



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



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Nurse Staffing Advisory Board – Quarterly Meeting Agenda

Presiding Co-Chair: Lace Velk

Date: January 31st, 2024
 Time: 1:00 PM – 5:00 PM
 Location: Remote only

To receive meeting login information, please register for the meeting here:
<https://www.zoomgov.com/meeting/register/vJlSd-ivrTktE2q4vttnPx2IFTCWw8iBFkc>

The time and order of agenda items are subject to change at the discretion of the Board Co-Chairs

Time	Agenda Item	Materials Provided	Presenter
1:00 PM	Item 1 – Call to Order		Lace Velk
1:00 PM – 1:05 PM	Item 2 - Minutes	<ul style="list-style-type: none"> October 2023 meeting minutes 	Lace Velk
1:05 PM – 1:15 PM	Item 3 – Membership & meeting updates <ul style="list-style-type: none"> Open board positions 		Kimberly Voelker

Nurse Staffing Advisory Board
Quarterly Meeting Agenda
January 31, 2024

	<ul style="list-style-type: none"> In-person meeting reminder Workday training prompts 		
1:15 PM – 1:20 PM	Item 4 – 2024 Legislative Session		Dana Selover
1:20 PM – 1:35 PM	Item 5 – HB 2697 Rulemaking update <ul style="list-style-type: none"> Temporary rules effective January 1, 2024 Permanent rulemaking timeline 	<ul style="list-style-type: none"> Temporary Rulemaking Fact Sheet 	Dana Selover
1:35 PM – 2:35 PM	Item 6 – BOLI & HB 2697 <ul style="list-style-type: none"> BOLI’s current role BOLI’s role starting 2025 Current meal and rest break complaints 		Laura van Enkevort (BOLI) and Theo Skourtis (BOLI)
2:35 PM – 3:05 PM	Item 7 – Status Updates <ul style="list-style-type: none"> Number of valid complaints received Number of investigations completed 	<ul style="list-style-type: none"> Complaint dashboard Hospital Staffing Complaint Process Dashboard Staffing investigation table 	Kimberly Voelker
3:05 PM – 3:15 PM	Item 8 – Break		

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3:15 PM – 4:00 PM	<p>Item 9 – HB 2697 Implementation Updates</p> <ul style="list-style-type: none"> • Investigation updates • Type A & Type B Hospital Variance Request form • NSP Submission Form • BOLI Complaint Button – OHA website • Updated Implementation FAQ 	<ul style="list-style-type: none"> • Hospital Staffing FAQ 	Dana Selover, Anna Davis, and Kimberly Voelker
4:00 PM – 4:10 PM	<p>Item 10 – Hospital Staffing Surveyor discusses survey activities</p>		
4:10 PM – 4:45 PM	<p>Item 11 – Emerging issues in nurse staffing</p> <p>NSAB members raise new issues that are emerging as nurse staffing concerns across the state</p> <ul style="list-style-type: none"> • Implementation of HB 2697 • Hospital staffing innovation 		Lace Velk
4:45 PM – 5:00 PM	<p>Item 12– Public Comment</p> <p>Members of the public may speak for up to two minutes on the meeting’s agenda and other topics.</p>		
5:00 PM	<p>Meeting Adjourned</p>		

Upcoming Meetings

- NSAB Quarterly Meeting: April 17, 2024
 - *In-Person at:* *Portland State Office Building*
 800 NE Oregon Street – Room To Be Announced
 Portland, OR 97232
 - *Online at:*
<https://www.zoomgov.com/meeting/register/vJltcOiqri0vHn28KXtWV1UMV7nexKqR-M0>
- NSAB Quarterly Meeting: July 31, 2024
 - *Online at:*
<https://www.zoomgov.com/meeting/register/vJltdemopz4qEhE7I-O7jUA7sBicJPSq6WQ>
- NSAB Quarterly Meeting: October 30, 2024
 - *In-Person at:* *Portland State Office Building*
 800 NE Oregon Street – Room To Be Announced
 Portland, OR 97232
 - *Online at:*
<https://www.zoomgov.com/meeting/register/vJlSf-uvpzgoHteO7IbDzT6W953u0pkhzW0>

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help or have questions, please contact Kimberly Voelker at 971-803-0914, 711 TTY or kimberly.n.voelker@oha.oregon.gov at least 48 hours before the meeting.

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Oregon Nurse Staffing Advisory Board (NSAB)

Wednesday, October 25, 2023

1:00 PM – 5:00 PM

Meeting Minutes

Cochair	Mariah Hayes, MN, RN, NE-BC (presiding); Uzo Izunagbara, DNP, MSN, MHA, RN
Members present	Jenni Word, RN; Lace Velk, RN; Kitty Rogers, DNP, RN, NEA-BC, CEN, CPEN, TCRN, CPHQ; Kelsey Betts, RN; Joel Hernandez, RN; Todd Luther, RN, CEN; Shannon Edgar, RN, MBA; Becky Wise, RN;
Members absent	Chandra Ferrell, CNA
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Kimberly Voelker, MPH; Austin Schmidt, RN; Ilana Kurtzig; Tip McIntosh
Oregon Department of Justice staff present	Erin Williams

Guests present	Grace Richards (Deloitte); Meghan Slotemaker (HAO); Danielle Meyer (HAO); Aislyn Booth (OHSU); Cheryl Nicponski (OHSU); Chiara Del Giudice (OHSU); Desiree McCue (OHSU); Elisa Youngman (OHSU); John Cockerham (OHSU); Keely Bertak (OHSU); Sacha Olszewski (OHSU); Uche Obiora (OHSU); Brianna White (OHSU); Maggie Guay (OHSU); Carlee Moser (OHSU); Christy Simila (ONA); Jocelyn Pitman (ONA); Therese Hooft (ONA); Justin Floyd (PeaceHealth); Becky Kopecky (Providence); Sasha Walia (Providence); Anna LaRosa (Saint Alphonsus Medical Center – Ontario); Shauna Cline (Saint Alphonsus Medical Center – Baker City); Tia Rodriguez (Salem Health); Nancy Deyhle (Sacred Heart Riverbend); Kerry Kilgore (Samaritan Lebanon); Jennifer Peterson (St. Anthony Hospital)
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Agenda Item 1	<i>Call to Order</i>
The meeting was conducted as hybrid in-person and online Zoom meeting with computer and phone audio options. Board co-chair greeted board members and initiated rollcall.	

Agenda Item 2	<i>Minutes</i>
<p>Board co-chair asked whether there were any edits, corrections, or questions about the minutes from the April 2023 Quarterly NSAB meeting.</p> <p>Motion to approve July minutes as written: Lace Velk Seconded: Uzo Izunagbara Motion passed.</p>	

Agenda Item 3	<i>Membership & Program Updates</i>
<p>K. Voelker announced that Barb Merrifield and Becky Wise had accepted new positions that made them ineligible for the board and thanked them for their service on the NSAB. They also announced that Uzo Izunagbara's term would end in December, and they thanked him for his leadership on the board.</p> <p>Board thanked U. Izunagbara for his service to the board.</p> <p>D. Selover asked K. Voelker to confirm the number of vacant positions.</p> <p>K. Voelker stated that there would be two direct care positions and one nurse manager position vacant, and they provided information on how to apply to the board.</p> <p>D. Selover introduced Ilana Kurtzig, who was helping Health Care Regulation & Quality Improvement (HCRQI) implement HB 2697. The board welcomed I. Kurtzig.</p> <p>K. Voelker reminded the board about required trainings and asked the board members to contact her directly if they had any problems accessing the trainings via Workday.</p>	

Agenda Item 4	<i>Legislative Report Update</i>
<p>Board co-chair asked for an update on the NSAB Legislative Report.</p> <p>K. Voelker stated that OHA had submitted the annual legislative report to the OHA Publications and that the OHA Publications Team's backlog had slowed finalization of the NSAB's report. K. Voelker shared that they expected the report to be finalized within the coming weeks.</p> <p>Board co-chair looked forward to the report being finalized.</p> <p>Other board co-chair agreed and asked whether K. Voelker would inform the board when the report had been submitted to the Legislature.</p> <p>K. Voelker confirmed that they would inform the board when the report was submitted to the Legislature.</p>	

There were no other questions or comments about the NSAB Legislative Report.

Agenda Item 5 | *Status Updates*

K. Voelker presented the Nurse Staffing Complaint dashboard and explained the data was for hospital staffing complaints submitted since September 1, 2023.

Board member asked why the dashboard included information about six complainants submitting two-thirds of hospital staffing complaints and stated that the factoid felt accusatory. Another board member agreed.

K. Voelker explained that this data was meant to demonstrate that complaints were generally submitted by a small number of individuals, and that there could be limitations to generalizing this information to all Oregon hospitals.

A. Davis added that there may be confusion about new requirements under HB 2697, which was reflected in some complaint submissions.

K. Voelker added OHA would present more on this topic for Agenda Item 7 (Online Complaint Form).

Board member stated that there was confusion about when HB 2697 went into effect and theorized that direct care nurses were not submitting complaints because they did not know what provisions OHA could enforce. They asked about the process for submitting hospital staffing complaints.

K. Voelker stated that OHA had a new online complaint form, which OHA would present in Agenda Item 7 (Online Complaint Form).

Board co-chair asked whether the complaints on the dashboard had been submitted after HB 2697 went into effect on September 1, 2023.

K. Voelker confirmed that the 30 complaints on the dashboard had been submitted after HB 2697 went into effect on September 1, 2023.

Board member asked what “Exclusive Representative” meant.

