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Health Care Regulation and Quality Improvement Section
Health Facility Licensing and Certification Program
Tina Kotek, Governor



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Nurse Staffing Advisory Board – Quarterly Meeting Agenda

Presiding Co-Chair: Mariah Hayes

Date: October 30, 2024
Time: 1:00 PM – 5:00 PM
Location: Portland State Office Building
800 NE Oregon St, Room 177
Portland, OR 97232

Those unable to attend in-person are encouraged to join remotely via Zoom. To receive meeting login information, please register for the meeting here:

<https://www.zoomgov.com/meeting/register/vJIsf-uvpzgoHteO7IbDzT6W953u0pkhzW0#/registration>

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

Time	Agenda Item	Materials Provided	Presenter
1:00 PM	Item 1 – Call to Order		Mariah Hayes
1:00 PM – 1:05 PM	Item 2 – Minutes <ul style="list-style-type: none">Vote to approve minutes	<ul style="list-style-type: none">July 2024 Meeting Minutes	Mariah Hayes
1:05 PM – 1:20 PM	Item 3 – Membership & Program updates <ul style="list-style-type: none">Open board position		Mariah Hayes & Kimberly Voelker

Nurse Staffing Advisory Board
 Quarterly Meeting Agenda
 October 30, 2024

	<ul style="list-style-type: none"> • Thank you to members completing their service • Member renewal reminders • HCRQI updates • Workday training 		
1:20 PM – 1:40 PM	<p>Item 4– Public Comment</p> <p>Members of the public may speak for up to two minutes on the meeting’s agenda and other topics.</p>		
1:40 PM – 1:45 PM	<p>Item 5 – NSAB Legislative Report updates</p>		Kimberly Voelker
1:45 PM – 2:10 PM	<p>Item 6 – Status Update Consent Agenda</p> <p>Board members come prepared with questions and ready to discuss consent agenda</p>	<ul style="list-style-type: none"> • Online complaint dashboard • Quarterly complaint status update 	Mariah Hayes
2:10 PM – 2:45 PM	<p>Item 7 – HB 2697 Implementation Updates</p> <p>Board members will receive updates from OHA and provide feedback about HB 2697 implementation:</p> <ul style="list-style-type: none"> • Outreach: Hospital Staffing Webinars • Implementation: Process improvement updates; Arbitration requests; Hospital 	<ul style="list-style-type: none"> • Implementation Update slides 	Mariah Hayes, Kimberly Voelker, and Anna Davis

	staffing variances & waivers		
2:45 PM – 3:00 PM	Item 8 – Break		
3:00 PM – 3:05 PM	Item 9 – Confirm 2025 NSAB Meeting Schedule		Mariah Hayes & Kimberly Voelker
3:05 PM – 4:00 PM	Item 10 – Upcoming Strategic Planning <ul style="list-style-type: none"> • OHA provides summary of April 2024 discussion • NSAB confirms session timing • NSAB discusses goals for upcoming strategic planning session 		Mariah Hayes, Kimberly Voelker, and Anna Davis
4:00 PM – 4:30 PM	Item 11 – Hospital Staffing Surveyor discusses survey activities		
4:30 PM – 5:00 PM	Item 12 – Emerging issues in nurse staffing NSAB members raise new issues that are emerging as nurse staffing concerns across the state via a round-robin discussion format		Mariah Hayes
5:00 PM	Meeting Adjourned		

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

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

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

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Oregon Nurse Staffing Advisory Board (NSAB)
 Wednesday, July 31, 2024
 1:00 PM – 5:00 PM

<http://www.healthoregon.org/nursestaffing>
mailbox.nursestaffing@odhsoa.oregon.gov

Meeting Minutes

Cochair	Lace Velk, RN (presiding)
Members present	Mariah Hayes, MN, RN, NE-BC; Chandra Ferrell, CNA; Shannon Edgar, RN, MBA; Nicole Hudson, RN, BSN, CEN; Christie Wiles, MBAHM, RN, CNML; Matt Calzia, RN, BSN; Jenni Word, RN; Joel Hernandez, RN;
Members absent	Kelsey Betts, RN; Todd Luther, RN, CEN
OHA staff present	Dana Selover, MD, MPH; Anna Davis, JD; Kimberly Voelker, MPH; Kristine Kingstadt Deagle; Tip McIntosh; Teri-Ann Stofiel, RN; Austin Schmidt, RN;

Guests present	Sandy Montminy (Adventist Health Portland); Heather Thompson, Bethany Bunker, Melissa Crouch, Diana Pisciotta (Adventist Health Tillamook); Angel Harris (Bushnell University); Danielle Meyer (Hospital Association of Oregon); Susan King; Natalie Booker (Legacy Health System); Donell Owens (OFNHP/ Kaiser Sunnyside); Erica Swartz (OHSU); Mike Bray, Virginia Smith, Emily Rivas, Jesse Kennedy (ONA); Nicolette Reilly (Oregon Health Care Association); Justin Floyd (Peace Health); Kristin Harman, Jessica Knister, Molly Burtchaell, (Providence Portland); Ashely Weiler (Providence Seaside); Nancy Deyhle (Sacred Heart Riverbend); Shauna Cline (Saint Alphonsus); Jessica Reese (Salem Health); Kerry Kilgore (Samaritan Lebanon); Cynthia Neubauer (Sky Lakes Medical Center); Michelle Moriarty (SMC); Angie Lamb (St. Charles Health System); Lucas Manfield (Willamette Week);
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Agenda Item 1	<i>Call to Order</i>
The meeting was conducted as an online Zoom meeting with computer and phone audio options. Board co-chair greeted board members and initiated rollcall.	

Agenda Item 2	<i>Minutes</i>
<p>Board co-chair noted some misspellings and that some quotes had been misattributed. They suggested amendments to the April minutes.</p> <p>Motion to amend April minutes: Lace Velk Seconded: Christie Wiles</p> <p>Board co-chair called for a vote to approve April minutes with corrections.</p> <p>Motion to approve April minutes: Lace Velk Seconded: Mariah Hayes</p> <p>Board co-chair called for a vote to approve April minutes.</p> <p>Motion passed.</p>	
Action Item(s)	<ul style="list-style-type: none">• OPA to amend and finalize April minutes per NSAB discussion.

