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## BILL ANALYSIS



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Senate Bill 938 (as introduced 5-14-14)  
Sponsor: Senator Goeff Hansen  
Committee: Health Policy

Date Completed: 5-27-14

**CONTENT**

**The bill would amend the Public Health Code to require nursing homes to use evidence-based, nationally recognized clinical process guidelines or best practice resources in specified clinical areas; delete requirements that the Department of Licensing and Regulatory Affairs (LARA) develop clinical process guidelines; and make related changes.**

Development of Guidelines

The Code required LARA to develop and adopt clinical process guidelines, and establish and adopt clinical process guidelines and compliance protocols with outcome measures for specific areas and for other topics where LARA determined that clarification would benefit providers and consumers of long-term care. The bill would delete these requirements.

The bill would require a nursing home would have to use evidence-based, nationally recognized clinical process guidelines or best-practice resources to develop and implement patient care policies and compliance protocols with measureable outcomes in the specified clinical practice areas.

The specified clinical practice areas include the following:

- Use of bed rails.
- Adverse drug effects.
- Falls.
- Pressure sores.
- Nutrition and hydration.
- Pain management.
- Depression and depression pharmacotherapy.
- Heart failure.
- Urinary incontinence.
- Dementia care.
- Osteoporosis.
- Altered mental states.
- Physical and chemical restraints.
- Culture change principles, person-centered caring, and self-directed care.

The bill would refer specifically to the prevention of falls and pressure ulcers. Additionally, the bill would eliminate the references to culture change principles and self-directed care.

In an area of clinical practice that was not listed, the bill would permit a nursing home to use evidence-based, nationally recognized clinical process guidelines or best-practice resources to develop and implement patient care policies and compliance protocols with measurable outcomes to promote performance excellence.

The Code requires LARA to conduct a quarterly meeting and invite appropriate stakeholders. Participating individuals, jointly with LARA, may designate advisory workgroups to develop recommendations on a number of discussion topics delineated in the Code, including clinical process guidelines.

The Department biennially must review and update all clinical process guidelines as needed and continue to develop and implement guidelines for topics that have not been developed from the list, as well as other topics identified as a result of the required meetings. The bill would delete this requirement.

The Code requires LARA to consider recommendations from an advisory workgroup on the clinical process guidelines. The bill would eliminate the reference to the guidelines.

The Code also requires LARA to include training on new and revised guidelines in joint provider and nursing home surveyor training sessions as the guidelines are developed and revised. The bill would allow, rather than require, LARA to include training on new and revised evidence-based, nationally recognized clinical process guidelines or best practice resources, which contained measurable outcomes, in the training sessions to assist provider efforts toward improved regulatory compliance and performance excellence and to foster a common understanding of accepted best-practice standards between providers and the survey agency. The Department would have to post on its website all of the guidelines and best-practice resources used in a training session for provider, surveyor, and public reference.

The Code requires LARA to maintain the process for the reviewing and authorizing the issuance of a citation for immediate jeopardy or substandard quality of care before a statement of deficiencies is made final. The review must assure that the applicable concepts, clinical process guidelines, and other tools were being used consistently, accurately, and effectively. The bill instead would require the review to assure the consistent and accurate application of Federal and State survey protocols and defined regulatory standards.

Under the Code, upon the availability of funds, LARA must give grants, awards, or other recognition to nursing homes to encourage the rapid implementation or maintenance of the clinical process guidelines developed by the Department. Under the bill, instead, LARA would have to give grants, awards, or other recognition to encourage the rapid development and implementation of patient care policies and compliance protocols that were created from evidence-based, nationally recognized clinical process guidelines or best-practice resources with measurable outcomes to promote performance excellence.

The Code requires LARA to instruct and train the surveyors in the clinical process guidelines it adopts in citing deficiencies. Under the bill, instead, surveyors would have to consider evidence-based, nationally recognized clinical process guidelines or best-practice resources with measurable outcomes that were used by a nursing home to develop and implement patient care policies and compliance protocols when making compliance decisions.

The bill also would refer to "nationally recognized" clinical process guidelines in a number of other provisions.

## Annual Report

The Code requires LARA to make annual and other visits to each licensed health facility or agency for the purposes of survey, evaluation, and consultation. On an annual basis, the Department must report to the Senate and House of Representatives Appropriations subcommittees, the Senate and House of Representatives standing committees having jurisdiction over issues involving senior citizens, and the House and Senate Fiscal Agencies on the initial and follow-up surveys conducted on all nursing homes in the State.

The bill would delete a requirement that the report include information on the implementation of the clinical process guidelines and their impact on resident care.

## Use of Bed Rails

Under the Code, a nursing home must give each resident who uses a hospital-type bed, or his or her legal guardian, patient advocate, or other legal representative, the option of having bed rails. The Department had to develop clear and uniform guidelines to be used in determining what constitutes each of the following:

- Acceptable bed rails for use in a nursing home in Michigan.
- Proper maintenance of bed rails.
- Properly fitted mattresses.
- Other hazards created by improperly positioned bed rails, mattresses, or beds.

The Department had to develop the guidelines in consultation with the long-term care stakeholders workgroup.

The bill would require LARA to maintain practice protocols, rather than develop guidelines, in consultation with the workgroup.

MCL 333.20155 & 333.21734

Legislative Analyst: Julie Cassidy

## **FISCAL IMPACT**

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: Josh Sefton

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.