PUBLIC HEALTH DIVISION, Center for Health Protection
Health Care Regulation and Quality Improvement Section
Health Facility Licensing and Certification Program

Kate Brown, Governor

Oregon Nurse Staffing Advisory Board (NSAB)
Wednesday, August 29, 2018
1:00 PM – 5:00 PM

Meeting Minutes

Co-chairs	Susan King, MS, RN, CEN, FAAN (Presiding); Carol Bradley, MSN, RN, CENP
Board members present	Uzo Izunagbara, RN; Virginia Smith, BSN, RN-BC; Carolyn Starnes, ASN, RN; Rob Campbell, CP, ADN, RN; Trece Gurrad, RN, MSN; Debbie Robinson, RN, MSN; Amanda Newman; Shannon Carefoot, BSN, RN; Zennia Ceniza, RN, MA, CCRN, ACNP-BC, NE-BC (phone)
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Matt Gilman, MPPA
DOJ staff present	Shannon O'Fallon
Guests present	Kathy Saxen; Diane Waldo; Danielle Meyer; Beth Callison, Therese Hooft, Theresa Brick, Katheryn Vanderwalle (phone); Katelyn Winder, Robin Mitchell, Nicole Cantu, Jordan Ferris; Ben Farber; Rose Engler, Dena Ellwanger (phone)

Agenda Item 1	*Call to Order*
Board chair called the meeting to order and described how NSAB meetings run. The public comment period begins at 4:45 PM and individuals may comment to the Board. Individuals may also submit comments in writing. Board members, OHA staff, and guests introduced themselves.	

Agenda Item 2	*May 30, 2018 Board Minutes*
Board member asked how minutes generally reflect the public comments. Board member noted that the minutes from May do not fully reflect comments made during the public comment period. A. Davis stated that this is how minutes are generally done within the Health Care Regulation and Quality Improvement section.	

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D. Selover explained that a recording of the entire meeting is available with a public records request.

Board member asked whether the recordings are posted online.

Board member stated that the public comment could be useful in identifying themes for the annual report the legislature.

Board co-chair Bradley moved to approve minutes as written, Board member Gurrad seconded.

The minutes were approved as written.

Action Item	• Board recommends that minutes reflect the name and affiliation of those who made public comments. • Individuals who make public comment are invited to provide a brief written summary of the comments in advance.

Agenda Item 3	*Status Updates*

WAIVER DASHBOARD

A. Davis stated that waiver activity has slowed down greatly. The dashboard is very similar to what the board reviewed in May. The program now receives one or fewer requests each month. The dashboard reflects that there are 18 large hospitals in Oregon and 15 of those hospitals have requested waivers. There are 29 medium hospitals in Oregon and 15 of those hospitals have requested waivers. There are 18 small hospitals in Oregon and 10 of those hospitals have requested waivers. Currently, pending requests are from medium and small hospitals.

As the Board requested, this dashboard classified waiver requests by service area. Before a waiver denial is issued, there is a conversation to gather more information. The only denials have been for waivers the OHA does not have the authority to grant or if the waiver request does not establish that the alternate plan will meet the needs of patients. Most waivers relate to the use of a tech in lieu of a second nursing staff member in minimum staffing situations.

SURVEY DASHBOARD

A. Davis stated that the program has completed 39 surveys since April 2017, including 17 this year. The on-site survey is completed. There are nine approved Plans of Correction which are posted on the OHA nurse staffing website. OHA staff have had conference calls with 22 hospitals to talk about any questions they may have regarding their survey reports and Plans of Correction. Of the approved hospitals, five had conference calls prior to approval. Recurring themes in Plans of Correction is frequency of monitoring when a correction is implemented and designation of a responsible party. These issues were addressed in the Plan of

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Correction webinar and are regularly discussed in conference calls. The program has not yet created a dashboard of complaints for the Board. Five complaints have been investigated in the past two months. Surveyors continue to investigate complaints at the same time as full surveys when possible. At this point there are no general emerging themes relating to complaints because they are fact specific to the facility.

Board member asked about the type of notice the complainant receives regarding the complaint outcome.

A. Davis explained once a complaint is received a letter goes out to the complainant explaining the process and how to get a copy of complaint report.

Board member asked about terms of office.

A Davis noted that terms of office are always posted on OHA's nurse staffing website. As in prior years, members whose terms are expiring at the end of this year will receive an email in September about reappointment.

Board member asked if the timeframe between entrance and acceptable POC is a reflection of a lack of surveyors.