Agenda Item 3	<i>Membership & Program Updates</i>
<p>K. Voelker informed the board about an open nurse manager member position and described OHA's role in reviewing applications and making recommendations to the Governor's Office.</p> <p>D. Selover provided an update to the board concerning complaint processes, as well as new positions that Oregon Health Authority (OHA) was in the process of recruiting.</p> <p>A. Davis provided more information about the complaint dashboard posted on the OHA Hospital Staffing website (www.healthoregon.org/nursestaffing).</p> <p>K. Voelker reminded the board that the October NSAB meeting is in-person and members unable to travel could attend via Zoom.</p> <p>K. Voelker reminded the board that mandatory training is due at the end of 2024.</p>	

Agenda Item 4	<i>Public Comment</i>
<p>Board co-chair shared appreciation that the Public Comment was moved to the beginning of the board meeting.</p> <p>A. Davis reminded the board and the public that the agenda item was strictly to listen to comments from the public.</p>	

E. Swartz commented on the complaint investigation process and the changes under the new law. They shared concern that Nurse Staffing Committee (NSC) Co-Chairs are less involved in the investigation process, because Investigation Needs Lists are only shared with the Hospital Administrator and Chief Nursing Officer. They identified a power imbalance in the investigation process and asked OHA to introduce new investigation processes, such as Co-Chair interviews.

V. Smith shared a situation that had occurred in her NSC and related to approving a nurse staffing plan for the Medical-Surgical unit. More specifically, V. Smith reported that their Chief Nursing Officer (CNO) expressed confusion as to whether the NSC is required to approve plans for units for which statutory ratios apply. The NSC approved the plan, but the plan was not submitted to OHA. They also shared concern about OHA failing to respond to complaints.

S. King thanked the OHA for the May hospital staffing webinar and recommended that OHA enforce the authority of the staffing committee in adopting a staffing plan, incorporating statutory ratios, and addressing patient care needs. They encouraged OHA to actively engage with stakeholders.

M. Burtchaell shared that their staffing committee lacked approved staffing plans because the template presented to their NSC did not include patient acuity or nursing care intensity, and the NSC did not want to approve plans without that language. They felt that hospitals were unfairly relying on statutory ratios without considering patient acuity and nursing care intensity.

A. Weiler explained their staffing committee attempted to approve their staffing plan prior to June 2024, but struggled to pass a template presented to their NSC. They stated that their CNO encouraged their committee to present the staffing plans to the NSC, although those plans were not approved. They stated that the plans submitted to OHA were not approved by the NSC.

M. McSherry expressed concern that only some parts of the statute related to nurse staffing plans are enforceable. They understood the law to mean that current plans could remain in place, and that their hospital believed some provisions in the plan related to break and lunch nurses were not enforceable. They stated that their hospital had not passed any staffing plan due to disagreements about NSP requirements.

M. Moriarty commented about enforcement, and further explained that their hospital does not have an approved staffing plan due to disagreements about CNA ratios in the staffing plan. They raised questions concerning violations within staffing plans.

Board co-chair thanked the public for their comments.

Agenda Item 5	<i>Rulemaking Updates</i>
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D. Selover informed the board that the first permanent rule for hospital staffing went into effect in May 2024. They stated that there is an opportunity to draft additional rules in the

future related to RN ratios in emergency departments and CNA assignments. They also stated that OHA is still learning about professional/technical and service staffing requirements, so the permanent rules primarily focused on nurse staffing. They explained that OHA would keep the NSAB and public informed as they learn more about professional/technical and service staffing.

Agenda Item 6	<i>Statue Update Consent Agenda</i>
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Board co-chair asked if the board preferred to have the dashboards presented by OHA or have a discussion-based agenda item.

Board members shared their preference for a discussion-based agenda item and supported the summarized dashboards.

K. Voelker explained how to read the dashboards.

Board member suggested that they would like more information about the number of requests for arbitration, as well as OHA's progress in arranging arbitration.

K. Voelker stated that OHA had not received any requests for arbitration.

Board member noted that their hospital alerted OHA that its NSC was at a 60-day waiting period and sought to confirm whether OHA had any arbitration requests, to date.

A. Davis answered that hospitals did not have to notify the OHA if they were experiencing an impasse, only if they requested an arbitrator, so OHA does not track which hospitals are at impasse.

Board co-chair asked why investigation reports were overdue.

D. Selover stated that OHA has spent extra time due to the novelty of the law, requiring much discussion with the DOJ to build consistent and clear precedent for the future. Selover noted that OHA would be happy to analyze investigation timeline trends, but that this would take time away from other time sensitive work.

K. Voelker explained that it is difficult to create graphs illustrating why investigations are overdue, as each investigation is unique.

Board member referenced SB 469 in 2015 and the exceptional delays that were experienced and the OHA's inability to meet those time constraints. They expressed discontent with investigation report delays.

Board co-chair suggested that the Complaints with Proven Violations chart should include reasons why complaints are found unsubstantiated.

<p>A. Davis noted that OHA is more focused on addressing the influx of hospital staffing complaints and implementing appropriate immediate action.</p> <p>D. Selover added that board member’s suggestion will be considered, and the OHA will work to present more details to the best of their abilities.</p> <p>Board co-chair commented on the slow evolution of health care and health policies and stated the need for evolved informatics processes. They noted that the dashboard on the OHA website was helpful.</p> <p>There were no additional questions or comments about the Status Update Consent Agenda.</p>	
Action Item(s)	<ul style="list-style-type: none"> • OHA to provide updates on a consistent working intake, investigation, and enforcement framework within the law • OHA will present more details about investigations and timeline trends

