



Washington State Board of Nursing
Discipline Sub-committee Minutes
October 24, 2023
3:30 pm to 5:30 pm
Adjourned at 4:58pm

Committee Members: Adam Canary, LPN, Chair
Sharon Ness, RN
Tiffany Randich, RN
Tracy Rude, LPN ad hoc
Dawn Morrell, BSN, RN, CCRN
Quiana Daniels, GCertHealthSc, BS, LPN
Judy Loveless-Morris, PhD, public member *absent*
Ella Guilford, MSN, M.Ed., BSN, RN
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP, Pro-Tem

Staff: Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, JD, Assistant Director, Discipline - Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS *absent*
Teresa Corrado, LPN, Assistant Director, Discipline – Case Management/HELMS, ad hoc *absent*
Renae Powell, Case Manager
Barb Elsner, HSC
Holly Palmer, HSC
Margaret Holm, JD, RN ad hoc
Mary Sue Gorski, PhD, RN, ARNP, Director, Research ad hoc *not attending*
Lynn Batchelder, Investigations supervisor, ad hoc
Luis Cisneros, JD, staff attorney
Anita Nath, JD, staff attorney

From the public: Steve Leveque

1. 3:30 pm opening – Adam

- Call to order – digital recording announcement
- Roll call of board members and staff
- Introduction of new discipline staff: Luis Cisneros (staff attorney), Anita Nath (staff attorney), and Holly Palmer (program support).

2. August 15, 2023 Minutes– Adam

- In draft format until WABON approves at the November 2023 business meeting.
Approved to move to the November meeting. Tracy/Dawn

3. Performance measures – August and September 2023 – Catherine, Grant, Karl

Look for updated formatting at the December DSC meeting that will be more visually engaging while still presenting the important components of the performance measures.

- **Investigations** Catherine provided highlights.
CMT reviewed 6% fewer cases in September, down from 200 to 189.
Opened 72, down from 80, which is a 10% decrease.
Total cases open in the queue is 369. Great news!
Investigators completed more than CMT opened, which was 91 cases in September, 81 in August.
This gives us an opportunity to crawl closer to the performance measure of completing a target of 77% of cases within 170 days. We ended September with 68% and have 46% open beyond 170 days. Our target is 23%.
Old cases account for that number; we have 16 2019's remaining; 13 2020s; and 65 2022s. Lynn has a goal to be finished with the 2019s by the end of the year.
Lastly, the investigators are averaging a little over seven completed investigations per month, which keeps Legal busy.
We lost Carlos Rodriguez in September and are in the process of finding his replacement.
- **Legal** Karl provided highlights.
Cases were at a record high in August. Coming down in September.
Remaining strong in legal reviews out to RBMs. Improving drafting time with an improved process.
Complex work with ARNPs remains.
Tracy asked about the problem with drafting time. Karl: RBMs call quickly after they get cases assigned. Wants to get the legal reviews done before CDP within 30 days.
Three paralegals. Increase things out in the mail / documents drafted and served. Will revise how they assign cases with paralegal help. Holly will take some things off Bryan's plate so he can focus on paralegal duties. Also, bogged down with Florida cases.
- **WHPS** Catherine provided highlights only: combining August and September reports.
Compliance: 29 reported incidents of non-compliance.
Overwhelmingly the most common incident was a positive test with missed tests in the #2 spot.
The most frequent drug of choice was alcohol.

Graduations for August and September totaled six: three voluntary, one under conditions to practice, one on an order, and one pending.

As of the end of September we had 229 in monitoring, down from 242 one year ago.

We are expecting challenges to our numbers since the implementation of the compact as nurses who are in an alternative to discipline programs such as WHPS will lose their multi-state license privileges until they complete the program.

26 of the 229 are in the program voluntarily, or about 11 percent.

We are currently monitoring 20 from out-of-state.

The average caseload per case manager is 45.

The average time from inquiry to intake is two days (target is seven) and from intake to monitoring is 41 days (target is 45 days).

78% of our nurses monitoring in-state are employed as nurses, with a target of 72%.

Sharon: went to the nurse wellness conference but no WHPS table.

Dawn: The audience expressed a lot of interest in WHPS so John presented info about our program. Thinks we missed an opportunity to be there. John asked the audience how many knew about WHPS and only a small number of hands went up.

Tracy: The speakers made references to other states' programs that are much different from ours. The second day was a half day and most people from the first day came back.

Margaret: speakers on the second day were repetitive.

- SUDRP Combined August and September reports.
Reviewed 16 cases in August and September.
Ten for positive drug screens, two for missed tests, and four for other non-compliance.
Thirteen remained in WHPS, including four with action (returned for investigation) and three were discharged.
Two nurse appearances.
Twelve referral contracts reviewed and all but one accepted.

Tracy: since we have members from the public on, wanted to say we value feedback about the program when nurses attend SUDRP.