A. Davis explained OHA is currently hiring two surveyors, and there are five surveyors working on nurse staffing issues along with other program areas.

Action Item	• Provide data to show period of time between the survey entrance date and the letter of acceptable POCs. • Waivers: Provide data showing waiver number broken down by hospital size. • Complaint dashboard at the November meeting.

Agenda Item 4	*Legislative Report draft review*

Legislative report draft which Board chairs worked on with OHA. Comments on draft report:

Committee member commented under section 2 (Plans of Correction and Statement of Deficiencies), the report should reflect range of time between entrance and acceptable plans of correction;

Committee member found it significant that regarding waivers (Section 3 of the draft Legislative Report), just under 50% (10 out of 18 have asked for waivers) of smaller CAH have asked for waivers. Board member speculated as to why this number is so small.

Committee member questioned whether audience would fully understand the context when the issue reflects the skill mix not the number of who is present.

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D. Selover reminded the group that when referring to small hospitals, designation is based on licensing numbers, not certification numbers. There are 25 CAHs that are in the group of medium sized hospitals but have not updated their licensing numbers. Therefore, it may be misleading just based on the numbers when the report does not clearly specify the type of hospital.	
Action Item	- OHA will schedule a committee meeting to review the survey tools. - Edit bullet point two to "requirement for the definition of nursing staff member" rather than "for a minimum number". - Categorize waivers by Large, Medium and Critical Access Hospitals. - Legislative report is approved with the changes specified.

Agenda Item 5	*Committee Updates*

SURVEY MONKEY COMMITTEE

There have been two meetings. Committee member expressed how much was learned by going through the process, for instance, in question 14, square boxes on the survey mean "check all that apply" and circles mean check only one. Committee suggested adding that language to explain this at the end of each sentence. Built in some skip-logic to answer with a follow up when necessary.

Board member explained that another theme that arose was to ask, "what purpose is this question serving," because it is outside the scope of the survey (hospitals don't get the information in the surveys).

Board took out questions that were one-off questions (and narrowing down where the list of options was long).

A. Davis explained that the current survey had approximately 41 questions, but due to the skip logic, the survey looks longer on paper than it does on-line.

Board member suggested an introductory sentence which explains the survey process and how the feedback is used. An introductory sentence would help frame it for the person responding and how it is used; it may improve responses.

Board member asked about item number 16 regarding vacancies how OHA quantifies the responses to that question.

Board member suggested modifying to ask, "How many times have you had to do this? Or in your experience?" Because these may not fit the experience of a direct care nurse.

Board member suggested an adjunct the question specific to direct care nurses to ask "How often are you contacted by your hospital to fill vacancies?"

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Board member questioned definition of "vacancy"; is it a shift vacancy versus a position vacancy. Could be amended to say if you are looking at open shifts. Then the question would be "how often are vacant shifts filled?".

Board member asked how can survey responses be fed back to the co-chairs, or hospitals, or to graduate nursing programs to do confidential data mining.

Board member asked how the process for receiving survey data works.

A. Davis explained what happens is the surveyors look at survey data. There is a minimum threshold for survey data response. If response level is high enough, the surveyors will look at the tag numbers and compare that to what was seen on site.

Board member asked how might other valid national surveys like "Culture Safety Survey" for example, supplement to the nursing data survey. Many of those surveys have large 60% or more response rates.

Board member wanted to go chronologically through questions to get suggestions: Q1: first/last name, Q2: contact info; Q 3: patient or family member, and asked why that data would include answers from a technician/technologist. Because this is a nurse staffing survey, but a patient/family member wouldn't know how to answer this.

D. Selover pointed out that the purpose of the survey is to replace the in-person interview with nursing staff members and whoever wants to show up. The survey is to get global feedback from those that work in the hospital and acknowledged that the survey is imperfect.

Board member concerned whether a patient/family member could answer these questions.

A. Davis reminded that if you answer patient/family member your questionnaire jumps forward to question 36 (via skip-logic) and your giving general information.

Board member states it would be more valuable, in terms of outcomes would be to provide nurse quality indicators/quality benchmarks that correlate with H-CAHPs.

Board member does not believe there is need to involve patient data here and the skip-logic helps streamline, however board member believes it could be streamlined even more. Board member believes there is more powerful data out there that look at infection rates, if a patient fell during hospital stay, etc.

Board member asked how patient data response is evaluated.

