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

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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 Helen Budde, Case Manager Teresa Corrado, Assistant Director, Discipline – Case Management/ HELMS Barb Elsner, HSC Margaret Holm, JD, RN ad hoc
Public:	Katherine Ander, RN

I. 3:30 pm opening – Adam

- 1531 Call to order – digital recording announcement
- Roll call

II. February 16, 2021 Minutes – Adam

- In draft format until approved at the May 2021 commission business meeting
- Cass: adding verbiage to V. Communications Task Force: Amy (Communications) streamlining Q&A as well. Legal is doing the review. WaTech corrected spelling. Agreed to move forward to May meeting.
- CCW: putting the packet up on the screen so members of the public can see.

III. Agenda times and discussions: advantages and disadvantages – Adam, Cass

- Assign times to each agenda item? Cass explored the topic as this was her idea: typically, if topics, would be good to know how long the conversation may go. Can calibrate agenda items and make sure everyone can cover agenda items. Putting times next to the agenda items keeps us on track. If close to the time, resolve the discussion. Make the meeting as efficient as possible.

- CCW talked about limiting times and that we would have to stick to the times as published on the agenda.
- Karl: DSC is considered a 'special meeting' and we would be stuck to the times listed on the agenda.
- Tracy: most of the reason we put times down is for the public to coordinate their time and availability to listen to the particular topic and coordinate their schedules. We could ask at the beginning of the meeting if anyone needs to hear something by a certain time.
- Adam: concerned about limiting the creativity of discussion if we assign times to Karl: cannot alter the agenda in a special meeting. Would be low risk that they needed to discuss first if not available for the entire meeting. Agrees with Adam that we set an agenda for two hours we are not likely to be rushed. If someone could not join for the two hours, they could ask CCW or Adam when setting the agenda and we could adjust. Would not have to be set on the agenda. Could be at the discretion of the commission to allow someone to speak if they were unavailable later. Never had this happen before.
- Dawn: sounds like more problematic that what it's worth. Meetings are timely and we get things done. Doesn't think we should do it.
- Tiffany: agrees with Dawn. Meetings go smoothly and we accomplish a lot in a short time.
- Sharon agrees. Meetings run smoothly; a lot of agenda items to get through. If the public want to present something, could contact Adam or CCW to get on the agenda. Otherwise it sounds like too complex: stay the course.
- Adam: will not add agenda times at this time.

IV. Commission meeting highlights from March 12, 2021 – Adam

- Adam: Robust meeting. Annual evaluations, budget reports (doing well there), licensing updates, strategic plan updates. Heavily discussed emergency rules, extended. Gail Yu retiring. Updates on testing. Guidance on PREP act for retired getting registered to give vaccines. Meeting minutes will be available shortly.

V. February 2021 performance measures - Grant, Karl, and John

- Monthly statistics and comparisons for Investigations:
- Grant: highlight the difference between last year and this year. Down 231 cases. Good progress. Balanced scale/ working both sides. That number will stay the same until we get the case numbers down and reduce backlog. Review of COVID cases.
- Monthly statistics and comparisons for Legal:
- Karl: had a good month; got in more cases. Low caseload per attorney. Not a full quarter so don't look at quarterly average since the March column was zero. Highest ever ARNP cases; does not seem to affect performance.
- Monthly participant statistics and comparisons for WHPS:
- John: short and sweet like Karl and Grant. Our numbers staying fairly stable for the last year or so. Slight increase in total participation. Across the nation participation has fallen across the nation and we are bucking that trend. Employment rate remaining fairly stable. Total numbers/ participation types remain fairly stable.
- WHPS compliance report:
  - John: seven significant incidents in February. Six were alcohol related which continues the trend. The last one was an eating-issue; took her sister's Adderall. This nurse withdrew from monitoring. Helping to care for her mother in hospice in AZ and decided it was a good time to take a step away from monitoring and focus on herself and her mother. Another nurse who relapsed on alcohol has significant mental health issues and checked herself into inpatient treatment. Took a self-inventory and felt hopeless, so she decided to withdraw from the program. Other relapses related to stressors and coping skills. John says we might consider adding resources on coping skills and stress

management to our program. Recommendations mirrored in the research paper presented later in the meeting.

