



### ***Leadership WNAC: Aligning Our Work with the Future of Nursing 2020-2030 Report***

By WNAC Co-chairs Alison Bradywood DNP, MPH, RN, NEA-BC and Katie Eilers, MPH, MSN, RN

In a follow-up to the landmark 2009 release of the Institutes of Medicine's

Future of Nursing: Leading Change, Advancing Health Report, the Robert Wood Johnson Foundation commissioned The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. The National Academies of Science, Engineering, and Medicine convened an expert panel of 15 nurses, public health professionals, and physicians to develop this consensus report which provides a guiding framework for the 4-million strong nursing workforce over the next decade. This report, comprised of nine recommendations with 54 accompanying action steps, identifies significant emerging opportunities and challenges unique to this next ten years. Essential to the success of these recommendations is the integrated role of the nursing workforce in addressing health equity. The recommendations are broadly structured to transform the systems that educate, pay, and employ nurses, further enabling them to understand and tackle the social factors that affect health. More specifically, the report highlights the foundational tenet that nurses catalyze change and serve as a trusted "bridge-builder" for people, communities, and organizations towards wellness.

The report focuses on specific areas to strengthen the nursing profession to meet the current and anticipated challenges to the nursing workforce, leadership, nursing education, nurse well-being, and emergency preparedness and response. Overarching themes include:

- **Lifting barriers to expand the contributions of nursing**, with specific emphasis on reducing institutional and scope of practice barriers for all levels of nursing, ensuring professionals can practice to the top of their education and training
- **Designing better payment models**, focusing on paying for the nursing role in addressing the social determinants of health (SDOH)
- **Strengthening nursing education** by expanding experiential learning to community and telework settings and assuring all students are prepared to promote health equity and reduce health inequities
- **Valuing community and public health nursing**

and positioning these sectors, including specifically school-based nursing

es, as central to team-based care, infection control and prevention, and population health improvement

- **Fostering nurses' roles as leaders and advocates**, mobilizing diverse leaders to contribute in all roles and settings in collaborative systems
- **Preparing nurses to respond to disasters**, focusing on the disproportionate impact of COVID-19 and other emerging issues on communities of color
- **Supporting the health and well-being of nurses** through mitigating the impact current systems, structures, and policies have on the stress and workplace hazards experienced by nurses

#### **Washington Nursing Action Coalition (WNAC) Prioritizes Health Equity**

WNAC is a voluntary committee of nurses from across the state dedicated to advancing nursing leadership and thus has spent the past six years progressing recommendations in the initial Future of Nursing report. Most recently, the Coalition has invested in exploring and promoting the role of nurses across sectors in assessing and addressing the SDOH. WNAC continues to actively advocate for nurses to serve on boards and for greater diversity in nursing, particularly in faculty and student bodies. With the release of the new report, WNAC is enthusiastically exploring synergies and opportunities for centering its work more around diversity and equity.

With support from the current co-chairs Alison Bradywood and Katie Eilers, who also attended a national conference convened by Robert Wood Johnson and the AARP, WNAC members recently convened to review and begin to enact report recommendations. As part of discussions, WNAC members have found Recommendation #2 Supporting Nurses to Advance Health Equity, well-aligned with the current and envisioned work of WNAC. Members are further interested in identifying where our work currently aligns with report recommendations and, as WNAC builds its strategic direction for the next few years, discussing unique challenges, opportunities, and new partners to achieve these recommendations. What follows are some of the specific sub-rec-

ommendations which WNAC will explore more fully in the coming months.

