

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Continuing Approval for Nursing Programs in Washington State	Number:	E05.01
Reference:	RCW 18.79.110, RCW 18.79.150, RCW 18.69.240, WAC 246-840-455, WAC 246-840-520, WAC 246-840-530		
Contact:	Paula R. Meyer, MSN, RN, Executive Director, NCQAC		
Effective Date:	1/11/2013		
Supersedes:	None		
Approved:	Chair: Suellyn Masek, MSN, RN, CNOR Washington State Nursing Care Quality Assurance Commission		

PURPOSE:

The Nursing Care Quality Assurance Commission (NCQAC) has statutory authority to approve of nursing education programs in the state of Washington. The NCQAC appointed the Nursing Program Approval Panel (NPAP), delegating to it the administration of the nursing education program evaluation process, the decision-making function, and the resolution of nursing education program complaints.

The NPAP surveys and reevaluates each nursing program for continued approval every eight to ten years. Complaints or violations of educational requirements may require evaluations on a more frequent basis.

The NPAP may accept accreditation by a commission-recognized national nursing accreditation body as evidence of compliance with state standards. This document clarifies and provides procedures for the consistent review of the ongoing evaluation and approval of nursing education programs that are accredited by a national nursing accreditation body approved by the United States Department of Education (USDE).

PROCEDURE:

Commission Action Prior to Accreditation Site Visit:

The NPAP may accept accreditation from a national nursing accreditation body approved by the USDE as evidence of substantial compliance with the standards of nursing education programs. [[WAC 246-840-520 \(4\)](#)]

Nursing programs preparing students for Advanced Registered Nurse Practitioner (ARNP) licensure must maintain accreditation status from a national nursing accreditation body approved by the USDE. The NPAP will deny continuing approval of an ARNP nursing program if the program loses its accreditation status. The NPAP may deny the application of initial ARNP licensure for the school's graduates who graduated after the school became unaccredited. [[WAC 246-840-455\(1\)](#)]

The NPAP may conduct a review and/or a site visit to a nursing program when the following situations arise (per WAC 246-840-530):

- Complaints relating to violations of [WAC 246-840-455](#) and [WACs 246-840-550 through WAC 246-840-575](#)
- Denial, withdrawal or change of program accreditation status by a national nursing accreditation body approved by the USDE or the institution's academic accreditation agency
- Failure to obtain NCQAC approval of changes that require approval of the commission under [WAC 246-840-520\(2\)](#)
- Providing false or misleading information to students or the public concerning the nursing program
- Violation of the rules or policies of the commission
- Inability to secure a qualified director or faculty, resulting in substandard supervision and teaching of students
- Noncompliance with the program's stated purpose, objectives, policies, and curriculum resulting in unsatisfactory student achievement
- Failure to provide clinical experiences necessary to meet the objectives of the nursing program
- Faculty to student ratio in direct patient care that is greater than 1:10 in undergraduate programs and 1:6 in ARNP programs
- Failure to maintain an average NLCEX examination annual first- attempt passing rate of 80 percent.

The Nursing Education Advisor (NEA) reviews all accreditation reports (e.g. self-study, correspondence, progress reports, etc) received from nursing programs. The NEA assigns the report for review by one NPAP member. The panel member and NEA present findings from the initial review to NPAP. The panel may decide that a site visit by the NEA is needed. The NPAP may ask the nursing program for additional information based on the initial review of the accreditation self-study.

Accredited Nursing Program Action Prior to and After Accreditation Site Visit:

The nursing program must submit to NPAP a copy of the self-study and interim reports at the time of submittal to the nursing accrediting body. An electronic and three hard-copy copies are sent to the NEA.

The nursing program must also submit to the commission all accreditation reports and any interim reports received from the nursing accrediting body within 30 days of receiving the reports.

The nursing program must file with the commission notice of any change in program accreditation status within 30 days of receipt of notice from the national nursing accreditation body.

Commission Action after Accreditation Site Visit:

If the nursing program is not required to have a site visit by commission staff, the NEA reviews the reports from the nursing accrediting bodies. When possible, the NEA sends the accreditation report to the NPAP member who initially reviewed the self-evaluative report. The NPAP member and NEA make recommendations to NPAP for action.

