

Browse Responses

[Filter Responses](#) [Download Responses](#) [View Summary](#)Displaying 4 of 4 respondents [« Prev](#) [Next »](#) Jump To: 4 [Go »](#)**Respondent Type:** Normal Response**Collector:** New Link (Web Link)**Custom Value:** empty**IP Address:** 66 194 15 242**Response Started:** Friday, February 22, 2013 2:55:26 PM**Response Modified:** Friday, February 22, 2013 3:04:09 PM**1. What parts of the draft rules do you believe are effective?**

I want to thank ADHS for all your work on these rules. We know it has not been any easy task, but the process has been transparent and inclusive and we really appreciate your openness to our suggestions and willingness to make changes that work for the hospitals

2. How can the draft rules be improved?

Just a few suggestions to the February draft. We indicated that "ensure" does not work in every instance it is used throughout the rule package. The change was deleted for the Medical Staff section, but not elsewhere. R9-10-209: Activities of daily living need to be defined and limited to privacy to bathing, toileting and dressing. The current wording would require privacy while eating and sleeping. R9-10-210: Need to add admission "as an inpatient" to sections 5 and 6. R9-10-224 B14: We request that this rule be rewritten. Hospitals should not be required to wait for a patient to actually physically harm another individual before applying restraints. This could cause issues with liability. Hospitals should be able to apply restraints to prevent physical harm. R9-10-224 B15: Same comment as B14. Hospitals should be able to apply restraints to prevent physical harm. R9-10-224 B21: The requirements for Medical Staff restraint education were improved but need a bit more tweaking. Medical staff restraint education should not be required for a physician to evaluate a patient after restraint or seclusion.

3. Has anything been left out that should be in the rules?

No

Art 2

Browse Responses

 Displaying 8 of 17 respondents

 Jump To: 8

Respondent Type: Normal Response

 Collector: Health Care Institution Licensing
 Rulemaking (Web Link)

Custom Value: empty

IP Address: 206 213 43 100

Response Started: Friday, February 8, 2013 11:09:52 AM

Response Modified: Friday, February 8, 2013 11:21:19 AM

1. If you have any comments or concerns about the rulemaking process or general comments about the rules, please provide your comments or concerns below:

The revised hospital rules are an improvement I have a couple other comments • We indicated that "ensure" does not fit throughout the rule package. The change was deleted for the Medical Staff section, but not elsewhere. For example, 9-10-206 uses ensure and removed staffing in accordance with an acuity plan; however, replacing acuity plan with staffing based upon the patient's needs and hospital's scope of services is not a change. There are times when we can't ensure a 1:1 in the ICU or when we simply don't have enough staff. We worked through that issue with the Department, which is the reason for the Department policy statement. • 9-10-209: The Department did not define activities of daily living or limit privacy to bathing, toileting and dressing. This would require privacy while eating and sleeping. • 9-10-210: Need to add admission "as an inpatient" to sections 5 and 6. • 9-10-224 B5: Good change but typo ("...is an inpatient admitting to the ... unit") • 9-10-224 B14: Facilities should not be required to wait for a patient to actually physically harm another individual before applying restraints. We would face liability for failing to stop someone we knew would harm another patient or staff. We must be able to apply restraints to prevent physical harm. • 9-10-224 B15: Same comment. Facilities must be allowed to apply emergency restraints not only when a patient is harming another, but when such harm appears imminent. • 9-10-224 B21: The requirements for Medical Staff restraint education were improved but need a bit more tweaking. Medical staff restraint education should not be required for a physician to evaluate a patient after restraint or seclusion. I am most willing to discuss my comments if there are questions. Thanks, Janice Dinner

Browse Responses

[Filter Responses](#) [Download Responses](#) [View Summary](#)Displaying 3 of 4 respondents [« Prev](#) [Next »](#) **Jump To:** [Go »](#)**Respondent Type:** Normal Response**Collector:** New Link (Web Link)**Custom Value:** empty**IP Address:** 66 18 115 126**Response Started:** Thursday, February 14, 2013 1:23:56 PM**Response Modified:** Thursday, February 14, 2013 1:26:28 PM**1 What parts of the draft rules do you believe are effective?****No Response**

2 How can the draft rules be improved?

R9-10-226 Social Services An administrator of a hospital that provides social services shall require ensure that: R9-10-226 Social Services An administrator of a hospital that provides social services shall require ensure that: 1. A social worker or a registered nurse designated by the administrator coordinates social services; Social worker was removed from the definitions Many psychiatric hospitals utilize Licensed Counselors as well as social workers to do social services. Recommend changing to: R9-10-226 Social Services An administrator of a hospital that provides social services shall require ensure that: 1 A social service staff member or a registered nurse designated by the administrator coordinates social services;

3. Has anything been left out that should be in the rules?**No Response**

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 2 of 4 respondents

[« Prev](#)[Next »](#)

Jump To: 2

[Go »](#)**Respondent Type:** Normal Response**Collector:** New Link (Web Link)**Custom Value:** empty**IP Address:** 68 71 101 188**Response Started:** Tuesday, February 12, 2013 7:12:51 AM**Response Modified:** Tuesday, February 12, 2013 7:16:43 AM**1. What parts of the draft rules do you believe are effective?**

Overall, they are better and not redundant

2. How can the draft rules be improved?

The word "ensure" should be changed back to "require" Ensure means that it will be done. No one can make sure 100% that another person will do the regulation TB regulations should follow the CDC guidelines and not be so prescriptive to require Mantoux.

3. Has anything been left out that should be in the rules?

No Response

Browse Responses

Filter Responses

Download Responses

[Unlabeled button]

Displaying 1 of 4 respondents

« Prev

Next »

Jump To: 1

Go »

Respondent Type: Normal Response

Collector: New Link (Web Link)

Custom Value: empty

IP Address: 74.39.196.14

Response Started: Tuesday, January 22, 2013 9:55:10 AM

Response Modified: Tuesday, January 22, 2013 9:57:39 AM

1. What parts of the draft rules do you believe are effective?No Response

2. How can the draft rules be improved?

R9-10-203 A 5 "hospital administrator . . . approve medical staff bylaws and medical staff regulations" (Bylaws are required to be approved by the Board of Directors per CMS/TJC---not hospital administrator) R9-10-203 A.7 "hospital administrator . . . grant, deny, suspend, or revoke a clinical privilege" (Regulated by the Medical Director for immediate action, then to the Board of Directors per CMS/TJC---not hospital administrator)

3. Has anything been left out that should be in the rules?

R9-10-224 B 23 e "a physician or other health professional . . . assess the patient within one hour (of seclusion or restraint) " (cannot find definition of 'health professional'---does it include RN with special training as was allowed for Sub-Acutes?)
