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Oregon Nurse Staffing Advisory Board (NSAB)
 Wednesday, August 28, 2019
 1:00 PM – 5:00 PM

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Meeting Minutes

Cochairs	Susan King, MS, RN, CEN, FAAN (presiding); Jennifer Burrows, RN, BN, BSc, MBA
Members present	Rob Campbell, CP, ADN, RN; Shannon Carefoot, RN, BSN, CCRN, CNML; Uzo Izunagbara, RN; Carolyn Starnes, ASN, RN; Debbie Robinson, RN, MSN; Virginia Smith, BSN, RN-BC; Amanda Newman, CNA
Members absent	Zennia Ceniza, RN, MA, CCRN, ACNP-BC, NE-BC
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Matt Gilman, MPPA; Sarah McCarthy; Wendy Edwards, RN
Guests present	Jesse Kennedy (ONA), Deborah Riddick (ONA), Donnell Owens

Agenda Item 1	<i>Call to Order</i>
The meeting was called to order and all individuals present and, on the phone, identified themselves.	

Agenda Item 2	<i>August 28, 2019 Board Minutes</i>
Motion to approve minutes: Debbie Robinson Seconded by: Virginia Smith Motion passed	

Agenda Item 3	<i>Membership Updates</i>
Board co-chair asked about NSAB membership updates. M. Gilman stated there is still a nurse manager vacancy and OHA currently has three applicants who are interested in that vacancy. Additionally, there are three current members whose terms will be expiring at the end of 2019. Board co-chair asked if the members whose terms expire at the end of 2019 are eligible for re-appointment.	

M. Gilman stated that members whose terms are expiring are already serving their second term and are therefore not eligible for re-appointment.

Board member asked about continuing to participate in NSAB meetings after their term expires.

A. Davis stated that members should continue to participate, as appointing new members can take longer than expected.

Board member asked if there was a certain amount of time that needed to pass before they could be considered for another appointment to the NSAB.

D. Selover stated that, given her experience with other boards, it may be possible for a member to rejoin the board after some time has passed.

Board member asked if her term would transfer now that she was Registered Nurse (RN), not a Certified Nurse's Assistant.

M. Gilman stated the term would not transfer, so the member would need to apply for an RN vacancy.

Board co-chair asked if OHA knew when the vacant nurse manager position would be filled.

D. Selover stated that she has spoken with the Governor's office regarding this vacancy and there will be a new member by the November meeting.

M. Gilman provided an update regarding the recruitment of the currently vacant Nurse Staffing Policy Analyst position, stating that the agency was currently working through the interview process.

Board member asked if OHA could share the position description for the Nurse Staffing Policy Analyst with the board.

M. Gilman stated that the position description could be shared with board members.

Board co-chair asked how the position description reflects what was discussed during the facilitated work session in July. Specifically, that the position has a high level of nursing expertise.

M. Gilman stated the position announcement requested that the candidate be a registered nurse.

A. Davis stated that the position description states what the person will be doing, not what qualifications they should have.

<p>Board member asked about the relationship between the surveyors and the policy analyst position. Member asked if there is overlap in their work.</p> <p>D. Selover shared the difference between the program's Client Care Surveyors, who are nurses and have nurse staffing expertise and the OPA 3 position, which historically has not been a registered nurse.</p>	
Action Item(s)	<ul style="list-style-type: none"> • Share the position description for the Nurse Staffing Policy Analyst.

Agenda Item 4	Status Updates
	<p><i>Survey Dashboard</i></p> <p>A. Davis shared the updated dashboard.</p> <p>Board member asked about the surveys listed that are currently in the revisit process.</p> <p>A. Davis stated the re-visit process is not currently moving as surveyors are focused on current surveys. Stated that approved Plan of Correction (POCs) need to receive their revisit letters.</p> <p>A. Davis stated there are eight more surveys to complete this year and that will complete the full cycle of surveys. Stated that some surveys are on their fourth or fifth POC and that surveyors have had numerous calls with these facilities to reach an approvable POC.</p> <p>Board member asked if OHA had identified any trends in the revisits that have been submitted.</p> <p>A. Davis stated none of the revisits are far enough into the process to be able to assess for any trends.</p> <p>Board co-chair asked about the amount of time between the survey being conducted and POC approval. The co-chair asked if OHA could narrow down the outstanding issues that had been identified with the POCs.</p> <p>A. Davis stated that it is difficult to narrow the issues down to a few "typical" issues. The first review usually reveals several outstanding issues. What is known is that the number of identified issues decreases relative to the number of calls the facility has with OHA surveyors.</p> <p>A. Davis shared that data show POCs submitted when surveys began were less frequently approved than recently. This improvement is likely due to facilities reviewing approved POCs on the Nurse Staffing website.</p>

