Minutes of Meeting March 2, 2012

Dates, follow-up, to do

<table>
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<th>Sue BD:</th>
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<tr>
<td>1. Contact Alan Smith to set up Skype for future Cabinet meetings.</td>
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<td>2. Ensure table for POLST poster for Donna Routh at Convention.</td>
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<td>3. Report on RT2C project at each meeting.</td>
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<td>4. Send forward to the ONA Executive staff and BOD the comments related to the &quot;Principles&quot; document.</td>
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Date of the next Cabinet(s) meeting: July 13, 2012; 9 - 2 p.m., ONA Headquarters

Present:
Cabinet on Human Rights & Ethics: Arliss Roman, Donna Routh
   Unable to attend: James Devaney, Jennifer May, Darlina Pike
Cabinet on Nursing Practice & Research: Peg Brown, Laurellen Jabbour, Marilyn Neville
   Unable to attend: Peg Brown, Charlie Nichols
ONA staff: Sue Davidson

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<th>Welcome, networking, minutes</th>
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<td>A.</td>
<td>The meeting convened at 9:30 a.m. Networking between Cabinet members took place. It was suggested that Skype be trialed in order to enable members of the Cabinets who live at a distance to participate without the burden of travel. Sue Davidson will follow up with the ONA staff (Alan Smith).</td>
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<td>B.</td>
<td>The meeting minutes of September 23, 2011, and November 18, 2011 were reviewed but not adopted due to a lack of quorum. Several corrections were identified and will be made to those minutes. Corrected minutes of June 3, 2011 were distributed.</td>
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<td>C.</td>
<td>Updates</td>
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<td>1.</td>
<td>The Cabinet received information about a workshop on delegation and supervision that is planned for June 27, 2012. The workshop leader will be Ruth Hansten, RN, PhD, FACHE who has published and offered workshops in many states and organizations. The workshop is aimed specifically at filling the needs of full-time and temporary charge nurses. The reasons for offering it are two-fold: a) effective delegation and supervision can reduce work load for the nurse because the tasks of nursing are delegated to a person who has knowledge of the task, and b) by receiving information related to the delegated tasks from the staff member (CNA, LPN, UAP), an evaluation loop is established and the RN does not have to personally retrieve information. This may have a...</td>
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discernible effect on the RN's workload. Evaluation data from the workshop will be presented at the next Cabinet meeting.

2. The Cabinet received information about the schedule and activities of the 2012 ONA Convention to occur in April, 2012 and will be held in Hood River, OR. Members of the Cabinet were urged to attend since there will be significant change to the ONA Bylaws in the House of Delegates and ONA members should be prepared to consider these issues. The House of Delegates will also consider action reports that have been developed or acted upon by the Cabinet. One action report on Nurse Staffing will need to be presented by a member of the Cabinet on Nursing Practice; Luarellen Jabbour volunteered to present the action report to the HOD on behalf of the Cabinet on Nursing Practice. The other issue is reporting to the House of Delegates (2010) on an action report related to certification. This action report was put forward by the Cabinet on Education and someone from that Cabinet will present it to the House of Delegates. Donna Routh requested to have space to present a poster related to the POLST, a Cabinet on Ethics project that is ongoing. Arrangements were to be made with Kathy Gannett and Sue Davidson for this to occur.

3. A request was made to be sure that the ongoing statues of the Releasing Time to Care (RT2C) project in Oregon be provided at each Cabinet meeting. In addition, it was suggested that a link between the ONA and the RT2C website at CareOregon also be developed so that a wider group of ONA members can see the progress as the project unfolds.

II Principles of Change; guest: Scott Palmer, ONA Director of Communications

A. Background

Health care reform has already begun to make an impact in Oregon, largely due to the leadership of our Governor and the formation of the Oregon Health Authority. Several hospitals in Oregon have announced budget reductions serious budget reductions which have included reconfiguration of care processes (rapid response team) or a rearrangement of patient flow (district method of placing patients after admission). Some changes are immediately seen by nurses as reducing safety and quality of care. Because this is happening in many parts of the state, ONA leadership has developed a document that outlines a process which "keeps nurses in the conversation at the local level" but also gives nurses a chance to recommend "tests of change" and outcome data review to ensure that what is being proposed does not harm patients or open dangerous gaps in care processes.

