Minutes of April 5, 2013
Cabinet on Human Rights and Ethics; Cabinet on Nursing Practice and Research

To do

<table>
<thead>
<tr>
<th>All: Go to website of Oregon Health Decisions, locate Oregon Advanced Directives.</th>
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<tr>
<td>Put the issue of Informed Consent on the Cabinet on Ethics agenda; develop plan of action.</td>
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<td>Sue: Add website addresses to list of CCOs.</td>
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<td>Sue: Schedule Barbara Kohnen (Releasing Time to Care) for next meeting. Schedule Leslie Ray from Patient Safety Commission to visit Cabinet.</td>
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<td>PK: Ask new Cabinet members to either come an hour early, or stay one hour over for orientation.</td>
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Present: Donna Routh, Arliss Roman, Laurelen Jabbour, Peg Brown, Marilyn Neville
ONA staff: Connie Miyao, Sue Davidson, Tara Gregory

Handouts: Minutes of February meeting, list of CCOs, powerpoints about the Oregon Health Authority and a model of care coordination.

I Introductions, networking, minutes

A. Members updated one another on events, issues.
B. Susan King attended the meeting briefly to welcome the Cabinet.
C. Meeting minutes of 2.8.2013 were reviewed and adopted with two corrections/additions: Donna Routh was in attendance at the last Cabinet meeting, and Arliss Roman attended the meeting by phone.

II Updates

A. Tara Gregory

1. Tuality Community Hospital (TCH) PNCC. The issue: neonatal intubation. ONA’s Principles of Change (2012) was used to develop a response based on the evidence about this practice. A survey of surrounding hospitals was conducted and the majority do not have staff nurses do the resuscitation; it is done by a resuscitation team. The data was presented to TCH CNO who declined to accept the information initially, and ultimately, training was mandated. In response, the staff nurses indicated that they were very willing to assist the resuscitation (vs. doing the intubation), given that this activity is an expectation of the neonatal resuscitation procedure. This seems to have solved the problem, and that there have been no infants who needed resuscitation, has also helped.
2. Providence Portland Medical Center (PPMC). This group needed clarification about which patients on a telemetry unit actually need a specific level of telemetry. Resources were found at the national level (3 risk strata), so these can be used by nurses to ask for telemetry (or not) on an evidence basis.

3. Tara continues her work with primary care providers (NPs) setting up visits and introducing them to ONA.

B. Connie Miyao

1. Connie has been visiting public health settings, two jails, a TB clinic, and a case manager at a primary health care clinic. She notices downward pressure for funding, resulting in an atmosphere of "need/want", and isolation.

2. PNCCs: With the State Group Homes, she participated in use of ONA's Nurses and Bullying in the Workplace: A Resource Guide (2011) document, which had an influence on the nurse manager.

3. American Red Cross (ARC): there are two types of collections (regular and therapeutic). The ARC wanted to take therapeutic collections special process into the community so patients wouldn't have to travel to Portland. There has been a group that is dedicated to this, but there are other staff who had not been cross trained to do this in the clinical setting. Using the Nurse Practice Act, the Director was asked to clarify process, resulting in setting up training by the experienced nurses for nurses who have not had training.

4. Connie has located advance for NURSES web journal which is doing a survey for inpatient nursing. Connie asked why there hasn't been one for community health nursing. The group has indicated that they hope they can incorporate community health nurses into the survey; survey will go live by June, 2013.

C. Sue Davidson

1. The Staffing Request and Documentation Form (SRDF) data is being coded, entered, and data analysis conducted. The project is on target.

2. Sue Davidson will be retiring from ONA the end of June 2013.

3. Plans for the ONA Convention (October 1-2, 2013) has just begun; it will be held in Eugene, OR at the Valley River Inn.

4. Planning for the fall conference (1-1/2 days) of the Oregon Nurse Staffing Collaborative is also taking place: November 14-15, 2013 in Bend, OR at St. Charles Medical Center – Bend. Save the Date information is pending.

D. Sarah Baessler (ONA Government Relations)

1. Nurse Lobby Day was a success. It was ONA's first time to have short conversations with legislators on nurse staffing, although there is no pending legislation at this time.

