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Health Care Regulation and Quality Improvement Section  
Health Facility Licensing and Certification Program  
Kate Brown, Governor



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## Nurse Staffing Report

Facility Name: Providence Hood River Memorial Hospital  
Report Publication Date: October 31, 2022  
Report Republication Date: November 2, 2023

**DISCLAIMER:** This report was provided to the hospital administrator and both co-chairs of the hospital-wide nurse staffing committee prior to publication.

On September 1, 2023, a new hospital staffing law ([HB 2697](#)) went into effect. Under HB 2697, OHA no longer has the authority to conduct triennial nurse staffing surveys, require or review Plans of Correction (POCs), or conduct revisit surveys. Because the hospital did not submit an acceptable POC for this survey prior to the new law going into effect, this survey has been closed without a POC.

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



**Health Care Regulation and Quality Improvement**  
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971-673-0540  
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October 27, 2022

Jeanie Vieira  
Hospital Administrator  
Providence Hood River Memorial Hospital  
810 12th Street  
Hood River, OR 97031

Becky Kopecky  
Chief Nursing Officer & Nurse Staffing Committee Co-Chair  
Providence Hood River Memorial Hospital  
810 12th Street  
Hood River, OR 97031

Justine Van Houte  
Nurse Staffing Committee Co-Chair  
Providence Hood River Memorial Hospital  
810 12th Street  
Hood River, OR 97031

RE: Nurse Staffing Survey

Dear Ms. Vieira, Ms. Kopecky, and Ms. Van Houte :

On September 12, 2022 our office completed a nurse staffing survey at your facility. The survey revealed one or more violations of the Oregon Administrative Rules for Nurse Staffing Services.

Enclosed is the Report for that visit. You must complete the Plan of Correction and return it to our office within **thirty (30) business days** of your receipt of this letter. Please submit the Plan of Correction to [mailbox.nursestaffing@odhsoha.oregon.gov](mailto:mailbox.nursestaffing@odhsoha.oregon.gov) or submit it by regular mail to the address above. **The hospital administrator's signature and the date signed must be recorded on the report cover sheet and submitted with the Plan of Correction.** Please keep a copy of the Plan of Correction for your files.

The Plan of Correction must include the following information for each deficiency cited:

1. A detailed description of how the hospital plans to correct the specific deficiency identified;
2. The procedure(s) for implementing the plan for the specific deficiency;
3. A timeline or date by which the hospital expects to implement the corrective actions;
4. The description of monitoring procedure(s) that the hospital will perform to prevent a recurrence of the specific deficiency identified; and
5. The title of the person who will be responsible for implementing the corrective actions described.

A Plan of Correction Guidance document is also enclosed for your convenience.

The hospital may indicate disagreement with the report in the Plan of Correction. Regardless of disagreement, the hospital must submit a plan to correct the deficiency as identified in the report. As noted in Oregon Administrative Rule 333-501-0025(2), the OHA does not treat the signed Plan of Correction as an admission of the violations alleged in the report.

To set up a conference call to discuss any questions or concerns regarding the report or the Plan of Corrections, please contact our office at [mailbox.nursestaffing@odhsoha.oregon.gov](mailto:mailbox.nursestaffing@odhsoha.oregon.gov).

Sincerely,

Nurse Staffing Survey Team  
Oregon Health Authority  
Public Health Division  
Health Care Regulation and Quality Improvement

Enclosures:       Nurse Staffing Report Cover Sheet  
                      Nurse Staffing Report  
                      Plan of Correction Guidance Document

***If you need this material in an alternate format, please call  
(971)673-0540 or TTY 711***

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;"><b>14-1452</b></p>	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE <p style="text-align: center;"><b>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL 810 12TH STREET HOOD RIVER, OR 97031</b></p>	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;"><b>09/12/2022</b></p>
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E 000 Initial Comments

This report reflects the findings of a full nurse staffing survey that was initiated on 08/30/2022 and concluded on 09/12/2022.

The hospital was evaluated for compliance with the Oregon Administrative Rules for hospital Nursing Services Staffing set forth in OAR Chapter 333, Division 510. The deficiencies identified during the survey follow in this report.

The survey also included a revisit survey of the full nurse staffing survey that was initiated on 04/02/2018 and concluded on 04/12/2018. The deficiencies identified during the revisit of the 2018 full nurse staffing survey are incorporated into this report.

Each deficiency ("tag") listed in the report includes rule text, the deficient practice statement, and survey findings. The tag begins with the Oregon Administrative Rule text and includes the statutory authority for the rule. The deficient practice statement always begins with the statement "This Rule is not met as evidenced by" and explains how the hospital practices failed to meet the rule requirements. The findings begin with the statement "Findings Include" and provide specific examples of the deficiency based on surveyor observations, interviews, and record reviews.

For each tag cited in the Nurse Staffing Report, the hospital must write a detailed description of how the hospital plans to correct the deficiency identified in the deficient practice statement. The facility must address the deficiency at a hospital-wide level and not only for the units or specialties with findings listed in the report. When the facility addresses the deficiency in its Plan of Correction, it must also address:

1. Corrective Action: A detailed description of how the hospital plans to correct the specific deficiency.
2. Implementation: The procedure(s) for implementing the plan for the specific deficiency.
3. Implementation Date: A timeline or date by which the hospital expects to implement the corrective actions. By statute, the hospital must implement its Plan of Correction no later than 45 days after OHA approves the facility's Plan of Correction.
4. Monitoring: The description of the monitoring procedure(s) that the hospital will perform to prevent recurrence of the specific deficiency identified. The hospital must monitor at least quarterly to ensure compliance.
5. Responsible Party: The title of the person who will be responsible for implementing the corrective action described. The hospital should only list one or two individuals as the responsible party. The listed responsible party is responsible for ensuring implementation of the corrective actions listed in the Plan of Correction and is permitted to delegate some work.

The hospital may involve the nurse staffing committee to assist in finding and implementing solutions to the deficiencies. It is ultimately the responsibility of the hospital to ensure that the Plan of Correction is written, implemented, and that the hospital returns to compliance. Plans of Correction can be submitted as a Word document, Excel spreadsheet, Adobe PDF, or other format as desired by the hospital. OHA hosts conference calls with hospitals to discuss areas of concern regarding the report or formulating a Plan of Correction. Conference calls should include those who will draft the Plan of Correction; Staffing Committee Co-Chairs and the CNO may also benefit from participating. To request a conference call, email [mailbox.nursestaffing@odhsoha.oregon.gov](mailto:mailbox.nursestaffing@odhsoha.oregon.gov).

The following abbreviations, acronyms and definitions may be used:

ACLS - Advanced cardiac life support  
 ACU - Acute Care Unit  
 ADLs - Activities of daily living  
 AED - Automated external defibrillator  
 BLS - Basic life support  
 CAPR/PAPR - Controlled air-purifying respirator/Powered air purifying respirator  
 CEN - Certified Emergency Nurse  
 CEO - Chief Executive Officer  
 CNA - Certified nursing assistant  
 CNA1 - Certified nursing assistant with basic skills as defined by OSBN  
 CNA2 - Certified nursing assistant with additional skills as defined by OSBN  
 CNO - Chief Nursing Officer  
 CO2 - Carbon dioxide  
 COPD - Chronic obstructive pulmonary disease  
 CST - Certified surgical technologist  
 DC - Direct care  
 DVA - Developmental venous anomaly  
 ECG - Electrocardiogram  
 EDC - Education Coordinator  
 EEO - Equal employment opportunity  
 ENT - Ear, nose and throat  
 FBC - Family Birth Center  
 GI - Gastrointestinal  
 HCRQI - Health Care Regulation & Quality Improvement Program

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HNRP - Hospital nurse staffing plan  
 HUC - Health Unit Coordinator  
 ICU - Intensive Care Unit  
 IM - Intramuscular  
 IV - Intravenous  
 LDA - Lines, drains, airway  
 LPN - Licensed practical nurse  
 mA - Electrical current milliampere  
 MedSurg - Medical/Surgical  
 Mountain Clinic - Providence Hood River Memorial Hospital Mountain Clinic, an outpatient satellite  
 NIBP - Non-invasive blood pressure  
 NM - Nurse manager  
 NS - Nurse staffing  
 NSC - Nurse staffing committee  
 NSM - Nursing staff member  
 NSP - Nurse staffing plan  
 OAR - Oregon Administrative Rule  
 OB/GYN - Obstetric/Gynecology  
 OHA - Oregon Health Authority  
 OR - Operating Room  
 ORS - Oregon Revised Statute  
 OSBN - Oregon State Board of Nursing  
 PACU - Post-anesthesia Care Unit  
 PALS - Pediatric advanced life support  
 PHRMH - Providence Hood River Memorial Hospital  
 Pre-op - Pre-operative  
 PSSP - Pre-admit, SSU, and PACU  
 RN - Registered nurse  
 RRT - Rapid response team  
 SAA - Senior Administrative Assistant  
 SaO2 - Oxygen saturation  
 SBA - Stand-by assistance  
 SSU - Short stay unit  
 TCAR - Trauma care after resuscitation  
 TNCC - Trauma nursing core course  
 UHF - Ultra high frequency  
 Wound Care Clinic - Wound & Ostomy Care Clinic, an outpatient clinic

