



**Nursing Care Quality Assurance Commission (NCQAC)
Discipline Subcommittee MINUTES
February 21, 2023
3:30 pm to 5:30 pm**

Join the Meeting
from your computer, tablet or smartphone

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United States: +1 564-999-2000
Conference ID: 478 294 276#

Committee Members:

Adam Canary, LPN, Chair
Sharon Ness, RN
Tiffany Randich, RN
Tracy Rude, LPN ad hoc
Dawn Morrell, RN, BSN, CCRN
Quiana Childress, GCertHealthSc, BS, LPN
Judy Loveless-Morris, PhD, public member *absent*

Staff:

Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, Assistant Director, Discipline - Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS
John Furman, PhD, MSN, COHN-S, WHPS Liaison *conflict in schedule*
Teresa Corrado, LPN, Assistant Director, Discipline – Case Management/HELMS
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc
Mary Sue Gorski, PhD, RN, ARNP, Director, Research
Renae Powell, Case Manager

I. 3:30 pm opening – Adam

- Call to order – digital recording announcement
- Roll call

II. November 15, 2022 Minutes– Adam

- In draft format until the commission approves at the March 2023 business meeting.
- [Consensus to move to the March 10 meeting.](#)

III. Performance measures – year in review - Grant, Karl

- A. Investigations: [Catherine introduced the annual graph process before Grant and Karl got more specific. Charts for investigations include cases reviewed at CMT, opened to investigations, caseload per investigator, investigations completed, completed per investigator, investigative timelines.](#)

- B. **Legal:** Caseloads per attorney has increased, work burden with Florida schools, new paralegal in the early fall. Active investigations keep Legal busy. Graphs show legal caseload, legal performance that includes legal reviews to RCMs, drafts to the AGO, legal work type.
- C. **WHPS:** Charts depict case load by case manager, performance measure inquiry to intake to monitoring, types of discharges (successful completions more than other discharges), participant numbers broken into types, employed nurses (numbers have dropped because total number of participants have decreased, above target of 72% employed).
- D. **SUDRP:** Add-on chart; was not in the packet. Figures from July-December 2022. The chart depicts number of non-compliance cases reviewed at SUDRP, reasons for SUDRP referrals, graduations.

IV. Introduction to data dashboards for Discipline – Dr. Mary Sue Gorski

Other sections are using dashboards, and others have heard this presentation. This may be helpful to Discipline. Mary Sue's team will take data that's already being gathered and used, but this will make it more accessible. Mary Sue introduced Emma Cozart, data analyst. For nurse licensing, data is updated from ILRS every month. They use Power BI, which has an interactive feature. There are several pages, including a 'super slicer' page that contains lots of data to filter.

Karl asked if we can change numbers to reflect numbers per capita rather than raw number? Dawn's thought: what are we trying to accomplish with Discipline data? Must attach goals to this. Mary Sue says they get a lot of questions re: nurse licensure population, like who gets more discipline (RN or LPN? Which specialty among ARNPs?).

Margaret wonders if there's value to identify disciplinary actions in each location, separated by discipline types. Can we use the dashboard for public disclosure? Might be a way to aggregate data and put on a platform that's easy to use and search.

Quiana asked about specialties among RNs and LPNs? Mary Sue said only as self-identified. Out of state? Nurses whose original license was WA state? Quiana wonders how many nurses we are counting. Licensing records addresses when nurses renew. Mary Sue would like to see the data on this. Quiana wants to see if there are pockets where nurses are fewer. Demographic data? Emma: it's already in the workforce dashboard.

Teresa: data is in our database. Ran report 6-7 years ago to see where they came from and where they're going. Also, how many nurses in each county is an easy-to-run report. Sue acknowledged that this is all data that we already collect and is stored. Only this is more accessible.

Sharon: do we track military nurses? That's a population that comes and goes more often. This is tracked in the Licensing data dashboard. Teresa says this is not helpful because there is rarely military status anymore because they are exempt from CLE.

Catherine will discuss with staff on how we'll use this and bring it back to DSC.

V. Data collection: Diversity, Equity, and Inclusion (DEI) review of cases at CMT - Dr. Mary Sue Gorski

The research question is regarding cases that are closed in CMT because of communications. Might be a certain percentage of those that we may need to remediate, directly related to DEI. Cases closed: was there something else we should look at? Karl: we occasionally see complaints that might be related to bias. Margaret's non-therapeutic communication is a factor. How many are there? What types are they? What have we done with them? No rules specific to communication. The proposal to see what the landscape looks like. Gather data and bring it back for further discussion. Mary Sue and her team are gathering data starting March 1st. Mary Sue sitting in on CMT to learn how it works.

