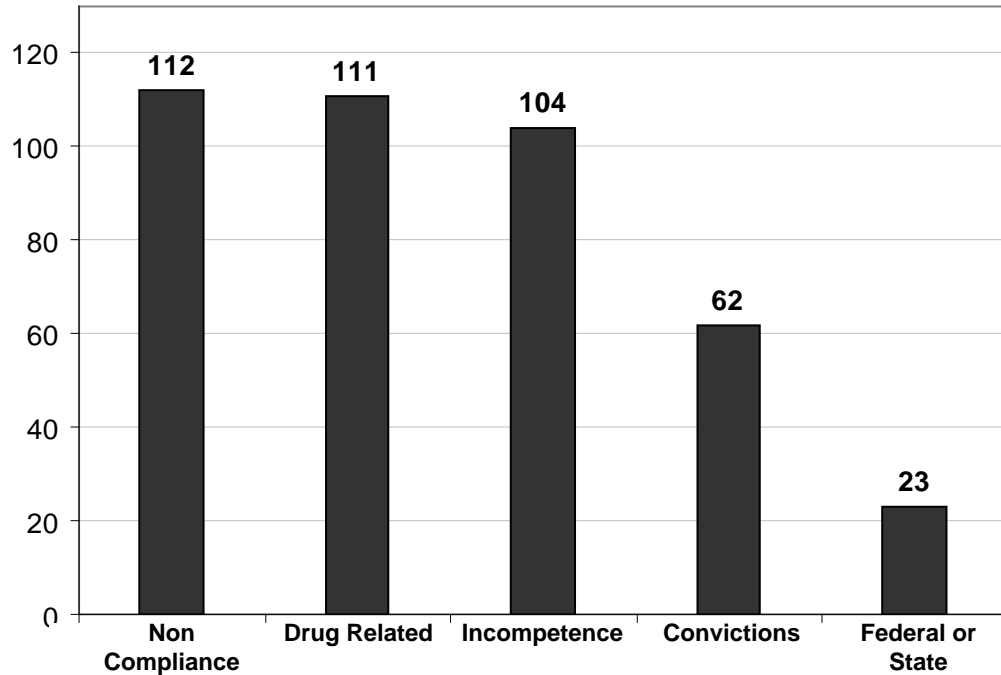
<b>Profession Name</b>	<b>Removal from Practice</b>	<b>Removal with Conditions</b>	<b>Rehabilitative</b>	<b>Deterrent</b>	<b>Voluntary</b>	<b>Total</b>
Health Care Assistant	9	0	0	1	0	10
Counselor, Registered	13	0	0	0	0	13
Nursing Assistant	15	0	4	0	0	19
Licensed Practical Nurse	17	4	6	0	0	27
Other Professions	27	2	9	0	0	38
Registered Nurse	30	4	9	0	0	43
<b>Total</b>	<b>112</b>	<b>10</b>	<b>30</b>	<b>1</b>	<b>0</b>	<b>150</b>

Table 21  
Sanctions Imposed for All Other Violations  
RCW 18.130.180

<b>Profession Name</b>	<b>Removal from Practice</b>	<b>Removal with Conditions</b>	<b>Rehabilitative</b>	<b>Deterrent</b>	<b>Voluntary</b>	<b>Total</b>
Licensed Practical Nurse	5	1	3	0	0	9
Health Care Assistant	6	1	5	0	0	12
Registered Nurse	10	0	7	1	1	19
Counselor, Registered	12	3	8	0	0	23
Physician	10	1	14	4	7	36
Nursing Assistant	50	2	11	0	0	63
Other Professions	26	5	42	4	2	79
<b>Total</b>	<b>119</b>	<b>13</b>	<b>90</b>	<b>9</b>	<b>10</b>	<b>241</b>

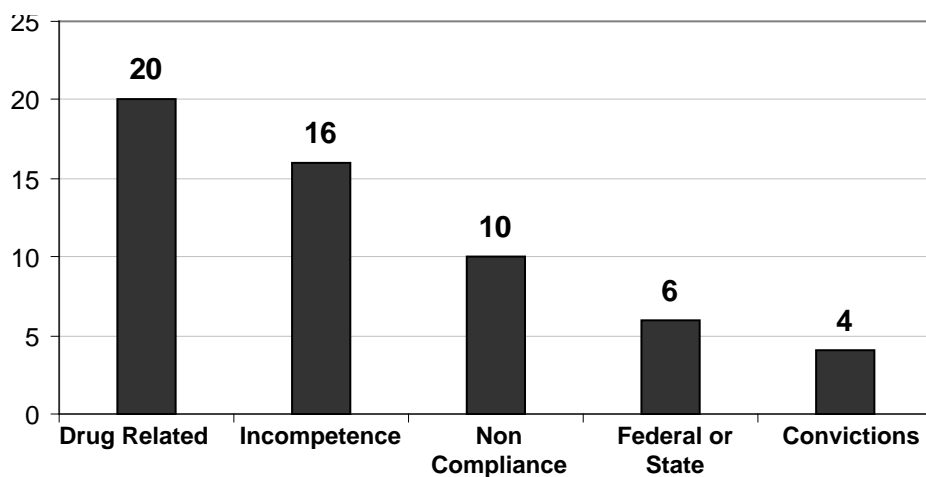
**Removal from Practice:** This biennium, of the five most frequent violations of the Uniform Disciplinary Act, a health care provider is most apt to be removed from practice if the violation is failure to comply with an order issued by the disciplining authority, RCW 18.130.180 (9). In the previous biennium, it was conviction of a gross misdemeanor or felony, RCW 18.130.180 (17).

Chart 9 – Removal from Practice by Violation Type



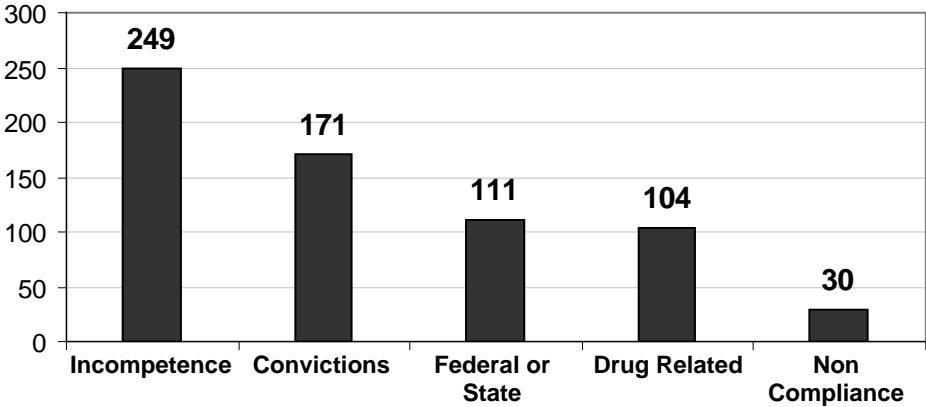
**Removal with Conditions:** Of the five most frequent violations, a health care provider is most apt to be removed from practice with conditions to return to practice for drug or alcohol related violations RCW 18.130.180 (6, 23). This was true in the previous biennium as well.

