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**TENNESSEE DEPARTMENT OF HEALTH
MEMORANDUM
THIRD AMENDED**

Date: September 13, 2018

To: Shelley Walker, 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: 152602#)

Date of Meeting: September 17, 2018

Time: 9:00 a.m.

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**

**SEPTEMBER 17, 2018
POPLAR CONFERENCE ROOM, FIRST FLOOR
9:00 a.m.**

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

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1. Call the Meeting to Order and Establish a Quorum.
 2. **BALLAD HEALTH f/k/a MOUNTAIN STATES**
Ballad Health after merger of Wellmont's and Mountain States' licensed hospitals began the process of rolling out new isolation signs and policies. Discrepancies were discovered in how each facility handled trash from isolation rooms. Ballad Health is seeking an interpretation of the standard under Hospital Rule 1200-08-01-.10 section Infectious Waste and Hazardous Waste.
REPRESENTATIVE(S): Dr. Fabiola DeMuth, Communicable and Environmental Diseases and Emergency Preparedness and Dr. Pamela Talley.
 3. Registered Dietitians Writing Therapeutic Diet Orders – Rulemaking Language Consideration.
 4. Revisit-Chapter 1200-08-34 Standards for Home Care Organizations Providing Professional Support Services Rule Language 1200-08-34-.02 regarding Licensing Procedures.
REPRESENTATIVE(S): Melanie Keller, Meritan/TNCO/TAHC
 5. Consideration for Rule Language Development – Public Chapter 626, Public Chapter 655, Public Chapter 675, Public Chapter 722, and Public Chapter 1015.
 6. Other Discussion(s).
 7. Public Comments.
 8. Adjourn.

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
PERFORMANCE IMPROVEMENT ISSUE (PI) STANDING COMMITTEE MEETING
September 17, 2018

The Board for Licensing Health Care Facilities' Performance Improvement Issue (PI) Standing Committee meeting began on September 17, 2018. Jim Shulman served as chair for this meeting.

Ms. Patricia Ketterman- not here

Dr. Lisa Piercey - not here

Dr. Rene Saunders – here

Mr. Jim Shulman - here

Ms. Gina Throneberry - here

Ms. Janet Williford - here

A quorum was established.

The first item for discussion was interpretation of Hospital rule 1200-08-01-.10, Infectious Waste and Hazardous Waste section. This item was first presented to the full Board in June 2018. Ballad Health after merger of two separate systems found discrepancies in infection control processes and procedures. Based upon this, an interpretation was sought of the hospital regulations around infection control. Fabiola DeMuth from the Communicable and Environmental Diseases and Emergency Preparedness section of the Department of Health presented to the standing committee. She stated that during her section's healthcare acquired infection visits to facilities different practices are often seen. Ms. DeMuth stated her section does work closely with our surveyors on infection control issues. She further stated that during her research for this item updated code references were found in two places. The focus should be on patients in isolation which applies to all healthcare facilities.

Dr. Saunders asked if infectious waste is defined in the rules. Caroline Tippens with Office of General Counsel (OGC) read the hospital rule definition of infectious waste.

Ms. DeMuth brought recommended rule language from the 0400 section of rules. It was clarified this section of rules was not facility regulations under the authority of the Board for Licensing Healthcare Facilities.

Dr. Talley stated new OSHA guidelines to be followed regarding infectious wastes. The term infectious waste should be changed to regulated medical waste. She also recommended the removal of the CDC reference in the current infectious section of the rules and replace with OSHA guidelines.

Ms. Throneberry asked about TOSHA requirements as these may be more stringent. Dr. Talley did not have any information regarding this. Ms. Tippens stated this could be researched.

Mr. Shulman asked about other states and their practices. Dr. Talley stated there is no set standard across states that are followed. He also asked if the definition was changed to regulated medical waste how we make sure facilities comply. Ann Reed stated that surveyors would sample by observation or by records review during a survey based upon the regulation would require and define.

Dr. Saunders asked if this request would require an interpretive guideline (IG). Ms. Tippens stated no this would require a rule change.

Dr. Talley also requested the reference to isolation be removed from the rules.

Ms. DeMuth and Dr. Talley provided language which could be incorporated into the rules. The language provided for a definition of regulated medical waste. Ms. Tippens identified the language would require further legal review. Ms. Throneberry requested a check of this language against TOSHA. Ms. Tippens to email a contact at TOSHA and will provide this update at the October 3 Board meeting.

Linda Estes with THCA spoke to the committee and asked about an IG since the rule process could take up to a year or longer. She stated facilities would need guidance during that interim period. Ms. Tippens stated an IG would be needed, but would need to check with TOSHA before putting anything in writing. Dr. Saunders questioned if this item should be tabled until follow-up occurs with TOSHA.

Dr. Saunders made a motion to approve the rule language to contain the two items, #1 and #2, from the presentation by Dr. Talley and Ms. DeMuth which includes a definition of regulated medical waste and change of terms from infectious waste to regulated medical waste and create an IG following check of TOSHA language; Gina Throneberry asked if TOSHA had more stringent guidelines and to see if they would have an issue with the change. Caroline Tippens mentioned she could contact TOSHA via email to see if they are okay with the change and if there is a particular problem based upon what they find with what we are doing to bring back to PI Standing Committee. Otherwise if there was no issue then it would proceed. Caroline stated that she could bring the update to full board meeting with solid language and TOSHA yea nay in October 2018 then the full board would approve of the IG then bring back to Performance Improvement Standing Committee for rulemaking language; **seconded by Ms. Williford. The motion was approved.**

The second agenda item was the presentation of language changes for Home Care Organizations providing Professional Support Services. Ms. Reed made the standing committee aware of this item being presented at the June 2018 Board meeting with the recommendation to move to the PI Standing Committee. The agenda item was moved to the bottom of the agenda awaiting the presenter's arrival.