2. Sick time off. The Portland City Council has passed a resolution on this matter, developed and adopted by Portland City Council, due to the efforts of Commissioner Amanda Fritz. ONA and others are trying to get this same action passed in Salem. A group has formed, there is
opposition (expected) from business community (expected), and there is work being done on adjustments to it. If the bill doesn't pass, it will return again to the next Legislative Session.

3. Tobacco master settlement. The funding received from the settlement was supposed to be used on smoking prevention with kids. Over the years since the settlement, Oregon has received over $1 billion dollars yet none of that money has been spent on tobacco prevention, or on heart disease or lung cancer. The medical and nursing associations are pushing that funding goes toward prevention and tobacco cessation services. There is a lot of support from legislators. Yesterday on the House floor a member of the legislature talked about the agreement monies not being spent for years. It is likely that the money dedicated to this went through the General Fund, and it is believed that it was used to fund the OHSU waterfront facility. The Cabinet asked what the accountability mechanism is for monies of this nature. Sarah responded that there was no accountability mechanism built in when the monies began to be received. When asked whether there is a way to build in the accountability mechanism now, the answer was "yes" and "no". If such a mechanism was passed, it is likely it would obligate the state to use the monies as directed.

4. NP issues. SB 8 is a bill that was designed to remove dispensing restrictions. The bill passed the Senate and is going to the House; it is likely to pass there. Workers Compensation provision: nurses and ONA have been working on this bill for a long time. Approval for the current recommendations are likely. This will be the third session in which a bill related to nurse practitioner payment parity has been introduced. This session focuses mainly on primary care and mental health, and physician's assistants have been added to the bill. There has been opposition, although the bill passed out of the House and is on its way to the Senate. A family practice physician has worked with ONA on this bill's passage.

5. Monday email (similar to Friday email) has begun and gives updates on legislation and related issues.

III Health care reform (Connie Miyao, Tara Gregory)

A. Oregon applied to CMS and got $1.9 billion to enact the Affordable Care Act. This money created the Oregon Health Authority, which created the entity by which Coordinated Care Organizations (CCO) are chartered. CCOs (besides providing primary care to Medicaid recipients) also have to implement the Triple Aim which consists of three goals:

* Improve the experience of care (safe, reliable, every patient, every time);
* Improve the health of a population (communities and organizations), focus on preventions and wellness, managing chronic condition; and
* Decrease per capita costs (Pursuing the Triple Aim, 2012).

Oregon is one of the leading states rolling this out with a big population of people who have no health insurance. Other states only have 1 or 2 counties. The
project is focused first on the Medicaid population. Over a 5 year period of time, Oregon will have to:

1) Reduce the annual increase in the cost of care by 2%;
2) Ensure that the quality of care improves;
3) Ensure that the health of the population improves;
4) One percent (1%) of each Medicaid recipient's "account" will be held back by CMS until the CCO can demonstrate outcomes; and
5) Establish a quality pool of funds where the CCO can apply if they met or exceeded the quality of care measures. If they have met the outcomes, they can get additional monies.

The next group of Oregonians who will enter this reformed health care system will be state employees, then the Medicare population. The metrics (quality indicators and levels) that must be reached will be based on 2011 data. Each CCO has to show they met 17 metrics, grouped into focus areas. In the past, the data has come from billing, rather than metrics. The data related to the metrics is obtained through chart reviews. This work is related to the pressure on many primary care practices to have electronic records since that would make collection of data related to the metrics easier to accomplish.

In the case of "super-users" (patients with a lot of comorbidities) who use a lot of resources, there are two objectives: a) reduce cost, and b) ensure access.

B. What each CCO has to do.

1. In the past: Meet the needs of the physician, focus on money.
2. The current new system: The patient is at the center.
3. There are several Primary Care Homes around the state.
4. What each Primary Care Home in a CCO must do, right away, is to ascertain and characterize who is in their patient population (thus the term "population health management"). This assessment must include:

   * Risk stratification;
   * Patient enrollment into the system; for example, registries of patients with hypertension, diabetes, congestive heart failure;
   * Multiple engagement approaches to develop and use strategies to reduce identified barriers to good control of these diseases and hospitalization is not needed;
   * Case/care management: these are strategies that will be used by nurses and others to ensure that patients are fulfilling their self-care plan, and that they are avoiding hospitalization; nurses will be equipped with technology to support care coordination, physicians will need to become generalists, and care teams will have to use evidence based care guidelines.

