

Oregon Nurse Staffing Advisory Board (NSAB)

September 9, 2021
 3:30 PM – 4:30 PM

Meeting Minutes

Cochairs	Susan King, MS, RN, CEN, FAAN (presiding); Debbie Robinson, RN, MSN
Members present	Zennia Ceniza, RN, MA, CCRN, ACNP-BC, NE-BC; Uzo Izunagbara, RN; Jenni Word, RN; Rick Rhoton, MHA, RN, BSN; Barbara Merrifield, MSN, RN; Joel Hernandez, RN; Kelsey Betts, RN
Members absent	Rob Campbell, CP, ADN, RN
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Kimberly Voelker, MPH

Guests present	Jesse Kennedy (ONA); Danielle Meyer (OAHHS); Nick May (OHA – PHD – HSPR); Christy Similar (ONA); Katie Shriver (SEIU); Colin Sanders (OHA Ombuds Office); Mallory Temple (OPCA); Donnell Owens (KSMC)
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Agenda Item 1	<i>Call to Order</i>
The meeting was conducted as an online Zoom meeting with computer or 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.	

Agenda Item 2	<i>Review OHA announcement and recommend opportunities to clarify OHA’s message</i>
Board co-chair asked OHA to clarify its announcement and comment on the impact of pausing nurse staffing surveys on nurse staffing in hospitals.	
D. Selover clarified that the OHA Incident Management Team requested the pause due to the hospital surge and explained that during an emergency, OHA considers actions it can take to make regulatory activities less onerous and safer for everyone involved. She also	

stated that it is uncommon for OHA to seek guidance from advisory boards prior to implementing changes due to how quickly decisions needed to be made.

Agenda Item 3	<i>Discuss and recommend criteria for nurse staffing survey activity during emergency and disaster situations</i>
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D. Selover stated that N. May, from the OHA Public Health Division – Health Security, Preparedness and Response program was available to speak to the board about how hospital capacity is monitored and reported.

Board member asked whether OHA had looked at data for how pausing the nurse staffing plans and surveys would affect patient-related adverse events.

D. Selover stated that OHA did not have data about how pausing nurse staffing surveys would affect patient safety. She clarified that OHA had not paused any nurse staffing plans and that facilities were still required to implement their disaster plans prior to deviating from their approved nurse staffing plans.

Board member asked whether OHA has oversight of facility disaster plans.

D. Selover stated that OHA did not regulate when hospitals implement facility disaster plans, but that hospitals were still required to maintain compliance with state and federal regulations.

Board member asked what expectations OHA had for hospitals to involve nurse staffing committee in the implementation of disaster plans.

D. Selover stated that hospitals did not currently have an obligation to involve nurse staffing committees in the implementation of disaster plans, but OHA encouraged hospitals to collaborate with nurse staffing committees during the emergency. She stated that requirements would change when HB 3016 took effect in January 2022.

Board co-chair stated that hospitals were only allowed to deviate from the approved nurse staffing plan if there was an emergency declaration and if the facility had implemented its disaster plan. She stated that there was confusion about when a disaster plan was implemented and she asked OHA how it measured implementation of disaster plans.

A. Davis stated that OHA had created a new tool that gathers additional information when there is an indication that the hospital's facility disaster plan was implemented. The surveyors speak with the hospital's Incident Management Team to determine which units were affected by the emergency and when the hospital deviated from nurse staffing plans.

Board member stated that her hospital had implemented its facility disaster plan without experiencing any change and asked whether there was any accountability for those situations.

A. Davis explained that OHA would review documentation showing whether the disaster plan had been implemented and when nurse staffing plans were being discontinued, but she clarified that OHA does not have authority to determine whether implementing a disaster plan is appropriate. She stated that the OHA's guidance from last year encouraged hospitals to discuss low census scenarios and surges with nurse staffing committees.

Board member asked what type of documentation OHA would review to determine that a disaster plan had been implemented.

K. Voelker explained that the new tool asks the Incident Management Team leader about how the hospital is impacted by the disaster, when the disaster plan was implemented, and which units were affected by the disaster.

Board member expressed concern that direct care members would not be involved in this process.

D. Selover thanked board member for his comment and stated that the rules for HB 3016 will address how implementation of disasters plan are communicated to direct care nursing staff members.

