



## MEETING MINUTES - DRAFT

### Multidisciplinary Advisory Committee

The Multidisciplinary Advisory Committee held a meeting on March 17, 2010 at The Department of Consumer Affairs, 2005 Evergreen Street, Lake Tahoe Room, Sacramento, CA.

#### 1. Call to Order

William Grant, II, DVM called the Multidisciplinary Advisory Committee (MDC) to order on Wednesday March 17, 2010 at 10:00 a.m.

#### Roll Call

##### Members:

William Grant, II, DVM  
Richard Johnson, DVM  
Jon Klingborg, DVM  
Jennifer Boyle, RVT  
Diana Woodward Hagle, Public Member  
Linda Starr, Board President, Liaison

##### Staff:

Susan Geranen, Executive Officer; Paul Sanchez, Assistant Executive Officer;  
Sandra Monterrubio, Enforcement Program Manager;  
Monica Ochoa, Enforcement Analyst, Ericka Fasula, Enforcement Analyst,  
Richard Bennett, DVM, Kay Hossner, DVM

##### Legal Counsel:

Shela Barker

##### Public Members:

Nancy Ehrlich, RVT, CaRVTA Legislative Liaison; Dan Segna, DVM, Assistant Executive Director, California Veterinary Medical Association (CVMA); Valerie Fenstermaker, Executive Director, CVMA; Diann Sokoloff, Deputy Attorney General Liaison; Beth Parvin, DVM, Veterinary Hospital Inspector

#### 2. Approval of Minutes from November 19, 2009 meeting

No additions or corrections. A motion was made by Dr. Klingborg and seconded by Dr. Johnson. No discussion on the motion. Motion passed unanimously.

#### 3. Hospital Inspection Program

##### A. Board Report

Ms. Monterrubio discussed the Hospital Inspection Training Program held December 1-3, 2009. The first day they went over obtaining compliance documents, the practice act, and the inspection training binders. The second and third day consisted of five random hospital inspections, a roundtable review, and answering any of the inspector's concerns or questions. The new inspectors were assigned ten inspections to perform and at this time things are going well. The board staff will be meeting with each inspector in April to shadow them on two inspections and provide feedback. In May, the inspectors will come to the office for a roundtable meeting to discuss questions and changes that need to be addressed. The board so far has performed 113 routine inspections and one complaint related inspection. Typically the board's goal is about 300 a year, which is 10% of the total premises that are licensed. The inspections started late this year, in December, so there is only half the time to reach that goal.

The board sent out surveys to get feedback from the licensees. At this time the board has received 43 hospital inspection surveys. Out of the 43, 41 were very positive. Ms. Monterrubio listed common deficiencies as: cures reporting, record keeping, Title 17 - radiation safety requirements, emergency lighting, dangerous and controlled drugs, the notice of no staff on premises, contagious facilities, resuscitation bags, exercise runs, and storage in separate surgery room. Issues include, but are not limited to:

- a lack of awareness about Cures reporting and the requirements for weekly reporting in an online format;
- record keeping – items missing include - physical examinations, initials of responsible party, and the records are illegible;
- Title 17 not being posted, x-ray machines are not currently registered and the Caution X-ray sign not posted;
- emergency lighting – either there is none, it doesn't work or it is not effective;
- dangerous or controlled drugs - many are expired, some licensees cannot find their DEA license at the time of inspection, but they do find it within the 30 day compliance time; drug logs don't contain all of the required information;
- notice of no staff on premises - some only have the sign and not the written notice;
- contagious facilities - inspectors are seeing that they are in bathrooms or in a common area that is not true separation;
- resuscitation bags – in most cases there were none in the facility
- exercise runs, in some cases there's no effective separation of the animals and their waste;
- Finally the storage in the separate surgery included prohibited items such as ultrasounds, dental equipment, clippers, and even pre-dispensed herbs.

Dr. Grant discussed clarifying the confusion about the requirement of a posted sign of no personnel on premise for 24 hours. The term "accompanied" is a proposed change in statutes to read "accomplish". [Minimum Standards - 2030(d)(3)] In this discussion it was decided that "For purposes of this paragraph" will be deleted and sentence will read "Prior written notice may be accomplished by posting a sign in a place and manner conspicuous to the clients of the premises, stating that there may be times when there are no personnel on the premises". There was discussion of changing the word "conspicuous" to "posted at entrance" but Dr. Grant wants to come back to this issue later. It was decided that the wording in section (e) can be changed from "pre arranged veterinary care" to "after hour veterinary care".

Dr. Johnson asked Ms. Monterrubio to give examples of common complaints that would initiate complaint-related inspections. Ms. Monterrubio replied that the board receives complaints regarding animal treatment, and in addition to that, the complainant will say that the hospital was unsanitary. The board also receives complaints regarding unlicensed people performing surgeries and dentals.

Dr. Grant had concerns that were sent to him by the CVMA from inspected facilities and he wants to discuss them with Ms. Monterrubio later.

Dr. Grant stated that it would be beneficial to get word out to veterinarians in a public manner every couple of years. Dr. Grant asked CVMA to put something regarding minimum standards together.

