

# Critical Access Hospital CoPs

## Part 4 of 4



**Radiology, Rehab, Visitation, Medical Records, QAPI,  
Organ Procurement, and Swing Beds**

# Speaker



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- Email questions to CMS:
  - Critical Access Hospitals: [qsog\\_CAH@cms.hhs.gov](mailto:qsog_CAH@cms.hhs.gov)
  - Acute hospitals: [qsog\\_hospital@cms.hhs.gov](mailto:qsog_hospital@cms.hhs.gov)

# Why We are Here Today

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEYED _____
NAME OF FACILITY _____		STREET ADDRESS, CITY, STATE, ZIP CODE _____		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
CMS Denver-Survey & Operations Group  
1961 Stout Street, Room 08-148  
Denver, CO 80294



## PUBLIC NOTICE FOR INVOLUNTARY TERMINATION OF MEDICARE/MEDICAID PROVIDER AGREEMENT

Notice is hereby given that the agreement between Clear View Behavioral Health, 4770 Larimer Parkway, Johnstown, Colorado 80534, and the Secretary of Health and Human Services, as a provider of services in the Health Insurance for the Aged and Disable Program (Medicare) is to be terminated at the close of October 28, 2020.

The Medicare program will not make payment for inpatient hospital services furnished to patients who are admitted after the close of October 28, 2020. For patients admitted on October 28, 2020, or earlier, payment may continue for up to 30 calendar days of inpatient hospital services furnished after October 28, 2020.

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The Daily Journal of the United States Government

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# How to Keep Up with Changes

- Confirm current CoP <sup>1</sup>.
- If new manual – check CMS transmittal page <sup>2</sup>.
- Check the survey and certification website monthly <sup>3</sup>.
- Have one person in your facility who has this responsibility

- <sup>1</sup> [http://www.cms.hhs.gov/manuals/downloads/som107\\_Appendicestoc.pdf](http://www.cms.hhs.gov/manuals/downloads/som107_Appendicestoc.pdf)
- <sup>2</sup> <http://www.cms.gov/Transmittals>
- <sup>3</sup> <http://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage>

# The Conditions of Participation (CoPs)

- Manual first out 1986
  - Multiple updates
- Section numbers – “Tag” numbers

- Start in the Federal Register

A-0023

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.11(c) The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.

Interpretive Guidelines §482.11(c)

All staff that are required by the State to be licensed must possess a current license. The hospital must assure that these personnel are in compliance with the State’s licensure laws. The laws requiring licensure vary from state to state. Examples of healthcare

- Interpretive Guidelines
- Survey procedures
- Hospitals should check this website once a month for changes

# CMS Hospital CoP Manual

- <https://www.cms.gov/files/document/som107appendicestoc.pdf>.

## Medicare State Operations Manual

### Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. **Click on the corresponding letter in the “Appendix Letter” column to see any available file in PDF.**
- To return to this page after opening a PDF file on your desktop. Use the browser "back" button. This is because closing the file usually will also close most browsers

Appendix Letter	Description
<a href="#">A</a>	Hospitals
<a href="#">AA</a>	Psychiatric Hospitals- <i>Deleted (See Appendix A)</i>
<a href="#">B</a>	Home Health Agencies



# CMS CoP Manual

Appendix Letter	Description
	Guidance
<u>P</u>	Survey Protocol for Long-Term Care Facilities
<u>PP</u>	Interpretive Guidelines for Long-Term Care Facilities
<u>Q</u>	Determining Immediate Jeopardy
<u>R</u>	Resident Assessment Instrument for Long-Term Care Facilities
<u>S</u>	Mammography Suppliers - <b>Deleted</b>
<u>T</u>	Swing-Beds – <b>Deleted (See Appendix A and Appendix W)</b>
<u>U</u>	Responsibilities of Medicare Participating Religious Nonmedical Healthcare Institutions
<u>V</u>	Responsibilities of Medicare Participating Hospitals In Emergency Cases
<u>W</u>	Critical Access Hospitals (CAHs)
<u>Y</u>	Organ Procurement Organization (OPO)
<u>Z</u>	Emergency Preparedness for All Provider and Certified Supplier Types



# State Operation Manual – Critical Access

## **State Operations Manual** **Appendix W - Survey Protocol, Regulations and** **Interpretive Guidelines for Critical Access Hospitals** **(CAHs) and Swing-Beds in CAHs**

*(Rev. 200, 02-21-20)*

### [Transmittals for Appendix W](#)

#### **INDEX**

#### **Survey Protocol**

Introduction

Regulatory and Policy Reference

Tasks in the Survey Protocol

Survey Team


Task 1 - Off-Site Survey Preparation

# CMS Survey Memos

## Policy & Memos to States and Regions

CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Regional Offices. [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)

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Title	Memo #	Posting Date ▲	Fiscal Year
<a href="#">Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes</a>	QSO-20-14-NH	2020-03-04	2020
<a href="#">Suspension of Survey Activities</a>	QSO-20-12-All	2020-03-04	2020
<a href="#">Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge</a>	QSO-20-13-Hospitals	2020-03-04	2020
<a href="#">Release of Additional Toolkits to Ensure Safety and Quality in Nursing Homes</a>	20-11-NH	2020-02-14	2020
<a href="#">Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV)</a>	20-09-ALL	2020-02-06	2020
<a href="#">Notification to Surveyors of the Authorization for Emergency Use of the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel</a>	20-10-ALL	2020-02-	2020

# Example of Survey Memo CRE and ERCP's

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## Center for Clinical Standards and Quality/Survey & Certification Group

**Ref: S&C-15-32 Hospitals/CAHs/ASCs**

**DATE:** April 3, 2015

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Alert Related to Outbreaks of Carbapenem-Resistant *Enterobacteriaceae* (CRE) during gastrointestinal endoscopy, particularly Endoscopic Retrograde Cholangiopancreatography (ERCP)

### Memorandum Summary

- **Situation:** Recent newspaper articles, medical publications, and adverse event reports associate multidrug-resistant bacterial infections caused by CRE with patients who have undergone ERCP. Duodenoscopes used to perform ERCP are difficult to clean and disinfect, even when manufacturer reprocessing instructions are followed correctly, and have been implicated in these outbreaks. The U.S. Food and Drug Administration (FDA) has issued a Safety Communication warning, with related updates, that the design of duodenoscopes may impede effective cleaning.
- **Expectations for Reprocessing Duodenoscopes:** Hospitals, critical access hospitals (CAHs), and ambulatory surgical centers (ASCs) are expected to meticulously follow the manufacturer's instructions for reprocessing duodenoscopes, as well as adhere to the nationally recognized Multisociety consensus guidelines developed by multiple expert organizations and issued in 2011.

# Can Access Hospital Deficiency Data

- Includes acute care and CAH hospitals
  - List tag numbers
  - Does not include the plan of correction but can request
  - Questions to [bettercare@cms.hhs.com](mailto:bettercare@cms.hhs.com)
- Updated quarterly

# Updated Deficiency Data Reports

**CMS.gov**

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## Survey & Certification - Certification & Compliance

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## Hospitals

This page provides basic information about being certified as a Medicare and/or Medicaid hospital provider and includes links to applicable laws, regulations, and compliance information.

A hospital is an institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services. Critical access hospitals are certified under separate standards. Psychiatric hospitals are subject to additional regulations beyond basic hospital conditions of participation. The State Survey Agency evaluates and certifies each participating hospital as a whole for compliance with the Medicare requirements and certifies it as a single provider institution.

Under the Medicare provider-based rules it is possible for 'one' hospital to have multiple inpatient campuses and outpatient locations. It is not permissible to certify only part of a participating hospital. Psychiatric hospitals that participate in Medicare as a Distinct Part Psychiatric hospital are not required to participate in their entirety.

However, the following are not considered parts of the hospital and are not to be included in the evaluation of the hospital's compliance:

- Components appropriately certified as other kinds of providers or suppliers. i.e., a distinct part Skilled Nursing Facility and/or distinct part Nursing Facility, Home Health Agency, Rural Health Clinic, or Hospice; Excluded residential, custodial, and non-service units not meeting certain definitions in the Social Security Act; and,
- Physician offices located in space owned by the hospital but not functioning as hospital outpatient services departments

**Accredited Hospitals** - A hospital accredited by a CMS-approved accreditation program may substitute accreditation under that program for survey by the State Survey Agency. Surveyors assess the hospital's compliance with the Medicare Conditions of Participation (CoP) for all services, areas and locations covered by the hospital's provider agreement under its CMS Certification Number (CCN).

Although the survey generally occurs during daytime working hours (Monday through Friday), surveyors may conduct

[www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals.html](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals.html)

# “Full Text Statements”

[Life Safety Code & Health Care Facilities Code Requirements](#)

[Nursing Homes](#)

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- Physician offices located in space owned by the hospital but not functioning as hospital outpatient services departments

**Accredited Hospitals** - A hospital accredited by a CMS-approved accreditation program may substitute accreditation under that program for survey by the State Survey Agency. Surveyors assess the hospital's compliance with the Medicare Conditions of Participation (CoP) for all services, areas and locations covered by the hospital's provider agreement under its CMS Certification Number (CCN).

Although the survey generally occurs during daytime working hours (Monday through Friday), surveyors may conduct the survey at other times. This may include weekends and times outside of normal daytime (Monday through Friday) working hours. When the survey begins at times outside of normal work times, the survey team modifies the survey, if needed, in recognition of patients' activities and the staff available.

All hospital surveys are unannounced.

- Should an individual or entity (hospital) refuse to allow immediate access upon reasonable request to either a State Agency, CMS surveyor, a CMS-approved accreditation organization, or CMS contract surveyors, the hospital's Medicare provider agreement may be terminated.
- The CMS State Operations Manual (SOM) provides CMS policy regarding survey and certification activities.

See the **downloads** section below for the Patient's Rights Final Rule that includes more information on the hospital death reporting requirements related to restraint and seclusion.

## Downloads

[Patient's Rights Regulation published 12/8/2006 \(PDF, 335 KB\) \(PDF\)](#)

[EMTALA \(PDF\)](#)

[Chapter 2 - The Certification Process \(PDF\)](#)

[Full Text Statements of Deficiencies Hospital Surveys - 2020Q2 \(ZIP\)](#)

[Full Text Statements of Deficiencies Transplant Surveys - 2020Q2 \(ZIP\)](#)