Chart 10 – Removal with Conditions by Violation Type



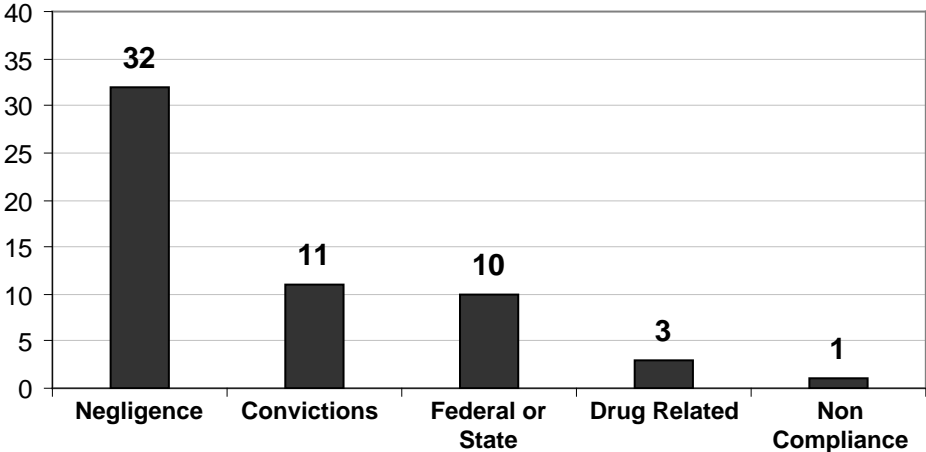
**Rehabilitative:** Of the five most frequent violations, a health care provider is most apt to be sanctioned with rehabilitative conditions if the violation is RCW 18.130.180 (4), negligence, incompetence or malpractice. This was true in the previous biennium as well

Chart 11 – Rehabilitative by Violation Type



**Deterrent and Voluntary Surrender:** Of the five most frequent violations, deterrent and voluntary surrender sanctions are also most often used if the violation is RCW 18.130.180 (4), negligence, incompetence or malpractice.

Chart 12 – Deterrent and Voluntary Surrender by Violation Type



# Student Loan Default & Child Support Violations

In the 1997–1999 biennium, HPQA became responsible for suspending health care provider credentials 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 the department 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 Department of Social and Health Services certifies to Department Of Health 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. These suspensions are reported earlier in this section under the sanction category, Removal from Practice. Suspensions are reported to the national data bank.

Table 22 <sup>21</sup>  
Suspensions for Default Student Loans and  
Nonpayment of Child Support

Profession	Default Student Loan	Non-Payment of Child Support
Acupuncture	0	1
Chiropractor	2	0
Licensed Practical Nurse	0	1
Massage Practitioner	0	1
Medical Doctor	0	2
Nursing Assistant	0	16
Pharmacist	0	2
Counselor, Registered	0	2
<b>Total</b>	<b>2</b>	<b>25</b>

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<sup>21</sup> SOURCE: Adjudicative Service Unit–Administration

# Section 4 Disciplinary Process Timeliness





# Disciplinary Process

## Time Lines

Performance Against Time Lines: Timely regulatory actions help ensure credentialed health care practitioners provide services according to standards.

In 1993, the legislature amended the UDA, chapter 18.130 RCW, to require time lines 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 include time periods for steps in the adjudicative process and allow 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. The amendment required time periods and enforcement mechanisms for assessment, investigation, and case disposition. HPQA worked with boards and commissions to develop rules that went into effect in 1999. The rules set basic time periods for:

- Intake and assessment
- Investigations
- Case disposition
- Steps within adjudication 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.

All time line statistics for 2003–2005 follow:

- Closure for all case types, on average, with or without disciplinary proceedings increased seven percent, from 270 days to 290 days.
- Closure without disciplinary proceedings increased 21 percent, from 190 days to 230 days.
- Closure with disciplinary proceedings (adjudication) decreased nine percent, from 403 days to 368 days.
- Closure with Agreed Orders and Final Orders (a subset of adjudication) decreased 19 percent, from 500 days to 403 days. These were not separated in the previous 2001–2003 report to allow a comparison. Specific data on average time to close with an Agreed Order or Final Orders is found in Table 24 on page 62.

Closer attention to time lines by all HPQA staff, as well as ongoing process quality improvement initiatives, influenced the reduction of time to close cases. Three separate investigation units and three separate legal units were consolidated in late 2004, adding the ability to shift workload when necessary.

Table 23 shows the disciplinary process steps and the respective basic time periods permitted by chapters 246-10 and 246-11 in WAC.

Table 23  
Time Lines

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

In the 2003–2005 biennium, the average time to close cases from the intake step to final resolution is represented in the following table by the manner in which the case was closed. The averages are compared to the basic time periods permitted in the steps the case would usually go through to reach the closure.

Table 24  
Performance against Time Lines

Closure Type	Total Number of Cases	Basic Time Period (Calendar Days)	Average Days 7/1/03 – 6/30/05	% of Cases Within Basic Period
Allegations Withdrawn	49	405	446	37
Charges Withdrawn	46	606	374	89
Closed Prior to Investigation	6955	21	11	95
Closed After Investigation	4416	331	164	93
Closed with Notice of Correction	198	331	155	89
Closed with Informal Disposition	448	405	321	78
Closed with Default Order	498	486	312	83
Closed with Agreed or Final Order	836	606	403	80
Closed with Agreed Order	638	606	414	81
Closed with Final Order	125	606	401	79
Closed with Final Order After Hearing	73	606	387	74

### Withdrawal

New evidence or circumstances may arise justifying the withdrawal of allegations or charges. Although grounds for withdrawal cannot be predicted in any given case, if withdrawal is appropriate, it will normally occur within the time period for resolution of Statement of Allegations and Statement of Charges respectively.

## Withdrawal of Statement of Allegations

A Statement of Allegations (SOA) is the initiating legal document accompanying a Stipulation to Informal Disposition (STID). The basic time period allowed to withdraw is 405 days: initial assessment (21 days), investigation (170 days), case disposition (140 days), statement of allegations, response and settlement (74 days). Forty-nine statements of allegation were withdrawn. The average number of days was 446. Thirty-seven percent of cases were withdrawn within the time frame.

## Withdrawal of Statement of Charges

A Statement of Charges (SOC) is the initiating legal document stating the allegations. The basic time period allowed to withdraw is 606 days: initial assessment (21 days), investigation (170 days), case disposition (140 days), answer to statement of charges (20 days), scheduling (30 days), settlement (180 days), issue order (45 days). Forty-six Statement of Charges were withdrawn. The average number of days was 371. Eighty-nine percent of cases were withdrawn within the time frame.

## Closed No Action Prior To an Investigation

The basic time period allowed is 21 days. There were 6,955 cases closed prior to an investigation. The average number of days was 11. Ninety-five percent of cases were closed within the time frame.

## Closed No Action After an Investigation

The basic time period allowed is 331 days: initial assessment (21 days), investigation (170 days), case disposition (140 days). There were 4,416 cases closed after an investigation. The average number of days was 164. Ninety-three percent of cases were closed within the time frame.

## Closed with Notice of Correction

The basic time period allowed is 331 days: initial assessment (21 days), investigation (170 days), case disposition (140 days). There were 198 cases closed with a Notice of Correction. The average number of days was 155. Eighty-nine percent were closed within the time frame.

## Closed with a Stipulation to Informal Disposition

The basic time period allowed is 405 days: initial assessment (21 days), investigation (170 days), case disposition (140 days), response and settlement (74 days). There were 448 cases closed with a Stipulation to Informal Disposition. The average number of days was 321. Seventy-eight percent of cases were closed within the time frame.

