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**Oregon Nurse Staffing Advisory Board (NSAB)**  
*Wednesday, January 25, 2023*  
 1:00 PM – 5:00 PM

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Meeting Minutes

Cochair	Uzo Izunagbara, DNP, MSN, MHA, RN (presiding)
Members present	Jenni Word, RN; Barbara Merrifield, MSN, RN; Joel Hernandez, RN; Kelsey Betts, RN; Shannon Edgar, RN, MBA; Lace Velk, RN; Mariah Hayes, MN, RN, NE-BC; Todd Luther, RN, CEN; Becky Wise, RN; Chandra Ferrell, CNA
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Kimberly Voelker, MPH; Austin Schmidt; Amani Atallah; Tip McIntosh
Additional Oregon State employees present	Rep. Travis Nelson (Oregon State Legislature); Sam Stark (Rep. Nelson Assistant)

Guests present	Katrina Doughty (BOLI); Janna Champagne (Cannabis Nurses Network); Shonda Broom (D4N Consulting); Liz Porter (Health Environment Justice Analytics); Thomas Feld (Jackson County Care Connect); Donell Owens (Kaiser Permanente); Katherine Golden (Leaf411); Kitty Rogers (Legacy Health); Beth Dimler (Lower Umpqua Hospital); Danielle Meyer (OAHHS); Matt Calzia, Therese Hooft (ONA); Christine Bartlett (OHSU); Nancy Deyhle (PeaceHealth Riverbend); Deidre Greene (Retired); Crystal Smith (Samaritan Albany); Lonnie Miller (Santiam Hospital); Heather Shelton (Self- Employed); Jennifer Peterson (St. Anthony Hospital); Tia Rodriguez (West Valley Hospital)
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<b>Agenda Item 1</b>	<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. Chat rules were stated.</p> <p>Board co-chair greeted board members.</p>	

<b>Agenda Item 2</b>	<i>Minutes</i>
<p>Board co-chair asked whether the board had any suggested edits, corrections, additions, or questions about the minutes from the October 2022 Quarterly NSAB meeting.</p> <p>Motion to approve October minutes as written: Joel Hernandez Seconded: Lace Velk Motion passed</p> <p>Motion to approve the minutes from the Ad Hoc meeting held in December 2022: Uzo Izunagbara Seconded: Joel Hernandez Motion passed</p>	

<b>Agenda Item 3</b>	<i>Membership &amp; Program Updates</i>
<p>A. Davis explained that surveyors were not present at this meeting due to current survey workload but should be present at the April board meeting.</p> <p>K. Voelker spoke to NSAB recruitment and the openings for a nurse manager co-chair and for nurse manager member positions. Direct care members were also encouraged to apply. They stated that the applications in the pool are valid for two years and having applicants waiting is useful with vacancies arise. K. Voelker reminded the board that nurse manager co-chair position is directly appointed by the governor.</p> <p>K. Voelker discussed upcoming member renewals.</p> <p>K. Voelker reminded the board of the Nurse Staffing Webinars on the OHA Nurse Staffing website (<a href="http://www.healthoregon.org/nursestaffing">www.healthoregon.org/nursestaffing</a>). The entire series are available as video recordings and PDF slides.</p> <p>Board co-chair asked about board member position numbers .</p> <p>K. Voelker stated that new board members were appointed to the position number of the previous board member whose position they had filled.</p>	

Board co-chair asked about data available to show the utility or online use of the nurse staffing webinars.

K. Voelker answered that there was no utilization data. However, anecdotally, the OHA nurse staffing team has been told often by viewers that the webinars have been very helpful. The webinars on posted on YouTube displayed the number of views, but it was not known whether people had watched those webinars in groups or individually.

Board co-chair asked board members if there were any questions about the Membership and Program Updates sections or if there were any questions for surveyors to table. There were no questions.

<b>Agenda Item 4</b>	<b><i>2023 Legislative Session and Status Updates</i></b>
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*2023 Legislative Session*

D. Selover gave the board updates on the 2023 Legislative Session and explained OHA's process for reviewing bills, including that OHA's official position on all bills not requested by the OHA is "No position".

*Nurse Staffing Waivers*

K. Voelker explained that the Waiver dashboard appears only twice a year in NSAB meetings, once in January and once in July.

K. Voelker presented the waiver dashboard for Large Hospitals (>150 beds) and explained how to read the dashboard. They noted that between July 2022 and January 2023, there was not much a change in Large Hospitals with an initial waiver application.