Agenda Item 7	<i>HB 2697 Implementation Updates</i>
<p>K. Voelker informed the board of an upcoming Hospital Staffing Webinar scheduled and noted that all webinars would be posted on the OHA Hospital Staffing website.</p> <p>T. McIntosh presented where and how to register for the webinar on the screen.</p> <p>A. Davis added that anyone unable to join the live webinar could their questions by registering for the webinar.</p> <p>Board co-chair suggested that the Zoom textbox for the webinar questions be removed, and replaced with instructions to email questions to the OHA Nurse Staffing email inbox to facilitate complex questions.</p> <p>K. Voelker presented the updated complaint form to the board.. They explained that the complaint form was updated to reduce repeated follow-ups with complainants. More broadly, K. Voelker explained that the changes made to the complaint form allow OHA to better triage complaints and is part of a continual effort to make the form more accessible to complainants.</p> <p>K. Voelker also addressed access issues, explaining that the hyperlink to the complaint form was the same as Version 1.0., among other things.</p> <p>K. Voelker discussed updates to the Hospital Staffing FAQ, hospital staffing rules, and the arbitration request form, each of which may be found on the OHA Hospital Staffing website. K. Voelker explained that instructions for submitting hospital staffing waivers and variances were also available on the website.</p>	

Board member asked if the Oregon Health Authority (OHA) has rulemaking authority over the waiver process.

A. Davis answered that the OHA does not have rulemaking authority over the waivers. They reaffirmed that waivers were not for hospitals to deviate from their staffing plan, but to deviate from the requirements of the law in terms of what is in a staffing plan. However, they explained that changes to the law render the waiver process irrelevant.

Board co-chair sought clarification on the rural variance and its notification, as well as the difference with the waiver.

K. Voelker clarified that the NSC approves the rural variance, and it goes into effect when they notify OHA of the variance. In contrast, waivers went directly to OHA for approval before changes to the law effectively eliminated the process.

Board co-chair was concerned about the potential for the hospital to circumnavigate the NSC with the rural variance.

A. Davis answered that with the rural variance, the agency receives a signature from both staffing committee co-chairs that confirmed whether the variance is approved.

Board co-chair was concerned about innovative care models and the ambiguity of Type A and Type B hospitals.

K. Voelker shared the location of nurse staffing plans on the OHA website and explained that OHA does not have authority to review the plans before posting.

Board member suggested that OHA have a process to determine whether the staffing plans had been approved by the nurse staffing committee. They expressed concern that the staffing plans posted on the OHA Hospital Staffing website were not approved by their NSC, and that the newest versions of their plans had not yet been uploaded.

D. Selover stated that OHA reviewed staffing plans during a complaint investigation and that the law did not include provisions for review in other situations. They noted that they would discuss the issue with DOJ.

Board member shared an experience in which their facility submitted documents that were not approved. As the direct care co-chair of an NSC, they contacted OHA to inform the agency that the staffing plans had not been approved by the NSC, and thus requested that the staffing plans be removed. They stated that, as a co-chair of an NSC, they should be allowed to submit staffing plans and request that plans be removed after being posted online.

D. Selover explained that OHA is required, pursuant to ORS 441.783, to post plans that the hospital submitted to OHA.

Board member, in response to D. Selover's answer, questioned why approved staffing plans subsequently submitted by their hospital had not been posted when earlier, unapproved plans had been.

D. Selover explained that OHA continues to upload submitted plans, but is experiencing delays due to increasing workload. As such, OHA is focusing on processing complaint intakes and hiring new staff.

Board co-chair asked that the agency prioritize posting the updated hospital staffing plans on the website, due to issues experienced by co-chairs.

Board member asked how OHA determined whether a staffing plan had been submitted by the hospital, or whether the plan could be submitted by a direct care co-chair.

D. Selover explained that the agency is unable to accept hospital staffing plans from anyone other than the regulated entity and the regulated legal entity is the hospital.

A. Davis added that OHA does not use the hospital staffing plans posted on their website in their investigations and that surveyors instead ask for the staffing plan in place at the time of the allegation(s) in the complaint.

Board member noted that the correct staffing plan should be posted for the public on the website.

Board co-chair stated that it was unacceptable that the Direct Care Co-Chairs were not more involved in the investigation process and asked OHA to change its processes.

Board member asked for clarification on which staffing plan the OHA relied on during investigations, considering that the incorrect staffing plan may have been posted on the website at the time of the investigation.

K. Voelker clarified that OHA provided the hospital with a list of documents required for the investigation, which specifically included the staffing plan in use by the unit at the time of the complaint allegation and NSC documentation reflecting the plan's approval. They also explained that OHA required the staffing plan relevant to the complaint, not the one currently posted on the website, because complainants had 60 days to submit complaints and the NSC may have adopted a new staffing plan in between the alleged violation and the investigation.

Board member asked why OHA was required to post staffing plans if OHA did not use those plans during a complaint investigation.

Board co-chair agreed with the question, emphasizing prior discussion about OHA workload.

D. Selover stated that the law required OHA to receive and post staffing plans.

Board member asked whether the law clarified whether OHA is to receive, and must post, “plans,” instead of “approved plans.”

Board member shared that they had concerns about the integrity of the uploaded plans on the webpage. They suggested that the OHA find a way to validate the accuracy of the staffing plans submitted to the website.

Board co-chair recommended that OHA adopt a process to ensure that staffing plans submitted to OHA were approved.

Motion that the board advise OHA to validate that the Nurse Staffing Plans (NSPs) submitted have been approved by the Nurse Staffing Committee (NSC): Matt Calzia.

Seconded: Lace Velk.

There was no discussion on the motion. Motion passed.

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

Action Item(s)

- OHA to consult DOJ on the issue of whether NSP can be reviewed before posting on the website.

Agenda Item 8

Break

Board co-chair called for a ten-minute break.

Agenda Item 9

NSAB Legislative Report

K. Voelker summarized the purpose and nature of the NSAB Legislative Report and how it may have changed since the new law had started.

Board member asked if work regarding the website should be added to the legislative report and cited discussions with nurses that the website changes were helpful.

Board member suggested including the public comments from July 2024 NSAB meeting and asked if it was possible to conduct outreach to complainants for anonymous statements on how implementation impacted them, as well as challenges in implementing the new law.

