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Oregon Nurse Staffing Advisory Board (NSAB)
 Wednesday, October 28, 2020
 1:00 PM – 5:00 PM

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Meeting Minutes

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

Guests present	Matt Calzia (ONA); Nadia Sanchez (George Fox University); Kerry Kilgore (Samaritan Lebanon Community Hospital); Jesse Kennedy (ONA); Theresa Hooft (ONA); Donell Owens (KSMC); Andi Easton (OAHHS); Betty Noyes; Teena Turner (Gresham Post-Acute Care)
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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 July 29, 2020 meeting.	
Motion to approve July minutes as written: Susan King Seconded: Rick Rhoton Motion passed	
Board co-chair asked if action items from the July meeting would be covered during the current meeting. K. Voelker confirmed that OHA would address the remaining action items.	

Agenda Item 3	<i>Membership Updates</i>
<p>Board co-chair inquired about membership updates.</p> <p>K. Voelker explained that at the end of 2020, there would be vacancies for three nurse manager positions, two direct care RN positions, and one direct care non-RN position. She stated that OHA had forwarded applications to the governor's office for review and expected to fill one nurse manager position and one direct care RN position by the end of the calendar year or in early 2021.</p> <p>K. Voelker turned to the board's question from July about members re-applying to the board.</p> <p>M. Gilman responded that the governor's office prefers to appoint new members to the board rather than appoint members who had already completed two terms.</p> <p>Board co-chair asked OHA to confirm that previous members are eligible to re-apply but may not be appointed to the board due to the preference to have new members serve. M. Gilman confirmed the board co-chair's statement.</p> <p>Board co-chair asked members whose terms were expiring to confirm their willingness to continue serving on the board until their positions were filled. J. Burrows and D. Robinson stated that they would be willing to serve until their positions were filled. Board co-chair asked OHA to confirm with R. Campbell his availability in 2021.</p> <p>M. Gilman stated that he would follow up with R. Campbell regarding his further participation on the board.</p> <p>K. Voelker thanked the members whose terms are expiring for their continued service to the board.</p>	

Agenda Item 4	<i>Status Updates</i>
<p><i>Nurse Staffing Survey Duration, Cycle 1 (2017 – 2019 Surveys)</i></p> <p>K. Voelker presented a chart showing the duration from survey entrance to approved plan of correction (POC) for each facility surveyed during survey cycle 1.</p> <p>Board member asked whether the duration presented in the chart captured the revisit surveys.</p> <p>K. Voelker clarified that OHA has been unable to complete the revisit surveys for cycle 1 and the chart only reflected the time from survey entrance to POC approval.</p> <p>Board member asked what the duration goal should be for future surveys.</p>	

A. Davis explained that there were some timelines that OHA would be unable to shift, such as the 30 days to write the Nurse Staffing Report and the 30 days for the facility to draft the POC. She stated that the survey process could be shorter if facilities had less citations and if POCs did not require as many revisions. A. Davis added that OHA does not limit the amount of revisions a facility can complete.

Board co-chair stated that some facilities had not received feedback from the state within the required timelines and wanted to know if there was a way for OHA to track timelines and learn about facility challenges with the POC approval process.

A. Davis stated that OHA tracks timelines and OHA can determine what percentage of POCs are submitted late versus on time.

Board member proposed capping the number of times that a facility can revise the POC and added that additional reviews created a burden for both OHA and hospitals. Board member wondered if OHA would be able to impose civil monetary penalties for hospitals that needed more than three attempts for their POC.

Board co-chair stated that she was reluctant to have OHA add penalties before knowing if there were any issues in the POC approval process that needed to be addressed.

Board co-chair expressed concern that a facility requiring multiple POCs could be delaying the corrective process. She agreed that more information was needed but asked the board to consider recommending a hard stop for POC submissions.

Board member agreed with the concern that hospitals could keep submitting insufficient POCs to delay taking corrective action.

Board co-chair expressed interest in hearing from facilities that required more than three attempts before OHA approved its POC so that the board could learn about challenges with the POC process.

A. Davis stated that facilities with an approved POC would be able to speak with the board but that facilities still in the POC review process should not come before the board.

2020 Complaint Investigations

A. Davis provided the board with updates on the status of complaint investigations for 2020. The board did not have any questions on the progress of complaint investigations.

