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Oregon Nurse Staffing Advisory Board (NSAB)
 Wednesday, April 28, 2021
 1:00 PM – 5:00 PM

Meeting Minutes

Cochairs	Debbie Robinson, RN, MSN (presiding); Susan King, MS, RN, CEN, FAAN
Members present	Zennia Ceniza, RN, MA, CCRN, ACNP-BC, NE-BC; Uzo Izunagbara, RN;; Kelsey Betts, RN; Jenni Word, RN; Rick Rhoton, MHA, RN, BSN; Barbara Merrifield, MSN, RN; Joel Hernandez, RN; Rob Campbell, CP, ADN, RN
Members absent	
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Matt Gilman, MPPA; Kimberly Voelker, MPH; Wendy Edwards, RN; Karyn Thrapp, RN

Guests present	Lace Velk (OHSU Hospital & Clinics); Nancy Mitchell (Santiam Memorial Hospital); Danielle Meyer (OAHHS); Jesse Kennedy (ONA); Beth Dimler (Bay Area Hospital); Christy Simila (ONA); Therese Hooft (ONA); Erica Swartz (OHSU Hospital & Clinics); Donnell Owens (Kaiser Sunnyside Medical Center); Larlene Dunsmuir (ONA); Sarah Mittelman (Legacy Emanuel – UNITY); Mary Coffelt (Kaiser Sunnyside Medical Center)
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Agenda Item 1	<i>Call to Order</i>
The meeting was conducted as an online Zoom meeting with computer or phone audio options. The meeting was called to order and members confirmed their presence on the meeting via roll call. All other individuals present identified themselves.	

Agenda Item 2	<i>Minutes</i>
Board co-chair asked if the board had any corrections, additions, or questions about the minutes from the January 27, 2021 meeting.	

Motion to approve January minutes as written: Barb Merrifield
Seconded: Zennia Ceniza
Motion passed

Agenda Item 3	<i>Membership Updates</i>
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Board co-chair inquired about membership updates.

K. Voelker stated that D. Robinson was appointed to serve as the Nurse Manager co-chair for the remainder of 2021 because J. Burrows had been promoted and was no longer eligible to serve on the board. K. Voelker thanked J. Burrows for her service on the board and D. Robinson for serving as co-chair for 2021.

K. Voelker stated there were vacancies on the board for two nurse manager positions, one RN direct care position, and one direct care position that could be filled by an RN, CNA or LPN. She stated that OHA was working with the Governor's Office to fill those vacancies and encouraged people to keep applying even when there were no remaining vacancies because vacancies sometimes arose unexpectedly.

Board co-chair asked if OHA had any updates about the position that could be filled by a CNA or LPN.

K. Voelker stated that OHA had not received any applications from a CNA or LPN but that there was at least one CNA who had asked about the application process.

Agenda Item 4	<i>Status Updates</i>
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Nurse Staffing Surveys

K. Voelker presented the Cycle 1 Nurse Staffing Survey Dashboard and clarified that the dashboard only showed hospitals that had their POC approved within the last year or were still trying to get their POC approved.

A. Davis noted that Willamette Valley Medical Center was the last hospital that was surveyed in 2018 to receive approval for its POC and that because its POC was approved in January 2021, it appeared on the current dashboard. She also stated about a third of hospitals surveyed in 2019 were in the process of getting their POCs approved.

Board co-chair asked what would cause a hospital to require multiple attempts submitting its POC.

A. Davis stated that each hospital has different challenge areas and that each subsequent POC submitted is closer to being acceptable. She noted that OHA hosts conference calls with the hospital to explain what was unacceptable on the POC review.

Board co-chair asked for clarification on which problems remain on the POCs for hospitals that required multiple POC submission attempts.

A. Davis explained that the tags the hospital struggles with differs for each hospital.

Board co-chair requested that at the next meeting OHA present more information about the challenges hospitals were having on drafting an acceptable POC.

Board co-chair supported request and clarified that the board would like a summary of the biggest challenges in the POC approval process.

