

**COMMITTEE REPORT**  
**SENATE**

FURTHER:

3/13/85

Date \_\_\_\_\_

Mr. President

The Committee on FINANCE considered SB 45  
hospital inspections and investigations by the Department of Health and  
Social Services.

and (a majority of the committee) (the committee) reports it back with  
the following recommendations:

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for \_\_\_\_\_
- new title \_\_\_\_\_
- same title and recommends \_\_\_\_\_
- and attached a "LETTER OF INTENT"  NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

MEMBERS HAVING  
OTHER RECOMMENDATIONS

\_\_\_\_\_  
*John H. ...*  
\_\_\_\_\_  
*...*  
\_\_\_\_\_  
*McClain*  
\_\_\_\_\_  
*...*  
\_\_\_\_\_  
*John ...*  
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\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Chairman recommendation

Offered: 3/13/85  
Referred: Finance

Original sponsor: Faiks

1 IN THE SENATE  
2 CS FOR SENATE BILL NO. 45 (HESS)  
3 IN THE LEGISLATURE OF THE STATE OF ALASKA  
4 FOURTEENTH LEGISLATURE - FIRST SESSION  
5 A BILL  
6 For an Act entitled: "An Act relating to hospital inspections and investi-  
7 gations by the Department of Health and Social Ser-  
8 vices."  
9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:  
10 \* Section 1. AS 18.20.080(a) is amended to read:  
11 (a) The department shall make annual inspections and investi-  
12 gations of hospital facilities. The department may accept  
13 accreditation by the Joint Commission on the Accreditation of  
14 Hospitals in lieu of its own inspections.

STATE OF ALASKA 1984 LEGISLATIVE SESSION  
FISCAL NOTE

Revision Date: \_\_\_\_\_

REQUEST

Bill/Resolution No.: SB45  
 Title: An Act relating to hospital inspections & investigations  
 Sponsor: Faiks  
 Requestor: \_\_\_\_\_  
 Date of Request: 1/29/85

FISCAL DETAIL

Agency Affected: DHSS  
 Program Category Affected: \_\_\_\_\_  
 BRU, Program or Subprogram(s) Affected: Medical Assistance Administration

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME						
PART-TIME None						
TEMPORARY required						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysts

Prepared By: Rod Betit, Director *R Betit* Phone: 465-3355  
 Division: Medical Assistance Date: 1/29/85

Approved by Commissioner: John R. Bj Date: 3/1/85 *JCC*  
 Agency: Health & Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

POSITION PAPER  
SENATE BILL NO. 45

"An Act relating to hospital inspections and investigations by the Department of Health and Social Services."

I. Background:

The purpose of SB45 is two fold; a) to reduce the annual hospital licensing demands on limited departmental staff, and b) to reduce the level of interruption to hospital operations as a result of duplicative licensing review activities.

The Joint Commission on the Accreditation of Hospitals (JCAH) reviews each hospital in Alaska once every three years. In addition, the Alaska Department of Health & Social Services conducts a review of each hospital annually. The Department recognizes that JCAH review standards are equal to those of the state, and that substitution of the JCAH review where possible would permit better utilization of limited State staff resources.

The administrative burden on the state licensing agency has expanded greatly in the last two years with no corresponding increase in State staff. Although the department has streamlined its review procedures to accommodate this larger workload, substituting the JCAH review would complement the other improvements already made. This would not create any undue risk to the public as significant differences have seldom been noted between the JCAH and State level review findings. In addition, the Department recommends discretionary language be added to SB45 which would permit the Department to conduct a State review if there is reason to believe the JCAH review findings may not be adequate.

II. Departmental Position:

The Department supports SB45, but recommends adoption of the changes proposed by the Alaska Hospital Association in a letter dated January 24, 1985. The changes proposed by the Hospital Association are not substantive, but rather further clarify the intent of SB45.

Recommend By: Randy Lup  
For: Rod Betik, Director  
Division of Medical Assistance

Date: 2/28/85

Approved By: J.R.P.  
John R. Pugh, Commissioner  
Department of Health & Social Services

Date: 2/11/85

5/10/85

ANALYSIS FOR SENATE BILL 45

An Act relating to hospital inspections and investigations by the Department of Health and Social Services

This bill amends current statute concerning annual hospital inspections by the Department of Health and Social Services. Facility inspections would occur annually, as they do now, on hospitals not accredited (20 in Alaska) by the Joint Commission on the Accreditation of Hospitals. For accredited hospitals, (7 in Alaska) the Department would be authorized to accept the JCAH inspection in lieu of its own inspection for those years in which the accreditation applies. JCAH accreditations apply for a period of 3 years. However, the Department would have the discretion to perform an inspection in any year, regardless of whether a JCAH accreditation had been performed.