# Deficiencies by Tag Number

	A	B	C	D	E	F	G	H	I	J	
240	DOCTORS' HOSPITAL OF MICHIGAN	230461	MI	48341	Short Term	A	0364	AUTOPSIES		7/18/2012	Based on record review and interview, the facility failed to ensure that 1
241	MARTHA JEFFERSON HOSPITAL	490500	VA	22911	Short Term	A	0364	AUTOPSIES		9/8/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
242	SAINT LOUISE REGIONAL HOSPITAL	050940	CA	95020	Short Term	A	0364	AUTOPSIES		1/18/2012	Based on interview and record review, the hospital failed to have a syste
243	EDGERTON HOSPITAL AND HEALTH SERVICES	521111	WI	53534	Critical Access	C	0201	AVAILABILITY		10/2/2012	Based on review of MR, review of staffing guidelines, review of P&P, and
244	HOLZER MEDICAL CENTER JACKSON	361500	OH	45640	Critical Access	C	0205	BLOOD AND BLOOD PRODUCTS		1/20/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
245	BRANDON REGIONAL HOSPITAL	100119	FL	33511	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		4/8/2011	Based on clinical record review, staff interview and review of policy and
246	CHRISTUS ST PATRICK HOSPITAL	190524	LA	70601	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		3/9/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
247	COLUMBUS REGIONAL HEALTHCARE SYSTEM	340500	NC	28472	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		4/13/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
248	DANA-FARBER CANCER INSTITUTE	220450	MA	02115	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		9/7/2011	Based on review of documentation and confirmed by staff interviews, tw
249	GOOD SAMARITAN MEDICAL CENTER	100130	FL	33401	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		2/12/2013	Based on clinical record review and staff interview the facility failed to e
250	LONG BEACH MEDICAL CENTER	330455	NY	11561	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		12/22/2011	Based on record review, the facility failed to ensure that the patient 's t
251	MANATEE MEMORIAL HOSPITAL	100206	FL	34208	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		4/16/2012	Based on record review, policy review and staff interview it was determi
252	MISSOURI BAPTIST MEDICAL CENTER	260301	MO	63131	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		4/11/2012	Based on observation, interview, and record review, the facility failed to
253	NORTHWEST MEDICAL CENTER	100280	FL	33063	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		8/2/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
254	RESTON HOSPITAL CENTER	490185	VA	20190	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		11/2/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
255	SAINT AGNES HOSPITAL	210900	MD	21229	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		2/22/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
256	SAINT CATHERINE REGIONAL HOSPITAL	150220	IN	47111	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		12/13/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
257	SOUTHEASTERN REGIONAL MEDICAL CENTER	340300	NC	28359	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		12/14/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
258	STANFORD HOSPITAL	050300	CA	94305	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		3/15/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
259	WAKEMED, CARY HOSPITAL	340190	NC	27518	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		3/14/2013	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
260	WILKES-BARRE GENERAL HOSPITAL	390575	PA	18764	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		1/14/2013	Based on review of facility policy, facility documents, medical records (M
261	WILSON MEDICAL CENTER	340170	NC	27893	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		2/10/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
262	RIVERSIDE GENERAL HOSPITAL	450320	TX	77004	Short Term	A	0063	CARE OF PATIENTS		11/9/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
263	CIVISTA MEDICAL CENTER	210504	MD	20646	Short Term	A	0067	CARE OF PATIENTS - MD/DO ON CALL		8/4/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
264	MILFORD HOSPITAL, INC	070300	CT	06460	Short Term	A	0067	CARE OF PATIENTS - MD/DO ON CALL		9/22/2011	Based on review of hospital documentation and interviews with facility
265	PLAZA MEDICAL CENTER OF FORT WORTH	450900	TX	76104	Short Term	A	0067	CARE OF PATIENTS - MD/DO ON CALL		7/1/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
266	CLARA MAASS MEDICAL CENTER	310000	NJ	07109	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE		6/2/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
267	GEISINGER - COMMUNITY MEDICAL CENTER	390182	PA	18510	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE		6/14/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
268	SENTARA NORTHERN VIRGINIA MEDICAL CEN	490230	VA	22191	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE		12/6/2012	Based on a complaint investigation, document review and interview, the



# HospitalInspections.org

BRINGING TRANSPARENCY TO FEDERAL INSPECTIONS

## Search hospital inspections

Welcome to hospitalinspections.org, a website run by the Association of Health Care Journalists (AHCJ) that aims to make federal hospital inspection reports easier to access, search and analyze. This site includes details about deficiencies cited during complaint inspections at acute-care, critical access or psychiatric hospitals throughout the United States since Jan. 1, 2011. It does not include results of routine inspections or those of long-term care hospitals. It also does not include hospital responses to deficiencies cited during inspections. Those can be obtained by filing a request with a hospital or the U.S. Centers for Medicare and Medicaid Services (CMS).

This effort follows years of advocacy by AHCJ to encourage federal officials to publish this information electronically. Until now, this information has only been available through Freedom of Information Act requests – and only in paper form. Funding for this project was provided by the Ethics & Excellence in Journalism Foundation.

Because CMS has just begun gathering this data and releasing it in electronic format, it remains incomplete. Some reports are missing narrative details, and those are noted on each hospital's page. Beyond that, CMS acknowledges that other reports that should appear may not. CMS has pledged to work with AHCJ to make future iterations of this data more complete. At this time, this data should not be used to rank hospitals within a state or between states. It can be used to review issues identified at hospitals during recent inspections.

Clicking on a state on the map will retrieve a list of all hospitals with their violations grouped together; choosing a state from the drop down menu will list all inspection reports separately, so a hospital may appear more than once.

**Last updated:** May 2018

[www.hospitalinspections.org/](http://www.hospitalinspections.org/)

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Examples: [abuse](#); ["medication error"](#); [Washington D.C.](#)

# Search for Hospital Survey Reports

## LUTHERAN MEDICAL CENTER

8300 W 38TH AVE WHEAT RIDGE, CO 80033 | Voluntary non-profit - Private

[View hospital's federal Hospital Compare record](#)

### Read complete reports

Report date	Number of violations	
Nov. 7, 2019	2 ( <a href="#">click for details</a> )	<a href="#">Read full report</a>
July 29, 2019	2 ( <a href="#">click for details</a> )	<a href="#">Read full report</a>
May 8, 2019	4 ( <a href="#">click for details</a> )	<a href="#">Read full report</a>
Oct. 19, 2016	1 ( <a href="#">click for details</a> )	<a href="#">Read full report</a>
June 29, 2016	2 ( <a href="#">click for details</a> )	<a href="#">Read full report</a>
March 24, 2016	2 ( <a href="#">click for details</a> )	<a href="#">Read full report</a>
Nov. 4, 2015	1 ( <a href="#">click for details</a> )	<a href="#">Read full report</a>
Aug. 7, 2015	2 ( <a href="#">click for details</a> )	<a href="#">Read full report</a>
Nov. 15, 2012	3 ( <a href="#">click for details</a> )	<a href="#">Read full report</a>

# Read the Report

<b>LUTHERAN MEDICAL CENTER</b>	<b>8300 W 38TH AVE WHEAT RIDGE, CO 80033</b>	<b>Nov. 7, 2019</b>
<b>VIOLATION: <i>PATIENT RIGHTS</i></b>		<b>Tag No: A0115</b>
<p>Based on the manner and degree of the standard level deficiency referenced to the Condition, it was determined the Condition of Participation 482.13, PATIENT RIGHTS, was out of compliance.</p> <p>A-0144 The patient has the right to receive care in a safe setting. Based on interviews and document review, the facility failed to ensure all staff who were assigned to work on the orthopedic surgical floor were trained in order to care for patients with specific post-operative precautions for safety with transfers and bed mobility. This failure was identified in 1 of 3 medical records of patients who underwent total hip replacement surgeries (Patient # 2).</p>		
<b>VIOLATION: <i>PATIENT RIGHTS: CARE IN SAFE SETTING</i></b>		<b>Tag No: A0144</b>
<p>Based on interviews and document review, the facility failed to ensure all staff who were assigned to work on the orthopedic surgical floor were trained in order to care for patients with specific post-operative precautions for safety with transfers and bed mobility. This failure was identified in 1 of 3 medical records of patients who underwent total hip replacement surgeries (Patient # 2).</p> <p>Findings include:</p> <p>Facility policy:</p> <p>The Nursing Service Staffing policy purpose was to give direction to nursing units regarding the use of staffing resources. The policy read it was the Staffing Coordinator, Shift Specialty Coordinator, and House Supervisors responsibility to serve as a liaison in floating staff to other units. Additionally, all associates were required to float to other units based on documented clinical competence, skill and patient care needs. The policy read staffing assignments were to be adjusted based on the judgement of the registered nurse (RN) in charge to provide special patient care needs depending on the patient's condition and to ensure the patient care needs were met.</p> <p>1. The facility failed to ensure nursing staff had been educated on posterior hip precautions when caring for Patient #2. Subsequently, during Patient #2's transfer from the bed the patient suffered further injury after being moved by untrained staff.</p> <p>a. A medical record review was conducted for Patient #2 who was admitted to the orthopedic surgical floor following a total hip arthroplasty (hip joint replacement) (THA) on</p>		

# Radiology and Nuclear Medicine





- Radiology services must be provided by qualified staff
  - Can be provided as a direct service or through a contract
  - Including interpretation of studies/films
- Do not expose patients or staff to radiation hazards
- Must have services to always meet the needs of the patients

# Radiology Services

- Can offer minimal set or more complex
  - According to needs of the patients
  - Diagnostic, therapeutic and nuclear medicine
- Hospital has flexibility to decide the types and complexities of services offered
- Services must be in accordance with acceptable standards of practice
- Must meet professionally approved standards for safety
- Must comply with Federal and state laws – licensure

# Radiology Services

- Scope and complexity should be in writing and approved by board/responsible party
  - If telemedicine is used must comply with telemedicine standards
- According to standards recommended by nationally recognized professions:
  - AMA – Radiology Society of North America – Alliance for Radiation Safety in Pediatric Imaging – ACC – American College of Neurology – ACP and ACR
  - Example: ACR MRI safety standards and contrast manual at [www.acr.org](http://www.acr.org)



[www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Resources/Contrast-Manual/2016\\_Contrast\\_Media.pdf?la=en](http://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Resources/Contrast-Manual/2016_Contrast_Media.pdf?la=en)



**ACR Manual  
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Resources/Contrast\\_Media.pdf](http://www.acr.org/~media/ACR/Files/Clinical-Resources/Contrast_Media.pdf)**

**2020**

**ACR Committee on Drugs  
and Contrast Media**

# ACR MR Safe Practice

JOURNAL OF MAGNETIC RESONANCE IMAGING 37:501-530 (2013)

## Special Communication

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<http://onlinelibrary.wiley.com/doi/10.1002/jmri.24011/pdf>

## ACR Guidance Document on MR Safe Practices: 2013

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Because there are many potential risks in the MR environment and reports of adverse incidents involving patients, equipment and personnel, the need for a guidance document on MR safe practices emerged. Initially published in 2002, the ACR MR Safe Practices Guidelines established de facto industry standards for safe and responsible practices in clinical and research MR environments. As the MR industry changes the document is reviewed, modified and updated. The most recent version

THERE ARE POTENTIAL risks in the MR environment, not only for the patient (1,2) but also for the accompanying family members, attending health care professionals, and others who find themselves only occasionally or rarely in the magnetic fields of MR scanners, such as security or housekeeping personnel, firefighters, police, etc. (3-6). There have been reports in the medical literature and print-media detailing Magnetic Resonance Imaging (MRI) adverse

# 2020 Update to MR Safe Practice

- ACR created a multi-disciplinary blue-ribbon committee to address MRI issues
- Developed the ACR Manual on MR Safety
- Includes chapters addressing:
  - Personnel and screening
  - Special patient population considerations
  - Implants, devices and objects

# ACR Manual on MR Safety 2020

- <https://www.acr.org/-/media/ACR/Files/Radiology-Safety/MR-Safety/Manual-on-MR-Safety.pdf>.

ACR Manual on MR  
Safety

# Qualified Radiologic Personnel

- P&P designating which personnel
  - Qualified to use radiology equipment
  - Administer procedures
  - Telemedicine – must satisfy privileging requirements
  - Personnel must meet State requirements
  - Must be meet training, education certification requirements as needed

# Radiation Safety

- P&P on adequate radiation shielding for patients, personnel and facilities which includes:
  - Shielding built into the physical plant
  - Types of personal protective shielding to use and under what circumstances
  - Types of containers to be used for radioactive materials
  - Clear signage identifying hazardous radiation area

# Radiology Policies – continued

- Labeling of all radioactive materials, including waste with clear identification of the material
- Transportation of radioactive materials between locations within the CAH
- Security of radioactive materials
  - Includes a determination of who may have access to radioactive materials
  - And – controlling access to radioactive materials
- Periodic testing of equipment for radiation hazards



# Radiology Policies – continued

- Periodic checking of staff regularly exposed to radiation for the level of radiation exposure
  - Exposure meters or badge tests
- Storage of radio nuclides and radio pharmaceuticals as well as radioactive waste
- Disposal of radio nuclides, unused radio pharmaceuticals, and radioactive waste
- To ensure periodic inspections of equipment
  - Make sure problems are corrected in timely manner and have evidence of inspections and corrective actions

# Radiology Records

- Radiology records treated in same manner as any other part of a medical record
- Must maintain:
  - Reports of physical examinations
  - Reports of diagnostic and laboratory results
  - Reports of consultative findings
- Author's note:
  - Check state law on retention time period – may be longer than 6 years (CAH)

# Survey Procedures

- Will interview person responsible for radiology
  - What services provided at main campus
  - Services provided off site
  - How services provided meet standards of practice
- Safety
  - Will determine if staff are familiar with P&P re: safety
  - Are shielding aprons properly maintained and routinely inspected
  - Will review equipment maintenance reports
  - Will verify labeling of hazardous materials

# Survey Procedures – continued

- Qualified personnel
  - Studies interpreted only by qualified personnel approved by governing body/person
  - Will look at which equipment staff are using and review personnel files for qualifications
  - Will interview staff – explain protocols for procedures
  - Will compare written protocols to see if staff adhering to protocols

# Tag 1030 Blue Box Advisory

## **Information Only – Not Required/Not to be Cited**

Well-designed radiologic services include a medical physicist, who, in conjunction with the person responsible for radiologic services, performs or supervises the pertinent procedures necessary to assure the safe and effective delivery of radiation to achieve a diagnostic or therapeutic result. The responsibilities of the medical physicist include: protection of the patient and others from potentially harmful or excessive radiation; establishment of adequate protocols to ensure accurate patient dosimetry; the measurement and characterization of radiation; the determination of delivered dose; advancement of procedures necessary to ensure image quality; development and direction of quality assurance programs; and assistance to other health care professionals in optimizing the balance between the beneficial and deleterious effects of radiation ([www.aapm.org](http://www.aapm.org)). CAHs are encouraged to involve a medical physicist in the calibration of the imaging equipment and monitoring of radiation dosage exposures.

