



Nursing Care Quality Assurance Commission (NCQAC)
Discipline Sub-committee Minutes
October 20, 2020 3:30 pm to 4:45 pm

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United States: +1 253-372-2181
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
Helen Budde, Case Manager
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc

Public:

Katherine Ander, RN
Gloria Brigham, RN, WSHA

- I. 3:30 pm opening – Adam**
- Call to order – digital recording announcement
 - Roll call
- II. September 15, 2020 Minutes – Adam**
- Approved to go to the November commission meeting.
- III. September 2020 performance measures: Grant, Karl, John**
- Grant provided highlights from the chart for Investigations; they are focusing on cases under 170 days.
 - Karl did the same for Legal; as investigators catch up, Legal gets a little further behind.
 - John reported no significant dip in participant numbers in WHPS.
 - John reported on non-compliance issues. Not as many referrals to CMT as the last few months. Positive tests are not associated with medications but rather alcohol. Two were probably not related to intentional use. Two nurses withdrew as they retired from nursing and there was no longer a benefit to monitoring for them. Adam asked if there is a list of substances that nurses can reference to prevent positive tests, like cough medications. John said WHPS uses the Talbott Medication Guide as a resource for using medication during recovery. WHPS provides a list of safe products for nurses to take, also.
- IV. Procedure review – Helen - A51.02 Case Movement in ILRS**
- Helen highlighted the major changes, which brings the procedure up to date with current practice, terminology, and the paperless environment.
 - This is an internal process and does not require commission approval. It is presented to DSC for awareness.
- V. Strategic plan update: Communications Task Force – Cass**
- Cass spoke from her Smartsheet view and provided updates on current activities. The task force is finalizing personas. Next will be focused outreach in underserved communities, which is not attached to any one unit in Nursing.
 - For discipline, Cass asks that the DSC think about what relevant stats we think are needed to post on the discipline homepage and at some point, provide feedback to the task force.
- VI. Strategic plan update: WHPS – Catherine, John, Grant**
- Catherine mentioned that Rebecca Mosely, the pro-tem doing the graphic design work on the NCQAC-WHPS one pager, modified the document slightly to make it more compatible for printing. She did not alter any content as the commission had already approved the document.
 - John will use stakeholder lists to distribute the document. The next step is updating the brochure. C4PA has assigned a consultant to assist with the work and outreach. The DNP student intern who developed outreach and training material wants to monetize her work and might not share with WHPS. The virtual SUD conference will likely be in April 2021 and we may partner with other agencies such as WMC, HCA, HSQA. The conference will be SUD focused.
 - Grant continues his work on the SUYD panel to replace SUAT. He's looking at other programs around the country and is working with two of the staff attorneys. He's also reviewing the WMC model that uses a panel of medical commission members to review non-compliance issues. He is working on the rough draft of the white paper.
- VII. Work plan review – Adam**
- No questions or comments.
- VIII. Literature review – John - *Creating Parity in Standards of Care Between Physicians and Nurses*; The Montana Professional Assistance Program**
- John provided a review of the article and said it was helpful in the context of the strategic plan, helping nurses in monitoring compared to other professions. High level barriers exist for nurses

that we cannot control, but we can control how we formulate messages and use language related to SUD. John would like the DSC to digest the information here and look at concepts we might use to increase participation.

- Tracy asked if there was a component to tease out past trauma from nurses during their evaluation. John explained a mental health evaluation may grow out of an SUD evaluation. Physicians undergo a three to five-day co-occurring disorder evaluation. It is not the same for nurses.
- Cass said it was a good article and reminded her of the public advocacy approach in Washington DC. More than just WHPS but a whole team approach.

IX. Public comment – Adam

- Katherine Ander spoke. *Information captured from audio recording. Please request audio recording for exact words.*
- Appreciated her comments captured in the minutes last month but the issue is that we did not capture what she was intending to say.
- Her concern is that NCQAC is not accountable for timely investigations. We have not been meeting performance measures, she thinks, since 2010 or before. Our performance measure of 70% completion of investigations within 170 days is a low bar. It is not in keeping with other business practices or other state agency standards.
- It is a convoluted process because it's heavily attorney dependent; there are not enough investigators in a ratio to attorneys, and this information is derived not from her opinion, but from our own data that the Nursing Commission provided.
- In addition to being the most expensive model with the worst outcome, based on our own data, we spend far more than other comparison states on investigations and we have the lowest level performance measures, which we don't even meet.
- Mr. Ander is asking us to look at the comparison we have already done with other states. It's already available, and have every member of the DSC review the information and streamline our process based on process improvements and lean principles.
- These are the things Ms. Ander is asking for.

X. Anything for the good of the order? – all

- Catherine introduced John's request for the DSC to revisit procedure W42 regarding monitoring interruptions, which the commission recently approved. John asked for a better definition off medical emergency.
- Tracy said the more we drill down, the more worms come out of the can. She prefers the commission to review case-by-case as necessary. John said they don't make decisions independently; they require pre-and post-procedure documentation and interruptions are based solely on medical treatment provisos.
- Cass agreed with Tracy and said more detail would create more exceptions. She said the DSC reviewed this and approved it after considering many options, and the commission approved it, and we must move forward.
- Tiffany and Adam agreed. DSC will not entertain changes to how the monitoring interruption section is written.
- Catherine introduced another change as John requested, which was to increase the random urine testing frequency for nurses on transitional contracts from a minimum of 12-18 times per year to 24-36 times per year, matching practicing nurses. The DSC agreed with the change and approved it to go before the commission at the November business meeting.

XI. Closing

- Meeting adjourned at 4:40pm.