

Oregon Nurse Staffing Advisory Board (NSAB)

Wednesday, April 27, 2022

1:00 PM – 5:00 PM

Meeting Minutes

Cochairs	Debbie Robinson, RN, MSN (presiding); Uzo Izunagbara, RN
Members present	Jenni Word, RN; Barbara Merrifield, MSN, RN; Joel Hernandez, RN; Kelsey Betts, RN; Chandra Ferrell, CNA; Shannon Edgar, RN, MBA; Lace Velk, RN; Mariah Hayes, MN, RN, NE-BC; Susan King, MS, RN, CEN, FAAN
Members absent	Todd Luther, RN, CEN
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Kimberly Voelker, MPH; Wendy Edwards, RN; Karyn Thrapp, RN
Additional Oregon State employees present	Kimberly Goddard (Chief of Staff, Representative Rachel Prusak); Ruby Jason (Oregon State Board of Nursing)

Guests present	Danielle Meyer (Oregon Association of Hospitals & Health Systems); Donell Owens (Oregon Federation of Nurses & Health Professionals); Denine Kaiser (CSC); Helen Watt (Adventist Health); Amanda Elegant (Tuality Community Hospital); Kerry Kilgore (Samaritan Lebanon Community Hospital); Kyle Furukawa (Good Shepherd Medical Center); Erica Swartz (OHSU); Christy Simila (Oregon Nurses Association); Michael Soto (Adventist Health Portland); Therese Hooft (Oregon Nurses Association); Taisia Heyerman (Asante Ashland Community Hospital); Kristi Amerson (Willamette Valley Medical Center); Shane Erslund (State of Reform); Rene Coggins (DaVita Kidney Care); Diana Erdmann (Adventist Health Portland); Jesse Kennedy (Oregon Nurses Association); Jen Packer (Tuality Community Hospital); Lynne Terry (Oregon Capital Chronicle); Sherri Steele (Santiam Hospital); Natalie Booker (Legacy Health System); Jackie Fabrick (Providence Health System)
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Agenda Item 1	<i>Call to Order</i>
The meeting was conducted as an online Zoom meeting with computer and 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 26, 2022 quarterly meeting.	
Board member stated Donnell Owens was with Oregon Federation of Nurses and Health Professionals (OFNHP), not Oregon Nurses Association (ONA), and she recommended that the minutes be updated to identify Donnell Owens' correct affiliation.	
Motion to approve January meeting minutes with correction proposed by board member: Lace Velk Seconded: Jenni Word Motion passed	
Action Item(s)	<ul style="list-style-type: none">• OHA to make correction to January NSAB meeting minutes

Agenda Item 3	<i>Membership & Program Updates</i>
K. Voelker stated that the April NSAB meeting was Susan King's final meeting as a member of the board and she thanked her for her service on the board. She stated that a new direct care member had been appointed to Susan King's position, and the new member would start at the July NSAB meeting. K. Voelker encouraged members of the public who were interested in participating on the board to continue applying through Workday.	
K. Voelker provided an update related to the Workday platform, which is used for member training and board recruitment. She explained that board members who had technical problems with Workday should contact her directly.	
Board co-chair asked when board member training was due.	
K. Voelker stated that board member training via Workday was due at the end of October.	

Agenda Item 4	<i>Status updates</i>
<i>Nurse Staffing Survey Dashboard</i>	
K. Voelker presented the survey dashboard for Cycle 1, which showed that Cedar Hills Hospital was still in the Plan of Correction (POC) process and was working on its sixth POC.	

K. Voelker presented the survey dashboard for Cycle 2 and explained that Shriners Children's Hospital had completed its revisit survey with no deficiencies; that Legacy Emanuel was pending a revisit survey after its POC had been approved; and that there were other hospitals on their first, second, third and fourth POCs. She noted that OHA was in the process of writing reports for some hospitals.

Board member stated that a correction was needed for Asante Ashland hospital because the dashboard reflected the report was mailed on April 8, 2020.

K. Voelker confirmed that that was a typo and Asante Ashland's report had been mailed April 8, 2022.

Board member asked about why the report for Legacy Emanuel Medical Center was mailed on June 1, 2021, but the POC was received October 28, 2021.