K. Voelker presented the Cycle 2 Nurse Staffing Survey Dashboard for the three nurse staffing surveys completed in March 2021 and early April 2021, and noted that OHA would present more information about Cycle 2 later in the meeting.

Nurse Staffing Complaint Investigations

K. Voelker presented the Complaint Investigation dashboard and highlighted the new complaint investigations initiated in 2021.

A. Davis asked whether the board would prefer the dashboard to contain all the complaint investigations OHA had conducted or only investigations with recent activity.

Board co-chair stated that she preferred having the entire list of complaint investigations so the board could reference what had been previously conducted.

Cycle 2 Nurse Staffing Surveys

K. Voelker presented slides about the first three surveys completed for Cycle 2, showing the survey start dates, hospital sizes, and expected mailing dates for the Nurse Staffing Reports. She explained initial survey trends, including that OHA was citing fewer tags, areas of compliance that hospitals were still struggling with, and any insights from SurveyMonkey results. She added that OHA had an opportunity to clarify language on some survey tools and create additional Explanation Guides to facilitate understanding of the survey process.

A. Davis added that surveyors would join the meeting later and would be able to speak more to their experience with first three surveys of Cycle 2.

Board member asked what would make SurveyMonkey not useable.

A. Davis explained that OHA uses SurveyMonkey results if the number of responses received is close to the number of licensed hospital beds. She added that OHA encourages hospitals to send the SurveyMonkey link to everyone at the hospital and to post a notice about completing the survey throughout the hospital.

Board member asked why OHA requests input from non-nursing staff members.

A. Davis clarified that the SurveyMonkey was open to everyone at the hospital but that it contained skip logic so non-nursing staff members did not receive questions that were not relevant to them.

K. Voelker stated that the hospital with useable data was OHSU and that OHSU had created a QR code to share the SurveyMonkey with staff members. She stated that moving forward, OHA would create a QR code to the SurveyMonkey to facilitate SurveyMonkey participation.

Board co-chair asked how the Nurse Staffing Report would differ if the hospital did not have useable SurveyMonkey data.

A. Davis explained that the SurveyMonkey results support what surveyors find during the onsite portion of the survey and that the majority of the report comes from the surveyors' onsite interviews, observations and record reviews.

Board member asked if patients could fill out the SurveyMonkey.

A. Davis stated that patients could fill out the SurveyMonkey but that very few do. She clarified that the survey is only open for two weeks and that the SurveyMonkey questions are not designed to capture patient experience.

Action Item(s)

- OHA to present challenges in the POC approval process for hospitals with multiple POC attempts

Agenda Item 5

Committee Updates

Process Improvement Committee (PIC)

A. Davis detailed what the PIC proposed for complaint investigations and compared it to what is required under statute. She explained that the PIC's proposed process of requesting the hospital to send documentation showing compliance or noncompliance before OHA initiated an investigation would not be allowed under the current statute, per the Department of Justice (DOJ).

Board co-chair asked what aspects of the PIC's proposed process were not allowed under the current statute and. clarified that facilities were seeking immediate feedback on surveyors' preliminary investigation findings.

A. Davis stated that asking the hospital to send documentation showing compliance or noncompliance would not be allowed under ORS 441.171, which requires OHA to conduct an on-site investigation of the hospital upon receiving a complaint.. She added that to have surveyors provide immediate feedback on the results of a survey or investigation would be difficult because surveyors often decide whether or not to issue a citation after internal discussions occur after they leave the hospital.

Board co-chair asked whether there was a way to let the hospital know if there were concerns noted during the survey.

A. Davis explained that during a complaint investigation, surveyors tell the hospital the general areas that will be investigated at the entrance conference.

Acuity Committee

K. Voelker stated that the DOJ had reviewed the Hospital Nurse Staffing Interpretive Guidance on Staffing for Acuity and Intensity and that there were some changes made to the document. She noted that they could create a track changes version from what the board had last seen if the board requested it. She presented the disclaimer language at the beginning of the interpretive guidance.