## Closed with a Default Order

The basic time period allowed is 486 days: initial assessment (21 days), investigation (170 days), case disposition (140 days), answer to statement of charges (20 days), notice of failure to respond issued (30 days), default proceedings (105 days). There were 498 cases closed with a Default Order. The average number of days was 312. Eighty-three percent of the cases were closed within the time frame.

## Closed with an Agreed or Final Order

The basic time period allowed is 606 days: initial assessment (21 days), investigation (170 days), case disposition (140 days), answer to statement of charges (20 days), scheduling (30 days), settlement (180 days), issue order (45 days). There were 836 cases closed with an Agreed or Final Order. The average number of days was 403. Eighty percent of the cases were closed within the time frame.

## Summary

A majority of the case closure types were resolved within the basic time period permitted. HPQA is making improvements to the disciplinary process to further reduce the time to resolve cases.

# Section 5 Biennial Comparison



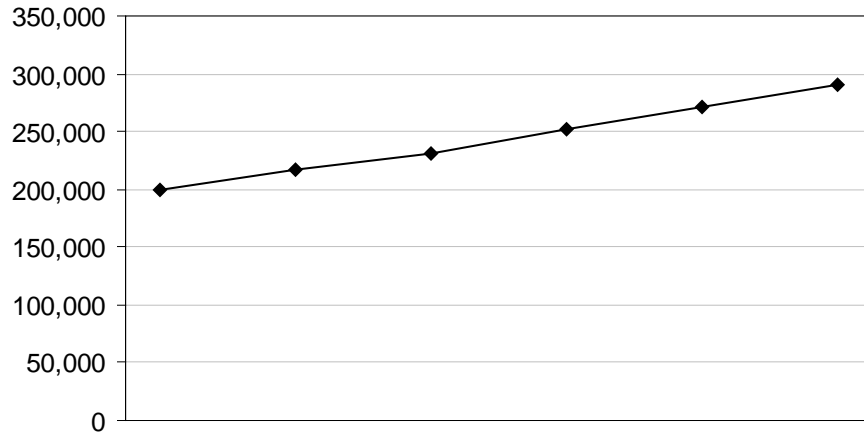
# Biennial Comparison

The biennial comparison is provided to show 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 1995 the number of credentialed health care providers has increased by 46 percent.

Chart 13  
Credentialed Health Care Providers



Jun-95	Jun-97	Jun-99	Jun-01	Jun-03	Jun-05
199,387	216,721	231,197	252,257	271,432	290,941

## 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 data is from July 1 of each year. The percentage of growth or decline is from the first significant year for the profession.

Table 25  
 Credentialed Health Care Providers by Profession

Profession	1995	1997	1999	2001	2003	2005	Growth/ Decline 1995 - 2005
Acupuncturist	224	320	458	648	841	950	324 %
Advanced Registered Nurse Practitioner	2,130	2,486	2,871	3,123	3,412	3,706	74 %
Audiologist	0	157	257	279	348	363	131 %
Chemical Dependency Professional	0	0	0	2,378	2,540	2,559	8 %
Chiropractic X-Ray Technician	180	208	217	202	209	217	21 %
Chiropractor	1,871	2,011	2,138	2,223	2,320	2,164	16 %
Counselor, Registered	14,932	15,753	16,301	15,724	15,820	16,966	14 %
Dental Hygienist	3,338	3,570	3,815	4,049	4,359	4,706	41 %
Dentist	4,364	4,692	4,953	5,214	5,585	5,876	35 %
Denturist	14	95	93	97	123	142	914 %
Dietitian/Nutritionist	677	707	738	807	948	1055	56 %
Dispensing Optician	820	897	903	929	942	879	7 %
Dispensing Optician Apprentice	897	897	759	N/A	855	854	-5 %
Health Care Assistant	7,496	8,059	9,340	10,143	11,803	13,082	75 %
Hearing Instrument Fitter/Dispenser	411	409	329	313	321	275	-33 %
Humane Society	0	0	0	0	10	10	0 %
Hypnotherapist	360	314	295	340	363	408	13 %
Licensed Practical Nurse	15,198	15,069	14,624	14,167	14,153	14,401	-5 %
Marriage and Family Therapist	0	0	0	889	907	914	3 %
Massage Therapist	5,205	6,596	7,774	9,211	10,362	11,987	130 %
Mental Health Counselor	0	0	0	3,645	3,919	4,094	12 %
Midwife	103	119	108	115	97	90	-13 %
Naturopathic Physician	277	338	398	472	577	727	162 %
Nursing Assistant	36,165	40,790	45,110	48,159	53,320	58,932	63 %
Nursing Home Administrator	631	651	640	600	552	447	-29 %
Nursing Technician	0	0	0	0	202	508	151 %
Nursing Pool Operator	87	80	83	158	198	167	92 %
Occupational Therapist	1,784	2,004	2,114	2,098	2,212	2,355	32 %
Occupational Therapy Assistant	395	517	584	548	537	542	37 %
Ocularist	9	9	6	6	13	10	11 %
Optometrist	1,224	1,287	1,339	1,415	1,436	1,519	24 %
Orthotics/Prosthetics	0	0	150	205	202	211	41 %
Osteopathic Physician	619	658	682	713	771	816	32 %
Osteopathic Physician Assistant	35	47	49	37	42	34	-3 %
Pharmacies and Other Pharmaceutical Firms	1,318	1,358	2,166	2,300	2,498	2,786	111 %
Pharmacist	5,506	6,087	6,548	7,183	7,016	7,299	33 %
Pharmacy Assistant	0	0	0	1,232	3,108	3,624	194 %
Pharmacy Intern	495	630	658	310	698	700	41 %
Pharmacy Technician	3,101	3,847	4,532	5,270	6,156	7,120	130 %
Physical Therapist	3,401	3,562	3,678	3,809	4,146	4,511	33 %
Physician	16,913	17,532	18,249	18,953	20,911	21,173	25 %
Physician Assistant	895	1,068	1,266	1,424	1,605	1,810	102 %
Podiatrist	269	269	289	300	312	285	6 %
Psychologist	1,346	1,487	1,539	1,620	1,706	1,893	41 %
Radiological Technologist	2,716	3,005	3,325	3,684	4,313	4,704	73 %
Recreation Therapist	0	0	0	0	17	134	688 %
Registered Nurse	57,671	60,197	61,145	63,016	65,247	68,459	19 %