A. Davis explained that the dashboard reflected the date the hospital's second POC was received. The first POC date is not reflected on the dashboard; only the POC that is ultimately accepted is shown.

There were no additional questions about the nurse staffing survey dashboards.

Complaint Investigation Dashboard

K. Voelker presented the complaint investigation dashboard and explained the new terminology on the dashboard: "Revisit w/ Cycle 2 survey" referred to situations where OHA had conducted a standalone investigation, the hospital had submitted an acceptable POC, and OHA combined the revisit survey with the hospital's Cycle 2 nurse staffing survey; "Pending Revisit" referred to situations where OHA had conducted a standalone investigation, the hospital had submitted an acceptable POC, and the hospital was awaiting its revisit survey; "Revisit passed" referred to situations where OHA had conducted a standalone investigation, the hospital submitted an acceptable POC, and OHA had completed a revisit survey which showed no deficiencies; and "POC Combined w/ NSS" referred to situations where the complaint investigation had been combined with a nurse staffing survey and the hospital was still in the process of writing a POC that addressed both the complaint investigation and full survey.

There were no questions on the complaint investigation dashboard.

K. Voelker stated that the board had previously requested an update on the nurse staffing waiver request submitted by Curry General Hospital. She stated Curry General Hospital had submitted new information that was currently under review by OHA.

There were no questions or comments about the waiver request process.

Agenda Item 5	<i>Nursing Practice and Nurse Staffing</i>
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A. Davis stated that OHA was interested in hearing from the board about the intersection of nurse staffing and nursing practice. She explained that nurse staffing was within the jurisdiction of OHA and that nursing practice was within the jurisdiction of the Oregon State Board of Nursing (OSBN). She introduced Ruby Jason, the Executive Director of OSBN.

R. Jason discussed OSBN's jurisdiction, including OSBN's supervision of nursing practice and its authorization to examine, license, and renew nursing licenses (ORS 678.150(6)(a)(f)); its authorization to refuse to license an individual or to suspend or revoke an individual's license (ORS 678.111(1)); and that it is unlawful for any person to practice nursing without being licensed by OSBN (ORS 678.021). She explained OSBN's rulemaking process and emphasized that OSBN only has jurisdiction over individual nurses and not groups of nurses or how facilities staff units. She clarified that OHA has jurisdiction over issues related to nursing services and how facilities staff units.

R. Jason discussed mitigating factors, aggravating factors, and how mitigating and aggravating factors determine whether OSBN disciplines a nurse's license. She stated that OSBN focused on whether the nurse understood the safety implication and their chances of repeating that behavior.

R. Jason introduced the new definition of nursing in Oregon that took effect January 1, 2022. She explained that the new definition is modeled after the International Council of Nurses and expands to illustrate the role of nursing outside of the acute care model. She stated that there are no nursing tasks or definition of nursing scope in the Nurse Practice Act. She explained that nursing is an independent profession based on the nurse's independent decision-making.

R. Jason described what the Nurse Practice Act identified as nursing practice and noted that the Nurse Practice Act did not identify any specific tasks or types of assessments that needed to be completed, and she emphasized that task and assessment requirements were usually created by the hospital. She explained that the Nurse Practice Act identifies a comprehensive assessment and development of a plan of care that mitigates risks and allows patients to obtain achievable goals, and that the nurse will only take on safe assignments. She explained that once a nurse accepts an assignment, that assignment is no longer considered unsafe. R. Jason added that if an individual nurse decided on their own they were not going to follow the nurse staffing plan, OSBN would evaluate whether that nurse had violated a state law under their license.

Board co-chair thanked R. Jason for her presentation and asked the board whether they had any questions.

Board member stated that hospitals have unlicensed assistive personnel (UAPs) performing certain nursing tasks, and that OSBN was clear that nurse assessments were the responsibility of the nurse. She asked about a situation where a nurse assigns a task to a

UAP and patient harm occurs, and whether the nurse would be held responsible for that patient safety failure.

R. Jason explained that because the UAP does not have a board to recognize their scope, it is the responsibility of the organization to identify what tasks the UAP is able to perform. She stated the organization was required to develop policies and procedures and validate the UAP's competency in those tasks. R. Jason stated that the nurse would not be held responsible for giving the UAP a task the hospital had said they were competent in. She provided an alternate example where the nurse assigns a task that is not within the organization's scope, and she stated that patient safety failure would be the responsibility of the nurse in that situation.