Board member asked about the difference between POC approval and implementation of what is in the POC. Member asked if having the POC approved is a matter of semantics or if there are ways to measure implementation of what is in the POC.

A. Davis stated there are three main areas to focus on when measuring implementation. First, surveyors look for the person responsible to make sure the change will happen. Next, surveyors look for monitoring of the correction. Confusion often arises because the statute states that annual review of the Nurse Staffing Plan is required. However, the POC should state that monitoring occurs more frequently than once per year. The annual review of the Nurse Staffing Plan is significantly different from the monitoring needed to determine if a specific correction of the plan or to the functioning of the committee has been implemented and is continuing. Finally, and perhaps the biggest problem, is that some POCs do not explain what the hospital is going to do to correct the deficiency. The POC should describe what the hospital is going to do to return to compliance.

Board co-chair reminded board members that they highly recommend reaching out to OHA whenever there are questions regarding POCs.

Board member stated that their hospital's Chief Nursing Officer (CNO) attended one of the breakout sessions at the Summit where the need to reach out was emphasized.

Board member asked if non-approved POCs could be posted to the OHA's website.

A. Davis stated that posting POCs that haven't been approved causes concerns because the accepted plans and non-accepted plans look very similar and could be easily confused.

D. Selover stated that instead of posting POCs that have not been approved on the OHA's website, perhaps the Oregon Nurse Staffing Collaborative (ONSC) might be a good place to share POCs that were not approved.

Board co-chair asked when the OHA will have one or two surveys complete the revisit process.

A. Davis stated that the revisit process is remarkably slow because OHA is working to complete the 24 nurse staffing surveys. She stated there had also been a slowdown in the POC reviews and those reviews must be caught up before time is spent on revisits.

Board co-chair stated that they would like OHA to stay on the current schedule and before OHA starts pushing to get the year four surveys done, OHA should make sure all the revisit follow-up has been completed

Board co-chair stated that she believes completing revisits before the second cycle begins will make the survey process more meaningful.

A. Davis stated that the goal is for the second cycle of surveys to be quicker than the first cycle. Ideally this will be a combination of fewer citations as hospitals are more familiar with the requirements of the law and with the survey process itself.

Board member asked if it would be possible to identify a couple of hospitals who could be used as a case study for revisits. The member suggested that the revisit information for these hospitals could be reviewed by the board.

A. Davis stated that the revisit reports will be posted online when they are completed.

Complaint Dashboard

A. Davis provided clarity on how complaints are counted. For example, some complaints received in 2017 had their investigation conducted at the time of the complaint, but did not receive their written report. When the full survey was conducted later, the original complaint report was combined with the survey report.

Board member asked if the complaint is re-investigated when surveyors conduct their site visit.

A. Davis stated that the original complaint is not re-investigated because the complaint was already investigated previously.

Board co-chair asked if surveyors validated if original concerns still existed.

A. Davis stated the surveyors reviewed the notes from the original complaint and included that information in their full survey report.

Board co-chair asked about what happens to complainant, in terms of their participation in the process.

A. Davis stated the complainant is notified both when OHA starts the investigation and when the investigation is completed. A copy of the report is always provided to the complainant, so they know the outcome of the survey.

Board member reminded the group of the conversation that occurred during the facilitated work session where participating board members discussed the ideal state of separating a complaint investigation from a survey to allow surveyors to provide instant feedback to the hospital during their complaint investigation.

Board member asked if there have been any hospitals who have declined to engage on a complaint investigation.

A. Davis stated that not engaging is not an option and that after describing the process to the hospital, they engage.

Board member asked about the ability of OHA to accept a separate complaint form, such as a staffing complaint tool, in addition to the standard OHA complaint intake form.

A. Davis stated that OHA has received both forms in the past, however, the OHA complaint intake form is the document that has all the needed information.

