



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

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Conference ID: 267 589 968#

Committee Members:

Adam Canary, LPN, Chair
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

Public:

Katherine Ander, RN

- I. 3:30 pm opening – Adam**
- Call to order – digital recording announcement
 - Roll call
- II. August 18, 2020 Minutes – Adam**
- Approved to take to the full commission.
- III. Highlights of July 9-10 commission meeting – Adam**
- Adam was able to capture the highlights of both the July and September commission meetings.
 - Related to DSC, the commission adopted the revised WHPS procedure W42 related to monitoring interruptions, as well as the NCQAC-WHPS position statement in graphic design format.
- IV. August performance measures, stats, and reports for Investigations, Legal, and WHPS - Grant, Karl, John**
- Grant's discussion of the highlights for Investigations included recognition of the impact of furlough days + a holiday + summer vacations. The team is working hard on cases under 170 days while chewing away at the backlog of older cases. We're seeing notable progress in the performance measures. Cass asked if Investigations is celebrating milestones? *Someday we can all meet for pizza!* Adam asked what contributes to the investigative caseload? Grant: it's a combination of things and we cannot control the number of complaints that come in. CMT is helpful with their careful review. More investigations = more cases for Legal.
 - Karl's highlights for Legal noted the caseloads for staff attorneys are reasonable. They are slightly below their target of ten finalized cases per attorney, attributed to all the days lost in July and playing catch-up. Their other performance measure targets are improving.
 - John reviewed the highlights of the monthly WHPS report; monitoring is stable and consistent.
 - Catherine added the unemployment rate among nurses in the program is about 20%. We revised the report to reflect this but that's not the one that made it into the packet.
 - John hit the highlights of the compliance report. Most unauthorized use attributed to alcohol. Three withdrawals included one who could not afford the program, one who would not accept a new contract based on an evaluation, and one who could not continue in the program for medical reasons.
 - Everyone enjoyed hearing the success stories and want to continue those snapshots.
 - John explained the process of evaluations.
- V. Early Remediation (ER) program review – Margaret, Helen, and Adena**
- Adena provided the statistics and Margaret talked about her observations.
 - A total of 25 nurses were referred to the ER program in the last fiscal year.
 - Margaret would like us to look at the basis for the collection of stats; how many were considered for ER v. how many cases actually came to her; how many ER action plans were developed v. how many were actually signed.
 - Margaret would like more feedback about what happened to the nurse after Margaret completed the ER investigation, particularly if the program was helpful for the nurse.
 - All agreed we'd like to see the program grow. Margaret thinks we need more definition around willful conduct: did the nurse intend the consequence or intend the act? There's a difference.
 - Sometimes cases are referred and do not contain enough information. Would like to know more about the discussion leading to the referral, also about the process. Helen and Margaret will work through these issues with each other.
 - Margaret pointed out that the program can be used in a preventative role to catch practice breakdown before it becomes serious. The focus is on patient safety.
 - We discussed thresholds: Karl suggested it's like we need a space between below and above threshold for ER cases. Or Grant said send the 'closed as corrected' to ER. Sharon pointed out that we're missing the people who are between their first warning and termination.
 - Cass expects to see recommendations back to DSC.

- Tracy and Cass talked about outreach to nurse leaders and HR/ risk managers. Margaret suggested putting an outreach plan together. Catherine will add to the workplan. January 2021 report. There is great opportunity now for this in the healthcare industry.

VI. Procedure review – Helen

- A30.04 Timelines for Case Review
- This procedure is mainly for Helen and the RCMs. It lays out the timelines for reviewing cases to stay on track.
- Cass asked about the number of RCMs who can't review their case within 45 days. It is a small percentage, and sometimes the case is hung up waiting for the legal review. Karl noted the 45 days is not a performance measure, but rather a goal that's shared with Legal to bring the case to Case Disposition Panel (CDP) on time. Some cases are bound to go over because of experts or the cases are very complex. They use the legal review action item in ILRS to document that step.
- There was discussion about better ways to track RCM review information.
- Cass recognized there is an opportunity to communicate better about WHPS cases. Karl: there are multiple places in the process for nurses to go into WHPS. If there's a glitch, they do a post-mortem to see what happened.
- Helen gets the minutes from CDP and discusses with Karl to update cases. They will look for ways to streamline this internal process.
- The DSC would like to see revised procedures in track changes format so they can see what was updated.

VII. Strategic plan update: Communications Task Force – Cass

- Cass showed two slides that capture the developing ways to communicate and operate, as well as future work targets.
- The focus is informing the public more about nurses. The task force may be calling upon us for input.
- The task force is making progress towards the strategic plan goals.
- We discussed how the commission shares disciplinary findings since the newsletter is gone. Nothing took its place, so the task force will be looking at that.

VIII. Strategic plan update: WHPS – John, Grant

- John: the big news is the one-pager approved for distribution; also, continuing the outreach efforts.
- Grant: continuing research into a platform to replace SUAT. Modeled after drug courts but not calling it that. Legal is helping with the research and Grant will prepare a white paper and bring that to DSC within the next six months. Karl: the purpose of the white paper is to share ideas, suggestions, information and allow the commission to make decisions about the proposed program.
- Karl commented the drug court model has many features that will enhance what we do. Currently, WHPS is very disconnected from the commission. The new model will take the place of staff making recommendations to the commission, but rather the nurse will make 'compliance appearances' before a panel of commission members. It is a best practice to make frequent appearances before the disciplining authority and allows the commission to exercise more options with nurses, including encouragement. It allows for interim intervention, where now it's either stay in WHPS or suspension.
- Everyone agreed they like the concept, but don't want to refer to it as drug court. John: doesn't want to criminalize it. Wants to promote success and look at it as an advocacy model, being mindful of language moving forward.

IX. Work plan – Adam

- Add Margaret's ideas to the work plan re: ER program.
- Check on CPEP to see if that's still feasible for a remote presentation.

X. Public comment – Adam

- Katherine Ander – who became a nurse 40 years ago today - spoke for several minutes about her experience as a respondent in a disciplinary case, which is why she is interested in attending DSC meetings. The investigation was open for 17 months and took 1.5 years away from her nursing career while she was on an alternate assignment pending the outcome. She doesn't feel like anyone is taking responsibility and feels it's a convoluted process because it takes so long. Most expensive model with the worst outcome. She wants us to look at our process and compare ours with other states'. She appreciated the opportunity to say these things as we're talking about people and lives here.

XI. Meeting evaluation; discussion for change – all

- Cass asked for more context in the agenda.
- Everyone agreed that the meeting evaluations as we have been doing them do not serve much purpose and take a lot of time at the end of the meeting. It's a feel-good exercise, and all can see by the agenda and discussion that we're doing a lot of work. Every meeting is a good meeting. Adam said be the change we want to see, and we can ask questions at the end of the meeting if we need to. Karl suggested using *anything for the good of the order?*

XII. Closing

- Adjourned at 5:30pm.