A. Davis cited ORS 441.761 and stated that the NSAB Legislative Report is generally focused on board accomplishments and concerns rather than OHA activities.

Board member asked whether the advice the board had given earlier could be included in the report.

K. Voelker confirmed.

Board member suggested including the board's intention to develop resources to understand the hospital staffing law.

Board co-chair offered recommendations on opportunities for future growth, including opportunities to involve the Direct Care Co-Chair in the investigation. They voiced concerns about the OHA not implementing advice given by the board.

Board co-chair wanted to highlight the graphs of the complaint information be recognized because of the substantial work put into creating the dashboards. They believed that the evolution from the presentation to discussion was worth noting in the legislative report. There were no additional recommendations on what to include in the report. K. Voelker stated that the report was due on September 15th, 2024, to the Legislature and explained steps in the review and approval process.

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

Agenda Item 10	<i>Nurse Staffing Resources</i>
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Board co-chair asked the board to consider what resources would be useful to someone unfamiliar with the hospital staffing law, as well as resources that board members would like to have.

Board member suggested implementing resources to aid user navigation on the hospital staffing website.

Board member suggested that OHA create a welcome packet with information regarding hospital staffing requirements.

Board member agreed with the welcome packet idea, and explained that, should their facility onboard a new CFO, a summary page on the website with links would be helpful.

Board co-chair wondered if there is a way to involve regulatory affairs with the process of onboarding new hospital leadership.

Board member responded that they were from a small hospital and did not have a regulatory affairs office, and that it was their responsibility as the CNO to help share the requirements with other hospital leaders.

Board member stated that it would be beneficial for a one-stop information page on the website for multi-state health systems.

Board co-chair wondered whether OHA could highlight successful staffing plans.

There were no additional questions or comments for about common hospital staffing questions.

Agenda Item 11	<i>Hospital Staffing Surveyor Discusses Survey Activities</i>
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Board co-chair reminded the board that, in the previous NSAB meeting, the board submitted questions to the hospital staffing surveyor for them to answer.

K. Voelker introduced hospital surveyor, Austin Schmidt, and welcomed them to the board.

A. Schmidt introduced themselves and noted that they had prepared responses to the questions that were provided, which focused on changes under the new law. They summarized the procedures under the old law including triennial surveys, plan of corrections, and complaints bundled with triennial surveys.

A. Schmidt stated that with the new law, the agency has shifted to a complaint-based investigation process. They also explained that investigations are more targeted, and now involve less interaction with the hospital and staff, instead focusing on document reviews. They noted that follow-up questions were asked on an as-needed basis.

A. Schmidt noted that there was minimal opportunity to expand the investigation beyond the submitted complaints. They emphasized NSP language is reviewed at face value. They noted that during a previous webinar, the OHA described words that were enforceable and words that were not enforceable.

A. Schmidt explained that hospital staffing investigations are remote. They added that the investigation starts with the notification required in statute. Following the investigation notice, the surveyors offer optional entrance conferences covering the general investigation process and timelines. They stated that both co-chairs receive the investigation notice and have the option to attend the entrance conferences. They noted that co-chairs may be interviewed in the process if they have direct knowledge of the complaint, although that had yet to happen.

A. Schmidt informed the board that required documentation would either be provided in response to the original needs list or via follow-up. They noted that such documents are generally provided by those with access to the records and the ability to pull reports. Such individuals with this access included leadership, as well as quality and accreditation staff.

A. Schmidt was asked about hospital-agency relationships during investigations, and described such relationships as face-to-face interactions occurring via virtual webcam, and made during the entrance conferences and the closing conferences. They noted that most interactions otherwise arise through email correspondence.

Board co-chair asked if the new law was closer to how federal complaints were investigated.

A. Davis stated that the training between hospital staffing and federal complaints are similar because the federal survey training includes useful information for both hospital staffing and federal surveyors.

Board co-chair thanked A. Davis for their answer.

Board member asked if both co-chairs were typically present during an entrance conference.

A. Schmidt explained that, anecdotally, it is less common to see the direct co-chairs present, likely due to their schedules.

Board co-chair asked A. Davis if the law requiring nursing staff members to be released to attend nurse staffing committee meetings extended to letting the co-chairs be released to attend the optional investigation entrance and closing conferences.

A. Davis explained that the agency would have to consult DOJ to answer board member's question.

A. Schmidt thanked the NSAB for their work and welcoming them.

There were no additional questions or comments for the Hospital Staffing Surveyor.

Agenda Item 12 | *Emerging Issues in Nurse Staffing*

Board co-chair initiated a discussion with K. Voelker facilitating and asked board members to share emerging issues. The prompt for this meeting was the development of new nurse staffing plans.

Board member shared concerns regarding the break nurse, and that since they were on a Labor & Delivery unit, their census could change quickly. They mentioned that patient acuity was increasing, and retention of nursing staff was decreasing.

Board member described the difficulty of developing a new nurse staffing plan for units that do not have ratios, such as psychiatric units. They noted that they viewed the ratios as the 'floor', not the 'ceiling,' and thus suggested that NSPs should consider patient acuity and nursing care intensity.

Board member described resource-scarcity issues at their rural hospital, and that their biggest challenge with their NSC was arranging a meeting. They stated they had tried offering food and implementing remote meetings, without great success.

Board member stated that as a smaller critical care hospital, patients were accessing care in their Emergency Department (ED) for issues belonging elsewhere, which impacted the overall flow of their hospital. They noted additional challenges resulting from their hospital's mix of in-patient and transitional care.

Board member shared concerns that hospitals were disregarding the NSC's authority to develop and approve NSPs and shared a quote from a Providence CNO asserting that staffing is fluid and may be changed based on patient care needs. They stated that the NSC environment did not feel collaborative. They also were concerned with plans that were already meeting the unit's needs and were told that they were no longer in compliance because they did not include staffing ratios.

Board member shared that they were experiencing staffing plans being pushed forward without a vote, and that approved staffing plans were ignored. They noted another general concern with their ED such as a lack of oversight for the triage and worried that this left critical patients uncared for.