E 602 Anti-Retaliation Notice

(2) A hospital shall also post an anti-retaliation notice on the premises that:  
 (a) Summarizes the provisions of ORS 441.181, 441.183, 441.184 and 441.192;  
 (b) Is clearly visible; and  
 (c) Is posted where notices to employees and applicants for employment are customarily displayed.  
 Stat. Auth.: ORS 413.042, 441.155, 441.169, 441.173 & 441.185  
 Stats. Implemented: ORS 441.155, 441.169, 441.173 & 441.185

(OAR 333-510-0045(2))

This Rule is not met as evidenced by:

Based on observation and interview, it was determined the hospital failed to ensure it posted the anti-retaliation notice in places where applicants for employment would be likely to view and read it.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0045(2). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected the hospital failed to ensure it posted the anti-retaliation notice in places where employees and applicants for employment would be likely to view and read it.
2. During tour of ACU/ICU with CNO and ACU/ICU NM on 08/30/2022 beginning at 1250, a NS anti-retaliation notice was observed posted for hospital employees by the time-clock. During the observation, they both stated that NSM applicants applied to the hospital online and did not come to the hospital to submit applications.

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3. Review of a hospital document, titled "How to Find Anti-Retaliation Notice - External Candidate," included screenshots of the hospital's Internet jobs page. It reflected the user had to take the following steps to find the anti-retaliation notice:

- \* "External candidate googles 'providence Oregon jobs' and select the 'Providence Oregon Jobs' site."
- \* "Candidate scrolls to the bottom of the jobs page."
- \* "Candidate clicks 'EEO, Applicant Notices, and Accommodations' link."
- \* "Candidate clicks 'Oregon Nurse Staffing Law Notice' link."
- \* "Candidate reads anti-retaliation law provisions."

The NS anti-retaliation notice was not readily identifiable and clearly visible for NSM applicants who would be navigating to the jobs page to the nursing position postings.

E 604 Nurse Staffing Documentation

(3) A hospital shall keep and maintain all records necessary to demonstrate compliance with ORS 441.152 to 441.177. These records shall:

- (a) Be maintained for no fewer than three years;
- (b) Be promptly provided to the Authority upon request; and
- (c) Include, at minimum:
  - (A) The staffing plan;
  - (B) The hospital nurse staffing committee charter;
  - (C) Staffing committee meeting minutes;
  - (D) Documentation showing how all members of the staffing committee were selected;
  - (E) All complaints filed with the staffing committee;
  - (F) Personnel files for all nursing staff positions that include, at minimum, job descriptions, required licensure and specialized qualifications and competencies required for the individual's assigned nurse specialty or unit;
  - (G) Documentation showing work schedules for nursing staff in each hospital nurse specialty or unit;
  - (H) Documentation showing actual hours worked by all nursing staff;
  - (I) Documentation showing all work schedule variances that resulted in the use of replacement nursing staff;
  - (J) Documentation showing how many on-call hours, if any, required nursing staff to be on the hospital premises;
  - (K) Documentation showing how many required meeting, education and training hours, if any, were required of nursing staff;
  - (L) The hospital's mandatory overtime policy and procedure;
  - (M) Documentation showing how many, if any, overtime hours were worked by nursing staff;
  - (N) Documentation of all waiver requests, if any, submitted to the Authority;
  - (O) Documentation showing how many, if any, additional hours were worked due to emergency circumstances and the nature of those circumstances;
  - (P) The list of on-call nursing staff used to obtain replacement nursing staff;
  - (Q) Documentation showing how and when the hospital updates its list of on-call staff used to obtain replacement nursing staff and how the hospital determines eligibility to remain on the list;
  - (R) Documentation showing the hospital's procedures for obtaining replacement nursing staff, including efforts made to obtain replacement staff;
  - (S) Documentation showing the hospital's actual efforts to seek replacement staff when needed;
  - (T) Documentation showing each actual instance in which the hospital implemented the policy described in OAR 333-510-0110(2)(g) to initiate limitations on admission or diversion of patients to another hospital; and
  - (U) All staffing committee reports filed with the hospital administration following a review of the staffing plan.

Stat. Auth.: ORS 413.042, 441.155, 441.169, 441.173 & 441.185

Stats. Implemented: ORS 441.155, 441.169, 441.173 & 441.185

(OAR 333-510-0045(3))

This Rule is not met as evidenced by:

Based on interview and review of HNPS Unit Questionnaires and unit NSPs for 2 of 2 units (PSSP and ACU/ICU), and documentation of 5 of 8 NSM personnel records (NSMs 2, 3, 5, 12 and 14), it was determined the hospital failed to maintain documentation showing the specialized qualifications and competencies for NSMs as required by subsection (c)(F).

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0045(3). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected noncompliance in OR and ACU/ICU units.

2. Review of PSSP HNPS Unit Questionnaire, completed and signed by PSSP DC Unit Representative and PSSP NM on 08/25/2022, reflected the following qualifications, competencies, and trainings were required for PSSP NSMs:  
 \* The listed qualifications and competencies for "Short Stay/Pre-Admit RN" included "Qualifications - Current OR License, BLS, ACLS. Competencies: OR Region On-Boarding Portfolio, SSU/Pre-admit packet."  
 \* The listed qualifications and competencies for the "PACU RN" included "qualifications - Current OR License, BLS, ACLS, PALS.

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Competencies: OR-Region On-Boarding Packet, PACU Packet."

\* In response to the statement, "The Nurse Staffing Plan: States how this unit ensures that all nursing staff maintain current licensure/certification and training," the box was left blank by PSSP DC Unit Representative; and the box was marked "No" by PSSP NM.

\* In response to the statement, "The Nurse Staffing Plan: States who completes qualification and training review for this unit," the box was left blank by PSSP DC Unit Representative; and the box was marked "No" by PSSP NM.

3. Review of PSSP NSP, approved by NSC on 12/20/2021, did not clearly reflect the qualifications, competencies and trainings required for PSSP NSMs. For example:

\* "Job descriptions for RNs and CNA2s are available upon request."

\* "All nurses on Pre-Admit, SSU, and PACU complete 'Oregon Regional On-boarding Portfolio PACU and/or SSU/Pre-Admit RN' packet prior to delivering independent patient care."

\* "All CNA 2s complete 'Oregon Regional On-boarding Portfolio General Certified Nursing Assistant 2 Orientation' packet prior to delivering direct patient care."

4. Review of orientation checklists reflected the following competencies and trainings were required for PSSP RN NSMs:

\* A checklist titled, "Perioperative Surgical Services RN Unit Orientation version date 02/18/2021"

\* A checklist titled, "Pre-Surgical Care Clinic RN Orientation version date 02/05/2021"

\* A checklist titled, "Unit Specific Orientation Addendum: [SSU] version date 08/01/2020"

\* A checklist titled, "Unit Specific Orientation Addendum: [PACU] version date 06/25/2020"

5. Review of personnel records for PSSP RN NSM 12, hired on 04/26/2021, lacked documentation of all required qualifications, competencies, and trainings. For example:

\* The required checklist titled, "Perioperative Surgical services RN Unit Orientation" was not complete. On Page 1 in the section titled "Clinical Coach (Preceptor)/Orientee Agreement," the "Clinical Coach (Preceptor) Name," "Clinical Coach (Preceptor Signature and Date)," and "Alternate Clinical Coach(es) (Preceptor) Name and Signatures" spaces were blank. Several skills had blank spaces, were incomplete or had altered dates for "Date Completed" and "Clinical Coach initials," including: "Admission: Unit Process ... Pre-op Checklist ... Uses medication dispensing system (Pyxis) correctly ... Blood Administration Safety ... Use of Isolation Precautions ..." and "demonstrates an ability to recognize and respond to ... Malignant Hyperthermia."

