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**Oregon Nurse Staffing Advisory Board (NSAB)**  
 Wednesday, February 26, 2020  
 1:00 PM – 5:00 PM

<http://www.healthoregon.org/nursestaffing>  
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Meeting Minutes

Cochairs	Susan King, MS, RN, CEN, FAAN (presiding); Jennifer Burrows, RN, BN, BSc, MBA
Members present	Rob Campbell, CP, ADN, RN; Uzo Izunagbara, RN; Debbie Robinson, RN, MSN; Virginia Smith, BSN, RN-BC; Zennia Ceniza, RN, MA, CCRN, ACNP-BC, NE-BC (phone), Jenni Word, RN (phone)
Members absent	Carolyn Starnes, ASN, RN
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Matt Gilman, MPPA; Karyn Thrapp, RN; Wendy Edwards, RN
Guests present	Barbara Hansen, Oregon Hospice Association, Jesse Kennedy (ONA), Danielle Meyer (OAHHS), Donnell Owens (KSMC) phone
Materials Provided	<ul style="list-style-type: none"> <li>• Draft interpretive guidance for measuring patient acuity</li> <li>• Draft guidance for measurement and documentation of mandatory overtime</li> <li>• Program improvement crosswalk document</li> </ul>

<b>Agenda Item 1</b>	<b><i>Call to Order</i></b>
The meeting was called to order and all individuals present and, on the phone, identified themselves.	

<b>Agenda Item 2</b>	<b><i>February 26, 2020 Board Minutes</i></b>
Board members shared several edits and corrections to the minutes.	
Motion to approve minutes with corrections: Jennifer Burrows Seconded: Virginia Smith	
Motion passed	

<b>Agenda Item 3</b>	<b><i>Membership Updates</i></b>
M. Gilman shared that the Governor’s office was in the process of running background checks on three new potential members.	

Board member asked about the amount of time between terms, once a member's term has expired.

A. Davis stated that members could not be appointed to a third term without a pause between terms but could remain on the Board as an active member until their position was filled by the Governor's office.

D. Selover stated that OHA looks to have a diverse representation of Board members, ensuring that members come from across the state and from both large and small hospitals. Additionally, OHA looks for members from both union and non-union hospitals.

<b>Action Item(s)</b>	<ul style="list-style-type: none"> <li>Follow up with the Governor's office regarding the length of time that must pass before a member can be reappointed to the Board.</li> </ul>
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<b>Agenda Item 4</b>	<b>Status Updates</b>
<p><i>Year in Review Presentation</i></p> <p>A. Davis stated that dashboards were not prepared for today's meeting because there had not been any significant survey activity since the end of 2019. Instead, data from the 2019 Year in Review would be shared.</p> <p>A. Davis shared Plan of Correction status from 2017, 2018, and 2019. She stated that all the POCs that have been completed are posted on OHA's Nurse Staffing website. She stated that the data is similar from year-to-year in terms of the number of plans that have been approved.</p> <p>A. Davis shared data about several tags which are cited during nurse staffing surveys. Tag 600, which covers complaint postings, was cited less frequently in 2019 than in previous years. Additionally, Tag 602, which covers electronic postings, has also been decreasing. Tag 604, which is primarily related to qualifications and competencies in personnel records, was cited less frequently as well. She noted that these tags are measured hospital wide.</p> <p>Board co-chair asked for additional information about the meeting frequency and if hospital nurse staffing committees were simply skipping a meeting or two.</p> <p>A. Davis stated that it was not that just skipping a meeting or two, but some committees were going in upwards of seven months between meetings. She also noted that some of the committees were also meeting without evidence of a quorum.</p> <p>Board co-chair asked if this was flagged more frequently in some of the smaller hospitals because the Board has heard from small hospitals around the state that meeting frequency and getting a quorum at the meeting was very challenging. Co-chair</p>	

stated that perhaps the Board could recommend that the nurse staffing committees at smaller hospitals could meet less frequently.

Board member asked if a hospital's nurse staffing committee met without evidence of a quorum if it would still count as a meeting.