## RECOMMENDATION

**2.1 Rapidly increase the number of nurses with expertise in health equity and in specialty areas with current shortages.**

**2.2 Invest in nursing education and traineeships in public health.**

**2.4 Invest in nurse loan and scholarship programs**

**2.5 Prioritize longitudinal community-based learning opportunities in all relevant Title 8 programs**

**2.6 Support the academic progression of socioeconomically disadvantaged students**

**2.8 Quantify nursing expenditures related to health equity and SDOH**

**2.9 Include nursing expertise when health-related multisector policy reform is being advanced**

**2.11 Employers support nurses to help them play a leading role in achieving health equity**

Preliminary discussions have highlighted several areas of organic synergy between WNAC's work, its members and their organizations, the Washington Center for Nursing's strategic plan, and the Nursing Care Quality Assurance Commission. For example, in line with Recommendation 2.1, *Rapidly increase the number of nurses with expertise in health equity and in specialty areas with current shortages*, members identified linkages to existing and emerging work in Washington that include:

- Expanded access to equity and cultural humility training for nurses across sectors, including new requirements for anti-racism/equity training for faculty in the UW System and the inclusion of equity training for nurses as part of licensure.
- New policies in public health sectors that center community voice and equity, including recent legislation (Senate Bill 5052), which concerns the creation of Health Equity Zones.
- The placement of pre-licensure students in clinical experiences focused on health equity as part of the Area Health Education Centers for Western Washington.

- Training in nurse residencies focused on diversity, equity, and inclusion in skills-building curriculum, both in simulation labs and in-person clinical care.

- A systematic review of shortages across nursing disciplines and the potential influence of shortages on health equity/inequities, including consideration of geographic shortages such as rural or other underserved areas.

- Support for expanded investments in long-term care; this includes LPN training and development, ensuring ample funding for long-term care, staff recruitment and retention, the offering of innovative clinical practice experiences, and facilitated educational and career progression.

- Support strategies for the recruitment and retention of school nurses, including concepts like developing school nurse career pathways in partnership with state nursing programs, establishing funding to build robust technical support through the School Nurse Corps, and developing state standards for school nurse mentor development in alignment with WA State Standards for Teacher Mentoring.

- Active collaborations with community health nursing leaders across the state to better coordinate recruitment, training, orientation, mentorship, and clinical practice opportunities for community-based RNs, a recognized nursing shortage area; this includes streamlining the transition to community practice for acute care or other RNs, with a focus on addressing rural and underserved area needs.

The organic momentum among nursing leaders in Washington state aligns in many areas with the Future of Nursing 2020-2030 framework. We anticipate that investments by state and federal policymakers, philanthropists, and health care systems in the framework will also benefit the work of WNAC and other nursing organizations in the state. In the coming year, WNAC will focus on this alignment and ways to leverage interest in the framework to support the nursing workforce in our state.



## Washington Nursing Action Coalition Commitment to Address Racism and Promote Equity

The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity touches on almost every key aspect of nursing as we ready ourselves to address the challenges of the next decade. Perhaps most importantly for WNAC and Washington state nurses, the framework supports our conviction around nursing diversity and its contribution to health equity. We believe that the diversity of the nursing profession at all levels should mirror the communities served and that a representative workforce improves patient care. We uphold that historically underrepresented nurses should be at the decision-making table to develop strategies and implement solutions to increase diversity in nursing, address racism, and eliminate health disparities. We understand that bold initiatives must include strategies to undo structural racism. And finally, that a more diverse and inclusive workforce is a non-negotiable strategy to effectively address health disparities and chart a path to health equity in Washington.

# Emerging Leaders in Nursing

An Interview with Cecilia Pérez, RN

**W**CN likes to highlight emerging leaders in nursing. If you know a nurse relatively new in their practice or working towards an advanced nursing degree impacting nursing with their leadership, let us know. Head over to [wcnursing.org/in-the-spotlight/nominate-a-nurse/](http://wcnursing.org/in-the-spotlight/nominate-a-nurse/) and fill out the form to nominate an emerging nurse leader today!

Cecilia Pérez, RN, graduated from the UW School of Nursing in 2018. Currently, she works in Olympia as a staff nurse in primary care (family practice and pediatrics) at Kaiser Permanente. Before moving into her role at KP, Cecilia worked at Thurston County Public Health and Social Services in community health. She is also a member of the Western Washington National Association of Hispanic Nurses (WW-NAHN) and SEIU Healthcare 1199NW.

