Minutes of Cabinet on Nursing Practice and Research and
Cabinet on Human Rights and Ethics
February 8, 2013

To Do

| Upcoming meetings: | Friday, April 5; Friday, June 7, 2013, both meetings 9 a.m. - 2 p.m. |

Present:       Peg Brown, Laurelen Jabbour, Darlena Pike, Donna Routh, Arliss Roman
(by phone)
Unable to attend: Marilyn Neville
ONA staff:   Sue Davidson, Connie Miyao, Tara Gregory

I  Welcome, networking, minutes

A.  Darlena’s husband had an eye problem, and while in treatment, was discovered to another very serious health problem.

B.  Peg Brown is dealing with family who has dementia.

C.  Two Cabinet members are having or getting over cataract surgery.

D.  Minutes of the October 19, 2012 meeting were approved as distributed.

E.  Upcoming meetings:  April 5:  9 a.m. - 2 p.m.; June 7:  9 a.m. to 2 p.m.

F.  ONA Yearly Conference (in lieu of Convention) will take place on October 1-2, 2013; location TBA.

II  Updates

A.  PNCCs (Tara Gregory, Connie Miyao)

*  Providence Portland Medical Center: has had a norovirus outbreak, Tara presented the CDC recommendations to the PNCC; Hospital Infection Control not using CDC Guidelines. For example, CDC does not recommend using hand sanitizer because the organism is resistant. Preferred asepsis is soap and water and a 20 second hand wash will clean the hands.
* Silverton PNCC: currently participating in Releasing Time to Care (RT2C) project, so staff nurses are just beginning to be engaged.

* Tuality Community Hospital: nursing administration has mandated that Mom/Baby unit nurses will do newborn intubation, should it be required; this procedure is rarely needed and requires practice to maintain competency. The question is: is this a nursing skill? Can nurses be mandated to do it? Provided that nurses have had training, the answer is “yes”. However, even if training was provided, it would be difficult to maintain competency. Nurses were advised to say “no” due to safety concerns for the neonate.

* Samaritan Albany General Hospital: nursing administration wants a scrub nurse to “step into” the First Assist position in cardiac surgery. After review of literature and other sources, it turns out that to become a First Assist, one has to have certification and specialty training. In addition, there are questions about whether or not nurses can administer propofol. The nurses are asking: why are these issues being raised now? It is believed that the answer is that hospitals are under pressure and looking for ways to save money.

* Connie has begun working with nurses in community settings. People’s reactions have ranged from “huh?” to appreciation since there has not been a focus like this for a long time, if ever. But, once these nurses drop their preconceived notions, she has been able to meet with nurses and their leadership in Multnomah County by spending a day in various settings, e.g., corrections.

B. Staffing Documentation and Request Form (SRDF) project. Temporary funding in ONA has been obtained where students from Portland State University, Occupational Psychology Department Program, are doing coding of SRDFs from 2010 – current. Once coded, the data is entered into an Excel spreadsheet. After that, there will be outreach to PNCCs and to staffing committees to see what format and frequency they want for receiving reports on nurse staffing. This has been a long-term goal of ONA and it is finally being addressed.

C. Lobby Day update. The events associated with Lobby Day were reviewed; members of the two Cabinets were invited to attend, if possible. Currently, about 350 nurses are expected to participate.

D. Election of Cabinet members update. Several slots are open on both Cabinets. Those who wish to continue being on the Cabinets are seeking election, or can be appointed by the ONA of Board of Directors.

III Health Care Reform and the emerging role of the Community Health Worker (CHW)

A. Tara has been working with Nurse Practitioners of Oregon (NPO) re: the issue of being included/hired to work in Coordinated Care Organizations (CCOs). Some of the issues the NP group is dealing with are: not being able to order portable
X-rays, not being able to order diabetic shoes or other durable medical equipment (DME), or order home health or hospice. These issues have affected the practice of Cabinet member Darlena Pike. Another limitation to NP practice is that there is a 90 day limitation when an NP cares for a Workers’ Compensation patient. A proposal is being taken to the legislature that an NP could take care of such a patient for up to 6 months and the NP can authorize time lost. There have been many other conversations re: reimbursement of the NP within the CCOs, and disjunctures have been identified between rules at the federal and state level. The goal is to be in sync with CMS (federal). HB 2902 requires insurance companies to reimburse Nurse Practitioners and Physicians Assistants in mental health, primary care and in independent practice up to 90%.