Board member asked if there had been any communication with the complainant when a year or more has passed between the complaint and the report.

A. Davis stated communication is provided after surveyors have been on site and the delay in communication is between the onsite complaint investigation and the report being provided to the facility.

D. Selover stated there is communication back and forth with the complainant, to the extent allowable, to provide them with information regarding the status of their complaint.

Board co-chair asked about the generic complaint form and asked for assurance that if a person attaches additional information, it is going to be accepted.

A. Davis stated that OHA accepts everything that is attached to the complaint form. If additional information is needed, surveyors will request that information.

Board member stated the complaint forms have been drafted with OARs in mind and they would like to know how frequently additional documentation is uploaded. Member asked how frequently the policy analyst reviews the complaint form.

A. Davis stated that the policy analyst might see the complaint form from time to time, but it is ultimately the surveyors who review all the complaint form and information submitted regarding a complaint.

Board member asked about the connection between the policy analyst and the surveyors.

A. Davis stated that she oversees the surveyors and M. Gilman oversees the policy analyst. The policy analyst works on helping and supporting the surveyor in terms of interpretation. Prior policy analyst drafted the survey tools and interpretive guidance. Surveyors complete the triage of complaints.

Board member stated they had personal knowledge of a complaint form that was not accepted, even though it followed HCRQI policy.

A. Davis stated that she could not comment on this complaint because she has not seen it or reviewed it.

Board co-chair asked if there had been a rejection of the complaint form that was used or, if it was a request of additional information.

Board member stated they wanted to be sure that they were communicating the process to their facility accurately.

D. Selover recommended that the current complaint form be brought back to the board for further review and to provide clarity about the complaint process.

Board co-chair stated that it would be helpful to discuss the process and to review the complaint form again.

Board member asked if W. Edwards, who would be attending meeting, could speak to this scenario.

Board member stated they would like to know more about the barriers that exist with submitting a complaint.

Board member asked if OHA can determine if EMTALA investigation timelines lead to fewer incidents in the future.

D. Selover stated the EMTALA requirement comes from CMS and a quick turn-around time may get a facility's attention faster but may not lead to a higher level of compliance.

Board co-chair asked if there were fines related to EMTALA investigations.

A. Davis stated there are no fines for EMTALA investigations.

Board member asked about the current revisit cycle, related to when their facility submitted their revisit documentation and when they could expect that work to happen.

A. Davis stated the amount of work required for the current surveys requires more FTE than is currently available.

Board co-chair stated that the question relates to what was discussed during the July facilitated meeting. Co-chairs stated the conversation with the Governor's office is the next step and that any allocation for additional resources will be coming from outside the HCRQI section.

Board co-chair stated that perhaps the revisits make sense to complete with the next visit. However, some facilities have not had their plans approved.

A. Davis stated that all 2017 surveys have approved POCs.

Board member asked if the order of hospital surveys could be shuffled. Member added that hospitals should know the rules by now and should be able follow the rules.

A. Davis stated that was the expectation for the second cycle but raised question about finishing the first cycles.

Board member stated that five units were surveyed at their hospital and if additional units are added in future surveys, it would be more difficult to complete the surveys.

Board member stated this question was discussed during the facilitated work session. Member stated there is a role for hospital staffing committee co-chairs during the survey process and asked OHA staff what they thought this role should be.

D. Selover stated the question is really for the board to answer. Stated that the statute and survey process does not foresee board members being a part of regulatory activity. Encouraged the board to discuss what board members thought their role should be.

A. Davis stated the nurse staffing statute specifies that OHA may not provide any information to the board, unless that information is publicly available. Surveyors see information that is not going to be publicly available, therefore, a board member would not be allowed to see it.

Board co-chair stated there is a nuanced difference between the board participation and participation of an individual. Co-chair asked if the board member's question about participating on a survey was for the board to attend or for a specific individual to attend.

Board member stated their recommendation was for an individual, who is also a board member, to accompany a surveyor on a nurse staffing survey. Member stated they would like to follow the surveyor from start to finish and would like to see what the process from beginning to end. He stated that if they were permitted to attend a survey, they would generate a report that would be presented to the board. Member stated their presence could increase the integrity of the survey.

Board member stated they have had the opportunity to participate in several surveys from start to finish. Member stated that their hospital invited front-line nurses to the survey process to observe.