A. Davis stated that OHA could not count this as a meeting. She stated that what is frequently seen by surveyors is that a hospital nurse staffing committee will meet and vote on actions without evidence of a quorum.

D. Selover asked if the Board thought it would be worth looking at Critical Access Hospital (CAH) tags overall for the Board to review more carefully.

A. Davis stated that current data could be used to pull out CAHs and review the citation rates in CAHs versus larger hospitals.

Board co-chair stated that it would be interesting to see what other types of CAH committees are meeting regularly and if they also have difficulties with achieving a quorum.

D. Selover stated that in the past, some hospitals have held their nurse staffing committee meetings in conjunction with other regularly scheduled meetings in order to maximize attendance and decrease potential scheduling difficulties.

A. Davis shared data for Tags 616 and 618, requiring documentation of the member selection process and co-chair. She stated the rules are clear about how a co-chair is selected.

Board member asked about Tag 618 and if the Chief Nursing Executive (CNE) could appoint a co-chair of the committee.

A. Davis replied that the practice of a CNE appointing a co-chair would result in a citation.

A. Davis shared data on Tag 634, which relates to total diagnoses with no substantial change in citation frequency. She also shared Tag 636, related to national evidence-based standards and stated that this tag had a slight increase in the frequency of citations.

Board co-chair asked if a unit would still be cited even if there were not any national standards that were applicable to that unit.

A. Davis responded that surveyors would look for evidence of work done to investigate and document that the unit looked for national standards.

A. Davis shared additional data on Tags 640 and 642, which relate to minimum number of nurse staffing members on a specified shift and nurse-to-patient ratio, respectively. She shared data on Tag 644, which relates to the hospital's plan on limiting admissions and diversion and Tag 646 which relates to the documentation of tasks not related to nursing, which is most frequently documentation of meals and breaks.

Board co-chair asked about Tag 656 which states that the hospital's nurse staffing committee must submit an annual report to the hospital indicating that the nurse staffing plan ensure adequate nurse staffing. Her question was if a citation would be issued if the nurse staffing committee did not submit a report.

A. Davis stated that this would not necessarily result in tags for all the plan tags.

Board co-chair stated that in her experience, while a unit may review their plan and think they're meeting requirements, that information is not passed on to the hospital's nurse staffing committee to review.

A. Davis stated this information is included in guidance and distributed with the pre-survey needs list.

D. Selover asked if there was anecdotal information regarding how many hospital units had completed the annual review of their plan.

A. Davis stated that information from surveyors does provide a little anecdotal evidence that progress is being made, but due to the way citations are issued, a unit is either compliant or not compliant. She shared that there was not currently a way to tell if a hospital unit is improving their rate of compliance based a percentage.

Board member stated that this shows the need for the Board to provide input to OHA regarding the triage of complaints and tags that are issued. Member recognized the need to do more analysis on this.

Board co-chair stated that OHA needs to balance how they perform their regulatory responsibilities while at the same time providing best practices to hospitals on meeting their compliance with the nurse staffing law.

A. Davis stated the next set of tags address overtime citations and OHA has seen a little bit of movement in the frequency of citations. She shared data for Tag 670, which relates to written policies for mandatory overtime.

Average percentage of tags cited, and average percentage of units cited data was shared. Not a lot of shift in the last three years.

A. Davis shared Survey Monkey response rates and provided information regarding response rates and when OHA would use the data from the survey to include in the nurse staffing survey. She shared that these data were broken down by facility type.

Board co-chair asked how OHA chose the licensed bed number as a denominator for the number of survey respondents.

A. Davis stated that the number came from the number of licensed hospital beds and was not considered to be a hard number.

Board co-chair asked how many facilities were close to licensed bed number and if OHA could use those data. She stated that she was concerned with the hospitals that only had a 20 percent response rate.

A. Davis stated that in previous years, the data reveal that the survey was not shared widely throughout the facility.

D. Selover asked when the program began sending the survey out with the notification letter.

A. Davis replied this practice began in 2019.

Board member expressed concern about the number of statutes that are violated and the fact that many were in patient care areas. Member asked if OHA could grade hospitals based on their compliance rate and state which hospitals were the safest. Member asked if further consideration could or would be given to civil penalties.