Action Item(s)	
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- OHA to determine the percentage of POCs that arrive late and reviews that are completed late
- OHA to look into inviting hospitals to speak about problems with the survey process

Agenda Item 5	<i>Committee Updates</i>
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Acuity Committee

K. Voelker stated that the Acuity Committee was not able to meet and shared the goal of finalizing the Acuity Interpretive Guidance at the current meeting.

Board co-chair highlighted the documents brought forward to the board and asked how to take this additional information and build it into the draft guidance statement.

Board co-chair suggesting removing elements from the Malloch tool to make it clear that the board was providing this tool as an example for what should be considered in an acuity tool.

Board member stated that the guidance should explain that units are supposed to be making decisions based on their acuity tools.

Board co-chair asked OHA for guidance on how the board could process merging the draft interpretive guidance, Malloch tool, and acuity questions into a single document. The board weighed the benefits and limitations of forming a workgroup or a new committee to finalize the guidance. Board co-chair asked whether public meeting rules would apply if an individual worked independently to finalize the guidance.

Board co-chair volunteered to finalize the interpretive guidance independently, and board members expressed support for the co-chair finalizing the guidance.

Motion to have board co-chair finalize the acuity interpretive guidance and schedule a short NSAB meeting in November or December to vote on the guidance: Uzo Izunagbara
Seconded: Jenni Word
Motion passed

Process Improvement Committee (PIC)

K. Voelker presented a PowerPoint showing the history of the committee, committee members, and summaries of each meeting. K. Voelker shared the recommendations from the committee.

Board member stated that the revised Meal and Rest Break tool requires the hospital to ensure that nursing staff members are taking breaks and that breaks are correctly documented.

Board co-chair asked for board members who were part of the committee to discuss the recommendations from the PIC in greater detail and asked the board for their input on committee recommendations.

Board member asked whether the narrative sections of the Hospital Nurse Staffing Plan tool met nurse staffing rule requirements.

A. Davis stated that the narrative section resembled the interaction between the nurse manager and surveyor in Cycle 1 and explained that the narrative section of the new tool would be compliant with rule requirements. A. Davis also noted that the new tool now allows input from the nurse manager and direct care representative on the unit.

Board member highlighted the new Unit Onsite Review tool and discussed how this was the committee's attempt to facilitate dialogue between direct care nursing staff members on the unit and surveyors.

Board member asked what surveyors would do if the interviews did not align with documentation gathered during the surveys.

A. Davis stated there generally isn't misalignment between the documents and interviews but when that occurs surveyors note it in the Nurse Staffing Report.

Board member asked whether the Unit Onsite Review tool would be used to interview a nurse manager, direct care representative and charge nurse.

A. Davis stated that the tool was designed to interview a single direct care charge nurse or someone else who would be knowledgeable about practices on the unit. A. Davis added that whoever was interviewed would have to know about how unit practices affected the entire unit and not just an individual.

Board member asked about the timing of the surveyor's unit interviews and expressed concerns about whether the surveyors would gather useful information if they arrived on the unit at the beginning of a shift.

A. Davis stated surveyors would typically ask about the current shift, but if they were on the unit at the beginning of the shift they may ask about a recent shift or decide to talk to another staff member.

Board co-chair noted that the Unit Onsite Review tool allows surveyors to see the operationalization of the nurse staffing plan in real time.

Board co-chair stated that the new tool allowed OHA to gain additional information about meal and rest break practices on the unit, which many facilities still struggled with. Board co-chair asked for clarification surrounding the issue of buddy breaking.

A. Davis explained that the unit would need to have the minimum number of nursing staff members stated in the nurse staffing plan working on the unit, even during breaks and that the nurse staffing plan needs to state the unit's plan for meeting the minimum number when nursing staff members are on breaks.

K. Voelker reminded the board that hospitals aren't penalized for going over the minimum number specified in the nurse staffing plan and that the minimum number represents the minimum number of nursing staff members needed for safe patient care on the unit during a particular shift with a certain acuity and intensity on the unit.

A. Davis added that OHA provided guidance on meal and rest breaks in the Interpretive Guidance.

K. Voelker discussed changes to the Nurse Staffing Report.

Board co-chair and board member stated that the new Nurse Staffing Report format made the report more readable and decreased the length of the report.

