



**Nursing Care Quality Assurance Commission (NCQAC)  
Licensing and Disciplinary Subcommittee  
Special Meeting  
March 26, 2012  
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; Cass Tang
<b>DOH Staff /Guest:</b>	Mary Dale, Teresa Corrado, Miranda Bayne, Sandra Prideaux, Catherine Woodard
<b>Call to order</b>	Digital recording announcement
<b>Roll call</b>	7:00 PM

**1. Work Plan – Margaret**

Margaret reviewed the work plan. The Case Management Team (CMT) began using GoToMeeting on March 12. Bill Hagens will have the newsletter article on “Practice on an Expired License” to Mindy Schaffner by April 4. Margaret asked members to consider topics for the next article, which is due 8/17. This will be on the April agenda. Teresa and Catherine will discuss Licensure for Office Emergency Preparedness” at the April meeting.

**2. Performance Measures – Margaret**

The performance measures presented at the 3/9/12 NCQAC meeting were updated after they were reviewed at this subcommittee in February. Several errors were taken to HSQA and corrected. The original measures were in the packet, but the revised ones were presented. Mary, Catherine, and Margaret will meet to discuss the measures.

**3. Nurse Consultant Update – Sam**

Sam told the subcommittee that she will retire on June 29, but will be out after May 15. Nancee Tardiff has taken another position, leaving on March 15. Linda Patterson has been covering Nancee’s area. Sam reported that she has most of the eastside of the state done. She has hospitals and jails to do yet. Sam has gotten good feedback from the schools. At several schools, the students were not aware of what the standards of practice are. They do not get this information until after their clinicals. Bill asked Sam to share this information with Mindy Schaffner, Education Manager. Sam had questioned the instructors why they gave this information in the last quarter; they said there is too much information in the first quarter, and students don’t remember it. Sam said most of her presentations were done separately for staff and management. She has been pushing use of the Sanction Standards when making complaints. This will show when remedial training has already been done.

#### 4. Early Remediation Program – Mary

Mary discussed the efficient use of resources, specifically the ER Program. The program is underutilized, with only about 5 cases a month going to the program, and most of those closed after initial investigation. The packet included a flow chart of the ER Program, a PowerPoint document on the disciplinary process, Procedure A34.01, and WAC 246-840-581-583.

Cass said we can determine several potential paths from the flow chart. She suggested a workgroup look at the issue. There was discussion that often there is no monitoring of practice. Miranda stated that the definition for action plan under WAC 246-840-582 says the action plan MAY include monitoring by the current employer or other practice monitor. This language is permissive: ongoing practice monitoring is not explicitly required, and the WAC allows for monitoring by someone other than the employer. WAC 246-840-583 specifies participation by the current employer as a criterion for eligibility. We may be violating this WAC in cases where the nurse has been fired and s/he is nevertheless offered an action plan. However, there is an argument that the WAC does not explicitly say that all criteria must be met, and even if the criteria are exclusive, the risk related to this potential rule violation is low. Reviewing Commission Members (RCMs) can return cases directing staff to offer the ER Program. Investigators can also refer cases back to CMT for consideration for the ER Program.

The bigger issue is where the line is between significant and minor harm. Mary added that she would like to reconsider previous discipline as disqualifier from the program. A recent case was not allowed in the program because there was disciplinary action 15 years before.

**DECISION:** Have CMT members review the PowerPoint and the procedure. Get feedback on what would help to move more cases into ER. Bring this information back to Licensing & Discipline Subcommittee.

#### 5. Investigation Statistics – Catherine

*As of March 1, 2012, based on the GMAP report we have:*

*Percentage*

○ 346 open investigations (up from 323 Feb 1st)	100
○ 13 in Early Remediation (also included by case nature)	04
○ 76 substance use and abuse	22
○ 5 sexual misconduct that have not been transferred to OII	01
○ 154 standard of care/services	45
○ 4 criminal charges/convictions	<1
○ 11 actions in other states (.370s)	03
○ 96 others (med errors/theft/scope of practice/documentation/abuse, etc.)	28

*February performance based on eight investigators, one Chief Investigator, one CSS2:*

- 46 UDA investigations completed (PM 3.1)
- Average 5.75 cases per investigator completed
- 67 UDA investigations opened
- 68% investigations completed within timelines (target 77%) (PM 2.2)
- 44% investigations remained open beyond 170 days (target 23%) (PM 2.4)

**“GoToMeeting” will be used for the April 30 subcommittee meeting.**

**Adjournment**