

October 2018

>> OHA Nurse Staffing Advisory Board Legislative Report



Oregon
Health
Authority
PUBLIC HEALTH DIVISION

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Executive summary

Oregon nurse staffing laws encourage hospitals and direct care nursing staff to work together to promote safe patient care. These laws have been part of Oregon's commitment to improve health care since 2001. In 2015, changes in law expanded these requirements. These changes also provided for creation of a Nurse Staffing Advisory Board (NSAB) within the Oregon Health Authority (OHA).

OHA has made progress on completing on-site nurse staffing surveys. OHA is on track to complete all legislatively-mandated work within the three-year cycle set by the Legislature.

OHA is working to improve survey results reporting with surveyed hospitals. OHA continues to receive valuable input from the NSAB. In June, OHA held an informational Plan of Correction (POC) webinar. In addition, OHA hosted in conference calls with 22 hospitals to discuss their specific POC concerns.

In 2018 OHA and NSAB formed two separate subcommittees to:

1. Improve the current survey tool used to gather on-site nurse input.
2. Review and revise survey tools used by OHA staff to conduct nurse staffing visits.

The full report is available at www.healthoregon.org/nursestaffing.

Key achievements

The Oregon Health Authority (OHA) began conducting on-site Nurse Staffing surveys in April 2017, using completed survey tools. OHA completed 22 surveys in 2017; this represents about one-third of covered facilities. As of Jul. 1, 2018, OHA has conducted 13 more on-site surveys. The survey team is on target to complete surveys of all Oregon hospitals within the three-year cycle set by the Legislature. OHA staff provide regular updates to the board on survey activity. Staff posts survey reports on OHA's nurse staffing website.*

* www.healthoregon.org/nursestaffing

Survey Reports and Plans of Correction

After OHA completes a hospital survey, the agency sends a report to the hospital with Plan of Correction (POC) requirements and processes.

- Of all hospitals surveyed, all that provide nursing services in Oregon received a survey report with multiple deficiencies cited.
- Hospitals have submitted POCs to address deficiencies found in the survey.
As of Sept. 1, 2018:
 - » 33 hospitals submitted POCs.
 - » Nine POCs have been approved.
 - » 22 hospitals took part in one or more conference calls with OHA staff to discuss specific survey and POC concerns.
- OHA hosted a webinar with hospitals in June 2018 to discuss the process and structure of POCs. The webinar included information about POC expectations and best practices.
- OHA staff answered questions and concerns from participants during the webinar. OHA's prior nurse staffing webinars are on OHA's nurse staffing website.

Waivers

- As of Jul. 1, 2018, OHA has nurse staffing waiver requests from 39 hospitals.
- Waiver requests are from:
 - » 12 Critical Access Hospitals (CAHs) in rural areas
 - » 13 hospitals with 26-149 licensed beds
 - » 15 hospitals of 150 or more licensed beds
- Ninety-two percent of waiver requests relate to the statutory requirement for a minimum number of nursing staff members on duty in a unit when a patient is present.
- Waiver requests cover one or more units. Therefore, the sum of units exceeds the number of requests.
- OHA has received guidance from the board on waiver criteria.
- OHA has responded to 100 percent of waiver requests received and has resolved 90 percent of requests.
- OHA staff provide regular updates to the board on the nature and status of waiver requests.

Other board work in progress

Nursing staff member survey interview tool

The nurse staffing law and increased surveys both involve significant changes for hospitals and nursing staff members. To align agency interpretations with regular hospital and nursing staff member practices, OHA requests regular and ongoing feedback. OHA currently uses SurveyMonkey to gain valuable information and insight during nurse staffing surveys.

- Significant feedback was provided to OHA by both:
 - » Hospitals who have undergone survey and
 - » The NSAB to improve the staff member survey tool.
- A board subcommittee began to meet regularly in Spring 2018. The meetings are to discuss and propose improvements to the nursing staff member survey interview tool. Improvements are proposed based on experience and use of the tool over the past year.
- In May 2017, the nursing staff member survey interview tool was presented to the board. Prior to 2017, OHA gathered nursing staff members' subjective opinions in individual interviews. Those opinions were incorporated into staffing survey reports.
- OHA uses SurveyMonkey to:
 - » Gather measurable data on specific nurse staffing topics
 - » Survey a large number of staff
 - » Analyze responses
 - » Be efficient
 - » Maintain required privacy and confidentiality for those providing information and
 - » Support other survey findings from observation and document review.

Nurse staffing survey tool review and update

The board had a desire to incorporate field experiences into the survey tool. Therefore, a board subcommittee convened to review the nurse staffing survey tool. OHA created the tool in 2016. The board reviewed the tool in November of that year. The survey tool was also presented to interested parties during in-person and online trainings. The survey tool was implemented in April 2017.

Plan for the coming year

- OHA will continue to ask for feedback on administering nurse staffing law and rules from:
 - » Hospital-based direct care RNs
 - » Hospital administrators and nurse managers
 - » Stakeholder organizations
- At the May 2018 meeting of NSAB, board members agreed to ask for feedback from hospital-based staffing committee co-chairs. The board decided to use a short survey related to issues that arose in the survey process. OHA received fifty responses. Sixty-eight percent of responses were from nurse manager co-chairs. Thirty-two percent were from direct care co-chairs. The primary theme from this sample was the lack of clarity about facility compliance expectations.
- OHA will continue to accept public comment at each quarterly Nurse Staffing Advisory Board (NSAB) meeting.
- OHA will continue to encourage NSAB members and partners from across the state to attend in person or by phone.*
- The board will discuss additional methods to obtain feedback, this includes the survey referred to above.
- Provide advice to OHA staff on major parts of the staffing law. During the last year, the board focused on the survey process, which includes follow-up and plans of correction. The board will make it a priority to advise OHA on strategies to make the surveys more efficient and effective.
- NSAB and OHA continues to work closely to build understanding of current patient care operational issues of staffing and scheduling.

* There have been participants present in person or by phone at each meeting since the first board meeting in 2016.

- Hospitals must develop staffing plans based on needs of individuals and groups of patients on any given unit. Patient acuity is a required consideration in development of staffing plans. This consideration remains critical for both direct care staff and nurse managers. Current law does not require any specific acuity system. NSAB will discuss and potentially recommend guidance on processes for ensuring acuity and needs of patients as the basis for the facility staffing plans.
- An NSAB subcommittee will provide advice to OHA regarding overtime documentation requirements. The board will let OHA know the best ways to provide information and guidance on the staffing law to hospitals and nursing staff.
- The board will address questions about minimum staffing requirements in the next year. Oregon Revised Statute 441.154(2)(f) only includes registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs) in the definition of “nursing staff” for purposes of minimum staffing. However, facilities often use a variety of technicians as adjunct clinical staff members. This is particularly true within procedural areas.

Conclusion

OHA and NSAB members agree that there has been significant progress in implementing Oregon's revised nurse staffing laws. NSAB members continue to work collaboratively with one another and with OHA staff. Stakeholder interest proves that Oregon hospitals and direct care nursing staff members are diligently working to understand and implement the new regulatory framework.

NSAB members use their commitment to safe patient care as their guide. Members recognize that nurse staffing impacts direct patient care. Also, that nurse staffing regulation must always make patient care the chief priority.

While areas of ambiguity remain, NSAB members agree that future survey and complaint investigations are likely to produce valuable data. NSAB members and OHA can use the data to evaluate new trends in nurse staffing. Meanwhile, NSAB members will take the actions identified above and continue to advise OHA on administration of these rules.



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