



Oregon Nurse Staffing Collaborative

Oregon Nurses Association and
Oregon Association of Hospitals and Health Systems

ONSC Meeting Minutes: May 4, 2016
Meeting location: OAHHS office

Attendees: Dana Selover (OHA), Annabelle Henry (OHA), Dana Hawkes, Zennia Ceniza, Barb Merrifield, Rebecca Hopper, Paul Prough, Jordan Ferris, Carl Brown, Tonya Tittle, Stephanie Milstein, Sarah Gunderson, Lisa Quezada, David Silva, Debra Robinson, Bob Clements, Carolyn Starnes, Tina Bardavid, Corinna Christensen, Cheryl Brewer, Bill Howden, Diane Waldo.

Phone Attendees: Debbie Boswell, Debbie Rinaker, Adrienne Enghouse.

Agenda Item	Discussion	Action/Follow Up
State Meeting	<p>OHA colleagues, Dana Selover and Annabelle Henry, presented a PPT presentation on the Oregon Nurse Staffing Laws: Governance and Oversight. Key discussion points:</p> <ul style="list-style-type: none"> • Health Care Regulation & Quality Improvement (HCRQI) section of the OHA has four primary activities: <ul style="list-style-type: none"> ○ Review of Health Care Facility Construction Projects ○ Management of Oregon Trauma & EMS Programs ○ Management of Certificate of Need Program ○ Regulation on Non-Long Term Care Health Care Facilities in Acute Care & Community-Based Settings • HCRQI has a team of 25 staff; 5 of which are dedicated to the nurse staffing advisory board (NSAB) and facility compliance with the nurse staffing law • Survey process explained; survey may last 1-5 days; hospitals will receive prior notice of pending survey. Hospitals can expect a nurse staffing survey/audit every three years. • OHA provides a report to hospital administrator of survey findings (statement of deficiency: SOD) within 30 days; hospital provides a plan of correction (POC) within 30 days of receiving the SOD • OHA will complete a revisit to the hospital to verify POC has been implemented. OHA has the option of not going on-site for the revisit. • Major changes in SB 469: see OHA fact sheet, version 1.2, 03/24/16. • OHA resource on SB 469: policy analyst, Anna Davis, JD. Anna.I.davis@state.or.us 971-673-2950 • OHA Open House: May 17th from 4:30-6 pm at 800 NE Oregon Street, Room 1A. Webcast available. Agenda will be by topic; to be posted one week prior to webcast. Other open 	

	<p>houses scheduled for August 25 and December 15th. See OHA fact sheet for details.</p> <ul style="list-style-type: none"> • Public hearing on proposed rules: May 18, 2016 from 2-5 pm at 800 NE Oregon Street, Room 1C. <p>Written or oral comments accepted until 5pm on May 23, 2016. Please send your written comments to Anna Davis at OHA with a copy to Diane Waldo and/or Carl Brown.</p> <ul style="list-style-type: none"> • Next NSAB meeting scheduled for Wednesday May 25th. This is a public meeting. Call-in number is 877.336.1829. Participant code: 2075141. <p>Q& A:</p> <ul style="list-style-type: none"> • How can we learn from each other about survey findings? Survey reports will be posted 60-75 days following an accepted POC. • How can we prepare for a nurse staffing survey? A survey checklist will be available at the OHA Open House. • What if we have many open RN positions and are concerned about meeting the nurse staffing plan? We are hiring new grads as fast as possible. OHA staff encouraged hospitals to document and make their ‘best effort’ to meet the staffing plan. Frequent citations in this area stem from a lack of documentation of efforts. 	
<p>Debrief 04/11/16 Nurse Staffing Workshop</p>	<p>Feedback from the workshop attendees shared with the ONSC membership:</p> <p>What worked?</p> <ul style="list-style-type: none"> • Attendees appreciated research based presentation by B. Kalisch on missed nursing care. The #1 missed nursing care is patient ambulation. ONSC member mentioned their hospital is starting an early mobility program. • Workshop goal of positive examples • Sharing of tools • Networking and collaboration 	
<p>SB 469 Details & Implementation</p>	<p>RAC process:</p> <p>The NSAB members also served as the Rules Advisory Committee (RAC) to write rules for SB 469. The ONSC has three members on the NSAB: Debbie Robinson, Carolyn Starnes and Zennia Ceniza. They each spoke about the process and multiple committee meetings over a 5-week period.</p> <p>Proposed rules:</p> <p>Debbie Robinson shared that the rules for mandatory overtime remains unclear, especially how hospitals can operationalize. Question is “what is required OT?” Does it include areas that have call time built in their job descriptions? Does “required” mean mandatory?</p> <p>ONSC members discussed the feasibility/available resources to create 2 call teams. Delay in RN licensing (especially from California) mentioned as a challenge in efficient RN hiring. Group discussion/concern about highly specialized procedures/areas with call schedules, such as liver transplant. There is a</p>	

relatively small team that takes call due to high competency expectations. Limits on 'required' hours worked would impact the functioning and efficiency of this type of team. The nurse may volunteer to work; the hospital may not 'require' hours past 12 in a 24-hour period.

