Oregon Health Care Workforce Committee
SB 879 Workgroup

Recommendations for the
Oregon Health Policy Board

June 30, 2012

I. Introduction

In its 2010 report to the Oregon Health Policy Board, the Healthcare Workforce Committee (Workforce Committee) recommended standardization of student background requirements for clinical training (drug testing, criminal background check, HIPAA training, etc.). SB 879 (2011) directed the Oregon Health Authority, in collaboration with the Oregon Workforce Investment Board, to convene a workgroup to develop these standards and to report back to the Oregon Health Policy Board and the Legislature. A copy of SB 879 is included with this report.

SB 879 specified that:

- The standards must apply to students of nursing and allied health professions, at a minimum, and may apply to students of other health professions;
- The standards must pertain to clinical training in settings including but not limited to hospitals and ambulatory surgical centers;
- The workgroup shall make recommendations for standards and for initial and ongoing implementation of those standards. The authority [OHA] may establish by rule standards for student placement in clinical training settings that incorporate the standards developed under this section and approved by the Oregon Health Policy Board.
- The Oregon Health Authority must report to an interim legislative committee related to health on workgroup progress on or before June 30, 2012.

Over the past several months, the Workforce Committee convened three large stakeholder meetings to identify what is currently working well and what is not, to develop a draft list of standard requirements, to consider options for implementing the standards, and to develop a system to track compliance with the standards. Participants in those meetings included representatives from:

- Universities, community colleges, and proprietary schools with healthcare professional educational programs;
- Hospitals and health systems (student placement or residency coordinators as well as legal or risk management departments);
- A wide range of disciplines including nursing, medicine (physician and physician assistant programs) PT, OT, lab and imaging technology, and medical assisting;
- Other interested parties such as licensing boards, the Oregon Center for Nursing, and the Oregon Primary Care Association.

See Appendix A for a full list.

A preliminary set of recommendations was produced in May and presented to the Senate Health, Human Services, and Rural Health Policy Committee during interim legislative days in that month. In late May and early June, stakeholders who had participated in the workgroup process were asked to review the material and to solicit feedback from their colleagues and their organizations' leadership. Many groups responded and their comments have been

incorporated into this report as part of the recommendations or--in the case of specific operational details--as notes of issues to be finalized in implementation.

This brief report describes the issue and key questions related to standardization and outlines the workgroup's recommendations for a set of common requirements and their implementation. The final section addresses the next steps that the Workforce Committee believes are necessary to move the standards forward.

II. Background and Approach

The Workforce Committee initially recommended that clinical placement requirements be standardized because the inconsistencies that currently exist across health care organizations increase students' education expenses and create costly inefficiencies for schools and clinical sites. The demand for clinical experiences already threatens to exceed the supply, so streamlining the process for everyone involved would help to increase capacity. Testimony provided while the bill was being considered in the Legislature expressed the urgent need for and benefits of standardization:

> *"Because educational institutions enter into contractual agreements with each clinical site, sometimes for each program at each clinical site, we are obliged to manage literally hundreds of contracts that may have differing pre-placement requirements for students in need of clinical training. One year we reviewed a clinical education contract that involved 4 health professions programs. We began to review the contract 4 weeks in advance of the expiration date. Pre-placement requirements (trainings, immunizations, drug screenings, etc.) were among the issues that required review and negotiation. It took 4 months to resolve the pre-placement requirements issue and involved 37 email threads, 3 faculty members, 5 staff members, 1 director of legal affairs and 1 executive dean."* ***Ann E. Barr PT, DPT, PhD Executive Dean and Vice Provost at Pacific University***

> *From a student's perspective, the varied requirements are confusing and often frustrating. Students wait from one to six months and spend between $100 to $200 on the appropriate set of immunizations, drug tests, and background checks in order to become eligible to attend clinical training at one hospital or clinic. Then, when a student is rotated to another site, he or she once again could wait one to six months and possibly spend another $100 to $200 on another set of required checks and tests. Each time, a student moves, the process begins again."* ***Ann Malosh, M.Ed, Dean, Business, Healthcare, and Workforce, Linn Benton Community College***

> *"This bill has the potential to not only reduce administrative costs across Oregon's health care system by eliminating duplication, but it will also contribute to laying the necessary groundwork to expand Oregon's training capacity, which is an essential*

aspect of meeting Oregon's future healthcare workforce needs." ***Mark A. Richardson MD, MBA, Dean of OHSU School of Medicine***

The workgroup formed to address these issues agreed that ensuring patient and student safety should be the priority. In undertaking their task, the workgroup's approach was to value simplicity and to attempt to develop efficient solutions that would benefit all three constituencies: students, schools, and clinical facilities.

