

# 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 5-0023-12-21-193 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 Five of Five: Infection Control, Discharge Planning, Organ, Surgery, PACU, Anesthesia, ED, Outpatient, Rehab, and Respiratory**

#### **Objectives:**

- Discuss that CMS requires many policies in the area of infection control
- Recall that patients who are referred to home health, Inpatient rehab, LTCH, 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 and changes to the standards

#### Infection Control and the final changes

- Infection preventionist job responsibilities
- IP appointed by the board
- IP role in antibiotic stewardship
- IP responsibilities
- Policies and procedures required
- Mitigation of risks
- Safe injection practices
- Immediate use steam sterilization
- Temperature and humidity issues
- Medical equipment and supplies
- Log of incidents
- Mandatory training

#### Discharge Planning

- Final discharge planning worksheet
- Final changes to discharge planning
- Identification of patient needs,
- Discharge planning and evaluation
- Patient provided written copy of Home health and LTC
- Discharge planning responsibility
- Identification of patients
- Transfers
- Referrals
- Self-care
- Timely discharge evaluation
- Discharge plan and self-care evaluation
- CMS discharge planning worksheet

#### Organ, Tissue and Eye Procurement

- Policy requirements
- Board required
- Organ donation training
- Family notification
- OPO Notification one call rule
- CMS OPO memo

#### Surgical & Anesthesia Services

- Policies required
- Supervision requirement

- Preventing OR fires
- H&P
- Consent
- OR register
- Operative report
- Required equipment
- PACU
- Anesthesia policies required
- Anesthesia and analgesia standards
- Pre- and post-anesthesia requirements
- Anesthesia staffing
- Documentation required
- Intra-operative anesthesia record

#### Outpatient Services and final changes

- No longer accountable to single individual
- Policies and procedures
- Meeting needs of patients
- Outpatient orders
- Documentation of care given in the OP department
- Orders required
- Department director job description and responsibilities

#### Emergency Services

- Following standards of practice
- Integrated into hospital PI
- Qualified medical director
- Policies required
- Training required
- Length of time to transport between departments
- EMTALA

#### Rehabilitation and Respiratory Services

- Integrated into QAPI
- Standards of care
- Qualified director
- Plan of care
- Scope of services
- Order needed
- Policies required