



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

Laura A. Dixon, BS, JD, RN, CPHRM

303-955-8104

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 Four of Five:** QAPI, Medical Staff, Dietary, Radiology, Lab, UR, and Facility Services

### **Objectives:**

- Recall the requirement for and elements of a QAPI program
- Describe the need for radiology policies, including one on radiation safety and the need for qualified staff
- Discuss the new option of credentialing the dietician to order diets – if allowed by the state
- Describe the need for facility maintenance program to include water management



**Agenda:**

1. Quality Assessment and Performance Improvement
  - a. PI program requirements
  - b. Final changes
  - c. Tracking of medical errors and adverse events
  - d. Identifying opportunities for improvement
  - e. Patient safety
2. Medical Staff, Board, and CEO
  - a. Medical staff and Board requirements
  - b. Shared medical staff
  - c. MS by-laws
  - d. Appraisal of MS
  - e. Accountability of MS for quality of care
  - f. Credentialing and privileging
  - g. Telemedicine – hospital and entity based
  - h. Hospitals part of a system – shared medical staff
  - i. History and physicals
3. Radiological Services
  - a. Radiation exposure
  - b. Standard of care
  - c. Scope and complexity
  - d. Therapeutic radiology
  - e. Adverse reaction to agents
  - f. Safety precautions
  - g. Shielding of patients
  - h. Supervision of staff
  - i. Signing of radiology reports
  - j. Radiopharmaceuticals on off hours
4. Laboratory Services and Look Back Program
  - a. Lab services
  - b. Tissues specimens
  - c. Blood bank
  - d. Recordkeeping
  - e. Look back program
5. Food and Dietary Services
  - a. Diets and menus
  - b. Credentialing RD or nutrition specialist to write diet orders
  - c. Patient nutritional needs
  - d. Diet manual and therapeutic menus
  - e. Qualified director required
  - f. Required dietary policies



- g. Nutritional assessment
  - h. Order required
  - i. Therapeutic diets and nutritional needs
6. Utilization Review
- a. Composition of UR committee
  - b. Admission or continuous stays
  - c. Medicare patient discharge appeal rights
  - d. UR plan
  - e. Scope and frequency of reviews
  - f. Notice Law and MOON form
7. Physical Environment
- a. Buildings and equipment
  - b. Facility and building maintenance
  - c. Security factors to consider – including ligature risks
  - d. Emergency systems and life safety code
  - e. Trash
8. Emergency preparedness
- a. Emergency power and lighting
  - b. Emergency gas and water
  - c. Ventilation, light, temperature
  - d. 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 5-0023-12-23-0-22 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.