

CMS Hospital Improvement Act Proposed Changes



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Speaker



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Objectives

- Explain why a hospital must institute policies that describe which outpatient areas require a RN.
- Explain new and revised standards, regulations, and laws put forth by CMS, TJC, DNV and the federal government.
- Evaluate compliance requirements and penalties.

Introduction



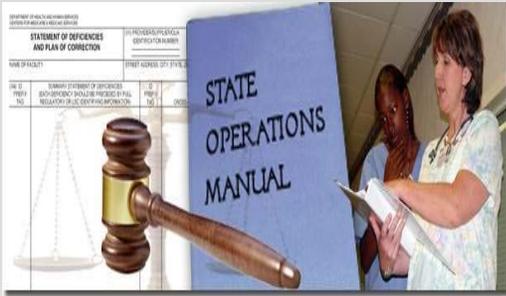
Introduction

- First, CMS published proposed changes in the Federal Register on June 16, 2016
- Second, CMS will publish the final rule in the Federal Register
- Third, CMS will come along and publish interpretive guidelines so the surveyors and hospitals will know what it means
- Fourth, CMS reserves the right to tinker with the language when the survey memo is issued

Introduction

- Fifth, will publish it in a transmittal and then that day will update the CMS hospital CoP manual
- Hospitals will then need to review and implement the requirements
 - Hospitals can do a gap analysis where they go through it line by line and document how they meet compliance
- Hospitals can get a complaint survey, validation survey or certification survey
- If out of compliance CMS may issue a statement of deficiency and will have to do a plan of correction

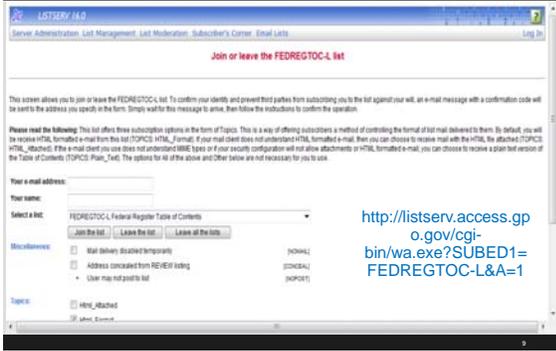
Hospitals Do Not Want One of These



The Conditions of Participation (CoPs)

- CoP manual first published in 1986
 - Manual updated more frequently now
- Hospitals should check the CMS survey memo website once a month for changes and consider having one person who is responsible to do this
- Have one person sign up to get the Federal Register (FR) for free to monitor CMS Survey memos at www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.a
- Federal Register is at www.gpoaccess.gov/fr/index.html

Subscribe to the Federal Register Free



CMS Survey and Certification Website

www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage

Policy & Memos to States and Regions

CMS Survey and Certification memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Regional Offices.

Show entries: 10

Filter On:

Title	Memo #	Posting Date	Fiscal Year
FY 2016 Report to Congress (RTC): Review of Medicare's Program Oversight of Accrediting Organizations (AOs) and the Clinical Laboratory Improvement Amendments of 1988 (CLIA) Validation Program	16-07-AO	2016-01-29	2016
Medicare Learning Network (MLN) Infection Control Courses	16-06-ALL	2016-01-22	2016
Infection Control Pilot Project	16-05-ALL	2015-12-23	2016
Focused Dementia Care Survey Tools	16-04-NH	2015-11-27	2016
Release of Fiscal Year (FY) 2016 End Stage Renal Disease (ESRD) Core Survey Data Worksheet	16-03-ESRD	2015-11-20	2016
Advanced Notification: Revisions to State Operations Manual (SOM), Appendix C – Survey Procedures and Interpretive Guidelines for Laboratories and Laboratory Services	16-02-CLIA	2015-11-06	2016
Revised Hospital Guidance for Pharmaceutical Services and Expanded Guidance Related to Compounding of Medications	16-01-Hospital	2015-10-30	2016

Medicare State Operations Manual Appendix

Email questions to CMS hospitalscg@cms.hhs.gov

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. Click on the red button in the 'Download' column to see any available file in PDF.
- To return to this page after opening a PDF file on your desktop, use the browser "back" button. This is because closing the file usually will also close most browsers

[New website at www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.pdf](http://www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.pdf)

App. No.	Description	PDF File
A	Hospitals	2,185 KB
AA	Psychiatric Hospitals	606 KB

CoP Manual Also Called SOM

State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

Table of Contents
(Rev. 1/11, 11-20-15)

www.cms.hhs.gov/manuals/downloads/som107Appendixtoc.ppt

[Transmittals for Appendix A](#)

[Survey Protocol](#)

Introduction

- Task 1 - Off-Site Survey Preparation
- Task 2 - Entrance Activities
- Task 3 - Information Gathering Investigation
- Task 4 - Preliminary Decision Making and Analysis of Findings
- Task 5 - Exit Conference
- Task 6 - Post-Survey Activities

Psychiatric Hospital Survey Module

Psychiatric Unit Survey Module

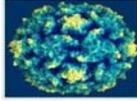
Rehabilitation Hospital Survey Module

Inpatient Rehabilitation Unit Survey Module

Hospital Swing-Bed Survey Module

Regulations and Interpretive Guidelines

Email questions
hospitalscg@cms.hhs.gov



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Transmittals

CMS.gov
Centers for Medicare & Medicaid Services

Learn about your healthcare options

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems

Home > Regulations and Guidance > Transmittals > 2016 Transmittals

www.cms.gov/Regulations-and-Guidance/Transmittals/2016-Transmittals.html

2016 Transmittals

2015 Transmittals

2014 Transmittals

2013 Transmittals

2012 Transmittals

2011 Transmittals

2010 Transmittals

2009 Transmittals

2008 Transmittals

2007 Transmittals

2006 Transmittals

2005 Transmittals

2004 Transmittals

2016 Transmittals

Show entries: 10

Filter On:

Transmittal # Issue Date Subject Implementation Date CR # MM Article #

SE1000

Guidance on the Physician Quality Reporting System (PQRS) 2014 Reporting Year and 2015 Payment Adjustment for Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and Critical Access Hospitals (CAHs)

SE1000

12/15/2015

01/15/2016

01/15/2016

01/15/2016

01/15/2016

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CMS Proposed Hospital CoP Changes



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Hospital Improvement Act Introduction

- The following is the name given by CMS to the proposed rule published on June 16, 2016
- Medicare and Medicaid Programs; Hospital and Critical Access Hospital (CAH) Changes To Promote Innovation, Flexibility, and Improvement in Patient Care; Proposed Rule
- It makes changes to the following CoP sections:
 - Nursing, Infection Control, Patient Rights, Medical Records, QAPI, Lab, and Dietary (CAH)
 - It addresses restraints, implementation of an antibiotic stewardship program, care plans, non-discrimination, LIP

Proposed Changes June 16, 2016 FR



www.gpo.gov/fdsys/pkg/FR-2016-06-16/pdf/2016-13925.pdf

FEDERAL REGISTER

Vol. 81 Thursday,
No. 116 June 16, 2016

Part IV

Department of Health and Human Services
Centers for Medicare & Medicaid Services
42 CFR Parts 482 and 485
Medicare and Medicaid Programs; Hospital and Critical Access Hospital (CAH) Changes To Promote Innovation, Flexibility, and Improvement in Patient Care; Proposed Rule

Word Version is also Available

The screenshot shows the Federal Register website interface. At the top, there are navigation links for Sections, Browse, Search, Reader Aids, and My FR. The main heading is "FEDERAL REGISTER" with the subtitle "The Daily Journal of the United States Government". Below this, a blue banner indicates "Proposed Rule". The title of the rule is "Medicare and Medicaid Programs; Hospital and Critical Access Hospital (CAH) Changes To Promote Innovation, Flexibility, and Improvement in Patient Care". A URL is provided: www.federalregister.gov/documents/2016/06/16/2016-13925/medicare-and-medicare-programs-hospital-and-critical-access-hospital-cah-changes-to-promote. Below the title, there are sections for "PUBLISHED DOCUMENT" and "DOCUMENT DETAILS". The "PUBLISHED DOCUMENT" section shows the AGENCY as "Centers for Medicare & Medicaid Services (CMS), HHS." and the ACTION as "Proposed rule." The "DOCUMENT DETAILS" section shows the Formed version as "PDF", the Publication Date as "6/16/2016", the Agencies as "Centers for Medicare & Medicaid Services", and the Date as "6/16/2016".

Hospital Improvement Act Introduction

- The proposed rules would be implemented in the hospital and critical access hospitals (CAH)s
 - So all hospitals that accept Medicare or Medicaid would have to follow these and for all patients
- They are intended to ensure hospitals are following standards of practice
- They are intended to improve the quality of care to patient and reduce barriers to care
- The PDF version is 34 pages
- There were 200 public comments on this rule

Questions???

- Questions can be addressed to CMS by sending an email to hospitalscg@cms.hhs.gov
 - Or CAH can send to CAHscg@cms.hhs.gov
- Questions can addressed to the following CMS staff;
- Scott Cooper at (410) 786-9465, Mary Collins at (410) 786-3189, Banu Huq at (410) 786-8687, or Lisa Parker at (410) 786-4665
- Their emails are firstname.lastname@cms.hhs.gov

Hospital Improvement Act Introduction

- CMS says benefits of this act include;
 - Reduce inappropriate antibiotic use
 - Prevent discrimination
 - Improve use of quality data
- Implement an antibiotic stewardship program to reduce inappropriate antibiotic and resistance
- Reduce hospital-acquired conditions (HACs) such as CAUTI, vascular catheter infection, surgical site infection after a CABG, DVT or PE after TKA or THA

CMS Hospital Acquired Conditions or HACs

Hospital-Acquired Conditions

Section 501(c) of Deficit Reduction Act of 2005 requires the Secretary to identify conditions that are: (A) high cost or high volume or both; (B) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis; and (C) could reasonably have been prevented through the application of evidence-based guidelines.

On July 31, 2008, in the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2009 Final Rule, CMS included 10 categories of conditions that were selected for the HAC payment provision. Payment implications began October 1, 2008, for these Hospital Acquired Conditions. The IPPS FY 2009 Final Rule is available in the [Statute/Regulations/Program Instructions](#) section, accessible through the navigation menu at left.

These 14 categories of HACs listed below include the new HACs from the IPPS FY 2013 Final Rule which are Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED) and Iatrogenic Pneumothorax with Venous Catheterization. For FY 2014 and FY 2015, there are no additional HACs added.

- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Stage III and IV Pressure Ulcers
- Falls and Trauma
 - Fractures
 - Dislocations
 - Intracranial Injuries
 - Crushing Injuries
 - Burn
 - Other Injuries
- Manifestations of Poor Glycemic Control
 - Diabetic Ketoacidosis
 - Nonketotic Hyperosmolar Coma
 - Hypoglycemic Coma
 - Secondary Diabetes with Ketoacidosis
 - Secondary Diabetes with Hyperosmolarity
- Catheter-Associated Urinary Tract Infection (UTI)

www.cms.gov/medicare/medicare-fee-for-service-payment/hospitalacqcond/hospital-acquired_conditions.htm

Why Revise the CoPs?