III. Key Questions and Recommendations

In the course of their meetings, participants in the SB 879 workgroup process addressed four questions:

- What should the standards be?
- To whom should they apply?
- How should the standards be implemented?
- How should students' compliance with the standard requirements be tracked?

Key considerations and the Workforce Committee's recommendations on each are described below.

Standards

➢ The recommended standards address immunizations, screenings, training, and other topics (liability, health insurance, etc.), as well as the timing for these standards. See Table 1 for the specific recommendations in each area.

As noted in the Table, some operational details remain to be finalized, e.g. the particular list of sources that should be checked and types of offenses that should be considered as part of a criminal background check. Workgroup participants suggested the Department of Human Services' criminal background check process as the best starting point, but this and a few other details should be settled during planning for implementation of the standards (see *Implementation* below).

In addition to trying to identify specific standards that would be broadly acceptable, participants in the workgroup process wrestled with the key question of whether the standards should be considered a floor or a ceiling. Setting standards as a floor would allow each clinical facility to add their own requirements on top; many stakeholders felt strongly that this would replicate the problem the group was trying to solve. On the other hand, several noted that setting the standards as a ceiling could put clinical sites in a difficult situation if updated guidelines are subsequently issued by regulatory and accrediting agencies.

➢ The recommendation of the Workforce Committee is that the standards be implemented as a ceiling for the relevant professions and settings (see *Applicability* below) but that a process be developed to update the standards in a timely manner in response to significant changes. This

process may include an automatic incorporation of guidance issued by The Joint Commission (TJC), the Centers for Disease Control and Prevention (CDC), or other relevant bodies (see *Implementation* below).

Applicability

SB 879 specifics that, at a minimum, the standards should pertain to nursing and allied health students doing clinical placements in hospitals and ambulatory surgical center settings. However, the bill allows the standards to apply more widely and the draft recommendations were developed by a much broader range of stakeholders.

➢ The Workforce Committee recommends that the standards apply to any student with clinical or therapeutic contact with patients in a healthcare setting. Specifically, the standards should apply to students of these professions (whose clinical placement meets the definition above):

- Medicine (including Physician Assistants)
- Nursing
- Physical and Occupational Therapy
- Pharmacy
- Dentistry and Dental Hygiene
- Mental health and addictions treatment
- Allied health (e.g. respiratory therapists, phlebotomists, medical assistants, etc.

And the standards should apply to students working in the following settings, when their work/internship involves clinical contact:

- Hospitals
- Ambulatory care centers and offices
- Long term care settings, including but not limited to nursing facilities, assisted living, and residential care
- Hospice

Note that Department of Veterans' Affairs (VA) facilities are explicitly excluded from this list because their standards for student clinical placement are set at the federal level. However, representatives from the Portland VA participated in the SB 879 workgroup and the proposed standards are largely consistent with the VA's requirements.

➢ Based on stakeholder input, the Committee recommends that the standards allow for exceptions when students are placed in a facility or setting where the employed professionals do not have similar requirements. The need for this was raised in the context of behavioral health professions students (e.g. social work, psychology), whose level of clinical patient contact varies, but the exception may be relevant for others as well.

➢ The Committee is *not* suggesting that the proposed standards extend to students who will not have direct patient contact as part of their internship or placement. Under most circumstances, this would include students in programs for health management or administration, clinical informatics, research, and medical transcription, among others. While

some facilities may require students from these fields to meet one or two of the prerequisites (e.g. a background check), the standards were not developed with non-clinical students in mind. Similarly, the standards are not intended to apply to research or medical services settings (e.g. a clinical research laboratory or a blood bank). Finally, the standards are not intended to supersede requirements that apply to specialty services (e.g. requirements set by the Nuclear Regulatory Commission for students involved in radiosurgery).

