



## Nurse Staffing Advisory Board – Quarterly Meeting Agenda

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Presiding Co-Chair: Susan King

Date: January 26, 2022  
 Time: 1:00 PM – 5:00 PM

To receive meeting login information, please register for the meeting here:  
<https://www.zoomgov.com/meeting/register/vJlftuiupjsqGeRg6xPIa6s5Xyr9k1aPQaM>

**Note for virtual meetings:** OHA will open the Zoom meeting 15 minutes prior to the meeting’s official start time. You may be required to wait in the Zoom waiting room or receive a message that the meeting has not yet started if you attempt to join the meeting before this time. If you are unable to join the meeting after this time, please contact the meeting host at the email or phone number provided below.

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	<b>Item 1 – Call to Order</b>		Susan King
1:00 PM – 1:05 PM	<b>Item 2 - Minutes</b>	<ul style="list-style-type: none"> <li>October 2021 Meeting Minutes</li> <li>November 2021 Meeting Minutes</li> </ul>	Kimberly Voelker

Nurse Staffing Advisory Board  
Quarterly Meeting Agenda  
January 26, 2022

1:05 PM – 1:15 PM	<b>Item 3 – Membership &amp; Program updates</b> <ul style="list-style-type: none"> <li>• Thank you to departing members</li> <li>• Workday questions</li> <li>• HB 2993 update</li> <li>• Program updates</li> </ul>		Kimberly Voelker, Dana Selover, & Anna Davis
1:20 PM – 2:00 PM	<b>Item 4 – Status Updates</b> <ul style="list-style-type: none"> <li>• Nurse Staffing Waivers</li> <li>• Nurse Staffing Surveys</li> <li>• Nurse Staffing Complaint Investigations</li> </ul>	<ul style="list-style-type: none"> <li>• Waiver dashboard</li> <li>• Survey dashboard</li> <li>• Complaint dashboard</li> </ul>	Kimberly Voelker
2:00 PM – 2:45 PM	<b>Item 5 – 2021 Year in Review Presentation</b>	<ul style="list-style-type: none"> <li>• Year in Review Slides</li> </ul>	Kimberly Voelker & Anna Davis
2:45 PM – 2:50 PM	<b>Item 6 – Committee updates</b> <ul style="list-style-type: none"> <li>• NSAB Civil Monetary Penalties Committee</li> </ul>		Kimberly Voelker
2:50 PM – 2:55 PM	<b>Item 7 – Break</b>		
2:55 PM – 3:45 PM	<b>Item 8 – Updates on Nurse Staffing Rulemaking</b> <ul style="list-style-type: none"> <li>• Review Final Rule</li> <li>• Provide feedback on Interpretive Guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Draft Interpretive Guidance</li> </ul>	Anna Davis
3:45 PM – 4:30 PM	<b>Item 9 – Open Action Items</b> <ul style="list-style-type: none"> <li>• OHA Complaint Process: Federal vs. State Complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Federal vs. State Complaints Slides</li> </ul>	Anna Davis

4:30 PM – 4:45 PM	<b>Item 12 – Emerging issues in nurse staffing</b> NSAB members raise new issues that are emerging as nurse staffing concerns across the state		Susan King
4:45 PM – 5:00 PM	<b>Item 13– Public Comment</b> Members of the public may speak for up to two minutes on the meeting’s agenda and other topics.		
5:00 PM	<b>Meeting Adjourned</b>		

**Upcoming Meetings**

- *NSAB Quarterly Meeting - April 27, 2022: 1:00 PM – 5:00 PM*

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@state.or.us](mailto:kimberly.n.voelker@state.or.us) at least 48 hours before the meeting.

**Oregon Nurse Staffing Advisory Board (NSAB)**

Wednesday, October 27<sup>th</sup>, 2021

1:00 PM – 5:00 PM

Meeting Minutes

Cochairs	Debbie Robinson, RN, MSN (presiding); Susan King, MS, RN, CEN, FAAN
Members present	Uzo Izunagbara, RN; Jenni Word, RN; Barbara Merrifield, MSN, RN; Joel Hernandez, RN; Kelsey Betts, RN; Rob Campbell, CP, ADN, RN; Chandra Ferrell, CNA
Members absent	Zennia Ceniza, RN, MA, CCRN, ACNP-BC, NE-BC
PHD staff present	Anna Davis, JD; Kimberly Voelker, MPH; Karyn Thrapp, RN; Wendy Edwards, RN; Mellony Bernal; Belle Shepherd; Nick May

Guests present	Jacinta Cruz (NW Oregon Health Preparedness Organization); Amelia Templeton (Oregon Public Broadcasting); Linda Gipson (Coquille Valley Hospital); Danielle Meyer (OAHHS); Jesse Kennedy (ONA); Nancy Deyhle (PeaceHealth Sacred Heart Riverbend); Jackie Fabrick (Providence); Sarah Axness (Gonzaga University student); Matt Calzia (ONA); Christy Simila (ONA); Therese Hooft (ONA); Lace Velk (OHSU); Donell Owens (Kaiser Sunnyside Medical Center); Erica Swartz (OHSU); Deanna Vest (Lower Umpqua Hospital); Ruth Miles (Salem Health); Lori Gaston (St. Charles); Andi Easton (OAHHS); Kyle Hunter (Curry General Hospital)
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<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>K. Voelker introduced the board’s new direct care CNA member, C. Ferrell, and welcomed her to the board. Members of the board introduced themselves.</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 28, 2021 quarterly meeting.</p> <p>Motion to approve July minutes as written: Susan King Seconded: Jenni Word Motion passed</p> <p>Board co-chair asked if the board had any corrections, additions or questions about the minutes from the September 9, 2021 ad hoc meeting.</p> <p>Motion to approve September minutes as written: Uzo Izunagbara Seconded: Joel Hernandez Motion passed</p>	

<b>Agenda Item 3</b>	<i>Rules Advisory Committee: HB 3016</i>
<p>A. Davis explained the rulemaking process and stated that the board acted as the Rules Advisory Committee (RAC) for HB 3016. She stated that after OHA received feedback from the RAC, it would submit the draft rules to the Secretary of State's office, open a public comment period, and hold a public hearing on the rules. She noted that the draft rules incorporated feedback from the Rules Committee, which included three direct care NSAB members, three nurse manager NSAB members, a representative from the Oregon Association of Hospitals and Health Systems (OAHHS), and a representative from the Oregon Nurses Association (ONA). She asked the board for feedback on the draft rules.</p> <p>Board co-chair stated that the rules needed additional specificity, particularly as it related to the definitions for crisis standards of care and facility disaster plan.</p> <p>A. Davis stated that OHA had historically interpreted facility disaster plan to mean the emergency preparedness plan required by Centers for Medicare &amp; Medicaid Services (CMS) Conditions of Participation (CoP) for Emergency Preparedness. She stated that all Oregon hospitals are required to meet the CMS emergency preparedness requirement.</p> <p>K. Voelker presented the CMS CoP emergency preparedness requirement to the board.</p> <p>Board co-chair stated that the CMS CoP seemed too vague for what would be needed for the nurse staffing rules.</p> <p>Board member agreed that the CMS CoP was vague and could leave things open to interpretation. She proposed that the rules further clarify facility disaster plan requirements.</p> <p>A. Davis stated that they would ask the Department of Justice (DOJ) for clarification on what was meant by facility disaster plan. She emphasized that OHA had historically interpreted</p>	

facility disaster plan to mean the emergency preparedness plan required by CMS, and there was not a definition of facility disaster plan available in Oregon statutes.

Board co-chair stated that even though OHA has previously interpreted the CMS requirement, OHA could create something more specific to nurse staffing for these rules.

Board member appreciated the simplified rules in the ONA's written comments and suggested that it be incorporated in OHA's draft rules. He added that the rules should narrow its focus to the nursing expectations during an emergency.

Board co-chair wanted to ensure that direct care staff members are able to know what the facility disaster plan requires and be able to access it. She stated that the facility disaster plan would need to provide limitations on nursing services, like assessment and documentation, and provide limitations on non-emergent procedures.

A. Davis was not sure whether OHA could require hospitals to make their facility disaster plans available to all hospital staff, and she explained that hospitals are usually responsible for determining what procedures are available during an emergency.

Board member stated that she supported other members' concerns and thought the draft rules needed to be more specific.

Board member noted that hospitals are changing nursing service requirements, but direct care staff do not know whether their unit is operating under crisis standards of care. He stated that this information should be widely available and known to all hospital staff.

K. Voelker thanked the board for feedback on the rules as it related to facility disaster plans, and she asked whether the board had any comments on crisis standards of care.

Board co-chair appreciated the first sentence for the definition of crisis standards of care and suggested adding language about changes to nursing services and practice that reduce requirements related to assessment, documentation and resource utilization.

Board member asked whether the rules would require each hospital to include nurse staffing in its crisis standards of care policy and whether OHA would be able to require that in these rules. She wondered if it would be better to address those aspects in contingency nurse staffing plans.

Board co-chair stated that it seemed appropriate to add specificity to crisis standards of care as they relates to nurse staffing.

Board member read the definition for crisis standards of care proposed by ONA and shared his support for amending the draft rules to reflect ONA's proposed language.

Board member asked whether OHA had also received recommendations from OAHHS.

<p>K. Voelker confirmed that OHA had also received recommendations from OAHHS and noted that their written comments were also included in the board packet.</p> <p>Board member stated that the draft rules should allow hospitals flexibility to address different emergency situations. She also expressed support for OAHHS's recommendation that the rules call out declared emergencies and other emergency situations.</p> <p>A. Davis thanked everyone for their review of the draft rules and explained the next steps in the rulemaking process. She stated that OHA would call a short meeting in the coming weeks for the board to review and vote on the Statement of Need and Fiscal Impact (SNFI) prior to OHA filing the rules with the Secretary of State.</p> <p>Board co-chair asked if OHA knew the public comment period for the rules.</p> <p>A. Davis stated that the public comment period depends on when the rules are filed, but that the public hearing was likely to be in December.</p> <p>Board co-chair thanked everyone for the discussion.</p>	
<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>• OHA to schedule a meeting of the board to review the SNFI for the draft rules</li><li>• OHA to receive clarification from DOJ regarding facility disaster plan definition</li><li>• OHA to submit draft rules to Secretary of State's office</li></ul>

<b>Agenda Item 5</b>	<i>Membership updates</i>
<p><i>The guest presenter for Agenda Item 4 (Open Action Item: Hospital Surge) experienced technical difficulties joining the meeting. Because of this, the board moved Agenda Item 5 (Membership updates) forward in the meeting.</i></p> <p>K. Voelker welcomed Chandra Ferrell to the board as the non-RN direct care member. She stated that OHA would set up an orientation with C. Ferrell.</p> <p>Board members welcomed C. Ferrell.</p> <p>K. Voelker stated that there was one direct care position and three nurse manager positions vacant, and that an additional direct care position and nurse manager position would open at the end of the year. She expected new members to be appointed soon.</p> <p>K. Voelker explained that the Governor's Office had started using Workday for executive appointments. She stated that anyone who had previously applied to the board would need to reapply through Workday.</p> <p>K. Voelker reminded board members of the mandatory training they were required to complete through Workday. She stated that if any members had difficulty logging in to their accounts, they needed to email her so she could unlock their accounts.</p>	