Board co-chair stated there was still a question regarding whether a voluntary participant from the hospital's nurse staffing committee could attend a nurse staffing survey.

Board co-chair suggested the Oregon Nurse Staffing Collaborative could encourage hospital nurse staffing committee co-chairs participate throughout the nurse staffing survey process.

Board member stated they understood the challenges, but now that all members have gone through a survey, when the hospital promotes participation from direct care nurses, it results in a better survey. Member stated that having a formal recommendation from OHA could help with participation.

Board co-chair stated that she was not suggesting OHA send that message. Rather, the message come from the NSAB.

Board co-chair stated there are currently two recommendations under consideration. The first recommendation was that the co-chairs of the hospital nurse staffing committee be involved in the full survey process. The second recommendation was that a board member be involved in the survey process.

Board member asked if the recommendations should be made in the form of a formal motion.

Board co-chair stated that it could be.

Motion by R. Campbell that the NSAB make a formal recommendation to hospital nurse staffing co-chairs that, to the extent possible, they be involved in the entire nurse staffing survey process.

Motion seconded: V. Smith

In favor: All
 Opposed: None

Board co-chair stated a letter from the NSAB co-chairs could come out soon.

Action Item(s)	<ul style="list-style-type: none"> • Review complaint process and form. • OHA to clarify ability for NSAB members to attend surveys. • NSAB co-chairs will draft recommendation and send to OHA to share with hospital nurse staffing committee members.
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Agenda Item 5	Committee Updates
<p><i>Acuity Committee</i></p> <p>M. Gilman shared the survey monkey tool that listed the acuity factors for NSAB members to prioritize. Once shared with NSAB members, results would be brought back to the Acuity Committee.</p> <p>Board member asked if the survey contained pre-defined rankings.</p> <p>M. Gilman stated that the survey did contain a ranking system and that he would share the survey electronically and collect feedback that way.</p> <p>Board co-chair shared the goal of the Acuity Committee was to develop guidelines to care for those patients that should go into a nurse staffing plan that is based on staffing needs. She stated further that the committee should meet again relatively soon.</p>	

Board co-chair asked if the survey options could range from very important to not important.

Board member stated that they agreed with the range options and stressed the ability to recognize the difference between acuity and intensity.

Board member asked if the board was able to make recommendations to a specific acuity tool.

Board co-chair stated that this topic would be important to add to a future board meeting.

D. Selover reminded members that the OHA could not enforce a recommendation or a "should". Stated that she would like to hear more from the ONSC regarding this tool.

Board co-chair stated that the committee could make a recommendation regarding a tool.

Board member stated there are already recommendations available regarding using a specific tool.

D. Selover stated from a regulatory perspective, recommendations, instead of mandates, regarding the use of certain tools make it easier to change if technology changes.

Board member asked about the current number of tags related to acuity tool violations.

A. Davis stated there has been no change, with about 90 percent of hospitals receiving a tag related using an acuity tool.

M. Gilman stated the goal was to have the Acuity Committee moving forward by the November board meeting.

Overtime Committee

Board co-chair stated the question the board was still waiting for an answer to was whether the board could make the recommendation on what to document.

A. Davis stated that DOJ provided a recommendation that the NSAB could make the recommendation, however, the burden is on the hospital to have the documentation necessary to prove there was not any mandatory overtime.

Board co-chair stated the complainant might have the documentation and that she did not recall the DOJ recommendation shared. She asked if the NSAB concluded that the only requirement is for mandatory overtime documentation.

D. Selover stated if there was a situation where there was an allegation of inappropriate use of mandatory overtime and the hospital did not differentiate in their documentation, there would no ability for OHA to conclude that a violation of mandatory overtime had occurred. When the Overtime Committee began, OHA heard it was a large burden for hospitals to document overtime. Asked board members if this was still a concern.

Board co-chair stated that the original recommendation was to have a tight process regarding the documentation of mandatory overtime. Stated that her hospital has a process and a form for staff to complete when there is mandatory overtime. Stated that surveyors asked for all the documentation, not the forms that staff completed. If the hospital has a process, that should be enough to meet the law. Documenting both mandatory and voluntary overtime is a tremendous burden on hospitals.

A. Davis asked board members how they would approach the situation if the hospital stated they do not have mandatory overtime.

