



**Survey & Certification Unit**  
 800 NE Oregon Street, Suite 465  
 Portland, OR 97232  
 Voice: (971) 673-0540  
 Fax: (971) 673-0556  
 TTY: 711

<http://www.healthoregon.org/nursestaffing>  
[mailbox.nursestaffing@odhsoha.oregon.gov](mailto:mailbox.nursestaffing@odhsoha.oregon.gov)

**Oregon Nurse Staffing Advisory Board (NSAB)**  
*Wednesday, October 26, 2022*  
 1:00 PM – 5:00 PM

Meeting Minutes

Cochairs	Debbie Robinson, RN, MSN (presiding); Uzo Izunagbara, DNP, MSN, MHA, RN
Members present	Jenni Word, RN; Barbara Merrifield, MSN, RN; Joel Hernandez, RN; Kelsey Betts, RN; Shannon Edgar, RN, MBA; Lace Velk, RN; Mariah Hayes, MN, RN, NE-BC; Todd Luther, RN, CEN; Becky Wise, RN; Chandra Ferrell, CNA
PHD staff present	Dana Selover, MD, MPH; Anna Davis, JD; Kimberly Voelker, MPH; Wendy Edwards, RN; Phyllis Lebo, RN; Cynthia Munoz; Austin Schmidt; Sonya Wasson; Leah Festa; Neelam Gupta; Marc Overbeck; Tip McIntosh
Additional Oregon State employees present	Rep. Travis Nelson; Amy Beth Stevens (Rep. Nelson Office); Jennifer Brown (CRRU)

Guests present	Diana Pisciotta (Adventist Health Tillamook); Aimee Franklin (CHC of Lane County); Donell Owens (Kaiser Sunnyside); Beth Dimler (Lower Umpqua Hospital); Agnes Albert (N. Marion School District); Mindy Brown (SYMPLR); Matt Calzia (ONA); Cristy Simila (ONA); Therese Hooft (ONA); Kelly Kilgore (Samaritan Lebanon); Sarah Lochner (Oregon Coalition); Nancy Deyhle (Sacred Heart Riverbend); Danielle Meyer (OAHHS); Lisa Middleton (OHSU); Erica Swartz (OHSU); Ruth Miles (Salem Health); Jennifer Peterson (St. Anthony); Heather Quartre (St. Charles Redmond); Tessa Robinson (Wash. Co. Public Health); Barbara Davis (Peace Harbor)
----------------	---

<b>Agenda Item 1</b>	<i>Call to Order</i>
<p>The meeting was conducted as an online Zoom meeting with computer and phone audio options. The meeting was called to order and members confirmed their presence on the meeting via roll call. All other individuals present identified themselves.</p> <p>Board co-chair greeted board members and asked that cameras be turned on.</p>	

<b>Agenda Item 2</b>	<i>Minutes</i>
<p>Board co-chair asked if the board had any corrections, additions, or questions about the minutes from the July 2022 Quarterly NSAB meeting.</p> <p>Board co-chair suggested that Guest Present section could be organized by organization.</p> <p>Motion to approve July minutes with suggestion to organize guests by facility: Mariah Hayes Seconded: Uzo Izunagbara Motion passed</p>	

<b>Agenda Item 3</b>	<i>Membership &amp; Program Updates</i>
<p>K. Voelker noted that this board meeting is Board Cochair Debbie Robinson's last NSAB meeting. Board thanked Robinson's service since the beginning of the board and presented a farewell slide. K. Voelker also welcomed P. Lebo and A. Schmidt as new nurse staffing surveyors.</p> <p>K. Voelker stated that there was an open position on the NSAB for a nurse manager member after the October 2022 NSAB meeting. Direct care members were also encouraged to apply. The application pool is valid for two years and is used when vacancies arise.</p> <p>K. Voelker discussed the renewal process for members whose terms were expiring at the end of the year and listed members with expiring terms.</p> <p>The board did not have any additional questions about membership and program updates.</p>	

<b>Agenda Item 4</b>	<i>Status Updates</i>
<p><i>Nurse Staffing Surveys</i></p> <p>K. Voelker presented the survey dashboard for Cycle 2 (2021 – 2023), which reflected the total number of hospitals surveyed in 2021 and 2022, the number of hospitals with acceptable POCs, the number of survey reports in progress, and the number of hospitals on different version numbers of POCs. It included a summary slide for Cycle 2 nurse staffing surveys presented, which illustrated survey logistics such as average timeline for POC</p>	

approval and number of POCs submitted before acceptance. A detailed table of Cycle 2 nurse staffing survey was also included.