A. Davis explained that patient data response is small, but it is open to anyone who accesses the link. Agency cannot refuse access to link or prevent a response. Agency cannot tell someone with access to the link that they do not qualify to respond to the survey.

Board member says this data is there, it is information, because it doesn't sway the survey one way or the other and it should just be left in the survey.

Board member expressed desire to change response from ICU to Critical Care Unit because that encompasses more units.

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Board member suggested making shift length universal on page 5, question 8.

Member expressed concern that it seems like the skip logic should be applied on page 6, question 10.

Member asked if a non-RN response is needed. Member asked whether the skip logic should target the audience to answer the question. Direct care/charge nurses should go to q10 and there should be an additional question created for direct care LPN/CNA that goes to the non-RN position.

Board member asked about adding a response of not applicable to question 11 on page 6. for staff that recently started working at that facility or someone who just transferred to that unit. Perhaps add an N/A option.

Board member stated that on page 7, questions 12 and 13, if you respond "no" or "I don't know", you skip question12 and go straight to question 13; this should be clear.

Board member raised concerns regarding question 15 on page 8 about nurses may have competency to care for some, but not all patients on the unit. Competencies are not always black and white. Recommend adding the response "most of the time" to the answer options.

A. Davis explained that question 15 is about replacement staff and how vacancies are being filled and are they being filled with people who are qualified to be on the unit or simply with people who are on the unit.

Board member explained the distinction between a written competency and level of comfort and those are very different. A yes/no answer does not allow getting into the nuances of that particular unit.

Board co-chair asked about members floating into a unit which they are not certified, but then they are assigned a low-level patient which they may be qualified to treat.

Board co-chair asked about eliminating the question, explaining that it should be more specific: should be expanded to include, "yes, but…" (almost, sometimes, frequently, etc.)

A. Davis inquired if that is truly the goal you seek when perhaps changing the question "[Do replacement staff assigned to your unit have the necessary competencies and skills] to work in your unit with the patient you are assigned?"

Board member suggested that rewording is not intent of the question, and suggested OHA clarify the answers.

Board co-chair concerns with responses like "always" or "never"; and suggested, often, frequently, sometimes, rarely. Board co-chair suggests using the same descriptors throughout the survey; narrative questions and leave the responses.

Board member asked about the phrase "condition of employment" on page 10, question 18.

Board member suggested that the phrase may not be universally understood and suggested adding "such as, …".

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Board member stated that in the case of voluntary overtime, the ranges may be inappropriate…what you want is a sense of the frequency.

Board co-chair suggested changing the increment for measurement to monthly as that sounds more reasonable (1-2x in the past month, 3-6x in the past month, etc.). If you work overtime more than 6x/month that says more than an annual measurement which may be harder to quantify.

M. Gilman asked if board wants to change all OT questions to monthly measurement or annually.

Board member stated asking for mandatory overtime within a year captures better data because voluntary occurs on a more frequent basis.

Board members requested to delete errant "of" (In the past year, have you worked mandatory overtime of hours beyond […])

Board member asked about "declared national disasters"; how those events are classified.

A. Davis explained the exemption.

Board members satisfied with pages 12-13, questions 21-25

Board members satisfied with pages14-15, questions 26-29

Board suggested using annual time-frames. Board member suggested consistency with the time ranges which are subject of the question.

Board member suggested that question could be "word-smithed" for clarity. For example, "in the past 3 months has your unit had the required nurse staffing members, per the nurse staffing plan when you or another nursing staff member is on rest or meal break?" Board member asked that answers say nursing/nursing staff member to be consistent.

D. Selover asked why the response allows for check all that apply on page 16, questions 31. The responses should be circles and check-one.

Board member explained that this could happen because it is not consistent when staff is moved around. Member suggested leaving a box for comment.

Board chair recited that what is being voiced is both leave it as well as change it. From this a board member offered a third option. Member suggested leaving it as it is; another member suggested tweaking it and bring it back for next time.

Board member suggested editing question 31 on page 17 to state nursing staff member, change to yes, no buddy system, I don't know.

Board members agreed that they could you live with, circle/check 1 of the alternative answers with room for comment and that the survey results would consider the overall trend.

 Board member suggests edit to question 33 on page 18. In the past year, have you been assigned patients for whom you did not have necessary competencies. That should be tweaked to remove "assigned" and "necessary to current". "In the past

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year have you experienced staffing that was insufficient based on the written nurse staffing plan?"