K. Voelker presented the waiver dashboard for Medium Hospitals (26-150 beds) and noted there were no changes in the Initial Waiver Application column since July 2022. However, there was one new Subsequent Waiver Application. There was also one additional medium hospital that renewed its waiver.

Board co-chair asked how long it took hospitals to reapply for a waiver for requests in Lapsed column.

K. Voelker answered that hospitals usually reapply within six months.

A. Davis explained that there is no requirement for a waiver and that waivers could be lapsed for several reasons, including hospitals no longer needing a waiver.

K. Voelker presented the waiver dashboard for Critical Access Hospitals (25 beds or fewer) and stated that there was one initial waiver application since July 2022. There were no

changes in the Subsequent Waiver Applications. There were one additional renewal and one lapsed waiver that was requested again and subsequently granted.

The Patient Care Areas Covered by Granted Nurse Staffing Waivers was presented and K. Voelker explained how to read the dashboard. They noted that it is very common for waivers to cover procedural units.

Board co-chair asked for clarification on what patient care areas were included in the “Other” column.

K. Voelker stated that there were often specialized units in the “Other” column, including a respiratory transport team and oncology units. It also included Med/Surg units.

Board co-chair asked if these units were included because they provided nursing care.

K. Voelker answered yes.

Board co-chair stated that their goal of future iterations of the nurse staffing law is to reduce the number of waivers.

Board member remarked that waivers were an important part of the process for hospitals.

K. Voelker presented the final slide of the waiver dashboard which illustrated the number of hospitals with waivers expiring in September 2023 (12 hospitals) and October 2023 (9 hospitals).

### *Nurse Staffing Surveys*

K. Voelker presented the Nurse Staffing Survey dashboard, which included information about the number of hospitals surveyed and Plan of Correction (POC) status for surveys completed in Cycle 1 (2017 – 2019) and Cycle 2 (2021 – 2023).

Board member asked for clarification about whether 17 of 20 hospitals surveyed were working on their POC.

K. Voelker counted 18 hospitals working on their POC.

Board member asked if all 20 hospitals on the chart had received citations or if there were hospitals with no citations absent from the graph.

K. Voelker answered that all the hospitals surveyed in Cycle 2 had received at least one citation. Therefore, all 20 hospitals were required to submit a Plan of Correction.

K. Voelker reviewed the dashboard and clarified that of 20 hospitals surveyed, 17 had completed or were in the process of completing on their POCs. The other three hospitals were awaiting their survey reports.

A. Davis noted that back in Cycle 1 (2017 – 2020), all hospitals received at least one citation.

Board co-chair observed that one hospital was on its sixth POC and discussed how long it took for some hospitals to submit an acceptable Plan of Correction. They asked about the size of the hospital.

K. Voelker did not recall which hospital submitted six POCs. They explained that hospitals often worked down to a handful of tags on their POC and then struggled with the final few tags.

A. Davis stated that hospitals struggling with their POC tags often request a conference call for help and if they don't, OHA arranges a call with the struggling hospital to assist their understanding with deficiencies and the POC requirements.

K. Voelker reiterated that OHA had received many requests for conference calls from hospitals related to POCs.

#### *Nurse Staffing Complaint Investigations*

K. Voelker presented the Nurse Staffing Complaint Investigations dashboard, showing the number of investigations completed since 2016, number of investigations with one complaint or multiple complaints, and the number of hospitals investigated since the October 2022 NSAB meeting. They also presented the status of Plans of Correction for completed complaint investigations.

Board co-chair asked how many complaints were substantiated and complaint topics, as well as whether that information was available.

K. Voelker answered that the information was available and would be presented later in the board meeting.

#### *Nurse Staffing Revisits*

K. Voelker presented the Nurse Staffing Revisit dashboard, which reflected information about revisits combined with full nurse staffing surveys, standalone revisits, and how many hospitals had passed their revisits or were in the revisit report and revisit Plan of Correction process.

Board co-chair asked if the increase in OHA surveyor staff would result in increased surveyor bandwidth.

A. Davis explained the average onboarding timeline for new surveyors . They explained that because onboarding takes time, the survey team was not functioning at full capacity yet.

Board co-chair asked if the surveyor position was designed to do both federal and nurse staffing surveys.

