

# **Critical Access Hospital (CAH) Conditions of Participation 2021: Ensuring Compliance**

**Multi-part webinar series that covers the entire manual**

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## **Overview**

There were over 700 pages of new regulations for CAHs for 2020, including a change to all the tag numbers with a new CAH manual. Most of the new Tag numbers do not include Interpretive Guidelines or Survey Procedures. This is a must attend webinar for every CAH.

This four-part webinar will cover the entire CAH CoP manual. There were many changes in 2020 from the 600 pages of CMS new discharge planning and Hospital Improvement Rules. These address requirements for the antibiotic stewardship program, access to medical records, QAPI, infection control, policy review time frames, emergency preparedness, credentialing of the dietician, quality and appropriateness of the diagnosis, changes to the swing bed requirements, and more.

There are 25 new tag numbers in infection control and antibiotic stewardship and 10 new tag numbers in QAPI. It also added the revised emergency preparedness requirements. The October 2018 changes rewrote all of the swing bed regulations along with four 2020 changes. They also now contain the swing bed interpretive guidelines and survey procedures which are under Appendix PP. Changes were made to the survey process and procedures.

CAHs hospitals must comply with the Centers for Medicare & Medicaid Services' CoP manual for Critical Access Hospitals. The CMS regulations and interpretive guidelines serve as the basis for determining compliance and this manual will be discussed in detail as well as the revised changes. Attendees will learn details about the CoPs and what to do when a surveyor arrives at your facility.

This seminar will help CAHs comply with specific CoP problem areas, including nursing care plans, necessary policies and procedures, nursing medication carts, drug storage, informed consent, history and physicals, verbal orders, medication administration, security of medications, protocols, standing orders and emergency preparedness. There are many pharmacy standards and medication-related sections that will be covered in detail. Every tag section in the regulations and interpretive guidelines also will be covered. Attendees will learn details about the CoPs and what to do when a surveyor from arrives at your facility.

**Who Should Attend?**

CEOs, COOs, CFOs, Nurse executives, Accreditation and regulation director, Nurse managers/supervisors, Pharmacists, Quality managers, Risk managers, Healthcare attorneys, Health information management personnel, Social workers, Dieticians, Nurses, Nurse educators, Patient safety officer, Infection preventionist, Radiology director, Laboratory director, Emergency department directors, Outpatient director, Medication team, Ethicist, Director of Rehab (OT, PT, speech pathology, and audiology), OR supervisor, OR staff, CRNA/anesthesia providers, Dietician, Radiology staff, Infection control committee members, Pharmacists, Compliance officers.

### **Continuing Education**

The Kentucky Hospital Research and Education Foundation is an approved Kentucky Board of Nursing continuing education provider. This offering number 5-0023-12-21-194 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 Four** - Introduction, General Information, Memos, Relevant Laws, Safe Injections, Advance Directives, Compliance with Laws, Emergency Services, and Observation Status

**Objectives** - At the conclusion of part one, participants should be able to:

- Describe that CMS requires that the board must enter into a written agreement for telemedicine services
- Discuss that CMS has a list of emergency drugs and emergency equipment that every CAH must have.
- Recall that the length of stay in the CAH should not exceed 96 hours on an annual average basis.
- Discuss recommendations to do a gap analysis to ensure compliance with all the hospital CoPs.

### **Introduction**

- History
- Discharge planning and the Hospital Improvement Rule
- Most recent changes
- New tag numbers in 2020
- CMS memos
- ISMP IV Push Guidelines
- CAH problematic standards
- CAH Resources
- Conditions of participation
- CMS 3 Worksheets
- How to find manual, survey memos, and changes
- CMS websites

- Copies of documents by surveyor
- How to locate changes
- Rehab or Psych distinct unit standards
- CMS Survey and Certification website
- Visitation
- Telemedicine standards

### **Survey Protocol**

- Introduction
- Tasks in the Survey Protocol
- Survey Team

### **Regulations and Interpretive Guidelines for CAHs**

- Swing bed module
- Compliance with Federal, State and Local Laws and Regulations
- Licensure of CAH
- Licensure, Certification or Registration of Personnel
- Status and Location
- Location Relative to Other Facilities or Necessary Provider Certification
- Compliance with CAH Requirements at the Time of Application Agreements
- Agreements with Network Hospitals
- Agreements for Credentialing and Quality
- Advanced directives
- Emergency Services, respiratory policies
- ED staffing
- EMTALA
- Equipment, Supplies, and Medication
- Blood and Blood Products
- Staffing/Personnel
- Coordination with Emergency Response Systems
- Number of Beds and Length of Stay
- Observation, two midnight rule
- Number of Beds
- Length of Stay