<p>Board co-chair thanked OHA for the updates on vacancies. She reminded the board that her term as co-chair ended at the end of 2021, and she nominated U. Izunagbara to her position.</p> <p>Board member thanked board co-chair for her nomination.</p> <p>Board co-chair asked what the process was for nominating incoming co-chairs.</p> <p>A. Davis was unaware of the process for appointing new co-chairs and stated that OHA would reach out to the Governor's Office to determine how to share nominations with them.</p>	
<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>• OHA to schedule NSAB Orientation with new board member</li><li>• OHA to confirm nomination process with Governor's Office</li></ul>

<b>Agenda Item 9</b>	<i>Committee updates</i>
<p><i>The guest presenter for Agenda Item 4 (Open Action Item: Hospital Surge) experienced technical difficulties joining the meeting. Because of this, the board moved Agenda Item 9 (Committee updates) forward in the meeting.</i></p> <p>K. Voelker stated the Civil Monetary Penalties (CMP) Committee had met three times since July and that the committee had reviewed the definition of safe patient care and CMP Table currently in the rule; advised OHA on survey measurements that represent unsafe patient care; and suggested factors that could impact the size of CMPs imposed. She stated that all CMP Committee meetings are open to the public and recorded, and that after the meetings she writes a meeting summary that is shared at the following meeting. She stated that the next meetings were November 1<sup>st</sup> and November 19<sup>th</sup>.</p> <p>K. Voelker asked whether any committee members had updates to share with the board.</p> <p>Board member stated that the committee is suggesting tags that are closer to patient care and therefore are more likely to cause potential patient harm. He stated that nurse staffing surveys are a comprehensive review of a hospital's compliance with the nurse staffing law, but that CMPs needed to prioritize what affected safe patient care and the most egregious violations.</p> <p>K. Voelker thanked board member for his summary of the committee's work.</p>	

<b>Agenda Item 4</b>	<i>Open Action Item: Hospital Surge</i>
<p>K. Voelker introduced N. May, who is part of the Health Security Preparedness and Response (HSPR) program at OHA. She asked board members to hold their questions until after N. May finished his presentation.</p> <p>A. Davis explained that HSPR is responsible for helping healthcare and non-healthcare facilities prepare for disaster responses. She stated that the OHA Covid Response &amp;</p>	



Recovery Unit (CRRU) and OHA Incident Management Team (IMT) arose from HSPR's work.

N. May thanked K. Voelker and A. Davis for their introduction and presented the Hospital Capacity System (HOSCAP). He stated that HOSCAP was started in 2009 during the H1N1 pandemic and stated that Oregon hospitals used the system to different degrees. He showed what data was available in the system and explained that HOSCAP was being used as part of the COVID response. He added that there were no patient details or protected health information (PHI) included in HOSCAP.

Board member asked how often the system is updated and who was responsible for making the updates.

N. May stated that during the COVID-19 pandemic, OHA had asked hospitals to update at least once a day, but that some hospitals updated more frequently. He stated that each hospital varied on who updated the data.

Board member asked whether there was a trigger that required hospitals to go on divert or whether each hospital made that decision independently.

N. May stated that there was regional coordination to help make those decisions, but that ultimately each hospital made its own policies and procedures for when to go on divert. He explained that there was no state mandate for when hospitals needed to go on divert.

Board co-chair asked whether HOSCAP showed the number of licensed beds or the number of staffed beds.

N. May stated that HOSCAP showed the number of open beds and the number of staffed beds. He showed an example in HOSCAP.

Board co-chair asked how OHA used the data available in HOSCAP.

N. May explained that HOSCAP was meant to provide high-level coordination and situational awareness across the state among different care groups.

Board co-chair stated that coordination mostly seemed to occur at the facility-level and wondered how much decision-making arose from the information available in HOSCAP.

N. May confirmed that the data was only as good as the reporting and that most data is entered manually in the system. He stated that census data quickly becomes outdated and that HOSCAP is mostly meant to act as an awareness tool.

Board member questioned why OHA was not collecting data about implementation of facility disaster plans and stated that it seemed like HOSCAP could collect this information.

N. May stated that there was potential for further development of the system and he shared that the state would be transitioning to GE Tiles, which will be hosted by OAHHS. He stated that the new system will include manual data entry as well as automatic data pulls from electronic health records.

A. Davis asked N. May to clarify whether the new system would be able to have the granularity to determine how units are affected by the implementation of the hospital's facility disaster plan.

N. May stated that the new system is unlikely to capture that level of granularity.

Board co-chair expressed concern about the automatic data pulls from electronic health records and how that may increase the documentation burden on direct care nurses. She also wondered how reliable that data would be if documentation standards change during an emergency. She asked what the state would do with the data given the cost associated with transitioning to a new system.

N. May stated that the current process of relying on manual data entry was a challenging burden for hospitals and that automated data pulls will reduce the burden on staff. He stated that the system will be refined and improved over time.

Board member asked how Critical Access Hospitals (CAHs) interfaced with OHA regarding capacity data reporting.

N. May stated that both CAHs and large hospitals use a website to interface with OHA.

Board member asked whether reporting through HOSCAP was voluntary.

N. May confirmed that HOSCAP reporting was voluntary.

Board co-chair proposed adding language into the contract that reporting be mandatory.

N. May clarified that the new system will be owned by OAHHS, not OHA.

There were no further questions for N. May. Board co-chair thanked N. May for his presentation and addressing the board's questions.

<b>Agenda Item 6</b>	<i>Status Updates</i>
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<p>K. Voelker presented the survey dashboard for Cycle 1 and noted that since the July dashboard, four hospitals surveyed in 2019 had their Plans of Correction (POCs) approved. She stated that Cedar Hills was on its third POC, which was overdue, and that OHA was working with the hospital to receive its POC.</p>
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<p>K. Voelker presented the survey dashboard for Cycle 2 and noted that Shriners was in the revisit process. She explained that OHA had recently granted POC extension requests and</p>
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explained that when OHA grant an extension request, we offer a conference call with the hospital to address any questions the hospital may have. She stated that the hospitals that had been granted extensions were: OHSU, Legacy Emanuel Medical Center, Santiam Hospital, Curry General Hospital and Samaritan North Lincoln Hospital.

A. Davis stated that extension requests were also common in Cycle 1 prior to the pandemic and that the extensions that OHA granted for Cycle 2 was the same length as those granted in Cycle 1.

K. Voelker asked if there were any questions about either survey dashboard. The board did not have any questions.

K. Voelker presented the complaint investigation dashboard and highlighted the changes from the last meeting, which included an investigation at PeaceHealth Cottage Grove and POC approvals for the investigations in 2020 at Kaiser Westside and Sacred Heart Riverbend. She stated that these hospitals were awaiting revisit surveys.

Board member asked whether revisit surveys took into account whether POCs had been implemented.

K. Voelker stated that revisit surveys measure whether the hospital had corrected the deficiency and returned to compliance.

A. Davis clarified that hospitals have 45 business days to implement their POC, after which OHA initiates a revisit survey. She explained that the timelines are clearly explained in the POC approval letter sent to hospitals.

K. Voelker asked if there were any further questions for the complaint investigation dashboard. The board did not have any additional questions.

<b>Agenda Item 7</b>	<b><i>Open Action Item: Hospital Waiver Request</i></b>
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K. Voelker introduced the waiver request submitted by Curry General Hospital, which requested that the hospital be permitted to staff all hospital units with a minimum of one registered nurse (RN) and one patient care technician (PCT). She stated that the hospital had previously been granted a waiver that was narrower in scope covering fewer units, and she provided more information about the size of the hospital and the types of services it provided.

A. Davis noted that OHA had only granted hospital-wide waivers to specialty hospitals, such as psychiatric hospitals and inpatient hospices, so OHA was looking for guidance it could use when making decisions about hospital-wide waiver requests at non-specialty hospitals.

K. Voelker introduced the Curry General Hospital team and asked the board to allow the hospital to make its presentation before asking questions.

K. Hunter, Chief Nursing Officer at Curry General Hospital, introduced herself and her team. She stated that the CAH was requesting a waiver because they would be unable to staff each unit with two RNs if there was only one patient on the unit, and that the hospital had difficulty recruiting certified nursing assistants (CNAs). She explained that the nearest CNA training program was over three hours away and therefore inaccessible for many community members. She stated the hospital had created the PCT position and training curriculum to teach PCTs the skills they needed to care for the hospital's typical patient population. She stated the hospital was specifically needing the waiver for the Emergency Department and Medical/Surgical units.

Board member asked what the average daily census was for the Medical/Surgical unit.

K. Hunter stated that average daily census was eight patients.

Board member asked if the hospital was planning on staffing with one RN and one PCT when there were eight patients on the unit.

K. Hunter clarified the hospital would staff with more RNs in that situation.

Board member asked the hospital to clarify the threshold where the unit would start staffing with multiple RNs.

K. Hunter stated that would vary depending on patients' acuity and nursing care intensity.

Board member expressed concern about the hospital's proposal and wanted more information about the hospital's plan to have the House Supervisor act as back-up in emergencies.

K. Hunter clarified that if there were multiple patients on the floor, there would be two RNs. She stated that the House Supervisor would be there to help with break coverage.

Board member stated that if OHA approved the waiver, the House Supervisor would now be providing break coverage and staffing coverage for the entire hospital.

Board member noted that the House Supervisor is responsible for break coverage and asked whether that was included in the hospital's nurse staffing plan.

K. Hunter confirmed that the break coverage was included in the staffing plan.

Board member noted that OHA had previously accepted waivers that allowed technicians to act in lieu of a the second nursing staff member and asked OHA for more information about the guidance it wanted from the board.

A. Davis stated that OHA had previously granted waivers allowing technicians to provide care in lieu of a second nursing staff member and that most waivers granted were for procedural areas.

K. Voelker clarified that the majority of granted waivers requested a technician that was specific to the unit they were working on, such as a surgical technician for the Operating Room and mental health technicians for psychiatric units.

Board member stated that OHA historically granted waivers if the specialized care provided by the second staff member exceeded the care that would be provided by CNAs for the patient population in that units. He stated that if the second staff member did not have training and skills that exceeds the care provided by CNAs, he would be hesitant to have the waiver granted.

Board co-chair wondered how the waiver would affect the hospital's staffing plan.

K. Hunter clarified that the waiver would not change the staffing plan, it would just allow the hospital to use PCTs in place of CNAs and she stressed that it was hard for the hospital to get CNAs.

Board co-chair asked what the hospital's plan was if there was an emergency in each unit at the same time, since the House Supervisor would not be able to assist with each of those emergencies.

K. Hunter clarified that there was mandatory call, so if additional staff were needed, RNs would be called in.

Board co-chair asked whether the staffing committee supported the waiver request.

V. Church, the nurse staffing committee co-chair at Curry General Hospital, stated that the request was discussed by the nurse staffing committee and the nurse staffing committee supported the waiver request.

K. Voelker clarified that hospitals are required to notify the nurse staffing committee before requesting a waiver, but that the nurse staffing committee was not required to approve the request. She stated that some hospitals chose to receive approval before moving forward.

Board co-chair sympathized with the challenge of finding CNAs and she asked how Curry General support PCTs to grow in the nursing profession.

K. Hunter stated that the hospital provides a nursing skills fair, and they encourage PCTs to attend nursing school. She stated that they had some PCTs who successfully transitioned to nursing school.

