



## July 13, 2005 Quarterly Meeting

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### MINUTES

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#### **Convened**

The meeting convened at 8:30 a.m. in room 445 of the State Office Building.

#### **Board Members Present**

George Gerding, Acting Chair, R.Ph; Jim Bagley, Public Member; Margaret Clark, Public Member; Larry Davy, NHA; Kathleen Elias, RN; Dolores Hubert, Public Member

#### **Board Members Absent**

Rob Hays, NHA, Chair; Anita Schacher, NHA, Vice Chair; Ronald Gilson, M.D.

#### **Others Present**

Janet Bartel, Executive Officer; Carol Parks, AAG; Margaret Clark; Margaret Carley, Deputy Director, OHCA; Amy Bucher, NHA; Bryan Crews, NHA; Lorraine Fox, NHA; John Hogan, NHA; Steven Wallace, NHA

#### **Approval of July 13, 2005, Agenda**

**Action:** Jim Bagley moved to accept the agenda as submitted. Dolores Hubert seconded and the motion passed unanimously.

#### **Approval of April 13, 2005, Minutes**

**Action:** Jim Bagley moved to defer approval to an email vote of the members in attendance at the April meeting. Dolores Hubert seconded and the motion passed unanimously.

#### **Ratification of New Licenses**

**Action:** Jim Bagley moved to ratify the following licenses as issued. Margaret Clark seconded and the motion passed unanimously.

#### **Licenses Issued From April 2005 To June 2005.**

<b>LICENSEE NAME</b>	<b>LIC. NO.</b>	<b>LIC. TYPE</b>	<b>ISSUE DATE</b>
Donie <b>Bacon</b>	620	Provisional	05/02/2005
Ronald <b>Boyle</b>	614	Provisional	04/05/2005
Scott <b>Degrad</b>	2368	NHA	06/08/2005
Catherine <b>Elizondo</b>	613	Provisional	04/04/2005
Kari <b>Fortlage</b>	615	Provisional	04/06/2005
Steven <b>Herzog</b>	621	Provisional	05/16/2005
Yovan <b>Luyt</b>	623	Provisional	05/24/2005
Rickie <b>Nader</b>	2366	NHA	04/20/2005
Larzurus <b>Oden</b>	2367	NHA	04/28/2005

<b>LICENSEE NAME</b>	<b>LIC. NO.</b>	<b>LIC. TYPE</b>	<b>ISSUE DATE</b>
Marsha <b>Shuflin</b>	618	Provisional	04/21/2005
Stephanie <b>Streety</b>	616	Provisional	04/12/2005
Brian <b>Teed</b>	624	Provisional	06/13/2005
Andrew <b>Truitt</b>	622	Provisional	05/16/2005
John <b>Van Hook</b>	619	Provisional	05/03/2005
Don <b>Wessels</b>	617	Provisional	04/15/2005

### **Preceptor Interviews**

George Gerding invited the attending preceptors to express their view on the AIT program and the preceptor component in identifying areas for improvement.

Bryan Crews the Director of Operations for Avamere Health Services reported that Avamere has 13 facilities in Oregon. He emphasized the value of bringing good candidates into the AIT program and acknowledged the quality of those AIT candidates with life experience. Crews expressed that the board's existing AIT guidelines prohibit him from acting as a preceptor in his role as regional director. Given that, he hopes to see revisions to the AIT guidelines in consideration of preceptors who are not administrators of record in a facility. Crews described his approach to the AIT program in exposing the trainees to each of Avamere's facilities. He did not believe that a preceptor could realistically spend 40 hours a week with an AIT given that the department heads in the facilities train them in the various rotations with oversight and direction from the preceptor. Crews questioned how long the existing rules had been in existence stating that he hadn't seen significant change in the last eight years. Gerding acknowledged that the preceptor is typically only with the AIT during the administrative phase and in some facilities the financial component and that they are routinely released to the department heads for the rotation training. He emphasized that it is up to the board and the preceptor to ensure that AIT's receive as much exposure as possible and that while it is difficult to keep people 40 hours in the same facility, nonetheless, any deviations/changes need to be decided by the board.