# Rehab



- Standard: Rehab services are provided by qualified staff
  - Includes PT, OT, and speech-language pathology
  - Provided by staff per State law and therapy requirements
- Rehab is an optional service
  - Can be provided directly or through contracted services





# Rehab Therapy

- Must have:
  - An order
  - Policies and procedures
  - Be consistent with the SOC (American PT Association, American OT Association etc.)
- Must follow the rehab plan of care requirements and be consistent with the state law

# Plan of Care Requirements

- Establishment of a plan of care before treatment started
  - Can be done by MD/DO, PA, NP, CNS
  - Can be done by PT, speech-language pathologist, or OT who is furnishing the service
- Content of the plan
  - Prescribe the type, amount, frequency, and duration
  - Must indicate the diagnosis and anticipated goal
- Any change in plan must be in accordance with provider's P&P

# Visitation



- Must have P&P and process on visitation
  - Including any reasonable restrictions or limitations
- Mentioned JAMA article encouraging open visitation in the ICU
- Includes inpatients and outpatients
  - Guidelines discuss role of support person for both
  - Patient may want support person present during pre-op preparation or post-op recovery

# Reasonable Restrictions

- Infection control issues
- Interfere with the care of other patients
- Court order restricting contact
- Disruptive or threatening behavior
- Roommate needs rest or privacy
- Substance abuse treatment plan
- Patient undergoing care interventions
- Restriction for children under certain age

# Training and Survey Procedures

- Need to train staff on the P&P
- Need to determine role staff will play in controlling visitor access
- Surveyor will:
  - Verify you have a P&P
  - Review policy to determine if restrictions
  - Documentation staff is trained
  - Ensure staff aware of P&P on visitation
    - Can describe the policy for the surveyor

- Must inform each patient/support person of visitation rights
  - Including notice of any restrictions
- Patient decides who are their visitors
- Cannot discriminate against same sex domestic partners, friend, family member etc.





# Support Person

- Need not be the same person as the DPOA in Advance Directive
- Can be friend, family member or other individual who supports the patient during their stay
- Can exercise patient's visitation rights on their behalf if patient unable to do so
- Must accept designation if given orally or in writing
  - Writing best
- TJC calls person "Patient advocate"

# Incapacitated Patient

- When patient incapacitated
  - No advance directives on file
  - Must accept individual who tells you they are the support person
  - Expected to accept without demanding supporting documentation
  - Must allow person to
    - Exercise rights
    - Give them notice of patients' rights

# More Than One Support Person

- If two individuals claim to be the support person – can ask for documentation
  - Includes same sex partners, friends, or family members
  - Need policy on how to resolve this issue
- Any refusal to recognize support person must
  - Be documented in the medical record
  - Along with specific reason for the refusal

# Additional Visitation Requirements

- Patient can withdraw consent and change their mind
- Must document in the medical record that the notice was given
- Surveyor:
  - Will look at the standard notice of visitation rights
  - Will review medical records to make sure documented
  - Will ask staff what is a support person and what it means

- Must not restrict visitors based on
  - Race
  - Color
  - Sex/Gender identity/orientation
  - Religion, etc.
  - EX: If a unit is restricted to two visitors every hour the patient gets to pick their visitors not the hospital
- Hospitals urged to develop culturally competent training programs



# CMS, HIPAA and OCR Access Medical Records



# OCR Rights of Individual Patients

- OCR information on patient rights is under HIPAA
  - Have a right of access to their information
  - Right to inspect medical records
  - Can request via email or fax
    - Would need to verify the identity of the patient
- Can get in hard copy or electronic form
- Right to access within a reasonable amount of time



# Rights of Individual Patients – cont'd

- Can request a paper or electronic copy
- Must send to patient within 30 days of request
  - 30-day extension is available if archived offsite and not readily accessible
- Can charge for records but no retrieval fee
  - \$6.50 flat rate NOT a cap on fees for copies
- Discusses the reasons when a hospital may deny the request
- Cannot refuse to give copies because bill not paid

# General Right - HIPAA

- Covered entities must provide access to PHI
  - Upon request
- **May** require patient to request access in writing
  - Provided the entity informs the patient of the requirement
- Unreasonable measures – cause delay/barriers:
  - Physically come in and request with proof of identity
  - Use a web portal to request – not everyone has
  - Mail access request – delays receipt of request

# Patient Rights

- Patient has a right of access to their **current** medical records within a reasonable time
  - Hospitals will need to:
    - Update medical records policy
    - Educate nurses, doctors, and other staff
    - Will want to have a process for patients who want to review their current medical records since most are electronic health records
- Upon oral or written request
  - Most hospitals will have the patient sign the request for records in writing

# Right to Obtain Records

- Patients have the right to get their records in the form and format they request
  - If the records are electronic then on a flash drive, CD, email, etc.
  - If paper medical records – then a paper copy
  - Discusses as agreed to by the hospital and patient or patient representative
  - If records not available in the form requested by the patient (not electronic) then a hard copy must be provided

# Timeliness & Entirety

- Patients have a right to get their records timely
  - HIPAA says 30 days unless stored off site then 60 days
  - Caveat: State law can be more stringent
- Have a right to get their entire medical record
- Patients can request a specific portion of the records
- The medical record must include the discharge planning documents

# Question

- We have seen an increase in the number of patients/family's request for their medical records.
  - Yes
  - No
  - Not sure

# Patient Rights

- CMS: with the use of technology today hospitals are expected to fill the request in far fewer than 30 days
- Cannot frustrate efforts of patients to get their medical records

## Individuals' Right under HIPAA to Access their Health Information 45 CFR § 164.524

[Newly Released FAQs on Access Guidance](#)

[New Clarification – \\$6.50 Flat Rate Option is Not a Cap on Fees for Copies of PHI](#)

### Introduction

Providing individuals with easy access to their health information empowers them to be more in control of decisions regarding their health and well-being. For example, individuals with access to their health information are better able to monitor chronic conditions, adhere to treatment plans, find and fix errors in their health records, track progress in wellness or disease management programs, and directly contribute their information to research. With the increasing use of and continued advances in health information technology, individuals have ever expanding and innovative opportunities to access their health information electronically, more quickly and easily, in real time and on demand. Putting individuals "in the driver's seat" with respect to their health also is a key component of health reform and the movement to a more patient-centered health care system.

The regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which protect the privacy and security of individuals' identifiable health information and establish an array of individual rights with respect to health information, have always recognized the importance of providing individuals with the ability to access and obtain a copy of their health information. With limited exceptions, the HIPAA Privacy Rule (the Privacy Rule) provides individuals with a legal, enforceable right to see and receive copies upon request of the information in their medical and other health records maintained by their health care providers and health plans.



# OCR Rights of Patients

- Patients who do not get their records timely can file a complaint with OCR
- One in every 10 complaints is related to not getting records or not getting them timely
- OCR is now fining hospitals who fail to get patients their records timely
  - First and second fines were \$85,000 each
- <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>

# Feds Levy First-Ever Fine to Hospital for Not Sharing Patient Records

Ken Terry

September 11, 2019

[www.medscape.com/viewarticle/918173](http://www.medscape.com/viewarticle/918173)

14 Read Comments



+ ADD TO EMAIL ALERTS

Bayfront Health St. Petersburg, in Florida, has paid \$85,000 to settle a government complaint that it failed to give a mother timely access to records about her unborn child.

The hospital also adopted a corrective action plan to ensure that all patients have access to their records in the future. This is the first enforcement action and settlement under the Right of Access Initiative of the US Department of Health and Human Services' Office for Civil Rights (OCR), according to a [news release](#).

OCR, which enforces the Health Insurance Portability and Accountability Act (HIPAA), initiated its investigation on the basis of a complaint from the mother. As a result, the news release said, Bayfront provided her with the requested health information more than 9 months after her initial request.

The [resolution agreement](#) between the OCR and Bayfront states that the mother first submitted a written request to the hospital for fetal heart monitor records on October 18, 2017. Bayfront told her that the records could not be found. Early in 2018, the complainant's attorney requested the records again.

# 9<sup>th</sup> Settlement 100,000 – Failure to give films

## HHS Office for Civil Rights in Action



October 9, 2020

### OCR Settles Ninth Investigation in HIPAA Right of Access Initiative

The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) announces that it has settled its ninth enforcement action in its HIPAA Right of Access Initiative. OCR announced this initiative as an enforcement priority in 2019 to support individuals' right to timely access to their health records at a reasonable cost under the HIPAA Privacy Rule.

NY Spine Medicine (NY Spine) has agreed to take corrective actions and pay \$100,000 to settle a potential violation of the HIPAA Privacy Rule's right of access standard. NY Spine is a private medical practice specializing in neurology and pain management with offices in New York, NY, and Miami Beach, FL.

In July 2019, OCR received a complaint from an individual alleging that beginning in June 2019, she made multiple requests to NY Spine for a copy of her medical records. NY Spine provided some of the records, but did not provide the diagnostic films that the individual specifically requested. OCR initiated an investigation and determined that NY Spine's failure to provide timely access to all of the requested medical records was a potential violation of the right of access standard. As a result of OCR's investigation, the complainant received all of the requested medical records in October 2020.

# CoPs on Medical Records (Clinical Records)



- Maintain clinical records system
  - In accordance with P&Ps
- A system of patient records
  - Ways to identify the author
  - Protect security of MR
- Ensure MR are secure – not:
  - Lost – stolen – altered – reproduced in unauthorized manner
- Limit access to only those authorized persons

# Records – Requirements – cont'd

- Must have:
  - Current list of authenticated signatures (signature cards)
  - Computer codes
  - Signature stamps
- Be adequately protected and authorized by governing body
- Cross reference inpatients and outpatients
- If transfer to swing bed – can use one MR but need divider

# Content of Medical Record

- Content includes (as applicable):
  - Admission
  - Discharge orders
  - Progress notes
  - Nursing notes
  - Graphics – EKGs, fetal monitoring strips
  - Laboratory support documents
  - Other pertinent documents
  - Discharge summaries



# Retention and Survey Procedure

- Must have system to be able to pull any old MR within past **6 years** (1126)
  - 24/7
- Surveyor will
  - Verify there is a MR for every patient
  - Look to be stored in place protected from damage, flood, fire, theft, etc.
  - Verify confidentiality of medical records is protected
  - Verify department adequately staffed

- Must be legible, complete, accurate, readily accessible and systematically organized (1104)
- “Accurate and complete” = documentation of all:
  - Orders - test results – evaluations – treatments – interventions – care provided
  - Patient’s response to those treatments, interventions and care
- Must have director of MR that has been appointed by governing board (1106)
  - Must have one unified MR service
    - Includes inpatient and outpatient records

- Identification and social data
- Evidence of properly executed informed consent forms
- Pertinent medical history
- Assessment of the health status and health care needs of the patient
- Brief summary of the episode, disposition, and instructions to the patient

- Include evidence of properly executed informed consent forms for any procedures or surgical procedures
  - Specified by the medical staff
  - Any Federal or State laws that require written patient consent
- Informed consent: patient or patient representative is given the information, explanations, consequences, and options needed in order to consent to a procedure or treatment