A. Davis described the surveyor staff with three being full time, two of whom are doing only nurse staffing. The other nurse staffing surveyor position is shared between four surveyors who do federal surveys and nurse staffing surveys.

There were no additional questions about revisits.

<b>Agenda Item 5</b>	<i>2022 Year in Review Presentation</i>
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K. Voelker reminded the board that the Year in Review was presented at the beginning of each year. They presented the Year in Review slides, which included information about nurse staffing surveys, comparisons between Cycle 1 (2017 – 2019) and Cycle 2 (2021 – 2023) citations, and SurveyMonkey utilization.

Board co-chair asked if “survey years” mentioned in the presentation meant calendar years (January – December).

K. Voelker answered yes.

A. Davis explained that OHA had started surveying annual staffing plan review requirements in the second year of Cycle 1. Therefore, 2/3 of the hospitals were surveyed for compliance with these requirements in Cycle 1 while the other 1/3 were not.

The average number of citations was summarized over Cycle 1 and Cycle 2. K. Voelker explained that the OHA was citing fewer tags per hospital in Cycle 2 than in Cycle 1.

K. Voelker presented SurveyMonkey Response Rates for Cycle 1 and Cycle 2 and noted that hospitals surveyed during Cycle 2 were slightly more likely to have a very high SurveyMonkey response rate compared to those surveyed during Cycle 1.

A. Davis noted that the 20 – 84% response rate did not provide useful data and was not included in survey reports. They noted that this response group decreased from Cycle 1 to Cycle 2.

Board co-chair asked if OHA knows the role of SurveyMonkey respondents in their work at the hospitals surveyed.

K. Voelker answered that OHA can see the role of the respondent at the hospital as it is one of the required SurveyMonkey questions. They explained that the OHA reviews the narrative response for everyone and at the end focuses on the nurses at the hospital.

A. Davis added that there is skip logic built into the survey so that those who are not nurses answer fewer questions.

Board member asked if hospitals are given direct quotes from the results of the surveys.

K. Voelker and A. Davis both answered “no”, and that OHA never includes identifiable answers from SurveyMonkey in the reports. They explained that SurveyMonkey findings are presented as aggregate responses. They also reiterated that the OHA never shares responses because hospital staff need to feel comfortable describing their personal experiences.

A. Davis stated that SurveyMonkey findings are only utilized to support what was observed in real time during a hospital survey. They are never used as a sole basis of a citation.

K. Voelker provided an example in the meeting chat of the SurveyMonkey language

Board member and thanked K. Voelker and A. Davis for having the information of this agenda item well laid out.

Board co-chair asked the board if the format of the data was useful and easy to read.

Board member stated that the information was very helpful and well thought out because it is easy to see the progression and improvements.

There were no other questions or comments about the Year in Review slides.

<b>Agenda Item 6</b>	<i>Committee Updates</i>
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*Rules Review Committee*

K. Voelker updated the board on the Rules Review Committee activities, stated that they were working through the nurse staffing rules and comparing it to statutory language. They stated that the committee focused on identifying definitions and areas of clarification.

K. Voelker noted that upcoming Rules Review Committee meeting dates can be found on the last page of the NSAB meeting agenda along with the links to register for those meetings.

D. Selover suggested that the 2022 Year in Review be utilized to identify areas of opportunity for rule improvement.

Board co-chair asked if the Year in Review slides would be available to the committee.

K. Voelker answered yes.

Board member asked how much effort should be put into improvement if the law might change in the immediate future. They expressed concern about the balance of work.

D. Selover stated that the Rules Review Committee provides useful information that could be considered even if there are statutory changes. They reiterated that the information in the 2022 Year in Review that could be used in the committee's deliberations and considerations.

Board member noted that the high rates of survey citations reflect larger issues within nurse staffing and they were curious how the board was going to address those issues.

Board co-chair noted the current law that was still in place and found the material presented useful in making improvements.

Board member expressed that adding in anything to provide clarity is helpful but was concerned about the additional workload of having the Rules Review Committee review Year in Review slides.

D. Selover clarified that extra work or reports were not necessary, but that the information presented in Year in Review could be considered.

There were no further comments or questions about the Rules Review Committee.

<b>Agenda Item 7</b>	<i>Update on Civil Monetary Penalties</i>
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*Civil Monetary Penalties Committee*

K. Voelker noted that the NSAB met in December for an ad hoc meeting to discuss Civil Monetary Penalties (CMP) and reviewed comments submitted by the public. OHA consulted with the Department of Justice (DOJ) and they are working through the feedback provided.

