ONA/Home Health and Hospice Special Interest Group Meeting - Saturday, May 3, 2008
12noon-4pm.
ONA Headquarters
Third Floor Conference Room.

Meeting Minutes

Oregon Nurses Association Staff Present:
Paul Goldberg; Assistant Executive Director of Labor Relations
Jack Dempsey; Director of Health Policy and Government Relations
Susan Link: Nursing Practice Consultant; Professional Services: Nursing Practice, Education and Research
Kurt Wilcox: Labor Relations Representative ONA
Courtney Niebel: Organizer ONA
Christine Hauk: Labor Relations Representative ONA

ONA Members Present: (see roster): Attended by 32 Home Health/Hospice Nurses from around the state.

I. Welcome and Introductions:
   Billy Lindros, RN: Sacred Heart Hospital Home Health Nurse

II. Roundtable discussion of the problems and challenges that nurses are facing. Each ONA member present introduced themselves and identified their primary concern/issue as a home health/hospice nurse in the agency that they work for.

   There were many similar stories and themes about staffing and workload issues:
   A. Unresponsive management structures
   B. Fear of their agencies being sold to out of state for-profit companies
   C. Frustration about the decline in the quality of care they are able to provide to their clients.

III. Paul Goldberg; Assistant Executive Director of Labor Relations: Presented an overview of Oregon Nurses Association Organizational Structure:
   A. Executive Team:
   B. Board of Directors
   C. House of Delegates
      1. Cabinet on Human Rights, Ethics, Practice and Research
      2. Cabinet on Education
      3. Cabinet on Health Policy
      4. Cabinet on Economic and General Welfare
   D. Staff Offices:
      1. Offices of Administration, Accounting, and Membership
      2. Offices of Nursing Practice, Education & Research: Professional Services
      3. Offices of Labor Relations/Economic & General Welfare
Paul gave an excellent overview of ONA's structure so nurses could start to put together the pieces of what ONA is. Then we had discussions in turn with Paul and Courtney, representing the Labor side, Susan Link, representing the Professional side and Jack, representing the Legislative side, all focusing on what their part of ONA could do to further the goals of ONA's Home Care nurses.

IV. What are the Issues?: Current Situation of Home Health and Hospice Nursing in Oregon

   A. Declining Reimbursement
   B. Increasing Paperwork Requirements
   C. Computer Systems
   D. Isolation of Staff
   E. Overtime, Unpaid Hours, Burnout

V. Susan Link: Nursing Practice Consultant; Professional Services: Nursing Practice, Education and Research

   A. National Data: Cost of Home Health and Hospice Care: PowerPoint presentation
   B. Review of nursing literature: See attached report
   D. Review of ONA Informal Survey March 2008
   E. Discussion about the role of the Professional Nursing Care Committees (PNCC)

I. Legislative Agenda presented by Jack Dempsey; Director of Health Policy and Government Relations

   A. Issues discussed included an ONA Action Report passed by the ONA House of delegates 2008 proposing a ban on “Pay Per Visit” reimbursement models for
   B. Staffing Guidelines: House Bill 2800
   C. Lobby Lawmakers for Better Reimbursement

VI. Kurt Wilcox facilitated a discussion of how to proceed.

   A. There was a great deal of enthusiasm from the attendees.
   B. Quite a few people were interested in forming a Special Interest Group for Home Care nurses, but due to our uncertainties of how that actually works, we tabled that discussion for a future meeting.
   C. We identified a clear need for more data about a number of issues that Susan and a number of the attendees will be working on. See below for a list of the identified issues and concerns.

MAIN CONCERNS

Home Health and Hospice Ad Hoc Group

1. Electronic Charting/Computers
2. Not enough time to case manage
3. Driving distances
4. Financial Viability of small Agencies/reimbursement
5. Management consultant set high workload standards
6. Ergonomic problems with computers/bad system
7. Big case management/case workload – 3-days for 27 patients
8. Productivity pressure makes workless satisfying
9. Not enough time to do patients and paperwork
10. Can’t always provide care I know patient need (Psych RN must use Oasis, not what works better)
11. No allowance for advanced practice – must do specialty and regular caseload.
12. Get Medicare to change Oasis
13. Pay-per-visit fight at Amedisys
14. Dealing with large corporations entering Home Health and Hospice
15. Cherry-picking patients/reimbursements
16. Improve networking among Home Health and Hospice RNs
17. Productivity vs. Driving in rural areas (70-150 miles/day)
18. No credit for essential tasks that impact productivity
19. Home Health and Hospice RNs lost sometimes in bargaining at Hospitals (How can ONA represent HH&H RNs better?)
20. Constant threats about closing Agency.
21. Marketing for patients, but not adding/replacing RNs
22. Productivity push devalues RNs and Patients
23. Need HB2800 for Home Health and Hospice safe staffing
24. Need to take work home or work off the clock.
25. Told to not take vitals on patients – poor care
26. Maintaining viable ONA unit in a small Agency
27. Merge with Hospital ONA Group
28. Need special interest group for Home Health and Hospice, since its growing part of health care.
29. Want to see RNs and managers develop mutually agreeable staffing guidelines
30. Use “Nursing Judgment” as long as it’s the right “Nursing Judgment”
31. Need ONA involvement on productivity