D. Selover stated that there is not necessarily a direct link between nurse staffing compliance and patient safety, rather, there are likely numerous factors influencing patient safety outcomes.

Board co-chair stated it would be very difficult to link nurse staffing compliance to overall patient safety at the hospital.

Board member shared several nurse staffing indicators that he thought could be used to measure this. These include number of tags, number of plan revisions, and number of complaints. He stated these could be used as a macro-level measurement of compliance.

Board co-chair responded that these topics would be good to add to a future meeting agenda. She asked about a future conversation that would include the ability to incorporate more research-based information into the nurse staffing program.

Board member asked M. Gilman if he had an update regarding the vacant OPA 3 nurse staffing analyst position.

M. Gilman stated that he was still in the hiring process and would have an update on the status of this vacancy soon.

<p>Board co-chair asked about the number of tags related to acuity and referenced conversations that occurred during the last NSAB meeting with a surveyor. Co-chair asked about what exactly goes into the citation for acuity.</p>	
<b>Action Item(s)</b>	<ul style="list-style-type: none"> <li>• Send email notification to board members when new OPA 3 staff person is hired. Add nurse staffing research topic to future meeting agenda.</li> <li>• Review of Critical Access Hospital (CAH) citation rate and revisit possible changes for small hospitals.</li> </ul>

<b>Agenda Item 5</b>	<b>Committee Updates</b>
<p><i>Acuity Committee</i></p> <p>M. Gilman shared a draft of the Acuity Committee’s interpretive guidance was shared with members for discussion.</p> <p>Board member stated the Acuity Committee met and developed a draft interpretive guidance regarding the measurement of patient acuity. The guidance document was distributed to board members during the meeting.</p> <p>Board member stated the intent of the document was to unify everyone’s expectations of how acuity would be measured, across different hospitals, and among different nursing areas. He stated that the committee wanted to expand upon the guidance and be able to offer examples, such as frequency of monitoring needs and frequency of nurse assessments.</p> <p>Board member opined that the guidance document will really assist hospitals with their planning for staff. She shared that many of the teams at her hospital have struggled with this in the past.</p> <p>Board member stated that the committee wanted to include as much information as possible but that the committee wanted other members to ensure that something was not missing from the interpretive guidance document.</p> <p>Board co-chair stated there are tools available nationally that can be used in conjunction with the guidance document to help inform how units measure and document their patients’ acuity. She went on to say that she thought the document was good and a great place to start.</p>	

Board co-chair stated the need was to develop something to provide advice rather than a check-box document that a unit could use to ensure they were meeting acuity requirements.

Board member shared that the tools developed for rest and meal breaks provided a nice example of how a check-box list for acuity could be built. She asked if a tool like this would be useful to the surveyors rather than the hospital.

A. Davis stated that there were many plans that did not address acuity at all.

Board co-chair asked about the classifications that a unit would use to identify higher acuity patients broadly. For example, a cardiac floor would tend to have a higher acuity patient than some other units might.

Board co-chair reinforced the purpose of the document was to provide some guidelines that a unit should consider and the information it contained should be used by the hospital to develop their acuity tools.

Board co-chair stated that the board had also discussed using the tracer method in previous meetings. She asked how patient acuity would play out in patient assignments.

D. Selover stated that using a process method would allow for more accurate measurement of whether a certain activity was completed. She stated this is a different way of looking at it and posited if current OHA rules allowed the program to follow the acuity measurement all the way to the patient, for example, the tracer methodology.

Board member asked if a hospital demonstrated that they were passing the acuity component of the survey, but the surveyor only reviewed the staffing plan, would the hospital still be cited for not having the acuity measurement tool in their plan.

D. Selover stated her question was about whether the rules were able to measure acuity following a structure, process, outcome methodology and if the tools were built in a way that allowed surveyors to measure acuity at the patient level.

Board co-chair stated that it is important for the board to be able to say that because of the nurse staffing law, patient safety has been improved throughout the state.

