



PUBLIC HEALTH DIVISION, Center for Health Protection
Health Care Regulation and Quality Improvement Section
Health Facility Licensing and Certification Program
Kate Brown, Governor



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Nurse Staffing Report

Facility Name: McKenzie-Willamette Medical Center

Report Publication Date: February 28, 2018

Report Republication Date: January 14, 2019

DISCLAIMER: This report was provided to the hospital administrator and both co-chairs of the hospital-wide nurse staffing committee prior to publication.

The hospital submitted a Plan of Correction to address deficiencies cited in the report. The Plan of Correction has been approved by the Oregon Health Authority

If you need this information in an alternate format,
please call our office at (971) 673-0540 or TTY 711.



Health Care Regulation and Quality Improvement

800 NE Oregon Street, Suite 465

Portland, Oregon 97232

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February 27, 2018

Chad Campbell
Hospital Administrator
McKenzie-Willamette Medical Center
1460 G Street
Springfield, OR 97477

Leslie Palstring
Nurse Staffing Committee Co-Chair
McKenzie-Willamette Medical Center
1460 G Street
Springfield, OR 97477

Anthony Ballenger
Nurse Staffing Committee Co-Chair
McKenzie-Willamette Medical Center
1460 G Street
Springfield, OR 97477

RE: Nurse Staffing Full Survey
Nurse Staffing Complaint #OR14036

Dear Mr. Campbell, Ms. Palstring and Mr. Ballenger:

On January 19, 2018 our office completed a nurse staffing survey and complaint investigation at your facility. The survey revealed one or more violations of the Oregon Administrative Rules for Nurse Staffing Services.

Enclosed is the Report for that visit. You must complete and sign the Plan of Correction and return it to our office within **thirty (30) business days** of your receipt of this letter. Please keep a copy for your files. The Plan of Correction must include the following information for each deficiency cited:

1. A detailed description of how the hospital plans to correct the specific deficiency identified;

2. The procedure(s) for implementing the plan for the specific deficiency;
3. A timeline or date by which the hospital expects to implement the corrective actions;
4. The description of monitoring procedure(s) that the hospital will perform to prevent a recurrence of the specific deficiency identified; and
5. The title of the person who will be responsible for implementing the corrective actions described.

A Plan of Correction Guidance document is also enclosed for your convenience.

Please note that the hospital administrator's signature and the date signed must be recorded on Page 1 of the Report/Plan of Correction form.

If you have any questions you may contact our office at (971) 673-0540.

Sincerely,

Nurse Staffing Survey Team
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

Enclosures: Nurse Staffing Report
Plan of Correction Guidance Document

***If you need this material in an alternate format, please call
(971)673-0540 or TTY 711***

Health Care Regulation and Quality Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14-0701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/19/2018
NAME OF PROVIDER OR SUPPLIER MCKENZIE-WILLAMETTE MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1460 G STREET SPRINGFIELD, OR 97477		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
E 000	<p>Initial Comments</p> <p>This report reflects the findings of a full nurse staffing survey that was initiated onsite on 01/08/2018 and concluded on 01/19/2018.</p> <p>The hospital was evaluated for compliance with the Oregon Administrative Rules for hospital Nursing Services Staffing set forth in OAR Chapter 333, Division 510. The deficiencies identified during the survey follow in this report.</p> <p>The survey also included an unannounced, onsite nurse staffing complaint investigation of complaint #OR14036. The allegations contained in the complaints were found to be substantiated. The deficiencies identified during the complaint investigation are incorporated into this report.</p> <p>The following abbreviations, acronyms, and definitions may be used:</p> <p>AACN - American Association of Critical-Care Nurses AAMI - Association for the Advancement of Medical Instrumentation ACLS - Advanced Cardiac Life Support ACM - Adult Care Medicine ADT - Admission, Discharge, Transfer AORN - Association of periOperative Registered Nurses ASA - American Society of Anesthesiologists ASPAN - American Society of PeriAnesthesia Nurses AWHONN - Association of Women's Health, Obstetric and Neonatal Nurses BLS - Basic Life Support CN - Charge Nurse CNA - Certified Nursing Assistant CNO - Chief Nursing Officer C/S - Cesarean section</p>	E 000			

STATE OF OREGON

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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E 000	Continued From page 1 CVICU - Cardiovascular ICU CVL - Cardiovascular Lab CVOR - Cardiovascular Operating Room ENDO - Endoscopy ED - Emergency Department hr/hr./hrs. - hour/hours ICU - Intensive Care Unit JC - Joint Commission L&D - Labor & Delivery LPN - Licensed Practical Nurse MT - Monitor Tech MOT - Mandatory Overtime M/S or Med/Surg - Medical/Surgical NM - Nurse Manager Nocs - Nights NSC - Nurse Staffing Committee NSM - Nursing Staff Member NSP - Nurse Staffing Plan OB - Obstetrics OBT/US - OB Tech/Unit Secretary OR - Operating Room OT - Overtime PACU - Post-Anesthesia Care Unit PALS - Pediatric Advanced Life Support PAT - Pre-Anesthesia Testing P/P - Policy and procedure RN - Registered Nurse SCU - Surgical Care Unit SEIU - Service Employees International Union SGNA - Society of Gastroentrology Nurses and Associates SSU - Short Stay Unit Tele - Telemetry Tech - Technician VOT - Voluntary Overtime VS - Vital Signs WHBCC/WHBC - Women's Health, Birth and Children's Center	E 000		

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E 604	Continued From page 2	E 604		
E 604	<p>OAR 333-510-0045 (3) Nurse Staffing Documentation</p> <p>(3) A hospital shall keep and maintain all records necessary to demonstrate compliance with ORS 441.152 to 441.177. These records shall:</p> <p>(a) Be maintained for no fewer than three years;</p> <p>(b) Be promptly provided to the Authority upon request; and</p> <p>(c) Include, at minimum:</p> <p>(A) The staffing plan;</p> <p>(B) The hospital nurse staffing committee charter;</p> <p>(C) Staffing committee meeting minutes;</p> <p>(D) Documentation showing how all members of the staffing committee were selected;</p> <p>(E) All complaints filed with the staffing committee;</p> <p>(F) Personnel files for all nursing staff positions that include, at minimum, job descriptions, required licensure and specialized qualifications and competencies required for the individual's assigned nurse specialty or unit;</p> <p>(G) Documentation showing work schedules for nursing staff in each hospital nurse specialty or unit;</p> <p>(H) Documentation showing actual hours worked by all nursing staff;</p> <p>(I) Documentation showing all work schedule variances that resulted in the use of replacement nursing staff;</p> <p>(J) Documentation showing how many on-call hours, if any, required nursing staff to be on the hospital premises;</p> <p>(K) Documentation showing how many required meeting, education and training hours, if any, were required of nursing staff;</p> <p>(L) The hospital's mandatory overtime policy and procedure;</p> <p>(M) Documentation showing how many, if any,</p>	E 604		

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E 604	<p>Continued From page 3</p> <p>overtime hours were worked by nursing staff; (N) Documentation of all waiver requests, if any, submitted to the Authority; (O) Documentation showing how many, if any, additional hours were worked due to emergency circumstances and the nature of those circumstances; (P) The list of on-call nursing staff used to obtain replacement nursing staff; (Q) Documentation showing how and when the hospital updates its list of on-call staff used to obtain replacement nursing staff and how the hospital determines eligibility to remain on the list; (R) Documentation showing the hospital's procedures for obtaining replacement nursing staff, including efforts made to obtain replacement staff; (S) Documentation showing the hospital's actual efforts to seek replacement staff when needed; (T) Documentation showing each actual instance in which the hospital implemented the policy described in OAR 333-510-0110(2)(g) to initiate limitations on admission or diversion of patients to another hospital; and (U) All staffing committee reports filed with the hospital administration following a review of the staffing plan. Stat. Auth.: ORS 413.042, 441.155, 441.169, 441.173 & 441.185 Stats. Implemented: ORS 441.155, 441.169, 441.173 & 441.185</p> <p>This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 1 of 4 specialties or units (WHBCC); and review of documentation in 4 of 5 NSM personnel records (NSMs 1, 2, 3, and 8), it</p>	E 604			

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E 604	<p>Continued From page 4</p> <p>was determined that the hospital failed to maintain documentation showing the specialized qualifications and competencies for NSMs as required by subsection (c)(F).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of personnel records for WHBCC RN NSM 1, with a hire date of 08/23/2016, reflected records were incomplete. There was no documentation that the NSM had "Advance Fetal Monitoring" training identified in the WHBCC NSP. Review of the NSM's personnel file also reflected a "Clinical Orientation Guideline for WHBCC RN" unit orientation checklist with numerous blanks and omissions. For example, the competency "Verification Method" was blank for "Post-Partum Management ... Assessment ... OB emergencies ... Infant security." 2. Review of personnel records for WHBCC RN NSM 2, with a hire date of 08/23/2016, reflected records were incomplete. The annual training documentation reflected the NSM had not completed the computer-based annual training module "Reinforcing High Reliability and Safety - Effective Communication Everytime". 3. Similar findings were identified for WHBCC NSMs 3 and 8. 4. During interview with WHBCC Director on 01/09/2018 at the time of personnel records review, he/she confirmed findings 1 through 3. 5. In NSM interviews completed between 01/08/2018 and 01/16/2018, 51 of 162 respondents indicated that replacement staff did not have, or they did not know if they had, competencies to work in the unit to which the 	E 604		

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E 604	Continued From page 5 replacement staff members were assigned.	E 604		
E 608	OAR 333-510-0105 (2) Nurse Staffing Committee Reg. (2) The staffing committee shall meet: (a) At least once every three months; and (b) At any time and place specified by either co-chair of the staffing committee. Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154 This Rule is not met as evidenced by: Based on interview and review of NSC documentation, it was determined that the hospital failed to ensure the NSC met at least once every three months. Findings include: 1. Review of "Nursing Staffing Committee Charter" dated "Updated 10/25/17" reflected "Meetings will be held at least once every three months..." 2. Review of NSC meeting minutes dated 05/17/2017 reflected "6/21/17 3pm" as the next scheduled NSC meeting. Review of NSC meeting minutes reflected the next NSC meeting was held on 09/13/2017, 4 months after the 05/17/2017 meeting.	E 608		
E 612	OAR 333-510-0105 (4) (a) Nurse Staffing Committee Req. (4) The staffing committee shall be comprised of	E 612		