The NPAP may grant full approval based upon evidence of accreditation and no violation of nursing education rules. The approval shall not exceed ten years and may be only for the length of the term of the program accreditation.

The NPAP may require an additional report from the nursing program if the program is accredited for less than the maximum accreditation time allowed.

A letter of NPAP action for on-going approval and/or request for more information is sent to the program nurse administrator, the president and vice-president within 30 days of the panel decision.

*Note: Highlighted sections below identify areas that are specific to Washington law and may not be a part of the accreditation review.

Standard	NCQAC	CCNE	NLN-AC
<p>Mission</p>	<p>Standard I Purpose and outcomes for approved nursing programs (WAC 246-840-550)</p> <ul style="list-style-type: none"> • Purpose and outcome consistent with nursing practice as identified in RCW 18.79.040 • Purpose statement and outcome consistent with governing institution and standards of nursing practice appropriate for graduates specific to the type of nursing program. <p>WAC 246-840-548 Standards and evaluation of nursing education.</p> <ul style="list-style-type: none"> • Nursing program required to have a written, comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and input of faculty, students and consumers, and which incorporates continuing improvement. 	<p>Standard I: Mission and Governance</p> <ul style="list-style-type: none"> • Mission congruent with parent institution, consistent with professional nursing standards and guidelines for the preparation of nursing professionals. • Reference BON approval status. • Mission, goals, and expected student outcomes are reviewed and revised periodically. • Accurate documents and publications • Academic policies of institution and program are congruent. 	<p>Standard I: Mission and Administrative Capacity</p> <ul style="list-style-type: none"> • Mission reflects core values. • Specifics on program administrator qualifications. <p>1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.</p> <p>1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.</p> <p>1.3 Communities of interest have input into program processes and decision making.</p> <p>1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.</p> <p>1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.</p>

Standard	NCQAC	CCNE	NLN-AC
		<ul style="list-style-type: none"> • Policies in place for complaints and review of complaints. 	<p>1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities and advocates for equity within the unit and among other units of the governing organization.</p> <p>1.7 With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity within the unit and among other units of the governing organization.</p> <p>1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.</p>

Standard	NCQAC	CCNE	NLN-AC
			<p>1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.</p> <p><i>For nursing education units engaged in distance education, the additional</i></p> <p>1.10 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit</p>

Faculty and Staff	NCQAC	CCNW	NLN-AC
	<p>Standard II Organization and administration for approved nursing education programs <u>(WAC 246-840-555)</u></p> <ul style="list-style-type: none"> • Nursing program integral part of accredited governing institution • 1. Institution accredited • 2. Nursing education program relationship with institution clearly defined • 3. Nursing education program organized with clearly defined institutional authority and administrative responsibility for the nurse administrator • 4. Nursing faculty involved in determining academic policies and procedures of program • 5. Student participation on committees • 6. Qualification of nurse administrator : For LPN and ADN program (BSN and Masters degree, 5 yrs RN experience with 2 yrs. teaching nursing, current knowledge of nursing practice at ADN or LPN level); BSN (MSN and 	<p>Standard II: Institutional Commitment and Resources</p> <ul style="list-style-type: none"> • More general chief nurse faculty criteria with rationale for not having graduate degrees. • Faculty-student ratios meet regulatory requirements. • Preceptors are an extension of faculty. • Program encourages teaching, scholarship and service. 	<p>Standard II: Faculty and Staff</p> <ul style="list-style-type: none"> • More general chief nurse faculty criteria with rationale for not having graduate degrees. • Specific criteria with percentages of Master of Science in Nursing (MSN) or doctorates. <p>Associate degree faculty qualifications: Full-time faculty MSN; Part-time faculty require a majority with MSN and remaining a BSN.</p> <p>Licensed Practical Nurse qualification: Full-time faculty at least 50% have graduate degree in nursing and remaining hold a BSN; Part-time faculty a majority with Master’s degree and the remaining hold a BSN</p> <ul style="list-style-type: none"> • Scholarship of faculty and use of evidence-based teaching strategies. • Faculty are oriented and mentored • Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