Board member stated that they were identifying how they could be a good resource for their staff to understand the changes in the hospital staffing law.

Board member explained that their hospital was struggling with staffing when there were no CNAs available.

Board co-chair shared that their staffing committee had recently had challenges passing plans due to differing ideas on what could be included in a staffing plan. They expressed concerns about the power imbalance between hospital administrators and direct co-chairs, which they believed could affect plans and complaint investigations.

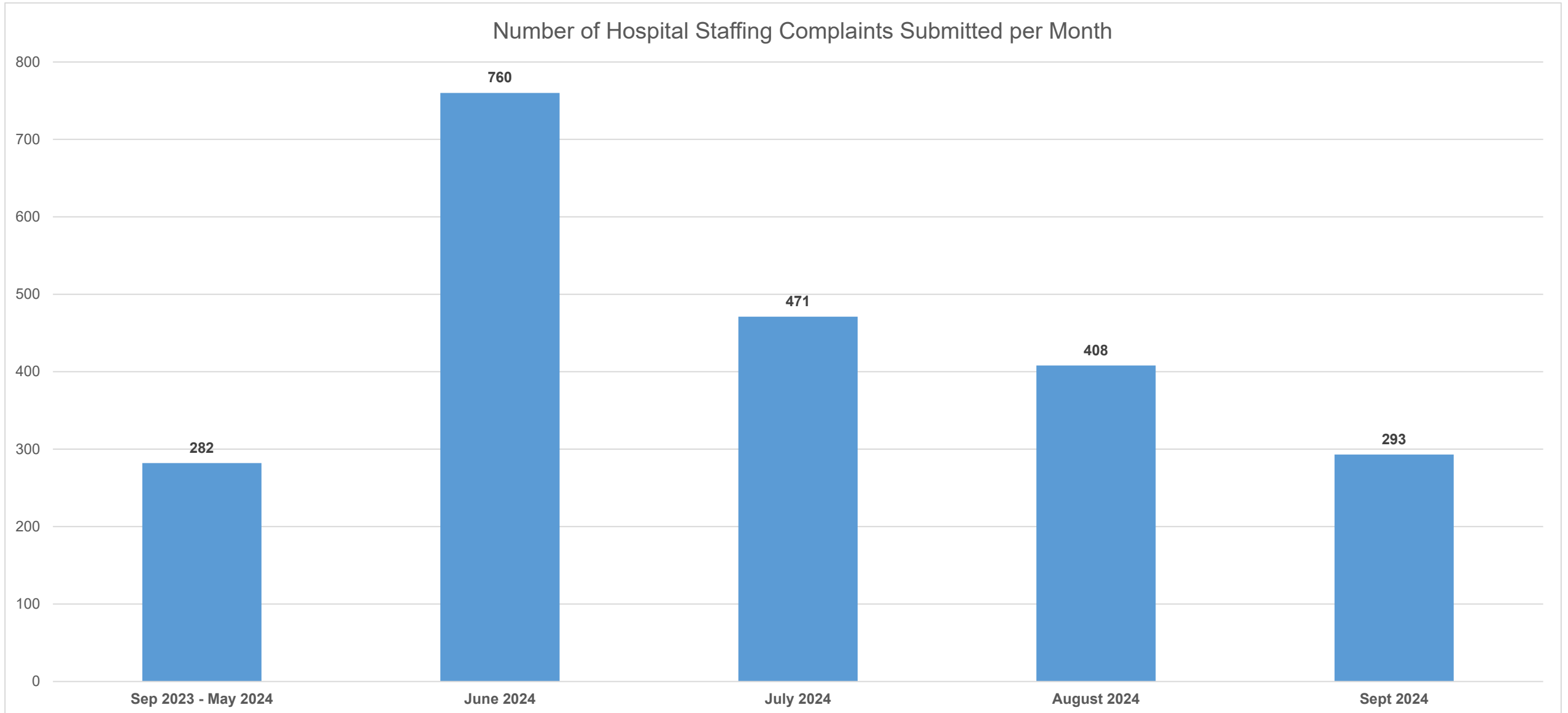
There were no additional questions or comments related to emerging issues in nurse staffing.

Agenda Item 13	<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.

