



**Nursing Care Quality Assurance Commission (NCQAC)
Discipline Subcommittee MINUTES
April 18, 2023
3:30 pm to 5:15 pm**

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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 *absent*
Dawn Morrell, BSN, RN, CCRN
Quiana Childress, GCertHealthSc, BS, LPN
Judy Loveless-Morris, PhD, public member *absent*

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

1. **3:30 pm opening – Adam**
 - Call to order – digital recording announcement
 - Roll call

2. **February 21, 2023 Minutes– Adam**
 - In draft format until the commission approves at the May 2023 business meeting.
 - Minutes approved to move to the May commission meeting.

3. **Performance measures – February and March 2023 - Grant, Karl**
 - A. **Investigations** Grant reviewed the highlights. Investigations met the performance measure of 77% in February 2023 for cases closed within timelines. Two new investigators; still well within performance for case completions.
 - B. **Legal** Karl provided highlights. Case assignments creeping up. Tim Talkington just left NCQAC. We have an experienced staff attorney joining us from OILS (Anita Nath). Legal analysis timelines are improving.
 - C. **WHPS** Grant provided highlights. 209 in-state nurses in monitoring. The remaining are out-of-state. Meeting performance measures for intake to monitoring, and meeting employment target for nurses. Most participants are in the program on a referral contract. The #1 non-compliance substance of choice is alcohol. February had 14 non-compliance issues while March only had seven. Dramatic drop. Graduations highlights. The chart shows how the nurses came into the program.
 - D. **SUDRP** Grant also touched on the high points here. The chart is very much self-explanatory. The three-month chart shows the trend.

4. **Procedure review – Catherine and Karl**

For all procedures, we updated formats and wrote them in active voice whenever possible. We generalized staff doing the work when it was practical, and updated language to reflect current units and work processes. The most dramatic change in some procedures is the acknowledgement of the paperless environment.

 - A. A.30.05 **Timelines for Case Review** Changed to commission signature because it impacts the length of time RCMs have to do their work. Changes legal review period to 30 days, which is how it's been since 2014 when legal staff came to Nursing. Points out that the executive director may reassign RCMs and the new RCM should prioritize that work among same-priority cases.
 - B. A.31.03 **Timely Resolution of SOA STIDS** No significant procedural changes. Sharon questioned the language as it was confusing. Shall review the signed STID within 60 days... Change to this language. Karl explained the process.
 - C. A.37.02 **ARNP Hearings** Changed from the ED signature to commission chair. Clarifies that a full commission member ARNP must serve as a panel chair at an ARNP scope of practice hearing. The ED may approve using only one ARNP on the hearing panel if a second is not available.
 - D. A.40.03 **Safe to Practice** Lots of updates to modernize the language. The practice unit helped extensively on this as they are usually the ones who get the questions. They have used the prior version on their section of the webpage as a guide for nurses. We added the phrase about mood-altering substances and took out the phrase about a nurse's chronological age. We also added language about mental health. Sharon: most common reasons/ not limited to... refusing overtime/refusing extra shifts. This is tied into SUD, etc. Could lead to discipline? Karl explained that this actually means nurses have the right to refuse the extra work when they feel it may make them unsafe to practice. This does not set the standard for discipline but sets the example for nurses to

remain safe to practice. Dawn: Explanation makes it clearer. Quiana: Read this about refusing assignments and discussed situations she's been in related to patient ratios. In LTC, has been in a situation where she's been assigned as many as 52 residents. Unsafe. If a nurse refuses, is it abandonment? The commission considers all the factors when this comes before them as a complaint. Quiana: Not all nurses are strong enough to refuse assignments for fear of losing their job or being disciplined. Karl: This is more focused on the nurse. Nurses are expected to use independent judgement. In the abandonment procedure, nurses will not be disciplined for refusing an unsafe assignment. Sharon: Some nurses sign documents that say they are accepting an assignment under protest when they don't want to jeopardize patient safety. Karl: The commission will determine how they want to handle this. This topic needs to be reviewed from the practice side as well. Quiana: Hears this a lot that the commission is not there to represent the nurses. Karl: Correct. We are regulators.

