

VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF LICENSURE AND CERTIFICATION

**Notes from Inpatient Hospital Regulatory Revision Meeting
September 3, 2008**

The work group began with Part II – Administrative Services (12VAC5-411-130). The comments included:¹

1. Some proposed regulations may exceed 'protect the public health, safety and welfare' minimum criteria standard set forth in E.O. 36, may set too high a bar to meet, rather than minimum threshold.

PART II.

2. 12VAC5-411-130

Move subsections A, B, C, D, and E to Part I

Global change 'emergency room' to 'emergency department'

E7: Clarify 'off site service location,' 'off site patient care service', should read 'offsite emergency department' so as not to confuse with medical offices off campus.

I: Requested clarification of 'false, misleading or deceptive" subject to broad interpretation

3. 12VAC5-411-140 requested alignment with Joint Commission of Accreditation, and CMS COPs².

B 4, 5 and 9: Not consistent with current governing board functions

C: Should read 'approve medical staff bylaws, based on the recommendations of the medical staff; consider moving to 12VAC5-411-160; governing body does not act unilaterally on medical staff bylaws

C1: Add' or other qualified practitioner that has privileges and is licensed as required in Title 54.1';

C2: Delete 'policies and protocols'

D: Needs research, understanding that all acute care hospitals must have an organized emergency department, is this meant to include non acute care hospitals?

4. 12VAC5-411-150: needs to be restated as 'administrator directly accountable to the governing body and responsible for the management and operation, and fiscal affairs of the hospital.

C: Suggest deleting

5. 12VAC5-411-160: requested alignment with Joint Commission on Accreditation and CMS COPs

B4: Add CMS listed of excluded practitioners

B7: Re-write, should reference CDC standards

E: Can delete 'not to exceed 3 year' all board have time limits for certification beyond which no longer board eligible, should read: 'board certified, eligible or has been grandfathered'

F: Can be deleted

¹ The comments included herein are from work group members and do not reflect subsequent responses or actions taken by staff.

² COPs means conditions of participation

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6. 12VAC5-411-170: requested alignment with Joint Commission on Accreditation and CMS COPs
 - A: Can delete 'approved by the governing body.'
 - B. Change 'annually' to 'triennially or as changed by practice'
 - D3: Add subsection'd': "advanced directives and decision making for patients without advanced directives who are incapable of making informed decisions."
 - D8a: Delete 'including periodic review of such agreements'
 - E: Review with Section 180 for redundancy

7. 12VAC5-411-180: requested alignment with Joint Commission on Accreditation and CMS COPs
 - B6: Reference CDC and OSHA
 - G7: Replace 'occupational' with 'employee'
 - O: Start proposed regulation at "Volunteers' add 'patient care' to 'per diem staff'

8. 12VAC5-411-190: suggest limiting section to read: "The hospital and its contractors shall have appropriate indemnity coverage to compensate patients for injuries and losses resulting from services provided' Avoids the problem with medical malpractice requirements.

9. 12VAC5-411-200: requested alignment with Joint Commission on Accreditation and CMS COPs
 - A: Insert 'patient care' to read: patient care services.

10. 12VAC5-411-210: requested alignment with Joint Commission on Accreditation and CMS COPs
 - A: JCAHO is now called just the Joint Commission
 - A 2: Can delete 'at or below 200% of the federal poverty level,' some hospitals provide assistance at 300% of the poverty level
 - A 3: Delete 'if admitted'
 - C: Allow for electronic translations services

PART III.

11. 12VAC5-411-220: requested alignment with Joint Commission on Accreditation and CMS COPs
 - A2: Add 'patient care' to services
 - A3: Add 'and contracted services'
 - C2: Replace 'nosocomial' with 'hospital acquired infection'
 - C6: Question VDH authority to require reporting patient incidences
 - H. Delete all after 'administrator'

12. 12VAC5-411-230: requested alignment with Joint Commission on Accreditation and CMS COPs
Request that OLC and VDH Office of Epidemiology utilize same reporting mechanism, so that hospitals only have to report once
 - B: Delete: 'appropriate organized services'
 - D: Replace 'nosocomial' with 'hospital acquired infection'
 - F 1: Delete
 - K: Question need for specific citation for obstetrical or nursery when the infections are already contained in 12VAC5-90

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13. 12VAC5-411-240: Question VDH statutory authority to require critical incident reporting, so referenced the federal patient safety act

Language offered in addition: 'Reporting under this section shall not waive any immunity or privilege set forth in Virginia Code § 8.01-581.16 and 8.01-581.17 or any other applicable law providing immunity or privilege to hospitals.'

A6: change 'medication errors that necessitate a clinical intervention other than monitoring' to read 'medication errors that result in disability or death'

A12: Can delete 'or wrong egg'

A21 & 23: suggest deleting, not sure of need

PART IV.

14. 12VAC5-411-250:

G: Delete 'minimal and'

H: Why single out pressure ulcers when there is a host of conditions

15. 12VAC5-411-260: requested alignment with Joint Commission on Accreditation and CMS COPs

16. 12VAC5-411-270 A Replace 'department' with 'service.'