Board co-chair asked for clarification about the rationale for the disclaimer language added at the beginning of the interpretive guidance.

A. Davis explained that the same disclaimer language was included in the Hospital Nurse Staffing Interpretive Guidance published in 2019 and stated that the disclaimer language clarified that adherence to the guidance could not be used as proof of compliance or noncompliance during a survey or investigation.

Board member stated that the disclaimer language seemed to de-incentivize using the document and believed the intent of the document was implied. He wondered if the disclaimer language was required under statute.

A. Davis stated the language was not required under statute but that it was used in the other nurse staffing interpretive guidance. She explained that the disclaimer language clarified that the guidance is not legal advice.

Board member asked if the disclaimer language could be made smaller or be moved to the end of the guidance.

A. Davis stated that DOJ wanted the font to remain as is and for the language to be at the beginning of the document.

Board member asked why aspects of the document were presented as suggestions since some of it seemed to be required under statute.

A. Davis explained that because units function differently, some of the proposals in the guidance may not be relevant to those units. She stated that OHA measures whether the unit incorporates patient acuity and nursing care intensity into the nurse staffing plan and not the process for how it decides to incorporate acuity and intensity.

D. Selover explained how OHA measures staffing outcomes and not the process used to reach that outcome. She stated that the interpretive guidance provides a process for

incorporating patient acuity and nursing care intensity but that OHA does not measure this process.

Board co-chair stated that she was not prepared to vote in support of the document because the new disclaimer language was too much of a change in the board's original intention for the guidance.

Board member asked if the Malloch tool was going to be attached to the published interpretive guidance.

K. Voelker confirmed that the Malloch tool would be attached to the published interpretive guidance.

Board member asked for additional information from board co-chair about what changes could be made to the guidance to align with the board's original intent.

Board co-chair stated that the committee had spent a lot of time to come up with evidence-based guidance on how to consider patient acuity and nursing care intensity, and she was concerned the disclaimer language negated the value of using the guidance.

Board co-chair asked OHA to confirm whether this language was added to all nurse staffing interpretive guidance.

A. Davis confirmed that the same language was used.

Board co-chair asked if the board was prepared to make minor changes to the first paragraph or if the board would need to make a different plan to complete the guidance.

Board member stressed the importance of publishing the guidance quickly. He proposed leaving the guidance in its current form and changing it later if they received feedback that edits were needed.

Board member asked if DISCLAIMER could be added before the disclaimer language.

K. Voelker stated that some changes would require the guidance to be sent to the DOJ for additional review , but that the board could add DISCLAIMER without another DOJ review.

Board member agreed about the importance of publishing the guidance soon so hospitals could have access to it. He recommended that the board move forward with approving the interpretive guidance.

Board co-chair agreed with board members' proposals to complete the interpretive guidance during the April meeting.

K. Voelker requested that the board vote on whether to approve the current version of the interpretive guidance.

Motion to add the word DISCLAIMER before the disclaimer language and publish Hospital Nurse Staffing Interpretive Guidance on Staffing for Acuity & Intensity– Uzo Izunagbara
Seconded – Rick Rhoton

No additional discussion following the motion to vote.

Debbie Robinson – Aye
Susan King – Nay
Rob Campbell – Aye
Zennia Ceniza – Absent
Uzo Izunagbara – Aye
Kelsey Betts – Aye
Joel Hernandez – Aye
Jenni Word – Abstain
Rick Rhoton – Aye
Barb Merrifield – Aye
Motion passed

Board co-chair asked if OHA would distribute the interpretive guidance to hospitals.

K. Voelker stated that OHA would send an announcement on the nurse staffing listserv and that OHA would email the interpretive guidance directly to the CNO and Nurse Staffing Committee Co-Chairs at each hospital.

A. Davis added that OHA would share the interpretive guidance at the upcoming Oregon Nurse Staffing Collaborative (ONSC) meeting.