# Consider List of Procedures

<b>Procedure Name</b>	<b>Requires Consent</b>
▪ Ablations	Yes
▪ Amniocentesis	Yes
▪ Angiogram	Yes
▪ Angiography	Yes
▪ Angioplasties	Yes
▪ Arthrogram	Yes
▪ Arterial Line insertion (performed alone)	Yes
▪ Aspiration Cyst (simple/minor)	No

# List of Procedures – cont'd

- Aspiration Cyst (complex) Yes
- Blood Administration Yes
- Blood Patch Yes
- Bone Marrow Aspiration Yes
- Bone Marrow Biopsy Yes
- Bronchoscopy Yes
- Capsule Endoscopy Yes
- Catherization, Cardiac & vascular Yes
- Cardioversion Yes

# Properly Executed Informed Consent

- Name of patient/ legal guardian
- Name of CAH
- Name of procedure(s)
- Name of practitioner(s) performing the procedures(s)
- Signature of patient or legal guardian
- Statement procedure was explained to patient/guardian
- Signature of professional person witnessing the consent
- Name/signature of person who explained the procedure to the patient/guardian
- Date & time consent obtained

# Medical Record Must Contain

- Information to:
  - Justify admission
  - Support the diagnosis
  - Describe the patient's progress
  - Describe the patient's response to medications
  - Describe the patient's response to services such as interventions, care, treatments



# Medical Records - Overall

- Must maintain confidentiality of records
- Take precautions to ensure confidentiality and prevent unauthorized persons from gaining access
- Retention period is 6 years
  - May be longer per state regulation
  
- AHIMA has practice briefs that can be helpful to hospitals at [www.ahima.org](http://www.ahima.org)
- See Appendix

# Discharge Summary

- Discharge summary discusses:
  - Outcome of the hospital stay
  - Disposition of the patient
  - Follow-up care
    - Any post appointments such as home health, hospice, assisted living, LTC, swing bed services
- Required for all hospitals stays and prior to and after swing bed admission
  - Can delegate to NP or PA if state allows
  - See discharge planning standards

# Survey Procedures - Discharge Summary

- Will verify Medical Staff have specified which procedures or treatments need informed consent
- Will verify consent forms contain all the elements
- Will review closed and open medical records
  - At least 10% of average daily census
- Will review to ensure records are complete and accurate
- Will ensure consent policies include CMS requirements, state laws and AO standards

# Suggestions: Prevent Unnecessary Readmits

- Make the appointment for the patient with the PCP before discharge
- Dictate the discharge summary as soon as patient is discharge
  - Hospital has the responsibility to get the discharge summary/medical record information into the hands of the PCP before the first visit
- Make appointment within 4 days after discharge

- All or part of H&P may be delegated to other practitioners – NP/PA
  - Per state law
  - CAH P&P
  - MD/DO assume full responsibility and sign
- Surveyor will look at bylaws to determine when H&P must be done
- Ensure H&P on chart before patient goes to surgery unless an emergency
  - Important issue with CMS and TJC and AO

# Questions Answered by CMS

- Question: Does a patient need an H&P done when placed in a swing bed when one was done when they were in an acute care bed?
  - The patient does not require an additional H&P when he/she “swings” from receiving acute care services in the CAH to now receiving SNF level services in the CAH.
  - If from another facility, you must have a H&P done if admitted directly to a swing bed
- Question: Is an H&P required for an observation patient?
  - Yes

- The following must describe the patient's response to treatment:
  - All orders
  - Reports of treatment and medications
  - Nursing notes
  - Complications
  - Other information used to monitor the patients such as progress notes, lab tests, graphics
- All medical records must be promptly filed and completed

# Medical Records Must Contain

- All orders – promptly authenticated
- All nursing notes
- All reports of treatment – including complications, HAI
- All medication records – including unfavorable reactions
- All laboratory, radiology reports
- All vital signs
- All other information to monitor patient's condition



- All entries must be DATED, TIMED, and authenticated – signed off
  - MS policies specify who may make entries into MR
  - Policies must identify method to identify author
    - Written signature – Initials – Computer key – Other code
- If rubber stamps used – person must sign they will be the only one who uses it
  - NO delegation to someone else
  - Best to NOT use rubber stamps

# Computer Codes and Signatures

- List of computer codes, written signatures must be readily available and secured
- Must have sanctions for improper use of stamp, computer key or code signature
- Must have policies/procedures in place and implemented before EHR deemed acceptable



# Authentication of Entries

- All entries must be authenticated
  - Method to establish identify of author each entry
  - Author must take specific action to verify entry
  - Timing of entry noted and correct
  - Auto-authentication – authenticates before transcription – **not** consistent with requirements

- Must maintain confidentiality of information
- Must safeguard against
  - Loss
  - Destruction
  - Unauthorized use or dissemination
- Access limited to authorized people
- Release only with written authorization of patient or authorized representative
- Paper, video, computer-stored information

- Need written P&P that govern
  - Use and removal of records
  - Conditions for release of information
- Remember:
  - HIPAA law on confidentiality and privacy
  - ARRA, HITECH
  - Breach notification law
- Written consent of patient required to release(1124)

- Retain for at least **6** years from date of last entry
  - May be longer by State or federal law (OSHA, FDA, EPA)
  - Or if the records needed in any pending proceeding
- Can be in
  - Hard copy
  - Microfilm
  - Computer memory banks
- AHIMA has practice brief on retention periods\*
  - Ties in with the destruction policies

# Federal and State Retention Periods

- <https://library.ahima.org/PB/RetentionDestruction#.YTuD5J1Kjro>.

## Appendix A: Federal Record Retention Requirements

Type of Documentation	Retention Period	Citation/Reference
Abortions and related medical services documentation	Maintain for three years.	42 CFR 50.309
Ambulatory surgical services	Retention periods are not specified	42 CFR 416.47
Clinics, rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services	As determined by the respective state statute, or the statute of limitations in the state. In the absence of a state statute, five years after the date of discharge; or in the case of a minor, three years after the patient becomes of age under the state law or five years after the date of discharge, whichever is longer.	42 CFR 485.721 (d)
Clinics, rural health	Six years from date of last entry and longer if required by state statute.	42 CFR 491.10 (c)
Competitive medical plans (See HMOs, competitive medical plans, healthcare prepayment plans)		
Comprehensive outpatient rehabilitation facilities (CORFs)	Five years after patient discharge.	42 CFR 485.60 (c)

- If use an EHR conformant with exchange standards
  - must demonstrate
- Has made a reasonable effort to ensure
  - System sends notice to
    - All applicable post-acute care services providers/suppliers
    - Plus – any practitioners/entities which need to receive notice of the patient's status for treatment, care coordination or quality improvement activities
      - Patient's established PCP
      - Patient's established primary care practice group/entity
      - Other practitioner or other group/entity, identified by the patient as the practitioner, or group/entity, primarily responsible for his/her care



# Quality Assurance Performance Improvement



# Question

- Our QAPI program: (check all that apply)
  - Is robust and includes all departments
  - Covers only departments/services where there have been issues or problems
  - Requires participation by all departments – though some participate more than others
  - Needs help
  - Prefer not to answer

# Updates and Changes

- CMS rewrote all the QAPI requirements for CAHs
  - Effective November 29, 2019
- CAHs given additional time to comply – **March 30, 2021**
- Replaced existing “reactive” annual evaluation and quality assurance requirements with “proactive” approach

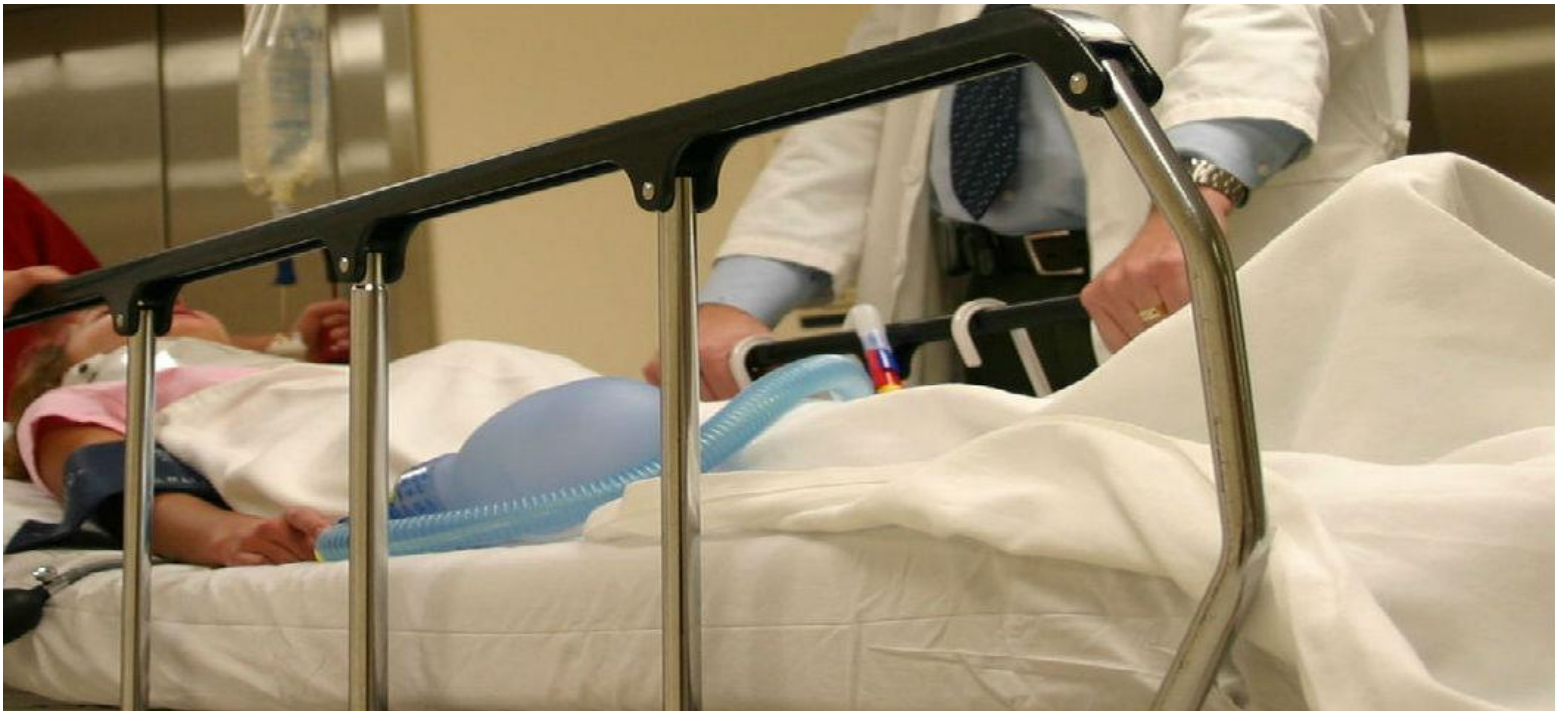
# Changes QAPI Program

- New tag numbers/requirements
  - In Burden Reduction memo\* - not the manual
  - Starts on page 504
- CAHs encouraged to use the technical assistance and services available through the State Flex Programs\*
  - Includes the Medicare Beneficiary QA Project supported by HRSA's Office of Rural Health Policy

- CAH must
  - Develop
  - Implement
  - Maintain
  - An effective
  - Ongoing
  - CAH-wide
  - Data-driven QAPI program

# Definitions – Adverse Event

- Adverse event:
  - Untoward, undesirable and usually unanticipated event
  - Causes death or serious injury or risk of such



# Definitions – Error

- Error:
  - Failure of a planned action
  - To be completed as intended
  - Or use of a wrong plan
  - To achieve an aim
  - Can include problems in practice, products, procedures and systems
  - Medical error – one that occurs in delivery of healthcare services

# QAPI Standards

- 1302 – Design and scope must be appropriated for complexity of hospitals organization and services provided
- 1306 – Must be ongoing and involve all departments and services
  - Including those via contract or arrangements
- 1309 – Use objective measures to evaluate processes, functions and services



# Standards – continued

- 1311 – Program must address
  - Indicators related to improved health outcomes
  - Prevention and reduction of medical errors
  - Adverse events
  - HACs
  - Transitions of care
    - Including readmissions
- 1313 – Board/responsible person is responsible for the QAPI program
  - To ensure QAPI program meets these requirements

# Program Activities

- 1315 – Activities must focus on measures related to improved health outcomes
- 1319 – Use the measures to analyze and track performance
- 1321 – Set priorities for performance improvement
  - Considering either high-volume, high-risk services or problem prone areas
- Example: look at ED readmissions, OB services, falls on med/surg units

- Program must incorporate quality indicator data including
  - Patient care data
  - Other relevant data
  - To achieve the goals of the program



# Previous Standards, IG and SP

- Included as reference only
- 330 – CAH must periodically evaluate the QAPI program
  - Surveyor may identify a patient care practice
  - May ask staff to tell them about the practice and is it a requirement or a standard of practice
  - P&P must reflect laws and requirements

# Previous Standards, IG and SP – continued

- 331 – Periodic evaluation of total program
  - Will look at who is to do this – i.e., the QAPI Director
  - At least annually
- 332 – Include services provided and number of patients served
- 333 – Look at volume of service and patients served
  - Include at least 10% of charts- active and closed charts
  - Will ask who responsible for review
  - Will ask about criteria used in review

# Previous Standards, IG and SP – continued

- 334 – Healthcare policies are evaluated, reviewed and/or revised
- 335 – Purpose of the evaluation – determine if utilization of services was appropriate
  - How were results used?
  - Were P&Ps revised, added, deleted?

