



PUBLIC HEALTH DIVISION, Center for Health Protection
Health Care Regulation and Quality Improvement Section
Health Facility Licensing and Certification Program
Kate Brown, Governor



Survey & Certification Unit
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Nurse Staffing Report

Facility Name: Kaiser Foundation Hospital - Westside

Report Publication Date: January 15, 2019

DISCLAIMER: This report was provided to the hospital administrator and both co-chairs of the hospital-wide nurse staffing committee prior to publication.

The hospital has 30 business days from the date it was provided to the hospital administrator and both co-chairs of the hospital-wide nurse staffing committee to submit a Plan of Correction to address deficiencies cited in the report. The Plan of Correction will be added to the published copy of the Nurse Staffing Survey Report after the Plan of Correction is approved by the Oregon Health Authority.

If you need this information in an alternate format,
please call our office at (971) 673-0540 or TTY 711.



Health Care Regulation and Quality Improvement
800 NE Oregon Street, Suite 465
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January 14, 2019

Robert Brantley Dettmer
Hospital Administrator
Kaiser Foundation Hospital - Westside
2875 NW Stucki Ave
Hillsboro, OR 97124-5806

Janet Reeder
Chief Nursing Officer
Kaiser Foundation Hospital - Westside
2875 NW Stucki Ave
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Uzoma Izunagbara
Nurse Staffing Committee Co-Chair
Kaiser Foundation Hospital - Westside
2875 NW Stucki Ave
Hillsboro, OR 97124-5806

Kathryn Vandewalle
Nurse Staffing Committee Co-Chair
Kaiser Foundation Hospital - Westside
2875 NW Stucki Ave
Hillsboro, OR 97124-5806

RE: Nurse Staffing Survey

Dear Mr. Dettmer, Ms. Reeder, Mr. Izunagbara, and Ms. Vandewalle:

On November 27, 2018 our office completed a nurse staffing survey and complaint investigation at your facility. The survey revealed one or more violations of the Oregon Administrative Rules for Nurse Staffing Services.

Enclosed is the Report for that visit. You must complete and sign the Plan of Correction and return it to our office within **thirty (30) business days** of your

receipt of this letter. Please submit the Plan of Correction to mailbox.nursestaffing@state.or.us or submit it by regular mail to the address above. Please keep a copy for your files. The Plan of Correction must include the following information for each deficiency cited:

1. A detailed description of how the hospital plans to correct the specific deficiency identified;
2. The procedure(s) for implementing the plan for the specific deficiency;
3. A timeline or date by which the hospital expects to implement the corrective actions;
4. The description of monitoring procedure(s) that the hospital will perform to prevent a recurrence of the specific deficiency identified; and
5. The title of the person who will be responsible for implementing the corrective actions described.

A Plan of Correction Guidance document is also enclosed for your convenience.

Please note that the hospital administrator's signature and the date signed must be recorded on Page 1 of the Report/Plan of Correction form.

If you have any questions you may contact our office at mailbox.nursestaffing@state.or.us.

Sincerely,

Nurse Staffing Survey Team
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

Enclosures: Nurse Staffing Report
Plan of Correction Guidance Document

***If you need this material in an alternate format, please call
(971)673-0540 or TTY 711***

Health Care Regulation and Quality Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14-1472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER KAISER FOUNDATION HOSPITAL - WESTSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 2875 NW STUCKI AVE HILLSBORO, OR 97124		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	<p>Initial Comments</p> <p>This report reflects the findings of a full nurse staffing survey. The survey was initiated onsite 11/06/2018 and concluded on 11/19/2018.</p> <p>The hospital was evaluated for compliance with the Oregon Administrative Rules for hospital Nursing Services Staffing set forth in OAR Chapter 333, Division 510. The deficiencies identified during the survey follow in this report.</p> <p>The survey also included an unannounced, onsite nurse staffing complaint investigation of complaint #s OR15227, OR15276, OR15277, OR15400, OR15500, OR15509, OR15541, OR16077, OR16089, and OR16107.</p> <p>The allegations contained in complaint #s OR15227, OR15276, OR15277, OR15400, OR15500, OR15509, OR15541, OR16077 and OR16089 were found to be substantiated. The deficiencies identified during the complaint investigation are incorporated into this report. There was insufficient evidence to substantiate the allegation contained in complaint #OR16107.</p> <p>In addition, this report reflects the findings of an unannounced, onsite nurse staffing complaint investigation of complaint #s OR16309, OR16310, OR16313 and OR16398. The complaint investigation was initiated and concluded on 11/27/2018. The allegations contained in the complaints were found to be substantiated. The deficiencies identified during the complaint investigation are incorporated into this report.</p> <p>The following abbreviations, acronyms, and definitions may be used:</p>	E 000		

STATE OF OREGON

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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E 000	Continued From page 1 AACN - American Association of Critical-Care Nurses AC - Acute Care ACLS - Advanced Cardiac Life Support ACNM - Acute Care Nurse Manager ASPAN - American Society of PeriAnesthesia Nurses BLS - Basic Life Support Chemo or chemo - Chemotherapy CHO - Community Hematology/Oncology Outpatient Infusion Clinics CN - Charge Nurse CNA - Certified Nursing Assistant CNE - Chief Nurse Executive CNO - Chief Nursing Officer CTRC - Clinical Trial Research Center DCH - Doernbecher Children's Hospital DCHOR - Doernbecher Children's Hospital Intraoperative Unit EKG - Electrocardiogram EMU - Epilepsy Monitoring Unit Eval - Evaluation GI - Gastrointestinal HAS - Hospital Administrative Supervisor HBNSC - Hospital-Based Nurse Staffing Committee hr./hrs. - hour/hours I&O - Intake & Output ICU - Intensive Care Unit IMC - Intermediate Care L&D - 12C Labor and Delivery Unit LDR - Labor and Delivery LPN - Licensed Practical Nurse MOT - Mandatory Overtime MPU - Medical Procedures Unit MRSN - Unknown M/S - Medical Surgical unit Neuro - Neuro Unit NIH - National Institute of Health NM - Nurse Manager	E 000		

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E 000	Continued From page 2 Nocs - Nights NSC - Nurse Staffing Committee NSM - Nursing Staff Member NSP - Nurse Staffing Plan OFNHP - Oregon Federation of Nurses & Health Professionals OHSU - Oregon Health & Sciences University OLC - Unknown ONS - Oncology Nursing Society Onc - Oncology Unit OR - Operating Room OT - Overtime PACU - Post-Anesthesia Care Unit RN - Registered Nurse SOR - South OR SSO - Supervisor of Staffing Office SSU - Surgical Services Unit SUNA - Unknown Tele - Telemetry TNCC - Trauma Nursing Core Course UBNPC - Unit Based Nurse Practice Council VS - Vital Signs	E 000		
E 600	OAR 333-510-0045 (1) Nurse Staffing Complaint Notice (1) On each hospital unit, a hospital shall post a complaint notice that: (a) Summarizes the provisions of ORS 441.152 to 441.177; (b) Is clearly visible to the public; and (c) Includes the Authority ' s complaint reporting phone number, electronic mail address and website address.	E 600		

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E 600	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observation, review of documentation and interview, it was determined the hospital failed to ensure it posted the complaint notice with all required information.</p> <p>Findings include:</p> <p>1. During tour of the M/S family waiting room with the M/S NM on 11/06/2018 at 1150, the nurse staffing complaint notice observed lacked the electronic mail address and website address for the Oregon Health Authority.</p> <p>2. During a tour of the OR/MPU waiting area on 11/06/2018 at 1220, with M/S NM it was observed the NS complaint notice lacked the electronic mail address and website address for the Oregon Health Authority. Based on observation, review of documentation and interview, it was determined the hospital failed to ensure it posted the complaint notice with all required information.</p> <p>Findings include:</p> <p>1. During tour of the M/S family waiting room with the M/S NM on 11/06/2018 at 1150 the nurse staffing complaint notice observed lacked the electronic mail address and website address of OHA.</p> <p>2. During a tour of the OR/MPU waiting area on 11/06/2018 at 1220 with M/S NM it was observed the NS complaint notice lacked the electronic mail address and website address of</p> <p>3. During interview with M/S NM on 11/06/2018 at</p>	E 600		

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E 600	Continued From page 4 the time of the tour, he/she confirmed findings 1 and 2. 3. During interview with M/S NM on 11/06/2018 at the time of the tour, he/she confirmed findings 1 and 2.	E 600		
E 602	OAR 333-510-0045 (2) Anti-Retaliation Notice (2) A hospital shall also post an anti-retaliation notice on the premises that: (a) Summarizes the provisions of ORS 441.181, 441.183, 441.184 and 441.192; (b) Is clearly visible; and (c) Is posted where notices to employees and applicants for employment are customarily displayed. Stat. Auth.: ORS 413.042, 441.155, 441.169, 441.173 & 441.185 Stats. Implemented: ORS 441.155, 441.169, 441.173 & 441.185 This Rule is not met as evidenced by: Based on interview it was determined the hospital failed to ensure it posted the anti-retaliation notice in places where applicants for employment would be likely to view and read it. Findings include: 1. During interview with M/S NM on 11/06/2018 at 1155, he/she stated that all individuals apply for	E 602		