\* The checklist titled "Pre-Surgical Care Clinic RN Orientation," was incomplete and outdated. It was dated 03/11/2019, even though the most current version of the required checklist was dated 02/18/2021. On page 3 of the outdated checklist, all 14 required skills lacked PSSP RN NSM 12's initials in the spaces for "Orientee Initials." Pages 4, 5, 6, which included lists of skills to be validated, and Page 7, which included the "Orientation Summary," were blank.

\* The checklist "Unit Specific Orientation Addendum: [SSU]" was not complete. The "Clinical Coach Initials" were blank for IV Sedation (Endo Room), Adult Airway in OR (with anesthesia provider), and Pediatric Airway in OR (with anesthesia provider).

\* The required checklist titled, "Unit Specific Orientation Addendum: [PACU]" was not complete. The "Date Completed" and "Clinical Coach initials" were blank for several procedures, including: "12 lead ECG" and "PACU Procedures" that included: "Appendectomy ... Lumpectomy Biopsy ... Port Placement ... Rotator Cuff Repair ... Podiatry ... Amputations ... Uterine Ablation."

6. Review of personnel records for PSSP RN NSM 14, hired on 01/18/2022, lacked documentation of all required qualifications, competencies and trainings. For example:

\* The required checklist titled, "Perioperative Surgical services RN Unit Orientation" was not complete. The "Date Completed" and "Clinical Coach initials" were blank for several procedures, including: "... Pre-op Checklist ... Correctly administers medications using the following routes: ... IM ... IV Push ... Uses medication dispensing system (Pyxis) correctly ... Environmental Safety ... Formaldehyde/Glutaraldehyde/Cytotoxic Drugs (Antineoplastics) ..."

\* There was no documentation provided to reflect that PSSP RN NSM 14 had completed the required checklist titled, "Unit Specific Orientation Addendum: [SSU]."

7. During interview with CNO, PSSP NM, EDC, and SAA on 08/31/2022 beginning at 1340, they confirmed Findings 5 and 6.

8. Refer to Tag E630, which reflected PSSP NSP did not clearly reflect qualifications, competencies, and trainings required for PSSP NSMs.

9. Revisit Survey: Review of ACU/ICU HNSP Unit Questionnaire, completed and signed by ACU/ICU Unit Representative and ACU/ICU NM on 08/30/2022, did not clearly reflect the qualifications, competencies and trainings required for ACU/ICU NSMs. For example:

\* The response to the question, "The Nurse Staffing Plan: States how this unit ensures that all nursing staff maintain current licensure/certification and training," was "No."

\* The response to the question, "The Nurse Staffing Plan: States who completes qualification and training review for this unit," was "No."

10. Revisit survey: Review of ACU/ICU NSP, approved by NSC on 11/04/2021, did not clearly reflect the qualifications, competencies and trainings required for PSSP NSMs. For example:

\* "Job descriptions for RNs and CNA 1 and 2s are available upon request."

\* "ICU RNs are required to ... take TNCC or TCAR once."

\* "All nurses on Medical Surgical and ICU complete 'Oregon Regional On-boarding Portfolio Medical Surgical and/or ICU RN' packet prior to delivering independent patient care."

\* "All CNA 1 and 2s complete 'Oregon Regional On-boarding Portfolio General Certified Nursing Assistant 2 Orientation' packet prior to delivering direct patient care."

\* "Any additional competencies will be completed when applicable clinical scenarios present. House Supervisors will not assign nurses

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independent patient assignment until mandatory competencies are met."

\* The attached addendum for RNs reflected that initial in-person and online training required upon hire was included in the "orientation binder and education file" and that skills and competencies required to be demonstrated or verified upon hire were included in the "orientation binder." Annual competencies, skills, and trainings, were identified in "education file, Healthstream, Care day."

\* For CNAs, initial in-person and online training required upon hire was identified in the "orientation binder" and skills and competencies required to be demonstrated or verified upon hire were identified in the "orientation binder, Healthstream." Annual competencies, skills and trainings were identified in "CNA Care day, Healthstream."

11. Revisit Survey: Review of a document titled, "PHRMH RN 2021-22 Annual Education Requirements," reflected the following competencies and trainings were required for ACU/ICU RNs:

\* It contained a list of trainings and competencies RNs were required to complete for the specified year and included the following competencies to be completed during "Care Day 2022": "Infection Prevention, CAPR/PAPR Review, Restraint: Non-Violent, Staff Role in Emergency Procedures, Code Blue/RRT, Safe Patient Handling."

12. Revisit Survey: Review of personnel records for ACU/ICU RN NSM 2, hired on 07/05/2006, lacked documentation of all required qualifications, competencies and trainings. For example:

\* Documentation reflected they did not attend "Care Day 2022" and that the required "Care Day 2022" competencies and trainings were past due. The competencies and trainings had a due date of 06/30/2022, which was two months before the start of this survey. Also, there was no documentation provided to reflect 4 of 5 "Care Day 2022" competencies and trainings had been completed, including: "Infection Prevention ... CAPR/PAPR Review ... Staff Role in Emergency Procedures, Code Blue/RRT ... Safe Patient Handling."

13. Revisit Survey: Review of personnel records for ACU/ICU CNA NSM 3, hired on 01/03/2022, lacked documentation of all required qualifications, competencies, and trainings. For example:

\* A "Competency AED Code Blue" checklist, dated 08/25/2022 by ACU/ICU CNA NSM 3, reflected "key elements" of the skill to be demonstrated and verified by a "Validator ... (AKA: Preceptor, super trainer, unit champion, expert, practitioner, educator)." The "Validator initials" were those of ACU/ICU NSM 3 and there were no "Validator" initials and signature in the "Signature of Competency Validator" section of the checklist.

\* A "Central Line (CL) Catheter Access and Maintenance" competency checklist for a "New Hire," dated 08/25/2022 by ACU/ICU CNA NSM 3, reflected only ACU/ICU CNA NSM 3's initials as having verified all the skills on the checklist. There were no initials and signature in the section for "Signature of Individual Overseeing Verification (i.e. Super Trainer, Unit Champion, Expert Practitioner, Education)."

\* There were similar findings for the "Initial" competency titled "Cleaning and Disinfection Alaris CareFusion Infusion Pump." ACU/ICU CNA NSM 3's initials reflected that they verified their own skills on the checklist with partial dates of "8/25;" and the "Signature of Individual Overseeing Verification" was blank; there was no signature.

14. Revisit Survey: Review of personnel records for ACU/ICU CNA NSM 5, hired on 04/04/2022, lacked documentation of all required qualifications, competencies, and trainings. For example:

\* A "Skill/Task Validation ... Certified Nursing Assistant" checklist reflected 13 skills were to be validated by a "CNA 2 Validator." For ACU/ICU CNA NSM 3, all 13 skills, were dated 04/05/2022 or 04/12/2022 and, were completed with initials in the "CNA 2 Validator" section. However, the corresponding initials and signature of the validator were not recorded in the "Signature of Individual Clinical Coach/Preceptor Overseeing Skill/Task Validation" section of the checklist. Also, the checklist included seven additional skills to be "validated by RN" only. There was no documentation provided to reflect RN validation of four required skills including: "Orthostatic blood pressure ... Collect pain response from patient using facility approved pain scale ... Transfers oxygen between wall & tank at pre-established flow rate ... Applies creams and ointments for maintenance of skill integrity ..."

15. Revisit Survey: During interview with CNO, ACU/ICU NM, EDC, and SAA on 08/31/2022 beginning at 1100, they all confirmed Findings 12 through 14.

16. Revisit Survey: Refer to Tag E630, which reflected ACU/ICU NSP did not clearly reflect qualifications, competencies, and trainings required for ACU/ICU NSMs.

E 606 Nurse Staffing Committee (NSC)

(1) Each hospital shall establish and maintain a hospital nurse staffing committee. The staffing committee shall develop a written hospital-wide staffing plan for nursing services in accordance with ORS 441.155 and OAR chapter 333, division 510 rules. In developing the staffing plan, the staffing committee's primary goal shall be to ensure that the hospital is adequately staffed to meet the health care needs of its patients.

Stat. Auth.: ORS 413.042, 441.151 & 441.154

Stats. Implemented: ORS 441.154

(OAR 333-510-0105(2))

This Rule is not met as evidenced by:

Based on interview and review of NSC charter and NSC meeting minutes, it was determined the hospital failed to ensure the NSC developed a written, hospital-wide NSP that encompassed all specialties and units where the hospital provided nursing services.



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\* There was no evidence that the following specialties or units where nursing services were provided were represented on the NSC or incorporated into the NSP: Mountain Clinic and Wound Care Clinic.