In more than one meeting, workgroup participants discussed to what extent the standards should apply to students enrolled in out-of-state training programs who do clinical placements in Oregon. These students include Oregon residents enrolled in online programs or attending schools just across state lines in Washington, Idaho, or California, as well as non-Oregon residents who want to come to Oregon for clinical rotations. The question is an important one because distance learning programs are growing rapidly and are creating additional demand for limited clinical placement sites in Oregon. Anecdotally, participants in the workgroup process relayed that some distance programs to do not assist their students to obtain clinical placements or supervise them adequately while they are in place.

➢ The Workforce Committee recommends that the standards apply to *all* students seeking clinical placements in Oregon, including those enrolled in out-of-state schools or distance training programs. This consistency should benefit both host facilities and students. The question of how to incorporate verification and tracking for out-of-state students is one that should be addressed during implementation planning.

Implementation

The third key question addressed by the workgroup was how to secure agreement with and use of the proposed standards. Stakeholders discussed a range of options, from voluntary adoption to compliance enforced via statute. In general, the group felt that voluntary adoption would not address the problem effectively and that statutory enforcement would be unnecessarily heavy-handed.

➢ The Workforce Committee recommends that the standards be articulated in administrative rule by OHA, as provided by SB 879. The effective date of the rules should be far enough in the future that training programs and clinical sites have time to amend their entry requirements and contracts as needed (e.g. effective for students admitted as of September 2014). As emphasized under *Applicability* above, the administrative rules must include a process by which the standards can be re-considered and updated in a timely manner when regulatory or accrediting bodies issue new guidance. This process may include an automatic incorporation of guidance issued by TJC, the CDC, or other relevant bodies.

Tracking

Documenting and communicating that each student has satisfied the prerequisites for clinical placement currently creates a significant workload for students, schools, and clinical sites.

Many schools and institutions employ full-time placement coordinators to facilitate the process. In some areas, systems have been developed to centralize this tracking and facilitate scheduling of clinical placements, such as StudentMAX in the Portland metro area for nursing students (now expanding beyond nursing) or the Student Health Professional Scheduler offered by the Area Health Education Center of Southwest Oregon. Participants in the SB 879 workgroup process debated the merits of a range of tracking options and identified two primary candidates:

1. A common format checklist or other high-level paper document (e.g. a "passport") that attests to students' good standing; or
2. A passport along with a centralized, web-accessible database that allows students and schools to upload relevant source documents (e.g. proof of immunization). The database would have to be built with appropriate safeguards for information security and only allow clinical sites to view source documents with students' permission.

The benefits of a centralized database are many: it would reduce the exchange of paperwork between schools and clinical sites; facilitate access to the primary source documentation that clinical sites are increasingly demanding; and would allow students who transfer between schools or who continue on to a second degree to preserve their information. Many workgroup participants argued that a centralized database would be essential for an effective system. It was widely acknowledged, however, that the cost of creating and maintaining a centralized database, even one built on top of an existing system, was a significant logistical barrier. A centralized database has the potential to create savings in the long term by simplifying contractual negotiations, facilitating communication, and reducing duplication but would require an up-front investment and an ongoing operating budget. Cost aside, some participants also expressed concern about the security of confidential information and how to incorporate students coming from out-of-state programs.

➢ While recognizing the value of a centralized database and urging stakeholders to conduct a financial feasibility study, the Workforce Committee recommends a simpler, paper-based "Passport" tracking system initially. Schools would continue to verify source documents and would issue a common format passport to students in good standing. With the student's permission, schools could release copies of the source documentation to clinical sites upon request.

IV. Next Steps

The Healthcare Workforce Committee respectfully submits the draft recommendations in this report to the Oregon Health Policy Board for review and feedback. If the Board agrees with the substance of the recommendations, the Committee would suggest the following as next steps:

1. OHA convenes a Rules Advisory Committee and develop the administrative rules necessary to implement the common standards. As noted, the effective date of the standards should allow all constituencies adequate time to prepare. The rules should

address the details that were not finalized by the SB 879 workgroup (e.g. particular elements of a criminal background check) and specify when and how the standards can be updated in response to national and regional guidelines or issues identified by Oregon institutions.