Board member stated that the patient was ultimately assigned to the nurse, who was responsible to care for that patient. She asked whether the nurse still has the responsibility to assign and delegate, or choose not if they thought the assignment was inappropriate.

R. Jason confirmed that the nurse can refuse to delegate or assign tasks, and she emphasized that employers cannot compel an individual nurse to delegate a procedure if the nurse believes it to be unsafe.

Board co-chair noted that UAPs seemed like a risk to nursing assessment because they do not have a governing body and he stated that RNs were not empowered enough to refuse taking an assignment.

R. Jason explained that the license is between the RN and OSBN and that RNs are empowered by their license to refuse to take any assignment they feel is unsafe. She stated that it is the responsibility of nurse managers and chief nursing officers (CNOs) to ensure the practice environment is safe and that nurses have permission to deny an assignment.

Board co-chair emphasized the importance of holding hospitals accountable for the practice environment.

R. Jason agreed and stated that it was the NSAB's duty to figure out how to promote cooperation between nurses and hospitals to ensure patient safety.

Board co-chair thanked R. Jason for her time and asked if there were any other questions or comments about the intersection of nursing practice and nurse staffing. There were no further questions or comments.

Agenda Item 6	<i>2022 Legislative Session – HB 4003</i>
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<p>R. Jason introduced HB 4003, which creates a license type for nurse interns effective January 1, 2023; convenes a panel to study the nursing workforce shortage; and allows OSBN to spend funds on the Oregon Wellness Program. She shared questions OSBN was considering during rulemaking, such as the relationship between the supervising RN and intern and how an intern would be different than a precepting student.</p>
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R. Jason shared information about the Oregon Wellness Program, which is administered through a non-state, not-for-profit agency that provides support to healthcare providers when they are experiencing burnout. She stated the Legislature authorized OSBN to spend \$500,000 for the 2021 – 2023 biennium to fund this project, and although they are estimating it to cost \$600,000 per biennium, OSBN has committed to not raise licensing fees to cover the additional expense.

A. Davis provided more information about the impact of nurse interns on nurse staffing. She stated that per the statute, nursing staff members were RNs, LPNs, and CNAs, so nurse interns were not considered nursing staff members.

Board co-chair thanked R. Jason for her presentation and asked whether there were any questions. There were no questions raised about HB 4003.

Agenda Item 7	<i>Nurse Staffing Survey Process</i>
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K. Voelker presented the Nurse Staffing Survey Process slides, which provided more information about the history of nurse staffing surveys in Oregon, updates introduced in Cycle 2 of the triennial surveys, survey processes continued from Cycle 1 of the triennial surveys, and information about the SurveyMonkey used to gather more information about nurse staffing during a triennial survey.

Board member expressed concerns with how the SurveyMonkey was distributed to nursing staff members and stated that many nursing staff members were reluctant to complete it because they received the link from the hospital and were concerned about retaliation.

A. Davis stated that hospitals had different ways to disseminate the link and that OHA provided them with flyers they could post around the hospital. She explained that the survey is branded OHA and includes information about confidentiality of answers before it asks questions. She stated that OHA does not have emails for most hospital staff members, so OHA is not able to email the SurveyMonkey directly to hospital staff. She noted that patients usually do not complete the survey, but they have the option to.

Board member asked why patients completed the SurveyMonkey if OHA did not use the information provided by them. He also stated that there was not a lot of trust among nurses for the SurveyMonkey at his hospital.

D. Selover stated that OHA could update language in the SurveyMonkey if the board had suggestions on how to help build trust. She also emphasized that Oregon had an anti-retaliation law for nurse staffing. She stated that OHA would help improve education for both of these issues.

Board co-chair asked how the data provided by patients was used by OHA.

K. Voelker stated that the SurveyMonkey had patients complete a narrative section about their experience at the hospital and that narrative answers are not quoted in the nurse staffing report.

A. Davis added that OHA reviews the information provided by patients and if there is a potential violation, OHA will reach out for additional information and do other survey follow-up because OHA does not use SurveyMonkey as the sole basis of a citation.

Board member asked whether the unit onsite interviews with direct care nursing staff members are also anonymous.