Standard	NCQAC	CCNE	NLN-AC
	<p>yrs RN experience and 2 years in nursing education at BSN level)</p> <ul style="list-style-type: none"> • 7. Identifies nurse administrator responsibilities (a-i). <p>Standard V. Faculty in approved nursing education programs (WAC 246-840-570)</p> <ul style="list-style-type: none"> • Sufficient number professionally and academically qualified • Maximum ratio in clinical setting is 1:10 unless certain conditions exist • If faculty ratios greater, program administrator must submit a report to the commission. • May use clinical preceptors if certain conditions met. • Identified qualified faculty (LPN – BSN from accredited school; RN –BSN with MSN or related field from accredited school) • Allows for exceptions up to one year. • Identified faculty responsibilities (a-g). 		<p><i>For nursing education units engaged in distance education, the additional criterion is applicable:</i></p> <p>Faculty (full- and part-time) engages in ongoing development and receives support in distance education modalities including instructional methods and evaluation.</p>

Students	NCQAC	CCNE	NLN-AC
	<p>Standard IV. Students in approved nursing education programs <u>(WAC 246-840-565)</u></p> <ul style="list-style-type: none"> • Provide students opportunity to acquire and demonstrate knowledge, skills and abilities. • Develop polices specific for nursing students, • Provide written statement of student rights and responsibilities. • Transfer students must meet equivalent of program's current standards. • Provide nurse technician information if student in RN program. 	<p>Student policies in Standard I.</p>	<p>Standard III: Students</p> <ul style="list-style-type: none"> • Policies are congruent with mission. • Services meet student needs. • Student records are within state and federal guidelines.

Standard	NCQAC	CCNE	NLN-AC
Curriculum	<p data-bbox="423 226 675 258">WAC 246-840-575</p> <p data-bbox="423 275 789 751">Provide diverse learning experiences consistent with program outcomes. Clinical experiences must include opportunities to learn and provide care to clients from diverse ethnic and cultural backgrounds. The emphasis placed on these areas and the scope encompasses shall be in keeping with the purpose and outcomes of the program.</p> <p data-bbox="423 806 626 837">LPN Programs:</p> <ul data-bbox="483 852 789 1810" style="list-style-type: none"> <li data-bbox="483 852 789 926">• Must be at least 60 quarter hours <li data-bbox="483 940 789 1234">• Concepts of social, behavioral, and related foundation subjects may be integrated, combined or presented as separate courses. <li data-bbox="483 1249 789 1350">• In (2)(a)-(c) include specific course content. <li data-bbox="483 1365 789 1810">• In (2)(d) all courses must include components of client needs, safe, effective care environment; health promotion and maintenance; psychosocial integrity; and physiological integrity. Skills lab 	<p data-bbox="797 226 1174 300">Standard III: Curriculum and Teaching-Learning Practices</p> <ul data-bbox="846 315 1182 1810" style="list-style-type: none"> <li data-bbox="846 315 1182 388">• Expected outcomes are clear. <li data-bbox="846 403 1182 686">• Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008). <li data-bbox="846 701 1182 879">• Master’s program curricula incorporate professional standards and guidelines as appropriate. <li data-bbox="846 894 1182 1398">• All master’s programs incorporate the Graduate Core Curriculum of <i>The Essentials of Master’s Education for Advanced Practice Nursing</i> (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program. <li data-bbox="846 1413 1182 1810">• All master’s-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of <i>The Essentials of Master’s Education for Advanced Practice Nursing</i> (AACN, 	<p data-bbox="1190 226 1537 348">Standard IV: Curriculum (relates to CCNE Standard III)</p> <ul data-bbox="1247 363 1507 930" style="list-style-type: none"> <li data-bbox="1247 363 1507 464">• Program length is congruent with outcomes. <li data-bbox="1247 478 1507 678">• Methodologies reflect good practice and innovations are fostered. <li data-bbox="1247 693 1507 930">• Clinical experiences reflect best practices and patient health and safety goals.

