
To Do/Pending/Reminders

Date of next meeting: February 8, 2013, 9 a.m. – 2 p.m., ONA Headquarters

Recent pending issues/business
- Visit with Oregon Center for Nursing ED: Mary Rita Hurley
- Interest areas: nurse retention, cultural competency, learning to search the literature
- Visit from Patient Safety Commission

Other pending/clinical issues
- Soma beds (Jennifer May)
- Letter to PPMC about forming a collaborative on workplace violence, PMAB
- Malpractice report
- Survey r/to use of Principles of Collaboration in Health Care Reform
- Ongoing information on Oregon Health Care Reform
- Releasing Time to Care (Barbara Kohnen, CareOregon)
- TCAB (Diane Waldo)
- Use of Skype for Cabinet meetings
- Presentation related to Student Max

Upcoming events: February 19, 2013 – Lobby Day, Salem, OR

Present:
Cabinet on Nursing Practice and Research: Peg Brown, Laurelen Jabbour, Marilyn Neville (Emeritus)
Cabinet on Human Rights and Ethics: Jennifer May, Darlena Pike, Donna Routh (Emeritus), Arliss Roman (Emeritus)
ONA staff: Sue Davidson, AED; Nursing Practice Consultants – Tara Gregory, Connie Miyao, Pisith Kong

I. Welcome, networking, minutes
   A. Cabinet member James Devaney unable to attend d/to time conflicts.
   B. Cabinet members shared issues and activities since the last meeting.
   C. Minutes of the July 13, 2012 meeting were corrected and approved.
   D. The agenda was adopted as presented.

II. Updates
   A. Jenn Baker, ONA Government Relations, reviewed the ONA Voters Guide.
B. The second Delegation Workshop (Ruth Hansten) will be held on November 3, 2012.

C. The two new Nursing Practice Consultants (Tara Gregory, Connie Miyao) were introduced, described their roles and areas of concentration.

D. PNCC review took place. Nurse staffing continues to be a concern in several hospitals. Several PNCCs have been visited: Good Samaritan Regional Medical Center, Providence St. Vincent Medical Center, Sacred Heart Medical Center, Providence Medford Medical Center.

E. Staffing Request and Documentation data project was described by Sue Davidson. Graduate students from Portland State University are coding data from SRDFs back to 2009. Once all are coded, the data will be entered and analyzed. PNCCs and Bargaining Units will be asked about several different formats for displaying the data. Then, reporting out to PNCCs and nurses on Hospital Nurse Staffing Committees will commence.

III. Health Care Reform in Oregon (Tara Gregory, Connie Miyao)

A. Tara described several initiatives that she and others are working on. One project is reaching out to nurse practitioners at OHSU since their practice will be affected. There is concern that they may not be invited into the coordinated care organization that OHSU develops and/or that their practice may in some way be reduced.

B. Connie has been attending a number of the meetings where the new health care member – Community Health Worker (CHW) – is being developed. In addition to Connie, Susan King and Sarah Baessler (Government Relations) are covering aspects of this developing role. ONA is developing a position statement related to this development. Additionally, Connie is meeting and beginning to work with various home health/hospice and American Red Cross PNCCs, and is making contact with ONA members who practice in Public Health. These groups have not had as much contact with ONA as has groups in acute care.

C. One issue that has emerged is that of the licensure of a nurse who calls or interacts with patients in another state. Currently, some systems believe that if an RN in Oregon calls to do follow up with a patient in, for example, Idaho, the RN in Oregon should be required to have a nursing license in the state of Idaho. The result of this conception is that a nurse (theoretically) who does follow up, might have to have licensure in many states that abut the nurse’s state of residence. ONA has not supported the idea that nurses talking with someone in another state should be required to have licensure in the state in which the patient they are calling resides. The issue has come to the OSBN, and most likely will be a feature of many conversations in the months to come. Tara Gregory, now attending the OSBN Nursing Practice Council meetings, is working with Susan King on a statement of ONA’s position to take to that group.

D. Members of the Cabinet asked that continuing updates on Oregon’s health care reform work be made at each meeting.
IV. Representative Kurt Schrader made a short presentation to members of the Cabinet, ONA staff, and other interested individuals.

V. Nursing Practice Issues and Staffing update (Sue Davidson)

A. The summit meeting on Oregon nurse staffing was described and next steps discussed. A second meeting of this group will be held to identify which – among the many suggestions for change – will be moved into requests for changes in regulation, changes in statute, or other venues for dealing with it.

B. Across the state, practice issues that are coming to ONA Professional Services include the expansion of primary care (what impact will this have on acute care), nurse staffing, and random clinical issues. Each call is handled by one or the other of the Professional Services Staff, an answer provided and sent to the individual asking for the information.

C. Oregon Nurse Staffing Collaborative continues to meet by conference call every month, and once a quarter in a face to face meeting. The group is exploring a mechanism to create a database related to nursing at the state-level. The purpose is to have data from individual facilities that shows linkage (if any) between excellent, acceptable and unacceptable episodes of nurse staffing and patient outcomes. Currently in the state of Oregon, there are no one in acute care facilities that are doing this, and there has been – until now – no easy way to use technology to capture data via a dash board. The group is planning a conference to be held in November, 2013 in Bend, Oregon. Further details will be coming.

D. Releasing Time to Care (RT2C). This project is expanding in Oregon and into other states. The collaborative meets quarterly. ONA attends these meetings. There is a video that is the “US” version of the training CD developed in the United Kingdom. The collaborative leadership (Davidson is in this group) will be meeting to figure out future projects and expansion to other hospitals in Oregon.

E. Partnership with Patients is a project being led by the Oregon Association of Hospitals and Health Systems (OAHHS); the nurse in charge is Diane Waldo. This project is focused currently on reduction of any/all healthcare acquired infections. This project is a collaborative that must collect and submit data on infection rates for any/all infections. The data can be accessed. It is an effort to move Oregon ahead in reaching national goals.

VI. Focus, plan and dates for the year

A. Date for the next meeting was set (February 8, 2013, 9 a.m. – 2 p.m.)

B. Review of meeting conduct was accomplished.

The meeting adjourned at 2:00 p.m.

Respectfully submitted,

Sue B. Davidson, PhD, RN, CNS; AED: Professional Services Program Area