



Nathan Deal, Governor

Frank W. Berry, Commissioner

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PUBLIC NOTICE OF PROPOSED RULE CHANGES

Pursuant to the Georgia Administrative Procedures Act, Official Code of Georgia (O.C.G.A.) 50-13-1 et seq., the Georgia Department of Community Health is required to provide public notice of its intent to adopt, amend or repeal certain rules other than interpretive rules or general statements of policy. Accordingly, the Department hereby provides notice of its intent to amend the **Rules and Regulations for Hospices, Chapter 111-8-37**. These changes are being proposed pursuant to the authority granted to the Department in O.C.G.A. §§ 31-2-5 and 31-2-7. An exact copy of the revised rules and a synopsis of the revisions are attached to this public notice.

NOTICE OF PUBLIC HEARING

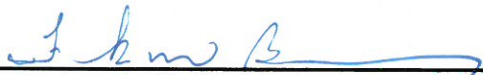
An opportunity for public comment will be held on **February 13, 2018 at 11:00 a.m.**, at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Overflow Room. Oral comments may be limited to 10 minutes per person. Individuals who are disabled and need assistance to participate during this meeting should contact the Office of General Counsel at (404) 657-7195 at least three (3) business days prior to the meeting.

Citizens wishing to comment in writing on any of the proposed changes should do so on or before February 16, 2018. Comments may be faxed to (404) 463-5025, emailed to renee.robinson@dch.ga.gov or mailed to the following address:

Attention: Office of General Counsel
Georgia Department of Community Health
Post Office Box 1966
Atlanta, Georgia 30301

Comments from written and public testimony will be provided to the Board of Community Health prior to the March 8, 2018 Board meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. on March 8, 2018 at the Georgia Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303 in the Fifth Floor Board Room).

NOTICE IS HEREBY GIVEN THIS 11th DAY OF January, 2018.


Frank W. Berry, Commissioner

Attachments

**RULES OF
GEORGIA DEPARTMENT OF COMMUNITY HEALTH
HEALTHCARE FACILITY REGULATION DIVISION
REVISE CHAPTER 111-8-37
RULES AND REGULATIONS FOR HOSPICES
SYNOPSIS OF PROPOSED RULE CHANGES**

STATEMENT OF PURPOSE: The Georgia Department of Community Health proposes to revise the Rules and Regulations for Hospices, Chapter 111-8-37. These changes are being proposed pursuant to the authority granted the Department of Community Health in O.C.G.A. § 31-6-21 and O.C.G.A. § 31-6-21.1.

MAIN FEATURE OF THE PROPOSED RULE: Revision of the nursing services requirements to comply with Senate Bill 96.

**RULES
OF
DEPARTMENT OF COMMUNITY HEALTH**

**CHAPTER 111-8
HEALTHCARE FACILITY REGULATION**

**111-8-37
HOSPICES**

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111-8-37-.18 Nursing Services

111-8-37-.18 Nursing Services

- (1) The hospice shall have a system to make available nursing services 24-hours a day, seven days a week to meet the needs of the patients.
 - (a) A registered nurse must be available at all times to provide or supervise the provision of nursing care.
 - (b) On-site nursing services must be made available within one hour of notification where the terminally ill patient and the patient with an advanced and progressive disease who has contracted for nursing services experiences a symptom-management crisis situation.
 - (c) The hospice must maintain an on-call log for all calls received after normal business hours, the records of which shall be kept for a period of two years.
- (2) The hospice must designate a director of nursing who must be a Georgia-licensed registered nurse and who must be responsible for implementing a system for delivery, supervision, and evaluation of nursing and personal care services.
 - (a) The director of nursing must establish and implement effective policies and procedures for nursing and personal care services based on generally accepted standards of nursing practice.
 - (b) The director of nursing must ensure that nursing personnel are oriented to nursing policies and procedures and are qualified and competent for their assigned duties.
 - (c) The director of nursing must ensure the types and numbers of nursing personnel necessary to provide appropriate nursing care for each patient in the hospice.
 - (d) The director of nursing must ensure patient assignments are made that reflect a consideration of patient needs as well as nursing staff qualifications and competencies.
- (3) Nursing staff must administer medications and other treatments in accordance with the physicians' orders, generally accepted standards of practice, and any federal and state laws pertaining to medication administration.
- (4) When a patient who is terminally ill or whose death is anticipated and who is receiving hospice care from a licensed hospice dies, a physician assistant, a nurse practitioner, or A a registered professional nurse licensed in this state and employed by the hospice at the time of the apparent death of such person, may make the determination and pronouncement of the patient's death of a patient who is terminally ill or whose death is anticipated and who is receiving hospice care from the licensed hospice at the time of apparent death of such hospice patient in the absence of an attending physician, of said patient; provided, however, that, when a hospice patient is a registered organ donor, only a

