

Oregon Nurse Staffing Advisory Board (NSAB)

Wednesday, October 27th, 2021

1:00 PM – 5:00 PM

Meeting Minutes

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| Cochairs | Debbie Robinson, RN, MSN (presiding); Susan King, MS, RN, CEN, FAAN |
| Members present | Uzo Izunagbara, RN; Jenni Word, RN; Barbara Merrifield, MSN, RN; Joel Hernandez, RN; Kelsey Betts, RN; Rob Campbell, CP, ADN, RN; Chandra Ferrell, CNA |
| Members absent | Zennia Ceniza, RN, MA, CCRN, ACNP-BC, NE-BC |
| PHD staff present | Anna Davis, JD; Kimberly Voelker, MPH; Karyn Thrapp, RN; Wendy Edwards, RN; Mellony Bernal; Belle Shepherd; Nick May |

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| Guests present | Jacinta Cruz (NW Oregon Health Preparedness Organization); Amelia Templeton (Oregon Public Broadcasting); Linda Gipson (Coquille Valley Hospital); Danielle Meyer (OAHHS); Jesse Kennedy (ONA); Nancy Deyhle (PeaceHealth Sacred Heart Riverbend); Jackie Fabrick (Providence); Sarah Axness (Gonzaga University student); Matt Calzia (ONA); Christy Simila (ONA); Therese Hooft (ONA); Lace Velk (OHSU); Donell Owens (Kaiser Sunnyside Medical Center); Erica Swartz (OHSU); Deanna Vest (Lower Umpqua Hospital); Ruth Miles (Salem Health); Lori Gaston (St. Charles); Andi Easton (OAHHS); Kyle Hunter (Curry General Hospital) |
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| Agenda Item 1 | <i>Call to Order</i> |
| <p>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.</p> <p>K. Voelker introduced the board’s new direct care CNA member, C. Ferrell, and welcomed her to the board. Members of the board introduced themselves.</p> | |

| Agenda Item 2 | <i>Minutes</i> |
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| <p>Board co-chair asked if the board had any corrections, additions or questions about the minutes from the July 28, 2021 quarterly meeting.</p> <p>Motion to approve July minutes as written: Susan King Seconded: Jenni Word Motion passed</p> <p>Board co-chair asked if the board had any corrections, additions or questions about the minutes from the September 9, 2021 ad hoc meeting.</p> <p>Motion to approve September minutes as written: Uzo Izunagbara Seconded: Joel Hernandez Motion passed</p> | |

| Agenda Item 3 | <i>Rules Advisory Committee: HB 3016</i> |
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| <p>A. Davis explained the rulemaking process and stated that the board acted as the Rules Advisory Committee (RAC) for HB 3016. She stated that after OHA received feedback from the RAC, it would submit the draft rules to the Secretary of State's office, open a public comment period, and hold a public hearing on the rules. She noted that the draft rules incorporated feedback from the Rules Committee, which included three direct care NSAB members, three nurse manager NSAB members, a representative from the Oregon Association of Hospitals and Health Systems (OAHHS), and a representative from the Oregon Nurses Association (ONA). She asked the board for feedback on the draft rules.</p> <p>Board co-chair stated that the rules needed additional specificity, particularly as it related to the definitions for crisis standards of care and facility disaster plan.</p> <p>A. Davis stated that OHA had historically interpreted facility disaster plan to mean the emergency preparedness plan required by Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP) for Emergency Preparedness. She stated that all Oregon hospitals are required to meet the CMS emergency preparedness requirement.</p> <p>K. Voelker presented the CMS CoP emergency preparedness requirement to the board.</p> <p>Board co-chair stated that the CMS CoP seemed too vague for what would be needed for the nurse staffing rules.</p> <p>Board member agreed that the CMS CoP was vague and could leave things open to interpretation. She proposed that the rules further clarify facility disaster plan requirements.</p> <p>A. Davis stated that they would ask the Department of Justice (DOJ) for clarification on what was meant by facility disaster plan. She emphasized that OHA had historically interpreted</p> | |

facility disaster plan to mean the emergency preparedness plan required by CMS, and there was not a definition of facility disaster plan available in Oregon statutes.

Board co-chair stated that even though OHA has previously interpreted the CMS requirement, OHA could create something more specific to nurse staffing for these rules.

