

COLOCATION WORKGROUP MEETING NOTES

December 14, 2015

Regular text = paraphrased discussion

Italics=Department's response

Bold, italics, and indented=rule with changes highlighted

R9-10-1031

A comment was made that the term “patient” could be unclear for individuals entering a collocating facility.

The Department plans to add the following for clarification:

For the purposes of this Section, a "patient" is any individual who enters the premises of a collaborating outpatient treatment center to obtain medical services, nursing services, or behavioral health services from the collaborating outpatient treatment center or a collocator that shares common areas with the collaborating outpatient treatment center.

R9-10-1031(C)

A question was asked about the types of health care institutions that are not permitted to be a collaborating outpatient treatment center or a collocator.

The Department has determined that an outpatient treatment center operating under a single group license is already operating under adjusted circumstances, shared governing authority, policies and procedures, administrator, etc. and would not fit within the collaborating licensing scheme, either as the collaborating outpatient treatment center or as a collocator. The same is true for an affiliated counseling facility. Due to the medical complexity of the services and infection control challenges that could jeopardize patient health and safety, the Department has also determined that an outpatient treatment center providing emergency room services or dialysis services cannot collocate.

The Department plans to make the following change:

C. The following health care institutions are not permitted to be a collaborating outpatient treatment center or a collocator in a collaborating outpatient treatment center:

- 1. An affiliated counseling facility, as defined in R9-10-1901;***
- 2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;***
- 3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or***
- 4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422 (F) or (G).***

R9-10-1031(D)

A question was asked about whether a private medical practice could have a counseling facility collocate within the medical practice premises.

A.R.S. § 36-439 defines a collaborating outpatient treatment center as “a licensed outpatient treatment center that has a written agreement with one or more outpatient treatment centers or exempt health care providers or licensed counseling facilities.” A private medical practice is not a licensed outpatient treatment center and is not allowed to be a collaborating outpatient treatment center.

The Department does not plan to make any changes to the rule.

R9-10-1031(E)(1)(b)

A question was asked about the term “governing authority” and what it was.

“Governing authority” is defined in A.R.S. § 36-401(A)(20) as the “individual, agency, partners, group or corporation, appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.”

R9-10-1031(E)(1)(c) and (d) and (F)(1)(c) and (d)

A question was asked about the sharing of medical records.

A patient's medical records may be shared with colocators if, according to A.R.S. § 36-439.02(4), the patient has consented.

R9-10-1031(E)(1)(e) and (k) and (F)(1)(e) and (k)

These requirements will be removed from the draft based on comments received on the August draft.

R9-10-1031(E)(1)(f) and (F)(1)(f)

A question was asked about what was meant by transport and transfer for a patient within a collocating facility. "Transfer" and "transport" are defined in A.A.C. R9-10-101. When a sending health care institution transfers a patient to another health care institution, the patient is not expected to return to the sending health care institution. When a sending health care institution transports a patient to another health care institution, the patient is expected to return to the sending health care institution.

R9-10-1031(E)(1)(i) and (F)(1)(i)

A comment was made that the rule was unclear that the intention was for the agreement to include how the personnel members of the person having the treatment area would respond to a patient's behavior within the treatment area to prevent harm to others in the collaborating outpatient treatment center.

The Department agrees and plans to make the following changes:

- i. How the associated licensed provider's personnel members will respond to a patient's sudden, intense, or out-of-control behavior in the associated licensed provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center's common areas center;
- i. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient's sudden, intense, or out-of-control behavior in the exempt health care provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center's common areas center;

R9-10-1031(G)(1)(a) and (b)

A comment was made that the rule was unclear that the rule did not cover non-treatment personnel working exclusively in a colocator's treatment area.

The Department agrees and plans to make the following changes:

- G. As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that:

 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all colocators that:

 - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the common areas of the collaborating outpatient treatment center;
 - b. Cover orientation and in-service education for nontreatment personnel who may provide services in the common areas of the collaborating outpatient treatment center;

R9-10-1031(G)(2)

A comment was made that the rule was unclear as to the sort of policies and procedures being required. Questions were asked about what the policies and procedures had to include; what the word "cover" meant in subsection (a); when medication might be stored in a common area (subsection (b)); and whether all areas in the facility were to be covered under subsection (c).

The Department agrees and plans to make the following changes:

- G. As part of the policies and procedures required in this Article, an administrator of a

collaborating outpatient treatment center shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient, based on the scopes of services of all colocators, that:
 - e. Cover patient screening, including a method to ensure that, if a patient identifies a specific colocator, the patient is directed to the identified colocator;
 - f. Include a method to ensure that if a patient identifies a specific colocator, the patient is directed to the identified colocator; and
 - f. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in a common area according to the requirements for emergency treatment policies and procedures in R9-10-1029(A);
2. Policies and procedures for services provided at or by a collaborating outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:
 - a. Cover patient screening, admission, assessment, transport, transfer, discharge planning, and discharge including transport and transfer from one colocator to another colocator within the collaborating outpatient treatment center;
 - g. If medication is stored in the collaborating outpatient treatment center's common areas, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
 - h. Cover biohazardous wastes, if applicable;
 - i. Cover environmental services in the common area that affect patient care; and
 - i. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in the collaborating outpatient treatment center's common areas.

R9-10-1031(H)(2) and (3)

A question was asked about the written log, why it was necessary, who would maintain it, and what it should contain. A comment was also made that all treatment areas might not be "licensed."

A.R.S. § 36-439.02 allows a colocator to use another colocator's treatment area for the provision of emergency health care services during hours of operation by the colocator that are clearly identified by signage to the public and notice to the Department. The log constitutes notice to the Department. To clarify the purpose and content of the written log, the Department plans to make the following changes:

In the written agreement requirements in subsections (E) and (F), the Department plans to add the following:

- ##. A statement that the associated licensed provider (exempt health care provider) will:
 - i. Document the following each time another colocator provides emergency health care services in the associated licensed provider's (exempt health care provider's) treatment area:
 - (1) The name of colocator;
 - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
 - ii. Maintain the documentation; and
 - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- ##. A statement that the associated licensed provider (exempt health care provider) will:

- i. Document the following each time the associated licensed provider (exempt health care provider) provides emergency health care services in another colocator's treatment area:
 - (1) If different from the name of the associated licensed provider (exempt health care provider), the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
 - (2) The name of colocator;
 - (3) A description of the emergency health care services provided; and
 - (4) The date and time the emergency health care services were provided;
- ii. Maintain the documentation; and
- iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;

In subsection (H), the Department plans to remove the word "licensed" as follows:

- H. An administrator of a collaborating outpatient treatment center shall ensure that:
 - 2. A written log is maintained that documents the date, time, and circumstances each time a colocator provides emergency health care services in another colocator's designated ~~licensed~~ treatment area; and
 - 3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the colocator provides emergency health care services in another colocator's designated ~~licensed~~ treatment area.

Several comments and questions were expressed about when the rules would become effective. A question was asked about whether this Section could be spilt out from the rulemaking and become effective earlier.

The exemption in SB1283 expires on April 15, 2016. The rules will be submitted to the Secretary of State before that date. The Department does not have the resources to split the package.