

---

# Oregon Nurse Staffing Open House

**May 17, 2016**

Dana Selover, MD, MPH – HCRQI Section Manager  
Annabelle Henry, JD, MBA – HFLC Program Manager  
Public Health Division



---

# Oregon's Nurse Staffing Law: 2015 Changes

The logo for the Oregon Health Authority is centered within a light blue, rounded rectangular background. It features the word "Oregon" in a smaller, orange, serif font positioned above the "H" of the word "Health". The word "Health" is in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font.

Oregon  
Health  
Authority

---

# SB 469 – Summary

## Hospital Nurse Staffing Committees (HNSC)

- In effect January 1, 2016
- Equal representation except 1 non-RN
- All specialties/units represented
- Union involvement
- Cochairs: 1 nurse manager, 1 direct care RN
- Meets quarterly & at call of either cochair
- Minutes including motions & vote outcomes
- Members released from assignment to attend committee meetings
- Staff may report perceived pattern of requiring overtime for nonemergency care to HNSC

## Hospital Nurse Staffing Plans

- Must be implemented by January 1, 2017
- Hospital must implement staffing plan developed by HNSC (exception for emergencies)
- Staffing plan must consider:
  - Competency necessary to meet patients' needs
  - Meal & rest breaks
  - Rates of admissions, discharges & transfers
  - Total diagnoses
- Staffing plan cannot rely solely on external benchmarking measures
- Impasse mediation
- HNSC must review staffing plan at least annually. Review must consider:
  - patient outcomes
  - staffing complaints
  - HPPD
  - OT
  - deviations from staffing plan
  - additional factors determined by HNSC

# SB 469 – Summary

## Nurse Staffing Changes Already in Effect

- Hospital may not require nursing staff to work under certain circumstances
  - “Beyond the agreed-upon shift” became “agreed-upon and prearranged shift, regardless of shift length;”
  - Statutory hour limitations now include a prohibition on requiring a nurse to work “During the 10-hour period immediately following the 12<sup>th</sup> hour worked during a 24-hour period.”
- Hospital may require one additional hour of work under certain circumstances
- If staff member agrees to overtime, s/he is accountable for competency in practice & responsible for notifying supervisor if/when s/he cannot safely provide care

## Hospitals Must

- Post Nurse Staffing law information & complaint contacts
- Maintain records to demonstrate compliance with Nurse Staffing laws

# SB 469 – Agency Responsibilities

New Agency Responsibility (N) Existing Agency Responsibility (E)

- Audits
  - Audit each hospital once every three years (approx. 22 Nurse Staffing audits/year) (N)
  - Interview HNSC cochairs during audit (N)
  - Review records & conduct interviews to determine compliance with Nurse Staffing laws (E)
  - Provide written report of audit findings to HNSC cochairs (N)
  - Conduct second survey to determine compliance with POC (N)
- Complaint Investigations
  - Interview witnesses (E)
  - Take evidence (E)
  - Compel production of documents to determine compliance with Nurse Staffing laws (N)
  - Provide written report of complaint findings to HNSC cochairs (N)
  - Conduct second survey to determine compliance with POC (N)
- Post audit & investigation reports, POCs, civil penalty orders & hospital license revocation/suspension notice on agency website (N)
- Amend & adopt administrative rules (E)
- Staff support for the Nurse Staffing Advisory Board (N)
- Mediation services & possible civil penalties (N)

# SB 469 – Implementation

- **Increased Staffing. New positions include:**
  - Nurse staffing policy analyst dedicated to NSAB functions, research, analysis, administrative rule development, etc.
  - Client care surveyor dedicated solely to nurse staffing compliance.
  - Nurse staffing administrator to support survey reports, web posting, outreach, noticing and other compliance needs.
- **Open Houses to provide education about new laws, new rules, survey process & survey tools. Events live, webcast, and maintained for later viewing**
  - May 17, 2016
  - August 25, 2016
  - December 15, 2016

# SB 469 – Implementation

- **Rulemaking in Progress**

- Updating administrative rules to reflect statutory changes.  
New rules to take effect July 1, 2016.
- Draft rules available at <http://1.usa.gov/1Ta3Sta>
- Public hearing: 2:00 PM to 5:00 PM on **May 18, 2016**  
800 NE Oregon Street, Room 1D  
Portland, Oregon 97232
- Written comments due 5:00 PM on **May 23, 2016**.
  - Mail: OHA, Public Health Division  
Tracy Candela, Administrative Rules Coordinator  
800 NE Oregon, Suite 930  
Portland, OR 97232
  - Fax: (971) 673-1299
  - Email: [publichealth.rules@state.or.us](mailto:publichealth.rules@state.or.us)

---

# Nurse Staffing Advisory Board



# Nurse Staffing Advisory Board (NSAB)

- **Created within OHA by SB 469**
- **Duties**
  - Advise OHA on administering Nurse Staffing laws including serving as RAC in rulemaking
  - Identify trends, opportunities & concerns, make recommendations to OHA
  - Review OHA enforcement powers & processes
  - Report annually to legislature
- **2016 NSAB Meeting dates:**
  - February 24, 2016
  - May 25, 2016
  - August 31, 2016
  - November 20, 2016
  - Meets quarterly & at call of both cochairs