Board member appreciated the simplified rules in the ONA's written comments and suggested that it be incorporated in OHA's draft rules. He added that the rules should narrow its focus to the nursing expectations during an emergency.

Board co-chair wanted to ensure that direct care staff members are able to know what the facility disaster plan requires and be able to access it. She stated that the facility disaster plan would need to provide limitations on nursing services, like assessment and documentation, and provide limitations on non-emergent procedures.

A. Davis was not sure whether OHA could require hospitals to make their facility disaster plans available to all hospital staff, and she explained that hospitals are usually responsible for determining what procedures are available during an emergency.

Board member stated that she supported other members' concerns and thought the draft rules needed to be more specific.

Board member noted that hospitals are changing nursing service requirements, but direct care staff do not know whether their unit is operating under crisis standards of care. He stated that this information should be widely available and known to all hospital staff.

K. Voelker thanked the board for feedback on the rules as it related to facility disaster plans, and she asked whether the board had any comments on crisis standards of care.

Board co-chair appreciated the first sentence for the definition of crisis standards of care and suggested adding language about changes to nursing services and practice that reduce requirements related to assessment, documentation and resource utilization.

Board member asked whether the rules would require each hospital to include nurse staffing in its crisis standards of care policy and whether OHA would be able to require that in these rules. She wondered if it would be better to address those aspects in contingency nurse staffing plans.

Board co-chair stated that it seemed appropriate to add specificity to crisis standards of care as they relates to nurse staffing.

Board member read the definition for crisis standards of care proposed by ONA and shared his support for amending the draft rules to reflect ONA's proposed language.

Board member asked whether OHA had also received recommendations from OAHHS.

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| <p>K. Voelker confirmed that OHA had also received recommendations from OAHHS and noted that their written comments were also included in the board packet.</p> <p>Board member stated that the draft rules should allow hospitals flexibility to address different emergency situations. She also expressed support for OAHHS's recommendation that the rules call out declared emergencies and other emergency situations.</p> <p>A. Davis thanked everyone for their review of the draft rules and explained the next steps in the rulemaking process. She stated that OHA would call a short meeting in the coming weeks for the board to review and vote on the Statement of Need and Fiscal Impact (SNFI) prior to OHA filing the rules with the Secretary of State.</p> <p>Board co-chair asked if OHA knew the public comment period for the rules.</p> <p>A. Davis stated that the public comment period depends on when the rules are filed, but that the public hearing was likely to be in December.</p> <p>Board co-chair thanked everyone for the discussion.</p> | |
| Action Item(s) | <ul style="list-style-type: none">• OHA to schedule a meeting of the board to review the SNFI for the draft rules• OHA to receive clarification from DOJ regarding facility disaster plan definition• OHA to submit draft rules to Secretary of State's office |

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| Agenda Item 5 | <i>Membership updates</i> |
| <p><i>The guest presenter for Agenda Item 4 (Open Action Item: Hospital Surge) experienced technical difficulties joining the meeting. Because of this, the board moved Agenda Item 5 (Membership updates) forward in the meeting.</i></p> <p>K. Voelker welcomed Chandra Ferrell to the board as the non-RN direct care member. She stated that OHA would set up an orientation with C. Ferrell.</p> <p>Board members welcomed C. Ferrell.</p> <p>K. Voelker stated that there was one direct care position and three nurse manager positions vacant, and that an additional direct care position and nurse manager position would open at the end of the year. She expected new members to be appointed soon.</p> <p>K. Voelker explained that the Governor's Office had started using Workday for executive appointments. She stated that anyone who had previously applied to the board would need to reapply through Workday.</p> <p>K. Voelker reminded board members of the mandatory training they were required to complete through Workday. She stated that if any members had difficulty logging in to their accounts, they needed to email her so she could unlock their accounts.</p> | |

Board co-chair thanked OHA for the updates on vacancies. She reminded the board that her term as co-chair ended at the end of 2021, and she nominated U. Izunagbara to her position.

Board member thanked board co-chair for her nomination.

Board co-chair asked what the process was for nominating incoming co-chairs.

A. Davis was unaware of the process for appointing new co-chairs and stated that OHA would reach out to the Governor’s Office to determine how to share nominations with them.

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| Action Item(s) | <ul style="list-style-type: none"> • OHA to schedule NSAB Orientation with new board member • OHA to confirm nomination process with Governor’s Office |
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| Agenda Item 9 | <i>Committee updates</i> |
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The guest presenter for Agenda Item 4 (Open Action Item: Hospital Surge) experienced technical difficulties joining the meeting. Because of this, the board moved Agenda Item 9 (Committee updates) forward in the meeting.

