



**Nursing Care Quality Assurance Commission (NCQAC)
Discipline Sub-committee Minutes
June 16, 2020 3:30 pm to 5:15 pm**

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Committee Members:

Adam Canary, LPN, Chair
Lois Hoell, MS, MBA, RN
Sharon Ness, RN
Tiffany Randich, RN
Tracy Rude, LPN ad hoc
Dawn Morrell, RN, BSN, CCRN
Cass Tang, Public Member

Staff:

Catherine Woodard, Director, Discipline
Karl Hoehn, Assistant Director, Discipline - Legal
Grant Hulteen, Assistant Director, Discipline - Investigations
John Furman, Assistant Director, Discipline - WHPS
Teresa Corrado, LPN, CPM, Assistant Director, Discipline - Case Management
Helen Budde, Case Manager
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc
Lori Linenberger, WHPS

Public:

Katherine Ander, RN

- I. 3:30 pm opening – Adam**
- Call to order – digital recording announcement
 - Roll call
- II. May 19, 2020 Minutes – Adam**
- Approved.
- III. Performance measures – Grant, Karl, John**
- Grant gave the highlights of the spreadsheet.
 - Lois noticed a big jump in cases opened between April and May. April was likely lower due to COVID-19.
 - Teresa noted that CMT is opening more cases for a statement only.
 - Ms Ander asked Grant to elaborate on his strategy for improving performance measures. He explained the move to focus more on the cases before they get past the timelines while whittling away at the backlog.
 - Cass noted the trending looks better. Now we'll have new issues to cope with.
 - In Karl's highlights, he noted it is an interesting time. Legal's latest staff attorney started April 1st and they are beginning to feel the deluge from Investigations. They have also been working on many COVID-19 issues that are not reflected in performance measures.
 - A staff attorney who had been on leave is also back to work. They had a dip in finalized cases but Karl expects that measure to come up. Their case numbers will rise with the investigative bolus.
 - John reported no unusual occurrences on the compliance report. Non-compliance usually involved alcohol or cannabis and use occurred on personal time.
 - Two nurses voluntarily withdrew from the program: one because of cancer, and the other because the nurse found the program no longer benefitted her. She had been in for five years but quit her job to take care of her children. Lois asked and John answered that the nurse with cancer was working at the time she withdrew, but not the other nurse.
 - John added graduations to the report to look at positive outcomes. Will add anything else the commission finds useful.
 - Lois suggested WHPS put a blurb in the newsletter occasionally. At this time we're not doing a newsletter. Cass said the pro-tems and the Communications Task Force are working with WHPS on a communications plan. Their aim is to take away the stigma; must look at the legality of reporting certain information and privacy issues.
- IV. Procedure review – Catherine, Grant**
- I.05.03 File Format for Evidence DRAFT
 - This procedure was updated to reflect current practices regarding the paperless environment and moving the Medication Administration Discrepancy Documentation (MADD) worksheet to an appendix as part of the report instead of embedded in the file as evidence.
 - This is not a commission procedure but rather one Paula can sign. We presented it as an FYI to the DSC.
- V. Introduction to the complaint form (revisions) – Teresa**
- Lois had edits to this document so we agreed to table it until the next DSC meeting.
- VI. Literature review – Catherine, John**
- American Society of Addiction Medicine: *Public Policy Statement on Physicians and Other Healthcare Professionals with Addiction*

- John brought this information to the commission in conjunction with the one-page position statement under review to look at concepts, language, and the underpinning of WHPS. This philosophical document focuses on stigma and impairment.
- The discussion touched on the difference between nurses' and physicians' programs and the fact that the physicians' program is standardized across the country and is supported by a surcharge to their licensing fee. John pointed out that the physicians' program is more research-based and uses more resources.
- Dawn wondered what works best? Have graduates analyzed the program? Dawn thinks their feedback might be worthwhile. John said there's no feedback loop except for the program evaluation at the end.
- Cass pointed out that NCSBN, who makes recommendations for our programs, is universal. She also mentioned the movers and shakers at Citizens Advocacy Council for their view on SUD programs.
- John said we can't look at a standard program across the board. Guidelines must be actively implemented. The philosophical underpinning of monitoring is a fairly standardized approach. The emphasis is on the clinical side like spokes in a wheel. Must collaborate with treatment providers.
- 2020 NSBN Midyear Meeting Presentation: *Outcomes of Substance Use Disorder (SUD) Monitoring Programs*
- Catherine presented the highlights of Richard Smiley's research on SUD monitoring program findings. The most notable is recommending seven-day/week check-ins for best outcomes. Paula assigned Mary Sue Gorski's research team to review this work and make recommendations for procedure implementation.
- Journal of Nursing Regulation: *Nurses with Substance Use Disorder: Promoting Successful Treatment and Reentry, 10 years Later*
- Catherine also presented highlights of this timely article. Lois reflected on how stigma still follows the nurse.

VII. Internal Control Review – Catherine

- Catherine explained the process that will begin in August in the WHPS program. It is similar to but not the same as an audit when done internally. Looking at processes and practice to identify and mitigate risk. The commission requested this of the WHPS program.

VIII. Strategic plan update: WHPS – John

- The one-page position statement should be ready by the September meeting. Cass is very excited to have two techy pro-tems working on the Communications Task Force to review this.
- John said the last couple of months have been tough for outreach. We have sent out a message that WHPS is here to help for the past several weeks in the GovDelivery message.
- Alicia is working through the channels to update documents. C4PA must approve.
- Grant has been reviewing drug court models and how we can adapt something similar to replace SUAT. This will get the commission members involved earlier on to make decisions about WHPS nurses who are non-compliant.

IX. Work plan – Adam

- Everything is on target.

X. Meeting evaluation – all

- Lois: hearty discussion. Much to address, hard information.

- Sharon: good questions and discussions. Looking at how to help nurses with SUD; surprised to see the number of nurses in the program are not up.
- Tiffany: information-dense. Good discussion. WHPS is forward-moving.
- Tracy: agrees with all. Good to talk even if we can't see everyone. Concerned about long-term effects on nurses re: COVID-19. Hoping for a return to normal. Difficult for nurses and how will it impact SUD?
- Dawn: enjoyed the meeting and the discussion. WHPS issues are interesting. Wonders if there are similar programs for police.
- Cass: great. Loved the content. Progress re: WHPS is exciting. Thinks as a nation we should go to system-oriented health care for providers.
- Barb: good meeting.
- Helen: dense with information.
- Teresa: a lot of information about WHPS. Loves the meetings. Compassionate and enthusiastic. Good to be concerned about health care workers.
- John: has said enough. Appreciates the input and support.
- Grant: Appreciates everyone's time and commitment.
- Karl: good meeting. Pleasure to work together.
- Adam: went well. Drinking from a fire hydrant. Professional is best for the public.

XI. Closing

- Meeting adjourned at 5:18 pm.