- Improve outcomes and quality of care
- Reduce unnecessary readmissions
- Reduce HACs
- Improve antibiotic use at reduced costs
- Reduce healthcare associated infections (HAIs)
- Mentions these changes are consistent with the National Quality Strategy
 - Published in March 2011 by AHRQ on behalf of HHS
 - Set focus on QI with three aims to provide better and more affordable care and 6 priorities

National Quality Strategy

Report to Congress

National Strategy for Quality Improvement in Health Care

March 2011

www.ahrq.gov/workingforquality/nqs/nqs2011annlrpt.pdf



National Action Plan for ADEs

- CMS said proposed rules are also consistent with the current HHS quality initiatives
- This includes national action plan for ADEs
 - 190 page document and an action plan for preventing ADEs
 - Section on opioids, diabetes agents, and anticoagulants which are the top ones that cause ADE
 - 280,000 admission every year from ADEs
 - Shares evidences based literature and assessment tools

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National Action Plan for ADEs

National Action Plan for Adverse Drug Event Prevention

<https://health.gov/hcq/pdfs/ADE-Action-Plan-508c.pdf>



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Why Revise the CoPs?

- Mentions National Action Plan for combating antibiotic resistant bacteria and this is discussed under the section on antibiotic stewardship program
- Need to prohibit discrimination which would support eliminating disparities in care
 - See Section 1557 of the ACA
- Changes in nursing services, QAPI, and change in term LIP would support coordination of care and improve quality

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Patient Rights and Non-Discrimination



Non-Discrimination

- To participate in Medicare hospitals must agree to follow the civil rights requirements of Title VI of the Civil Rights Act of 1964
 - Implemented by various other federal laws such as the Rehab Act of 1973
 - Age Discrimination Act of 1975
 - Section 1557 of the Patient Protection and Affordable Care Act
- This prohibits discrimination based on race, color, national origin, disability, age, and sex (including gender identity)

Non-Discrimination

- CMS noted there were no prohibitions in the CMS CoPs on gender identities which can be a barrier to seeking care by patients who fear discrimination
- Numerous studies show the impact or perceived discrimination when seeking medical care
- The IOM report in 2011 found that many lesbian, gay, bisexual, and transgender people refrain from disclosing sexual orientation or gender to their health care provider
 - The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding

The IOM Report of LGBT



The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding

www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx

Released: March 31, 2011

REPORT AT A GLANCE

- Report Release Audio, Part One (MP3)
- Report Release Audio, Part Two (MP3)
- Press Release (HTML)
- Report Release Handout (PDF)
- Report Brief (PDF, HTML)

At a time when lesbian, gay, bisexual, and transgender individuals—often referred to under the umbrella acronym LGBT—are becoming more visible in society and more socially acknowledged, clinicians and researchers are faced with incomplete information about their health status. While LGBT populations often are combined as a single entity for research and advocacy purposes, each is a distinct population group with its own specific health needs. Furthermore, the experiences of LGBT individuals are not uniform and are shaped by factors of race, ethnicity, socioeconomic status, geographical location, and age, any of which can have an effect on health-related concerns and needs. Researchers still have a great deal to learn and face a number of challenges in understanding the health needs of LGBT populations.

To help assess the state of the science, the National Institutes of Health (NIH) asked the IOM to evaluate current knowledge of the health status of lesbian, gay, bisexual, and transgender populations; to identify research gaps and opportunities; and to outline a research agenda to help fill those gaps.

Non-Discrimination

- Some LGBT patients have been denied care or given inadequate care
- Perceived discriminatory behavior among African-American and white patients treated for osteoarthritis by orthopedic surgeons in two VA facilities
- Racial or ethnic minorities less likely to receive preventative vaccines
- So CMS is proposing nondiscrimination as required by Section 1557 of the ACA

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OCR Enforces Discrimination Law

HHS.gov

Office for Civil Rights

U.S. Department of Health & Human Services

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Civil Rights

Health Information Privacy

Newsroom

1815 HHS.gov • Office for Civil Rights (OCR)

Text Resize A A A Print Share

Office for Civil Rights (OCR)

I would like info on...

- > Contact the Office for Civil Rights
- > Section 1557 - Nondiscrimination
- > Health Information Privacy



Final Rule Implementing Section 1557

Section 1557 is the nondiscrimination provision of the ACA and applies to certain health programs & activities.

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact [Name of Civil Rights Coordinator]

If you believe that [Name of covered entity] has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. You can file a

grievance in person or by mail, fax, or email. If you need help filing a grievance, [Name and Title of Civil Rights Coordinator] is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

LAB Look Back Program



Look Back Program

- Timeframe for patients tested after February 2008
- If the blood collecting agency, such as the Red Cross, notifies the hospital that it received potentially infectious blood
- Such as one contaminated with HIV or Hepatitis
- The hospital has to make a reasonable attempt to give notification
- Over a period of 12 weeks
- This is in here because in the CoP it previously said this provision would expire

Look Back Program

- So this provision continues
- And if unable to locate this must be documented in the medical record
- For example difficulty locating a homeless patients
- We generally made at least 3 attempts then documented and closed the file
- Usually the hospital notifies the patient's physician who does the notification
- Every hospital should have a look back policy