Board co-chair asked if more information can be shared.

A. Davis answered that OHA was unable to provide more detail about the feedback because the attorney-client relationship the OHA has with the DOJ.

Board co-chair asked about webinars regarding CMPs.

A. Davis noted that this is a topic OHA has identified for a future webinar.

There were no additional questions or comments about the CMP Committee.

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



<b>Agenda Item 9</b>	<i>Nurse Staffing Complaints</i>
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K. Voelker presented the Nurse Staffing Complaints slides, which included information about complaint investigation processes, complaint terminology, the number of complaints received in 2022, complaint outcomes, complaint allegations, and common investigation deficiencies.

Board co-chair asked if the Annual Review tags were listed in this presentation.

K. Voelker answered that the annual review tag is very rarely the basis of a complaint and therefore not included in the presentation.

Board member noted that it was most concerning that tags regarding patient safety are the most cited and stated that more focus was needed in those areas.

Board member asked what OHA needs from the NSAB to reduce citations.

K. Voelker answered that it would be helpful for hospitals to know how many educational materials and resources OHA has available.

A. Davis added an area for improvement was the number of No Responses after OHA receives some initial complaint information and time invested in getting responses from complainants. It would be helpful if OHA could focus on investigating complaints than trying to get a response. They explained that they would like to see more unions explain to facilities with bulk complaints the complaint process and the need for additional engagement so that a complaint may be fully processed.

Board member complimented OHA's educational materials and offered insight as to why there is a lack of response from nurses, such as fatigue. They stated that nurses are conditioned to feel like they are unheard when they report.

A. Davis clarified that when OHA receives bulk submissions, the team follows up with each specific nursing staff member who submitted one or more documents that make up the bulk submission. OHA staff are often told by these individuals that they do not remember submitting the complaints. Therefore, there needed to be an understanding of exactly what happens when the unions submit a large number of complainants on behalf of individual members instead of union members submitting directly to OHA.

K. Voelker reminded the board that complaints do not have to be submitted immediately after the alleged events.

Board member asked how many complaints were submitted by hospitals.

A. Davis answered that self-reports were rare in all of OHA's hospital regulatory work.

Board member suggested that self-reports should be encouraged to hospitals since nurses are often too overwhelmed to follow through with complaints themselves.

Board member asked for clarification on the number of complaints where the nurse indicated that they had not intended to submit a complaint to OHA, only to their union.

A. Davis explained that when OHA receives bulk submissions from the unions with the unions' complaint form, there is no clear indication of whether the individual intended to submit a complaint to OHA and there is usually not enough information about the underlying allegations so follow ups are necessary.

Board member stated they have documentation of every missed rest and meal break of their nurses via the Kronos program over thousands of shifts for several years. They do not know what to do with this information.

A. Davis answered that if the board member was to submit that documentation from the hospital, OHA would still have to reach out to each nursing staff member for more information. This number of complaints would exceed OHA's investigation capacity.

K. Voelker noted the board member could submit a complaint with examples of one or two missed breaks and all of the other necessary information. They added that the Nurse Staffing webinar provides more information about this topic.

Board members asked why Kronos would not be sufficient if it provides the name and the dates.

K. Voelker answered that OHA will still need to know the shift the break was missed and the unit the nurse was assigned to. They also added that an intake would need to be created for every individual on the Kronos list as well as contact every single individual to confirm if they want their complaint to be filed.

Board member asked if a complaint needs to be filed for missed lunch or breaks with BOLI.

A. Davis answered that the OHA does not enforce BOLI laws and that those questions should be directed to BOLI.

Board member asked if the OHA investigates BOLI allegations.

A. Davis answered that BOLI investigates BOLI allegations and that they have their own investigation team.

Board co-chair asked how long after a missed meal or rest break a complaint could be filed with OHA.

A. Davis stated that there was not a requirement in statute, but for federal complaints, complainants are required to submit their concerns within 12 months. They stated that DOJ

would need to be contacted for guidance if a nurse staffing complaint was submitted more than a year after the incident.

Board member was eager to learn more, noting they had documentation dating back to 2017.

Board member asked the agency to reassess the complaint process to be more streamlined with an anecdote about their hospital's experience being surveyed and then their revisit being postponed due to COVID-19. They stated that nurses filing complaints felt like not enough was being done and that the process was not working..