There is no fiscal impact.

# STATE OF ALASKA 1986 LEGISLATIVE SESSION FISCAL NOTE

Revision Date : \_\_\_\_\_

**REQUEST**

Bill/Resolution No. : CS SB45 (HSS) am  
 Title : An Act relating to hospital inspections & investigations  
 Sponsor : Faiks  
 Requestor : \_\_\_\_\_  
 Date of Request : 2/3/86

**FISCAL DETAIL**

Agency Affected : DHSS  
 BRU : Medical Assistance Administration  
 Components : Certification & Licensing

**EXPENDITURES/REVENUES : (Thousands of Dollars)**

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>CAPITAL</b>	-0-	-0-	-0-	-0-	-0-	-0-
<b>REVENUE</b>	-0-	-0-	-0-	-0-	-0-	-0-

**FUNDING : (Thousands of Dollars)**

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>	-0-	-0-	-0-	-0-	-0-	-0-

**POSITIONS :**

FULL-TIME						
PART-TIME						
TEMPORARY						

**ANALYSIS :** Attach a separate page if necessary

Prepared by : Rod Betit, Director *R. Betit* 2/3/86 Phone : 465-3355 *Jce*  
 Division : Medical Assistance *Jce* Date : 2/3/86

Approved by Commissioner : J. R. P. Date : 2/9/86  
 Agency : Department of Health & Social Services

Distribution (by Agency preparing fiscal note):  
 Legislative Finance  
 Legislative Sponsor  
 Requestor  
 Office of Management and Budget  
 Impacted Agency(ies)

POSITION PAPER  
CS FOR SENATE BILL NO. 45 (HESS)

"An Act relating to hospital inspections and investigations by the Department of Health and Social Services."

I. Background:

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Recommend By:

Rod Betit  
Rod Betit, Director  
Division of Medical Assistance

Date:

Feb 3, 1986

Approved By:

J. R. Pugh  
John R. Pugh, Commissioner  
Department of Health & Social  
Services

Date:

2/3/86

alaska  
state  
hospital  
association

319 Seward St., Juneau, Alaska 99801 • (907) 586-1790

REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

Chairman of the Board  
Edward Zeine  
Cordova Community Hospital  
Cordova

Chairman-Elect  
Michael Herring  
South Peninsula Hospital  
Homer

Immediate Past Chairman  
Mark Hawkins  
Sitka Community Hospital  
Sitka

Secretary/Treasurer  
Emma Ivy  
Wrangell General Hospital  
Wrangell

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Al M. Camosso  
Providence Hospital  
Anchorage

Alternate Delegate to the  
American Hospital Assoc.  
Sister Barbara Haase  
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Ketchikan

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Association  
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Delegate to the Association  
of Western Hospitals  
Keith Campbell  
Seward General Hospital  
Seward

Alternate Delegate to the  
Association of Western  
Hospitals  
Jane Sabes  
Norton Sound Regional  
Hospital  
Nome

Trustee Delegate to the  
American Hospital Assoc.  
Moe Kadish  
Trustee, Providence  
Hospital  
Anchorage

Alternate Trustee Delegate  
to the American Hospital  
Association  
Maxine Robertson  
Trustee, Ketchikan  
General Hospital

Physican Member of  
the Board  
Morris Horning, M.D.  
Anchorage

President  
Dennis L. DeWitt  
Juneau

April 10, 1985

The Honorable Jan Faiks  
Co-Chairman  
Senate Finance Committee  
Alaska State Senate  
Pouch V (MS 3100)  
Juneau, Alaska 99811

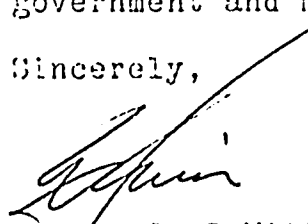
Dear Senator Faiks:

Senate Bill 45 is before the Senate Finance Committee for consideration. The Alaska State Hospital Association respectfully requests your support for this measure.

Senate Bill 45 would allow Alaska to join approximately 40 other states which accept the accreditation of the Joint Commission on the Accreditation of Hospitals in lieu of state agency survey for purposes of state licensure. We believe that this measure would be a cost savings for both the state and those facilities which choose to be surveyed by the Joint Commission on the Accreditation of Hospitals. The facility would save the costs of staff time to prepare for and participate in one survey. The state would save by not having to survey those facilities.

We believe that this bill moves toward efficiency in state government and merits your support.