Board member stated that if the hospital has a policy stating they do not have mandatory overtime; the burden is on the hospital to prove that.

Board co-chair recommended that there be another meeting of the Overtime Committee.

Total Diagnosis Committee

M. Gilman shared a draft of interpretive guidance for Total Diagnosis for the board to review.

Board member provided corrected language regarding item number one of the guidance.

Board co-chair stated that there are nursing diagnosis and lists of codes that may be present in the patient population of a given unit. The co-chair reiterated that the purpose was not to provide a list of ICD-10 codes.

A. Davis stated that W. Edwards could provide additional guidance on this topic.

Board member asked if the removal of this total diagnosis would violate nurse staffing statute.

A. Davis confirmed that it would violate the statute.

Action Item(s)	<ul style="list-style-type: none"> • Edit and update interpretive guidance as requested
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Agenda Item 6	<i>Discussion of Facilitated Work Session</i>
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Board co-chair provided summary of work session and asked members if they had additional comments or questions regarding the meeting.

<p>Board member asked if there was a progress report regarding the recommendations that were made.</p> <p>Board co-chair stated that a message from the Governor's office was received, thanking the board members for their work.</p> <p>Board member asked what the OHA's perspective was on what was shared in the letter.</p> <p>D. Selover stated the OHA was still evaluating the recommendations provided in the letter to the Governor's office and was anticipating a broader conversation with them to discuss the recommendations and any barriers preventing the implementation of the recommendations. Additionally, she asked board members to consider how they would propose to measure some of the recommendations that were made, such as the ability of the board and OHA to work collaboratively, or the effectiveness of the board.</p> <p>Board member asked if all current OHA staff would continue to attend NSAB meetings after the policy analyst is hired.</p> <p>D. Selover replied that all OHA staff would continue to attend.</p>	
Action Item(s)	None

Agenda Item 7	<i>Legislative Report</i>
<p>Board co-chair stated that the report provides an update on the surveys completed as well as the work of the committee. Bulk of report could be the key recommendations that came out of the letter to the Governor.</p> <p>D. Selover stated that the report may be a little late and shared with OHA Government Relations staff. This report is on their radar and they're coming up with a new process.</p> <p>Board co-chair added that key recommendations from NSAB meetings should be included.</p> <p>Board co-chair asked what the timeline for this report would be.</p> <p>M. Gilman responded he would share a draft of the report with NSAB members the week of September 15.</p> <p>Board co-chair stated she would help with any editing needed.</p>	
Action Item(s)	<ul style="list-style-type: none"> • Draft legislative report to share with NSAB members by week of September 15.

Agenda Item 8	<i>Plans of Correction</i>
<p>W. Edwards stated she would be describing the Plan of Correction (POC) review process, with example documentation. She stated she would also be presenting the common issues that must be resolved before OHA can approve a POC.</p> <p>W. Edwards stated that surveyors look for the monitoring plan that hospitals will be using to correct deficiencies that have been found. Surveyors want to see a minimum of quarterly monitoring.</p> <p>Board co-chair asked about the frequency of monitoring, specifically regarding the nurse staffing committee's charter.</p> <p>W. Edwards stated a quarterly review of the charter, ensuring what was stated in it was still relevant was appropriate. Discussion of trends in getting a plan through the approval process. Stated that several hospitals addressed individual findings rather than deficient practice statement and provided an example.</p> <p>Board co-chair asked if surveyors were receiving too many responses that were trying to refute the findings of the survey.</p> <p>W. Edwards stated that those are received occasionally, but what is received frequently is that the findings are addressed rather than the deficient practice statement.</p> <p>Board member stated they saw the correlation of both the findings and the deficient practice statement.</p> <p>W. Edwards stated the POC should address the hospital-wide practice, not just the work on the units that were cited. Hospitals also wait until several POCs have been rejected before they have a call with surveyors.</p> <p>Board co-chair asked if surveyors reject POCs if hospitals fail to address how a deficiency will be corrected hospital-wide.</p> <p>A. Davis stated that conversation occurs during conference calls and that surveyors will tell hospitals that their plan only addresses the units that were cited during the investigation.</p> <p>W. Edwards stated the concepts used for approving POCs for nurse staffing are the same as the concepts used for CMS surveys. Shared several trends, which included: the addition of extraneous information, the frequency of monitoring, and listing numerous individuals as the responsible person for the correction. Hospitals also submit their POC and refer to attachments, however, attachments frequently do not address the deficient practice. Hospitals also state they will fix the problem by following OARs. Occasionally, POCs will include the first page of the statement of deficiency that is signed and dated by the administrator.</p>	

Board co-chair shared that having a template to use makes submitting the POC much easier. Stated the formatting of document makes it extremely difficult to complete the form accurately.