Board member suggests edit to question 34 on page 18 regarding compliance with written plan. "In the past year, have you observed a failure to implement the nurse staffing plan […]?" Response should be yes/no/I don't know.

Board member suggested page 19, question 36 gets at sufficiency of staffing plan. Board member suggested that this may need to be changed because this goes to patients as well. It may not be worth worrying about since patient response is so small and nurses answer this question as well.

Board member asked what would be the statistical line for determining when a question gets thrown out because the response rate was too low.

A. Davis explained the response rate is typically at or above the number of licensed beds. When response rate falls below that, the question is not used. "Significant number" varies based on the number of licensed beds (i.e., if the hospital has 16 licensed beds.

Board member asked for how many hospitals OHA has not used the survey data.

A. Davis said this was less than 10, for example there was one hospital where OHA received only 6 responses. The trend is increasing upwards.

Board member asked who receives link for responding to survey.

A. Davis explained it goes to co-chairs and will now also be going to the CNO.

Board co-chair asked if final decision on modifications can be made/approved via email.

S. O'Fallon responded that if a formal action of the NSAB, then votes need to be taken in public session; could be a phone public session.

D. Selover explained procedure through a public phone session to open a Doodle poll, everyone can call in at the same time and give their vote.

Board chair recommended setting up a time frame for when the next version would go out, in the next 2-weeks.

M. Gilman will send out a Doodle poll in the next two weeks.

S. O'Fallon board members must send individual comments to staff, which will be integrated changes into the document with the most recent comments which are viewable in track-changes, because a chain email creates a virtual meeting. Send document via track changes to OHA if they are critical changes.

SURVEY TOOL

Subcommittee meeting made minor changes which are in track-changes.

Letter that notifies the facility of upcoming survey should be sent to CNO (or their corollary) as well as nurse staffing co-chairs.

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Nursing staff entry list – terminology changed to reflect patient care area (instead of location and waiting room) making this change would be clear.

Board member believed number 4, 4th bullet was to be changed to *current* rather than *any*.

A. Davis explained that purpose is to get any changes within the specified time frame.

Board member expressed additional concerns about lack of clarity about what constitutes type of unit/dept. that requires a staffing plan. Ex., clinics that use nurses as part of the supplementary staffing to a provider, but not as a nursing unit *per se*. When the phrase outpatient unit is used, it encompasses things that don't fit well within "staffing plan", like satellite locations.

Board member believes this will continue to be an area that shows lack of clarity.

A. Davis explained that this cannot categorically be excluded because of how the hospital licenses. This is something for the hospital to define, if it's not covered by the hospital license then it's not covered by this section.

S. O'Fallon asked if patient care area is supposed to take the place of unit because the terminology is not particularly consistent (reviewing #4 of nursing staff entry list, "list of hospital patient care area" but in the end it states, "for each unit include")

Board member suggested wherever using the word area, cross it out and use unit so it is consistent throughout.

Board co-chair recommended substituting unit for area.

SAMPLING: A. Davis explained that surveyors survey between 2-5 units based upon hospital size, and within that unit, surveyors look at the nurse staffing plan for that unit (competencies, qualifications, time keeping); surveyors are only looking at a sampling of that unit. The exception is a hospital with a single unit, but that is the exception, not the rule. When survey team arrive at the hospital they look at the list and select randomly from unit staff, ask for specific records for those staff members, which they will be looking at more closely. The time block selection shows how surveyors try to get a representative sample.

Complaint investigation and Plan of Correction (PoC) guidance.

Board co-chair suggested perhaps this needs a subcommittee. Guidance – no changes; posting – no changes; replacement staff- no changes; committee process review – no changes; interview of co-chairs (took out CAH and replaced it with "hospitals").

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Board member discussion about the question "how has the plan to been received by the direct care staff members?" The question is to get at not how were you given or made aware of the plan, rather what was the feedback you have gotten about the plan.

Board member suggested to change the question to "what feedback around the staffing plan have you received from administration."

Board member raised concern that many facilities maintain a tremendous amount of data in an automated system and the survey tools need to be adaptable. Automated systems should not need to be translated into a paper document. During some of the earlier surveys there was a lot of feedback about not accepting electronic data and rather it had to be converted to paper data. As the tools are refined, hospitals should be allowed to use technology to its maximum capability.

A. Davis explained that surveyors are not making snap decisions on site, and an in-depth review occurs in the office and therefore they need to take paper documents.