D. Selover asked if there were any other ways the board wanted the interpretive guidance to be shared.

The board did not have any additional ways they wanted the interpretive guidance shared.

Action Item(s)	<ul style="list-style-type: none">OHA to share Hospital Nurse Staffing Interpretive Guidance on Staffing for Acuity & Intensity via listserv, direct email to hospital CNOs and Nurse Staffing Committee Co-Chairs, and during May 2021 ONSC meeting
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Agenda Item 6	<i>Open Action Items</i>
<i>Meal and Rest Break Requirements</i> A. Davis shared the Meal and Rest Breaks handout with the board, which included statutory and rule language about meal and rest break requirements, interpretive guidance related to meal and rest breaks, how OHA measures meal and rest breaks during surveys and investigations, and advice that OHA commonly provided.	

Board co-chair asked how the handout would be used by OHA.

A. Davis stated that the handout was created for the board to use as a reference and that the information in the handout already existed on the nurse staffing website. She asked whether the board saw any opportunities for OHA to provide further clarification about meal and rest break requirements and added that OHA is mostly hearing the same questions.

The board did not have any advice on how to clarify meal and rest break requirements.

Facility Disaster Plan Requirements

A. Davis reviewed the process for a hospital to implement its facility disaster plan and provided examples of different types of emergencies that could cause a hospital to implement its facility disaster plan. She summarized the federal requirements for what must be included in the facility disaster plan, including process requirements, training and contact information requirements and reporting requirements. She shared the Facility Disaster Plan handout with the board, which included statutory and rule language about facility disaster plans as they relate to nurse staffing.

Board member asked whether hospitals were required to report whether they had implemented its facility disaster plan to Health Facility Licensing & Certification (HFLC) program at OHA and whether the hospital Nurse Staffing Committee co-chairs were required to be notified when the hospital implemented its facility disaster plan.

A. Davis stated that hospitals do not report when they implement their facility disaster plan to HFLC and she stated that hospitals are not required to notify Nurse Staffing Committee co-chairs but that hospitals may choose to do so as part of the plan implementation.

Board member felt it was important for hospitals to incorporate notification of Nurse Staffing Committee co-chairs into the facility disaster plan. Board member asked whether making hospitals notify staffing committee co-chairs and HFLC would be a rule or statutory change.

A. Davis shared that most emergency preparedness rules come from Centers for Medicare & Medicaid (CMS) federal requirements. She added that she was unsure whether requiring hospitals to notify Nurse Staffing Committee co-chairs would have to occur as a rule change or statutory change.

Board co-chair asked whether surveyors measure if a facility had implemented its facility disaster plan during the triennial survey.

A. Davis confirmed that surveyors measure whether the hospital had implemented its facility disaster plan within the past 12 months and how it impacted nurse staffing at the hospital. She stated that OHA does not have the capacity to actively monitor when hospitals are operating from their facility disaster plans and the effects on nurse staffing.

Board member stated that the way the rule is written now, the hospital does not need to include the hospital Nurse Staffing Committee and stressed the importance of creating language that required the staffing committee to continue meeting.

A. Davis highlighted nurse staffing rule language that allows either Nurse Staffing Committee co-chair to call a staffing committee meeting at any time and place and which allows the Nurse Staffing Committee to modify the staffing plan in response to an emergency. She noted that many hospitals had met and modified their nurse staffing plans in 2020, regardless of whether the hospital had implemented its facility disaster plan.

Board member asks whether HFLC tracks when the hospital returns to their staffing plan after the emergency period.

A. Davis stated that HFLC does not track when hospitals discontinue and/or resume the nurse staffing plan after implementation of a facility disaster plan.

K. Voelker explained that if OHA were at the hospital for a survey and noticed there was mandatory overtime or that the staffing plan was not being followed, surveyors would ask whether the facility disaster plan was in effect during that time.

Board member asked how OHA would hold hospitals accountable if they did not know the start and end dates of when facility disaster plans were implemented.