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E 612	<p>Continued From page 6</p> <p>an equal number of hospital nurse managers and direct care staff. Direct care staff members shall be selected as follows:</p> <p>(a) The staffing committee shall include at least one direct care registered nurse from each hospital nurse specialty or unit as the specialty or unit is defined by the hospital to represent that specialty or unit;</p> <p>Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154</p> <p>This Rule is not met as evidenced by: Based on interview and review of NSC documentation, it was determined that the hospital failed to ensure the NSC was clearly comprised of equal numbers of nurse managers and direct care staff that represented all specialties/units where nursing services were provided:</p> <p>* The NSC was not clearly comprised of equal numbers of hospital nurse managers and direct care staff; and</p> <p>* At least one RN from each hospital specialty or unit was not included in the NSC membership.</p> <p>Findings include:</p> <p>1. Review of "Nurse Staffing Committee Member Roster" dated 12/06/2017 reflected the composition of the hospital's NSC. The list contained the NSC members' names, of which 10 were identified as NM members, 10 were identified as direct care members, and 9 were identified as alternate members. The unit listed as "SEIU" identified as the direct care non-RN position did not have primary or alternate</p>	E 612			

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E 612	<p>Continued From page 7</p> <p>membership identified. The roster lacked titles for managers and direct care staff.</p> <p>2. Review of NSC meeting minutes dated 12/06/2017 reflected a "Membership Roster and Attendance" list. The list contained the NSC members' names, of which 11 were identified as "Nursing Leadership" and 20 were identified as "Nursing Staff". The list lacked titles for managers and direct care staff. The list did not have primary or alternate membership identified. It was unclear if a direct care non-RN was on the list.</p> <p>3. During interview with Interim CNO and NSC co-chairs on 01/08/2018 at the time of NSC review, they stated the NSC meeting minutes from 12/06/2017 listed the current NSC roster.</p> <p>4. Review of "Nursing Staffing Committee Charter" dated "Updated 10/25/17" reflected "The committee is comprised of equal numbers of hospital nursing management and direct care RNs, including one direct care staff member who is not a RN, as its exclusive membership for decision-making ... Membership includes representatives from each of the following departments: Adult Care Medicine; Cardiovascular Intensive Care Unit; Cath Lab; Cardiovascular Operating Room; Emergency Department; Intensive Care Unit; Operating Room; Post Anesthesia Care Unit; Short Stay/Endoscopy/PAT; Surgical Care Unit; Women's Health, Birth & Children's Center; Special Procedures Nurses; Wound Care; Cath Lab Holding." A total of 14 units/departments were listed.</p> <p>5. Review of "Nurse Staffing Committee Roster" dated 12/06/2017 reflected the following 11 units with representatives on the NSC: "SEIU; ACM;</p>	E 612		

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E 612	<p>Continued From page 8</p> <p>SCU; CVICU; CVL/CVOR; ED; ICU; SSU/Endo/PAT; OR; PACU; WHBC."</p> <p>Units/departments listed in the charter that did not have a representative reflected on the NSC roster were: Special Procedures Nurses, Wound Care and Cath Lab Holding.</p> <p>6. Review of "Membership Roster and Attendance" list in the NSC meeting minutes dated 12/06/2017 reflected the following 11 units with representatives on the NSC: "ACM; CVL/CVOR; CVU; DI; ED; ICU; OR; PACU; SCU; SSU/Endo/PAT; WHCB." Units/departments listed in the charter that did not have a representative reflected on the NSC roster were: Wound Care and Cath Lab Holding.</p> <p>7. During interview with Interim CNO and NSC co-chairs on 01/08/2018 at the time of NSC review, they stated the "DI" on the "Membership Roster and Attendance" list in the NSC meeting minutes dated 12/06/2017 was Diagnostic Imaging and was the same unit as Special Procedures Nurses. They confirmed Cath Lab and Cardiovascular Operating Room were combined as one unit.</p> <p>8. During interview with NSC NM co-chair on 01/08/2018 at 1145, he/she confirmed the Wound Care Unit was a recently added specialty/unit and does not have a representative on the NSC. During interview on 01/08/2018 at 1410, he/she confirmed the NSC was not clearly comprised of equal numbers or NMs and direct care staff.</p> <p>9. In NSM interviews completed between 01/08/2018 and 01/16/2018, 88 of 162 respondents indicated that they did not participate or did not know if they participated in the selection of NSC members.</p>	E 612			

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E 614	<p>OAD 333-510-0105 (4) (b) Nurse Staffing Committee Req.</p> <p>(b) In addition to the direct care registered nurses described in subsection (a) of this section there must be one position on the staffing committee that is filled by a direct care staff member who is not a registered nurse and whose services are covered by the staffing plan; Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154</p> <p>This Rule is not met as evidenced by: Based on interview and review of the NSC membership roster, it was determined that the hospital failed to ensure the NSC included a non-RN direct care NSC member.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of "Nursing Staffing Committee Member Roster" dated 12/06/2017 reflected the composition of the hospital's NSC. It lacked evidence of a non-RN direct care member. 2. Review of NSC meeting minutes dated 12/06/2017 reflected a "Membership Roster and Attendance" list. The list reflected a department titled "SEIU" with "Primary and alternate needed" in the space for member names. The list lacked evidence of a non-RN direct care member. The list lacked titles to identify direct care RNs and a direct care non-RN. 3. During interview with NSC co-chairs on 01/08/2018 at the time of NSC review, they stated the SEIU represented the direct care non-RN NSC position. They stated the NSC meeting 	E 614			

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E 614	Continued From page 10 minutes from 12/06/2017 listed the current NSC roster. They confirmed that the NSC roster and the NSC meeting minutes dated 12/06/2017 did not list a direct care non-RN NSC member.	E 614			
E 616	OAR 333-510-0105 (4) (c)-(f) Nurse Staffing Committee Req. (c) If the direct care registered nurses working at the hospital are represented under a collective bargaining agreement, the bargaining unit shall coordinate voting to allow the direct care registered nurses who work at the hospital to select each direct care registered nurse on the staffing committee; (d) If the direct care registered nurses working at the hospital are not represented under a collective bargaining agreement, the direct care registered nurses belonging to each hospital nurse specialty or unit shall select the direct care registered nurse to represent it on the staffing committee; and (e) If the position that must be filled by a direct care staff member who is not a registered nurse and whose services are covered by the staffing plan is represented under a collective bargaining agreement, the bargaining unit shall coordinate voting to allow the direct care staff members who are not registered nurses to select the direct care staff member who is not a registered nurse to represent them on the staffing committee. (f) If the position that must be filled by a direct care staff member who is not a registered nurse and whose services are covered by the staffing plan is not represented under a collective bargaining agreement, the direct care staff members who are not registered nurses shall select the direct care staff member who is not a registered nurse to represent them on the staffing	E 616			

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E 616	<p>Continued From page 11</p> <p>committee. Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154</p> <p>This Rule is not met as evidenced by: Based on interview, it was determined that the hospital failed to ensure that</p> <ul style="list-style-type: none"> * The collective bargaining unit that represents the direct care RNs coordinated the selection for direct care RN members to serve on the NSC; and * The collective bargaining unit that represents the direct care non-RNs coordinated the selection for the direct care non-RN member to serve on the NSC. <p>Findings:</p> <p>1. Review of the "Nursing Staffing Committee Charter" dated "Updated 10/25/17" reflected "Each department will define and coordinate its own representative selection process ... Should more than one RN volunteer to represent his/her department, then a vote will be utilized to select the department's representative for the Nurse Staffing Committee. The bargaining unit will coordinate voting to select representatives where more than one RN desires to represent the same department on the Nurse Staffing Committee ... Volunteers to be the same direct care staff member who is not a RN representative will be collected by each department. If more than one direct care staff member who is not a registered nurse desire to be a member of the Nurse Staffing Committee then the appropriate bargaining unit will coordinate the voting process</p>	E 616			

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NAME OF PROVIDER OR SUPPLIER MCKENZIE-WILLAMETTE MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1460 G STREET SPRINGFIELD, OR 97477		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
E 616	Continued From page 12 to select the person to become the member." 2. During interview with NSC NM co-chair on 01/08/2018 at 1145, he/she stated RNs were selected by the units where they worked, but there was confusion on some units about the selection of NSC members through the collective bargaining unit. He/she also stated the direct care non-RN position is filled with a volunteer whose selection did not go through the collective bargaining unit. 3. During interview with NSC direct care co-chair on 01/08/2017 at 1115, he/she stated there was confusion on some units as to whether a volunteer or an RN chosen through the collective bargaining unit was the NSC member. He/she also stated the direct care non-RN position has been voluntary.	E 616			
E 620	OAR 333-510-0105 (6) Nurse Staffing Committee Req. (6) The staffing committee must develop a written charter that documents the policies and procedures of the staffing committee. At minimum, the charter must include: (a) How meetings are scheduled; (b) How members are notified of meetings; (c) How agendas are determined; (d) How input from hospital nurse specialty or unit staff is submitted; (e) Who may participate in decision-making; (f) How decisions are made; and (g) How the staffing committee shall monitor, evaluate and modify the staffing plan over time. Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154	E 620			

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NAME OF PROVIDER OR SUPPLIER MCKENZIE-WILLAMETTE MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1460 G STREET SPRINGFIELD, OR 97477		
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E 620	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on interview and review of the NSC charter it was determined that the hospital failed to ensure the NSC had developed and approved a charter that was current, accurate, and included or clearly stipulated the following: * How meetings are scheduled; * How agendas are determined; and * How input from specialty or unit staff is obtained.</p> <p>Findings include:</p> <p>1. Review of "Nursing Staffing Committee Charter" dated "Updated 10/25/17" reflected:</p> <p>a. The charter did not clearly stipulate how meetings are scheduled. The charter stated only "Quarterly meetings will be scheduled one year in advance, on the same day every month."</p> <p>b. The charter did not clearly describe how agendas were determined. The charter stated only "The agenda is developed by the co-chairs."</p> <p>c. The charter did not clearly stipulate how input from nursing specialty or unit staff is submitted. The charter stated only "Nurse Staffing Committee members are responsible for gathering information about staffing on their unit, seeking input from their constituencies and communicate appropriate information about and from the Nurse Staffing Committee to their constituencies."</p> <p>2. During interview with NSC co-chairs on 01/08/2018 at the time of NSC review, they</p>	E 620		

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E 620	Continued From page 14 confirmed finding 1.	E 620			
E 622	<p>OAR 333-510-0105 (7) Nurse Staffing Committee Req.</p> <p>(7) Staffing committee meetings must be conducted as follows:</p> <p>(a) A meeting may not be conducted unless a quorum of staffing committee members is present;</p> <p>(b) Except as set forth in subsection (c) of this section, a meeting must be open to all hospital nursing staff as observers and to any other individual as either observer or presenter by invitation of either co-chair of the staffing committee;</p> <p>(c) Either co-chair of the staffing committee may temporarily exclude all non-members from a meeting during staffing committee deliberations and voting; and</p> <p>(d) Each staffing committee decision must be made by majority vote; however, if a quorum consists of an unequal number of hospital nurse managers and direct care staff, only an equal number of hospital nurse managers and direct care staff may vote.</p> <p>Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154</p> <p>This Rule is not met as evidenced by: Based on interview and review of NSC meeting minutes for the last 12 months it was determined that the hospital failed to ensure that the NSC conducted business in accordance with this rule: * There was no assurance that NSC meetings</p>	E 622			