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E 602	Continued From page 5 employment online. 2. During observation of "jobs website" with M/S NM on 11/07/2018 at 1200, the anti-retaliation notice was not posted on the hospital website where applicants and employees could view it. 3. During interview with DQ on 11/08/2018 at 1350, he/she stated he/she could not find the anti-retaliation notice on the "jobs website."	E 602		
E 604	OAR 333-510-0045 (3) Nurse Staffing Documentation (3) A hospital shall keep and maintain all records necessary to demonstrate compliance with ORS 441.152 to 441.177. These records shall: (a) Be maintained for no fewer than three years; (b) Be promptly provided to the Authority upon request; and (c) Include, at minimum: (A) The staffing plan; (B) The hospital nurse staffing committee charter; (C) Staffing committee meeting minutes; (D) Documentation showing how all members of the staffing committee were selected; (E) All complaints filed with the staffing committee; (F) Personnel files for all nursing staff positions that include, at minimum, job descriptions, required licensure and specialized qualifications and competencies required for the individual 's assigned nurse specialty or unit; (G) Documentation showing work schedules for nursing staff in each hospital nurse specialty or unit; (H) Documentation showing actual hours worked by all nursing staff; (I) Documentation showing all work schedule	E 604		

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E 604	Continued From page 6 variances that resulted in the use of replacement nursing staff; (J) Documentation showing how many on-call hours, if any, required nursing staff to be on the hospital premises; (K) Documentation showing how many required meeting, education and training hours, if any, were required of nursing staff; (L) The hospital's mandatory overtime policy and procedure; (M) Documentation showing how many, if any, overtime hours were worked by nursing staff; (N) Documentation of all waiver requests, if any, submitted to the Authority; (O) Documentation showing how many, if any, additional hours were worked due to emergency circumstances and the nature of those circumstances; (P) The list of on-call nursing staff used to obtain replacement nursing staff; (Q) Documentation showing how and when the hospital updates its list of on-call staff used to obtain replacement nursing staff and how the hospital determines eligibility to remain on the list; (R) Documentation showing the hospital's procedures for obtaining replacement nursing staff, including efforts made to obtain replacement staff; (S) Documentation showing the hospital's actual efforts to seek replacement staff when needed; (T) Documentation showing each actual instance in which the hospital implemented the policy described in OAR 333-510-0110(2)(g) to initiate limitations on admission or diversion of patients to another hospital; and (U) All staffing committee reports filed with the hospital administration following a review of the staffing plan. Stat. Auth.: ORS 413.042, 441.155, 441.169,	E 604		

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E 604	<p>Continued From page 7</p> <p>441.173 & 441.185 Stats. Implemented: ORS 441.155, 441.169, 441.173 & 441.185</p> <p>This Rule is not met as evidenced by: Based on interview and review of documentation in 5 of 7 personnel records (NSMs 11, 18, 21, 27, and 28), it was determined that the hospital failed to maintain documentation showing the specialized qualifications and competencies for NSMs as required by subsection (c)(F).</p> <p>Findings include:</p> <p>1. Personnel records for M/S RN NSM 18 (Traveler RN) with hire date 02/13/2018 reflected: *No documentation of required "Patient Safety University," "Crucial Conversations, Therapeutic Relationships," and "Cross Cultural Healthcare" required for new hires in the "KWMC Medical - Surgical Nursing Competencies General Information 2018."</p> <p>* The "Kaiser Westside Medical Center Initial Competency Skills Validation" form included a list of approximately 40 skills and competencies including but not limited to "... Infusion Pump, Operates ... Chest Tube Set Up and Assessment ... Central Line Care, Assessment and Blood Draw ... Medication Administration ... Heparin Drip Protocol ... Oxygen Therapy ... " The "Orienteer Signature" line and date were blank following the statement, "The orientee has read the documentation on this competency and validates that it is correct and accurate." The column for documenting the date for each of the 40 skills and competencies had no date recorded. * Documentation did not reflect NIHSS</p>	E 604		

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E 604	Continued From page 8 Certification required by the NSP. 2. The M/S NSP 03/07/2018 reflected "... Skill Level ... Staff RNs ... NIHSS Certification ..." 3. Similar findings related to lack of new hire competencies identified during review of personnel records for NSM 11 (M/S CNA 2) with hire date 09/11/2017. 4. During interview with M/S NM on 11/08/2018 at 1500, he/she confirmed findings 1 and 3. 5. Review of personnel records for OR NSM 21 (Charge Nurse RN), with hire date of 07/24/2017, personnel records were incomplete. Records reflected: * No documentation of ACLS required by NSP for Charge Nurses. * No documentation of "Health Connect Training" required by NSP for new hires. 6. OR NSP dated 10/04/2017 reflected "Skill Level ... Charge RNs/Service leads must have ACLS." "Unit/Department Competencies and Training ... New Hires ... Health Connect training for RNs ... " 7. Similar findings related to incomplete records for OR NSM 27 (Charge RN) with hire date 07/10/2017; and OR NSM 28 (RN) with hire date 07/10/2017. 8. During interview with OR NM on 11/08/2018 at time of personnel record review, he/she confirmed findings 5, 6 and 7.	E 604		
E 612	OAR 333-510-0105 (4) (a) Nurse Staffing Committee Req.	E 612		

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E 612	<p>Continued From page 9</p> <p>(4) The staffing committee shall be comprised of an equal number of hospital nurse managers and direct care staff. Direct care staff members shall be selected as follows: (a) The staffing committee shall include at least one direct care registered nurse from each hospital nurse specialty or unit as the specialty or unit is defined by the hospital to represent that specialty or unit; Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154</p> <p>This Rule is not met as evidenced by: Based on interview, review of NSC documentation and review of NSC Charter it was determined that the hospital failed to ensure the NSC was clearly comprised of equal numbers of NMs and direct care staff that represented all specialties/units where nursing services were provided.</p> <p>Findings include:</p> <p>1. Review of NSC Charter titled "Kaiser Westside Medical Center Staffing Committee Charter 2017" not dated, reflected "Decision-making will be made by voting members of the Hospital Staffing Committee ... only an equal number of hospital nurse managers and direct care staff may vote."</p> <p>2. Review of an undated, untitled document reflected a NSC membership total of 17 comprised of 7 Primary DC NSC members, 1 Alternate DC NSC member, 3 vacant DC NSC positions and 9 NM NSC members.</p>	E 612		

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E 612	Continued From page 10 3. During interview with NSC co-chairs on 11/06/2018 at the time of NSC Charter review, they confirmed findings 1 and 2.	E 612		
E 618	OAR 333-510-0105 (5) Nurse Staffing Committee Req. (5) The staffing committee shall have two co-chairs. One co-chair must be a hospital nurse manager elected by a majority of the staffing committee members who are hospital nurse managers. The other co-chair must be a direct care registered nurse elected by a majority of the staffing committee members who are direct care staff. Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154 This Rule is not met as evidenced by: Based on interview and review of NSC meeting minutes it was determined that the hospital failed to ensure * The NSC NM co-chair is elected by a majority of members who are hospital nurse managers; and * The direct care co-chair is elected by a majority of the staffing committee members who are direct care staff. Findings include: 1. During interview with NM co-chair on 11/06/2018 beginning 1130, he/she stated that NM co-chair was appointed by CNO and direct care co-chair is voted by all direct care RNs in the hospital through the union OFNHP.	E 618		

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E 618	Continued From page 11 2. In NSM interviews completed between 11/06/2018 and 11/14/2018, 129 of 235 respondents indicated that they did not participate in the selection of the direct care registered nurses that represent units on the hospital nurse staffing committee.	E 618		
E 620	OAR 333-510-0105 (6) Nurse Staffing Committee Req. (6) The staffing committee must develop a written charter that documents the policies and procedures of the staffing committee. At minimum, the charter must include: (a) How meetings are scheduled; (b) How members are notified of meetings; (c) How agendas are determined; (d) How input from hospital nurse specialty or unit staff is submitted; (e) Who may participate in decision-making; (f) How decisions are made; and (g) How the staffing committee shall monitor, evaluate and modify the staffing plan over time. Stat. Auth.: ORS 413.042, 441.151 & 441.154 Stats. Implemented: ORS 441.154 This Rule is not met as evidenced by: Based on interview, review of the NSC charter and review of NSC meeting minutes it was determined that the hospital failed to ensure the NSC had developed and approved a charter that was current, accurate, and included or clearly stipulated the following: * How meetings are scheduled; * How input from nursing specialty or unit staff is	E 620		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 620	Continued From page 12 submitted; and * How the staffing committee shall monitor, evaluate and modify the staffing plan over time. Findings include: 1. Review of NSC Charter dated "2017" reflected: * The charter did not clearly stipulate how meetings are scheduled. The charter stated only, "The Hospital Staffing Committee must meet at least once every three months: and at any time and place specified by either co-chair of the staffing committee." * The charter did not stipulate how input from nursing specialty or unit staff is submitted. * The charter did not clearly stipulate how the staffing committee will monitor, evaluate and modify the staffing plan over time. The charter stated only "The nurse staffing plan must be developed, monitored, evaluated and modified by a hospital nurse staffing plan committee." No process was included. 2. During interview with NSC DC Co-chair and NSC NM member on 11/06/2018 at the time of NSC charter review, they confirmed finding 1.	E 620		
E 628	OAR 333-510-0110 (1) Nurse Staffing Plan Req. (1) Each hospital shall implement a written hospital-wide staffing plan for nursing services that is developed and approved by the hospital nurse staffing committee established in accordance with ORS 441.154 and OAR chapter 333 division 510 rules. Stat. Auth.: ORS 413.042 & 441.155 Stats. Implemented: ORS 441.155	E 628		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14-1472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER KAISER FOUNDATION HOSPITAL - WESTSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 2875 NW STUCKI AVE HILLSBORO, OR 97124		
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E 628	Continued From page 13 This Rule is not met as evidenced by: Based on interview, review of NSC documentation, and review of NSP documentation for 4 of 4 specialties or units (M/S, OR, ICU and MPU) it was determined that the hospital failed to implement a hospital-wide NSP developed and approved by the NSC in accordance with these rules: * The NSP was not fully developed or complete. Findings include: 1. Refer to findings in Tags E630, E632, E634, E636, E638, E640, E642, E644 and E646 that reflect NSP was not fully developed or completed.	E 628		
E 630	OAR 333-510-0110 (2)(a) Nurse Staffing Plan Req (2) The staffing plan: (a) Must be based on the specialized qualifications and competencies of the nursing staff and provide for the skill mix and level of competency necessary to ensure that the hospital is staffed to meet the health care needs of patients; Stat. Auth.: ORS 413.042 & 441.155 Stats. Implemented: ORS 441.155 This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 2 of 4 specialties or units (M/S	E 630		