Dawn: along those same lines, at CMT, almost feels like verbiage used is being discriminatory and how can we capture that? Concerning when it happens.

Karl agrees. Nurses experience abuse for sure.

VI. Procedure review – Catherine and Karl

- A. A.07.03 Anonymous Complaints – change to commission procedure
This procedure details actions at CMT and should be under the commission's signature.
- B. A.08.05 Action in Another Jurisdiction - change to commission procedure
Formatting, title changes, and under the commission's signature. Active voice, refined procedure based on current practice. Expired more than one year, there's a flag on the credential in case they attempt renewal. The nurse was not credentialed in WA at the time of the conduct.
- C. A.15.03 Suspension or Revocation - retire procedure
Covered in other procedures. This is what the UDA says and is outdated in the discussion of revocation. Came prior to 2008 when revocations were not permanent. Is operationalized in legal documents.
- D. A.24.12 Approval of Evaluators in Nurse Discipline Cases – updates
Updated formatting, commission signature updated, updated steps according to current practice. Streamlined. A panel (not DSC) can grant exceptions to evaluator minimum standards. The old procedure said we needed to bring an evaluator recommendation to DSC if the evaluator was not on the list. The revised procedure details the qualifications for an evaluator to get the best expert and Legal can apply the criteria. If an evaluator needs consideration for not meeting the criteria, a panel could decide. Quiana asked why we removed the two-year in WA requirement. Karl explained that some providers have been in practice for many years and just moved here. The preference is always to use in-state when we can. A consideration is given to expediting evaluations when the need arises. Mental health evaluators adhere to the DSMV evaluation, which is standardized across the country. Tracy: is in favor of removing the two years from the procedure. If trained and educated and meets standards, must allow them to do their job. Karl said specialty contracts are non-favorably looked upon when we restrict years of practice in WA when they meet all the criteria. Sharon: we evaluate the evaluator's credentials and would like to use them if they meet the criteria and are clearly qualified. In favor of removing the two-year requirement. Quiana agrees now.
- E. A.27.13 Sanction Standards – updates
Updated for current chair signature. Removed the sentence about documenting rationale for deviating from the sanction standards. The sanctions standards are guidelines and not rules so the commission can deviate when necessary. It is risky to say we all follow the standards when they're not in rule, which they are not. Protects the commission. Less confusing.
- F. A.28.06 Drafting and Interpreting Discipline Documents – updates and title change
Formatting, updated signature. Changed *Orders* to *Documents* in title. Updated the language according to current practice. Streamlined language. Disciplinary documents include all things, not just orders. Passive voice to active voice. Added more to disciplinary papers and limits age of research to reflect current practice. Corrected monetary amounts. Quiana caught a change needed: five years licensed (not as RN). Will correct this before it goes to the commission meeting.
- G. A.42.02 Licensee HIV/AIDS Status – retire procedure

Outdated. This comes from a time when a whisper of HIV positive required the ED involved in the case. This is now operationalized in other procedures. All health care information is confidential. Laws have been updated.

H. A.43.02 Effect of Military Status on Discipline – retire procedure

Outdated. Legal automatically checks for military status when issuing default order documents. There is a federal law that prevents default orders for someone who is on active military duty. Staff looks up on a federal website to check on each default order.

I. A.49.03 WHPS Referral Contracts – update for current language

Formatting. Updated to reflect SUDRP and related processes in place of SUAT.

VII. Work plan and strategic plan review – Adam, Catherine, John

Capture data research and discipline dashboard on the workplan.

SUDRP can deal with special circumstance when a nurse is dealing with a catastrophic event. Safe to practice. On the workplan, is an old idea that's been simmering. Would have to be in the WHPS monitoring contract. Is a cost to change license status. To reinstate, must be in good standing – what does that mean? Quiana – how do we define a catastrophic circumstance? Karl explained in circumstances like disease that prevents testing. SUDRP can handle this. Tracy recalled a case when this surfaced and the nurse could not participate, but then it turns into a discipline case when they can't participate. Quiana – who decides catastrophic? Karl: now it's SUDRP. Public is protected. Maybe flushed out more in a WHPS procedure. Dawn: SUPRP can handle this. Robust. Catherine: table this and see if anything arises that SUDRP can't handle.

VIII. Public comment – Adam

- Limited to two minutes per speaker

IX. 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.
- Monthly meeting v bi-monthly meetings? Discuss more in April.

X. Adjourn 5:34pm.