

**Survey and Certification Unit**

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## Nurse Staffing Report

Facility Name: Legacy Good Samaritan Medical Center

Report Publication Date: March 30, 2023

Report Republication Date: November 2, 2023

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

On September 1, 2023, a new hospital staffing law ([HB 2697](#)) went into effect. Under HB 2697, OHA no longer has the authority to conduct triennial nurse staffing surveys, require or review Plans of Correction (POCs), or conduct revisit surveys. Because the hospital did not submit an acceptable POC for this survey prior to the new law going into effect, this survey has been closed without a POC.

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  
971-673-0540  
971-673-0556 (Fax)

March 27, 2023

Kevin O'Boyle  
Hospital Administrator  
Legacy Good Samaritan Medical Center  
1015 NW 22nd Avenue, W121  
Portland, OR 97210

Kitty Rogers  
Chief Nursing Officer  
Legacy Good Samaritan Medical Center  
1015 NW 22nd Avenue, W121  
Portland, OR 97210

Jeff Goerner  
Nurse Staffing Committee Co-Chair  
Legacy Good Samaritan Medical Center  
1015 NW 22nd Avenue, W121  
Portland, OR 97210

Kristin Beck  
Nurse Staffing Committee Co-Chair  
Legacy Good Samaritan Medical Center  
1015 NW 22nd Avenue, W121  
Portland, OR 97210

RE: Nurse Staffing Survey

Dear Mr. O'Boyle, Ms. Rogers, Mr. Goerner and Ms. Beck:

On December 15, 2022 our office completed a nurse staffing survey 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 the Plan of Correction and return it to our office within **thirty (30) business days** of your receipt of this letter. Please submit the Plan of Correction to mailbox.nursestaffing@odhsoha.oregon.gov or submit it by regular mail to the address above. **The hospital administrator's signature and the date signed must be recorded on the report cover sheet and submitted with the Plan of Correction.** Please keep a copy of the Plan of Correction for your files.

Please note that due to the number of findings for some tags, our office was required to prepare the report in the format used for Cycle 1. The content of the report is not impacted by this format change. The hospital is still welcome to complete the Plan of Correction on a separate Word document Adobe PDF, Excel spreadsheet or other format, as desired by the hospital. Additionally, the hospital administrator is still required to complete the report cover sheet included with the report.

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.

The hospital may indicate disagreement with the report in the Plan of Correction. Regardless of disagreement, the hospital must submit a plan to correct the deficiency as identified in the report. As noted in Oregon Administrative Rule 333-501-0025(2), the OHA does not treat the signed Plan of Correction as an admission of the violations alleged in the report.

To set up a conference call to discuss any questions or concerns regarding the report or the Plan of Corrections, please contact our office at [mailbox.nursestaffing@odhsoha.oregon.gov](mailto:mailbox.nursestaffing@odhsoha.oregon.gov).

Sincerely,

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

Enclosures:      Nurse Staffing Report Cover Sheet  
                      Nurse Staffing Report  
                      Plan of Correction Guidance Document

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Health Care Regulation and Quality Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14-0027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEGACY GOOD SAMARITAN MEDICAL CENTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 NW 22ND AVENUE, W121 PORTLAND, OR 97210</b>
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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 000	<p>Initial Comments</p> <p>This report reflects the findings of a full nurse staffing survey that was initiated on 12/05/2022 and concluded on 12/15/2022.</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 a revisit of the full nurse staffing survey that was initiated on 04/30/2018 and concluded on 05/10/2018. The deficiencies identified during the revisit are incorporated into this report.</p> <p>Each deficiency ("tag") listed in the report includes rule text, the deficient practice statement and survey findings. The tag begins with the Oregon Administrative Rule text and includes the statutory authority for the rule. The deficient practice statement always begins with the statement "This Rule is not met as evidenced by" and explains how the hospital practices failed to meet the rule requirements. The findings begin with the statement "Findings include" and provide specific examples of the deficiency based on surveyor observations, interviews and record reviews.</p> <p>For each tag cited in the Nurse Staffing Report, the hospital must write a detailed description of how the hospital plans to correct the deficiency identified in the deficient practice statement. The facility must address the deficiency at a hospital-wide level and not only for the units or specialties with findings listed in the report. When the facility addresses the deficiency in its Plan of Correction, it must also address:</p>	E 000		

STATE OF OREGON  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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E 000	<p>Continued From page 1</p> <ol style="list-style-type: none"> <li>1. Corrective Action: A detailed description of how the hospital plans to correct the specific deficiency identified.</li> <li>2. Implementation: The procedure(s) for implementing the plan for the specific deficiency.</li> <li>3. Implementation Date: A timeline or date by which the hospital expects to implement the corrective action. By statute, the hospital must implement its Plan of Correction no later than 45 days after OHA approves the facility's Plan of Correction.</li> <li>4. Monitoring: The description of the monitoring procedure(s) that the hospital will perform to prevent a recurrence of the specific deficiency identified. The hospital must monitor at least quarterly to ensure compliance.</li> <li>5. Responsible Party: The title of the person who will be responsible for implementing the corrective action described. The hospital should only list one or two individuals as the responsible party. The listed responsible party is responsible for ensuring implementation of the corrective actions listed in the Plan of Correction and is permitted to delegate some of this work.</li> </ol> <p>The hospital may involve the nurse staffing committee to assist in finding and implementing solutions to the deficiencies. It is ultimately the responsibility of the hospital to ensure that the Plan of Correction is written, implemented, and that the hospital returns to compliance. Plans of Correction can be submitted as a Word document, Excel spreadsheet, Adobe PDF, or other format as desired by the hospital. OHA hosts conference calls with hospitals to discuss areas of concern regarding the report or formulating a Plan of Correction. Conference calls should include those who will draft the Plan of Correction; Staffing Committee Co-Chairs and</p>	E 000		

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E 000	<p>Continued From page 2</p> <p>the CNO may also benefit from participating. To request a conference call, email mailbox.nursestaffing@odhsoha.oregon.gov.</p> <p>The following abbreviations, acronyms, and definitions may be used:</p> <p>ACT - Active clotting time            AHA - American Heart Association            ANM - Assistant nurse manager            AWHONN - Association of Women's Health, Obstetric and Neonatal Nurses            BLS - Basic Life Support            BSN - Bachelor's of Science in Nursing            CAUTI - Catheter-associated urinary tract infection            CCU - Cancer Care Unit            CHT - Certified hospital technician            CL - Catheterization Laboratory            CN - Charge Nurse            CNA - Certified nursing assistant            CNA2 - Certified nursing assistant, acute care            CNE - Clinical Nurse Educator            CNO - Chief Nursing Officer            CRN - Charge Registered Nurse            CVL - Cardiovascular Laboratory            DC - Direct care            DO - Direct observation            DPCS - Director of Patient Care Services            ED - Emergency Department            EKG - Electrocardiogram            FBC - Family Birth Center            FY - Fiscal year            GNO - General Nursing Orientation            GS - Good Samaritan            HNSC - Hospital Nurse Staffing Committee            HNSP - Hospital Nurse Staffing Plan            ICD - International Classification of Diseases            IUE - Interim Unit Educator            LGS - Legacy Good Samaritan Medical Center</p>	E 000		

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E 000	Continued From page 3  LH - Legacy Health LPN - Licensed practical nurse MA - Medical assistant Med/Surg - Medical/Surgical NEO - New Employee Orientation NEPS - Nursing Educator & Practice Specialist NM - Nurse manager NOC - Night shift NS - Nurse staffing NSC - Nurse Staffing Committee NSM - Nursing staff member NSP - Nurse Staffing Plan OAR - Oregon Administrative Rule OHA - Oregon Health Authority ONS - Oncology Nursing Society OR - Operating Room ORI - Orientation PCU - Progressive Care Unit POC - Point of care PRN - As needed RN - Registered nurse RNS - Registered Nurse Supervisor SDCSS - Senior Director of Clinical Support Services SL - Skill lab SLM - Self-learning module SPO - Special Procedures Observation SS - Surgical Services SSU - Short Stay Unit UC - Urgent Care VS - Vital signs VT - Verbal test WWP - Wilcox Women's Pavilion	E 000		
E 600	OAR 333-510-0045 (1) Nurse Staffing Complaint Notice  (1) On each hospital unit, a hospital shall post a complaint notice that:	E 600		



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E 600	<p>Continued From page 4</p> <p>(a) Summarizes the provisions of ORS 441.152 to 441.177;</p> <p>(b) Is clearly visible to the public; and</p> <p>(c) Includes the Authority's complaint reporting phone number, electronic mail address and website address.</p> <p>Stat. Auth.: ORS 413.042, 441.155, 441.169, 441.173 &amp; 441.185</p> <p>Stats. Implemented: ORS 441.155, 441.169, 441.173 &amp; 441.185</p> <p>This Rule is not met as evidenced by: (OAR 333-510-0045(1))</p> <p>This Rule is not met as evidenced by:</p> <p>Based on observation, it was determined the hospital failed to post an accurate complaint notice with required information.</p> <p>Findings include:</p> <p>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0045(1). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected the hospital failed to ensure it posted the complaint notice with required information.</p> <p>2. During CCU onsite tour on 12/05/2022 beginning at 1236, NS complaint notice was observed posted in CCU. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.</p>	E 600		
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E 600	<p>Continued From page 5</p> <p>3. During CL onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted to the right of double doors outside CL. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.</p> <p>4. During PCU onsite tour on 12/05/2022 beginning at 1400, NS complaint notice was observed posted in PCU in a public area outside of PCU NM's office. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.</p> <p>5. During SSU onsite tour on 12/05/2022 beginning at 1230, NS complaint notice was observed posted in SSU in a public area near entrances to the unit. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.</p> <p>6. During WWP onsite tour on 12/05/2022 beginning at 1445, NS complaint notice was observed posted in WWP. Under the heading, "Oregon Health Authority website address", was printed "Oregon Health Authority" underlined and in blue print. It lacked OHA's website address.</p>	E 600		
E 602	<p>OAR 333-510-0045 (2) Anti-Retaliation Notice</p> <p>(2) A hospital shall also post an anti-retaliation notice on the premises that:</p> <p>(a) Summarizes the provisions of ORS 441.181, 441.183, 441.184 and 441.192;</p> <p>(b) Is clearly visible; and</p> <p>(c) Is posted where notices to employees and</p>	E 602		

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E 602	<p>Continued From page 6</p> <p>applicants for employment are customarily displayed.</p> <p>Stat. Auth.: ORS 413.042, 441.155, 441.169, 441.173 &amp; 441.185</p> <p>Stats. Implemented: ORS 441.155, 441.169, 441.173 &amp; 441.185</p> <p>This Rule is not met as evidenced by: (OAR 333-510-0045(2))</p> <p>This Rule is not met as evidenced by:</p> <p>Based on observation and interview for 1 of 5 units (CL), it was determined the hospital failed to ensure it clearly posted the anti-retaliation notice in places where notices to employees are customarily displayed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During CL onsite tour on 12/05/2022 beginning at 1445, there were no observations of the anti-retaliation notice posted in areas where notices to employees were customarily displayed, including bulletin boards in CL staff break room where other staff notices were posted.</li> <li>2. During interview with CL DC RN on 12/05/2022 at the time of CL onsite tour, they confirmed Finding 1.</li> </ol>	E 602		
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> <ol style="list-style-type: none"> <li>(a) Be maintained for no fewer than three years;</li> <li>(b) Be promptly provided to the Authority upon</li> </ol>	E 604		

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E 604	Continued From page 7  request; and (c) Include, at minimum: (A) The staffing plan; (B) The hospital nurse staffing committee charter; (C) Staffing committee meeting minutes; (D) Documentation showing how all members of the staffing committee were selected; (E) All complaints filed with the staffing committee; (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; (G) Documentation showing work schedules for nursing staff in each hospital nurse specialty or unit; (H) Documentation showing actual hours worked by all nursing staff; (I) Documentation showing all work schedule variances that resulted in the use of replacement nursing staff; (J) Documentation showing how many on-call hours, if any, required nursing staff to be on the hospital premises; (K) Documentation showing how many required meeting, education and training hours, if any, were required of nursing staff; (L) The hospital's mandatory overtime policy and procedure; (M) Documentation showing how many, if any, 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	E 604		

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E 604	<p>Continued From page 8</p> <p>replacement nursing staff;</p> <p>(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;</p> <p>(R) Documentation showing the hospital's procedures for obtaining replacement nursing staff, including efforts made to obtain replacement staff;</p> <p>(S) Documentation showing the hospital's actual efforts to seek replacement staff when needed;</p> <p>(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</p> <p>(U) All staffing committee reports filed with the hospital administration following a review of the staffing plan.</p> <p>Stat. Auth.: ORS 413.042, 441.155, 441.169, 441.173 &amp; 441.185</p> <p>Stats. Implemented: ORS 441.155, 441.169, 441.173 &amp; 441.185</p> <p>This Rule is not met as evidenced by: (OAR 333-510-0045(3))</p> <p>This Rule is not met as evidenced by:</p> <p>Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 5 of 5 units (CCU, CL, PCU, SSU and WWP) and documentation of 13 of 18 NSM personnel records (NSMs 3, 4, 6, 9, 10, 11, 13, 16, 17, 18, 21, 22 and 23), it was determined the hospital failed to maintain documentation showing the specialized qualifications and competencies for NSMs as required by subsection (c)(F).</p>	E 604		
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E 604	<p>Continued From page 9</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0045(3). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected the hospital failed to maintain documentation showing the specialized qualifications and competencies for NSMs as required by subsection (c)(F).</li> <li>2. Review of CCU HNSP Unit Questionnaire, completed and signed by CCU DC Unit Representative on 12/05/2022 and CCU NM on 11/29/2022, reflected the following qualifications, competencies, and trainings were required for CCU CNA2s:                      * "ORI calendar, SLMs ... Competency Day Packet, Cancer Care Unit Checklist, E+ checklist ... restraints &amp; Glucometer SLMs ... Skills Day"                      * "Upon Hire Training ... ORI Calendar for Orientation Shifts ... SLMs ... CAUTI Best Practice Bundle New Hire ... Clostridium Difficile Infection (CDI) Best Practice Bundle ... Falls Prevention Best Practice Bundle ... Hazardous Drug Precautions - Non-Nurse ... Labeling Laboratory Specimens ... Oral Care and Hospital Acquired Pneumonia Prevention ... Patient Identification ... Pressure Ulcer Prevention Best Practice Bundle - SLM .. Restraint and Seclusion for Patient Safety (Non-RN) - SLM ... Safe Swallowing .. Stroke ... Suicide Prevention ... Medical Surgical CNA, MA and Techs ... Medical Surgical CNA.CHT Skills Checklist ... MyTime Staffing and Scheduling ... Blood Transport ... POC.Nova StatStrip 1.75 Glucose Meter 12 Month Competency ... POC.Nova StatStrip 1.75 Glucose Meter Initial Training and Competency ...</li> </ol>	E 604		

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E 604	<p>Continued From page 10</p> <p>LH Interpreter Services Language Barriers and Patient Safety ... Pharm.Controlled Substance [sic] Diversion Prevention ... Welle Training ... Standards of Conduct: NEO Conflict Disclosure Statement ... Defibrillator Training ... LH.Stem Cell Transplant CNA Overview - SLM ... Gender Diversity in Patient Care ... EPIC.Prelearning ..."</p> <p>* "Cancer Care Unit Specific Training ... Stem Cell Transplant CNA Overview - SLM"</p> <p>* "Upon Hire In-Person Skills and Competencies ... Medical Surgical CNA.CMT Skills Checklist ... Competency Packet ... Legacy Health Onboarding Department Department Orientation Checklist ... Cancer Care Unit Checklist - CNA"</p> <p>* "Annual Training ... Restraint and Seclusion for Patient Safety ... POC.Nova StatStrip WiFi Glucometer Annual Competency ... LH.System-Wide Mandatory Education Module - FY 2022"</p> <p>* "Annual Skills and Competencies ... Bi-Annual Skills Day - based on needs &amp; requests for skills days ... Restraint and Seclusion for Patient Safety (Non-RN) - SLM: Checklist"</p> <p>3. Review of CCU NSP, approved by NSC on 09/26/2022, reflected the following related to qualifications, competencies, and trainings required for CCU NSMs:</p> <p>* "Staff are made aware and understand the education requirements and opportunities on an annual basis. Staff will be accountable for achieving and maintaining required certifications and completing mandatory education. Individuals should document all certifications, mandatory and non-mandatory, in E+. Each employee can meet one on one with their manager during their annual evaluation to review department required training and personal certifications ... All staff will have the same time frame to complete the required elements, except those who are on leave.</p>	E 604		
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E 604	<p>Continued From page 11</p> <p>Education for topics identified in the Legacy Cancer Care Education Plan FY23 will be implemented through a variety of methods, including hands-on and/or computer-based learning."</p> <p>* "CNA2 staff: ... changing established tube feeding bags ... Administering bowel evacuation suppositories ... Administering enemas ..."</p> <p>4. During interview with CNE conducted via email on 12/07/2022 beginning at 1524, they stated, "This is a blank form of our cancer care unit checklist for our CNAs upon hire." The email included the following three documents:                      * Undated document, titled "Cancer Care Unit Patient Admission Checklist", which reflected eight trainings required for CCU CNA2s, including: "Prepare Room (VS, gowns, toiletries, urinal/hat, socks...) ... Safe patient identification ... Orient patient and family to their room and to the unit ... Obtain Initial Vital Signs and Weight ..."                      * Undated document, titled "Cancer Care Unit Patient Discharge Checklist", which reflected four trainings required for CCU CNA2s, including: " ... Patient Belongings List ... Empty any drains a patient might still have ... Transport patient to their destination (parking lot, front lobby) when family arrives"                      * Undated document, titled "CNA Orientation Checklist", which reflected 71 trainings required for CCU CNA2s, including: " ... Head Pads ... Bladder Scanning ... Stat Strip Glucometer ... Incentive Spirometer ... Lift Equipment ... Oral suctioning ... Restraints ... Daily Foley care ... EKG Lead placement ... Blood products: picking up blood products from blood bank ... Sitting with a patient ... Total Abdominal Hysterectomy ... Whipple ... Nephrectomy ... Prostatectomy ... Flaps ... Lymphoma ... Cancer effects on wound healing ... Wound vacs ..."</p>	E 604		



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E 604	<p>Continued From page 12</p> <p>5. Review of hospital policy, titled "Legacy Health Onboarding Department Orientation Checklist", reflected the following instructions: "Manager: This checklist is intended to assist you with the orientation of a new staff member into your unit/department ... Once completed, which should be within their first 30 days, employee must return signed copy to you. Review, sign and then file copy in department file ..." The checklist included 81 orientation tasks and trainings required for CCU NSMs. Page 4 included spaces for "Employee Signature" and "Date Completed", as well as "Manager Signature" and "Date".</p> <p>6. Review of personnel records for CCU CNA2 NSM 3, hired on 05/02/2022, lacked documentation of all required qualifications, competencies, and trainings. For example: * CCU CNA2 orientation packet, titled "Patient Admission Checklist", signed and dated by CCU CNA2 NSM 3 and "Preceptor" on 05/05/2022, lacked documentation that the following competencies had been completed: "Prepare Room (VS cuff, gowns, toiletries, urinal/hat, socks...)", "Safe patient identification: Check your patient's wristband at each point of care. Ensure the wristband is a LGS wristband (opposed to Legacy Emanuel, for example)", "Add pink wristband if appropriate...", "Orient patient and family to their room and to the unit", "Orient patient to 6S W Brochure", "Obtain Initial Vital Signs and Weight", "Always complete the Patient Belongings List", and "Review with your patient the Patient Safety Video". * CCU CNA2 orientation packet, titled "Patient Discharge Checklist", signed and dated by CCU CNA2 NSM 3 and "Preceptor" on 05/05/2022, lacked documentation that the following competencies had been completed: "Always have</p>	E 604		

