



Notice of Intent to Amend Administrative Rules

Welcome to this edition of *Hospital Happenings*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. *Hospital Happenings* is designed to help hospitals stay up-to-date on various issues. Please share with your staff.

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TAKE NOTICE that the North Dakota Department of Health will hold a public hearing to address proposed amendments to N.D. Administrative Code chapters 33-07-01.1 and 33-33-04 at 2:00 p.m. on Tuesday, *Dec. 20, 2016*, in Room 212, Judicial Wing, 600 East Boulevard Avenue, Bismarck, ND. The purpose of the proposed amendments concern outpatient birth services in hospitals. The Department also plans to repeal chapter 33-33-04, Food Code, and adopt by reference the Food and Drug Administration’s 2013 Model Food Code. The rules may impact the regulated community in excess of \$50,000.

The proposed rules may be reviewed at the Health Resources Section, 600 East Boulevard Avenue, Bismarck, ND 58505-0200. A copy of the proposed amendments may be requested by writing the above address or calling 701-328-2352. Written or oral comments on the proposed rules sent to the above address or phone number and received by Tuesday, *Jan. 3, 2017*, will be fully considered.

If you plan to attend the public hearing and will need specific facilities or assistance relating to a disability, please contact the Health Department at the above phone number or address at least *three days prior* to the public hearing.

DATED this 8th day of November 2016.
Terry L. Dwelle, MD, State Health Officer
North Dakota Department of Health

Most Commonly Cited Deficiencies

Following is a breakdown of the most common deficiencies cited in the North Dakota Hospital program from Oct.1, 2015 through Sept. 30, 2016.

HEALTH DEFICIENCIES

C0241 – GOVERNING BODY OR RESPONSIBLE INDIVIDUAL

The CAH has a governing body that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH’s total operation and for ensuring those policies are administered so as to provide quality care in a safe environment.

C0297 – NURSING SERVICES

All drugs, biologicals, and intravenous medications must be administered by or under the supervision of a registered nurse, a doctor of medicine or osteopathy, or, where permitted by State law, a physician assistant, in accordance with written and signed orders, accepted standards of practice, and Federal and State laws.



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C0276 – PATIENT CARE POLICIES – DRUGS AND BIOLOGICALS

The CAH must have rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area administered in accordance with accepted professional principles, current and accurate records are kept of the receipt and disposition of all scheduled drugs, and outdated, mislabeled, or otherwise unusable drugs are not available for patient use.

C0304 –RECORDS SYSTEMS

The CAH must maintain a record that includes identification and social data, informed consent forms, pertinent medical history, assessment of health status and healthcare needs, and a brief summary of the episode, disposition, and instructions for each patient receiving healthcare services.

33-07-01.1-18. EDUCATION PROGRAMS

Hospitals shall design, implement, and document educational programs to orient new employees and to keep all staff current on new and expanding programs, techniques, equipment, and concepts of quality care. The following topics must be covered annually:

- a. Infection control measures, including blood-borne pathogens.
- b. Safety and emergency procedures, including procedures for fire and other disasters.
- c. Procedures for life-threatening situations, including cardiopulmonary resuscitation and the lifesaving techniques for choking victims.
- d. Patient rights.



FEDERAL LIFE SAFETY CODE DEFICIENCIES

K0038 – MEANS OF EGRESS

Door locking hardware must comply with delayed-egress hardware requirements. Doors swinging into the corridor cannot project more than 7” from the wall when fully open.

K0144 - ELECTRICAL WIRING AND ELECTRICAL EQUIPMENT

A remote manual stop for the generator must be provided. The generator must be tested at established frequencies. Emergency lighting must be tested. Generator batteries must be checked weekly.

K0130 - MISCELLANEOUS

Emergency lighting, transfer switches, and fire dampers must be tested and maintained. Alcohol-based hand-rub solutions must be properly located. Exit and directional signs must be visible from any direction of exit access and continuously illuminated. Portable fire extinguishers must be located within 75 feet of travel from any location in the building; they must be the appropriate type for the area; the fire extinguishers must be tested and maintained.

K0029 - HAZARDOUS AREAS

Hazardous areas must be protected. The areas must be enclosed with one hour fire-rated barriers and three-quarter hour fire-rated doors or protected with sprinklers. Doors to hazardous areas must be equipped with self-closing/automatic latching hardware.

K0011 - OCCUPANCY SEPARATION

If the hospital has a common wall with a nonconforming building or other occupancy, the wall is a fire barrier having at least a 2-hour fire resistance rating.



HOSPITAL HAPPENINGS

New Survey and Certification Letters

The Centers for Medicare and Medicaid Services (CMS) transmits memoranda, guidance, clarifications and instructions to state survey agencies and CMS regional offices through use of survey and certification (S&C) letters. Below is a list of the new S&C letters affecting hospitals since Feb. 2016. The S&C letters are available at: www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage.

S&C 16-21 Guidance to Surveyors on Federal Requirements for Providing Services to Justice Involved Individuals. 05/03/2016.

S&C 16-22 Notification of Final Rule Published: Adoption of 2012 Life Safety and Health Care Facilities Code. 05/06/2016.

S&C 16-29 Adoption of the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC). 06/20/2016.

S&C 16-38 Notification of Final Rule Published - Emergency Preparedness. 09/08/2016.

S&C 17-05 Information on the Implementation Plans for the Emergency Preparedness Regulation. 10/28/2016.

S&C 17-09 Infection Control Pilot: 2017 Update. 11/18/2016.

S&C 17-10 Critical Access Hospital Appendix W Revisions. 12/01/2016.

Trauma Center Designation and Compliance with Critical Access Hospital Regulations

North Dakota Century Code (NDCC) 23-01.2-03 Trauma center designation states, “Effective January 1, 2011, a hospital that offers emergency services to the public shall meet trauma center designation standards and participate in the trauma system.”

The federal Critical Access Hospital (CAH) regulations at 42 CFR 485.608 require the CAH and its staff to be in compliance with applicable Federal, State and local laws and regulations. In addition, 42 CFR 485.618 requires, “The CAH provides emergency care necessary to meet the needs of its inpatients and outpatients.”

Per the NDCC, a hospital’s emergency services is required to meet trauma center designation standards and participate in the trauma system. The hospital is required to follow state regulations, and if the hospital is certified as a CAH, is required to provide emergency services. If the ER closes, the CAH would be out of compliance with the federal CAH regulations which could result in loss of CAH designation. The CAH could operate as a PPS hospital but may be unable to financially survive which could result in closure of the hospital.

Nurse Aide Registry Reminders

By Cindy Kupfer

- An initial Nurse Aide registrant is allowed four months to complete the nurse aide competencies. The four months begins at initial date of hire. Included in the four month period is the time needed for the application process, which can take up to two weeks.
- Please review all initial and renewal applications to make sure *all* information is completed, including the initial hire date, and all competency dates, and all signatures are dated, and to make sure the entire application is readable.



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