B. Connie has been monitoring state Oregon Health Authority committee meetings of the Medicare Advisory, Oregon Health Plan Board, workforce and Home Care Commission. All these committees are commenting on CCO development. She has been nominated to sit on the Board of Directors of the Community Nursing Network.

C. Community Health Workers. A project has been launched under Oregon’s health care reform efforts to utilize community health workers (CHWs). These workers – some of whom volunteer, others have been paid workers in public health. The CHW evolved out of migrant health workers who served communities and ensured that individuals and families got access to services and assistance. The concept of the CHW has been embedded in the Affordable Care Act and in CCOs under federal guidelines. For many, the CHW role provides an opportunity for employment, but for others on the health care team such as nursing, they may bring about conflicts about scope, differences about implementation, and some ethical issues. The biggest strength is that they can forge a strong link between individuals needing services and the community they live in, particularly if they are culturally sensitive and language proficient. In Oregon, the CHW project will begin with training 300 individuals for this role.

After review of the CHW, the Cabinets developed some recommendations that reflect ONA’s position on this new health care worker:

1. Training. Cabinet feels that 80 hours is short of what should be provided but Cabinet also believes that ONA will be unable to increase the hours. Therefore, Cabinet recommends that the training be done in segments interspersed with practice under supervision, that training related to ethical conduct is woven throughout, and that the core content should be prioritized. The Cabinet is supportive of the 2 year time period for certification renewal, and the requirement for obtaining continuing education.

2. Practice. The Cabinet affirmed the principle that the RN’s role with a CHW is delegation, supervision, assessment and evaluation of the CHW activities with clients. It is the RN’s role to establish severity/stability of a patient, and frequent evaluation of the CHW’s interventions and outcomes with patients should occur.
3. Program. The Cabinet urges the CHW program to use a system of assignment of people/patients to CHW care that meets ethical and evidenced based standards. In addition, regulatory oversight of the CHW program should occur, and ONA’s recommendation is that it be a component of the Oregon Health Authority in collaboration with the Oregon State Board of Nursing.

D. The ONA Principles of Change document (2012) was reviewed and various potential uses were suggested. They are:

* Email blast to nurses to call in, tell the story
* Write the story
* Make a publication
* Move the inaction to action
* Talking Points for the stories, etc.
* Consistent tool
* Questions are guided by the four areas
* BU newsletters and announcements

IV Nurse Staffing

A. An update was provided for three nurse staffing situations in Oregon:

1. Providence Medford Medical Center nurse staffing issues;
2. Providence St. Vincent Medical Center ER; and
3. Sacred Heart Medical Center.

B. The Oregon Nurse Staffing Collaborative has completed testing of the Nurse Staffing Quiz, a tool developed to ensure that nurses who wish to serve on Hospital Nurse Staffing Committees know something about the law. This quiz will be provided to the Cabinet members at the next meeting to “test out”.

C. The next meeting of the ONA Nurse Staffing Law Changes group will occur in May, 2013.

V Meeting debrief

Sense that health care reform is a moving target
Liked having input to the CHW paper
Specific vs general issues
The meeting is lengthy and people get tired
Since CMS started this whole thing of the CHW, they need to clearly state that these folks are not equivalent to registered nurses; it is likely that integration of the CHW into pre-existing community support structures will take time
The state of Oregon has tried to find solutions; wonderful what has come out of this from various groups, environments; people who haven’t talked with each before are interacting now;
Who will cover liability in some of the CHW work?
Population in Oregon is more exposed to potential dangers (exa: ex-drug dealer goes
into the home of patient on the medication, ends up being shot and died);
Connie: checking on who gets background checks; who is in direct contact with
patients?

The meeting adjourned at 2:00 p.m.

Respectfully submitted,

Sue B. Davidson, PhD, RN, CNS
AED: Practice, Education and Research