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NAME OF PROVIDER OR SUPPLIER KAISER FOUNDATION HOSPITAL - WESTSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 2875 NW STUCKI AVE HILLSBORO, OR 97124		
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E 630	<p>Continued From page 14</p> <p>and OR), it was determined that the hospital failed to implement a hospital-wide NSP that was developed based on the qualifications and competencies needed by the nursing staff for each unit, and that provided for the skill mix and level of competency necessary to ensure that patients' needs were met.</p> <p>Findings include:</p> <p>1. Review of M/S NSP dated 03/07/2018 did not clearly specify the required qualifications and competencies for NSMs on the unit. For example: * The NSP "Skill Level" section reflected "Unit/Department Competencies and Training ... Health Stream modules ... competencies ... certifications ..." No further information in NSP related what those modules, competencies and certifications consisted of. * NSP referenced a "2016 RN/CPCA/CMA Annual Competency Skills Validation." It was unclear if the 2016 "Annual Competency Skills Validation" was current and valid and there was no information in NSP related to what those competencies consisted of. It was also not specified whether the CNA was a CNA1 or a CNA2.</p> <p>2. During interview with M/S NM on 11/07/2018 at time of NSP review, he/she confirmed finding 1. He/she stated the reference to 2016 Annual Skills validation was not accurate and should have reflected a newer 2018 Annual Skills validation.</p> <p>3. Review of the OR NSP dated 10/04/2017 was unclear. For example: * The NSP referenced use of ATs, CPCAs, STs "techs" and OR Aides but did not indicate whether those individuals were NSMs, and there were no</p>	E 630		

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E 630	Continued From page 15 qualifications/competencies for ATs, CPCAs or OR Aides. 4. During interview with OR NM on 11/08/2018 at time of NSP review, he/she confirmed finding 3. OR NM stated "CPCAs were CNA2s who had EKG training."	E 630		
E 632	OAR 333-510-0110 (2) (b) Nurse Staffing Plan Req. (2) The staffing plan: (b) Must be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit; This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 3 of 4 specialties or units (M/S, OR, and ICU), it was determined that the hospital failed to implement a hospital-wide NSP that was developed based on measurements of unit activity that quantified the rate of admissions, discharges and transfers for each unit and the time required for a direct care RN to complete those tasks. Findings include: 1. Review of the M/S NSP dated 03/07/2018 reflected the NSP lacked measurements of unit activity and the amount of time required for direct	E 632		

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E 632	Continued From page 16 care RNs to complete those tasks. 2. During interview with M/S NM on 11/07/2018 at the time of M/S NSP review, he/she confirmed finding 1. 3. Review of OR NSP dated 10/04/2017 reflected the OR NSP lacked measurements of unit activity and the amount of time required for direct care RNs to complete these tasks. 4. During interview with OR NM on 11/08/2018 at the time of OR NSP review, he/she confirmed finding 3. 5. Review of ICU NSP dated "2017" reflected the ICU NSP lacked measurements of unit activity and the amount of time required for direct care RNs to complete these tasks. 6. During interview with ICU NM on 11/07/2018 at the time of ICU NSP review, he/she confirmed finding 5.	E 632		
E 634	OAR 333-510-0110 (2) (c) Nurse Staffing Plan Req. (2) The staffing plan: (c) Must be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses; This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 3 of 4 specialties or units (M/S,	E 634		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14-1472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/27/2018
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E 634	<p>Continued From page 17</p> <p>OR, and MPU), it was determined that the hospital failed to implement a hospital-wide NSP that was developed based on total diagnoses for each unit and the nursing staff required to manage those diagnoses.</p> <p>Findings include:</p> <p>1. Review of OR NSP dated 10/04/2017 lacked information related to the total diagnoses for the unit and the nursing staff required to manage those diagnoses. The NSP reflected only a list of specialty services such as "Robotics, general surgery, orthopedics, ENT, plastics, gynecology, urology, pediatric day surgery, podiatry, emergent vascular, craniotomy and craniectomy (burr hole only) ..." The NSP listed types of procedures performed instead of the total diagnoses and number of nursing staff required to manage those diagnoses.</p> <p>2. During interview with OR NM on 11/08/2018 at the time of the OR NSP review, he/she confirmed finding 1.</p> <p>3. Review of MPU NSP dated "2018" lacked information related to the total diagnoses for the unit. The NSP reflected a list of "routine, urgent, and emergent medical procedures for both inpatient and outpatient adults." For example: * "Colonoscopy, esophagogastroduodenoscopy (EGD), endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasound (EUS), bronchoscopy, endoscopic bronchial ultrasound (EBUS), cardioversion, transesophageal echocardiogram (TEE) ..." The NSP listed types of procedures performed instead of the total diagnoses and number of nursing staff required to manage those diagnoses.</p>	E 634		

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E 634	Continued From page 18 4. During interview with MPU NM on 11/08/2018 at the time of the MPU NSP review, he/she confirmed finding 3.	E 634		
E 636	OAR 333-510-0110 (2) (d) Nurse Staffing Plan Req. (2) The staffing plan: (d) Must be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations such as, but not limited to: The American Association of Critical Care Nurses, American Operating Room Nurses (AORN), or American Society of Peri-Anesthesia Nurses (ASPN); This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 3 of 4 specialties or units (M/S, OR, and ICU), it was determined that the hospital failed to implement a hospital-wide NSP that was developed to reflect for each unit consistency with current, nationally-recognized standards and guidelines established by professional nursing specialty organizations. Findings include: 1. Review of M/S NSP dated 03/07/2018 reflected "KWMC Med/Surg Follows the Academy of Medical-Surgical Nurses (AMSN)." No date or version was specified.	E 636		

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E 636	Continued From page 19 2. During interview with M/S NM on 11/07/2018 at the time of the M/S NSP review, he/she confirmed finding 1. 3. Review of OR NSP dated 10/04/2017 reflected "The staffing plan for the Perioperative units follow criteria based on the ... American Society of PeriAnesthesia Nurses (ASPN), Society of Gastroenterology Nurses (SGNA), and the Association of Surgical Technologists (AST)," no date or version was specified. 4. Review of ICU NSP dated "2017" reflected "Intensity of Unit & Care: All consistent with American Association of Critical Care Nurses." No date or version was specified. 5. During interview with ICU NM on 11/07/2018 at the time of the ICU NSP review, he/she confirmed finding 4.	E 636		
E 638	OAR 333-510-0110 (2) (e) Nurse Staffing Plan Req. (2) The staffing plan: (e) Must recognize differences in patient acuity and nursing care intensity; This Rule is not met as evidenced by: Based on interview, review of hospital-wide NSP and review of NSP documentation for 2 of 4 specialties or units (M/S, OR and MPU), it was determined that the hospital failed to implement a hospital-wide NSP that was developed to recognize for each unit differences in patient	E 638		

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E 638	<p>Continued From page 20</p> <p>acuity and nursing care intensity.</p> <p>Findings include:</p> <p>1. Review of OR NSP dated 10/04/2018 reflected a lack of information related to patient acuity and nursing care intensity. For example: * The "Acuity Levels" section reflected "Core Staffing level needed based on average need by service line." For "Robotics" service line it reflected the core staffing level was "1-2 (set up, change over and lunches)" RNs and "0-1" RNFAs. The NSP lacked information related to how nursing care intensity and patient acuity would be evaluated, calculated, or determined for individual patients. * NSP reflected "staff assignments are made by a charge nurse, nurse associate manager or a nurse manager ... Additional staff members ... may be used as appropriate for the following ... complex surgical procedures and patients with compound needs may require an additional RN circulation, scrub person or assistant ... Technological demands (e.g. laser) ..." It was unclear how acuity and nursing care intensity would be calculated and determined for those patients with "compound needs" and "complex surgical procedures."</p> <p>2. Review of MPU NSP dated "2018" reflected a lack of information related to patient acuity and nursing care intensity. For example: * "Intensity of Unit & Care: Patients are assessed and staffed according to the ASPAN Standard ... Phases of post anesthesia care were developed by the American Society of PeriAnesthesia Nurses ..." * "Staffing Grid: Pre-procedure admission 1 RN per procedure room (10 - 14 pts scheduled per day per room)</p>	E 638		