K. Voelker stated the Civil Monetary Penalties (CMP) Committee had met three times since July and that the committee had reviewed the definition of safe patient care and CMP Table currently in the rule; advised OHA on survey measurements that represent unsafe patient care; and suggested factors that could impact the size of CMPs imposed. She stated that all CMP Committee meetings are open to the public and recorded, and that after the meetings she writes a meeting summary that is shared at the following meeting. She stated that the next meetings were November 1st and November 19th.

K. Voelker asked whether any committee members had updates to share with the board.

Board member stated that the committee is suggesting tags that are closer to patient care and therefore are more likely to cause potential patient harm. He stated that nurse staffing surveys are a comprehensive review of a hospital’s compliance with the nurse staffing law, but that CMPs needed to prioritize what affected safe patient care and the most egregious violations.

K. Voelker thanked board member for his summary of the committee’s work.

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| Agenda Item 4 | <i>Open Action Item: Hospital Surge</i> |
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K. Voelker introduced N. May, who is part of the Health Security Preparedness and Response (HSPR) program at OHA. She asked board members to hold their questions until after N. May finished his presentation.

A. Davis explained that HSPR is responsible for helping healthcare and non-healthcare facilities prepare for disaster responses. She stated that the OHA Covid Response &

Recovery Unit (CRRU) and OHA Incident Management Team (IMT) arose from HSPR's work.

N. May thanked K. Voelker and A. Davis for their introduction and presented the Hospital Capacity System (HOSCAP). He stated that HOSCAP was started in 2009 during the H1N1 pandemic and stated that Oregon hospitals used the system to different degrees. He showed what data was available in the system and explained that HOSCAP was being used as part of the COVID response. He added that there were no patient details or protected health information (PHI) included in HOSCAP.

Board member asked how often the system is updated and who was responsible for making the updates.

N. May stated that during the COVID-19 pandemic, OHA had asked hospitals to update at least once a day, but that some hospitals updated more frequently. He stated that each hospital varied on who updated the data.

Board member asked whether there was a trigger that required hospitals to go on divert or whether each hospital made that decision independently.

N. May stated that there was regional coordination to help make those decisions, but that ultimately each hospital made its own policies and procedures for when to go on divert. He explained that there was no state mandate for when hospitals needed to go on divert.

Board co-chair asked whether HOSCAP showed the number of licensed beds or the number of staffed beds.

N. May stated that HOSCAP showed the number of open beds and the number of staffed beds. He showed an example in HOSCAP.

Board co-chair asked how OHA used the data available in HOSCAP.

N. May explained that HOSCAP was meant to provide high-level coordination and situational awareness across the state among different care groups.

Board co-chair stated that coordination mostly seemed to occur at the facility-level and wondered how much decision-making arose from the information available in HOSCAP.

N. May confirmed that the data was only as good as the reporting and that most data is entered manually in the system. He stated that census data quickly becomes outdated and that HOSCAP is mostly meant to act as an awareness tool.

Board member questioned why OHA was not collecting data about implementation of facility disaster plans and stated that it seemed like HOSCAP could collect this information.

N. May stated that there was potential for further development of the system and he shared that the state would be transitioning to GE Tiles, which will be hosted by OAHHS. He stated that the new system will include manual data entry as well as automatic data pulls from electronic health records.

A. Davis asked N. May to clarify whether the new system would be able to have the granularity to determine how units are affected by the implementation of the hospital's facility disaster plan.

N. May stated that the new system is unlikely to capture that level of granularity.

Board co-chair expressed concern about the automatic data pulls from electronic health records and how that may increase the documentation burden on direct care nurses. She also wondered how reliable that data would be if documentation standards change during an emergency. She asked what the state would do with the data given the cost associated with transitioning to a new system.

N. May stated that the current process of relying on manual data entry was a challenging burden for hospitals and that automated data pulls will reduce the burden on staff. He stated that the system will be refined and improved over time.

Board member asked how Critical Access Hospitals (CAHs) interfaced with OHA regarding capacity data reporting.

N. May stated that both CAHs and large hospitals use a website to interface with OHA.

Board member asked whether reporting through HOSCAP was voluntary.