Findings include:

1. Review of hospital document titled "The Plan for Provision of Care Providence Hood River Memorial Hospital," dated as "last reviewed 12/2019," reflected the scope of the hospital's inpatient and outpatient services: "The hospital's outpatient services include ... wound care clinic ... clinic services at the Mt. Hood Meadows Ski Resort [Mountain Clinic], which is a designated satellite location of PHRMH."

2. Review of the hospital's annual State license renewal application, submitted to OHA HCRQI on 11/29/2021, included a description of the services provided at Mountain Clinic. It reflected, "The clinic provides medical care/treatment on a walk-in/immediate care basis for conditions that range from minor illness (e.g., headache, nausea, fever) to musculoskeletal injuries (e.g., wrist injuries/fracture, hip and shoulder dislocation). The physicians who work at the clinic are all trained in Basic Life Support and Advanced Cardiac Life Support."

3. Review of hospital policy titled "Mountain Clinic: Scope of Care," dated as "last revised 12/2021," reflected the following information related to Mountain Clinic:

\* "The Providence Mountain Clinic is a nine (9) bed department in which nurses' care and medical treatment is delivered to individuals sustaining winter sports injuries or wilderness medical emergencies. Care is provided by a professional staff of licensed Physicians, Registered Nurses, and Radiology Technicians."

\* "The most frequent procedures performed include X-Rays for diagnostic purposes, suturing of lacerations, cleaning and dressing of abrasions and other wounds, fiberglass splint application, IV insertion, reducing dislocations, administering pain medication. Less frequent, but within clinic scope of practice procedures, include chest tube insertion, ACLS measures, and Cardiac monitoring/defibrillation/external pacing."

\* "Clinical process of care includes: Assessment, diagnosis, planning, implementation and evaluation of medical and nursing modalities. Patient and family education. Medication administration/intravenous infusions ..."

\* "Problem prone types of situations include but are not limited to management of acute MI, management of trauma patients with delay in transport time (i.e., traffic delays for ground ambulance, air transport unable to fly due to weather), management of unstable patients on the slopes and transportation to the clinic, Code 99 procedures and conscious sedation for dislocation reductions."

\* "The clinic is staffed by the following: Registered Nurse licensed by the State of Oregon. Maintaining current ACLS, PALS certification, Emergency or Critical Care experience."

\* "The MOUNTAIN CLINIC operates with fixed nursing staff in order to best meet the need of patients ... The staff consists of RNs and x-ray technicians and registrars. Each shift is covered with an RN from 0830 - 1630 on Monday and Tuesday. Wednesday through Friday, the RN shift is 0900 - 2130. On weekends there is an overlap RN working 1100 - 2130 to accommodate patient census on weekends and an evening shift from 1200 - 2130."

4. Review of hospital document titled "Mountain Clinic: Organization and Staffing Summary," dated as "last revised 12/2021," reflected the following related to Mountain Clinic:

\* "There are two cardiac monitors/defibrillators in the MOUNTAIN CLINIC. There are 5 non-invasive blood pressure monitors with oximetry. Both cardiac monitors have external pacing capability. One has 12 lead ECG capability, NIBP, SaO2, endtidal CO2 monitoring."

\* "The core work area includes an area for storage and preparations of medication. It includes the reference library for MOUNTAIN CLINIC as well as policy and procedure manuals for the hospital and the department. One base UHF radio located at the nurse's station and three hand-held radios are located in the supply room for nurse/physician contact."

\* "The nurse manager is accountable for the staffing of the MOUNTAIN CLINIC. In general, the charge nurse or the relief charge nurse is present each day, with x-ray technicians, and all RNs report to the charge nurse. Physician coverage is offered during hours of operation."

\* "All MOUNTAIN CLINIC RNs attend general orientation at the beginning of the season as well as RTs and registrars. New RN's beginning employment at the MOUNTAIN CLINIC receives (sic) two additional orientation days with experienced MOUNTAIN CLINIC RNs. All RNs complete skills list annually. All RNs are ACLS/PALS certified. RNs are encouraged to have CEN and TNCC status. All staff RNs are to be familiar with MOUNTAIN CLINIC and hospital policy and procedures, reference material and quality improvement programs."

5. Review of "RN Mountain Clinic" position description reflected the following related to Mountain Clinic RN duties:

\* "Registered nurse ... Performs emergency and non-urgent nursing duties as required according to established standards of nursing practice and standards of care. Complies with established policies and procedures. Assists and works with the Mountain Clinic Manager in organizing and carrying out patient care ..."

\* "Responsible for the assessment, treatment and care to patients of all ages ..."

\* "Elicits and records pertinent medical history (vital signs, allergies, status of tetanus prophylaxis, current medications) ..."

\* "Recognizes, assesses and initiates protocols when caring for trauma patients, including but not limited to: shock, hemorrhage, chest, spinal, head, facial, eye, abdominal, extremity, and burns."

\* "Recognizes and reports life-threatening arrhythmias; initiate proper treatment according to standing orders; administer emergency drugs as authorized, understanding their action, dosage, and indications for use."

\* "Renders direct primary care utilizing knowledge and skills to recognize physiological disease processes and possible outcomes: diabetic coma, hypoglycemia; pulmonary edema; congestive heart failure; respiratory complication of asthma, emphysema, or other COPD; DVA and central nervous system impairment; GI bleeding or other concealed hemorrhage; pediatric and OB/GYN complications; trauma; psychiatric disorders."

\* "Practices principles of proper fracture and dislocation management ..."

\* "Practices proper principles of wound management ..."

\* "Instructs patient and families as part of total nursing process ..."

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- \* "Administers medications according to clinic procedures, cognizant of drug actions and effects ..."
- \* "Performs treatment as prescribed ..."
- \* "Assesses the condition of the patient and accurately completes required documentation."
- \* "Implements nursing orders/interventions ..."
- \* "Proficiency in intravenous techniques including venipuncture, fluid resuscitation, and medication administration."

6. Review of NSC meeting minutes, dated 01/10/2019, reflected the NSC had reviewed Mountain Clinic to determine whether the unit required a NSP. Those minutes contained the following information related to that decision-making: "E612 Mt. Clinic Invitation. Discuss the ORS 441, 154 [sic] and OAR Chapter 33 [sic] division 510 rules to evaluate the Mt. Clinic for NSC Providence Mt Clinic Presentation: [NSM] provided presentation re history, scope of practice, billing and other information regarding the Mt. Clinic. [Another NSM] and Mt. Clinic staff member participated in presentation and they both answered questions from the NSC members present. OAR fact sheet referenced during discussion. ... Findings included: 1. Designated as a clinic; 2. Bills as a clinic; 3. Clinics call 911; 4. Physician always present and directs care ... [NSM] noted they have no issues with staffing, scheduling, overtime or meals and breaks. [NSC member] motioned and [another NSC member] 2nd 'Mt. Clinic not be included in our NSC.' In vote, all voting members present voted yes and agreed that Mt. Clinic will not be included in this committee."

The NSC decision-making was not based on information sufficient to evaluate whether nursing services were provided at that location. Items 1 through 4 listed in the NSC meeting minutes were not relevant to whether nursing services were provided. The minutes contained no documentation that the NSC had evaluated the scope, extent, and type of nursing services provided at the clinic by the Mountain Clinic NM, CNs, and DC RNs who provided the services described in Findings 2 through 5.

7. Review of hospital policy titled "Wound and Ostomy Clinic Policy," dated as "effective 09/2022," reflected: "Outpatient Clinic: PHRMH Wound and Ostomy Clinic will evaluate and treat patients by referral from a physician/nurse practitioner/physician assistant ... Clinic hours of operation are typically Monday through Friday from 9:00 AM-4:00 PM. All treatment requires a physician order ... The specialty nursing staff provides full wound care services including but not limited to advanced wound care and ostomy management, wound vacs for non-homebound patients not on Home Health, compression wraps, and some debridement. Appointments are scheduled in advance to provide the best service possible ... The clinic is located in the hospital, main floor in Short Stay Unit, office room 116 and Procedure room 1. Our staff is comprised of certified wound and ostomy nurses. Documentation is accomplished in Epic, an electronic documentation system."

8. Review of "Acute Care RN ... Wound Care" position description, reflected the following related to Wound Care Clinic RN duties:
- \* "The Ostomy & Wound Care Nurse is accountable for direct and indirect quality of care for patients according to the individualized needs of the patient, following the nursing process and in accordance with the Oregon Nurse Practice Act."
  - \* "Utilizing the nursing process, assesses patient status, intervenes appropriately, and evaluates patient response."
  - \* "Establishes a formal written plan of care for referred patients, documents specific nursing orders, and develops goals specifying expected outcomes of intervention."
  - \* "Assesses health knowledge, learning abilities and educational needs of the wound care and ostomy patients and families and develops appropriate plans for teaching."
  - \* "Assists with the development of nursing standards related to wound/ostomy care, including policies addressing clinic operation."
  - \* "Education ... Required ... Completion of an accredited course in Wound, Ostomy and Continence."
  - \* "Demonstrates knowledge of wound therapy principles and procedures."
  - \* "Specialized knowledge in ostomy care as well as complex wound care."

