

Survey & Certification Unit

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Oregon Nurse Staffing Advisory Board (NSAB)

Wednesday, July 29, 2020

1:00 PM – 5:00 PM

Meeting Minutes

Cochairs	Susan King, MS, RN, CEN, FAAN (presiding); Jennifer Burrows, RN, BN, BSc, MBA
Members present	Zennia Ceniza, RN, MA, CCRN, ACNP-BC, NE-BC; Uzo Izunagbara, RN; Debbie Robinson, RN, MSN; Kelsey Betts, RN; Carolyn Starnes, ASN, RN; Jenni Word, RN; Rick Rhoton, MHA, RN, BSN; Barbara Merrifield, MSN, RN
Members absent	Rob Campbell, CP, ADN, RN
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Kimberly Voelker, MPH, Liana Walta

Guests present	Kristina Thompson, Jesse Kennedy (ONA), Meg McGowan-Tuttle, Jamie Houck, Rick Allgeyer, Linda Gibson, Donnell Owens, Danielle Meyer (OAHHS), Kari Goldstein, Therese Hooft (ONA), Catalina Clark, Morgan, Shauna Cline, Quinn Meyers, Lora Schepp
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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. Board co-chair proposed skipping the scheduled break, which was unopposed by the board.	

Agenda Item 2	<i>Minutes</i>
Board co-chair asked if the board had any corrections, additions or questions about the minutes from the February 26, 2020 meeting. Board member asked that the February meeting minutes specify the name of the bill referenced in the minutes. A. Davis stated that OHA would verify the bill number. Board co-chair asked if the board had any corrections, additions or questions about the minutes from the April 29, 2020 meeting. Members of the board confirmed that there were no changes needed to the April minutes.	

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Motion to approve February minutes pending addition of the bill number and April minutes as written: Jennifer Burrows
Seconded: Jenni Word

Motion passed

Action Item(s)	<ul style="list-style-type: none">• OHA to update February meeting minutes to include bill number
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Agenda Item 3	<i>Membership Updates</i>
Board co-chair asked whether a board member who had already served two terms would be able to rejoin the board, and if so, how much time would need to elapse after the second term.	
A. Davis explained that M. Gilman was looking into this question, and OHA would have an answer for the board at a later date.	
Board co-chair inquired about membership updates.	
K. Voelker explained that the board currently had vacancies for a nurse manager, direct care registered nurse (RN), and direct care non-RN (certified nursing assistant or licensed practical nurse). K. Voelker stated that there were no new members to announce.	
K. Voelker briefly explained the process for applying to the board and encouraged interested parties to reach out to the nurse staffing program for more information.	
Board co-chair asked K. Voelker if there were any applications being reviewed by the Governor's Office.	
K. Voelker stated that she was unaware of any applications being reviewed but that people had contacted the nurse staffing program with questions about joining the board after the April NSAB meeting.	
Board co-chair encouraged interested parties to apply for the vacancies, citing the importance of having a filled board.	
Action Item(s)	<ul style="list-style-type: none">• OHA to investigate whether board members can be appointed for more than two terms and required time between terms; OHA to bring this information to NSAB at October meeting

Agenda Item 4	<i>Status Updates</i>
<i>Nurse Staffing Waivers</i>	
K. Voelker presented the nurse staffing waiver dashboard and explained the terminology for the large hospital data.	

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Board co-chair asked how many hospitals would need to submit a renewal request based on the large hospital data.

K. Voelker explained that the number of pending renewals should be compared to the number of initial waiver applications. K. Voelker clarified that subsequent waiver applications received the same expiration date as the initial nurse staffing waivers.

K. Voelker shared the data for waivers granted to medium hospitals and explained that two additional hospitals had applied for renewal since the graph had been created.

K. Voelker presented the graph for the critical access hospital (CAH) and clarified that three CAHs had recently applied for renewal of their nurse staffing waiver. K. Voelker highlighted that only half of Oregon's CAHs had an approved nurse staffing waiver.

K. Voelker presented the graph showing patient care areas covered by nurse staffing waiver, by hospital size.

Board co-chair inquired about the nurse staffing waiver granted to a large hospital for an Emergency Department.