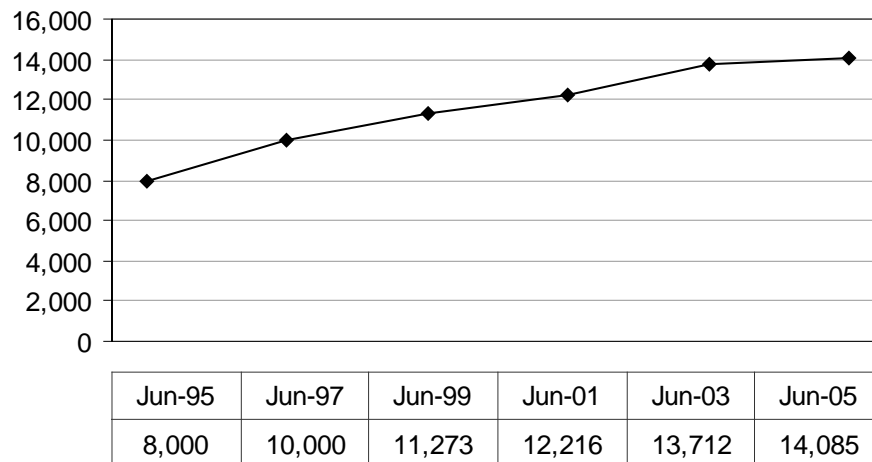


Profession	1995	1997	1999	2001	2003	2005	Growth/ Decline 1995 - 2005
Respiratory Care Practitioner	1,578	1,891	2,039	2,035	2,098	2,196	39 %
Sex Offender Treatment Provider	148	151	143	140	143	152	3 %
Social Worker	0	0	0	2,648	2,763	2,852	7 %
Speech Language Pathologist	0	473	664	459	1068	1281	171 %
Surgical Technologist	0	0	0	1,227	1,507	1,732	41 %
Veterinarian	2,504	2,641	2,681	2,715	2,744	2,828	13 %
Veterinary Medication Clerk	103	169	206	235	299	357	247 %
Veterinary Technician	478	597	700	817	930	1101	130 %
X-Ray Technician	1,499	1,524	1,516	1,640	1,848	1,978	32 %
<b>Total</b>	<b>199,387</b>	<b>215,228</b>	<b>228,472</b>	<b>249,924</b>	<b>271,432</b>	<b>290,941</b>	<b>46 %</b>

## Complaints Received

Since 1995 the number of new complaints received by HPQA has increased by 76 percent.

Chart 14  
Complaints Received

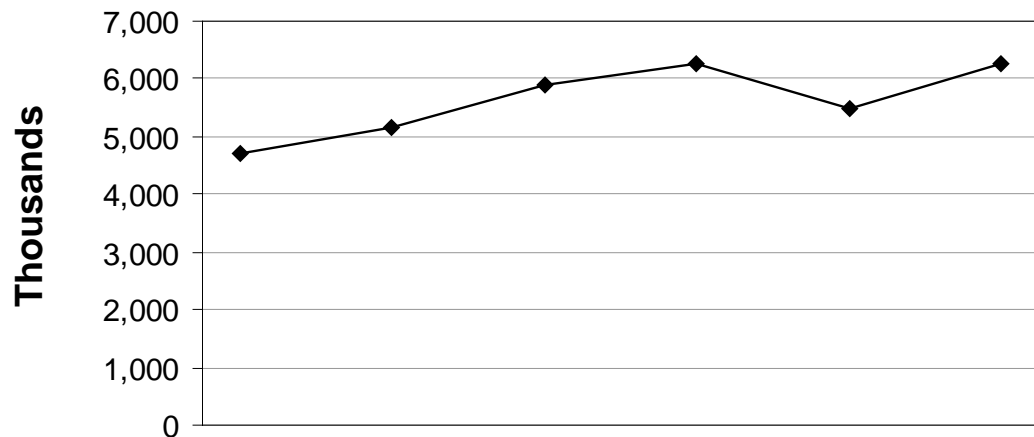


## Investigations

Even though there was a decrease in investigations in the 2001–2003 biennium as compared to 1999–2001, since 1995 the number of completed investigations including unlicensed practice has increased 30 percent. The increase in investigations from last biennium to 2003–2005 was 14 percent. Temporary investigators were added and three separate investigation units were combined into a single unit permitting better coverage of cases.

The decline in the number during 2001–2003 was due to an investigation counted once regardless of the number of times it may have been returned from program or a board or commission member for additional investigative activity in the same case. Using this same method of counting still resulted in a remarkable increase in the number of investigations closed in the 2003–2005 biennium.

Chart 15  
Investigations Completed

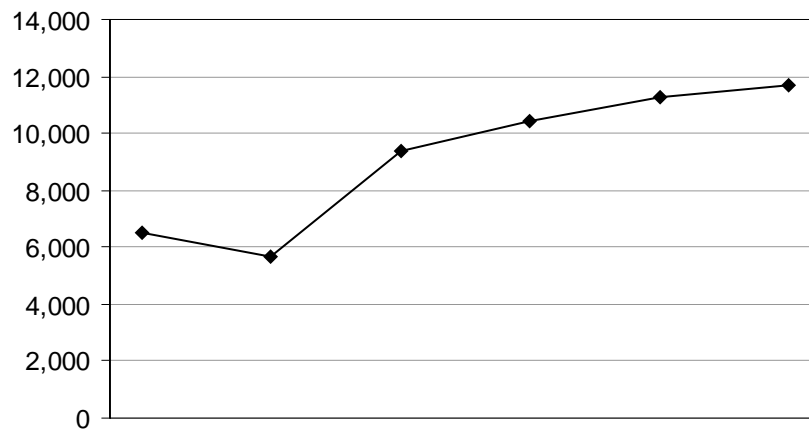


Jun-95	Jun-97	Jun-99	Jun-01	Jun-03	Jun-05
4,691	5,147	5,911	6,262	5,498	6,279

## Complaint Closures before Adjudicative Proceedings

The statistics represent those cases that were closed with no action due to 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 the 2001–2003 and 2003–2005 biennia include unlicensed practice cases which influenced the upturn in closures from 1999 to 2001 in the chart below. The notice of correction has only been used since the 1997–1999 biennium. The statistics over time represent a 78 percent increase in the number of closures before adjudicative proceedings, while total complaints increased 60 percent.

Chart 16  
Complaint Closures before Adjudicative Proceedings

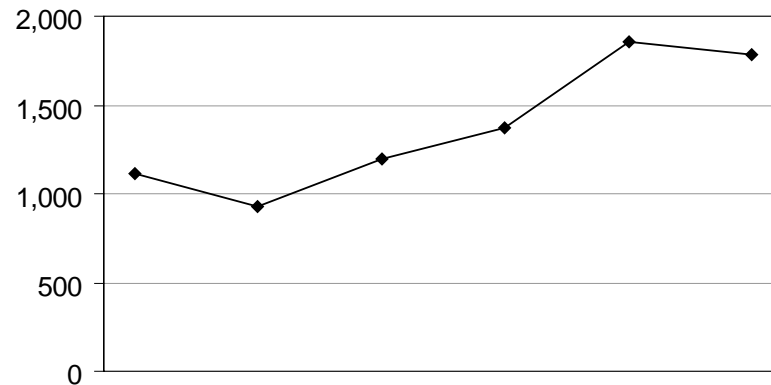


Jun-95	Jun-97	Jun-99	Jun-01	Jun-03	Jun-05
6,537	5,672	9,378	10,404	11,253	11,664

## Complaint Closures After Adjudicative Proceedings

The statistics represent those cases 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 60 percent increase in the number of case resolutions after adjudicative proceedings. The 4 percent decline between 2001–2003 and 2003–2005 can be attributed to a funding allotment shortfall the last six months of the biennium that slowed legal work necessary to the adjudicative process.