9. Review of NSC roster, dated 08/25/2022, reflected that NSC membership did not include a DC RN representative for the following units where nursing services were provided: Mountain Clinic and Wound Care Clinic.

10. During interview with CEO and CNO on 08/31/2022 beginning at 1610, they confirmed Findings 1 through 9 and acknowledged that Mountain Clinic and Wound Care Clinic did not have NSPs and were not represented by DC RN representatives on the NSC. As it relates to Wound Care Clinic, they stated that the NSC had not previously evaluated whether Wound Care Clinic should have a NSP and a DC RN representative on the NSC.

E 612 NSC Composition

(4) The staffing committee shall be comprised of an equal number of hospital nurse managers and direct care staff. Direct care staff members shall be selected as follows:

(a) The staffing committee shall include at least one direct care registered nurse from each hospital nurse specialty or unit as the specialty or unit is defined by the hospital to represent that specialty or unit;  
Stat. Auth.: ORS 413.042, 441.151 & 441.154  
Stats. Implemented: ORS 441.154

(OAR 333-510-0105(4)(a))

This Rule is not met as evidenced by:

Based on interview and review of NSC roster and NSC meeting minutes, it was determined the hospital failed to ensure the NSC was clearly comprised of equal numbers of nurse managers and direct care staff that represented all specialties/units where nursing services were

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E 612 Continued From page 7

provided.

\* The NSC did not include at least one direct care nurse from each hospital nurse specialty or unit.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0105(4)(a). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected the hospital failed to ensure the NSC was clearly comprised of equal numbers of nurse managers and direct care staff that represented all specialties/units where nursing services were provide:

\* The NSC was not clearly comprised of equal numbers of hospital nurse managers and direct care staff; and

\* At least one RN from each hospital specialty or unit was not included in the NSC membership.

2. Refer to Tag E606 for findings that reflect the hospital failed to ensure the following specialties/units where nursing services were provided had a DC RN representative on the NSC: Mountain Clinic and Wound Care Clinic.

E 628 NSP Requirement

(1) Each hospital shall implement a written hospital-wide staffing plan for nursing services that is developed and approved by the hospital nurse staffing committee established in accordance with ORS 441.154 and OAR chapter 333 division 510 rules.

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(1))

This Rule is not met as evidenced by:

Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 2 of 2 units (PSSP and ACU/ICU), it was determined the hospital failed to implement a hospital-wide NSP developed and approved by the NSC in accordance with these rules:

\* NSPs were not fully developed or complete; and

\* Not all hospital specialties and units were incorporated into the NSP.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(1). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected noncompliance in OR and ACU/ICU units.

2. Refer to NSP findings that reflect the NSPs the units were working under were not complete or clear.

\* For Tag E630 refer to findings for PSSP and ACU/ICU.

\* For Tag E632 refer to findings for PSSP and ACU/ICU.

\* For Tag E634 refer to findings for PSSP and ACU/ICU.

\* For Tag E638 refer to findings for PSSP and ACU/ICU.

\* For Tag E640 refer to findings for ACU/ICU.

\* For Tag E642 refer to findings for PSSP and ACU/ICU.

\* For Tag E646 refer to findings for ACU/ICU.

3. Refer to Tag E606 for findings that units where nursing services were provided were not incorporated into the hospital-wide NSP.

E 630 NSP: Qualifications and Competencies

(2) The staffing plan:

(a) Must be based on the specialized qualifications and competencies of the nursing staff and provide for the skill mix and level of competency necessary to ensure that the hospital is staffed to meet the health care needs of patients;

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(a))

This Rule is not met as evidenced by:

Based on review of HNRP Unit Questionnaires and unit NSPs for 2 of 2 units (PSSP and ACU/ICU), it was determined the hospital failed to implement a hospital-wide NSP that was developed based on the qualifications and competencies needed by nursing staff for each unit and

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that provided for the skill mix and level of competency necessary to ensure the patients' needs were met.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(a). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected noncompliance in OR and ACU/ICU units.

2. Review of PSSP HNRP Unit Questionnaire, completed and signed by PSSP DC Unit Representative and PSSP NM on 08/25/2022, reflected the following qualifications, competencies, and trainings were required for PSSP NSMs:

\* The listed qualifications and competencies for "Short Stay/Pre-Admit RN" included: "Qualifications - Current OR License, BLS, ACLS. Competencies: OR Region On-Boarding Portfolio, SSU/Pre-admit packet."

\* The listed qualifications and competencies for the "PACU RN" included: "qualifications - Current OR License, BLS, ACLS, PALS. Competencies: OR-Region On-Boarding Packet, PACU Packet."

\* In response to the statement, "The Nurse Staffing Plan: States how this unit ensures that all nursing staff maintain current licensure/certification and training," the boxes for an answer from PSSP DC Unit Representative were blank. Similarly, the box for an answer from PSSP NM was marked "No."

\* In response to the statement, "The Nurse Staffing Plan: States who completes qualification and training review for this unit," the boxes for an answer from PSSP DC Unit Representative were blank. Similarly, the box for an answer from PSSP NM was marked "No."

3. Review of PSSP NSP, approved by NSC on 12/20/2021, did not clearly reflect the qualifications, competencies, and trainings required for PSSP NSMs. For example:

\* "Job descriptions for RNs and CNA 2s are available upon request."

\* "All nurses on Pre-Admit, SSU, and PACU complete 'Oregon Regional On-boarding Portfolio PACU and/or SSU/Pre-Admit RN' packet prior to delivering independent patient care." PSSP NSP did not clearly identify which PSSP RNs were required to complete which portfolios.

\* "All CNA 2s complete 'Oregon Regional On-boarding Portfolio General Certified Nursing Assistant 2 Orientation' packet prior to delivering direct patient care."

\* There were no position descriptions and orientation packets attached to PSSP NSP that specified the qualifications, competencies, and trainings required for PSSP NSMs, nor were they referenced by title and version or date, so it was not clear which position descriptions and orientation packets had been reviewed and approved by the NSC as part of PSSP NSP.

\* PSSP NSP did not include ongoing or annual competencies and trainings required for PSSP NSMs.

4. Review of orientation checklists reflected the following competencies and trainings were required for PSSP RN NSMs:

\* A checklist titled, "Perioperative Surgical Services RN Unit Orientation version date 02/18/2021"

\* A checklist titled, "Pre-Surgical Care Clinic RN Orientation version date 02/05/2021"

\* A checklist titled, "Unit Specific Orientation Addendum: [SSU] version date 08/01/2020"

\* A checklist titled, "Unit Specific Orientation Addendum: [PACU] version date 06/25/2020"

\* There was no documentation provided to reflect the qualifications, competencies, and trainings required in these orientation checklists were reviewed and approved by the NSC as part of PSSP NSP.

5. Revisit Survey: Review of ACU/ICU HNRP Unit Questionnaire, completed and signed by ACU/ICU DC Unit Representative and ACU/ICU NM on 08/30/2022, did not clearly reflect the qualifications, competencies, and trainings required for ACU/ICU NSMs. For example:

\* The response to the question, "The Nurse Staffing Plan: States how this unit ensures that all nursing staff maintain current licensure/certification and training," was "No."

\* The response to the question, "The Nurse Staffing Plan: States who completes qualification and training review for this unit," was "No."

6. Revisit Survey: Review of ACU/ICU NSP, approved by NSC on 11/04/2021, did not clearly reflect the qualification, competencies, and trainings required for ACU/ICU NSMs. For example:

\* "Job descriptions for RNs and CNA 1 and 2s are available upon request."

\* "ICU RNs are required to ... take TNCC or TCAR once." ACU/ICU NSP did not clearly identify when the ICU RNs were required to take TNCC or TCAR.

\* "All nurses on Medical Surgical and ICU complete 'Oregon Regional On-boarding Portfolio Medical Surgical and/or ICU RN' packet prior to delivering independent patient care." ACU/ICU NSP did not clearly identify which ACU/ICU RNs were required to complete which portfolios.

\* "All CNA 1 and 2s complete 'Oregon Regional On-boarding Portfolio General Certified Nursing Assistant 2 Orientation' packet prior to delivering direct patient care." ACU/ICU NSP did not clearly identify the roles, qualifications, competencies and trainings for the ACU/ICU CNA1s and CNA2s. Also, it was also unclear why CNA1s were required to complete the On-Boarding Portfolio for CNA2s.

