

# The CMS Hospital Conditions of Participation (CoPs) 2021

**Laura A. Dixon, BS, JD, RN, CPHRM,**  
[ldesq@comcast.net](mailto:ldesq@comcast.net)  
**303-399-8104**

## **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 5-0023-12-21-191 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 Three of Five: Nursing and Pharmacy**

#### **Objectives:**

- 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

### Nursing Services

- Final changes
- Nurse at bedside when needed
- Approval of infection preventionist
- Director of nursing (CNO)
- Medication administration and safe opioid use
- Safe injection practices and compounding
- Staffing
- Policies and procedures
- Nursing care plan
- Staff competency
- Preparation and administration of drugs
- Licensure verification
- Nursing linked to safety
- Self-administration of medication
- IV and blood transfusions
- Reporting medication errors and ADEs
- Agency nurses
- 30-minute medication rule
- Timing of medication 3
- Orders, protocols, standing orders, order sets
- Verbal orders
- IV medication and blood transfusions
- Incident reports

### Pharmaceutical Services

- Final antibiotic stewardship program requirements
- Revised CDC core for ASP
- BUD, compounding and more
- Administration of medication within the BUD from preparation of CSP and change
- Compounding and amended nursing tag 405
  - Use of compounding pharmacies
  - Obtaining from compounding pharmacy v. manufacturer or registered outsourcing facility
- BUD, packaging, and labeling of medications
- Must follow professional standards of care such as USP
- Best practices recommendations such as ISMP and ASHP
- Preparing CSPs outside the pharmacy
- Storage of drugs
- Radiopharmaceuticals on off hours
- Pharmacy administration and must meet needs of patients
- P&P to minimize drug error

- Standardization of prescribing and communication practices
- Floor stock
- Patient safety
- Drugs and biological
- First dose review
- High-risk medication
- Definitions of medication errors, ADE and DI
- Notification of physician
- Policies required and training on policies
- Pharmacy requirements
- Storage and security of medications
- Self-administration of medication
- Outdated or mislabeled medications or unusable drugs
- Drug interactions and side effects
- Night pharmacy cabinet standards
- PI requirements for adverse drug events