Professional Services Program Area
Cabinet on Human Rights & Ethics, Cabinet on Nursing Practice & Research
Meeting Minutes

July 29, 2013 (ONA Headquarters)

<table>
<thead>
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<th>Dates, Assignments, Other</th>
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<tr>
<td>Arliss: To review bylaws on cabinet governance regarding 1) rules about both cabinets meeting together and/or meeting separately; 2) how cabinet officers (i.e., chair, secretary, etc. are determined; 3) rules around quorum.</td>
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<td>ALL: to write question(s) for short survey, email to all members on cabinet, to view documents of “Crisis Care Guidance for the State of Oregon” and note any concerns, or if cabinet would sanction, or recommend ONA to endorse/co-sponsor.</td>
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<td>PK: To find out if we would be able to hand out survey at Oct conference, to follow up on “Crisis Care” to see about time frames for response by cabinets.</td>
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<td>Connie: Discuss with Communications Director and Government Relations to see if any concerns about potential cabinet activities on ethic/duty to report. To bring SAMSHA to next meeting.</td>
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<td>Donna: To contact OSBN to see if any noted trends in reporting, what guidance they provide about duty to report; invite OSBN investigations representative to cabinets’ January 2014 meeting.</td>
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Next Meeting: Sept. 27, 2013 – Agenda items from cabinet members accepted until Sept 13, finalize survey questions, vote on “Crisis Care” guide, and work planning on goals.

Present: Cabinet on Human Rights & Ethics – Tobi Perrin, Peg Brown (by phone)
Present: Cabinet on Nursing Practice & Research – Laurelen Jabbour, Elizabeth Cathcart
Present: Member Emeriti – Donna Routh, Marilyn Neville, Arliss Roman
Unable to Attend: Darlena Pike, Tina Jorgensen
ONA Staff: Connie Miyao and Pisith Kong

Time length of contact: 5 hrs

I. Introductions, networking, review/adoptions of minutes, agenda review
   A. Introduction of Elizabeth Cathcart, first in-person meeting
   B. Networking: Arliss reported on attending the ANA convention as an observer and stated that she noted there is still not much diversity in the members present, that it is still predominately Caucasian female nurses in the national representation. Discussion about the demographic profile of nursing still seems
to poorly reflect the changing population. Discussed some of the recruitment activities to attract minority access to the nursing field.

C. Review of minutes from June 7 and amendments: Tobi works at Sacred Heart Hospice not Oncology, and Topic III under D bullet point 4. Peg clarified that “on another unit using RT2C, it was observed that her mother was a patient on that unit and the response of staff was low.” Adoption of amended minutes.

D. Agenda was adopted.

II. Review and Discussion on the Cabinets’ charge

A. Review of the handouts “Cabinet on Nursing Practice and Research” and “Cabinet on Human Rights and Ethics”. Review of the identified responsibilities of each cabinet. Recommended for the members to keep these responsibilities in mind when considering activities of each cabinet. Review of summary on ONA webpage as follows: (NOTE – the descriptions which were discussed in the meeting were the abbreviated ones below, not the full ones)

**Human Rights and Ethics**: Identifies concerns of nurses: Develops a model for all levels of nurses in ONA to show use of ANA Code of Ethics and related documents in their practice (NOTE – this was found on ONA elections webpage)

NOTE – full description that is actually on cabinet webpage:  *This cabinet is charged with addressing and responding to concerns related to equal opportunity and human rights, evaluating trends, developments and issues in its area of responsibility, establishing a plan of operation for its work, developing or adopting standards, and recommending policies or positions to the BOD and House of Delegates.*

**Nursing Practice and Research**: Identifies concerns of nurses: Develops a model for all levels of nurses in ONA to show continuing competency in their individual practices (NOTE – this was found on ONA elections webpage)

NOTE – full description that is actually on cabinet webpage:  *This cabinet is charged with generating effective approaches related to unlicensed assistive personnel, increasing use of quality indicators related to nursing practice, improving nurse staffing, developing a model for assessment of continuing competency, and increasing effective approaches to safe patient handling, and creating safe work environments.*

Summary: Discussion about what it means for the cabinets to have developed a “model” as stated above. Can we change or update language used on printed materials that describe the activities of each Cabinet? Arliss to review bylaws to inform groups of governance requirements. Opportunity noted that ANA is looking for members on a new Advisory and Steering Committee to revise the “Code of Ethics for Nurses with Interpretive Statements – if interested, see handout. Connie did apply and recommends a cabinet member to apply for a position as well. ONA will post the announcement in next week’s Friday e-news.
B. Review of article written by Connie for the Oregon Nurse about ethical responsibilities of the RN

1. Related to recent arrest of nurse for allegations of abuse

Summary: Long discussion about the many possibilities that both cabinets could consider to further enhance nurse awareness and ability to reinforce their responsibilities. Identified that nurses know the obvious and glaring instances that need to be reported but it may be harder to identify those subtle concerns about conduct and what to do about it. Do not want to create an environment that nurses overreact to the duty to report but do want to increase skills and actions.

Some possible activities could include:
- Vignettes and scenarios
- Interactive webinar activities
- Small survey to nurses at ONA CE Conference to identify learning needs and concerns about conduct and duty to report
- Conduct larger survey to all members with small survey questions in addition other questions to solicit ideas/issues that ONA members would like to see the cabinets work on throughout the year

Connie to loop in Sarah Baessler, ONA Director of Government Relations, and Scott Palmer, ONA Communications Director, to inform and solicit any concerns with above activities. Donna to contact OSBN to see if any noted trends in reporting, what guidance they provide about duty to report; invite OSBN investigations representative to cabinets' January 2014 meeting. Each member of both cabinets to write a question that could be used in smaller survey and email to all to vet around the language of questions. PK to find out if survey able to be handed out at October conference.