K. Voelker clarified that surveyors review the nurse staffing requirements that are affected by the implementation of a facility disaster plan and if surveyors found potential noncompliance in these areas, surveyors would ask whether the facility had implemented its facility disaster plan and for how long.

Board member asked whether hospitals would be cited if there was noncompliance during the implementation of a facility disaster plan.

A. Davis stated that the hospital is allowed to suspend the nurse staffing plan and require mandatory overtime after it implements its facility disaster plan, but that other requirements existed even during the implementation of a facility disaster plan. She added that facilities are not required to suspend the nurse staffing plan or mandate overtime when it implements its disaster plan and hospitals were expected to make a decision that was appropriate for the emergency.

Board member asked whether patient load assignments could increase without approval from the nurse staffing committee during the emergency.

A. Davis confirmed that if the staffing plan is suspended due to the implementation of a facility disaster plan, OHA would not measure minimum numbers or acuity and intensity.

K. Voelker reminded the board that if the facility disaster plan was implemented, the staffing plan could be suspended for some units and while remaining active in other units.

Board member asked if HFCLC and NSAB had any other way to learn about the suspension of a nurse staffing plan besides the nurse staffing surveys or complaint investigations.

A. Davis stated that because OHA does not receive automatic notification, OHA would only know whether the staffing plan was suspended during a nurse staffing survey or complaint investigation.

Board member noted that their hospital posts information about the facility disaster plan on their hospital intranet.

Board member added that after their hospital implemented its facility disaster plan, they added requirements to the nurse staffing plan for the duration of the emergency.

Board member stated that at their hospital, they also met after the emergency declaration to enhance their nurse staffing plan for potential patient surge scenarios.

Board co-chair stressed making it a requirement for hospital Nurse Staffing Committee co-chairs to meet after an emergency declaration.

A. Davis stated that this would require a rule change.

Board member shared potential problems with adding additional requirements and that additional restrictions could pull attention away from where it was needed.

Board member agreed with not adding meeting requirements and asked whether some of that language was included in HB 3016, which was in the State Legislature.

A. Davis confirmed that HB 3016 would add requirements to the nurse staffing plans in an emergency situation and would incorporate Nurse Staffing Committees more in that process. She noted that if HB 3016 were to pass the Legislature and be signed by the Governor, OHA would need to draft rules and form a Rules Advisory Committee for the bill.

Annual Legislative Report

K. Voelker presented slides showing legislative report requirements and sections that were included in previous reports, and she asked whether there were any sections that should be added or removed.

Board co-chair suggested adding a section about vacancies on the board and the challenges with getting members appointed.

Board co-chair suggested adding a section about continuing challenges seen during the nurse staffing surveys, such as patient acuity and nursing care intensity, minimum number of nursing staff members, and meal and rest breaks.

K. Voelker asked whether the Impact of COVID-19 pandemic should be kept as a section in the 2021 report.

Board members supported keeping this section in the report.

Board co-chair added that the work from the PIC should be incorporated in the Key Achievements section.

K. Voelker shared the proposed timeline for drafting and submitting the report with the board and asked for the board's support on the timeline.

Board members were supportive of the proposed timeline.

Agenda Item 7	<i>Break</i>
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Board co-chair called for a five-minute break.

Agenda Item 8	<i>Program Improvement</i>
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Civil Monetary Penalties

A. Davis presented a process map for how civil monetary penalties (CMPs) are imposed. She explained that OHA estimates that it would cost OHA \$20,000 per hearing for DOJ services and \$20,000 per hearing for Office Administrative Hearing services. She added that these cost estimates do not include staff time or appellate costs and stressed that any CMPs imposed would impact surveys and complaint investigations since OHA is not given a separate budget for that work.

A. Davis shared rule and statute language for nurse staffing CMPs. She asked for guidance from the board on how to determine when CMPs are appropriate given the depth and breadth of noncompliance in the first survey cycle.

Board co-chair asked how often OHA had imposed a CMP in the last two years.