Summary of key discussion points:

Concerns:

- Shortage of qualified personnel to take call or to expand call teams
- New regulations around using scrub techs requiring certification impacts staffing ORs
- Maintaining competencies is a concern if a second call team is needed
- Need for highly skilled RNs for call (i.e. liver transplants) limits need for expanded call teams
- Mandated rest periods; nurse is free to waive the rest period
- Rural challenges due to access to resources and qualified staff

Strategies:

- Partner/collaborate with physicians on workflow process and culture change
- Maximize use of support staff, i.e. ED techs, and environmental services
- To evaluate for your hospital: are RNs working at the top of their license?
- Residency programs; growing our own,
- Collaborate with OSBN to address licensing delays; grant a temporary license
- Creative staffing
- Does required mean mandatory?
- Hospital nursing staff want autonomy and allowed flexibility to design their own call team schedules and restrictions re high risk, low volume procedures to balance resources and patient safety. (cardiac, liver teams, etc.). example: hospital letter of agreement with OR staff.

Status of draft rules & public hearing:

Proposed rules have been submitted to the Secretary of State. **As mentioned, the public hearing is scheduled for Wednesday May 18th from 2-5 pm at 800 NE Oregon Street, Room 1C. Written or oral comments accepted until 5pm on May 23, 2016. Please send your written comments to Anna Davis at OHA with a copy to Diane Waldo and/or Carl Brown.**

OHA revised fact sheet:

Group review of the current fact sheet. Group discussion and sharing re the following:

- How are people capturing acuity?
 - Professional organizations offer some guidance for specialty areas. No tools available for med/surg or outpatient clinics. ANA is providing a white paper later this year.
 - Some hospitals developing their own tool, such as a decision tree
 - Those on EPIC and Cerner can purchase acuity suite software. Vetted vendor information to be available in 2Q 2016 with a cost/benefit analysis available as well.

ONSC members agreed to forward comments to OHA re mandatory overtime concerns. Diane and Carl will do on behalf of ONSC.

	<p>How ONSC can help:</p> <ul style="list-style-type: none"> • Support of best practices: <ul style="list-style-type: none"> ○ Continued sharing/networking ○ Posting of documents and tools on Nurse Staffing repository page ○ Educational offerings prn 	
<p>Roundtable</p>	<p>Silverton Health: Beccie shared that their merger with Legacy will be completed by the end of May 2016.</p> <p>Providence Newberg: Bob shared that the hospital has their first ONA contract. In addition, are staffing up now in anticipation of vacancies later in the year. Aim to reduce big gaps of being short staffed while trying to recruit.</p> <p>Salem Health: Zennia shared that Salem has had good results with hiring new grads into their float pool. New grad residency program is 16 weeks.</p> <p>Good Samaritan Regional Medical Center: Bill shared that GSRMC has purchased Advasys, a system with camera and audio for monitoring multiple beds at a time. Goal is to decrease use of CNAs for 1:1 sitter needs.</p> <p>St Charles Health System: Debbie briefly shared project on ADT time project. Data was obtained through their EMR and then scrubbed. Findings resulted in adding 30 min to HPPD. Overall, added \$6 million in expense for the facility. Not house wide yet.</p> <p>General questions:</p> <ul style="list-style-type: none"> • Have hospitals seen an increase in violence against healthcare workers due to restriction of opioid prescribing? Yes, overall. Strategies include increased security presence, public/patient education, and training for staff on management of disruptive/angry patients. <p>ONA: Carl: shared that he is leaving ONA to work as a consultant. Last day at ONA is June 10, 2016. Good luck Carl!</p>	<p>Debbie to do full presentation on ADT project at August ONSC meeting.</p>
<p>Next meeting</p>	<p>Next meeting: Wednesday August 3, 2016 0900-1300 at the OAHHS offices</p>	