A. Davis stated that an Exclusive Representative was a union that represented the complainant’s classification at hospitals where nursing staff members are unionized.

K. Voelker presented the Nurse Staffing Complaint chart and explained that the “Hospital Name” and “City” columns were redacted because those investigations were in progress. They noted that complaints numbered 1 – 5 were under investigation at the same hospital. K. Voelker also explained that OHA could only investigate valid complaints as defined by HB 2697.

Board member asked whether the “Size” column referred to the hospital’s size.

K. Voelker confirmed and noted that “Large” referred to hospitals with more than 150 licensed beds, “Medium” referred to hospitals with 26 – 150 licensed beds, and “CAH” [Critical Access Hospital] referred to hospitals with 25 or less licensed beds. They stated that OHA had not received any hospital staffing complaints against a CAH.

Board member asked for clarification on the timelines for “Complaint Received”, “Union Notification Due” and “Date OHA is required to start investigation”.

A. Davis explained that OHA was required to send a copy of the complaint to the Exclusive Representative within 14 days of receiving the complaint; start an investigation within 30 days of determining whether the complaint was valid; and complete the investigation report within 80 days of starting the investigation. They stated that the letter to the Exclusive Representative reflects that OHA has not determined whether a complaint is valid..

K. Voelker added that the complaint documents were timestamped, so the Exclusive Representative would know exactly when the complaint was submitted to OHA.

Board co-chair asked whether the timelines were measured in business days.

A. Davis clarified that timelines were measured in calendar days.

Board co-chair expressed appreciation for the chart’s format and requested that OHA add a column about whether the complaint was substantiated.

Board member asked for more information about the difference between “Valid” and “Substantiated” complaints.

K. Voelker explained that HB 2697 limited the bases for hospital staffing complaints and that a “valid complaint” was one with allegations that could be investigated under HB 2697. They explained that a “substantiated complaint” was one where the allegations were investigated and proven to be true. They added that OHA had not completed any hospital staffing investigations, so OHA did not know whether the valid complaints listed on the table were substantiated or unsubstantiated. They also explained that the “Complaint Topic Area” column reflected the type of allegation for each complaint.

There were no additional questions or comments about the Nurse Staffing Complaint dashboard. Board co-chair thanked OHA for the presentation.

Agenda Item 6	<i>HB 2697 Implementation Updates</i>
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D. Selover provided updates on HB 2697 bill implementation, including HCRQI’s coordination with OHA leadership, DOJ, bill advocates, and BOLI. They explained that OHA would keep the NSAB and public informed as they learned more about the bill and encouraged members of the public to sign up for OHA’s listserv.
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D. Selover provided information about the Implementation FAQ and noted that the FAQ was posted on the Hospital Staffing website (www.healthoregon.org/nursestaffing) and was sent to OHA's listserv and NSAB.

D. Selover also notified the board about upcoming rulemaking for HB 2697. They explained that HB 2697 limited OHA's rulemaking authority.

Board member asked whether NSAB would serve as the Rules Advisory Committee (RAC) for the new rules and stated that it was unclear who would be involved in rulemaking.

D. Selover stated that board members would be on the RAC, along with representatives from the bill advocates and from communities likely to be affected by the rules.

Board member expressed interest in creating a list of challenges from the previous nurse staffing law and preparing for those challenges under HB 2697. They provided examples of past challenges, such as lack of OHA funding, resources, and hospital education.

D. Selover noted that many requirements had changed under HB 2697, so the challenges from before HB 2697 may not provide much insight into future hospital staffing challenges.

Board co-chair suggested keeping a list of wins and challenges related to HB 2697 implementation.

Board member stressed the importance of communication and advocating for other types of hospital staff. They wondered whether the rules could require hospitals to report to OHA when they deviated from the hospital staffing law.

Board co-chair asked whether HB 2697 allowed professional, technical, and service staff to serve on the NSAB and emphasized the importance of hearing from these hospital staff.

A. Davis stated that HB 2697 did not change statutory language for composition of the NSAB, which requires six nurse managers, five direct care RNs, and a direct care RN, LPN, or CNA.

D. Selover explained that OHA would seek input from professional, technical, and service staff through a variety of methods, and agreed that these new types of hospital staff could not be members of the NSAB.

D. Selover invited K. Voelker to provide an update on Plans of Correction (POC), the new complaint form, and the hospital contact form.

K. Voelker explained that because OHA did not have the authority to request or review POCs under HB 2697, OHA had sent letters to hospitals explaining that open surveys and investigations were closed without POCs.

Board member asked whether incomplete reports for investigations before September 1, 2023 would still be sent to the hospital and posted on the OHA Hospital Staffing website.

A. Davis stated there was one outstanding report and confirmed that OHA would send it to the hospital and post the report on the website when it was completed.

K. Voelker announced that OHA had created a new hospital staffing complaint form and provided the web link to access the form (www.healthoregon.org/facilitycomplaints). They stated that they would review the complaint form in more detail during the next agenda item (Online Complaint Form).

Board member asked whether the complaint form could also be accessed from the OHA Hospital Staffing website.

A. Davis stated the link was not posted on the Hospital Staffing website, but that OHA would add it there.

K. Voelker shared that OHA had created a new online form for hospitals to notify OHA of a change in contact information for CNOs, Nurse Staffing Committee Co-Chairs, Professional/Technical Staffing Committee Co-Chairs, Service Staffing Co-Chairs, and Exclusive Representatives.

Board member asked whether hospitals were still required to complete an update form PDF to send to OHA.

A. Davis stated that the new online form replaced the previous PDF.

There were no additional questions related to the contact form. Board member asked if they could go over a question on the HB 2697 Implementation FAQ. Board member asked for clarification related to waivers under HB 2697.

A. Davis explained that the requirements OHA used to waive no longer exist under HB 2697. They stated that OHA could still grant waivers, but because the requirements that were previously waived no longer exist, it was unlikely OHA would receive waiver requests. They explained that hospitals could seek alternate staffing through innovative care models or variances for Type A and Type B hospitals, which was introduced in the new bill.

Board co-chair asked if the why hospitals were required to send notice of the Nurse Staffing Committee approving a variance.

D. Selover responded that it was a statutory requirement.

Board co-chair stated that it could be interesting to compare the accuracy of the information reported to OHA with what is measured during an investigation.

D. Selover stated OHA cannot investigate whether hospitals provided up-to-date documents as that is not enforceable through the violation process under HB 2697.

Board co-chair asked if there was a list of allegations OHA could investigate under HB 2697.

A. Davis asked to scroll to Question 16 on the Implementation FAQ and identified the list of valid complaints.

Board member asked whether OHA would be able to investigate a complaint that hospital unit did not have a nurse staffing plan.

A. Davis stated that HB 2697 allowed OHA to investigate complaints that the hospital had not adopted a nurse staffing plan.

There were no additional questions or comments about the HB 2697 Implementation Updates.

Agenda Item 7	<i>Online Complaint Form</i>
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K. Voelker presented information on the new hospital staffing complaint form, including the list of allegations that are valid complaints under HB 2697.

Board members reviewed the OHA Facility Complaints webpage and discussed opportunities to distinguish between the form for patient care complaints and the form for hospital staffing complaints.

D. Selover noted that complaints about meal and rest break violations could be submitted via the hospital staffing complaint form, which redirects to BOLI or are submitted to OHA, depending on the complainant's preference.

Board member asked if complaints sent to BOLI were tracked.

K. Voelker confirmed that OHA tracked when a meal and rest break was sent to BOLI.

K. Voelker presented major themes from the feedback provided by hospital staffing partners and stated that the feedback illustrated common areas of misunderstanding. They also discussed how OHA would improve the form based on the feedback provided.

Board co-chair asked whether the public could test the complaint form.

K. Voelker answered that the test version of the form had been turned off.

A. Davis offered alternatives for people to access the test version of the complaint form.

Board member suggested using SurveyMonkey to print out logic flow as a resource.

A. Davis noted that due to the amount of skip logic on the form, the print outs would not be cohesive.

Board co-chair noted that feedback on the form was asked for before the law was implemented and asked if OHA would ask for feedback again within a year.

A. Davis stated that they believe feedback should be collected more than a year later, since more requirements would be in effect..

Board co-chair asked about how the complaint form was updated to align with BOLI's feedback.

K. Voelker answered that OHA was still in the process of updating the form and would likely be completed on the following week. They stated that BOLI advised on language to clarify BOLI's jurisdiction over meal and rest break complaints and that BOLI begins investigations under HB 2697 in 2025.

A. Davis stated that BOLI could currently investigate complaints that occurred at non-union hospitals.

Board co-chair suggested that staff at hospitals with unions complete union forms as well as OHA's hospital staffing complaint form to ensure that complaints are acted upon.

A. Davis reiterated that OHA's role in issues related to meal and rest breaks are to forward them to BOLI.

Board member requested that BOLI attend a NSAB meeting to get insight from BOLI about their processes.

D. Selover stated that OHA would be as transparent as possible when relaying information from BOLI, but that OHA cannot speak on behalf of BOLI.

Agenda Item 8	<i>Break</i>
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Board co-chair called for a twelve-minute break.	
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Agenda Item 9	<i>NSAB Bylaws</i>
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K. Voelker stated that bylaws had last been reviewed in the fall of 2018.	
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D. Selover explained that bylaws often came from statute and DOJ guidance. They explained that NSAB's bylaws align with format and style of other OHA boards.	
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Board co-chair recalled how the NSAB's vote on civil monetary penalties during an ad hoc meeting did not include equal numbers of direct care and nurse manager members. They	
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stated that though the votes were a recommendation, they felt the bylaws should include a requirement for equal numbers of direct care and nurse manager members.