K. Voelker stated that she did not remember the waiver but based on other waiver trends it was likely a request for a technician during off-hours or on holidays.

D. Selover confirmed that OHA would present the board with more details surrounding this waiver at a future meeting.

K. Voelker presented charts showing which year initial and subsequent waivers were requested. K. Voelker shared that 26 hospitals would have a nurse staffing waiver expire in 2020.

Board member asked how a hospital would know when its nurse staffing waiver expired.

K. Voelker explained that the waiver approval letters showed the expiration date and encouraged hospitals to contact OHA if they were uncertain when their waiver expired. K. Voelker added that OHA renews waivers the month before the waiver expires.

Board co-chair asked if the nurse staffing waiver request form had changed.

K. Voelker confirmed that the waiver request form had changed and explained where to find the new form.

Nurse Staffing Surveys and Complaint Investigations

A. Davis presented the dashboard for the first nurse staffing survey cycle. A. Davis explained that there were two facilities with no further action required; one of these facilities did not

have nursing services and therefore had no deficiencies cited during its survey, and the other facility closed in 2019, so OHA was no longer seeking its plan of correction (POC).

A. Davis stated that all the facilities surveyed in 2017 had approved POCs and were awaiting revisit surveys. A. Davis mentioned that only one facility surveyed in 2018 was awaiting an approved POC.

A. Davis showed that multiple facilities surveyed in 2019 already had an approved POC. A. Davis stated that OHA was holding conference calls with the facilities still seeking approval of their POC. A. Davis also mentioned that OHA was still writing one facility's Nurse Staffing Report, which was close to being completed.

A. Davis explained that OHA frequently combines complaint investigations with nurse staffing surveys, which was reflected in the complaint dashboard. A. Davis stated that most facilities with stand-alone complaint investigations had an approved POC and were waiting for revisit surveys; one facility with a stand-alone investigation was still developing its POC.

A. Davis mentioned that the complaint dashboard showed the complaint investigations for the first survey cycle and explained that OHA was in the process of developing plans to resume complaint investigations during the pandemic.

Board co-chair asked for the primary themes for the nurse staffing surveys that received POCs during survey cycle one, particularly for the facilities surveyed in 2019.

A. Davis explained that any facility with deficiencies cited during its survey is required to complete a POC. A. Davis explained that because each facility was going through its first survey, there wasn't a lot of variation in what was cited during each survey year. A. Davis explained that common citations related to the nurse staffing plan, meal and rest break practices, and hospital nurse staffing committees.

Board member asked why there was a delay in hospitals receiving their Nurse Staffing Reports and if there were additional hospital action required.

A. Davis explained that the delay was due to internal processing and not hospital inaction.

Board member asked what the next survey cycle would look like and highlighted the added emphasis on implementation.

A. Davis stated that more work was needed on the Process Improvement Committee (PIC) to determine what those changes would be. A. Davis explained that the board had already discussed some improvements to the survey process, but more process changes were likely to be discussed during PIC meetings.

Board member asked if the complaints had any common themes.

A. Davis explained that the complaints were varied and could focus on hospital-wide or unit-level issues. A. Davis added that OHA may combine the intakes into a single complaint if someone submitted multiple complaints for the same violation that occurred on different shifts.

Action Item(s)	<ul style="list-style-type: none">• OHA to provide answer to which large hospital has nurse staffing waiver for Emergency Department
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Agenda Item 5 | *Committee Updates*

Process Improvement Committee (PIC)

K. Voelker announced that PIC had its first meeting July 22nd and discussed the committee's goals. K. Voelker explained that the committee will advise on the elements to be covered in triennial surveys and complaint investigations and that the PIC will provide feedback on new and revised survey tools. K. Voelker announced the committee members: S. King, J. Burrows, K. Betts, J. Word, R. Campbell, and D. Robinson.

D. Selover added that the PIC had an approved charter and a meeting summary which would be shared with the committee. D. Selover confirmed that committee meetings are open to the public.

A. Davis added that the schedule for the committee meetings was on the Nurse Staffing website and appeared as upcoming meetings.

