



The Tennessee Open Meetings Act passed by the General Assembly in 1974 requires that meetings of state, city and county government bodies be open to the public and that any such governmental body give adequate public notice of such meeting.

**TENNESSEE DEPARTMENT OF HEALTH
MEMORANDUM**

Date: August 1, 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: August 19, 2016
Time: 9:00 a.m. – 2:00 p.m., CDT
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**

**AUGUST 19, 2016
POPLAR CONFERENCE ROOM, FIRST FLOOR
9:00 a.m. – 2:00 p.m.**

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

1. Call the Meeting to Order and Establish a Quorum.
2. Revisit – Discussion of Interpretative Guideline for ‘Adequate Medical Screenings to Exclude Communicable Disease’ language.
3. Interpretative Guideline about Surgical Services is optional under Hospital Rule 1200-08-901-.07(1) and the development language for rulemaking.
4. Board Policy #57 – Hospital Rule 1200-08-01-.02(1)(a) as it applies to general hospital to be allowed to discontinue obstetrical services when granted a waiver to discontinue this services.
5. Update/Revision Suggestions to Interpretative Guidelines Nursing Homes Rule 1200-08-06-.06(12)(a)1 and Rule 1200-08-06-.06(12)(a)4(d).
6. Other Discussion(s).
7. Public Comments.
8. Adjourn.

MINUTES
BOARD FOR LICENSING HEALTH CARE FACILITIES
PERFORMANCE IMPROVEMENT ISSUE STANDING COMMITTEE MEETING
August 19, 2016

The Board for Licensing Health Care Facilities' Performance Improvement Issue (PI) Standing Committee meeting began on August 19, 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 – here
Dr. René Saunders – here
Dr. Michael Miller – not here

A quorum was established.

The first item for discussion was to revisit the interpretative guideline for 'adequate medical screenings to exclude communicable disease' language. Jim Shulman requested background information for this item. Ann Reed recapped for the PI Standing Committee the previous committee meeting discussions on this item which included provider association input and representatives of the Communicable Disease section of the Tennessee Department of Health presentation of relevant information. Stacia Vetter with NHC presented additional background to the standing committee on this item. She spoke of an ACLF coming before this committee as the genesis of this discussion item. Ms. Vetter stated the facility was cited during survey and presented to the Board via this standing committee in order to address the citation. She reported as a result of that meeting an interpretative guideline was developed. Ms. Vetter stated a concern the discussion has gone away from the true intent of the topic item. Ms. Reed indicated a different interpretative guideline is up for discussion under this agenda item. The origination being from a licensed professional support services agency which was cited for not having adequate medical screening information in personnel files. This presentation led to the topic being brought before the PI Standing Committee. Linda Jennings with THCA provided information on how nursing homes in their membership do 'adequate medical screening'. For TB, the two-step TB test is done as required by the CDC. Mr. Shulman stated he wishes for an IG/rule to be developed or in place which would work across any changes in diseases and outbreaks that may occur. He also wanted CDC reference. The public in attendance stated the current IG in question contains this information which includes a two-step TB skin test requirement. Members of the public indicated it is difficult to apply this general rule to all facility types. Each set of facility rules needs a different rule and IG. Melanie Keller, home care organization representative, stated the assisted care living facility (ACLF) IG read by Ms. Vetter would work for other facility types and the 'adequate medical screening' rule. The policies of the licensed facility should address how the adequate medical screening is accomplished. Mr. Shulman asked what if a facility doesn't have a policy. It was stated the facility must have a policy. Ms. Reed indicated if this requirement is a part of the ACLF communicable disease IG then surveyors look for this upon survey. Dr. René Saunders stated the committee members and the public attendees consistently discuss only TB, but there are other communicable diseases. She asked what communicable diseases are included. Ms. Keller stated she provided this information at the last standing committee meeting