Board member noted that equal number voting was required for nurse staffing committees, so it made sense to require it for NSAB.

A. Davis stated that they would ask DOJ whether this could be added to the bylaws.

Board member spotted a punctuation error in the bylaws.

Board co-chair emphasized that board should strive for a consensus approach and worried that voting led to polarization.

K. Voelker shared how past NSAB committees had worked well under consensus but was unsure whether language about consensus could be added to the bylaws.

Board member noted that from their experience on a governing body, they are more responsible for providing ideas instead of voting on specific proposals.

Board member agreed and noted that most committees come to a consensus on next steps regardless of their disagreements on outcome.

Board member said that they never had been in a consensus committee and asked how a group reaches a consensus.

D. Selover paraphrased the board co-chair's point about need for a statement of goals that the board would make recommendations by consensus, but they are unsure if that it could be added to the bylaws.

Board member asked whether this would remove the voting process.

D. Selover answered that under statute, NSAB members are allowed to vote.

K. Voelker noted that OHA offered NSAB orientation for newly appointed members and that the board's goal for consensus could be added to the training.

Board member agreed about including a goal that recommendations are made on consensus due to the board's advisory role.

Board co-chair agreed with other members statement and discussed the NSAB's role as an advisory board.

D. Selover flagged Article IV – Officers section and suggested that co-chair terms should be reduced from three years to two years so that board members can orient to the board prior to serving as a co-chair.

A. Davis noted that the board had discussed this change in 2018, but the bylaws were never brought back for NSAB approval.

Board co-chair expressed concerns with the Governor being able to appoint a Co-Chair who had never served on the NSAB.

D. Selover and A. Davis discussed that the board had previously recommended to the Governor that Co-Chairs are selected from amongst sitting NSAB members.

K. Voelker read the proposed bylaw changes from 2018.

A. Davis reassured members that if the co-chair term was reduced to two-years, the board members would still serve their two three -year terms on the board.

Board co-chair asked OHA to follow up on Article V (E) (regarding voting procedures) with DOJ to ensure that future changes are consistent with statute.

Motion to accept proposed changes to the board bylaws: Todd Luther
Seconded: Lace Velk
Motion passed

Board member asked whether the bylaws could include language about committee involvement and attendance.

D. Selover confirmed and referred board member to Article III (F).

Board co-chair asked why board member names were not consistently listed in the minutes when the board voted. They suggested listing board member names during voting.

K. Voelker stated minutes did not identify by name for routine voting procedures, such as voting to approve minutes. They explained that voting on recommendations, such as civil monetary penalties, often listed board member names.

D. Selover clarified that NSAB minutes were already very detailed and that the public could find more information about how members voted because meetings were recorded

Board co-chair suggested that adding names to the minutes for voting could help improve transparency.

Board member stated that if the board wanted to move towards consensus, there should be less emphasis on how individuals voted. They added that the public could find this information in the recordings if they wanted it.

Board co-chair agreed.

There were no additional questions or comments about NSAB bylaws.



Agenda Item 10	<i>Emerging Issues in Nurse Staffing</i>
<p>Board co-chair initiated a round robin with K. Voelker facilitating time and asked the board for emerging issues.</p> <p>Board member stated their hospital was trying to adopt staffing plans by June 2024 and discussed their committee's challenges with CNA staffing. They stated their hospital was trying to hire more CNAs, but was worried the professional/technical and service staffing committees would experience barriers to functioning under the staffing law. They also shared concern about lack of recourse on meal and rest break complaints.</p> <p>Board co-chair asked what would happen if meal and rest break violations were reported to BOLI prior to HB 2697.</p> <p>A. Davis answered that based on their understanding, BOLI would refer the complainant to their union if meals and rest breaks were covered within the hospital's union contract. However, they insisted that OHA could not speak for BOLI.</p> <p>Board member noted that they work at a non-union hospital and that BOLI follows up on complaints for non-union hospitals.</p> <p>Board member requested a meeting with BOLI to discuss their worries about the influx of complaints for BOLI in 2025.</p> <p>A. Davis stated that OHA could invite BOLI to an NSAB meeting, but that it may make sense to invite them later, after BOLI had more time to adjust and prepare for HB 2697 changes.</p> <p>Board co-chair expressed concern about innovative care models and how hospitals may use them to deviate from statutory requirements.</p> <p>Board co-chair commented that they were interested in learning about how other hospitals created their staffing plans and approached innovative care models.</p> <p>A. Davis shared information about the Oregon Nurse Staffing Collaborative (ONSC), which had been a partnership between the Hospital Association of Oregon (HAO) and Oregon Nurses Association (ONA). They noted that when it was operating, the ONSC was a place where hospitals and direct care nurses could share ideas about staffing.</p> <p>D. Selover shared that ONSC had previously hosted nurse staffing conferences before the pandemic.</p> <p>Board member stated that they remembered presenting at one of the first conferences and often still received emails to be a resource.</p>	

A. Davis noted that ONSC also helped connect hospitals and units of similar sizes and types to find staffing solutions.

Board member stated that it would be helpful to have a space to share staffing ideas.

Board co-chair stressed that it would be helpful to have an FAQ related to innovative care models and other HB 2697 requirements.

Board member noted that there was a sense of urgency for resources and guidance and warned that motivation after the pandemic had dwindled. They stated that staffing committees were wanting to hear more from OHA.

K. Voelker asked if there were any types of guidance that would be helpful to receive.

Board member stated that the webinars OHA had presented in 2022 were particularly helpful and that other nurses found that resource very useful. They stated that FAQs and PowerPoints were also helpful.

Board members also raised the idea of OHA holding conference calls with staffing committee co-chairs.

There were no additional questions or comments related to emerging issues in nurse staffing.

Agenda Item 11	<i>Public Comment</i>
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K. Voelker reminded the board and the public that each commenter had two minutes to make a comment to the board.

N. Deyhle (Sacred Heart Riverbend) shared how staffing committees had questions about how to proceed in drafting nurse staffing plans. They stated they were awaiting more information about the new rules for HB 2697. They also agreed that the ONSC was very helpful when it existed.

There were no other members of the public looking to make a comment.

Board co-chair thanked the board and adjourned the NSAB meeting.

Agenda Item 12	<i>Meeting Adjourned</i>
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These draft minutes have not yet been approved by the NSAB

If you need this information in an alternate format,
please call our office at (971) 673-0540 or TTY 711.

DRAFT



December 27, 2023

FACT SHEET

House Bill 2697 (2023), Temporary Administrative Rules for Oregon's new Hospital Staffing Law

Hospital Staffing Administrative Rules

Under HB 2697 OHA is required to issue rules no later than January 1, 2024, that describe the procedure for receiving and processing hospital staffing complaints. OHA has adopted [temporary rules](#) to implement [HB 2697](#) including:

- Definitions, Filing Hospital Staffing Complaints, Processing Complaints, Hospital Staffing Enforcement, Hospital Staffing Plan Waiver and Nurse Staff Member Overtime.

Submitting hospital staffing complaints under HB 2697

- Complaints may only be submitted by hospital staff members or, if a staff member is represented by a union, a complaint may be submitted by the union that represents that employee (the union representing the employee is known as an "Exclusive Representative"). **Hospital staff must submit complaints through OHA's [Hospital Staffing website](#) using a [form](#) provided by OHA.** (OAR 333-503-0010)

Hospital staffing complaints made before June 1, 2025

- In order for OHA to investigate a complaint, it must be a "valid complaint," meaning that it has been submitted within 60 days of the alleged violation and is about a violation that OHA can investigate (OAR 333-503-0005(6)). Violations that OHA can investigate are:
 - There is no hospital professional and technical staffing committee or no hospital service staffing committee. (Only a violation on and after January 1, 2025)
 - There is no professional and technical staffing plan or no hospital service staffing plan. (Only a violation on and after January 1, 2025)
 - There is no nurse staffing plan.

- The hospital did not comply with the staffing levels in the nurse staffing plan and there is no allowed deviation.
- The hospital did not comply with the staffing levels in the professional and technical staffing plan or the hospital service staffing plan and there is no allowed deviation. (Only a violation on and after January 1, 2025)
- The hospital did not comply with the CNA staffing requirements in HB 2697, Section 8. (Only a violation on and after January 1, 2025)
- Nursing staff were required to work mandatory overtime.
- Hospital managers did not release a staff person from other duties to attend a staffing committee meeting.

If a complaint is valid, OHA will investigate the complaint in accordance with ORS 441.171 and the temporary rules.

Allowed deviations from a staffing plan

- It is important for OHA to know when allowed deviations from a staffing plan occur and that hospitals document those deviations. A hospital is allowed to depart (deviate) from a staffing plan up to 6 times during a rolling 30-day period. Under HB 2697, hospitals must provide written notice to the relevant staffing committee when deviations occur. (OAR 333-503-0005). If deviations are not documented as required by the law, OHA will not consider them to be allowed deviations. See Oregon Laws 2023, chapter 507, sections 3(12), 4(12) and 6(6).

Documentation of actions taken related to staffing plan deviations, HB 2697, Section 19

- OHA may not impose penalties on hospitals for violations of staffing plans if they take certain actions described in HB 2697. The actions include: scheduling staff in accordance with the staffing plan, seeking volunteers from qualified employees to work extra time, contacting qualified employees who made themselves available to work extra time, soliciting per diem staff to work and contacting contracted temporary agencies, if temporary staff from such agencies are permitted to work in the hospital by law or any applicable collective bargaining agreement. See HB 2697, Section 19(4). Under the temporary administrative rules, to establish that the hospital is not subject to a civil penalty because it took the actions described in the bill, a hospital is required to provide documentation to OHA demonstrating those actions. (OAR 333-503-0020(3)).