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E 604	<p>Continued From page 13</p> <p>patient confirm the Patient Belongings List", "Assist patient as needed with preparation for discharge (change of clothing, gathering belongings and flowers)", "Empty any drains a patient might still have", and "Transport patient to their destination (parking lot, front lobby) when family arrives".</p> <p>* CCU CNA2 orientation packet, titled "CNA Orientation Checklist", signed and dated by CCU CNA2 NSM 3 and "Preceptor" on 05/05/2022, lacked documentation that 24 of 71 competencies had been completed, including: "Bladder Scanning ... Stat Strip Glucometer ... Incentive Spirometer ... Lift Equipment ... Oral suctioning ... Orthostatic BP ... Pain assessment ... Restraints ... Nephrectomy .. Transurethral Resection of Bladder Tumor ... Prostatectomy ... Transurethral Resection of the Prostate ... Melanoma ... Gastric Cancer ... Multiple Myeloma ... Lymphoma"</p> <p>* There was no documentation provided which reflected completion of the following competencies required in CCU NSP: "Changing established tube feeding bags", "administering bowel evacuation suppositories", and "administering enemas".</p> <p>* "Legacy Health Onboarding Department Orientation Checklist" reflected it was signed by CCU CNA2 NSM 3 on 05/12/2022. It lacked "Manager Signature" and "Date".</p> <p>7. Review of personnel records for CCU CNA2 NSM 4, hired on 07/18/1995 and starting in CCU on 09/13/2020, lacked documentation of all required qualifications, competencies, and trainings. For example:</p> <p>* There was no documentation provided which reflected completion of CCU CNA2 orientation packet, "Patient Admission Checklist".</p> <p>* There was no documentation provided which reflected completion of CCU CNA2 orientation</p>	E 604		

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E 604	<p>Continued From page 14</p> <p>packet, "Patient Discharge Checklist".</p> <p>* There was no documentation provided which reflected completion of CCU CNA2 orientation packet, "CNA Orientation Checklist".</p> <p>* The following trainings were completed after the due date: "Pressure Ulcer Prevention Best Practice Bundle - SLM", reflected as due on 11/11/2022 and completed on 11/21/2022; and "Stem Cell Transplant CNA Overview - SLM", reflected as due on 08/04/2022 and completed on 08/13/2022.</p> <p>8. During interview with CCU NM and CNE on 12/07/2022 beginning at 1330, they both confirmed Findings 2 through 7.</p> <p>* As it related to CCU CNA2 NSM 3, CCU NM stated that the trainings "changing established tube feeding bags", "Administering bowel evacuation suppositories", and "Administering enemas" was "part of skills day." CCU NM stated that completion of skills day was required. CNE confirmed that there was no documentation reflecting those trainings had been completed and stated, "I don't see it." They both also confirmed lack of manager signature and date on "Legacy Health Onboarding Department Orientation Checklist".</p> <p>9. Refer to Tag E630, which reflects that qualifications, competencies, and trainings required for CCU NSMs were not reviewed and approved by the NSC as part of CCU NSP.</p> <p>10. Review of CL HNSP Unit Questionnaire, completed and signed by CL DC Unit Representative and CL NM on 12/05/2022, reflected CL Charge RNs and CL RNs were assigned to the unit.</p> <p>* For CL Charge RNs, it reflected the required qualifications were "BSN ... State RN license". It</p>	E 604		

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E 604	<p>Continued From page 15</p> <p>reflected that the qualifications, competencies, and trainings required upon hire were "Same as Staff RN RN + Charge orientation checklist". It reflected that required annual training was: "See list".</p> <p>* For CL RNs, it reflected the required qualifications were "ADN min. ... State RN license ... BLS, ACLS within 6 months of hire". It reflected that the qualifications, competencies, and trainings required upon hire were: "See professional development plan, orientation checklists". It reflected the required annual training was: "See list".</p> <p>11. Review of CL NSP, approved by NSC on 10/24/2022, reflected the following related to qualifications, competencies, and trainings required for CL NSMs: * Under "Specialized Staff Qualifications and Competencies", it reflected, "BSN preferred ... Current applicable state RN license ... AHA BLS for Healthcare Providers. AHA ACLS required."</p> <p>12. Review of hospital online training module, titled "New Hire Cath Lab RNs", reflected 45 trainings required for CL RNs.</p> <p>13. Review of hospital online training module, titled "Legacy Health System CVL Professional Development Plan FY23 (4/1/22 - 3/31/23)", reflected 35 trainings required for CL RNs.</p> <p>14. Review of hospital online training module, titled "New Hire ICVR/SPO RNs," reflected 40 trainings required for CL RNs.</p> <p>7. Review of hospital online training module, titled "Legacy Health System ICVR Professional Development Plan FY23 (4/1/22 - 3/31/23)", reflected 38 trainings required for CL NSMs.</p>	E 604		

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E 604	<p>Continued From page 16</p> <p>15. Review of hospital policy titled "Nursing Department Required Education", dated "Mar 2022", reflected the following related to competencies required for CL NSMs:                      * "1. Ensure that new employees receive required education. Manager or designee should confirm the completion of the education."                      * "3. ... Key Point: Education specific to lab regulatory requirements (i.e. blood product administration) are required to be completed within 30 days of assignment and less than 12 months from last completion."                      * "5. When attendance rosters for required education are outside of the learning management system (LMS), unit leader will retain completed rosters as appropriate."</p> <p>16. Review of personnel records for CL traveler RN NSM 6, starting on 09/13/2021, lacked documentation of all required qualifications, competencies, and trainings. For example:                      * Their personnel files reflected they started working independently on 12/01/2021.                      * "POC Training/Assessment Checklist - Nova StatStrip Glucose 1.75 (GNO Use Only)", version "1.31", lacked the "Trainer" signature and date. It was not clear whether CL traveler RN NSM 6 had completed required competencies prior to working independently and whether they had completed the educational requirement "specific to lab regulatory requirements ... within 30 days of assignment..."                      * "Restraint Training &amp; Competency Checklist RN" reflected that all 13 items in the "Training Complete" columns were prefilled with "Yes" and all 13 items in the "Testing Method GNO (SL, DO, VT)" column were also prefilled. There were 11 items listed as "SL" (Skill Lab) which were assigned during GNO training; 5 of 11 items were</p>	E 604		

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E 604	<p>Continued From page 17</p> <p>validated a second time on the unit and 6 of 11 were only validated during GNO training. CL traveler RN NSM 6 signed and dated the form on 09/14/2022, but the "Unit Trainer" signature line was blank and lacked a date. It was also not clear whether CL traveler RN NSM 6 had completed the required competencies because the form lacked the required date of completion next to "GNO Trainer" signature.</p> <p>* There was no documentation provided to reflect completion of "POC Training/Assessment Checklist - Hemochron ACT" training.</p> <p>17. Review of personnel records for CL RN NSM 9, hired on 09/13/2021, lacked documentation of all required qualifications, competencies, and trainings. For example:</p> <p>* Their personnel files reflected they started working independently on 12/01/2021.</p> <p>* "POC Training/Assessment Checklist - Nova StatStrip Glucose 1.75 (GNO Use Only)", version "1.21", lacked a date next to the "Trainer" signature. It was unclear whether CL RN NSM 9 had completed the required competencies prior to working independently and whether they had completed the educational requirement "specific to lab regulatory requirements ... within 30 days of assignment."</p> <p>* "POC Training/Assessment Checklist - Hemochron ACT" was completed on 11/04/2021. It lacked "Technical Consultant Review" name, signature, and date. It was unclear whether CL RN NSM 9 had completed the required competencies prior to working independently and whether they had completed the educational requirement "specific to lab regulatory requirements ... within 30 days of assignment."</p> <p>* "POC Training/Assessment Checklist - Avoximeter" was completed on 11/04/2021. It lacked "Technical Consultant Review" name,</p>	E 604		

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E 604	<p>Continued From page 18</p> <p>signature, and date. It was unclear whether CL RN NSM 9 had completed the required competencies prior to working independently and whether they had completed the educational requirement "specific to lab regulatory requirements ... within 30 days of assignment."                      * A six-month reassessment of CL RN NSM 9's training on the "Hemachron ACT" and "Avoximeter" occurred on 05/06/2022 and 05/05/2022, respectively. Both reassessment checklists lacked the "Technical Consultant Review" printed name, signature, and date.</p> <p>18. Review of personnel records for CL RN NSM 10, hired on 11/03/2021, lacked documentation of all required qualifications, competencies, and trainings. For example:                      * Their personnel files reflected they started working independently on 11/08/2021.                      * "Administration of Blood and Blood Products" was completed on 04/11/2022, approximately 5 months after CL RN NSM 10 had started working independently. There was no documentation provided they had completed the educational requirement "specific to lab regulatory requirements ... within 30 days of assignment."                      * There was no documentation provided to reflect they had completed the following required online educational modules: "Cardiac and Vasoactive Medications ... Malignant Hyperthermia ... Suicide Prevention ... Cath Lab Circulator and Final Competency Checklist ... Cath Lab General Competency Checklist ..."                      * "Procedure Competency ... RN Circulator Role" reflected 42 skills followed by initials, a month, and a day. All 42 initialed skills lacked the year in which the skill was validated.</p> <p>19. During interview with SDCCS and NSC NM Co-Chair on 12/07/2022 beginning at 1310, they</p>	E 604		

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E 604	<p>Continued From page 19</p> <p>confirmed Findings 10 and 11. * As it relates to CL traveler RN NSM 6, NSC NM Co-Chair stated that "Hemochron" training was "in progress" but "not completed."</p> <p>20. Refer to Tag E630, which reflects that qualifications, competencies, and trainings required for CL NSMs were not reviewed and approved by the NSC as part of CL NSP.</p> <p>21. Revisit Survey: Review of PCU HNRP Unit Questionnaire, completed and signed by PCU DC Unit Representative and PCU NM on 12/05/2022, reflected that there were two NSM positions assigned to PCU: Registered Nurse and Certified Nursing Assistant. There was no additional information written on the form that described the required qualifications, competencies, and trainings required for the two NSM positions.</p> <p>22. Revisit Survey: Review of PCU NSP, approved by NSC on 10/24/2022, reflected the following related to qualifications, competencies, and trainings required for PCU NSMs: * Under "Specialized Staffing Qualifications and Competencies," it reflected, "Education: BSN preferred ... Licensure: Current applicable state RN license required. AHA BLS for Healthcare Providers. Competency: On hire: RNs complete the specialty (Med/Surg) competency validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented [sic] evidence of daily work provides the demonstration of competency. RNs with less than 1-year experience hired since September 2010 are required to participate in the Legacy RN residency program ... These nurses complete the specialty competency validation tool."</p> <p>23. Revisit Survey: Review of PCU RN packet,</p>	E 604		



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E 604	<p>Continued From page 20</p> <p>titled "General Orientation Competency Day RN", included checklists titled "LLS POC Training/Assessment Checklist NOVA StatStrip Glucose 1.75 (GNO Use Only)", version "1.21", and checklist titled "New Hire Restraint Training &amp; Competency Checklist RN," dated 05/06/2021. PCU RN packet listed additional required skills, but did not include accompanying checklists. These additional skills included, "Alaris Pump ... Epidural policy &amp; CADD pump ... PCA ... Max zero ... Phillips Defibrillator/AED &amp; Code Blue."</p> <p>24. Revisit Survey: Review of PCU CNA2 packet, titled "General Orientation Day CNA and Tech," included checklist titled "LLS POC Training/Assessment Checklist Nova StatStrip Glucose 1.75 (GNO Use Only)", version "1.21"; checklist titled "Restraint Training &amp; Competency Checklist C.N.A/CHT/Technician", dated "2.2019"; and checklist titled "Discontinuing a peripheral Saline Lock CNA2 Competency Checklist", dated "Nov.2019." PCU CNA2 packet listed additional required skills, but did not include accompanying checklists. These additional skills included, "Drain management ... Orthostatic vital signs ... Foley care and urine sample ... Violence in the Workplace ... Phillips Defibrillator/AED."</p> <p>25. Revisit Survey: Review of online checklist, titled "New Hire Assignments FY23 - Med/Surg RNs", reflected a list of 36 required online modules, including, "Administration of Blood and Blood Products", "Restraint and Seclusion for Patient Safety (RN)", and "Glucose Meter ... Competency".</p> <p>26. Revisit Survey: Review of online checklist, titled "New Hire Assignments FY23- CNAs Med/Surg," reflected a list of 20 required online modules, including, "Restraint and Seclusion for</p>	E 604		

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E 604	<p>Continued From page 21</p> <p>Patient Safety (non-RN)" and "Glucose Meter ... Competency".</p> <p>27. Revisit Survey: Review of hospital policy titled "Nursing Department Required Education," dated "Mar 2022", reflected the following under "Leadership Responsibilities" section:            * "Ensure that new employees receive required education. Manager or designee should confirm the completion of the education."            * "... Key Point: Education specific to lab regulatory requirements (i.e. blood product administration) are required to be completed within 30 days of assignment and less than 12 months from last completion."            * "When attendance rosters for required education are outside of the learning management system (LMS), unit leader will retain completed rosters as appropriate."</p> <p>28. Revisit Survey: Review of personnel records for PCU CNA2 NSM 16, hired on 03/14/2022, lacked documentation of all required qualifications, competencies, and trainings. For example:            * Their personnel files reflected they started working independently on 04/13/2022.            * "Restraint Training &amp; Competency Checklist C.N.A./CHT/Technician" lacked the validation method used for the skill, "Demonstrates proper application of limb holder." Additionally, PCU CNA2 NSM 16 signed and dated the form on 05/17/2022, which was 34 days after they had begun working independently. It was not clear whether they had completed all required competencies prior to working independently.            * There was no documentation provided which reflected "Discontinuing a peripheral Saline Lock CNA2 Competency Checklist" had been completed.</p>	E 604		

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E 604	<p>Continued From page 22</p> <p>29. Revisit Survey: Review of personnel records for PCU RN NSM 17, hired on 04/25/2022, lacked documentation of all required qualifications, competencies, and trainings. For example:            * Their personnel files reflected they started working independently on 08/28/2022.            * "Administration of Blood and Blood Products" was completed on 09/22/2022, 25 days after they began working independently.            * "Restraint Training &amp; Competency Checklist RN" reflected that all 13 items in the "Training Complete" columns were prefilled with "Yes" and all 13 items in the "Testing Method GNO (SL, DO, VT)" column were also prefilled. There were 11 items listed as "SL" (Skill Lab) which were assigned during GNO training; 5 of 11 items were validated a second time on the unit and 6 of 11 were only validated during GNO training. Both PCU RN NSM 17 and "Unit Trainer" signed and dated the form on 05/02/2022. It was not clear whether PCU RN NSM 17 completed the required competencies and whether competencies GNO competencies were completed because the form lacked the required date of completion next to "GNO Trainer" signature.</p> <p>30. Revisit Survey: Review of personnel records for PCU traveler RN NSM 18, starting their first contract on 10/20/2021 and their second contract on 03/28/2022, lacked documentation of all required qualifications, competencies, and trainings. For example:            * Their personnel files reflected that for their second contract, they started working independently on 03/30/2022.            * "Administration of Blood and Blood Products" was completed on 04/13/2022, 13 days after they had begun to work independently.            * There was no documentation provided that they</p>	E 604		
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E 604	<p>Continued From page 23</p> <p>had completed required online modules during either contract.</p> <p>31. Revisit Survey: During interview with IUE and PCU NM on 12/07/2022 beginning at 0945, they confirmed Findings 21 through 30.</p> <p>* They stated that for "New Hire Assignments FY23 - Med/Surg RNs" checklist, only three online modules were required for PCU RNs: "Administration of Blood and Blood Products", "Restraint and Seclusion for Patient Safety (RN)", and "Glucose Meter ... Competency".</p> <p>* They stated that for "New Hire Assignments FY23 - CNAs Med/Surg" checklist, only two modules were required for PCU CNA2s: "Restraint and Seclusion for Patient Safety (non-RN)" and "Glucose Meter ... Competency".</p> <p>* As it relates to PCU CNA2 NSM 16, IUE and PCU NM stated that, "We don't have documentation for [PCU CNA2 NSM 16's] Med/Surg competency validation tool" but they could verify that PCU CNA 2 NSM 16 had attended the training.</p> <p>* As it relates to PCU RN NSM 17, IUE and PCU NM stated that PCU RN NSM 17 should have completed "Administration of Blood and Blood Products" on 07/24/2022, prior to working independently. PCU NM stated, "It looks like [they] completed the course, but did not test out until September." When asked whether the hospital would consider that completed, PCU NM responded, "We would consider that not complete."</p> <p>* As it relates to PCU traveler RN NSM 18, IUE and PCU NM stated that they "may be unable to see" whether PCU traveler RN NSM 18 had completed required education modules during the first contract. PCU NM confirmed that PCU traveler RNs had the same required qualifications, competencies, and trainings as</p>	E 604		

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E 604	<p>Continued From page 24</p> <p>hospital-employed RNs, but that the time for orientation was different. PCU NM stated that orientation for a hospital-employed, newly graduated RN could be as long as 18 weeks; for an RN with experience, orientation could be six to eight weeks; and for a traveler RN, orientation could be three days to two weeks.</p> <p>32. Revisit Survey: Refer to Tag E630, which reflects that qualifications, competencies, and trainings required for PCU NSMs were not reviewed and approved by the NSC as part of PCU NSP.</p> <p>33. Revisit Survey: Review of SSU HNRP Unit Questionnaire, completed and signed by SSU DC Unit Representative on 12/05/2022 and SSU NM on 12/02/2022, reflected the following related to qualifications, competencies, and trainings:                      * It reflected there were two NSM positions assigned to SSU: RN and CNA2.                      * It reflected the qualifications required for SSU RNs were: "Current Nursing Licensure in the state of Oregon. BLS for all staff CRNs required to have ACLS."                      * It reflected the qualifications required for SSU CNA2s were: "Current CNA2 license in the state of Oregon. BLS required."</p> <p>34. Revisit Survey: Review of SSU NSP, approved by NSC on 09/26/2022, reflected the following related to qualifications, competencies, and trainings required for SSU NSMs:                      * Under "Specialized Staff Qualifications and Competencies", it reflected, "Annual System SLM (all staff), Blood Administration (RN only). Restraints (direct care staff), and Glucometers (direct care staff) ... RN Qualifications: Education: ADN, BSN preferred ... Licensure: Current applicable state RN license required. AHA BLS</p>	E 604		

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E 604	<p>Continued From page 25</p> <p>for Healthcare Providers ... Competency: On hire: RNs complete the Med/Surg specialty validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented, evidence of daily work provides the demonstration of competency, RNs with less than 1-year experience hired since September 2010 participate in the Legacy RN residency program ... These nurses complete the specialty competency validation tool."</p> <p>35. Revisit Survey: Review of SSU RN packet, titled "General Orientation Competency Day RN", included checklists titled "LLS POC Training/Assessment Checklist NOVA StatStrip Glucose 1.75 (GNO Use Only)", version "1.21", and checklist titled "New Hire Restraint Training &amp; Competency Checklist RN," dated 05/06/2021. SSU RN packet listed additional required skills, but did not include accompanying checklists. These additional skills included, "Alaris Pump ... Epidural policy &amp; CADD pump ... PCA ... Max zero ... Phillips Defibrillator/AED &amp; Code Blue."</p> <p>36. Revisit Survey: Review of SSU CNA2 packet, titled "General Orientation Day CNA and Tech," included checklist titled "LLS POC Training/Assessment Checklist Nova StatStrip Glucose 1.75 (GNO Use Only)", version "1.21"; checklist titled "Restraint Training &amp; Competency Checklist C.N.A./CHT/Technician", dated "2.2019"; and checklist titled "Discontinuing a peripheral Saline Lock CNA2 Competency Checklist", dated "Nov.2019." PCU CNA2 packet listed additional required skills, but did not include accompanying checklists. These additional skills included, "Drain management ... Orthostatic vital signs ... Foley care and urine sample ... Violence in the Workplace ... Phillips Defibrillator/AED."</p>	E 604		