\* "Any additional competencies will be completed when applicable clinical scenarios present. House Supervisors will not assign nurses independent patient assignment until mandatory competencies are met." It was not clear what was meant by "additional competencies will be completed ..." and by whom (ACU/ICU RN, CNA1, CNA2).

\* There were no position descriptions and orientation packets attached to ACU/ICU NSP that specified the qualifications, competencies, and trainings required for ACU/ICU NSMs, nor were they referenced by title and version or date, so it was not clear what position descriptions and orientation packets had been reviewed and approved by the NSC as part of ACU/ICU NSP.

\* ACU/ICU NSP did not include ongoing or annual competencies and trainings required for ACU/ICU NSMs.

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\* The attached addendum for RNs reflected that initial in-person and online training required upon hire was included in the "orientation binder and education file" and that skills and competencies required to be demonstrated or verified upon hire were included in the "orientation binder." Annual competencies, skills, and trainings, were identified in "education file, Healthstream, Care day."

\* For CNAs, initial in-person and online training required upon hire was identified in the "orientation binder" and skills and competencies required to be demonstrated or verified upon hire were identified in the "orientation binder, Healthstream." Annual competencies, skills and trainings were identified in "CNA Care day, Healthstream."

7. Revisit Survey: Review of a checklist titled, "PHRMH RN 2021-22 Annual Education Requirements," reflected the following competencies and trainings were required for ACU/ICU RNs:

\*It contained a list of trainings and competencies RNs were required to complete for the specified year and included the following competencies and trainings to be completed during "Care Day 2022:" "Infection Prevention, CAPR/PAPR Review, Restraint: Non-Violent, Staff Role in Emergency Procedures, Code Blue/RRT, Safe Patient Handling."

\* There was no documentation provided to reflect the checklist had been reviewed and approved by the NSC as part of ACU/ICU NSP.

E 632 NSP: ADT

(2) The staffing plan:

(b) Must be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit;

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(b))

This Rule is not met as evidenced by:

Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 2 of 2 units (PSSP and ACU/ICU), it was determined the hospital failed to implement a hospital-wide NSP that was developed based on measures of unit activity that quantified the rate of admissions, discharges and transfers for each unit and the time required for a direct care RN to complete those tasks.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(b).

OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected noncompliance in OR and ACU/ICU units.

2. Review of PSSP HNRP Unit Questionnaire, completed and signed by PSSP DC Unit Representative and PSSP NM on 08/25/2022, reflected the following related to admissions, discharges, and transfers:

\* In response to the statement, "The nurse staffing plan quantifies rate of admissions, discharges and transfers for this unit," the boxes for an answer from PSSP DC Unit Representative were blank. Similarly, the box for an answer from PSSP NM was marked "Yes."

\* In response to the statement, "The Nurse Staffing Plan quantifies time for direct care nurses to complete admissions, discharges and transfers for the unit," the boxes for an answer from PSSP DC Unit Representative were blank. Similarly, the box for an answer from PSSP NM was marked "Yes."

3. Review of PSSP NSP, approved by NSC on 12/20/2021, reflected it lacked the rate of admissions, discharges, and transfers for the unit.

Although it included the time required for a PSSP DC RN to complete admissions and discharges, it did not include the time required for them to complete transfers.

4. During interview with CNO and PSSP NM on 08/31/2022 beginning at 1500, they confirmed Findings 2 and 3 and stated that data related to the rate of admissions, discharges and transfers was not included in or attached to PSSP NSP.

5. Revisit Survey: Review of ACU/ICU HNRP Unit Questionnaire, completed and signed by ACU/ICU DC Unit Representative and ACU/ICU NM on 08/30/2022, reflected the response to the question, "The nurse staffing plan quantifies the rate of admissions, discharges and transfers for the unit," was "No." It included, "The nurse staffing plan does not track or report rates of admissions, discharges or transfers for the unit. This info is available, but is not included as part of the staffing plan."

6. Revisit Survey: Review of ACU/ICU NSP, approved by NSC on 11/04/2021, reflected it lacked the rate of admissions, discharges and transfers for the unit. Under "Unit Activity," it included: "Unit activity refers to the admissions, discharges, and transfers on the unit. This information will be reviewed on a quarterly basis by the ACU/ICU Unit Based Staffing Committee."

7. Revisit Survey: During interview with CNO and ACU/ICU NM on 08/31/2022 beginning at 0945, they both confirmed Findings 5 and 6 and provided ADT graph documents for ACU and ICU "1st [quarter] 2021." They both confirmed that these documents were not included in or attached to ACU/ICU NSP.

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E 634 NSP: Total Diagnoses

(2) The staffing plan:

(c) Must be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses;

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(c))

This Rule is not met as evidenced by:

Based on interview and review of HNOSP Unit Questionnaires and unit NSPs for 2 of 2 units (PSSP and ACU/ICU), it was determined the hospital failed to implement a hospital-wide NSP that was developed based on total diagnoses for each unit and the nursing staff required to manage those diagnoses.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(c).

OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected noncompliance in OR and ACU/ICU units.

2. Review of PSSP HNOSP Unit Questionnaire, completed and signed by PSSP DC Unit Representative and PSSP NM on 08/25/2022, reflected the response to the question, "State the total diagnoses listed in the Nurse Staffing Plan for this unit, and how the diagnoses were determined," was: "Orthopedic ... Total joint replacements ... Sports medicine ... ostomy ... upper & lower endoscopy ... Dental rehab ... Cardioversion .. ENT ... Sinus ..."

3. Review of PSSP NSP, approved by NSC on 12/20/2021, reflected the following related to total diagnoses:

\* "The SSU includes the preadmission, pre-procedure, and post procedure (Phase II) care for inpatient and outpatient procedures and surgeries."

\* "The PACU includes post anesthesia period (phase I) for inpatient and outpatient procedures and surgeries. The procedures and surgeries include the following specialties: Orthopedic ... Total joint replacements ... Sports medicine ... ostomy ... upper & lower endoscopy ... Dental rehab ... Cardioversion .. ENT ... Sinus ..."

PSSP NSP included a list of procedures, not a list of total diagnoses and the nursing staff required to manage that set of diagnoses.

4. During interview with CNO and PSSP NM on 08/31/2022 beginning at 1500, they confirmed Findings 2 and 3.

5. Revisit Survey: Review of ACU/ICU HNOSP Unit Questionnaire, completed and signed by ACU/ICU DC Unit Representative and ACU/ICU NM on 08/30/2022, reflected the response to the question, "State the total diagnoses listed in the Nurse Staffing Plan for this unit, and how the diagnoses were determined," was: "Acute illness Care ... Wound Care ... IV Infusion Therapy ... Psychosocial care and support ... Pre and Postoperative Care ... Trauma injuries ..." for ACU, and "Respiratory Failure requiring CPAP, BiPAP, chest tubes, and intubation ... Surgical Patients require cardiac and respiratory support post procedure."

6. Revisit Survey: Review of ACU/ICU NSP, approved by NSC on 11/04/2021, reflected the following related to total diagnoses:

\* For ACU, it reflected: "Acute illness Care ... Wound Care ... IV Infusion Therapy ... Psychosocial care and support ... Pre and Postoperative Care ... Trauma injuries ..."

\* For ICU, it reflected: "Respiratory Failure requiring CPAP, BiPAP, chest tubes, and intubation ... Surgical Patients require cardiac and respiratory support post procedure."

ACU/ICU NSP included a list of conditions and procedures, and did not include total diagnoses for ACU and ICU.

7. Revisit Survey: During interview with CNO and ACU/ICU NM on 08/31/2022 beginning at 0945, they confirmed Findings 5 and 6.

E 638 NSP: Patient Acuity & Nursing Care Intensity

(2) The staffing plan:

(e) Must recognize differences in patient acuity and nursing care intensity;

Stat. Auth.: ORS 413.042 & 441.155

Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(e))

This Rule is not met as evidenced by:

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Based on interview and review of HNSP Unit Questionnaires and unit NSPs for 2 of 2 units (PSSP and ACU/ICU), it was determined the hospital failed to implement a hospital-wide NSP that was developed to recognize for each unit differences in patient acuity and nursing care intensity.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(e). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected noncompliance in OR and ACU/ICU units.

