

KHA Conditions of Participation Conference

July 26-28, 2022

The Embassy Suites Louisville
9940 Corporate Campus Drive
Louisville, KY 40223



OVERVIEW

All hospitals that accept payment for Medicare and Medicaid patients must comply with the Centers for Medicare and Medicaid Services Conditions of Participation. The Conditions of Participation 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 Healthcare must follow these regulations.

This three-day conference will cover the entire CMS and Critical Access Hospital (CAH) CoP manuals. This program is a great way to educate your hospital staff on all the sections of the Conditions of Participation hospital manual, especially ones that apply to their respective departments. This program will include the 600 pages of final changes in 2020 including the final discharge planning standards and the Hospital Improvement Rule. This update includes changes to history and physicals, system wide QAPI and infection control, autopsy, discharge planning, nursing, outpatient, the role of non-physicians in psychiatric hospitals and more. The ligature risk and prevention of suicide will also be covered as it is a vital area of compliance.

The interpretive guidelines serve as a basis for determining hospital compliance and there have been many changes in recent years. In addition to significant changes and a discussion on the important survey memos that have been issued, there will be worksheets available to be used as self-assessment tools for hospitals.

SPEAKERS

Lena Browning, MHA, BSN, RNC-NIC, CSHA

Browning is a nurse leader and accreditation specialist with more than twenty-five years of experience in clinical leadership in acute care settings. Throughout her career, she has demonstrated a commitment to improving patient safety by empowering staff and leadership to maintain compliance and achieve excellence in patient care across healthcare settings. Browning served as team lead for the accreditation and regulatory compliance survey team. She has a strong commitment to client relationships and provides support to retainer clients to ensure patient safety and quality of care. Browning was responsible for restructuring accreditation departments and leading organizations in continuous compliance and preparation for survey readiness for their triennial Joint Commission (TJC) or Centers for Medicare and Medicaid Services (CMS) survey.



Susan Seeley, RN, MSN, NEA-BC

Seeley has over 40 years of experience in the healthcare industry both as a nurse leader and as a clinical consultant with a focus on patient care services and regulatory compliance. As a consultant, Seeley is experienced in conducting Centers for Medicare and Medicaid Services (CMS) and Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC), Healthcare Facilities Accreditation Program (HFAP), mock surveys and improving client hospitals' accreditation survey preparedness through on-site education. She has prepared organizations for continuous readiness by implementing ongoing teams to continue regulatory compliance after mock surveys and assists organizations with writing and implementing successful Plans of Corrections for EMTALA and other CMS and Joint Commission survey deficiencies.



CONFERENCE AGENDA

July 26 – Day 1

- 8:00 a.m. ET
Registration and Continental Breakfast
- 8:25 a.m.
Welcome
- 8:30 a.m. – 12:00 p.m.
CMS Session 1
- 12:00 p.m. – 1:00 p.m.
Lunch
- 1:00 p.m. – 4:30 p.m.
CMS Session 2
- 4:30 p.m.
Adjournment

July 27 – Day 2

- 8:00 a.m. ET
Registration and Continental Breakfast
- 8:25 a.m.
Welcome
- 8:30 a.m. – 12:00 p.m.
CMS Session 3
- 12:00 p.m. – 1:00 p.m.
Lunch
- 1:00 p.m. – 4:30 p.m.
CAH Session 1
- 4:30 p.m.
Adjournment

July 28 – Day 3

- 8:00 a.m. ET
Registration and Continental Breakfast
- 8:25 a.m.
Welcome
- 8:30 a.m. – 12:00 p.m.
CAH Session 2
- 12:00 p.m. – 1:00 p.m.
Lunch
- 1:00 p.m. – 4:30 p.m.
CAH Session 3
- 4:30 p.m.
Adjournment

CONTINUING EDUCATION

The Kentucky Hospital Research and Education Foundation is an approved provider of continuing nursing education by the Kentucky Board of Nursing (KBN). KBN approval of a continuing nursing education provider does not constitute endorsement of program content. This educational activity is offered for 7 contact hours per day, with offering number 5-0023-12-23-010, expiration date December 31, 2023. In order to receive credit, participants must provide nursing license number at registration, attend the entire educational offering and complete the offering evaluation.