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E 622	<p>Continued From page 15</p> <p>were open to all hospital nursing staff as observers; and</p> <p>* There was no assurance that only an equal number of NMs and direct care staff had participated in voting.</p> <p>Findings include:</p> <p>1. Review of "Nursing Staffing Committee Charter" dated "Updated 10/25/17" reflected "Guests/educators/speakers/observers, which may include management, direct nursing care providers or others as the group determines are appropriate on a meeting-by-meeting basis, must be invited and prearranged by either co-chair Any RN, LPN or CNA may attend the meetings in a non-participatory, observer role."</p> <p>2. During interview with Interim CNO and NSC NM co-chair on 01/08/2018 beginning at 1410, they stated that to observe a NSC meeting, a NSM would need to contact one of the co-chairs to request to be present.</p> <p>3. During interview with NSC NM co-chair on 01/10/2018 at 0930, he/she confirmed that any NSM that wants to attend a NSC meeting must get permission from one of the two co-chairs to attend.</p> <p>4. Review of NSC meeting minutes dated 05/17/2017 reflected a motion to approve changes to the Cath Lab Holding unit staffing plan, stating "Motion to approve with changes ... Vote. Approved unanimously." The minutes also reflected a "Vote Tally: Cath Lab Holding" sheet. The tally showed a "Y" next to member names that indicated 14 members voted. The names listed on the tally sheet do not include whether the individuals are NM or direct care staff. The</p>	E 622		

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E 622	Continued From page 16 tally sheet does not indicate if members are primary or alternate. One of the 14 individuals who vote is not listed as a NSC member in the "Membership and Roster Attendance" section of the minutes.	E 622			
E 624	OAR 333-510-0105 (8) Nurse Staffing Committee Req. (8) The staffing committee must document meeting proceedings by keeping written meeting minutes that include, but are not limited to, the following information: (a) The name and position of each staffing committee member in attendance; (b) The name and position of each observer or presenter in attendance; (c) Motions made; (d) Outcomes of votes taken; (e) A summary of staffing committee discussions; and (f) Instances in which non-members have been excluded from staffing committee meetings. Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154 This Rule is not met as evidenced by: Based on interview and review of NSC committee meeting minutes for the last 12 months it was determined that the hospital failed to ensure that NSC minutes included: * The name and position of each NSC member in attendance. Findings include: 1. NSC meeting minutes dated 12/06/2017	E 624			

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E 624	Continued From page 17 reflected names, however they did not identify the attendees' positions as RN, non-RN and primary or alternate membership. 2. Similar findings regarding positions were identified in NSC meeting minutes dated 10/23/2017, 09/13/2017, 05/17/2017, 04/12/2017 and 2/15/2017.	E 624			
E 628	OAR 333-510-0110 (1) Nurse Staffing Plan Req. (1) Each hospital shall implement a written hospital-wide staffing plan for nursing services that is developed and approved by the hospital nurse staffing committee established in accordance with ORS 441.154 and OAR chapter 333 division 510 rules. Stat. Auth.: ORS 413.042 & 441.155 Stats. Implemented: ORS 441.155 This Rule is not met as evidenced by: Based on interview, review of NSC documentation, and review of NSP documentation for 4 of 4 specialties or units (WHBCC, CVICU, ED and SSU/Endo/PAT), it was determined that the hospital failed to implement a hospital-wide NSP developed and approved by the NSC in accordance with these rules: * NSPs were not all fully developed or complete. Findings include: 1. Refer to Tags E630, E632, E634, E636, E638, E640, E642, E644 and E646 that reflect that NSPs were not fully developed or complete.	E 628			

⁴ If continuation sheet 19 of 46

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14-0701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/19/2018
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E 630	<p>Continued From page 19</p> <p>each unit, and that provided for the skill mix and level of competency necessary to ensure that patients' needs were met.</p> <p>Findings include:</p> <p>1. Review of WHBCC NSP dated "2016" reflected: * The NSP stated NSMs must "Remain current in specific unit competencies and protocols." There was no further information in the NSP describing the unit specific "competencies and protocols." * The NSP referenced the use of "OBT/US". The "OBT/US" role is filled by a CNA2 or RN. NSP revealed no references to the required qualifications and competencies for CNA2s. * Regarding skill mix and level of competency, under "Essential Staffing & Evaluation Process", the NSP reflected "Experienced L&D RN", "Experienced Nursery RN" and "experienced labor nurse (defer to WHBCC Chg RN if questions)". The NSP did not define "experienced" with regard to determining skill mix and level of competency.</p> <p>2. During interview with WHBCC Director and Interim CNO on 01/09/2018 at the time of NSP review, they confirmed finding 1.</p> <p>3. Review of the CVICU NSP dated "2017" revealed it lacked information related to required qualifications and competencies. For example: * The NSP reflected "Competency levels for CVICU RNs are C-1, C-2 and Telemetry." There was no information in the NSP reflecting the specialized qualifications and competencies for C-1, C-2 and Telemetry. * Under "Standards and Quality" the NSP reflected "... CVICU Annual competency check off". There was no further information in the NSP</p>	E 630			

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E 630	<p>Continued From page 20</p> <p>describing what the annual competency check off included.</p> <ul style="list-style-type: none"> * The NSP referenced the use of "Resource CVICU and ICU RNs", "Float Med/Surg Tele RNs" and "Per diem Nurse Staffing Agencies and Travel RNs". The NSP did not specify the specialized qualifications and competencies for those NSMs. * Regarding skill mix, the NSP referenced the use of "Monitor Tech" and "Unit Secretary". It was unclear whether Monitor Tech and Unit Secretary were NSMs. * The NSP did not reference the use of CNAs. * Regarding skill mix, in the section titled "Essential Staffing" the NSP reflected "Each shift shall be staffed with a ... 12 hour Monitor Tech (MT) who also performs the duties of Unit Secretary ... nurses may request a qualified patient care provider to assist with ADT procedures and meal and rest coverage." It was unclear whether a MT and a "qualified patient care provider" were NSMs. <p>4. During interview with CVICU NM on 01/10/2018 at the time of NSP review, he/she confirmed finding 3. He/she stated the unit sometimes uses CNAs as "sitters" and confirmed there was no reference to CNAs in the NSP.</p> <p>5. Review of the ED NSP dated 12/20/2017 revealed it lacked information related to required qualifications and competencies. For example:</p> <ul style="list-style-type: none"> * The ED NSP reflected "The Emergency Department minimum staffing consists of 4 RNs ... and 1 ancillary staff (any combination of Unit Secretary, ED Tech, CNAII or LPN) ..." It was not clear if all ancillary staff were NSMs. * The NSP lacks qualifications and competencies for Unit Secretaries. * There was no information reflecting how staff 	E 630		

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E 630	<p>Continued From page 21</p> <p>skill mix and competency would be evaluated to ensure that patients' needs were met.</p> <p>6. During interview with ED NM on 01/09/2018 at the time of NSP review, he/she confirmed finding 5. He/she stated Ancillary Staff is considered interchangeable, that a CNA could be substituted for an ED Tech or for an LPN.</p> <p>7. Review of the ED NSP dated 12/20/2017 reflected a section titled "Essential Staffing & Evaluation Process" which stated "Fast Track Unit: The location of this unit can vary. ESI level 3 (non-complex), 4 & 5 to be treated in this unit. The amount of patients at a time in this unit depends upon the mix of the staff ... RN only (in unit with RN available) = 5 patients." It was not clear if "RN available" referred to RNs from the ED or from the units in which the Fast Track Unit was then located. The NSP lacked qualifications and competencies for RNs referenced in "unit with RN available".</p> <p>8. Review of the SSU NSP dated 01/22/2016 revealed it lacked information related to required qualifications and competencies. For example: * The NSP reflected "SSU staffing is comprised of RNs, LPNs, CNAs, Unit Secretaries, Endoscopy Technicians ..." It was not clear if all of these staff were NSMs. * The NSP did not clearly reflect whether Endoscopy Technicians are part of the SSU. There is a separate NSP for Endo. * There was no information about qualifications and competencies for LPNs, Unit Secretaries and Endoscopy Technicians. * The NSP referred to CNAs. There was no information about whether these were CNA1s or CNA2s. There was no reference to qualifications and competencies for those NSMs.</p>	E 630			

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E 630	Continued From page 22 * There was no information reflecting how staff skill mix and competency would be evaluated to ensure that patients' needs were met. * The SSU NSP lists qualifications and competencies for "all RNs" and does not differentiate between SSU RNs and PAT RNs. 9. During interview with SSU/Endo/PAT NM and NSC NM co-chair on 01/10/2018 at the time of NSP review, they confirmed finding 8. 10. During interview with SSU/Endo/PAT NM on 01/10/2018 beginning at 1410, he/she stated there is no separate NSP for PAT RNs and PAT RNs are considered part of SSU. He/she stated the qualifications and competencies for PAT RNs are different from SSU RNs.	E 630		
E 632	OAR 333-510-0110 (2) (b) Nurse Staffing Plan Req. (2) The staffing plan: (b) Must be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit; This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 4 of 4 specialties or units (WHBCC, CVICU, ED and SSU/Endo/PAT), it was determined that the hospital failed to implement a hospital-wide NSP that was	E 632		

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MCKENZIE-WILLAMETTE MEDICAL CENTER **1460 G STREET**
SPRINGFIELD, OR 97477

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E 632	<p>Continued From page 23</p> <p>developed based on measurements of unit activity that quantified the rate of admissions, discharges and transfers for each unit and the time required for a direct care RN to complete those tasks.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the WHBCC NSP dated "2016" lacked measurements of unit activity and the amount of time required for direct care RNs to complete these tasks. 2. During interview with WHBCC Director and Interim CNO on 01/09/2018 at the time of NSP review, the WHBCC Director stated, "That's not on the plan." 3. Review of the CVICU NSP dated "2017" lacked measurements of unit activity and the amount of time required for direct care RNs to complete these tasks. 4. During interview with CVICU NM on 01/10/2018 at the time of NSP review, he/she stated, "It's not in our plan." 5. Review of the ED NSP dated 12/20/2017 lacked measurements of unit activity and the amount of time required for direct care RNs to complete these tasks. 6. During interview with ED NM on 01/09/2018 at the time of NSP review, he/she confirmed finding 5. 7. Review of the SSU NSP dated 01/22/2016 and the Endo NSP dated 01/22/2016 lacked measurements of unit activity and the amount of time required for direct care RNs to complete 	E 632		