Enforcement

- Under HB 2697, OHA is not authorized to issue civil penalties until June 1, 2025. OHA will issue a complaint investigation report and as applicable, warning letters to hospitals for violations that occur prior to June 1, 2025.

Other rule information

- Rules related to nurse staffing member overtime and nurse staffing waivers (noted below as suspended rules) were moved from Chapter 510 to the newly created Chapter 503 with minor language updates.
- In addition to adopting several rules to carry out HB 2697, OHA also amended rules still needed for non-hospital staffing (Chapter 510), which include Definitions and Posting Requirements and OHA suspended rules that are no longer supported by HB 2697. These rules are: Audit Procedures, Civil Penalties for Nurse Staffing Violations (Chapter 501) and Nurse Staffing Committee, Nurse Staffing Plan and Plan Review, Nurse Staffing Plan Mediation, Replacement staff, Nurse Staffing Member Overtime, Nurse Staffing Waiver and Nurse Staffing Plan During Emergency (Chapter 510).

These rules are temporary and effective January 1, 2024, through June 28, 2024. OHA has begun the permanent rulemaking process which will include additional input from organizational and community partners.

Background

About House Bill 2697

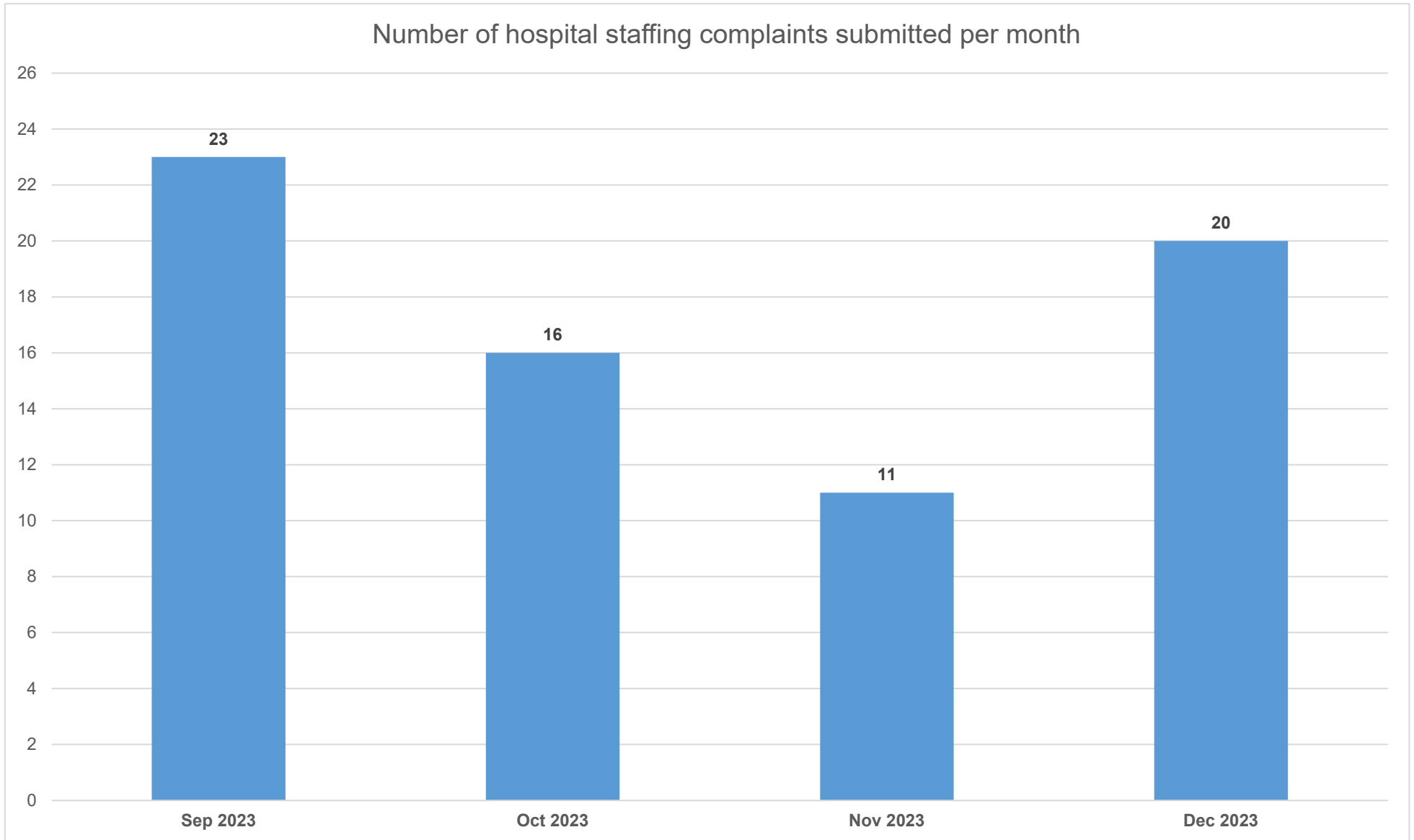
- HB 2697 was passed by the Oregon Legislature in June 2023 and significantly changes Oregon's hospital staffing laws. The law went into effect on September 1, 2023, however certain sections of the law are not effective until later dates.
 - Upcoming effective dates:
 - **June 1, 2024:** Hospitals must adopt and comply with Nurse Staffing Plans that meet all applicable requirements in HB 2697 including RN-to-patient ratios. ([Sections 6,7,8,9,13,14](#))
 - **December 31, 2024:** Hospital Professional and Technical and Service Staffing Committees must be established and OHA may enforce Sections 3 and 4 of HB 2697, which establish these new committees and require these new plans. ([Sections 3-4, 8, 29](#))
 - **June 1, 2025:** OHA can begin imposing civil penalties for violations in Section 20 that occur on or after June 1, 2025. ([Section 29](#))

More information

- [Health Care Regulation and Quality Improvement Rulemaking](#)
- [OHA Hospital Staffing](#)
- [Oregon Secretary of State, Public Health Division administrative rules](#)
- [Hospital Staffing Frequently Asked Questions](#)
- [Oregon Bureau of Labor and Industries \(BOLI\)](#)

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact our office at 1-971-673-0540 or mailbox.nursestaffing@odhsoha.oregon.gov

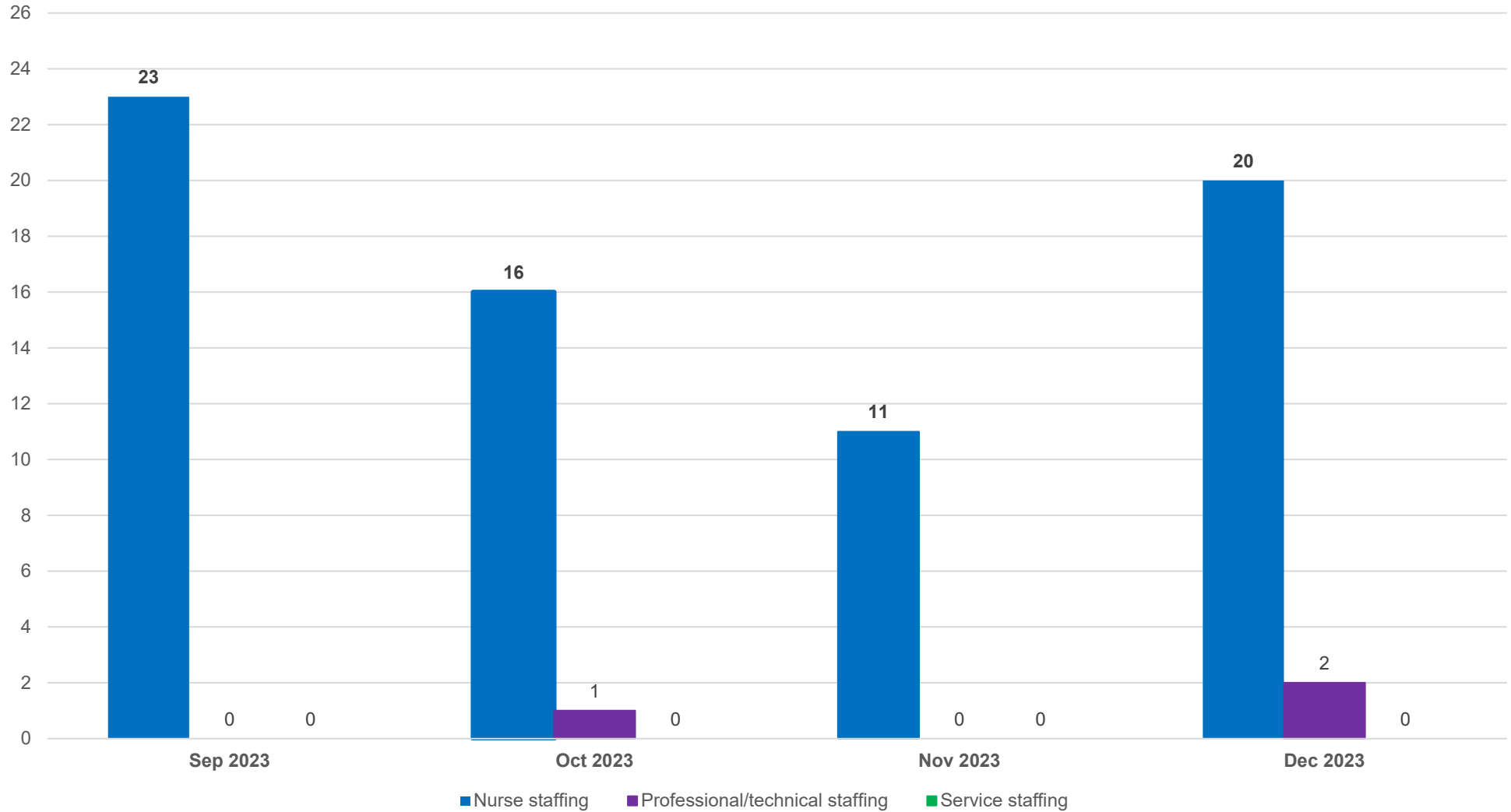
Hospital Staffing Complaint Dashboard - December 2023



OHA received 70 hospital staffing complaints between September 1, 2023 and December 31, 2023. This number includes valid complaints, invalid complaints, and complaints that still need to be triaged by OHA. Complaint submissions can include one or more allegations of noncompliance.