Board member asked for clarification regarding the summary (“At a Glance”) slide and the nine hospitals with accepted POCs.

K. Voelker stated that the nine hospitals with accepted POCs were surveyed in 2021 because there were no hospitals surveyed in 2022 that had an accepted POC yet.

Board member suggested the slide should display that the nine hospitals were surveyed in 2021.

A. Davis clarified that the survey data reflects all of Cycle 2 which has not yet concluded and that the number of hospitals with accepted POCs will increase as Cycle 2 progresses.

Board member requested that the full dates for Cycle 2 be included instead of the date the dashboard was drafted.

#### *Nurse Staffing Complaint Investigations*

K. Voelker presented the nurse staffing complaint dashboard (2016 – 2022) and explained that unlike the nurse staffing surveys, complaint investigations did not adhere to a cycle schedule. She presented the first slide, which reflected the total number of hospitals investigated, the number of hospitals with revisits in progress, the number of hospitals with reports in progress, and the status of POCs for 2020, 2021, and 2022. The second slide showed a summary of complaint investigations between 2016 and 2022. The final slide included a table of nurse staffing complaints investigated between 2016 and 2022.

Board co-chair asked if the dashboard specified the topic of complaints. Board member was interested in learning the rule areas most often reflected in complaints.

K. Voelker stated that the dashboard did not reflect the underlying allegations but added that anecdotally, the most common complaints pertained to meals and rest breaks and minimum numbers.

Board member asked if there was anywhere for the board to see the complaints that were not investigated.

K. Voelker answered that historically, this information is not presented on the dashboard and that the dashboard only includes complaints that have been investigated.

Board member asked if the number of complaint investigations slide included complaints that were not substantiated.

A. Davis stated that the investigations dashboard included complaints that were not substantiated, but did not include complaints where complainant did not respond to OHA follow-up questions because When the initial complaint does not include enough information

to reflect potential violations of nurse staffing rules and the complainant does not respond to requests for additional information, the complaint is closed without investigation. Complaints referred to other agencies were also not included.

K. Voelker stated that the table of the dashboard displayed whether a complaint was closed because it was unsubstantiated in an investigation

Board member asked why a POC due date was in October 2022 for a report was mailed in March 2022.

K. Voelker answered that hospital in question was on their third POC and the date reflected under “POC due” is for the third POC. The date reflected under “Report Mailed” is from before the first POC was due.

Board member stated that the way the information was presented was confusing because the POC looked like it was received late.

A. Davis stated that the OHA keeps a record of all the dates for every POC received for each hospital, but the dashboards become unwieldy when there are due dates, received dates, response dates included for each POC.

#### *Nurse Staffing Revisits*

K. Voelker presented the revisit dashboard, which reflected the total number of standalone revisits conducted, the number of revisits that reflected the hospital had returned to compliance, the number of reports in progress, and the status of POCs following revisits; a summary of information from revisits; and a detailed table reflecting the status of revisits.

The board did not have any questions about the revisits.

<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>OHA to present on complaint topics at the January 2023 quarterly meeting</li></ul>
-----------------------	--

<b>Agenda Item 5</b>	<i>Committee updates</i>
----------------------	--------------------------

#### *Rules Review Committee*

K. Voelker stated the Rules Review Committee had their first meeting and approved their charter. She stated that the committee had scheduled its next meetings and the committee packet was available on [www.healthoregon.org/nursestaffing](http://www.healthoregon.org/nursestaffing). She stated that the committee needed an additional nurse manager member because D. Robinson was resigning.

Board member, M. Hayes, volunteered to take the position.

The board did not have any additional questions or comments about the Rules Review Committee.

*Civil Monetary Penalties Committee*

K. Voelker presented the Civil Monetary Penalties (CMP) Committee Summary Report, which summarized the previous seven committee meetings. She also presented the Civil Monetary Penalty Decision-Making Tool and stated that the tool was included in the NSAB packet.

Board co-chair stated that the board had received comments about the tool.

K. Voelker acknowledged the comment and encouraged public feedback on documents within the packet. She stated that the documents in the board packet were publicly available.

A. Davis noted that comments received the day of the board meeting could be reviewed at a later date when the board had more time to reflect.

Board co-chair recommended feedback and comments should be considered at a later date with more time.

Board member agreed that to the board should fully review and respond to the comments at a future meeting.

Board member asked how much notice was given to those who responded the day of the meeting and how the public would have known that they could send comments.

K. Voelker clarified that OHA had not solicited comments. These comments were received in the nurse staffing mailbox the morning of the NSAB meeting and OHA forwarded them to the NSAB members prior to the meeting.

Board member asked if anyone who submitted comments were present and willing to speak to their comments.