D. Selover stated that the Centers for Medicare and Medicaid Services (CMS) knows that the document is hard to use and is currently working to revise it.

Board co-chair asked for surveyor feedback regarding sites that have had many failed POCs. Not trying to maintain the intention of the law. Hard time with the formatting or if the facility is not paying attention.

D. Selover stated the idea behind the POC is based on the Plan-Do-Study-Act cycle. There are indicators that can be monitored and root cause analysis that can be used to make sure the errors do not happen continuously. When it's fixed, it will work regardless of the unit. Strong action plan with items that are hardwired in.

Board co-chair asked if turnover in nursing staff was a barrier for hospitals to achieve compliance.

W. Edwards stated that she did not believe turnover had been a large barrier.

Board member asked if surveyors are seeing a trend fewer violations during a survey or fewer POCs edits before they are accepted.

W. Edwards stated that she has heard from other surveyors that they have seen fewer deficiencies.

Board member stated he thought hospitals were struggling with breaks and that he is eager to see potential solutions. Member asked if surveyors are seeing a trend related to breaks.

W. Edwards stated that trends may be able to be determined after revisits begin.

Board member asked about the ability to have a priority list in order to weigh different nurse staffing plan components.

Board member stated that one of these components could be the minimum staffing requirement and that it could be used instead of ratios.

Board co-chair stated the issues mentioned point out the importance of having the surveyors attend future meetings to be able to ask questions about breaks and minimum staffing.

W. Edwards shared the goal of making sure the reviews of POCs are as consistent as possible. She stated that more than twenty tags are typically cited for each survey report.

W. Edwards shared several rejected and accepted POCs and provided guidance on why the plan was rejected and what surveyors were looking for in order to accept the plan. She stated that POCs posted on the web should be used as examples to follow, not an absolute way to have a POC approved.

Board member suggested that language be added, stating that any improvement should be system wide, not unit specific.

D. Selover asked if the suggestion was to add this to the Interpretive Guidance.

Board member affirmed.

Board co-chair stated that there were not a lot of accepted plans in the beginning of the process, but now that many plans have been accepted, hospitals have proper examples to use when drafting their plans.

A. Davis stated there is a webinar available on OHA's nurse staffing website that provides guidance on creating an approvable POC.

Board member stated that the board would like W. Edward's feedback on the previously shared Total Diagnosis interpretive guidance.

W. Edwards stated she would take the document to review it further.

Action Item(s)	<ul style="list-style-type: none">Review total diagnosis interpretive guidance document and provide feedback. Will be discussed at the November meeting.
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Agenda Item 9	<i>Emerging Issues in Nurse Staffing</i>
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D. Selover shared that work had been done regarding the OHA's ability to share SurveyMonkey data related to nurse staffing surveys.

Board co-chair asked if there was a requirement for administrative rule review.

A. Davis stated that the requirement was to review every five years.

Board co-chair asked when the rules should be clarified or changed.

D. Selover stated that the five-year requirement is an internal policy, not legislatively mandated. Also stated that rules hearings do not happen during legislative session.

Board co-chair asked the board and OHA about how year four surveys would look, and suggested time be spent to discuss this further. Stated that at some point, the board needed to help OHA catch up.

<p>Board member asked how to make the nurse staffing law more effective and suggested this topic be discussed further. Member stated that if more surveyors are needed, that needs to be a priority.</p> <p>Board co-chair stated that this topic was discussed during the facilitated session in July and recommendations around this were included in the letter to the Governor.</p>	
Action Item(s)	<ul style="list-style-type: none">• Determine OHA ability to share SurveyMonkey data.

Agenda Item 10	<i>Public Comment</i>
<ul style="list-style-type: none">• Donnell Owens, RN – Kaiser Sunnyside	

Approved by the NSAB November 20, 2019

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