Steve Wallace, Pinnacle Healthcare, Inc., believed that the change in the owner/operator environment from when the rules were written back in the 1970s warrants review of the existing guidelines. He expressed that Pinnacle Healthcare with nine properties in Oregon is facing the same issues as Avamere. Wallace stressed the company seeks to embrace the best practice rules for AITs in placing them where they gain the greatest experience from those people who are the experts in the field. Wallace described his approach to the AIT program as reviewing the curriculum for the area of study with the director and facility administrator and assigning the AIT to the facility for the requisite training. He believed that the preceptor should maintain contact with the AIT throughout the training, but did not view the 40-hour requirement as a realistic expectation. He reported that as an administrator/preceptor with an AIT in his facility, he probably spent less than six hours a week face time with the AIT due to the rotations within the various departments. He added that he would touch bases with the AIT in the morning or at the end of the day to review what the AIT learned and to answer questions. He reiterated his belief that the 40-hour requirement should be modified to reflect best practices. During further discussion, Wallace identified the three-year license requirement to qualify as a preceptor as another area for consideration. He stressed that the existing rule does not require that a preceptor have experience as administrator during the three-year period and believed that the laws should

consider exceptional administrators who are qualified by virtue of experience rather than seat time. When questioned, Wallace did not know how he would modify the rule but cited proposed recommendations in his written address to the board.

Amy Bucher administrator at Marquis Care in Wilsonville recalled her AIT experience with Good Samaritan as being very structured adding that Marquis also has a fairly structured AIT program that follows the domains of practice. She expressed that her approach to the AIT program is similar to the larger companies in that she might assign an AIT rotation to a facility with a stellar department but still follow and mentor the AIT. She believed that the board's existing laws allowed for some flexibility with training requirements to accommodate the background of an AIT candidate.

Margaret Carley of Oregon Health Care Association expressed that the association did not have a position in the matter, but rather their interest was to ensure the development of qualified administrators. She expressed the belief that placing AITs in various facilities allows them to experience different styles of leadership and facility practices adding that she could also see the benefit in placing an AIT with someone who is not a strong manager in order to compare and contrast management styles. She viewed the role of the preceptor as more an organizer of the internship and believed there should be room for adjustments to an AIT's program based on their experience and individual needs. She supported the concept of looking at what is available in terms of resources, materials, and checklists and in developing training materials integrating the various systems (Good Samaritan, Marquis, etc.). Carley reiterated that her interest today was to listen and try to formulate some recommendations.

John Hogan administrator of Mary's Woods and an instructor in the long-term care track at Oregon State University (OSU), shared that what they have found to be most successful is to examine where the AIT is coming from—where their strengths are—and then tailoring the AIT program to meet their individual needs. He added that they not only rotate the AIT through the various departments and domains of practice but they also assign the AIT projects within the individual departments. He shared that the biggest issue from OSU's standpoint is finding preceptors who are willing to take AITs. He suggested the board might want to remind administrators—via the newsletter—of the benefits of being a preceptor and added that support and encouragement for preceptors is important. He reported that while they use the Allen checklist as a guide, they really strive to ensure that the AIT program covers all the domains of practice that are part of the NAB examination. When questioned on the lack of active, participating preceptors, Hogan believed that part of the problem might be accredited to bad timing for the preceptor or the company. Janet Barte added that part of the problem might be attributed to the lack of a re-certification requirement. She explained that there is nothing within current law that limits the length of time administrators may be a preceptor without re-certifying resulting in many preceptors that have not actively precepted for many years. The result is that administrators may continue to maintain a preceptor status on paper even though they are not actively taking AITs through a program.

Gerding believed the development of preceptors to be an issue and suggested that the board consider improvements to the education and development of preceptors; he called for ideas from the panel of attending preceptors. Crews identified two issues to be the availability of preceptor training workshops and the three-year license requirement. He added that the needs of the company is likely his biggest consideration stating that it is

sometimes difficult to project company needs. When questioned, Crews confirmed that the company would be willing to put some time, effort and money into developing its preceptors. Gerding questioned the panel on whether this to be the case for other companies. Hogan believed it to be the case from his perspective adding that the last preceptor training was one of the largest classes with yet another training scheduled due to demand. He expressed his opinion that the three-year requirement is working in that administrators need to go through some cycles and issues on the job before they can really impart that to someone else.