Hospital Staffing Complaint Dashboard - December 2023

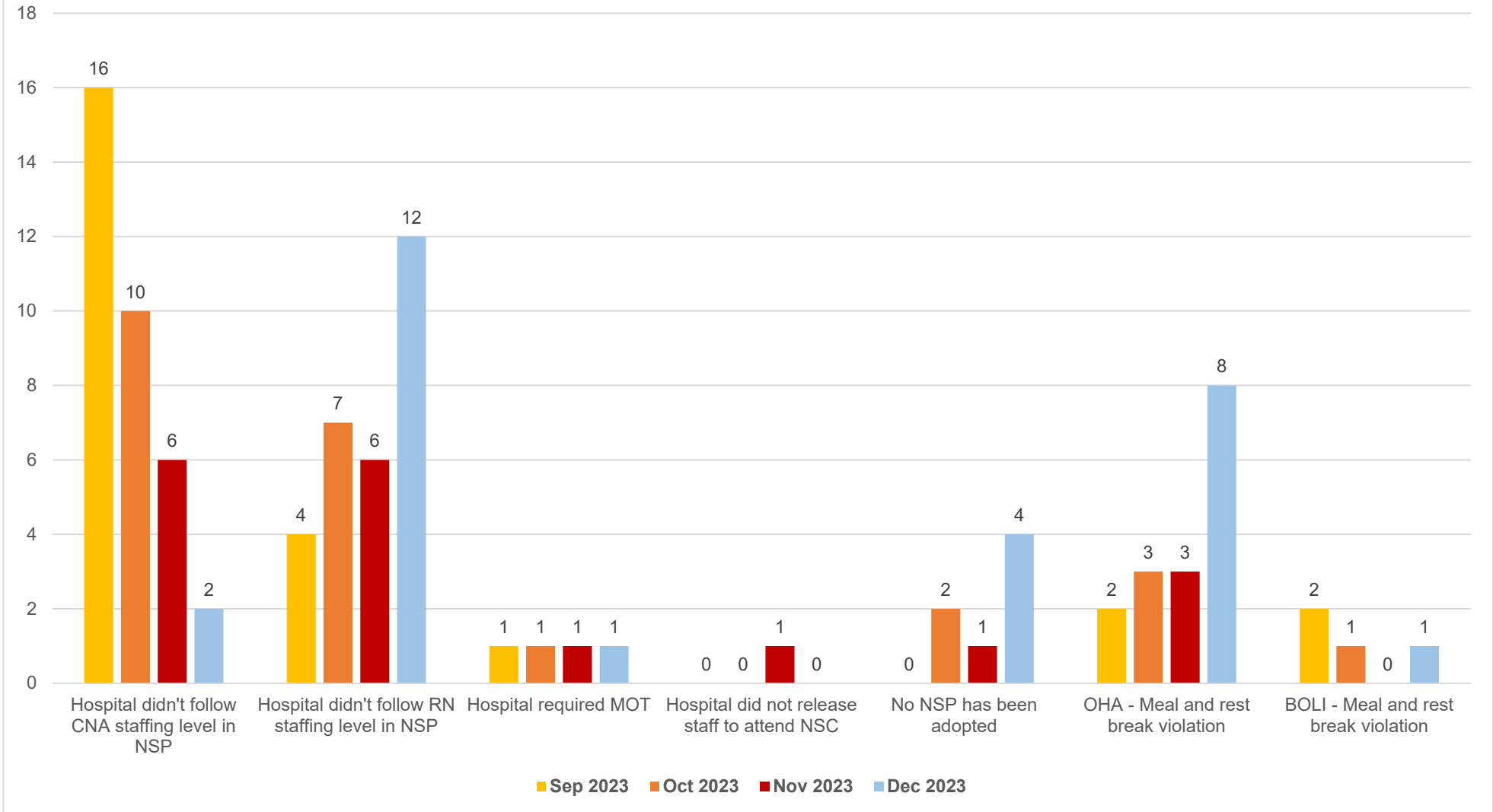
Types of hospital staffing allegations submitted per month



Complaint submissions can one or more allegations of noncompliance with the hospital staffing law. The hospital staffing law includes requirements related to nurse staffing, professional/technical staffing, and service staffing. Almost all complaint allegations submitted between September 1, 2023 - December 31, 2023, have been related to nurse staffing; one submission in October 2023 and two in December 2023 included an allegation related to professional/technical staffing requirements.

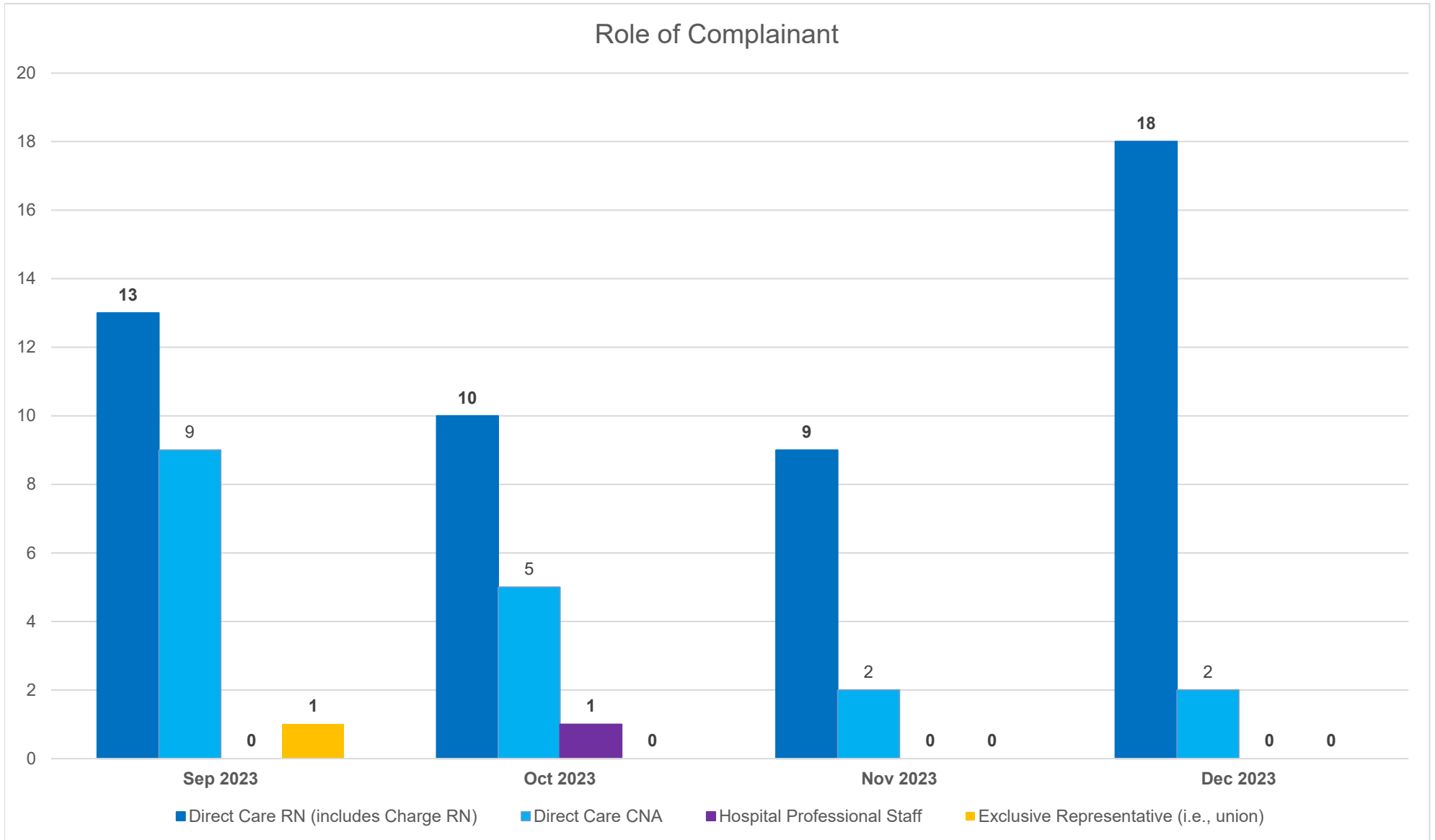
Hospital Staffing Complaint Dashboard - December 2023