K. Voelker added that the committee had discussed adding a brief description on how to read the report in the report's Initial Comments section, but that this was not included in the sample report.

K. Voelker introduced the committee's request for an Explanation Guide to the Unit Onsite Review tool and presented the Nurse Staffing Addendum for the Complaint Intake Form.

Board co-chair explained that the committee's intention behind the Nurse Staffing Addendum was to allow OHA's triage team to gather more of the necessary information earlier in the triage process.

K. Voelker introduced the complaint process proposed by the PIC and explained that prior to implementation, OHA would need to get approval from the Oregon Department of Justice (DOJ) because the proposed process did not comply with the nurse staffing statutes. She introduced the proposed revisit survey process, which included documentation review for some tags and attestation for others.

Board co-chair stated that the PIC recommended only some tags require follow-up documentation to improve the efficiency of the revisit process and to be mindful of limited survey resources.

Board member added that this also provided time for surveyors to visit units earlier in the survey process.

Motion to begin voting on the recommendations from the PIC: Jennifer Burrows
Seconded: Zennia Ceniza
Motion passed

Vote: OHA should adopt the new and revised survey tools to streamline the survey process.
Vote passed

Vote: OHA should adopt the new Nurse Staffing Report format
Vote passed

Vote: OHA should create an explanation guide for the Unit Onsite Review Tool, which would be brought back to the board before its release
Vote passed

Vote: OHA should adopt the Nurse Staffing Addendum to the Complaint Intake Form
Vote passed

Vote: OHA should ask the hospital to send documentation for the complaint allegation and if the complaint is not supported close the complaint
Vote passed

Vote: OHA should complete an offsite investigation for all complaints that cannot be investigated through this initial review process, and the offsite investigation would include time of the surveyors and hospital to have a remote dialogue
Vote passed

Vote: OHA should adopt the new revisit process and ask the hospital to send documentation for tags noted by the PIC, and all other tags would be handled through an attestation that is signed by the Nurse Staffing Committee Co-Chairs
Vote passed

Action Item(s)

- OHA to send S. King editable versions of the draft Acuity Interpretive Guidance, Malloch tool and acuity questions
- OHA to schedule a short meeting in December for the NSAB to approve the Acuity Interpretive Guidance
- OHA to review recommendations from the NSAB

Agenda Item 6

Break

Board co-chair called for a five-minute break.

Agenda Item 7

Open Action Items

K. Voelker highlighted a question from the July meeting regarding a waiver for an Emergency Department (ED) at a large hospital and explained that the waiver was to allow an RN and ED technician as the minimum staffing, primarily during holidays and off-hours.

Board member asked what percentage of hospitals had activated their facility disaster plan.

K. Voelker stated that the program did not have that data.

Board co-chair explained that hospitals may have enacted their facility disaster plan without enacting emergency staffing and clarified that the board may be interested in learning which hospitals had enacted emergency nurse staffing measures.

Board member stated that Nurse Staffing Committee Co-Chairs should be involved in emergency staffing decisions.

A. Davis stated that OHA had issued the board's emergency guidance and clarified that facilities are not required to report to the Health Care Regulation & Quality Improvement Section whether they have implemented their facility disaster plan.

Meeting Dates for 2021

K. Voelker stated that the board's quarterly meetings would be the last Wednesday of January, April, July, and October, from 1:00 PM to 5:00 PM, and would likely be held via Zoom. K. Voelker stated that she would send out a calendar invite for the quarterly meetings.

NSAB Goals and Priorities for 2021

Board co-chair asked if the board was comfortable with the work that the PIC completed and if the board wanted to start new work. Board co-chair highlighted some questions already mentioned during the meeting, including ongoing examination of acuity and intensity issues and relationship between the board and the Oregon Nurse Staffing Collaborative (ONSC).

Board co-chair stated that the board should focus on monitoring the PIC's work and examine facilities' unique staffing solutions during the pandemic to help inform future emergency staffing scenarios.

Board member stated that the board should examine how technology can be used to help surveyors complete visits and expedite the survey process.

Board member emphasized importance of monitoring PIC changes in 2021.

Board member discussed the board issuing recommendations on new language for the nurse staffing laws.