The Kentucky Hospital Association is authorized to award 11 hours of ACHE Qualified Education Credit for completion of each program. Participants wishing to have the continuing education hours applied toward credit should list their attendance for advancement or recertification in ACHE.

SEMINAR LOCATION/HOTEL ACCOMMODATIONS

The Embassy Suites Louisville
9940 Corporate Campus Drive
Louisville, KY 40223

KHA room rate: \$139

Hotel phone: 1-844-201-1303

REGISTRATION

**Registration fee: \$200 - KHA member
\$350 - Non-member**

This fee covers any handout materials, beverage breaks, lunch and administrative costs.

Register and pay online at: www.kyha.com/events

CANCELLATIONS

A refund of registration fees will be made to those registrants notifying KHREF of cancellation five (5) working days prior to program date. A \$50 processing fee will be assessed against each refund. No refunds will be made after that date. Substitutions are accepted.

SERVICES FOR PHYSICALLY CHALLENGED INDIVIDUALS

We wish to take reasonable steps to ensure no individual who is physically challenged is discriminated against because of the absence of auxiliary aids and services. If special arrangements or diet are required for an individual to participate in this program, please contact us at (502)426-6220.

FOR MORE INFORMATION

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WHO SHOULD ATTEND?

- CEOs
- COOs
- Chief Nursing Officer
- Chief Medical Officer
- Quality Managers
- Consumer Advocate
- Nurse Educators
- Department directors
- All Nurses
- Risk Managers
- Hospital Legal Counsel
- Compliance Officers
- Joint Commission Coordinator/Liaison
- Director of Health Information
- Case Managers
- Pharmacists
- Infection Preventionist
- Social Workers
- Discharge Planners
- PI Coordinator
- Patient Safety Officer
- Patient Safety Committee
- Nurse Managers
- Outpatient Director
- Director of Rehab
- Dieticians
- Infection Control
- Medication Management Team
- Anesthesia and Surgery staff
- PACU Director
- Policy and Procedures Committee
- Respiratory Therapy Director
- Director of Radiology
- Pharmacy Director

CONFERENCE AGENDA CONTENT

SESSION 1

Introduction, CMS Survey Memos, Survey-or Training Material, Hospital deficiency reports, CMS 3 worksheets, CDC Vaccine, OCR 1557, Required Education, Hard Hit Areas, 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

Agenda:

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, dieticians 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, worksheets, 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

Governing 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

Session 1 Part 2

PATIENT RIGHTS: Advance Directives, Consent, Interpreters, Grievances, Exercise of Patient Rights, Disclosures, Privacy, Safety, Ligature Risks, Abuse and Neglect, Confidentiality, Restraints and Visitation

Objectives:

- Recall that CMS has restraint standards that hospitals must follow
- Describe that the patient has a right to file a grievance and the hospital must have a grievance policy and procedure in place
- Recall that interpreters should be provided for patients with limited English proficiency and this should be documented in the medical record
- Discuss that the term LIP (licensed independent practitioner) has been changed to LP (licensed practitioner) to allow PAs to order restraints

Agenda:

Patient Rights: The most problematic of all the CMS CoPs

- Final changes
- Most problematic standards for hospitals
- Penalties for not giving patients timely access to their medical records
- Safety of behavioral health patients and ligature risks
 - Right to privacy and safety
 - OCR Section 1557
 - Confidentiality
 - Designation of a representative
 - Right to an IM Notice for Medicare patients
 - Understanding what a patient advocate/support person is
- Interpreters

Session 1 Part 2 - continued

- Low health literacy
 - Advance directives
 - Informed consent
 - Abuse and neglect
 - Criminal background checks
 - Grievances and complaints (TJC)
 - Visitation requirement
 - Patient representative
 - IM Notice for Medicare patients
 - Family member and doctor notification
 - Plan of care
 - Informed consent
 - Advance directives
 - Privacy and confidential
 - Care in a safe setting
 - Privacy and confidentiality memo
 - Patient medical records
 - Access to medical records
 - Visitation
 - Restraint and seclusion-high number of deficiencies for hospitals
 - Restraint changes, soft limb restraints and death, internal log verse external log and reporting to CMS, definition, restraint worksheet, right to free from unnecessary R&S, hospital leadership role, definition, medication used as a restraint, R&S do not include, weapons, assessment, less restrictive, alternatives, LP can order, PAs can order, documentation, education requirements, prn orders, plan of care, end at earliest time, PI, one hour rule, renewing restraint orders, and R&S policy.
- 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