Chart 17  
Complaint Closures after Adjudicative Proceedings

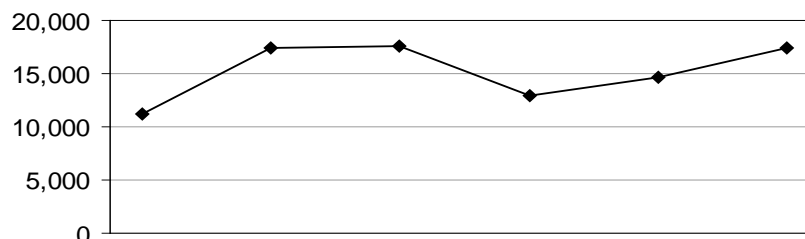


Jun-95	Jun-97	Jun-99	Jun-01	Jun-03	Jun-05
1,113	932	1,201	1,372	1,859	1,782

## Public Disclosure Requests

There has been an increasing demand over time for information on health care providers. In the last ten years, public disclosure requests have increased 56 percent. From the 2001–2003 biennium to the 2003–2005 biennium, there was a 19 percent increase. The downturn from 1999 to 2001 was caused by counting the practitioner instead of the number of case files associated with the practitioner. The total number of files requested is counted even though the request may be on a single practitioner. The number of pages redacted to protect information that cannot be legally released ranged from 5,000 to nearly 20,000 pages per month.

Chart 18  
Public Disclosure Requests

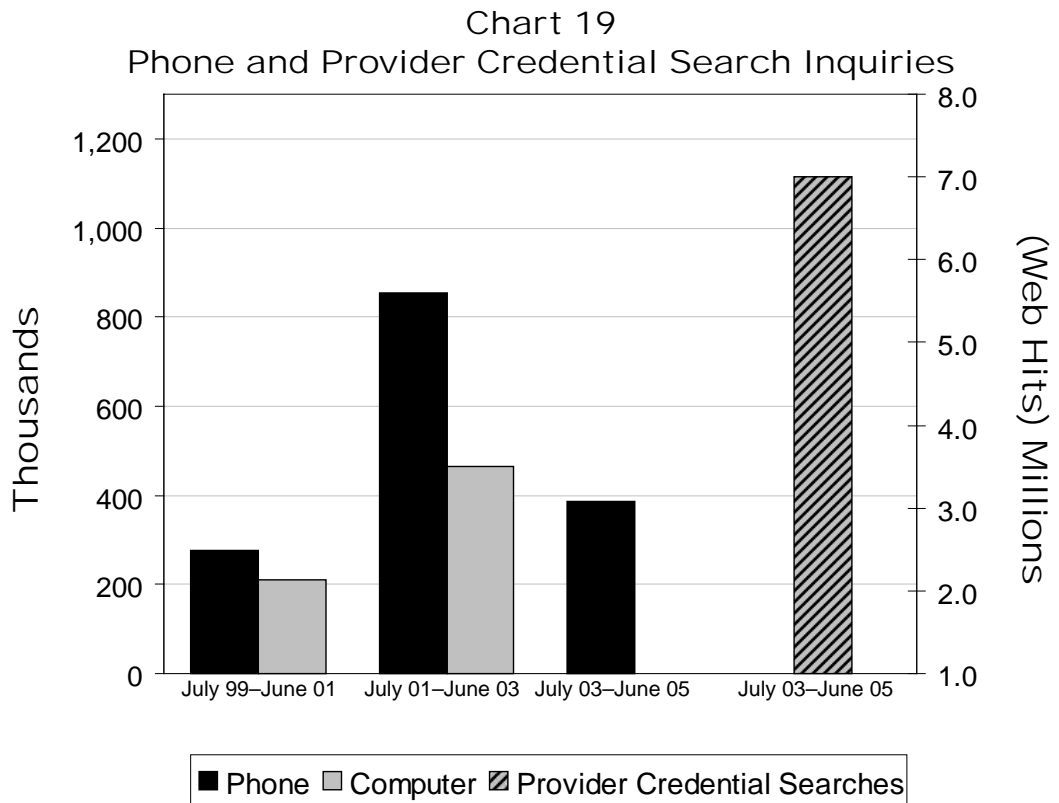


Jun-95	Jun-97	Jun-99	Jun-01	Jun-03	Jun-05
11,158	17,500	17,647	12,971	14,607	17,405

## Phone and Web Site Inquiries

The public, practitioners, employers, and insurance companies want current information about practitioners. Both the Customer Service Center and a web-based data site called Provider Credential Search were established in the 2001–2003 biennium. The Call Center was implemented in 2002 and Provider Credential Search came online in April 2003. Computer access for verifications of license status by employers and insurance companies was discontinued when Provider Credential Search came on line. Increased web inquiries reflect the demand for information.

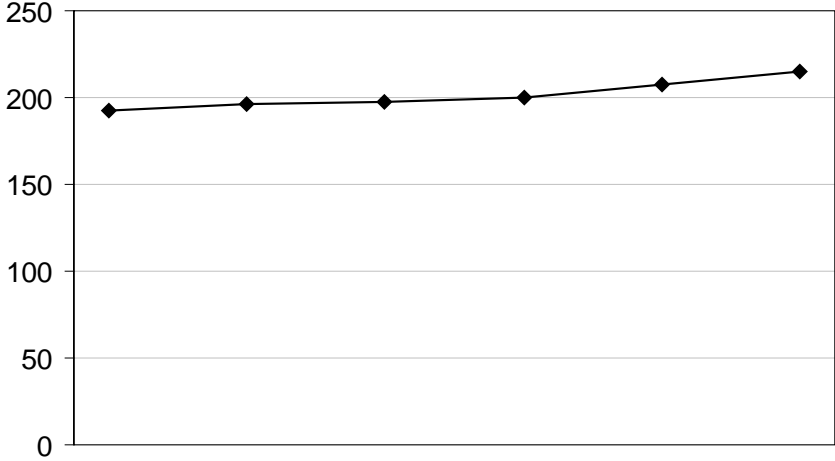
In the 2003–2005 biennium, there were 386,235 phone calls and 7 million Provider Credential Search web “hits”.



Health Professions Quality Assurance Employees

The increase in the number of employees from the 1993–1995 biennium to the 2003–2005 biennium was 12 percent. This growth is modest compared to the workload increases shown in previous charts.

Chart 20  
HPQA Employees



Jun-95	Jun-97	Jun-99	Jun-01	Jun-03	Jun-05
192	196	197	200	208	215

## Summary

During the last ten years:

- Over 90,000 more health care providers became credentialed.
- The number of professions regulated increased from 45 to 57.
- Increased consumer awareness, mandatory malpractice reporting, peer review, and facility reporting led to significant increases in the number of complaints the department received.
- The 1995–1997 biennium saw a turnaround regarding case resolution after disciplinary proceedings. This was attributed to:
  - Four additional staff attorneys hired in 1995.
  - The Notice of Correction, another mechanism for resolving cases informally, was added in 1996.
  - Criteria for closing cases below a threshold for investigation were established in 1997. This helped the investigative and adjudicative steps because additional time could be given to more serious cases.
- Although the number of all employees within HPQA increased 12 percent during the 10-year period, workload increased:
  - 46 percent increase in the number of credentialed health care providers.
  - 76 percent increase in the number of complaints received.
  - 71 percent increase in the number of investigations completed.
  - 78 percent increase in the number of complaints closed before adjudication.
  - 60 percent increase in the number of complaints closed after adjudication.
  - 56 percent increase in the number of public disclosure requests filled.
- Cases have been resolved in a timelier manner since 1997 when rules were adopted establishing time lines for resolution.
- The public continues to demand more information about their health care providers as evidenced by the usage of the Provider Credential Search and ongoing public disclosure requests.
- Despite increased productivity during the 2003–2005 biennium, the number of open cases increased from 2,368 at the beginning of the biennium to 2,994 at the end of June 2005. This represents a 26 percent increase in open cases in a single biennium. This increase will continue to be addressed by efficiency and quality improvement measures, as well as requests to the legislature for additional resources.