2. Review of PSSP HNSP Unit Questionnaire, completed and signed by PSSP DC Unit Representative and PSSP NM on 08/25/2022, reflected the following related to patient acuity and nursing care intensity:

- \* The response to the question, "According to the Nurse Staffing Plan, is a tool used to assess acuity and intensity?" was "No."
- \* The response to the question, "If a tool is not used, how does the unit determine acuity and intensity?" was "Follow Aspan [sic] standards for phase of care."
- \* The response to the question, "How often is the overall acuity and intensity for the unit reviewed ...?" was "Fluid - Rate - Epic Acuity tool charted on all Phase 1, Phase 2 pts."
- \* The response to the question, "What is the process for changing the overall acuity and intensity for the unit? Who is allowed to make this change?" was "We ask for help from another RN or ...Manager. Anyone can change acuity on their patients."

It was not clear from PSSP HNSP Unit Questionnaire whether PSSP NSP had a system for how patient acuity and nursing care intensity was evaluated, calculated, and determined for individual patients.

3. Review of PSSP NSP, approved by NSC on 12/20/2021, reflected that it lacked a clear method, system, or criteria for objectively determining patient acuity and nursing care intensity for individual patients. PSSP NSP included:

\* "The acuity levels for the SSU are on a one to four scale. This scale can be found in EPIC [sic]." It was not clear how this scale was used to determine acuity and nursing care intensity for individual patients, nor how this was assessed over time.

4. During interview with CNO and PSSP NM on 08/31/2022 beginning at 1500, they provided the following information about how patient acuity and nursing care intensity were assessed on the unit:

- \* SSU, part of PSSP, did not use a tool to determine patient acuity and nursing care intensity and those determinations were made using "nurse's judgement." This practice was not consistent with what was included in PSSP NSP approved by the NSC.
- \* For Pre-Admit and PACU, part of PSSP, a four level scale in Epic had been used. The four-level scale in Epic was not referenced by title, date, name or version number in the PSSP NSP approved by the NSC, so it was not clear whether the scale used by the units were the same ones as what was approved by the NSC.
- \* In January or February 2022, PSSP started using an Epic system that was different than the one referenced in PSSP NSP. Changes included a five level acuity scale for PACU. A copy of the Epic levels was provided and reflected: "Pre-Op Charge Levels" with "Levels" 1 through 4; "PACU Acuity Charge Levels" with "Levels" 1 through 5; and "Phase II Charge Levels" with "Levels" 1 through 4. It was unclear what "Charge" in the term "Charge Levels" referred to. There was no documentation provided to reflect this new system had been reviewed and approved by the NSC as part of PSSP NSP.

5. Revisit Survey: Review of ACU/ICU NSP Unit Questionnaire, completed and signed by ACU/ICU DC Unit Representative and ACU/ICU NM on 08/30/2022, reflected the response to the question

"According to the Nurse Staffing Plan, is a tool used to assess acuity and intensity?" was "Yes." It included:

- \* "...Nurse Supervisors assess hourly the acuity and intensity of nursing assignments in ACU, ICU, FBC, ED and Outpatient Infusion units ... Nurse Supervisors will revise the staffing based [sic] patient care changes and staffing assignments for the next shift based on acuity and intensity assessment ... Intensity 1. Nursing Supervisor determines along with the care team, if a patient has become unstable ... The number and acuity of patients determines the amount of staffing necessary for patient care. Assignments will be made based on number of procedures and patient acuity ... Staff nurse is responsible for notifying the House Supervisor ... when acuity and or intensity change."
- \* "A simple acuity tool utilized ...Rating 1: fairly independent, up to the bathroom by self, least amount of assistance ... Rating 2: a few interventions, 1-person assist to the bathroom, light ADLs ...
- Rating 3: multiple interventions, 1-2 person assist to the bathroom, confusion/dementia, frequent bathroom visits."

It was not clear from ACU/ICU HNSP Unit Questionnaire whether ACU/ICU NSP had a clear system for how patient acuity and nursing care intensity was evaluated, calculated and determined for individual patients, and there was no distinction between measuring patient acuity and nursing care intensity for ACU and for ICU.

6. Revisit Survey: Review of ACU/ICU NSP, approved by NSC on 11/04/2021, reflected:

- \* "A simple acuity tool utilized ...Rating 1: fairly independent, up to the bathroom by self, least amount of assistance ... Rating 2: a few interventions, 1-person assist to the bathroom, light ADLs ...
- Rating 3: multiple interventions, 1-2 person assist to the bathroom, confusion/dementia, frequent bathroom visits." The acuity tool was not attached to ACU/ICU NSP or referenced by title and version or date to ensure it was reviewed and approved by the NSC as part of ACU/ICU NSP.
- \* "ICU unit is a 4 bed unit ... The Acute Care Unit (ACU) is a 15 bed medical-surgical unit ..."

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7. Revisit Survey: Review of ACU/ICU acuity tool, titled "Patient Acuity for Nurse Assignments," reflected the following:  
 \* The form had five columns: "Room," "Transfer/Bathroom/Hygiene/Lift Equipment Needed," "LDA," "Main problem of the shift," and "Acuity."  
 \* The "Room" numbers column listed Rooms 201 through 231.  
 \* At the bottom of the form were listed the three "Acuity Level Ratings," as described in Findings 1 and 2. These "Acuity Level Ratings" lacked patient acuity factors and only contained nursing care intensity factors.  
 \* There was no documentation provided to reflect the acuity tool had been reviewed and approved by the NSC as part of ACU/ICU NSP.

8. Revisit Survey: Review of ACU/ICU "Patient Acuity" tool completed for 08/27/2022 night shift reflected entries were unclear or incomplete. For example:  
 \* For the patient in Room 221, an ICU room, the only information recorded in any of the four columns on the tool was "SBA calls [appropriately]," and there was no "Acuity Level Rating."  
 \* For the patient in Room 224, the entry in the "Acuity" column was "2-3,"

9. Revisit Survey: During interview with CNO and ACU/ICU NM on 08/31/2022 beginning at 0945, they both confirmed Findings 5 through 8. As it related to the use of the "Patient Acuity" tool, they stated:  
 \* Rooms 219, 220, 221 and 222 identified on the "Patient Acuity" tool were ICU beds.  
 \* The last shift for which the "Patient Acuity" tool had been used was 08/27/2022 night shift.

E 640 NSP: Minimum Numbers on Specified Shifts

(2) The staffing plan:  
 (f) Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts ...  
 Stat. Auth.: ORS 413.042 & 441.155  
 Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(f))

This Rule is not met as evidenced by:

Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 1 of 2 units (ACU/ICU), it was determined the hospital failed to implement a hospital-wide NSP that established minimum numbers of nursing staff required on specified shifts.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(f). OHA previously cited the hospital for noncompliance with this requirement in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected noncompliance in OR and ACU/ICU units.

2. Revisit Survey: Review of ACU/ICU HNRP Unit Questionnaire, completed and signed by ACU/ICU DC Unit Representative and ACU/ICU NM on 08/30/2022, reflected the response to the question, "Does the Nurse Staffing Plan establish minimum numbers of nursing staff members on specified shifts?" was "Yes." It included: "Assignments will be made based on number of procedures and patient acuity." There was no description of how minimum numbers of ACU/ICU NSMs were maintained.

3. Revisit Survey: Review of ACU/ICU NSP, approved by NSC on 11/04/2021, did not clearly reflect the minimum numbers of ACU/ICU NSMs required on specified shifts. For example:  
 \* Under "ICU Staffing," it reflected: "ICU RN ratio to ICU patient: 1:2 ... Patients requiring ventilator support will be a 1:1 staffing unless care team decides special circumstances ... ICU Assignments are based on unit census, acuity, and nursing workload ... A CNA 1 and 2 may be moved and located in ICU per ICU RN request." It was not clear how the RN to patient ratios identified minimum numbers of RNs on specified shifts. Additionally, it was not clear what the minimum numbers of CNAs were on specified shifts, or whether this differed depending on whether the NSM was a CNA1 or CNA2.  
 \* Under "Medical Surgical Staffing," it reflected: "A staffing target of 12.00 HPPD (Hours Per Patient Day) is used to construct a staffing grid (see attached for MedSurg). This grid is used to establish minimum numbers of nursing staff on any specified shift with a given patient census ... The House Supervisor determines the number of staff for the oncoming shift and through the shift using professional nursing judgment for staffing assignments taking into consideration patient needs, unit census, acuity, nursing workload, staff skill and nationally recognized evidenced-based standards and guidelines ... Staffing adjustments will be an ongoing process throughout each shift and will take into consideration unusual events and/or changing patient needs and volumes ... Nurse to Patient Ratio - Days: 1:4-5 - Nights 1:4-5 ... CNA 1 and 2 Patient Ratio - Days: 1 CNA and 2: 7-8 - Nights: 1 CNA 1 and 2:7-8. ... Pediatric Staffing for an RN when assignment includes a pediatric patient ... Staffing Ratio is 1:3 and may flex to 1:4 ... Close staffing ratio requires 1:1 to 1:3 ... An individual nurse's assignment that includes any of these higher acuity/intensity patients should be smaller (ranging from 1:1 to 1:3 patients for the nurse assigned to a high acuity patient as listed below. [Followed by a list of 17 conditions or procedures.]) ACU/ICU NSP lacked minimum numbers of NSMs on specified shifts for "Medical Surgical Staffing." It was not clear how the RN to patient ratios identified minimum numbers of RNs on specified shifts. Additionally, it was not clear what the minimum numbers of CNAs were on specified shifts, or whether this differed depending on whether the NSM was a CNA1 or CNA2.



