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**TENNESSEE DEPARTMENT OF HEALTH
MEMORANDUM**

Date: January 7, 2016

To: Woody McMillin, Director of Communication and Media Relations

From: Wanda E. Hines, Board Administrator

Name of Board or Committee: Board for Licensing Health Care Facilities-
Performance Improvement Issue Standing Committee
Meeting

(Call-in Number: 1-888-757-2790 passcode: 457462#)

Date of Meeting: January 12, 2016

Time: 9:00 a.m. – 12:00 noon, CST

Place: Poplar Conference Room
665 Mainstream Drive, First Floor
Nashville, TN 37243

Major Item(s) on Agenda: See attachment.

This memo shall be forwarded from individual programs to the Public Information Office on the 15th day of the preceding month. The Public Information Office will prepare the monthly list of meetings within the Department and have ready for distribution to state media by the 28th day of the preceding month.



JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

*THE MISSION OF THE TENNESSEE DEPARTMENT OF HEALTH IS TO PROTECT, PROMOTE AND IMPROVE THE
HEALTH AND PROSPERITY OF PEOPLE IN TENNESSEE*

AGENDA

**BOARD FOR LICENSING HEALTH CARE FACILITIES
PERFORMANCE IMPROVEMENT ISSUE STANDING COMMITTEE MEETING**

**JANUARY 12, 2016
POPLAR CONFERENCE ROOM, FIRST FLOOR
9:00 a.m. to 12:00 noon**

**PLEASE REMEMBER TO SILENCE YOUR ELECTRONIC DEVICES WHEN
THE BOARD IS IN SESSION**

1. Call the Meeting to Order and Establish a Quorum.
2. Approval of Minutes.
3. Revisit-Review Interpretative Guideline - 'annual adequate medical screenings to exclude communicable disease' language.
4. **BLAKEFORD AT GREEN HILLS, NASHVILLE**
This facility is seeking clarification on ACLF Rule 1200-08-25-.06(2)(4) regarding updating current regulations to include electronic posting. This facility was cited in a State survey because they had electronic posting of the signs.

Representative(s): Lakecia Harper, Health Services Administrator
5. Other Discussion(s).
6. Public Comments.
7. Adjourn.

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
PERFORMANCE IMPROVEMENT ISSUE STANDING COMMITTEE MEETING
January 12, 2016

The Board for Licensing Health Care Facilities' Performance Improvement Issue (PI) Standing Committee meeting began on January 12, 2016. Jim Shulman served as chair for this meeting.

A quorum roll call vote was taken:

Mr. Jim Shulman – here
Mr. John Marshall – here
Ms. Janet Williford – not here
Dr. René Saunders – here

A quorum was established.

Minutes from the September 17, 2015 PI Standing Committee were reviewed. Dr. Saunders had issue with the wording of one sentence relative to physician, residency, and 1972. The context of the sentence was explained by Ms. Reed. The standing committee requested the sentence to be reworded. Dr. Saunders also found where Board Certified in Pulmonary Medicine should be Critical Care Medicine recognized by either the American Board of Medical Specialties for MDs. The standing committee approved the minutes with the recognized amendments.

The first item for discussion was review of the interpretative guideline (IG) for 'adequate medical screening to exclude communicable disease'. Ann Reed gave background to this agenda item. Ms. Reed stated this item was initially discussed by this standing committee at the September 17, 2015 meeting. During that discussion, it was felt by the standing committee that this item might be resolved during the Assisted Care Living Facility (ACLF) Standing Committee meeting held September 17, 2015 as the issue of communicable disease was to be discussed during this standing committee. A resolution was not reached during the ACLF Standing Committee so it was determined this item should be brought back before the PI Standing Committee. This resulted in the item being brought to the PI Standing Committee at the December 15, 2015 meeting. Mr. Marshall began the discussion by stating CDC requirements are guidelines and the Board is regulatory. Mr. Shulman then asked what the standing committee to address is. Ms. Reed stated the direction brought forth at the September 2015 standing committee was what is the screening tool, how often is screening done, and what are the communicable diseases this applies to. When the standing committee met in December of 2015, it was determined by the committee that input was needed from the associations and provider types that would be affected by a rule language change and/or an IG change. It was felt that input from these sources would assist the standing committee in forming recommendations. Ms. Reed also directed the standing committee members to the information contained on the iPads. This information is from the original 2008 discussion before the full Board for the rule containing the language 'adequate medical screening' and the 2012 creation of the IG in place today. Mr. Shulman clarified that the current IG is directing facilities to follow CDC standards. Mr. Marshall pointed out a facility may not want to adopt all direction put forth by CDC since some infectious diseases are regionalized which would alter and direct how a facility addresses. Dr. Saunders stated that healthcare workers may acquire an infectious disease in another