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E 604	<p>Continued From page 26</p> <p>37. Revisit Survey: Review of online checklist, titled "New Hire Assignments FY23 - Med/Surg RNs", reflected a list of 36 required online modules, of which two were required for SSU RNs: "Administration of Blood and Blood Products" and "Restraint and Seclusion for Patient Safety (RN)".</p> <p>38. Revisit Survey: Review of online checklist, titled "New Hire Assignments FY23- CNAs Med/Surg," reflected a list of 20 required online modules, of which only one was required for SSU CNA2s: "Restraint and Seclusion for Patient Safety (non-RN)".</p> <p>39. Revisit Survey: Review of personnel files for SSU CNA2 NSM 21, hired on 08/01/2022, lacked documentation of all required qualifications, competencies, and trainings. For example: * Their personnel files included "Restraint Training &amp; Competency Checklist RN" instead of "Restraint Training &amp; Competency Checklist C.N.A/CHT/Technician". All 13 items in the "Training Column" were prefilled with "Yes", and all 13 items in the "Testing Method GNO (SL, DO, VT)" column were prefilled. There were 11 items listed as "SL" (Skill Lab) which were assigned during GNO training; 5 of 11 skills were validated a second time on the unit and 6 of 11 skills were only validated during GNO. SSU CNA2 NSM 21 signed and dated the form on 08/03/2022 and "Unit Trainer" signed and dated the form on 08/23/2022. It was not clear whether SSU CNA2 NSM 21 had completed the required competencies and whether the GNO competencies were completed because the form lacked the required date of completion next to "GNO Trainer" signature. * "LLS POC Training/Assessment Checklist Nova StatStrip Glucose 1.75 (GNO Use Only), version</p>	E 604		

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E 604	<p>Continued From page 27</p> <p>"1.21", lacked the "Trainer" signature and date to verify completion of competencies.</p> <p>* "Discontinuing a peripheral Saline Lock CNA2 Competency Checklist" lacked the required date next to the "Initial Training RN" name and employee number.</p> <p>40. Revisit Survey: Review of personnel files for SSU RN NSM 22, hired on 04/11/2022, lacked documentation of all required qualifications, competencies, and trainings. For example:</p> <p>* Their personnel files reflected they started working independently on 09/10/2022.</p> <p>* "Restraint and Seclusion for Patient Safety (RN)" was completed on 09/28/2022, which was 18 days after they had started working independently.</p> <p>* "Administration of Blood and Blood Products" was completed on 09/28/2022, which was 18 days after they had started working independently.</p> <p>* "Restraint Training &amp; Competency Checklist RN" reflected that all 13 items in the "Training Complete" columns were prefilled with "Yes" and all 13 items in the "Testing Method GNO (SL, DO, VT)" column were also prefilled. There were 11 items listed as "SL" (Skill Lab) which were assigned during GNO training; 5 of 11 skills were validated a second time on the unit and 6 of 11 skills were only validating during GNO. SSU RN NSM 22 signed and dated the form on 04/27/2022 and "Unit Trainer" signed and dated the form on 05/14/2022. It was not clear whether SSU RN NSM 22 had completed the required competencies and whether GNO competencies were completed because the form lacked the required date of completion next to "GNO Trainer" signature.</p> <p>* "LLS POC Training/Assessment Checklist Nova StatStrip Glucose 1.75 (GNO Use Only)", version</p>	E 604		



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E 604	<p>Continued From page 28</p> <p>"1.21", lacked the "Trainer" signature and date to verify completion of competencies.</p> <p>41. Revisit Survey: Review of personnel files for SSU traveler RN NSM 23, first contract starting on 03/21/2022 and second contact starting on 07/10/2022, lacked documentation of all required qualifications, competencies, and trainings. For example:                      * "Restraint Training &amp; Competency Checklist RN" reflected that all 13 items in the "Training Complete" columns were prefilled with "Yes" and all 13 items in the "Testing Method GNO (SL, DO, VT)" column were also prefilled. There were 11 items listed as "SL" (Skill Lab) which were assigned during GNO training; 5 of 11 items were validated a second time on the unit and 6 of 11 were only validated during GNO training. SSU traveler RN NSM 23 dated and signed the form on 03/23/2022 and "Unit Trainer" signed and dated the form on "3/28". It was also not clear whether SSU traveler RN NSM 23 had completed the required competencies and whether GNO competencies were completed because the form lacked the required date of completion next to "GNO Trainer" signature.                      * LLS POC Training/Assessment Checklist Nova StatStrip Glucose 1.75 (GNO Use Only)", version "1.21", lacked "Trainer" signature and date necessary to verify completion of competencies.                      * There was no documentation provided to reflect they had completed "Administration of Blood and Blood Products" training.</p> <p>42. Revisit Survey: During interview with SSU NM and SSU ANM on 12/06/2022 beginning at 1445, they confirmed Findings 33 through 41.                      * As it relates to SSU traveler RN NSM 23, SSU NM and SSU ANM stated that there was "nothing to access in E+ [online learning system] once</p>	E 604		

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E 604	<p>Continued From page 29</p> <p>travelers are gone." SSU NM stated that they were sure SSU traveler RN NSM 23 had completed the required online learning but "can't verify." SSU NM also stated that SSU traveler RN NSM 23 was not required to complete orientation for the second contract starting on 07/10/2022.</p> <p>43. Revisit Survey: Refer to Tag E630, which reflects that qualifications, competencies, and trainings required for SSU NSMs were not reviewed and approved by the NSC as part of SSU NSP.</p> <p>44. Revisit Survey: Review of WWP NSP, approved by NSC on 09/26/2022, reflected the following related to qualifications, competencies, and trainings required for WWP NSMs:                      * "Competency: On hire: RNs complete the specialty Women's Services competency validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented evidence of daily work provides the demonstration of competency. RNs with less than 1-year experience hired since September 2010 are required to participate in the Legacy RN residency program, which includes general and specialty curriculum. These nurses complete the specialty competency validation tool."                      * "On-going competency: Competency and specialty requirements and content is provided based on the unit or specialty professional development plan. These nurses complete the specialty competency validation tool in E+."</p> <p>45. Revisit Survey: Review of undated hospital policy titled "New Hire FBC Traveler RNs", reflected 41 competencies and trainings required for WWP traveler RNs, including: "AA.LWS.Unit Safety Orientation 2014 ... CPS.Administration of</p>	E 604		

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E 604	<p>Continued From page 30</p> <p>Blood and Blood Products - SLM ... CPS.Epidural Pain Management - SLM ... CPS.Falls Prevention Best Practice Bundle - Nursing - SLM ... CPS.Informed Consent - SLM ... ... CPS.Labeling Laboratory Specimens - SLM ... CPS.OB Code Blue - SLM ... CPS.Pressure Ulcer Prevention Best Practice Bundle - SLM ... LH.Pharmaceutical Waste Management - SLM ... LH.Stroke Services.Inpatient Code Stroke For Nurses - SLM ... LLS BB Training - Blood Transport ... LLS.Fire Prevention in the OR &amp; Procedural Suites - SLM ... LH.Women's Services.Competency Checklists ..."</p> <p>46. Revisit Survey: Review of personnel documents for WWP RN NSM 11, hired on 06/13/2016, lacked documentation of all required qualifications, competencies, and trainings. For example: * There was no documentation provided which reflected "FBC Core.General 1-SLM" had been completed. Electronic Learning/Curriculum transcript reflected "91% Curriculum Progress."</p> <p>47. Revisit Survey: Review of personnel documents for WWP traveler RN NSM 13, starting on 05/16/2022, lacked documentation of all required qualifications, competencies, and trainings. For example: * There was no documentation provided which reflected "LH.Women's Services. Competency Checklists" had been completed. * Competencies and trainings from "New Hire FBC Traveler RNs" reflected completion dates prior to WWP traveler RN NSM 13's start date: "LH.Pharmaceutical Waste Management - SLM," completed on 09/02/2021; "LH. Stroke Services.Inpatient Code Stroke for Nurses - SLM," completed on 09/02/2021; "LLS BB Training - Blood Transport," completed on</p>	E 604		

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NAME OF PROVIDER OR SUPPLIER  <b>LEGACY GOOD SAMARITAN MEDICAL CENTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 NW 22ND AVENUE, W121 PORTLAND, OR 97210</b>
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E 604	<p>Continued From page 31</p> <p>08/11/2021; and "LLS.Fire Prevention in the OR &amp; Procedural Suites - SLM," completed on 08/13/2021.</p> <p>48. Revisit Survey: During interview with WWP NM on 12/06/2022 beginning at 1630, they stated WWP RN NSM 11 was required to complete "FBC Core.General 1-SLM" and confirmed WWP RN NSM 11 had not completed this training.</p> <p>49. Revisit Survey: During interview with WWP NM and NEPS on 12/07/2022 beginning at 1030, they provided the following information related to qualifications, competencies, and trainings:                      * They both confirmed that WWP RN NSM 11 had been independently caring for postpartum patients since 10/21/2022.                      * As it relates to WWP traveler RN NSM 13, NEPS stated that WWP traveler RNs are required to complete "New Hire FBC Traveler RNs" training and competencies. They confirmed that there was no documentation that reflected "LH.Women's Services. Competency Checklists" had been completed. Additionally, NEPS stated WWP traveler RN NSM 13 had worked at WWP under contract 05/16/2022 - 11/28/2022 and under contract at another Legacy system hospital from 08/10/2021 - 12/25/2021. They stated that WWP traveler RN NSM 13 had completed "New Hire FBC Traveler RNs" competencies and trainings while at the other hospital and that WWP traveler RN NSM 13 was not required to redo "New Hire FBC Traveler RNs" competencies and trainings. When asked for a policy that reflected competencies and trainings completed while under contract at another hospital would be accepted at LGSMC, they were unable to provide a policy that described that situation.</p> <p>50. Revisit Survey: Refer to Tag E630, which</p>	E 604		

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E 604	Continued From page 32  reflects that qualifications, competencies, and trainings required for WWP NSMs were not reviewed and approved by the NSC as part of WWP NSP.	E 604		
E 612	<p>OAR 333-510-0105 (4)(a) NSC Composition</p> <p>(4) The staffing committee shall be comprised of 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 &amp; 441.154 Stats. Implemented: ORS 441.154</p> <p>This Rule is not met as evidenced by: (OAR 333-510-0105(4)(a))</p> <p>This Rule is not met as evidenced by:</p> <p>Based on interview and review of HNSC Composition Review tool and NSC Charter, it was determined the hospital failed to ensure that 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>	E 612		

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E 612	<p>Continued From page 33</p> <p>Findings include:</p> <p>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0105(4) (a). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected 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> <ul style="list-style-type: none"> <li>* The NSC was not clearly comprised of equal numbers of hospital nurse managers and direct care staff, and</li> <li>* At least one RN from each hospital specialty or unit was not included in the NSC membership.</li> </ul> <p>2. Review of NSC roster, dated 11/30/2022, reflected the following related to NSC membership:</p> <ul style="list-style-type: none"> <li>* There were a total of 35 NSC members: 19 NMs and ANMs, who were labeled "Formal Leaders, (not including Interim leaders)", and 16 DC NSMs, who were labeled "Formal Direct Care Staff (1 vacant)".</li> <li>* There was a "Vacant position" reflected for "Emergency Department/Urgent Care".</li> <li>* SSU DC Unit Representative was noted on the roster as "LOA until 1-2023." There was no one identified as an interim or alternate DC Unit Representative for SSU during the leave of absence.</li> </ul> <p>NSC roster reflected there were unequal numbers of DC and NM members on the NSC. Additionally, it reflected that SSU DC Unit Representative was on a leave of absence and that SSU did not have a DC RN representative during that period.</p>	E 612		
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E 612	<p>Continued From page 34</p> <p>3. Review of NSC charter titled "Legacy Good Samaritan 2022 Hospital Nurse Staffing Committee Charter", dated 09/26/2022, reflected the following related to NSC membership:                      * "Direct Care staff membership shall be selected as follows: The staffing committee shall include at least one direct care registered nurse from each hospital specialty or unit ..."                      * "2022 formal membership for the LGS HNSC includes 38 members ... 17 Direct Care Staff ... 13 leaders (5 interim positions) 2 open position [sic] and 1 leader on LOA as of 7-12-2022)".</p> <p>4. Review of hospital policy titled "Nurse Staffing Policy", dated "May 2021", reflected the following related to NSC membership:                      * "Definitions ... Nurse Leaders: the chief nursing officer, nursing directors, nurse managers and assistant nurse managers. The chief nursing officer, nursing directors, and nurse managers are a registered nurses [sic] who have responsibility 24 hours a day, 7 days a week for a patient care unit, units or hospital and who is not replaced for short-term scheduled or unscheduled absences."                      * "Hospital Nurse Staffing Committee Requirements ... Each hospital shall establish/maintain a hospital nurse staffing committee ... HNSC Membership ... The HNSC shall be comprised of an equal number of hospital nurse leaders and direct care staff ... One direct care registered nurse from each hospital nurse specialty or unit ..."</p> <p>5. During interview with NSC NM Co-Chair on 12/05/2022 beginning at 1124, they were asked "Which units are represented by direct care staff on the committee?" They responded, "All of them" except for some vacancies "due to people</p>	E 612		

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E 612	Continued From page 35  leaving ... changing roles."  6. During interview with NSC DC Co-Chair, NSC NM Co-Chair, and CNO on 12/05/2022 beginning at 1620, they all confirmed Findings 2 through 4. They all reported that SSU DC Unit Representative had been on leave of absence since 10/19/2022, but that there had not been any NSC meetings held during this time. When asked to confirm the number of NSC members, CNO confirmed that the total number of HNSC members as well as the number of DC and NM members was accurately reflected on the roster. There were unequal numbers of DC and NM members on the NSC.	E 612		
E 628	OAR 333-510-0110 (1) NSP Requirement  (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: (OAR 333-510-0110(1))  This Rule is not met as evidenced by:  Based on interview and review of unit NSPs for 5 of 5 units (CCU, CL, PCU, SSU and WWP), it was determined the hospital failed to implement a hospital-wide NSP developed and approved by the NSC in accordance with these rules: * NSPs were not fully developed or complete.	E 628		



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E 628	Continued From page 36  Findings include:  1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(1). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected noncompliance in WWP, PCU, SPO, ED/UC, and SSU units.  2. Refer to NSP findings that reflect the NSPs the units were working under were not complete or clear. * For Tag E630 refer to findings for CL, PCU, SSU and WWP. * For Tag E634 refer to findings for CCU, CL, PCU, SSU and WWP. * For Tag E636 refer to findings for CCU. * For Tag E638 refer to findings for CCU, CL, PCU, SSU and WWP. * For Tag E640 refer to findings for CCU, CL, PCU, SSU and WWP. * For Tag E642 refer to findings for CL and PCU. * For Tag E646 refer to findings for CCU, CL, PCU and SSU.  3. Refer to Tag E690 which reflects the hospital deviated from NSP for reasons not allowed under OAR 333-510-01401(1)(a) - (c) and failed to track when deviations occurred.	E 628		
E 630	OAR 333-510-0110 (2) (a) NSP: Qualifications and Competencies  (2) The staffing plan: (a) Must be based on the specialized qualifications and competencies of the nursing	E 630		

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E 630	<p>Continued From page 37</p> <p>staff and provide for the skill mix and level of competency necessary to ensure that the hospital is staffed to meet the health care needs of patients; Stat. Auth.: ORS 413.042 &amp; 441.155 Stats. Implemented: ORS 441.155</p> <p>This Rule is not met as evidenced by: (OAR 333-510-0110(2)(a))</p> <p>This Rule is not met as evidenced by:</p> <p>Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 5 of 5 units (CCU, CL, PCU, SSU and WWP), it was determined the hospital failed to implement a hospital-wide NSP that was developed based on the qualifications and competencies needed by nursing staff for each unit and that provided for the skill mix and level of competency necessary to ensure the patients' needs were met.</p> <p>Findings include:</p> <p>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2) (a). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected noncompliance in WWP, PCU, SPO and SSU units.</p> <p>2. Review of CCU HNRP Unit Questionnaire, completed and signed by CCU DC Unit Representative on 12/05/2022 and CCU NM on 11/29/2022, reflected the following related to qualifications, competencies, and trainings required for CCU CNA2s: * "Completion of CNA2 Oregon license ... BLS"</p>	E 630		
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E 630	<p>Continued From page 38</p> <p>* "Upon Hire Training ... ORI Calendar for Orientation Shifts ... SLMs ... CAUTI Best Practice Bundle New Hire ... Clostridium Difficile Infection (CDI) Best Practice Bundle ... Falls Prevention Best Practice Bundle ... Hazardous Drug Precautions - Non-Nurse ... Labeling Laboratory Specimens ... Oral Care and Hospital Acquired Pneumonia Prevention ... Patient Identification ... Pressure Ulcer Prevention Best Practice Bundle - SLM ... Restraint and Seclusion for Patient Safety (Non-RN) - SLM ... Safe Swallowing ... Stroke ... Suicide Prevention ... Medical Surgical CNA, MA and Techs ... Medical Surgical CNA.CHT Skills Checklist ... MyTime Staffing and Scheduling ... Blood Transport ... POC.Nova StatStrip 1.75 Glucose Meter 12 Month Competency ... POC.Nova StatStrip 1.75 Glucose Meter Initial Training and Competency ... LH Interpreter Services Language Barriers and Patient Safety ... Pharm.Controlled Suvstance [sic] Diversion Prevention ... Welle Training ... Standards of Conduct: NEO Conflict Disclosure Statement ... Defibrillator Training ... LH.Stem Cell Transplant CNA Overview - SLM ... Gender Diversity in Patient Care ... EPIC.Prelearning ..."</p> <p>* "Upon Hire In-Person Skills and Competencies ... Medical Surgical CNA.CMT Skills Checklist ... Competency Packet ... Legacy Health Onboarding Department Department Orientation Checklist ... Cancer Care Unit Checklist - CNA"</p> <p>* "Annual Training ... Restraint and Seclusion for Patient Safety ... POC.Nova StatStrip WiFi Glucometer Annual Competency ... LH.System-Wide Mandatory Education Module - FY 2022"</p> <p>* "Annual Skills and Competencies ... Bi-Annual Skills Day - based on needs &amp; requests for skills day ... Restraint and Seclusion for Patient Safety (Non-RN) - SLM: Checklist"</p>	E 630		