Sincerely,

  
Dennis L. DeWitt  
President

2/24/85

# AMH/84

Accreditation  
Manual for  
Hospitals

JCAH Joint Commission  
on Accreditation  
of Hospitals

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# Foreword

In 1981, JCAH began revising the *Accreditation Manual for Hospitals* to develop less prescriptive, more goal-oriented standards that focus on essential elements of quality care. With the 1984 edition of this *Manual*, we are pleased to introduce the first of these revisions: new chapters on governing body and management and administrative services, and new standards for monitoring and evaluation in clinical support services.

The chapters on governing body and management and administrative services have been completely revised and updated. Placement in an outline format is intended to enhance readability, clarify the intent of the standards, eliminate ambiguity, and focus on those aspects of the standards that are basic to the provision of quality care; this format will be followed in all future revisions to the *AMH*. The changes to these chapters are further explicated in Appendix A.

Standards for monitoring and evaluation in clinical support services appear in the following chapters: Anesthesia Services, Dietetic Services, Emergency Services, Home Care Services, Hospital-Sponsored Ambulatory Care Services, Nursing Services, Pharmaceutical Services, Pathology and Medical Laboratory Services, Radiology Services, Rehabilitation Programs/Services, Respiratory Services, Social Work Services, and Special Care Units. In developing these standards, JCAH eliminated frequency requirements and other prescriptive language to allow hospitals greater flexibility in conducting quality assurance activities, which is in keeping with the intent of the original quality assurance standard published in 1979. These changes also are explained in Appendix A.

New standards for hospitals that provide psychiatric/substance abuse services also have been developed, appear in several chapters throughout the book, and are described in Appendix A. With the development of these standards, JCAH offers chief executive officers of hospitals that provide only psychiatric/substance abuse services the option of an accreditation survey using either the standards contained in this *Manual* or those standards contained in the *Consolidated Standards Manual for Child, Adolescent, and Adult Psychiatric, Alcoholism, and Drug Abuse Facilities*. The same option is applicable to a psychiatric/substance abuse department/service of a general hospital and will be honored for a three-year period beginning on the April 1, 1984, effective date of this *Manual*.

In fulfilling its mission to improve the quality of care and services provided in health care settings through the voluntary accreditation process, JCAH recognizes the importance of maintaining standards and survey procedures that reflect current practice and the dynamic environment of the health care industry. In conjunction with the standards revision process, JCAH has been modifying accreditation survey procedures: The implementation of a three-year accreditation cycle, the introduction of a tailored survey process, and the development of interim monitoring mechanisms are designed to enhance the consultative nature

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of JCAH surveys and recognize the individual needs and unique features of facilities.

As we continue to revise the standards and modify accreditation procedures, we will continue to look to the health care professions for advice and assistance. In the past two years, during numerous field reviews and a field trial of the proposed standards, and during feasibility studies of proposed modifications in the survey process, we have appreciated the support and cooperation that you have provided.

John E. Affeldt, MD  
President

#### Editor's Note

Throughout this *Accreditation Manual for Hospitals* reference is made to documents or standards published by other organizations. Each such reference is to a specific document at a given point in time. Subsequent editions of any materials used as a reference do not automatically become the authoritative reference of JCAH until approved as such by the Board of Commissioners.

Pronouns throughout this document have been chosen to provide ease in reading and are not meant to exclude reference to the opposite sex.

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# **Rights and Responsibilities of Patients**

The basic rights of human beings for independence of expression, decision, and action, and concern for personal dignity and human relationships are always of great importance. During sickness, however, their presence or absence becomes a vital, deciding factor in survival and recovery. Thus it becomes a prime responsibility for hospitals to endeavor to assure that these rights are preserved for their patients.

In providing care, hospitals have the right to expect behavior on the part of patients and their relatives and friends, which, considering the nature of their illness, is reasonable and responsible.

This statement does not presume to be all-inclusive. It is intended to convey JCAH's concern about the relationship between hospitals and patients, and to emphasize the need for the observance of the rights and responsibilities of patients.

The following basic rights and responsibilities of patients are considered reasonably applicable to all hospitals.

## **Patient Rights**

### **Access to Care**

Individuals shall be accorded impartial access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, national origin, or sources of payment for care.

### **Respect and Dignity**

The patient has the right to considerate, respectful care at all times and under all circumstances, with recognition of his personal dignity.

### **Privacy and Confidentiality**

The patient has the right, within the law, to personal and informational privacy, as manifested by the following rights:

- To refuse to talk with or see anyone not officially connected with the

hospital, including visitors, or persons officially connected with the hospital but not directly involved in his care.

- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- To be interviewed and examined in surroundings designed to assure reasonable audiovisual privacy. This includes the right to have a person of one's own sex present during certain parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex; and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.
- To expect that any discussion or consultation involving his case will be conducted discreetly and that individuals not directly involved in his care will not be present without his permission.
- To have his medical record read only by individuals directly involved in his treatment or the monitoring of its quality, and by other individuals only on his written authorization or that of his legally authorized representative.
- To expect all communications and other records pertaining to his care, including the source of payment for treatment, to be treated as confidential.
- To request a transfer to another room if another patient or visitors in that room are unreasonably disturbing him by smoking or other actions.
- To be placed in protective privacy when considered necessary for personal safety.

#### **Personal Safety**

The patient has the right to expect reasonable safety insofar as the hospital practices and environment are concerned.

#### **Identity**

The patient has the right to know the identity and professional status of individuals providing service to him, and to know which physician or other practitioner is primarily responsible for his care. This includes the patient's right to know of the existence of any professional relationship among individuals who are treating him, as well as the relationship to any other health care or educational institutions involved in his care. Participation by patients in clinical training programs or in the gathering of data for research purposes should be voluntary.

#### **Information**

The patient has the right to obtain, from the practitioner responsible for coordinating his care, complete and current information concerning his diagnosis (to the degree known), treatment, and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to a legally authorized individual.

### **Communication**

The patient has the right of access to people outside the hospital by means of visitors, and by verbal and written communication.

When the patient does not speak or understand the predominant language of the community, he should have access to an interpreter. This is particularly true where language barriers are a continuing problem.

### **Consent**

The patient has the right to reasonably informed participation in decisions involving his health care. To the degree possible, this should be based on a clear, concise explanation of his condition and of all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. The patient should not be subjected to any procedure without his voluntary, competent, and understanding consent, or that of his legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

The patient has the right to know who is responsible for authorizing and performing the procedures or treatment.

The patient shall be informed if the hospital proposes to engage in or perform human experimentation or other research/educational projects affecting his care or treatment, and the patient has the right to refuse to participate in any such activity.

### **Consultation**

The patient, at his own request and expense, has the right to consult with a specialist.

### **Refusal of Treatment**

The patient may refuse treatment to the extent permitted by law. When refusal of treatment by the patient or his legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice.

### **Transfer and Continuity of Care**

A patient may not be transferred to another facility unless he has received a complete explanation of the need for the transfer and the alternatives to such a transfer, and unless the transfer is acceptable to the other facility. The patient has the right to be informed by the practitioner responsible for his care, or his delegate, of any continuing health care requirements following discharge from the hospital.

### **Hospital Charges**

Regardless of the source of payment for his care, the patient has the right to request and receive an itemized and detailed explanation of his total bill for services rendered in the hospital. The patient has the right to timely notice prior

to termination of his eligibility for reimbursement by any third-party payer for the cost of his care.

#### **Hospital Rules and Regulations**

The patient should be informed of the hospital rules and regulations applicable to his conduct as a patient. Patients are entitled to information about the hospital's mechanism for the initiation, review, and resolution of patient complaints.

#### **Patient Responsibilities**

##### **Provision of Information**

A patient has the responsibility to provide, to the best of his knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his health. He has the responsibility to report unexpected changes in his condition to the responsible practitioner. A patient is responsible for making it known whether he clearly comprehends a contemplated course of action and what is expected of him.

##### **Compliance with Instructions**

A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for his care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and, when he is unable to do so for any reason, for notifying the responsible practitioner or the hospital.

##### **Refusal of Treatment**

The patient is responsible for his actions if he refuses treatment or does not follow the practitioner's instructions.

##### **Hospital Charges**

The patient is responsible for assuring that the financial obligations of his health care are fulfilled as promptly as possible.

##### **Hospital Rules and Regulations**

The patient is responsible for following hospital rules and regulations affecting patient care and conduct.

##### **Respect and Consideration**

The patient is responsible for being considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the hospital.

Introduced: 1/14/85  
Referred: Health, Education and  
Social Services and  
Finance

1 IN THE SENATE

BY FAIKS

2

SENATE BILL NO. 45

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

FOURTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6 For an Act entitled: "An Act relating to hospital inspections and investi-  
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COMMITTEE REPORT  
SENATE

FURTHER:

FINANCE

1/14/85

Date 3-12-85

Mr. President

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relating to hospital inspections and investigations by the Department of Health and Social Services.

and (a majority of the committee) (the committee) reports it back with the following recommendations:

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- do pass with attached amendment(s)
- replace with/or adopt CS for SB 45 (HESS)
- new title
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- and attached a "LETTER OF INTENT"  NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to \_\_\_\_\_ Committee

MEMBERS SIGNING

DO PASS

Cecilia Stangulovska

Edna Weir

Paul Frick

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEMBERS HAVING

OTHER RECOMMENDATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Betty Humberg  
Chairman

Do Pass  
Chairman recommendation