review of new formations
Regulation Number 61-16
Minimum Standards for Licensing Hospitals and Institutional General Infirmaries
old single wing formation
new pistol formation
old look and feel
gave it a new look for today and tomorrow
what were our main goals?

- Do not miss this opportunity!
- Provide input to DHEC staff.
- Do not repeat mistakes of the past.
- Understand “minimum standards”!
old SCHA task force
new SCHA licensure workgroup
members of taskforce

- Chair - Rick Toomey (Beaufort Memorial Hospital)
- Randeen Cordier (Palmetto Health Richland)
- Denise Finkbeiner (Aiken Regional Medical Centers)
- Rick Kaylor (Waccamaw Community Hospital & Georgetown Memorial Hospital)
- Casey Liddy (MUSC Medical Center)
- Gabi Mitchell (Village Hospital)
- Sarah Richter (Hillcrest Memorial Hospital)
- Matt Severance (Roper Hospital)
- John Singerling (Palmetto Health Richland)
- Macaulay Smith (Tuomey Healthcare System)
- Wayne Sribnick (Providence Hospitals)
- Kay Swisher (Laurens County Health Care System)
- Dick Tinsley (McLeod Health)
members of specialty team – part 2

• **Team Captain - Casey Liddy (MUSC Medical Center)**
• Todd Overcash (Lexington Medical Center)
• Gary Hogue (Palmetto Health Richland)
• Paul Holton (Regional Medical Center)
• Allen Bridgers (McCrory Construction)
• Byron Edwards (LS3P)
• Keith Fleming (Wilkerson Associates Architects)
• Ellen Standish (McCulloch England Associates Architects)
goals of hospital licensure workgroup

- Create a better document, not just a redo
- Eliminate sections that are not relevant today
- Update and “futurize” licensure regulations
- Align licensure regulations more with CMS, TJC and other accrediting organizations
- Create regulations that incorporate relevant requirements of new state and federal laws
- Reflect overall goals of improving quality
- Be sensitive to cost of meeting any regulation
not swinging for the fences
challenges of creating a new regulation

- How broad vs. how specific should regulations be?
- How to structure regulations that work for all hospitals?
- How should regulations relate to health care reform?
- How to find a balance between the regulators and the regulated?
- How do we define a “successful” regulation?
sometimes – we looked at the old...
and then just updated it...
section 301. appointments

Each hospital must have a single organized medical staff that has the overall responsibility for the quality of medical care provided to patients. The medical staff shall be appointed by the governing authority in accordance with the hospital's bylaws. Prior to a physician's initial appointment and periodic reappointment, the governing authority shall assure itself that the physician is qualified and competent to practice in his profession. This organized group shall, with the approval of the hospital governing body, adopt bylaws, rules and regulations to govern its operation as an organized medical staff. Hospital bylaws shall contain renewal procedures, authority to limit or terminate staff privileges, and appeal procedures.
changes to sc reg. 61-16

section 4301. appointments

Each hospital must have a single organized medical staff that has the overall responsibility for the quality of medical care provided to patients. The hospital shall have a medical staff organized in accordance with the facility’s by-laws and which shall be accountable to the governing board including, but not limited to the quality of professional services provided by individuals with clinical privileges. The medical staff shall be appointed by the governing authority in accordance with the hospital's bylaws. Prior to a physician's initial appointment and periodic reappointment, the governing authority shall assure itself that the physician is qualified and competent to practice in his profession. This organized group shall, with the approval of the hospital governing body, adopt bylaws, rules and regulations to govern its operation as an organized medical staff. Hospital bylaws shall contain renewal procedures, authority to limit or terminate staff privileges, and appeal procedures.
section 401. appointments:

The hospital shall have a medical staff organized in accordance with the facility’s by-laws and accountable to the governing board including, but not limited to the quality of professional services provided by individuals with clinical privileges.

Prior to a physician’s initial appointment and periodic reappointment, the governing board shall assure itself that the physician is qualified and competent to practice in his profession. This organized group shall, with the approval of the hospital governing board, adopt bylaws, rules and regulations to govern its operation as an organized medical staff. Hospital bylaws shall contain renewal procedures, authority to limit or terminate staff privileges, and appeal procedures.
basic off tackle → modernized
404.3 Administration of Medications:

A. Drugs shall be administered only upon the order of a physician, dentist, osteopath or podiatrist who has been granted medical staff privileges. Such orders shall be properly recorded in the medical record and signed by the prescriber or his designee.

B. Verbal and telephone orders shall be given only to a licensed nurse and immediately recorded, dated and signed. This restriction shall not be construed to prohibit the issuance and acceptance of verbal orders in other specialized departments or services as authorized in the medical staff by-laws, e.g., orders pertaining to respiratory therapy modalities and medications administered therewith may be given to respiratory therapy personnel, radiology instructions to radiology technicians, and physical therapy orders to physical therapists. All verbal and telephone orders shall be countersigned by the prescriber or his designee within 48 hours.

C. All medications shall be administered by a:
   1. medical doctor,
   2. osteopath,
   3. dentist,
   4. podiatrist,
   5. registered professional nurse,
   6. licensed practical nurse,
   7. registered pharmacist,
   8. respiratory therapy specialist (in a department under medical direction) for medications administered via respiratory therapy devices,
   9. student nurse under the direct supervision of a registered professional nurse who is the student's instructor, or
   10. respiratory therapy student under the direct supervision of a Respiratory Therapy Specialist who is the student's instructor.

The appropriate committee of the medical staff may, of course, establish more restrictive criteria regarding specific procedures, medications, groups and individuals.

D. Self administration of medications by patients may be permitted only when specifically ordered by the physician in writing.