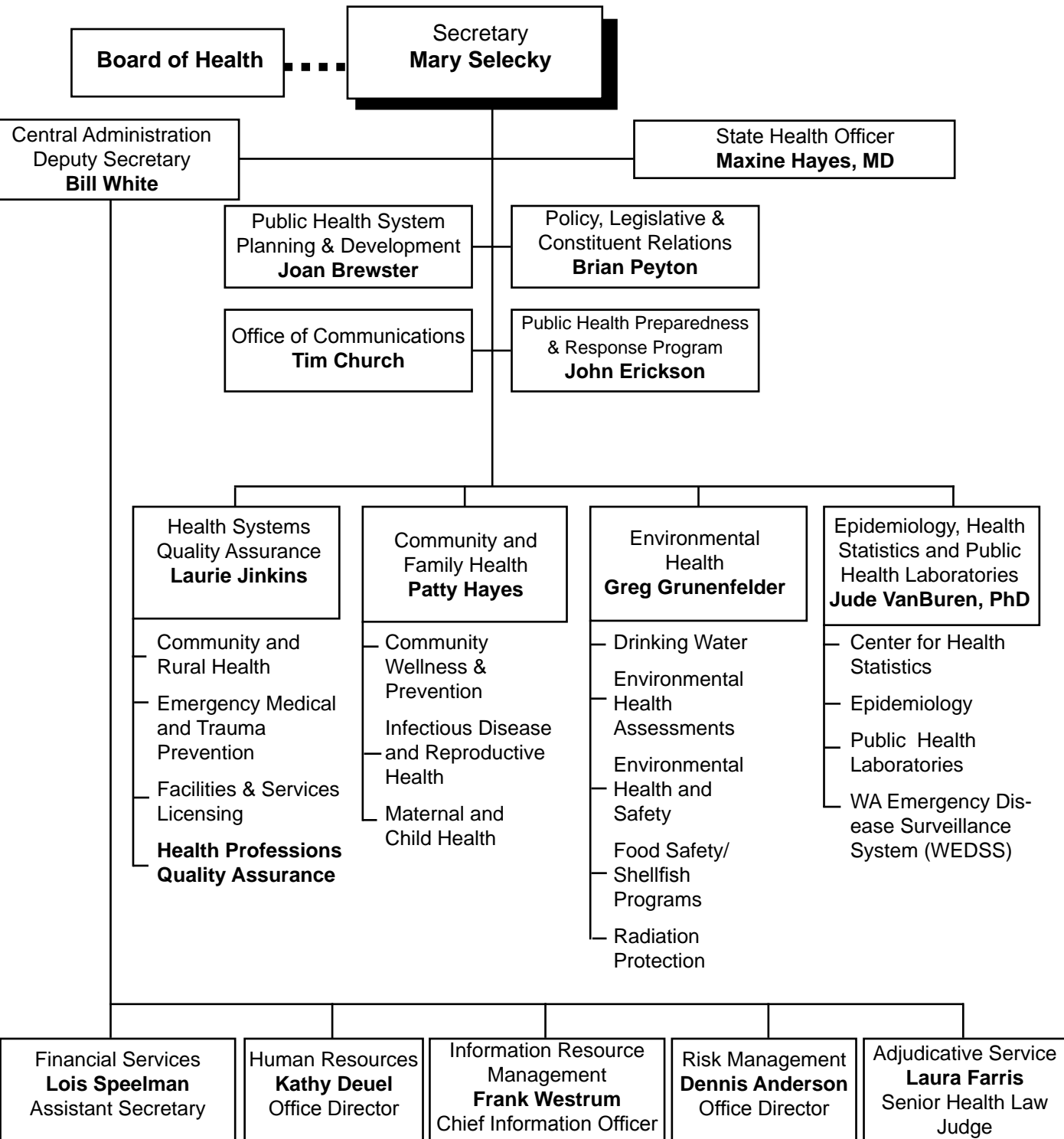
# Section 6 Appendices



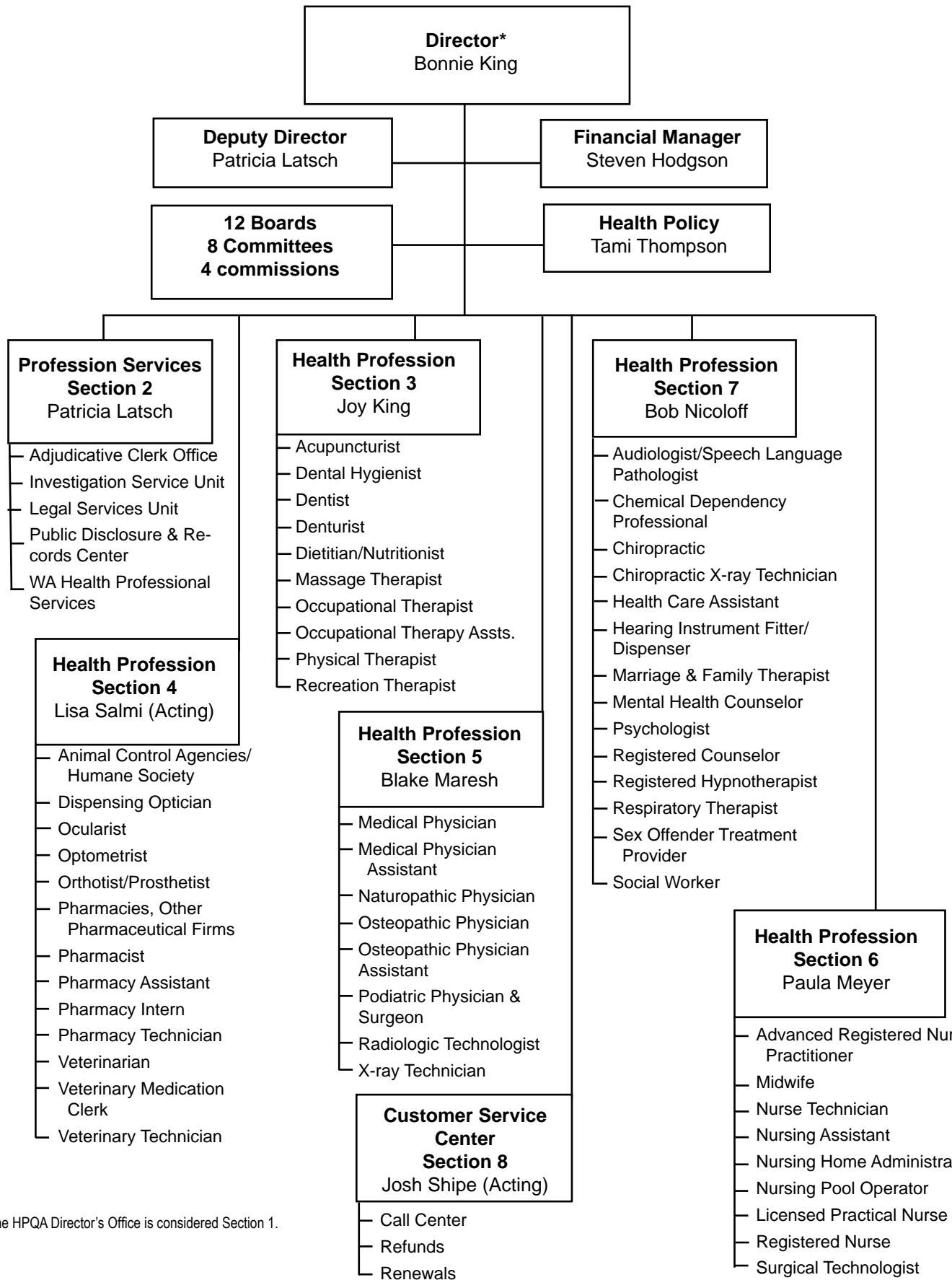
Appendix A:  
Department of Health and  
Health Professions Quality  
Assurance Organization  
Charts