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E 632	Continued From page 24 these tasks. 8. During interview with SSU/Endo/PAT NM on 01/10/2018 at the time of NSP review, he/she confirmed finding 7. He/she stated that admissions and discharges for Endo may be completed by SSU RNs. This is not reflected in either the Endo NSP or the SSU NSP.	E 632			
E 634	OAR 333-510-0110 (2) (c) Nurse Staffing Plan Req. (2) The staffing plan: (c) Must be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses; This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 3 of 4 specialties or units (WHBCC, ED and SSU/Endo/PAT), it was determined that the hospital failed to implement a hospital-wide NSP that was developed based on total diagnoses for each unit and the nursing staff required to manage those diagnoses. Findings include: 1. Review of the WHBCC NSP dated "2016" revealed a lack of information related to the total diagnoses for the unit and the nursing staff required to manage those diagnoses. 2. During interview with WHBCC Director and Interim CNO on 01/09/2018 at the time of NSP	E 634			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 634	Continued From page 25 review, they confirmed finding 1. 3. Review of the ED NSP dated 12/20/2017 reflected broad categories of diagnoses such as "Acute illness and injury care ... Chronic illness and injury care ... Psychiatric evaluation." The ED NSP did not reflect the total diagnoses for the unit and the nursing staff required to manage those diagnoses. 4. During interview with ED NM and NSC NM co-chair on 01/09/2018 at the time of NSP review, they confirmed finding 3. 5. Review of the SSU NSP dated 01/22/2016 revealed a lack of information related to the total diagnoses for the unit and the nursing staff required to manage those diagnoses. 6. Review of the Endo NSP dated 01/22/2016 included a listing of some endoscopic procedures but did not include the diagnoses or the nursing staff required to manage those diagnoses. 7. During interview with the SSU/Endo/PAT NM and NSC NM co-chair on 01/10/2018 at the time of NSP review, they confirmed findings 5 and 6.	E 634		
E 636	OAR 333-510-0110 (2) (d) Nurse Staffing Plan Req. (2) The staffing plan: (d) Must be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations such as, but not limited to: The American Association of Critical Care Nurses, American Operating Room Nurses (AORN), or American Society of Peri-Anesthesia Nurses	E 636		

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E 636	<p>Continued From page 26 (ASPAN);</p> <p>This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 2 of 4 specialties or units (CVICU and SSU/Endo/PAT), it was determined that the hospital failed to implement a hospital-wide NSP that was developed to reflect for each unit consistency with current, nationally-recognized standards and guidelines established by professional nursing specialty organizations.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the CVICU NSP dated "2017" reflected reference to AACN Scope & Standards for Acute and Critical Care Nursing Practice and AACN's Synergy Model. The reference did not specify the date or version of the standards or model. 2. During interview with CVICU NM on 01/10/2018 at the time of NSP review, he/she confirmed finding 1. 3. Review of the SSU NSP dated 01/22/2016 reflected reference to nationally recognized professional organizations such as ASPAN, AACN, AORN and SGNA. It was not clear how information from those organizations was incorporated into the NSP. The reference did not specify the date or version of any standards. 4. Review of the Endo NSP dated 01/22/2016 	E 636		

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E 636	Continued From page 27 reflected reference to nationally recognized professional organizations such as ASPAN, ASA, AAMI, JC, AORN and SGNA. It was not clear how information from those organizations was incorporated into the NSP. The reference did not specify the date or version of any standards. 5. During interview with SSU/Endo/PAT NM and the NSC NM co-chair on 01/10/2018 beginning at 0945, they confirmed findings 3 and 4.	E 636		
E 638	OAR 333-510-0110 (2) (e) Nurse Staffing Plan Req. (2) The staffing plan: (e) Must recognize differences in patient acuity and nursing care intensity; This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 3 of 4 specialties or units (WHBCC, CVICU and SSU/Endo/PAT), it was determined that the hospital failed to implement a hospital-wide NSP that was developed to recognize for each unit differences in patient acuity and nursing care intensity. Findings include: 1. Review of the WHBCC NSP dated "2016" reflected a lack of information related to patient acuity and nursing care intensity. For example: * In the section titled "Staffing For Acuity" the NSP reflected "Initial obstetric triage is 1:1 until determined that condition is stable, then 1:2-3	E 638		

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E 638	<p>Continued From page 28</p> <p>(includes antepartum testing) ... Delivery 2:1 with one nurse dedicated to the mother and one nurse for the infant. These RNs to remain with the couplet until critical elements are met (placenta delivered) and mother and baby are deemed stable ... Recovery (vaginal or C/S) 1:1 for 2 hours minimum, longer if indicated (this includes infant if stable) ... Post-partum/Stable Newborn/GYN ... Patient assignment should consider acuity and type of birth ... 1:3-4 mother/baby couplets for postpartum/newborn care ... With Level 2 babies on the floor census, assigned RN may need a smaller team ... The WHBCC Charge RN is ultimately accountable for unit staffing on the current and subsequent shift." The NSP did not specify how acuity would be evaluated, calculated or determined. * There was no reference to nursing care intensity in the NSP.</p> <p>2. During interview with WHBCC Director and Interim CNO on 01/09/2018 at the time of NSP review, they confirmed finding 1. WHBCC Director stated, "Acuity is based on charge nurse discretion."</p> <p>3. Review of the CVICU NSP dated "2017" reflected a lack of information related to patient acuity and nursing care intensity. For example: * In the section titled "Patient Acuity Levels and Staff Competency" the NSP reflected "Daily shift assignments are based on patient acuity, patient intensity and skill level of nurses ... Telemetry acuity level patients ... are typically 1:3 nurse/patient ratios ... on occasion, CVICU provides care for a M/S tele or non-tele patient. These patients are typically 1:4 nurse/patient ratios depending upon intensity of the nursing care provided." It was not clear what "typically" meant.</p>	E 638			

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E 638	Continued From page 29 * It was not clear how nursing care intensity would be evaluated or determined. 4. During interview with CVICU NM and CVICU Director on 01/10/2018 at the time of NSP review, they confirmed finding 3. 5. Review of the SSU NSP dated 01/22/2016 reflected "Staffing is based on the ... ASPAN Guidelines and adjusted as needed throughout the day to accommodate patient safety needs." The NSP lacked a description of patient safety needs. The plan also reflected "Patient conditions that contribute to a higher level of acuity include, but are not limited to ..." It was not clear how individual patient acuity and nursing care intensity would be evaluated or determined. 6. Review of the Endo NSP dated 01/22/2016 reflected "Criteria for adjusting staff assignments may include, but not limited to ... location of patient based on current medical acuity (i.e., needing assistance in ICU, CVU, ED) ..." It was not clear how individual patient acuity and nursing care intensity would be evaluated or determined. 7. During interview with SSU/Endo/PAT NM and NSC NM co-chair on 01/10/2018 at the time of NSP review, they confirmed findings 5 and 6.	E 638		
E 640	OAR 333-510-0110 (2) (f) Nurse Staffing Plan Req. (2) The staffing plan: (f) Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts...	E 640		

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E 640	<p>Continued From page 30</p> <p>This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 4 of 4 specialties or units (WHBCC, CVICU, ED and SSU/Endo/PAT), it was determined that the hospital failed to implement a hospital-wide NSP that established minimum numbers of nursing staff required on specified shifts.</p> <p>Findings include:</p> <p>1. Review of the WHBCC NSP dated "2016" revealed it lacked information related to establishing minimum numbers of NSMs required on specific shifts. For example: * The NSP reflected that the patient population on the unit included "... Intrapart-care of women in labor ... postoperative care of ... female patients (i.e. cholecystectomy, appendectomy) ... stable pediatric patients under 1 year of age requiring medical attention ..." There were no minimum numbers of NSMs for those categories of patients. * The NSP referenced the use of "OBT/US" and did not reference the use of CNA2s. The "OBT/US" role is filled by a CNA2 or RN. The NSP did not establish minimum numbers of CNA2s on specified shifts.</p> <p>2. During interview with WHBCC Director and Interim CNO on 01/09/2018 at the time of NSP</p>	E 640			

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E 640	<p>Continued From page 31</p> <p>review, they confirmed finding 1. Further, they stated CNA2s were used as OB Techs and Unit Secretary.</p> <p>3. Review of the CVICU NSP dated "2017" reflected: * In a section titled "Patient Acuity Levels and Staff Competency" the NSP reflected "Advanced Acuity Levels: Recovery level patients ... These patients will be 2:1 or 1:1 nurse to patient ratio for a minimum of the first post-surgical hour or until phase 1 recovery requirements met ... Intermediate acuity level patients ... These patients are typically 1:2 nurse/patient ratio ... Telemetry acuity level ... Patients in this acuity level are typically 1:3 nurse/patient ratios ..." It was not clear what "typically" meant in reference to minimum staffing for those patients. * The NSP listed "Core Staffing" that reflected a range of RNs scheduled for day shift of "Six to 8 12 hr direct care RNs plus the CN & MT" and for night shift "Six to seven 12 hour direct care RNs plus the CN & MT." Although the NSP established RN ratios on some shifts, it did not establish minimum numbers on specified shifts.</p> <p>4. During interview with CVICU manager on 01/10/2018 at the time of NSP review, he/she stated, "We do not have specific minimum numbers on the staffing plan."</p> <p>5. Review of the ED NSP dated 12/20/2017 reflected: * In a section titled "Patient Population & Nursing Care Provision" the NSP reflected "... As ED volume warrants utilize other areas in the hospital to include ED Annex, Cath Lab Holding, Diagnostic Imaging, Short Stay or Wound Care." * In a section titled "Essential Staffing & Evaluation Process" the NSP reflected "Fast</p>	E 640			

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E 640	Continued From page 32 Track Unit: The location of this unit can vary. ESI level 3 (non-complex), 4 & 5 to be treated in this unit. The amount of patients at a time in this unit depends upon the mix of the staff ... RN only (in unit with RN available) = 5 patients." The NSP did not clearly establish minimum numbers of NSMs in the ED Fast Track Unit on each shift. 6. Review of the SSU NSP dated 01/22/2016 revealed it lacked information related to establishing minimum numbers of NSMs required on specific shifts. For example: * In a section titled "Staffing for Acuity" the NSP reflected "Preoperative patients - 1 RN: 2-3 patients, Phase II Recover/Discharge - 1 RN: 3-5 patients." Although the NSP established RN ratios on some shifts, it did not establish minimum numbers on specified shifts. * In a section titled "Essential Staffing and Evaluation Process" the NSP reflected "SSU staffing is comprised of RNs, LPNs, CNAs, Unit Secretaries, Endoscopy Technicians ..." The NSP does not reflect whether the Unit Secretary or the Endoscopy Technician were NSMs or whether the CNA was a CNA1 or CNA2. 7. Review of the Endo NSP dated 01/22/2017 reflected it did not establish minimum numbers on specified shifts. 8. During interview with SSU/Endo/PAT NM on 01/10/2018 at the time of NSP review, he/she confirmed findings 6 and 7.	E 640		
E 642	OAR 333-510-0110 (2)(f) Nurse Staffing Plan Requirements (2) The staffing plan: (f) Must provide that no fewer than one registered	E 642		