**WCN:** How or why did you come to choose nursing as a career path?

**Cecilia Pérez:** I knew I wanted to be in healthcare but was undecided on what exactly I wanted to do. I also knew that I wanted to attend the UW because they have an incredible health sciences program. I was pre-med for a while. While attending school, I started volunteering at the UW Medical Center. There I saw what exactly doctors and nurses do and just how different their roles are. That's when I got interested in nursing. I did some job shadowing, and that cemented my decision to go into nursing. They were the ones with the patients twelve and half hours a day actively working with them versus another health care provider who might come in once or twice a shift. That was more appealing to me.

Also, when I was young, my father was diagnosed with type 2 diabetes. I remember being with my dad at his appointments at the farm workers clinic and seeing the health care

workers that could speak to us in Spanish, our native language. I saw the difference that made for my dad. So, in some ways, I think I also wanted to be that person for someone else.

**WCN:** Nursing is a challenging job and often traumatic. What techniques or strategies do you use to build resiliency, remain effective, and not burn out?

**Cecilia Pérez:** What I've found to be most effective is being active. Exercise lets me be fully present in my body. Sometimes I feel like the trauma that nurses both see and experience can alienate us from ourselves. It can isolate us from our bodies where we don't even realize it. It can be like, oh, I have this ache in my back. I wonder how long that's been there? One thing that helps me feel like I'm in my body, and loving it, is running, or going on a bike ride alongside the dog. Being present in my body helps me a lot. I also recently got a puppy, and she helps me to do that too. Those two things are big resiliency things for me.

My family's support is also essential. I live on the western side of the state but most of my family lives in eastern or central Washington. But even though I'm physically not near them, it's encouraging to talk to my mom multiple times a week. I also lean on my sister a lot for support, and my partner is great too! Another community that comes to mind, that's almost like a spiritual community for me, is my yoga community. It helps to have that accountability with others where we practice and share space together regularly. And again, doing something that helps me feel in my body.

**WCN:** Work-life balance is also necessary when your career involves caring for other people. What does work-life balance look like for you?

**Cecilia Pérez:** What I've found works



Top left: Cecilia & family, bottom left: Cecilia & her puppy, right: Cecilia Pérez, RN

for me is not working full-time. I know this is not achievable for a lot of people. Right now, I'm working a 0.6 FTE. This is the first time in my career that I have not worked full-time, so it feels odd. But I find having a lower FTE allows me time to really destress and get ready for the next work week.

In addition, finding organizations like the WW-NAHN is also valuable. Having an additional community like this helps build resiliency and can help buffer some of the stresses of being a nurse. For example, when I go to meetings, it is such a good feeling to be in a room with other people who look like me and who have been on a similar path. By that, I mean that we were all nurses or nursing students, and there are others there who are also first-generation college students, and we are all Latinx, so we have that in common, too. We can't do this alone. None of us can. We must tap into communities where we can help bring each other up.

**WCN:** What are some challenges you faced to become a nurse? And how did you overcome them?

**Cecilia Pérez:** I'm a first-generation college student, so I found that the challenges I faced really were the systemic kind. Things like the process of just trying to reach college. The

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challenges of figuring out the different application requirements and all the nuances of actually making it to school. Additionally, when you are enrolled at someplace like the UW, it's incredibly competitive. I remember being in one of my nursing classes with a group of around 30 students, and I and maybe one other student were the only two students who didn't have a private tutor to help get us through and be competitive for nursing school. Those were huge barriers to navigate.

I overcame the challenges by expanding my support community. While at the UW, I participated in the Educational Opportunity Program under their Multicultural Center. As a first-generation college student, I was paired up with an academic counselor who helped me figure out what classes I needed to take and what important deadlines were coming up. Programs like that, I think, are so important for first-generation college students.