PAs Ordering Restraint and Seclusion



PA Ordering Restraints

- Physicians and licensed independent practitioners (LIPs) can order restraints
- PAs are generally not LIP but licensed practitioners (LPs) but physician dependent practitioners
- Therefore many hospitals would not let a PA order restraints
- Changing so PAs can order restraints
 - As long as allowed by state law and hospital policy
- So will change language to say **LPs** instead of LIPs

PA Ordering Restraints

- A patient in restraints who are violent and or self destructive must have an evaluation and a new order in 24 hours
- A PA would also be allowed to reassess and re-order restraints
- The PA could also monitor the patient
- Generally, training to NP or now a PA would include knowledge of the CMS 50 pages or restraint standards and documenting what is required by CMS
 - Many also provide a course like CPI

PA Ordering Restraints

- PA will have to be trained on the policy as required by physicians or NP who order restraints
- A trained nurse or other person qualified to do the one hour face to face exam must notify the physician or LP as soon as possible
 - This can include the PA
 - Change made at the request of the American Academy of Physician Assistants
- So would need to change your R&S policy to allow a MD/DO or LP who is responsible for the patient to order R&S by hospital policy

PA Scope of Practice

- Removing term PA from one section to make it clear hospitals can use a PA to the extent of their education and scope of practice
- The use of LIPs, instead of LPs, distinguished the role of the PA from an APRN in the past
- CMS believes that PAs, like APRNs and physicians, should not have to undergo additional training so that they can order restraint and seclusion

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Documentation of the One Hour

- Who ever does the one hour patient face-to-face exam must document the following:
- Practitioner must evaluate the patient's immediate situation
 - The patient's reaction to the intervention
 - The patient's medical and behavioral condition
 - The need to continue or terminate the restraint or seclusion
- Must document this information so have a standard **form** (Tag 184)

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Document One Hour

- Include in evaluation, physical and behavioral assessment (Tag 179)
- Include a review of systems, behavioral assessment, as well as patient's history
- Include drugs and medications and most recent lab tests
- Look for other causes such as drug interactions, electrolyte imbalance, hypoxia, sepsis, etc. that are contributing to the V/SD behavior
- Document change in the plan of care
- Train staff in these requirements (Tag 196)

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Patient Access to Medical Records



Patient Access to Medical Records

- Current provisions in the hospital CoPs did not take into account that medical records may be maintained electronically
- Or that the patient had the right to get them electronically
 - Note the federal HIPAA law, which is enforced by the Office of Civil Rights (OCR) does do this
- CMS said the patient should be able to access medical records in an electronic format when records are maintained this way
- ~~Can't frustrate patient efforts to get their records~~

Patient Access to Medical Records

- CMS is therefore clarifying the following:
- The patient has the right to access their medical records, including current medical records, upon an oral or written request, in the form and format requested by the individual (paper or electronic)
- Must be within a reasonable time
 - 30 days or if stored off site then 60 days
- If the patient does not get their records in this timeframe he can file a complaint with OCR
 - At www.hhs.gov/hipaa/filing-a-complaint/index.html

Second FAQ Feb 2016

HHS.gov U.S. Department of Health & Human Services

About HHS Programs & Services Grants & Contracts Laws & Regulations

Grants and Contracts (1)
Health Care (106)
Health IT (7)
HHS Administrative (9)
HIPAA (3)
Holidays and Observances (33)
Medicare and Medicaid (13)
Mental Health and Substance Abuse (13)
Prevention and Wellness (100)
Programs for Families and Children (24)
Public Health and Safety (62)
Research (11)

New HIPAA guidance reiterates patients' right to access health information and clarifies appropriate fees for copies

February 25, 2016 | By [Justin Samuels](#), Director, Office for Civil Rights

Summary: Today's second set of FAQs addresses fees for copies of health information and the right to have health information sent directly to a third party.

The President's Precision Medicine initiative prioritizes the ability of any American to participate in scientific research by individually donating their health information. This can only be made possible by robust access to patient data. At the Office for Civil Rights (OCR), we believe strongly that every individual should be able to easily exercise their right to access their health information, allowing them to be fully engaged in their care and empowered to make the health care decisions that are right for them. The HIPAA Privacy Rule has always provided individuals with the right to access and receive a copy of their health information from their providers, hospitals, and health insurance plans. But this right has not always been well-understood, and far too often individuals face obstacles accessing their health information, even from entities required to comply with HIPAA.

Last month we took an important step toward removing those obstacles by issuing a comprehensive guidance and the first in a series of topical frequently asked questions (FAQs) addressing patients' right to access their medical records. Those FAQs set forth requirements providers must follow in sharing medical records with patients, including that they must do so in a timely manner and in a format that works for the patient.

Medical Records



Medical Records Outpatient

- The CoPs apply to inpatients and outpatients
- However, some of the language makes it sound like it applies only to inpatients
 - Terms such as admission, discharge, or hospitalization
- Want to clarify the distinction between inpatient and outpatients
- The content of the MR must contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services

Medical Records

- This sentence may not capture the documentation needed for outpatients
 - Such as a progress note
- So adding an extra sentence at the end to read as follows:
- And document all inpatient stays and outpatient visits to reflect all services provided to the patient
- Adding under the requirement to document an admitting diagnosis to add documenting all diagnoses specific to each inpatient stay and outpatient visit.”