Board co-chair stated that she would be concerned with OHA granting a waiver that allowed a minimum of one RN and one PCT hospital-wide, with only the one House Supervisor as immediate backup. She stated that she would be concerned with the hospital's capacity to provide patient safety.

A. Davis asked whether she would be more comfortable if there were additional parameters that limited when the waiver could be used.

Board co-chair was uncertain whether this would alleviate her safety concerns.

Board member stated that she was concerned that the waiver would be hospital-wide and that she would be more comfortable if the hospital requested waivers for the specific units so OHA could evaluate whether the alternate plan was appropriate for each unit.

Board member recommended that the hospital withdraw its current request and submit separate requests for each unit it wanted covered under the waiver, with each request specifying why PCTs would be appropriate for the specific units.

K. Voelker thanked the Curry General team for speaking with the board and answering the board's questions.

<b>Agenda Item 8</b>	<i>Break</i>
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Board co-chair called for a five-minute break.

<b>Agenda Item 10</b>	<i>Proposed statute changes</i>
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A. Davis presented a list of statute changes that had been suggested during previous board meetings and she explained that if there was consensus on proposals without a financial impact, OHA could include those proposals in its housekeeping bill. She asked the board for feedback on the first proposal, which was to change from a triennial to a quadrennial survey cycle. She stated that a quadrennial cycle would allow OHA to more easily balance its nurse staffing workload.

Board member stated that there was a lot of noncompliance in the first survey cycle, but that hospitals seemed to be improving and requiring less POCs. He stated that four years felt like a long time to go without the full nurse staffing survey.

A. Davis stated that although some hospitals were improving, some hospitals were still getting many citations on its Cycle 2 survey.

Board co-chair asked whether OHA would be able to complete the revisit surveys if it switched to a four-year survey cycle.

A. Davis stated that OHA was currently doing the revisit surveys, but a quadrennial survey cycle would make it easier to accomplish the workload in the required timelines and would give the hospital enough time to fully implement systemic hospital-wide changes.

K. Voelker added that OHA was citing fewer deficiencies during the nurse staffing survey, but that it was still too early to determine whether there were fewer POCs to review because hospital have not yet had time to complete through the POC process.

Board member wondered if hospitals that were compliant could be put on a less frequent survey cycle and hospitals that were noncompliant would be surveyed more frequently.

Board co-chair noted that if OHA moved to a quadrennial cycle, OHA could return more frequently via revisit surveys for noncompliant hospitals.

Board member shared concerns about switching to a quadrennial cycle, stating that hospitals may not move as quickly to fix systemic noncompliance and would only attempt to fix things enough to pass a revisit survey.

Board co-chair asked how switching to a quadrennial cycle would affect complaint investigations and whether OHA would delay a complaint investigation so that it could be combined with a full nurse staffing survey.

A. Davis stated that OHA would still combine the complaint with a full survey if the hospital was going to be surveyed that same year; otherwise, OHA would complete the complaint investigation as a standalone complaint investigation.

Board member expressed support with switching to a quadrennial survey cycle, since it would provide the hospital with more time to make permanent changes.

There was not consensus among board members on the proposal to switch from a triennial to a quadrennial survey cycle.

A. Davis described the second proposal, which was to allow OHA to conduct remote complaint investigations. She stated that OHA has been conducting remote investigations since August 2020 as part of the pandemic response, and that OHA would like the flexibility to choose whether to conduct an investigation remotely or in-person depending on the nature of the allegations.

Board co-chair supported the proposal and stated that it would save financial resources and surveyor time. Board members agreed.

Board co-chair agreed with her counterpart and stated that in her experience, the remote complaint investigation went smoothly and that OHA surveyors met with the team remotely to address any possible confusion or misinterpretation.

A. Davis stated that remote complaint investigations seemed to last more days but overall, surveyors spent the same total amount of time on the substantive investigation. Doing remote surveys allows the surveyors the opportunity to complete other work while the hospital gathered necessary documents.

Board co-chair called for a vote to determine whether there was consensus for the second proposal.

K. Voelker stated that a yes vote meant that the member supported a statute change allowing OHA to conduct remote investigations, and a no vote meant that the member did not support this statute change.

All seven board members present voted in support of the proposal I to allow OHA to complete complaint investigations remotely.

A. Davis described the third proposal, which was to allow technicians in procedural areas to count towards minimum number requirements. She explained that hospitals are currently required to have an approved waiver for a technician to count towards minimum numbers because technicians are not nursing staff members. She stated that if technicians in procedural areas were allowed to count towards minimum numbers, they might be nursing staff members for other purposes, such as meal and break and mandatory overtime requirements.

Board co-chair expressed concern about broadening the definition of nursing staff members to include technicians and would want technicians in procedural areas to count as nursing staff members only for the purposes of minimum numbers.

Board member agreed that the statutory change should only allow technicians to count towards minimum numbers and not as nursing staff members in general.

Board co-chair wondered whether they could require the technician to have specific training or certification for the procedural area in which they work.

A. Davis stated that some technicians do not have certification available for their work environments. She stated that they would need to research whether technicians would then count as nursing staff members for all other purposes.

Board co-chair did not support technicians counting as nursing staff members.

Board member asked whether technicians who were required to be CNAs counted as nursing staff members.

A. Davis clarified that technicians who are required to be CNAs as part of their positions are considered nursing staff members. She stated that if someone was a CNA but it was not required as part of their position, they would not count as a nursing staff member.

A. Davis asked for a vote about allowing technicians to count towards minimum numbers in procedural units.

K. Voelker stated that a yes vote demonstrated support for technicians counting towards the minimum number requirements in procedural areas but would not be considered nursing staff members. She stated a no vote meant that they did not support counting technicians



towards the minimum number and technicians would not be considered nursing staff members. She stated that this vote was specific to procedural areas.

All seven board members present voted in support of the proposal to allow OHA to count technicians towards minimum number requirements in procedural units, so long as technicians were not otherwise included in nurse staffing requirements.

A. Davis asked for a vote about allowing technicians to count towards minimum number requirements in the Emergency Department.

K. Voelker stated that a yes vote demonstrated support for technicians counting towards the minimum number requirements in procedural areas but would not be considered nursing staff members. She stated a no vote meant that they did not support counting technicians towards the minimum number and technicians would not be considered nursing staff members. She stated that this vote was specific to the Emergency Department.

There was not consensus among board members on the proposal to allow OHA to count technicians towards the minimum number requirements in the Emergency Department. Three members voted in support (B. Merrifield, D. Robinson, and C. Ferrell), three members voted against (S. King, K. Betts, and J. Hernandez), and one member abstained (R. Campbell).

A. Davis thanked the board for their feedback and stated that OHA would take this information forward for consideration for inclusion in a housekeeping bill.

<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>OHA to review the proposals brought before and voted on by the board</li></ul>
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**Agenda Item 11** | *Nurse Staffing Surveyor discusses survey activities*

The board welcomed OHA surveyors, K. Thrapp and W. Edwards.

Board member asked for an update on the Cycle 2 surveys and whether the COVID surge was affecting surveys.

W. Edwards explained that the COVID surge had not affected the surveys she had been on, but that OHA was being mindful about which hospitals it was going to during the surge to minimize the burden on hospitals and nurses.

Board member asked whether the staff interviews revealed how nursing staff were doing as it related to staffing during the surge.

W. Edwards stated that she had not received a lot of feedback from direct care staff beyond acknowledgement that the pandemic had been challenging in general.

K. Thrapp agreed that this was also her experience during survey interviews.

Board member asked whether staffing plans were being followed during the pandemic.

K. Thrapp stated that the interviews and questionnaires reflected greater compliance with nurse staffing plans, and also providing clear indications of issues requiring additional review. Because of these changes she can spend the time on the areas that need additional review rather than reviewing all areas.

Board co-chair expressed concern with the survey process since she had been hearing that there was less compliance with nurse staffing plans during the pandemic.

K. Thrapp explained that OHA had conducted relatively few surveys and that there may be some situations she had not seen yet. She stated that there had been very few situations that required her to look further at whether the unit met its minimum numbers on specified shifts.

Board co-chair asked who surveyors interviewed to gather that information.

K. Thrapp stated that the onsite unit interviews were conducted with direct care staff.

Board co-chair shared concern about using minimum numbers terminology since there was often confusion about what was meant by minimum numbers.

K. Voelker noted that she had shadowed the surveyors and noticed that they completed thorough interviews and gathered additional information from the unit's nurse manager and direct care unit representative. She stated that if the surveyors found anything that was inconsistent between the information they gathered, they would do a more thorough review.

W. Edwards agreed that this was their process and that during onsite unit interviews, if the direct care staff member was having difficulty articulating what the unit's plan was, it usually prompted them to look more thoroughly to see if the plan was complete and clear.

K. Thrapp agreed that this was also her experience during surveys.

Board member asked who the surveyors chose to interview and whether they would interview contracted staff.

K. Thrapp explained that they interviewed direct care staff who were knowledgeable about the unit and the unit's practices. She stated that they tried to interview the unit's direct care representative on the nurse staffing committee, but if this person was not available, they might interview a charge nurse or someone else who had worked on that unit for a while. She stated that they generally did not interview contracted staff, but that she did so at one CAH because that was the only RN on that unit.

K. Voelker added that earlier in the year, OHA hosted a webinar to address the new tools and how surveyors selected direct care staff to interview. She stated that the webinar

recording was available on the nurse staffing website and encouraged people to watch the webinar if they wanted more information about that process.

Board member asked whether surveyors had seen hospitals deviate from their nurse staffing plans after implementing its facility disaster plan. Surveyors were not able to speak to this due to an in-progress nurse staffing survey, but stated they had not seen this during prior surveys.

Board co-chair requested that the board speak about facility disaster plans at a future meeting since there was confusion about this topic.

There were no further questions for surveyors. The board thanked K. Thrapp and W. Edwards for their attendance at the meeting.

<b>Agenda Item 12</b>	<i>Emerging issues in nurse staffing</i>
Board members did not raise any emerging issues.	
Board co-chair asked whether there were any additional topics that members wanted to address at future meetings. Board members did not suggest any additional topics.	
K. Voelker stated that at the January meeting, the board would discuss the difference between federal patient care complaints and state nurse staffing complaints.	
A. Davis added that OHA would also present the Year in Review and the nurse staffing waiver dashboard at the January meeting.	
K. Voelker scheduled the 2022 meetings with the board. She confirmed that she would send meeting invitations in the coming weeks.	
<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>• OHA to schedule 2022 quarterly meetings</li><li>• OHA to include complaint discussion on the January 2022 meeting agenda</li></ul>

<b>Agenda Item 13</b>	<i>Public Comment</i>
There were no public comments offered.	

<b>Agenda Item 14</b>	<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.