A. Davis stated that the report will note that individual as a direct care nurse on the unit or provide them with a number, but that that individual's name is not included in the report. She also stated that surveyors share information about confidentiality before doing the onsite interview and provide nurses with the opportunity to not participate.

Board co-chair thanked OHA for the presentation and asked whether there were any additional questions. The board did not have any additional questions about the nurse staffing survey process.

Agenda Item 8	<i>Break</i>
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Board co-chair called for a five-minute break.

Agenda Item 9	<i>Form Rules Review Committee</i>
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D. Selover provided information about HB 2993, which requires OHA to submit a statement of impact on racial equity and to include communities likely to be impacted on Rules Advisory Committees (RACs). She stated that future RACs will include members of the board as well as people from communities directly or indirectly impacted by rulemaking. She stated that OHA was looking for the board to form the Rules Review Committee to give input on which rules could be updated during the rulemaking process.

K. Voelker stated that the Rules Review Committee would provide guidance on which rules can be improved and how those rules can be improved. She stated that OHA would then form a RAC composed of board members and community partners. She shared the proposed timeline for the Rules Review Committee.

A. Davis clarified that OHA cannot conduct rulemaking during the legislative session, so OHA would not start the RAC until after the legislative session ends in June. The Rules Review Committee can work during the legislative session.

K. Voelker stated that OHA was asking for three nurse managers and three direct care members for the committee.

A. Davis added that the committee will be looking closely at rule text and statutory language, and that OHA would also need to have the Department of Justice (DOJ) review any proposed changes.

Board co-chair asked how often the Rules Review Committee would meet.

A. Davis stated that the Rules Review Committee would likely meet once a month, and on some occasions may meet twice a month.

D. Selover added that there were likely to be six to eight meetings.

K. Voelker confirmed the meetings would be conducted via Zoom.

Board co-chair asked for volunteers on the committee. The following board members volunteered: Shannon Edgar, Lace Velk, Uzo Izunagbara, and Debbie Robinson.

Board co-chair asked about the role of nursing practice consultants and other interested parties during the Rules Review Committee.

A. Davis stated that they were welcome to attend and listen to the meeting, but that there was not a public comment period during committee meetings.

D. Selover stated that when OHA forms a RAC, it would include representatives from the Oregon Association of Hospitals and Health Systems (OAHHS) and Oregon Nurses Association (ONA), but that the Rules Review Committee was a board activity.

Board co-chair asked whether there were any additional questions about the Rules Review Committee. The board did not have any additional questions.

Action Item(s)	<ul style="list-style-type: none">• OHA to schedule the first Rules Review Committee meeting
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Agenda Item 10	<i>Nurse Staffing Surveyor discusses survey activities</i>
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Board co-chair welcomed the surveyors and asked for more information about the Cycle 2 surveys and the impact of changes recommended by the Process Improvement Committee.

W. Edwards discussed how the amount of time onsite for a Cycle 2 survey varied depending on whether there were complaints, whether the survey team had to expand review in any areas, and the size of the survey team. The time onsite also depended on the size of the hospital and the number of units reviewed. She stated that the unit onsite interview added in Cycle 2 provided valuable information.

K. Thrapp agreed that the unit onsite interviews were helpful to identify when there were inconsistencies with the nurse staffing plan.

W. Edwards added that during the review, she sometimes uncovered that the unit used a tool that they thought was included in the nurse staffing plan but was not included and had not been approved by the nurse staffing committee.

K. Thrapp added that inconsistencies identified during the interview were often confirmed during the record review.

Board member asked about the number of interviews surveyors conducted on site and whether surveyors met with nurses privately. She stated that she was aware of two instances where the information provided by the direct care nurse was questioned by the hospital after the interview.

W. Edwards stated that she spoke with direct care nurses in a private place and that she will speak to multiple people on the unit about the complaint notice and anti-retaliation notice, but she only conducts one unit onsite interview per unit.

K. Thrapp explained that the survey process involved speaking to one direct care nurse on the unit and that there was a standardized process to ensure that everyone was asked the same questions. She stated that the interviews were conducted privately and that the interviewee is not named in the report. She added that nurses are given the opportunity to not participate in the interview, but that none of the nurses have decided not to participate after the confidentiality statement was shared with them. She emphasized that surveyors do everything possible to protect the anonymity of direct care staff who participate in the survey.

