

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

Multi-part webinar series that covers the entire manual

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Description 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 5-0023-12-21-195 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 Two of Four – Physical Plan & Environment, Emergency Preparedness, Governing Board, Pharmacy and Dietary

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

- Explain the responsibilities of the pharmacists that include developing, supervising, and coordinating activities of the pharmacy.
- Describe the requirements for CAH to monitor and inspect to ensure that outdated drugs are not available for patient use.
- Recall the requirements for security and storage of medications, medication carts and anesthesia carts,
- Discuss the requirement to have a list of do not use abbreviations and a review of sound alike/look alike drugs.

Physical Plant and Environment

- Disposal of trash
- Storage of drugs
- Physical environment
- Construction and equipment
- Maintenance
- Emergency Procedures-moved to new appendix Z
- Life Safety from Fire
- LSC waivers
- Fire inspections
- Board section
- Staffing
- Physician responsibilities
- Physician supervision
- Transfer of patient
- Patient admissions
- Patient care policies

- Medical management

Regulations and Interpretive Guidelines for CAHs

- Direct Services
- Services Provided through Agreements or Arrangements
- Drug and biologicals

Pharmacy

- Inspections/staff interviews
- Dispensing of drugs
- Pharmacist responsibilities
- Staffing in pharmacy
- Pharmacy policies and procedures
- Medication therapy monitoring
- Emergency medicine kits
- USP standards removed from manual
- Drug storage
- Nursing med carts/anesthesia carts
- Outdated drugs
- Survey of pharmacy
- Reporting ADR and medication errors
- Near misses/good catches
- High alert medication
- Definition of medication error required
- Trigger/indicator drugs
- Monitoring medication errors
- Medication alerts
- Standard of care for medications
- Websites and additional resources
- Required pharmacy P&P
- Do not use abbreviations
- Sound alike/look alike drugs
- Non-punitive policies

Dietary and Nutrition Services

- Final change
- Dietary policies
- C&P to order diet
- Meeting patient needs, diet order, follow recognized dietary practices
- Dietary compliance
- Qualified dietician
- Dietary support staff
- Assessment of patients and order