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\* The "ACU Staffing Guidelines" attached to ACU/ICU NSP included a grid for "Day Shift" and "Night Shift" and was dated "2019," approximately two years prior to the current NSP's approval. The grid contained three columns, titled "RN," "Aide" and "HUC/CNA2." Those aligned with a column that listed the number of patients on the unit from 1 to 20. It was not clear whether an "Aide" and a "HUC" were NSMs. It was not clear the relationship between the numbers included in this grid and the ratios included in other sections of ACU/ICU NSP.

E 642 NSP: Minimum In the Unit

(2) The staffing plan:

(f) Must [provide] ... that no fewer than one registered nurse and one other nursing staff member is on duty in a unit when a patient is present;  
Stat. Auth.: ORS 413.042 & 441.155  
Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(f))

This Rule is not met as evidenced by:

Based on interview and review of HNRP Unit Questionnaires and unit NSPs for 2 of 2 units (PSSP and ACU/ICU), it was determined the hospital failed to implement a hospital-wide NSP that ensured no fewer than one RN and one other NSM be on duty when a patient is present.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(f). OHA previously cited the hospital for noncompliance with this rule in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected noncompliance in OR and ACU/ICU units.

2. Review of PSSP HNRP Unit Questionnaire, completed and signed by PSSP DC Unit Representative and PSSP NM on 08/25/2022, reflected the following related to minimum numbers of NSMs when a patient was present:

\* The response to the question, "Does the Nurse Staffing Plan require at least one RN and one other nurse staffing member (RN, CNA, LPN) on the unit when there is at least one patient present?" was "Yes."

\* The response to the question, "If there is a waiver, what is the expiration date," was "?"

3. Review of PSSP NSP, approved by NSC on 12/20/2021, did not clearly reflect a minimum of one RN and one other NSM on duty in PSSP when a patient was present. For example:

\* Under "[SSU] Phase II Level of Care," it reflected: "1-2 patients - 1 SSU RN and or [sic] 1 CNA2 for admission and discharge." It was not clear whether there would always be at least one RN and one CNA2 in SSU when a patient was present.

\* Under "Medical Procedures Unit/Endoscopy Staffing," it reflected: "Minimum of one ACLS RN credentialed in moderate sedation for sedation monitoring and one GI tech/RN as assist for procedure." A GI technician is not a NSM. The unit's waiver to allow a minimum of 1 RN and 1 GI technician when a patient is present expired on 09/01/2020 and the hospital did not submit a renewal request.

\* Under "Minimum Staffing Guidelines," it reflected: "Post operative: PACU has 2 RNs; SSU 1 RN and 1 support staff either CNA2 and/or RN. After hours call will consist of 1 OR RN, 1 CST and 1 PACU RN." It was not clear whether there would always be at least one RN and one other NSM in PACU after hours.

4. During interview with CNO and PSSP NM on 08/31/2022 beginning at 1500, they confirmed Findings 2 and 3 and stated that the failure to renew the waiver was an oversight.

5. Revisit Survey: Review of ACU/ICU HNRP Unit Questionnaire, completed and signed by ACU/ICU DC Unit Representative and ACU/ICU NM on 08/30/2022, reflected the following related to minimum numbers when a patient was present:

\* The response to the question, "Does the Nurse Staffing Plan require at least one RN and one other nurse staffing member (RN, CNA, LPN) on the unit when there is at least one patient present" was "Yes."

6. Revisit Survey: Review of ACU/ICU NSP, approved by NSC on 11/04/2021, did not clearly reflect a minimum of one RN and one other NSM on duty in a unit when a patient was present. For example:

\* "Minimum Staffing: A minimum of 2 nursing staff, 1 RN and 1 CNA1 and 1 CNA1 and CNA2, present whenever there is a patient on the Acute or Intensive Care units. ACU and ICU share CNA1 and CNA2 staff based on unit building structure." It was not clear that there would be at least one RN and one other NSM on duty in ACU and ICU when there is one patient in both units. The hospital does not have a waiver to allow shared minimum staffing in two physically distinct units. Additionally, it was not clear when a CNA1 or CNA2 was needed.

E 646 NSP: Tasks Unrelated to Providing Direct Care

(2) The staffing plan:

(h) Must consider tasks not related to providing direct care, including meal breaks and rest breaks;  
Stat. Auth.: ORS 413.042 & 441.155

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Stats. Implemented: ORS 441.155

(OAR 333-510-0110(2)(h))

This Rule is not met as evidenced by:

Based on interview and review of Meal and Rest Break tools and unit NSPs for 1 of 2 units (ACU/ICU) and timekeeping records for 3 of 10 NSMs (NSMs 2, 6 and 9), it was determined the hospital failed to implement a hospital-wide NSP that was developed to consider for each unit meal breaks, rest breaks and other tasks not related to direct patient care and that NSMs received breaks as required. The NSP did not provide for additional NSMs to maintain the staffing required in the NSP during these tasks, creating the possibility that the unit did not meet minimum staffing required for the duration of tasks not related to direct patient care.

Findings include:

1. This citation reflects repeated noncompliance with the requirement under OAR 333-510-0110(2)(h). OHA previously cited the hospital for noncompliance with this requirement in the nurse staffing survey initiated on 04/02/2018. The previous citation reflected noncompliance in OR and ACU/ICU units.
2. Revisit Survey: Review of ACU/ICU Meal and Rest Break Tool, completed and signed by ACU/ICU DC Unit Representative and ACU/ICU NM on 08/25/2022, reflected:
  - \* The response to the question, "Does the unit document when nursing staff members take rest breaks?" was "No."
  - \* The response to the question, "Does the NSP provide sufficient NSMs to maintain the required staffing during rest breaks so that the unit does not drop below the minimum number of NSMs required for that shift?" was "No."
3. Revisit Survey: Review of ACU/ICU NSP, approved by NSC on 11/04/2021, reflected:
  - \* "Nurses use 'care partners' to cover meals and breaks. 'Care partners' are responsible for addressing acute care needs for their partners patients as they arise during the break."
  - \* "Hospital wide resources, resource staff, House Supervisors, or managers [sic] will provide rest and meal breaks coverage and remain in compliance with the staffing plan."
  - \* "Members will coordinate, for uninterrupted breaks and lunches. It is the responsibility of both to make sure breaks and meals are taken."
  - \* It was not clear how minimum numbers of nursing staff members would be maintained during meal and rest breaks.
4. Revisit Survey: Review of timekeeping records revealed 3 of 10 ACU/ICU NSMs (NSMs 2, 6 and 9) lacked documentation that ACU/ICU NSMs received all meal and rest breaks as required. For example:
  - \* Timekeeping records for ACU/ICU NSM 2 reflected one rest break was not received on 06/16/2022 and on 07/13/2022.
  - \* Timekeeping records for ACU/ICU NSM 6 reflected one rest break was not received on 06/16/2022.
  - \* Timekeeping records for ACU/ICU NSM 9 reflected one rest break was not received on 06/14/2022, 06/17/2022, 07/15/2022, and 08/19/2022. It also reflected meal break and one rest break were not received on 07/13/2022 and two rest breaks were not received on 07/16/2022.
5. Revisit Survey: During interview with CNO and ACU/ICU NM at the time of ACU/ICU timekeeping review, they both confirmed Finding 4.
6. In NSM interviews completed between 08/23/2022 and 09/06/2022, 51 of 78 respondents indicated that the unit is short staffed when a NSM is on a meal or rest break, that the unit uses a buddy system to cover for NSMs on meal or rest breaks, or they do not know whether the unit has the required staffing when NSMs are on meal or rest breaks.
7. In NSM interviews completed between 08/23/2022 and 09/06/2022, 46 of 78 respondents indicated that in the past year they experienced one or more shifts in which they missed meal and/or rest breaks because there was not sufficient staff to cover that time.