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Medical Records

- Proposing to require language that the MR contain documentation of complications, hospital-acquired conditions (HACs), healthcare-associated infections (HAI), and adverse reactions (AE) to drugs and anesthesia
- Making changes to ensure there is documentation for both inpatients and outpatients to reflect all services that were provided to the patient
- So all information to monitor the patient must be documented in addition to care provided

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Medical Records

- Change would require that the medical record would include documentation of discharge summary and transfer summaries
 - With outcomes of all hospitalization
 - Disposition of cases and
 - All follow up for inpatient or outpatient
- CMS wanted to emphasize the importance of the discharge summary and transfer summary (or continuity sheet)
- Change final diagnosis with completion of MR in outpatients to **7 days**

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QAPI Program



QAPI

- Current CoPs require hospitals to examine the quality of its services and implement specific improvement projects on an ongoing basis
- This has resulted in hospitals making progress in delivering safer, high quality care
- CMS making a minor change to the program data requirements
- Currently hospitals must incorporate patient care data into their QAPI such as data submitted to or from the QIO

QAPI

- Proposing to require that the hospital QAPI program incorporate quality indicator data including patient care data submitted to or received from quality reporting and quality performance programs
- This would include data on readmissions and hospital acquired conditions
- Hospitals are already collecting and reporting on a lot of this data so efficient to include some of this data in the QAPI program
 - Like HAC Reduction Program, Hospital VBP Program, Inpatient and Outpatient Quality Reporting Program

CMS Hospital Acquired Conditions

Hospital-Acquired Conditions

Section 5001(c) of Deficit Reduction Act of 2005 requires the Secretary to identify conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines.

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- Manifestations of Poor Glycemic Control
 - Diabetic Ketoacidosis
 - Nonketotic Hyperosmolar Coma
 - Hypoglycemic Coma
 - Secondary Diabetes with Ketoacidosis
 - Secondary Diabetes with Hyperosmolarity
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Vascular Catheter-Associated Infection

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html

Nursing Services



Nursing Services

- CMS felt that some of requirements were confusing due to unnecessary distinctions between inpatient and outpatient services
- Felt confusion on how hospitals meet their nursing staffing requirements
- Currently states that there must be supervisory and staff personnel for each nursing unit to ensure, when needed, the immediate availability of a registered nurse for **bedside** care of any patient
 - Will delete **bedside** which implies that it applies to inpatients only

Nursing Services Outpatient RN

- Patient must have ongoing assessments
- Must be sufficient numbers, and types of supervisory and staff nursing personnel to respond to the appropriate nursing needs and care of the patients
- Proposing to require hospitals to have a policy to state which outpatient departments would be required to have an RN present
 - Such as outpatient ambulatory surgery recovery unit
 - Maybe not needed at outpatient MRI

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Nursing Services Plan of Care

- Policy to take into account factors such as:
 - The services delivered
 - The acuity of patients typically served by the facility and
 - The established standards of practice for such services
- It must also reflect the care given and be kept current
 - Such as dressing changes, foley insertions, wound irrigations
 - Must be started and implemented in a timely manner

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Nursing Services Plan of Care

- Clarifying that a plan of care is required for every patient and it should reflect the needs of the patient
- Patient goals should be part of care plan
- Care plan should include:
 - Physiological and psychosocial factors
 - Physical and behavioral health comorbidities
 - Patient discharge planning
 - Should be consistent with medical care

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Nursing Services P&P

- All nurses must adhere to the nursing policies and procedures
 - Would remove the section that says non-employee nurses must follow to emphasis all nurses must follow
- The CNO must provide for adequate supervision and evaluation of **all** nursing personnel of clinical activities
 - This would include licensed nurses, including agency nurses, and non-licensed such as nurse aides, orderlies, and other support staff
- Non-licensed staff must be supervised by a licensed nurse

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Nursing Leadership

- Changes nursing leadership to mean more than the CNO
- The board would have to consult with nursing leadership regarding ASP
 - This would so include the IP, Medical Staff, Pharmacy leadership, and leader of the ASP
 - There are many studies that hospitals should select a physician leader in this role
 - The physician who has infection disease training

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Clarifications Drug & Biologicals

- The following is applicable to **all** patients, and not just Medicare patients, in the hospital;
- All drugs and biologicals must be prepared and administered in accordance with Federal and State laws
- Need an order of the practitioner or practitioners responsible for the patient's care
 - Hospitals determines who can write these orders
 - Consistent with state law, scope of practice and &P
- And must be written in accordance with accepted standards of practice.

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Clarifications Flu and Pneumococcal Vaccine

- Need order for all medications
- Exception is flu and pneumovac
- Must have physician-approved hospital policy such as approval of MEC
- Then assess for any contraindications
- Nurse can write the order
- Pharmacy sends up
- No one is required to sign the order

Clarification Verbal Orders

- If verbal orders are used, they are to be used infrequently
- Must only be accepted by persons who are authorized to do so by hospital P&P
- Verbal orders have been a problematic standard for hospitals for years
- CMS has four tag numbers; 407, 408, 456 and 457
- Make sure they are signed off as soon as possible
- Make sure staff are aware of the hospital policy

Infection Control and Antibiotic Stewardship



Introduction ASP

- CMS says these changes are consistent with the National Strategy for Combating Antibiotic-Resistant Bacteria (CARB)
 - Developed by the interagency Task Force for Combating Antibiotic-Resistant Bacteria in response to the President's Executive Order 13676
 - Outlined the steps for implementing this
- Action plan to improve antibiotic use by prescribing practices across all settings
- Want to have all hospitals to have a antimicrobial stewardship program by 2020

Presidential Document CARB

Federal Register / Vol. 184, No. 79 / Tuesday, September 23, 2014 / Presidential Documents 56931

Presidential Documents

www.gpo.gov/fdsys/pkg/FR-2014-09-23/pdf/2014-22805.pdf

Executive Order 13676 of September 18, 2014

Combating Antibiotic-Resistant Bacteria

By the authority vested in me as President by the Constitution and the laws of the United States of America, I hereby order as follows:

Section 1. Policy. The discovery of antibiotics in the early 20th century fundamentally transformed human and veterinary medicine. Antibiotics save millions of lives each year in the United States and around the world. The rise of antibiotic-resistant bacteria, however, represents a serious threat to public health and the economy. The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) estimates that annually at least two million illnesses and 23,000 deaths are caused by antibiotic-resistant bacteria in the United States alone.

