

# **State Health Services Council Work Session**

Department of State Health Services (DSHS) Criss Cole Rehabilitation Center Auditorium 4800 North Lamar, Austin, Texas September 5, 2012

### **MINUTES**

## **Council Members Attending**

Ms. Glenda Kane, Chair - Corpus Christi

Dr. Kirk Calhoun – Tyler

Dr. Lewis Foxhall – Houston

Rev. William Lovell – Dallas

Dr. Jeffrey Ross – Houston – arrived 2:35 p.m.

Dr. David Woolweaver – Harlingen

## **Council Members Not Attending**

Ms. Beverly Barron – Odessa

Mr. Nasruddin Rupani – Sugar Land

#### **Visitors**

Duane Hill Wayne Cermak **Bobby Hillert** Diapli Trived Brad McCall Elizabeth Raggo Tori Jones **Rick Peters** Jeff Slepin Randy Cain Alfredo Gueler Jordan Dixon **Greg Tillery** Nancy Fuller Elizabeth Sjoberg Natasha Jones Haley Cornyn Kim Day Mignon McGaney Lee Lane

Tony Wahl

Council Chair, Glenda Kane called the meeting to order at 2:11 p.m.

Report on West Nile Virus – Commissioner David Lakey provided an update on the recent outbreaks
of West Nile Virus. A copy of the presentation is available at
<a href="http://www.dshs.state.tx.us/council/agenda.shtm">http://www.dshs.state.tx.us/council/agenda.shtm</a>. Information is updated twice weekly on the DSHS
website <a href="http://www.dshs.state.tx.us/idcu/disease/arboviral/westNile/">http://www.dshs.state.tx.us/idcu/disease/arboviral/westNile/</a>.

Rev. Lovell thanked the Commissioner for leadership in addressing this crisis. Rev. Lovell asked Dr. Lakey to address the safety protocols and risks involved in spraying.

- 2. Rules Scheduled for Action by Council on September 6, 2012. Public comments will be taken with each rule discussion for the following rules.
  - a. Amendments to rules concerning emergency department staffing and colored alert wrist bands for hospitals. Kathy Perkins introduced the rules and Ellen Cooper provided the rules overview.

Discussion regarding emergency department staffing – The Council members had the following comments and questions:

- Dr. Foxhall How and how often will adverse outcomes be reported and addressed? Given the challenges and compromises, we need to have a way to track the impact on patients to determine any adverse outcomes to relaxing the rules.
- Dr. Calhoun During the course of the stakeholder meetings, did the topic of public notice about no physician on duty come up? Is there any rule preventing a hospital for marketing the fact that they have a physician available 24/7?
- Dr. Ross How will rural hospitals handle not having a physician 24/7? What types of parameters or mechanics will be employed to determine outcomes? If a patient is in under distress and this causes him to expire, would that be noted at the time of death? Is this information that DSHS can gather to use to determine the credibility of the rule?
- Ms. Kane What certification does the nurse or staff that is full-time in the facility hold? Ms. Kane indicated that there needs to be an established standard of care including emergency level technicians who can stabilize and transport individuals. Program will work on strengthening language and bring revised language to the Council meeting on September 6.
- Dr. Calhoun In the previous draft, was there a 20 minute requirement for counties with populations less than 20,000? Do stakeholders feel that the 20 minute rule is reasonable, particularly in areas like West Texas were populations are small and distances are great?

Discussion regarding colored alert wrist bands – The Council members had the following comments and questions:

- Dr. Ross Can provisions be made to require the word "diabetic" to be identified on the wrist bands patients receive in the hospital vs. making a separate color wrist band? Kathy Perkins agreed to address this topic in an upcoming stakeholder meeting on hospital rules.
- Ms. Kane While this suggestion will not be a part of the rules voted on September 6, it will be addressed in a timely fashion at the next stakeholder meeting in October.

#### **Public Comment:**

- Duane Hill, Beaumont Bone and Joint Institute Recommends a common sense approach and compromise to address this problem in order to address staffing issues. Staff in emergency departments are Advanced Cardiac Life Support (ACLS) certified.
- Brad McCall, Physicians Surgical Hospital, Amarillo Is comfortable with rule as presented. He is interested in seeing what becomes of the rule process. His organization has obtained a waiver, but will not be grandfathered in. All nurses in his facility are ACLS and Basic Life Support (BLS) certified. His facility has transfer agreements with two other facilities in area. He asked that his facility be able to continue the waiver, or if not, to be able to be grandfathered in.