B. Comments/suggestions from the Cabinets

1. Cabinets recognize the significance of this document for nurses, although there was recognition by all the Cabinet's members that it is rare for health care organizations and systems to practice Principle 1, they are unaware of whether they follow Principle 2; there is some evidence for Principle 3 (St. Charles, Bend and Sacred Heart Medical Center), and no evidence for Principle 4.
2. Cabinets endorse the four principles.

3. **Action:** Cabinets suggest that Principle Four be altered to say ".....Change must uphold the law, the scope of nursing practice, and the Code of Ethics for Nurses." Cabinets feel that the position of any nurse using this document in collaboration (or confrontation) entities in health care systems, would be from the perspective of nurses speaking about nursing practice. To omit the word "nursing", an attempt that appears to suggest "we're all in this together", it is nurses who are speaking and advocating for the continuance of nursing care, patient safety and error-free care environments.

4. **Action:** Cabinet feels that there should be a contact person within ONA if someone or a group reading/using this document wishes to have clarification, permission to use, or some other issues. Preferably, the person is a nurse.

### III SRDF reporting, ONA House of Delegates Action Reports

**A.** The 2011 report on the number of SRDFs submitted to ONA was reviewed. There are consistently four or five health care facilities whose reporting rates over a three year period are high, among them Sacred Heart Medical Center (n = 482), OHSU (n = 100), Providence Portland Medical Center (n = 143), Columbia Memorial Hospital (n = 175), and Providence Medford Medical Center (n = 167). A plan of action related to this information was not identified.

**B.** Action report #1: Changes in the nurse staffing law

This report was reviewed and adopted by the Cabinet for presentation to the HOD. Laurellyn Jabbour volunteered to introduce the Action Report to the HOD.

**C.** Action report #2: Certification of nurses

This action report was passed in 2010 but did not include any direction for the implementation of it in that HOD. Despite this lack of clarity, all of the action report activities have taken place. It was decided that a report was to be made to the HOD and declare that implementation of this action report was complete. Because this Action Report originated with the Cabinet on Education, a member of that Cabinet will be asked to present a report to the ONA HOD in April, 2012.

**D.** Action report #3 (Shifts, Fatigue and Nurses) was reviewed and is supported by the Cabinet.

### IV Review and comment on various documents

**A.** ANA Principles of Delegation by RNs to UAPs. This document is sent out for review from the ANA Congress on Practice, Nursing and Economics (CPNE). What it sets forth is a significant expansion of the health care workers over which nurses have delegatory authority. The Cabinets indicated their support for this expansion of delegatory authority to cover unlicensed assistive personnel. Once this document is approved by CPNE, it will go to the ANA Board of Directors, and then become one of the position papers which are available on the ANA website.
It is not known whether the OSBN supports this paper (probably the national level, NCSBN) will review and make a statement about its support/non-support. The Cabinet observed that within this document, the various UAP roles probably need to be identified

B. ANA Position Statement on Care Coordination and Nurses' Essential role. This position statement is consistent with ONA positions on the role of nurses in the changing health care system. As health care reform rolls out in Oregon, this document will assist ONA as it participates in rule making for Comprehensive Care Organizations (CCO's). Cabinet indicated its support for this work.

V Projects

A. POLST. Donna Routh reported that the POLST Task Force has been working on the development of educational materials related to the POLST, there is a new form for the on-line registry, and a CD has been developed. A patient brochure is also in development. Donna requested to display a POLST-related poster and that arrangement will be made for the HOD day (Saturday). A question was asked about how a person's POLST will be transmitted between the Registry and his/her provider, family, and relevant others.

B. Peer to peer conversations/coaching related to Just Culture. Articles related to peer to peer conversations and practice deviation were read and discussed by members of the Cabinets.


Various web sites handout

C. The topic of "nurse dose" was not discussed.

VI Meeting closure

A. It was proposed to have a 1 1/2 hour conference call to review action reports for convention; a date/time will be proposed via e-mail.

B. The date of the next face to face Cabinet meeting was set for July 13, 2012; 9 - 2 p.m. at ONA Headquarters.

Respectfully submitted, Sue B. Davidson, PhD, RN, CNS; AED: Practice, Education, Research