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E 642	<p>Continued From page 33</p> <p>nurse and one other nursing staff member is on duty in a unit when a patient is present;</p> <p>This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 2 of 4 units (WHBCC and SSU/Endo/PAT), it was determined that the hospital failed to implement a hospital-wide NSP that ensured no fewer than one RN and one other NSM be on duty in a unit when a patient is present.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the WHBCC NSP dated "2016" lacked clear information regarding minimum numbers when one patient is present on the unit. In a section titled "Essential Staffing & Evaluation Process" the NSP reflected "... At a minimum, the unit is staffed with two Registered nurses ..." However, the NSP also reflected "... There must be two RNs on the unit at all times (can be sleeping in-house if low census)." This minimum did not ensure that two NSMs would be on duty in the unit when a patient was present. 2. During interview with WHBCC Director on 01/09/2018, at the time of NSP review, he/she acknowledged the NSP was unclear regarding the requirement to ensure an RN and one other 	E 642			

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E 642	Continued From page 34 NSM were on duty in the unit when a patient was present. 3. Review of the SSU NSP dated 01/22/2016 revealed it lacked information regarding minimum numbers when one patient is present on the unit. 4. Review of the SSU NSP dated 01/22/2016 reflected a section titled "Essential Staffing and Evaluation Process". The NSP reflected "SSU Weekend Series patients: One RN is on call from 0800-1200, Saturdays and Sundays ... CNAs may be on call to assist the RN according to patient census." The NSP did not ensure that two NSMs would be on duty in the unit when one patient was present on the unit. 5. During interview with SSU/Endo/PAT NM on 01/10/2018 at the time of NSP review, he/she confirmed findings 3 and 4.	E 642		
E 644	OAR 333-510-0110 (2) (g) Nurse Staffing Plan Req. (2) The staffing plan: (g) Must include a formal process for evaluating and initiating limitations on admission or diversion of patients to another hospital when, in the judgment of a direct care registered nurse or a nurse manager, there is an inability to meet patient care needs or a risk of harm to patients; This Rule is not met as evidenced by: Based on interview and review of the hospital's staffing plan, it was determined the hospital failed to develop a formal process for evaluating and	E 644		

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E 644	<p>Continued From page 35</p> <p>initiating limitation on admissions in accordance with OAR 333-510-0110(2)(g).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the WHBCC NSP dated "2016" did not include a provision for the evaluation and initiation of limits on admissions or divert by a direct care RN. 2. During interview with WHBCC Director and Interim CNO on 01/09/2018 at the time of NSP review, they confirmed finding 1 and the WHBCC Director stated, "It's not in this plan." 3. Review of the ED NSP dated 12/20/2017 reflected "Emergency staffing decisions, including decision to go on divert, are addressed collaboratively involving the ED RN, ED Charge RN ... In case of patient care issues that are problematic, the nurse has a chain of command to follow: "RN ... Charge Nurse ... Nursing Supervisor ... Assistant Manager or Director ... CNO." The NSP did not include a clear provision for the evaluation and initiation of limits on admissions or divert by a direct care RN. 4. Review of the SSU NSP dated 01/22/2016 reflected "Diversion of patients is handled on a case by case basis depending on resources available and skill mix of staff." The NSP did not include a clear provision for the evaluation and initiation of limits on admissions or divert by a direct care RN. 5. Review of the Endo NSP dated 01/22/2016 reflected "Diversion of patients is handled on a case by case basis depending on resources available and skill mix of staff." The NSP did not include a clear provision for the evaluation and 	E 644		

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E 644	Continued From page 36 initiation of limits on admissions or divert by a direct care RN. 6. During interview with SSU/Endo/PAT NM on 01/10/2018 at the time of NSP review, he/she confirmed findings 4 and 5. 7. In NSM interviews completed between 01/08/2018 and 01/16/2018, 80 of 162 respondents indicated they did not know the hospital's or unit's policy for evaluating and initiating divert or limitations on admissions, and 94 of 162 respondents indicated they did not know their role, or that they had no role, in the process.	E 644		
E 646	OAR 333-510-0110 (2) (h) Nurse Staffing Plan Req. (2) The staffing plan: (h) Must consider tasks not related to providing direct care, including meal breaks and rest breaks; This Rule is not met as evidenced by: Based on interview, review of NSP documentation for 4 of 4 specialties or units (WHBCC, CVICU, ED and SSU/Endo/PAT) it was determined that the hospital failed to implement a hospital-wide NSP that was developed to consider for each unit meal breaks, rest breaks, and other tasks not related to direct patient care and that NSMs received breaks as required. The NSP did not provide for additional NSMs to maintain the staffing ratios required in the NSP during these tasks, creating the possibility that	E 646		

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E 646	<p>Continued From page 37</p> <p>the units did not meet minimum staffing required for the duration of tasks not related to direct patient care.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the WHBCC NSP dated "2016" reflected "Breaks: meal breaks are necessary and recognized to be a collaborative effort between management, Charge Nurses, and the employee. Charge Nurses make every effort to find relief for breaks and employees accept breaks as offered." There was no assurance that staffing would be in accordance with the NSP during rest and meal breaks. 2. During interview with WHBCC Director and Interim CNO on 01/09/2018 at the time of NSP review, they confirmed finding 1. 3. During interview with WHBCC Director on 01/10/2018 at 1000, he/she stated that there was no documentation available of when staff took rest and meal breaks. He/she stated a "whiteboard" was used to schedule rest and meal breaks, but the information was not collected and maintained. 4. Review of the CVICU NSP dated "2017" reflected "... In addition to CVICU's core staff and based on unit nursing care intensity, patient acuity, staff competency ... nurses may request a qualified patient care provider to assist with ... meal and rest break coverage ... when only two RNs are working, the House Coordinator and/or Department Manager will assist in covering or finding the appropriate staff member to cover rest and meal breaks ... The provision of meal and rest breaks is done on a rotation basis using the buddy system and the charge nurse to cover 1:1 	E 646			

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E 646	<p>Continued From page 38</p> <p>patients. Staff RNs and the CN should cover these periods." It was unclear whether "qualified patient care provider" was a NSM. The NSP did not clearly state the meaning of "should cover" and "assist in covering". There was no assurance that staffing would be in accordance with the NSP during rest and meal breaks.</p> <p>5. During interview with CVICU NM on 01/10/2018 at the time of NSP review, he/she confirmed finding 4.</p> <p>6. Review of the ED NSP dated 12/20/2017 reflected "A team break system is used to ensure meal/break coverage. Charge nurse or other assigned nurse can provide back-up break coverage as necessary. See Appendix A." The NSP did not specify what constituted a team. The NSP did not clearly reflect how provision of NSM rest and meal breaks is ensured. There was no assurance that staffing would be in accordance with the NSP during rest and meal breaks.</p> <p>7. During interview with ED NM on 01/01/2018 at the time of NSP review, he/she stated that a team is 3 RNs and a team break is similar to a buddy break in that one NSM goes on break and the remaining team members care for his/her patients.</p> <p>8. Review of the ED NSP Appendix A reflected a meal/break assignment sheet titled "Emergency Department Break Parameters" which reflected "Additional 15 Break for 12 hour Staff Member is to be taken when best for department." The additional 15-minute break is not documented or tracked by the unit.</p> <p>9. During interview with ED NM on 01/10/2018 at the time of NSP review, he/she confirmed</p>	E 646		

Health Care Regulation and Quality Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14-0701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MCKENZIE-WILLAMETTE MEDICAL CENTER

**1460 G STREET
SPRINGFIELD, OR 97477**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 646	<p>Continued From page 39</p> <p>findings 6 through 8.</p> <p>10. Review of the SSU NSP dated 01/22/2016 reflected only "Rest/meal breaks are coordinated by the charge nurse Monday-Friday on a rotation basis so at least one RN is in the unit when a patient is present." There was no assurance that staffing would be in accordance with the NSP during rest and meal breaks.</p> <p>11. Review of the Endo NSP dated 01/22/2016 reflected only "Rest/meal breaks are coordinated by the charge nurse Monday-Friday on a rotation basis so at least one RN is in the unit when a patient is present." There was no assurance that staffing would be in accordance with the NSP during rest and meal breaks.</p> <p>12. During interview with SSU/Endo/PAT NM on 01/10/2018 at the time of NSP review, he/she confirmed findings 10 and 11.</p> <p>13. In NSM interviews completed between 01/08/2018 and 01/16/2018, 124 of 162 respondents indicated that the units are short staffed when a NSM is on meal or break, that the unit uses a buddy system to cover for NSMs on meal or break, or that they do not know whether the unit has the required staffing when NSMs are on meal or break.</p> <p>14. In NSM interviews completed between 01/08/2018 and 01/16/2018, 100 of 162 respondents indicated that in the past year they had experienced one or more shifts in which they missed breaks and meals because there was not sufficient staff to cover that time.</p>	E 646		

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E 665	Continued From page 40	E 665			
E 665	<p>OAR 333-510-0130 (1)- (7) Nurse Staffing Member Overtime</p> <p>(1) For purposes of this rule "require" means to make compulsory as a condition of employment whether as a result of a previously scheduled shift or hours actually worked during time spent on call or on standby.</p> <p>(2) A hospital may not require a nursing staff member to work:</p> <p>(a) Beyond the agreed-upon and prearranged shift, regardless of the length of the shift;</p> <p>(b) More than 48 hours in any hospital-defined work week;</p> <p>(c) More than 12 hours in a 24-hour period;</p> <p>(d) During the 10-hour period immediately following the 12th hour worked during a 24-hour period. This work period begins when the nursing staff member begins a shift; or</p> <p>(e) During the 10-hour period immediately following any agreed-upon and prearranged shift in which the nurse worked more than 12 hours in a 24-hour period.</p> <p>(3) Time spent by the nursing staff member in required meetings or receiving education or training shall be included as hours worked for the purpose of section (2) of this rule.</p> <p>(4) Time spent on call or on standby when the nursing staff member is required to be at the hospital shall be included as hours worked for the purpose of section (2) of this rule.</p> <p>(5) Time spent on call or on standby when the nursing staff member is not required to be at the hospital may not be included as hours worked for the purpose of section (2) of this rule.</p> <p>(6) Nothing in this rule precludes a nursing staff member from volunteering to work overtime.</p> <p>(7) A hospital may require an additional hour of work beyond the hours authorized in section (2)</p>	E 665			