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**Oregon Nurse Staffing Advisory Board (NSAB)**

November 9, 2021  
 4:00 PM – 4:30 PM

Meeting Minutes

Cochairs	Susan King, MS, RN, CEN, FAAN
Members present	Zennia Ceniza, RN, MA, CCRN, ACNP-BC, NE-BC; Uzo Izunagbara, RN; Jenni Word, RN; Joel Hernandez, RN; Kelsey Betts, RN; Chandra Ferrell, CNA
Members absent	Rob Campbell, CP, ADN, RN; Debbie Robinson, RN, MSN; Barbara Merrifield, MSN, RN
PHD staff present	Dana Selover, MD, MPH; Kimberly Voelker, MPH; Mellony Bernal

Guests present	Ruth Miles (Salem Health); KPTV; Tabitha Myers (Bay Area Hospital); Claudia Wells (Bay Area Hospital); Roberta Bench (Legacy Silverton); Jackie Fabrick (Providence);
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<b>Agenda Item 1</b>	<i>Call to Order</i>
The meeting was conducted as an online Zoom meeting with computer or phone audio options. The meeting was called to order and members confirmed their presence on the meeting via roll call. All other individuals present identified themselves.	

<b>Agenda Item 2</b>	<i>Review Notice of Proposed Rulemaking Hearing and Statement of Need and Fiscal Impact</i>
K. Voelker introduced the meeting agenda and asked attendees to reserve use of the chat function for board members. She stated that there would be a public rule hearing for members of the public to speak at a later date as well as a period for written comments.	
D. Selover stated that the board would review the Statement of Need and Fiscal Impact (SNFI) form, as well as the newest proposed rules. She stated that the SNFI needed to be	

reviewed by the board before the rules could move forward for public comment, and she added that the draft rules needed to be submitted for public comment by November 10<sup>th</sup> if OHA was to meet the January 1<sup>st</sup>, 2022 filing deadline required in statute. She stated the rules before the board incorporated feedback from previous board meetings and Department of Justice (DOJ) review.

D. Selover presented the draft rules and explained how to read the rules. She noted that OHA had added a cross-reference in the emergency preparedness rules so hospital emergency preparedness teams would be aware of the nurse staffing requirements during a declared emergency.

D. Selover presented the SNFI and explained that the SNFI states the parties that would be affected by the rule change; the statutory authority for the rule change; what changes are being made to the rules; and the fiscal impact of the rules on affected parties. She stated that OHA expected a financial impact for the staff time related to complying with the rules, but because OHA did not know the duration of future emergencies, OHA could not calculate the financial impact on hospitals for complying with these rules. She stated that they did not expect a financial impact on OHA because OHA was already completing nurse staffing complaint investigations, and she acknowledged that complaints about noncompliance with these new rules would be investigated per OHA's nurse staffing complaint investigation process. She stated that there were no hospitals that were small businesses, so small businesses would not be affected by these rules and small businesses were therefore not impacted by the rulemaking process.

D. Selover concluded her presentation of the draft rules and the SNFI.

**Agenda Item 3**

*Discuss Notice of Proposed Rulemaking Hearing and Statement of Need and Fiscal Impact*

D. Selover asked for feedback from the board on the financial impact of the new rules and if there were any comments on the presented documents.

Board co-chair requested clarification on the decision the board was asked to make. She stated that the proposed rules did not incorporate the board's feedback related to facility disaster plans and crisis standards of care, and she asked whether OHA was requesting feedback on the contents of the rule or whether OHA should move the rules forward for public comment.

D. Selover clarified that OHA wanted feedback on whether it should move the rules forward for public comment, and as part of that process, OHA required feedback from the board on the SNFI. She acknowledged OHA would likely receive additional comments during the public comment period and stated that OHA responded to each public comment by saying whether OHA was making a change and why a change was or was not being made.

Board co-chair thanked D. Selover for clarification and she clarified that voting to move the rules forward did not imply agreement with the rules' content.

Board member asked why the board would vote to send the rules forward for public comment if they wanted additional changes to the rules.

D. Selover stated that OHA was required to get input from its Rules Advisory Committee, which was the NSAB for nurse staffing rules. She stated that OHA balanced input from the NSAB, and other groups as well as input from DOJ as the state's legal counsel, and while it was OHA's preference to have consensus on the proposed rules before moving them forward for public comment, OHA was also working under time constraints. She stated that OHA needed to move the rules forward to public comment if they wanted to meet the January 1<sup>st</sup>, 2022 statutory deadline, and she stated that if the board wanted to delay implementation of the rules, she would need to receive approval from OHA leadership.

Board member thanked D. Selover for clarification and stated she was comfortable with moving the rules forward, since there would be additional opportunities to comment and revise the rules.

Board member noted that the board had provided feedback that the definition for crisis standards of care should include reference to documentation and assessment requirements and asked why that was omitted in the proposed rules.

D. Selover stated that OHA was balancing feedback from different groups and that OHA did not want to limit the definition of crisis standards of care to documentation and assessment. She stated that those examples would be included in interpretive guidance.

Board member stated that she would like to see a little more detail for the crisis standards of care definition, but she agreed with moving the rules forward for public comment.

There were no additional comments or questions about the SNFI or the proposed rules. K. Voelker asked for the board to vote on whether to move the rules forward for public comment, and she stated that a yes vote meant that the rules should move forward for public comment. She clarified that a yes vote did not imply agreement with the content of the proposed rules. Board members typed their vote into the chat or unmuted themselves to vote.

Chandra Ferrell – Aye  
Zennia Ceniza – Aye  
Susan King – Aye  
Uzoma Izunagbara – Aye  
Jenni Word – Aye  
Kelsey Betts – Aye  
Joel Hernandez – Aye

All board members present voted move the proposed rules forward for public comment.

<b>Agenda Item 4</b>	<i>Review next steps</i>
D. Selover explained the next steps, which included OHA opening the draft rules for public comment, and she stated that the board would receive instructions on how to make a public comment and the timelines for making public comment. She thanked the board for their feedback and their review of the rules.	
<b>Action Item(s)</b>	<ul style="list-style-type: none"><li>• OHA to move draft rules forward for public comment</li></ul>

<b>Agenda Item 4</b>	<i>Meeting Adjourned</i>
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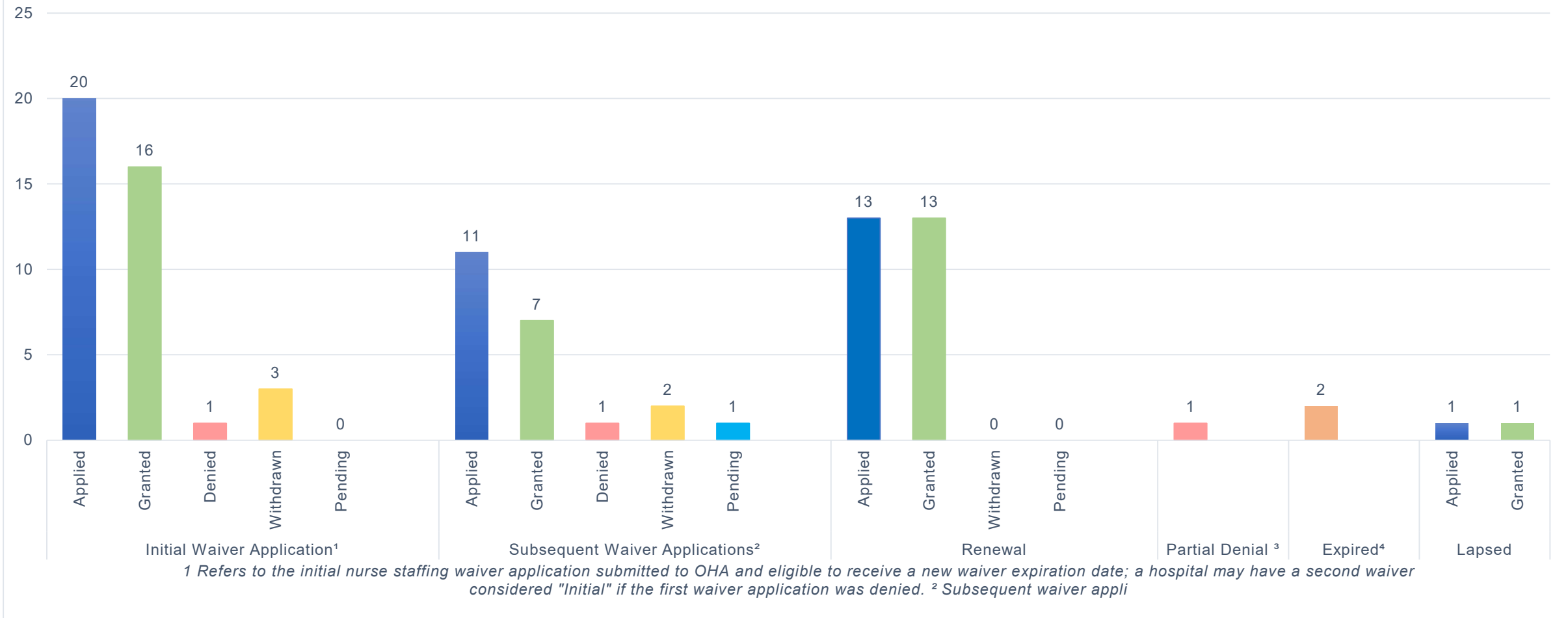
***These draft minutes have not yet been approved by the NSAB***

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## Nurse Staffing Waiver Dashboard 01/07/2022

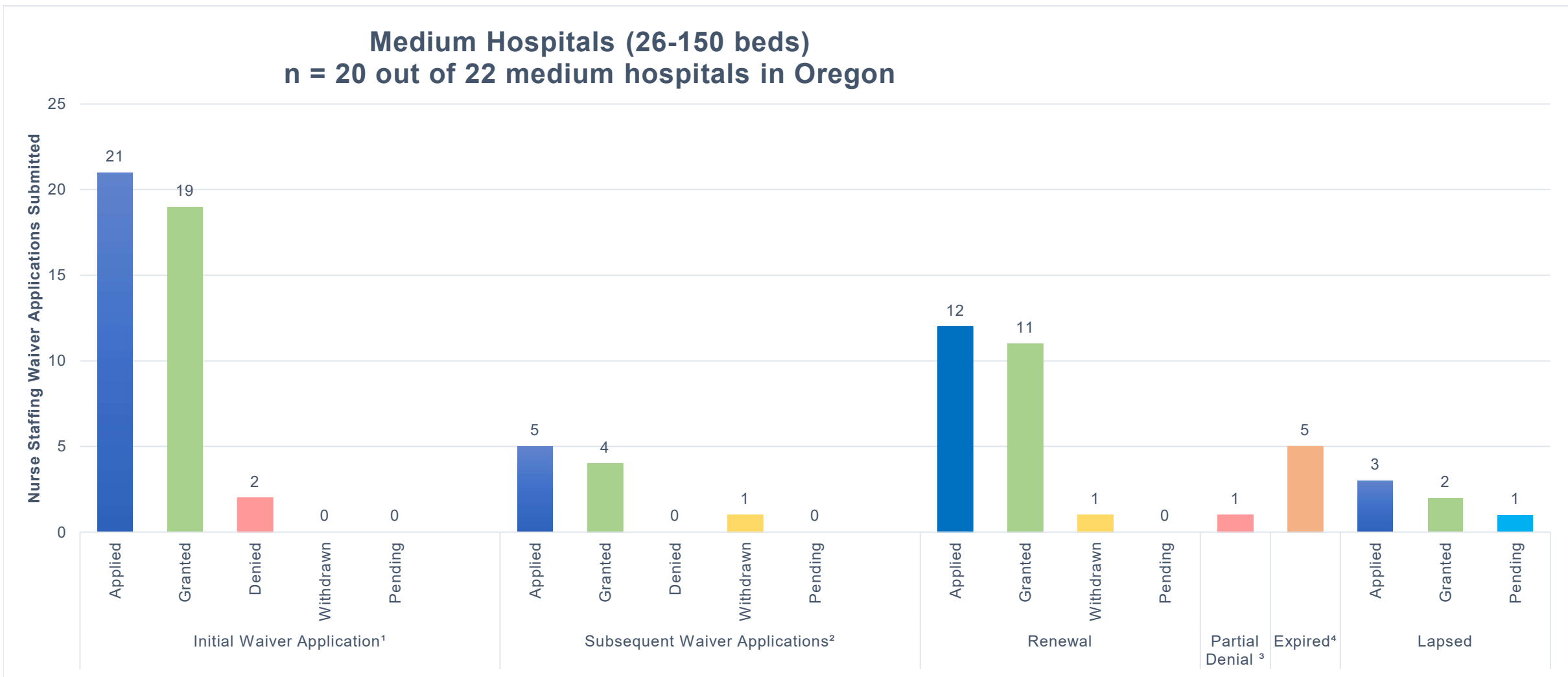
### Large Hospitals (>150 beds) n = 17 out of 18 large hospitals in Oregon