By default, the process of administrative rule development includes notification of interested parties and opportunities for public comment. The Committee suggests that these be expanded in this case to encourage participation from stakeholders who may not have engaged in the SB 879 workgroup.

2. Stakeholders commission a small feasibility study for a self-sustaining, centralized database to track and document students' satisfaction of the prerequisites. The study should estimate the expenses incurred now by students, schools and clinical sites, the degree to which use of common standards and a centralized database could be expected to reduce those expenses, and the cost of building and maintaining a database.

Table 1. Standards that health professions students should meet before clinical placements

Developed for the Oregon Health Policy Board by the Oregon Healthcare Workforce Committee

June 2012

Standard	Timing	Notes
Immunizations (documented receipt of vaccine or documented immunity via titer or valid history of disease)		
Hepatitis B (Hep B)	Per CDC guidelines	
Measles, mumps and rubella (MMR)		
Tetanus, diphtheria, pertussis (Tdap)	Per CDC guidelines	
Varicella		
Recommended -- Influenza (seasonal flu)		Follow state law requirements[1]/recommend mask or other precaution if not immunized
Recommended -- Polio		CDC recommends for health care workers with special conditions (i.e., pregnant, diabetic, etc.)
Screenings		
Tuberculosis (TB)	Before first placement; after that only in case of known exposure	Facility choice of skin test or Quantiferon Gold
Substance Abuse - 10-panel drug screen as minimum, *unless profession requires more (e.g. BOP intern license)*	Matriculation contingent on acceptable drug screen results; subsequent screens only for cause	School/training program should verify that screening is performed by a reputable vendor
Criminal Background Check - E.g. local and national criminal search, OIG provider exclusion list, sex offender registry, etc.	Matriculation contingent on acceptable criminal background check results	Elements of check should be standardized (see at left) and check should be performed by a reputable vendor, criteria TBD.
Training		
Basic Life Support (BLS) for healthcare providers	Before first placement; maintain current certification during placement	Recommend American Heart Association training
Bloodborne Pathogen training (OHSA)		
Site-specific privacy and confidentiality practices	With *each* placement	
Site-specific orientation (facility-specific protocols for safety, security, standards of behavior, etc.)		
Other		
Professional liability	Prior to clinical rotation	Students are typically covered by school
General liability		Students are typically covered by school
Non-disclosure agreement		
Current health insurance (or coverage via Workers' Compensation insurance extended to students by school)		

Appendix A
Stakeholders Consulted

Participated in one or more meetings:

Lucy Andersen	Northwest Permanente, P.C.
Jen Baker	Oregon Nurses Association
Jo Bell	Department of Community Colleges and Workforce Development
Jana Bitton	Oregon Center for Nursing/Student Max
Peg Bodell	Legacy Good Samaritan
Debra K. Buck	Oregon State Board of Nursing
Michelle Cooper	Portland VA Medical Center
John Custer	Legacy Health Systems
Denise Dallman	Carrington College
Marcia Decaro	OHSU
Jennifer Diallo	Oregon Student Assistance Commission
Deb Disko	Oregon Institute of Technology
Amy Doepken	Legacy Health Systems
Michelle Eigner	OHSU
Mark H Ellicott	Portland VA Medical Center
Vicki Fields	OHSU
Jesse Gamez	FamilyCare
Leslie Gonzales	Carrington College
Jalaunda Granville	Oregon Primary Care Association
Weston Heringer, Jr.	Oregon Dental Association
Felicia Holgate	Oregon Occupational Therapy Licensing Board
Kim Ierian	Concorde Career College
Joy Ingwerson, RN	Oregon State Board of Nursing
Jo Johnson	Office of Rural Health
Carlie Jones	Sumner College
Julie Kates	Portland State University
Jenny Kellstrom	Oregon Institute of Technology
Troy Larkin	Providence Health & Services
Donna Larson	Mt. Hood Community College
Ann Malosh	Linn-Benton Community College
Linda Meyer	OHSU