Types of Nurse Staffing Allegations Received per Month



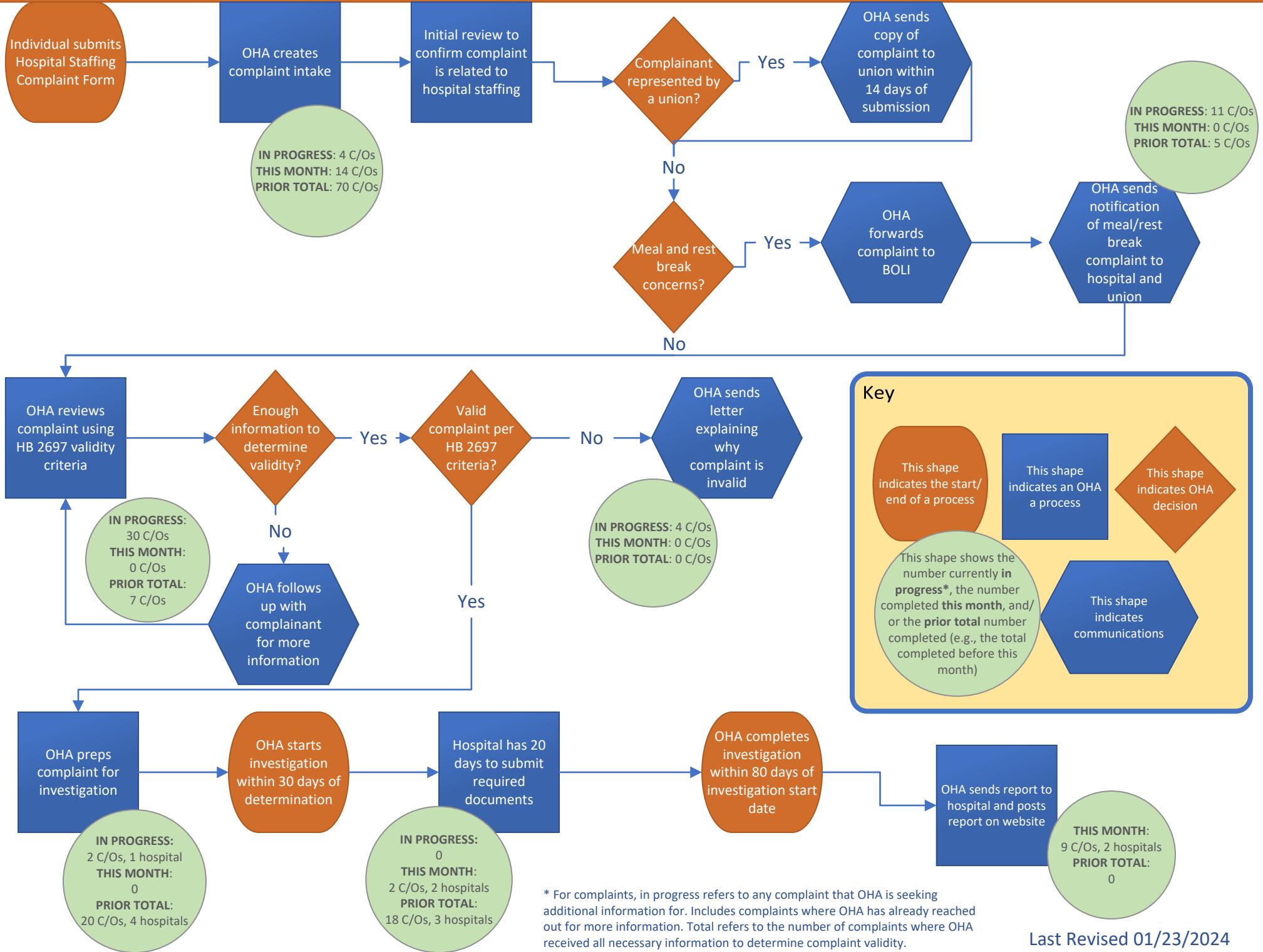
OHA's complaint form allows individuals to select one or more types of allegations from a list of HB 2697 Section 20 hospital staffing violations. The chart above shows the number of submissions that included a specific type of allegation (e.g. "Hospital didn't follow CNA staffing level in Nurse Staffing Plan"). Complainants who have concerns about meal and rest breaks can decide whether to submit meal and rest break concerns through OHA's online form or directly with BOLI.

Hospital Staffing Complaint Dashboard - December 2023



OHA's complaint form asks individuals to self-identify their role from the following options: Direct Care RN, Direct Care LPN, Direct Care CNA, Hospital Professional Staff, Hospital Technical Staff, Hospital Service Staff, Exclusive Representative, and Other. OHA has only received complaints from the roles included on the chart above.

OHA Hospital Staffing Complaint Process: SNAPSHOT



Hospital Staffing Complaints

#	Complaint #	Hospital	Size	Complaint Topic Area	Complaint Received	Union Notification Due	Union Notification Sent	Valid?	Date OHA is required to start investigation	Investigation started	Report Due	Report Mailed	Substantiated?
1	OR44905	Bay Area Hospital	L	Failed to follow staffing levels in NSP	09/14/2023	09/28/2023	09/14/2023	Valid	10/21/2023	10/20/2023	01/08/2024	01/08/2024	No
2	OR45205	Bay Area Hospital	L	Failed to follow staffing levels in NSP	09/23/2023	10/07/2023	09/27/2023	Valid	11/16/2023	10/20/2023	01/08/2024	01/08/2024	No
3	OR45210	Bay Area Hospital	L	Failed to follow staffing levels in NSP	09/23/2023	10/07/2023	09/27/2023	Valid	11/16/2023	10/20/2023	01/08/2024	01/08/2024	No
4	OR45256	Bay Area Hospital	L	Failed to follow staffing levels in NSP	09/27/2023	10/11/2023	10/06/2023	Valid	11/16/2023	10/20/2023	01/08/2024	01/08/2024	Yes
5	OR45260	Bay Area Hospital	L	Failed to follow staffing levels in NSP	09/28/2023	10/12/2023	10/06/2023	Valid	11/16/2023	10/20/2023	01/08/2024	01/08/2024	No
6	OR44755	[HOSPITAL]	M	Failed to follow staffing levels in NSP	09/01/2023	09/15/2023	09/06/2023	Valid	11/04/2023	11/03/2023	01/21/2024		
7	OR44906	[HOSPITAL]	M	Failed to follow staffing levels in NSP	09/12/2023	09/26/2023	09/12/2023	Valid	11/04/2023	11/03/2023	01/21/2024		
8	OR45194	[HOSPITAL]	M	Failed to follow staffing levels in NSP	09/21/2023	10/05/2023	10/06/2023	Valid	11/16/2023	11/03/2023	01/21/2024		
9	OR45429	[HOSPITAL]	M	Failed to follow staffing levels in NSP	09/29/2023	10/13/2023	10/11/2023	Valid	11/18/2023	11/03/2023	01/21/2024		
10	OR45184	[HOSPITAL]	L	Failed to follow staffing levels in NSP	09/18/2023	10/02/2023	09/27/2023	Valid	11/16/2023	11/16/2023	02/04/2024		
11	OR45189	[HOSPITAL]	L	Failed to follow staffing levels in NSP	09/18/2023	10/02/2023	09/27/2023	Valid	11/16/2023	11/16/2023	02/04/2024		
12	OR45214	[HOSPITAL]	L	Failed to follow staffing levels in NSP	09/25/2023	10/09/2023	10/06/2023	Valid	11/16/2023	11/16/2023	02/04/2024		
13	OR45804	[HOSPITAL]	L	Failed to follow staffing levels in NSP	10/15/2023	10/29/2023	10/26/2023	Valid	12/09/2023	11/16/2023	02/04/2024		
14	OR45844	[HOSPITAL]	L	Failed to follow staffing levels in NSP	10/19/2023	11/02/2023	11/02/2023	Valid	12/09/2023	11/16/2023	02/04/2024		
15	OR45454	[HOSPITAL]	L	Failed to follow staffing levels in NSP	09/30/2023	10/14/2023	10/11/2023	Valid	11/18/2023	11/17/2023	02/05/2024		
16	OR45456	[HOSPITAL]	L	Failed to follow staffing levels in NSP	09/30/2023	10/14/2023	10/11/2023	Valid	11/18/2023	11/17/2023	02/05/2024		