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E 630	<p>Continued From page 39</p> <p>3. Review of CCU NSP, approved by NSC on 09/26/2022, reflected the following related to qualifications, competencies, and trainings:                      * "Staff are made aware and understand the education requirements and opportunities on an annual basis. Staff will be accountable for achieving and maintaining required certifications and completing mandatory education. Individuals should document all certifications, mandatory and non-mandatory, in E+. Each employee can meet one on one with their manager during their annual evaluation to review department required training and personal certifications as well as other interests or needs. All staff will have the same time frame to complete the required elements, except those who are on leave. Education for topics identified in the Legacy Care Center Education Plan FY23 will be implemented through a variety of methods, including hands-on and/or computer-based learning." It was not clear which specific competencies and trainings were required for CCU NSMs since they were not referenced by title and version or date.                      * "All nursing staff (optional for CNAs): Aspira Drainage System, Stem Cell Transplantation program and nursing care, PCA documentation, Code Orange, Suicide Prevention, Care of Transgender patients, CAN [sic] scope of practice, Wound Vacs, Transdermal Medication Documentation Review, Ostomy care"                      * "CNA2 staff: Adding fluid to established post pyloric, jejunostomy and gastronomy tube feedings, changing established tube feeding bags, and pausing and resuming establishing post pyloric, jejunostomy and gastrostomy tube feedings to provide personal care. Administering bowel evacuation suppositories ... Administering enemas. Providing ostomy care for established healthy ostomy appliance or bag. Changing wound vac canisters. Comfort care. Obtaining</p>	E 630		

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E 630	<p>Continued From page 40</p> <p>urine specimen from port of catheter. Discontinuing Foley catheters."</p> <p>* "RN Qualifications ... Experience: One-year registered nursing experience or completion of either Legacy Health RN Residency program or a nursing program that is equivalent in content, curriculum and duration."</p> <p>* "Competency: On hire: RNs complete the specialty (Medical Surgical/Oncology) competency validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented evidence of daily work provides the demonstration of competency. RNs with less than 1-year experience hired since September 2010 participate in the Legacy RN residency program, which includes general and specialty curriculum. These nurses complete the specialty competency validation tool." It was not clear what type of unit was meant by "in a unit", how long RNs would have been required to have worked in that unit, or what evidence of daily work demonstrated competency.</p> <p>* "On-going competency: Competencies and specialty requirements and content is provided based on the unit or specialty professional development plan."</p> <p>* "Chemotherapy competency: RNs completes [sic] 'Fundamentals of Chemotherapy Immunotherapy Administration' initially and 'Fundamentals of Chemotherapy Immunotherapy Administration Renewal Course' bi-annually. In addition, Legacy 'CAN. Chemotherapy Initial Certification SLM' and 'CAN. Chemotherapy Initial Certification Skills Lab' for the first time and Legacy 'CAN. Annual Chemotherapy Education and Competency, Adult Population - SLM' and 'LH.Cancer Services Annual Education 2021 annually thereafter.'"</p> <p>* "Stem Cell Transplant competency: 'CAN.Autologous Hematopoietic Stem Cell</p>	E 630		

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E 630	<p>Continued From page 41</p> <p>Transplant' SLM, 'CAN.Healthy Donor &amp; Autologous Stem Cell Transplant Patients Mobilization and Collection' SLM"</p> <p>CCU NSP did not clearly reflect the qualifications, competencies, and trainings required for CCU NSMs. It lacked qualifications, competencies, and trainings required for CCU float RNs and did not include provisions for CCU float RNs to have different competency and training requirements than regularly scheduled CCU RNs. Additionally, CCU NSP did not include the qualifications, competencies and trainings for CCU CNA2s that were referenced in CCU HNRP Unit Questionnaire as required for CCU CNA2s, including BLS, SLMs, upon hire in-person skills and competencies, and bi-annual skills day.</p> <p>4. During interview with CNE conducted via email on 12/07/2022 beginning at 1524, they stated, "This is a blank form of our cancer care unit checklist for our CNAs upon hire." The email included the following three documents:                      * Undated document, titled "Cancer Care Unit Patient Admission Checklist", which reflected eight trainings required for CCU CNA2s, including: "Prepare Room (VS, gowns, toiletries, urinal/hat, socks...) ... Safe patient identification ... Orient patient and family to their room and to the unit ... Obtain Initial Vital Signs and Weight ..."                      There was no documentation provided which reflected the competencies included in this checklist had been reviewed and approved by the NSC as part of CCU NSP.                      * Undated document, titled "Cancer Care Unit Patient Discharge Checklist", which reflected four trainings required for CCU CNA2s, including: " ... Patient Belongings List ... Empty any drains a patient might still have ... Transport patient to their destination (parking lot, front lobby) when</p>	E 630		
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E 630	<p>Continued From page 42</p> <p>family arrives". There was no documentation provided which reflected the competencies included in this checklist had been reviewed and approved by the NSC as part of CCU NSP.</p> <p>* Undated document, titled "CNA Orientation Checklist", which reflected 71 trainings required for CCU CNA2s, including: " ... Head Pads ... Bladder Scanning ... Stat Strip Glucometer ... Incentive Spirometer ... Lift Equipment ... Oral suctioning ... Restraints ... Daily Foley care ... EKG Lead placement ... Blood products: picking up blood products from blood bank ... Sitting with a patient ... Total Abdominal Hysterectomy ... Whipple ... Nephrectomy ... Prostatectomy ... Flaps ... Lymphoma ... Cancer effects on wound healing ... Wound vacs ..." There was no documentation provided which reflected the competencies included in this checklist had been reviewed and approved by the NSC as part of CCU NSP.</p> <p>5. Review of hospital policy, titled "Legacy Health Onboarding Department Orientation Checklist", reflected the following instructions: "Manager: This checklist is intended to assist you with the orientation of a new staff member into your unit/department ... Once completed, which should be within their first 30 days, employee must return signed copy to you. Review, sign and then file copy in department file ..." The checklist included 81 orientation tasks and trainings required for CCU NSMs. Page 4 included spaces for "Employee Signature" and "Date Completed", as well as "Manager Signature" and "Date".</p> <p>6. Review of undated hospital policy, titled "FY23 Med/Surg and IMCU Resource Pool Annual Professional Development Plan", reflected the following related to qualifications, competencies, and trainings required for CCU RNs:</p>	E 630		

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E 630	<p>Continued From page 43</p> <p>* There were 13 "FY23 Specific &amp; On-going Annual Education Items", including, "Oregon Registered Nurse License ... Washington Registered Nurse License ... BLS ... ACLS ... Legacy System-Wide Mandatory Education (FY23) Assigned to all employees annually in the Fall E+ ... CPS.Restrictant and Seclusion for Patient Safety (RN) - SLM ... CAN.Safe Administration of Oral Chemotherapy - SLM E+".</p> <p>* There were two "FY23 Annual Skills Day" skills: "Stroke Skills Day" and "Med/Surg RN Skills Day".</p> <p>There was no documentation provided which reflected the qualifications, competencies, and trainings included in this policy had been reviewed and approved by the NSC as part of CCU NSP.</p> <p>7. During interview with CRE on 12/07/2022 beginning at 0930, they confirmed Findings 2 through 6. As it related to float RNs, they stated that competencies and trainings for CCU float RNs were different than regularly scheduled CCU RNs, stating, "For example, most float nurses don't give chemo"; however, this was not reflected in CCU NSP. Additionally, they stated that CCU float RNs were only required to completed "FY23 Med/Surg and IMCU Resource Pool Annual Professional Development Plan".</p> <p>8. During interview with NSC NM Co-Chair on 12/07/2022 beginning at 0930, they confirmed float RNs were assigned to CCU and that CCU float RNs were not required to complete the same competencies and trainings as regularly scheduled CCU RNs. They stated that CCU float RNs were not required to complete CCU RN competencies "specialty (Medical Surgical/Oncology) competency validation tool" on hire, "Fundamentals of Chemotherapy</p>	E 630		
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E 630	<p>Continued From page 44</p> <p>Immunotherapy Administration" initially, "Fundamentals of Chemotherapy Immunotherapy Administration Renewal Course" bi-annually, and "Stem Cell Transplant competency" SLM, which were reflected in CCU NSP for CCU RNs. NSC NM Co-Chair was asked if CCU NSP indicated float RNs were not required to complete the same competencies and trainings as regularly scheduled CCU RNs. They looked at CCU NSP and stated, "[They] wouldn't have to do this. I don't see the specific wording that states they wouldn't have to have that."</p> <p>9. During interview with CCU NM on 12/07/2022 beginning at 1330, they stated that CCU CNA2 trainings "changing established tube feeding bags", "Administering bowel evacuation suppositories", and "Administering enemas", which were included in CCU NSP, were "part of skills day."</p> <p>10. During interview with NSC NM Co-Chair on 12/07/2022 beginning at 1330, they stated that "Any staff with direct patient contact are required to have BLS".</p> <p>11. Review of CL HNRP Unit Questionnaire, completed and signed by CL DC Unit Representative and CL NM on 12/05/2022, reflected CL Charge RNs and CL RNs were assigned to the unit. * For CL Charge RNs, it reflected the required qualifications were "BSN ... State RN license." It reflected that the qualifications, competencies, and trainings required upon hire were "Same as Staff RN RN + Charge orientation checklist." It reflected that required annual training was: "See list." * For CL RNs, it reflected the required qualifications were "ADN min. ... State RN license"</p>	E 630		

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E 630	<p>Continued From page 45</p> <p>... BLS, ACLS within 6 months of hire." It reflected that the qualifications, competencies, and trainings required upon hire were: "See professional development plan, orientation checklists." It reflected the required annual training was: "See list."</p> <p>12. Review of CL NSP, approved by NSC on 10/24/2022, reflected the following related to qualifications, competencies, and trainings required for CL NSMs: * Under "Specialized Staff Qualifications and Competencies", it reflected, "BSN preferred ... Current applicable state RN license ... AHA BLS for Healthcare Providers. AHA ACLS required." CL NSP did not clearly reflect which qualifications, competencies, and trainings were required for CL NSMs. It was not clear which specific qualifications, competencies, and trainings were required for which CL NSM roles, such as CL Charge RNs, RN Monitors, and Circulating RNs. CL NSP did not include provisions to allow CL traveler RNs to have different qualifications, competencies, and trainings than hospital-employed RNs.</p> <p>13. Review of hospital online training module, titled "New Hire Cath Lab RNs", reflected 45 trainings required for CL RNs. There was no documentation provided which reflected the training module had been reviewed and approved by the NSC as part of CL NSP.</p> <p>14. Review of hospital online training module, titled "Legacy Health System CVL Professional Development Plan FY23 (4/1/22 - 3/31/23)", reflected 35 trainings required for CL RNs. There was no documentation provided which reflected the training module had been reviewed and approved by the NSC as part of CL NSP.</p>	E 630		

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E 630	<p>Continued From page 46</p> <p>15. Review of hospital online training module, titled "New Hire ICVR/SPO RNs", reflected 40 trainings required for CL RNs. There was no documentation provided which reflected the training module had been reviewed and approved by the NSC as part of CL NSP.</p> <p>16. Review of hospital online training module, titled "Legacy Health System ICVR Professional Development Plan FY23 (4/1/22 - 3/31/23)", reflected 38 trainings required for CL NSMs. There was no documentation provided which reflected the training module had been reviewed and approved by the NSC as part of CL NSP.</p> <p>17. Review of hospital policy titled "Nursing Department Required Education", dated "Mar 2022", reflected the following related to competencies required for CL NSMs:                      * "1. Ensure that new employees receive required education. Manager or designee should confirm the completion of the education."                      * "3. ... Key Point: Education specific to lab regulatory requirements (i.e. blood product administration) are required to be completed within 30 days of assignment and less than 12 months from last completion."                      * "5. When attendance rosters for required education are outside of the learning management system (LMS), unit leader will retain completed rosters as appropriate."                      There was no documentation provided which reflected the required competencies in this hospital policy had been reviewed and approved by the NSC as part of CL NSP.</p> <p>18. During interview with SDCSS on 12/07/2022 beginning at 1342, they confirmed Findings 11 through 17. Regarding CL Charge RN</p>	E 630		

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E 630	<p>Continued From page 47</p> <p>qualifications, competencies, and trainings in CL NSP, SDCSS stated, "No. It's not called out." Regarding the required qualifications, competencies, and trainings for circulating and monitor nurses, SDCSS stated, "Not seeing them all called out in the NSP."</p> <p>19. Revisit Survey: Review of PCU HNRP Unit Questionnaire, completed and signed by PCU DC Unit Representative and PCU NM on 12/05/2022, reflected that there were two NSM positions assigned to PCU: Registered Nurse and Certified Nursing Assistant. There was no additional information written on the form that described the required qualifications, competencies, and trainings required for the two NSM positions.</p> <p>20. Revisit Survey: Review of PCU NSP, approved by NSC on 10/24/2022, reflected the following related to qualifications, competencies, and trainings required for PCU NSMs: * Under "Specialized Staffing Qualifications and Competencies", it reflected, "Education: BSN preferred ... Licensure: Current applicable state RN license required. AHA BLS for Healthcare Providers. Competency: On hire: RNs complete the specialty (Med/Surg) competency validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented [sic] evidence of daily work provides the demonstration of competency. RNs with less than 1-year experience hired since September 2010 are required to participate in the Legacy RN residency program ... These nurses complete the specialty competency validation tool." PCU NSP did not clearly reflect the qualifications, competencies, and trainings required for PCU NSMs. It was unclear which competency checklists PCU RNs were required to complete because the checklists were not referenced by</p>	E 630		

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E 630	<p>Continued From page 48</p> <p>title and version or date. PCU NSP did not reflect the qualifications, competencies, and trainings required for PCU CNA2s, who were assigned to PCU. Additionally, it did not reflect qualifications, competencies, and trainings required for PCU traveler NSMs and did not have provisions for traveler NSMs to have a different process to validate required competencies.</p> <p>21. Revisit Survey: Review of position description titled "RN Staff Nurse", dated "January 2021", reflected the following qualifications, competencies, and trainings were required for PCU RNs:                      * Under "Qualifications", it reflected, "As required by licensure. BSN ... strongly preferred. BSN may be required for specific assignments ..."                      * Under "Licensure", it reflected, "Current applicable state RN license required. AHA BLS for Healthcare Providers."                      * Under "Competencies", it reflected, "If competencies are required for this position ... competencies will be identified and assessed by the manager according to the required timeframes."                      It was not clear which competencies were required for PCU RNs and whether these competencies would be reviewed and approved by the NSC as part of PCU NSP.</p> <p>22. Revisit Survey: Review of position description titled "Certified Nursing Assistant - GS", dated "May 13, 2005", reflected the following qualifications, competencies, and trainings were required for PCU CNA2s:                      * Under "Qualifications", it reflected, "Current CNA 2 (Acute Care) required."                      * Under "Competencies", it reflected, "If competencies are required for this position ... competencies will be identified and assessed by</p>	E 630		

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E 630	<p>Continued From page 49</p> <p>the manager according to required timeframes." It was not clear which competencies were required for PCU CNA2s and whether these competencies would be reviewed and approved by the NSC as part of PCU NSP.</p> <p>23. Revisit Survey: Review of PCU RN packet, titled "General Orientation Competency Day RN", included checklists titled "LLS POC Training/Assessment Checklist NOVA StatStrip Glucose 1.75 (GNO Use Only)", version "1.21", and checklist titled "New Hire Restraint Training &amp; Competency Checklist RN," dated 05/06/2021. PCU RN packet listed additional required skills, but did not include accompanying checklists. These additional skills included, "Alaris Pump ... Epidural policy &amp; CADD pump ... PCA ... Max zero ... Phillips Defibrillator/AED &amp; Code Blue." There was no documentation provided which reflected the competencies included in PCU RN packet had been reviewed and approved by the NSC as part of PCU NSP.</p> <p>24. Revisit Survey: Review of PCU CNA2 packet, titled "General Orientation Day CNA and Tech", included checklist titled "LLS POC Training/Assessment Checklist Nova StatStrip Glucose 1.75 (GNO Use Only)", version "1.21"; checklist titled "Restraint Training &amp; Competency Checklist C.N.A/CHT/Technician", dated "2.2019"; and checklist titled "Discontinuing a peripheral Saline Lock CNA2 Competency Checklist", dated "Nov.2019." PCU CNA2 packet listed additional required skills, but did not include accompanying checklists. These additional skills included, "Drain management ... Orthostatic vital signs ... Foley care and urine sample ... Violence in the Workplace ... Phillips Defibrillator/AED." There was no documentation provided which reflected the competencies included in PCU</p>	E 630		

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E 630	<p>Continued From page 50</p> <p>CNA2 packet had been reviewed and approved by the NSC as part of PCU NSP.</p> <p>25. Revisit Survey: Review of online checklist, titled "New Hire Assignments FY23 - Med/Surg RNs", reflected a list of 36 required online modules, including, "Administration of Blood and Blood Products", "Restraint and Seclusion for Patient Safety (RN)", and "Glucose Meter ... Competency". There was no documentation provided which reflected the competencies included in this checklist were reviewed and approved by the NSC as part of PCU NSP.</p> <p>26. Revisit Survey: Review of online checklist, titled "New Hire Assignments FY23- CNAs Med/Surg", reflected a list of 20 required online modules, including "Restraint and Seclusion for Patient Safety (non-RN)" and "Glucose Meter ... Competency". There was no documentation provided which reflected the competencies included in this checklist were reviewed and approved by the NSC as part of PCU NSP.</p> <p>27. Review of hospital policy titled "Nursing Department Required Education", dated "Mar 2022", reflected the following related to competencies required for PCU NSMs:                      * "1. Ensure that new employees receive required education. Manager or designee should confirm the completion of the education."                      * "3. ... Key Point: Education specific to lab regulatory requirements (i.e. blood product administration) are required to be completed within 30 days of assignment and less than 12 months from last completion."                      * "5. When attendance rosters for required education are outside of the learning management system (LMS), unit leader will retain completed rosters as appropriate."</p>	E 630		

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E 630	<p>Continued From page 51</p> <p>There was no documentation provided which reflected the required competencies in this hospital policy had been reviewed and approved by the NSC as part of PCU NSP.</p> <p>28. Revisit Survey: During interview with PCU NM on 12/07/2022 at the time of qualifications, competencies, and trainings review, they confirmed Findings 19 and 20. * As it relates to "New Hire Assignments FY23 - Med/Surg RNs", they stated that only three modules from the checklist were required for PCU RNs: "Administration of Blood and Blood Products", "Restraint and Seclusion for Patient Safety (RN)", and "Glucose Meter ... Competency". * As it relates to "New Hire Assignments FY23 - CNAs Med/Surg", they stated that only two modules were required for PCU CNA2s: "Restraint and Seclusion for Patient Safety (non-RN)" and "Glucose Meter ... Competency".</p> <p>29. Revisit Survey: During interview with PCU NM and PCU DC Unit Representative on 12/07/2022 beginning at 1120, they confirmed Findings 19 through 27.</p> <p>30. Revisit Survey: Review of SSU HNRP Unit Questionnaire, completed and signed by SSU DC Unit Representative on 12/05/2022 and SSU NM on 12/02/2022, reflected the following related to qualifications, competencies, and trainings: * It reflected there were two NSM positions assigned to SSU: RN and CNA2. * It reflected the qualifications required for SSU RNs were: "Current Nursing Licensure in the state of Oregon. BLS for all staff CRNs required to have ACLS." * It reflected the qualifications required for SSU CNA2s were: "Current CNA2 license in the state</p>	E 630		