Teresa Moeller	Breckenridge School of Nursing
Judy Ortiz	Pacific University
Skip Panter	Samaritan Health Services
Sandra Pelham Foster	Pacific University
Launa Rae Mathews	OHSU
Juancho Ramirez	OSU/OHSU
Rebecca Reisch	Pacific University
Mary Rita Hurley	Oregon Center for Nursing
Pamela Ruona	Oregon Health Care Association
Karan Serowik	Heald College
Leslie Soltau	Samaritan Lebanon Community Hospital
John Thompson	Providence Health & Services
Kirt Toombs	Eastern Oregon Center for Independent living (EOCIL)
Linda Wagner, RN, MN	Rogue Community College
Greg White	Oregon Workforce investment Board
Anne Wilson	Legacy Health Systems
Saydee Wilson	Pioneer Pacific College
Marina L. Yu	Legacy Health Systems

Received meeting materials, summaries, and other review material

Ann Barr	Pacific University
Nancy Bensen	Tuality Healthcare
Alisa Beymer	Sacred Heart Medical Center
Jan Brooke	PeaceHealth
Genevieve Derenne	Providence Health & Services
Julie Ebner	Providence Health & Services
Coleen Fair	Samaritan Lebanon Community Hospital
Ilene Gottesfeld	ITT Technical Institute
Jennifer Hanson	Kaiser Foundation Health Plan
Connie Hector	Douglas County Educational Service District
Diana Kimbrough	Providence Health & Services
Linda Lang	Oregon Association of Hospitals and Health Systems
Karen MacLean	Oregon Board of Pharmacy
Susan Mahoney	Tuality Healthcare
Sue Naumes	Rogue Community College

Patty O'Sullivan	Oregon Association of Hospitals and Health Systems
Matthew Schmoker	Carrington College
Elaine Seyman	Everest College
Roxanne Stevens	Pioneer Pacific University
Judy Tatman	Providence Health & Services
Amparo Williams	Providence Health & Services

Enrolled
Senate Bill 879

Sponsored by Senators MONNES ANDERSON, WINTERS

CHAPTER .....

AN ACT

Relating to administrative requirements for student placement in clinical training settings; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) The Oregon Health Authority, in collaboration with the State Workforce Investment Board, shall convene a work group to develop standards for administrative requirements for student placement in clinical training settings in Oregon. The work group may include representatives of:

(a) State education agencies;

(b) A public educational institution offering health care professional training;

(c) Independent or proprietary educational institutions offering health care professional training;

(d) An employer of health care professionals; and

(e) The Health Care Workforce Committee established under ORS 413.017.

(2)(a) The work group shall develop standards for:

(A) Drug screening;

(B) Immunizations;

(C) Criminal records checks;

(D) Health Insurance Portability and Accountability Act orientation; and

(E) Other standards as the work group deems necessary.

(b) The standards must apply to students of nursing and allied health professions. The standards may apply to students of other health professions.

(c) The standards must pertain to clinical training in settings including but not limited to hospitals and ambulatory surgical centers, as those terms are defined in ORS 442.015.

(3) The work group shall make recommendations on the standards developed under this section and the initial and ongoing implementation of the standards to the Oregon Health Policy Board established in ORS 413.006.

(4) The authority may establish by rule standards for student placement in clinical training settings that incorporate the standards developed under this section and approved by the Oregon Health Policy Board.

SECTION 2. The Oregon Health Authority shall report on the progress of the work group convened under section 1 of this 2011 Act to an interim legislative committee related to health on or before June 30, 2012.

SECTION 3. Section 2 of this 2011 Act is repealed on January 1, 2013.

SECTION 4. This 2011 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect on its passage.

Passed by Senate April 5, 2011

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Robert Taylor, Secretary of Senate

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Peter Courtney, President of Senate

Passed by House May 11, 2011

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Bruce Hanna, Speaker of House

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Arnie Roblan, Speaker of House

Received by Governor:

.....M.,....., 2011

Approved:

.....M.,....., 2011

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John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M.,....., 2011

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Kate Brown, Secretary of State