N. May confirmed that HOSCAP reporting was voluntary.

Board co-chair proposed adding language into the contract that reporting be mandatory.

N. May clarified that the new system will be owned by OAHHS, not OHA.

There were no further questions for N. May. Board co-chair thanked N. May for his presentation and addressing the board's questions.

| Agenda Item 6 | <i>Status Updates</i> |
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| <p>K. Voelker presented the survey dashboard for Cycle 1 and noted that since the July dashboard, four hospitals surveyed in 2019 had their Plans of Correction (POCs) approved. She stated that Cedar Hills was on its third POC, which was overdue, and that OHA was working with the hospital to receive its POC.</p> |
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| <p>K. Voelker presented the survey dashboard for Cycle 2 and noted that Shriners was in the revisit process. She explained that OHA had recently granted POC extension requests and</p> |
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explained that when OHA grant an extension request, we offer a conference call with the hospital to address any questions the hospital may have. She stated that the hospitals that had been granted extensions were: OHSU, Legacy Emanuel Medical Center, Santiam Hospital, Curry General Hospital and Samaritan North Lincoln Hospital.

A. Davis stated that extension requests were also common in Cycle 1 prior to the pandemic and that the extensions that OHA granted for Cycle 2 was the same length as those granted in Cycle 1.

K. Voelker asked if there were any questions about either survey dashboard. The board did not have any questions.

K. Voelker presented the complaint investigation dashboard and highlighted the changes from the last meeting, which included an investigation at PeaceHealth Cottage Grove and POC approvals for the investigations in 2020 at Kaiser Westside and Sacred Heart Riverbend. She stated that these hospitals were awaiting revisit surveys.

Board member asked whether revisit surveys took into account whether POCs had been implemented.

K. Voelker stated that revisit surveys measure whether the hospital had corrected the deficiency and returned to compliance.

A. Davis clarified that hospitals have 45 business days to implement their POC, after which OHA initiates a revisit survey. She explained that the timelines are clearly explained in the POC approval letter sent to hospitals.

K. Voelker asked if there were any further questions for the complaint investigation dashboard. The board did not have any additional questions.

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| Agenda Item 7 | <i>Open Action Item: Hospital Waiver Request</i> |
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K. Voelker introduced the waiver request submitted by Curry General Hospital, which requested that the hospital be permitted to staff all hospital units with a minimum of one registered nurse (RN) and one patient care technician (PCT). She stated that the hospital had previously been granted a waiver that was narrower in scope covering fewer units, and she provided more information about the size of the hospital and the types of services it provided.

A. Davis noted that OHA had only granted hospital-wide waivers to specialty hospitals, such as psychiatric hospitals and inpatient hospices, so OHA was looking for guidance it could use when making decisions about hospital-wide waiver requests at non-specialty hospitals.

K. Voelker introduced the Curry General Hospital team and asked the board to allow the hospital to make its presentation before asking questions.

K. Hunter, Chief Nursing Officer at Curry General Hospital, introduced herself and her team. She stated that the CAH was requesting a waiver because they would be unable to staff each unit with two RNs if there was only one patient on the unit, and that the hospital had difficulty recruiting certified nursing assistants (CNAs). She explained that the nearest CNA training program was over three hours away and therefore inaccessible for many community members. She stated the hospital had created the PCT position and training curriculum to teach PCTs the skills they needed to care for the hospital's typical patient population. She stated the hospital was specifically needing the waiver for the Emergency Department and Medical/Surgical units.

Board member asked what the average daily census was for the Medical/Surgical unit.

K. Hunter stated that average daily census was eight patients.

Board member asked if the hospital was planning on staffing with one RN and one PCT when there were eight patients on the unit.

K. Hunter clarified the hospital would staff with more RNs in that situation.

Board member asked the hospital to clarify the threshold where the unit would start staffing with multiple RNs.

K. Hunter stated that would vary depending on patients' acuity and nursing care intensity.

Board member expressed concern about the hospital's proposal and wanted more information about the hospital's plan to have the House Supervisor act as back-up in emergencies.

K. Hunter clarified that if there were multiple patients on the floor, there would be two RNs. She stated that the House Supervisor would be there to help with break coverage.

Board member stated that if OHA approved the waiver, the House Supervisor would now be providing break coverage and staffing coverage for the entire hospital.

Board member noted that the House Supervisor is responsible for break coverage and asked whether that was included in the hospital's nurse staffing plan.