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E 638	Continued From page 21 1 CNA per procedure room" The number of additional RN's will be based on the number of patients, the number of procedure rooms, pt acuity, types and complexity of procedures scheduled." It is unclear how acuity and nursing care intensity would be calculated and determined.	E 638		
E 640	OAR 333-510-0110 (2) (f) Nurse Staffing Plan Req. (2) The staffing plan: (f) Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts... This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 2 of 4 specialties or units (M/S and OR), it was determined that the hospital failed to implement a hospital-wide NSP that established minimum numbers of nursing staff required on specified shifts. Findings include: 1. Review of M/S NSP dated 03/07/2018 revealed it lacked information related to establishing minimum numbers of NSMs required on specific	E 640		

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E 640	Continued From page 22 shifts. For example: * M/S NSP referenced use of CPCAs however, the NSP included no information reflecting if CPCAs were NSMs. For CPCAs, the NSP reflected "Safe CPCAs assignment will be based on patient safety and total Med/Surg patient census per matrix guideline." 2. During interview with M/S NM on 11/07/2018 at time of NSP, he/she confirmed finding 1. M/S NM stated CPCAs were CNA2s and he/she stated the "matrix guideline" referenced in the NSP reflected numbers of NSMs could be flexed up or down and did not reflect minimum numbers. 3. Review of OR NSP dated 10/04/2017 lacked minimum numbers of NSMs on specified shifts. 4. During interview with OR NM on 11/08/2018 at time of NSP review, he/she confirmed finding 3.	E 640		
E 642	OAR 333-510-0110 (2)(f) Nurse Staffing Plan Requirements (2) The staffing plan: (f) Must provide that no fewer than one registered nurse and one other nursing staff member is on duty in a unit when a patient is present;	E 642		

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E 642	<p>Continued From page 23</p> <p>This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 3 of 4 specialties or units (M/S, OR and ICU), it was determined that the hospital failed to implement a hospital-wide NSP that ensured no fewer than one RN and one other NSM be on duty in a unit when a patient is present.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The NSP did not clearly reflect minimum numbers. For example: * Review of M/S NSP dated 03/07/2018 reflected "The minimum number of staff needed to operate on floor is: (1) RN and (1) CNA/CPCA or an additional RN 24/7," The NSP did not reflect how many patients the minimum number of NSMs applied to. * NSP referenced use of CPCAs in its minimum number however, the NSP did not indicate whether a CPCA was a NSM. 2. OR NSP dated 10/04/2018 did not establish minimum number of an RN and one other NSM present on unit when one patient present. For example: * The "Core Staffing Pattern" in the NSP day and night "call" core staffing was 1 RN, 1 ST and 1 RNFA, however, there was no documentation reflecting how many patients the minimum number applied to. The NSP did not indicate whether STs and RNFAs were NSMs. 3. Durine interview with OR NM on 11/08/2018 at time of OR NSP review, he/she confirmed finding 2. 4. Review of ICU NSP dated "2017" did not clearly reflect minimum numbers. For example: 	E 642		

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E 642	Continued From page 24 * The ICU NSP reflected "Unit is to be staffed 24 hours/7 days a week with a minimum of two Registered Nurses and one Charge Nurse at all times." The NSP did not reflect how many patients the minimum number of NSMs applied to. 5. Interview with ICU NM on 11/07/2018 at time of ICU NSP review, he/she confirmed finding 4.	E 642		
E 644	OAR 333-510-0110 (2) (g) Nurse Staffing Plan Req. (2) The staffing plan: (g) Must include a formal process for evaluating and initiating limitations on admission or diversion of patients to another hospital when, in the judgment of a direct care registered nurse or a nurse manager, there is an inability to meet patient care needs or a risk of harm to patients; This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 2 of 4 specialties or units (M/S and ICU), it was determined that the hospital failed to develop a formal process for evaluating and initiating limitations on admission or diversion that allowed for any direct care RN or nurse manager to initiate the process in accordance with OAR 333-510-0110(2)(g). Findings include: 1. Review of M/S NSP dated 03/07/2018 reflected "Capacity Management Escalation ... Charge Nurse will consider redistribution of patient load to assure safe patient care ... Charge nurse may	E 644		

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E 644	Continued From page 25 request from the HAS additional staff from other units in the area to assure safe patient care and request a High Census Huddle, if necessary." The NSP did not include that any direct care RN could initiate the process for limiting admissions/diversions. 2. During interview with M/S NM on 11/07/2018 at the time of M/S NSP review, he/she confirmed finding 1. 3. Review of ICU NSP dated "2017" reflected "ICU Census Management Guidelines Only ... ICU CN will identify patients that have potential for downgrading or transfer ... Identify patient(s) that can be podded and support staff needs ... Evaluate staffing for next shift ... Develop plan with manager/MOD or HAS as needed ... If IMOC, Intensivist or ED physician identify the need for divert they will notify the CN who will follow the grid ..." 4. During interview with ICU NM on 11/07/2018 at the time of ICU NSP review, he/she confirmed finding 3. 5. In NSM interviews completed between 11/06/2018 and 11/14/2018, 123 of 196 respondents indicated they have no role in the process for evaluating and initiating limitations on admissions or divert status.	E 644		
E 646	OAR 333-510-0110 (2) (h) Nurse Staffing Plan Req. (2) The staffing plan: (h) Must consider tasks not related to providing direct care, including meal breaks and rest breaks;	E 646		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14-1472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER KAISER FOUNDATION HOSPITAL - WESTSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 2875 NW STUCKI AVE HILLSBORO, OR 97124		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 646	<p>Continued From page 26</p> <p>This Rule is not met as evidenced by: Based on interview and review of NSP documentation for 4 of 4 specialties or units (M/S, OR, ICU and MPU), and review of documentation in 23 of 63 NSM timekeeping records (NSM 1, 3, 8, 9, 10, 16, 17, 19, 23, 27, 32, 34, 44, 55, 56, 57, 72, 73, 74, 75, 76, 86 and 95) it was determined that the hospital failed to implement a hospital-wide NSP that was developed to consider for each unit meal breaks, rest breaks, and other tasks not related to direct patient care and that NSMs received breaks as required. The NSP did not provide for additional NSMs to maintain the staffing ratios required in the NSP during these tasks, creating the possibility that the units did not meet minimum staffing required for the duration of tasks not related to direct patient care.</p> <p>Findings include:</p> <p>1. Review of M/S NSP dated 03/07/2018 reflected "At the beginning of the shift, the charge nurse will establish break times for unit members ... The Charge Nurse, in conjunction with unit members, will facilitate the unit members getting breaks. It is the expectation that ... The Charge Nurse is to provide the majority of breaks for the RN team members ... CNAs/CPCA's will cover each other's breaks." There was no further information related to how the Charge nurse and unit members facilitated the breaks. There was no assurance that staffing would be in accordance with the NSP during meal and rest breaks.</p> <p>2. During interview with the M/S NM on</p>	E 646		

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E 646	<p>Continued From page 27</p> <p>11/07/2018 at the time of the M/S NSP review, he/she confirmed finding 1.</p> <p>3. Review of timekeeping records revealed 6 of 10 M/S NSMs (16, 17, 19, 55, 56, and 57) did not receive all breaks as required. For example: * Timekeeping records for M/S NSM 19 (RN) reflected that a meal break was not received on 10/21/2018 and 10/22/2018. * Similar findings were identified regarding missed meal breaks for NSMs 16, 17, 55, 56 and 57.</p> <p>4. During interview with M/S NM on 11/07/2018 at the time of M/S timekeeping review, he/she confirmed finding 3.</p> <p>5. Review of OR NSP dated 10/04/2017 reflected "Breaks and lunch ... Essential staffing, the staffing matrix, and the block schedule shall provide adequate coverage for breaks, meals and non-clinical activities ... Lunch and Break pattern: two 20 minute breaks and one 30-minute lunch ... Meal and Break Coverage plan: 4 circulating nurses and 3 Surgical techs, plus 1 RNFA." Review of the "Essential Staffing" and "Core Staffing Pattern: Matrix: 2017 Block Schedule" in the NSP contained no further information related to coverage for meal and rest breaks.</p> <p>6. During interview with OR NM on 11/08/2018 at time of NSP review, he/she confirmed finding 5.</p> <p>7. Review of timekeeping records revealed 3 of 10 OR NSMs (23, 27 and 44) did not receive breaks as required. For example: * Timekeeping records for OR NSM 23 (RN) reflected that a meal break was not received on 08/12/2018. * Similar findings were identified regarding</p>	E 646		

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E 646	<p>Continued From page 28</p> <p>missed meal breaks for NSMs 27 and 44.</p> <p>8. During interview with SSO on 11/08/2018 at the time of timekeeping record review, he/she confirmed finding 7.</p> <p>9. Review of ICU NSP dated "2017" reflected "All staff must take meal breaks with the support of team members: charge nurse, or other qualified nurses (ie: float nurse) ... Staff will be off the clock for the contracted amount of time: 30 minute meal break ... Staff working 12 hour shifts are entitled to three 15 minute pain breaks and one unpaid 30 minute meal period ... Staff are expected to take uninterrupted breaks ... The charge nurse MUST be notified in advance if nurses are unable to take breaks after which problem solving will occur to ensure nurses get their breaks." There was no further information related to coverage for meal and rest breaks.</p> <p>10. During interview with ICU NM on 11/07/2018 at the time of ICU NSP review, he/she confirmed finding 9 and stated "other RNs on duty look after patients with the charge RN as back up."</p> <p>11. Review of timekeeping records revealed 12 of 33 ICU NSMs (1, 3, 8, 9, 10, 72, 73, 74, 75, 76, 86 and 95) did not receive breaks as required. For example: * Timekeeping records for ICU NSM 1 (CNA) reflected that a meal break was not received on 08/25/2018, 08/27/2018 and 08/29/2018. * Similar findings were identified regarding missed meal breaks for NSMs 3, 9, 10, 72, 73, 75, 76 and 95.</p> <p>12. During interview with ICU NM on 11/07/2018 at the time of ICU timekeeping review, he/she confirmed finding 11.</p>	E 646			

