

The CMS Hospital Conditions of Participation (CoPs) Made Easy 2019



July 17-18, 2019

Embassy Suites Louisville East
9940 Corporate Campus Drive
Louisville, KY 40223

Overview

If a CMS surveyor showed up in your hospital tomorrow, would you be prepared? This day and a half program will cover the entire CMS Hospital CoP manual. It is a great way to educate everyone in your hospital on all the sections in the CMS hospital manual especially ones that applies to their department. Hospitals have seen a significant increase in survey activity by CMS. This program will discuss the most problematic standards.

This program will also include the proposed changes in 2019 on discharge planning and the IMPACT Act. CMS was given an extension to October 2, 2019 to implement these which will require massive changes. The hospital will need to get the discharge summary in the hands of the primary care physician within 48 hours. There are five new quality measures, five new things to add to the assessment form, medication reconciliation, providing written information on side effects of medication, five things that will have to be in the discharge instructions and more.

The 2019 proposed changes in the Hospital Improvement Rule will be discussed. This makes many changes including a requirement for an antibiotic stewardship program and changes to nursing, medical records, QAPI, and more. This program will also talk about the 2019 changes to the validation survey process and the CMS proposed transparency changes. This includes changes to history and physicals, system wide QAPI and infection control, discretion on when an autopsy is indicated, and the role of non-physicians in psychiatric hospitals.

Every hospital that accepts payment for Medicare and Medicaid patients must comply with the Centers for Medicare & Medicaid Services Conditions of Participation. This 542 page manual has interpretive guidelines that must be followed for all patients treated in the hospital or hospital owned departments. Facilities accredited

by the Joint Commission (TJC), HFAP, CIHQ, and DNV Healthcare must follow these regulations.

Changes in the recent past were made to the medical staff, board, texting of orders, ligature risk reduction, radiology, nuclear medicine, UR, nursing, pharmacy, dietary and outpatient regulations. There were changes to discharge planning, safe opioid use, IV medication, blood and blood products, safe opioid use, privacy and confidentiality, visitation, informed consent, advance directives, rehab and respiratory orders, radiology, QAPI, preventive maintenance, timing of medication, telemedicine, standing orders, informed consent, plan of care, humidity level, Complaint manual and reporting the accreditation organizations, organ procurement contracts, and adverse event reporting to the QAPI program. There were also a record breaking number of survey and certification memos issued over the past few years.

The interpretive guidelines serve as the basis for determining hospital compliance and there have been many changes in the recent years. There have been significant changes and many important survey memos issued also. CMS issued the final surveyor worksheets for assessing compliance with the QAPI, infection control and discharge planning standards. The proposed changes to the infection control worksheet will be discussed. The worksheets are used by State and Federal surveyors on all survey activities in hospitals when assessing compliance.

There also are sections on medical record services, dietary, utilization review, emergency department, surgical services, anesthesia, PACU, medical staff, nursing services, outpatient department, rehabilitation, radiology, respiratory, physical environment, infection control, organ and tissue, patient rights and discharge planning. Hospitals should perform a gap analysis to ensure they are compliant with all these interpretive guidelines and assign one person to be responsible for ensuring compliance.

Faculty

Sue Dill Calloway, RN, AD, BA, BSN, MSN, JD, CPHRM, CCMSCP Attorney at Law is currently the Medical-Legal Consultant and President of Patient Safety and Healthcare Consulting and Education. She is also the past chief learning officer and a current board member for the Emergency Medicine Patient Safety Foundation.



She has been employed in the nursing profession for more than 30 years. Ms. Calloway has legal experience in medical malpractice defense for physicians, nurses and other health professionals.

Who Should Attend?