Board co-chair raised two issues with electronic v. paper: (1) printing a printable version of an electronic record; (2) extracting data off electronic document onto a paper document which is incredibly time intensive. Board asked what is the specific issue which is causing this barrier or is it both.

A. Davis explained that this depends. For example, acuity measurements as a printed document unless it existed as a printed document. A. Davis explained surveyors are willing to look at some things in the electronic format.

Board co-chair wants to parking lot this issue. The goal is that one of the surveyors can be present at the next meeting to be a part of the discussion.

Board members reviewed Written Staffing Plan Review document. This document reflects what the law requires.

Board member asked if surveyors ask what model of acuity/intensity measurement is used.

A. Davis explained surveyors ask what is used, not specifically what model is being used.

Board member questioned Written Staffing Plan Review which has a start and stop time but leaves 5-areas/departments that are reviewed and asked how all the lines used.

A. Davis explained the form was designed to allow one person to review 5 units or use it with one person, and on site use one form for each staffing plan.

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Board member curious about what the surveyors are looking at in terms of patient outcomes in the HNSC's Annual Staffing Plan Review.

A. Davis explained the surveyors are not looking at patient outcomes, rather the question is what has the nurse staffing committee looked at in terms of patient outcomes.

D. Selover reminded that this is pulled straight from the rule because the rule requires that these things be reviewed annually.

Board member asked why surveyors do not look at regular meeting minutes to see that the nurse staffing plan was reviewed.

A. Davis explained that surveyors look for it if it is called out in the minutes in a way that can be recognized as part of the annual review.

D. Selover explained how different hospitals bundle the information in a different way.

D. Selover reminded members if during a survey, hospitals have information that will justify an answer on the tools, it's important to communicate that evidence is available but was not provided when the surveyor was on-site.

Board member asked if surveyors see the actual information that is asked for (% of shifts for which staffing different from NS plan).

A. Davis explained that surveyors are looking for what evidence you have that shows the percentages.

Board member asked hypothetically if a 10-hour shift is worked and is running late and she volunteers to stay late to help. Board member asked whether that would show up here because it would be more hours than scheduled. No, that would show up in the overtime hours on a different form.

Board member asked if surveyors physically walk the unit or if are the reviewing a time capture.

A. Davis explained it is a time capture with a manager of the unit.

Board member expressed concern that what is not captured in these survey tools is that what the plan was and what is actually happening may not match. But that doesn't mean a good plan wasn't put forth. There needs to be some flexibility for when something changes.

Board member responded that in this situation, as long as it can be documented and shown to the surveyor facilities would be protected.

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A. Davis explained that if a facility ever has more of something, surveyors would never fault a facility for that.

Board members suggested replacement staff usage be changed to open shift

Board member expressed continued concern with whether hospital documented whether OT was voluntary.

Board member expressed difficulty in finding orientation documents prior to the time the law went into effect is cumbersome. Member responded their experience was to provide information for the 3-years preceding the survey (2015 on for orientation records).

Board member asked about purpose in asking about status and regular replacement staff.

A. Davis explained that often different records are missing more so for traveler staff than for regular staff, and sometimes travelers get swept up in the staff to be randomly reviewed.

Board member asked about Nurse Staffing Survey Workbook – serves as a summary of the rule. Surveyors summarize on another document, but this is simply referenced by the surveyor. Each rule tells what tool to use to review that rule. The tools are available online for review by others.

Member explained that perhaps documenting the plan of correction on the Nurse Staffing Survey Workbook would be helpful.

A. Davis explained facilities can use whatever tool they like to provide submit a plan of correction.

Members reviewed the cross-walk documents. No comments.

Board co-chair asked about where a facility has a new service and if surveyors ask about that.

A. Davis explained this will come up in the scope of service to find the list of units. If there is something that was added, OHA should be notified because OHA is the licensing entity. Typically, something that large is noticeable and OHA knows in advance. As part of preparation for going out on survey, licensure documents are reviewed.

Action Item	- Include an introductory statement to frame the use and purpose of the survey - Board members working on the survey tool review committee will specifically consider overtime, acuity and outcomes during tool review.

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	• Allow for more narrative answers (always, frequently, as well as "in your experience");

Agenda Item 6	*NSAB Feedback*

Reviewed crosswalk document

Board co-chair suggested discussing briefly the top 3 and setting up subcommittees which could bring back recommendations about how to look at acuity/intensity, what recommendations should be made to Plans of Correction and overtime.