Detecting, preventing, and controlling antibiotic resistance requires a strategic, coordinated, and sustained effort. It also depends on the engagement of governments, academia, industry, healthcare providers, the general public, and the agricultural community, as well as international partners. Success in this effort will require significant efforts to: minimize the emergence of antibiotic-resistant bacteria; preserve the efficacy of new and existing antibacterial drugs; advance research to develop improved methods for combating antibiotic resistance and conducting antibiotic stewardship; strengthen

National Action Plan CARB

NATIONAL ACTION PLAN FOR COMBATING ANTIBIOTIC-RESISTANT BACTERIA

www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf

MARCH 2015



National Action Plan CARB

- Plan to be taken so we knew it would be end up in the hospital CoPs
- CDC says 23,000 patients die a year from drug resistant bacteria
- Causes 2 million illnesses each year
- It also threatens the health of animals
- This is a roadmap to guide the nation to prevent antibiotic resistance
- Budgeted more than \$1.2 million

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Introduction HHS Action Plan on HAI

- CMS discusses that there are 722,000 patient infections a year and 75,000 deaths
- CMS is concerned about the growing threat to patient safety posed by organisms resistant to antibiotic or MDROs
- HHS published the HHS action plan to prevent HAIs in response and hospital can use this as resource to identify HAIs
 - Says 1 in 20 patients has a HAI
 - HAI cost between \$28 to 33 billion per year

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National Action Plan to Prevent HAI

National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination

- Action Plan Development
- Phase 1: Acute-Care Hospitals
- Phase 2: Ambulatory Surgical Centers, End-Stage Renal Disease Facilities, and Increasing Influenza Vaccination Among Health Care Personnel
- Phase 3: Long-Term Care Facilities
- Evaluation of the Health Care-Associated Infections Action Plan
- State HAI Prevention Plans

<https://health.gov/hcq/prevent-hai-action-plan.asp>

Action Plan Development

In recognition of health care-associated infections (HAIs) as an important public health and patient safety issue, the U.S. Department of Health and Human Services (HHS) convened the Federal Steering Committee for the Prevention of Health Care-Associated Infections (originally called the HHS Steering Committee, but was changed to reflect the addition of agencies outside of HHS). The Steering Committee's charge is to coordinate and maximize the efficiency of prevention efforts across the federal government. Members of the Steering Committee include clinicians, scientists, and public health leaders representing:

- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)

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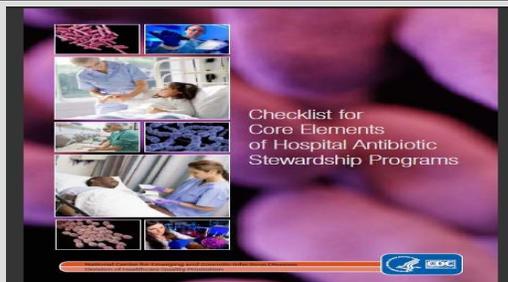
Antibiotic Stewardship Program

- CMS wants to clarify existing provisions
- CMS wants to update to current practices which includes a requirement for hospitals to have an ASP or antibiotic stewardship program
- This can help antibiotic prescribing practices
- It can also help to reduce C-diff infections
- An individual must be appointed by the board to be the leader of the ASP
 - Must be recommended by the Medical Staff
 - Must be qualified by training and education

Active Antibiotic Stewardship Program

- Training must be in infectious diseases
- An active ASP must include the following;
 - Coordination with others such as the IP, Medical staff, nursing, pharmacy and the QAPI program
 - Document the evidence based antibiotics in all departments and services
 - Document sustained improvements in proper antibiotic use, reduction in C-diff and antibiotic resistance
 - Must follow evidenced based guidelines and best practices
- An example would be the CDC core elements of a ASP

CDC Toolkit Core Elements



www.ahaphysicianforum.org/resources/appropriate-use/antimicrobial/content%20files%20pdf/CDC%20checklist.pdf

TJC Antibiotic Stewardship Program

- Standards effective January 1, 2017 and these are in here for reference and to help with the CMS ones
 - Added new Medication Management standard
 - MM.09.01.01 was developed after the White House Forum on Antibiotic Stewardship which occurred June 2, 2015
- TJC shows a commitment to slow the emergence of antibiotic resistance bacteria, detect resistant strains, and prevent the spread of resistant infections
 - CDC says 20-50% of all antibiotics in the US are unnecessary

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TJC Antibiotic Stewardship Program

- Standard: The hospital has an antimicrobial stewardship program based on evidence-based national guidelines
- Has 8 elements of performance
- EP1 Leaders establish antimicrobial stewardship as a priority for the hospital
 - Accountability for leadership can be evidenced by the IC plan, PI plan, strategic plans, budgeting resources, using the EHR to collect data, accountability documents

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New Antimicrobial Stewardship Standard
www.jointcommission.org/assets/1/6/HAP-CAH_Antimicrobial_Prepub.pdf

APPLICABLE TO HOSPITALS AND CRITICAL ACCESS HOSPITALS

Effective January 1, 2017

Medication Management (MM)

Standard MM.09.01.01
 The [critical access] hospital has an antimicrobial stewardship program based on current scientific literature.

