

Critical Access Hospitals Conditions of Participation (CoPs) – What Every CAH Should Know!

Three-part Webinar Series

Date: July 12, 19 and 26, 2012

Time: all sessions are from 1 - 3 p.m. Central

Registration Fee: \$495 for entire series (*one connection per session*)

Add Audio Download: Included in registration fee

Register via [fax/mail](#)

Series Overview

Critical access hospitals must comply with the Centers for Medicare & Medicaid Services' Conditions of Participation for critical access hospitals. The CMS interpretive guidelines serve as the basis for determining compliance and this manual will be discussed in detail as well as new changes made in the past year and reflected in the Dec. 22, 2011, manual. The visitation regulations, effective Oct. 7, 2011, will be discussed along with the final July 2011 telemedicine standard and medical staff changes and interpretive guidelines and proposed patient notification regarding the QIO (quality improvement organization) and state agency. Observation beds and standards for off-campus and co-location requirements for CAH will be discussed. CMS received \$50 million to enforce infection control standards and these will be covered during the program. CMS also is planning infection control inspections of U.S. hospitals.

This seminar will help CAHs comply with specific CoP problem areas, including nursing care plans, legibility requirements, necessary policies and procedures, nursing medication carts, drug storage, informed consent, history and physicals, verbal orders, medication administration, security of medications, protocols, standing orders and emergency preparedness. There are many pharmacy standards and medication-related sections that will be covered in detail. Every tag section in the regulations and interpretive guidelines also will be covered. Attendees will learn details about the CoPs and what to do when a surveyor from arrives at your facility. The proposed changes for 2012 will be discussed.

Part One Outline

July 12

Introduction

- History
- CAH problematic standards
- CAH resources
- Conditions of participation
- CMS websites
- Copies of documents by surveyor
- How to locate changes
- Rehab or psych distinct unit standards
- CMS Ssurvey and certification website
- Visitation new regulation
- Proposed QIO and state agency notification
- Final telemedicine standards

Survey Protocol

- Introduction
- Tasks in the Survey Protocol
- Survey Team
- Task 1 – Off-Site Survey Preparation
- Task 2 – Entrance Activities
- Task 3 – Information Gathering/Investigation
- Task 4 – Preliminary Decision Making and Analysis of Findings
- Task 5 – Exit Conference
- Task 6 – Post-Survey Activities

Regulations and Interpretive Guidelines for CAHs

- Swing bed module
- Compliance with federal, state and local laws and regulations
- Licensure of CAH
- Licensure, certification or registration of personnel
- Status and location
- Location in a rural area or treatment as rural
- Location relative to other facilities or necessary provider certification
- Compliance with CAH requirements at the time of application
- Agreements with network hospitals
- Agreements for credentialing and quality assurance
- Emergency services, respiratory policies
- ED staffing
- EMTALA
- Equipment, supplies, and medication
- Blood and blood products
- Staffing/personnel
- Coordination with emergency response systems
- Number of beds and length of stay
- Physical plant and environment
- Disposal of trash
- Storage of drugs
- Physical environment
- Construction
- Maintenance
- Emergency procedures
- Life safety from fire
- Emergency fuel and water
- Emergency preparedness plan
- LSC waivers
- Fire inspections

Part Two Outline

July 19

Introduction

- Governing body or Responsible Individual
- Disclosure
- Nurse on duty
- Staffing and staff responsibilities
- Staffing
- Responsibilities of the doctor of medicine or osteopathy
- Physician supervision
- PA, NP, CNS responsibilities
- Provision of services
- Patient care policies
- Guidelines for medical management
- Direct services
- Services provided through agreements or arrangements
- Nursing services
- Drug and biologicals

Pharmacy

- Inspections/staff interviews
- Dispensing of drugs
- Pharmacist responsibilities
- Staffing in pharmacy
- Pharmacy policies and procedures
- Medication therapy monitoring
- Pharmacy USP 797 regulations
- Emergency medicine kits
- Drug storage
- Nursing med carts/anesthesia carts