Board co-chair stated that the PIC intended to complete the committee goals and report to the full board before the end of the year. Board co-chair explained that this committee arose from the facilitated work session in July 2019 with the goal of improving enforcement of the nurse staffing laws.

Acuity Committee

A. Davis presented the draft interpretive guidance from the acuity committee. A. Davis explained that acuity factors may differ greatly based on unit characteristics and that it could be difficult to edit the document to include universal acuity factors. A. Davis also explained that similar units may also differ in function based on hospital size and geography.

Board co-chair discussed the committee's original goals.

Board co-chair stated that the board should determine whether more work was needed on the interpretive guidance.

Board member stated that he would like to see some guidelines on what would constitute a safe acuity tool, and he acknowledged the variability between units.

Board member stated that the interpretive guidance clarified the need for an acuity tool and documentation of unit practices. Board member stated that the questions allowed units to prepare for nurse staffing surveys.

Board co-chair asked if the existing guidance could be updated to include recommendations on which universal patient care elements should be considered in an acceptable acuity tool.

A. Davis explained that the acceptability of the unit's acuity tool and nurse staffing plan should be reviewed by the hospital's nurse staffing committee, since surveyors are not familiar with each type of unit that can exist in a hospital.

D. Selover clarified that OHA cannot judge the acceptability of every acuity tool during surveys due to the level of detail that would require. She explained that if there was a core list of acuity factors that every tool should include, then NSAB should inform OHA of these factors.

Board member stated that universal acuity factors included patient stability, care coordination, and complexity of order statements.

Board member suggested including more about what hospitals should expect to explain about their acuity tools during a survey.

Board member stated that OHA provides a checklist of what to expect during a survey so that co-chairs can prepare and questioned whether including a checklist in this guidance would lose sight of the committee's original purpose.

Board member stated that she thought the guidance needed some development because hospitals struggled with differentiating between acuity and intensity and that the current guidance did not provide that distinction. Board member added that the guidance should include broad acuity tool requirements.

Board member stated that she would want the guidance to include information about maintenance of the acuity and intensity tool, such as how often the tool is reviewed and revised.

A. Davis reminded the board that the annual review of the nurse staffing plan is a separate requirement, and that OHA surveyors would look to see that the nurse staffing plan and tools are reviewed at least annually.

Board member mentioned that during surveys, OHA surveyors expect hospitals to speak to the utilization of their acuity tool. Board member questioned whether the guidance should focus more on the components of a quality tool instead of what questions to expect from OHA.

Board member explained that the purpose of evaluating acuity was to determine if there was any missed patient care. Board member stated the purpose of the guidance should be to

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ensure that the nurse has an appropriate workload to care for assigned patients. Board member asked members of the board what universal tenets one would expect to see across different unit types.

Board members answered assessment, administration of treatment and medicines, and psychological support.

Board co-chair stated that there were two suggestions before the board: that there should be more guidance on the survey process for acuity measures, and that the committee meet again to incorporate universal common tenets in the guidance.

The board supported these two suggestions. Board member cautioned against getting too specific on universal tenets, since what worked at a small hospital may not work at a large hospital, and vice versa.

Board co-chair suggested developing guidance with the intent of giving hospitals direction on how to review their acuity tools and cautioned against creating additional requirements for hospitals to meet that don't already exist in regulation.

Board co-chair summarized board's agreement on the two suggestions for the acuity committee and asked that K. Voelker send the document she shared with K. Voelker to the committee.

D. Selover added that the universal tenets should be based on nationally accepted standards and studies and encouraged the committee to review national and international guidelines, keeping in mind different hospital sizes and geographic resources.

Board co-chair asked OHA to review who was currently a member of the committee.

A. Davis stated that J. Burrows, V. Smith, U. Izunagbara and Z. Ceniza were members of the committee. A. Davis mentioned that since V. Smith was no longer a member of the board, OHA was unable to meet quorum requirements for this committee.

C. Starnes volunteered to take V. Smith's position. Z. Ceniza mentioned that B. Merrifield had taken Z. Ceniza's position on the committee.

Board member asked OHA to send a reminder to the committee members to come prepared with evidence and be ready for discussion at the next acuity meeting.