location such as Walmart then bring it back to the facility. She further stated that if a worker is in a low risk facility receiving an actual skin test for TB may not be warranted every year for example. Mr. Shulman stated having the groups present at today's meeting to provide what their current practices are and their level of understanding of the IG is a good starting point. Melanie Keller, President of the Tennessee Association for Home Care, spoke to the standing committee. She is under the impression the confusion with the regulation is due to inconsistencies with interpretations by surveyors. Ms. Keller indicated the practice of the agency for which she works takes the following steps with employees - follow CDC guidelines for annual TB testing and to look at the risk level of the area in which your facility is located, a TB skin test is required upon hire if one has not been done in the last 12 months, an annual health assessment is completed where accidents, illnesses, hospitalizations, symptoms, etc are asked about for the last 12 months, employee completes the notifiable disease list from the CDC. She stated this annual assessment is reviewed by one of the agency's registered nurses. Ms. Keller stated the annual assessment is completed upon hire and every year. The facility has a policy in place to address positive responses if provided by the employee. Ms. Keller feels clarification needs to be provided to surveyors on what the expectation is of this rule and IG which doesn't mean an annual physical by a physician. Ms. Karen Wills with the Department of Developmental and Intellectual Disabilities spoke to the standing committee. She agreed with what was previously presented by Ms. Keller. She is requesting clarity on how a facility is to fulfill the rule. Ms. Wills indicated some of the newer professional support services agencies being licensed have been required to have TB skin tests performed even though they are in a low risk area in order to pass their initial licensure survey and this has led to those providers already licensed to begin following this practice. Ms. Wills then asked about other diseases to consider under the CDC guidance. Dr. John Warkentin with the Tennessee Department of Health's Division of Communicable Environmental Disease Services spoke to the standing committee. He stated that his expertise was in the study of tuberculosis and program administered by the state regards to that infectious disease. Dr. Warkentin indicated to the standing committee that the CDC notifiable disease list is different from the Tennessee Department of Health's reportable disease list. He stated in Tennessee medical provider laboratories in hospitals are required to report certain disease per regulations of the Tennessee Department of Health and would recommend the Board look at that list versus the CDC list. Dr. Warkentin stated there are differences on how states handle certain diseases based upon the epidemiology of the disease in a particular state. He further stated his office receives many calls from licensed healthcare providers regarding how to address screening and testing for TB including complaints about the inconsistencies of surveyors from the Office of Health Care Facilities. Dr. Warkentin indicated Communicable Disease would be willing to work with the Board on developing guidance for TB screening and testing. He stated the CDC guidelines are open for interpretation by each state which is again based upon the epidemiology of TB in this state. Dr. Warkentin also stated when TB is reported to the Department of Health the Division of Communicable Disease does a contact investigation of the incident. Dr. Saunders questioned which are the most communicable diseases on the Department of Health's list are the most important and for which ones healthcare workers should be screened. It was determined to be difficult to state the most important diseases to screen for. Dr. Warkentin stated that influenza and norovirus are very important to consider, but are not a once a year type of infectious disease. He stated these can occur at any time throughout the year. He also feels healthcare workers need a baseline screening for TB which is an assessment risk and the Department of Health has this tool. This would be recommended for those providing direct patient contact. Mr. Shulman stated that for TB it seems every year healthcare workers should be either screened for TB or check if in an area of high TB prevalence. An overall health assessment would have healthcare workers indicating if they have had any symptoms and whether these should be reported. Dr. Warkentin indicated he has worked in the past with the Department of Mental Health on the development of their own standards containing protocols on how to address TB in