*1 Refers to the initial nurse staffing waiver application submitted to OHA and eligible to receive a new waiver expiration date; a hospital may have a second waiver considered "Initial" if the first waiver application was denied. A hospital may request multiple units to be covered under an initial request <sup>2</sup> Refers to those applications submitted after an initial waiver has been approved. If a subsequent waiver is approved, it is given the same expiration date as the initial waiver. Subsequent waiver applications may request multiple units be covered <sup>3</sup> Partial denial refers to those applications that request multiple units, with at least one unit in the waiver application being approved for waiver and at least one unit being denied. <sup>4</sup> Refers to waivers that exceeded the waiver's expiration date without the hospital submitting a renewal request. OHA sent a reminder to all facilities about nurse staffing waivers in August 2020 via the nurse staffing listserv.*

## Nurse Staffing Waiver Dashboard 01/07/2022

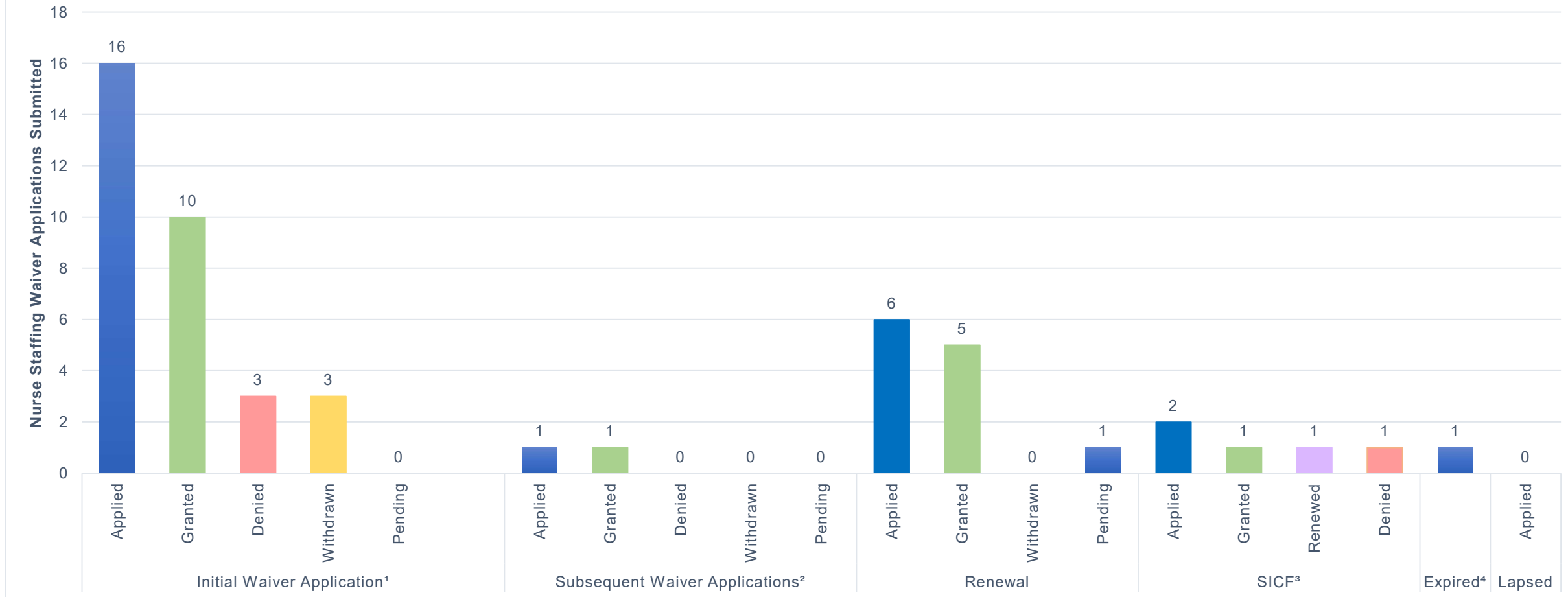
### Medium Hospitals (26-150 beds) n = 20 out of 22 medium hospitals in Oregon



<sup>1</sup> Refers to the initial nurse staffing waiver application submitted to OHA and eligible to receive a new waiver expiration date; a hospital may have a second waiver considered "Initial" if the first waiver application was denied. A hospital may request multiple units to be covered under an initial request <sup>2</sup> Refers to those applications submitted after an initial waiver has been approved. If a subsequent waiver is approved, it is given the same expiration date as the initial waiver. Subsequent waiver applications may request multiple units be covered <sup>3</sup> Partial denial refers to those applications that request multiple units, with at least one unit in the waiver application being approved for waiver and at least one unit being denied. <sup>4</sup> Refers to waivers that exceeded the waiver's expiration date without the hospital submitting a renewal request. OHA sent a reminder to all facilities about nurse staffing waivers in August 2020 via the nurse staffing listserv.

## Nurse Staffing Waiver Dashboard 01/07/2022

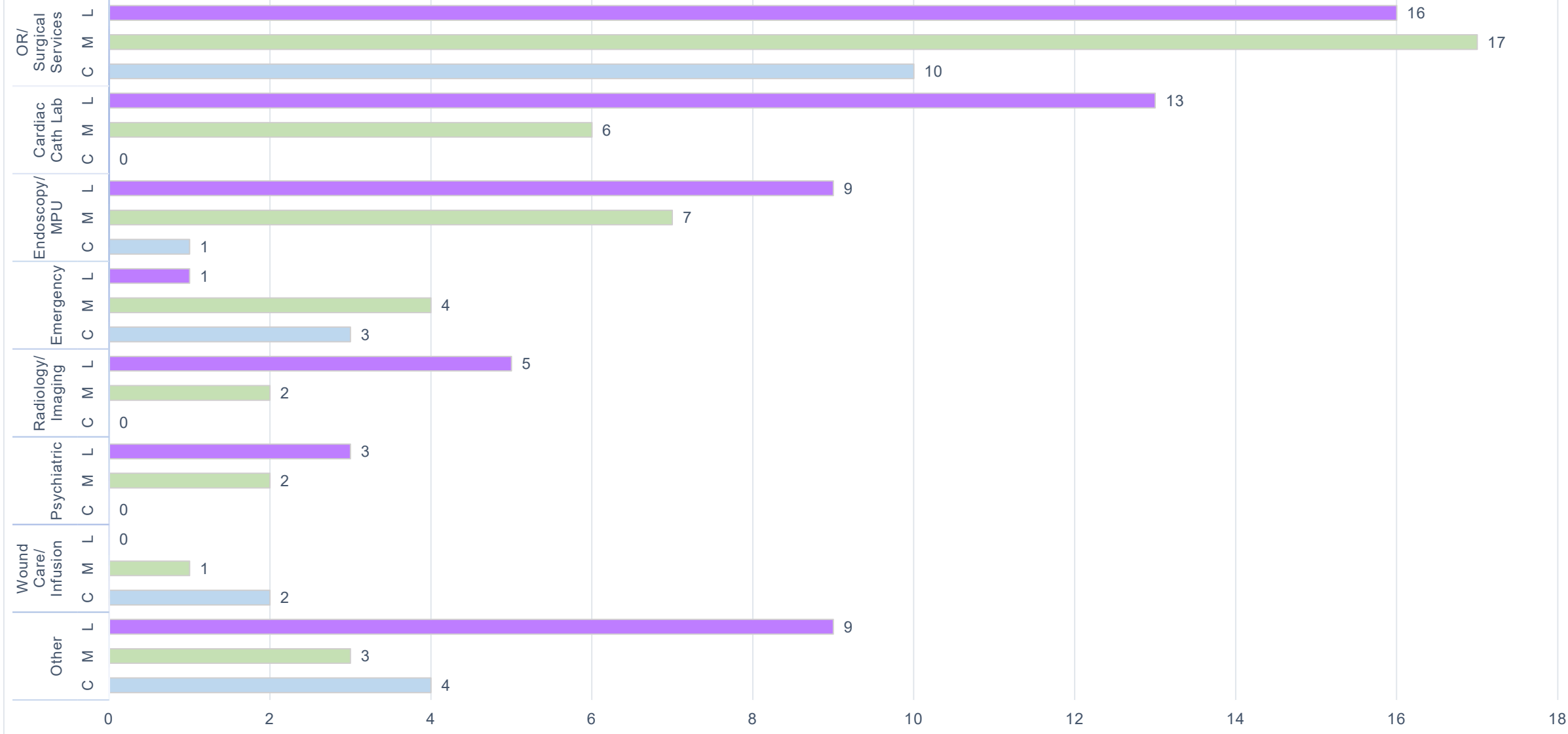
### Critical Access Hospitals n = 14 out of 25 Critical Access Hospitals in Oregon



*1 Refers to the initial nurse staffing waiver application submitted to OHA and eligible to receive a new waiver expiration date; a hospital may have a second waiver considered "Initial" if the first waiver application was denied. A hospital may request multiple units to be covered under an initial request <sup>2</sup> Refers to those applications submitted after an initial waiver has been approved. If a subsequent waiver is approved, it is given the same expiration date as the initial waiver. Subsequent waiver applications may request multiple units be covered <sup>3</sup> Special Inpatient Care Facilities <sup>4</sup> Refers to waivers that exceeded the waiver's expiration date without the hospital submitting a renewal request. OHA sent a reminder to all facilities about nurse staffing waivers in August 2020 via the nurse staffing listserv.*

# Nurse Staffing Waiver Dashboard 01/07/2022

## Patient Care Areas Covered by Granted Nurse Staffing Waivers, by Hospital Size



## Upcoming Waiver Expirations - 2022

- 3 Waivers Expire in May 2022
- 1 Waiver Expires in July 2022
- 1 Waiver Expires in September 2022
- 2 Waivers Expire in October 2022
- 1 Waiver Expires in November 2022
- 1 Waiver Expires in December 2022

**Nurse Staffing Survey Dashboard: CYCLE 1 - 01/19/2022**

#	Hospital	City	Status	Entrance Date	Report due (30 business days after exit)	Report Mailed	POC Due (30 business days after report received)	POC received by OHA	OHA POC Review Due (30 business days after POC received)	POC Approved	Survey to POC Approved
1	Cedar Hills	Portland	Fourth	12/4/19	1/30/20	2/10/20	10/5/21	1/12/22	2/23/22		