Action Item(s)	<ul style="list-style-type: none">• OHA to schedule meeting for Acuity Committee• K. Voelker to share acuity factors document with acuity committee
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Agenda Item 6	<i>Open Action Items</i>
	A. Davis shared the results of the COVID response survey and explained that OHA had received more than one response from some hospitals. A. Davis explained that the COVID response survey contained quantitative questions and narrative answer questions.

Board member asked who responded to the survey.

A. Davis clarified that the survey was sent to CNOs and hospital nurse staffing committee co-chairs. She explained that at some hospitals the CNO might be a committee co-chair, and that some hospitals might be transitioning between co-chairs. A. Davis explained that OHA accepted multiple answers from the same facility.

A. Davis presented the COVID-19 Impact on Hospital Nurse Staffing power point.

Board member asked whether hospitals that did not implement facility disaster plans were following their approved nurse staffing plan.

A. Davis stated that this information was not collected in the survey, but that hospitals were not eligible to disregard the approved staffing plan unless the hospital had implemented its facility disaster plan. A. Davis explained that this rule had been shared with Oregon hospitals. A. Davis added that some facilities chose not to implement a facility disaster plan due to the specialized nature of the facility.

Board co-chair commented that many hospitals may not have seen staffing challenges during the first wave of the pandemic but that this may change during autumn and winter. Board co-chair recommended that the board provide nurse staffing committees with expectations on how to meet the law during the pandemic, specifically for nurse staffing plan requirements.

A. Davis added that Oregon may see regional and hospital-level variation in staffing challenges, and that any guidance OHA and the board provides should focus on how hospitals respond to challenges in their facility.

Board co-chair explained that Oregon is divided into regions, and that staffing committees would need to consider the unique challenges in their region and facility. Board co-chair added that implementing a facility disaster plan doesn't mean every unit in the hospital would have a modified staffing plan.

A. Davis asked the board to provide topics that should be included in this guidance.

Board members stated that staffing committees should continue to meet during the pandemic and have a plan for both surge and low census scenarios. Board members also proposed that staffing committees discuss the minimum number requirements.

D. Selover asked about qualifications and competencies if nursing staff are being transferred between units.

Board members agreed that the nurse staffing committees should ensure that nursing staff members have appropriate training to work on the units to which they are assigned. Multiple board members explained that their hospitals had provided minimal orientation when the hospital transferred staff members.

Board co-chair asked about how the board could tell who responded to the COVID response survey.

A. Davis explained that results had been de-identified, but that OHA had that information.

Board co-chair asked whether OHA knew if both staffing committee co-chairs had responded to the survey.

A. Davis stated that OHA knew who responded to the survey but would not know if the co-chairs had collaborated on the survey if only one person responded.

Board co-chair confirmed that both board co-chairs would release a joint statement about staffing during the pandemic.

Board co-chair suggested that the joint statement be released with other communications from the board.

Board co-chair supported this suggestion and stated that she would start with drafting the communication and circulate it among the board.

Action Item(s)	<ul style="list-style-type: none">• OHA to release statement from the board on hospital nurse staffing committee expectations during the pandemic
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Agenda Item 7 *Proposal for 2020 Nurse Staffing Surveys*

D. Selover shared OHA's proposal to postpone all triennial nurse staffing surveys until 2021, which would move the start of Cycle 2 to Quarter 1 of 2021. D. Selover emphasized that OHA's plans depended on recommendations from the PIC and on how COVID-19 was affecting Oregon and stated that OHA would share PIC charter and meeting summaries with the board. D. Selover mentioned that if the nurse staffing surveys were redesigned, OHA should have contingency plans for offsite surveys to account for the pandemic.

D. Selover stated the nurse staffing revisit surveys would begin with Cycle 2 nurse staffing surveys, unless the PIC offered suggestions on other ways to accomplish the revisit surveys and that OHA was continuing with offsite complaint investigations for the remainder of 2020.

A. Davis requested that the board provide feedback on the remote complaint investigations, since the nurse staffing statutes and rules refer to these investigations being completed onsite.

