

Colorado Hospital Association Regulatory Update

Rules & Status Update
For rulemaking related to HB22-1401

CHA Meeting
June 7, 2023



COLORADO
Department of Public
Health & Environment

Presenters:

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Review of DCPHR & HFEMSD

DCPHR

Disease Control & Public Health Response Division

- DCPHR ensures that the State of Colorado has the ability to effectively prepare for, monitor, detect, diagnose, investigate, and respond to all types of conditions that impact the public's health.
- Operates EMResource, and receives staffed bed capacity reporting

HFEMSD

Health Facilities & Emergency Medical Services Division

- Licenses Health Facilities
- Surveys Health Facilities
- Receives & Reviews Annual Nurse Staffing Report
- Reviews Master Nurse Staffing Plans



Review of HB22-1401

House Bill 22-1401 - Hospital Nurse Staffing Standards

- Directs the Department to develop rules for hospitals, relating generally to staffing, staffed bed capacity, and emergency management plans
- Part of the bill specifically directs the Department to develop rules for all licensed health facilities, related to:
 - “Best practices and standards related to... communicable diseases.”



Hospital Bed Capacity Reporting

Prior to the COVID-19 pandemic, no routine or reliable healthcare data existed either as a baseline capacity measure or long-term trend analysis to effectively measure the status of Colorado's ability to provide adequate healthcare during crisis events.

- Introduction of EMResource in the spring and summer of 2020 during the first COVID-19 surge.
- Reporting requirements set forth in Public Health Order 20-38 (PHO20-38).
- This hospital bed capacity data is used to drive decision-making by local, regional, and state public health agencies, as well as policymakers, including the Governor's office.
 - With its partners, the Department used this data to develop and monitor critical threshold triggers for bed capacity, resource shortages, and staffing challenges.



Hospital Bed Capacity Reporting

By pairing the data required by HB22-1401 with the data collection elements from PHO20-38, hospitals will be able to refer to one rule set for a comprehensive understanding of the hospital bed capacity data they are required to report to the Department for emergency preparedness and response purposes.

- The Department will consider federal reporting requirements when considering possible means to reduce reporting burden at the state level.
- The Divisions DCPHR & HFEMSD will continue to partner in enforcing reporting requirements.



Rules revisions in response to HB22-1401

Rules revisions to meet the requirements of HB22-1401 took place in several rule sets:

- 6 CCR 1011-1 Chapter 2: General Licensure Standards
- 6 CCR 1011-1 Chapter 4: General Hospitals
- 6 CCR 1009-5: Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin



Details of rules revisions: What Went Where?

Requirements	Regulatory Location
Hospitals must establish a nurse staffing committee that is required to create, implement, and evaluate a nurse staffing plan and to receive, track, and resolve complaints and receive feedback from direct-care nurses and other staff.	6 CCR 1011-1 Chapter 4
<p>Nurse staffing plans:</p> <ul style="list-style-type: none"> • Develop a nurse staffing plan and submit the nurse staffing plan to the Department on an annual basis • Evaluate the nurse staffing plan on a quarterly basis and, based on complaints and recommendations of patients and staff, revise the nurse staffing plan accordingly • Prepare a quarterly report containing the details of the evaluation 	6 CCR 1011-1 Chapter 4
Hospitals must update their emergency management plans annually and as often as necessary, as circumstances warrant, and include specific provisions to maximize staffed-bed capacity and appropriate utilization of hospital beds to the extent necessary for a public health emergency.	6 CCR 1011-1 Chapter 4
Hospitals must include in their emergency management plan a demonstrated ability to expand the hospital's staffed-bed capacity in certain circumstances	6 CCR 1011-1 Chapter 4
Hospitals must assign direct-care providers only to a nursing unit or clinical area of a hospital that the provider is properly trained in.	6 CCR 1011-1 Chapter 4



Details of rules revisions: What Went Where?

Requirements	Regulatory Location
Defining and calculating staffed bed capacity	6 CCR 1009-5
Hospitals must report to the Department the hospital's current staffed-bed capacity.	6 CCR 1009-5
Hospitals must notify the Department if the hospital's ability to meet staffed-bed capacity falls below 80% of the required baseline in a specified period and submit a plan to staff the hospital at 80% or above of its staffed-bed capacity within thirty (30) days.	6 CCR 1009-5
Additional hospital capacity reporting: <ul style="list-style-type: none">the daily maximum number of adult and pediatric beds that are currently or can be made available within 24 hours for patients in need of ICU level care;the daily maximum number of all staffed acute care beds, including ICU beds, available for patients in need of non-ICU hospitalization; andthe daily maximum number of all adult and pediatric med/surgical beds, available for patients in need of non-ICU hospitalization	6 CCR 1009-5



Details of rules revisions: What Went Where?

Requirements	Regulatory Location
<p>Infectious disease mitigation, vaccine, and treatment plans, requirements and details for:</p> <ul style="list-style-type: none">• All licensed health facilities	6 CCR 1011-1 Chapter 2
<p>Infection Control Officer, requirement and duties for:</p> <ul style="list-style-type: none">• Assisted Living Residences• Nursing Care Facilities• Facilities for Persons with Intellectual and Developmental Disabilities, including Group Homes and Intermediate Care Facilities	6 CCR 1011-1 Chapter 2



Stakeholder Processes

The Department facilitated robust stakeholder engagement throughout the rulemaking period.

- During the rulemaking period, stakeholders were able to provide feedback to the Department through several structured opportunities, including virtual (Zoom) meetings and a web-based survey.
- Stakeholders included staff from local public health agencies, hospitals, regional health care coalitions, and the Colorado Hospital Association.



CHA Requests for Chapter 4 Rules

CHA requested certain considerations be made in the Chapter 4 rules, all of which were incorporated to the final rules:

- 3.4 (B)(2), include language relating to fines: “...to the extent that vaccines are available.”
- 3.4 (C), take into consideration the Governor’s signing letter regarding the fining of hospitals
- 7.1 (B)(3)(e), permitting hospitals to work with CDPHE to recalculate their baseline
- 14.6 (B)(6), hospital complaint & feedback processes
- 14.7 (A)(5), timing of nurse staffing plan submittals to hospital governing body



Status update for those rules revisions

The Board of Health adopted permanent rules on April 19, 2023

- Effective Date: June 14
- The emergency rules adopted in February are still in effect until June 14.



Common Questions

Q: Are the staffed bed capacity reporting rules applicable to XYZ hospital type?

A: 6 CCR 1009-5 Regulation 2, 4(C): The mandatory hospital reporting requirements detailed in this rule **do not apply to licensed rehabilitation hospitals, psychiatric hospitals, hospital units, long-term care hospitals, as defined at 42 U.S.C. 1395X(CCC), and specialty hospitals.**

Q: Which of these requirements are Critical Access Hospitals subject to?

A: 1011-1 Ch4, 1.2(A)(2)(b): Facilities that have twenty-five (25) inpatient beds or fewer and are federally certified, or undergoing federal certification, under 42 CFR 485.600, et seq., as **critical access hospitals** shall meet the requirements of this chapter, **except that the staffing qualifications, level of staffing, hours of operation, and quality management requirements shall not exceed the requirements established in the aforementioned federal regulations.**

A: The requirement to ‘surge’ to 125% of staffed bed capacity only applies to hospitals with **more than 25 beds**, per 6 CCR 1011-1 Ch4, 7.1 (B)(3)(f).



Thank you!

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Questions?



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