VI. Strategic plan update: Communications Task Force – Cass

- Gave major report at Commission meeting. Seen in inbox re: survey on feedback to website delivered in GovDelivery. FAQs went through first round draft and Karl provided answers to the Q&A. Karl acted on Discipline's behalf. Several other units have similar questions so they will pull those out and put them on the general website, then put the discipline specific information under discipline (and the same for other units).

VII. Procedure Review A.34.08 Early Remediation Program– Karl, Margaret

- Proposed changes based on February DSC discussion
- Karl: at the last meeting we had a list of ideas on a plain white sheet and the ideas was to make changes to the commission procedure. These procedure revisions can be ready for the May commission meeting. Karl pointed out how some of the paragraphs were changed and added language around practice efficiencies. Margaret's and Karl's suggestions included personal favorite: non-therapeutic communication.
- Margaret: establishing good patient relationships includes communication. Bad communications results in miscommunications and mistrust. Got rid of willful and replaced with intentional, meaning knowing or deliberate. Ex: a nurse who makes a med error willfully gives the med, but the intention was not to harm. Intentional and reckless behaviors are in criminal law.
- Tracy likes this and appreciates then distinction. Adam also likes the changes.
- Karl: if the group agrees, can put on the May meeting agenda. Cass pointed out the technical detail to change the contact to CCW. Karl will ensure everything is aligned properly. Tracy moved and Sharon seconded to move this forward to the May business meeting.

VIII. Procedure Review A.06.09 Review of Commission Reports – Karl, Helen

- Consolidating reasons for closure prior to investigation in threshold criteria
- After-investigation closure letters for consideration at April DSC meeting
- Karl: This is the procedure we thought might be valuable to cross reference with ER. At CMT it's common to consider above and below threshold. Any set of facts is considered at CMT. We collaborated with Helen to streamline closure codes. Sometimes the discussion about what code to use takes as much time as discussing the case itself. Thresholds are good to use as guide at CMT; something may be below threshold but still be appropriate for ER, like a middle path. There is no legal requirement to tell people why a case was closed prior to investigation. Computer closure codes are not in statute or rule; they are basically historic artifacts from two computer systems ago.
- Sharon asked how ER is presented to the nurse and how do we encourage them to voluntarily participate?
- Margaret and Karl: first Margaret contacts the nurse and offers the path. If the nursed denies the conduct altogether, then they are not a candidate for ER. One must acknowledge the practice issue. Is an opportunity to evaluate the practice breakdown that may cause harm at some future point. Something about the approach to the professional role. There's also the advantage to going into ER to avoid the complaint on their record. Margaret discusses the relatively safe way to address the issue.
- Sharon appreciates that Margaret talks directly with the nurse. If it comes back without participation, might go to an SOC. Margaret: usually an underlying judgment issue. Talks to the complainant, nurse, and sometimes witnesses. Gathers enough information to verify facts.
- Cass: thinks this is positive. Asking about #13 in the procedure, demonstrated lack of credibility of the complainant. Margaret described a situation as an example. It is not always black and white, and remediation may not always be the chosen path. However, as a professional, the nurse must take a step back and consider role in the situation. In ER, might be something percolating that may need some examination.

- Another example from Karl: we get complaints that really don't make any sense, such as issues that involve aliens, or the FBI controlling their minds through 5G technology. Obviously, some interpersonal issues that we're not going to get anywhere with. The complainant needs resources and help the commission cannot offer.
- Sharon: do we do classes in ER for difference in generations? Older nurses think differently and were trained differently. Like the situation when the charge nurse is a bully but really may just have higher standards. Margaret: one of her most requested presentations is about culture of respect where she discusses generational issues that affect people's understanding of communicating with each other and with patients. Margaret will work with CMT or compliance to put something together.
- Move forward to May? Cass moves; Tif seconds.

