



**Nursing Care Quality Assurance Commission (NCQAC)  
Licensing and Disciplinary Subcommittee  
March 21, 2011  
310 Israel Road SW, Tumwater, WA 98501  
Telephone Conference Call  
7:00PM**

<b>Sub-Committee Members:</b>	Margaret Kelly, Chair; Susan Wong, Vice Chair; Bill Hagens (excused), Mindy Schaffner
<b>DOH Staff /Guest:</b>	Mary Dale, Teresa Corrado, Sandra (Sam) Prideaux, Miranda Bayne, Joe Grangnelli
<b>Call to order</b>	<b>7:05</b>
<b>Roll call</b>	
<b>Minutes</b>	<b>Approved</b>

**1. NCQAC Strategic Plan assignments – Margaret/Mary**

Update on staff progress; discussion of assignments for the subcommittee.

- #2 WHPS Audit - Evaluate and improve the outcomes of voluntary, involuntary, and disciplinary processes with nurses with substance use.

The WHPS evaluation and performance measures will be considered complete when the performance measures are written, the internal auditor is scheduled to perform the audit, and two states are selected to benchmark performance. Staff has developed draft performance measures; when these are complete they will come to this subcommittee for input. Completion expected by 7/1/2011.

The rest of the objective is assigned to the subcommittee, along with Mary and Trent, for action. Paula, Trent and Mary will meet to create “if \_\_, then \_\_” statements on March 25.

- #4 Early Remediation Program - Evaluate and refine Early Remediation Program and recommend improvements as needed.

Transfer of work to the Nurse Consultants has begun. Other items to be done in 2012.

- #5 Case Management Team – Evaluate and improve the case management team process in 2011.  
Send a request for input for improvement from CMT members and backup members.

**2. Define “harm” for the Early Remediation Program – Sam/Mary**

The document Mindy provided that defines harm was discussed. Staff sent the document to CMT members. CMT liked the health examples listed; liked the definition of minimal and

potential harm, but wanted them to be separated. They thought the definition of “actual harm” was confusing. They suggested a definition be tested for a few weeks at CMT. They were comfortable with the definition if it is only to be used for the ER Program.

Margaret suggested the subcommittee members consider the definitions, then bring back examples for discussion, keeping in mind we are setting guidelines for the ER Program - what kind of person qualifies; and minimal versus actual versus potential harm.

Joe gave the definition of harm from his experience at DSHS. Minimal harm was an incident with an effect on the patient, but a doctor’s order was not necessary to remedy; there was no negative outcome. Harm was an incident when a doctor had to be contacted in order to correct the error. Others felt this would work the majority of the time.

What if the patient is sent to the hospital, but only for observation. While we don’t want the definition to be too narrow, it was noted this would be done for the facilities need, rather than the patient.

**DECISIONS:** Mindy, Susan, Margaret will bring examples next meeting. Mary will take Joe’s definition to CMT for their input.

### **3. New Procedure – Mary**

The Legislative Task Force has asked the subcommittee to develop a procedure based on a statement from the Idaho Board of Nursing regarding nurses with prescriptions for medical marijuana and uploads.

This position statement addresses safety to practice, which would include prescriptions for medical marijuana and opioids. It will need to be put into the procedure format, then decided if there should be any changes or additions. The commission can give more input at the May NCQAC meeting.

**DECISIONS:** Mary will send the draft procedure by March 23. The subcommittee will send comments by April 5. The subcommittee meeting will be moved from April 25 to April 18, so the draft can be included in the meeting packet, which is due April 21.

### **4. Limited Education Authorization (LEA) – Margaret**

Margaret discussed LEA’s at the March NCQAC meeting. An order suspended a respondent’s license, and required a refresher course for reinstatement. You must have active license to complete a refresher course. This could be one of the scenarios at the July NCQAC meeting.

Miranda had done an analysis of the rules, and there was discussion if they should be sent to commission members. It was suggested to take it to the steering committee to decide if it should go to all members.

**DECISION:** Do not send to the full commission. Mary will ask Paula if members involved in sanction outliers will be told of an issue before it goes to the whole commission. Add how to handle outliers to next meeting agenda.