**WCN:** So far in your career, what do you enjoy most about being a nurse?

**Cecilia Pérez:** One of my favorite nursing roles has been as a nurse home visitor in the Nurse-Family Partnership program through the Department of Health. I worked with first-time moms from pre-birth through the child's second birthday. It was an incredible opportunity to build a strong relationship with another person in a professional capacity where I felt like I made a difference in their life.

**WCN:** Why do you think diversity and representation are important in the nursing workforce?

**Cecilia Pérez:** It's important to the different levels of trust that people can have with different people. By that, I mean I can very quickly build rapport with a Spanish-speaking person, generally. I'm great at it because that is my community, "mi gente." In healthcare, building that trust is huge. Maybe a patient couldn't access a well-child check before having met you. But because you can help communicate why the well-

child check is so important and then help with some of the additional work like filling out the application, now they can access that well-child check. Ultimately what that does is help to reduce disparities in our state. We know that different ethnic groups have shorter life expectancies than white Americans. Reducing disparities is huge, both in our state and the nation.

**WCN:** What has your experience been this year as a relatively new nurse during the pandemic?

**Cecilia Pérez:** I was working at my previous job when the pandemic started last year. I was a nurse home visitor with a very at-risk population for COVID morbidities. When the pandemic first started, the Health Department decided almost immediately to go to a telehealth model. That was my experience during COVID. I was one of the people working from home. However, I think nursing is a unique career to have that model of work. Before, I could be sitting in a person's home doing my assessment, seeing what I see, even smelling what I smell. My nursing assessment felt so much more robust and thorough versus a telehealth model. Working over the phone, I'm just talking to someone and hearing what I hear. That was a difficult experience, and ultimately one of the reasons I decided to leave my first job. As much as I absolutely loved it, it felt like the nature of the work had changed. Now, I'm still working through the pandemic and the Delta variant, but I'm in a clinical setting.

**WCN:** What are your future career goals in nursing?

**Cecilia Pérez:** Largely because of my last job, I have a growing interest in lactation. Currently, I'm working towards a CLC certificate, which is a Certified Lactation Counselor. Once I have that certificate, I want to get a position focusing on lactation and lactation assistance. I want to get an IBCLC, which is an International Board-Certified Lactation Consultant. Those two things will take me

several years. I've also had a running thought in my mind of going back to school for DNP in Community Health.

Thinking about it now, my mom used to tell me that my grandmother on my dad's side was a curandera in Mexico. That means she was a healing person, but one who specifically supported women during childbirth. It is interesting to think that this interest is running in the family across generations.

**WCN:** Given your experience so far in your nursing program and nursing, what advice do you have for those considering a career in nursing?

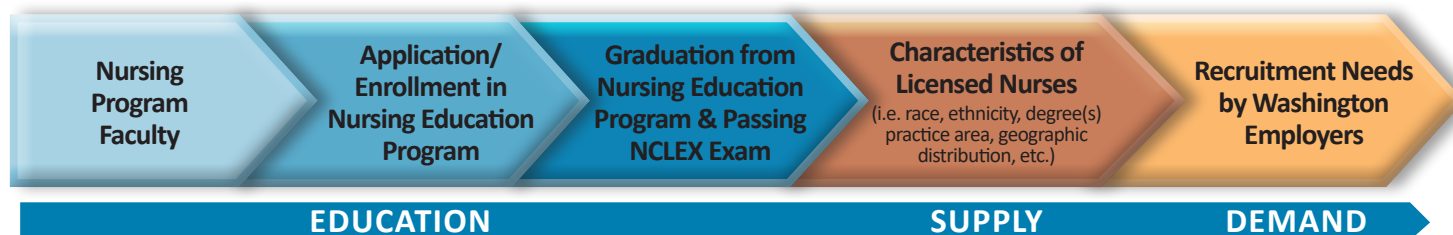
**Cecilia Pérez:** First, I would say nursing can be a great place to be. It is so unique and so broad. Each care environment can be so different. It's a great place to be if you are a person who likes change and challenging yourself.

