

2021 Changes to Oregon Nurse Staffing Surveys and Complaint Investigations

Background

In 2017, the Oregon Health Authority (OHA) began the first 3-year cycle of nurse staffing surveys under the 2016 amendments to the nurse staffing administrative rules. Cycle 1 surveys were completed in early 2020. The beginning of the Cycle 2 was disrupted by the COVID-19 pandemic; full surveys were paused during the pandemic which aligned with a federal pause on survey activity. During the survey pause the OHA and the Nurse Staffing Advisory Board worked to integrate feedback from Cycle 1 and improve the survey tools and processes.

The NSAB Process Improvement Committee (PIC) met four times from July 2020 to October 2020 with a focus on:

- Reviewing the current nurse staffing compliance requirements and recommending priority elements;
- Advising on elements to be covered in new and revised tools to align with focus on priority requirements in triennial nurse staffing surveys;
- Recommending survey process changes to streamline the triennial nurse staffing survey including pre-survey attestations and onsite review activities; and
- Recommending survey resolution process improvements, including Nurse Staffing Report format, the Plan of Correction process and the revisit survey process.

The full NSAB endorsed the recommendations of the PIC, and the following changes are based in the work generated by the PIC:

Change 1 – OHA is adopting new and revised survey tools to help streamline the survey process.

Summary of Changes

Using feedback from the PIC, OHA created the new Mandatory Overtime tool, Meal and Rest Break tool, Nurse Staffing Plan Review tool and Unit Onsite Review tool.

The Mandatory Overtime tool, Meal and Rest Break tool, and the Nurse Staffing Plan Review tool must be completed by the unit's direct care representative on the Hospital Nurse Staffing Committee and a nurse manager. If the direct care representative is unavailable, a designee may be selected by the direct care nursing staff members to complete the tools on behalf of the direct care representative. The designee must be a direct care nursing staff member on the unit being surveyed and should be familiar with the unit's practices related to mandatory overtime, meal and rest breaks and operationalization of the unit's nurse staffing plan.

The other new tool, the Unit Onsite Review tool, is completed by OHA surveyors while on the unit. The surveyor will interview direct care nursing staff who are familiar with unit practices, such as the unit charge nurse. Surveyors will use this tool to determine the unit's compliance with nurse staffing rules in real time.

The new tools are included in the [Sample Nurse Staffing Tool Kit](http://www.healthcare.org/nursestaffing) posted on the OHA Hospital Nurse Staffing website (www.healthcare.org/nursestaffing) for reference.

Below is a more detailed description of the information captured by each of the new tools:

- *Nurse Staffing Plan Review Tool*
The Nurse Staffing Plan Review tool allows the unit's direct care representative and nurse manager to describe how the unit operationalized its NSP within the past six months. The tool is a combination of a short answer, narrative, and Yes/No questions. The Nurse Staffing Plan Review tool asks questions related to required elements of the NSP. The Nurse Staffing Plan Review Tool replaces the Written Staffing Plan Review and the Annual Staffing Plan Review.
- *Mandatory Overtime Tool*
This tool allows the unit's direct care representative and nurse manager to describe the unit's overtime practices within the past six months. If the direct care representative or nurse manager indicate potential compliance problems in the yes/no answer section of the tool, they are asked to explain the corresponding overtime practice in the narrative section of the tool. Surveyors may ask follow-up questions or request additional information as needed. The Mandatory Overtime Tool replaces part of the Written Staffing Plan Review and the Maximum Hour Review.

- *Meal and Rest Break Tool*

Like the Mandatory Overtime Tool, the Meal and Rest Break tool allows the unit's direct care representative and nurse manager to describe the unit's meal and rest break practices during the last six months. If the direct care representative or nurse manager indicate potential compliance problems in the yes/no answer section of the tool, they are asked to explain the corresponding meal and rest break practice in the narrative section of the tool. Surveyors may ask follow-up questions or request additional information as needed. The Meal and Rest Break Tool replaces part of the Written Staffing Plan Review and the Maximum Hour Review.