K. Voelker stated that members of the public would be invited to speak during the public comment period at the end of the meeting.

Board member clarified that they were asking if any other board members would like to comment on the feedback now.

K. Voelker explained that many comments had come from members of the public.

Board member stated she was a member of the CMP Committee and that the Committee had not reached a consensus. She supported the board taking more time to receive feedback on the CMP process before implementing it.

Board member did not support waiting longer to implement CMPs.

Board member criticized the number of hospitals that struggle to get an approved POC, given the amount of resources OHA has provided. They were concerned that some hospitals would disregard staffing plans if CMPs were not issued.

Board member emphasized the complexity of providing care in hospitals. They stated that certain findings do not directly correlate to unsafe patient care and that noncompliance does not reflect a lack of desire to meet the law.

A. Davis clarified that the areas that the board member was concerned about not being related to direct patient care, such as documentation of qualifications and competencies, were not necessarily included in the CMP tool as a basis for assessing CMPs.

K. Voelker stated that the CMP Committee's goal was to identify clear, consistent factors that can be applied across Oregon that can be used to determine when to issue a nurse staffing CMP. The recommendation for a point system was derived from the importance of having transparent and measurable factors for determining when noncompliance is such that civil monetary penalties should be issued.

Board member stated that they agree with giving more time for both comments and the board to review feedback.

Board member agreed with other board members and questioned whether it was the right time to issue CMPs. They asked whether there were problems with the nurse staffing surveys that led to hospitals being unable to demonstrate compliance.

Board member stated that having hospitals be penalized for past noncompliance did not make sense.

Board member cited literature regarding hospital capacity strain and noted that most, if not all, hospitals are at capacity.

A. Davis reiterated that the committee was not asked to discuss when the OHA would start issuing CMPs but rather, how does the OHA would know when to issue a CMP for any individual hospital.

Board member expressed frustration surrounding the work that went into the CMP Decision-Making Tool and learning that there were still concerns about the tool. They stated that they did not want to wait to implement the process developed by the committee. They stated that hospitals were still having issues with the same tags as in the first cycle and that CMPs could alleviate those problems.

Board co-chair agreed, stating that delaying CMPs would be the equivalent of ignoring the nurse staffing law.

K. Voelker gave a quick summary of the noncompliance tags that reflected unsafe patient care on page 2 of the CMP tool.

Board member asked whether there were any problems with trying to be in compliance with the tags included in CMP tools.

Board member answered that one of the barriers their facility struggled with was getting a quorum for their meeting despite scheduling efforts. This pertained to tag E652 which is not on this list of tags included in the CMP tool.

Board member asked a follow up question as to why staff is not engaged and unable to form a quorum.

Board member answered the feedback that they received is that their staff is not interested nor do they believe that the nurse staffing committee affects their work that much.

Board co-chair admitted that running a hospital is quite complex and would like to hear directly from staff about lack of engagement.

The board discussed and agreed that patient care should be heavily emphasized with staff to increase engagement if it is genuinely the main motivation.

Board member speculated whether the low engagement is due nursing staff feeling undervalued and unsupported.

Board member stated that their hospital has nurse staffing committee meetings every other month, which is more than is required and allows the committee to still meet quarterly, even if a meeting is missed.

D. Selover thanked the board for their discussion and stated that the point system in the CMP tool was meant to identify the most egregious noncompliance. They asked if the board had suggestions for simplifying the tool.

Board member asked if there was an estimate on how many penalties would have been issued if the tool was in place for past surveys.

A. Davis responded that OHA had created a model using Cycle 1 survey results as if they were the results in a hypothetical Cycle 2 and that the model showed the number of hospitals which would receive penalties was small.

K. Voelker added that the model projected repeated noncompliance points for the Cycle 1 survey model.

Board co-chair asked if the CMP Committee had any more meetings scheduled.

K. Voelker answered that the committee had completed its charter and did not have any additional meetings scheduled.

<p>Board co-chair recommended that OHA schedule an additional meeting for the full board for the end of 2022.</p> <p>Multiple board members supported this recommendation.</p> <p>D. Selover added that the additional meeting should have two volunteers from the committee, one nurse manager and one direct care member, that could help plan the meeting.</p> <p>Board co-chair asked B. Merrifield to volunteer as the nurse manager. B. Merrifield, accepted. Board co-chair asked U. Izunagbara to volunteer as the direct care member. U. Izunagbara accepted.</p> <p>There were no other questions or comments related to the CMP Committee.</p>	
<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>OHA to schedule a full board Ad Hoc meeting to continue the discussion surrounding the CMP Decision Making Tool before the end of the year.</li></ul>