Board co-chair, recalling the intent of the law was to address acuity, recommended a subcommittee and invited Oregon Nurse Staffing Collaborative as a partner which to review acuity/intensity measures to advise surveyors.

D. Selover suggested in looking at acuity with a wide-angle lens, and using the crosswalk, surveyors are open to a range of tools. There is no requirement to have any particular tool, but rather a system should be in place that is both recognizable and capable of being reproduced. How does the hospital define acuity from nurse-to-nurse. Surveyors simply want to hear the mechanism for how acuity can be measured.

S. O'Fallon expressed that hospitals need a common understanding of what acuity is between different hospitals. Hospitals need to be able to show that they are meeting the standards that are provided in the law.

Board member believed it was important to make a distinction that the rule provides that acuity is but one of many factors which a staffing plan is created. Different units within the same hospital can have different staffing plans based on patient acuity. Defining acuity and how it plays out: is it part of creating a staffing plan or is it how nurses make moment-to-moment hour-to-hour decisions.

Board member disagreed with this assessment stating the culture is what needs to be overcome. The culture is fitting nursing into a budget. The staffing plan is a nursing budget which nurses need to fit. The standard has been a measure of productivity. This culture needs to be changed to fit needs of the patient. Acuity/intensity of the patient are the patients need and that's what the nurses need to take care of that patient. There needs to be a system to address that.

Board member acknowledged that planning for staffing that is actually happening at the moment (staffing to the highest acuity, rather than the acuity at the moment), means hospitals are staffing to numbers of patients rather than acuity of patients. Having a staffing plan that rests solely on clinical judgment is the basis for the conversation about acuity. Staffing to acuity is both a concept and a practice.

D. Selover expressed the desire as a team to experience shared understanding with the NSAB.

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Board member co-chair agreed with the notion of shared understanding, albeit there may be disagreement with the subject. Board member co-chair asked for volunteers for subcommittees.

Board member added that acuity-based staffing is an evidenced based practice, and this is where the practice is heading. Knowing this, it is puzzling that the concept does not use a quantifiable tool. Leaving acuity to clinical judgment and human error, means available technology is not being used.

D. Selover spoke to concerns around guidance for plans of correction expressing the issue is also about the process. Although the Plan of Correction may be frustrating, the statute also requires a revisit. The goal is to get the Plan of Correction to a place that improves the odds of the revisit going well.

Board co-chair suggested rather than setting up a subcommittee on the plans of correction guidance, that this be placed back on the agenda.

Action Item	- Board co-chair suggested setting up subcommittees that can bring back recommendations on acuity/intensity and what recommendations to make on PoC and incremental overtime. **Acuity subcommittee** – Jennifer, Shannon, Amanda, Virginia, Uzo – should aim for next spring for all the work to be completed. <u>Committee charge</u>: look at what systems that may be out there, what systems have reliability data/analysis attached, and what elements are included in acuity and intensity in a variety of systems, with the goal that NSAB might want to make recommendations to surveyors. ***The goal is to establish recommendations for May 2019 meeting***. **Overtime subcommittee** – Rob, Susan, Carol, Debbie – <u>Committee charge</u>: what should be the documentation requirements for overtime and should different recommendations be made. Also questioned whether or not to deal with small amounts of incremental overtime (outside work on this issue has been discussed by some subcommittee members). ***Try to have a report by November 2018.*** - Guidance around Plan of Correction – Board members expressed concern that there are not clear standards of guidance/measures around Plan of Correction. Rather than subcommittee, suggested it be placed back on the agenda.

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Agenda Item 7	*Emerging issues in nurse staffing*
Board chair recommended eliminating this item and if Board members have issues that the committee hasn't touched on before, email those to OHA staff. Co-chairs will incorporate those issues into the next agenda if they are new issues. Co-chairs will give no less than 15-minutes for public comment. Co-chair reminded that public comment is simply comment and not a dialogue and there will be no decisions made during public comment.	

Agenda Item 8	*Public Comment*
The following members of the public provided feedback on their survey experiences. The NSAB appreciated this candid input.	
Jordan Ferris, ONA	
Nicole Cantu, ONA	
Therese Hooft, ONA	
Elizabeth Callison, Grande Ronde Hospital	
Teresa Brock, Grande Ronde Hospital	
Robin Mitchell, Grande Ronde Hospital	
Katelyn Winder, Grande Ronde Hospital	
Ben Farber, Sacred Heart University District	
Adjourned	

Approved by the NSAB November 28, 2018

If you need this information in an alternate format,
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