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E 646	Continued From page 29 13. In addition, review of timekeeping records reflected that rest breaks were not received for ICU NSM 9 on 10/06/2018 and 11/05/2018. * Similar findings were identified regarding missed rest breaks for NSMs 8, 74 and 86. 14. During interview with ICU NM on 11/27/2018 at 1034, he/she confirmed finding 13. 15. Review of timekeeping records revealed 2 of 10 MPU NSMs (32 and 34) did not receive all meals and breaks as required. For example: * Timekeeping records for MPU NSM 32 (RN) revealed he/she missed a meal break on 08/14/2018 and 08/23/2018. * Similar findings were identified regarding missed meal breaks for NSM 34 (Charge RN). 16. During interview with MPU NM on 11/08/2018 at the time of MPU timekeeping review, he/she confirmed finding 15. 17. In NSM interviews completed between 11/06/2018 and 11/14/2018, 89 of 195 respondents indicated they have missed breaks and/or lunch more than six times in the last year because there was not sufficient staff to cover that time.	E 646		
E 654	OAR 333-510-0115 (2) Nurse Staffing Plan Review Req. (2) In reviewing the staffing plan, the staffing committee shall consider: (a) Patient outcomes; (b) Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing;	E 654		

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E 654	<p>Continued From page 30</p> <p>(c) The number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;</p> <p>(d) The aggregate hours of mandatory overtime worked by nursing staff;</p> <p>(e) The aggregate hours of voluntary overtime worked by nursing staff;</p> <p>(f) The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;</p> <p>(g) Any other matter determined by the committee to be necessary to ensure that the hospital is staffed to meet the health care needs of patients; and</p> <p>(h) Any report filed by a nursing staff member stating the nursing staff member 's belief that the hospital unit engaged in a pattern of requiring direct care nursing staff to work overtime for nonemergency care.</p> <p>Stat. Auth.: ORS 413.042 & 441.156 Stats. Implemented: ORS 441.156</p> <p>This Rule is not met as evidenced by: Based on interview, review of NSC Charter, review of NSC meeting minutes, and review of Annual NSP documentation for 4 of 4 specialties or units (M/S, OR, ICU and MPU) it was determined that the hospital failed to ensure the NSC reviewed the NSP by considering all of the factors specified in the rules.</p> <p>Findings include:</p> <p>1. The undated annual review titled "Kaiser</p>	E 654		

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E 654	<p>Continued From page 31</p> <p>Westside Medical Center 2017 Hospital Nurse Staffing Committee Report" included M/S data for "Quality & Patient Safety" and "Patient Satisfaction" for quarter 1 2017, quarter 2 2017 and quarter 3 2017. Although the documentation included some patient outcome information such as "CA -UTI," "Falls," and "HAPU Stage 2 ..." there was no information related to:</p> <p>(b) Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing;</p> <p>(c) The number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit in a 24-hour period;</p> <p>(d) The aggregate hours of mandatory overtime worked by nursing staff;</p> <p>(e) The aggregate hours of voluntary overtime worked by nursing staff;</p> <p>(f) The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;</p> <p>(g) Any other matter determined by the committee to be necessary to ensure that the hospital is staffed to meet the health care needs of patients; and</p> <p>(h) Any report filed by a nursing staff member stating that the nursing staff member's belief that the hospital unit engaged in a pattern of requiring direct care nursing staff to work overtime for nonemergency care.</p> <p>2. Review of the M/S NSP dated 03/07/2018 lacked evidence of an annual review by the NSC.</p> <p>3. During interview with M/S NM on 11/07/2018 at the time of the review of the annual review, he/she confirmed the NSC had not conducted an annual review of the M/S NSP.</p>	E 654		

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E 654	<p>Continued From page 32</p> <p>4. The undated annual review titled "Kaiser Westside Medical Center 2017 Hospital Nurse Staffing Committee Report" included OR data for "Verification Events," "Retained Surgical Items," and "SSIs" for quarter 1 2017, quarter 2 2017 and quarter 3 2017. Although the documentation included some patient outcome information, there was no information related to</p> <p>(b) Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing;</p> <p>(c) The number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit in a 24-hour period;</p> <p>(d) The aggregate hours of mandatory overtime worked by nursing staff;</p> <p>(e) The aggregate hours of voluntary overtime worked by nursing staff;</p> <p>(f) The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;</p> <p>(g) Any other matter determined by the committee to be necessary to ensure that the hospital is staffed to meet the health care needs of patients; and</p> <p>(h) Any report filed by a nursing staff member stating that the nursing staff member's belief that the hospital unit engaged in a pattern of requiring direct care nursing staff to work overtime for nonemergency care.</p> <p>5. Review of the OR NSP dated 10/04/2018 lacked evidence of an annual review by the NSC.</p> <p>6. During interview with OR NM on 11/08/2018 at the time of the review of annual review, he/she confirmed the NSC had not conducted an annual review of the OR NSP.</p>	E 654		

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E 654	Continued From page 33 7. Review of the ICU NSP dated "2017" lacked evidence of an annual review by the NSC. 8. During interview with ICU NM on 11/07/2018 at the time of the ICU NSP review, he/she confirmed finding 7. 9. Review of the MPU NSP dated "2018" lacked evidence of an annual review by the NSC. 10. During interview with MPU NM on 11/08/2018 at the time of the MPU NSP review, he/she confirmed finding 9.	E 654		
E 656	OAR 333-510-0115 (3) Nurse Staffing Plan Review Req. (3) Following its review of the staffing plan, the staffing committee shall issue a written report to the hospital that indicates whether the staffing plan ensures that the hospital is adequately staffed and meets the health care needs of patients. If the report indicates that it does not, the staffing committee shall modify the staffing plan as necessary to accomplish this goal. Stat. Auth.: ORS 413.042 & 441.156 Stats. Implemented: ORS 441.156 This Rule is not met as evidenced by: Based on review of NSC Charter and review of Annual NSP review report documentation for 2 of 4 specialties or units (M/S and OR) it is determined that the hospital failed to issue a report to indicate whether the staffing plan ensures adequate staffing to meet the health care needs of patients.	E 656		

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E 656	Continued From page 34 Findings include: 1. Refer to the findings identified under Tag E628 that reflected NSPs were not fully developed. 2. Refer to findings identified under Tag E654 that reflected lack of complete NSP annual review. 3. During interview with NM co-chair on 11/06/2018 at the time of the NSC Charter and NSC minute review, he/she stated the NSC did not issue a written report to the hospital following its review of the NSPs.	E 656		
E 665	OAR 333-510-0130 (1)- (7) Nurse Staffing Member Overtime (1) For purposes of this rule "require" means to make compulsory as a condition of employment whether as a result of a previously scheduled shift or hours actually worked during time spent on call or on standby. (2) A hospital may not require a nursing staff member to work: (a) Beyond the agreed-upon and prearranged shift, regardless of the length of the shift; (b) More than 48 hours in any hospital-defined work week; (c) More than 12 hours in a 24-hour period; (d) During the 10-hour period immediately following the 12th hour worked during a 24-hour period. This work period begins when the nursing staff member begins a shift; or (e) During the 10-hour period immediately following any agreed-upon and prearranged shift in which the nurse worked more than 12 hours in a 24-hour period. (3) Time spent by the nursing staff member in required meetings or receiving education or	E 665		

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E 665	<p>Continued From page 35</p> <p>training shall be included as hours worked for the purpose of section (2) of this rule.</p> <p>(4) Time spent on call or on standby when the nursing staff member is required to be at the hospital shall be included as hours worked for the purpose of section (2) of this rule.</p> <p>(5) Time spent on call or on standby when the nursing staff member is not required to be at the hospital may not be included as hours worked for the purpose of section (2) of this rule.</p> <p>(6) Nothing in this rule precludes a nursing staff member from volunteering to work overtime.</p> <p>(7) A hospital may require an additional hour of work beyond the hours authorized in section (2) of this rule if:</p> <p>(a) A staff vacancy for the next shift becomes known at the end of the current shift; or</p> <p>(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member.</p> <p>This Rule is not met as evidenced by: Based on interview, review of NSP documentation for 4 of 4 specialties or units (M/S, OR, ICU and MPU) and review of timekeeping documentation for 16 of 51 NSMs (NSM 15, 16, 17, 18, 19, 21, 23, 24, 27, 41, 42, 43, 44, 55, 56 and 57), it was determined that the hospital failed to ensure that NSMs were not required to work: * Beyond the agreed-upon and prearranged shift; or * More than 12 hours in a 24-hour period.</p> <p>Findings include: 1. Review of M/S NSM 19's timekeeping records for the week of 10/20/2018 at 1900 through</p>	E 665		