Board member urged OHA work remotely when possible due to COVID-19 being present in the hospitals and asked that OHA preserve its PPE and protect their surveyors.

Several board members expressed agreement and stressed the importance of OHA finding a way to complete these investigations remotely.

A. Davis explained that the surveyors know how to complete remote surveys and that they had completed remote surveys for other survey types.

D. Selover stated that OHA has a commitment to complete the complaint investigations and wanted to give the board an opportunity to support and offer comments on remote complaint investigations.

Board co-chair agreed that remote investigations seemed a reasonable approach during the pandemic. Board co-chair commented that restarting the triennial surveys in Q1 2021 may not be possible due to the pandemic.

D. Selover stated that OHA was looking at contingency options for offsite surveys, but if offsite surveys weren't possible, OHA would delay the beginning of Cycle 2 until it was safe to resume surveying.

Action Item(s)	• OHA to share PIC charter and meeting summary with board
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Agenda Item 8 | *Annual Legislative Report*

K. Voelker explained the statutory requirements for the report and showed the board the sections that were included in previous versions. K. Voelker asked the board which sections of the previous report they wanted to remove or if there were any new sections they wanted added.

Board co-chair suggested that the 2020 report contain all sections from the previous report but be abbreviated.

Board co-chair stated the Work in Progress section could be relatively brief and focus on the board's committee work. Board co-chair explained that this would overlap with Plans for the Coming Year section.

K. Voelker asked what should be emphasized in the report.

Board member expressed concern about OHA's bandwidth and proposed requesting more resources for OHA.

Board co-chair proposed highlighting the PIC and how the changes this committee proposes will allow OHA to complete its nurse staffing work. Board co-chair warned that due to the budget shortfall, there may be reluctance to give the nurse staffing program additional funding.

Board co-chair stated that the previous report discussed the July 2019 facilitated work session and a request for additional funding, but that additional funding was unlikely in the current environment.

Board member stated that the contrast between the ideal state and the current realities should be highlighted in the report.

Board co-chair asked whether the report should include that complaint investigations were being completed remotely during the pandemic and wondered whether remote investigations would result in financial savings for OHA.

A. Davis explained that travel was a minimal expense and that most of the surveyor time was spent on reviewing survey documents and writing the survey report.

Board co-chair mentioned how the PIC may reduce the time surveyors spent on reviewing survey documents and writing the survey report.

D. Selover agreed that the PIC may allow streamlining, which would allow OHA to preserve resources.

Board co-chair questioned whether there would be resistance from the state for changing to remote work during the pandemic, despite the statutes and rules.

D. Selover explained that there was some risk if the state wasn't following the statute, but that the risk was lower if the proposal was supported by the groups it affected. She mentioned that the report could include the offsite investigation proposal and added that the report should also include information about the COVID Response survey and the board's guidance to nurse staffing committees.

K. Voelker shared the proposed timeline for drafting the report. Board members supported the proposed timeline.

Action Item(s)	<ul style="list-style-type: none">• K. Voelker to develop Annual Legislative Report and send draft to board co-chairs
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Agenda Item 9 *Emerging issues in nurse staffing*

Board member asked if the surveyors could collect hospital tools during surveys to create a centralized resource that would help future work. Board member noted that there could be some propriety concerns.

Board co-chair stated that it would be useful to ask surveyors what type of tools they saw during surveys.

Board member recalled the surveyors sharing the documents they had seen on survey.

Board member shared that some states required hospitals to submit tools to their local public health agency.

D. Selover asked if the Oregon Nurse Staffing Collaborative (ONSC) collected tools and offered a centralized resource of staffing tools.

Board member stated that ONSC previously had a robust library of uploaded tools, but that it would be dated now. Board member shared comment from ONSC that ONSC could facilitate compiling tools.

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Agenda Item 10	<i>Public Comment</i>
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C. Clark (RN – Portland Providence Medical Center) discussed concerns with hospital practices after implementing facility disaster plans and requested that OHA issue interpretive guidance on what a facility is and isn't allowed to do after implementing its disaster plan.

Agenda Item 11	<i>Adjournment</i>
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Approved by the NSAB October 28, 2020

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