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E 665	<p>Continued From page 41</p> <p>of this rule if: (a) A staff vacancy for the next shift becomes known at the end of the current shift; or (b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member.</p> <p>This Rule is not met as evidenced by: Based on interview and review of timekeeping documentation for 8 of 40 NSMs (NSMs 1, 12, 20, 21, 24, 25, 27 and 30), it was determined that the hospital failed to ensure that NSMs were not required to work: * Beyond the agreed-upon and prearranged shift; * More than 48 hours in any hospital-defined work week; * More than 12 hours in a 24-hour period.</p> <p>Findings include:</p> <p>1. Review of WHBCC NSM 1's timekeeping record for the week of 10/01/2017 at 0000 through 10/07/2017 at 2359 reflected he/she regularly worked a 12-hour shift. It reflected that he/she worked 12.5 hours on 10/04/2017. There was no documentation in the timekeeping records reviewed to indicate whether the OT worked was voluntary or MOT.</p> <p>2. During interview with WHBCC Director and Interim CNO on 01/09/2018 at the time of timekeeping review, they confirmed finding 1.</p> <p>3. Review of CVICU NSM 12's timekeeping record for the week of 11/05/2017 at 0000 through 11/11/2017 at 2359 reflected he/she</p>	E 665		

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E 665	<p>Continued From page 42</p> <p>regularly worked a 12-hour shift. It reflected that he/she worked 14 hours on 11/06/2017. There was no documentation in the timekeeping records reviewed to indicate whether the OT worked was voluntary or MOT.</p> <p>4. Similar findings were identified in the timekeeping records for CVICU NSM 20.</p> <p>5. During interview with CVICU NM and Interim CNO on 01/10/2018 at the time of timekeeping review, they confirmed findings 3 and 4.</p> <p>6. Review of SSU/Endo/PAT NSM 21's timekeeping record for the week of 10/15/2017 at 0000 through 10/21/2017 at 2359 reflected he/she regularly worked an 8-hour shift. It reflected that he/she worked 8.75 hours on 10/16/2017. There was no documentation in the timekeeping records reviewed to indicate whether the OT worked was voluntary or MOT.</p> <p>7. Similar findings were identified in the timekeeping records for SSU/Endo/PAT NSM 24.</p> <p>8. Review of SSU/Endo/PAT NSM 25's timekeeping record for the week of 12/03/2017 at 0000 through 12/07/2017 at 2359 reflected he/she regularly worked an 8-hour shift. It reflected that he/she worked 9.5 hours on 12/05/2017, 8.5 hours on 12/06/2017, 10 hours on 12/07/2017 and 8.25 hours on 12/07/2017. There was no documentation in the timekeeping records reviewed to indicate whether the OT worked was voluntary or MOT.</p> <p>9. Similar findings were identified in the timekeeping records for SSU/Endo/PAT NSM 27.</p> <p>10. Review of SSU/Endo/PAT NSM 30's</p>	E 665			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14-0701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/19/2018
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E 665	Continued From page 43 timekeeping record for the week of 11/12/2017 at 0000 through 11/18/2017 at 2359 reflected he/she regularly worked an 8-hour shift. It reflected that he/she worked 8.75 hours on 11/16/2017 and 8.5 hours on 11/17/2017. There was no documentation in the timekeeping records reviewed to indicate whether the OT worked was voluntary or MOT. 11. During interview with SSU/Endo/PAT NM and NSC NM Co-chair on 01/10/2018 at the time of timekeeping review, they confirmed findings 6 through 10. 12. In NSM interviews completed between 01/08/2018 and 01/16/2018, 45 of 162 respondents indicated that one or more times in the past year they had been required to work for up to an hour after a shift was scheduled to end because of a staffing vacancy in the following shift. 13. In NSM interviews completed between 01/08/2018 and 01/16/2018, 49 of 162 respondents indicated that one or more times in the past year they had been required to work for up to an hour after a shift was scheduled to end to avoid harm to an assigned patient. 14. In NSM interviews completed between 01/08/2018 and 01/16/2018, 91 of 162 respondents indicated that one or more times in the past year they had been required to work MOT.	E 665			
E 670	OAR 333-510-0130 (8) Nursing Staff Member Overtime (8) Each hospital must have a policy and	E 670			

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E 670	<p>Continued From page 44</p> <p>procedure in place to ensure, at minimum, that: (a) Mandatory overtime, when required, is documented in writing; and (b) Mandatory overtime policies and procedures are clearly written, provided to all new nursing staff and readily available to all nursing staff.</p> <p>This Rule is not met as evidenced by: Based on review of the MOT policy and procedure it was determined that the hospital failed to develop a written policy for MOT that ensured: * Mandatory overtime is documented in writing as required by subsection (8)(a); and * Mandatory overtime policies are clearly written (8)(b).</p> <p>Findings:</p> <p>1. Review of the P/P titled "Overtime and Mandatory Overtime" dated 12/17/2017 revealed inaccurate, conflicting or ambiguous information regarding OT/MOT. * The P/P reflecting overtime limitations in OAR 333-510-0130(2) omitted the prohibition on requiring a NSM to work during the 10-hour period following any agreed-upon and prearranged shift in which the nurse worked more than 12 hours in a 24-hour period. * The P/P misstated the provision in OAR 333-510-0130(7) which permits the hospital to require up to an additional hour of work when a staff vacancy for the next shift becomes known at the end of the current shift or when there is a potential harm to an assigned patient if the nursing staff member leaves the assignment or</p>	E 670		

Health Care Regulation and Quality Improvement

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E 670	<p>Continued From page 45</p> <p>transfers care to another nursing staff member. * The P/P stated that "Any overtime not documented as mandatory shall be considered voluntary." Overtime becomes mandatory when it is required to be worked. Failure to document MOT does not convert MOT to voluntary overtime.</p> <p>2. In NSM interview completed between 01/08/2018 and 01/16/2018, 74 of 162 indicated they had been required to work respondents indicated that the hospital did not have, or they did not know if the hospital had a policy on MOT. Sixty-two of 162 respondents indicated that they did not know where the MOT policy is located.</p>	E 670		



Health Care Regulation and Quality Improvement

800 NE Oregon Street, Suite 465

Portland, Oregon 97232

971-673-0540

971-673-0556 (Fax)

January 7, 2019

David Elgarico
Hospital Administrator
McKenzie-Willamette Medical Center
1460 G Street
Springfield, OR 97477

John Blenkinsopp
Chief Nursing Officer
McKenzie-Willamette Medical Center
1460 G Street
Springfield, OR 97477

Leslie Palstring
Hospital Nurse Staffing Committee Co-Chair
McKenzie-Willamette Medical Center
1460 G Street
Springfield, OR 97477

Anthony Ballenger
Hospital Nurse Staffing Committee Co-Chair
McKenzie-Willamette Medical Center
1460 G Street
Springfield, OR 97477

RE: POC Determination Letter for Nursing Staffing Survey and Complaint
Investigation – POC Sufficient

Dear Mr. Elgarico, Mr. Blenkinsopp, Ms. Palstring, and Mr. Ballenger:

This letter provides notification that your plan of correction (POC), in response to deficiencies cited during the nurse staffing survey and complaint investigation completed on January 19, 2018 has been received, reviewed, and accepted by the Public Health Division, Oregon Health Authority, Health Care Regulation and Quality Improvement.

In accordance with the requirements of Oregon Administrative Rule 333-501-0035(7) and Oregon Administrative Rule 333-501-0040(7), the hospital must implement the corrections within 45 business days after receiving the Oregon Health Authority's determination that the POC is sufficient. Surveyors will conduct a revisit to verify that the POC has been implemented within 60 business days.

Thank you for your attention to this matter. If you have any questions, please contact our office at mailbox.nursestaffing@state.or.us.

Sincerely,

Nurse Staffing Survey Team
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

*If you need this information in an alternate format, please call our office at
(971) 673-0540 or TTY 711*

November 2018

Action Plan for the Oregon Health Authority Survey of the McKenzie Willamette Medical Center Staffing Committee

Revised by John Blenkinsopp DNPc MSN RN NEA, Chief Nursing Officer.

Finding: E 604/pg 4

Plan: The leadership of Women's Health, Birthing and Children's center (WHBCC) in conjunction with the McKenzie Willamette Human Resources Department (HR), will audit competency every 6 months and educational requirements annually to ensure compliance. The goal will be 100% compliance for competencies and 100% on annual education requirements. Staff members who are on a Leave of Absence (LOA) will be excluded from the audits but will not return from the LOA until required education and competencies are successfully completed.

The ongoing process for certifications will be managed by HR. Human Resources have a process built to monitor and track all elements required by all employees' position description. A reminder will be sent to each employee by email and on the time clock when the clock time at work, monthly, beginning three months prior to expiration of those position requirements. If renewal is not received, said employee will be considered as 'suspended from providing patient care'. The Unit Director or Designee will have the same process for competency based education requirements of the position description.

Implementation Plan: The WHBCC leadership will create an audit tool to assess and document certifications and required education. The audit for certification compliance will be done every six months. The audit for required annual education will be completed annually. During audit, if staff is identified to be without requisite education and/or competency, they are immediately suspended from providing patient care.

Implementation Date: Audit tools to be created by April 15, 2018. The first biannual certification audit will be completed by the end of April, 2018 or at the time of the employee's annual evaluation. The second biannual audit for certifications will be in December, 2018. The annual education audit will be done before the end of December, 2018

Monitoring: Audits will continue until there is 100% compliance documented for four consecutive months and randomly thereafter

Accountable Title: Director of Women's Health, Birth & Children's Center (WHBCC) and the Human Resources Director

Finding: E 608/pg 6

Plan: The Nurse Staffing Committee (NSC) quarterly meetings will be pre-scheduled at the end of each year for the upcoming year. Staffing Committee meetings are planned for 2018 by the staffing committee, quarterly for April, May, Aug and November.

Implementation Plan: During the last meeting of each year, the NSC members will agree upon a quarterly meeting schedule for the upcoming year. Each quarterly meeting will be sent to members via the email provided by the members.

Implementation Date: December, 2017 (this was done before the OHA survey) and again during the last meeting of 2018.

Monitoring: The co-chairs of the NSC shall review the dates for the year each quarter to ensure at least one meeting has taken place every three months.

Accountable Title: Chief Nursing Officer.

Finding: E 612

Plan: The NSC will be comprised of equal numbers of nurse managers and direct care nursing staff representative of all nursing care areas(specialty and units). The NSC will also have one non RN member of nursing staff represented on the committee. Each representative will have an alternate to attend in their absence. .