- Outdated drugs
- Survey of pharmacy
- Reporting ADR and medication errors
- Near misses/good catches
- High alert medication
- Definition of medication error required
- Trigger/indicator drugs
- Monitoring medication errors
- Medication alerts
- Standard of care for medications
- Beers list
- Websites and additional resources
- Required pharmacy P&P
- Do not use abbreviations
- Sound alike/look alike drugs
- Non-punitive policies

Infection control

- Investigating and controlling infections
- Health care-associated infections
- Infection control policies
- Infection control websites
- Infection control orientation new employees
- Role of leaders in infection control
- Infection control officer

Dietary and Nutrition Services

- Dietary policies
- Dietary compliance
- Qualified dietician
- Dietary support staff
- Direct services

Outpatient Services

- Outpatient department
- Outpatient director

Rehab services

- PT, OT, audiology and speech pathology
- Rehab treatment plan
- Required rehab policies

Lab

Radiology

- Radiology services
- Radiology staff
- Scope of radiology services
- Radiology policies required

Emergency Procedures

Contracted Services

Nursing Care

- Observation of med passes/nursing care
- Changes in observation guidelines
- Nursing care plans
- RN for each patient
- RN supervising care
- Drugs and IVs
- Verbal orders
- Verbal order policy
- Culture of questioning
- Medication passes
- Nursing care plan

Part Three Outline

July 26

Medical Records

- Medical record standards
- Identification of author
- Access to medical records
- Inpatient and outpatient requirements for medical records
- Records System
- Informed consent
- List of procedures required for consent
- Medical necessity and the RACs (recovery audit contractors)
- History and physicals
- Discharge summaries
- Preventing unnecessary readmissions
- Response to treatment
- Confidentiality of medical records
- Retention of medical records
- Protection of Record Information

Surgical Services

- Surgery policies required
- PACU
- OR register
- Operative report
- Surveyor in the OR
- Surgical privileges
- Designation of Qualified Practitioners

Anesthesia Services

- Anesthetic Risk and Evaluation
- Administration of Anesthesia
- Pre-anesthesia evaluation
- Post-anesthesia evaluation
- Discharge
- PI required
- Healthcare-associated infections
- State Exemption of CRNAs
- Periodic Evaluation

Organ, Tissue and Eye Procurement

- Definition of imminent death
- Tissue and eye bank
- Family notification
- Organ donation

Special Requirements for CAH Providers of Long-Term Care Services (Swing beds)

- Eligibility
- Payment
- SNF Services
- Resident Rights
- Exercise of Rights
- Notice of Rights and Services
- Free Choice
- Privacy and Confidentiality
- Work
- Mail
- Access and Visitation Rights
- Personal Property
- Married Couples
- Admission, Transfer and Discharge Rights
- Transfer and Discharge
- Payment of care
- Content of notice

Resident Behavior and Facility Practices
Restraints, Abuse
Staff Treatment of Residents
Hiring of employees
Activities
Social Services
Resident Assessment
Comprehensive Care Plans
Discharge Summary
Nutrition
Provision of Services
Websites for CAH
CAH resources

Target Audience

This program will benefit chief executive and operating officers; nurse executives, accreditation and regulation directors, nurse managers, pharmacists, quality and risk managers, health care attorneys, social workers, dieticians, health information management, nurses, nurse educators, patient safety officer, infection preventionists, radiology directors, emergency department directors, outpatient directors, medication teams, ethicists, directors of rehab (OT, PT, speech pathology and audiology), OR supervisors, anesthesia providers, activities directors of swing bed patients, infection control committee members, pharmacists and compliance officers.

Knowledge Level

Intermediate to Advanced

Speakers

Sue Dill Calloway, RN, J.D., CPRHM, is president of patient safety, Healthcare Consulting and Education Company, Ohio. She is a nurse attorney and former vice president of legal services at a community hospital in addition to being the privacy and compliance officer. She worked for more than eight years as director of risk management and health policy for the Ohio Hospital Association. She previously was director of hospital patient safety and risk management for The Doctors Insurance Company in Columbus area for five years. She frequently lectures and writes on legal and risk management issues.

The views expressed by the speaker do not necessarily reflect the policies or opinions of the Texas Hospital Association.

Continuing Education

ACHE Qualified Education credit (non-ACHE):	2.0 credit hours per session
Nursing:	2.0 contact hours per session
Social Work:	2.0 credit hours per session

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