A. Davis stated that OHA had not imposed a CMP for nurse staffing since before the 2015 statute change.

Board co-chair asked how the CMPs for nurse staffing compared to CMPs for other facilities regulated by HFLC.

A. Davis explained that most programs do not have CMPs because they are subject to federal regulations which involve the termination of CMS participation. She stated that for in-home care, CMPs do not exceed \$1000 per violation or \$2000 total and for Certificate of Need, violations do not exceed \$500 per violation.

Board member asked whether CMPs would stack per incident cited on the report.

D. Selover explained that most programs allow stacking but OHA would need to confirm with DOJ whether that would be allowed for nurse staffing. She added that OHA would need clear guidance from the board on when to impose a CMP so that OHA has a consistent and fair process.

Board member asked how often repeated noncompliance is assessed.

A. Davis stated that it would depend on how often OHA returns to the facility for a revisit survey, triennial survey, or complaint investigation. She added that OHA is flagging repeat noncompliance in Nurse Staffing Reports for Cycle 2.

Board member proposed creating a nurse staffing grading system and making hospital grades publicly available.

A. Davis stated that a grading system would require very clear guidance and DOJ approval. She stated that CMPs could not be imposed based on a grade.

Board member stated that he envisioned the grading system being a separate component from CMPs.

Board member proposed a system whereby hospitals with a better grade are surveyed less often than those with a poor grade.

A. Davis stated that how often a hospital is surveyed is set by the statute and any changes to the survey cycle would require a statute change.

Board member stressed importance of making sure survey results were publicly available and consumers understood whether there were staffing shortages at hospitals.

Board member asked how OHA would issue a CMP given the breadth of deficiencies that existed in Cycle 1.

D. Selover explained that survey reports are posted on the nurse staffing website and noted that if OHA were to issue CMPs right now, every hospital would receive a CMP because every hospital was noncompliant during the survey and investigation. She emphasized the importance of receiving guidance for when OHA should issue a CMP and explained that the current regulatory process does not envision a grading system, so OHA would need additional guidance.

A. Davis added that because CMPs would be a new process for nurse staffing, OHA would need clear guidance on how to assess noncompliance and how to redirect resources to allow for penalty assessment.

D. Selover explained that HFLC does not issue a lot of CMPs and that CMPs are typically reserved for the most serious and egregious cases.

Board co-chair stated that CMPs are one aspect of enforcement for the nurse staffing rules and strongly recommended the formation of a committee.

Board co-chair asked for volunteers for a committee.

The following members volunteered for the Civil Monetary Penalties Committee: Uzo Izunagbara; Rob Campbell; Kelsey Betts; Jenni Word; Debbie Robinson; and Barb Merrifield.

Action Item(s)	<ul style="list-style-type: none">• OHA to draft CMP Committee Charter and schedule first meeting
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Agenda Item 9	<i>Nurse Staffing Surveyor discusses issues in nurse staffing</i>
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K. Thrapp presented slides showing a timeline of survey activities and discussed challenges with eliciting the information needed for the qualifications and competencies review. She stated that OHA introduced disclaimer language for the onsite interview that allows nursing staff members to opt-out of the interview.

W. Edwards explained how surveyors determine whether they need to perform expanded reviews of the triennial survey and when this is shared with the hospital. She explained that OHA had surveyed 12 units for three hospitals and that of the 12 units surveyed, 10 of them required expanded reviews. She added that OHA and the hospitals were still learning how to use the new tools and that OHA was identifying areas where the tools could be improved to help increase understanding.

Board co-chair asked for an example of a tool that could be improved.

K. Thrapp explained that some of the tools could use wordsmithing and that the individuals filling out the tools do not interpret the questions the way they were intended. She explained how surveyors created a Qualifications and Competencies Addendum to the Hospital Nurse Staffing Plan Unit Questionnaire to help hospitals understand the information surveyors needed to measure. She also stated that for the Mandatory Overtime Review Tool, there was confusion about whether the tool measured all overtime or only mandatory overtime.