The second piece of advice I would give, and probably more importantly, is to follow your gut on what you want to do. I think nursing schools across the U.S. are good at preparing you to be a hospital nurse. But that is not the end-all-be-all of nursing. It's okay if that is not your interest. There are so many other options, like community health or public health, that might be a better fit for you.

Another thing I would say to others considering nursing is, don't settle on places where you are not appreciated. One of my favorite sayings is, "jump and a net will appear." Nursing is one of those careers that is going to catch you time after time. Have faith in that. I am pro-labor and pro-labor union. At my last job, I was a shop steward for AFSCME, the American Federation of State, County, and Municipal Employees union, and in my current position, I'm a member of SEIU. I think it is important to know you can organize and demand better working conditions when it's needed.

# Nursing Workforce Data: A Look at “Supply”

Welcome to the first article in our series describing the different aspects of nursing workforce data. There are different sets of data across the nursing workforce; supply, demand, and nursing education. This article will focus on supply data.



Supply is the total number of qualified nurses working or available to work in health care settings across Washington state. Sounds straightforward, right? But nursing as a workforce is far more complex than that. According to [Washington State's Nursing Workforce Survey Data Reports](#) by the UW Center for Health Workforce Studies and published by the WCN, in 2019, there were:

- 90,975 Registered Nurses
- 8,650 Advanced Registered Nurse Practitioners
- 10,864 Licensed Practical Nurses

However, the actual number of nurses available to work in the state is in constant flux. Additions to the workforce can include new nursing program graduates and nurses moving to Washington from other states. Nurses also temporarily leave the profession to go back to school or because of other responsibilities such as a family. Retiring nurses, health issues, and even mortality contribute additionally to losses in Washington's nursing workforce supply. Some nurses also burnout and leave the profession entirely.

A recent WCN study, [COVID-19 Impact on the Nursing Workforce Study](#), examined the monthly total numbers of nursing licenses from 2018-early 2021. This study found an annual growth of nurses holding licenses between 2018-2019 of 4.9%, followed by a decrease of 0.5% the following year (during the COVID 19 pandemic).

Nursing workforce supply research goes beyond just the number of licensed nurses in the state. Figuring out the characteristics of the current nursing workforce also gives us valuable information. Supply characteristics data, such as the number of licensed nurses in the state vs. the number working in the state, help give nursing workforce stakeholders a more accurate picture of the state's overall supply of nurses.

For example, in 2019, out of the total number of RNs with an active Washington license, only 91.5% were employed in nursing. And of those nurses, only 71.2% were employed in Washington. This reduced the total supply of RNs in 2019 to 62,393 (Stubbs & Skillman, 2020). As you can see, knowing

the employment status characteristic of Washington's RNs informed stakeholders of a 31.32% decrease in the available supply.

**Table 1: Employment Status of RNs with Active Washington Licenses, May 2019**

	Percent (95% Confidence Interval)	Number of RNs (95% Confidence Interval)
RNs with an active WA license	100%	90,975
Employed in nursing	91.5% (91.3 - 91.6 %)	83,191 (82,974 - 83,409)
Employed in a field other than nursing	1.0% (0.9 - 1.0%)	876 (831 - 921)
Unemployed	4.3% (4.2 - 4.4%)	3,893 (3,799 - 3,988)
Retired	1.5% (1.4 - 1.6%)	1,367 (1,312 - 1,422)
Working in nursing only as a volunteer	1.8% (1.7 - 1.9%)	1,637 (1,576 - 1,697)

Notes: 1) RNs could be employed in Washington or any other state. The number of active licenses is a complete count from state licensing records so confidence intervals do not apply. All other numbers in the table are weighted estimates, including 95% confidence intervals, based on survey responses. Percent calculations do not include missing data.