<b>Agenda Item 6</b>	<i>Annual Legislative Report Update</i>
<p>K. Voelker stated that the Annual Legislative Report had been shared with the Oregon Legislature as of October 2022. The report was also made available on the Nurse Staffing website (<a href="http://www.healthoregon.org/nursestaffing">www.healthoregon.org/nursestaffing</a>) so that board members and the public may observe the final version, if interested.</p> <p>A. Davis provided the direct link to the report on the Nurse Staffing website in the meeting chat.</p> <p>Board co-chair thanked members for reading and reviewing the report before submitting the final document.</p>	

<b>Agenda Item 7</b>	<i>HB 2993 Overview</i>
<p>D. Selover presented HB 2993 Implementation slides and explained that HB 2993 was a bill which changed the way Rules Advisory Committees (RAC) function and clarified that RACs would need to complete a Statement of Racial Equity Impact for any new rulemaking.</p> <p>D. Selover explained that this law requires the board to bring in community members and that members of affected communities and of the NSAB would take part in future RACs. She explained that rules may be invalidated if it is determined that an agency does not make a genuine effort to obtain input from communities and information on the impact of racial equity.</p> <p>Board co-chair asked D. Selover to share to the summary slides with the board.</p> <p>There were no additional questions or comments about HB 2993.</p>	



<b>Agenda Item 8</b>	<i>Break</i>
Board co-chair called for a five-minute break.	
<b>Agenda Item 9</b>	<i>Scheduling 2023 Quarterly Meeting</i>
<p>K. Voelker reminded the board that NSAB Quarterly Meetings are historically scheduled on the last Wednesday of January, April, July, and October. Feedback was requested on whether this schedule was still favored by the board for 2023.</p> <p>Multiple board members approved the existing schedule. K. Voelker shared the schedule for the upcoming year and added that meetings would be from 1pm to 5pm.</p> <p>T. McIntosh stated they would schedule 2023 NSAB meetings and send out meeting invites to board members.</p> <p>K. Voelker added that Nurse Staffing Webinars had been held each Friday for the past six weeks and recordings were posted on the nurse staffing website.</p> <p>Board co-chair thanked for the update. There were no additional questions or comments about scheduling.</p>	

<b>Agenda Item 10</b>	<i>Nurse Workforce Group: Nurse Workforce Shortage &amp; Burnout</i>
<p>K. Voelker introduced OHA coordinators for the OHA Health Care Workforce Committee, Marc Overbeck and Neelam Gupta.</p> <p>M. Overbeck presented slides about the Health Care Workforce (HCWF) Committee which showed when the committee was established, the committee's purpose, funding recommendations, and the current membership. They also shared slides of previous HCWF Committee reports and recommendations.</p> <p>N. Gupta explained upcoming reports, including the Nurse Workforce Study which is required as part of HB 4003. The University of California, San Francisco (UCSF) is a recognized expert in nursing workforce and helped complete the development of the Nursing Study. They described the membership of the advisory group on the Nurse Workforce study.</p> <p>N. Gupta shared the report's conclusions, emphasizing that Oregon's nursing workforce is severely stressed and that widespread nursing shortages exist. They stated that both nurses and employers were concerned about the nurse workload while education programs struggle with growth due to difficulty with recruiting faculty and finding clinical placements for students. Overall, growth in applications and new enrollments in RN programs have slowed over the past three years.</p> <p>Board co-chair asked what methods the committee used when researching nurse burnout.</p> <p>M. Overbeck answered that they used informational interviews and reviewed literature.</p>	

Board co-chair asked if the study group reviewed the impact of nurse acuity and nursing care intensity on nurse burnout and exhaustion.

M. Overbeck answered the final report did not examine the impact of acuity and nursing care intensity on nurse burnout and exhaustion as this was beyond their scope.

Board member asked if the committee investigated how many registered nurses were in Oregon, what percentage of them were where and how they moved around the state.

M. Overbeck noted that this was not his area of expertise but stated that in the first report, the committee was able to investigate the supply of nurses in the state. The data is available on the OHA Healthcare Workforce website.

The board did not have any additional questions or comments related to nurse workforce. Board co-chair thanked M. Overbeck and N. Gupta for their presentation.

**Agenda Item 11** | *Nurse Staffing Surveyor discusses survey activities.*

K. Voelker introduced surveyors: Wendy Edwards, Sonya Wasson, Phyllis Lebo, and Austen Schmidt. P. Lebo and A. Schmidt were new surveyors and not yet able to answer questions.

