Illinois Health and Hospital Association

July 18, 2018

IDPH Finalizes Rules on Admitting Policies, Observation Status, Sepsis Protocols and Opioid Overdose Reporting

The Illinois Department of Public Health (IDPH) has adopted amendments to the Hospital Licensing Requirements (see pp. 9507-9549 of the June 8 *Illinois Register*) updating certain regulations and codifying certain statutory changes.

APN and PA Admitting Authority

Sections 250.240 (Admission and Discharge), 250.320 (Admission and Supervision of Patients) and 250.1070 (Care of Patients) were updated with language clarifying the ability of Advanced Practice Nurses (APN) and Physician Assistants (PA) to admit patients. The language allows for an APN or PA, with clinical privileges, recommended by the medical staff and granted by the governing board, to admit patients to the hospital. In these cases, patients admitted by the APN or PA will be under the care of both the advanced practice provider as well as a physician who is a member of the medical staff. IHA collaborated with stakeholders to develop this clarifying language to ensure hospitals have this important and necessary flexibility within their operations.

Patient Notification of Observation Status

Section 250.240 (Admission and Discharge) is further amended, Subsection e, to codify into rules statutory changes that require a hospital to provide a patient, or his/her legal representative, oral and written notice that the patient is not being admitted and will be kept under observation status within 24 hours of its decision. The notice is to be signed by the patient or his/her legal representative and is to cover, at minimum:

- A statement that observation status may affect coverage under Medicare, Medicaid or their current insurance, as it relates to hospital services, medications and subsequent discharge to a skilled nursing facility or for home and community-based care; and
- A statement that the patient should contact their insurance provider to better understand the implications of being placed in observation status.

At IHA's request, further language was added, Subsection f, to require hospitals to develop a written policy for cases in which a patient in observation status is incapacitated and attempts to contact the patient's legal representative within 24 hours have been unsuccessful. Hospitals are to document all attempts to contact the patient's legal representative. This language helps to alleviate concerns raised by members who have had challenges contacting the legal representative of patients who are incapacitated.

Sepsis Protocols

Section 250.1100 (Infection Control) is amended to codify statutory changes requiring hospitals to every three years, adopt, implement and update evidence-based protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted standards of care. Specific requirements related to the protocols and training can be found in Subsections q-u.

Reporting Opioid Overdoses

Section 250.1520 (Reports) has been amended to codify statutory changes requiring hospitals to report opioid overdoses. Subsection g outlines that when treatment for a drug overdose is provided in a hospital emergency department, a healthcare

professional who treats the drug overdose, a hospital administrator, or the designee of either shall report the case to IDPH within 48 hours after providing treatment for the drug overdose or at such time the drug overdose is confirmed. This reporting will be done electronically through the syndromic surveillance reporting which is already in place at all hospitals. At IHA's request, IDPH has committed to providing, through their vendor, electronic receipt of report submissions.

Finally, IDPH will be providing instructions to hospitals on or around Aug. 1 for reporting opioid antagonist (naloxone) administered in the emergency department. These instructions will explain how hospitals create electronic reports from their pharmacy system and send them to IDPH through a secure file transfer. An alternative form will be made available for those hospitals unable to submit electronic reporting.

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