A. Davis added that written materials provided during those interviews are not shared with the hospital.

K. Thrapp agreed and added that the only documents OHA asks direct care staff to complete are the three unit tools that are used to elicit more information about nurse staffing on specific units.

Board member asked how surveyors choose which direct care nurse to interview and whether surveyors look at how much experience a nurse has on the unit before interviewing them.

K. Thrapp stated that surveyors ask for a nurse to be made available for interview and that the nurse must be a direct care member who is familiar with nurse staffing processes on the unit and willing to speak with OHA.

Board member asked how OHA validates that the person participating in the interview knows about nurse staffing processes on the unit.

K. Thrapp stated that OHA's first choice for interview is the Direct Care Unit Representative, followed by the charge nurse. She stated that she had only interviewed a traveler once, and that individual had been the longest-employed nurse on the unit and was the charge nurse.

Board member expressed concern about the hospital providing the person for surveyors to interview and emphasized the importance of speaking to direct care representatives.

A. Davis stated that OHA tries to get the nurse staffing committee representative, but that OHA relies on the hospital to know who is working that day. She stated that OHA needs to speak with someone who is familiar with the nurse staffing plan and the unit's practices.

Board member stated that she was aware of challenges with traveler nurses and asked whether surveyors were aware of any concerns.

W. Edwards stated that staff had told her that they were appreciative of having traveler nurses on the unit. She stated that the nurse staffing plan did not always address whether traveler nurses had separate qualifications and competencies, which made it challenging to identify whether the traveler nurses met the skills required for the unit.

Board member expressed concern about traveler nurses not having qualifications, competencies, and trainings that are consistent with hospital-employed nurses.

Board member thanked the surveyors for their work and asked how the surveyors gather information about staffing on night shifts.

W. Edwards explained that night shift can be addressed through different tools completed by the unit as well as interviews. She explained that surveyors select a sample of shifts based on the hours the unit is open.

Board member asked whether surveyors considered the competency exams for traveler nurses when assessing qualifications, competencies and trainings.

K. Thrapp explained that traveler nurses often joined the hospital with a package of documents that included skill checks and competencies from the agency. She noted that those skill checks are consistently self-assessed by the nurse and have not been validated by the hospital or the agency. She stated that for tests, the score submitted by the agency was often significantly less than what the nurse had actually scored and that the hospital had not verified that the score provided was accurate.

A. Davis stated that the nurse staffing plan can include an alternate method to verify traveler competencies, as well as alternate qualifications, competencies, and trainings.

Board co-chair asked whether nurses were aware of contingency plans being in place at the time of the survey and whether it was something addressed in the SurveyMonkey.

K. Voelker stated that the SurveyMonkey did not ask about facility disaster plans and crisis standards of care, but that emergency staffing was addressed in other tools.

W. Edwards stated that information about facility disaster plans and crisis standards of care occasionally appeared in the Hospital Nurse Staffing Plan Unit Questionnaire, but that it had not come up on many surveys.

K. Thrapp confirmed that the issue of facility disaster plans and crisis standards of care had not been identified during her recent surveys.

There were no additional questions for surveyors. Board co-chair thanked the surveyors for their time speaking with the board.

Agenda Item 11	<i>Emerging issues in nurse staffing</i>
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Board co-chair invited the board to speak about emerging issues in nurse staffing.

Board member expressed concern that nurses were not able to speak with surveyors upon request. She was interested in the board giving advice to OHA about how direct care nurses can have additional opportunities beyond the SurveyMonkey.

A. Davis stated that OHA was concerned about how they decide who to talk to because they cannot speak to everyone who is interested in meeting with the surveyors. She explained that OHA always accepts emails from individuals who have additional information to share during a survey.

Board co-chair expressed interest in learning more about the nursing shortage in Oregon and asked whether OHA could invite someone to speak to this at future meetings.

Board co-chair asked whether there were any other emerging issues the board wanted to address. The board did not have any additional comments.

Agenda Item 12	<i>Public comment</i>
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There were no public comments offered.

Agenda Item 13	<i>Meeting adjourned</i>
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Approved by the NSAB July 27, 2022

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