## Nurse Staffing Survey Dashboard: CYCLE 2 - 01/19/2022

#	Hospital	City	Status	Entrance Date	Report due (30 business days after exit)	Report Mailed	POC Due (30 business days after report received)	POC received by OHA	OHA POC Review Due (30 business days after POC received)	POC Approved	Survey to POC Approved
1	Shriners	Portland	Revisit: Passed	3/22/21	5/13/21	5/13/21	6/25/21	5/14/21	6/28/21	6/28/21	71
2	Legacy Emanuel	Portland	Pending Revisit	4/12/21	6/4/21	6/4/21	10/28/21	10/28/21	12/14/21	12/16/21	179
3	OHSU	Portland	Third	3/30/21	5/21/21	5/21/21	2/15/22				
4	Samaritan Lebanon	Lebanon	Third	5/18/21	7/13/21	6/24/21	1/14/22	1/14/22	3/1/22		
5	Samaritan Albany	Albany	Second	6/16/21	8/10/21	8/10/21	1/4/22	12/1/21	1/14/22		
6	Santiam Memorial	Stayton	Second	6/29/21	8/23/21	8/23/21	2/15/22				
7	Curry General Hospital	Gold Beach	Second	6/30/21	8/24/21	8/24/21	1/24/22				
8	Samaritan North Lincoln	Lincoln City	First	7/20/21	9/13/21	9/15/21	11/17/21	11/16/21	1/3/22		
9	Adventist Health Tillamook	Tillamook	First	8/10/21	10/13/21	10/13/21	11/24/21	11/23/21	1/10/22		
10	Sacred Heart Riverbend	Springfield	First	10/5/21	12/1/21	12/1/21	1/14/22				
11	Legacy Mt Hood	Gresham	First	10/18/21	12/10/21	12/9/21	1/25/22	12/28/21	2/10/22		
12	Providence Willamette Falls	Oregon City	First	11/2/21	1/14/22	1/13/22	2/22/22				
13	Coquille Valley	Coquille	Report in progress*	11/16/21	1/13/22						
14	Sacred Heart University District	Eugene	Report in progress*	12/7/21	2/2/22						
15	Asante Ashland	Ashland	Report in progress*	12/14/21	2/9/22						

\* Entrance date and report due date are based on projected entry and exit dates and are subject to change

## Nurse Staffing Complaint Investigations - 01/19/2022

#	Hospital	City	Complaint received	Status	Investigation Entrance Date	Report Mailed	POC Due (30 business days after report received)	POC Received by OHA	OHA POC Review Due (30 business days after POC received)	POC approved
1	Sacred Heart Riverbend	Eugene	07/18/2016	Revisit w/ Cycle 2 survey	10/04/16	05/15/17			02/10/00	03/05/18
2	Sacred Heart Riverbend	Eugene	08/30/2016	Revisit w/ Cycle 2 survey	10/04/16	05/15/17	04/16/18		02/10/00	03/05/18
3	Columbia Memorial	Astoria	09/08/2016	Revisit w/ Cycle 2 survey	10/27/16	06/15/17	05/16/18	05/11/18	5th	06/21/18
4	Providence Medford	Medford	08/12/2016	Revisit w/ Cycle 2 survey	11/08/16	01/04/18	05/06/19	05/29/19	07/10/19	06/13/19
5	Vibra Specialty Hospital	Portland	02/16/2017	Revisit w/ Cycle 2 survey	03/16/17	05/08/17	04/16/18		02/10/00	03/05/18
6	Samaritan Albany	Albany	02/15/2017	Investigation & Revisit Combined w/ NSS	04/19/17					
7	SCMC - Bend	Bend	05/12/2017	Combined w/ Cycle 1 survey	06/19/17					
8	Providence Willamette Falls	Oregon City	06/28/2017	Investigation & Revisit Combined w/ NSS	08/28/17					
9	OHSU	Portland	08/31/2017	Investigation & Revisit Combined w/ NSS	09/25/17					
10	OHSU	Portland	04/03/2017	Investigation & Revisit Combined w/ NSS	09/25/17					
11	OHSU	Portland	02/27/2017	Investigation & Revisit Combined w/ NSS	09/25/17					
12	McKenzie Willamette MC	Springfield	09/26/2017	Combined w/ Cycle 1 survey	01/08/18					
13	Samaritan Pacific Community Hospital	Newport	09/06/2017	Combined w/ Cycle 1 survey	01/23/18					
14	Providence Milwaukie	Milwaukie	06/28/2017	Combined w/ Cycle 1 survey	02/20/18					
15	Providence St. Vincent	Portland	01/16/2018	Closed - POC combined w/ NSS POC	2/23/18	7/8/20	N/A	N/A	N/A	N/A
16	Bay Area Hospital	Coos Bay	11/08/2017	Combined w/ Cycle 1 survey	04/17/18					
17	Vibra Specialty Hospital	Portland	12/12/2017	Revisit w/ Cycle 2 survey	07/10/18	08/03/18	12/31/19	01/31/20	03/13/20	04/22/20
18	Providence Portland Medical	Portland	11/17/2017	Revisit w/ Cycle 2 survey	07/11/18	08/03/18	01/21/19	01/25/19	03/08/19	05/30/19
19	Providence Newberg Medical	Newberg	10/30/2017	Revisit w/ Cycle 2 survey	07/25/18	08/03/18	07/15/19	06/03/19	07/15/19	07/18/19
20	Good Samaritan RMC	Corvallis	12/14/2017	Revisit w/ Cycle 2 survey	07/31/18	08/24/18	06/01/20	05/29/20	07/10/20	08/28/20
21	Providence Medford	Medford	01/04/2018	Revisit w/ Cycle 2 survey	08/08/18	8/23/18	7/15/19	7/12/19	8/23/19	8/30/19
22	Kaiser Foundation - Westside	Hillsboro	06/21/2018	Combined w/ Cycle 1 survey	11/06/18					



## Nurse Staffing Complaint Investigations - 01/19/2022

#	Hospital	City	Complaint received	Status	Investigation Entrance Date	Report Mailed	POC Due (30 business days after report received)	POC Received by OHA	OHA POC Review Due (30 business days after POC received)	POC approved
23	Kaiser Foundation - Westside	Hillsboro	06/11/2018	Combined w/ Cycle 1 survey	11/06/18					
24	Kaiser Foundation - Westside	Hillsboro	07/10/2018	Combined w/ Cycle 1 survey	11/06/18					
25	Kaiser Foundation - Westside	Hillsboro	07/31/2018	Combined w/ Cycle 1 survey	11/06/18					
26	Kaiser Foundation - Westside	Hillsboro	07/25/2018	Combined w/ Cycle 1 survey	11/06/18					
27	Kaiser Foundation - Westside	Hillsboro	07/26/2018	Combined w/ Cycle 1 survey	11/06/18					
28	Kaiser Foundation - Westside	Hillsboro	08/08/2018	Combined w/ Cycle 1 survey	11/06/18					
29	Kaiser Foundation - Westside	Hillsboro	10/18/2018	Combined w/ Cycle 1 survey	11/06/18					
30	Kaiser Foundation - Westside	Hillsboro	10/09/2018	Combined w/ Cycle 1 survey	11/06/18					
31	Kaiser Foundation - Westside	Hillsboro	10/22/2018	Combined w/ Cycle 1 survey	11/06/18					
32	Kaiser Foundation - Westside	Hillsboro	11/08/2018	Combined w/ Cycle 1 survey	11/06/18					
33	Kaiser Foundation - Westside	Hillsboro	11/08/2018	Combined w/ Cycle 1 survey	11/06/18					
34	Kaiser Foundation - Westside	Hillsboro	11/08/2018	Combined w/ Cycle 1 survey	11/06/18					
35	Kaiser Foundation - Westside	Hillsboro	11/15/2018	Combined w/ Cycle 1 survey	11/06/18					
36	Kaiser Sunnyside MC	Clackamas	06/14/2017	Combined w/ Cycle 1 survey	2/4/19					
37	Kaiser Sunnyside MC	Clackamas	07/24/2018	Combined w/ Cycle 1 survey	2/4/19					
38	Kaiser Sunnyside MC	Clackamas	07/27/2018	Combined w/ Cycle 1 survey	2/4/19					
39	Kaiser Sunnyside MC	Clackamas	07/27/2018	Combined w/ Cycle 1 survey	2/4/19					
40	Kaiser Sunnyside MC	Clackamas	07/31/2018	Combined w/ Cycle 1 survey	2/4/19					
41	Kaiser Sunnyside MC	Clackamas	10/02/2018	Combined w/ Cycle 1 survey	2/4/19					
42	Kaiser Sunnyside MC	Clackamas	10/12/2018	Combined w/ Cycle 1 survey	2/4/19					
43	Kaiser Sunnyside MC	Clackamas	11/08/2018	Combined w/ Cycle 1 survey	2/4/19					
44	Legacy Meridian Park MC	Tualatin	02/13/2019	Combined w/ Cycle 1 survey	3/25/19					
45	Tuality Community Hospital	Hillsboro	06/15/2017	Combined w/ Cycle 1 survey	04/08/19					
46	Tuality Community Hospital	Hillsboro	07/31/2017	Combined w/ Cycle 1 survey	04/08/19					
47	Tuality Community Hospital	Hillsboro	08/02/2017	Combined w/ Cycle 1 survey	04/08/19					
48	Tuality Community Hospital	Hillsboro	08/21/2017	Combined w/ Cycle 1 survey	04/08/19					
49	Tuality Community Hospital	Hillsboro	11/06/2017	Combined w/ Cycle 1 survey	04/08/19					