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E 630	<p>Continued From page 52 of Oregon. BLS required."</p> <p>31. Revisit Survey: Review of SSU NSP, approved by NSC on 09/26/2022, reflected the following related to qualifications, competencies, and trainings required for SSU NSMs: * Under "Specialized Staff Qualifications and Competencies", it reflected, "Annual System SLM (all staff), Blood Administration (RN only). Restraints (direct care staff), and Glucometers (direct care staff) ... RN Qualifications: Education: ADN, BSN preferred ... Licensure: Current applicable state RN license required. AHA BLS for Healthcare Providers ... Competency: On hire: RNs complete the Med/Surg specialty validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented, evidence of daily work provides the demonstration of competency, RNs with less than 1-year experience hired since September 2010 participate in the Legacy RN residency program ... These nurses complete the specialty competency validation tool." SSU NSP did not clearly reflect the qualifications, competencies, and trainings required for SSU NSMs. It was not clear which competencies were required because they were not referenced by title and version or date. SSU NSP did not include qualifications, competencies, and trainings for different NSM positions, such as SSU Charge RNs, SSU CNA2s, and SSU traveler NSMs.</p> <p>32. Revisit Survey: Review of position description titled "RN Charge Nurse", dated "January 2022", reflected the following qualifications, competencies, and trainings were required for SSU Charge RNs: * Under "Qualifications", it reflected, "Academic degree in nursing (BSN or MSN/MN) required." * Under "Licensure", it reflected, "Current</p>	E 630		

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E 630	<p>Continued From page 53</p> <p>applicable state RN license required." * Under "Competencies", it reflected, "If competencies are required for this position ... competencies will be identified and assessed by the manager according to the required timeframes." There was no documentation provided which reflected the qualifications, competencies, and trainings reflected in this position description had been reviewed and approved by the NSC as part of SSU NSP.</p> <p>33. Revisit Survey: Review of position description titled "RN Staff Nurse", dated "January 2021", reflected the following qualifications, competencies, and trainings were required for SSU RNs: * Under "Qualifications", it reflected, "As required by licensure. BSN ... strongly preferred. BSN may be required for specific assignments ..." * Under "Licensure", it reflected, "Current applicable state RN license required. AHA BLS for Healthcare Providers." * Under "Competencies", it reflected, "If competencies are required for this position ... competencies will be identified and assessed by the manager according to the required timeframes." It was not clear which competencies were required for SSU RNs and whether these competencies had been reviewed and approved by the NSC as part of SSU NSP.</p> <p>34. Revisit Survey: Review of position description titled "Certified Nursing Assistant - GS", dated 05/13/2005, reflected the following qualifications and competencies were required for SSU CNA2s: * Under "Qualifications", it reflected, "Current CNA 2 (Acute Care) required." * Under "Competencies", it reflected, "If</p>	E 630		

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E 630	<p>Continued From page 54</p> <p>competencies are required for this position ... competencies will be identified and assessed by the manager according to the required timeframes."</p> <p>It was not clear which competencies were required for SSU CNA2s and whether these competencies had been reviewed and approved by the NSC as part of SSU NSP.</p> <p>35. Revisit Survey: Review of SSU RN packet, titled "General Orientation Competency Day RN", included checklists titled "LLS POC Training/Assessment Checklist NOVA StatStrip Glucose 1.75 (GNO Use Only)", version "1.21", and checklist titled "New Hire Restraint Training &amp; Competency Checklist RN", dated 05/06/2021. SSU RN packet listed additional required skills, but did not include accompanying checklists. These additional skills included, "Alaris Pump ... Epidural policy &amp; CADD pump ... PCA ... Max zero ... Phillips Defibrillator/AED &amp; Code Blue." There was no documentation provided which reflected the competencies included in SSU RN packet had been reviewed and approved by the NSC as part of SSU NSP.</p> <p>36. Revisit Survey: Review of SSU CNA2 packet, titled "General Orientation Day CNA and Tech," included checklist titled "LLS POC Training/Assessment Checklist Nova StatStrip Glucose 1.75 (GNO Use Only)", version "1.21"; checklist titled "Restraint Training &amp; Competency Checklist C.N.A/CHT/Technician", dated "2.2019"; and checklist titled "Discontinuing a peripheral Saline Lock CNA2 Competency Checklist", dated "Nov.2019." PCU CNA2 packet listed additional required skills, but did not include accompanying checklists. These additional skills included, "Drain management ... Orthostatic vital signs ... Foley care and urine sample ... Violence</p>	E 630		

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E 630	<p>Continued From page 55</p> <p>in the Workplace ... Phillips Defibrillator/AED." There was no documentation provided which reflected the competencies included in SSU CNA2 packet had been reviewed and approved by the NSC as part of SSU NSP.</p> <p>37. Revisit Survey: Review of online checklist, titled "New Hire Assignments FY23 - Med/Surg RNs", reflected a list of 36 required online modules, of which two were required for SSU RNs: "Administration of Blood and Blood Products" and "Restraint and Seclusion for Patient Safety (RN)". There was no documentation provided which reflected the competencies included in this checklist were reviewed and approved by the NSC as part of SSU NSP.</p> <p>38. Revisit Survey: Review of online checklist, titled "New Hire Assignments FY23- CNAs Med/Surg", reflected a list of 20 required online modules, of which only one was required for SSU CNA2s: "Restraint and Seclusion for Patient Safety (non-RN)". There was no documentation provided which reflected the competencies included in this checklist were reviewed and approved by the NSC as part of SSU NSP.</p> <p>39. Review of hospital policy titled "Nursing Department Required Education", dated "Mar 2022", reflected the following related to competencies required for SSU NSMs:                      * "1. Ensure that new employees receive required education. Manager or designee should confirm the completion of the education."                      * "3. ... Key Point: Education specific to lab regulatory requirements (i.e. blood product administration) are required to be completed within 30 days of assignment and less than 12 months from last completion."</p>	E 630		

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E 630	<p>Continued From page 56</p> <p>* "5. When attendance rosters for required education are outside of the learning management system (LMS), unit leader will retain completed rosters as appropriate." There was no documentation provided which reflected the required competencies in this hospital policy had been reviewed and approved by the NSC as part of SSU NSP.</p> <p>40. Revisit Survey: During interview with SSU NM on 12/06/2022 beginning at 1615, they confirmed Findings 30 through 39 and acknowledged that qualifications, competencies, and trainings for SSU NSMs were not clearly described in SSU NSP.</p> <p>41. Revisit Survey: Review of WWP NSP, approved by NSC on 09/26/2022, reflected the following related to qualifications, competencies and trainings: * "Competency: On hire: RNs complete the specialty Women's Services competency validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented evidence of daily work provides the demonstration of competency. RNs with less than 1-year experience hired since September 2010 are required to participate in the Legacy RN residency program, which includes general and specialty curriculum. These nurses complete the specialty competency validation tool." It was not clear which general and specialty curriculums were required as part of WWP NSP because they were not referenced by title and version or date. * "On-going competency: Competency and specialty requirements and content is provided based on the unit or specialty professional development plan. These nurses complete the specialty competency validation tool in E+." It was</p>	E 630		

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E 630	<p>Continued From page 57</p> <p>not clear which specialty competency validation tool was required as part of WWP because it was not referenced by title and version or date.</p> <p>WWP NSP did not clearly reflect the qualifications, competencies and trainings required for WWP NSMs. It was not clear which competencies were required because they were not referenced by title and version or date. WWP NSP did not include the qualifications, competencies and trainings for WWP traveler RNs and did not include provisions to allow WWP traveler RNs to have a different process to validate competencies.</p> <p>42. Revisit Survey: Review of undated hospital document, titled "New Hire FBC Traveler RNs", reflected 41 WWP competencies and trainings required for WWP traveler RNs, including "AA.LWS.Unit Safety Orientation 2014 ... CPS.Administration of Blood and Blood Products - SLM ... CPS.Epidural Pain Management - SLM ... CPS.Falls Prevention Best Practice Bundle - Nursing - SLM ... CPS.Informed Consent - SLM ... CPS.Labeling Laboratory Specimens - SLM ... CPS.OB Code Blue - SLM ... CPS.Pressure Ulcer Prevention Best Practice Bundle - SLM ... LH.Pharmaceutical Waste Management - SLM ... LH.Stroke Services.Inpatient Code Stroke For Nurses - SLM ... LLS BB Training - Blood Transport ... LLS.Fire Prevention in the OR &amp; Procedural Suites - SLM ... LH.Women's Services.Competency Checklists ..."</p> <p>There was no documentation provided which reflected these competencies had been reviewed and approved by the NSC as part of WWP NSP.</p> <p>43. Revisit Survey: Review of undated hospital document, titled "FBC Initial Professional Development Plan - RN and Nurse Resident</p>	E 630		

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E 630	<p>Continued From page 58</p> <p>FY2023", reflected the following competencies and trainings were required for WWP RNs:</p> <ul style="list-style-type: none"> <li>* Under "Professional Development Plan", it reflected five required competencies, including "New Employee Orientation (NEO) E+ ... General Nursing Orientation E+ ... GNO Initial Competency Assessment E+ ... Transition to Welle Trainings in 2022 ..."</li> <li>* Under "New Hire Assignments", it reflected 43 required competencies, including "AA.LWS.Instructions for Women's Orientation Curriculum 2018 ... CPS.Adult Pain Assessment and Management ... CPS.Antimicrobial Stewardship - SLM ... CPS.Surviving Sepsis - SLM ... Elsevier Assessment: Postpartum Patients (Maternal - Newborn) ... Elsevier, Breastfeeding Education (Maternal-Newborn) ... LH.Women's Services.Competency Checklists ... LLS.BB Training - Blood Transport ... Nova StatStrip 1.75 Glucose Meter Initial Training and Competency ..."</li> <li>* "Under "New-Hire Unit-Specific Items", it reflected 44 required competencies, including "LWS.Antepartum Fetal Surveillance Competency Test ... Women's Services Circulator Competency Checklist Nov 2019 ... FBC Core.Nursing Care of the Post Anesthesia Patient in the FBC ... LWS.Prevention of Retained Surgical Items in the FBC OR ... LWS.Cleaning and transporting surgical instruments in the Family Birth Center ... CPS.Care and Handling of Speciment - SLM ... LWS.Sterile Speculum Exam Training for RNs ... POC.Fern Test Examination of Vaginal Fluid 6 Month Competency ... AAP Advanced Neonatal Resuscitation Protocol (NRP) ..."</li> </ul> <p>There was no documentation provided which reflected these competencies and trainings had been reviewed and approved by the NSC as part of WWP NSP.</p>	E 630		

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E 630	<p>Continued From page 59</p> <p>44. Revisit Survey: Review of undated hospital document, titled "FBC Core Curriculum - Transition RN and Nurse Resident FY2023", reflected seven required competencies and trainings, including "Postpartum/Newborn ... Labor/Antepartum ... Periop Training for the FBC RN Circulator ... All FBC staff ... Core.General 1 ... FBC Core.General 2 ... Labor Training ..."</p> <p>There was no documentation provided which reflected these competencies and trainings had been reviewed and approved by the NSC as part of WWP NSP.</p> <p>45. Revisit Survey: During interview with WWP NM, WWP RNS and NEPS on 12/07/2022 beginning at 1030, they all provided the following information about qualifications, competencies and trainings required for WWP NSMs:</p> <ul style="list-style-type: none"> <li>* They stated that WWP traveler RNs were not required to complete the same competencies and trainings as hospital-employed RNs, even though WWP traveler RNs were required to complete the same tasks as hospital-employed RNs.</li> <li>* They stated that WWP traveler RNs were required to complete "New Hire FBC Traveler RNs" packet and that the hospital expected traveler RNs to come with an initial competency assessment completed by their contracting agency.</li> <li>* They confirmed that qualifications, competencies and trainings required for WWP traveler RNs were not included in WWP NSP.</li> <li>* They stated that "FBC Initial Professional Development Plan - RN and Nurse Resident FY2023" was equivalent to "specialty professional development plan" in WWP NSP. They stated that all new WWP RNs were required to complete the five "Professional Development Plan" trainings in "FBC Initial Professional Development</li> </ul>	E 630		



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E 630	Continued From page 60  Plan - RN and Nurse Resident FY2023", but that the 43 "New Hire Assignments" and 44 "New-Hire Unit-Specific Items" included in "FBC Initial Professional Development Plan - RN and Nurse Resident FY2023" were "assigned to new hires per manager discretion". * They stated that "FBC Core Curriculum - Transition RN and Nurse Resident FY2023" was equivalent to "specialty curriculum" in WWP NSP.	E 630		
E 634	OAR 333-510-0110 (2) (c) NSP: Total Diagnoses  (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; Stat. Auth.: ORS 413.042 & 441.155 Stats. Implemented: ORS 441.155  This Rule is not met as evidenced by: (OAR 333-510-0110(2)(c))  This Rule is not met as evidenced by:  Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 5 of 5 units (CCU, CL, PCU, SSU and WWP), it was determined 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. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2) (c). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing	E 634		

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E 634	<p>Continued From page 61</p> <p>survey initiated on 04/30/2018. The previous citation reflected noncompliance in WWP, PCU, SPO, ED/UC and SSU units.</p> <p>2. Review of CCU HNRP Unit Questionnaire, completed by CCU DC Unit Representative on 12/05/2022 and CCU NM on 11/29/2022, reflected the response to the question, "State the total diagnoses listed in the Nurse Staffing Plan for this unit, and how the diagnoses were determined", was "Not listed in NSP. However here are the top 10 ICD 10 Diagnoses ... Malignant neoplasm of prostate ... Sepsis unspecified organism ... Transsexualism [sic] ... Malignant neoplasm of endometrium ... Encounter for antineoplastic chemotherapy ... Multiple myeloma not having achieved remission ... Encounter for attention to ileostomy ... Malignant neoplasm of rectum ... Benign prostatic hypertrophy with lower urinary track [sic] symptoms ... Malignant neoplasm of upper-outer quadrant of left female breast ... As a designated oncology unit, patients w/ suspicious, history of cancer, active cancer patients are admitted to this unit."</p> <p>3. Review of CCU NSP, approved by NSC on 09/26/2022, reflected the following related to total diagnoses: * "Patient Population ... Diagnosis of cancer or rule out cancer ... Undergoing treatment ... Chemotherapy ... Hematopoietic Progenitor Cell transplant (HPC transplant) ... Radiation ... Biotherapy ... Surgery: a) Staging procedures ... Breast, colorectal, hepatobiliary, gynecologic, urology cancer surgery ... Gender Affirmation ... Robotic surgery, including gynecological oncology ... Minimally Invasive Surgery (MIS), including Radio Frequency Ablation ... Other surgical procedures related to the malignancy ... Post</p>	E 634		

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E 634	<p>Continued From page 62</p> <p>treatment complications ... Neuropenia ... Dehydration ... Intractable nausea and/or vomiting disorders ... Conditions related to ... Altered fluid/electrolytes ... Hematopoietic problems ... Anemia ... Thrombocytopenia ... Pulmonary toxicities ... Pain control ... Altered mental status - secondary to treatment or cancer, etc. ... Bowel problems: a) constipation ... Ileus ... Obstruction ... Chemotherapy related to diarrhea ... Comfort Care ... Spinal cord compression ... Superior vena cava syndrome".</p> <p>CCU NSP lacked total diagnoses and included procedures and treatments.</p> <p>4. During interview with CCU NM on 12/07/2022 beginning at 1530, they confirmed Finding 3.</p> <p>5. Review of CL HNRP Unit Questionnaire, completed and signed by CL DC Unit Representative and SDCSS on 12/05/2022, reflected no response to the question, "State the total diagnoses listed in the NSP for this unit, and how the diagnoses were determined."</p> <p>6. Review of CL NSP, approved by NSC on 10/24/2022, reflected it lacked total diagnoses for CL. There were no diagnoses listed in CL NSP.</p> <p>7. During interview with NSC NM Co-Chair and SDCSS on 12/07/2022 at the time of CL NSP review, they confirmed Findings 5 and 6. NSC NM Co-Chair stated, "The total diagnoses have not been approved by the NSC."</p> <p>8. Revisit Survey: Review of PCU HNRP Unit Questionnaire, completed and signed by PCU DC Unit Representative and PCU NM on 12/05/2022, reflected the response to the question, "State the total diagnoses listed in the Nurse Staffing Plan for this unit, and how the diagnoses were</p>	E 634		
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E 634	<p>Continued From page 63</p> <p>determined", was "30 diagnosis [sic], as pulled from financial program manager." It was unclear how those diagnoses were considered in the development of PCU NSP.</p> <p>9. Revisit Survey: Review of PCU NSP, approved by NSC on 10/24/2022, reflected under "Appendix B (common diagnosis [sic] for PCU)" a list of 30 diagnoses listed by ICD10 Diagnosis codes. It was unclear how these 30 diagnoses were considered in the development of PCU NSP.</p> <p>10. Revisit Survey: During interview with PCU DC Unit Representative and PCU NM on 12/07/2022, they confirmed Finding 9 and stated that the total diagnoses for PCU unit was referred to as the "Case Mix Index if available" under "Acuity and Nursing Intensity." However, there were no diagnoses listed in that section.</p> <p>11. Revisit Survey: Review of SSU HNRP Unit Questionnaire, completed by SSU DC Unit Representative on 12/05/2022 and SSU NM on 12/02/2022, reflected the response to the question, "State the total diagnoses listed in the Nurse Staffing Plan for this unit, and how the diagnoses were determined", was "Orthopedic Joint Replacements, Hip Fracture, Bariatric weight loss surgery, Nero [sic]/Spine surgery, Podiatry, Gen abd surgery. Insulin drips, end of life care, GI disorders, respiratory conditions, pain management/PCA, complicated wound care, psychiatric disorders, general med/surg and oncology overflow ..." The listed items were procedures and general nursing care tasks and were not diagnoses of SSU patient populations.</p> <p>12. Revisit Survey: Review of SSU NSP, approved by NSC on 09/26/2022, reflected the</p>	E 634		

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E 634	<p>Continued From page 64</p> <p>following related to total diagnoses: "Primary patient population/diagnoses: Surgical Patients, primarily: Bariatric, Living Kidney Donor, Orthopedic joint replacements, Hip fracture, Neurology/Spine, podiatry, and general abdominal surgery ... Post-op insulin drips ... Stable patients requiring continuous cardiac monitoring ... End-of-life care ... Gastrointestinal disorders including ... Crohn's disease and bowel obstruction ... Pulmonary including ... COPD and respiratory isolation, COVID PUI ... pain management including PCA and/or epidural medication administration ... Complicated wound care and ostomy management ... Psychiatric patients ... Overflow medical and oncology patients ..." SSU NSP lacked total diagnoses and only listed unit procedures, general nursing tasks and patient populations.</p> <p>13. Revisit Survey: Review of WWP HNRP Unit Questionnaire, completed and signed by WWP DC Unit Representative on 12/06/2022 and WWP NM on 12/05/2022, reflected the response to the question, "State the total diagnoses listed in the Nurse Staffing Plan for this unit, and how the diagnoses were determined", was a list of 20 items, some of which were not diagnoses, such as, "Care of the high-risk obstetric patient ... Postpartum dilation &amp; curettage ... Tubal ligation ... Newborn interventions - IV, phototherapy, circumcision, frenectomies ... Care of the lactation and newborn feeding ... Outpatient lactation services ... Care of the surgical patient". It included, "See nurse staffing plan for additional diagnosis [sic]."</p> <p>14. Revisit Survey: Review of WWP NSP, approved by NSC on 09/26/2022, reflected the following related to total diagnoses: * Under "Care of the obstetric patient", it included</p>	E 634		

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E 634	Continued From page 65  a list of 12 bullet point items that included procedures and other activities, such as, " ... Induction and augmentation of labor ... Pregnancy monitoring and assessment ... Postpartum dilation & curettage ... Tubal ligation" * "Care of the surgical patient ... Total diagnoses in reference documents." * "Resource documents ... FY19 Primary Diagnosis Codes" WWP NSP did not clearly reflect total diagnoses for WWP.  15. Revisit Survey: During interview with WWP RNS on 12/06/2022 beginning at 1500, they stated FY19 Primary Diagnoses Codes were not approved by the NSC and were not in WWP NSP.	E 634		
E 636	OAR 333-510-0110 (2) (d) NSP: Nationally Recognized Evidence-Based Std  (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 (ASPAN); Stat. Auth.: ORS 413.042 & 441.155 Stats. Implemented: ORS 441.155  This Rule is not met as evidenced by: (OAR 333-510-0110(2)(d))  This Rule is not met as evidenced by:  Based on interview and review of HNRP Unit	E 636		