The third agenda item was consideration of rule language for the following public chapters (PC) – 626, 655, 675, 722, and 1015. The first rule language revision to be discussed was for PC 626. Ms. Tippens stated the requirements of this PC are for those hospitals that have STEMI designation to be recognized by the department of health. She stated this information will be collected on the licensure applications. She further stated the rule language reference will be contained in the Licensing Procedures section of the rule. Dr. Saunders asked should we know who grants the hospital designation. Ms. Tippens stated it is the responsibility of the hospital to provide and that will be captured on the application. Ms. Tippens then moved to PC 722 which directs the department of health to recognize those hospitals which stroke designation. She stated this would be accomplished as the STEMI designation of hospitals by application and placement to the same section of the rules. Ms. Tippens then presented PC 655 and rule language to be placed in the Disciplinary Section of the rules regarding reimbursement of a fourth revisit to a facility to the department. Ms. Throneberry asked if this applies to all facility types and Ms. Tippens stated yes. PC 675 regarding posting of opioid abuse or diversion reporting was then discussed. Ms. Tippens indicated the addition of rule language to the Administration Section of all facility type rules requiring the posting of signage regarding opioid abuse or diversion as noted in the PC. Chris Puri addressed the Board stating the suggested rule language does not allow for all options listed in the PC.

Mr. Shulman directed legal counsel to have presented rule to include both options posting of signs or individual notice to employees. Also, the requirement for 'public' posting should be changed to 'non-public' as identified in the PC. Ms. Tippens presented final rule language for consideration for PC 1015 which creates a requirement for hospitals to show compliance with the reporting requirements under T.C.A. §33-3-117 with a failure to comply leading to disciplinary action. The suggested rule language will be placed in the Disciplinary Action section of the hospital rules.

Ms. Tippens stated to the standing committee that IGs will be established for all rule language changes recommended above.

Dr. Talley asked about the reporting of injectable diversion and potential for infection. She wanted to know how this reported incident would be communicated to the Communicable Disease section. Ms. Reed stated the complaint would be received in the Complaint Intake Unit then sent to the appropriate regional office for investigation. The incident and results would be communicated to Dr. Talley's section after the investigation is substantiated. Ms. Reed stated Dr. Talley would need to work with the Office of Health Care Facilities on this. Dr. Talley asked if rulemaking would have to occur in order for this to work. Ms. Reed stated no. Ms. Tippens spoke about the Board of Nursing's (BON) investigative process for practitioners and the sharing of information. Dr. Talley identified that information has been received via this process, but was late and well after the event occurred which was generally once an investigation was completed.

Dr. Saunders made a motion to approve the suggested rule language changes/updates related to PC 626, 655, 675, 722, & 1015; seconded by Janet Williford. The motion was approved.

Dr. Talley questioned if the reporting of opioid diversion has changed for the complaint unit. Ms. Reed stated complaints continue to be received in the Complaint Intake Unit regarding opioid diversion. Dr. Saunders asked if this was a requirement. Ms. Tippens stated a 2017 PC requires a healthcare facility to report any suspicion of practitioner diverting opioids. She further stated this did not require a rule change, but the requirement is there for healthcare facilities.

The final rule language presented for consideration by the standing committee was for removal of a facility from a probation status. There is an issue with assisted care living facilities (ACLF) and homes for the aged (RHA) facility types and knowing the correct process to follow if the facility license is in a probationary status. Mr. Shulman asked if the committee needed to act on this today. Ms. Tippens stated this may be reviewed and visited at a later date. Dr. Saunders stated why not act on today then take that result to the full Board in October. Ms. Tippens stated that could be done. **Dr. Saunders made a motion to accept the presented rule language for placement to all facility type rules; seconded by Ms. Throneberry. The motion was approved.**

The standing committee revisited the Professional Support Services (PSS) agenda item. Melanie Keller presented the information to the committee. She presented changes for more person centered reference in the rule; removal of mental retardation reference; change of designated physician to designated practitioner to allow nurse practitioners (NP), physician assistants (PA), and clinic nurse specialists (CNS) to treat patients; remove physical status report (PSR); etc. Ms. Tippens stated that recent changes have occurred to the ACLF rule language regarding NP, PA, and CNS to allow for treatment by these licensed professionals as the treating health care provider. She stated she would like for that rule language to be used in all facility type rules.

Dr. Saunders asked why the change in the term consumer. Ms. Keller stated this is a national standard in the IDD world with the movement being to use terms such as person and individual and to be focused as such. She further stated this is not as important of a rule change as other items within the document. Ms. Keller stated the removal of the PSR requirement is more important to accomplish.

Ms. Tippens revisited the terminology to be used for advanced practice professionals. She stated the terminology being placed in the ACLF regulations is non-physician practitioner. Ms. Tippens stated this would be the term used in the PSS rule language.

Ms. Tippens stated the requested changes to the DNR rule language cannot occur as the DNR rule language is consistent throughout all facility type rules. She stated this would be confusing to the surveyors. This was not an issue for Ms. Keller.

Dr. Saunders made motion to accept the presented PSS rule language with imagined changes and Caroline Tippens amendment for presentation to the full Board approval; seconded by Ms. Williford. The motion was approved.

Megan Martin with the Tennessee Homecare Association questioned to what end the practitioner changes are made. She wanted to know if it was more broadly applied to all licensed healthcare facilities. Ms. Tippens stated changes are identified for certain facility types, but may be inclusive of all rules at a later time.

The meeting was adjourned.