In each state, Boards and Commissions of Nursing have licensure data on nurses when obtaining their initial license and each time they renew. These regulatory agencies collect data to monitor their nursing workforce and share information about nurses who have not renewed their licenses or who are disciplined. In most cases, states also share some data with a national database called NURSUS (<https://www.nursus.com/>). Employers then use the NURSUS database to verify whether a nurse has an active and unencumbered license. Many states include something called Minimum Datasets: Supply within their licensure process. Developed by the National Forum of State Nursing Workforce Centers, Minimum Datasets help state regulatory agencies to collect the same types of demographic and practice information allowing for cross-state and national nursing workforce comparisons. For more information on Minimum Datasets visit, <https://www.nursingworkforcecenters.org/dataset/>.

Currently, the state of Washington is working on developing the Healthcare Enforcement and Licensing Modernization Solution (HELMS). HELMS aims to provide improved health workforce data, tools, and dashboards across all health professions. The WCN is leading a group developing the questions for the nursing portion of HELMS, which will help provide the state with a consistent source of supply data for years to come. Once complete, HELMS will replace the current NURSUS e-Notify system for nursing workforce data collection.



## SOME THOUGHTS BY A NURSE EDUCATOR...

Nurses have never been the ones to seek center stage. For centuries, we've been the assistants, the technicians, the "just a nurse." We didn't go into nursing for the fame or fortune, we're nurses because we care, because we want to save as many lives as we can and for those we can't, help them die with dignity. No, nurses have never sought the limelight... but it's here and it's time for nurses to step up and answer the call. In this historic time, nurses are the frontline workers, fighting day in and day out to keep their patients alive and to continue serving their community with their hearts on the line. In this historic time, nurses are the community educators, taking to the streets, to their social media, to their dining room tables to educate all who will listen and push their communities to make the healthier choices. In this historic time, nurses are the politicians, advocating for meaningful science-based policy, asking for guidance and direction, demanding real leadership. In this historic time, nurses are the educators, fighting to fill a workforce that is burned out, and dwindling, and hurt. Nurses are now. They have been the ones fighting this pandemic from the beginning and they will be the ones ready for the next one. They are the ones who will continue to care for every patient, colleague, and friend, until the dying light. Nurses may not have asked for this moment, but the spotlight is on, and it is our time to shine. So, whether you work in the ICU or the schools, whether you're a community advocate or professor, never forget that you are a nurse. We will fight here and across the Globe to create a better, healthier World. Because no matter how bleak the times feel, nurses will never give up the good fight. Our time is now.

Kelsey Pascoe, PhD, RN

Assistant Professor, WSU College of Nursing



SCHOOL OF NURSING  
UNIVERSITY of WASHINGTON

The global COVID-19 pandemic and the unjust structures that underlie our systems have made it clear that we need population health solutions to help everyone stay healthy, no matter where we live or who we are.

If you are interested in becoming a population health nurse and systems leader, please consider applying to the University of Washington Doctor of Nursing Practice (DNP) program in Population Health & Systems Leadership (PHSL)!

The program is just under 3 years long, with a new cohort starting every Autumn. Applicants need to have at least a BSN by the time they enter the program. During the clinical component of this program, students work with community and/or governmental agencies. Graduates can work in leadership roles in various settings, including hospitals, health departments, nonprofits, and tribal organizations. Topics covered in classes include program planning/evaluation, community assessment, evidence-based practice, epidemiology, and health services, systems, and economics. **Applications are due Jan. 15 for the priority deadline, or May 1 on a space-available basis.**



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# WASHINGTON HEALTH PROFESSIONAL SERVICES

The Nursing Care Quality Assurance Commission recognizes the need to establish a means of providing early recognition and treatment options for nurses whose competency may be impaired due to the misuse of alcohol or other drugs. The commission intends that such nurses be treated, and their treatment monitored so that they can return to or continue to practice their profession in a manner that safeguards the public. The Washington Health Professional Services (WHPS) program is the commission's approved substance use monitoring program under RCW 18.130.175.

