

HOSPITAL LICENSING BOARD COMMITTEE MINUTES

March 3, 2014
10:30 a.m. – 12:30 p.m.

Video Conference:
535 W. Jefferson Street, 4th Floor, Springfield, IL
122 S. Michigan Avenue, Room 711, Chicago IL

MEMBERS PRESENT

Lyndean Brick, Chairman
Nancy Roberts
John Schneider
Jonathan Rozenfeld
Harry Wolin
Donald Versen
Michael Pelletier
James Girardy

MEMBERS ABSENT

Catherine Neuman
Kishore Belani
James Prister
Dale Smith
Cathy Smithson
Lillian Pickup

IDPH STAFF

Karen Senger
Ruth Wasiukiewicz
Maurice McAllister

CALL TO ORDER

The meeting of the Hospital Licensing Board was called to order at 10:30 a.m. by Chairman Brick. Committee members, guests and Department staff were asked to introduce themselves.

APPROVAL OF MINUTES

A motion was raised by Mr. Wolin and seconded by Mr. Rozenfeld to approve the meeting minutes for November 13, 2013 with no corrections.

OLD BUSINESS:

Draft Notice of Adopted Amendments Hospital Licensing Requirements 2nd Notice {Exhibit 1}

Discussion and questions ensued regarding the proposed amendments under consideration, including clarification regarding merging facilities, safe-lifting teams, and requirements of publishing the nursing procedures manual in hospitals. See Attachment A (Comments and the Departments Responses) and Attachment B (Location of proposed changes in Part 250).

ATTACHMENT A

Comment

Maryjane Wurth of the Illinois Hospital Association wrote to suggest a change to the definition to “Physician Assistant.” As currently worded, the definition says, “Physician ~~Physician's~~ Assistant – a person authorized to practice under the Physician Assistant Practice Act of 1987

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[225 ILCS 95]. A Physician's Assistant is ~~only~~ authorized to practice only upon the patients of his or her supervising physician.” Ms. Wurth writes that the second sentence is problematic because “Recent changes to the Physician Assistant Practice Act provide that in these facilities, the physician assistant may provide services without a written supervision agreement.” Section 7.7 of the Physician Assistant Practice Act permits physician assistants who hold clinical privileges in a hospital or ASTC may practice without the written supervision agreement that is required in Section 7.5. In hospitals, the attending physician determines a physician assistant’s role in providing care, Ms. Wurth write. “Therefore, we ask that Illinois Department of Public Health to remove the second sentence of the definition.”

Response

The Department agrees, and made the change.

Comment

In Section 250.120, Ms. Wurth commented on the new transfer of ownership language in subsection (g). The language in (g)(1), she said, is confusing, because it says that ownership is transferred in an unincorporated sole proprietorship “when the license and property are transferred to another party”. Ms. Wurth said this conflicts with subsection 250.120(f), which says that a license is not transferrable.

Ms. Wurth wrote that the condition in (g)(2) is problematic. The subsection reads, “In a partnership, when the removal, addition or substitution of a partner occurs”. But Ms. Wurth wrote, “Many times, the addition of a partner may not really result in a ,change of ownership.” Ms. Wurth suggested replacing “occurs” with the qualifying phrase, “materially changes the partnership”.

With respect to subsections (g)(3) and (g)(4), Ms. Wurth wrote, “a hospital or health care system may wish to make changes to certain arrangements amongst its various corporations, all of which are held by the same holding company with the same reserved powers. This type of change within a system should not be deemed a change of ownership.” Ms. Wurth suggested adding an exception that recognizes the needs of large holding companies.

Response

The Department agrees, and will rewrite subsection (g).

Comment

Ms. Wurth wrote to point out an inconsistency between subsections 250.310(g) and (e), in that subsection (g) “references a hospital’s option to grant privileges based on its medical staff recommendations, which rely upon the privileging decisions of a distant-site telemedicine

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hospital or telemedicine entity,” but subsection (e) refers only to an agreement between a distant-site hospital, omitting distant-site entities. Ms. Wurth asked that subsection (e) be revised “to include the Medicare requirements for an agreement with a distant-site entity.”

Response

The Department agrees, and inserted “or distant-site entity” in (e).

Comment

Ms. Wurth pointed out a typographical error in subsection 250.710(a), which includes a cross reference to a subsection (d). “There is no subsection (d) in Section 250.710,” Ms. Wurth wrote.

Response

The Department thanks Ms. Wurth for finding the typographical error, and fixed it.