## Nurse Staffing Complaint Investigations - 01/19/2022

#	Hospital	City	Complaint received	Status	Investigation Entrance Date	Report Mailed	POC Due (30 business days after report received)	POC Received by OHA	OHA POC Review Due (30 business days after POC received)	POC approved
50	Tuality Community Hospital	Hillsboro	06/15/2017	Combined w/ Cycle 1 survey	4/8/19					
51	Tuality Community Hospital	Hillsboro	07/31/2017	Combined w/ Cycle 1 survey	4/8/19					
52	Tuality Community Hospital	Hillsboro	08/02/2017	Combined w/ Cycle 1 survey	4/8/19					
53	Tuality Community Hospital	Hillsboro	08/21/2017	Combined w/ Cycle 1 survey	4/8/19					
54	Tuality Community Hospital	Hillsboro	11/06/2017	Combined w/ Cycle 1 survey	4/8/19					
55	Samaritan Pacific Community Hospital	Newport	08/10/2018	Revisit w/ Cycle 2 survey	6/6/19	9/20/19	1/16/20	1/2/20	2/13/20	5/5/20
56	Providence Medford MC	Medford	03/08/2019	Combined w/ Cycle 1 survey	7/17/19					
57	Asante Rogue RMC	Medford	09/24/2018	Combined w/ Cycle 1 survey	7/22/19					
58	Sacred Heart Riverbend	Springfield	11/28/2018	Revisit w/ Cycle 2 survey	8/27/19	9/20/19	11/1/19	10/30/19	12/16/19	12/3/19
59	Sacred Heart Riverbend	Springfield	06/27/2019	Closed - Unsubstantiated	8/27/19	9/20/19	N/A	N/A	N/A	N/A
60	McKenzie Willamette MC	Springfield	04/29/2018	Revisit w/ Cycle 2 survey	8/28/19	9/20/19	1/15/20	12/12/19	1/23/20	1/29/20
61	Good Samaritan RMC	Corvallis	10/15/2019	Revisit: Passed	8/12/20	9/15/20	10/27/20	10/2/20	11/16/20	12/1/20
62	Sacred Heart Riverbend	Springfield	10/29/2019	Revisit w/ Cycle 2 survey	10/1/20	11/13/20	7/2/21	6/22/21	8/4/21	8/5/21
63	Sacred Heart Riverbend	Springfield	02/24/2020	Revisit w/ Cycle 2 survey	10/1/20	11/13/20	7/2/21	6/22/21	8/4/21	8/5/21
64	Kaiser Westside	Hillsboro	10/29/2019	Pending Revisit	12/14/20	2/5/21	6/4/21	6/21/21	8/3/21	10/21/21
65	OHSU	Portland	12/16/2019	Combined w/ Cycle 2 survey	3/3/21					
66	OHSU	Portland	02/25/2021	Combined w/ Cycle 2 survey	3/30/21					
67	St. Charles Bend	Bend	01/06/2020	Revisit w/ Cycle 2 survey	4/8/21	6/4/21	7/19/21	7/15/21	8/26/21	8/5/21
68	Legacy Emanuel MC	Portland	01/06/2021	POC combined w/ NSS	5/24/21	7/8/21	N/A	N/A	N/A	N/A
69	PeaceHealth Cottage Grove	Cottage Grove	09/16/2020	Pending Revisit	8/4/21	8/20/21	10/5/21	10/5/21	11/17/21	11/18/21
70	Mercy Medical Center	Roseburg	12/31/2020	First	10/29/21	11/24/21	1/11/22	1/11/22	2/24/22	
71	Kaiser Westside	Hillsboro	04/02/2021	Investigation in progress	11/24/21					
72	Kaiser Westside	Hillsboro	05/11/2021	Investigation in progress	11/24/21					
73	Kaiser Westside	Hillsboro	05/11/2021	Investigation in progress	11/24/21					
74	Kaiser Westside	Hillsboro	05/11/2021	Investigation in progress	11/24/21					

### Nurse Staffing Complaint Investigations - 01/19/2022

#	Hospital	City	Complaint received	Status	Investigation Entrance Date	Report Mailed	POC Due (30 business days after report received)	POC Received by OHA	OHA POC Review Due (30 business days after POC received)	POC approved
75	Kaiser Westside	Hillsboro	05/11/2021	Investigation in progress	11/24/21					
76	Kaiser Westside	Hillsboro	05/11/2021	Investigation in progress	11/24/21					
77	Kaiser Westside	Hillsboro	07/01/2021	Investigation in progress	11/24/21					
78	Kaiser Westside	Hillsboro	07/09/2021	Investigation in progress	11/24/21					
79	Kaiser Westside	Hillsboro	07/09/2021	Investigation in progress	11/24/21					
80	Kaiser Westside	Hillsboro	07/09/2021	Investigation in progress	11/24/21					
81	Kaiser Westside	Hillsboro	07/27/2021	Investigation in progress	11/24/21					
82	Kaiser Westside	Hillsboro	09/02/2021	Investigation in progress	11/24/21					
83	Kaiser Westside	Hillsboro	12/29/2021	Investigation in progress	11/24/21					

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SECRETARY OF STATE

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## PERMANENT ADMINISTRATIVE ORDER

### PH 96-2021

CHAPTER 333

OREGON HEALTH AUTHORITY

PUBLIC HEALTH DIVISION

**FILED**

12/30/2021 12:50 PM  
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& LEGISLATIVE COUNSEL

FILING CAPTION: Hospital Nurse Staffing Plan Deviation and Development of Contingency Plan During a Declared Emergency

EFFECTIVE DATE: 01/01/2022

AGENCY APPROVED DATE: 12/30/2021

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Filed By:  
Public Health Division  
Rules Coordinator

#### RULES:

333-510-0140, 333-515-0030

AMEND: 333-510-0140

RULE TITLE: Nurse Staffing Plan During an Emergency

NOTICE FILED DATE: 11/12/2021

RULE SUMMARY: Amend OAR 333-510-0140 – Adds statutory language and reference to crisis standards of care to align with 2021 OL, chapter 248. Prescribes that within 30 days of initial deviation from written nurse staffing plan, the hospital incident command must submit a written report to the nurse staffing committee co-chairs that assesses the nurse staffing needs due to the national or state emergency. Requires nurse staffing committee to convene staffing committee to develop a contingency staffing plan based on the assessment report. Specifies that deviation from the hospital-wide staffing plan may not be in effect for more than 90 cumulative days without approval from the staffing committee. If not approved, the hospital must return to the written staffing plan in effect prior to the initial deviation.

#### RULE TEXT:

(1) A hospital is not required to follow the staffing plan developed and approved by the staffing committee in the event of:

(a) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care, as those terms are defined in section (7) of this rule;

(b) Sudden and unforeseen adverse weather conditions; or

(c) An infectious disease epidemic suffered by hospital staff.

(2) No later than 30 calendar days after any hospital unit or hospital department first deviates from a written nurse staffing plan under subsection (1)(a) of this rule, the hospital incident command shall report to both co-chairs of the hospital nurse staffing committee established under ORS 441.154 a written assessment of the nurse staffing needs arising from the national or state emergency declaration.

(3) Upon receipt of the report described in section (2) of this rule, either co-chair of the nurse staffing committee shall call a meeting of the staffing committee to develop a contingency nurse staffing plan to address the needs arising from the emergency. The contingency nurse staffing plan must align with the nursing services required under crisis standards of care as implemented.

(4) The hospital's deviation from the written hospital-wide staffing plan approved by the hospital nurse staffing committee may not be in effect for more than 90 cumulative days without approval of the hospital nurse staffing committee. If the hospital nurse staffing committee does not approve the deviation by the 90th cumulative day, the hospital must return to the written nurse staffing plan developed and approved by the hospital nurse staffing committee.

(5) The hospital shall maintain documentation showing compliance with subsection (1)(a) through section (4) of this rule.

(6) In the event of an emergency circumstance not described in section (1) of this rule, either co-chair of the staffing committee may specify a time and place to meet to review and potentially modify the staffing plan in response to the emergency circumstance.

(7) For the purposes of this rule, the following definitions apply:

(a) "Crisis standards of care" are policies or standards adopted by a hospital to be implemented during an emergency for objective prioritization of care, prioritization of patients, and limitations on services because of the declared emergency. The crisis standards of care for purposes of this rule include only those policies or standards adopted by the hospital that change the nursing services.

(b) "Facility disaster plan" means a plan that is developed pursuant to 42 CFR 482.15 and is activated to meet the health, safety and security needs of the facility, its staff, patient population and community during a declared emergency.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 441.165

STATUTES/OTHER IMPLEMENTED: ORS 441.155, 441.165

AMEND: 333-515-0030

RULE TITLE: Safety and Emergency Precautions

NOTICE FILED DATE: 11/12/2021

RULE SUMMARY: Amend OAR 333-515-0030 – Adds requirement that a hospital must comply with OAR 333-510-0140 if during a national or state emergency, a hospital deviates from the hospital-wide nurse staffing plan.

RULE TEXT:

(1) A hospital shall:

(a) Have a physical plant and overall hospital environment that is developed and maintained in such a manner that the safety and well-being of patients are provided for.

(b) Have telephone or another communication method to summon help in case of fire or other emergency.

(c) Comply with ORS chapter 479, its implementing rules, and all other requirements of the State Fire Marshal.

(d) Have emergency power facilities that are tested monthly and are in readiness at all times for use in the delivery, operating and emergency rooms, nurseries and other areas as required in NFPA 99 and the National Electrical Code.

(2) A hospital shall develop and maintain a comprehensive emergency preparedness program that complies with 42 CFR 482.15 (available from the agency's website at [www.healthoregon.org/hflc](http://www.healthoregon.org/hflc)) and in accordance with OAR chapter 837, division 040.

(3) A hospital shall ensure that its emergency plan is available to Division staff during licensing and certification surveys.

(4) A hospital shall re-evaluate and revise its emergency plan as necessary or when there is a significant change in the facility or population of the hospital.

(5) During a national emergency, or a state emergency declared under ORS chapter 401 or ORS chapter 433, a hospital shall ensure that any deviation from the hospital nurse staffing plan complies with OAR 333-510-0140.

STATUTORY/OTHER AUTHORITY: ORS 441.025

STATUTES/OTHER IMPLEMENTED: ORS 441.025

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## **Hospital Nurse Staffing Plan Deviation and Development of Contingency Plan During a Declared Emergency Under OAR 333-510-0140: Interpretive Guidance**

The purpose of this document is to clarify issues that generate frequent questions to the 2021 changes to the nurse staffing law and to the administrative rules. The regulations add new requirements for hospitals implementing its facility disaster plan during a declared emergency.

**DISCLAIMER:** The following questions and answers are provided for general information only and may not be relied upon for purposes of regulatory compliance. The questions and answers are not legal advice and are not intended to be legally binding on the Oregon Health Authority when conducting a survey or complaint investigation.

### Topics Covered by this Interpretive Guidance

[Deviating from the Approved Nurse Staffing Plan](#)

[Reporting to Nurse Staffing Committee Co-Chairs](#)

[Nurse Staffing Committee's Development and Approval of Contingency Plan](#)

## Deviating from the Approved Nurse Staffing Plan

### **1. How are the new rules different from the rules implemented in 2016?**

Answer: The new rules add requirements for hospitals that deviate from its approved nurse staffing plan during a declared state or national emergency. The original requirement was that hospitals had to implement its facility disaster plan before deviating from nurse staffing plans approved by the nurse staffing committee.

The new requirement adds implementation of crisis standards of care and new requirements for hospitals and nurse staffing committees. Under the new rule, hospitals are required to have implemented its facility disaster plan and crisis standards of care before it is allowed to deviate from its nurse staffing plan. The hospital incident management team must report an assessment of the hospital's nurse staffing needs to both nurse staffing committee co-chairs. The nurse staffing committee is required to develop a contingency nurse staffing plan for the emergency and vote on the contingency plan.

### **2. In what emergency circumstances is not required to follow its approved nurse staffing plan?**

Answer: A hospital is not required to follow the nurse staffing plan approved by the hospital nurse staffing committee if one of the following is true:

- a) There is a declared state or national emergency, and the hospital has implemented both its facility disaster plan and crisis standards of care; or
- b) There is sudden and unforeseen adverse weather conditions affecting the hospital; or
- c) There is an infectious disease epidemic suffered by hospital staff.

### **3. What is the hospital's facility disaster plan?**

Answer: The facility disaster plan is the plan developed pursuant to the Centers for Medicare & Medicaid Services (CMS) federal regulations for emergency preparedness requirements. The regulations are found at [42 CFR 482.15](#).

### **4. Can other hospital policies be considered a facility disaster plan?**

Answer: No. The facility disaster plan referenced in this section is the plan developed pursuant to [42 CFR 482.15](#) required by CMS.

