

Washington State Board of Nursing Discipline Subcommittee Agenda – Revised October 15, 2024 MINUTES 3:30 pm to 5:30 pm

Committee

Sharon Ness, RN, Chair

Members

Dawn Morrell, BSN, RN (Excused)

Present:

Ouiana Daniels, GCertHealthSc, BS, RN, LPN

Tiffany Randich, RN, Pro-Tem

Bliss Ali, RN, MN, ARNP, CNM, MPH (Absent)

Karen Joiner, MS, ARNP

Michelle Dedeo DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRN, Pro-Tem

Tracy Rude, LPN, Pro-Tem, ad hoc (absent)

Adam Canary, LPN (Absent)

Staff Present:

Catherine Woodard, Director, Discipline and WHPS

Karl Hoehn, JD, Assistant Director, Discipline - Legal

Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS

Teresa Corrado, LPN, Complaint Intake Officer, ad hoc

Renae Powell, Case Manager

Holly Palmer, HSC

Margaret Holm, JD, RN, ad hoc Alicia Payne, WHPS Case Manager Alison Bradywood, Executive Director Eunice Muriu, Nursing Consultant

1. 3:34 pm opening – Sharon

- a. Call to Order Digital Recording Announcement Sharon read
- b. Roll Call of Board Members and Staff Done

2. August 20, 2024 Minutes – Sharon

- a. In draft format until WABON approves at the business meeting on November 8, 2024
 - a. Ok to move forward to Business Meeting

3. Performance Measures – October 2023-September 2024 – Catherine, Grant, Karl

- a. Investigations Grant Presented
- b. Legal Karl Presented
- c. WHPS Grant Presented
- d. SUDRP Grant Presented

4. Recap of the WABON Conference: Voice and Vision: The Possibilities – Attendees and panel members

• Alison - 130 attendees + staff – smaller numbers provided for some more intimate sharing. Historically was devoted to WHPS but has been expanded to include mental health; applying nursing skills broadly. Keynote speaker Donna Cardillo was focused on renaissance nursing. Heartmath: Coordinating body & mind to better modulate stress reactions. WHPS panel presentation highlighted the program and the support available through that program. Evaluations should be back in the next few weeks and that information will be shared at that time.

5. Procedure Review – Catherine, Grant

- a. A21.09 Decision Making Criteria for License Applications
 - o This is a staff procedure for Alison's signature. The goal is to reduce the number of applications that CMT reviews. It's a condensed version of an earlier procedure with a flow chart that we used before the compact went into effect. After we sent this out in the packet, Licensing came back with one edit we need to leave in the procedure: III. When the applicant has answered "no" to any potential disqualifying question in the personal data section and staff find evidence that the conduct occurred, WABON licensing staff will send a deficiency email to the applicant requesting supporting documents for the conduct. These include copies of court documents, judgements, and the applicant's statement of explanation. WABON licensing staff will then refer the application to CMT for a determination, considering if the conduct amounts to material misrepresentation.

b. W35.03 Contract Terms and Conditions

- o I.B.2 The contract may be shortened from three to two years under a mild SUD diagnosis if the nurse can prove abstinence for at least one year before entering the program.
- o II.A.1 Added that the contract must contain language that says the nurse can no longer hold a multi-state license (because they are entering into the program).
- o II.A.9 Changed agreement to appear in person to appear before SUDRP.
- o II.B.2 Aligned work practice restriction language in the procedure with the actual contract and another procedure; specifically, that a worksite monitor must be identified to oversee practice.

- o III.B Added that in addition to working successfully in healthcare for 12 months; to be on a transition contract, the nurse must also not be on medication restriction.
- o III.F.6 Changed testing from 12-18 times per year to a minimum of 12 times per year. The point is to be intentionally vague.

c. W36.02 Case Management

- o Updated language to reflect case managers doing their work.
- o Added mental health monitoring where appropriate.
- o I.E.11 Included monitoring interruptions on the list of monitoring activities.
- o I.F Added an appearance before SUDRP as a potential corrective action for contract non-compliance.
- o II. Added issues to bring to case staffing meetings, which aligns with practice: new participants, application of procedures, requests for monitoring interruptions, referrals to SUDRP, notices of required evaluation.

d. W38.02 Work Site Monitoring

 No substantive changes. Updated language from the original 2019 version. Intend to place this on the consent agenda unless the subcommittee says otherwise.

