PNCC Minutes
12/2/2021
1430-1630

LOCATION: Video: Microsoft Office Teams

ATTENDANCE:

Present: Maureen Cooper-Gaine, Amy Gonzalez, Joy Choy, Tiffany Eder, Lori Curtis, Therese Hooft, Erika Nieto

Guest: Corinne Schaefer, Emily Bennet, Kristin O’Halloran

Reflection:

PNCC Business

Members and Leadership

· Change in ONA Leadership:

· Amy Gonzalez to take role of PNCC Chair (interim)
  ○ Amy would like to open the Chair Role to others who may be interested
    ■ Need to open PNCC chair- Request Gab to add to ONA newsletter

· SRDF
  ○ Currently managed by Lori, Maureen will maintain spreadsheet

· Need PNCC member to take over minutes

PCRN

· Plan to meet with D’Leah –Joy to update the group during next meeting
Prior to meeting, request input from other PCRN (Joy to follow up with PCRN):

- Explanation of differences between SN and PCRN visits
- How long is time required to complete PCRN consult
- Review vision and goal
- PCRN making POC only without following up?
- What are community expectations of PCRN

New Business

- **Staffing Coordinator Crisis- CMs are now doing scheduling for Yamhill and South Branch.**
  - Management:
    - There is no change in workload, as nurses already manage their patients’ schedules and ensure visit sets are appropriate.
    - The anticipation is that this would instead eliminate the back-and-forth calls and messages between nurse and staffing coordinator, reducing the nurses’ non-patient-care workload.
    - Nurses are able to direct the care their patients receive, including the visits being made.
    - Also, working closely with your LPN care partner streamlines communication efforts so you are not having to track down any number of nurses who may have seen your patients, further reducing the phone/Teams/email burden.
    - As always, patient visits, case management time, drive-time, and documentation time are all paid hours of work for all clinicians.
  - A Field clinician thoughts:
    - RN CM’s “manage” their patient’s schedules by choosing the appropriate frequency and striving to arrange the schedule so they can see their own patients as often as possible.
    - RNCM’s also triage for short days.
    - In the last X years working in the field, there was NEVER the expectation that I was arranging the schedule for all of my patients for any given day.
    - This most definitely feels like a NEW role responsibility and NOT a current expectation of the role of RN CM.
  - Impact
    - Change in job expectation
    - New/extra responsibility
    - Time consuming
■ No productivity point allowance
■ Challenges when scheduling with other nurses; unable to view their schedule
  ■ Need to look through branch schedule to determine who is working
  ■ Need to confirm nurse has availability (requires calls to LPN or schedular)
■ Nurse responsible to make sure visits are scheduled even when not working
■ Nurses fear (and have been told) patients won't be seen if CM is unable to find coverage
■ Who is triaging when/if nurse is nurse requires unexpected time off?
  ■ Could another RN (supervisor/Access nurse) be responsible for safely triaging- make a telephone or virtual visit?
  ■ Should patients be identified in directions screen if appropriate for telephone vs virtual visit PRN?
■ Grievance resolution to have one person doing our scheduling.

**Oasis Corrections completed by Quality Team**

■ Nurse concern:
  ■ Concern regarding the ethics of changing nurses OASIS documentation (with a focus on STAR rating questions).
  ■ Changes are made and nurse has 24hr to object
    ■ What if nurse is not working?
    ■ Nurses report not having time to go back and review corrections resulting in Quality team making final decision in accuracy
■ PNCC concerns:
  ■ Who are those correcting the RN assessment?
  ■ What tools are quality team using to make changes?
  ■ Who is responsible if changes are incorrect?
  ■ Would this hold up in court?
  ■ If nurses are consistently documenting incorrect OASIS assessments, would education be appropriate?
  ■ Are nurses allowed productive time to go back and review corrections to OASIS documents?

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**Meeting with Management (Kristin, Emily, Corinne)**
● Variance Tracker
  - Managers have access
    - PNCC requests access or copy of reports on a regular basis
  - Open to suggestions of additional categories to add to variance

● Productivity Data system review
  - Goal is 1.45hr/visit- average clinician not meeting goal
  - Future plan to have “conversation” with all clinicians to review productivity, and case management
  - Variances not included in report

● Education and meeting coding
  - How are (specialty meetings such as PNCC) meetings captured?
    - Can ask team managing this information to add variances
  - Each nurse allowed up to 1hr/week to account for reading required emails & etc.

● Management response time
  - Per contract management has 10 days
  - Having information before the next scheduled meeting gives time for PNCC members to interpret information and prepare to discuss during next PNCC meeting

Next meeting January 6, 2022 via TEAMS 1430-1630

Invite management: Kristine, Corinne, Emily, Gretchen