which included a list of communicable diseases and the actions associated with each one. Ms. Vetter stated to the committee the current IG gives guidance to follow the CDC guidance and does not state a MD signature is required to sign off on the 'free from communicable disease'. John Marshall asked if the CDD requires an MD signature. The public in attendance stated no. Ms. Keller stated as this was discussed in previous standing committees other questions arose such as does a MD have to sign off on an assessment of an individual's communicable disease status. Karen Wills with the Department of Intellectual and Developmental Disabilities (DIDD) spoke to the standing committee indicating agreement with Ms. Keller. She wants to make sure the allowance for low risk/high risk environments recognized by the CDC guidelines is considered. Also, Ms. Wills proposed to include in the current IG the requirement of a policy and procedure of a facility to follow the CDC guidance. She felt this would be helpful for the surveyors as the CDC guidelines are voluminous. Mr. Shulman stated nothing should be changed with the IG and that a MD signature is not required to show an individual is free of communicable disease as this is not a requirement of the CDC. **Mr. Marshall made a motion not to change the current 'adequate medical screenings to exclude communicable disease' IG; seconded by Janet Williford. The motion was approved.**

The second item for discussion was an interpretative guideline for surgical services to be optional under hospital rule 1200-08-01-.07(1) and the development of language for a rulemaking hearing. Ms. Reed gave background to the discussion item. She spoke to the facility which came before the Board requesting an IG of the surgical services requirement or a waiver of the rule. Ms. Reed refreshed the standing committee members' memory that a waiver was granted for this item and that the full Board requested the PI Standing Committee to develop an IG and rule language for rulemaking hearing for this item. Kyonzté Hughes-Toombs stated surgical services needs to be removed from one section of the hospital rules either the Definition or Optional Service section. Ms. Marshall voiced a concern over EMTALA violations stating if a patient presents at the ER with a surgical issue it must be addressed. Ms. Reed and Ms. Hughes-Toombs read from the hospital regulations the definition of a general hospital designation and the contents of the basic services/optional services section. Mr. Shulman stated an IG should be developed to stating the general hospital surgical care requirement must be waived by the Board if a facility wishes to discontinue this service. Dr. Saunders wanted to address other optional services in the IG. Mr. Shulman felt addressing other optional services at this time would be getting too deep into the hospital regulations. The current focus was on the general hospital designation. Mr. Shulman indicated Tennessee Hospital Association (THA) may want to look at the rules for other changes needed in the optional services section of the hospital rules. THA may wish to include the Department of Health in that review as well. **Mr. Shulman made a motion to develop an IG which directs a hospital designated as a general hospital to request a waiver of the Board if electing to discontinue surgical services; seconded by Mr. Marshall. The motion was approved.**

The third item for discussion was consideration of Board Policy #57 – hospital rule 1200-08-01-.02(1)(a) allowing a general hospital to discontinue obstetrical services when granted a certificate of need (CON) to discontinue this service. Ms. Reed presented this item to the standing committee focusing on the change in the HSDA laws removing the CON requirement for discontinuation of obstetrical services. The standing committee members stated Board Policy #57 would be obsolete and should be indicated as such. The standing committee members also stated with the change in the HSDA laws the responsibility is not on the Board to determine need for this service. Mr. Shulman wants inclusion of this to the above created IG in the second item brought before the standing committee, but also wants this reviewed further for legislative intent. **Mr. Marshall made a motion to move this item for discussion with the full Board at the September 7 & 8, 2016 meeting; seconded by Ms. Williford. The motion was passed.** Further comment by Mr. Shulman indicated a desire to discuss with Senator Sexton the sponsor of the

new HSDA law and possibly Senator Crowe on the reasoning for the legislation. Ms. Vetter provided information to the standing committee on the new legislative changes to the CON laws indicating this appears to be a step to remove the CON requirement in the state of Tennessee.

The fourth item for discussion was an update/revision suggestion to IG for nursing home rules, 1200-08-06-.06(12)(a)1 and 1200-08-06-.06(12)(d). Ms. Reed gave background to this agenda item stating that after approval in January of this year the association found discrepancies in the two IGs and requested clarity. John Williams the attorney representing the Respiratory Therapist Organization presented on this item. He gave the reasoning behind why these IGs were being presented for revision. Mr. Williams stated that at a meeting of respiratory therapists these two presented IGs were found to have ambiguity so the new language was crafted and is being presented to you to add clarity to the IGs. It was stated that BiPap/CPap was not considered a ventilator under the interpretative guideline and rule 1200-08-06-.06(12)(a)1. **Mr. Marshall made a motion to approve both IG revisions; seconded by Dr. Saunders. The motion was approved.**

The standing committee meeting was adjourned.