- Charles Bailey, Texas Hospital Association (THA) THA opposes this change in the rules and disagrees with public benefit statement in preamble of the rule. THA believes some level of physician presence should be maintained in the emergency department.
- Jeff Slepin, EmCare Physician Services Is concerned how rules as presented affect patient safety. Is against the rules as proposed. Council members asked Mr. Slepin if EmCare would support waivers for smaller rural hospitals and if he was aware of any published studies which would support his view on the issue of increased risks to patients in hospitals not staffed 24/7 with physicians. Dr. Ross commented that in situations of deep-vein-thrombosis, a non-physician may not know what is going on until the chest x-rays come back. Ms. Kane commented that the quality of care depends on the staff qualifications; a rule providing for capable clinicians (not necessarily physicians) to be available at all times may be the best we can do at this time.
- Alfredo Geller, practicing emergency room physician in Houston Opposed to the rules. Provided background on actual emergency room situations. Even nurses with certification may not be able to perform necessary procedures.
- Greg Tillery, EmCare Physician Services Opposed to the rules as presented. Cost savings minimal at best.
- Tony Wahl, Chief Executive Officer, Texas Spine and Joint Hospital Supports the rules as presented.
- b. Public Health Funding and Policy Committee. Dan Smith and Glenna Stewart introduced the rule and provided the rule overview.

Discussion – The Council members had no questions or comments. Public Comment – There was no public comment.

c. Amendments to rules concerning breast and cervical cancer services. Evelyn Delgado introduced the rule and David Auzenne provided the rule overview.

Discussion: The Council members had the following questions and comments:

- Dr. Calhoun Define complete follow up? Does this relate to treatment?
- Dr. Woolweaver Why is there an age limit of 64 years on cervical and breast cancer screenings?
- Dr. Foxhall Wants to emphasize the high value of this program to women in Texas. How many women receive diagnoses through this program and how many of these diagnoses are invasive vs. non-invasive? Does staff know the number of women who would be screened if all who were eligible were screened and if the funding was available?
- Reverend Lovell What is the relationship between the Texas Women's Health Program and the Breast and Cervical Cancer Services program?

Public Comment – There was no public comment.

d. Amendments to rules concerning Children with Special Health Care Needs Services Program. Evelyn Delgado introduced the rule and Jann Melton Kissell and Carol Labaj provided the rule overview.

Discussion – The Council members had no questions or comments. Public Comment – There was no public comment. e. Amendment to a rule concerning the Preparedness Coordinating Council. Lucina Suarez introduced the rule and Bruce Clements provided the rule overview.

Discussion – The Council members had no questions or comments. Public Comment – There was no public comment.

f. Amendments to rules concerning the control of rabies. Lucina Suarez introduced the rule and Tom Sidwa provided the rule overview.

Discussion – The Council members had the following comments and questions:

- Dr. Ross How many facilities does DSHS have for quarantine around the state? After animals have been treated for rabies, when are they eligible to be released back into the wild? Wild animals are not eligible for quarantine. How and when is treatment administered for domestic animals?
- Dr. Foxhall How many non-imported cases of human rabies are in Texas? Is the number of animals reported fairly stable over time, or has it gone up or down? Last year skunks and bats were very rampant with rabies, but many of these animals died off as a result of the rabies.
- Ms. Kane What about opossums? Opposums are considered low risk.

Public Comment – There was no public comment.

g. Amendments to rules concerning the reporting of health care-associated infections and preventable adverse events. Lucina Suarez introduced the rule and Jeff Taylor provided the rule overview.

Discussion: Council members had the following comments and questions:

- Dr. Ross Intravenous line infections are not reimbursed by the Centers for Medicare and Medicaid Services. Is there any possibility of doing reporting on decubitus (pressure) ulcers? These are not infections.
- Dr. Foxhall Events that are potentially preventable are unfortunate. "Never events" may still happen, but the associated costs will not be reimbursable.

Public Comment – There was no public comment.

3. General Public Comment – Council Chair Glenda Kane asked for general public comment. No public comment was provided.

Adjourn – Council Chair Glenda Kane asked for a motion to adjourn. Motion made by Dr. Ross, seconded by Dr. Calhoun. Meeting adjourned at 4:30 p.m.

The Council will reconvene Thursday, September 6, at 9:00 a.m.

Glenda Kane, Chair

State Health Services Council

November 29, 2012

Date