

The CMS Hospital Conditions of Participation (CoPs) 2021

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Overview

This five-part webinar series 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 apply to their department. This program will discuss the most problematic standards and how the hospital can do a gap analysis to assist in compliance with the CoPs.

This program will include the 600 pages of final changes in 2020 and where the gaps continue, for example, in the absence of interpretive guidelines and survey procedures. This includes:

- The Hospital Improvement Rule
- Changes to history and physicals
- System wide QAPI and infection control
- Autopsy
- Discharge planning
- Infection control
- Antibiotic stewardship
- Medical records
- Nursing
- Outpatient
- The role of non-physicians in psychiatric hospitals and more.

The ligature risk and prevention of suicide will be covered which is a hot area of compliance.

Every hospital that accepts payment for Medicare and Medicaid patients must comply with the Centers for Medicare & Medicaid Services Conditions of Participation. This 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 GL Healthcare must follow these regulations.

There are sections on medical record services, dietary, utilization review, emergency department, surgical services, anesthesia, PACU, medical staff, nursing services, lab, outpatient department, rehabilitation, radiology, respiratory, physical environment, pharmacy, 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.

The interpretive guidelines serve as the basis for determining hospital compliance and there have been many changes in the recent years. Many of the new changes from 2020 continue to have interpretive guidelines pending, along with survey procedures. There have been significant changes and many important survey memos issued also. CMS issued the final surveyor worksheets for assessing compliance with the QAPI and discharge planning standards. The worksheets are used by State and Federal surveyors on all survey activities in hospitals when assessing compliance. The Infection Control worksheet, which is an excellent self-assessment tool, will also be covered.

Changes in the recent past were made to the medical staff, board, radiology, nuclear medicine, UR, nursing, pharmacy, dietary and outpatient regulations. There were changes to texting of orders, ligature risks, 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, texting of orders, 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.

Continuing Education

The Kentucky Hospital Research and Education Foundation is an approved Kentucky Board of Nursing continuing education provider. This offering number 5-0023-12-21-189 is approved for 2.0 contact hour(s). Participants must attend the entire session, complete the post-session evaluation, and provide nursing license number in order to receive contact hour and be awarded a certificate. No partial credit will be given. The Kentucky Board of Nursing Approval does not constitute endorsement of program content.

Part One of Five: Introduction, CMS Survey Memos, Surveyor Training Material, Hospital deficiency reports, CMS 3 worksheets, CDC Vaccine, OCR 1557, Required Education, Board and Medical Staff, Budget, Contracts, Emergency Services, Medical Records, Standing Orders, H&Ps

Objectives:

- Discuss how to locate a copy of the current CMS CoP manual
- Describe that a history and physical for a patient undergoing an elective surgery must not be older than 30 days and updated the day of surgery
- Discuss that verbal orders must be signed off by the physician along with a date and TIME
- Understand the implications for non-compliance with COVID-19 reporting

The agenda will cover:

Overview of the CMS Survey Process and Introduction

- Introduction
- Location of the manual
- Final changes including discharge planning and the Hospital Improvement Rule
- Recent revisions
- Hospital revised worksheets, infection control, PI, and discharge planning
- Changes in recent past
 - Medication and safe opioid use, medical staff, board, radiopharmaceuticals, dietitians ordering diet, ordering outpatient services, separate MS or unified integrated MS, etc.
- Changes and memos
 - Ligature risks, texting of orders, Privacy, Legionella, confidentiality, rehab, timing medications, medication errors, humidity, reporting to internal PI, Ebola and worksheets, Luer misconnection, safe opioid use, safe injection practices, infection control breeches, organ procurement contracts, deficiency memos, etc.
- CMS required education
- Survey protocols
- Survey team
- Compliance with law
- Order sets, protocols, standing orders
- Board and CEO

- Board requirements
- CMS by-laws
- Appointment to the MS
- Credentialing and privileges
- TJC tracer on C&P
- Medical staff and the board
- Single medical staff or unified integrated MS
- Privileging others such as PharmD, podiatrist, RD, etc.
- Telemedicine
- CEO requirements
- Care of patients
- Plan and budget
- Contracted services
- Emergency services
- Autopsy changes
- Board responsibilities for infection control and QAPI if chooses system wide

Medical Records (Health Information Management)

- Final changes
- Access to medical records update and new penalties
- Final drug and alcohol federal law (substance use disorder records)
- Organization and staffing
- Confidentiality of records
- Content of records
- Legibility requirements
- Authentication
- Informed consent mandatory and optional elements
- H&P and changes for healthy outpatients
- Verbal orders
- Signature stamps and guidelines
- Discharge summary