



**Nursing Care Quality Assurance Commission
(NCQAC) Discipline Sub-committee MINUTES
February 16, 2021 3:30 pm to 5:30 pm**

Join the Meeting
from your computer, tablet or smartphone

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United States: +1 253-372-2181
Conference ID: 793 901 023#

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, Assistant Director, Discipline – Case Management
Helen Budde, Case Manager
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc
Heidi Collins, WHPS Case Manager

Public:

Susie Alvarez-Meyer, UW student, doing field work with Sarah Bear.
Josilyn Twardoski, DNP student at WSU

I. 3:30 pm opening – Adam

- Call to order – digital recording announcement
- Roll call

II. November 17, 2020 Minutes – Adam

- In draft format until approved at the March 2021 commission business meeting.
 - Agreed to move the minutes to the March business meeting.

III. Commission meeting highlights from January 8, 2021 – Adam

- Reviewed performance measures.
- Reviewed a policy brief on diversity, equity and inclusion.
- ED update included strategic plan updates.
- Discipline updates from Karl, Catherine, and Grant.

IV. January 2021 performance measures - Grant, Karl, and John

- Karl gave an update for Legal and reminded everyone that legal staff helped Licensing for the month of December. They fell below some performance measures, which is unusual, but they will catch up quickly. They receive a steady stream from Investigations and are seeing an increase in ARNP cases. Their caseloads are reasonable.
- Grant provided highlights for investigations and noted we are tracking COVID cases. He, too, mentioned investigators on phones for Licensing for all of December.
- John noted that the WHPS enrollment numbers remain consistent (increased from 287 to 293) and the types of referrals remain consistent. The time to process intakes is decreasing.
- John gave the highlights of the WHPS compliance report. Most non-compliance issues were alcohol-related. Cass asked about the impacts of COVID on the peer support group meetings. John said they have adapted, and things are going well, although the groups are anxious to get back to in-person meetings.
- On a side note: John talked about cases where nurses must withdraw because of a catastrophic life event. He would like to consider inactivating the nurse's license without penalty while they rehabilitate. Tracy asked about setting parameters around such conditions; this is not an opportunity to take an extended vacation. John discussed the potential with Gail Yu about 3-6 months ago. Karl said the AGO was less than enthusiastic about the idea, but he acknowledged if a nurse has an inactive license and not able to practice, it shows compassion on our part and a sign of good faith.
- Will require more discussion; the proposal may be a new WHPS procedure or folded into an existing one and may also involve a revision to a Licensing procedure.
- Karl mentioned the rules say the license must be in good standing to reactivate; if the nurse had been compliant with WHPS prior to withdrawal, the license would be in good standing.
- Tracy would like to know how other states handle this matter. Catherine said we would gather information and bring it back in a couple months for more discussion.
- Dawn asked about nurses who cannot afford the program. John said they try to help in ways such as peer support group facilitators not charging the nurse for meetings. Karl mentioned the surcharge for the physician's program.

V. Strategic plan update: Communications Task Force – Cass

- Review of discipline information to post on NCQAC webpage in addition to percent of opened and closed complaints (Adam's thoughts) and number of total nurses v. complaints (Margaret's thoughts).
 - Cass provided updates from the task force. The group is working on drafting FAQs by unit. The answers will appear beneath the questions for consistency, instead of just pointing to a link. Amy Sharer in Communications is streamlining the Q&A and Legal is doing the review.

- We are waiting on WaTech to revamp the website. Anticipating May/June timeframe.

VI. Strategic plan update: WHPS – Catherine, John, Grant

- Fall 2021 virtual SUD conference plans
- Outreach to HR departments, facilities, associations
- SUD panel work (alternative to SUAT)
- Work on the SUD panel continues with a model that would require the nurse to appear before the panel. Will require a WHPS contract change to agree to appear before the commission. Karl mentioned that WMC has a good model that we are reviewing; they have all participants appear annually so there is positive recognition as well. It takes away some of the apprehension of interacting with the regulatory board.
- We will send commissioners who volunteer to serve on the panel to training so they can become experts at reviewing the cases and making informed decisions. Tracy volunteered.
- Discussion around the importance of involving the commission in making decisions instead of staff recommending to CMT, like the SUAT process is now.
- Agreed to add the WHPS strategic plan to the work plan.