Wallace identified Pinnacle Healthcare's issue to be that six out of seven preceptors are located in the corporate office and thereby unable to precept under the board's existing rules. He believed these six administrators to be Pinnacle's most experienced teachers. While he did not support additional rules, he acknowledged there might be a consideration related to maintaining a preceptor certification. He added that the three-year requirement is proving a barrier for the internal development of administrators in at least one Pinnacle facility and that the availability of preceptors in rural areas is also an issue. Hogan believed that the board's existing rules allowed for an off-site preceptor due to geographic considerations and recalled that he has served as an off-site preceptor on several occasions. Bucher shared her opinion on the three-year license requirement in that it would depend on what the administrator had been doing those past two or three years adding that she would not have been ready to precept at her three-year mark. She believed that a preceptor candidate should have experienced several survey encounters that includes both a good and bad survey. She expressed that administrators should know when they are ready to teach and not assume such responsibility before that time adding that there could be a consideration for those administrators who believe they are ready before the three-year mark.

Lorraine Fox shared Good Samaritan's corporate position in that preceptors should limit AIT programs to every other year thereby allowing administrators to stay on track and avoid burn out. She recalled her recent AIT experience as being both personally rewarding and positive for the entire building. Despite her past experience as an administrator, she did not feel that she was ready to precept when she first arrived in Oregon adding that it took probably three years to familiarize herself with the building, campus and people; however, she acknowledged that others may have been ready before the three-year mark.

During discussion, several preceptors shared their opinion that modifications to the board's rules in order to accommodate multi-chain organizations should not pose a hardship for the small, independent operators. In further discussion, Hogan praised the board's inclusion of a mid-way interview and its recommendations that require an AIT located at a non-profit facility to visit a for-profit facility and vice-versa in order to provide a greater appreciation of the philosophical and operational differences.

Gerding invited board members to express their views on the issues discussed. Larry Davy expressed a concern with ensuring that trainees with off-site preceptors receive the requisite training to develop their competency as administrators. Crews expressed his belief that the responsibility rests with both the preceptor and board. He recalled his own interviews with the board and believed that the interviews provide the board an opportunity for determining the quality and level of training received. Gerding agreed that the interviews provide a good sense of where the AIT is at in their training adding that the board has

recently addressed issues identified in training programs. Hogan reiterated that incorporating the midway interview into the training process has reduced the number of trainees who are ill prepared at the end of their program. Wallace agreed that accountability rests with both the board and preceptor; however, he believed that the trainee holds some level of accountability as well. He recalled a difficult decision some years ago where he could not recommend the AIT at the end of the training program. Gerding remarked that the board should impress upon preceptors—during their training—their responsibility to report the unsatisfactory progress of AITs to the board. Kathleen Elias recalled that her perspective of the AIT program was unique due to her DNS role in acute care; nonetheless, she valued her AIT experience for the training in those areas where she lacked experience. She believed the 960-hour requirement to be a reasonable one even for those individuals making a career change. She expressed the opinion that it might prove beneficial for an AIT to have multiple preceptors but questioned the practical application for such an allowance. Dolores Hubert emphasized that it is the board's impetus to ensure development of competent AITs adding that she supported the idea of a desk in the administrator's office given that this close relationship forms a stronger bond with the AIT. She expressed her belief that the board should consider the flexibility piece while ensuring the development of quality AITs.

The board thanked the attending preceptors for sharing their views and invited them to forward their comments and recommendations to the board office within the next seven to ten days.