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E 665	<p>Continued From page 36</p> <p>10/27/2018 at 1859 reflected he/she regularly worked a 12 hour shift. He/she worked 12.57 hours on 10/21/2018 and 12.55 hours on 10/22/2018. There was no documentation in the timekeeping records to indicate whether the OT worked was voluntary or MOT.</p> <p>2. Similar findings were identified in the timekeeping records for M/S NSMs 15, 16, 17, 18, 55, 56 and 57.</p> <p>3. During interview with M/S NM and SSO on 11/07/2018 at the time of timekeeping record review, they confirmed findings 1 and 2.</p> <p>4. Review of OR NSM 23's timekeeping records for the week of 08/11/2018 at 1900 through 08/18/2018 at 1859 reflected he/she regularly worked an 8-hour shift. He/she worked 9.20 hours on 08/12/2018. There was no documentation in the timekeeping records to indicate whether the OT worked was voluntary or MOT.</p> <p>5. Review of OR NSM 27's timekeeping records for the week of 10/13/2018 at 1900 through 10/20/2018 at 1859 reflected he/she regularly worked a 8-hour shift. He/she worked 8.32 hours on 10/16/2018. There was no documentation in the timekeeping records to indicate whether the OT worked was voluntary or MOT.</p> <p>6. Review of OR NSM 24's timekeeping records for the week of 10/13/2018 at 1900 through 10/20/2018 at 1859 reflected he/she regularly worked a 10-hour "midshift" from 0900-1930. He/she worked 10.64 hours on 10/16/2018. There was no documentation in the timekeeping records to indicate whether the OT worked was voluntary or MOT.</p>	E 665		

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E 665	Continued From page 37 7. Review of OR NSM 21's timekeeping records for the week of 10/13/2018 at 1900 through 10/20/2018 at 1859 reflected he/she regularly worked a 10-hour "midshift" from 0900-1930. He/she worked 10.49 hours on 10/17/2018. Documentation on the "KWMC OR Daily Roster" dated 10/17/2018 regarding NSM 21 reflected clock "out time" of 1956 and the "Comments" section reflected "Mandatory overtime from 1930 to clock out." There was no further documentation in the timekeeping records describing the reason for the MOT. 8. Similar findings were identified in timekeeping records for NSMs 41, 42, 43 and 44. 9. During interview with OR NM and SSO on 11/08/2018 at the time of timekeeping record review, they confirmed findings 4 through 8.	E 665		



Health Care Regulation and Quality Improvement
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February 12, 2020

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RE: POC Determination Letter for Nursing Staffing Survey and Complaint
Investigations OR#15227, OR#15276, OR#15277, OR#15400, OR#15500,
OR#15509, OR#15541, OR#16077, OR#16089, OR#16107, OR#16309,
OR#16310, OR#16313 and OR#16398 – POC Sufficient

Dear Mr. Robinson, Ms. Vandewalle, Mr. Izunagbara, and Ms. Eash:

This letter provides notification that your plan of correction (POC), in response to deficiencies cited during the nurse staffing survey and complaint investigations completed on November 27, 2018 has been received, reviewed, and accepted by the Public Health Division, Oregon Health Authority, Health Care Regulation and Quality Improvement.

In accordance with the requirements of Oregon Administrative Rule 333-501-0035(7) and Oregon Administrative Rule 333-501-0040(7), the hospital must implement the corrections within 45 business days after receiving the Oregon Health Authority's determination that the POC is sufficient. Surveyors will conduct a revisit to verify that the POC has been implemented within 60 business days.

Thank you for your attention to this matter. If you have any questions, please contact our office at mailbox.nursestaffing@state.or.us.

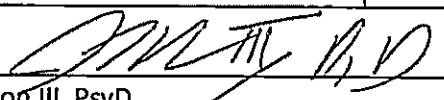
Sincerely,

Nurse Staffing Survey Team
Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711

Kaiser Foundation Hospital (KFH)Westside: Response to OHA Nurse Staffing Plan Survey OHA complaint numbers. date(s) of survey visits 11/6/2018-11/27/2018
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Tag	OAR Citation and Plan for Correction	How will this plan be implemented? All Actions that have been or that will be taken	Timeline: Expected completion date / completion date for each action	Monitoring Plan to Prevent a Reoccurrence of the deficiency	Responsible Person (title) WHO?
E600	OAR 333-510-0045 (1) Nurse Staffing Complaint Notice 1.Revise notice to include missing electronic mail address and website address for the Oregon Health Authority. 2.Post Complaint Notices on each hospital unit and monitor quarterly	1. Complaint notices have been reviewed to ensure that they meet all requirements of OAR 333-510-0045(1). 2. Complaint notices have been posted in the waiting room of each hospital unit that is covered by the Hospital Nurse Staffing Law.	1. Will be completed by 2/28/2019 2. Will be completed by 2/28/2019	Monitoring will be done on a quarterly basis throughout 2019 by rounding on hospital units to observe postings. A report will be provided to the Hospital Nurse Staffing Committee quarterly throughout 2019.	Hospital Nurse Staffing Committee Co-Leads
E602	OAR 333-510-0045 (2) Anti-Retaliation Notice 1.Anti-Retaliation Notices will be posted on bulletin boards in each Hospital 2. The Anti-Retaliation Notice will be added to the KP Jobs website.	1. Anti-Retaliation notices have been reviewed to ensure that they meet all requirements of OAR 333-510-0045(2) 2. Anti-Retaliation Notices have been posted on all break room bulletin boards of each hospital unit covered by the Hospital Nurse Staffing Law 3. The Anti-Retaliation notice consistent with the requirements of OAR 333-510-0045(2) will be added to the online Kaiser Permanente jobs website.	1. Will be completed by 2/28/2019 2. Will be completed by 2/28/2019 3. Will be completed by 4/30/2019.	Monitoring for the unit notices will be done on a quarterly basis in 2019 by rounding on hospital units to observe postings. A report will be provided to the Hospital Nurse Staffing Committee quarterly throughout 2019. Human Resources will inform the Hospital Nurse Staffing Committee the date in which the Anti-Retaliation notice is live on the KP Job Posting website. Monitoring for the KP Job Site posting will also be conducted quarterly and a	Hospital Nurse Staffing Committee Co-Leads

Signed 
James L. Robinson III, PsyD
Hospital Administrator Kaiser Permanente Northwest

Date: 1/9/2020

COPY

RECEIVED JAN 13 2020

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				report provided to the Hospital Nurse Staffing Committee.	
E604	OAR 333-510-0045 (3) Nurse Staffing Documentation Specialized Qualifications and Competencies 1. A Nurse Competency Template will be created to ensure that all units covered by the Hospital Nurse Staffing Law will have specialized qualifications and competencies for their units that are consistent with the care required to be provided to the patients seen in that department; both for the RN Nurse Staffing Member (NSM) role as well as the non-RN NSM role. 2. Every unit will present their specialized qualifications and competencies to the Nurse Staffing Committee for Approval. 3. Nurse Qualification and Competency Lists will be provided to Kaiser Foundation Hospital Northwest Staffing Office to ensure that files are maintained with evidence of	1. A Nurse Competency Template will be created and will be used by all units covered by the Hospital Nurse Staffing Law. 2. A Presentation Template will be created and will be utilized by all units covered by the Hospital Nurse Staffing Law when presenting to the Hospital Nurse Staffing Committee for the specialized qualifications and competencies to be approved. 3. Following approval by the Hospital Nurse Staffing Committee, the Nurse Qualification & Competency List will be used by the Nurse Manager and Nurse Educator of those units to ensure that all NSM's are validated to have all necessary qualifications and competencies to care for the patient population they are assigned to. 4. A copy of Nurse Competency List will also be given to the KFH Staffing Office to ensure that employee files are maintained with the correct documents to demonstrate qualifications and competencies for each NSM.	1. A Nurse Competency template will be created no later than 3/31/2020. 2. A Hospital Nurse Staffing Committee Presentation Template will be created no later than 3/31/2020. 3. Nurse Managers and Nurse Educators will begin utilizing the Nurse Competency List approved by the Hospital Nurse Staffing Committee within 30 days of approval by the Hospital Nurse Staffing Committee and all	This topic will be a standing agenda item for the Nurse Staffing Committee until full compliance is achieved, with the following monitoring activities. 1. In 2019 The Hospital Nurse Staffing Committee will monitor at least quarterly which units have approved Qualifications & Competencies Lists in the required Template. Units without approved Qualifications & Competencies Lists will be escalated to the Director of the Department and the Chief Nurse Executive via a report from the Hospital Nurse Staffing Committee on a quarterly basis to provide further assistance and oversight. 2. The Hospital Nurse Staffing Committee will begin using the Presentation Template	Hospital Nurse Staffing Committee Co-Leads