# Previous Standards, IG and SP – continued

- 336 – CAH has an effective QA program that evaluates the quality and appropriateness of diagnosis and treatment furnished:
  - Ongoing monitoring and data collection
  - Problem prevention, identification and analysis
  - Identification of corrective actions
  - Implementation of corrective actions
  - Evaluation of corrective actions
  - Measures to improve quality on a continuous basis
- Surveyors will review plan, reports, actions

# Previous Standards, IG and SP – continued

- 337 – All patient care service/other services affecting patient health and safety evaluated
  - Who responsible to evaluate
  - How evaluated
  - Information provided to Board and medical staff
- 338 – Nosocomial infections and medication therapy evaluated
  - Will review committee minutes for current issues/projects



# Previous Standards, IG and SP – continued

- 339 – Quality and appropriateness of care provided by NPs, CNS and PAs evaluated by physicians or medical staff
  - Moved to “staff and staff responsibilities”



# Previous Standards, IG and SP – continued

- 340 – quality and appropriateness of diagnosis and treatment by physicians evaluated by
  - 1. Network hospital member
  - 2. QIO
  - 3. Other appropriate and qualified entity in State rural health care plan
  - 4. Telemedicine via hospital – the distant-site hospital
  - 5. Telemedicine entity – one of 1 – 3 above
  - 4 and 5 require written agreement
  - Surveyor will look for evidence of agreements and reviews

# Previous Standards, IG and SP – continued

- 341 – CAH staff considers findings of evaluations, recommendations and takes any necessary corrective action
- 342 – CAH takes appropriate remedial action to address deficiencies found via QA program
  - Surveyor will look to see who is responsible for implementing actions
- 343 – CAH documents outcomes of all remedial actions

# Organ, Tissue, and Eye Procurement



- Hospital must have written P&P to address its organ procurement (1500)
- Must have agreement with OPO (1503)
  - If have an OR and a ventilator
- Must timely notify OPO if death is imminent or if the patient has died
- OPO to determine medical suitability for organ donation

# What Written Agreement Must Address

- Criteria for referral – imminent death or have died
- Definition of
  - “Imminent death”
  - “Timely notification”
- OPO’s responsibility – determine suitability of organ
- How tissue/eye bank notified re: potential donors

# Agreement Must Address – continued

- Timely notification of each death
- Designated requestor training develop with tissue and eye bank
- OPO, tissue and eye bank access to CAH's death record per schedule – i.e., monthly
- Interventions CAH uses to maintain potential organ donor patient to ensure viability of organs

# Procurement Policy

- Board must approve organ procurement policy
- Must integrate into hospital's QAPI program
- Surveyor will review written agreement with the OPO to make sure it has all the required information
- Check off the long list to ensure all elements are present
  - Such as definition of imminent death, what is timely notification, allows them access to your death records etc.,



# Imminent Death - Definition

- Patient with severe, acute brain injury who:
  - Requires mechanical ventilation (due to brain injury)
  - Is in ICU or ED
  - Has clinical findings consistent with a Glasgow Coma Score less than or equal to a mutually-agreed-upon threshold
- MD/DOs evaluating a diagnosis of brain death (within 1-hour)
  - MD/DO has ordered life sustaining therapies be withdrawn pursuant to the family's decision
    - Notify before withdrawing life sustaining therapies
- Make sure your staff is aware of the P&P

- Need an agreement with at least one tissue and eye bank
- OPO is gatekeeper and
  - Notifies the tissue or eye bank chosen by the hospital
- OPO determines medical suitability
- Do not need separate agreement with tissue bank if agreement with OPO to provide tissue and eye procurement

- Once OPO has selected a potential donor
  - Person's family must be informed of the donor's family's option
  - Family can opt to donate or not
- OPO and hospital decide how and by whom the family approached
- Person to initiate request must be a designated requestor or organized representative of tissue or eye bank
  - Designated requestor must have completed course approved by OPO



- Encourage discretion and sensitivity to the circumstances, views and beliefs of the families
- Surveyor will
  - Interview requestor re: approaches used to request
  - Review training program – verify it addresses use of discretion
  - Review complaint file for relevant complaints

- Training program at a minimum should include:
  - Consent process
  - Importance of discretion
  - Role of designated requestor
  - Transplantation and donation
  - QI, and role of OPO
- Train all new employees
  - When change in P&P
  - When problems identified in QAPI process

# Policies and Procedures

- Hospital must have policies and procedures developed with OPO
- Must cooperate with OPO to review death records to improve identification of potential donors
- Maintain potential donors while necessary testing and placement of donated organs take place
- Must have P&P to maintain viability of organs
- Surveyor will verify P&P that hospital works with OPO

# Swing Beds Generally and 4 Changes



# Swing Beds LTC Services

- Must meet certain conditions to provide post-hospital SNF care
- Allows CAH to use beds interchangeable – acute care or SNF level
  - Swings from acute care and reimbursement to SNF services and reimbursement
- Will survey swing beds
  - During full survey
  - If conducting a swing bed complaint
  - Or requesting swing bed approval



# Changes to Swing Bed Requirements

- Part of Improvement Rule effective November 2019
- Four changes to the swing bed regulations
  - Affect CAH and small and rural hospitals with Swing beds
- Appendix A and W only the regulations
- Appendix PP, the LTC manual, have interpretive guidelines & survey procedures

# Change #1 – Dental Services

- Previously – facility required to assist residents in obtaining routine and 24-hour emergency dental care
  - Now – hospitals address emergent dental needs under existing CoPs
    - Have P&P already
  - Section deleted – duplicative

# Changes - #2 Activity Program

- Previously – facility had to provide an ongoing program to support the resident in their choice of activities
  - Was based on comprehensive assessment and care plan
  - Directed by qualified professional specified in regulation
- Deleted – swing bed patients not long-term residents and only receive services for a short time
- However – if have a patient for an extended period of time then expected to do this

# Changes - #3 Social Worker

- Previously – if you had 120 beds or more had to have a full-time social worker
  - Confusing – CAH cannot have more than 25 beds and rural hospitals not more than 100 beds
  - So – section was removed

# Changes - #4 Resident Performing Services

- The CoPs had a section – patient had the right to choose or refuse to perform services
  - Cannot require it
  - Document need or desire to work
  - Is voluntary or paid
  - If paid – must have prevailing rate and in plan of care
  - Ex. – LTC had a resident who was a chef made special pastries on Sunday or a resident helped fold towels for physical therapy
  - Deleted but can still do
    - If do – need a P&P

# Swing Beds



# Question

- Our facility utilizes Swing Beds and: (check all that apply)
  - Swing Bed census has increased over the last 6 months
  - Census usually surpasses inpatient census
  - Census has remained unchanged over the last 6 months
  - The unit has admitted patients from other facility who need swing bed services

# Swing Beds

- Requirements:
  - Discharge orders from acute care
  - Progress notes
  - Discharge summary
  - Subsequent admission orders
- Discharge from acute care and admit to skilled bed
- If patient does not change facilities can use same MR with chart separator



# Swing Beds Requirements

- Medicare requires 3-day qualifying *inpatient* stay in CAH or qualified hospital prior to admission to swing bed
  - Only applies to Medicare patients
- Surveyor
  - Will review at least 2 swing bed
  - Closed records if no swing bed patients are present

# Swing Beds

- No LOS restriction for swing beds
  - Intended to be transitional time while recovering to go home or waiting nursing home placement
- No transfer agreement needed between CAH and nursing home
- CAH does not have to use the MDS form for recording patient assessment
- Can use same record for swing bed patient
  - Must have order for swing bed and discharge orders

# Eligibility

- Must be certified as CAH with no more than 25 beds (1602)
  - Must screen to make eligible for swing bed
  - CMS RO makes the determination if eligible requirements are met
- Must comply with SNF rights requirements (1608)
  - Residents' rights – nutrition – admission & discharge rights – social services – comprehensive assessment, etc.
- Section on facilities participating as rural primary care hospital (1604 and see requirements)

- If adjudicated incompetent representative acts on their behalf
- Right to be informed of his treatment
- Right to be informed in a language can understand
  - Low health literacy and LEP
- Right to be informed in advance of changes to the plan of care
- Right to choose or refuse to perform services and cannot require it

# Rights – continued

- Right to choose a physician who meets requirements
  - Licensed
  - Comes to the facility
  - Must ensure resident has information of the name and specialty of his or her physician and how to contact
- Right to retain and use personal possessions include furnishings and clothing as space permit
- Right to share room with spouse and both consent

# Rights – continued

- Right to access by immediate family and friends
  - Resident can change mind
- Right to receive and send mail
  - Including means other than the post office
  - Must give access to stationery/postage at resident expense
- Right to personal privacy and confidentiality
- Right to receive written and telephone communications
- Right to security of records & refuse release

# Facility Duties

- Must notify of any charges not covered by M/M at time of admission and periodically
- Notify if resident becomes eligible for Medicaid
- Give residents a written copy of their rights
- CMS directs referral to Appendix PP for interpretive guidelines
  - And for survey procedure on patient rights
  - PP has interpretive guidelines for long term care facilities

# Appendix PP LTC 749 Pages

## State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities

Table of Contents

*(Rev. 173, 11-22-17)*

### Transmittals for Appendix PP

#### *INDEX*

*§483.5 Definitions*

*§483.10 Resident Rights*

*§483.12 Freedom from Abuse, Neglect, and Exploitation*

*§483.15 Admission Transfer and Discharge Rights*

*§483.20 Resident Assessment*

*§483.21 Comprehensive Person-Centered Care Plans*

*§483.24 Quality of Life*

*§483.25 Quality of Care*

*§483.30 Physician Services*

*§483.35 Nursing Services*

*§483.40 Behavioral health services*

*§483.45 Pharmacy Services*

[www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)



# Admission, Transfers, Discharge

- Transfer means outside of the facility (1610)
- Purpose in restricting transfer by facility – prevents dumping of high care or difficult residents



# Basis for Transfers

- May not transfer or discharge a resident unless
  - Necessary to meet their welfare – care cannot be met in the facility
  - Appropriate because no longer needs the services provided
  - Can transfer if resident or others in the facility would be endangered due to clinical or behavioral status
  - Health of persons in the facility otherwise endangered
  - Resident failed after reasonable and appropriate notice to pay
  - Facility closes

# Transfers Prohibited

- Cannot transfer while an appeal is pending
  - Unless endangers resident's health or safety
  - If so must document
- Has specific documentation requirements
  - As attempts to meet the resident's needs
  - Basis for the transfer

# Information to be Provided

- Information must be provided to the receiving practitioner including:
  - Contact information for resident's representative
  - Advance directives
  - Care plan goals
  - Discharge summary
  - Contact information of the practitioner responsible for the resident's care

# Notice

- Must be made *ASAP* before transfer or discharge
- Content of the notice includes:
  - Reason for transfer
  - Date
  - Location
  - Statement of the appeal rights and phone number
  - Name and telephone number of the Office of the State LTC Ombudsman