# Nurse Staffing Advisory Board (NSAB)

- **Composition**

- 6 hospital nurse managers
- 5 direct care hospital RNs
- 1 direct care non-RN (awaiting appointment)
- 2 cochairs (1 nurse manager & 1 direct care RN)
- 3 year term (two consecutive term limit)
- Hospital size, type, location & union status considered

- **Current membership**

Name	Position	Hospital	Term Expires
<b>Carol Bradley - Cochair</b>	Nurse Manager	Legacy Health – Portland	01/01/2019
<b>Susan King - Cochair</b>	Direct Care Nurse	Providence – St. Vincent	01/01/2019
<b>Jennifer Burrows</b>	Nurse Manager	Providence – St. Vincent	01/01/2018
<b>Rob Campbell</b>	Direct Care Nurse	Asante Rogue – Medford	01/01/2018
<b>Zennia Ceniza</b>	Nurse Manager	Salem Hospital – Salem	01/01/2017
<b>Ruwani Dissanayake</b>	Direct Care Nurse	Providence - Portland	01/01/2018
<b>Trece Gurrad</b>	Nurse Manager	Columbia Memorial - Astoria	01/01/2019
<b>Connie Pullen</b>	Nurse Manager	Willamette Valley – McMinnville	01/01/2017
<b>Debbie Robinson</b>	Nurse Manager	St. Charles – Bend	01/01/2018
<b>Virginia Smith</b>	Direct Care Nurse	Providence – Willamette Falls	01/01/2017
<b>Carolyn Starnes</b>	Direct Care Nurse	Mercy – Roseburg	01/01/2017
<b>Vacant</b>	Direct Care nonRN		

---

# OHA's Team and Activities

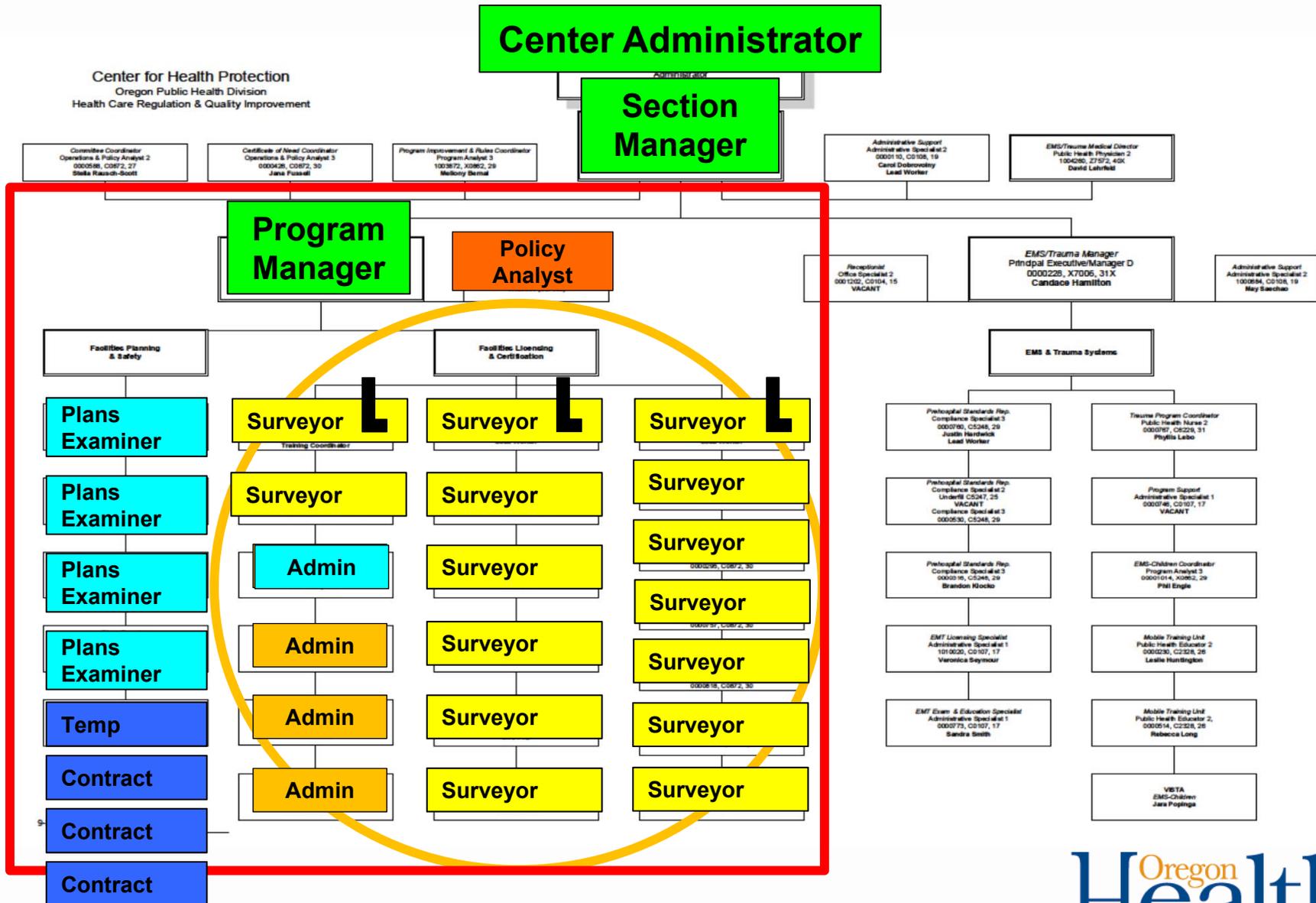


# Health Care Regulatory & Quality Improvement

The Oregon Health Authority's Health Care Regulation & Quality Improvement (HCRQI) Section has four primary activities:

1. Review of Health Care Facility Construction Projects
2. Management of Oregon Trauma & EMS Programs
3. Management of Certificate of Need Program
4. Regulation of Non-Long Term Care Health Care Facilities in Acute Care & Community-Based Settings, including:
  - Ambulatory Surgical Centers
  - Caregiver Registries
  - Community Mental Health Centers
  - Comprehensive Outpatient Rehab Facilities
  - Freestanding Birthing Centers
  - Hemodialysis Technicians
  - Home Health Agencies
  - Hospice Programs
  - Hospitals
  - In-Home Care Agencies
  - Nontransplant Anatomical Research Recovery Organizations
  - Organ Procurement Organizations
  - Outpatient End-Stage Renal Disease Treatment Facilities
  - Outpatient Physical Therapy or Speech Services
  - Portable X-Ray Suppliers
  - Rehabilitation Agencies & Clinics
  - Rural Health Clinics

# Health Facility Licensing & Certification



# Health Facility Licensing & Certification

## Team of 25:

- 15 surveyors specializing in one facility type & cross-trained. Hospital surveyors are all RNs & work in teams.
- 4 plans examiners evaluating physical environment requirements for select non-long term and long-term health care facilities.
- 4 administrative assistants supporting licensure, survey and complaint activities.
- 1 nurse staffing policy analyst.
- 1 manager.

## Program Workload:

- **Fixed:** Standard surveys required to satisfy state licensure &/or federal certification requirements.
- **Variable:** EMTALA reports, immediate jeopardy situations & complaint investigations.

# Survey Process

## Pre-Survey Preparation

### ◇ Develop survey plan and review hospital information including:

- waivers
- services provided
- licensure & ownership
- prior surveys & complaints
- on-campus & off-campus satellite locations

## Day 1

### ◇ Entrance Activities – Meet with administration to:

- Explain purpose & scope of survey.
- Explain survey process.
- Discuss logistics (e.g., survey team work space, photocopies, etc.).
- Provide Needs Lists detailing documents to be provided to survey team.

# Survey Process

## Days 1 to ≤ 5

### ◇ Information Gathering Includes:

- On-site observations at on-campus & off-campus locations.
- Interviews with staff, patients and nurse staffing committee cochairs.
- Administrative document review of policies & procedures, contracts, personnel records, staffing records, etc.
- Medical record review using representative patient samples.

### ◇ Preliminary Findings

- Surveyors use survey tools to quantify information gathered.

## Final Day of Survey

### ◇ Exit Conference with Hospital Administration

- Survey team shares preliminary findings & next steps.
- Note: Survey closure date will be later if survey team asks the hospital to submit additional information to clarify outstanding questions.

# Survey Process

## **Proposed: ≤ 30 Business Days After Survey Closed**

### ◇ **Agency Issues Statement of Deficiencies (SOD)**

- Issued to hospital administration & nurse staffing committee cochairs.
- SOD documents any violations identified during onsite audit or complaint investigation.

## **Proposed: ≤ 30 Business Days After SOD Issued**

### ◇ **Hospital Submits Plan of Corrections (POC)**

- Submitted to agency.
- POC documents hospital's plan to correct each cited deficiency.

## **Required: ≤ 60 Business Days After POC Approved**

### ◇ **Agency Revisits Hospital**

- Surveyors conduct second survey to assess implementation of hospital's POC & abatement of cited deficiencies.

# There's always more . . .

## **Nurse Staffing Information:**

Anna Davis, JD  
Nurse Staffing Policy Analyst  
[anna.l.davis@state.or.us](mailto:anna.l.davis@state.or.us)  
(971) 673-2950

## **HFLC Information:**

General Inquiries  
[mailbox.hclc@state.or.us](mailto:mailbox.hclc@state.or.us)  
(971) 673-0540

## **Additional Resources:**

Dana Selover, MD, MPH  
Section Manager  
[dana.s.selover@state.or.us](mailto:dana.s.selover@state.or.us)  
(971) 673-0540

Annabelle Henry, JD, MBA  
Program Manager  
[annabelle.d.henry@state.or.us](mailto:annabelle.d.henry@state.or.us)  
(971) 673-0540

# Nurse Staffing FAQ

## 3 ways to ask:

1. Write them on a notecard and submit them
2. Proceed to a microphone and ask
3. Email them to [mailbox.hclc@state.or.us](mailto:mailbox.hclc@state.or.us)

Oregon  
Health  
Authority