### **Executive Session Convened**

Public session was closed and executive session convened at 10:05 a.m. to discuss the following:

- NHA License Renewal Applications
- NHA-02-05 – Follow up
- NHA-04-05
- NHA-05-05
- NHA-06-05
- DHS Civil Penalty Assessment #NF05-008

Executive session was closed at 11:45 a.m. and public session reconvened at 11:45 a.m.
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### **NHA License Renewal Applications**

**Action:** Kathleen Elias moved approval of the NHA Renewal Applications reviewed. Dolores Hubert seconded and the motion passed unanimously.

### **NHA-02-05 – Follow up**

**Action:** Margaret Clark moved to close the case without action. Jim Bagley seconded and the motion passed unanimously.

### **NHA-04-05**

**Action:** Dolores Hubert Moved to close the case without action. Larry Davy seconded and the motion passed unanimously.

### **NHA-05-05**

**Action:** Margaret Clark moved to close the case without action. Jim Bagley seconded and the motion passed unanimously. The board directed that an advisory letter be forwarded to the administrator, with a copy to the owner/operator, to serve as a reminder that a license is required prior to practicing in Oregon.

### **NHA-06-05**

**Action:** Margaret Clark moved to close the case without action. Kathleen Elias seconded and the motion passed unanimously.

### **DHS Civil Penalty Assessment #NF05-008**

**Action:** Board consensus that no other action is required in the matter.

### **Mid-Way Interviews**

**Action:** Mid-way interview candidates were approved with the following recommendations:

#### **Craig Oltman – Evergreen Milton-Freewater Health & Rehab**

- Participate in CNA training class or review training materials for 40 hours and shadow a CNA for 40 hours
- Become more knowledgeable about pharmacy and consultant pharmacy role
- Become knowledgeable about nursing services
- Become knowledgeable about role and function of medical director
- Increase knowledge about Medicare and Medicaid process and forms
- Increase financial knowledge (e.g., billing, collections, review of financial forms)
- Visit not-for-profit nursing facility
- Meet with local ombudsman and learn more about program
- Try to spend a night in the facility to gain a better understanding of the residents' perspective

#### **Thomas Payn – Rogue Valley Manor**

- Become knowledgeable about pharmacy services and the consultant pharmacy role
- Become knowledgeable about the following services:
  - Dental
  - Rehab
  - Risk Management
- Become knowledgeable about role and function of medical director
- Increase knowledge about Medicare and Medicaid process and forms
- Increase financial knowledge (e.g., billing, collections, review of financial forms)
- Visit not-for-profit nursing facility
- Be involved in mock survey or visit another facility to participate in survey
- Meet with local ombudsman and learn more about program
- Try to spend a night in the facility to gain a better understanding of the residents' perspective

### **Petitions**

- **Janice Fraga**, Exam Petition – The board considered Fraga's petition for acceptance as an Oregon NHA examination candidate. Fraga completed the California AIT program of 1,000 hours and passed the national examination. She plans to relocate to Oregon in the near future.

**Action:** Jim Bagley moved to approve Fraga as a candidate for the Oregon NHA examination. Margaret Clark seconded and the motion passed unanimously.

- **Corey Trembath**, AIT Petition – The board considered Trembath’s petition for acceptance of 480 hours training secured during a college internship in Minnesota. Further, he requests approval for an offsite preceptor due to the geographic location of the facility (Vale, OR) where he will complete the training needed to satisfy Oregon’s requirement.

**Action:** Deferred until receipt of information detailing training previously received. Consensus approval for an offsite preceptor due to geographic location of facility.

- **John Van Hook**, Education Petition – Bartel advised the board that Van Hook has not provided a written response detailing his plan to secure the required accredited degree. Additionally, she believed that Van Hook had accepted a position out-of-state.

**Action:** No action taken due to lack of applicant information.

### **Final Interviews (Exam Candidates)**

**Action:** The following candidates were interviewed and approved for the NAB and State NHA examinations:

- **Christy Delany** – Providence Benedictine Nursing Center
- **Jessica Keersmaker** – Clackamas Rehab & Specialty Care
- **Brian Teed** – Beaverton Rehab & Specialty Care

### **Endorsement Applications**

**Action:** Margaret Clark moved to approve the endorsement applications contingent on receipt of the required supporting documents. Jim Bagley seconded and the motion passed unanimously.