Pharmacy 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

- atic standards
- Describe that CMS requires many radiology policies include one on radiology safety and to make sure all staff are qualified
- Discuss that a hospital can credential the dietician to order a patient's diet if allowed by the state

Agenda:

Medical Staff, Board and CEO

- Shared medical staff, board consults at least twice a year, etc.
- MS by-laws
- Changes to MS
- Appraisal of MS
- Accountability of MS for quality of care
- Credentialing and privileging
- CEO requirements
- History and physicals
- Autopsy requirements

Quality Assessment and Performance Improvement

- PI program requirements
- Final changes
- QAPI worksheet
- Revised tag numbers
- Tracking of medical errors and adverse events
- Identifying opportunities for improvement
- Patient safety
- QAPI new and revised tag numbers in 2020

Radiological Services

- Radiation exposure
- Many policies required
- Standard of care
- Adverse reaction to agents
- Secure area for films
- Safety precautions
- Shielding of patients
- Order required
- Supervision of staff
- Signing of radiology reports
- Radiopharmaceuticals on off hours

Laboratory Services and Look Back Program

- Lab services
- Tissues specimens
- Blood bank
- Look back program
- Fully funded plan

Food and Dietary Services

- Diets and menus
- Changes RD or nutrition specialist to write diet orders
- Patient nutritional needs
- Diet manual and therapeutic menus
- Qualified director required
- Dietary policies required
- Nutritional assessment
- Infection control is important!
- Order required
- Therapeutic diets and nutritional needs

Utilization Review

- Composition of UR committee
- Admission or continuous stays
- Medicare patient discharge appeal rights

Session 2 Part 1

NURSING AND PHARMACY

Objectives:

- Describe how 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

Agenda:

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

Session 2 Part 2

QAPI, Medical Staff, Dietary, Radiology, Lab, UR, and Facility Services

Objectives:

- Recall that CMS has patient safety requirements in the QAPI section that are problem-

Session 2 Part 2 - continued

- UR plan
- Scope of reviews
- Notice Law and MOON form

Physical Environment

- Buildings and equipment
- Emergency preparedness moved to new appendix Z
- Compliance with PI
- Life safety code
- Trash
- Emergency preparedness
- Emergency power and lighting
- Emergency gas and water
- Ventilation, light, temperature

Session 3

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

Agenda:

Infection Control and Final Changes

- Infection preventionist job responsibilities
- Many changes in 2020
- IP appointed by the board
- IP role in antibiotic stewardship
- Final infection control worksheet
- IC revised worksheet and importance
- 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
- COVID 19 and infection control and waivers

Discharge Planning

- Final discharge planning worksheet
- Final changes to discharge planning and many 2020 changes
- 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

- Follow standards of care
- 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 and 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

CAH Session 1

CAH Conditions of Participation

Objectives

- 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.
- Describe that CMS requires that the board must enter into a written agreement if the hospital wants to enter into a telemedicine contract.

Session 1

- Mandatory Compliance
- CAH Problematic Standards
- CAH General Resource
- CMS Surveyor Training Website
- Introduction into the Conditions of Participation
- CMS Hospital Improvement Rule, Discharge Planning, and Recent Changes - Manual Changes
- CMS Memo on Texting
- CMS Memo on Ligature Risks
- Draft Guidance
- CMS Memo on Safe Injection Practices
- Single v. Multi Dose Vials
- ISMP IV Push Medication Guidelines
- CMS Worksheets – Safe Injection Practices
- QAPI Worksheet
- Injection Practices and Sharps Safety
- Survey Memos on Infection Control
- Breaches and Legionnaires Disease
- Insulin Pens
- CMS CAH Hospital CoPs
- Gap Analysis
- TJC Revised Requirements
- Survey Protocol
- Swing Beds
- Emergency Services
- Survey Procedures – Staff Training
- EMTALA and ED 24 Hours
- Emergency Drugs
- Blood and Blood Products
- EMTALA
- Resources and Links
- Cross Walk CMS and TJC
- The Conditions of Participation (CoPs)
- CMS Survey Memos
- CMS Deficiency Reports and Plan of Correction
- How to Keep up with Changes
- Physical Plant and Environment
- Interpretive Guidelines, Equipment and Maintenance
- Alternate Equipment Management (AEM)
- Equipment Not Eligible
- Survey Procedure
- Disposal of Trash, Drug Storage, and Physical Environment
- Ventilation, Lighting and Temperature
- Joint Commission and ASHRAE
- Emergency Preparedness