K. Hunter confirmed that the break coverage was included in the staffing plan.

Board member noted that OHA had previously accepted waivers that allowed technicians to act in lieu of a the second nursing staff member and asked OHA for more information about the guidance it wanted from the board.

A. Davis stated that OHA had previously granted waivers allowing technicians to provide care in lieu of a second nursing staff member and that most waivers granted were for procedural areas.

K. Voelker clarified that the majority of granted waivers requested a technician that was specific to the unit they were working on, such as a surgical technician for the Operating Room and mental health technicians for psychiatric units.

Board member stated that OHA historically granted waivers if the specialized care provided by the second staff member exceeded the care that would be provided by CNAs for the patient population in that units. He stated that if the second staff member did not have training and skills that exceeds the care provided by CNAs, he would be hesitant to have the waiver granted.

Board co-chair wondered how the waiver would affect the hospital's staffing plan.

K. Hunter clarified that the waiver would not change the staffing plan, it would just allow the hospital to use PCTs in place of CNAs and she stressed that it was hard for the hospital to get CNAs.

Board co-chair asked what the hospital's plan was if there was an emergency in each unit at the same time, since the House Supervisor would not be able to assist with each of those emergencies.

K. Hunter clarified that there was mandatory call, so if additional staff were needed, RNs would be called in.

Board co-chair asked whether the staffing committee supported the waiver request.

V. Church, the nurse staffing committee co-chair at Curry General Hospital, stated that the request was discussed by the nurse staffing committee and the nurse staffing committee supported the waiver request.

K. Voelker clarified that hospitals are required to notify the nurse staffing committee before requesting a waiver, but that the nurse staffing committee was not required to approve the request. She stated that some hospitals chose to receive approval before moving forward.

Board co-chair sympathized with the challenge of finding CNAs and she asked how Curry General support PCTs to grow in the nursing profession.

K. Hunter stated that the hospital provides a nursing skills fair, and they encourage PCTs to attend nursing school. She stated that they had some PCTs who successfully transitioned to nursing school.

Board co-chair stated that she would be concerned with OHA granting a waiver that allowed a minimum of one RN and one PCT hospital-wide, with only the one House Supervisor as immediate backup. She stated that she would be concerned with the hospital's capacity to provide patient safety.

A. Davis asked whether she would be more comfortable if there were additional parameters that limited when the waiver could be used.

Board co-chair was uncertain whether this would alleviate her safety concerns.

Board member stated that she was concerned that the waiver would be hospital-wide and that she would be more comfortable if the hospital requested waivers for the specific units so OHA could evaluate whether the alternate plan was appropriate for each unit.

Board member recommended that the hospital withdraw its current request and submit separate requests for each unit it wanted covered under the waiver, with each request specifying why PCTs would be appropriate for the specific units.

K. Voelker thanked the Curry General team for speaking with the board and answering the board's questions.

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

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| Agenda Item 10 | <i>Proposed statute changes</i> |
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A. Davis presented a list of statute changes that had been suggested during previous board meetings and she explained that if there was consensus on proposals without a financial impact, OHA could include those proposals in its housekeeping bill. She asked the board for feedback on the first proposal, which was to change from a triennial to a quadrennial survey cycle. She stated that a quadrennial cycle would allow OHA to more easily balance its nurse staffing workload.

Board member stated that there was a lot of noncompliance in the first survey cycle, but that hospitals seemed to be improving and requiring less POCs. He stated that four years felt like a long time to go without the full nurse staffing survey.

A. Davis stated that although some hospitals were improving, some hospitals were still getting many citations on its Cycle 2 survey.

Board co-chair asked whether OHA would be able to complete the revisit surveys if it switched to a four-year survey cycle.

A. Davis stated that OHA was currently doing the revisit surveys, but a quadrennial survey cycle would make it easier to accomplish the workload in the required timelines and would give the hospital enough time to fully implement systemic hospital-wide changes.

K. Voelker added that OHA was citing fewer deficiencies during the nurse staffing survey, but that it was still too early to determine whether there were fewer POCs to review because hospital have not yet had time to complete through the POC process.

Board member wondered if hospitals that were compliant could be put on a less frequent survey cycle and hospitals that were noncompliant would be surveyed more frequently.

Board co-chair noted that if OHA moved to a quadrennial cycle, OHA could return more frequently via revisit surveys for noncompliant hospitals.