- **Michael Fleming** – Evergreen Healthcare
- **Kari Fortlage** – Care Center East Health & Specialty Care Center
- **Christine Miller** – Life Care Centers of America

### **Annual Expenditures Review (FY 2005) & Financial Transaction Delegation**

The board reviewed the expenditures for fiscal year 2005. Bartel reported that there were no unusual expenses to note and explained that the accounting reports will change if the board moves to Shared Client Services (SCS).

**SCS Signature Authorization Form** – Bartel referred to the Signature Authorization form required by SCS with the recommendation that the board approve three authorized agents comprised of herself and two alternates: the board chair and a local board member.

**Action:** Kathleen Elias moved to approve the following signature agents:

1. Janet Bartel up to \$999 per transaction
2. Rob Hays, Alternate Authority all transactions
3. Margaret Clark, Local Alternate Authority all transactions

**OfficeMax Transaction Exceeding \$999** – Bartel reported that she purchased needed supplies during the month of June and while no individual transaction exceeded the \$999 limit, the monthly invoice did at \$1,445.29. She requested the board’s approval for disbursement of funds for payment of the invoice.

**Action:** Jim Bagley moved approval for payment of the \$1,445.29 invoice. Kathleen Elias seconded and the motion passed unanimously.

### **2006 Board Meeting Dates**

The board reviewed and agreed there to be no conflicts with the proposed 2006 meeting dates.

**Action:** Consensus approval for the proposed 2006 meeting dates of January 11, April 12, July 12, and October 11.

### **Old Business – AIT Program Guidelines / Preceptor Standards**

**Action:** Due to time constraints, further discussion deferred to the October 12 2005, quarterly meeting.

### **New Business – Board Office Update**

**Affirmative Action Plan Revisions** – Bartel reported that she was asked to revise the board's Affirmative Action Plan, specifically the Accomplishments, Goals and Strategies section. She added that a full copy of the Plan is provided in the meeting packet for the benefit of the new members.

**Budget Update** – Bartel reported that the consolidation issue was addressed by the involved Health-Related Licensing Board agency heads who—after meeting with the boards' Legislative Fiscal Officer—agreed to submit an alternate proposal for consolidating administrative services. The alternate proposal was accepted by both the House and Senate subcommittees and entered as a budget note in the HRLB's budget whereby the Executive Directors agree to develop an administrative consolidation plan for the 2007-09 biennium. Bartel reported that presently, the board's budget is moving through the legislative approval process intact. During discussion, Bartel stated that the renewal process creates a significant workload increase, which conflicts with the legislative session and State's end of the biennium requirements. Given that, she recommended the board consider introducing a legislative concept in the next session proposing to change the board's renewal date from June 30 odd-number years to June 30 even-number years. This would more evenly distribute the workload and allow the board to receive the bulk of its revenue (license renewal fees) mid-way into the biennium. Bartel added that the board's existing grace period for Inactive licensees poses a workload and tracking problem for the board office. She explained the existing rules provide for a grace period that can extend to the end of the two-year license period requiring periodic notifications, which consumes staff time and agency resources with very few licensees renewing. She recommended the board consider an administrative rule change eliminating the grace period for Inactive licensees given the board's generous reinstatement provision.

**Action:** The board agreed the recommendations to be practical and directed Bartel to explore the feasibility appropriate legislative and administrative rule changes.

### **Legislation Update**

- **HB 2058** – Bartel reported that the Shared Client Services bill continues to move through the legislative process largely intact. At this point in the process, she did not expect to see any opposition to the bill.
- **HB 2285** – George Gerding reported that he had contacted the Representatives provided in the emailed list to express opposition to HB 2285. He related that he had been in contact with a Representative's assistant who promised to relay his concerns to

the Representative. Gerding expressed appreciation for the concern and attention given to the issue.

**Adjournment**

The meeting adjourned at 3:00 p.m. The next quarterly meeting is scheduled for Wednesday, October 12, 2005, at 8:30 a.m. in room 445 of the State Office Building.

Respectfully Submitted:

Janet Bartel, Executive Officer