Signed _____

James L. Robinson III, PsyD
 Hospital Administrator Kaiser Permanente Northwest

Date: _____

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			approved Nurse Qualification and Competency list within 30 days of approval by the Staffing Committee and all Nurse Qualification & Competency Lists will be approved no later than 12/31/2020.	a minimum quarterly in 2019 which units have implemented the approved Qualifications and Competencies List by requiring a report from the Nurse Manager representing the unit at the Hospital Nurse Staffing Committee. 4. The Hospital Nurse Staffing Committee will monitor the use of the Qualifications and Competencies List use by the KPNW Staffing Office by requiring a report from the KPNW Staffing Office on a quarterly basis of the lists being used by that office to monitor files.	
E612	OAR 333-510-0105 (4) (a) Nurse Staffing Committee Req. Composition of NSC 1. KFH Westside Nurse Staffing Committee Charter will be revised to reflect equal numbers of Nurse Manager and Direct Care representatives.	1. KFH Westside Nurse Staffing Committee Charter will be revised to reflect an additional Nurse Manager member to create an equal number of Nurse Managers and Direct Care RNs and Direct Care Non-RN member.	1. KFH Westside Hospital Nurse Staffing Committee Charter will be revised to reflect accurate membership and even numbers Nurse Manager and Direct Care members no later than 3/31/2020.	1. KFH Westside Hospital Nurse Staffing Committee Charter will be approved annually by the Hospital Nurse Staffing Committee and the committee will review of the current requirements under the Oregon Nurse Staffing Law to surface any possible discrepancies . The Nurse Staffing Committee will review on a quarterly basis any need to alter the Charter and confirm that	Hospital Nurse Staffing Committee Co-Leads

				the current Charter in place meets all requirements.	
E618	<p>OAR 333-510-0105 (5) Nurse Staffing Committee Requirements: Process for selection of NURSE STAFFING COMMITTEE members and co-chairs 1.Revise Charter to Include Clear Sections for the identified requirements. 2. Re-vote on Co-Chairs according to law</p>	<p>1. KFH Westside Nurse Staffing Committee Charter will be revised to reflect how the Nurse Manager Co-Chair is voted into the role and how the Direct Care RN Co-Chair is voted on. This vote will be consistent with OAR 333-510-0105(5). The Nurse Manager Co-Chair will be elected by a majority of the staffing committee members who are hospital nurse managers. The Direct Care Co-Chair will be a Direct Care RN and will be elected by a majority of the nursing staffing committee members who are direct care staff. 2. KFH Westside Hospital Nurse Staffing Committee will vote on the Nurse Manager Co-Chair and the Direct Care RN Co-Chair to be in accordance with OAR 333-510-0105(5)</p>	<p>1. KFH Westside Hospital Nurse Staffing Committee Charter will be revised to reflect how the Nurse Manager Co-Chair is voted on and how the Direct Care RN Co-Chair is voted on no later than 3/31/2020. 2. The Nurse Manager Co-Chair and Direct Care RN Co-Chair will be voted on in accordance with OAR 333-510-0105(5) no later than 3/31/2020.</p>	<p>1. KFH Westside Hospital Nurse Staffing Committee Charter will be approved annually by the Hospital Nurse Staffing Committee and will include a review of the current requirements under the Oregon Nurse Staffing Law. 2. The Hospital Nurse Staffing Committee will complete a vote in 2019 on the Nurse Manager Co-Chair and Direct Care Co-Chair and then will monitor voting practices annually following that vote. In order to ensure compliance with the law quarterly monitoring will occur verifying that a vote has occurred in accordance with the Charter.</p>	Hospital Nurse Staffing Committee Co-Leads
E620	<p>OAR 333-510-0105 (6) Nurse Staffing Committee Requirements: 1.KFH Westside Nurse Staffing Committee Charter will be revised to describe how meetings are scheduled; how members are notified of meetings; how agendas are determined; how input from</p>	<p>1. KFH Westside Nurse Staffing Committee Charter will be revised to articulate how meetings are scheduled. 2. KFH Westside Nurse Staffing Committee Charter will be revised to articulate how members are notified of meetings. 3. KFH Westside Nurse Staffing Committee Charter will be revised to</p>	<p>1. KFH Westside Hospital Nurse Staffing Committee Charter will be revised to reflect how meetings are scheduled no later than 3/31/2020.</p>	<p>1. KFH Westside Hospital Nurse Staffing Committee Charter will be approved annually and monitored quarterly by the Hospital Nurse Staffing Committee and will include an annual review of the current requirements under the Oregon Nurse Staffing Law.</p>	Hospital Nurse Staffing Committee Co-Chairs

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	<p>hospital nurse specialty or unit staff is submitted; who may participate in decision-making; how decisions are made and how KFH Westside Hospital Nurse Staffing Committee will monitor, evaluate and modify the staffing plan over time.</p>	<p>articulate how agendas are determined.</p> <p>4. KFH Westside Nurse Staffing Committee Charter will be revised to articulate how input from hospital nurse specialty or unit staff is submitted.</p> <p>5. KFH Westside Nurse Staffing Committee Charter will be revised to articulate who is a voting member able to participate in decision-making.</p> <p>6. KFH Westside Nurse Staffing Committee Charter will be revised to articulate how decisions are made.</p> <p>7. KFH Westside Nurse Staffing Committee Charter will be revised to reflect how KFH Westside Nurse Staffing Committee will monitor, evaluate and modify the staffing plan over time.</p>	<p>2. KFH Westside Hospital Nurse Staffing Committee Charter will be revised to reflect how members are notified of meetings no later than 3/31/2020.</p> <p>3. KFH Westside Hospital Nurse Staffing Committee Charter will be revised to reflect how agendas are determined no later than 3/31/2020.</p> <p>4. KFH Westside Hospital Nurse Staffing Committee Charter will be revised to reflect how input from hospital nurse specialty or unit staff is submitted no later than 3/31/2020.</p> <p>5. KFH Westside Hospital Nurse Staffing</p>		
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			<p>Committee Charter will be revised to reflect who may participate in decision-making are made no later than 3/31/2020.</p> <p>6. KFH Westside Hospital Nurse Staffing Committee Charter will be revised to reflect how decisions are made no later than 3/31/2020.</p> <p>7. KFH Westside Hospital Nurse Staffing Committee Charter will be revised to reflect how the Hospital Nurse Staffing Committee will monitor, evaluate and modify the staffing plan over time no later than 3/31/2020.</p>		
E628	OAR 333-510-0110 (1) Nurse Staffing Plan Req. Fully developed nurse staffing plans	1. KFH Westside Hospital Nurse Staffing Committee will maintain a record of all units whose services are covered by the Hospital Nurse Staffing	1. A tracking spreadsheet will be created for the use of KFH	1. KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored by KFH Westside	Hospital Nurse Staffing Committee

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	See Specific Tags for Plans. Overall Summary of Tags E630, 632, 634, 636, 640, 642, 644, and 646	Law and will monitor which units have submitted and have had approval of their staffing plans. 2. A Staffing plan template and presentation template will be created and utilized by all units whose services are covered by the Hospital Nurse Staffing Law to ensure that all necessary elements required by the law are addressed.	Westside Hospital Nurse Staffing Committee for the purposes of tracking plan submission and approval no later than 3/31/2020. 2. A Hospital Nurse Staffing Plan template and Presentation Template will be revised/created no later than 3/31/2020.	Hospital Nurse Staffing Committee quarterly. 2. KFH Westside Hospital Nurse Staffing Committee Staffing Plan Template and Presentation Template will be reviewed annually. The review will include a review of the current requirements under Oregon law.	Co-Chairs
E630	OAR 333-510-0110 (2)(a) Nurse Staffing Plan req. Hospital wide plan based on qualifications and competencies providing for skill mix. 1.The Staffing Plan Template will be revised to ensure compliance with OAR 333-510-0110(2)(a). The Template will include a section requiring all necessary qualifications and competencies of the nursing staff needed to ensure that the hospital meets the healthcare needs of the patients.	1. All units covered by the Hospital Nurse Staffing Committee law will be required to utilize the Staffing Plan Template to ensure that the plan clearly delineates the necessary qualifications and competencies of the nurse staff to meet the healthcare needs of the patients.	1. The Staffing Plan template will be revised no later than 3/31/2020. 2. Units will be required to have a Staffing Plan approved utilizing the Staffing Plan template no later than 12/31/2020.	1. KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored quarterly beginning no later than 3/31/2020. Any unit not on track to have the Qualifications and Competencies portion complete will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.	Hospital Nurse Staffing Committee Co-Chairs
E632	OAR 333-510-0110 (2) (b) Nurse Staffing Plan Req.	1. All units covered by the Hospital Nurse Staffing Committee law will be required to utilize the Staffing Plan Template to ensure that the plan	1. The Staffing Plan template will be revised no later than 3/31/2020.	KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored quarterly beginning no later	Hospital Nurse Staffing

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	<p>Must be based on a measurement of hospital unit activity.</p> <p>1. The Staffing Plan Template will be revised to ensure compliance with OAR 333-510-0110(2)(b) that will include a measurement of hospital unit activity that quantifies the rate of admissions, discharged and transfers for each unit and the time required for a Direct Care RN to complete admissions, discharges and transfers.</p>	<p>clearly delineates and quantifies the rate of admissions, discharges and transfers and the time required for a Direct Care RN on that unit to complete admissions, discharges and transfers.</p>	<p>2. Units will be required to have a Staffing Plan approved utilizing the Staffing Plan template no later than 12/31/2020.</p>	<p>than 3/31/2020. Any unit not on track to have the quantification of admissions, discharges and transfers portion of the Staffing Plan complete will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.</p>	<p>Committee Co-Chairs</p>
E634	<p>OAR 333-510-0110 (2) (c) Nurse Staffing Plan Req.</p> <p>Based on total diagnoses and nursing staff required for that set of diagnoses.</p> <p>1.The Staffing Plan template will be revised to clearly lay out the total diagnoses leading on each unit and the nursing staff required to manage those diagnoses.</p>	<p>1. The Staffing Plan template will be revised where necessary to ensure that every unit covered by the Hospital Nurse Staffing Law will have a list of Total Diagnoses.</p> <p>2. The Staffing Plan template will be revised where necessary to ensure that every unit covered by the Hospital Nurse Staffing Law will clearly delineate the nursing staff required to manage those diagnoses.</p>	<p>1. The Staffing Plan template will be revised no later than 3/31/2020.</p> <p>2. Units will be required to have a Staffing Plan approved utilizing the Staffing Plan template no later than 12/31/2020.</p>	<p>KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored quarterly beginning no later than 3/31/2020. Any unit not on track to have the Total Diagnoses portion of the Staffing Plan complete will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.</p>	<p>Hospital Nurse Staffing Committee Co-Chairs</p>
E636	<p>OAR 333-510-0110 (2) (d) Nurse Staffing Plan Req.</p> <p>Consistent with evidence-based standards with appropriate date.</p> <p>1.The Staffing Plan template will be revised to clearly require and state the National Standards utilized in support of any plan including edition and date.</p>	<p>1. The Staffing Plan template will be revised to clearly require that the plan is based on current, nationally recognized standards and established guidelines established by professional nursing organizations.</p>	<p>1. The Staffing Plan template will be revised no later than 3/31/2020.</p> <p>2. Units will be required to have a Staffing Plan approved utilizing the Staffing Plan</p>	<p>KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored quarterly beginning no later than 3/31/2020. Any unit not on track to have the National Recognized Standards and Established Guidelines portion of the Staffing Plan complete</p>	<p>Hospital Nurse Staffing Committee Co-Chairs</p>