### **5. What is considered a deviation from the nurse staffing plan?**

Answer: Nurse staffing plans must include all elements of [OAR 333-510-0110\(2\)](#) and be approved by the hospital nurse staffing committee. Deviating from the approved nurse staffing plan means that a hospital nursing unit is no longer following one or more of the elements of the approved nurse staffing plan due to the emergency circumstance.



**6. Is a hospital required to implement its facility disaster plan and crisis standards of care before it can deviate from its approved nurse staffing plan?**

Answer: Yes: A hospital must implement both its facility disaster plan and its crisis standards of care in response to a declared state or national emergency before it is allowed to deviate from its nurse staffing plan. Implementation of the facility disaster plan and crisis standards of care is not required if the hospital is deviating from its nurse staffing plan as a result of sudden and unforeseen weather conditions affecting the hospital ([OAR 333-510-0140\(1\)\(b\)](#)) or as a result of an infectious disease epidemic suffered by hospital staff ([OAR 333-510-0140\(1\)\(c\)](#)).

**7. Is the hospital required to have implemented its facility disaster plan and crisis standards of care for the entire time it deviates from the nurse staffing plan?**

Answer: Yes. If the hospital has deviated from the nurse staffing plan due to a declared state or national emergency, the hospital must have its facility disaster plan and crisis standards of care implemented for the duration of time when the nurse staffing plan is not being followed.

**8. If the hospital has implemented its facility disaster plan and crisis standards of care during a declared state or federal emergency, but has not deviated from its nurse staffing plan, is it required to develop a contingency plan?**

Answer: No. The hospital is only required to develop a contingency nurse staffing plan if it has also deviated from its nurse staffing plan after implementing its facility disaster plan and crisis standards of care as a result of the declared state or federal emergency. However, the hospital nurse staffing committee can choose to develop a contingency nurse staffing plan at any time for any reason. The hospital nurse staffing committee may develop contingency nurse staffing plans in advance of an emergency and then approve use of the plans as a result of the emergency.

**9. After the 90<sup>th</sup> cumulative day, if the nurse staffing committee has not voted to approve a contingency plan, the hospital must revert to the approved nurse staffing plan. What is meant by “90 cumulative days”?**

Answer: If the nurse staffing committee has not voted to approve a contingency plan after 90 cumulative days, the hospital must revert to the approved nurse staffing plan. If the hospital returns to functioning under the approved nurse staffing plan and then deviates from the approved plan again under the same emergency declaration, the 90-day count continues.

Below is an example of a hospital with three units: Emergency Department (ED), Labor & Delivery (L&D), and a Medical/Surgical unit (MedSurg). In the example, there is at least one hospital unit deviating from its approved nurse staffing plan on January 27 – 29 – the hospital has deviated for a total of three “cumulative” days. On January 30, all units are complying with its approved nurse staffing plan, so the total number of days the hospital has deviated from its nurse staffing plan does not increase. On January 31<sup>st</sup>, one of the hospital units deviates from its approved plan, so the hospital has deviated from its approved nurse staffing plan a total of four cumulative days.

January 27th - Day 1 of Deviation	January 28th - Day 2 of Deviation	January 29th - Day 3 of Deviation	January 30th - No Deviation	January 31st - Day 4 of Deviation
<ul style="list-style-type: none"> <li>•ED deviates from plan</li> <li>•L&amp;D follows plan</li> <li>•MedSurg follows plan</li> </ul>	<ul style="list-style-type: none"> <li>•ED deviates from plan</li> <li>•L&amp;D follows plan</li> <li>•MedSurg deviates from plan</li> </ul>	<ul style="list-style-type: none"> <li>•ED follows plan</li> <li>•L&amp;D deviates from plan</li> <li>•MedSurg deviates from plan</li> </ul>	<ul style="list-style-type: none"> <li>•ED follows plan</li> <li>•L&amp;D follows plan</li> <li>•MedSurg follows plan</li> </ul>	<ul style="list-style-type: none"> <li>•ED follows plan</li> <li>•L&amp;D follows plan</li> <li>•MedSurg deviates from plan</li> </ul>

**10. How does the hospital incident management team (IMT) know if any hospital unit has deviated from its nurse staffing plan as a result of the declared emergency?**

Answer: The hospital is required to maintain documentation related to deviations from the approved nurse staffing plan. If a unit deviates from its nurse staffing plan because of the declared emergency and the hospital has implemented its facility disaster plan and crisis standards of care, the unit should notify the IMT that it has deviated from its approved nurse staffing plan. The unit should maintain documentation showing the date the unit deviated from its approved nurse staffing plan and how the unit deviated from its nurse staffing plan (e.g., no longer meeting minimum numbers required in the plan, using a different process for meal and rest breaks, etc.).

**11. What documentation does the hospital need to maintain to show compliance with these rules?**

Answer: The nurse staffing rules require hospitals to maintain all documentation necessary to demonstrate compliance with the nurse staffing rules. As it relates to these rules, it includes, but is not limited to:

- Which emergency is affecting the hospital;
- The date(s) the hospital implemented the facility disaster plan, if the hospital deviates from its nurse staffing plan;
- The date(s) the hospital implemented crisis standards of care, if the hospital deviates from its nurse staffing plan;
- The date that the first unit deviated from its approved nurse staffing plan;
- Which unit(s) deviated from its approved nurse staffing plan and the dates the unit(s) deviated from their plans;
- The IMT’s report to the nurse staffing committee co-chairs within 30 calendar days of the first deviation and the written assessment provided to the co-chairs;
- Nurse staffing committee meeting minutes reflecting the development and voting for the contingency nurse staffing plan.

## Reporting to Nurse Staffing Committee Co-Chairs

### **12. Do the nurse staffing rules require a particular method of communication between the IMT and nurse staffing committee co-chairs?**

Answer: No. The IMT may report to the nurse staffing committee co-chairs via email, an in-person meeting, remote meeting (e.g., Zoom, Microsoft Teams, etc.), or other method desired by the hospital. During this meeting, the IMT must provide the nurse staffing committee co-chairs a written assessment of the nurse staffing needs arising from the emergency. The hospital must maintain documentation of their report to the co-chairs that reflects, at minimum:

- The date the IMT reported to the co-chairs;
- Who received the information (if the reporting occurred via email, document who was reported to; if the reporting occurred via virtual or in-person meeting, document who was present at the meeting); and
- Whether the written assessment was provided to the co-chairs.

### **13. The nurse staffing rules require the hospital to report to both co-chairs of the nurse staffing committee. What happens if one or both co-chairs are unavailable?**

Answer: If a co-chair is not available to receive the written assessment (e.g., co-chair is on leave), the hospital should report to the co-chair's designee and be ready to provide a copy of the written assessment to the co-chair upon their return. It may also be helpful to provide a copy of any notes or recordings taken during the meeting with the other co-chair, or meet with the unavailable co-chair upon their return.

If a co-chair position is vacant, the hospital should document the vacancy. The hospital should also encourage the nurse staffing committee to select a designee to act on its behalf – if the vacancy is for the direct care co-chair, the designee should be a direct care nurse staffing committee member; if the vacancy is for the nurse manager co-chair, the designee should be a nurse manager nurse staffing committee member.

### **14. Is the IMT required to report to both nurse staffing committee co-chairs at the same time?**

Answer: No, but both co-chairs should receive the same information. If possible, the hospital should attempt to meet with both co-chairs at the same time; however, if this cannot be arranged, the hospital should take every effort to ensure they receive the same information as the other co-chair and are aware of what was discussed at the other meeting. The co-chairs are expected to communicate and coordinate with the nurse staffing committee to develop a contingency nurse staffing plan. ...

### **15. Is the IMT required to report to both nurse staffing committee co-chairs within 30 calendar days?**

Answer: Yes. Both nurse staffing committee co-chairs must be reported to and receive the written assessment within 30 calendar days.

**16. What information should the written assessment include?**

Answer: The written assessment must include the IMT's assessment of the nurse staffing needs arising from the emergency. OHA recognizes that each emergency will impact hospitals differently, and so it encourages hospitals to consider including the following information to include in its written assessment:

- Which units have reported deviating from their nurse staffing plans due to the emergency?
- Have documentation standards changed? In what units?
- Are nurses being assigned to units for which they are not normally assigned? If so, which units are affected?
- Are there different "stages" of hospital response? What is expected to change for each response stage?
- How will changes in the hospital's response be reported to affected nurses and to the nurse staffing committee?
- What is the hospital's crisis standards of care policy? What care is being provided under this policy?

**17. How often is the hospital IMT required to provide a written assessment to the nurse staffing committee co-chairs?**

Answer: The hospital IMT is required to report a written assessment to both nurse staffing committee co-chairs within 30 days of the first deviation. The rules and statute do not envision continued reporting, however OHA strongly encourages the hospital IMT to continue open and transparent communication with both co-chairs throughout the emergency.

Nurse Staffing Committee's Development and Approval of Contingency Plan

**18. Who calls the nurse staffing committee meeting to develop a contingency plan?**

Answer: Either co-chair may call a meeting of the nurse staffing committee to develop the contingency plan. The meeting may be in-person, remote, or mixed (some members in-person, some members remote).

**19. Is the nurse staffing committee required to have a quorum when it meets to develop the contingency nurse staffing plan?**

Answer: Yes, the nurse staffing committee must have a quorum of its members present (defined as half of all members + 1). All nurse staffing committee meetings must follow the requirements set forth in [OAR 333-510-0105](#) and [ORS 441.154](#).

**20. Does the nurse staffing committee have to follow normal voting procedures when approving the contingency nurse staffing plan?**

Answer: Yes, the nurse staffing committee must comply with the voting requirements set forth in [OAR 333-510-0105](#) and [ORS 441.154](#).

**21. Our hospital already has an emergency nurse staffing plan. Do we still have to develop a contingency plan?**

Answer: The nurse staffing committee can vote and approve a previously developed emergency nurse staffing plan. Alternatively, the nurse staffing committee can modify the emergency plan to meet the expected needs arising from the emergency.

Regardless of whether the nurse staffing committee chooses to develop a new plan, modify an existing plan, or adopt an existing plan, the nurse staffing committee must still vote and approve the contingency plan it chooses to use.

**22. Is the contingency nurse staffing plan required to have all the elements of a regular nurse staffing plan?**

Answer: No, the contingency nurse staffing plan is not required to have all the elements a regular nurse staffing plan would contain (see [OAR 333-510-0110\(2\)](#)). Instead, the contingency nurse staffing plan should address the nurse staffing needs arising from the emergency using the information provided in the written assessment. In particular, for each stage of the response identified by the IMT, the contingency plan should consider addressing:

- Will the unit's minimum numbers change?
- Will the unit's process for using patient acuity and nursing care intensity to staff the unit change?
- Will the unit's process for providing meal and rest breaks change?
- Will the training requirements for nurses assigned to work on the unit change?  
Are there new expectations regarding timeline for completion and documentation of qualifications, competencies and trainings?
- Will there be changes to the unit's process for evaluating and initiating limitations on admission or diversion of patients?

**23. How should the contingency nurse staffing plan incorporate crisis standards of care?**

Answer: The contingency nurse staffing plan must align with the nursing services required under crisis standards of care as implemented by the hospital. Crisis standards of care are comprehensive policies that affect the hospital as a whole and include instructions and policies that do not affect nursing staff members. The contingency nurse staffing plan must align with care that is being provided under the hospital's crisis standards of care policy and cannot modify or alter the hospital's crisis standards of care policy.