

# **HOSPITAL LICENSING BOARD MEETING MINUTES**

**August 8, 2012**

**10 a.m.**

**535 West Jefferson Street, Fourth Floor and  
Bellwood Regional Office**

## **MEMBERS PRESENT**

Catherine Neuman  
Don Versen  
Kishore Belani  
Michael Pelletier  
Harry Wolin  
Joe Lokaitis – proxy for Lillian Pickup  
Carol Posegate  
Dale Smith

## **IDPH STAFF PRESENT**

Bill Bell  
Sean Dailey  
Karen Senger  
Rose Castleman  
Debra Bryars

**Introduction of Board Members:** Everyone present was asked to introduce themselves.

## **Call Meeting to Order:**

Ms. Catherine Neumann called the meeting to order at 10 a.m.

## **APPROVAL OF THE MINUTES**

Ms. Catherine Neuman, Vice Chairman asked the Board if they have an opportunity to look over the December 6, 2011 minutes. Ms. Neuman asked for a motion to have the minutes moved. A motion was made by Don Versen to approve. Harry Wolin seconded the motion. Motion carried was approved as written.

Bill presented an update on the Board vacancies. The HLB Board has the following vacancies: 1-representing physician, 2- representing hospital administrators, and 2 - representing the general public. All membership application has been forwarded to Governmental Affairs and the Governor's office not signing off. He stated that we will continue to push for this and have the vacancies filled for the Board to be fully staffed. Once this is obtained, we will pull out the By-Laws and will have an election for a new chairman.

## **OLD BUSINESS**

### **Proposed Amendment to the Maternity Service Plan (MSP) Rules and Comments**

Bill distributed a copy of the Draft Rule Attachment A, Section 250.160: Maternity Service Plan. He would like to take this to Legal in response to a legislation that passed. The draft rule was discussed during the Informational meeting conducted on December 6, 2011.

Section 250.330: Orders in Medications and Treatments  
Section 250.1510: Health Information  
Subpart O: Obstetric and Neonatal Services

He asked the members that we go ahead and proposed the draft rule as rulemaking. Sean Dailey received several comments to the draft rule and necessary changes has been made and is now ready to take to JCAR for the 2<sup>nd</sup> notice which is the legislative review. The Department is hopeful that this will be approved so we can adopt the rule.

The Board was reminded that prior to taking to 2<sup>nd</sup> Notice, a quorum must be present to make a motion to approve the rules so it could be forwarded to JCAR for adoption.

Harry Wolin made a motion to move the approval for the draft rules to go to JCAR, seconded by Don Versen.

Mr. Wolin asked if there is any controversy to the comments that came back. Bill stated that the final comments are pretty nominal and the biggest comment was on the **artificial fingernails**. This has been added on to the rules. Also the word “Medical Records” was changed to “Health Information”.

### **Subpart I: Maternal and Child Care**

Section 640.40 Standards for Perinatal Care: Sean provided an update regarding this section. Licensing requirements for all levels of care are described in Subpart O of the Hospital Licensing Rules Requirements. He reminded the Board that all hospitals shall be designated in accordance with this Part and have a letter of agreement with a designated Administrative Perinatal Center (APC). (See Section 640.70 which describes the minimum components for the letter of agreement).

#### **Hand-washing:**

Bill shared with the Board that the issue on hand-washing has been resolve.

#### **Hospital Infant Feeding:**

The other was the issue on the breast milk and wanted this to be highlighted more than bottle.

#### **Artificial Fingernails:**

Catherine Neuman raised a question whether acrylic nail polish is acceptable or not. She stated that this wouldn't be any different than nail polish and this is a question that needs to be asked. Harry also asked the question as to what type of action was made regarding “artificial fingernails”.

Sean Dailey directed the Board to Page 31 of the Draft Rules, (ii) – which states: **Artificial fingernails or anything other than clear polish is “Not Acceptable.”** It was shared with the Board that the Department will look into what is it that didn't make sense on the draft rule and will raise this issue with JCAR.

On an additional note, all controversial issues had been resolved with JCAR. A motion on the floor was made and all were in favor to move forward.

Ann raised a question regarding the Infant Feeding Policy. She said that there was a House Bill that passed this year that promotes breastfeeding and she has two points to address:

(1) This Bill raises some questions on the language that states: “provides that an infant feeding policy under this provision of the Act shall include guidance on the use of formula for medically necessary supplementation” if preferred by the mother. She stated that this appears to be a contradiction after the rules were initiated.

(2) Medical Records (MR) was changed to “Health Information (HI)”. Ann stated that this doesn’t make sense for this substitution to occur.

Bill stated that this proposed rules will not be effective until January 2013, but he is going to look and see what is it that didn’t make sense and will bring the question with JCAR. This will allow the Dept. to make the changes to be made at this point in time.