~~physician may make the determination or pronouncement of death. Such determination or pronouncement shall be made in writing on a form approved by the Department.~~

(5) **Personal Care Services.** Personal care services must be available and provided in all components of the hospice to meet the needs of patients. The hospice may utilize licensed nurses or qualified personal care aides for the provision of personal care services.

(a) Personal care aides considered qualified by training and experience to provide services to patients include:

1. Georgia Certified Nursing Aides with current certification as such; or
2. Individuals who have completed and can provide validation or documentation of completion of a home health aide training and competency evaluation program conducted in a Medicare-certified home health agency; or
3. Individuals who have successfully completed a personal care aide-training program, provided by the hospice under the direction of a registered nurse, which meets the following requirements:
 - (i) The personal care aide-training program must be conducted through classroom and supervised practical training totaling at least 75 hours;
 - (ii) At least 16 of the 75 hours of training shall be devoted to supervised practical training;
 - (iii) The individual being trained must complete at least 16 hours of classroom training before beginning the supervised practical training;
 - (iv) Supervised practical training must be provided either in a laboratory setting or in one of the components of the hospice in which the trainee demonstrates knowledge while performing tasks on an individual or patient under the direct supervision of a registered nurse or licensed practical nurse; and
 - (v) The personal care aide-training program must address each of the following subject areas:
 - (I) Communications skills;
 - (II) Observation, reporting, and documentation of patient status and the care or service furnished;
 - (III) Reading and recording temperature, pulse, and respiration;

- (IV) Basic infection control procedures;
- (V) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor;
- (VI) Maintenance of a clean, safe, and healthy environment;
- (VII) Recognizing emergencies and knowledge of emergency procedures;
- (VIII) The physical, emotional, and developmental needs of and ways to work with the populations served by the hospice, including the need for respect for the patient, the patient's privacy, and the patient's property;
- (IX) Appropriate and safe techniques in personal hygiene and grooming that include:
 - I. Bed bath;
 - II. Sponge, tub, or shower bath;
 - III. Shampooing in the sink, tub, or bed;
 - IV. Nail and skin care;
 - V. Oral hygiene; and
 - VI. Toileting and elimination;
- (X) Safe transfer techniques and ambulation;
- (XI) Normal range of motion and positioning;
- (XII) Adequate nutrition and fluid intake, including preparing and assisting with eating;
- (XIII) Any other task that the hospice may choose to have the personal care aide perform, as authorized by law; and
- (XIV) Patient rights, including effectuating advance directives and abuse reporting requirements.

- (b) Prior to providing care independently to patients, a registered nurse must observe personal care aides actually delivering care to patients and complete an initial competency evaluation for all personal care tasks assigned to the aide.

- (c) Personal care aides must receive at least 12 hours of continuing education annually regarding applicable aspects of hospice care and services.
- (d) A registered nurse must prepare for each personal care aide written instructions for patient care that are consistent with the interdisciplinary plan of care and must make and document supervisory visits to the terminally ill patient's residence or living facility at least every two weeks to assess the performance of the personal care aide services.
- (e) At least annually, there must be written evidence for each personal care aide that reflects that the personal care aide's performance of required job tasks was directly observed by a registered nurse and such performance was determined to be competent for all job tasks required to be performed.

Authority: O.C.G.A. §§ 31-2-4 and 31-7-170 et. seq.