4. Updates on Florida schools investigations – Catherine, Lynn, Karl

- NLC and Operation Nightingale. The challenge of taking administration action against nurses who are now practicing on multi-state licenses. Karl: one of the unintended consequences of the compact. Many of these cases had to be closed. CCW: we notify the home state, and they can request our file as necessary.
- Snapshot of cases pending in investigations and legal.
Lynn: have eight files in investigations.
Karl: down to a couple dozen cases in legal. Harder to determine which schools are fraudulent and which are just bad schools.
- Other states and NCSBN
Monthly calls regarding Operation Nightingale.
Many states are handling the cases differently.

Sharon asked about indictments. Lynn answered about schools and school owners who are now in prison. Sharon wondered about federal charges against nurses. Lynn reiterated what the FBI said about not having the resources to investigate nurses and therefore left it to each state's discretion. Sharon also felt that the nurses were innocent. Lynn talked about the recruiting of nurses and the fact that nursing students would have

had a clue when they didn't need to attend classes, participate in clinicals, or the program lasted only one year.

Dawn: This no longer needs to be a standing agenda item as it has run its course.

5. **Bill Implementation Updates – Catherine, Karl, Grant**

- RCW 18.80 Nurse Licensure Compact (NLC). Projected to begin issuing multi-state licenses in January.

Karl: finished with phase 1, welcoming nurses on Multi State License (MSL) to Washington.

Phase 2 to begin in January, issue MSL. Tied to HELMS that's not ready yet. Will issue under the legacy data system (ILRS).

This has a budgetary impact on the board, so we need to begin asap.

Must share more info with NURSYS, which means adding about 2-3 fields to ILRS.

We are always sharpening the messaging on issuing MSL.

Finding issues in discipline that we resolve as we go.

- HB 1255 WHPS Incentive and Stipend program.

We have been successful in our work to remove the documents associated with SUD discipline. That's an IT issue they're working on. That's the stigma side of the bill. We are in the testing phase to take the *yes* off provider credential search by using a different closure code.

Most recent work is on the numbers for the upcoming decision package related to stipends, which is the incentive side of the bill.

We're asking for approximately \$545,000 to meet the objective of providing stipends to nurses to pay 80% of their expenses not covered by insurance. We originally received \$25,000 for implementation costs to support rulemaking and for a single element of program costs for a limited population, such as testing for those involved in group participation.

The new amount includes funds for things such as testing, monitoring, inpatient, intensive outpatient, alcohol drug information school. Testing is the most onerous as nurses test approximately twice per month. The costs for urine testing range from \$54-\$120 and specialized tests range from \$120-\$400. Also, testing is usually not covered by insurance unless it's related to treatment, and WHPS does not meet the criteria for treatment.

Up front, we hope to pay for the evaluations of all nurses who will enter the program as this is the initial stumbling block. The cost of each evaluation is \$350. By covering the initial cost of the evaluation, we hope to incentivize more nurses to participate.

6. **Procedure Revisions**

- W.32 Program Non-Compliance and Discharge Criteria – updated language to reflect the stipend and stigma legislation and current practice. *Move forward.*
- W.33 Intake – updated to reflect the stipend and stigma legislation. *Move forward.*
- W.34 Substance Use Evaluation and Treatment Services – updated to reflect the stipend and stigma legislation and current practice. *Move forward.*
- W.49 Performance Reports and Procedure Review – update to reflect the stipend and stigma legislation. *Move forward.*
- W.50 Stipend and Stigma procedure – refined language since the September WABON meeting. *Mainly a clean-up; no substantive changes. Move forward.*
- A.08 Out of State Action – updated to reflect MSL language and associated actions. *Move forward.*

- A.21 Licensing Criteria – need more time to coordinate with licensing (Amber is out on maternity leave). Some discussion about eliminating the table entirely as everyone applying for licensure must submit court documents for convictions, and all felony convictions prevent a nurse from holding a multi-state license. Might consider eliminating the table all together and not have the background check unit apply different standards from single state and multi state applicants. All the board members agreed to eliminate the table. Staff agreed to bring back a cleaned-up version of edits without the table to the next DSC meeting.
- A.49 WHPS Referral Contracts – updated to reflect MSL language and associated actions. Added a line about the stipend program. Added a section about participation in WHPS will cause the MSL license to revert to a single state license in the home state until the nurse completes the program. Also, requirements to notify the home state of enrollment. Karl explained in a little more depth about the requirement of the nurse to obtain a single state license here if they lose their MSL because of enrollment in WHPS. Move forward.

7. Work plan – Adam, Catherine

Catherine pointed out that the new data discipline dashboard is on the webpage. Check it out!

8. Public comment – Adam

- Limited to two minutes per speaker No comments.

9. 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. No comments.

10. Adjourn 4:55 pm.