Ann asked the question if it is appropriate to forward the email or write a letter to JCAR. Sean stated that this is perfectly fine and this is not considered an “ex parte.” Bill asked that Ann submit the comments to Sean and will consider this as a public comments and share with JCAR and make the necessary changes as needed or whatever needs to be done to be more specific or to clarify any issues to make it appropriate.

Bill stated that we will make the changes to fix the infant feeding issue pursuant to this legislation. Sean assured the Board that the proposed amendments will be looked at before it goes to JCAR.

## **NEW BUSINESS**

Bill presented information with the Board the rules that are being drafted. They are as follows:

PA 97-485: Language addition to Medical Patient Rights Act. The purpose of this Act is to establish certain rights for medical patients and to provide a penalty for the violation.

PA 97-122: Language addition to Safe Patient Handling Policy. This amends the Hospital Licensing Act to address safe patient handling policies, setting forth common definitions and minimum requirements with regards to strategies intended to control the risk of injury to patients and staff. This law pertains to healthcare professionals providing direct patient care that are vulnerable to back and other musculoskeletal injuries related to awkward positioning when manually lifting, transferring and moving patients.

PA 97-667 – Long-Term Acute Care Hospital under Hospital Emergency Service Act, are not required to provide hospital emergency services and be classified as not available.

Bill would like to take the draft rule for the MSP to Legal for review and Governor’s office prior to taking it with the Board for approval. Sean made the necessary changes to the set of MSP draft rules and passed the previous legislative session before.

**Safe Lifting:** There were 2 definitions in *italics* that are directly taken out of the statutes and had been incorporated to the reference materials with regards to the federal regulations that needed to be incorporated:

- a) Patient Rights Act and Hospital Emergency Rooms
- b) Emergency Medical Treatment Active Labor Act (EMTALA) requirements.

**Patient Rights:**

There are some language added on the statute about patient discrimination and it is taken right of statute as well. A change to the Department Tuberculosis Code formally under the Communicable Disease Code, is now called Tuberculosis Code. A change on the classification of ER services, there was a Bill passed the House that exempt Long-Term Care (LTC) hospitals from having to have an ER services.

Under the hospital's Policies/Procedures again there are changes that reflected the patient safety and transfer provisions. This was the rule making that the Department drafted up that passed during the last legislative session. One was signed into law and the other is waiting for Governor's signature. We might be able to add to this the proposed rulemaking also. Basically, incorporate legislation that passed during the previous legislative session.

The process is to send the changes to the Department's Legal for review and to Governor's Office to see if they have any suggested comments/issues and if not we would propose and bring it back to the Hospital Licensing Board (HLB) for review/approval prior to taking them to 2<sup>nd</sup> Notice for proposal/adoption.

Ms. Neuman asked the question if there is anything about staffing issues. Bill responded that this has been also included in the draft rule.

Ms. Neuman asked if we need to take any action on this. Bill stated that this is all informational only and is considered a Draft. There were no major concerns from the Board.

**OTHER BUSINESS:****Federal updates:**

Bill distributed to the members of the Board copies of the Centers for Medicare and Medicaid Services (CMS) S & C and Admin Info letters. These letters can be found at the CMS website and hopes that all hospitals and providers are monitoring this to see what changes, guidance, directions has been proposed by federal CMS. This updates are informational only to the Board. CMS is looking at modifying hospital survey process i.e., patient focus/cost effectiveness and as a whole the provision of care and reviewing the rules and requirements process. Basically CMS is looking at modifying the hospital survey process to be more patient focus and looking at efficient ways of providing and improving patient care not just on survey but the whole provision of patient care in hospitals.

Carole Posegate raised a question, as to what point in the hospital survey process the Department has to do a survey.

Karen Senger responded that IDPH generally would go to a hospital for a complaint investigation and if one or more Condition of Participation (CoP) was found out of compliance after a complaint investigation, then CMS authorizes the Department do a full hospital survey of all remaining Conditions. On a Sample Validation survey, CMS randomly selects hospital for a survey within the sixty day of JC survey. What CMS is looking is to be more focused survey.

Harry Wolin stated that hospital never know what the complaint is all about. Karen responded that the hospital should have a general idea what the Department is looking for. Non-accredited hospitals are surveyed every 4 years by IDPH.

### **Health Facilities Services:**

Bill made an attempt to contact Courtney Avery and Claire Burman, HFS to see what type of draft rules they have processed to share with the Board. He is not sure whether rules have been finalized and what plans and direction they are to move forward. HFS is working on the specific regulations.

Bill will make sure that a representative from HFS is available on the next HLB Advisory Board meeting.