Implementation Plan: Designation of members for the NSC will be completed according to Oregon staffing law, with a representative from each hospital specialty nursing area/unit and one non-RN member, named along with an alternate .

Implementation Date: April 30, 2018

Monitoring: The co-chairs of the NSC and Chief Nursing Officer (or his/her representative) will monitor the recruitment and voting process aligns with the NSC Charter and Oregon Staffing Law. The committee membership list will be monitored by the CNO and the co-chairs to ensure an equal number of RNs from each specialty area are represented and an equal number or managers are present at each meeting, along with a non-RN nurse representative. This will be reviewed by the co-chairs for completeness and listed in the minutes of each NSC meeting by the scribe.

Accountable Title: Chief Nursing Officer

Finding: E614/pg 10

Plan: The NSC will have a designated non-RN member serve on the committee with an alternate named.

Implementation Plan: The NSC has implemented a process for recruiting and voting for a direct care non-RN as outlined in the NSC Charter updated on 10/25/17. The direct and alternate non-RN member have been added to the NSC roster list. Implementation Date: April 30, 2018

Monitoring: The co-chairs of the NSC and Chief Nursing Officer (or his/her representative) will monitor the recruitment and voting process aligns with the NSC Charter and Oregon Staffing Law. The committee membership list will be monitored by the CNO and the co-chairs to ensure an equal number of RNs from each specialty area are represented and an equal number of managers are present at each meeting, along with a non-RN nurse representative. This will be reviewed by the co-chairs for completeness and listed in the minutes of each NSC meeting by the scribe.

Accountable Title: Chief Nursing Officer

Finding: E616/pg 11

Plan: Direct care RNs and non-RN Direct care givers will be offered the opportunity to volunteer to serve as members of the NSC by their collective bargaining unit. If more than one member volunteers the second member will become the alternate. If more than two direct care RNs volunteer there will be a vote by the bargaining unit members for that unit for the member and alternate.

Implementation: Nominations and Voting will be carried out per NSC charter by the bargaining unit. Bargaining Unit Executive will coordinate and oversee the nomination and voting process.

Monitoring: The CNO will monitor each voting session to ensure the RNs and non-RNs as part of their collective bargaining units are afforded the opportunity to participate in the nomination and election process.

Completion Date for Correction: June 1, 2018.

Accountable title: Chief Nursing Officer

Finding: E620/pg 13

Plan: The NSC Charter will be amended to include more detail on: 1) How meetings are scheduled; 2) How agendas are determined; and 3) How input from specialty or unit staff is obtained, to ensure equal and open ideas and suggestions from all units and departments are included.

Implementation Plan: A draft NSC Charter will be presented to the Nurse Staffing Committee that includes additional details on:

- 1) The agenda for the last meeting of the year will include a group discussion about the quarterly meeting dates for the upcoming year. The group will discuss meeting dates and the majority will agree upon and schedule four quarterly meetings. Additional meetings will be scheduled by the co-chairs as needed to meet the obligations of the NSC (i.e., staffing plan review and approval) and emailed out to the NSC membership via an emailed appointment.). Rotation of time/dates of meetings to fairly and equally permit

attendance from members on “off-shifts” will be a required consideration of the NSC when planning upcoming meetings for the next year.

- 2) Agenda items are determined by the co-chairs after consideration of and equal and open solicitation ideas-from NSC members. Emails will be sent by one of the co-chairs to NSC members requesting agenda items for an upcoming NSC meeting.
- 3) Input from nurse specialty or unit staff is submitted to the NSC members who represents his/her unit. The NSC member will solicit input from his/her unit and represent the overall summary of input to the NSC during meetings.

Implementation Date: July 15, 2018

Monitoring: The amendment of the NSC Charter to include required elements should not require subsequent monitoring. A review (at least annually) will be completed by the co-chairs with the Chief Nursing Officer or designee, to determine if all meeting agendas appear to equally represent areas/departments

Accountable Title: Chief Nursing Officer

Finding: E 622/pg 15

Plan: Change the language in the NSC Charter to state all NSC meetings are open to all hospital nursing staff as observers.

Implementation Plan: The Nurse Staffing Committee Charter will be updated by adding language that reflects all NSC meetings are open to all hospital nursing staff as observers.

Implementation Date: The NSC Charter will be updated no later than April 30, 2018. The NSC will review the change during the third quarter NSC meeting.

Monitoring: Each meeting will be monitored to ensure nursing staff members have unfettered access to the meeting.

Accountable Title: Co-Chairs of the NSC and the CNO

Finding: E 622/pg 16

Plan: All NSC votes will be documented on a voting tally sheet where each voting member's vote, with his/her title as manager, primary or alternate nurse or primary or alternate care provider non-RN, is recorded. This will reflect the total number of managers voting and the total number of direct care providers voting.

Implementation Plan: A voting tally sheet will be created to reflect the name and title of the person voting during the NSC meeting. This tool will be used by either the co-chair person or the person taking minutes of the NSC meeting at the time voting is happening. The voting tally sheet will become part of the minutes.

Implementation Date: No later than May 31, 2018

Monitoring: Minutes will be monitored following each quarterly meeting to ensure the voting tally sheet contains the names and positions of each voting NSC member and his/her vote.

Accountable Title: Both Co-chair members and the person responsible for taking the NSC meeting minutes. CNO will provide oversight of the process and holds final accountability.

Finding: E 624/pg 17

Plan: The minute taker will be instructed on how the minutes of the NSC Meetings will reflect the NSC members and their position.

Implementation Plan: The minutes of each NSC meeting will reflect the members in attendance and his/her position as a primary or alternate direct care provider, primary or alternate direct care provider non-RN or manager.

Implementation Date: May 31, 2018

Monitoring: The minutes of each NSC meeting will be audited by the co-chairs and CNO at least quarterly to ensure the name and position of each voting member is recorded both direct care and management.

Accountable Title: CNO and person recording the NSC minutes.

Finding: E628/pg 19

Plan: The NSC will ensure development and implementation of a staffing plan for each individual unit where direct nursing care is delivered. Compliance with each unit's staff plan will be recorded on the Daily Staffing Sheet.

Implementation Plan: The Daily Staffing Sheet will be updated to include a location where the charge nurse or his/her designee will document compliance with the department's staffing plan. Variances to the staffing plan will be documented on or connected to the Daily Staffing Sheet and provided to the department's leader (assistant manager, manager or director) for review and assessment of the situation and to plan action to resolve the concerns.

Implementation Date: September 30, 2018

Monitoring: Department managers/directors will regularly monitor compliance with the reporting process and report variances to the Chief Nursing Officer

Accountable Title: Chief Nursing Officer

Finding: E630/pg 20

Plan: Unit staffing plans will include the skill mix and competencies necessary to care for the acuity and type of patients cared for in that unit. The following will address missing information in the NSP for WHBCC, CVICU, ED and SSU. The NSPs updated in 2018 will expand upon the competencies required for positions held within the previously mentioned departments. Additionally, a review of other nursing departments covered by the nurse staffing law will review their NSPs and add competencies required of nursing staff.

Implementation Plan: Women's Health Birth & Children's Center (WHBCC) will include in its 2018 NSP revision the specific competencies of a labor and delivery RN, nursery RN, pediatric RN, OB OR RN, and post-partum RN. The revised plan will also define the different skill levels of nurses within the WHBCC department and how those skills levels are achieved. The WHBCC staffing plan will also list the competencies required of the CNAIIs who work in that department. Furthermore, the revised WHBCC plan will include guides in how the charge nurse assigns nurses to patients based on their acquired skill level (i.e., L1, Nursery, P1). Each unit will identify and implement competencies to care for the patient population of that unit.

The Cardiovascular Intensive Care Unit (CVICU) will include in its 2018 NSP revision the specific competencies and education required for the inexperienced RN who is training to become a critical care RN. The NSP will include education required to achieve each skill level for critical care nurses (C1, C2 and Telemetry). These include the use of the BKAT and the critical care course provided at MWMC or equivalent or passing a competency test reflecting the basic knowledge needed for the C1, C2 or Telemetry status. The revised NSP will also include the competencies and education required of RNs who float into the CVICU to care for telemetry level patients. The NSP will reflect that Monitor Techs and Unit Secretaries are not nurse staffing members although play a key role in the unit. Finally, the CVICU's NSP will include the occasional use of a CNAII as a sitter and that activity does not require additional skills or competencies beyond those learned while earning their CNAII certification or for working in other nursing departments at MWMC. All clinical patient care staff get annual training/education/evaluation of competencies on patients in restraints and those with suicidal ideations who may be on every 15 minute monitoring. This includes how to assess and make a patient room "safe" for suicidal patients.

The Emergency Department (ED) will include in its 2018 NSP the competencies for the LPNs and CNAIIs who work in the ED. The NSP will reflect ED Tech are not nurse staff members but considered key members of the ED patient care team. The NSP will also clarify all nurses who care for patients in the Fast Track Unit are from the ED and that competencies are the same as those required to work as a nurse in the ED. The ED staffing plan will outline how skill mixes are assigned to patients

The Short Stay Unit (SSU) and Pre-Admission Testing's (PAT) revised staffing plan will clarify only CNAIIs work at McKenzie-Willamette Medical Center and the SSU. The SSU staffing plan will also clarify Endo Techs and LPNs do not work in the SSU and the Unit Secretaries are not nurse staffing members, though important members of the unit. Competencies for the RNs and CNAs who work in SSU and PAT will be outlined.

Implementation Date: August 30, 2018

Monitoring: Each department's staffing plan will be reviewed quarterly to ensure the above elements are included. NSC Co-chairs will monitor completion of the staffing plans and report delinquent plan submissions to the CNO for follow up with the unit.

Accountable Title: Chief Nursing Officer.

Finding: E632/Pg 23

Plan: The NSC will review all NSPs to ensure details on measurements of time required to complete routine nursing activities is included in the NSPs. All NSP's for 2019 will add information for how long it takes the nurse staffing member to admit, discharge and transfer a patient.

Implementation Plan: Each nurse manager will work with his/her unit practice committee to do a study to determine how long it takes for their unit to admit, discharge and transfer a patient for the next three months. This information will be added to the 2019 staffing plan and approved by the Nurse Staffing Committee.

Implementation Date: A time study will be initiated by each nursing unit practice council to quantify to the best of their abilities the average time it takes to complete an admission, discharge and transfer of patients on their units or in their areas. This data will be presented back to the practice councils in January 2019 to be included in the 2019 Unit Staffing Plans.

