



## 2023 The CMS Hospital Conditions of Participation (CoPs)

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This five-part online seminar series will cover the entire CMS Hospital CoP manual – Appendix A. It is a fantastic way to educate everyone in your hospital on all the sections of 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.

Every hospital that accepts payment for Medicare and Medicaid patients must comply with the Centers for Medicare & Medicaid Services Conditions of Participation. The manual has interpretive guidelines that must be followed for all patients treated in the hospital or hospital owned departments. Facilities with deemed status accredited by the Joint Commission (TJC), HFAP, CIHQ, and DNV Healthcare must follow these regulations.

Sections addressed include 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.

The interpretive guidelines serve as the basis for determining hospital compliance and though some changes from 2020 continue to have interpretive guidelines and survey procedures pending, hospitals are still expected to comply with the regulations. This program will include the 2020 changes, where the gaps continue – absence of interpretive guidelines and survey procedures, and any recent updates.

CMS developed worksheets for assessing compliance with the QAPI, discharge planning standards and infection control. Though no longer utilized by State and Federal surveyors, the worksheets are available as excellent self-assessment tools for hospitals. These three worksheets will be covered.

**Part One of Five:** Introduction, CMS Survey Memos, surveyor training material, hospital deficiency reports, CMS 3 worksheets, CDC vaccine information, OCR 1557, required education, 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
- Describe the changes to medical record requirements

### Agenda

1. Overview of the CMS Survey Process and Introduction
  - a. Introduction
  - b. General information and location of the manual
  - c. Hospital deficiency reports
  - d. Memos of interest to hospitals
  - e. Three CMS Worksheets
  - f. CDC Vaccine Storage and handling
  - g. Non-Discrimination, Interpreters and Section 1557 ACA
  - h. CMS required education
  - i. Survey protocols
  - j. Survey team
  - k. Compliance with laws
2. Board and CEO
  - a. Board requirements
  - b. CMS by-laws
  - c. Appointment of the MS
  - d. Credentialing and privileges
  - e. Medical staff and the board
  - f. Single medical staff or unified integrated MS
  - g. Privileging others such as PharmD, podiatrist, RD, etc.
  - h. Telemedicine
  - i. CEO requirements
  - j. Care of patients
  - k. Plan and budget
  - l. Contracted services
  - m. Emergency services
  - n. Autopsy changes
  - o. Board responsibilities for infection control and QAPI if chooses system wide
3. Emergency Services
  - a. Need for P&P
  - b. Qualified RN to assess patients



- c. Basic patient care requirements
- 4. Medical Records (Health Information Management)
  - a. Access to medical records update and new penalties
  - b. Organization and staffing
  - c. Confidentiality of records
  - d. Content of records
  - e. Legibility requirements
  - f. Signature stamps and guidelines
  - g. Verbal orders
  - h. Standing orders
  - i. Authentication
  - j. Informed consent mandatory and optional elements
  - k. H&P and changes for healthy outpatients
  - l. Discharge summary
  - m. Policies required

**Target Audience**

CEO's, COO's, Chief Nursing Officer, Chief Medical Officer, Quality Managers, Consumer Advocate, Nurse Educators, Department directors, All Nurses, Risk Managers, Compliance Officers, Joint Commission Liaison, Director of Health Information, Case Managers, Pharmacists, 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, Infection Preventionist, Pharmacist, Pharmacy Director

**Continuing Education:**

The Kentucky Hospital Research and Education Foundation is an approved Kentucky Board of Nursing continuing education provider. This offering number 5-0023-12-23-0-19 is approved for 2.4 contact hours. Participants must attend the entire session, complete the post-session evaluation, and provide nursing license number in order to receive contact hours and be awarded a certificate. No partial credit will be given. The Kentucky Board of Nursing Approval does not constitute endorsement of program content.

**Registration:**

KHA is pleased to offer this webinar to all member hospitals at a single charge per facility rate. Register for your hospital and share the login information with your whole team to ensure your staff receives necessary continuing education!  
Member Rate: \$225.00

Contact [Tammy Wells](#) for more information or assistance registering.