A request was made by Don Versen if it is possible to get updated By-Laws from other Boards. There are 3 different By-Laws that will be shared with the Board at the next HLB meeting.

### **IHA Update:**

Ann Guild shared with the Board the following:

**IHA Quality of Care Institute** is actively engaged in implementing evidence-based quality and safety initiatives to measurably strengthen the quality of health care in Illinois. This Institute and Illinois hospitals ensures that they are committed to advancing safe, quality patient care by adoption of best practices through a shared learning networks and collaborative coalitions.

IHA is currently working on the following area of concern:

- a) Partnership for Patients Hospital Engagement Network (HEN)
- b) Hospital Readmissions Reports - IHA is working on getting readmission data form so hospitals can have it and if not reviewed there will be a financial impact on the part of the hospital
- c) IHA and Hospitals Partner with American Cancer Society (ACS) on Colorectal Cancer Initiative – IHA to announce the launch of a statewide colorectal cancer screening initiative
- d) Blue Cross Blue Shield of Illinois Partnership – Preventing Readmissions through Effective Partnerships – Readmission reduction efforts. A comprehensive analysis of existing gaps in service and readmissions rates
- e) IHA Collaborative: Central Line Associated Blood Stream Infection (CLABSI) Patient Safety Collaborative and the Catheter Urinary Tract Infection (CAUTI). These programs are being restricted to allow for rapid cycle improvement and engagement of many hospitals to reducing CLABSI and CAUTI.

The Board was asked to take a look at what Ann shared and give an explanation to share with hospitals what they need to do.

Ann expressed the recent changes on Conditions of Participation (CoP) for Hospitals should go out this week. What IHA has done is to put together a table to talk about what CMS CoP says in summary form and what the State Agency (SA) requirements says. Most importantly, which rules hospital should follow because some of the changes to the federal CoPs are contrary to what is required on the Hospital Licensing Rules and Requirements. From a quality standpoint, IHA don't know if they necessarily going

with this direction. Some federal CoPs are not appropriate and IHA might go with the SA licensure requirements.

Example: CoP about single hospital Board for a multi-hospital system. Every hospital must have a separate Governing Board. IHA is going to put some thoughts into this issue. The key is to make it simple for the hospital if they chose to make changes that are allowed, in this case, hospitals are to make changes on their policies and procedures. IHA is going to take a look at this issue.

Bill explained that we don't want to create conflicts with hospitals where they have concerns about which guidelines they have to follow i.e., State Agency or federal CMS. IDPH will strive to work with IHA to see if we can make changes legislatively or by rulemaking to eliminate conflicts or at least give a clear explanation to hospitals.

A question was raised regarding Verbal Orders 48-hour rule. Acknowledging this question Karen Senger shared with the Board that "Verbal Order" is located under Subpart C of the Hospital Licensing Requirements: Medical Staff, Section 250.330b) states:

"Verbal orders shall be signed before the member of the medical staff, the house staff member or allied health personnel with privileges recommended by the hospital medical staff and granted by the hospital Governing Board leaves the area. Telephone orders shall be used sparingly and countersigned by the ordering practitioner or another practitioner who is responsible for the care of the patient as soon as practicable pursuant to a hospital policy approved by the medical staff, but no later than 72 hours after the order was given".

#### **Legislation Update:**

Bill expressed to the Board members in regards to 3 House Bills:

- 1) HB 4968 – Creates Infant Feeding Act. HB Amend #1 – "Infant nutrition resource" - provides that an infant feeding policy adopted under a specified provision of the Act shall include guidance on the use of formula for medically necessary supplementation if preferred by the mother, or when exclusive breastfeeding is contraindicated for the mother or for infant . IHA stated that there appears to be a contradiction after the rules were initiated. The Department will make changes to the pursuant to this Act, but this won't take effect until January 2013.
- 2) HB 5142 – Freestanding Emergency Center – Amendment was made to the Emergency Medical Services (EMS) Systems Act. This deals with Freestanding Emergency Centers (FEC) and extended date. Allows that any facility that has received a permit/application has been deemed complete by the Department of Public Health by January 1, 2014.
- 3) HB 5548 – This Bill amends the Hospital Licensing Act. Provides that the minimum procedures, with respect to medical staff and clinical privilege determinations concerning current medical members of the medical staff, shall include the right to be represented by a personal attorney. This allows the medical staff to have a personal attorney in case of a peer review and credentialing disciplinary action.

Don Versen suggested that the next Hospital Licensing Board meeting be held at the Bellwood Office. Rose is to check the availability of each members and the availability of the conference room.

**ADJOURNMENT:**

There being no further business to come before the Board, the meeting adjourned at 11:00 a.m. All are in favor to adjourn.

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