# Admission, Transfers, Discharge

- If intellectual and developmental disabilities or mental health disorder
  - Must provide information on agency responsible such as address, email, and phone number
- Must provide notice in advance of a facility closing

# Admission, Transfers, Discharge

- Must provide and document sufficient preparation and orientation for the transfer or discharge
- Room changes in a distinct part must be limited to moving within a particular building
  - Unless the resident agrees to the move



- Resident has a right to be free from:
  - Abuse, neglect, and exploitation
  - From misappropriation of property
  - From restraint and seclusion including chemical restraint
  - From verbal, mental, or physical abuse
- Cannot use restraints for convenience or discipline



# Employees

- Cannot employ individuals found guilty of abuse, neglect, exploitation, mistreatment or stealing the resident's property
- Background checks
  - Includes a finding in the State nurse aide registry
  - Includes finding in a court of law that person is unfit to be a nurse aide or other staff member
- Must have P&P to prohibit and prevent abuse, neglect, and exploitation including investigations

# Timely Reporting

- No later than 24 hours after allegation or within 2 hours if causes serious bodily injury
  - To the administrator of the facility and State Survey Agency and adult protective services if state law provides them with jurisdiction
- Must investigate thoroughly (1612)
  - Prevent further abuse/neglect during investigation
  - Report results of investigation within 5 working days
- Interpretive guidelines and survey procedure in Appendix PP

- Standard: Provide medically- related social services to maintain highest practicable physical, mental and psychosocial well-being of each resident
- Recap of deleted sections:
  - Patient Activities directed by qualified professional (385)
  - Education requirements for Activities Director

- Must perform comprehensive assessment, care plans and discharge planning
  - Not required to use resident assessment instrument (RAI)



# Elements of Assessments

- Identification and demographic information
- Customary routine
- Cognitive patterns
- Communication
- Vision
- Mood and behavior patterns
- Discharge planning
- Psychosocial well-being

# Assessments – continued

- Physical functioning and structural problems
- Continence
- Disease diagnoses and health conditions
- Dental and nutritional status
- Skin condition
- Activity pursuit
- Medications
- Document participation in the assessment
- Special treatments and procedures

# Assessments – continued

- Discharge planning
- Documentation of summary information regarding the additional assessment performed by completion on the MDS or Minimum Data Sheet
  - CAH do not have to use the MDS
- Documentation of participation in assessment
- Must do direct observation
  - Communicate with resident and licensed members on all shifts
- Rationale – do to develop care plan

# Assessments

- Assessment within **14 days after admission** does **not** apply to CAH
  - Must do it “timely”
- Assessment if significant change
  - Excludes readmissions if no significant change in condition
    - Very detailed information on what constitutes a significant change
- Must do a comprehensive care plan
  - Must include measurable objectives to meet patient’s needs



# Assessments

- Care plan must include if patient refuses treatment
- Include any specialized services as result of the PASARR recommendations (Preadmission Screening and Resident Review Process)
  - If disagree with the recommendations – must indicate a rationale in the resident’s medical record
- PASARR is a federally mandated screening and evaluation tool that is used to assess people with mental illness or developmental disabilities who are being considered for nursing facility placements to determine if nursing facility placement is appropriate or if these individuals can be better served in a more integrative setting

# Care Plan

- Must include:
  - Goals for admission and desired outcomes
  - Preferences and potential for discharge
    - Must document whether wants to return to the community
    - Must document any referrals to local contact agencies
    - Must include discharge plans
- Plan must be developed within 7 days after comprehensive assessment done

# Care Plans

- Interdisciplinary team should develop objectives to attain highest level of functioning
  - Includes attending doctor, NA and RN responsible for the resident, food and nutrition staff, resident and their representative and other appropriate staff
- Review and revise as necessary such as after each assessment
- Services provided by staff who are culturally competent, qualified and who meet standards of quality

# Discharge Summary

- Resident must have a discharge summary that includes:
  - Recapitulation of the resident's stay
    - Diagnosis, course of illness and treatment, pertinent lab, x-rays, or consult results
  - Final summary of the resident's status
  - Medication reconciliation
  - A post-discharge plan of care developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment
- Refers to Appendix PP for IGs and survey procedure

- Physical therapy
- Speech-language pathology
- Occupational therapy
- Respiratory therapist
- Mental health rehab services for mental illness and intellectual disability
- IF required in resident's comprehensive plan of care
- Facility must provide the required service
- May get from outside source
- Need an order
- IG & SP in PP

- This section was deleted but still in the manual
- Included as still need to assist if necessary
- The facility must assist residents in obtaining routine and 24-hour emergency dental care
  - May provide or obtain from an outside resources
  - May make appointment and arrange transportation
- May charge a Medicare resident for routine and emergency dental services

# Policy re: Dental Services

- Must have policy identifying
  - When loss or damage to dentures is facility's responsibility so may not charge resident
  - Must refer residents within 3 days for lost or damaged dentures and document what they eat or drink in the meantime
  - Refers to Appendix PP

- Includes NG tubes and gastrostomy tubes
  - Percutaneous endoscopic gastrostomy – percutaneous endoscopic jejunostomy – enteral feeding
- Based on assessment – must make sure resident maintains usual body weight and electrolyte balance
  - Unless can show not possible or resident preference
- Is offered sufficient fluid intake
- Appendix PP for IGs and survey procedure



# Parameters re: Nutrition

- Suggested parameters for evaluating significance of unplanned and undesired weight loss

<b>Interval</b>	<b>Significant Loss</b>	<b>Severe Loss</b>
<b>1 month</b>	<b>5%</b>	<b>Greater than 5%</b>
<b>3 months</b>	<b>7.5%</b>	<b>Greater than 7.5%</b>
<b>6 months</b>	<b>10%</b>	<b>Greater than 10%</b>



# CAH with Distinct Part Units

- CAHs can have up to a ten-bed behavioral health unit or rehab unit (Tag 500)
  - If so – governed under appendix A
- Beds are not included in the 25- bed count (501)
  - 96-hour rule does not apply to these bed either
- Must have written criteria for both that apply to all patients including Medicare (504)
- Must have admission and discharge records that are separately identified from those of the hospital in which it is located and are readily available (505)

# Distinct Part Units

- Psych unit must have policies that necessary clinical information is sent when a hospital patient is transferred to the unit (506)
- Psych unit must meet all state laws (507)
- Must have Utilization Review standards for the type of care offered in the psych unit (508)
- Beds must be separate and not commingled (509)
- Psych beds must be serviced by same fiscal intermediary as the hospital (511)
- Must use accounting system that allocates costs (512)

# Distinct Part Units

- Psych unit must maintain adequate statistical data to support the basis of allocation (513)
- Must report its cost in the hospital's cost report covering the same fiscal period and using the same method of apportionment as the hospital (514)
- Must be fully equipped unit and staffed regardless of whether there are any psych or rehab patients on the first day of the cost reporting period (515)
- If you have these two units – read this section
  - There are more tag numbers

# Discussion

Clear County Hospital is a CAH with a busy ED. MV presents from her PCPs office with instructions to be emergently seen for dyspnea and “concerning” EKG. Upon arrival, MV is taken directly back to an examination bay. She is pale, skin warm and dry but visibly dyspneic.

O2 sat is 86% on RA; chest x-ray and chest CT are positive for pneumonitis and negative for PE. AGBs show saturation below 90%. MV is place on 3L/NC.

Over then next 4 hours an ECHO is completed. All other lab is WNL, including a negative COVID-19.



# Discussion

MV is to be admitted but there are no open beds. She is placed in an observation bed overnight. Her condition remains stable. MV is given IV antibiotics and steroids.

By noon the following day the ECHO had not yet been interpreted. Her ABGs and saturation levels stabilized, and the oxygen is removed. MV remained dyspneic with exertion. She is started on Lasix.

MV is admitted the coronary care intermediate unit.

# Discussion

By 1800 – the ECHO had not been interpreted. Floor nurse contacts the cardiologist for additional order and the ECHO report. The cardiologist stated she was unaware of the ECHO.

MV's condition remained stable. ECHO returned with questionable pericarditis. MV remained hospitalized for 4 days of which she was changed from IV to oral antibiotics and steroids. She is discharged home without further sequelae.

# Discussion

MV's case was reviewed by the QAPI and UR committees. Findings included inadequate communication between ED, Cardiology, Radiology – for the ECHO report, and the PCP.

QUESTION: what would advise Clear County do to improve this care situation?





# Speaker



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  - Acute hospitals: [qsog\\_hospital@cms.hhs.gov](mailto:qsog_hospital@cms.hhs.gov)

## Additional Resources and Internet Links

# C-Tag Crosswalk

	A	B	C	D	E	F
1	NEW TAG #	CFR <a href="http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/CAHs">www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/CAHs</a>	Critical Access Hospital (CAH) Tag Title	Condition of Participation	OLD TAG #	Tag Changes Effective 03/30/20
2	C-0800	§485.601	BASIC AND SCOPE	NA	NA	NA
3	C-0802	§485.603	RURAL HEALTH NETWORK	NA	NA	NA
4	C-0804	§485.604	PERSONNEL QUALIFICATIONS	NA	NA	NA
5	C-0808	§485.606	DESIGNATION AND CERTIFICATION OF CAHS	NA	NA	NA
6	C-0810	§485.608	COMPLIANCE WITH FED, ST, AND LOCAL LAWS AND REGULATIONS	Compliance W/ Fed., State, and Local Laws and Regulations	C-0150	NA
7	C-0812	§485.608(a)	COMPLIANCE WITH FED, ST LAWS AND REGULATIONS	Compliance W/ Fed., State, and Local Laws and Regulations	C-0151	NA
8	C-0814	§485.608(b)	COMPLIANCE WITH STATE AND LOCAL LAWS AND REGULATIONS	Compliance W/ Fed., State, and Local Laws and Regulations	C-0152	NA
9	C-0816	§485.608(c)	LICENSURE OF CAH	Compliance W/ Fed., State, and Local Laws and Regulations	C-0153	NA
10	C-0818	§485.608(d)	LICENSURE, CERTIFICATION OR REGISTRATION OF PERSONNEL	Compliance W/ Fed., State, and Local Laws and Regulations	C-0154	NA
11	C-0822	§485.610	STATUS AND LOCATION	Status and Location	C-0160	NA
12	C-0824	§485.610(a)	STATUS	Status and Location	C-0161	NA
			LOCATION IN A RURAL AREA OR TREATMENT			

# Websites

- Centers for Medicare and Medicaid Services CMS-  
[www.cms.hhs.gov](http://www.cms.hhs.gov)
- Tools and Resources Rural Health Resource Center  
at <http://www.ruralcenter.org/tasc/>
- American Association for Respiratory Care AARC-  
[www.aarc.org](http://www.aarc.org)
- American College of Surgeons ACS-[www.facs.org](http://www.facs.org)
- American Nurses Association ANA- [www.ana.org](http://www.ana.org)

# Websites

- Center for Disease Control CDC – [www.cdc.gov](http://www.cdc.gov)
- Food and Drug Administration- [www.fda.gov](http://www.fda.gov)
- Association of periOperative Registered Nurses at AORN- [www.aorn.org](http://www.aorn.org)
- American Institute of Architects AIA- [www.aia.org](http://www.aia.org)
- Occupational Safety and Health Administration OSHA – [www.osha.gov](http://www.osha.gov)
- National Institutes of Health NIH-[www.nih.gov](http://www.nih.gov)



# Websites

- United States Dept of Agriculture USDA- [www.usda.gov](http://www.usda.gov)
- Emergency Nurses Association ENA- [www.ena.org](http://www.ena.org)
- American College of Emergency Physicians ACEP- [www.acep.org](http://www.acep.org)
- Joint Commission – [www.JointCommission.org](http://www.JointCommission.org)
- COPs available in word and PDR at [http://www.access.gpo.gov/nara/cfr/waisidx\\_04/42cfr485\\_04.html](http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr485_04.html)
- American College of Radiology- [www.acr.org](http://www.acr.org)

# Websites

- American Association for Respiratory Care AARC-  
[www.aarc.org](http://www.aarc.org)
- American College of Surgeons ACS-[www.facs.org](http://www.facs.org)
- American Nurses Association ANA- [www.ana.org](http://www.ana.org)
- AHRQ – [www.ahrq.gov](http://www.ahrq.gov)
- American Hospital Association – [www.aha.org](http://www.aha.org)
- CMS Life Safety Code -  
[http://new.cms.hhs.gov/CFCsAndCoPs/07\\_LSC.asp](http://new.cms.hhs.gov/CFCsAndCoPs/07_LSC.asp)



