Hospital and Ambulatory Surgical Centers
SB 158 Rule Changes
FACT SHEET for HOSPITALS

BACKGROUND:
The Healthcare Regulation and Quality Improvement (HCRQI) program ensures that a safe and healthy environment is provided by over 500 health related facilities and agencies. Current oversight is inadequate due to gaps in the law and inadequate resources and as a result, SB 158 was passed by the 2009 Oregon Legislature.

Permanent administrative rules have been filed to address the provisions of SB 158. These rules address new fees for hospital and ambulatory surgical center (ASC) licensing, classification of ASCs, inspections, complaint investigations, disclosure and consent provisions, care of patients, and quality assessment and performance improvement standards.

SUMMARY OF CHANGES:

Effective January 1, 2011 new fees are in effect for licensing of hospitals.

- $ 1,250 01-25 Beds
- $ 1,850 26-49 Beds
- $ 3,800 50-99 Beds
- $ 6,525 100-199 Beds
- $ 8,500 200-499 Beds
- $12,070 500 or more Beds

- $ 750 for each hospital satellite indorsed under its license

The Division may charge a reduced hospital fee or hospital satellite fee if the Division determines that charging the standard fee constitutes a significant financial burden.

In addition to licensure fees, the Public Health Division may charge hospitals a fee for the following:

- Complaint investigations No more than $850
- Full compliance survey No more than $7,520
- On-site follow-up survey to verify compliance with a plan of correction No more than $225
- Off-site follow-up survey to verify compliance with a plan of correction No more than $85
Investigations
Information obtained by the Division during an investigation of a complaint or reported violation is considered confidential and not subject to public disclosure. The Division may publicly release a report of its findings but may not include information in the report that could be used to identify the complainant or any patient at the health care facility. The Division may use any information obtained during an investigation in an administrative or judicial proceeding concerning the licensing of a health care facility, and may report information obtained during an investigation to a health professional regulatory board as defined in ORS 676.160 as that information pertains to a licensee of the board.

Surveys
The Division will conduct at least one on-site licensing survey of each hospital once every three years or at such other times as the Division deems necessary. In lieu of an on-site licensing survey, the Division may accept:

- CMS certification by a federal agency or accrediting organization; or
- A survey conducted within the previous three years by an accrediting organization approved by the Division, if:
  - The certification or accreditation is recognized by the Division as addressing the standards and condition of participation requirements of the CMS and other standards set by the Division. Health care facilities must provide the Division with the letter from CMS indicating its deemed status;
  - The health care facility notifies the Division to participate in any exit interview conducted by the federal agency or accrediting body; and
  - The health care facility provides copies of all documentation concerning the certification or accreditation requested by the Division.

The hospital administrator is no longer required to sign and return a Statement of Deficiency written notice when no deficiencies are cited.

Civil Penalties
Civil penalties may be imposed for violating health care facility licensing laws, administrative rules, or minimum standards adopted pursuant to those laws.

Approval of Accrediting Organizations
Accrediting organizations wishing to certify that state licensing standards have been met in hospitals must request approval by the Division. Requests must be in writing and the organization must provide:

- Evidence that it is recognized as a deemed organization by CMS; or
- If the accrediting organization is not a deemed organization under CMS, provide:
  - Documentation of program policies and procedures that its accreditation process meets state licensing standards;
  - Accreditation history; and
- References from a minimum of two facilities currently receiving services from the organization

**Governing Body Responsibility**
The governing body of each hospital shall insure that a physician is not denied medical staff membership or privileges at the facility *solely* on the basis that the physician holds medical staff membership or privileges at another facility.

**Medical Staff**
Hospitals are required to adopt new policies and procedures notifying patients orally and in writing of any financial interest that a health care practitioner (HCP) or the HCP’s immediate family member has with a facility where the HCP has referred the patient for treatment.

**Organization, Hospital Policies**
Hospitals are required to adopt a patient care policy relating to admission, transfer and discharge that addresses requirements for identifying persons responsible for obtaining informed consent and other appropriate disclosures and ensuring that the information provided is accurate and documented accordingly.

**Medical Records**
Medical records shall include informed consent forms that document the manner in which care will be provided in the event that complications occur that require health services beyond what the hospital has the capability to provide.

Medical records must include documentation of financial interest disclosures.

Questions? Contact the HCRQI program at (971) 673-0540 or by e-mail at mailbox.hclc@state.or.us.