Board co-chair asked members if the desire was to approve the document and/or convene the Acuity Committee again to review the current guidance and develop a checklist.

Board member asked if the surveyors have seen an acuity tool that they concluded was an excellent example.

Board co-chair stated that surveyors would be joining the meeting after its scheduled break and that the board would ask them at that time.

*Overtime Committee*

M. Gilman provided an update on the work of the Overtime Committee and shared a draft document that the Overtime Committee created. He shared that goal of the committee was to develop recommendations for what the surveyors should look at while conducting their surveys and asking about mandatory overtime.

Board co-chair stated that 15 minutes or less of overtime would not be counted against the facility or be considered as mandatory overtime. Co-chair stated the information within the guidance document needed to be considered in conjunction with the new proposed survey process that is going to be discussed later in this meeting.

Board co-chair stated that the board should be able to have transparency about how many hospitals are requiring their nurses to work overtime.

Board member asked if it was okay to assume that all overtime was voluntary. He shared that this could create confusion in tracking incremental overtime and stated that nurses first and foremost would stay by their patient's bedside to take care of them.

Board co-chair provided additional information about when overtime should be considered mandatory and when it should be considered voluntary. Ultimately, the nurse should be able to state whether their overtime was an expectation or if they volunteered to stay.

Board member stated that at his clinic, he must declare whether overtime was voluntary or mandatory. Member also stated that when considering whether overtime was mandatory to voluntary was whether he felt like he had a choice to leave.

Board member stated that their perspective was that there are policies and procedures that place burden on the nurse to track the type of overtime rather than on the hospital.

Board co-chair stated that hospitals would need to rely upon the nurse to declare overtime as voluntary or mandatory.

D. Selover added that OHA has stated that there needs to be a process that the hospital uses that allows surveyors to determine if overtime was mandatory or voluntary.

Board co-chair stated that the policies of different institutions make a one-size-fits all solution very difficult. She stated that if the team can say they know what they're supposed to do, and that it's done in aggregate, that captures the intent of the law.

Board co-chair stated that SurveyMonkey data could also be used to assess the problem of mandatory overtime.

Board co-chair asked members if they approved of the document that the Overtime Committee developed.

A. Davis stated that there are some issues with using SurveyMonkey data to capture overtime.

Board co-chair asked if the survey could be shared with hospitals sooner.

A. Davis stated that while the survey could be shared earlier, the survey schedule may change at the last minute. She shared that it was not entirely clear how the data could be used to inform compliance with overtime tracking.

Board co-chair stated that perhaps the board needed to have another discussion about the purpose of the SurveyMonkey survey.

A. Davis stated there are quite a few challenges with relying solely upon data from the SurveyMonkey survey.

D. Selover stated that this discussion relates to several other conversations that have occurred at previous meetings. She stated that the most important piece of this was to make sure the surveyors are getting the information they need, what data we have access to, and what data do we need. Perhaps there could be some future brainstorming to discuss the best way to collect this data.

Board co-chair stated that the next agenda item would likely address D. Selover's comments and recommended that the board remove number four from the Overtime Committee's proposal and agree to the first three guidance items

Board co-chair stated the minutes should reflect that the board reviewed all four elements of the Overtime Committee's document and agreed on the first three elements.

<b>Action Item(s)</b>	<ul style="list-style-type: none"> <li>• Schedule and hold Acuity Committee meeting to edit and finalize Acuity Interpretive Guidance document.</li> <li>• Make edits, finalize, and share Overtime Committee document with board members.</li> </ul>
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<b>Agenda Item 6</b>	<b><i>Program Improvement</i></b>
<p>Board co-chairs welcome the nurse surveyors, Karyn Thrapp and Wendy Edwards, who joined the meeting after the break.</p> <p>Board member shared the Acuity Committee guidelines and asked about what surveyors look for to determine if a unit is appropriately using their acuity tool.</p> <p>K. Thrapp stated that the first thing she looks for in the staffing plan is how the unit uses the plan to assess the acuity of various patients. She stated that surveyors also look at how the plans reflects the actual process.</p>	

Board member asked if surveyors would look at specific staffing numbers.