# Websites

- Federal Emergency Management Agency (FEMA)-  
[www.fema.gov](http://www.fema.gov)
- Drug Enforcement Administration –[www.dea.gov](http://www.dea.gov)
- US Pharmacopeia- [www.usp.org](http://www.usp.org)
- Rural Assistance Center <http://www.raconline.org/>
- National Patient Safety Foundation at the AMA-  
[www.ama-assn.org/med-sci/npsf/htm](http://www.ama-assn.org/med-sci/npsf/htm)
- The Institute for Safe Medication Practices-  
[www.ismp.org](http://www.ismp.org)

# Websites

- U.S. Food and Drug Administration MedWatch-  
[www.fda.gov/medwatch](http://www.fda.gov/medwatch)
- Institute for Healthcare Improvement- [www.ihl.org](http://www.ihl.org)
- AHRQ at [www.ahrq.gov](http://www.ahrq.gov)
- Sentinel event alerts at [www.jointcommission.org](http://www.jointcommission.org)
- American Pharmaceutical Association-  
[www.aphanet.org](http://www.aphanet.org)
- American Society of Health-System Pharmacists-  
[www.ashp.org](http://www.ashp.org)

# Websites

- Enhancing Patient Safety and Errors in Healthcare-  
[www.mederrors.com](http://www.mederrors.com)
- National Coordinating Council for Medication Error Reporting and Prevention-[www.nccmerp.org](http://www.nccmerp.org)
- FDA's Recalls, Market Withdrawals and Safety Alerts Page:  
<http://www.fda.gov/opacom/7alerts.html>

# AHA Website on CAH

- Provides updates
- Directory of resources
- Federal legislation
- OIG report on CAH
- Growth of the program
- Grants, Newsletters
- State hospital association links, and supervision of hospital outpatient therapeutic services
  - <http://www.aha.org/advocacy-issues/cah/index.shtml>

# Worksheet Links

- **Infection Control:**

- <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/survey-and-cert-letter-15-12-attachment-1.pdf>.

- **Discharge Planning:**

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-3.pdf>.



- **QAPI:**

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-2.pdf>.

# Infection Control Worksheet – 49 pages

## Module 1: Infection Prevention Program

### Section 1.A. Infection Prevention Program and Resources

Elements to be assessed		Sur
1.A.1 The hospital has designated one or more individual(s) as its Infection Control Officer(s).	<input type="radio"/> Yes <input type="radio"/> No	
1.A.2 The hospital has evidence that demonstrates the Infection Control Officer(s) is qualified and maintain(s) qualifications through education, training, experience or certification related to infection control consistent with hospital policy.	<input type="radio"/> Yes <input type="radio"/> No	
1.A.3 The Infection Control Officer(s) can provide evidence that the hospital has developed general infection control policies and procedures that are based on nationally recognized guidelines and applicable state and federal law.	<input type="radio"/> Yes <input type="radio"/> No	
<b>If no to any of 1.A.1 through 1.A.3, cite at 42 CFR 482.42(a) (Tag A-748)</b>		
1.A.4 The Infection Control Officer can provide an updated list of diseases reportable to the local and/or state public health authorities.	<input type="radio"/> Yes <input type="radio"/> No	
1.A.5 The Infection Control Officer can provide evidence that hospital complies with the reportable diseases requirements of the local health authority.	<input type="radio"/> Yes <input type="radio"/> No	
<b>No citation risk for questions 1.A.4 and 1.A.5</b>		
1.A.6 The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition, and repair, including the requirement for an infection control	<input type="radio"/> Yes <input type="radio"/> No	

# QAPI Worksheet – 15 pages

PART 4 – PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS		
Elements to be Assessed		Space for Surveyor Notes (if needed)
4.1 Evaluation regarding whether the hospital's leadership sets expectations for patient safety:		
4.1.a Is there evidence of widespread staff training or communication to convey expectations for patient safety to all staff? (e.g. training related to steps to take in a situation that feels unsafe, how to report adverse patient events, medical errors, near misses/close calls, etc. that they are expected to report internally)	<input type="radio"/> YES <input type="radio"/> NO	
4.1.b Is there evidence that the hospital has adopted policies supporting a non-punitive approach to staff reporting of adverse patient events, medical errors, near misses/close calls, etc. , and situations they consider unsafe?	<input type="radio"/> YES <input type="radio"/> NO	
4.1.c On each unit surveyed, can staff explain what the hospital's expectations are for their role in promoting patient safety?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 4.1.a, 4.1.b, or 4.1.c, cite at 42 CFR 482.21(e)(3) (Tag A-286)		
4.2.Evaluation regarding hospital processes to identify adverse patient events, medical errors, near misses/close calls, etc.:		
4.2.a On each unit/program surveyed, can staff describe the types of adverse patient events, medical errors, near misses/close calls, etc. they are expected to report internally?	<input type="radio"/> YES <input type="radio"/> NO	
4.2.b On each unit/program surveyed, can staff	<input type="radio"/> YES	

# Discharge Planning Worksheet – 15 pages

Section 2 Discharge Planning – Policies and Procedures		
Elements to be assessed		Surveyor Notes
2.1 Implementation of discharge planning policies and procedures for inpatients:		
2.1a For every inpatient unit surveyed is there evidence of applicable discharge planning activities?	<input type="radio"/> Yes <input type="radio"/> No	
2.1b Are staff members responsible for discharge planning activities correctly following the hospital's discharge planning policies and procedures?	<input type="radio"/> Yes <input type="radio"/> No	
<b>If no for either 2.1a or 2.1b, cite the applicable standard for identification of patients needing discharge planning, 42 CFR 482.43(a) (Tag A-0800); discharge planning evaluation, 42 CFR 482.43(b) (Tag A-0806); and/or developing and implementing the discharge plan, 42 CFR 482.43(c) (Tag A-0818)</b>		
2.2 Does the discharge planning process apply to certain categories of outpatients?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, check all that apply: <ul style="list-style-type: none"> <li><input type="radio"/> Same day surgery patients</li> <li><input type="radio"/> Observation patients who are not subsequently admitted</li> <li><input type="radio"/> ED patients who are not subsequently admitted</li> <li><input type="radio"/> Other</li> </ul>		
2.3 Is a discharge plan prepared for each inpatient?	<input type="radio"/> Yes, skip to question 2.8 <input type="radio"/> No, go to question 2.4	
<b>NOTE: No citation risk related to responses to questions 2.2 and 2.3; for information only.</b>		



# Pa Patient Safety Authority

[www.psa.state.pa.us/psa/site/default.asp](http://www.psa.state.pa.us/psa/site/default.asp)

SAFETY  
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## Patient Safety Authority



P A T I E N T  
S A F E T Y  
A U T H O R I T Y

An Independent Agency of the Commonwealth of Pennsylvania

The Patient Safety Authority is an independent state agency established under Act 13 of 2002, the Medical Care Availability and Reduction of Error ("MCARE") Act. It is charged with taking steps to reduce and eliminate medical errors by identifying problems and recommending solutions that promote patient safety in hospitals, ambulatory surgical facilities, birthing centers and certain abortion facilities.

The Authority has implemented PA-PSRS, the mandatory statewide Pennsylvania Patient Safety Reporting System. More than 400 healthcare facilities subject to Act 13 reporting requirements are submitting reports through PA-PSRS, making Pennsylvania the first state in the nation to require the reporting of both actual events and "near misses". Additional information [about PA-PSRS](#) is available online. If you represent a facility that is already enrolled in mandatory reporting, you can [log](#)

# Copy of New Law 201 Pages



This document is scheduled to be published in the Federal Register on 09/30/2019 and available online at <https://federalregister.gov/d/2019-20732>, and on [govinfo.gov](http://govinfo.gov)

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

42 CFR Parts 482, 484, and 485

[CMS-3317-F and CMS-3295-F]

RIN 0938-AS59

[www.federalregister.gov/documents/2019/09/30/2019-20732/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals](http://www.federalregister.gov/documents/2019/09/30/2019-20732/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals)

**Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Final rule.

**SUMMARY:** This final rule empowers patients to be active participants in the discharge planning process and complements efforts around interoperability that focus on the seamless exchange of patient information between health care settings by revising the discharge planning requirements that Hospitals (including Short-Term Acute-Care Hospitals, Long-Term Care Hospitals (LTCHs), Rehabilitation Hospitals, Psychiatric Hospitals, Children's Hospitals, and Cancer Hospitals), Critical Access Hospitals,

# OCR Settles First Case in HIPAA Right of Access Initiative

[www.hhs.gov/about/news/2019/09/09/ocr-settles-first-case-hipaa-right-access-initiative.html](http://www.hhs.gov/about/news/2019/09/09/ocr-settles-first-case-hipaa-right-access-initiative.html)

Today, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services is announcing its first enforcement action and settlement in its Right of Access Initiative. Earlier this year, OCR announced this initiative promising to vigorously enforce the rights of patients to receive copies of their medical records promptly and without being overcharged.

Bayfront Health St. Petersburg (Bayfront) has paid \$85,000 to OCR and has adopted a corrective action plan to settle a potential violation of the right of access provision of the Health Insurance Portability and Accountability Act (HIPAA) Rules after Bayfront failed to provide a mother timely access to records about her unborn child. Bayfront, based in St. Petersburg, Florida, is a Level II trauma and tertiary care center licensed as a 480-bed hospital with over 550 affiliated physicians.

OCR initiated its investigation based on a complaint from the mother. As a result, Bayfront directly provided the individual with the requested health information more than nine months after the initial request. The HIPAA Rules generally require covered health care providers to provide medical records within 30 days of the request and providers can only charge a reasonable cost-based fee. This right to patient records extends to parents who seek medical information about their minor children, and in this case, a mother who sought prenatal health records about her child.

“Providing patients with their health information not only lowers costs and leads to better health outcomes, it’s the law,” said OCR Director Roger Severino. “We aim to hold the health care industry accountable for ignoring peoples’ rights to access their medical records and those of their kids.”

In addition to the monetary settlement, Bayfront will undertake a corrective action plan that includes one year of monitoring by OCR. The resolution agreement and corrective action plan may be found at: <https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/bayfront/index.html>



# Second FAQ Feb 2016 and Updated 2017

HHS.gov

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## New HIPAA guidance reiterates patients' right to access health information and clarifies appropriate fees for copies

February 25, 2016 | By: [Jocelyn Samuels](#), Director, Office for Civil Rights

**Summary:** Today's second set of FAQs addresses fees for copies of health information and the right to have health information sent directly to a third party.

The President's Precision Medicine Initiative prioritizes the ability of any American to participate in scientific research by individually donating their health information. This can only be made possible by robust access to patient data. At the Office for Civil Rights (OCR), we believe strongly that every individual should be able to easily exercise their right to access their health information, allowing them to be fully engaged in their care and empowered to make the health care decisions that are right for them. The HIPAA Privacy Rule has always provided individuals with the right to access and receive a copy of their health information from their providers, hospitals, and health insurance plans. But this right has not always been well-understood, and far too often individuals face obstacles accessing their health information, even from entities required to comply with HIPAA.

Last month we took an important step toward removing those obstacles by issuing a comprehensive [fact sheet](#) and the first in a series of topical frequently asked questions (FAQs) addressing patients' right to access their medical records. These FAQs set forth requirements providers must follow in

[www.hhs.gov/blog/2016/02/25/new-hipaa-guidance-accessing-health-information-fees-copies.html#](http://www.hhs.gov/blog/2016/02/25/new-hipaa-guidance-accessing-health-information-fees-copies.html#)

# AHIMA Model Release Form

## Patient Request for Health Information

### Patient Information (Please Print)

First Name:	Middle Initial:	Last Name:	
Name at Time of Treatment (if different than above):			
Date of Birth (MM/DD/YYYY):	Phone:	E-mail (optional):	
Street Address:	City:	State:	Zip:

### What records do you want? (Check appropriate boxes below):

Date(s) of Service: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

- Discharge Summary     Emergency Room Records     Operative/Procedure Reports     Billing Records
- Test Results (X-Rays, Lab/Pathology Results) Please specify: \_\_\_\_\_
- Other (Immunization Records, Medication Lists) Please specify: \_\_\_\_\_

### How would you like your records delivered?

- Paper
- Home Delivery
- In-Person Pickup
- Electronic (Email, USB, CD, Portal, Other) Please specify: \_\_\_\_\_

### Where do you want the information sent? (Fill in boxes below):

ORGANIZATION NAME should provide my records to:  Self  Personal Representative (indicated below)

Recipient Name:	Recipient Phone:
Recipient Mailing Address:	Recipient Fax:
	Recipient E-mail (if applicable):

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[Read more](#) for help navigating the BoK.