W. Edwards explained how direct care staff are involved with the survey process, stating that direct care participation is helpful in determining where the team needs to expand the survey review and in determining compliance within nurse staffing rules. They noted that a Nurse Staffing Committee Co-Chair Pre-Interview Questionnaire is completed by the direct care co-chair, and it provides information related to nurse staffing committee operations, charter, and annual review of nurse staffing plans. They stated that they interviewed the direct care co-chair.

Usually within the first couple hours after the entrance conference, W. Edwards explained that surveyors select 2 - 5 units that to focus on. The hospital is informed which units are selected and that they will be toured the same day. The hospital is also informed that an interview with a direct care staff within each selected unit will be conducted. W. Edwards explained that in their experience, interviews last between 20 and 60 minutes.

The direct care unit representative and the nurse manager are asked to complete three questionnaires for each unit which cover meal and rest break practices, mandatory overtime, and the unit's nurse staffing plan.

S. Wasson introduced herself and discussed common trends they encountered during revisits, including citations related to minimum numbers and meal and rest breaks.

Board member asked about how the surveyors engage with nurse staffing activities they observe during survey.

W. Edwards stated that surveyors are gathering information during the survey or complaint investigation. They are not consulting or providing immediate feedback, even during the

closing conference. They refer individuals who would like more information about nurse staffing requirements to the website.

A. Davis discussed the work to create a public health nurse position that would facilitate more education and outreach projects, like the webinars.

S. Wasson and W. Edwards agreed that during survey they are not on site to educate although they will clarify certain definitions for the direct care staff so that they may answer interview questions fully.

Board co-chair asked for what information surveyors provide. They suggested standardizing the information given when asked certain questions.

W. Edwards explained that the survey is a very regimented process that requires consistency so any questions about the nurse staffing survey do not receive a flexible answer.

Board co-chair thanked surveyors for the time and welcomed the newest nurse staffing surveyors.

<b>Agenda Item 12</b>	<i>Emerging Issues in Nurse Staffing</i>
-----------------------	--

Board co-chair began discussion concerning traveler nurses and how are travelers being prepared to the hospital's standards of care and expectations, as well as ensuring their competencies.

Board co-chair suggested a round table discussion and started with asking nurse managers describing emerging trends related to traveler nurses that they noticed.

Board co-chair recalled when their facility received a large influx of traveler nurses. They noted that it was very difficult to onboard travelers in a way that would set them up for success. On average, it took their hospital about seven days before travelers could take a patient assignment independently. The effort to provide that much orientation felt necessary to ensure the travelers could provide the necessary patient care. Board co-chair was curious about how other hospitals onboard their travelers.

Board member answered that at their facility, they train each traveler on average for about 34 hours and that they require traveler to have 18 months experience as a nurse in a large facility. The hospital monitors travelers through daily interactions with formal leaders. Board member gives credit to their partners who often find very competent traveler nurses for their facility.

Board member stated that their small hospital developed an accelerated orientation for traveler nurses, which would generally last two shifts. Traveler nurse competencies must be demonstrated and not assumed. They stated that the hospital's education nurse then informs the traveler nurse and the nurse manager about what skills need improvement.

Board member stated that the most concerning issue about using traveler nurses is that it is financially draining to invest so much in onboarding short-term contract staff.

Board member stated that traveler nurses at their hospital are most often assigned to ICU and ER.

Board member does not see an end in sight in regards to utilizing traveler nurses and stated that traveler nurses outnumber hospital-employed staff.

Board member stated that at times, training traveler nurses on specific widespread topics such as HIPAA takes too much time. These topics should already be common knowledge within the nursing field.

There were no additional comments on emerging topics.

<b>Agenda Item 13</b>	<i>Public Comment</i>
-----------------------	-----------------------

K. Voelker announced that there were a few people signed up for public comment. Board co-chair invited members of the public to speak for up to two minutes.

Rep. Travis Nelson asked how often members of the health care team are getting de-escalation training at facilities that board members represent.

Board member answered that their facility requires de-escalation training annually.

D. Selover suggested board members email K. Voelker with their answers and the nurse staffing administrative team would send that information to Rep. Travis Nelson.

Erica Swartz (OHSU) discussed CMPs and advocated for implementation of the CMP process developed by the committee. They stated that hospitals should be held accountable and that delaying CMPs was unacceptable. With goals of accountability and compliance, E. Swartz asked that OHA use its tools to compel hospitals to treat the nurse staffing laws with the gravity that it merits.

K. Voelker asked whether there were any further public comments. There were none.

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

<b>Agenda Item 14</b>	<i>Meeting Adjourned</i>
-----------------------	--------------------------

**Approved by the NSAB on January 25, 2023**

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