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E 636	<p>Continued From page 66</p> <p>Questionnaires and unit NSPs for 1 of 5 units (CCU), it was determined the hospital failed to implement a hospital-wide NSP that was developed to reflect for each unit consistency with current, nationally-recognized evidence-based standards and guidelines established by professional nursing specialty organizations.</p> <p>Findings include:</p> <p>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2) (d). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected noncompliance in PCU, SPO and SSU units.</p> <p>2. Review of CCU HNRP Unit Questionnaire, completed by CCU DC Unit Representative on 12/05/2022 and CCU NM on 11/29/2022, reflected the following related to nationally-recognized evidence-based standards and guidelines:</p> <ul style="list-style-type: none"> <li>* The response to the question, "Does the Nurse Staffing Plan use evidence-based standards", was "Yes."</li> <li>* The response to the question, "If yes, list the organization ...", was "ONS Each standard is checked &amp; updated by system's CPS oncology educator."</li> <li>* It included, "Not listed in NSP. However here are the top 10 ICD 10 Diagnoses ... Malignant neoplasm of prostate ... Sepsis unspecified organism ... Transsexualism [sic] ... Malignant neoplasm of endometrium ... Encounter for antineoplastic chemotherapy ... Multiple myeloma not having achieved remission ... Encounter for attention to ileostomy ... Malignant</li> </ul>	E 636		
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E 636	<p>Continued From page 67</p> <p>neoplasm of rectum ... Benign prostatic hypertrophy with lower urinary track [sic] symptoms ... Malignant neoplasm of upper-outer quadrant of left female breast ... As a designated oncology unit, patients w/ suspicious, history of cancer, active cancer patients are admitted to this unit."</p> <p>3. Review of CCU NSP, approved by NSC on 09/26/2022, reflected the following related to nationally-recognized evidence-based standards and guidelines: * Under "Evidence based staffing standards or guidelines", it reflected, "Synergy Model AACN, 2015". It was not clear what standards or guidelines from the model CCU was following and whether these guidelines were the most current. * Under "Resource Documents", it reflected, "Staffing I ONS - Oncology Nursing Society <a href="https://www.ons.org/tags/staffing">https://www.ons.org/tags/staffing</a> There are currently no published standards for nurse-patient ratios in oncology settings. In fact, ONS has decided not to recommend staffing standards because of significant variations among institutions, patient populations, care settings, and individual patient needs." It was not clear what standards or guidelines from ONS were incorporated and approved as part of CCU NSP. It was unclear what guidelines and standards CCU was following and whether the unit followed current guidelines.</p> <p>4. During interview with CCU NM on 12/07/2022 beginning at 1530, they stated, "We are using Oncology Nursing Society for our standards of practice." Regarding "Synergy Model AACN, 2015," they stated, "I don't know what's in here."</p>	E 636		



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E 638 E 638	<p>Continued From page 68</p> <p>OAR 333-510-0110 (2) (e) NSP: Patient Acuity &amp; Nursing Care Intensity</p> <p>(2) The staffing plan: (e) Must recognize differences in patient acuity and nursing care intensity; Stat. Auth.: ORS 413.042 &amp; 441.155 Stats. Implemented: ORS 441.155</p> <p>This Rule is not met as evidenced by: (OAR 333-510-0110(2)(e))</p> <p>This Rule is not met as evidenced by:</p> <p>Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 5 of 5 units (CL, CCU, PCU, SSU and WWP), it was determined 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.</p> <p>Findings include:</p> <p>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2) (e). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected noncompliance in WWP, SPO, ED/UC and SSU units.</p> <p>2. Review of CCU HNRP Unit Questionnaire, completed and signed by CCU DC Unit Representative on 12/05/2022 and CCU NM on 11/29/2022, reflected the following related to patient acuity and nursing care intensity: * The response to the question, "According to the</p>	E 638 E 638		

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E 638	<p>Continued From page 69</p> <p>Nurse Staffing Plan, is a tool used to assess acuity and intensity", was "No."</p> <p>* The response to the question, "If a tool is not used, how does the unit determine acuity and intensity", was "Charge Nurse assesses acuity during a shift. CRN receives full report from off going CRN. Factors reported: diagnosis, isolation, chemo/treatments, specialty-specific needs, skill mix, psycho-social issues."</p> <p>* The response to the question, "What is the process for changing the overall acuity and intensity for the unit? Who is allowed to make this change?" was "CRN is aware of current acuity in the department. If acuity increases suddenly CRN is the first to request more help, re-think assignments and access ANM, RN educator and/or RN Mgr. CRN, house supervisor, ANM &amp; RN Mgr. can make changes."</p> <p>3. Review of CCU NSP, approved by NSC on 09/26/2022, reflected it lacked a clear method, system, or criteria for objectively determining acuity and nursing care intensity for individual patients. For example:</p> <p>* "Acuity and Nursing Intensity ... Acuity: [checked box] High [checked box] Average ... Nursing Intensity: [checked box] High [checked box] Average ... Charge nurses also consider the unique characteristics of the patient, the nurses' competencies, and the resources available when making staffing decisions (AACN, 2015) ... Nursing care intensity is driven by the level of patient acuity as well as workload generated by admissions, transfers and discharges. The more complex the patient illness the more intense the required nursing care or the more admissions, transfers and discharges on a unit the greater the nursing intensity. Patient acuity and related nursing care intensity may vary day to day, shift to shift or more frequently."</p>	E 638		
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E 638	<p>Continued From page 70</p> <p>4. Review of untitled CCU staff assignment document, dated "2022", reflected it included an "Acuity Quick Glance Chart" with the following criteria: "Acuity Quick Glance Chart" with blank spaces next to: "Chemo: ... ASCT: ... DIEP: ... MUPIT: ... Comfort Care: ... Total Care: ... Complex Psychosocial Issues: ... Behavioral ... Sitter needs ... &gt;than average meds and IVs ... Preceptors/Orientees ... Expected Direct Admissions: ... Others". There was no documentation provided which reflected the patient acuity and nursing care intensity criteria included in this document had been reviewed and approved by the NSC as part of CCU NSP.</p> <p>5. Review of CCU document titled "FY23 - 6W Matrix (September, 2022 version)", reflected the following related to patient acuity and nursing care intensity:                      * It included a matrix with nine columns and 30 rows. The top of the matrix had two headings, "2245 Days" and "2245 Nights." Under "2245 Days", there were five columns titled, "Census", "RN", "CRN", "CNA2", and "US". Under "2245 Nights", there were four columns titled, "RN", "CRN", "CNA2", and "Productivity". Each row in the "Census", "RN", "CRN", "CNA2", and "US" columns had a number. Each row in the "Productivity" column had a percentage. For example, the first row under "2245 Days" reflected for "Census" 8; "RN" 1, "CRN" 1, "CNA2" 0, and "Productivity" 102%.                      * Below the matrix, CCU document reflected, "Oncology Specific Staffing ... First Taxol and Rituxan: 1:1, High Dose VP 16:1:1, DIEP=3:1 (Days) 4:1 (Nights) ... ASCT Day 0 reinfusion: 1:1 (infusion duration) IP chemo: 1:1 (infusion duration)".                      There was no documentation provided which</p>	E 638		

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E 638	<p>Continued From page 71</p> <p>reflected the patient acuity criteria included in this document had been reviewed and approved by the NSC as part of CCU NSP.</p> <p>6. During interview with CCU NM on 12/07/2022 beginning at 1530, they stated that CCU staff assignment document included an acuity tool section that was combined with "FY23 - 6W Matrix (September, 2022 version)", and both documents were used by CCU Charge RN to determine patient acuity and nursing care intensity. CCU NM stated that neither document was included in CCU NSP. Regarding patient acuity and nursing care intensity, CCU NM stated that CCU NSP "is very generic."</p> <p>7. During CL onsite tour on 12/05/2022 beginning at 1508, CL DC RN stated the following related to patient acuity and nursing care intensity: "We staff every case, whether it is very ... simple or very complex, the same." When asked when patient acuity was last monitored on the unit, CL DC RN stated that it was not really monitored in terms of staffing. When asked when nursing care intensity was last monitored on the unit, CL DC RN also stated that it was not really monitored on the unit in terms of staffing.</p> <p>8. Review of CL HNRP Unit Questionnaire, completed and signed by CL DC Unit Representative and CL NM on 12/05/2022, reflected the following related to patient acuity and nursing care intensity:                      * The response to the question, "How often is the overall acuity and intensity for the unit reviewed", was "N/A."                      * The response to the question, "What is the process for changing the overall acuity and intensity for the unit? Who is allowed to make this change", was "N/A."</p>	E 638		

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E 638	<p>Continued From page 72</p> <p>9. Review of CL NSP, approved by NSC on 10/24/2022, reflected the following related to patient acuity and nursing care intensity:                      * There were checkboxes for "Acuity High ... Average ... Low". The boxes next to each acuity rating were checked.                      * There were checkboxes for "Nursing Intensity" "High .. Average ... Low". Only the box next to "High" was checked.                      * It reflected: "Additional Details ... Nursing care intensity is driven by the level of patient acuity as well as workload generated by admissions, transfers and discharges. The more complex the patient illness the more intense the required nursing care or the more admissions, transfers, and discharges on a unit the greater the nursing intensity. Patient acuity and related nursing care intensity may vary day to day, shift to shift or more frequently."                      CL NSP did not clearly reflect how acuity and nursing care intensity was objectively evaluated, calculated, and determined for individual patients.</p> <p>10. During interview with NSC NM Co-Chair and SDCSS on 12/07/2022 at the time of CL NSP review, they both confirmed Findings 7 through 9. SDCSS stated, "The total amount of RNs available determines the number of patients that can be seen. The skill mix in the [Cath] Lab depends on how acute the patient is and which RNs/teams are assigned. We flex up if higher acuity, bring in additional staff and shift people around based on skills or comfort level." When asked who makes that decision, SDCSS responded, "The Charge nurse in consultation with the Nurse Manager."</p> <p>11. Revisit Survey: During PCU onsite tour on 12/05/2022 beginning at 1410, PCU DC RN</p>	E 638		

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E 638	<p>Continued From page 73</p> <p>explained the process for monitoring patient acuity and nursing care intensity: "We don't have a specific tool, but the strategy is to have an ongoing and updated assignment sheet which is updated throughout the shift. Patient details during handoff are passed along. Acuity and intensity of the unit is monitored by the Charge nurse who rounds throughout the shift and gets a formal update at end of shift. The charge nurse will communicate with the house supervisor and other charge nurses twice during day shift and once during night shift. They will discuss changes in [patient] condition and will try to place patients on the unit most appropriate for their level of care needs."</p> <p>* PCU DC RN was unable to demonstrate how patient acuity and nursing care intensity was reflected in the staffing for the shift during PCU onsite tour. PCU DC RN stated, "This isn't written anywhere."</p> <p>It was not clear during PCU onsite tour how PCU NSP was used to objectively determine acuity and nursing care intensity for individual patients.</p> <p>12. Revisit Survey: Review of PCU HNRP Unit Questionnaire, completed and signed by PCU DC Unit Representative and PCU NM on 12/05/2022, reflected the following related to patient acuity and nursing care intensity:</p> <p>* The response to the question, "How does the unit determine acuity and intensity", was "Unit charge nurse reviews acuity on handoff &amp; throughout the shift &amp; with end of shift handoff from staff."</p> <p>* The response to the question, "How often is the overall acuity and intensity for the unit reviewed", was "Ongoing."</p> <p>* The response to the question, "What is the process for changing the overall acuity and intensity for the unit? Who is allowed to make this</p>	E 638		

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E 638	<p>Continued From page 74</p> <p>change", was "Charge RN in conjunction with nursing supervisor &amp; staff." It was not clear from PCU HNRP Unit Questionnaire whether PCU NSP had a system for how acuity and nursing care intensity was objectively evaluated, calculated, and determined for individual patients.</p> <p>13. Revisit Survey: Review of PCU NSP, approved by NSC on 10/24/2022, reflected it lacked a clear method, system, or criteria for objectively determining acuity and nursing care intensity for individual patients. For example: * Under the section titled "Acuity and Nursing Care Intensity", it reflected, "Charge nurses consider the unique characteristics of the patient, the nurse's competencies, and the resources available when making staffing decisions (AACN, 2015)." Additionally, PCU NSP reflected, "Nursing care intensity is driven by the level of patient acuity as well as workload generated by admissions, transfers, and discharges. The more complex the patient's illness the more intense the required nursing care or the more admissions, transfers, and discharges on a unit the greater the nursing care intensity. Patient acuity and related nursing care intensity may vary day to day, shift to shift or more frequently."</p> <p>14. Revisit Survey: During interview with PCU DC Unit Representative and PCU NM on 12/07/2022 beginning at 1120, they both confirmed Findings 11 through 13. PCU NM stated that the "Charge nurse has the ability to determine staffing needs based on patient acuity and intensity as well as skill level and mix of direct care RNs. Direct care RNs round with the charge nurse and provide input to the charge nurse."</p> <p>15. Revisit Survey: During SSU onsite tour on</p>	E 638		

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E 638	<p>Continued From page 75</p> <p>12/05/2022 beginning at 1252, SSU DC RN explained the process for assessing patient acuity and nursing care intensity: "Two parts - we have staffing by matrix. Assignments are made by the Charge nurse. We have a small unit and the Charge nurse doesn't usually care a patient load, so the Charge nurse uses their knowledge and experience. It's a Charge nurse judgment. Sometimes the nursing supervisor is involved because they know what types of patients are on other units and will consider this when making assignments for the next shift. The NOC Charge nurse does this for day shift and the day shift Charge nurse does this for NOC shift." When asked how often acuity and intensity was monitored, SSU DC Unit Representative responded, "Every 12 hours at end of shift ... 0600 and 1800." SSU DC RN also stated that there used to be a "Patient Classification System" to assist in monitoring patient acuity and intensity but that it was retired in 2021.</p> <p>* When asked to show how acuity and intensity was reflected in the staffing for the current shift, SSU DC RN explained that the unit "uses a report for acuity and intensity in decisions regarding staffing. Nurses on the unit update the report before end of shift, and the reports are on a shared drive." They stated that the Charge RN had access to these reports and used SSU nurse input. SSU DC RN also stated there was a "longboard for devices."</p> <p>It was not clear during SSU onsite tour how SSU NSP was used to objectively determine acuity and nursing care intensity for individual patients.</p> <p>16. Revisit Survey: Review of SSU HNRP Unit Questionnaire, completed and signed by SSU DC Unit Representative on 12/05/2022 and SSU NM on 12/02/2022, reflected the following related to patient acuity and nursing care intensity:</p>	E 638		
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E 638	<p>Continued From page 76</p> <p>* The response to the question, "How does the unit determine acuity and intensity", was "The Charge RN makes patient care assignments for each RN based on patient acuity. The Charge RN considers RNs [sic] skill, is there CNA support, how many A/D/T are expected for the shift, and what are the patient needs. Patient care issues such as Medications/drips, diagnosis, pschyho-social needs, mobility issues are all taken into consideration when making assignments."</p> <p>* The response to the question, "How often is the overall acuity and intensity for the unit reviewed", was "Once per shift when staffing the department. It may be considered throughout the day as patient [sic] come and go from the department."</p> <p>* The response to the question, "What is the process for changing the overall acuity and intensity for the unit? Who is allowed to make this change", was "Shift to shift acuity or in general change the unit structure of what acuity we take." It was not clear from SSU HNRP Unit Questionnaire whether SSU NSP had a system for how acuity and nursing care intensity was objectively evaluated, calculated, and determined for individual patients.</p> <p>17. Revisit Survey: Review of SSU NSP, approved by NSC on 12/06/2022, reflected it lacked a clear method, system, or criteria for objectively determining acuity and nursing care intensity for individual patients. For example: * Under the section titled, "Acuity and Nursing Intensity", it reflected, "Surgical Specialties previously utilized software-based patient classification system (PCS) that was based on nursing documentation to determine hours of nursing care needed for an individual patient. This tool was retired 2021, new tool being developed [sic] Charge nurses consider the</p>	E 638		
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E 638	<p>Continued From page 77</p> <p>unique characteristics of the patient, the nurses' competencies, and the resources available when making staffing decisions (AACN, 2015). Nursing care intensity is driven by the level of patient acuity as well as workload generated by admissions, transfers, and discharges. The more complex the patient illness the more intense the required nursing care or the more admissions, transfers, and discharges on a unit the greater the nursing care intensity. Patient acuity and related nursing care intensity may vary day to day, shift to shift or more frequently." The description for nursing care intensity reflected in SSU NSP was not consistent with the definition for nursing care intensity in OARs.</p> <p>18. Revisit Survey: During interview with SSU NM on 12/05/2022 beginning at 1615, SSU NM confirmed Findings 15 through 17 and stated that Charge RNs look at the patient population, admissions discharges and transfers, and other factors to make assignments. They stated, "The nurses communicate with the charge nurse about their patients' acuity and intensity. If the acuity and intensity is high, the charge nurse can ask for more staff and adjust staffing due to acuity levels."</p> <p>19. Revisit Survey: Review of WWP HNRP Unit Questionnaire, completed and signed by WWP DC Unit Representative on 12/06/2022 and WWP NM on 12/05/2022, reflected the following related to patient acuity and nursing care intensity: * The response to the question, "According to the Nurse Staffing Plan, is a tool used to assess acuity and intensity", was "No." * The response to the question, "If a tool is not used, how does the unit determine acuity and intensity", was "Wilcox Women's Pavilion utilizes our professional organization 2011 AWHONN</p>	E 638		

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E 638	<p>Continued From page 78</p> <p>Standards for Professional Registered Nurse staffing for perinatal unit guidelines. Competency and specialty requirements and content is provided based on the unit or specialty professional development plan. These nurses utilize the tiered communication process to escalate acuity changes. The charge nurse will determine the acuity and intensity of patient care on the unit. Charge nurse reference AWHONN standards, reassess to maintain safe staffing throughout the shift. Frequent communication with bedside nurse to be aware of any changes or deterioration of patient condition."</p> <p>* The response to the question, "How often is the overall acuity and intensity for the unit reviewed", was "The acuity and intensity for the unit is reviewed at shift change, admission, transfer time, and ongoing throughout the shift. The acuity and intensity is evaluated at shift change, and continues throughout the day."</p> <p>* The response to the question, "What is the process for changing the overall acuity and intensity for the unit? Who is allowed to make this change", was "The Charge nurse is empowered to make acuity changes based on the intensity of the nursing care anytime throughout the shift. The Charge RN makes changes PRN throughout the day as acuity/[patient condition] changes."</p> <p>20. Revisit Survey: Review of WWP NSP, approved by NSC on 09/26/2022, reflected it lacked a clear method, system, or criteria for objectively determining acuity and nursing care intensity for individual patients. For example: * "Acuity and Nursing Intensity" section reflected "Acuity [checked box] High [checked box] Average ... Wilcox Women's Pavilion utilizes our professional organization 2011 AWHONN Guidelines for Professional Registered Nurse Staffing for Perinatal Units guidelines ... Wilcox</p>	E 638		
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E 638	Continued From page 79  Women's Pavilion utilizes a software-based patient classification system that is based on nursing documentation to determine hours of nursing care needed for individual patient ... Charge nurses also consider the unique characteristics of the patient, the nurse competencies, and the resources available when making staffing decisions (AACN, 2015) ... Nursing care intensity is driven by the level of patient acuity as well as workload generated by admissions, transfers and discharges. The more complex the patient illness the more intense the required nursing care or the more admissions, transfers and discharges on a unit the greater the nursing intensity. Patient acuity and related nursing care intensity may vary day to day, shift to shift or more frequently." The description for nursing care intensity reflected in WWP NSP was not consistent with the definition for nursing care intensity in OARs.	E 638		
E 640	OAR 333-510-0110 (2) (f) NSP: Minimum Numbers on Specified Shifts  (2) The staffing plan: (f) Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts ... Stat. Auth.: ORS 413.042 & 441.155 Stats. Implemented: ORS 441.155  This Rule is not met as evidenced by: (OAR 333-510-0110(2)(f))  This Rule is not met as evidenced by:  Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 5 of 5 units	E 640		

