Nurse Staffing Advisory Board

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Formation of Nurse Staffing Advisory Board

- Membership appointed by the Governor of Oregon
- Membership of the nurse staffing advisory board is made up of 12 members appointed from diverse organizations and geography
 - > 2 Co-chairs, one staff and one nurse leader
 - ▶ 5 Management members
 - 5 Staff members including 1 non-RN staff member
- ► Three year terms, however first appointments included 1, 2, and 3 year terms
- ▶ Began work in early 2016

Nurse Staffing Advisory Board

- Provides advice to the OHA
- ▶ Identifies trends, opportunities and concerns related to nurse staffing
- Make recommendations to the authority on the basis of those trends, opportunities and concerns; and
- Review the authority's enforcement powers and processes
- ▶ The authority shall provide the board with
 - ▶ Written hospital-wide staffing plans implemented
 - Audits or complaint reviews including information obtained during an audit, and complaints filed and investigations conducted
- The authority may not provide the board with any information that is identifiable with a specific hospital unless the information is publicly available.
- Hospital-wide staffing plans provided to the board are confidential and not subject to public disclosure

NSAB Reporting Obligation to the Legislature

- ► The board shall submit an annual report by Sept 15th, to a committee of the Legislative Assembly
 - ▶ Review the progress in administration of the staffing law
 - ▶ The report may include recommendations for legislation
- Content and Issues of concern in first report
 - Summary of work to date
 - Unresolved issues related to overtime language and negative impact on call programs and critical clinical operations
 - ▶ Special treatment of Oregon State Hospital in language
 - ▶ Concerns related to documentation requirements
 - Lack of transparency in some activities related to the drafting of language

Areas of Focus for 2017

- Understanding the implementation challenges of hospitals
- Rationale and volume of waivers
- ▶ Early audit experience from OHA and hospitals
 - Documentation requirements
- ▶ Consideration of continued changes to regulations
- ▶ Ensure a full complement of NSAB members
- Revisit exemption for OSH