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			template no later than 12/31/2020.	will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.	
E638	OAR 333-510-0110 (2) (e) Nurse Staffing Plan Acuity/Intensity 1.The Staffing Template will be revised to clearly require and recognize the difference between acuity and intensity for all units covered by the Oregon Hospital Nurse Staffing Law	1. The Staffing Template will be revised to clearly require and recognize the difference between acuity and intensity for all units covered by the Oregon Hospital Nurse Staffing Law	1. The Staffing Plan template will be revised no later than 3/31/2020. 2. Units will be required to have a Staffing Plan approved utilizing the Staffing Plan template no later than 12/31/2020.	KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored quarterly beginning no later than 3/31/2020. Any unit not on track to have the Acuity and Intensity portion of the Staffing Plan complete will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.	Hospital Nurse Staffing Committee Co-Chairs
E640	OAR 333-510-0110 (2) (f) Nurse Staffing Plan Minimum staffing 1.The Staffing Plan Template will be revised to clearly discuss minimum staffing numbers including CNAs	1. The Nurse Staffing Plan Template will be revised to clearly require and delineate minimum staffing numbers for all units covered by the Oregon Nurse Staffing Law including CNAs and CPCAs	1. The Staffing Plan Template will be revised no later than 3/31/2020 2. Units will be required to have a Staffing Plan approved utilizing the Staffing Plan template no later than 12/31/2020	KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored quarterly beginning no later than 3/31/2020. Any unit not on track to have the Minimum Staffing portion of the Staffing Plan complete will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.	Hospital Nurse Staffing Committee Co-Chairs
E642	OAR 333-510-0110 (2)(f) Nurse Staffing Plan Requirements Plan no fewer than one RN and one other nursing staff. 1.The Staffing Plan Template will be revised to clearly indicate the	1. The Nurse Staffing Plan Template will be revised to clearly require and delineate the minimums of one RN and one other Nurse Staffing Member on a unit when a patient is present including the	1. The Staffing Plan Template will be revised no later than 3/31/2020. 2. Units will be required to have a	1. KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored quarterly beginning no later than 3/31/2020. Any unit not on track to have the	Hospital Nurse Staffing Committee Co-Chairs

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	<p>minimum number of one RN and one other Nurse Staffing Member on a unit when a patient is present including the number of patients that one RN and one other NSM could care for.</p> <p>2. For Units where normal minimum staffing may include one RN and one other staff member that is not a Nurse Staffing Member Kaiser Westside Medical Center will seek a waiver.</p>	<p>number of patients that one RN and one other Nurse Staffing Member can accommodate.</p> <p>2. Units where there may safely be a minimum of one RN and one other non-NSM healthcare provider, KWMC has obtained a waiver and valid through May 1, 2022.</p>	<p>Staffing Plan approved utilizing the Staffing Plan template no later than 12/31/2020.</p> <p>3. A waiver for OAR 333-510-0110(2)(f), where necessary, will be filed no later than 3/31/2019. Waiver received and valid through</p>	<p>minimum number of NSMs on a unit when a patient is present portion of the Staffing Plan complete will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.</p> <p>2. The status of a waiver will be reported to the Hospital Nurse Staffing Committee by the Nurse Manager Representative quarterly until approved.</p>	
E644	<p>OAR 333-510-0110 (2) (g) Nurse Staffing Plan Limitations/Diversion</p> <p>1.The Staffing Plan Template will be revised to clearly indicate the process for initiating limitations/diversion of patients for each unit covered by the Hospital Nurse Staffing Law.</p>	<p>1. The Nurse Staffing Plan Template will be revised to clearly indicate the process for initiating limitations/diversion of patients for each unit covered by the Hospital Nurse Staffing Law and will provide for limitations/diversion of patients to be able to be initiated by any RN or manager.</p>	<p>1. The Staffing Plan Template will be revised no later than 3/31/2020.</p> <p>2. Units will be required to have a Staffing Plan approved utilizing the Staffing Plan template no later than 12/31/2020.</p>	<p>KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored quarterly beginning no later than 3/31/2020. Any unit not on track to have the Initiating Limitations/Diversion of Patients portion of the Staffing Plan complete will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.</p>	Hospital Nurse Staffing Committee Co-Chairs
E646	<p>OAR 333-510-0110 (2) (h) Nurse Staffing Plan Meals and breaks</p> <p>1.The Nurse Staffing Plans will be revised to clearly indicate the process for covering tasks not related to direct patient care,</p>	<p>1. The Staffing Plan Template will be revised to take into consideration tasks not related to providing care, including meals and breaks as well as clearly indicate the process for covering tasks not related to direct patient care, including meals</p>	<p>1. The Staffing Plan Template will be revised no later than 3/31/2020.</p> <p>2. Units will be required to have a Staffing Plan</p>	<p>KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will include monitoring the consideration of tasks not related to providing care, including meals and breaks in the staffing plan. This</p>	Hospital Nurse Staffing Committee Co-Chairs

	and will include language related to minimum staffing levels during breaks and lunches.	and breaks. The Nurse Staffing Plan will be revised to clarify language related to minimum staffing during breaks and lunches.	approved utilizing the Staffing Plan Template no later than 12/31/2020.	will be monitored at a minimum quarterly beginning no later than 3/31/2020. Any unit not including consideration and process for tasks not related to patient care, including meals and breaks will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.	
E654	OAR 333-510-0115 (2) Nurse Staffing Plan Review Req. Complaints, Mandatory OT, HPPD, patient outcomes. 1.A Staffing Plan Report Template will be created to ensure that all relevant information that should be considered by the Hospital Nurse Staffing Committee is presented.	1. A Staffing Plan Report Template will be created to ensure that all relevant information that should be considered by the Hospital Nurse Staffing Committee is presented when a Nurse Staffing Plan is being reviewed by the Hospital Nurse Staffing Committee.	1. The Staffing Plan Report Template will be created and approved no later than 3/31/2020. 2. All units subject to the Hospital Nurse Staffing Law will be required to use the Nurse Staffing Plan Report Template following approval.	KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be monitored quarterly beginning no later than 3/31/2020. Any unit not providing the requisite information on the template will not have the plan approved and the issue will be escalated to the Director of the Department and the Chief Nurse Executive for guidance and oversight.	Hospital Nurse Staffing Committee Co-Chairs
E656	OAR 333-510-0115 (3) Nurse Staffing Plan Review Requirements. Staffing committee written report 1.A Nurse Staffing Plan Report Template will be created to facilitate reporting to Hospital Administration on an annual	1. A Nurse Staffing Plan Report Template will be created to facilitate reporting to Hospital Administration on an annual basis or as deemed necessary by the Hospital Nurse Staffing Committee. 2. A Nurse Staffing Plan Report will be prepared by the Hospital Nurse Staffing Committee Co-Chairs and	1. A Nurse Staffing Plan Report Template will be created no later than 3/31/2020. 2. A Nurse Staffing Plan Report will be submitted no	KFH Westside Hospital Nurse Staffing Committee Tracking Spreadsheet will be include a portion for Report Submissions and will be monitored quarterly no later than 3/31/2020.	Hospital Nurse Staffing Committee Co-Chairs

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	basis or as deemed necessary by the Hospital Nurse Staffing Committee.	brought to the Hospital Nurse Staffing Committee for approval annually or as deemed necessary by the Hospital Nurse Staffing Committee.	later than 12/31/2020.		
E665	OAR 333-510-0130 (1)- (7) Nurse Staffing Member Overtime 1.Kaiser Westside Medical Center will revise record keeping to create an accurate reflection of whether overtime is required as defined by OAR 333-510-0130(1)-(7) and therefore Mandatory Overtime or not required as defined by OAR 333-510-0130(1)-(7) and is therefore voluntary overtime.	1. Overtime Tracking Records will be revised to provide accurate record keeping reflecting whether overtime is Mandatory or Voluntary. 2. Education will be provided to all staff related to the Kaiser Westside Medical Center Mandatory Overtime Policy and the record keeping responsibilities of all managers and employees.	1. Overtime Tracking Records will be revised and implemented no later than 3/31/2020. 2. Education will be provided to all staff regarding the Kaiser Westside Medical Center Mandatory Overtime Policy no later than 5/31/2019.	Each Nurse Manager will report on the use and accuracy of the Overtime Record Keeping use and accuracy to the Hospital Nurse Staffing Committee on a quarterly basis beginning 3/31/2020.	Hospital Nurse Staffing Committee Co-Chairs