healthcare settings and workers. Dr. Saunders pointed out the CDC offers guidelines for communicable disease and medical screenings for the immigrant population. She further stated CDC provides immunization guidance for healthcare workers so should the committee focus on the screening tools to be used for healthcare workers to prove vaccination status. Dr. Warkentin also suggested the standing committee taking into consideration the requirements of JACHO for addressing healthcare workers and communicable disease. Mr. Marshall recommended having the IG to reference the requirements and guidance offered by the Tennessee Department of Health vs CDC since the CDC covers the entire United States and does not consider factors relevant to each states infectious disease status. Dr. Warkentin stated consistency in expectations needs to be maintained. Gina Throneberry, Tennessee Ambulatory Surgery Center Association, addressed the standing committee. She stated she does not feel most licensed ambulatory surgical treatment centers (ASTC) are aware of this IG. These facility types offer Hepatitis B vaccinations for those who are high risk to contract blood borne diseases which is also an OSHA/TOSHA guideline; based upon the location of the facility and what is prevalent in the situation or geographical area the facilities will screen for appropriate communicable diseases; and TB testing is usually not done and is based upon the facility's risk category. Ms. Throneberry also stated there are several different accrediting bodies for ASTCs and it would be difficult to marry those to reach consistent requirement for testing/screening of communicable disease. She voiced another concern which was the verbiage to be used required vs recommended. This she feels would affect how a surveyor would survey the facility. Ms. Throneberry also asked that the standing committee consider how an employee is going to prove they have been immunized for any specified communicable disease and if an annual physical is required who will complete this or will it be left up to the facility to decide. Stacia Vetter with NHC spoke to the standing committee. She informed the committee of the steps taken by NHC facilities regarding communicable disease screening. NHC provides two (2) step TB tests upon hiring, Hepatitis vaccination, and flu shots after an offer of employment. Ms. Vetter stated that NHC asks each employee to report any significant medical history which would affect their employment. Mike Dietrich with Tennessee Hospital Association spoke to the standing committee. He stated he reached out to the Board of the Tennessee Society for Healthcare Human Resources Administrators and inquired about the guidance used for healthcare workers and communicable disease. This group primarily follows CDC guidance given relevant risk and incident prevalence for where the facility is located. Hospital providers also will not have the same costs associated with testing for communicable due to having in house labs. Linda Estes with the Tennessee Healthcare Association (THA) spoke to the committee. She stated the long term care provider membership of THA do a preliminary two (2) step TB test for all new hires if in a low risk area which is not repeated unless an active case of TB is found. An annual medical screening is done by most long term care facilities. This is completed by a registered nurse at the facility and if something comes forward from this assessment then the medical director becomes involved. THA presented items of consideration for the standing committee. The other steps that the membership of THA follows are to offer the influenza and hepatitis vaccinations to employees. Prior to putting forth a decision THA asked the standing committee to consider making recommendations that are evidenced based and with cost effectiveness of testing in mind. Mr. Marshall inserted the comment that working with the Tennessee Department of Health's Dr. Marion Kainer and colleagues to develop a more appropriate IG that focuses on Tennessee versus the CDC guidance for all states would be a privilege. Mr. Shulman agreed and stated the next step should be convening a meeting with the Department of Health's Dr. Jon Warkentin and Dr. Marion Kainer and other interested parties to the topic. This would include the assisted living facilities, any other affected group, and surveyors. Mr. Shulman didn't feel a determination could be made at this meeting. Dr. Saunders stated the committee should standardize their recommendation. She feels the IG works, but needs to be based upon the Tennessee Department of Health's screening standards for healthcare workers versus the CDC screening standards. **Mr. Shulman made a motion to invite Dr. Marion Kainer along with other interested parties for the**

purpose of having a general discussion to reach an answer regarding the need to change the current IG; seconded by Mr. Marshall. Dr. Saunders abstained. The motion was approved.

The final item for discussion was The Blakeford at Green Hills request for clarification of assisted care living facility (ACLF) rule, 1200-08-25-.06(4) regarding the posting of signs in a facility. Lakecia Harper, administrator at Blakerford at Green Hills addressed the standing committee. She stated to the standing committee that the facility provides all required posting information in an electronic format and were cited for this at the facility's last annual survey. The electronic posting is on a computer monitor in the lobby of the facility. Ms. Harper indicated electronic posting had been in use for the last six (6) years and the facility had not been cited in the past. She is asking for an interpretative guideline on how the information required by rule is to be posted. The committee asked to see an example of how the facility electronically posts the information. This was not brought by the provider. Ms. Harper indicated the electronic posting meets the sign size requirements specified in the rule. Dr. Saunders asked what exactly is the standing committee being asked to do. Ms. Reed indicated develop an interpretative guideline for the rule if the committee feels electronic posting as described is meeting the rule because the rule is not completely clear as it pertains to the method of providing the signage. Ms. Estes spoke in support of the facility for the use of the electronic sign. The standing committee put forth suggested IG language for the rule which would include electronic posting of the information required by rule. Ms. Harper asked the standing committee if the IG could also be applied to the nursing home regulation regarding signage. Ms. Reed stated to the standing committee that this language is potentially in all facility regulations. Mr. Shulman indicated the standing committee would like to see electronic posting, but further review of the all facility regulations needs to occur before an IG is issued. This item would go on the PI Standing Committee's next meeting agenda. It was also requested that an example of the facility's postings be brought back to the standing committee.

Mr. Marshall made a motion to adjourn; seconded by Dr. Saunders. The motion was approved.