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E 640	<p>Continued From page 80</p> <p>(CCU, CL, PCU, SSU and WWP), it was determined 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> <ol style="list-style-type: none"> <li>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2) (f). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected noncompliance in WWP, PCU, SPO, ED/UC and SSU units.</li> <li>2. During CCU onsite tour on 12/05/2022 beginning at 1340, CCU DC RN provided a document titled, "FY23 - 6W Matrix (September, 2022 version)" and stated, "These are minimum numbers and then we go up depending on acuity." They stated minimum numbers were not met on the current shift because "this morning" the unit had 34 patients and 9 RNs, and the minimum number of RNs for 34 patients should be 10 RNs. CCU DC RN stated, "We were down one RN this morning."</li> <li>3. Review of CCU tool, titled "FY23 - 6W Matrix (September, 2022 version)", reflected the following related to minimum numbers of NSMs on specified shifts: * It included a matrix with nine columns and 30 rows. The top of the matrix had two headings, "2245 Days" and "2245 Nights." Under "2245 Days", there were five columns titled, "Census", "RN", "CRN", "CNA2", and "US". Under "2245 Nights", there were four columns titled, "RN", "CRN", "CNA2", and "Productivity". Each row in</li> </ol>	E 640		

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E 640	<p>Continued From page 81</p> <p>the "Census", "RN", "CRN", "CNA2", and "US" columns had a number. Each row in the "Productivity" column had a percentage. For example, the first row under "2245 Days" reflected for "Census" 8; "RN" 1, "CRN" 1, "CNA2" 0, and "Productivity" 102%.</p> <p>* Below the matrix, CCU document reflected, "Oncology Specific Staffing ... First Taxol and Rituxan: 1:1, High Dose VP 16:1:1, DIEP=3:1 (Days) 4:1 (Nights) ... ASCT Day 0 reinfusion: 1:1 (infusion duration) IP chemo: 1:1 (infusion duration)".</p> <p>There was no documentation provided which reflected this tool had been reviewed and approved by the NSC as part of CCU NSP.</p> <p>4. Review of CCU NSP, approved by NSC on 09/26/2022, reflected the following information related to minimum numbers of NSMs on specified shifts:</p> <p>* Under "Unit Minimum Staffing Expressed as RN/# patients", it reflected, "2 RNs: 1-12 patients ... 3 RNs: 13-18 patients ... 4 RNs: 15-24 patients ... 5 RNs: 16-30 patients ... 6 RNs: 21-35 patients ... Staffing ratios on Cancer Care unit are designated to accommodate a 3-5:1 patient care assignment. If a need is higher than this the patient is transferred to a higher level of care ... or 1:1 assignment for high risk chemotherapy."</p> <p>CCU NSP did not clearly reflect the minimum numbers of NSMs required on specified shifts. It was not clear how staffing ratios affected the minimum numbers reflected in the plan. CCU NSP did not include specified shifts or minimum numbers for CNAs. Additionally, it did not include "FY23 - 6W Matrix (September, 2022 version)", which was used to staff the unit.</p> <p>5. During interview with CCU NM on 12/07/2022</p>	E 640		
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E 640	<p>Continued From page 82</p> <p>beginning at 1530, they confirmed CNA2s were assigned to CCU and that minimum numbers of CNA2s were not included in CCU NSP. They also confirmed that there were two 12-hour shifts for CCU.</p> <p>6. Review of CL HNRP Unit Questionnaire, completed and signed by CL DC Unit Representative and SDCSS on 12/05/2022, reflected the following related to minimum numbers of NSMs on specified shifts: * The response to the question, "... how does the unit determine acuity and intensity", was "Consistent team size (4 staff, min. 1 RN) per case." * The response to the question, "According to the Nurse Staffing Plan, how does the unit adjust staffing ... without dropping below the minimum number specified in the nurse staffing plan for the unit", was "Case scheduling dependent on avail staff, in insufficient staff, cases do not proceed."</p> <p>It was not clear from CL HNRP Unit Questionnaire whether minimum numbers of NSMs on specified shifts were clearly reflected in CL NSP.</p> <p>7. Review of CL NSP, approved by NSC on 10/24/2022, did not clearly reflect minimum numbers of NSMs on specified shifts. For example: * Under "Unit Minimum Staffing", there was a table titled "Cath Lab/SPO." It contained two columns titled "Regular Business Hours (0600-1730)" and "(After Hours/Weekends/Holidays)". Under "Regular Business Hours (0600-1730)", it reflected: "2 RNs: 1-5 patients ... 3 RNs: 6-8 patients ... 4 RNs: 9 patients ... 5 RNs ... 10-11 patients ... 6 RNs: 12 patients ... 7 RNs: 13 patients ... 8 RNs:</p>	E 640		

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E 640	<p>Continued From page 83</p> <p>14 patients ... 9 RNs: 15 patients ... 10 RNs: 16 patients ... 11 RNs: 17 patients." Under "(After Hours/Weekends/Holidays)", it reflected: "2 RN + 2 AT: 1 patient."</p> <p>* It included: "At least two staff and two other staff members are on duty in the unit when a patient is present."</p> <p>* Under "Unit Target", there was a table with an "RN" column and an "RT" columns, as well as two rows titled "Day" and "Night". Under "RN" column, it reflected "2RN:1" for "Day" and "2 on call" for "Night." It also reflected: "The target staffing is not designed to reflect the minimum staffing required but the target for average patient workload (ADT, acuity intensity, etc.). It is not uncommon for ... staffing to fluctuate based on these factors. The number of nurses/staffs [sic] for which lunch coverage is required is always considered. Two RN's [sic] and two RTs are required to fill the four roles (Circulator (RN only), Monitor (RN or RT), Scrub (RN or RT), Tech (RT only)) for all Diagnostic Interventional Cardiac and Peripheral vascular and interventional radiology cases. One RN and one RT are required for pain injection procedures (Monitor/Circulator (RN only), and Tech (RT only) [sic]."</p> <p>It was not clear how "Unit Target" factored into CL's minimum numbers of NSMs. For example, under "Unit Target", CL NSP reflected that the staffing "target" for an "average patient" workload was "2 RN:1 patient" care assignment and that for "pain injection procedures" was "One RN and one RT", which conflicted with and was below the minimum numbers set in "Unit Minimum Staffing" section. Additionally, it was not clear whether RTs were NSMs and able to count towards minimum numbers.</p> <p>8. During interview with NSC NM Co-Chair and</p>	E 640		



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E 640	<p>Continued From page 84</p> <p>SDCSS on 12/07/2022 beginning at 1647, they confirmed Findings 6 and 7. NSC NM Co-Chair stated, "If we can't reach the target number of RNs, then the unit doesn't open." SDCSS added, "We actually have a Charge nurse on at the same time as the two RNs," and that the unit "was required to have a Charge nurse." SDCSS also explained that there were four RNs at a time since the table reflected both "Cath Lab" and "SPO" units. They stated there are "2 RNs on and 1 Charge nurse" for the Cath Lab and "2 RNs and 1 Charge nurse" for SPO and that "each unit has its own schedule" but use the same NSP.</p> <p>9. Revisit Survey: Review of PCU NSP, approved by NSC on 10/24/2022, reflected the following related to minimum numbers of NSMs on specified shifts:                      * Under "Unit Minimum Staffing", it reflected, "2 RNs: 1-12 patients ... 3 RNs: 13-18 patients ... 4 RNs: 19-24 patients ... 5 RNs: 25-30 patients ... 6 RNs: 31-35 patients."                      * "Staffing on PCU is designed to accommodate a 4-5:1 patient care assignment ... PCU has nurses without patient assignments (charge) that are available to help support during coverage of lunches as well as CNAs to monitor lights and patient care needs. The charge nurse may access additional resources as needed by conferring with the central staffing office and nursing supervisor."                      * Under "Unit Target", it reflected a table with an "RN" column and a "CNA2" column, as well as two rows titled "Day" and "Night." Under the RN column, it reflected "1RN: 4pt" for "Day" and "1RN: 5pt" for "Night." Under the CNA2 column, it reflected "1CNA2: 10" for "Day" and "1CNA2: 15" for "Night." Additionally, this section reflected, "The target staffing number of patients is not designed to reflect the minimum staffing required</p>	E 640		

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E 640	<p>Continued From page 85</p> <p>but the target for average patient workload (ADT, acuity intensity, etc.). It is common for ... staffing to fluctuate based on these factors. The number of nurses for which lunch coverage is required is always considered."</p> <p>* The "Appendix C (2023 PCU Matrix)", attached to PCU NSP, reflected a table containing several columns which included, "Census ... Unit Leadership ... Manager ... ANM ... Day ... RN ... CNA ... PT/RN ... NOC ... RN ... CNA ... PT/RN ... Total HRS ... Target Hours ..." The census numbers began at 14 and ended at 35. Under each column titled "RN ... CNA" were numbers corresponding to the census numbers. For example, when the census was 14, there was a "5" under RN and a "2" under CNA.</p> <p>PCU NSP did not clearly reflect minimum numbers of NSMs on specified shifts. It was not clear how the "Unit Target" factored into the unit's minimum numbers of NSMs. It was not clear whether the required minimum number of NSMs for 1, 11, or 12 patients were 2 RNs, since under "Unit Minimum Staffing", PCU NSP reflected that staffing was "designed to accommodate a 4-5:1 patient care assignment." PCU NSP did not clearly specify the minimum number of CNA2s, nor whether one RN and another NSM were on the unit when one patient was present. It was unclear why the "target" staffing matrix began at a census of 14 or how it was used in determining minimum staffing for the unit.</p> <p>10. Revisit Survey: During interview with PCU DC Unit Representative and PCU NM on 12/07/2022 beginning at 1120, they confirmed Finding 9 and acknowledged that minimum numbers were not clearly stated in PCU NSP. When asked whether "Appendix C (2023 PCU Matrix)" was used to determine minimum numbers of NSMs, PCU NM</p>	E 640		

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E 640	<p>Continued From page 86</p> <p>stated it was a "target" matrix.</p> <p>11. Revisit Survey: Review of SSU NSP, approved by NSC on 09/26/2022, reflected the following related to minimum numbers of NSMs on specified shifts:</p> <p>* Under "Unit Minimum Staffing", it reflected, "Staffing on Surgical Specialities are [sic] designed to accommodate a 4-5:1 patient care assignment ...Surgical Specialities has a charge nurse without a patient assignment that is available for support during lunches, additionally there are CNAs to monitor call lights, patient care needs, and phones. The Charge RN will take a partial patient assignment when census is below 13, and only one unit is open ... when both units are open minimum staffing will be maintained, taking into consideration the availability of the roaming Charge RN to provide lunch breaks."</p> <p>* "2 RNs: 1-12 patients ... 3 RNs: 13-18 patients ... 4 RNs: 19-24 patients ... 5 RNs: 25-29 patients"</p> <p>* "Minimum RN staff (when a patient is present): At least one staff RN and one other nursing staff member is on duty in the unit when a patient is present, this applies when patient census is less than minimum staffing ratio. There may be times when 1 RN and 1 CNA are used to maintain minimum staffing while units are being opened or closed."</p> <p>* Under "Unit Target", it reflected a table with an "RN" column and a "CNA2" column, as well as two rows titled "Day" and "Night." Under the RN column, it reflected "1:4" for "Day" and "1:5" for "Night." Under CNA2 column, it reflected "1:16" for "Day" and "1:1" for "Night." Additionally, this section reflected, "Target staffing levels may vary day to night shift due to changes in nursing intensity with admissions/transfers and discharges."</p>	E 640		

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E 640	<p>Continued From page 87</p> <p>SSU NSP did not clearly reflect minimum numbers of NSMs required on specified shifts. It was not clear how the "Unit Target" factored into the unit's minimum numbers of NSMs. It was not clear whether the required minimum number of NSMs for 1, 11, or 12 patients were 2 RNs, since under "Unit Minimum Staffing," SSU NSP reflected that staffing was "designed to accommodate a 4-5:1 patient care assignment." SSU NSP did not clearly specify the minimum number of CNA2s, nor whether one RN and another NSM were on the unit when one patient was present.</p> <p>12. Revisit Survey: During interview with SSU NM on 12/06/2022 beginning at 1615, they confirmed Finding 11 and acknowledged that minimum numbers were not clearly stated in SSU NSP. They explained, "Minimum staffing allows up to 12 patients with 2 RNs present. Target is what you aim for on a day to day basis for a full shift assignment. I have a target number for CNAs, but no required minimum number. I don't have a minimum number for the CNAs because you can function without them."</p> <p>13. Revisit Survey: Review of WWP HNRP Unit Questionnaire, completed and signed by WWP DC Unit Representative on 12/06/2022 and WWP Director on 12/05/2022, reflected the response to the question, "According to the Nurse Staffing Plan, how does the unit adjust staffing ... without dropping below the minimum number specified in the nurse staffing plan for this unit", was "The unit utilizes AWHONN Standards as well as clinical needs and intensity to adjust staffing."</p> <p>14. Revisit Survey: Review of WWP NSP, approved by NSC on 09/26/2022, did not clearly</p>	E 640		

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E 640	Continued From page 88  reflect the minimum numbers of NSMs required on specified shifts. For example: * "Unit Minimum Staffing ... Family Birth (Wilcox Women's Pavilion) ... 2 RNs: 1-2 adults or mother baby couplets ... 3 RNs: 13-16 adults or mother baby couplets ... 4 RNs: 17-20 adults or mother baby couplets ... 5 RNs: 21-23 couplets adults or mother baby couplets." WWP NSP did not specify which shifts the minimum numbers applied to, and it was not clear how adults and mother baby couplets affected minimum numbers of NSMs.  15. Revisit Survey: During interview with WWP RNS on 12/06/2022 beginning at 1500, they stated WWP had 12-hour day and night shifts.	E 640		
E 642	OAR 333-510-0110 (2)(f) NSP: Minimum In the Unit  (2) The staffing plan: (f) Must [provide] ... that no fewer than one registered nurse and one other nursing staff member is on duty in a unit when a patient is present; Stat. Auth.: ORS 413.042 & 441.155 Stats. Implemented: ORS 441.155  This Rule is not met as evidenced by: (OAR 333-510-0110(2)(f))  This Rule is not met as evidenced by:  Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 3 of 5 units (CL, PCU and SSU), it was determined the hospital failed to implement a hospital-wide NSP that ensured no fewer than one RN and one other	E 642		

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E 642	Continued From page 89  NSM be on duty in a unit when a patient is present.  Findings include:  1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2) (f). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected noncompliance in WWP, PCU and SPO units.  2. Refer to Tag E640, which reflects CL NSP did not clearly specify whether there would be at least one RN and one other NSM on the unit when a patient was present.  3. Revisit Survey: Refer to Tag E640, which reflects PCU NSP did not clearly specify whether there would be at least one RN and one otherNSM on the unit when a patient was present.  4. Revisit Survey: Refer to Tag E640, which reflects SSU NSP did not clearly specify whether there would be at least one RN and one otherNSM on the unit when a patient was present.	E 642		
E 646	OAR 333-510-0110 (2) (h) NSP: Tasks Unrelated to Providing Direct Care  (2) The staffing plan: (h) Must consider tasks not related to providing direct care, including meal breaks and rest breaks; Stat. Auth.: ORS 413.042 & 441.155	E 646		

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E 646	<p>Continued From page 90</p> <p>Stats. Implemented: ORS 441.155</p> <p>This Rule is not met as evidenced by: (OAR 333-510-0110(2)(h))</p> <p>This Rule is not met as evidenced by:</p> <p>Based on interview and review of Meal and Rest Break Practice Tools and units NSPs for 4 of 5 units (CCU, CL, PCU and SSU) and timekeeping records for 8 of 8 NSMs (NSMs 2, 3, 4, 5, 6, 8, 9 and 10), it was determined 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 minimum staffing required in the NSP during these tasks, creating the possibility that 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"> <li>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(h). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected noncompliance in WWP, PCU, SPO, ED/UC and SSU units.</li> <li>2. During CCU onsite tour on 12/05/2023 beginning at 1300, CCU DC RN stated that staff "cover each other" during meal and rest breaks. When asked whether the unit met minimum numbers while NSMs were taking meal and rest breaks during that shift, CCU DC RN stated, "I</li> </ol>	E 646		
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E 646	<p>Continued From page 91</p> <p>want to say no." When asked whether rest breaks had been taken during that shift, they stated, "I cannot say conclusively." They also stated, "We write on a white board when we go on breaks."</p> <p>3. During CCU onsite tour on 12/05/2023 beginning at 1335, a white board was observed at the nurse station area with "Breaks/Lunches" handwritten on it. There were no NSM names, times, or other information on the white board that indicated staff had taken their meal or rest breaks.</p> <p>4. Review of CCU NSP, approved by NSC on 09/26/2022, did not clearly reflect how meal and rest breaks were covered and failed to ensure minimum numbers of NSMs during meal and rest breaks. For example: * "Break and Lunch Considerations ... The hours of care required to provide lunch and breaks are considered at the time the staffing levels are designed for the patient populations. The presence of a charge nurse and other nurses within the department is also a consideration as these nurses are qualified to provide lunch coverage. Cancer Care Unit maintains daily log [sic] for meals and breaks. Charge nurses ensure minimum staffing requirements are always met." It was not clear how meal and rest breaks were covered, or how Charge RNs ensured minimum numbers during meal and rest breaks.</p> <p>5. Review of timekeeping records revealed 4 of 4 CCU NSMs (NSMs 2, 3, 4 and 5) lacked documentation that CCU NSMs received all meal and rest breaks as required. For example: * Timekeeping records for CCU NSM 2 lacked documentation reflecting whether three rest breaks were received on 10/16/2022. * Timekeeping records for CCU NSM 3 reflected</p>	E 646		



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E 646	<p>Continued From page 92</p> <p>that a rest break was missed on 10/17/2022, 10/18/2022, and 10/19/2022.</p> <p>* Timekeeping records for CCU NSM 4 lacked documentation reflecting whether three rest breaks were received on 09/12/2022.</p> <p>* Timekeeping records for CCU NSM 5 lacked documentation reflecting whether three rest breaks were received on 09/14/2022.</p> <p>6. During interview with NSC NM Co-Chair on 12/07/2022 beginning at 0930, they confirmed Finding 5.</p> <p>7. During interview with NSC NM Co-Chair on 12/07/2022 beginning at 1000, they stated, "We stopped writing on the logs at the unit when we went to the attestation." However, CCU NSP still reflected, "Cancer Care Unit maintains daily log [sic] for meals and breaks." This was also not consistent with the process described in CCU onsite interview.</p> <p>8. During CL onsite tour on 12/05/2022 beginning at 1508, CL DC RN stated the following regarding meal and rest breaks: "Either the room stops ... we take a break before cases" or "extra staff" are on the unit.</p> <p>9. During CL onsite tour on 12/05/2022, it was observed that an RN missed their 15-minute morning rest break.</p> <p>10. Review of CL Meal and Rest Break Practice Tool, completed and signed by CL DC Unit Representative and SDCSS on 12/05/2022, reflected the following related to meal and rest breaks: * The response to the question, " ... describe how the unit maintains the minimum number of NSMs specified in the unit NSP during meal and rest</p>	E 646		