Elements of Performance for MM.09.01.01

1. Leaders establish antimicrobial stewardship as an organizational priority. (See also LD.01.03.01, EP-5)
 - Accountability documents
 - Budget plans
 - Infection prevention plans
 - Performance improvement plans
 - Strategic plans
 - Using the electronic health record to collect antimicrobial stewardship data

Note: Examples of leadership commitment to an antimicrobial stewardship program are as follows:
2. The [critical access] hospital educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial
 - Infectious disease physician
 - Infection preventionist(s)
 - Pharmacist(s)
 - Practitioner

Note 1: Part-time or consultant staff are acceptable as members of the antimicrobial stewardship multidisciplinary team.

Note 2: Telehealth staff are acceptable as members of the antimicrobial stewardship multidisciplinary team.
3. The [critical access] hospital's antimicrobial stewardship program includes the following core elements.
 - Leadership commitment: Dedicating necessary human, financial, and information technology resources.
 - Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs shows that a physician leader is effective.
 - Drug expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.
4. The [critical access] hospital has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:
 - Infectious disease physician
 - Infection preventionist(s)
 - Pharmacist(s)
 - Practitioner

Note 1: Part-time or consultant staff are acceptable as members of the antimicrobial stewardship multidisciplinary team.
5. The [critical access] hospital's antimicrobial stewardship program includes the following core elements.
 - Leadership commitment: Dedicating necessary human, financial, and information technology resources.
 - Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs shows that a physician leader is effective.
 - Drug expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.

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TJC Antibiotic Stewardship Program

- EP2 Educate staff and LIPs involved in a ordering antibiotics, dispensing, administrating, and monitoring for antimicrobial resistance and antimicrobial stewardship practices
 - Education occurs upon hire or granting of privileges and periodically after that as needed
- EP3 Educate patients, and their families regarding the appropriate use of antimicrobial medications, including antibiotics, as needed
 - An example of an article you can use is the CDC's Get Smart document, "Viruses or Bacteria-What's got you sick? www.cdc.gov/getsmart/community/downloads/getsmart-chart.pdf

Viruses or Bacteria
What's got you sick?

Antibiotics only treat bacterial infections. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Illness	Usual Cause		Antibiotic Needed
	Viruses	Bacteria	
Cold/Runny Nose	✓		NO
Bronchitis/Chest Cold (in otherwise healthy children and adults)	✓		NO
Whooping Cough		✓	Yes
Flu	✓		NO
Strep Throat		✓	Yes
Sore Throat (except strep)	✓		NO
Fluid in the Middle Ear (otitis media with effusion)	✓		NO
Urinary Tract Infection		✓	Yes

Antibiotics Aren't Always the Answer

www.cdc.gov/getsmart

GET SMART
Don't Stop the Progress

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

TJC Antibiotic Stewardship Program

- EP 4 The hospital has an antimicrobial stewardship multidisciplinary team that includes the following:
 - Pharmacist, Infection disease physician, and Infection preventionist,
 - Part-time or consultant staff are acceptable
- EP 5 The hospital's antimicrobial stewardship program includes the following core elements:
 - Leadership commitment-having dedicated people, and financial and IT resources

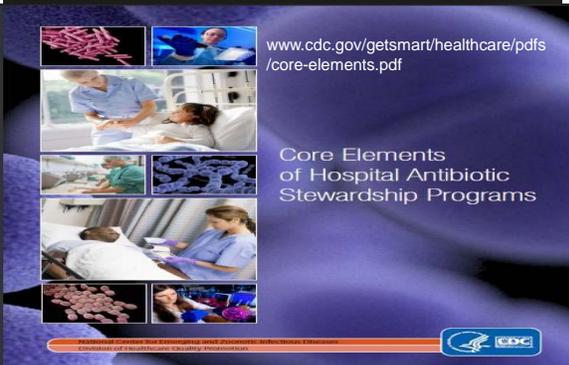
TJC Antibiotic Stewardship Program

- Accountability-single leader responsible for outcomes and experience with successful programs show a physician leader is effective
- Drug expertise-appointing a single pharmacist leader responsible for improving antibiotic use
- Action-implement recommended action such as systematic review of ongoing treatment need after a certain period like antibiotic time out after 48 hours
- Tracking-monitor the program which may include information on antibiotic prescribing and resistance patterns

TJC Antibiotic Stewardship Program

- Reporting-regularly report information on the program to MD/DOs, nurses, and staff which may include information on use and resistance patterns
- Education- educate staff, practitioners, and patients on the program which may include information about resistance and optimal prescribing
 - Mentions the CDC core elements
 - TJC recommends that hospitals use this document when designing their program
- Choosing wisely also have 24 organizations that have recommendations on prescribing antibiotics

CDC Core Elements of Hospital ASP



www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf

Core Elements of Hospital Antibiotic Stewardship Programs

Antibiotic Stewardship and Emerging and Resistant Infections Division
Centers for Disease Control and Prevention