Board member shared concerns about switching to a quadrennial cycle, stating that hospitals may not move as quickly to fix systemic noncompliance and would only attempt to fix things enough to pass a revisit survey.

Board co-chair asked how switching to a quadrennial cycle would affect complaint investigations and whether OHA would delay a complaint investigation so that it could be combined with a full nurse staffing survey.

A. Davis stated that OHA would still combine the complaint with a full survey if the hospital was going to be surveyed that same year; otherwise, OHA would complete the complaint investigation as a standalone complaint investigation.

Board member expressed support with switching to a quadrennial survey cycle, since it would provide the hospital with more time to make permanent changes.

There was not consensus among board members on the proposal to switch from a triennial to a quadrennial survey cycle.

A. Davis described the second proposal, which was to allow OHA to conduct remote complaint investigations. She stated that OHA has been conducting remote investigations since August 2020 as part of the pandemic response, and that OHA would like the flexibility to choose whether to conduct an investigation remotely or in-person depending on the nature of the allegations.

Board co-chair supported the proposal and stated that it would save financial resources and surveyor time. Board members agreed.

Board co-chair agreed with her counterpart and stated that in her experience, the remote complaint investigation went smoothly and that OHA surveyors met with the team remotely to address any possible confusion or misinterpretation.

A. Davis stated that remote complaint investigations seemed to last more days but overall, surveyors spent the same total amount of time on the substantive investigation. Doing remote surveys allows the surveyors the opportunity to complete other work while the hospital gathered necessary documents.

Board co-chair called for a vote to determine whether there was consensus for the second proposal.

K. Voelker stated that a yes vote meant that the member supported a statute change allowing OHA to conduct remote investigations, and a no vote meant that the member did not support this statute change.

All seven board members present voted in support of the proposal I to allow OHA to complete complaint investigations remotely.

A. Davis described the third proposal, which was to allow technicians in procedural areas to count towards minimum number requirements. She explained that hospitals are currently required to have an approved waiver for a technician to count towards minimum numbers because technicians are not nursing staff members. She stated that if technicians in procedural areas were allowed to count towards minimum numbers, they might be nursing staff members for other purposes, such as meal and break and mandatory overtime requirements.

Board co-chair expressed concern about broadening the definition of nursing staff members to include technicians and would want technicians in procedural areas to count as nursing staff members only for the purposes of minimum numbers.

Board member agreed that the statutory change should only allow technicians to count towards minimum numbers and not as nursing staff members in general.

Board co-chair wondered whether they could require the technician to have specific training or certification for the procedural area in which they work.

A. Davis stated that some technicians do not have certification available for their work environments. She stated that they would need to research whether technicians would then count as nursing staff members for all other purposes.

Board co-chair did not support technicians counting as nursing staff members.

Board member asked whether technicians who were required to be CNAs counted as nursing staff members.

A. Davis clarified that technicians who are required to be CNAs as part of their positions are considered nursing staff members. She stated that if someone was a CNA but it was not required as part of their position, they would not count as a nursing staff member.

A. Davis asked for a vote about allowing technicians to count towards minimum numbers in procedural units.

K. Voelker stated that a yes vote demonstrated support for technicians counting towards the minimum number requirements in procedural areas but would not be considered nursing staff members. She stated a no vote meant that they did not support counting technicians

towards the minimum number and technicians would not be considered nursing staff members. She stated that this vote was specific to procedural areas.

All seven board members present voted in support of the proposal to allow OHA to count technicians towards minimum number requirements in procedural units, so long as technicians were not otherwise included in nurse staffing requirements.

A. Davis asked for a vote about allowing technicians to count towards minimum number requirements in the Emergency Department.

K. Voelker stated that a yes vote demonstrated support for technicians counting towards the minimum number requirements in procedural areas but would not be considered nursing staff members. She stated a no vote meant that they did not support counting technicians towards the minimum number and technicians would not be considered nursing staff members. She stated that this vote was specific to the Emergency Department.

There was not consensus among board members on the proposal to allow OHA to count technicians towards the minimum number requirements in the Emergency Department. Three members voted in support (B. Merrifield, D. Robinson, and C. Ferrell), three members voted against (S. King, K. Betts, and J. Hernandez), and one member abstained (R. Campbell).

A. Davis thanked the board for their feedback and stated that OHA would take this information forward for consideration for inclusion in a housekeeping bill.