Hospital Staffing Complaints

#	Complaint #	Hospital	Size	Complaint Topic Area	Complaint Received	Union Notification Due	Union Notification Sent	Valid?	Date OHA is required to start investigation	Investigation started	Report Due	Report Mailed	Substantiated?
17	OR45476	[HOSPITAL]	L	Failed to follow staffing levels in NSP	10/04/2023	10/18/2023	10/11/2023	Valid	11/18/2023	11/17/2023	02/05/2024		
18	OR45500	[HOSPITAL]	L	Failed to follow staffing levels in NSP	10/08/2023	10/22/2023	10/11/2023	Valid	11/18/2023	11/17/2023	02/05/2024		
19	OR45807	[HOSPITAL]	L	Failed to adopt a NSP	10/17/2023	N/A	N/A	Valid	12/31/2023	12/14/2023	03/03/2024		
20	OR46178	[HOSPITAL]	L	Failed to follow staffing levels in NSP	11/09/2023	11/23/2023	01/12/2024	Valid	12/31/2023	12/18/2023	03/07/2024		
21	OR46581	[HOSPITAL]	L	Failed to follow staffing levels in NSP	12/04/2023	12/18/2023	12/20/2023	Valid	02/08/2024				
22	OR47002	[HOSPITAL]	L	Failed to follow staffing levels in NSP	12/20/2023	12/19/2023	12/20/2023	Valid	02/08/2024				
23	OR47274	Asante Rogue RMC	L	Meal and rest breaks	12/23/2023	01/06/2024	01/05/2024	BOLI only	N/A	N/A	N/A	N/A	N/A
24	OR47279	Asante Rogue RMC	L	Meal and rest breaks	12/28/2023	01/11/2024	01/05/2024	BOLI only	N/A	N/A	N/A	N/A	N/A
25	OR44844	[HOSPITAL]	M	[Under OHA review]	09/07/2023	09/21/2023	09/15/2023	Follow up questions in progress					
26	OR45181	[HOSPITAL]	L	[Under OHA review]	09/15/2023	N/A	N/A	Follow up questions in progress					
27	OR45211	[HOSPITAL]	L	[Under OHA review]	09/24/2023	10/08/2023	09/27/2023	Follow up questions in progress					
28	OR45459	[HOSPITAL]	L	[Under OHA review]	10/01/2023	10/15/2023	10/11/2023	Follow up questions in progress					
29	OR45733	[HOSPITAL]	CAH	[Under OHA review]	10/10/2023	N/A	N/A	Follow up questions in progress					
30	OR45847	[HOSPITAL]	L	[Under OHA review]	10/21/2023	11/04/2023	11/02/2023	Follow up questions in progress					
31	OR45851	[HOSPITAL]	L	[Under OHA review]	10/23/2023	11/06/2023	11/02/2023	Follow up questions in progress					
32	OR45978	[HOSPITAL]	L	[Under OHA review]	10/24/2023	N/A	N/A	Follow up questions in progress					
33	OR46271	[HOSPITAL]	M	[Under OHA review]	11/05/2023	11/19/2023	11/28/2023	Follow up questions in progress					

Hospital Staffing Complaints

#	Complaint #	Hospital	Size	Complaint Topic Area	Complaint Received	Union Notification Due	Union Notification Sent	Valid?	Date OHA is required to start investigation	Investigation started	Report Due	Report Mailed	Substantiated?
34	OR46273	[HOSPITAL]	L	[Under OHA review]	11/06/2023	11/20/2023	11/28/2023	Follow up questions in progress					
35	OR46423	[HOSPITAL]	L	[Under OHA review]	11/12/2023	11/26/2023	11/28/2023	Follow up questions in progress					
36	OR46425	[HOSPITAL]	L	[Under OHA review]	11/12/2023	11/26/2023	11/28/2023	Follow up questions in progress					
37	OR46274	[HOSPITAL]	L	[Under OHA review]	11/12/2023	11/26/2023	11/28/2023	Follow up questions in progress					
38	OR46535	[HOSPITAL]	M	[Under OHA review]	11/20/2023	N/A	N/A	Follow up questions in progress					
39	OR46536	[HOSPITAL]	M	[Under OHA review]	11/21/2023	N/A	N/A	Follow up questions in progress					
40	OR46537	[HOSPITAL]	M	[Under OHA review]	11/25/2023	12/09/2023	12/04/2023	Follow up questions in progress					
41	OR46538	[HOSPITAL]	M	[Under OHA review]	11/28/2023	N/A	N/A	Follow up questions in progress					
42	OR46539	[HOSPITAL]	M	[Under OHA review]	11/28/2023	N/A	N/A	Follow up questions in progress					
43	OR46540	[HOSPITAL]	M	[Under OHA review]	11/28/2023	N/A	N/A	Follow up questions in progress					
44	OR46878	[HOSPITAL]	M	[Under OHA review]	12/08/2023	12/22/2023	12/20/2023	Follow up questions in progress					
45	OR46879	[HOSPITAL]	M	[Under OHA review]	12/09/2023	12/23/2023	12/20/2023	Follow up questions in progress					
46	OR46964	[HOSPITAL]	L	[Under OHA review]	12/13/2023	01/02/2024	12/20/2023	Follow up questions in progress					
47	OR47001	[HOSPITAL]	M	[Under OHA review]	12/18/2023	01/01/2024	12/20/2023	Follow up questions in progress					
48	OR47007	[HOSPITAL]	L	[Under OHA review]	12/19/2023	01/02/2024	12/20/2023	Follow up questions in progress					
49	OR47258	[HOSPITAL]	L	[Under OHA review]	12/20/2023	01/03/2024	01/03/2024	Follow up questions in progress					
50	OR47272	[HOSPITAL]	L	[Under OHA review]	12/21/2023	01/04/2024	01/05/2024	Follow up questions in progress					

Hospital Staffing Complaints

#	Complaint #	Hospital	Size	Complaint Topic Area	Complaint Received	Union Notification Due	Union Notification Sent	Valid?	Date OHA is required to start investigation	Investigation started	Report Due	Report Mailed	Substantiated?
51	OR47273	[HOSPITAL]	L	[Under OHA review]	12/22/2023	01/05/2024	01/05/2024	Follow up questions in progress					
52	OR47276	[HOSPITAL]	L	[Under OHA review]	12/24/2023	01/07/2024	01/05/2024	Follow up questions in progress					
53	OR47275	[HOSPITAL]	L	[Under OHA review]	12/23/2023	01/06/2024	01/05/2024	Follow up questions in progress					
54	OR47277	[HOSPITAL]	L	[Under OHA review]	12/26/2023	01/09/2024	01/05/2024	Follow up questions in progress					
55	OR47278	[HOSPITAL]	L	[Under OHA review]	12/27/2023	01/10/2024	01/05/2024	Follow up questions in progress					
56	OR47280	[HOSPITAL]	L	[Under OHA review]	12/31/2023	01/14/2024	01/05/2024	Follow up questions in progress					
57	OR47296	[HOSPITAL]	L	[Under OHA review]	01/02/2024	01/16/2024	01/05/2024	Follow up questions in progress					
58	OR47297	[HOSPITAL]	L	[Under OHA review]	01/02/2024	01/16/2024	01/05/2024	Follow up questions in progress					
59	OR47298	[HOSPITAL]	L	[Under OHA review]	01/02/2024	01/16/2024	01/05/2024	Follow up questions in progress					
60	OR44951	[HOSPITAL]	M	[Under OHA review]	09/13/2023	09/27/2023	09/19/2023	Under OHA & DOJ Review					
61	OR44952	[HOSPITAL]	M	[Under OHA review]	09/13/2023	09/27/2023	09/19/2023	Under OHA & DOJ Review					
62	OR46523	[HOSPITAL]	L	[Under OHA review]	11/14/2023	11/28/2023	12/01/2023	Under OHA & DOJ Review					
63	OR46550	[HOSPITAL]	L	[Under OHA review]	12/04/2023	12/18/2023	12/04/2023	Under OHA & DOJ Review					
64	OR47358	[HOSPITAL]	L	[Under OHA review]	01/05/2024	01/19/2024	01/11/2024	Awaiting OHA Triage					
65	OR47361	[HOSPITAL]	L	[Under OHA review]	01/06/2024	01/20/2024	01/11/2024	Awaiting OHA Triage					
66	OR47363	[HOSPITAL]	L	[Under OHA review]	01/07/2024	01/21/2024	01/11/2024	Awaiting OHA Triage					
67	OR44947	McKenzie-Willamette MC	M	Failed to follow staffing levels in NSP	09/14/2023	09/28/2023	09/19/2023	Invalid - Not enough info	N/A	N/A	N/A	N/A	N/A

Hospital Staffing Complaints

#	Complaint #	Hospital	Size	Complaint Topic Area	Complaint Received	Union Notification Due	Union Notification Sent	Valid?	Date OHA is required to start investigation	Investigation started	Report Due	Report Mailed	Substantiated?
68	OR45737	McKenzie-Willamette MC	M	Failed to follow staffing levels in NSP	10/11/2023	10/25/2023	10/25/2023	Invalid - Not enough info	N/A	N/A	N/A	N/A	N/A
69	OR45742	McKenzie-Willamette MC	M	Failed to follow staffing levels in NSP	10/13/2023	10/27/2023	10/26/2023	Invalid - Not enough info	N/A	N/A	N/A	N/A	N/A
70	OR45800	McKenzie-Willamette MC	M	Failed to follow staffing levels in NSP	10/14/2023	10/28/2023	10/26/2023	Invalid - Not enough info	N/A	N/A	N/A	N/A	N/A

* The chart does not include 3 recently received complaints that are in the intake process and awaiting assignment of a complaint intake number.

Survey and Certification Unit
800 NE Oregon Street, Suite 465
Portland, OR 97232
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<http://www.healthoregon.org/nursestaffing>
mailbox.nursestaffing@odhsoha.oregon.gov

House Bill (HB) 2697 Hospital Staffing Law Implementation Frequently Asked Questions (FAQ)

In 2023, the Oregon Legislature passed [HB 2697](#), which makes significant changes to Oregon's hospital staffing law. HB 2697 makes hospital staffing enforcement activities complaint-driven and eliminates routine triennial nurse staffing surveys.

As we work to implement this new law, it is clear that hospital managers, hospital staff, and the public, have many questions about HB 2697 and what the passage of HB 2697 means for complaints and investigations pending with the Oregon Health Authority (OHA) related to nurse staffing, triennial nurse staffing surveys, and requests for waivers from nurse staffing requirements.

HB 2697 becomes effective on September 1, 2023, with certain sections of the bill having later operative dates, including a delay in OHA's ability to enforce the law with civil penalties.

This initial communication is based on questions submitted and we are providing answers as best we can, given our current understanding of the law. These FAQs will be updated regularly as necessary as new questions arise.