# 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

**Bonnie L. King, Director (360) 236-4995**

**Patricia Latsch, Deputy Director (360) 236-4683**

<b>Section Number</b>	<b>Executive Director</b>	<b>Phone Number</b>
2	Patricia Latsch	(360) 236-4683
3	Joy King	(360) 236-4859
4	Lisa Salmi	(360) 236-4829
5	Blake Maresh	(360) 236-4760
6	Paula Meyer	(360) 236-4713
7	Bob Nicoloff	(360) 236-4924
8	Josh Shipe	(360) 236-4772

<b>Profession</b>	<b>Section</b>
Acupuncturist.....	3
Advanced Registered Nurse Practitioner .....	6
Animal Control Agencies/Humane Societies.....	4
Audiologist.....	7
Chemical Dependency Professional .....	7
Chiropractor .....	7
Counselor .....	7
Dental Hygienist .....	3
Dentist.....	3
Denturist.....	3
Dietitian/Nutritionist.....	3
Dispensing Optician.....	4
Health Care Assistant.....	7
Hearing Instrument Fitter/ Dispenser.....	7
Hypnotherapist.....	7
Licensed Practical Nurse.....	6
Marriage & Family Therapist .....	7
Massage Therapist.....	3
Mental Health Counselor .....	7
Midwife.....	6
Naturopathic Physician .....	5
Nurse Technician.....	6

<b>Profession</b>	<b>Section</b>
Nursing Assistant .....	6
Nursing Home Administrator.....	6
Nursing Pool Operator .....	6
Occupational Therapist .....	3
Occupational Therapy Assistant.....	3
Ocularist.....	4
Optometrist .....	4
Orthotist .....	4
Osteopathic Physician .....	5
Osteopathic Physician Assistant .....	5
Pharmacies & Other Pharmaceutical Firms.....	4
Pharmacist.....	4
Pharmacy Assistant .....	4
Pharmacy Intern .....	4
Pharmacy Technician .....	4
Physical Therapist.....	3
Physician .....	5
Physician Assistant.....	5
Podiatrist .....	5
Prosthetist.....	4
Psychologist .....	7
Radiologic Technologist .....	5
Recreation Therapist .....	3
Registered Nurse.....	6
Respiratory Therapist.....	7
Sex Offender Treatment Provider .....	7
Social Worker.....	7
Speech Language Pathologist .....	7
Surgical Technologist.....	6
Veterinarian .....	4
Veterinary Technician .....	4
Veterinary Medication Clerk.....	4
X-ray Technician.....	5
Profession Services: .....	2
Adjudicative Services Unit – Administrative	
Investigative Service Unit	
Legal Services Unit	
Public Disclosure and Records Center	
Washington Health Professional Services	
Customer Service Center .....	8
Call Center	
Refunds	
Referrals	



# Appendix C: Boards, Commissions, and Committees Listing

## Governor Appointed Board or Commission

(11 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; Board has rulemaking and licensing authority	
• 4 Massage Therapists	
• 1 Public Member	
Medical Quality Assurance Commission.....	21 Members
• 13 Physicians	
• 2 Physician Assistants	
• 6 Public Members	

<b>Board or Commission .....</b>	<b>Members</b>
Nursing Care Quality Assurance Commission .....	15 Members
• 7 Registered Nurses	
• 2 ARNPs	
• 3 LPNs	
• 3 Public Members	
Board of Nursing Home Administrators .....	9 Members
• 4 Nursing Home Administrators	
• 4 Representatives of Health Care Profession	
• 1 Public Member (resident of a nursing home or family member of a resident eligible for Medicare)	
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	

# Secretary Appointed Board and Advisory Committees

(1 board and 8 advisory committees)

<b>Committee.....</b>	<b>Members</b>
Board of Denturists .....	7 Members
Note: Board has rule making and licensing authority; Secretary has disciplinary authority	
• 4 Denturists	
• 1 Dentist	
• 2 Public Members, one over age 65	
Chemical Dependency Certification Advisory Committee.....	7 Members
• 4 Chemical Dependency Counselors	
• 1 Chemical Dependency Treatment Program Director	
• 1 Physician or a Licensed or Certified Mental Health Practitioner	
• 1 Public Member Who Has Received Chemical Dependency Counseling	
Dental Hygiene Examining Committee .....	4 Members
• 3 Dental Hygienists	
• 1 Public Member	
Dispensing Optician Examining Committee .....	3 Members
• 3 Dispensing Opticians	
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

Sex Offender Treatment Providers

Advisory Committee.....9 Members

- 3 Sex Offender Treatment Providers
- 1 Victim Treatment Provider
- 1 Defense Attorney
- 1 Prosecuting Attorney
- 1 Representative of DSHS
- 1 Representative of the Department of Corrections
- 1 Superior Court Judge

**Secretary authority professions with no advisory committee:**

Acupuncturists, Dietitian/Nutritionists, Health Care Assistants, Nursing Assistants\*, Nursing Pools, Ocularists, Radiologic Technologists, Recreation Therapists, Respiratory Care Practitioners, Registered Counselors, Registered Hypnotherapists, Surgical Technologists, and X-Ray Technicians.

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

# Appendix D: Provider Credential Search

Screen Examples and  
Frequently Asked Questions

# Provider Credential Search

https://fortress.wa.gov/doh/hpqa1/Application/Credential\_Search/

Helpful tips and information



## Health Professions Quality Assurance

HPQA Credential Search System

[HPQA Home](#) | [Glossary](#) | [FAQs](#)

Welcome to Health Professions Quality Assurance search engine. Search our database for applicants and credential holders using either a credential number or the individual's name.

### 1 Search by Credential Number

Credential Number:

(Example: MD12345678, [See Searching Instructions](#))

### 2 Search by Individual's Name

Credential Type:

Last Name:

First Name:  MI:

(Use % For Wildcard, [See Searching Instructions](#))



Health Professions Quality Assurance  
Credential Search Results  
Data as of 12/29/2003 3:25:56 PM

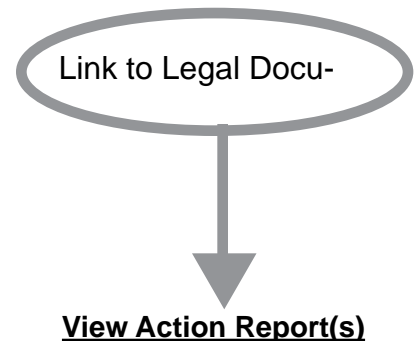
Disclaimer

The Washington Department of Health presents this information as a service to the public. The disciplinary information displayed contains data gathered since July 1998. The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, nor does the mere presence of such information imply a practitioner is not competent or qualified.

