

ALABAMA  
PUBLIC  
HEALTH

# HEALTH PROVIDER STANDARDS UPDATE

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## Director's Words

It has come to the attention of the Department that there is still some confusion concerning who should be responsible for making a determination of death in the field – for example, in the nursing home. Some Long Term Care facilities depend on their local Emergency Medical Services (EMS) to respond to every death. This practice causes EMS resources to be involved in non-emergency responses and not available for true emergencies. A facility should never hesitate using the EMS System for emergencies, but most death responses in the field do not fall into this category. Please review the State of Alabama Statutes below which allow registered nurses or licensed practical nurses to contact the attending physician or their medical director to make this determination.

### § 22-31-1. Determination of death.

An individual, who, in the opinion of a medical doctor licensed in Alabama, has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards.  
(Acts 1979, No. 79-165, p. 276, § 1; Act 2000-710, p. 1506, § 1.)

Chapter 610-X-6 Nursing Supp. 12/31/09 6-28 610-X-6-.15  
**Telecommunication For Pronouncement Of Patient Death.**

(1) The registered nurse or licensed practical nurse may receive a pronouncement of a patient's death from a physician via telecommunication without a physical examination of the patient by that physician. (2) A facility policy shall specify the permissible patient conditions for which the registered nurse or licensed practical nurse in a specific health care facility or agency may receive the pronouncement of a patient's death by telecommunications.

Author: Alabama Board of Nursing Statutory Authority:  
Code of Ala. 1975, §§22-31-2, 34-21-2(c)(21). History:  
New Rule: Filed March 20, 2003; effective April 24, 2003.  
Repealed and New Rule: Filed November 23, 2009;  
effective December 28, 2009. Ed. Note: Rule .10 was  
renumbered .15 as per certification filed November 23,  
2009; effective December 28, 2009.

Dennis Blair  
Director, Bureau of Health Provider Standards

# National Nursing Home Quality Care Collaborative: *C. Difficile*

The Long Term Care Unit strongly encourages all nursing homes to join the National Nursing Home Quality Care Collaborative to prevent *Clostridium difficile* (*C. difficile*). According to the Centers for Disease Control and Prevention, more than 100,000 residents of United States nursing homes develop *C. difficile* infections each year. Healthcare Associated Infections such as *C. difficile* often result in considerable suffering for residents in nursing homes and increased costs for the healthcare system. The Federal Register, July 16, 2015, provided a proposed rule titled Medicare and Medicaid Programs; Reform of Requirements for Long Term Care facilities. This rule proposed to require facilities to have a system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases. This proposed rule also proposes Quality Assessment and Performance Improvement. This collaborative will use the QAPI approach in assisting your facility to implement effective infection control and prevention systems.

## Work with Your QIN-QIO to Prevent *Clostridium Difficile* (*C. Difficile*)

### Using the QAPI approach

*C. difficile* is a germ that causes major colon inflammation and deadly diarrhea. This is your opportunity to work with your QIN-QIO and other local and national experts on a Quality Assurance Performance Improvement (QAPI) initiative to prevent and reduce *C. difficile* in nursing homes. The initiative will support nursing homes' submission of data into the CDC's National Healthcare Safety Network (NHSN) databank, which will provide for analysis and creation of a national baseline for *C. difficile* infections in nursing homes, as well as for two 12-month follow-up measurement periods. NHSN provides Long Term Care (LTC) facilities with a customized system to track infections in a streamlined and systematic way. When facilities track infections, they can identify problems and track progress toward stopping infections. While 50 states report hospital *C. difficile* data into NHSN, only 250 of the country's 15,700 nursing homes currently report *C. difficile* data into NHSN.

The April 2013 "HHS National Action Plan To Prevent Health Care-Associated Infections (HAIs): Road Map To Elimination" identified *C. difficile* as a priority for implementation of reporting to NHSN, evaluating variability in measurement and obtaining consensus on a meaningful five-year goal.

The establishment of a national baseline and subsequent identification of goals are essential for our individual and collective work to improve the quality of care and resident outcomes.