D. Selover explained the process for changing statutes and rules and stated that if the board wanted to make legislative changes for 2023, OHA would need to know about recommended changes in mid-2021 due to the amount of time it took to begin the legislative process. She added that OHA would want evidence to support requested changes.

Board co-chair mentioned the statutory requirements for the minimum number of staff and ways to decrease the burden of nurse staffing waivers through legislative changes.

2020 Legislative Report

Board co-chair asked for an update on the legislative report.

<p>K. Voelker stated that the report had been written, approved by the board, and was in a legislative review.</p> <p>M. Gilman explained that OHA's Government Relations would submit the report on OHA's behalf once they had finished their review.</p>	
Action Item(s)	<ul style="list-style-type: none">• OHA to send out a calendar invite for the NSAB Quarterly meetings in 2021

Agenda Item 9	<i>Emerging issues in nurse staffing</i>
<p>Because the board was ahead of schedule, board co-chair proposed moving Agenda Item 9 ahead of Agenda Item 8.</p> <p>Board member discussed how the staffing plan was being used in facilities during the pandemic and how hospitals were interpreting what they were allowed to do.</p> <p>Board co-chair shared that some hospitals were having a hard time getting nurse staffing plans approved due to an inability to achieve a quorum and she asked whether OHA had seen an increase in requests for mediation.</p> <p>A. Davis stated that OHA had not seen any requests for mediation and explained that OHA had released guidance earlier in the year that encouraged Nurse Staffing Committees to continue meeting, either in-person or remotely.</p> <p>Board member stated that due to current financial challenges, hospitals may see a reduced work force and worried about the effect this would have on staffing issues and patient safety.</p> <p>Board co-chair and board member discussed the steps that their hospitals were taking to retain nursing staff members and highlighted current resource limitations.</p> <p>Board members discussed processes at their hospital to prepare for patient surges, including cross-training, and staffing problems that arose from nursing staff members' being sick or needing to stay home to care for children.</p> <p>Board co-chair discussed concerns with crisis standards of care and ensuring that nursing staff members were properly prepared to care for more patients or patients with greater nursing care intensity than what they normally experienced.</p>	

Agenda Item 8	<i>Nurse Staffing Surveyor discusses survey activities</i>
<p>Board co-chair asked about the process for remote surveys.</p>	

K. Thrapp explained how OHA had recently started conducting remote surveys and were learning how to improve the process. She discussed what facilities could expect for remote surveys and stated that a challenge was the logistics of arranging communication and receiving the requested documents.

W. Edwards added that if the surveyors received the wrong document, it could take longer to correct the situation than if they had been on-site. She also explained that some documents did not lend themselves to electronic review and required printing.

K. Thrapp stated that OHA was looking at strategies for conducting offsite investigations and using a system that mimics being onsite.

Board member stated that their facility had recently completed a non-nurse staffing survey and reviewed the documents with surveyors on a video/audio platform.

A. Davis stated that OHA is moving towards using a video platform to view documents at the same time and that OHA is improving as more surveys are completed.

Board member asked which documents were difficult to review remotely.

W. Edwards explained that she had not completed any remote nurse staffing surveys but that she had experienced this problem with some medical records for other survey types.

Board co-chair asked what the surveyors thought of the tools coming out of the PIC.

K. Thrapp stated that the surveyors would need to use the tools during a survey to be able to truly evaluate how well they worked. She shared that like any new tool or process, she anticipated some orientation and strategizing on how the tools would work.

Board co-chair asked if the surveyors had the opportunity to review and give feedback on any tools coming out of the PIC.

K. Thrapp stated that she had reviewed the Unit Onsite Review tool and thought the tool read well. She mentioned that OHA surveyors would have to be conscious of their timing on the unit.

Board member asked how many nurse staffing surveys had been completed during the pandemic.

A. Davis stated that OHA had completed one nurse staffing complaint investigation and that a Nurse Staffing Report was in the review process for an additional complaint investigation.

Agenda Item 10	<i>Public Comment</i>
M. Calzia (ONA) discussed concerns with meal and rest break violations despite OHA's Interpretive Guidance explaining this issue, violations of minimum staffing due to buddy breaking, and fatigue among direct care nurses during the pandemic.	

Agenda Item 11	<i>Meeting Adjourned</i>
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Approved by the NSAB January 27, 2021

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