- Communication Plan
- Organizational Structure, Governing Body or Responsible Individual
- Telemedicine Agreements
- Staff and Responsibilities, and Supervision
- Medical Direction
- Transfer of Patients and Admission
- Provision of Services
- Development of Policies
- Emergency Medical Services and Guidelines for Medical Management
- Drugs and Biologicals CoPs
- USP Standards, Drugs and Biologicals P&P
- Storage and Environmental Conditions
- Security
- Pharmacy Responsibilities – Compounding
- ISMP and ASHP: Sterile Compounding
- Adverse Drug Reaction
- Dietary Standards
- Previous Interpretive Guidelines
- Resources and Links

CAH Session 2

The Conditions of Participation (CoPs) areas to be addressed:

- Updated Deficiency Data Reports
- Hospital Survey Reports
- Targeted Infection Control Surveys, Process and Key Points
- CDC Vaccine Storage and Handling
- Handling Toolkit and Training
- Final CMS Infection Control Changes and ASP
- Hospital Improvement Rule
- CDC Core Elements of an ASP, Small and CAHs
- Infection Prevention and Control (IPC) and Antibiotic Stewardship Programs - APIC Self-Assessment
- Scope and Complexity of Program
- Documentation
- ASP Leaders Responsibilities
- CDC IP Tools
- Provision of Services
- Patient Services

- Outpatient Department
- Ensuring Compliance
- Laboratory Services
- Nursing
- Nursing Services, Leadership, Duties, and other requirements
- Surveyor Duties, Supervision, and Evaluation of Care
- Written Policies and Procedures
- Content of Medication Order
- Verbal Order Policy
- Standing Order Policy
- IV Opioids
- Richmond Agitation Sedation Scale RASS
- Blood Administration
- Discharge Planning
- Evaluation and Planning Process
- Resources and Links
- The Conditions of Participation (CoPs) Manual
- Deficiencies by Tag Number
- Radiology and Nuclear Medicine
- Radiology Services, Safety, Policies, and Survey Procedures
- Rehabilitation
- Rehab Therapy and Plan of Care Requirements
- Visitation
- Reasonable Restrictions
- Training and Survey Procedures
- Incapacitated Patient
- CMS, HIPAA, and OCR Access Medical Records
- OCR Rights of Individual Patients
- Timelines & Entirety
- CoPS on Medical Records
- Content, Retention, and Survey Procedure
- Informed Consent
- History and Physicals
- Response to Treatment
- Release of Records
- Quality Assurance Performance Improvement
- Organ, Tissue, and Eye Procurement
- Procurement Policy and Family Notifications
- Swing Beds + 4 Changes
- Swing Beds Overview Requirements & Rights
- Resources and Links

CAH Session 3

- Why We are Here Today
- CMS Deficiency Date on QAPI
- CMS Survey Memo on QAPI
- Adverse Event Reporting
- IOM and OIG Reports
- CMS Changes: Hospital Improvement Rule
- Quality Data and QAPI
- CMS Hospital Acquired Conditions
- Hospital Compare Measures
- CMS Hospital Readmissions Reduction and Penalties
- QAPI Conditions of Participation
- CAH Changes
- QAPI Program, Design and Scope
- QAPI Tracer Considerations
- Pediatric Quality Measures
- Governance and Leadership
- Data Collection and Analysis
- Identify Medical Errors
- CMS Worksheets – History and Benefits of
- Acute Hospitals QAPI
- Program Scope, Data and Governing Board
- Resources and Links



**Kentucky
Hospital
Association**

*Representing
Kentucky Hospitals
and Health Systems*

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