## *C. DIFFICILE* HARMS RESIDENTS

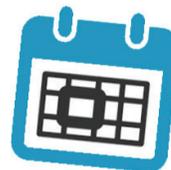
*C. difficile* caused almost **500,000** infections among patients in the U.S. in 2011.

More than **80%** of deaths associated with *C. difficile* occurred among Americans aged 65 or older.

**1 out of 3** *C. difficile* infections occurs in patients 65 or older.



**1 out of 9** patients aged 65 or older with a healthcare-associated *C. difficile* infection died within 30 days following their diagnosis.



**70%** of *C. difficile* infection-related harm was preventable.

Source: CDC 2015; OIG 2014 report on adverse events in SNFs

# Benefits and Expectations of Participation

Prevention of *C. difficile* May 2016 – December 2018

## Benefits:

- Gain experience and practice in conducting QAPI performance improvement projects (PIPs)
- Create a culture of resident safety supported by education and training on antibiotic stewardship principles and practices, including *C. difficile* management
- Acquire tools to participate in infection surveillance, while learning and using infection control and containment practices
- Receive education and support to submit data into NHSN and to utilize available reports for surveillance and quality improvement
- Receive education and support on TeamSTEPPS LTC communication
- Strategies and techniques to enhance team performance and safety
- Network with and learn from other experts in your state and the country working together on this initiative
- Contribute to the national database on *C. difficile* prevalence  
Expectations: You will
- Agree to remain active in this initiative from May 2016 through December 2018
- Agree to publicly disclose participation in this initiative
- Form an interdisciplinary team in your organization to use a data-driven and proactive approach to quality improvement, identify opportunities for improvement, and address gaps in systems through planned interventions to improve quality
- Identify a team sponsor and a day-to-day leader
- Enroll the facility in NHSN and register users within the Secure Access Management Services (SAMS)
- Participate in NHSN data training sessions
- Submit data during all required time periods
- Participate in other collaborative education sessions, conference calls or webinars
- Share data, results, best practices and lessons learned (including granting rights to your NHSN data to your QIN-QIO and the QIN-QIO National Coordinating Center) to contribute to state and national learning

## Zika Viral Disease

The Zika virus is a concern for everyone in Alabama. Although the major concern is neurologic damage in newborn infants, Zika can cause serious illness in adults, too. We all have a responsibility to do what we can to reduce the spread of this disease. Researchers are working to develop vaccines, but until this occurs, the best practice is to avoid the bite. All long term care facility residents and employees are at some level of risk for acquiring Zika or other mosquito-borne disease. Female employees may become pregnant in the forthcoming months before a vaccine affords protection from Zika.

The Department is asking all licensed facility staff to participate in practices and education to help prevent the spread of such diseases. This can be summarized by the following rather simple steps:

1. Eliminate unnecessary standing water in the vicinity of the building; tip and toss any containers that may hold water; scrub and replace the water in birdbaths at least weekly or use mosquito dunks. (If dunks are used, please follow instructions on the dunks carefully.)
2. Educate staff to wear light-colored long-sleeved shirts and long pants and use an EPA-registered insect repellent on exposed areas of skin. In addition, Permethrin- treated clothing will reduce the risk of bites.
3. Check out the ADPH web site at: <http://adph.org/mosquito/index.asp?id=7427> for additional tips for protection or for more specific information for travelers or family members of those who have traveled to areas where active Zika transmission is occurring now, including Miami and the Miami Beach area. For a list of area with active Zika transmission please visit: <http://www.cdc.gov/zika/geo/active-countries.html>



# Alabama Healthcare Coalition

The Bureau of Health Provider Standards strongly encourages all health care facilities and providers to join the Alabama Healthcare Coalition. The Alabama Healthcare Coalition will allow a formal collaboration among healthcare organizations and public and private sector partners to prepare for and respond to an emergency, mass casualty, or catastrophic health event.