C. Formalizing work structure of Cabinets

1. Chair, with the support of ONA staff, to have identified duties of:
   - Agenda coordination and time frames
   - Facilitate each meeting, with ONA staff as backup if Chair unable to attend
   - To monitor work planning activities and accountability, delegating tasks as needed
   - Keep the group focused on the cabinet’s stated goals
   - With confirmation of bylaws, term is one fiscal year (July-June) with option to continue after term is up

Summary: All present agree that having a chairperson would be beneficial to facilitate productive work for cabinet activities. Donna volunteered to be chair for this session (through June 30, 2014); all support and approve her leadership. Arliss to look at bylaws regarding chair/cabinet officers and bring to group for next meeting. To facilitate work of committee, minutes will be recorded by Professional Services staff until all cabinet positions filled and
will distribute within 2 weeks after meetings. All members to complete a timely review and report any needed changes so that time spent at start of meetings will only be to adopt minutes not review and correct them. Minutes will include targeted agenda items for next meeting (‘to do’ box at top of minutes) to assist with agenda creation for chair. Agenda items will be accepted from cabinet members for inclusion up to 2 weeks before next meeting as identified at top of minutes.

2. There was also discussion about the cabinets’ meeting format. In the past there was some time in the middle of the meeting where the two cabinets split into two different rooms to discuss their separate issues/projects. The whole group then reconvened and summarized their progress. It was agreed that the meeting format should stay flexible to allow for a separation of the two groups if needed to work on projects/issues that required more direct focus from the respective cabinets.

3. Recruitment of new members discussed. Reviewed number of open positions, appointed and elected, on both cabinets. Arliss to also find out in bylaws regarding appointment procedures of new or term-expired members. ONA statewide elections are currently taking place with open elected positions on the ballot. The idea of also using the small survey as a recruiting tool at the CE conference was discussed.

D. Cabinets relationship to PNCCs

Discussion centered around the linkage between PNCC activities to the cabinets. How is the work of the PNCCs being reported to the cabinets, and how are the cabinets currently supporting PNCCs? Professional Services’ Nursing Practice Consultants, Connie and Tara Gregory, are the ONA liaisons for PNCCs. Their main focus is to help PNCCs facilitate their work and promote and foster leadership amongst its members, rather than guiding their agendas. Cabinets to request that Professional Services staff provide PNCC updates at each cabinet meeting, and develop some repository of PNCC issues and themes, how they were resolved and when, to be a resource to the cabinet and members from across ONA.

III. Goals for 2013-2014

A. Review and discussion of proposed cabinet goals for this session:

Mental Health Nursing

- Using a variety of methods, Cabinet will provide education to nurses responding to persons with mental illness in hospitals, primary care settings, families and communities;
- Increase nurses’ knowledge and competency in dealing with patients and families facing mental health issues at the community, acute and primary care level;
• Provide information to nurses about the mental health resources to assist patients, families and other health care providers;
• Identify linkages and pathways to access resources about mental health nursing practices;
• Support increased access to mental health services;
• Discuss issues related to nurses’ education and experience in mental health nursing with OCNE;
• Explore the perceptions of safety among nurses who care for individuals with mental illness.

**Health Care Reform and Nurses**

• Educate nurses about value of HCAHPS (webinar);
• Have a dialogue with nurses (via survey, groups) about instances and experiences of moral distress;
• Provide resources to nurses related to ethical conduct and responses in the environment of health care reform.

**B. Discussion about work planning tools to break down goals, assign tasks/action items and identify progress.** With expanding healthcare coverage and emphasis on Mental Health/Addiction services it can be expected that there will be increased exposure to patients with these care needs outside of the ER or psychiatric setting. Do nurses outside of those settings have a working knowledge of common issues they may confront?

1. Linfield School of Nursing has a clinical requirement in mental health setting. Unsure whether other schools have these types of programs.
2. For next agenda item: identify and review lists such as SAMHSA (Substance Abuse and Mental Health Services Administration) which identify different mental health conditions and how to easily recognize the symptoms.

**Summary:** Review Hospital Compare (consumer-oriented website that provides information on how well hospitals provide recommended care to their patients. Information organized by: Patient Survey Results; Timely and Effective Care; Readmissions, Complications, and Deaths; Use of Medical Imaging; Linking Quality to Payment; Medicare Volume) and HCAHPS (Hospital Consumer Assessment of Health Care Providers and Systems), one part of what drives reimbursement for hospitals. Discussion about nurses’ understanding of this information and administrators’ focus. Anecdotal report about a nurse who felt uncomfortable with her supervisor instructing her to “coach” patients about the survey. The nurse had some ethical concerns that she felt they may be trying to influence the patient response more favorably for the hospital’s benefit. Discussion about how patients often don’t recognize the activities of the nurse during hospitalization, may be the reason administration asks nurses to point out to patients the activities they are performing, so that the patients can relate those to the questions they will be asked in HCAHPS survey.
C. Group identified the following (umbrella) areas to be the main goals/focus of the cabinet for the year:
   - Mental Health Nursing
   - Health Care Reform
   - HCAHPS
   - Moral/ethical responsibility issues

   Tobi to rework the draft cabinet goals to be presented at the next meeting.

IV. Feedback, comments

   The meeting adjourned at 2:00 pm

   Respectfully submitted,

   Connie Miyao, RN, BSN; ONA Nursing Practice Consultant