Board member shared the importance of direct care nursing staff members' contributions to patient safety and proposed that hospitals that were not surveyed during the 30-day pause submit a report to OHA.

D. Selover cautioned against requiring extra reporting and stated that N. May would have more information about what data OHA could use to determine hospital capacity.

Board co-chair requested to hear more from nurse manager members about how hospitals were being affected by the surge.

Board member stated that her hospital had involved their nurse staffing committee in surge planning, although they had not had to deviate from any plan yet. She reminded the board that physicians and other hospital staff were affected by the surge and that everyone's priority at the hospital was patient safety.

Board co-chair asked whether that board member's hospital had implemented its facility disaster plan.

Board member confirmed her hospital had implemented its facility disaster plan.

Board member also confirmed that her hospital had implemented its facility disaster plan and clarified that there were different levels of response to the disaster. She explained that her hospital had a lot of travelers and that the hospital verified travelers' required qualifications, competencies and trainings.

Board member also confirmed that her hospital had implemented its facility disaster plan and explained that her hospital had deviated from its nurse staffing plan, but that the idea to do so had come from a direct care nursing staff member. She explained that they had deviated from their nurse staffing plan so they could handle multiple COVID patients or a patient surge, and that the deviation was necessary for safe patient care.

Board co-chair asked whether the board member's hospital had an increase in COVID patients.

Board member stated that her hospital had seen an increase in COVID patients in the Emergency Department, but that most of those patients were being treated as outpatients.

Board co-chair thanked the nurse manager board members for their insights and asked board member for clarification for his recommendation to OHA.

Board member proposed that OHA complete nurse staffing surveys at hospitals that have the capacity for a survey and hospitals that do not have capacity complete a report to OHA.

Board co-chair asked OHA whether there were some hospitals that would have received a survey during the pause.

D. Selover confirmed that OHA would have continued the nurse staffing surveys during that period of time.

Board co-chair asked whether OHA could require hospitals to complete a report instead of a full survey.

D. Selover stated that OHA would need to discuss with the Department of Justice (DOJ) whether that was an option.

Board member clarified that hospitals should only be allowed to complete a report instead of a full survey if its facility disaster plan was implemented.

D. Selover stated that OHA does not know whether a hospital has implemented its facility disaster plan prior to entering the facility. She stated that could be an indicator for a facility-specific pause and that N. May would have more information about what OHA could consider for hospital-specific and regional-specific pause indicators.

A. Davis stated that OHA would need to confirm with the DOJ whether OHA could require a report instead of a survey and questioned whether requiring a report that surveyors would need to review would take away resources from facilities that had capacity for a survey.

Board co-chair asked the NSAB for more feedback about the proposed recommendation.

Board member stated that if the hospital was too overwhelmed for a survey, it would be challenging to require a report and that there were other things nursing staff should be focused on during an emergency.

Board co-chair explained how her hospital was overwhelmed with COVID patients and how nursing leaders were focused on ensuring travelers had required trainings and orientations. She stated that her hospital had daily huddles and were shifting workloads to allow nursing leaders to be on the floor with direct care staff. She stated that she would prefer to participate and benefit from a full survey when her hospital was not overwhelmed rather than to try to write a report during the surge.

Board co-chair asked OHA to confirm whether hospitals that were not surveyed would still receive a full survey.

D. Selover and A. Davis confirmed that all hospitals would still receive a full survey and that hospitals that would have been surveyed in 2021 would still be surveyed at the end of 2021 or in early 2022.

Board member commented that it was disheartening to continue to pause the surveys and stressed the important of providing data for safe patient care.

Board co-chair noted that there was not support for the proposed recommendation and reiterated OHA's assurance that all hospitals would be surveyed. She asked that OHA keep the board informed about actions it was considering to address the surge.

Board member asked whether the guest from OHA would be able to summarize the hospital indicators for the board to consider.

N. May stated that because the board was already over its allotted meeting time, he was hesitant to rush through the data. He stated that he was willing to present to the board at a future meeting.

K. Voelker stated that she could coordinate with N. May to bring him to the October NSAB meeting.

Action Item(s)	<ul style="list-style-type: none">OHA to invite N. May (OHA – HSPR) to next NSAB quarterly meeting
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Agenda Item 4	<i>Meeting Adjourned</i>
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Approved by the NSAB October 27, 2021

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