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
  - Collaboration between DNP candidate who is probably now Dr Mozingo based on this work. This article was recently published. Project is pharmacologic: study of employment. Monitoring post-program completion. Great reliance on transparency, all voices being heard. Everyone given equal status regarding ion their experience. Throughout the paper, references to physicians' programs. More mature in their developmental stage with more available resources. Post-graduation, looking at employment stats and recovery status. Post program completion allows nurses to continue to self-assess. Recommends this commission look at physicians' program guidelines. Sent survey tool to nurses who graduated after 2-5 years program and only to nurses who were ordered into the program. Intention to review current employment status, employment retentions, continuation in nursing career. Primary goal/intention as defined by legislature is to retain nurses in practice. The author sent 282 surveys to nurses; 32 responded (11% return rate). Almost all had intention to continue in nursing for foreseeable future. Overall favorable recollection of time in WHPS. Largest negative: great number reported ongoing stigma and bias in workplace. Overt or subtle. Employers clearly did not support WHPS or nurses who have been in the program. The author's recommendations for program improvement are difficult to address within the structure of monitoring. Examples are greater individualization; open to reduce requirements for nurses doing well; utilize feedback and different surveillance methods throughout participation and post participation.
  - Sharon asked why employers are against the program? JF: lack of education and bias. In all safety-sensitive industries, there is greater attention to risk management. Harder to embrace just culture approach. Is also is work for them. WSM assigned to nurse, partnering with WHPS, submitting reports, risks. If there's a positive test, the nurse is pulled from the floor.
  - Cass: in the world of interstate nursing and collaboration, with the compact looming, have you thought about an interstate program? Karl: if a nurse has multi-state license, the multi-state license is deactivated if the nurse is in an alternative program. John mentioned that we have nurses from other states who come to us for monitoring and we report to their home state.
  - Tracy noticed the author refers to counselors throughout the manuscript. JF: the author is referring to CMs but is using the common expression used by nurses. Tracy said we must clarify with nurses and change their expectations: case managers are not counselors. Also, half the nurses do not acknowledge WHPS to maintain sobriety, yet WHPS gave them the ability to recognize this in themselves. Tracy believes WHPS is mostly responsible for the nurses' success. The physicians monitoring program is different. Appreciate that we can follow some of their format, but it is difficult to mirror that program. Will the author come speak about the paper? JF thinks she would be willing to.
  - Dawn questioned nurses' willingness to speak openly about their experience after they leave the program. She thinks this is very private and this is usually the last thing they'd like to do. JF: depends on the person. Some are willing to do a personal attestations and accompany to public presentations.

- Tracy: average length of time to graduation was between 2-5 years. Expression of concerns about the program or impediments to program. Lack of program support and validated proof: what does this mean: validated proof? What does this mean? JF: some nurses brought into program when they don't need to be monitored, some evaluations are not accurate or are biased. Lack of support refers to we are monitoring program and primary purpose to protect the public. There is a perception on nurses' part that we should lean towards more of an advocacy approach than we do now.

X. Work plan review (includes WHPS Strategic Plan) - Adam, John, Grant)

- Adam: nothing to add.
- CCW: added the WHPS strategic plan top the work plan. Put Cass's communications task force as a separate agenda item, not a part of the work plan.
- Cass: appreciates the layout. Well done. Wondering if help update some of the things on the work plan that we've done. Provide educational resources; lecture, websites, we have created deliverables. Subcommittee has been doing awesome work. Now that we're in quarantine, we cannot travel. But when we can travel again, talking about increase travel time.
- CCW to ensure updates and accurately reflect where we are.

XI. Public comment – Adam

- Limited to two minutes per speaker
- Katherine Ander. On first page.
- Jule? No one identified themselves.

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.
- None.

XIII. Closing 5:07pm