Board member asked what was needed for OHA enforce the nurse staffing laws.

D. Selover reminded the board that the OHA was required to follow the laws set in place in rules and statutes. The NSAB and OHA had discussion on how to improve POC process as well as conversations on how to issue civil monetary penalties. They were unsure how to answer board member's questions because according to the law, OHA has followed the board's implementation priorities.

Board member rephrased their question to ask how the nurse staffing law could be made more effective.

D. Selover reminded the board that the Legislature created policy and OHA implements those policies. They explained the process for reaching out to the legislature.

Board member expressed frustration with existing nurse staffing processes.

There were no additional questions or comments about nurse staffing complaint processes.

<b>Action Item</b>	<ul style="list-style-type: none"><li>OHA to invite BOLI to discuss the differences between OHA and BOLI break requirements at a future meeting.</li></ul>
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<b>Agenda Item 10</b>	<i>Nurse Staffing Surveyor Discusses Survey Activities</i>
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*Due to survey workload, surveyors were not present at the January NSAB meeting to discuss survey activities.*

<b>Agenda Item 11</b>	<i>Emerging Issues in Nurse Staffing</i>
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Board co-chair invited each of the board members to speak on the emerging issues in nurse staffing by addressing the specific question: "If there were one thing in the nurse staffing law that could be changed, what would you like to change/suggest?"

Board member noted that they would remove the acuity and intensity requirement due to the lack of acuity and intensity guidelines and systems. They would also like to remove the

minimum numbers requirement because hospitals often flex by hour and there were no set systems. They also asked for an updated on the NSAB Nurse Manager Co-Chair position.

K. Voelker answered that the co-chair positions are appointed by the Governor, who was recently sworn in. A new co-chair was not appointed during the transition.

Board member answered that some flexibility for coverage for rest and meal breaks would be appreciated. They also mentioned having some metrics or data for nurse and patient safety would be helpful.

Board member answered that they would like to see more guidelines or “teeth” to hold hospitals accountable. They would also like to see a stricter timeline for conducting complaint investigations. They noted that there was already a strong foundation for nurse staffing in the law but that OHA needed more bandwidth to require hospital compliance.

Board member expressed interest in improved enforcement activities. They stated that the law was not hard to follow.

Board member stated that they would like to see a maximum nurse to patient ratio in a hospital setting. They stated this existed in nursing homes but not hospitals.

Board member answered that the one thing they would change was enforcement processes and improved clarity for minimum numbers.

Board member stated that they would like to reduce the complexity of the nurse staffing law because hospitals struggle to understand and comply with it.

Board member stated the need to simplify complexities in the law, noting those complexities lead to disengagement and lack of understanding. They also requested increased transparency about allocated resources.

Board member did not have any additional comments to add to the discussion.

Board member answered that they would like to improve language and process around nurse staffing processes during a hospital-specific disaster.

Board co-chair summarized the discussion.

<b>Agenda Item 13</b>	<i>Public Comment</i>
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K. Voelker initially reminded the board and the public that each comment is given a time limit of two minutes.

D. Selover also reminded the board that the Public Comment agenda item is not a time for interaction. Questions will not be answered but issues raised could be brought back as a future agenda item.

S. Ngela Ngasi was called upon to comment but they were not present.

H. Shelton was called upon and commented on nurse shortage and cannabis being taken off the control substances list.

J. Champagne was called upon and followed up on the previous participant regarding cannabis and how the stigma deterred qualified candidates.

K. Golden was called upon and expressed their dissatisfaction with hiring prescreening of nurses in direct care settings. They mentioned that many candidates use CDB for pain regulation and fear of repercussion deterred candidates from working.

N. Deyhle commented on complaint filing and investigation processes. They stated that OHA had asked for information that they believed to be proprietary and were unable to provide it, but believed that OHA would be able to get this information if they did an investigation.

J. Peterson addressed concerns regarding staffing committee meetings and missed breaks. They stated that their management team took great care in implementing changes in their procedures and team culture.

L. Porter expressed belief that pre-employment drug testing was systematically biased.

Board co-chair thanked the board as well as the public comments and adjourned the NSAB meeting.

<b>Agenda Item 14</b>	<i>Meeting Adjourned</i>
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**Approved by NSAB on April 26, 2023**

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please call our office at (971) 673-0540 or TTY 711.