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| Action Item(s) | <ul style="list-style-type: none">OHA to review the proposals brought before and voted on by the board |
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| Agenda Item 11 | <i>Nurse Staffing Surveyor discusses survey activities</i> |
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The board welcomed OHA surveyors, K. Thrapp and W. Edwards.

Board member asked for an update on the Cycle 2 surveys and whether the COVID surge was affecting surveys.

W. Edwards explained that the COVID surge had not affected the surveys she had been on, but that OHA was being mindful about which hospitals it was going to during the surge to minimize the burden on hospitals and nurses.

Board member asked whether the staff interviews revealed how nursing staff were doing as it related to staffing during the surge.

W. Edwards stated that she had not received a lot of feedback from direct care staff beyond acknowledgement that the pandemic had been challenging in general.

K. Thrapp agreed that this was also her experience during survey interviews.

Board member asked whether staffing plans were being followed during the pandemic.

K. Thrapp stated that the interviews and questionnaires reflected greater compliance with nurse staffing plans, and also providing clear indications of issues requiring additional review. Because of these changes she can spend the time on the areas that need additional review rather than reviewing all areas.

Board co-chair expressed concern with the survey process since she had been hearing that there was less compliance with nurse staffing plans during the pandemic.

K. Thrapp explained that OHA had conducted relatively few surveys and that there may be some situations she had not seen yet. She stated that there had been very few situations that required her to look further at whether the unit met its minimum numbers on specified shifts.

Board co-chair asked who surveyors interviewed to gather that information.

K. Thrapp stated that the onsite unit interviews were conducted with direct care staff.

Board co-chair shared concern about using minimum numbers terminology since there was often confusion about what was meant by minimum numbers.

K. Voelker noted that she had shadowed the surveyors and noticed that they completed thorough interviews and gathered additional information from the unit's nurse manager and direct care unit representative. She stated that if the surveyors found anything that was inconsistent between the information they gathered, they would do a more thorough review.

W. Edwards agreed that this was their process and that during onsite unit interviews, if the direct care staff member was having difficulty articulating what the unit's plan was, it usually prompted them to look more thoroughly to see if the plan was complete and clear.

K. Thrapp agreed that this was also her experience during surveys.

Board member asked who the surveyors chose to interview and whether they would interview contracted staff.

K. Thrapp explained that they interviewed direct care staff who were knowledgeable about the unit and the unit's practices. She stated that they tried to interview the unit's direct care representative on the nurse staffing committee, but if this person was not available, they might interview a charge nurse or someone else who had worked on that unit for a while. She stated that they generally did not interview contracted staff, but that she did so at one CAH because that was the only RN on that unit.

K. Voelker added that earlier in the year, OHA hosted a webinar to address the new tools and how surveyors selected direct care staff to interview. She stated that the webinar

recording was available on the nurse staffing website and encouraged people to watch the webinar if they wanted more information about that process.

Board member asked whether surveyors had seen hospitals deviate from their nurse staffing plans after implementing its facility disaster plan. Surveyors were not able to speak to this due to an in-progress nurse staffing survey, but stated they had not seen this during prior surveys.

Board co-chair requested that the board speak about facility disaster plans at a future meeting since there was confusion about this topic.

There were no further questions for surveyors. The board thanked K. Thrapp and W. Edwards for their attendance at the meeting.

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| Agenda Item 12 | <i>Emerging issues in nurse staffing</i> |
| Board members did not raise any emerging issues. | |
| Board co-chair asked whether there were any additional topics that members wanted to address at future meetings. Board members did not suggest any additional topics. | |
| K. Voelker stated that at the January meeting, the board would discuss the difference between federal patient care complaints and state nurse staffing complaints. | |
| A. Davis added that OHA would also present the Year in Review and the nurse staffing waiver dashboard at the January meeting. | |
| K. Voelker scheduled the 2022 meetings with the board. She confirmed that she would send meeting invitations in the coming weeks. | |
| Action Item(s) | <ul style="list-style-type: none">• OHA to schedule 2022 quarterly meetings• OHA to include complaint discussion on the January 2022 meeting agenda |

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| Agenda Item 13 | <i>Public Comment</i> |
| There were no public comments offered. | |

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| Agenda Item 14 | <i>Meeting adjourned</i> |
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Approved by the NSAB January 26, 2022

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