

BEFORE THE INDIANA STATE DEPARTMENT OF HEALTH

**AN ADMINISTRATIVE RULES HEARING
LSA DOCUMENT #18-282**

HEARING OFFICER REPORT

This matter came before the duly appointed Hearing Officer, Manda Clevenger, on the 8th day of November, 2018, at 10:00 a.m., at the Indiana State Department of Health (ISDH), 2 North Meridian Street, Indianapolis, Indiana.

Notice of time and place of hearing was given as provided by law by publishing on October 17, 2018, in the *Indianapolis Star* and the *Indiana Register*. Proof of publication of this notice has been received by the ISDH and the notice and proof are hereby incorporated into the record of this cause by reference and placed in the official files of the ISDH.

ORAL STATEMENTS

Charles Christian
Vice President of Technology
Indiana Health Information Exchange (IHIE)

Mr. Christian testified at the hearing. He stated that he was just there to look at the changes and to make sure IHIE understands what the timing of the rule is because there will need to be transactional/system changes made at each one of the hospitals and possibly the health information exchanges that transmit data to the state. He later testified that the critical access hospitals are very dependent upon their vendors to make system changes and those vendors do not do it for free. The smaller facilities may not have the ability to capture triage notes electronically so the flexibility provided in the rule to make allowances for those that cannot report triage notes is very much appreciated.

Andrew VanZee
Vice President
Indiana Hospital Association (IHA)

Mr. VanZee testified at the hearing. He stated that he appreciates ISDH's willingness to be flexible with the rules in our discussions with him (i.e. building in flexibility for hospitals to notify ISDH of unanticipated outages and the flexibility for the reporting of triage notes if a hospital is unable to provide that information). He further stated that he echoes Mr. Christian's comments that this is a process with getting hospitals into compliance with this new rule. It gives an opportunity to bring all of the interfaces up to the current NIST standards. He expects that this is something that will take the next year or so to begin to bring all of the facilities in line with the new standards. IHA is committed to working with both the state and our members to get this information out to the facilities and to work in a timely manner so that we can bring everyone into compliance and to benefit the state in receiving this information.

Mr. VanZee stated that there are potentially some costs associated to this effort both from hospital staff time as well as potential vendor costs associated for some of the smaller facilities. Some of these facilities are in the midst of changing out their electronic medical records so he foresees some variability between hospitals with respect to being in compliance with this rule and some of the challenges he sees with items like triage notes. However, IHA is committed to working with both the state and our members to try to bring that compliance to as high of a level as possible.

Mr. VanZee stated that one item he would like to have is more clarity in the “triage notes” field: do you want nursing triage notes or physician triage notes? He also asked what the maximum character length was for the field. He stated that depending on the EMR system, those could be different and separate so a clarification of what that field should contain would be beneficial.

James Groh
Surveillance Epidemiologist
Marion County Public Health Department

Mr. Groh testified at the hearing. He stated that he was there to say that he pretty much liked all of the changes that are being made. One point he wanted to point out was that Marion County Public Health Department uses triage notes a lot for doing surveillance work. One issue they might foresee with this rule is that triage notes is not clearly defined. He would like to have some sort of stipulations in the rule as to when someone is unable to upload triage notes. Otherwise, he is pretty supportive of the changes.

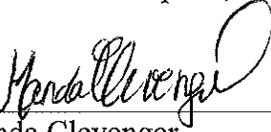
The record was left open until the end of the day, Thursday, November 8, 2018. One written statement was received during the comment period.

WRITTEN STATEMENTS SUBMITTED DURING THE PUBLIC COMMENT PERIOD

Brittany Yarnell, MPH
Surveillance Epidemiologist
Marion County Public Health Department

Ms. Yarnell’s comments are attached and incorporated by reference as **Exhibit 1**.

Dated at Indianapolis, Indiana this 26th day of December, 2018.



Manda Clevenger
Hearing Officer

Clevenger, Manda

From: Brittany Yarnell <BYarnell@MarionHealth.org>
Sent: Thursday, November 08, 2018 2:33 PM
To: Clevenger, Manda
Cc: James Groh; Gil, Harold
Subject: Comments for Proposed Rule LSA #18-282
Attachments: Comments for Public Hearing on Proposed Rule LSA Document 18-282.docx

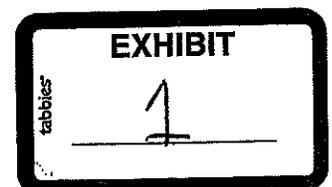
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Hello Manda,

My name is Brittany Yarnell and I am a syndromic surveillance epidemiologist at the Marion County Public Health Department, but I also support Hendricks and Tippecanoe County's health departments. I was unable to make it to the public hearing today, but my coworker James Groh was able to attend. He said we could submit additional comments to you if we have any, so our additional suggestions are included to this email.

Thank you for your time,
Brittany Yarnell, MPH
Surveillance Epidemiologist
Marion County Public Health Department
Ph: (317) 221-3399 | byarnell@marionhealth.org

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Comments for Public Hearing on Proposed Rule LSA Document #18-282

November 8th, 2018

Brittany Yarnell, byarnell@marionhealth.org
Surveillance Epidemiologist
Marion County Public Health Department

James Groh, jgroh@marionhealth.org
Surveillance Epidemiologist
Marion County Public Health Department

410 IAC 1-2.4-8 Emergency department visit data reporting requirements

Comments regarding:

Sec. 8. (b) (1): In regards to the requirement that electronic transfer of a patient's data shall occur immediately at the time from the emergency department visit, but not later than twenty-four (24) hours from the time of the patient's visit, we would like clarification as to what is considered the "time of the patient's visit." For example, is this when the patient is first admitted to the emergency department or when they leave?

Sec. 8. (b): We would suggest adding another rule regarding the onboarding process for new emergency departments. More specifically, we believe it is important to clearly outline the time frame which new emergency departments have to notify ISDH of when they are opening and when they should start submitting electronic medical records (e.g. new emergency departments are required to submit electronic medical records within 30 days of opening).

Sec. 8. (c) (5): In regards to the submission of the street address of the patient's residence, we believe it is important to emphasize that this address should be the patient's residence and not a mailing address. Mailing addresses, such as PO boxes, often make it challenging to track, monitor, and follow-up disease outcomes.

Sec. 8. (c) (10): We suggest specifying that the date and time of the emergency department visit should be the date and time of admittance to the emergency department. The way the rule is written, the date and time to be used is ambiguous as it could be the date and time of triage, when the patient was seen, or when the person entered the emergency department.

Sec. 8. (c) (17): In regard to the submission of triage notes, we suggest specifying what it means for a hospital to be "unable" to send the information. As surveillance epidemiologists, triage notes provide insightful information regarding the context, cause, and severity of disease/injury which allow us to effectively monitor diseases and protect the public's health. Specifying what it means for a hospital to be "unable" to send information will improve the compliance of sending triage notes which will ultimately benefit the public's health.