- E. A.47.02 **Surrender of Credential** Rewrote this to reflect current practice and applicable conditions for surrender of a nursing credential. Surrender of the nursing credential is permanent, and the nurse may not renew, reactivate, or reapply. Karl: This is in statute.
- F. A.48.02 **Case Status Correspondence** We added another line to the list of case status correspondence, which is after CMT authorizes an investigation. That also includes a section to describe the specifics of that correspondence. We clarified that PDRC manages requests for documents. We added language about the reconsideration request.
- G. A.53.02 **Notice of Required Evaluation** Updates the procedure with current practice. Identifies who's doing the work. Clarifies that legal staff serve the NRE letter and the evaluator submits the report to WHPS, who evaluates the appropriateness of a contract. Karl: Also changed to detail outcomes. We altered the last option to have the commission make the decision if WHPS does not recommend a contract.
- H. J.04.12 **Credential Holders Requests** Refreshes language. Nothing substantive.

5. **Updates on Florida schools investigations – Lynn, Karl**

Lynn put together rough numbers. In the beginning, we called these fraud cases, but now we refer to them as fraudulent transcripts. Have handled 61 LPN, 184 RNs, 30 cases labeled as fraud. Approximately five were actually fraud, the rest were transcripts. 245 files total. In the beginning we opened duplicate cases on both LPN and RN licenses. Individually handled about 205 cases. We are currently down to 18 cases with a few trickling in. The majority of new cases are now new applicants. We have looked at all nurses who we are aware attended a suspect school. We have one investigator dedicated full time, then added a second one for the past 18 months to deal with the volume. The investigators built portfolios for each school and collected all necessary investigative information on the schools. Then they folded each nurse's individual experience with the school into the investigative file. Lynn commended Erin and Kristl for their amazing work. Sharon chimed in, and commended Lynn as well. Quiana: Why did we decide to take action on the RN license and not LPN? Lynn: Fraudulent activity was on the RN license. The scheme was to recruit for the RN license. Not aware of any nurse who had any fraudulent LPN license/transcript. Lynn mentioned the compact will complicate this situation. Quiana just finished RN school and passed the next gen NCLEX. Not an easy route. These nurses skipped past the ethics requirements. Karl: Explained the legality of material representation. Proving the nurse knew or should have known the school they attended was fraudulent is challenging, including moral turpitude and dishonesty. The commission was more interested in rescinding the RN license and denying the application to protect the public. Much shorter process and very successful. A new book of business for everyone that involves education, legal, discipline, licensing. Quiana: Does this excuse the LPN license from future

discipline? Karl: No. Dawn: Shares Lynn's concern about the compact in light of these cases. Must be very careful in reviewing multi-state licenses in WA. Karl: We had things worked out and were taking action on Florida schools cases before other states even started their work on them. Adam: How long before we have these few cases cleared off? Lynn: No longer than 60 days. Erin has one more portfolio to build on a new school.

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

Conference in the fall October 19/20 focused on nurse wellness. 1.5 days. Will provide CEs. Nationally-known speakers. Dr Bernadette Melneck. Speaks throughout the country on clinician wellness. Partnering with WSNA and others to host the conference. Dawn said she has several WHPS graduates who would love to speak at a conference.

The strategic plan is winding down; a new one will take its place in July when the commission develops it. HB 1255 will likely pass, which will provide a stipend to nurses who need financial assistance to stay in the program. In addition to not reporting nurses to provider-credential search who successfully complete the program. As a result of John's presentation, MultiCare instituted a new program to work with nurses who need SUD support.

7. Public comment – Adam

- Limited to two minutes per speaker
- No public in attendance.

8. 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.

9. Adjourned at 5:09 PM.