Comment

Ms. Wurth writes that the requirement in subsection 250.1830(k)(1) for annual continuing education for lactation counseling and training “may be more than is necessary for lactation support staff to maintain competency.” Ms. Wurth asks that the Department reword the subsection to require that the lactation support staff attend continuing education in accordance with hospital policy. “This change would allow each hospital to allocate resources toward other aspects of their efforts around breastfeeding,” Ms. Wurth wrote.

Response

The Department agrees, and changed the language to read, “The lactation support staff shall attend continuing education in relation to lactation counseling and training, consistent with hospital policy.” **END OF ATTACHMENT A**

ATTACHMENT B

1. In lines 519 through 521, “Physician” and “only” were deleted, the strike-out was removed from “Physician’s”, and the second sentence of the definition was stricken.
2. In line 1032, “happens” was changed to “occurs”, and in line 2033, “occurs” was changed to “is completed”.
3. Beginning in line 1035 through 1050, the existing language was changed to, “g) A change of ownership of a hospital occurs when one of the following transactions is completed:

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- 1) When ownership and responsibility for the operation of the assets constituting the licensed entity are transferred from the licensee to another person or another legal entity (including a corporation, limited liability company, partnership, or sole proprietor) as part of an asset purchase or similar transaction;
 - 2) In a partnership, when the removal, addition or substitution of a partner materially changes the partnership;
 - 3) In a corporation, when the licensee corporation merges into another corporation, or is party to a consolidation transaction with one or more corporations, resulting in the creation of a new corporation; or
 - 4) The leasing of all the hospital's operations to another corporation or other legal entity.
- h) The transactions described in subsection (g) do not constitute a change in ownership when all of the entities that are parties to the transaction are under common control or ownership before and after the transaction is completed.
- i) Pursuant to subsection (g), the transfer of corporate stock or the change of a membership interest or the merger of another corporation into the licensee corporation does not constitute a change of ownership if the licensee corporation remains in existence.”
4. Beginning in line 1052, the rest of the subsections in Section 250.120 were lettered.
 5. In line 1721, “or distant-site entity” was inserted after “distant-site hospital”.
 6. In line 1853, “(d)” was changed to “(c)”.
 7. In line 2722, “annual” was deleted, and in line 2723, “, consistent with hospital policy” was inserted after “training”. **END OF ATTACHMENT B**

A motion was raised to approve the proposed changes to the Department of Public Health Title 77, Chapter 1, Subchapter B: Hospitals and Ambulatory Care Facilities, Part 250 Hospital Licensing Requirements, the motion was raised by Mr. Wolin and seconded by Mr. Girardy to be adopted.

NEW BUSINESS

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Chairman Brick suggested that in the future, attendance by a minimum of ten members should be confirmed for all meetings, otherwise the meeting should be cancelled, to which there was consensus by all other members.

Ms. Senger informed the Board of various pending legislation including:

- SB 2929 regarding requirements for language translators in a given service area.
- SB 3304 regarding hospital requirements in training and other responsibilities of caregivers selected by patients.
- HB 4484 regarding specific discharge information to be mandated for all patients.
- SB 2959 Amends the Emergency Medical Services (EMS) Systems Act and the Hospital Emergency Service Act. Provides that rehabilitation hospitals and psychiatric hospitals, along with long-term acute care hospitals, are hospitals that are not required to provide hospital emergency services. Requires a license fee to be submitted with an application for a license to operate a hospital. Creates the Hospital Licensure Fund as a special fund in the State treasury to provide funding for the administration of the licensure program and patient safety and quality initiatives for the hospitals, including, without limitation, the implementation of the Illinois Adverse Health Care Events Reporting Law of 2005.

Ms. Senger will prepare a new board member orientation packet including such items as the Public Act empowering this board; guidelines for the process of rules-making; legislative updates; IHA updates; and status on hospital surveys and complaints

To avoid any possibility of violating the Open Meetings Act, it is best for all communications to be directed to Ms. Senger or Ms. Wasiukiewicz so that issues may be included on the following agenda.

An updated list of all members will be emailed to all members.

BOARD MEMBERSHIP

This board composition is composed of 12 Governor appointed members and 2 non-voting members from DHS. Currently, this board is composed of 14 active members and all memberships are currently. Cathy Smithson, Representing General Public and James Girardy, Representing Governing Board was appointed to the board effective 01/24/2014.

ADJOURNMENT

There being no further business, the meeting adjourned at 11:15 a.m.