K. Thrapp stated that yes, that is what surveyors would look at during a survey.

Board co-chair asked about units that have no plan and asked about the elements that should be incorporated into acuity and intensity.

K. Thrapp stated that documenting intensity has been more challenging for units to decipher.

W. Edwards stated in her experience, some units get the difference between acuity and intensity confused.

K. Thrapp stated that she observed one unit that had been using a tool on their unit without recognizing that it was how they were documenting acuity and intensity.

W. Edwards stated that she surveyed a hospital that used a white board very effectively to track acuity, but it was erased at the end of each shift.

Board member referred to data from the year in review and stated that there has been progress in achieving compliance. He stated that the unit should make sure they have a tangible tool.

K. Thrapp stated that it is important to understand that the acuity tool is meaningful and serve a purpose. She shared that when surveyors see a tool, the unit needs to be able to demonstrate how it assists in achieving compliance.

Board member asked how surveyors determine a tool is meaningful or relevant.

K. Thrapp stated that information would be revealed during staff interviews.

Board member asked if there was a disparity between a tool looking meaningful and what's occurring on the unit.

Board co-chair stated that the Acuity Committee had presented their initial report and suggested that surveyors could review what is developed and provide information that would allow it to be more helpful.

Board member asked if there was evidence of harm getting to the patient without the use of the acuity tool. He asked if surveyors were able to assess for the presence of the tool and the potential for unit processes to put patients at risk.

W. Edwards stated that in a complaint investigation, where the nurse staffing plan was not being followed, the hospital would be cited for not following the plan.

Board co-chair asked that surveyors review the draft interpretive guidance for acuity in order to assist the Acuity Committee with its work.

### *Survey Process*

Documents and materials were shared with members prior to discussion. These included a crosswalk document that briefly described many suggested changes to the survey process and who suggested and a visual of the revised toolkit.

Board co-chair discussed available resources, prioritizing work during surveys, trying to make the survey process more efficient and focus on the issues that have been discussed today. Co-chair stated that we have entered the next survey cycle and revisits from the last cycle still need to occur. She also shared that there is a bill in the legislature that would provide more funding to the program to accomplish its work.

D. Selover stated OHA has received significant feedback from stakeholders and she shared a crosswalk document that summarizes all this information.

Board co-chair noted the need for the next cycle to begin now and for the co-chairs to weigh in on the new process meant that the full board couldn't be consulted.

Board co-chair thanked OHA for reaching out to ask for the co-chair's opinion regarding the proposed survey plan.

D. Selover stated that OHA was looking for the best path forward in order to accomplish all the statutorily required work.

Board member stated that he thought this could be very difficult to combine everything that is being proposed. He asked if there would be additional surveyors assigned to this work.

A. Davis stated that there are currently four surveyors who are working on hospital nurse staffing surveyors and the original estimate was for one surveyor.

D. Selover stated that it is going to be a modified survey in order to get through the regular survey and a revisit.

K. Thrapp stated that what was proposed is already how the surveyors are doing their work and she did not foresee any additional challenges in completing this work.

D. Selover stated that the summary of changes is posted on the web. She also shared that the main changes were to the posting and record keeping review, review of committee operations, and review of both the unit and staffing plans and nursing staff member overtime. Energy is being focused on how plans are being implemented.

D. Selover shared a visual of the revised toolkit, with highlights on the tools that have been changed. She shared that future notification of surveys will be done five days before the survey occurs. She also shared that postings of which surveys are coming up would be shared on a quarterly basis. She stated that the start date for surveys would be mid-March and future survey reports would highlight what was part of the revisit and what was part of the new survey.

Board co-chair stated it would be helpful for OHA to notify the Board when the messages about new surveys go out so members could notify their respective hospitals of the coming changes. She also stated that there needed to be more clinical participation in the survey process.

D. Selover stated that POC process has not changed and conference calls would still be used for hospitals needing additional assistance with their POCs.

Board member asked if the information about the new survey process had been shared.

A. Davis stated that all the information shared today is currently available on the OHA Nurse Staffing website and was also shared with hospital administrators.