W. Edwards stated that during surveyor reviews, they noticed inconsistent information on the tools which required the surveyors to clarify what the respondent had intended to say.

K. Thrapp added that there were many examples where respondents had created a third option, such as a "N/A" or an "X" between the "Yes" and "No" on the tool.

Board member asked whether nursing staff members were opting out of the onsite interviews and whether nursing staff were forthcoming during the interviews. He expressed concern that OHA could receive skewed information if people are declining due to fear of retaliation.

K. Thrapp and W. Edwards both stated that they had not had any nursing staff members decline the interview. K. Thrapp noted that there was one nursing staff member who was concerned about the interview but once she explained how the information would be used, his concerns were resolved, and he agreed to continue the interview. She stated that the information provided in the interviews was consistent with what was written in the tools.

A. Davis explained that the disclaimer is based on language in the SurveyMonkey tool and that OHA decided to do this because nursing staff members who participate in the onsite interview are more identifiable, so OHA wanted to give them the option to not participate.

Board member asked how surveyors selected which units to survey and which nursing staff members' records to review. He also asked whether the unit maintained the minimum number of nursing staff while OHA completed the onsite interview.

W. Edwards explained that when surveyors select which nursing staff members' records they will review, they select a variety of position types, such as full time versus part time.

K. Thrapp stated that surveyors are using the same selection process in the second survey cycle as they used for the first survey cycle, which involves random sampling. She noted that the first three triennial surveys were combined with revisit surveys for Cycle 1, so some of the units selected were units that were previously surveyed in Cycle 1.

Board member asked whether it was easier getting information from hospitals in the second survey cycle and whether hospitals seemed to have a better understanding of the nurse staffing rules.

W. Edwards explained that hospitals seemed to have a better understanding of what would be requested during the survey and how to obtain that information.

K. Thrapp noted that anecdotally, she noticed more substantial nurse staffing plans and thought that hospitals were improving in various areas of the nurse staffing rules.

Board member asked why hospitals were still struggling with incorporating patient acuity and nursing care intensity.

W. Edwards explained how units were still trying to find an acuity and intensity system that worked for their unit. She also stated that units sometimes misunderstood the difference between patient acuity and nursing care intensity versus individual patient evaluation. She added that because OHA had only surveyed three hospitals, it was difficult to determine whether these were problems that other hospitals also experienced.

K. Thrapp added that there was still misunderstanding about the requirements for acuity and intensity, with some units only measuring individual patient acuity and nursing care intensity and not specifying how that information would be used to staff the unit. She noted that surveyors would continue to monitor the implementation of the new tools during the survey process and would provide more information at future NSAB meetings.

Agenda Item 10	<i>Emerging Issues in nurse staffing</i>
Board co-chair proposed skipping this agenda item to allow time for members of the public to offer comments.	

Agenda Item 11	<i>Public comment</i>
Board co-chair invited members of the public to comment to speak for up to two minutes and reminded the board to listen intently but not engage in dialogue during public comment.	
<p>L. Velk (OHSU) discussed concerns with increasing patient acuity and nursing care intensity during the pandemic and expressed curiosity at how OHA would hold hospitals accountable to the nurse staffing law. She stated that units did not follow the nurse staffing plan regularly and that there was resistance from managers at her hospital to implement and follow nurse staffing plans.</p> <p>J. Kennedy (ONA) shared information about the Staffing Request Documentation Forms received by ONA which showed concerns that units were not following their nurse staffing plans and that nursing staff members felt staffing conditions were unsafe. He stated that many hospitals still viewed minimum staffing as 1 RN + 1 other licensed provider.</p> <p>C. Simila (ONA) discussed concerns about how minimum staffing was incorporated in staffing plans and expressed concern that hospitals were setting unsafe numbers as the minimum numbers of nursing staff members on the unit.</p>	

Agenda Item 12	<i>Meeting Adjourned</i>
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Approved by the NSAB July 28, 2021

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