- *Unit Onsite Review Tool*

The Unit Onsite Review tool is completed by OHA surveyors while on the unit and provides a framework for OHA surveyors to interview direct care nursing staff on the unit. There will be one form completed per direct care nursing staff member interviewed. OHA surveyors may choose to interview one or more direct care nursing staff on the unit. The tool includes questions about acuity and intensity practices, minimum numbers of nursing staff members, and meal and rest break practices and how those practices are working in real time. Because OHA surveyors do not make final determinations about compliance while they are at the facility, they do not provide feedback during the survey including while completing the Unit Onsite Review Tool.

The Unit Onsite Review is the first time OHA surveyors will measure the NSPs working in real time using input from direct care staff. At the PIC's recommendation, OHA has created an [Explanation Guide](#) to describe how surveyors use this tool and to help units prepare for onsite interactions. This explanation guide is posted on the [OHA Hospital Nurse Staffing website](#).

Change 2 – OHA is adopting a new format for the Nurse Staffing Reports issued following a nurse staffing survey or complaint investigation

For Cycle 1 of the nurse staffing surveys, OHA issued the Nurse Staffing Reports using a federal report format. The federal report format has two columns. The first column is the OHA's report. The second column provides space for the facility to type their Plan of Correction (POC).

The new Nurse Staffing Report uses the full page for the report. The report includes the same elements of:

- Administrative Rule;
- Deficient Practice Statement; and
- Findings.

OHA will also include a brief explanation on how to read the report in Tag E000, Initial Comments. This explanation will help readers identify the tag, the rule language, the Deficient Practice Statement and the findings and will explain what should be addressed in the POC.

Change 3 – To streamline the nurse staffing complaint triage process, OHA created a Nurse Staffing Addendum to the Complaint Intake Form

The Health Facility Licensing & Certification (HFLC) program uses the Complaint Intake Form (CIF) to gather complaint information. The CIF is designed for a variety of facility types and focuses on information related to specific patient care concerns. The CIF does not include all of the questions HFLC needs to gather the information necessary to determine whether there are potential violations of nurse staffing rules. OHA created the Nurse Staffing Addendum to gather specific information about nurse staffing. Nursing staff members should complete and submit both the CIF and the Nurse Staffing Addendum to file a hospital nurse staffing complaint. Both forms are posted on the HFLC Complaint website (www.healthoregon.org/facilitycomplaints) and linked on the [OHA Hospital Nurse Staffing website](#).

Change 4 – OHA is adopting a new process for revisit surveys that includes submission of evidence and attestations

After a survey or complaint investigation, OHA is required to audit the hospital to verify that the hospital has implemented the approved Plan of Correction. The statute requires this subsequent audit (revisit) to occur within 60 business days of the plan of correction approval date. During Cycle 1 (surveys between 2017 and 2019), OHA was unable to complete the revisits due to resource limitations and workload priorities.

Based on feedback from the PIC, OHA will allow hospitals to submit information from the Nurse Staffing Committee co-chairs that reflects a return to compliance for many citations. OHA may require documentation of compliance for some citations.

Other Important Information for 2021

During Cycle 1 of the nurse staffing surveys, OHA was unable to complete Cycle 1 revisit for hospitals with approved Plans of Correction. In 2021, OHA will combine Cycle 1 revisits with the full nurse staffing surveys. The hospital's Nurse Staffing Report will identify whether a finding is part of the full nurse staffing survey and whether it reflects repeated non-compliance. If the survey includes a complaint investigation, the report will also identify whether the finding is related to the complaint investigation.

Nurse staffing surveys will occur at the hospital, but some survey activities may be completed remotely. The use of remote survey activities will reduce the impacts of onsite

time during the pandemic. OHA monitors the positivity rate of communities and hospital capacity; this information is used to adjust the survey schedule and factored in to the balance of survey teams' onsite and remote activities.

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