Dr. Grant asked Ms. Monterrubio to provide another report in three or four months at the next meeting.

Mr. Sanchez introduced Hospital Inspector, Beth Parvin, DVM. Ms. Monterrubio suggested that the committee get her feedback. Ms. Boyle asked Dr. Parvin for help with the checklist and to provide suggestions such as storage of endotracheal tubes. Dr. Parvin agreed to assist.

Ms. Boyle suggested giving examples of what to do on checklist items. Ms. Barker stated that inspectors can indicate why there is a deficiency, not how to resolve a deficiency and especially not

writing a recommendation on the inspection report. Ms. Barker suggested creating handouts with suggested examples to correct deficiencies to avoid confusion. The introduction on the forms should make it clear that these are not mandatory requirements, merely suggestions on how compliance can be achieved and that these are a few options.

Dr. Grant agreed that something in writing that will educate the veterinarian to comply with what laws would be beneficial. If they are deficient on something, inspectors can provide written recommendation options. (Johnson brought AAHA's Guidelines) Dr. Grant stated that the MDC can come up with guidelines for the board, starting off with the checklist. He suggested the board comes up with 20 things that are most deficient and provide information.

Ms. Ehrlich suggested that the checklist should be on the website.

Dr. Parvin suggested that we develop a hospital review program where if someone wants their hospital evaluated it can be done separately from the actual inspection.

Ms. Fenstermaker stated that CVMA will be willing to help by putting something in their magazine entitled "The Surgery Room".

## **B. Review Inspection Self Checklist**

Suggested change and additions:

- Include code section references throughout checklist
- At the introduction, add the language of CCR 2030 for sanitary conditions.
- Mirror the sequence of the inspection report
- Include the board's public protection mandate or mission statement
- Note that this is used as a helpful tool and is not required by the board

Ms. Geranen suggested completing the checklist now and then the board will consider any required regulation changes later.

Dr. Johnson discussed changing the regulations to document client communication in records and adding this to the checklist. Dr. Grant and Dr. Klingborg agreed not to change the regulations. Dr. Grant asked the committee about changing client communication. Motion not to change regulations regarding communication Dr. Klingborg said "no", Dr. Johnson said "yes".

Ms. Boyle made a motion that a subcommittee, made up of Diana Woodward and Dr. Klingborg, write language regarding communication with the client to be reviewed at next meeting. Dr. Johnson seconded the motion. Motion passed unanimously.

## **4. Discussion about Minimum Standards of Practice**

The MDC continued discussion on posting a sign in a conspicuous manner. Ms. Geranen suggested it be clarified in a handout. There may be no need to change the law except for the word "accomplish" and take out "for the purposes of this paragraph" and start sentence with "prior".

Dr. Klingborg suggested changing wording in 2030(e) from "pre-arranged" to "after hours" and that full disclosure is not clear.

Dr. Grant suggested taking out the last sentence on (e) and just leave the wording about posting a sign.

Ms. Barker suggested that the posted sign read “upon establishing the VCPR, if no after hours emergency care is provided, the client is notified”.

Dr. Grant suggested changing “general office radiograph equipment” to “non-surgical equipment” in 2030(g) (1). Dr. Hosner suggested adding “aseptic” surgery in the first sentence of (1).

Dr. Segna suggested changing 2030(3) regarding a sink in the surgery room. It was agreed by the committee to change it to read “Sinks shall not be present in the surgery room. In existing hospital premises, sinks present in a surgery room shall be rendered inoperable”.

Ms. Geranen discussed how many premises a managing licensee can manage 2030(i). Ms. Geranen stated that the problem is with the corporate practices where there is one MGL for 20 practices. Staff’s initial recommendation was having one manger per practice, but that number can be discussed further. Ms. Geranen also suggested that we can solicit informal public comments before this goes to a formal regulation. Ms. Monterrubio suggested adding an hourly requirement at each premise. Dr. Grant suggested finding out what the dental board requires and put it on the agenda for next meeting.

Dr. Grant suggested having hospital inspection checklist finalized and to move it forward to the board when complete. He doesn’t think there is enough done now with the minimum standards to move anything to the board at this point.

Ms. Geranen wants the board to work with Jennifer on the checklist, take another look at it at the June MDC meeting, and then take it to the board in July or October. Dr. Grant asked Ms. Boyle to get recommendations prepared for final look at the checklist at June meeting.

**5. Discussion about Citation and Fine Guidelines – no discussion due to time limits**

**Change in appointment of sub-committee member for Hospital Inspection Checklist. Committee now consists of Jennifer Boyle and Dr. Johnson.**

**6. Agenda Items and Dates for Next Meetings**

Hospital Inspection Checklist

Sub-committee report

Veterinary-Client-Patient Relationship re-write

Managing licensee requirements

Date for next MDC meeting June 9, 2010 at 10:00am to 4:00pm.

**7. Comments from Public/Outside Agencies/Associations**

None

**8. Adjourn**

A motion was made by Dr. Grant moved by Dr. Klingborg and seconded by Dr. Johnson to adjourn the meeting at 3:15 pm. Motion passed unanimously.