E. Medication errors and adverse drug reactions shall be reported immediately to the prescriber, supervising nurse and pharmacist and recorded in the patient's medical record.

F. Medications for each patient must be kept in the original container; transferring between containers is forbidden.
changes to sc reg. 61-16

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D. Self-administration of medications by patients may be permitted only when specifically ordered by the physician in writing.
E. Medication errors and adverse drug reactions shall be reported immediately to the prescriber, supervising nurse and pharmacist and recorded in the patient’s medical record.
F. Medications for each patient must be kept in the original container; transferring between containers is forbidden.
503.3 Administration of Medications:

A. Drugs shall be administered only upon the order of an LIP or midlevel practitioner who has been granted medical staff prescribing privileges. Such orders shall be properly recorded in the medical record and authenticated by the prescriber or his designee.

B. Verbal, telephone, and electronic orders shall be given to authorized personnel and shall be immediately recorded, dated and signed by the receiver. This shall not be construed to prohibit the issuance and acceptance of verbal orders in other specialized departments or services as authorized in the medical staff by-laws.

C. Medications may be administered by a:
   1. APN Advance Practice Nurse,
   2. Registered professional nurse,
   3. Licensed practical nurse, or
   4. Student nurse under the direct supervision of a registered professional nurse who is the student’s instructor or preceptor; and must be recorded in the health record.

D. Self-administration of medications by patients may be permitted only when specifically ordered by the physician in writing and medications reviewed by Registered Pharmacist.

E. Medication variances and adverse drug reactions shall be reported immediately to the prescriber, supervising nurse and pharmacist and recorded in the patient’s health record.
sometimes we looked at the old

and just deleted it!
CHAPTER 5 ACCOMMODATIONS FOR PATIENTS

Section 501. MAXIMUM NUMBER OF BEDS
No facility shall have set up or in use at any time more beds than the number stated on the face of the license except in cases of justified emergencies.
   A. The following categories of beds are not chargeable to the licensed number:
      1. Labor room
      2. Newborn nursery
      3. Recovery room
      4. Emergency room treatment
      5. Classroom use only
   B. Neonatal special care beds will be shown on the face of the license in addition to the licensed bed capacity.

Section 502. LOCATION OF BEDS
Beds shall not be placed in corridors, solaria or other locations not designated as patient room areas except in cases of justified emergencies.

Section 503. ROOM EQUIPMENT
In addition to a bed with lockable casters, each patient shall be provided with at least one chair, a dresser or compartmented bedside table to accommodate the patient's personal possessions (built-in storage is permissible), a reading light and mattress with moisture-proof covering. Shock bed blocks or equivalent, such as pneumatic lifters for foot of bed and side rails, shall also be provided. All room equipment must be maintained in working condition. The above room furnishings do not apply in critical care areas.

Section 504. OXYGEN
Hospitals shall provide oxygen for the treatment of patients. When oxygen is dispensed, administered or stored, adequate safety precautions against fire and other hazards shall be exercised. "No Smoking" signs shall be posted conspicuously and cylinders shall be properly secured in place.

Section 505. INTRAVENOUS FLUIDS
Supportive equipment shall be provided for the administration of intravenous or subcutaneous fluids.

Section 506. CUBICLE CURTAINS
All semi-private and multi-bed rooms shall be equipped with cubicle curtains which will shield each patient completely. Curtains shall be at least flame resistant.
EXCEPTION: In psychiatric and in chemical and substance abuse treatment units, cubicle curtains and tracks are not required if they pose a threat to patient safety. However, other arrangements must be made to ensure privacy when needed or requested by a patient.

Section 507. MATTRESSES AND PILLOWS
When purchasing new mattresses and pillows, resistance to fire, smoke development and toxicity of combustion gases should be prime factors in the selection.
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new sc reg. 61-16 – chapter 5

- Deleted most of chapter transferred appropriate sections in Part II addressing physical plant.

- Better citations and referencing guidelines
threw a flag on new infection control section
sports center highlights - changes

- deleted and updated definitions
- added recognitions of various accreditations
- added hr & employee health sections
- added new requirements of multiple new laws
- revised wording to reflect EMTALA requirements
- added disaster management requirements
- modernized nursing section
- added recognition for electronic files and records
- modernized lab to comply with CLIA
- streamlined part II – reduced number of pages
sports center highlights – changes continued

- Revised pharmacy to align with SC board of pharmacy
- Referenced federal & state guidelines to remain “evergreen”

- Extended timeline for signing or authenticating medical records
What is our timeline?

- **January 2010**
  - DHEC requested that SCHA lead efforts to update Regulation 61-16

- **Spring 2010**
  - Several meetings with DHEC to define process

- **Summer 2010**
  - Recruited workgroup chairman and members

- **Late Summer 2010**
  - Began meeting
  - Met at six week intervals
  - Workgroup seeks feedback within their hospital
  - SCHA staff updates committees and councils
timeline continued...

- **December 2010**
  - Status report to SCHA Board

- **May 2011**
  - Status report to SCHA Board

- **July 2011**
  - Overview and discussion at Leadership Summit

- **Fall 2011**
  - Finalize draft and send to CEOs for input
  - Revise as needed & bring to SCHA Board for final approval
  - Hand-off to DHEC to begin regulatory process.
dhec punts regulation 61-16 to scha

Update at Leadership Summit

Licensure Workgroup Passes Final Draft to SCHA Members

SCHA Board Approval & Punt to DHEC Staff

DHEC Begins Long Drive Towards Approval by SC General Assembly

TOUCHDOWN! Final Approval of Revised Regulation 61-16 by General Assembly

Licensure Workgroup Huddle
celebrate!
celebrate!