e. W39.02 Professional Peer Support Groups

- o I.A.2 Added that a facilitator must have an unencumbered healthcare license, active or retired, in good standing for three years prior to application, or one year for a co-facilitator.
- o I.A.6 Changed willingness to work with nurses to healthcare professionals to accommodate WRAMP participants in peer support groups.
- o I.B Facilitators must submit reports on the first of the month.
- o II.C Added language about referral to SUDRP for non-compliance.
- o II.D. The assistant director may remove a facilitator for performance concerns.
- O Attached the latest version of the PSG facilitator agreement. (Jeff re-wrote this about a year ago.)

f. W45.02 Cease Practice Requirements

- o Added the mental health component to the ability to practice safely.
- o II.A Specifically mentioned substance use non-compliance as a reason to remove a nurse from practice, and a requirement to follow all treatment recommendations before returning to practice.
- o II.B. Updated language to SUDRP. (needs "Referral corrected to "review"

g. W46.03 Graduation

- o Updated language to reflect current terminology.
- o II.E.3 Added that WABON will remove the 'yes' indicator and associated documents for SUD-related discipline from the Provider Credential Search upon the nurse's graduation from the program.

6. Charging fines as part of disciplinary sanctions – Sharon

- Other states have significant fines for some discipline issues as an attempt to recoup costs for investigations, etc.
- Tiffany Supportive could be a deterrent; potential source of income?
- Quiana Agrees.
- Karen Supportive; gives something more "punitive" good to investigate the idea.
- Karl The board has authority to levy up to \$5000 for disciplinary; up to \$1000 for cost recovery per statute. Fines go into revenue, while cost recovery goes into the budget and

must be used in the same fiscal year. It would be the thing that respondents would respond negatively and bargain down and then not pay it. At that point, have to decide to charge them with not complying with the order to collect a smaller amount than the cost of recouping the amount. After it goes to collection the amount received is pennies on the dollar. UDA says the paramount duty is to protect the public, and secondary correct the practitioner. Does not prohibit financial fines.

- Alison has come up in terms of educational program approvals; having a cost with applications to cover some of the staff and board costs in the approval process. But the finances just don't shake out to make it worthwhile to do. Concerned about optics and philosophy of moving towards more punitive options. Could potentially shift the public perception negatively.
- Karen Don't want to be known as punitive but there are some cases that come before discipline that we could add something more to them; next step could be full breakdown of pros and cons to dig into this more deeply.
- Karl option would be to add a fee to the renewal fee for the next renewal cycle; however, there is a nursing shortage to consider and we could lose a good nurse because of money issues.
- Catherine ACTION ITEM put on work plan and gather some data to bring back to the subcommittee for further discussion. Chris Archuleta (finance director) does not consider this as something that would impact the revenue stream.
- Alison if the board is concerned about other ways to keep the public safe, we need to be open to discussion on those; for example, the work around the Nightingale schools; now that we are in the compact do we do things differently? It's worth re-evaluating.
- Karl would be good to know how fees are collected; are the nurses' licenses taken if they are not paying? Do they have payment plans? What are the ramifications for failure to pay fines? Also consider income disparities.
- Alison Does your inability to pay reflect what kind of nurse you are?

7. Allowing students into WHPS – WAC 246-840-750 – Catherine, Grant

- o Philosophy governing voluntary substance use monitoring programs.
- o The WAC currently reads that LPNs and RNs can be referred to WHPS.
- o Would like to open the rule to specifically allow nursing students.
- We're missing a significant portion of the nursing population by not allowing students.
- o WHPS plans to target nursing schools to familiarize students with our resources.
- Karen this may have ramifications on the individual institutions because they will have their own policies, etc. Will require a significant cooperative situation with the schools.
- o Karl the Education unit would need to be involved in the conversation.
- O Alicia we have many nurses that have to do the refresher course to reinstate their license; some of them have difficulty doing their clinicals. At that point sometimes they have been in the program from 6-12 months. Some outreach and education with the schools would be beneficial to build that relationship to show that the nurses who are being monitored can continue their education safely.
- Grant IF we get students in the program, they would be unknown to the board they
 would be considered voluntary and couldn't release their participation to the board or
 the facility without and ROI.
- o Alison adding this to CNEWS for input.
- o Catherine ACTION ITEM add to work plan to investigate.

- Work Plan Sharon, Catherine Reviewed 8.
- 9. **Public Comment - Sharon**
 - a. No public comments
- Anything For the Good of the Order? All a. No comments 10.
- 11. Adjournment 5:01pm