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E 646	<p>Continued From page 93</p> <p>breaks", was "Cases scheduled around meals generally (whole team breaks) or unassigned staff will get people out of rooms for breaks/meals."</p> <p>11. Review of timekeeping records revealed 4 of 4 CL NSMs (NSMs 6, 8, 9 and 10) lacked documentation that CL NSMs received all meal and rest breaks as required. For example:                      * Timekeeping records for CL NSM 6 lacked documentation reflecting whether rest breaks had been received the week of 09/11/2022 - 09/17/2022.                      * Timekeeping records for CL NSM 8 reflected that a rest break was missed on 09/14/2022.                      * Timekeeping records for CL NSM 9 reflected that a rest break was missed on 09/14/2022.                      * Timekeeping records for CL NSM 10 reflected that a rest break was missed on 09/15/2022.</p> <p>12. During interview with NSC NM Co-Chair and SDCSS on 12/07/2022 at the time of CL NSP review, they confirmed Findings 8 through 11. As it relates to meal and rest break coverage, SDCSS stated, "The Charge nurse covers breaks. There are always two nurses on due to the Charge nurse covering those breaks."</p> <p>13. Revisit Survey: During PCU onsite tour on 12/05/2022 beginning at 1410, PCU DC RN was asked whether any NSMs had taken breaks during the shift. They responded that there was "informal tracking at the RN station, but only for the meal breaks." Regarding rest breaks, PCU DC RN stated, "We don't track that. They [NSMs] attest to that at the end of the shift."</p> <p>14. Revisit Survey: During PCU onsite tour on 12/05/2022 beginning at 1430, two whiteboards were observed at each RN tracking station on</p>	E 646		

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E 646	<p>Continued From page 94</p> <p>PCU. Each board contained the names of NSMs on the unit as well as NSM phone number and a space for lunch times to be noted with a checkbox. There were no credentials next to the names and it was unclear which NSMs were reflected on the whiteboards. At 1430 and 1432, both whiteboards were completely empty of any lunch times or check marks.</p> <p>15. Revisit Survey: Review of PCU Meal and Rest Break Practice Tool, completed and signed by PCU DC Unit Representative and PCU NM on 12/05/2022, reflected the response to the question, " ... describe how the unit maintains the minimum number of NSMs specified in the unit Nurse Staffing Plan during meal and rest breaks", was "The staff RN &amp; charge RN collaborate to ensure that a minimum number of staff are present on the unit."</p> <p>16. Revisit Survey: Review of PCU NSP, approved by NSC on 10/24/2022, reflected the following related to meal and rest breaks: * "Nurses are expected to provide a brief SBARQ hand off to another nurse for lunches by preparing their patients to not require interventions for 30 minutes while they are off the unit. In the event there is an emergency with any patient on the unit the staff can utilize the charge RN, ANM, the staffing response team, or a rapid response to support urgent/emergent needs. PCU has nurses without patient assignments (charge) that are available to help support during coverage of lunches as well as CNAs to monitor lights and patient care needs." * "Break and Lunch Considerations ... The hours of care required to provide lunch and breaks are considered at the time the staffing levels are designed for the patient populations. The presence of a charge nurse and other direct care</p>	E 646		

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E 646	<p>Continued From page 95</p> <p>staff within the department is also a consideration as these staff members are qualified to provide lunch coverage. PCU unit staff attest to meals and breaks via Mytime system." PCU NSP did not clearly reflect how meal and rest breaks were covered and failed to ensure minimum numbers of NSMs were met during meal and rest breaks. It was not clear how CNA2s meal and rest breaks were covered. It was also unclear whether minimum numbers were maintain when "another nurse" covered RNs for meals and breaks since PCU NSP stated that patients should be prepared "to not require interventions for 30 minutes."</p> <p>17. Revisit Survey: During interview with PCU NM and PCU DC Unit Representative on 12/07/2022 beginning at 1120, they confirmed Findings 13 through 16.</p> <p>18. Revisit Survey: During SSU onsite tour on 12/05/2022 beginning at 1252, SSU DC RN was asked whether meal and rest breaks had been taken that shift. They replied, "Meal and rest breaks are tracked by clock out on the badge readers. It's built into the timekeeping." They stated they were "not keeping track. Only on the time keeping [system]. The only way to verify would be to pull 'My Time.' Otherwise, there is no other documentation."</p> <p>19. Revisit Survey: During SSU onsite tour on 12/05/2022, several SSU NSMs were asked whether meal or rest breaks had been taken. Approximately 8 of 11 NSMs had taken at least one break, but there was no documentation as attestations would not occur until the end of shift. It was observed that NSMs covered for each other during meal breaks.</p>	E 646		

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E 646	<p>Continued From page 96</p> <p>20. Revisit Survey: Review of SSU NSP, approved by NSC on 09/26/2022, reflected the following related to meal and rest breaks:</p> <ul style="list-style-type: none"> <li>* Under "Unit Minimum Staffing", it reflected, "Staffing on Surgical Specialties are [sic] designed to accommodate a 4-5:1 patient care assignment ... Surgical Specialties has a charge nurse without a patient assignment that is available for support during lunches, additionally there are CNAs to monitor call lights, patient care needs, and phones. The Charge RN will take a partial patient assignment when census is below 13, and only one unit is open ... when both units are open minimum staffing will be maintained, taking into consideration the availability of the roaming Charge RN to provide lunch breaks."</li> <li>* "Nurses ensure all immediate care needs and orders have been completed prior to handing off care to another RN. Nurses provide a brief SBARQ hand off to another nurse while they are off the unit for lunches."</li> <li>* "Minimum RN staff (when a patient is present): At least one staff RN and one other nursing staff member is on duty in the unit when a patient is present, this applies when patient census is less than minimum staffing ratio. There may be times when 1 RN and 1 CNA are used to maintain minimum staffing while units are being opened or closed."</li> <li>* Under "Unit Target", there was a table with an "RN" column and a "CNA2" column as well as two rows titled "Day" and "Night." Under "RN" column, it reflected "1:4" for "Day" and "1:5" for "Night." Under "CNA2" column, it reflected "1:16" for "Day". Additionally, it reflected, "Target staffing levels may vary day to night shift due to changes in nursing intensity with admissions/transfers and discharges."</li> <li>* Under "Meals and Rest Break Considerations", it reflected, "The hours of care required to provide</li> </ul>	E 646		

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E 646	<p>Continued From page 97</p> <p>lunch and rest breaks are considered at the time the staffing levels are designed for the patient population. The presence of a charge nurse and other nurses within the department is also a consideration as these nurses are qualified to provide lunch coverage. Staff utilize Simplicity to clock in and out for rest periods, they do attestations for break [sic] Charge nurses, in collaboration with central staffing, ensure minimum staffing requirements are met." SSU NSP did not clearly ensure NSMs would receive all meal and rest breaks as required. It did not clearly describe how lunch breaks for SSU CNA2s would be covered. SSU NSP was also unclear how the charge nurse covered meal and rest breaks when the census was below 13, the point at which the "Charge RN will take a partial patient assignment ..." even when "only one unit is open."</p> <p>21. Revisit Survey: During interview with SSU NM on 12/06/2022 beginning at 1615, they confirmed Findings 18 through 20. With regard to minimum numbers during meal and rest breaks, SSU NM stated, "One RN can watch for another RN. If there is somebody available, another RN in the department can do a brief handoff."</p>	E 646		
E 654	<p>OAR 333-510-0115 (2) NSP Annual Review Factors</p> <p>(2) In reviewing the staffing plan, the staffing committee shall consider:</p> <p>(a) Patient outcomes;</p> <p>(b) Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing;</p> <p>(c) The number of hours of nursing care provided through a hospital unit compared with the number</p>	E 654		

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E 654	<p>Continued From page 98</p> <p>of patients served by the hospital unit during a 24-hour period;</p> <p>(d) The aggregate hours of mandatory overtime worked by nursing staff;</p> <p>(e) The aggregate hours of voluntary overtime worked by nursing staff;</p> <p>(f) The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;</p> <p>(g) Any other matter determined by the committee to be necessary to ensure that the hospital is staffed to meet the health care needs of patients; and</p> <p>(h) Any report filed by a nursing staff member stating the nursing staff member's belief that the hospital unit engaged in a pattern of requiring direct care nursing staff to work overtime for nonemergency care.</p> <p>Stat. Auth.: ORS 413.042 &amp; 441.156 Stats. Implemented: ORS 441.156</p> <p>This Rule is not met as evidenced by: (OAR 333-510-0115(2))</p> <p>This Rule is not met as evidenced by:</p> <p>Based on interview and review of HNRP Unit Questionnaires for 4 of 5 units (CCU, CL, SSU and WWP), it was determined the hospital failed to ensure the hospital failed to ensure the NSC reviewed NSPs by considering all of the factors specified in the rules.</p> <p>Findings include:</p> <p>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0115(2). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing</p>	E 654		
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E 654	<p>Continued From page 99</p> <p>survey initiated on 04/30/2018. The previous citation reflected noncompliance in WWP and SPO units.</p> <p>2. Review of CCU HNRP Unit Questionnaire, completed and signed by CCU DC Unit Representative on 12/05/2022 and CCU NM on 11/29/2022, reflected the following related to annual review of CCU NSP: * NSC completed an annual review of CCU NSP on 09/26/2022. * The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review", was "No" for the following: "Patient Outcome Data ... Number of mandatory overtime hours worked by nursing staff ... Number of voluntary overtime hours worked by nursing staff ... Percentage of shifts for which staffing differed from the nurse staffing plan ... Did the Nurse Staffing Committee ask for any additional information."</p> <p>3. During interview with NSC NM Co-Chair and CCU NM on 12/06/2022 beginning at 1555, they confirmed Finding 2. CCU NM stated "No" when asked if the following were reviewed by the NSC during annual review of CCU NSP: "Patient Outcome Data ... Number of mandatory overtime hours worked by nursing staff ... Number of voluntary overtime hours worked by nursing staff ... Percentage of shifts for which staffing differed from the nurse staffing plan ... Did the Nurse Staffing Committee ask for any additional information."</p> <p>4. Review of CL HNRP Unit Questionnaire, completed and signed by CL DC Unit Representative and SDCSS on 12/05/2022, reflected the following related to annual review of</p>	E 654		



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E 654	<p>Continued From page 100</p> <p>CL NSP:            * The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review", was "Yes" for "Number of mandatory overtime hours worked by nursing staff." It included a handwritten note, "N/A."            * The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review", was "Yes" for "Number of voluntary overtime hours worked by nursing staff." It included a handwritten note, "Uncertain. Voluntary overtime dictated by length of procedures."            * The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review", was "No" for "Percentage of shifts for which staffing differed from the nurse staffing plan."</p> <p>5. During interview with SDCSS on 12/07/2022 beginning at 1645, they confirmed Finding 4. As it related to the percentage of shifts for which staffing differed from CL NSP, they stated the unit runs a four person team consisting of two RNs and two technicians: "It never changes. If we are down, we don't provide care ... It's not based off of the census."</p> <p>6. Revisit Survey: Review of SSU HNRP Unit Questionnaire, completed and signed by SSU DC Unit Representative on 12/05/2022 and SSU NM on 12/02/2022, reflected the following related to annual review of SSU NSP:            * The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review," was "No" for the following: "Patient outcome data ... Number of mandatory overtime</p>	E 654		

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E 654	<p>Continued From page 101</p> <p>hours worked by nursing staff ... Number of voluntary overtime hours worked by nursing staff ... Percentage of shifts for which staffing differed from the nurse staffing plan."</p> <p>7. Revisit Survey: During interview with SSU NM on 12/06/2022 beginning at 1641, they confirmed Finding 6.</p> <p>8. Revisit Survey: Review of WWP HNRP Unit Questionnaire, completed and signed by WWP DC Unit Representative on 12/06/2022 and WWP NM on 12/05/2022, reflected the following related to annual review of WWP NSP:                      * NSC completed an annual review of WWP NSP on 09/26/2022.                      * The response to the question, "Indicate whether the unit provided the following data to the Hospital Nurse Staffing Committee for the plan's annual review", was "No" for the following, "Percentage of shifts for which staffing differed from the nurse staffing plan ... Did the Nurse Staffing Committee ask for any additional information."</p> <p>* 9. Revisit Survey: During review of WWP annual review documentation, there was no documentation provided which reflected the NSC had reviewed:                      * Number of mandatory overtime hours worked by nursing staff                      * Number of voluntary overtime hours worked by nursing staff                      * Percentage of shifts for which staffing differed from the nurse staffing plan                      * Did the Nurse Staffing Committee ask for any additional information?</p> <p>10. Revisit Survey: During interview with WWP NM and WWP RNS on 12/06/2022 beginning at 1600, they confirmed Findings 8 and 9.</p>	E 654		

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E 656	<p>OAR 333-510-0115 (3) NSP Annual Report</p> <p>(3) Following its review of the staffing plan, the staffing committee shall issue a written report to the hospital that indicates whether the staffing plan ensures that the hospital is adequately staffed and meets the health care needs of patients. If the report indicates that it does not, the staffing committee shall modify the staffing plan as necessary to accomplish this goal. Stat. Auth.: ORS 413.042 &amp; 441.156 Stats. Implemented: ORS 441.156</p> <p>This Rule is not met as evidenced by: (OAR 333-510-0115(3))</p> <p>This Rule is not met as evidenced by:</p> <p>Based on interview and review of HNRP Unit Questionnaires for 2 of 5 units (CCU and WWP), it was determined the hospital failed to issue a report to indicate whether the staffing plan ensures adequate staffing to meet the health care needs of patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0115(3). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/30/2018. The previous citation reflected noncompliance in WWP and SPO.</li> <li>2. Refer to Tag E654 which reflects the NSC did not review all required factors during annual review of CCU and WWP NSPs.</li> </ol>	E 656		

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E 656	Continued From page 103  3. During interview with NSC NM Co-Chair on 12/06/2022 beginning at 1555, they confirmed there was no written report submitted to the hospital following annual review of CCU NSP.  4. Revisit Survey: During interview with WWP NM and WWP RNS on 12/06/2022 beginning at 1600, they confirmed there was no written report submitted to the hospital following annual review of WWP NSP.	E 656		
E 690	OAR 333-510-0140 NSP During an Emergency  Nurse Staffing Plan During an Emergency (1) A hospital is not required to follow the staffing plan developed and approved by the staffing committee in the event of: (a) A national or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care, as those terms are defined in section (7) of this rule; (b) Sudden and unforeseen adverse weather conditions; or (c) An infectious disease epidemic suffered by hospital staff. (2) No later than 30 calendar days after any hospital unit or hospital department first deviates from a written nurse staffing plan under subsection (1)(a) of this rule, the hospital incident command shall report to both co-chairs of the hospital nurse staffing committee established under ORS 441.154 a written assessment of the nurse staffing needs arising from the national or state emergency declaration. (3) Upon receipt of the report described in section (2) of this rule, either co-chair of the nurse staffing committee shall call a meeting of the staffing committee to develop a contingency	E 690		

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E 690	<p>Continued From page 104</p> <p>nurse staffing plan to address the needs arising from the emergency. The contingency nurse staffing plan must align with the nursing services required under crisis standards of care as implemented.</p> <p>(4) The hospital ' s deviation from the written hospital-wide staffing plan approved by the hospital nurse staffing committee may not be in effect for more than 90 cumulative days without approval of the hospital nurse staffing committee. If the hospital nurse staffing committee does not approve the deviation by the 90th cumulative day, the hospital must return to the written nurse staffing plan developed and approved by the hospital nurse staffing committee.</p> <p>(5) The hospital shall maintain documentation showing compliance with subsection (1)(a) through section (4) of this rule.</p> <p>(6) In the event of an emergency circumstance not described in section (1) of this rule, either co-chair of the staffing committee may specify a time and place to meet to review and potentially modify the staffing plan in response to the emergency circumstance.</p> <p>(7) For the purposes of this rule, the following definitions apply:</p> <p>(a) ""Crisis standards of care"" are policies or standards adopted by a hospital to be implemented during an emergency for objective prioritization of care, prioritization of patients, and limitations on services because of the declared emergency. The crisis standards of care for purposes of this rule include only those policies or standards adopted by the hospital that change the nursing services.</p> <p>(b) ""Facility disaster plan"" means a plan that is developed pursuant to 42 CFR 482.15 and is activated to meet the health, safety and security needs of the facility, its staff, patient population</p>	E 690		

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E 690	<p>Continued From page 105</p> <p>and community during a declared emergency.</p> <p>Stat. Auth.: ORS 413.042 &amp; 441.165 Stats. Implemented: ORS 441.155 &amp; 441.165</p> <p>This Rule is not met as evidenced by: Based on interview and review of HNRP Unit Questionnaires, it was determined the hospital failed to follow the NSP developed and approved by the hospital nurse staffing committee in all circumstances except for those described in OAR 333-510-0140(1).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Review of WWP HNRP Unit Questionnaire, completed and signed by WWP DC Unit Representative and WWP Director on 12/05/2022, reflected the following related to deviating from WWP NSP: <ul style="list-style-type: none"> <li>* The response to the question, "Did the facility implement a facility disaster plan that impacted this unit within the past 12 months", was "Yes" and "January 17, 2022".</li> <li>* The response to the question, "Did the unit suspend its NSP during the emergency", was "Yes" and "Nov 4, 2022".</li> </ul> </li> <li>During interview with CNO, NSC NM Co-Chair, and WWP Director on 12/07/2022 beginning at 1650, they provided the following information related to deviating from full NSPs approved by the NSC: <ul style="list-style-type: none"> <li>* The hospital implemented its FDP within 12 months of this survey.</li> <li>* They stated the FDP was initially implemented 01/22/2022 through 11/04/2022. They stated the disaster that prompted implementation of FDP was pandemic and capacity challenges.</li> <li>* With regards to the units affected by the</li> </ul> </li> </ol>	E 690		

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E 690	<p>Continued From page 106</p> <p>declaration, they stated, "All clinical patient areas."</p> <p>* The response to the question, "Was the Nurse staffing plan suspended during this time", was "Yes, but we never went below our minimum staffing plans. They had to stretch capacity of number of patients per nurse on all units, and this occurred on different units and different times".</p> <p>* They stated the FDP was also implemented 01/22/2022 through this survey, and that the FDP had been implemented due to RSV, flu, and COVID.</p> <p>* They stated that the units affected by the second FDP declaration were the same as before, "All clinical patient areas".</p> <p>* The response to the question, "Was the Nurse staffing plan suspended during this time", was "Yes, but we never went below our minimum staffing plans. They had to stretch capacity of number of patients per nurse on all units, and this occurred on different units and different times". It was not clear how the units were maintaining minimum numbers of NSMs when units increased censuses without adjusting staffing of NSMs.</p> <p>* They stated that the hospital had not implemented crisis standards of care during the first or second FDP implementation in 2022.</p> <p>The hospital deviated from approved NSPs for a reason that was not allowed in OAR 333-510-0140(1)(a) - (c). When the hospital deviated from approved NSPs, it was not clear which units were affected, how they were affected, and when they were affected.</p>	E 690		
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