Substance misuse can result in negative consequences for health professionals including loss of family, license, or even life. Substance misuse also jeopardizes the public which depends on them for care. The associated cost is significant and affects employers, co-workers, clients, family and the community at large. Absenteeism, accidents, injuries, stress-related illnesses and violence are only some consequences that can result if the disease is left untreated. (A Guide for Assisting Colleagues with Substance Use Disorder <https://cdn.wsna.org/assets/entry-assets/3215/Guide-Colleagues-Substance-Use-2019-01.pdf>)

The American Nurses Association (ANA) estimates that six to eight percent of nurses use alcohol or drugs to an extent that is enough to impair professional performance.

Others estimate that nurses generally misuse drugs and alcohol at nearly the same rate (10 to 15 percent) as the rest of the population. That means that if you work with 10 nurses, one of them is likely to be struggling with their use of alcohol or other drugs. (Substance Use Disorder in Nursing. NCSBN website [https://www.ncsbn.org/SUDN\\_11.pdf](https://www.ncsbn.org/SUDN_11.pdf))

In addition, COVID-19 along with other occupational stresses are contributing to increased substance use and pressures on existing behavioral health conditions.

WHPS provides structured case management services to nurses with substance use disorder. Allowing nurses to retain their license and continue to practice while documenting recovery and safety to practice. Healthcare providers who receive treatment and participate in monitoring achieve higher rates of long-term recovery than the general public.

Nurses may voluntarily participate in WHPS without being referred by the commission. Nurses voluntarily participating are not subject to disciplinary action and do not have their participation made known to the commission. Voluntary participation carries the advantage of immediate intervention and referral to treatment. Contact WHPS at 360-236-2880, option #1, or email [whps@doh.wa.gov](mailto:whps@doh.wa.gov)



## Addressing Substance Use Disorder: The Path Forward

An online conference presented by the Nursing Care Quality Assurance Commission

October 12, 2021, 8:30 am to 4 pm

Drug and alcohol misuse along with substance use disorder is increasingly being recognized as a public health issue with multiple and overlapping causes.

### At this virtual event, you'll learn about:

- Overcoming stigma, shifting from exclusion and blame toward support and compassion
- Trends in providing access to treatment
- Integrated care and the use of medication-assisted treatment
- The growing use of peer support services

6 CE hours will be offered with attendance.

**Learn More  
& Register  
Here**

## Washington Health Professional Services (WHPS): Working Together to Support Safe Practice

Research indicates one out of every 10 nurses experiences difficulty with alcohol or drug use over the course of his/her career. Fortunately, effective treatment and ongoing support can save a nurse's career and even his/her life.



The Nursing Care Quality Assurance Commission recognizes the importance of providing early recognition and treatment options for nurses who may be struggling with alcohol or drug use. The commission supports monitored treatment of nurses with substance use disorder so that they can return to or continue to practice their profession in a manner that safeguards the public. Washington Health Professional Services (WHPS) is the commission's approved substance use monitoring program for nurses, which provides early intervention, referral to treatment, and recovery monitoring services.

Click [HERE](#) or contact WHPS at 360-236-2880 or [whps@doh.wa.gov](mailto:whps@doh.wa.gov) to learn more and discuss voluntary participation.

## Good news! Continuing education and active nursing practice hours are now easier to maintain.

The Nursing Care Quality Assurance Commission (NCQAC) has reduced education and active nursing practice hour requirements for active, inactive, expired, and retired-active nurse credentials, and changed the reporting period.

**The changes start June 12, 2021.**

Changes include:

- Continuing education and active nursing practice hour renewals are now yearly.
- Active nursing practice continuing education hours changes to at least 8 hours a year.
- Active nursing practice hours changes to at least 96 hours a year.
- Retired active nursing practice continuing education hours changes to at least 8 hours a year.
- Retired active nursing practice hours changes to at least 24 hours a year (max of 90 days a year).

For more information, see the final rulemaking order [WSR 21-11-032](#) filed on June 2, 2021. See [WAC 246-840-210](#) for continuing competency definitions.

Nursing Care Quality Assurance Commission  
Washington State Department of Health  
[Nursing@doh.wa.gov](mailto:Nursing@doh.wa.gov)  
360-236-4700



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