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# AHIMA Practice Briefs

Best Practices for Denials Prevention and Management

Author: AHIMA

Source: AHIMA practice brief

Publication Date: March 2019

[http://bok.ahima.org/searchresults?q=&fs=source\\_facet|AHIMA+practice+brief](http://bok.ahima.org/searchresults?q=&fs=source_facet|AHIMA+practice+brief)

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Clinical Validation: The Next Level of CDI (January 2019 Update)

Author: AHIMA

Source: AHIMA practice brief

Publication Date: February 2019

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Clinical Validation: The Next Level of CDI (January 2019 Update)

Author: AHIMA

Source: AHIMA practice brief

Publication Date: February 2019

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Best Practices in the Art and Science of Clinical Documentation Improvement (2018 Update)

Author: AHIMA

Source: Journal of AHIMA | AHIMA practice brief

Publication Date: January 2019

# Retention & Destruction Updated 10/15/2013



<http://bok.ahima.org/doc?oid=300217#.XkgnkjZ8CuU>



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## Retention and Destruction of Health Information

*Editor's note: This update **supersedes** the August 2011 practice brief "Retention and Destruction of Health Information."*

Health information management professionals traditionally have performed retention and destruction functions using all media, including paper, images, optical disk, microfilm, DVD, and CD-ROM. The warehouses or resources from which to retrieve, store, and maintain data and information include, but are not limited to, application-specific databases, diagnostic biomedical devices, master patient indexes, and patient medical records and health information. To ensure the availability of timely, relevant data and information for patient care purposes; to meet federal, state, and local legal requirements; and to reduce the risk of legal discovery, organizations must establish appropriate retention and destruction schedules. This practice brief provides guidance on record retention standards and destruction of health information for all healthcare settings.

### Records Retention

The life cycle of records management begins when information is created and ends when the information is destroyed. The picture below provides a simple reflection of the entire records retention process. The goal for organizations is to manage each step in the record life cycle to ensure record availability. The creation of information is easy to establish, and most organizations do not have concerns when creating or using information. However, when maintaining information, various issues may arise.



# Retention & Destruction



## Retention and Destruction of Health Information (Updated 201

### Appendix C: AHIMA's Recommended Retention Standards

Health Information	Recommended Retention Period
Diagnostic images (such as x-ray film) (adults)	5 years
Diagnostic images (such as x-ray film) (minors)	5 years after the age of majority
Disease index	10 years
Fetal heart monitor records	10 years after the age of majority
Master patient/person index	Permanently
Operative index	10 years
Patient health/medical records (adults)	10 years after the most recent encounter
Patient health/medical records (minors)	Age of majority plus statute of limitations
Physician index	10 years
Register of births	Permanently
Register of deaths	Permanently
Register of surgical procedures	Permanently

# AHIMA Sample Destruction Form

Facility Name

The information described below was destroyed in the normal course of business pursuant to a proper retention schedule and destruction policies and procedures.

Date of destruction: \_\_\_\_\_

Description of records or record series disposed of:  
\_\_\_\_\_  
\_\_\_\_\_

Inclusive dates covered: \_\_\_\_\_

Method of destruction:  
 Burning     Shredding     Pulping     Demagnetizing  
 Overwriting     Pulverizing   

Other: \_\_\_\_\_

Records destroyed by: \_\_\_\_\_

Witness signature: \_\_\_\_\_

Department manager: \_\_\_\_\_

*Note: This sample form is provided for discussion purposes only. It is not intended for use without advice of legal counsel.*

# Hospital Improvement Final Rule



This document is scheduled to be published in the Federal Register on 09/30/2019 and available online at <https://federalregister.gov/d/2019-20736>, and on [govinfo.gov](https://govinfo.gov)

[Billing Code: 4120-01-P]

<https://federalregister.gov/d/2019-20736> and 393 Pages

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**42 CFR Parts 403, 416, 418, 441, 460, 482, 483, 484, 485, 486, 488, 491, and 494**

**[CMS-3346-F; CMS-3334-F; CMS-3295-F]**

**RIN 0938-AT23**

**Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction; Fire Safety Requirements for Certain Dialysis Facilities; Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Final rule.

**SUMMARY:** This final rule reforms Medicare regulations that are identified as unnecessary, obsolete, or excessively burdensome on health care providers and suppliers. This final rule also




[Home](#) > [Programs](#) > [TASC](#) > State Flex Profiles

### State Flex Profile Navigation

Jump to:

## State Flex Profiles

State Flex Profiles showcase the beneficial activities occurring at the state-level to support the critical access hospitals (CAHs) and their communities around the country. No two states have the same exact approaches and the profiles are updated annually as an opportunity for states to share their excellent work and to learn from one another. The profiles include information on the work occurring in the five Flex Program areas as well as successes, best practices and innovations. Use the State Flex Profiles to identify approaches to similar rural health issues, identify best practice opportunities and access contact information for individuals at the state-level who are supporting Flex Program activities.

Use the drop-down menu in the gray box at the top of this page to see a specific state's profile. If you are looking for examples of a particular activity, for example, revenue cycle management, use the keyword search provided below.

### Search State Flex Profiles

#### Flex Program

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# CAH Checklist & Quality Network



Center for Rural Health  
University of North Dakota  
School of Medicine & Health Sciences

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<https://ruralhealth.und.edu/projects/cah-quality-network/cop>



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## CAH Quality Network Conditions of Participation

Centers for Medicare and Medicaid Services develops Conditions of Participation (CoPs) that Critical Access Hospitals (CAHs) must meet in order to participate in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of patients. CoPs apply to all areas of a healthcare organization.

### CoPs Resources

- [State Operations Manual Appendix W](#)
- [North Dakota CAH CoPs Checklist, November 2018](#)
- [Conditions for Coverage \(CfCs\) & CoPs](#)
- [Life Safety Code](#)
- For more information on the Division of Health Facilities, visit the [North Dakota Department of Health website](#)

### CAH Deficiencies and Plans of Correction

To view results of other North Dakota CAHs state surveys, please visit the [Virtual Library of Shared Tools](#). Also, remember to share your survey results and plans of correction with the Network. If you need sign-in information for the Virtual Library, contact [Julie Frankl](#), Project Assistant at (701) 777-6781.

# OPO Agreements

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 13-48-OPO

**DATE:** July 26, 2013

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Organ Procurement Organizations (OPO) Agreements with Hospitals

### Memorandum Summary

- **OPO Hospital Agreements:** Hospital regulations at 42CFR 482.45 (a)(1) require that all hospitals have written agreements in place with their OPO to notify them of an imminent death or of a death which has occurred. OPO regulations at §486.322 (a) require that OPOs have a written agreement in place with 95 percent of all participating Medicare and Medicaid hospitals and Critical Access Hospitals *that have both a ventilator and an operating room*. Historically, OPOs have not initiated agreements with hospitals without a ventilator and an operating room as donor maintenance cannot be accomplished in that setting.
- **OPO Agreements with Hospitals That Do Not Have a Ventilator and Operating Room:** While OPOs are not required to initiate agreements with hospitals that do not have a ventilator and an operating room, they are required at §486.303 (g) to enter into an agreement with any hospital that requests an agreement with them pursuant to the hospital regulations. However, for hospitals that do not have a ventilator and operating room, the agreement may be limited to notification of the OPO by the hospital of imminent death



# OPO Memo March 14, 2014

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## Center for Clinical Standards and Quality/Survey & Certification Group

**Ref: S&C: 14-16-OPO**

**DATE:** March 14, 2014

**TO:** Regional Offices

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Interpretive Guidance for the Survey Process of the Organ Procurement Organization (OPO) Conditions for Coverage, published May 31, 2006, in the Federal Register – Interim Final

### Memorandum Summary

This memorandum communicates an advanced copy of the Interpretive Guidance and associated revisions to Chapters 2 and 3 of the State Operations Manual (SOM) for the OPO Conditions for Coverage.

### Background

Conditions for Coverage for OPOs were published on May 31, 2006. These conditions included outcome and process performance measures based on organ donor potential and other related factors in each service area of qualified OPOs.

The Interpretive Guidance communicated by this memo serves to interpret and clarify the Conditions for Coverage and do not impose any requirements that are not otherwise set forth in statute or regulation



## Critical Access Hospitals

CAHs are rural community hospitals that receive cost-based reimbursement. To be designated a CAH, a rural hospital must meet defined criteria that were outlined in the Conditions of Participation 42CFR485 and subsequent legislative refinements to the program through the BBRA, BIPA, the Medicare Modernization Act, the MIPPA, and the PPACA.

The AHA ensures that the unique needs of its various constituents are heard and addressed in national health policy development, legislative and regulatory debates, and judicial matters. Indeed, from its initial creation as part of the Balance Budget Act of 1997, the AHA has been a champion of the development and subsequent improvements and enhancements of the CAH program.

Securing the future of CAHs and the essential role they play in caring for rural America is of paramount importance. The AHA is vigilant in the face of legislative, regulatory and policy proposals that threaten the local delivery of care and rural community health status. The AHA will continue to advocate on behalf of CAHs for fixes to payment and administrative limitations that constrain the efficiency and effectiveness of these essential health care providers.

### Communications

- ▶ [Value of AHA Membership for CAHs](#)
- ▶ [Update Newsletters](#)
- ▶ [The Fragile State of Critical Access](#)

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- ▶ [Rural Hospital Regulatory Policy](#)

#### Key Issues

- ▶ [Rural Health Care](#)
- ▶ [Critical Access Hospitals](#)



# AHA Poster on CAH

## IN CRITICAL CONDITION

### THE FRAGILE STATE OF CRITICAL ACCESS HOSPITALS

1,330 Critical Access Hospitals (CAHs) provide essential medical care to rural communities across 45 states. Each CAH maintains 25 or fewer beds and directly contributes an average of 204 jobs to the local economy. While their health care services have bolstered rural areas, CAHs are supported by a fragile financial foundation.



### BRIDGING GAPS IN ACCESS TO CARE

CAHs' service to America's rural communities plays an important role in the nation's health care landscape.

### ANNUAL SERVICES PROVIDED TO PATIENTS

**7 MILLION** patients treated in CAH emergency departments.

**38 MILLION** outpatient visits to CAHs.

**900,000** patients admitted to CAHs.

**86,000** babies delivered at CAHs.



### 1,330 CAH LOCATIONS



**19.3%** of the U.S. population resides in rural areas, as of the U.S. Census Bureau's 2010 Census.

### DELICATE LIFELINES

CAHs' small size means that they can only focus on providing the most essential medical services, in contrast to higher-volume hospitals that have more resources and flexibility to offer a wider range of services. CAHs simply don't have the same economies of scale as their larger counterparts.

More than 60% of their revenue comes from government payers, such that any payment reductions to Medicare or

### MANY CAHS STILL STRUGGLE

Although Medicare pays CAHs 1% above the cost of providing care, CAH revenues from other payers often don't cover costs, illustrating why adequate Medicare payments must continue in order for CAHs to be able to provide care for rural populations.

**PERCENTAGE OF CAHS WITH NEGATIVE ALL-PAYER MARGINS:**

# PASARR or RAI

*\*NOTE: The CAH is not required to use the resident assessment instrument (RAI) specified by the State that is required under §483.20(b), or to comply with the requirements for frequency, scope, and number of assessments prescribed in §413.343(b) of this chapter). Also, note that CAHs are not required to complete the PASARR. However, if a patient had a PASARR completed by a facility that was required to do so prior to admission into a CAH swing bed, the recommendations from the PASARR should be included in the CAHs comprehensive treatment plan for the patient.*