Board member stated she really liked the new checklists for meals and rest breaks and for overtime.

D. Selover stated that the surveyors and A. Davis put a tremendous amount of work into building the new tools and the new process.

W. Edwards stated that the new process allowed surveyors to focus more on the nurse staffing plans and away from all the paperwork and it allowed the work to be more meaningful.

Board member asked about the overhaul of the complaint triage process.

A. Davis stated the hospital team is triaging in a new way and is completing this work as a team rather than as one surveyor doing all the triaging.

W. Edwards stated that the streamlining of the survey process would still allow surveyors to review work as needed.

Board co-chair stated that the new survey would be focused on how the plan was implemented in a unit.

K. Thrapp stated that she really liked all the changes because they will have a bigger impact on the care that is provided to the patients.

Board member stated the streamlined process really gets to the core of putting patient safety first and getting closer to an outcome.

D. Selover stated that she had been out on survey with surveyors and they are constantly assessing the situation and intervene when patient safety is at risk.

Board co-chair stated that she recognized that complaints and surveys being separated is not something that could be done right now. She also stated that there was discussion regarding attestation that the hospitals co-chairs could provide to meet some of the compliance requirements. Board co-chair asked about elements that would need to be present for hospital co-chairs to feel comfortable with attesting to whether certain compliance was achieved.

Board co-chair stated a subcommittee could be formed to review the rules and to develop some additional guidance on the attestation process.

M. Gilman stated that while the board considers these recommendations, it should be noted that the next NSAB meeting is in April, not May.

D. Selover stated that OHA staff would attend and that the subcommittee would be subject to public meeting law and that scheduling has been a constant challenge. She stated that there would be prep time required and shared that non-board members could be included in the discussion on a subcommittee.

Board member stated in the past there were concurrent groups formed and perhaps that could be used again.

A. Davis stated that when this was done, no surveys were happening.

Board co-chair stated there sounded like there was interest in forming one or more subcommittees to review the new survey work. Her recommendation was that the subcommittees begin with current board members and OHA staff. Co-chair asked who would like to be on this committee.

S. King, J. Burrows, V. Smith, D. Robinson, R. Campbell and J. Word, volunteered to be on the subcommittee.

M. Gilman stated the new members could be nominated for this subcommittee once they are appointed. He asked about a name for this committee.

D. Selover stated it could be called the Nurse Staffing Improvement Committee.

Board co-chair asked the status of the funding bill, HB 4032.

D. Selover stated that the legislature is still not meeting, and HB 4032 was currently in Ways and Means.

Board member asked if legislative information was available online.

A. Davis stated that anyone could watch committee meetings on the legislature's website.	
<b>Action Item(s)</b>	<ul style="list-style-type: none"> <li>• Establish subcommittee, with first progress report by April NSAB meeting.</li> </ul>

<b>Agenda Item 7</b>	<b><i>Emerging issues in nurse staffing</i></b>
<p>Board co-chair shared the draft memo that the NSAB co-chairs proposed to share with hospital nurse staffing committees. She reminded the group that the letter would encourage nurses to complete the SurveyMonkey survey. The co-chair is seeking board members endorsement.</p> <p>Board member stated the language in the letter still read as though it was a recommendation and asked if the language could be stronger.</p> <p>Board member asked about the relationship between NSAB and the Oregon Nurse Staffing Collaborate (ONSC) and if OHA vets those members.</p> <p>A. Davis stated that OHA does not have any authority over ONSC so could not review membership.</p>	
<b>Action Item(s)</b>	<ul style="list-style-type: none"> <li>• Co-chairs will make changes to the letter and send to OHA staff for distribution with pre-survey tools.</li> </ul>

<b>Agenda Item 8</b>	<b><i>Public Comment</i></b>
<p>Members of the Oregon Hospice Association and from Pete Moore Hospice provided public comment regarding a nurse staffing waiver that was submitted to OHA and that was brought before the NSAB for review.</p>	
<b>Agenda Item 9</b>	<b><i>Adjournment</i></b>

**Approved by the NSAB July 29, 2020 with corrections**

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