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Standard	NCQAC	CCNE	NLN-AC
Curriculum	<p>practical nurse, including, but not limited to, medication administration, implementing and monitoring client care techniques and promoting psychosocial and physiological techniques. Concepts of care coordination and delegation.</p> <p>For RN Programs: Instruction in physical, biological, social, and behavioral sciences. Content is required from the areas of A&P (two terms with laboratory), physics, chemistry, microbiology, pharmacology and nutrition, communication and computations. Must have theory and clinical in medical, surgical, obstetric, pediatrics, and psychiatric nursing which may be integrated, combined or presented as separate courses. Must have history, health care trends, legal and ethical issues, scope of practice, and licensure and professional responsibility pertaining to RN role as identified in WAC 246-840-700 and WAC 246-840-705. Student must learn</p>	<ul style="list-style-type: none"> • In addition, nurse practitioner programs incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2008). • Graduate-entry program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) and appropriate graduate program standards and guidelines. • Regular evaluations of students 	

	<p>assessment and analysis of client and family needs, planning, implementation, evaluation, and delegation of nursing care for diverse individuals and groups. All RN courses must include content on client needs; safe, effective care environment; health promotion and maintenance; psychosocial integrity and physiological integrity. Clinical experiences in care of persons at each stage of human life cycle; learn and have direct involvement in, responsibility and accountability for provision of basic nursing care and comfort for clients with acute and chronic illnesses, pharmacological and parenteral therapies and pain management. Emphasis placed on these areas shall be consistent with program outcomes. Also must include opportunities for management of care and delegation working within a health care team.</p> <p>BSN Programs: Must include all components under the RN Program section plus include:</p> <ul style="list-style-type: none"> • Theory and 		
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	<p>clinical experiences in community and public health nursing.</p> <ul style="list-style-type: none"> • Study of research principles and statistics • Study and practice of leadership and care/case management. <p>ARNP Programs: Must include all components identified in WAC 246-840-455</p> <p>(4) must be accredited by a nursing or nursing-related accrediting organization and must maintain this accreditation for on-going approval (10)</p> <p>(11) specifically identifies course requirements to include:</p> <ul style="list-style-type: none"> • Clinical and didactic that prepares the advanced practice nurse for role identified in WAC 246-840-300 – 246-840-302 • Advanced Physiology/ Pathophysiology; • Advanced health assessment; • Diagnostic theory and management of 		
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	<p>health care problems;</p> <ul style="list-style-type: none"> • Advanced pharmacology • At least 500 hours in direct patient care in the ARNP role with clinical preceptor and faculty oversight. 		
Standard	NCQAC	CCNE	NLN-AC
Resources	<p>WAC 246-840-560 Standard III. Resources, facilities, and services Must have adequate fiscal, human, physical and learning resources to support program process and outcomes. Addresses classrooms, laboratories, conference rooms, faculty offices and clerical staff, records, files and other equipment.</p> <p>Clinical facilities must be varied and enable students to practice safe nursing care at each stage of the human life cycle. The number of hours of class and clinical practice shall be in direct ratio to the amount of time necessary for the student at a particular stage of development to accomplish the objectives.</p>	Standard II: Addressed Resources	Standard V: Resources Resources are sufficient to promote stated outcomes

	<p>Total number of hours of clinical and classroom cannot exceed 40 hours/week.</p> <p>Library facilities required for students and faculty.</p> <p>The administration, faculty and students must conduct periodic evaluation of resources, facilities, and services.</p>		
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Standard	NCQAC	CCNE	NLN-AC
Outcomes	<p>WAC 246-840-530 (3)(i)(j)(i)(ii)(iii)</p> <ul style="list-style-type: none"> • Must maintain an average NCLEX pass rate of 80 percent. • Program must meet minimum standards as identified in WAC 246-840-550- 246-840-575 and WAC 246-840-455. • Nursing program must implement a written, comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and the input of faculty, students and consumers, and which incorporates continuing improvement. 	<p>Standard IV: Aggregate Student and Faculty</p> <ul style="list-style-type: none"> • Student outcomes identified include, but are not limited to: NCLEX, certification, employment rates and graduation. • Faculty outcomes consistent with mission of institution. • Formal complaints are used as evidence. 	<p>Standard VI: Outcomes</p> <ul style="list-style-type: none"> • Systematic plan for evaluation. • Outcomes identified as: <ul style="list-style-type: none"> , NCLEX at national norm; , Program completion; , Program satisfaction; and Job placement