Question 1: What are the key effective dates for HB 2697, that affect OHA's work?

Answer:

- **September 1, 2023:**
 - HB 2697 goes into effect ([Section 35](#))
 - The revised complaint investigations section ORS 441.171 including repeal of the requirement for plans of correction (POCs) and revisits goes into effect ([Section 18](#))

House Bill 2697 Hospital Staffing Law Implementation FAQ

- The amendments to the enforcement section ORS 441.175 and a new section regarding warning letters and civil penalties go into effect ([Sections 19-20](#))
- Triennial nurse staffing surveys ORS 441.157 are repealed, including the requirement for plans of correction and revisits ([Section 32](#))
- **January 1, 2024:** OHA must adopt rules to implement the process for receiving complaints ([Section 29](#))
- **June 1, 2024:** Hospitals must adopt and comply with Nurse Staffing Plans that meet all applicable requirements in HB 2697 including RN-to-patient ratios ([Sections 6, 7, 8, 9, 13, 14](#))
- **December 31, 2024:** Hospital Profession and Technical and Service Staffing Committees must be established and OHA may enforce Sections 3 and 4 of HB 2697, which establish these new committees and require these new plans ([Sections 3-4, 8, 29](#))
- **June 1, 2025:** OHA can begin imposing civil penalties for violations in Section 20 that occur on or after June 1, 2025. ([Section 29](#))

Question 2: Will OHA continue any work related to hospital triennial nurse staffing surveys required under current law, ORS 441.157, between now and September 1, 2023, when the survey requirement is repealed?

Answer: No. Effective September 1, 2023, OHA no longer has the authority to conduct triennial nurse staffing surveys or require POCs, so survey work related to nurse staffing has stopped. [HB 2697, Section 32](#)

Question 3: If a hospital has a nurse staffing survey report, as the result of a triennial survey or a complaint investigation, does it need to submit a POC?

Answer: No. As of September 1, 2023, OHA no longer has the authority to conduct triennial nurse staffing surveys, require POCs, or take any enforcement action based on an alleged violation that occurred prior to September 1, 2023. HB 2697, Section 32. OHA will be notifying hospitals that have outstanding nurse staffing citations, that they do not need to submit a POC.

Question 4: If OHA is currently working on triennial nurse staffing surveys reports or complaint investigation reports, will it issue those reports?

Answer: If OHA has concluded its investigation, it will finish and post its report. OHA will not continue any work on pending investigations, because as of September 1, 2023,

OHA no longer has the authority to conduct triennial nurse staffing surveys, require POCs, or take any enforcement action based on an alleged violation that occurred prior to September 1, 2023. [HB 2697, Section 32](#). OHA will be notifying hospitals that have outstanding nurse staffing citations, that they do not need to submit a POC.

Question 5: If a hospital has a pending POC that must be submitted to OHA, will it still need to draft and submit one?

Answer: No. As of September 1, 2023, OHA no longer has the authority to conduct triennial nurse staffing surveys, require POCs, or take any enforcement action based on an alleged violation that occurred prior to September 1, 2023. [HB 2697, Section 32](#). OHA will be notifying hospitals that have outstanding nurse staffing citations, that they do not need to submit a POC.

Question 6: Will OHA be doing any hospital revisits if it has received an acceptable POC, as was required under ORS 441.171(1)(b)?

Answer: No. As of September 1, 2023, revisits are no longer required and there is a new process under HB 2697 for investigating complaints. [HB 2697, Section 32](#)

Question 7: What will OHA do with complaints received prior to September 1, 2023?

Answer: Because of the changes to the law on September 1, 2023, OHA will not act on complaints received prior to September 1, 2023.

Question 8: Can a complaint be filed on or after September 1, 2023, that alleges a violation that occurred before September 1, 2023?

Answer: No. Complaints may only be filed for a violation that occurs on or after September 1, 2023. [HB 2697, Section 28\(3\)\(b\)](#)

Question 9: Do complaints have to be submitted to OHA within any particular time frame?

Answer: Yes. For a complaint to be valid it must be submitted within 60 days of when the incident occurred. [HB 2697, Section 18\(6\)](#)

Question 10: What will OHA do with complaints received on or after September 1, 2023?

Answer: Under HB 2697, OHA only investigates a “valid complaint.” So, for any complaint received after the effective date of the bill (September 1, 2023), that alleges a violation occurred on or after September 1, 2023, OHA will need to determine if it is a valid complaint. If it is, OHA will investigate. Until June 1, 2025, if a hospital is found to be out of compliance, OHA can only enforce by conducting an investigation, issuing a report, or issuing a warning letter if appropriate. OHA will notify a complainant if a complaint is not valid.

Because of the delayed implementation of some parts of the bill, as described above, some complaints may not be valid on September 1, 2023 because a hospital is not yet required to comply. For example, if a complaint is received on November 1, 2023, that a hospital does not have a hospital service staffing committee, that would not be a valid complaint because a service staffing committee does not have to be established until December 31, 2024.

OHA will adopt rules by January 1, 2024, to implement a process for receiving complaints, but in the meantime, starting September 1, 2023, a complaint form will be posted on OHA’s website, at www.healthoregon.org/facilitycomplaints. [HB 2697, Section 29\(3\)\(b\)](#)

Question 11: Will OHA investigate complaints regarding compliance with current nurse staffing plans, between September 1, 2023, and June 1, 2024?

Answer: Yes. Assuming a complaint is a valid complaint under [Section 20 of HB 2697](#), OHA would investigate in accordance with [Section 18](#) of the bill, and would take an enforcement action under [Section 20](#), which before June 1, 2025, would only include investigating and issuing warning letters or investigation reports as appropriate.

Question 12: Will OHA enforce violations of [Section 8](#) (CNA requirements) under [Section 20\(2\)\(f\)](#) on and after September 1, 2023 if CNA maximum patient assignments have not been incorporated into a staffing plan?

Answer: No. OHA does not interpret HB 2697, [Section 8](#), to be a stand-alone provision that can be enforced outside of a staffing plan.

Question 13: Can a meal and rest break violation complaint be filed with OHA?

Answer: Yes, OHA will forward the complaint to the Bureau of Labor and Industries (BOLI). BOLI investigates meal and rest break violations not OHA. The effective date of new BOLI provisions for meal and rest break violations is June 1, 2025. HB 2697, [Section 11\(2\)\(a\)](#) and [Section 12\(3\)](#)

Question 14: Does OHA have to provide notice to anyone when it gets a complaint?

Answer: Yes. For hospital staff represented by an exclusive representative (union), OHA is required to provide a copy of the complaint to the complainant's exclusive representative. [HB 2697, Section 18\(2\)\(b\)](#)

Question 15: Does a hospital need to renew a waiver from nurse staffing requirements as described in [ORS 441.164](#) if the underlying law that led to the waiver, is being repealed or amended?

Answer: No. If after September 1, 2023, the law from the which the hospital sought the waiver, has been repealed, a waiver does not need to be renewed. For example, the requirement in [ORS 441.155\(2\)\(f\)](#) that a nurse staffing plan have minimum staffing numbers, is repealed as of September 1, 2023, so a hospital would not need to request a waiver from this requirement.

Effective September 1, 2023, smaller type A or type B rural hospitals, can vary from the requirements of the nurse-to-patient ratios in [Section 6](#) of HB 2697 with approval from their nurse staffing committee and notice requirements met to OHA, HB 2697, [Section 14\(6\)](#). The definition of type and type B hospitals can be found at [ORS 442.470](#).

Question 16: What can OHA investigate (what is a valid complaint) under the law related to hospital staffing?

Answer: What is considered a valid complaint that OHA can investigate will depend in part on when hospitals are required to comply with certain sections of the bill. For example, a hospital is not required to have established a hospital professional and technical staffing committee until December 31, 2024. If OHA received a complaint on November 1, 2023, that a hospital had not established a professional and technical staffing committee, that would not be a valid complaint and OHA would not investigate. The key effective dates referenced above, help to provide a framework for when a complaint would be valid, and therefore could be investigated by OHA. When all aspects of the bill are effective, the complete list of complaint bases will be:

- Failure to establish a hospital professional and technical staffing committee or a hospital service staffing committee
- Failure to create a professional and technical staffing plan or a hospital service staffing plan
- Failure to adopt a nurse staffing plan by agreement or after binding arbitration

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- Failure to comply with the staffing level in the nurse staffing plan, including the nurse-to-patient staffing ratios and the failure is not an allowed deviation under the bill
- Failure to comply with the staffing level in the professional and technical staffing plan or the hospital service staffing plan and the failure is not an allowed deviation under the bill
- Failure to comply with the staffing requirements for CNAs in the bill and the failure is not an allowed deviation the bill
- Requiring a nursing staff, except as allowed by ORS 441.166, to work
 - Beyond an agreed-upon prearranged shift regardless of the length of the shift;
 - More than 48 hours in any hospital-defined work week;
 - More than 12 hours in a 24-hour period; or
 - During the 10-hour period immediately following the 12th hour worked during a 24-hour period
- Failure to allow a staff person at a hospital to attend a staffing committee meeting because the staff person was not released from other hospital duties to attend the meeting. [HB 2697, Section 20](#)

Question 17: Does HB 2697 limit OHA's ability to investigate and address complaints related to health and safety requirements in hospitals?

Answer: No. OHA has authority under [ORS 441.044](#) to receive and investigate complaints regarding the allegations of noncompliance with health and safety requirements in accordance with hospital licensing laws and administrative rules.

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