CEO's, COO's, Chief Nursing Officer, Chief Medical Officer, Quality Managers, Consumer Advocate, Nurse Educators, Department directors, All Nurses, Risk Managers, Hospital Legal Counsel, Compliance Officers, Joint Commission Liaison, Director of Health Information, Case Managers, Chief Medical Officer, Nurse Educator, Pharmacists, Social Workers, Discharge Planners, PI Coordinator, Joint Commission Coordinator, Patient Safety Officer, Patient Safety Committee, Nurse Managers, Outpatient Director, Director of Rehab, Dieticians, Infection Control, Medication Management Team, Anesthesia and Surgery staff, PACU Director, Policy and Procedures Committee, Respiratory Therapy Director, Director of Radiology, Infection Preventionist, Pharmacist, Pharmacy Director, and Staff Nurses

Objectives:

- Recall that CMS has restraint standards that hospitals must follow
- Describe that the patient has a right to file a grievance and the hospital must have a grievance policy and procedure in place
- Recall that interpreters should be provided for patients with limited English proficiency and this should be documented in the medical
- Describe that medications must be given timely and within one of three blocks of time
- Recall that all protocols should be approved by the Medical Staff and an order entered into the medical record and signed off
- Recall that there are many pharmacy policies required by CMS
- Recall that a nursing care plan must be in writing, started soon after admission and maintained in the medical record
- Recall that the hospital must have a safe opioid policy approved by the MEC and staff must be educated on the policy

- Recall that CMS has patient safety requirements in the QAPI section that are problematic standards
- Describe that CMS requires many radiology policies include one on radiology safety and to make sure all staff are qualified
- Discuss that a hospital can credential the dietician to order a patient's diet if allowed by the state
- Discuss that CMS requires many policies in the area of infection control
- Recall that patients who are referred to home health and LTC must be given a list in writing of those available and this must be documented in the medical record
- Describe that all staff must be trained in the hospital's policy on organ donation
- Understand that CMS has specific things that are required be documented in the medical record regarding the post-anesthesia assessment
- Recall that CMS has finalized the discharge planning worksheet

Seminar Location/Hotel Accommodations

Embassy Suites Louisville East
9940 Corporate Campus Drive
Louisville, Kentucky 40223

Phone: 502-426-9191

Rates: \$194/night

Group Name: KY Hospital Research

Group Code: KHR

Room Reservation: [Click here](#)

Registration

The registration fee for this program is **\$290 for KHA members** and **\$450 for non-members**. This fee covers all handout materials, beverage breaks, lunch and administrative costs.

Register online at: <http://www.kyha.com/events>

Cancellations

A refund of registration fees will be made to those registrants notifying KHEREF of cancellation five (5) working days prior to program date. A \$40 processing fee will be assessed against each refund. No refunds will be made after that date. **Substitutions are accepted.**

Continuing Education Credit

This program is approved by the Kentucky Board of Nursing for 13.2 contact hours, program offering number 5-0023-12-19-156 expiration date December 31, 2019. The Kentucky Board of Nursing approval of individual nursing education provider does not constitute endorsement of program content. Participants must attend the entire session and complete the evaluation. Those desiring continuing education credit must have nursing license number.

The Kentucky Hospital Association is authorized to award 11 hours of ACHE Qualified Education Credits for this program. Participants wishing to have the continuing education hours applied toward credit should list their attendance for advancement or recertification in ACHE.

Services for Physically Challenged Individuals

We wish to take reasonable steps to ensure no individual who is physically challenged is discriminated against because of the absence of auxiliary aids and services. If special arrangements or diet are required for an individual to participate in this program, please contact us at (502)426-6220.

Agenda

Day One - July 17

8:00 a.m. – 8:30 a.m.

Registration

8:30 a.m. – 12:00 p.m.

Overview of the CMS Survey Process and Introduction

Board and CEO

Medical Records (Health Information Management)

Patient Rights

Nursing Services

Pharmaceutical Services

Medical Staff, Board, and CEO

12:00 p.m. – 1:00 p.m.

Lunch

1:00 p.m. – 4:30 p.m.

Quality Assessment and Performance Improvement

Radiological Services

Laboratory Services and Look Back Program

Food and Dietary Services

Utilization Review

Physical Environment

Infection Control and 2019 proposed changes

Day Two - July 18

8:30 a.m. – 12:00 p.m.

Discharge Planning

Organ, Tissue and Eye Procurement

Surgical & Anesthesia Services

Outpatient Services and proposed 2019 changes

Emergency Services

Rehabilitation and Respiratory Services

NOTE: Participants are responsible for bringing course materials. Course materials will be available online at: www.kyha.com/presentations

For more information, contact: Sharon Perkins at (502) 992-4355 or sperkins@kyha.com