Hospital Staffing Complaint Dashboard - September 2024

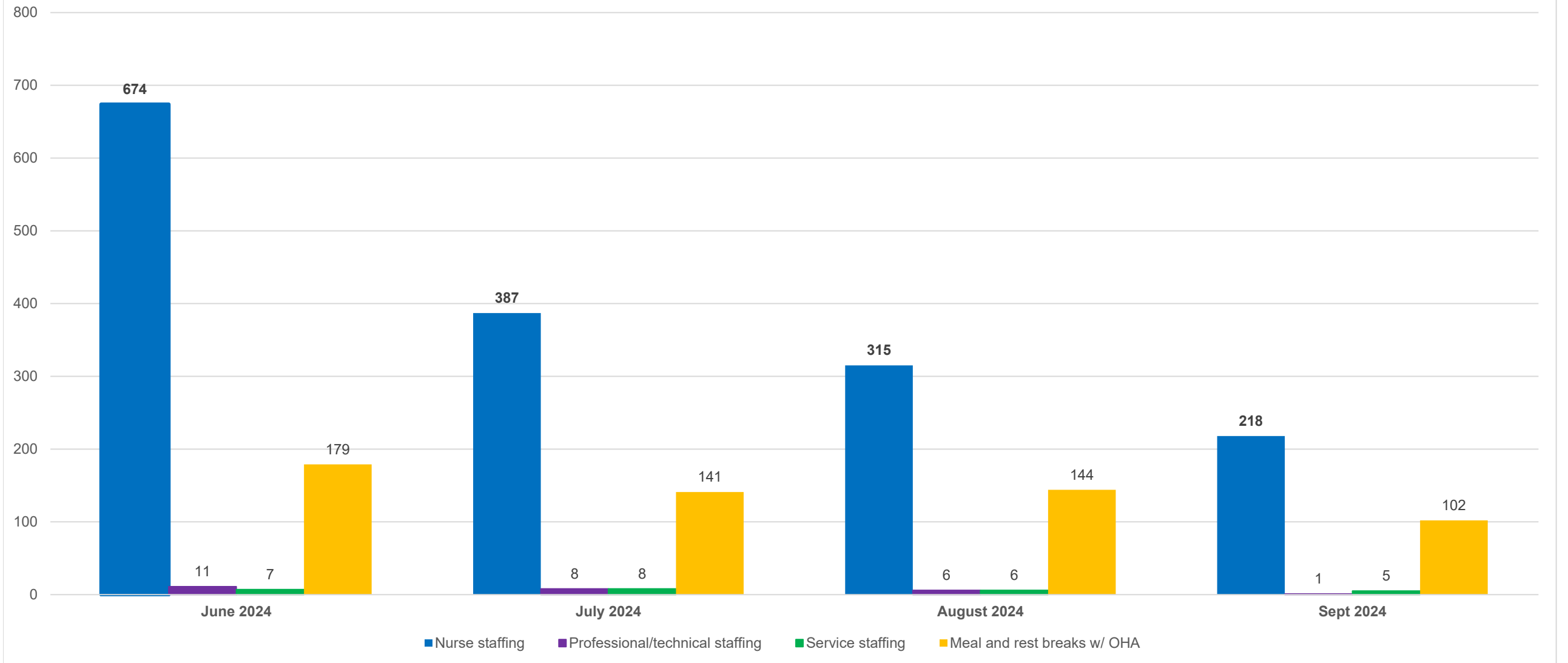


OHA received 282 hospital staffing complaints between September 1, 2023 and May 31, 2024. This number includes valid complaints, invalid complaints, and complaints that still need to be triaged by OHA. Complaint submissions can include one or more allegations of noncompliance.

The number of complaints OHA received in the month of June exceeded all previous months combined.

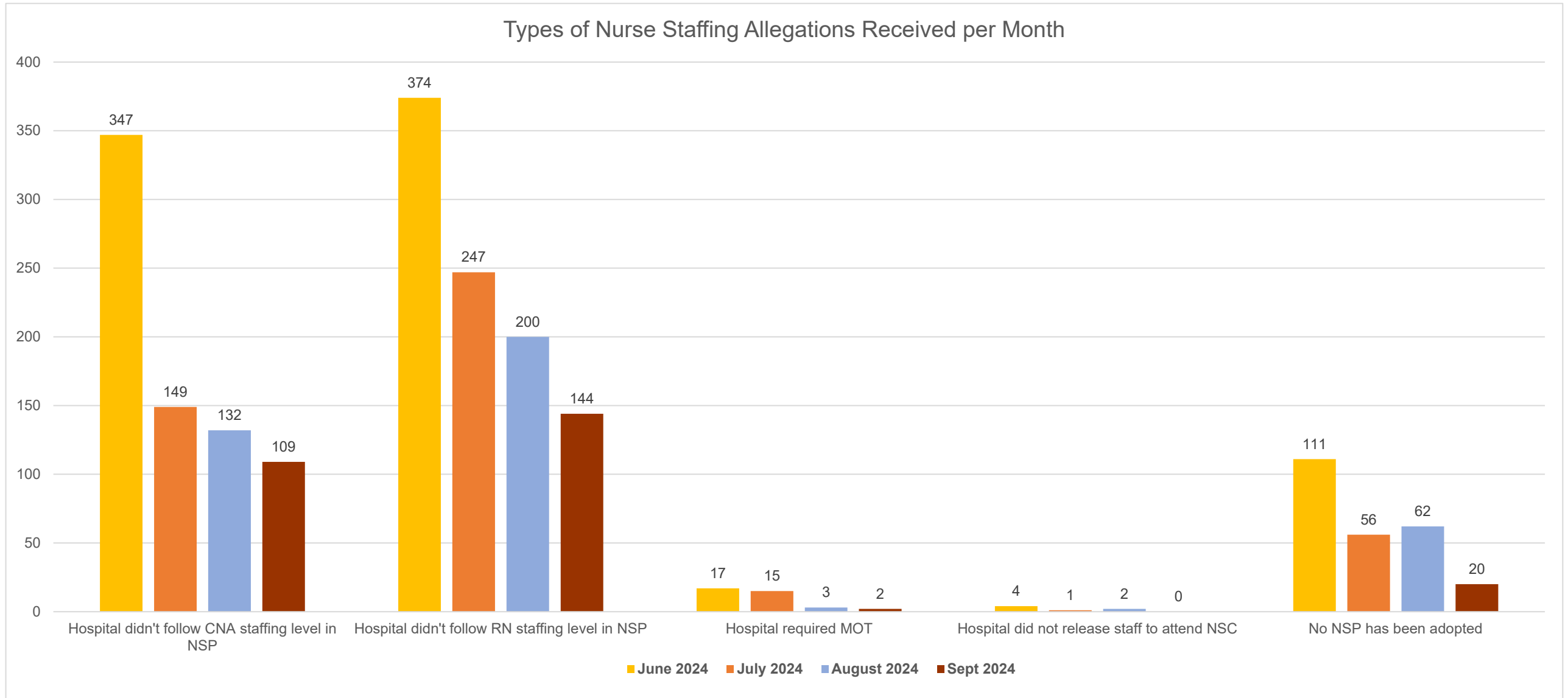
Hospital Staffing Complaint Dashboard - September 2024