5. Current, CoverOregon, and various insurance exchanges are the mechanism for coverage of patients in a Primary Care Home.

C. Cabinet meetings will continue to have descriptions and information about health care reform in Oregon, since nurses will be part of this reform – either by handing
off patients from acute care to a primary care home, or working in care coordination or case management.

IV Nurse Staffing Quiz

A. A knowledge based test about Oregon’s Nurse Staffing Law has been developed and is in testing. It can be used to assess acute care nurses’ knowledge re: the law, and as an assessment tool to consider nominating/selecting direct care nurses who want to serve on their Hospital Nurse Staffing Committee.

B. Members of the Cabinets took the quiz. The test answers were reviewed and all passed the quiz.

V Community Health Worker Position Paper

A. At the last Cabinet meeting, members reviewed a draft of the paper on Community Health Workers and nursing and made many substantive recommendations for change. These recommendations have been added to the paper.

B. The paper (with the changes suggested above) were reviewed by the Cabinet on Health Policy and after review and corrections, the Cabinet has indicated its approval.

C. Connie Miyao pointed out places in the paper where the Cabinet on Human Rights and Ethics and Nursing Practice and Research had made substantial recommendations to the paper.

D. Cabinets recognize that there are attitudes and beliefs about nursing which may emerge when this paper is disseminated. It is hoped that a meaningful conversation and dialogue can occur, should this happen.

VI OSBN Practice Committee and related issues (Tara Gregory)

Tara provided a short report on the current issues that the OSBN Practice Committee is considering.

A. Propofol: this is being discussed and it was suggested that ONA post the OSBN’s policy on our website to ensure ONA members are aware of it. It was also suggested that a "teaser" be developed for an upcoming issue of Friday email.

B. Nurses pronouncement of death has been reviewed/revised.

C. Transport team: These nurses may stay a short time in the state, e.g., for up to 30 days without having to obtain an Oregon nursing license.
D. It was proposed that a nurse must perform a SANE exam within 96 hours of an incident; it was felt – given these circumstances, that this amount of time may be too short; concern is that no one wants to disadvantage patient.

E. Advice nurses: where does the license of the nurse who gives advice over the phone reside? ONA believes the license resides in the state of residence of the licensee. This is the principle used by Poison Control centers, for example. It is impractical to have the nurse get a license in the state where the patient is, since this could mean multiple licenses in states. The problem is: where the protection of the public? A majority of the members of the OSBN Practice Committee are comfortable with the ONA position (license resides in the state of the nurse’s residence). The reason this issue has come up is that tele-health, tele-medicine, and even tele-nursing are terms emerging from the use of technology to deliver care. Tele-nursing is the use of technology to deliver nursing care and nursing practice (ANA). Tara will be attending a regional conference re: this issue. Susan King, ONA’s Executive Director, has developed a reference report on this issue for the ANA Convention in June 2013. Reference reports – if adopted – establish a formal position of the American Nurses Association.

F. Interview process for new ED of OSBN: Two rounds of interviews have been conducted. No qualified candidate has emerged. And, only two out of all applicants were nurses. ONA’s recommendation is that the ED of the OSBN must be a nurse. It is likely the recruitment process will be opened again. Tara is collecting data about salaries of the EDs from the Boards of Pharmacy, Medicine, and Dentistry to see if salary enhancement will increase applicants seeking the position.

VII Meeting debrief

* Positive about learning about CCOs, interesting, gives a sense of what is happening
* Develop the list of CCOs; add website addresses
* Varied opinions about the new coffee system
* Like the value theme for the upcoming ONA conference (October 1-2, 2013) which will be held at the Valley River Inn, Eugene

The meeting adjourned at 2 p.m.

Respectfully submitted,
Sue B. Davidson, PhD, RN, CNS
Assistant ED: Practice, Education and Research