VII. ER Program Review – Adena, Karl, Margaret

- Proposals for change and discussion
- Robust discussion on this topic. Margaret is hopeful that the ER program can address the fundamentals of nursing practice.
- ER is underused. Karl and Margaret presented ideas for increasing the use of the ER program.
 - Review of practice activities embedded in thresholds.
 - Not asking a nurse to admit to behavior but acknowledge allegation and participate. Documentation is a good example of when this might fit into ER.
 - Examples of cases reviewed at CMT re: communication that is ongoing is actually substandard nursing if the nurse fails to develop a therapeutic nursing relationship.
 - Patient assessments, treatment options, lack of insight is also substandard nursing.
 - Investigators should continue to consider referral to ER even after they started the investigation and find little or no harm and practice-related conduct. Similar to how investigators refer to WHPS through a SARC.
 - Review thresholds above and below. Below thresholds may have an underlying patient safety concern.
 - Willful in the rule should be interpreted as intentional behavior related to intended consequence.
 - Be more intentional at CMT to remember ER program is there.
 - Will bring procedure revisions back to the March meeting.
 - Want to address the conduct and review the concept of thresholds in this way. Use resources more efficiently.
- Cass wants to think of this as a preventative measure such as we think of SUD when we can monitor the nurse and avoid potential discipline. Is a cost savings to avoid investigations and legal proceedings.
- Sharon tagged on that it's a great idea. Try to stop the issue from becoming worse and avoiding patient harm.
- Tracy thinks the proposed changes are very hopeful and identifies a better path to identify practice breakdowns. Margaret identifies practice breakdown in nurses who have been practicing for years and not corrected their bad habits; can be identified and corrected.
- Teresa is hoping for a better complaint submission system in HELMS that may capture more accurate information to review and use when reviewing cases.
- We will bring the refined procedure back for review at the March DSC meeting.

VIII. Closure Code Review – Helen, Karl

- Changing correspondence letters instead of codes

- Karl introduced and explained that when people get a letter with particular closure language it causes concern in that they believe it's a legal determination. It is not.
- Helen presented the letter to complainants when CMT closes before investigation. Changed the wording to eliminate the language that it's risk minimal. Acknowledges the disappointment to the complainant; includes language about reconsideration and public disclosure. Overall a softer letter; Helen will edit to say how the commission relies on complaints like this.
- Respondent letter after full investigation and CDP takes no action taken: acknowledge investigations are stressful and we appreciate their cooperation. Include public disclosure information, thanks for cooperation. Care about nurses, care about patients. Softens the edges compared to the former letters.
- Letters can be uploaded into ILRS and sent with no other modifications. More professional.
- Tracy says the letters look good and are concise. Cass says good to be short.
- Closure codes in ILRS will remain unchanged. Helen encourages the commission to choose just a couple ones to use consistently. Profession-specific closure is a code that identifies we're closing below threshold. Unique closure is another option for other cases. This will make things easier at CMT and CDP. Karl reminded again that respondents misinterpret closure codes as a legal determination. Helen thinks this will also save time in discussion at CMT when the panel is struggling to find an appropriate code. Simple is better.
- Margaret: pointed out that sometimes a nurse has more than one open complaint, and when we send a closure letter, the nurse thinks it's on all the cases. Helen will edit to be clear the closure is just on that one case. Other cases may remain open.
- Adam: letters are a great way to show emotional intelligence in these tough times.

IX. Literature review – John

- *Substance Use Disorder in Nursing: Evaluation and Recommendation for Regulatory Monitoring Program Performance Measures and Enhancement.* Kimberly Mozingo, DNP, MBA-HM, BSN, RB, CNOR
- Not discussed as CCW placed the incorrect article in the packet.

X. Work plan review – Adam

- We will take the CPEP presentation off the work plan and revisit this in the future.
- We will add the WHPS strategic plan as a subsection to the work plan for review.

XI. Public comment – Adam

- Limited to two minutes
- No public comment.

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

- Refers to the portion of the agenda during which members may make statements or offer observations about the character or work of the subcommittee without having any particular item of business before the meeting.
- Nothing more.

XIII. Closing

- Meeting adjourned at 5:18pm.