Monitoring: The CNO will introduce the time study requirements to the Unit Practice Councils in November 2018, with the expectation to collect at least 30 days of time data to be submitted to the UPC by January of 2019. The CNO will monitor progress through a reporting process at least bi-monthly until a clear picture of time for admission transfer and discharge is attained and included in the unit staffing plan.

Accountable Title: Chief Nursing Officer

Finding: E634/Pg 25

Plan: Each staffing plan will include a list of common diagnoses for patients admitted to its unit. This will include patients who may occasionally "overflow" into the unit during high census (i.e., gynecological surgery into Women's Birthing Center).

Implementation Plan: Each specialty nursing unit, especially the WHBCC, ED and SSU, will work with its Unit Practice Committee (UPC) to create a list of diagnoses for their unit. Those diagnoses will be added to the staffing plan and approved by the Nurse Staffing Committee.

Implementation Date: no later than December 31, 2018.

Monitoring: The Nurse Staffing Committee shall review each staffing plan and ensure it lists the unit's diagnoses at least quarterly to ensure completeness. This overall plan will be reviewed on the annual submission of the staffing plans to the NSC. Variances will be sent back to the unit for revision.

Accountable Title: Chief Nursing Officer

Finding: E636/Pg 27

Plan: Each staffing plan, and especially the CVICU, Endoscopy and SSU, will document the date or version of the nationally-recognized standards and/or guidelines.

Implementation Plan: The date or version of nationally-recognized standards and/or guidelines will be added to each staffing plan.

Implementation Date: May 1, 2018

Monitoring: The Nurse Staffing Committee will ensure that each staffing plan, especially the plans for the CVICU, Endoscopy and SSU, presented for approval will have the date or version of the nationally-recognized standards and/or guidelines documented. This will be reviewed at least quarterly by the unit council and on the annual submission of the staffing plans to the NSC. Variances will be sent back to the unit for revision.

Accountable Title: Chief Nursing Officer

Finding: E638/Pg 28

Plan: Each Units/Departments Nurse Staffing Plan will incorporate a plan to recognize the differences in patient acuity and intensity and include how staffing will be modified to meet those patient needs. Specifically cited, the WHBCC, CVICU, SSU/PAT and Endoscopy nurse staffing plans will determine the nurse to patient ratio by using an acuity tool or nationally-recognized standard and include the impact of nursing care intensity. Additionally, the WHBCC, CVICU, SSU/PAT and Endoscopy will list nursing care intensity within staffing plan.

Implementation Plan: The Unit Practice Committees, in collaboration with the department's leadership, of WHBCC, CVICU, SSU/PAT and Endoscopy units will research nationally-recognized standards for nurse to patient ratios and/or create an acuity tool to guide nurse to patient ratios. They will also include nursing care intensity into the equation to adjust nurse to patient ratios. Each nurse manager/director will ensure his/her unit uses a nationally-recognized nurse-to-patient ratio or has developed an acuity tool to help determine patient assignment. Nursing care intensity will be added to each staffing plan and considered when patient assignments are made.

Implementation Date: November 30, 2018

Monitoring: Unit Practice Councils will review and monitor at least quarterly the tools developed to address differences in acuity and intensity of patients' needs to ensure accuracy, completeness

and compliance with the tool. The Nurse Staffing Committee (NSC) will ensure acuity and nursing care intensity has been included during the annual review and approval of updated/revised staffing plan. Variances will be sent back to the unit for revision.

Accountable Title: Chief Nursing Officer.

Finding: E640

Plan: All nurse staffing plans will be reviewed by the NSC to ensure they include the required minimum number of nurse staffing members when there is a patient present on that unit, for all shifts. For every unit the plan will include at minimum one RN and one other nurse staff member or RN.

Implementation Plan: Nurse managers/directors will work collaborative with nursing department's UPCs to review and educate the members on the staffing law requirements and add language to the staffing plans that reflects compliance. Updated staffing plans containing the above-mentioned additions will be reviewed and approved by the Nurse Staffing Committee during each department's annual staffing plan's 2018 review. See attached staffing matrix in Appendix A.

Implementation Date: December 31, 2018

Monitoring: The unit staffing matrices will be reviewed quarterly by the Unit Practice Councils to ensure they meet minimum staffing requirements. The nurse staffing plans will be reviewed annually by the Nurse Staffing Committee for compliance with the minimum staffing requirements. Variances will be sent back to the unit for revision. Daily monitoring of minimum staffing requirements on each unit will be completed in writing by the House Coordinator and variances reported to the unit director and CNO.

Accountable Title: Chief Nursing Officer **Finding 642/Pg 34**

Plan: The Nurse Staffing Plans for all units and departments will contain a statement that the minimum staffing when a patient is present will be one RN staff member and at least one other nursing staffing member or RN.

Implementation Plan: Nurse managers/directors will work collaborative with nursing department's UPCs to review and educate the members on the staffing law requirements and add language to the staffing plans that reflects compliance. Updated staffing plans containing the above-mentioned additions will be reviewed and approved by the Nurse Staffing Committee during each department's annual staffing plan's 2018 review. See attached staffing matrix in Appendix A.

Implementation Date: December 31, 2018

Monitoring: The unit staffing matrices will be reviewed quarterly by the Unit Practice Councils to ensure they meet minimum staffing requirements. The nurse staffing plans will be reviewed annually by the Nurse Staffing Committee for compliance with the minimum staffing

requirements. Variances will be sent back to the unit for revision. Daily monitoring of minimum staffing requirements on each unit will be completed in writing by the House Coordinator and variances reported to the unit director and CNO.

Accountable Title: Chief Nursing Officer

Finding: E644/Pg 35-36

Plan: The hospital's diversion policy has been updated outlining how any employee has the ability to request the hospital to consider diversion. Additionally, each staffing plan will contain language that ensures direct care RNs are empowered to request the leadership to review the need to limit admissions or implement diversion.

Implementation Plan: The following standardized language will be added to each nurse staffing plan:

“Any employee may ask his/her supervisor, charge nurse, manager/director or House Supervisor to evaluate the need to limit admissions or go on diversion if he/she believes there is an inability to meet patient care need or risk of harm to patients.”

Implementation Date: The above terminology will be added to all 2018 staffing plans as soon as possible but no later than November 30, 2018. The change will be reviewed and approved by the Nurse Staffing Committee no later than December 31, 2018. Variances will be sent back to the unit for revision.

Monitoring: The Co-Chairs of the nurse staffing committee will ensure the above language is included in each unit's 2018 staffing plan as it is reviewed and approved throughout 2018. All incidences of a request to limit admissions or go on diversion will be reported to the House Coordinator and reviewed by the Chief Nursing Officer at least monthly to identify issues and trends that need to be addressed. The issues and trends will be reported back to the Unit Practice Council by the Unit Manager/Director in order to facilitate needed changes to the Unit Staffing Plan.

Accountable Title: Chief Nursing Officer

Finding: E646/Pg 37-40

Plan: Charge nurses for each nursing unit will ensure the staffing plan is adhered to for meal and lunch breaks. They will not be assigned patients therefore it is primarily the charge nurse's duty to assume responsibility for the patients of a nurse who is on a rest or meal break. The charge nurse may direct another nurse to assume responsibility of any or all patients of a nurse who is taking a rest period or meal break so long as he/she does not exceed the nurse-to-patient ratio as outline in the staffing plan. Furthermore, the charge nurse will document the nurse staffing member got a rest and meal break on the Daily Staffing Sheet.

Implementation Plan: Nurse Managers/Directors will add a location on each Daily Staffing Sheet for the charge nurse to record rest and meal breaks. Nurse managers/directors will educate the charge nurses on the nurse-to-patient ratio based on his/her department's staffing plan and the need to document rest and meal breaks on the Daily Staffing Sheet at the end of each shift.

Implementation Date: July 30, 2018

Monitoring: Nurse managers/directors will evaluate each Daily Staffing Sheet from July 30, 2018 until October 30, 2018 to ensure rest and meal breaks are documented. Once 90% or greater compliance with rest and meal break documentation is achieved, the nurse manager/director will audit 10 shifts per month to make sure the documentation compliance stays at 90% or better.

Accountable Title: Chief Nursing Officer

Finding: E665/Pg 41-44

Plan: Nursing Staffing Members will not be required to work beyond the following parameters:

The agreed upon and pre-arranged shift

More than 48 hours in any hospital defined work week or

More than 12 hours in a 24 hour period. Nursing Staff Members may volunteer to work, overtime, beyond these parameters. Kronos forms will reflect when overtime is voluntary or has been mandated by the employer.

Implementation Plan: A designated location on the Kronos form used to document overtime will be added to reflect mandatory or voluntary overtime. Each nurse staffing member will be trained and expected to complete a Kronos form for all overtime, and will have the opportunity to indicate if they believe it to be mandatory or voluntary. The manager/director will discuss this indication if the overtime was voluntary or mandatory and document such designation on the Kronos form if any discrepancy exists. The management team will document if this request was a mandated or voluntary request for overtime.

Implementation Date: June 1, 2018

Monitoring: Managers/Directors will monitor compliance with nurse staff members completing a Kronos form for all overtime events weekly. Staff Development will create and roll out education outlining the requirement of all nurse staff members to complete a Kronos form for all incidences of overtime.

Accountable Title: Chief Nursing Officer

Finding: E670/Pg 45-46

Plan: The facility will develop and maintain written policies outlining limitations of worked hours and the use and documentation of mandatory overtime. To complete this the facility will update the policy containing language about limitations of a nurse staffing member working during the 10-hour period following an agreed upon and prearranged shift in which the nurse worked more than 12 hours in a 24-hour period. The policy will also be update to state nurse staff members shall be required to document the reason for any form of overtime, be in mandatory or voluntary, on a Kronos form. Additionally, all events of mandatory overtime shall be documented on a log by the Nurse Staffing office. Each nurse staffing member will be trained and expected to complete a Kronos form for all overtime, and will have the opportunity to indicate if they believe it to be mandatory or voluntary. The manager/director will discuss this indication if the overtime was voluntary or mandatory and document such designation on the Kronos form if any discrepancy exists. Implementation Plan: The Kronos form will be updated to provide a location for the nurse staffing member to justify any overtime event and document if the overtime is mandatory or voluntary. All events of mandatory overtime will be reported to the Staffing Office to be documented on a log. The policy titled Overtime and Mandatory Overtime will be updated by the CNO in collaboration with Human Resources, and the updated policy introduced in staff meetings as well as being posted on the facility intranet.

Implementation Date: August 30, 2018

Monitoring: Each manager/director will audit all overtime events at least every two weeks and ensure all events have a corresponding Kronos form explaining why the overtime occurred. Any nurse staff member with an overtime event and no Kronos form explaining the event will be contacted and asked to/expected to complete the Kronos form documentation before the close of the pay period in which it occurred.

Accountable Title: Chief Nursing Officer