Types of Hospital Staffing Allegations Submitted per Month



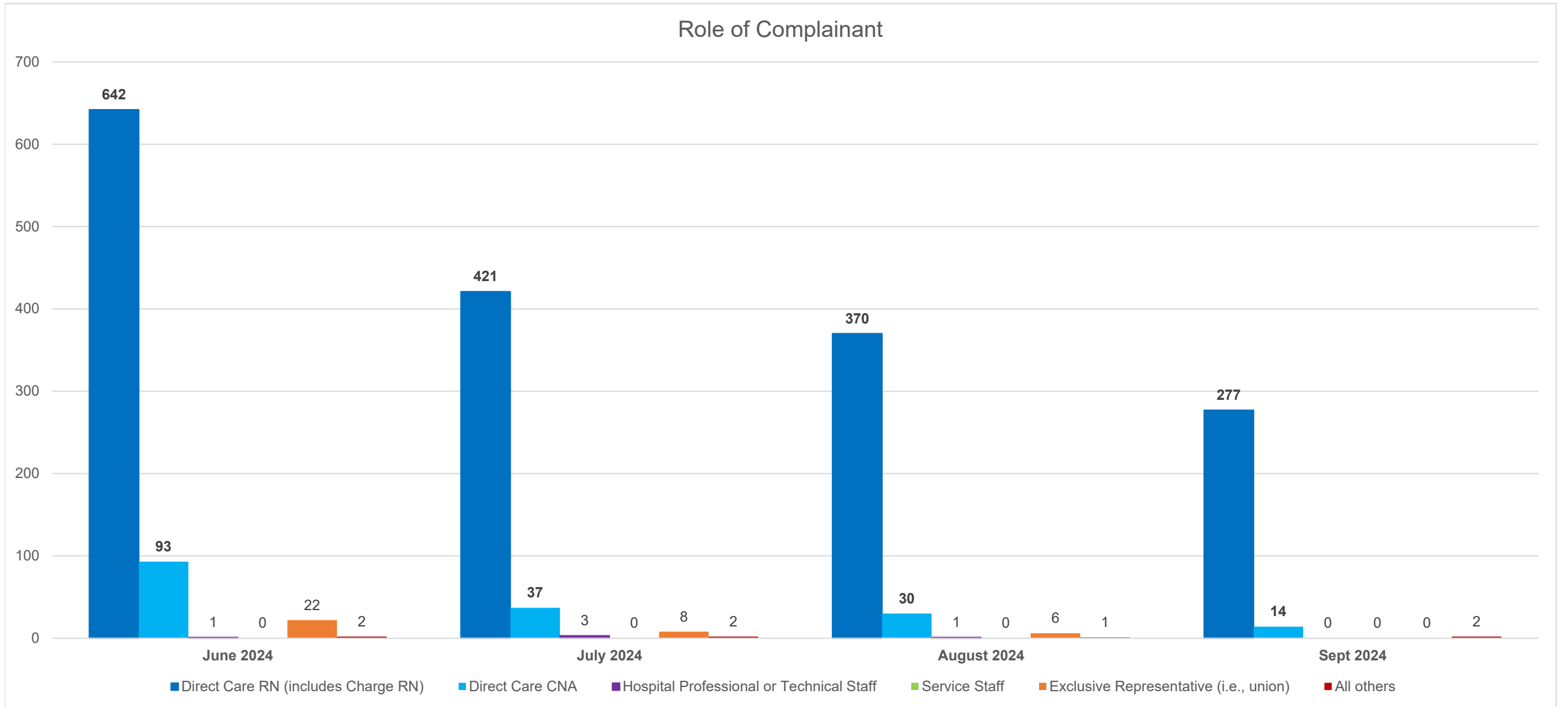
Complaint submissions can include one or more allegations of noncompliance with the hospital staffing law. The hospital staffing law includes requirements related to nurse staffing, professional/technical staffing, and service staffing. Almost all complaint allegations submitted between September 1, 2023 and June 30, 2024 have been related to nurse staffing. Additionally, complainants who have concerns about meal and rest breaks can decide whether to submit meal and rest break concerns through OHA's online form or directly with BOLI.

Hospital Staffing Complaint Dashboard - September 2024



OHA's complaint form allows individuals to select one or more types of allegations from a list of HB 2697 Section 20 hospital staffing violations. The chart above shows the number of submissions that included a specific type of allegation (e.g. "Hospital didn't follow CNA staffing level in Nurse Staffing Plan").

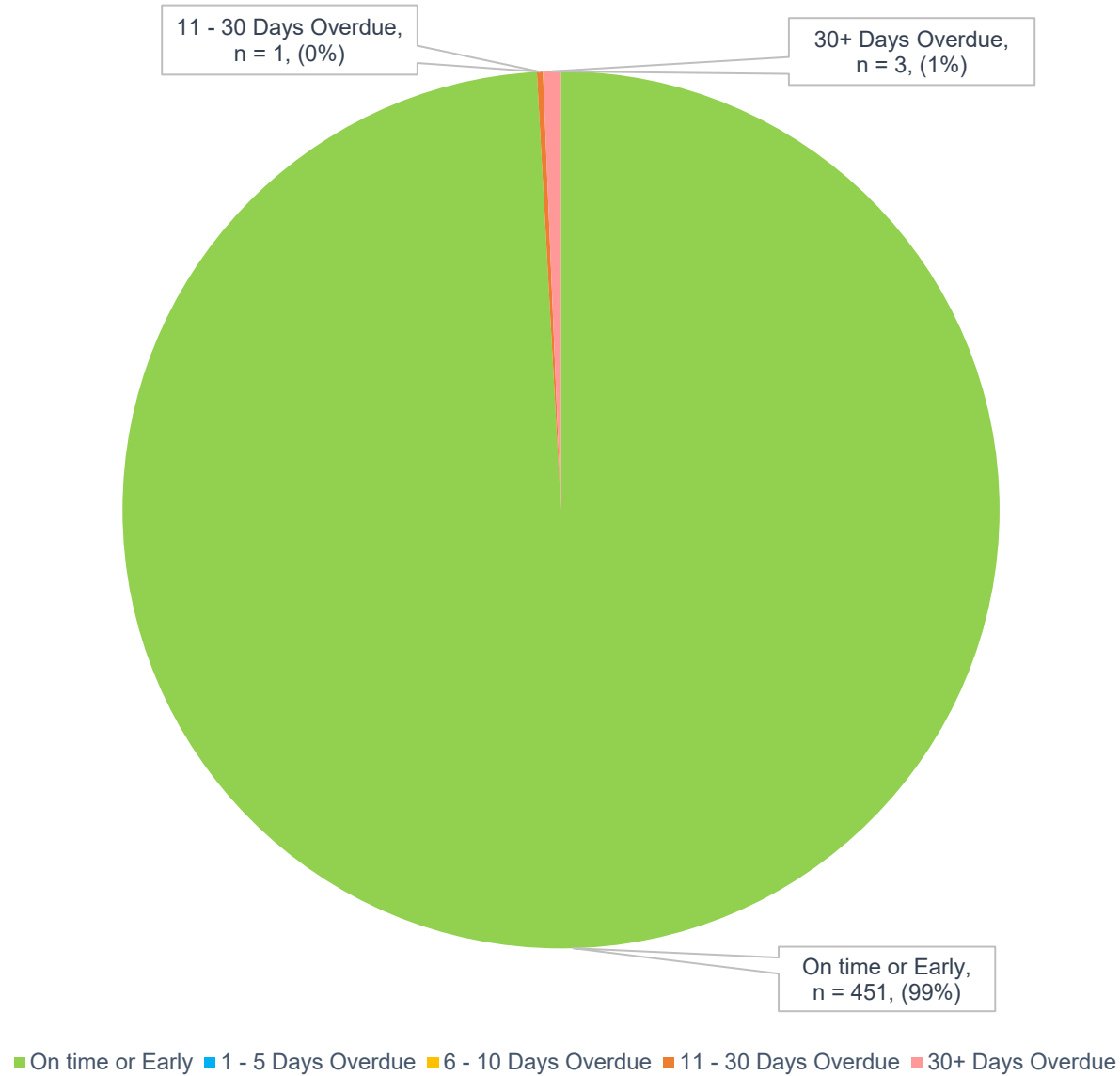
Hospital Staffing Complaint Dashboard - September 2024