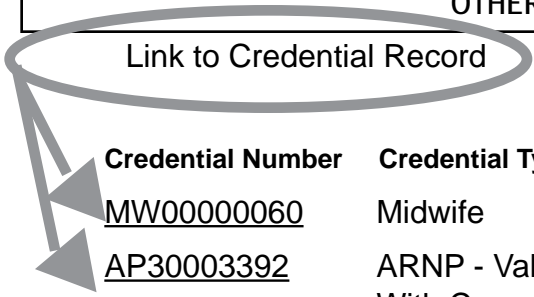
This site is a primary source for verification of credentials.

CURRENT PRACTITIONER INFORMATION

Name: DOE, JANE D.  
Year of Birth: 1945  
Credential Number: RN12345678  
Current Credential Type: Suspended  
First Credential Date: 01/01/1965  
Expiration Date: 01/01/1998  
Last Renewal Date: 01/01/1997  
Action Taken: Yes



OTHER CREDENTIAL(S) HELD



Credential Number	Credential Type	Credential Status	Action Taken	Practice Conditions
<u>MW00000060</u>	Midwife	Expired	No	No
<u>AP30003392</u>	ARNP - Valid Only With Current RN License	<b>Suspended</b>	<b>Yes</b>	No

[Search again, using new criteria?](#)

## Frequently Asked Questions Provider Credential Search Web Site

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### Overview

Health Professions Quality Assurance launched a web site that provides easy access to information on nearly 300,000 health care professionals in the state. The web site provides the health care provider's birth date and license status, including any current restrictions or disciplinary actions. If action has been taken against a health care professional since July 1998, the web site displays the information and allows copies of legal documents to be printed. Even partial entries will result in a listing of health care professionals to choose from. If a practitioner has more than one credential to practice in Washington, that is shown.

### **Q. What information is available about a health care provider?**

- Birth year
- Credential number
- Type of credential(s)
- Whether the health care professional's license status is active, deceased, expired, inactive, military, revoked, suspended, unlicensed, or retired
- The date when they first became credentialed
- Expiration date of credential
- Last renewal date
- Restrictions or disciplinary actions
- Copies of legal documents issued after July 1998

### **Q. How do I find information about restrictions or disciplinary actions before 1998?**

If there are restrictions or disciplinary actions prior to 1998, it will be noted on the practitioner's page. Information on those items can be obtained by calling the Customer Service Center at 360-236-4700.

### **Q. Can I find out how many complaints have been filed against a health care provider on Provider Credential Search?**

A majority of complaints received are not a violation of law and cannot be acted upon. Only those complaints that result in action are shown on Provider Credential Search. Complaints that have not resulted in action are public information and are available by calling the Customer Service Center at 360-236-4700.



**Q. Does Provider Credential Search have malpractice or criminal conviction information?**

When health care professional malpractice settlements and criminal convictions against a health care professional are reported to the Department of Health, they serve as the basis for opening a complaint against the practitioner. Only the resulting actions are available in Provider Credential Search, beginning in July 1998. The specific information regarding malpractice or criminal charges is not available.

**Q. Why isn't a health care provider's address shown? How will I know I'm inquiring about the right provider?**

Health care providers give a licensing address that may or may not be their work location; it may be their residential address. In accordance with law, we cannot disclose a residential address.

**Q. Does Provider Credential Search show specialty information (e.g. a physician is an orthopedic specialist)?**

Washington State does not credential health care providers by specialty with the exception of Advanced Registered Nurse Practitioners (ARNPs). There is no specialty information shown in Provider Credential Search, but ARNP specialty information will be provided by the Customer Service Center at 360-236-4700.

**Q. If I want to find the best practitioner, will I be able to make that distinction from the web site?**

The web site will tell you the license status and any restrictions and/or disciplinary actions against the health care provider's credential. The agency cannot make recommendations on which practitioner you should see.

**Q. What is an informal complaint resolution versus a formal disciplinary action?**

*Informal complaint resolutions* called Stipulations to Informal Disposition (STIDs) are used primarily as education tools with practitioners. They may require additional education, reports to be written or other actions by the practitioner that are meant to be corrective in nature rather than disciplinary.

*Formal disciplinary action* may limit a health care professional's practice and is used in more serious cases.

**Q. Why are informal complaint resolutions (Stipulations to Informal Disposition STIDs) shown on Provider Credential Search?**

This information, like other information in Provider Credential Search is public. It is reported to the national databanks and can only be seen on Provider Credential Search if the practitioner's name or credential number is entered into the system.

**Q. What does the Narrative Description on Provider Credential Search represent?**

The narrative statement refers to the Uniform Disciplinary Act (UDA) law that the practitioner allegedly violated. These are statutory references and cannot be changed unless they do not reflect what was in the Order. Orders issued after July 1, 1998 are online and can be viewed. You will find the same language in the on-line copy of the Order.

If the Order is a STID, the language will be found in the Stipulation section. In other types of Orders, the language can be found in the Conclusions of Law section.

**Q. When I view the legal documents on Provider Credential Search, why is some information blanked out/not visible?**

The agency has a legal responsibility to withhold information that is protected by law. Each legal document is reviewed, and the information that cannot be disclosed is blanked out (redacted). There is a cover sheet that accompanies each document. The cover sheet refers to the specific law protecting the information that has been taken out.

**Q. I just checked on my health care practitioner and realize that I should file a complaint. How do I do that?**

From Provider Credential Search's home page (upper right corner), you can click back to the Health Professions Quality Assurance (HPQA) home page. Under "Site Directory," click on "Complaint Information" to get the forms you'll need to fill out. You may also call the Customer Service Center at 360-236-4700 to file a complaint.

**Q. Does this web site serve as a primary source for verification?**

Yes, the web site serves as the primary source for verification of health care professionals licensed, certified or registered and meets the requirements of the Joint commission on Accreditation of Health Care Organizations (JCAHO).

**Q. Doesn't the disclosure of my name, birth year and credential number violate my privacy under the federal Health Insurance Portability and Accountability Act (HIPAA) regulations.**

This information can be publicly disclosed and is not a violation of federal rules because the regulation of health care professionals is exempted from the rule; HPQA is not a "covered entity." The information is an identifier for employers, insurance companies and verification services that will be relying on the web site for information. It also helps the general public in distinguishing one practitioner from another. We cannot, by law, disclose social security numbers or address information as identifiers.

**Q. Why are the complaints not shown? How can I get that information?**

Up to 80 percent of complaints are either outside our jurisdiction, below the level that we can investigate, or if investigated do not result in evidence of a violation. For those reasons, we do not display complaint information on Provider Credential Search.

**Q. How many health care providers are disciplined per year?**

Most health care professionals in Washington state follow the rules and are safe. Of the nearly 300,000 health care professionals credentialed, only 900 professionals per year (average) have informal actions or disciplinary actions taken against their credential.



# Appendix E: Table and Chart Listing

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Note: Charts 13-20 are biennial comparisons.