**How does my agency join a Healthcare Coalition? Call the Emergency Preparedness (EP)/Healthcare Coalition (HCC) telephone number for your Area HCC, listed below. These are Public Health Emergency Planners and have all been involved in the creation and development of your HCC.**

**Everyone is welcome!**

## Area 1

EP: Elizabeth Foster 256-383-1231  
elizabeth.foster@adph.state.al.us

## AREA 2

EP : Mike Tyler 256-340-2113  
michael.tyler@adph.state.al.us

## Area 3

EP: Tommy Dockery 205-554-4500  
tommy.dockery@adph.state.al.us

## Area 4

EP: Heather Hogue 205-933-9110  
heather.hogue@jcdh.org

## Area 5 & 6

EP: Robbie Stubbs 256-240-7861  
robbie.coffman@adph.state.al.us

## Area 6

Mary Gomillion, Area Administrator  
3400 McClellan Blvd., Anniston AL 36201  
(256) 237-1896

## Area 7

EP: Barbara Etheridge 334-295-2413  
barbara.etheridge@adph.state.al.us

## Area 8

EP: Cyndi Tereszkievicz 334-281-0311  
cyndi.tereszkievicz@adph.state.al.us

## Area 9

EP: Teresa Porter 334-281-0311  
teresa.porter@adph.state.al.us

## Area 10

EP: Cyndi Tereszkievicz 334-693-9716  
cyndi.tereszkievicz@adph.state.al.us

## Area 11

EP: Erin Coker 251-690-7512  
ecoker.@mchd.org



# Summary of Instructions for Completion of the CMS-116 CLIA Application Form

By Faye Allen, CLIA Laboratory Unit

The CLIA application (Form CMS-116) collects information about your laboratory's operation which is necessary to determine the fees to be assessed and to fulfill the statutory requirements for CLIA. All information submitted should be based on your facility's laboratory operation as of the date of form completion.

**All applicable sections must be completed. Incomplete applications cannot be processed and will be returned to the facility. Print legibly or type information.**

Waived tests are not exempt from CLIA. Facilities performing only tests categorized as Waived must apply for a CLIA Certificate of Waiver.

For an initial applicant, the CLIA number should be left blank. The number will be assigned when the application is processed. For all other applicants, enter the 10-digit CLIA ID number listed on your CLIA certificate. The CLIA application is completed for initial applicants, change in laboratory director for non-waived testing, when changing the type of certificate to PPM, Certificate of Compliance or Certificate of Accreditation, at the time of an initial or recertification survey, and sometimes for changes of address, change in ownership, etc.

Be specific when completing the Facility Name, Physical Facility Address, Mailing Address and Corporate Address (if applicable). Be sure to select the address (Physical, Mailing, Corporate) where the CLIA fee coupon and CLIA certificate are to be mailed. The facility name, physical address,

telephone number, and federal tax identification number are mandatory, so do not forget to include this information.

Select your certificate type based on the highest level of test complexity performed by your laboratory. A current list of waived and PPM tests may be found on the CLIA website at [www.cms.hhs.gov/clia](http://www.cms.hhs.gov/clia), Categorization of Tests. Select the type of laboratory that is most descriptive of the location where the laboratory testing is performed.

Laboratory directors performing non-waived testing **MUST** include proof that he or she is qualified to be laboratory director. For laboratory director qualifications, please refer to the CLIA regulations under subpart M of the Interpretive Guidelines for Laboratories, beginning on page 316, located on the CLIA website.

The estimated total annual test volume for all waived, PPM, and non-waived testing must be completed, depending on the type of certificate that is being requested by the laboratory.

On the last page of the application, indicate the type of control which most appropriately describes your facility and list all other facilities for which the director is responsible and that are under different certificates. The laboratory director should sign and date the application.

The completed CLIA application should be mailed to the Alabama Department of Public Health, CLIA Laboratory Unit, RSA Tower Suite 700, P. O. Box 303017, Montgomery, AL 36130-3017, or faxed to 334-206-5303, Attention Faye Allen.

## 2017 Annual License Renewal

By Kristin Norman

Online License Renewal Applications for 2017 are now being accepted for all licensed business entities. All 2016 health care facility licenses will expire December 31, 2016. Any health care facility that does not renew its license by December 31, 2016, or does not renew its license and pay the accrued late fees by January 31, 2017, will no longer be licensed.

You will need your FacID and PIN to log in and process online renewal applications. Manual renewal is required for probational facilities. If you did not receive a notice in the mail with appropriate information, or if you are unable to take advantage of the online payment methods and require a manual application, please call our office at (334) 206-5175.