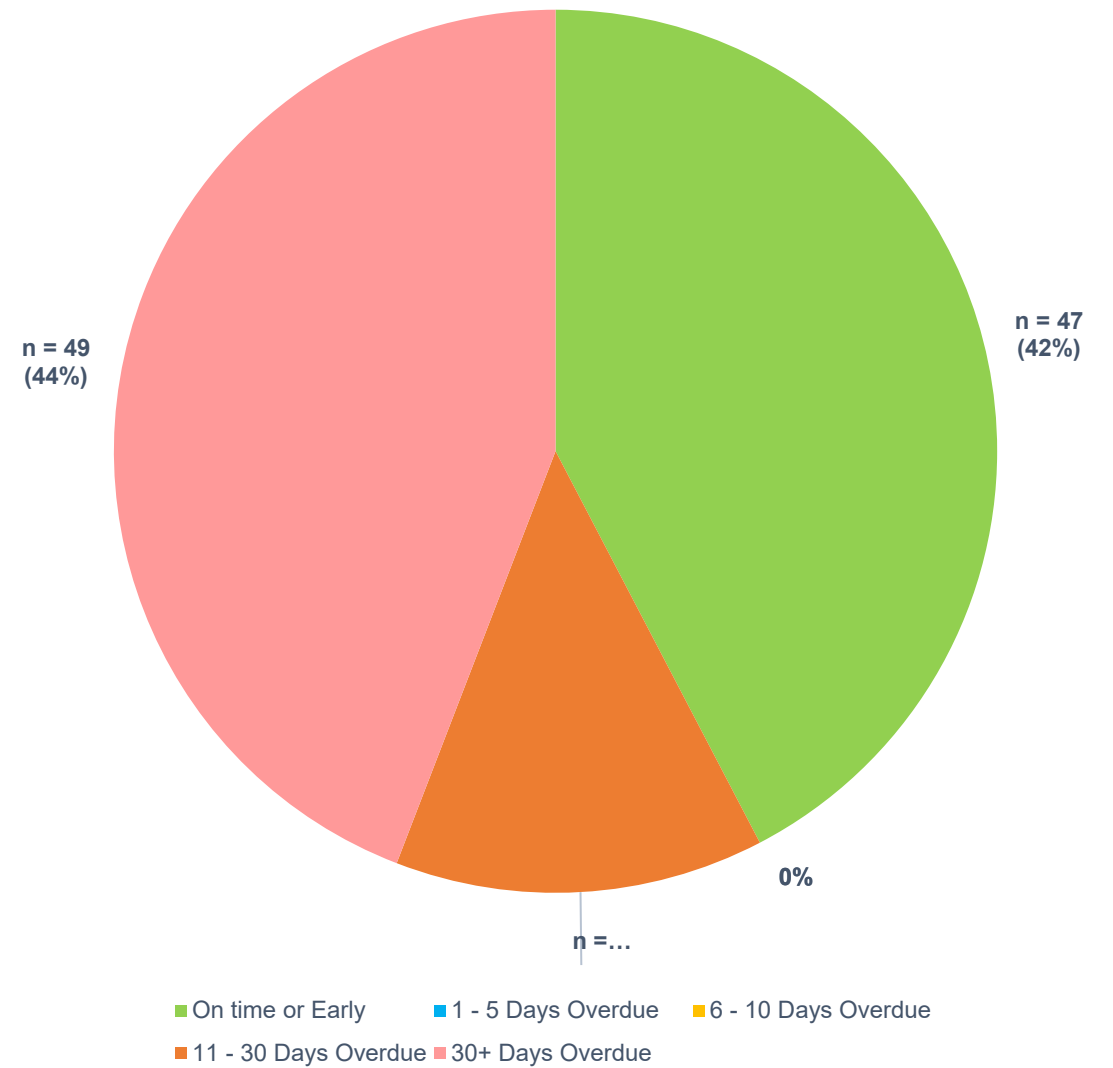
OHA's complaint form asks individuals to self-identify their role from the following options: Direct Care RN, Direct Care LPN, Direct Care CNA, Hospital Professional Staff, Hospital Technical Staff, Hospital Service Staff, Exclusive Representative, and Other. OHA has only received complaints from the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

Hospital Staffing Complaint Dashboard - September 2024

Investigation Start Timeliness for the 454 Complaints Currently Under Investigation



Investigation Completion Timelines for the 111 Complaints with Completed Investigations



Hospital Staffing Complaint Dashboard - September 2024

