PNCC Minutes
10/18/2022
1430-1630

LOCATION: Video: Microsoft Office Teams

ATTENDANCE:
Present: Lori Curtis, Amy Gonzalez, Joy Choy, Tiffany Eder, Erika Sterdig, Celeste Gibson
Guest: Teresa Looper, Jay Swenberger

PNCC Business
- Review of members and alternate list
  o Steve Alcantara, Kathy Leendertse, Jenny Lensgrave, Colleen Chimienti
  o Will send alternates copy of minutes to keep up to date
- Check In PNCC Members
  o Palliative care
    ▪ Working as consultants rather than providing consistent care
  o Home Health
    ▪ Scheduling & 110%
      ▪ Inadequate visit predicting
      ▪ Unable to give visits back
        ▪ Schedular “We don’t have other staff to see this patient”
        ▪ Nurse use nonproductive time spent triaging
        ▪ Nurses seeing more patients out of guilt (likely resulting increase time working off the clock because they made decision to put patient needs above their own)
      ▪ Pushed
        ▪ Patients report feeling unvalued- “your visit was pushed to another day because of staffing and needs of other patients was higher”
        ▪ Visits at end week are higher (reports of high number of patients on unassigned are seen on Fridays)
          ▪ Increase in missed visits
          ▪ Visits pushed to weekend to meet order frequency
            ▪ Patients are less likely to agree to weekend visits as this is often their family time
  ▪ WOCN trialing virtual visits (prescheduled and as needed)
    ▪ Prescheduled
      ▪ To assess wound, treatment plan, update POC, obtain orders and supplies
    ▪ As needed
      ▪ Unexpected change or response to treatment plan
    ▪ Benefits
      ▪ Immediate WOCN consultation
      ▪ Time saver for nurses: able to get orders, update POC and order supplies
  ▪ Problem
Prescheduled visits have been scheduled with LPNs rather than RN or RN CM (case manager) this is likely due to RN time constraints and need to meet productivity standards.
  - Due to complexity of visit, need to have a higher level of assessment skills, these pre-rescheduled should be made with RN CM or an RN at minimum

- Hospice
- Mental Health RN
  - MHRN leaving Providence
  - Unable to take on new patients due to lack of staffing

- Clark County
  - Concerns with traveling down to Portland
    - Inadequate tracking float rotation
    - PNCC: Increase transparency
      - Advise to make float rotation document available to all in SharePoint
  - Patient visits pushed, lack of continuity, reports of patients not feeling valued & trust in care
  - Concern nurses working extra to complete charting after hours
  - PNCC: Are nurses working off the clock? Skipping or working through breaks (2 x 15min breaks + 30min lunch)?
    - Why might nurses work off the clock?
      - To earn productivity points
      - Feeling they are inadequate, not meeting expectations
      - Working extra to meet patient needs and working off the clock to meet those needs
      - Lack of staff
      - Pressure/Guilt (“We don’t have anyone else to see this patient”)
      - Working/charting outside of scheduled day needs to be captured in KRONOS
    - If nurses are working off the clock
      - Negative impact on Work-Life Balance
      - Burnout
      - Management is given incorrect information; resulting in higher expectations
      - Puts nurses at risk of corrective action due inaccurate KRONOS

Senior Leadership
Response to questions

- **Home Health (Kristan email response)**
  - What were the results from the self-scheduling survey you sent out?
    - The results from the RN weekend scheduling survey were shared out in an email to all Nurses on 7/28/22.
  - Is visit projecting being used?
    - Can you please clarify what you mean by "visit projection?"
  - How many missed visits are there in a week/month? Are there plans to hire more RN's?
    - 
• Are there any plans of limiting admissions when there are so many missed visits occurring due to lack of staff?
  o Managers assess their Team’s capacity for new admissions on a daily basis. (of note: Portland HH has turned away 198 referrals in just the past 4 weeks alone)
• Who is monitoring the missed visits by the LPN’s?
  o Coordination and communication regarding missed visits is the responsibility of the Care Team involved in the patient’s care.
• Schedulers Triaging visits: pulling, pushing, missed visits. Who is overseeing the decision of the scheduler (non-RN) of what visits are to be made, pushed or pulled up?
  o The Access RNs affiliated with each Team are responsible for triaging patient visits. The schedulers (Staffing Coordinators) rely on the Appt notes entered by the clinicians as well as the information given to them by the Access RNs. Schedulers do not triage patients.
• Concerns not following the contract for weekend rotation, alternative assignments.

• Hospice: (Teresa Looper, Jay Swenberger)

• Who is overseeing the work of the LPN’s? Is this different in hospice vs home health as far as supervision of the LPN?
  o Review scope and will forward guidelines
  o Request feedback of any concerns about role and scope of LPN
  o LPN has a direct manager
  o LPN visits focus task oriented (rather decision making)
  o Typically, supervisory visits 1x year, 3 chart reviews
• Concerns of not following the contract for low census call offs.
  o Current list: add to list last date called off (improve transparency, improve communication)
• Are there plans to hire more staff to cover the visits that are getting pushed due to lack of staff to cover the visits, and nurses being called off?
  o From PNCC Hospice nurse: acuity of visits are higher with many in crisis
  o Positions posted
  o
• Discussion
  • Weekend Rotation
    o Follow up with management
      ▪ How is this working?
      ▪ Has it been decided process of future self scheduling?
        ▪ When and how dates are to be submitted and how to communicate expectations to staff (this needs to be clear)
      ▪ Is there adequate nursing coverage?
      ▪ How many nurses have been involuntarily made to work a weekend they did not sign up for?
      ▪ The goal of weekend visits is just to see SOC, ROC and PRN visits; that cannot be done during the week. Is this happening?
        ▪ Is their weekend SOC or ROC that could have been done during the week?
        ▪ Is there routine follow up visits being made during weekend, if so what are those numbers?
- Staffing resources: On-call, per-diem
  - Do we have on call, per diem staff?
  - How are they being used?
  - Are per-diem and on call staff used to fill in where needed during weekend to help with sick calls & LOA? If not, then why?

Next meeting 11/15/2022 via TEAMS 1430-1630
Invite management: management