TJC Antibiotic Stewardship Program

- EP 6 The hospital's program uses hospital approved multidisciplinary protocols such as policies
- Examples of protocols are as follows:
 - Antibiotic Formulary Restriction
 - Plan for Parenteral to Oral Antibiotic Conversion
 - Guidelines for Antimicrobial Use in Adults
 - Guidelines for Antimicrobial Use in Pediatrics
 - Care of the patient with C-diff
 - Preauthorization Requirements for Specific Antimicrobials
 - Use of prophylactic antibiotics

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TJC Antibiotic Stewardship Program

- Assessment of Appropriateness of Antibiotics for Community Acquired Pneumonia, skin and soft tissue infection, and UTI
- EP 7 The hospital collects and analyzes data on its antimicrobial stewardship program, including antimicrobial prescribing and resistance patterns
- EP 8 The hospital takes action on improvement opportunities identified in its antimicrobial stewardship program

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Antimicrobial Stewardship Toolkits

American Hospital Association's
PHYSICIAN LEADERSHIP FORUM
www.ahaphysicianforum.org/resources/appropriate-use/antimicrobial/index.shtml

Contribution on Clinical Leadership | Appropriate Use of Medical Resources | Leadership Development | Webinars | News

Antimicrobial Stewardship

User Guide

The toolkit is composed of three sections:

- Hospital and Health System Resources - includes a readiness assessment tool, the starting point in developing or enhancing a successful Antimicrobial Stewardship Program (ASP). The tool, a checklist developed by the CDC, should be shared with senior management, a senior leader for quality, purchasing directors, chief managers, nurse managers, key physician leaders, risk managers, pharmacy leaders, infection preventionists and hospital epidemiologists, laboratory staff and information technology staff. For ease of use, it is divided into two sections, one for those just beginning a program, the other for those who wish to enhance an existing program.
- Clinical Resources - includes webinars, clinical evidence supporting appropriate use of antibiotics, implementation guides and related articles.
- Patient Resources - includes frequently asked questions, pamphlets and handouts on how patients can best engage in their care and resources on appropriate use of antibiotics.

The CDC Assessment Tool

This checklist will assist hospitals in assessing key elements needed for creating a program that ensures optimal antibiotic prescribing and appropriate use. The key elements of a successful ASP include leadership commitment, accountability, drug expertise, action, tracking, reporting and education. To access the checklist, click here.

Hospital and Health System Resources

GETTING STARTED

Download the Antimicrobial Stewardship Toolkit

Related Webinar
Antimicrobial Stewardship: The Hospital Opportunity

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Antibiotic Stewardship Program ASP

- Change title of chapter to Infection prevention and control and antibiotic stewardship program
 - Adding the word prevention to promote cultural change
 - Adding ASP to emphasis the importance
- Added the paragraph to require that the hospital infection control and ASP be active and hospital wide
- Would need to do surveillance, prevention and control of HAI and infectious diseases

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Surveillance and CDC Net

- Surveillance is redefined to include infection detection, data collection, analysis, monitoring, and evaluation of preventative interventions
- Surveillance activities must be documented
- Must be conducted with recognized standards such as the CDC National Healthcare Safety Network
- Got to implement interventions to address issues identified in detection
 - Example; discovered 3 patients got a SSI after their TKA or 6 patients in the ICU has diarrhea and diagnosed as Norovirus

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CDC Centers for Disease Control and Prevention
CDC 24/7. Saving Lives. Protecting People™

www.cdc.gov/nhsn/index.html

Search the CDC
SEARCH

CDC A-Z INDEX

National Healthcare Safety Network (NHSN)

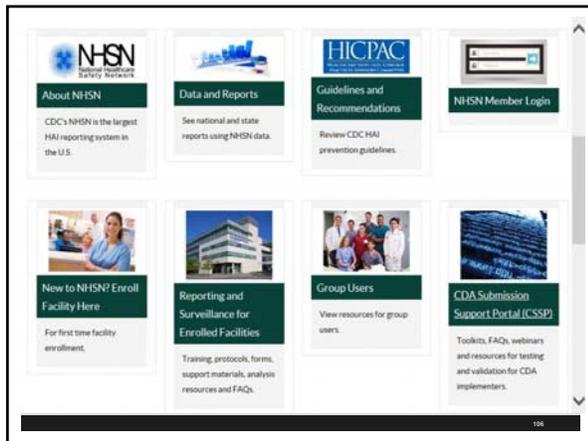
Protect Patients from Antibiotic Resistance
Prevent infections. Prevent spread.
Prove antibiotic use.

NHSN data shows superbugs threaten hospital patients
Protect patients from antibiotic resistance

About NHSN | Data and Reports | Guidelines and Recommendations | NHSN Member Login

CDC's NHSN is the largest

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Evidenced Based and Best Practices

- CMS deleted the log requirement because most hospitals have electronic surveillance and can analyze data from application of medical informatics and computer science technologies
- New requirement to ensure hospitals follow nationally recognized infection control guidelines and best practices
 - Flexibility for hospitals as opposed to any specific guide for IC and ASP such as SHEA or IDSA guidelines
- Hospital need to update P&P as guidelines change

IP Organization and P&P

- Changing to infection prevention and control program organization and policies and ensure 4 things;
 1. Make sure IP is qualified through education, experience, and training
 2. Document P&P and control the transmission of infections between hospitals and other institutions
 3. Have clean and sanitary environment so infections are not transmitted
 4. IC program should reflect scope and complexity of services provided

The Infection Preventionist

- Hospital (board) would have to appoint infection preventionist (IP)
- Would require MS (MEC) and nursing leadership (CNO) to approve IP
- If more than one preventionist must work together as a team
- Certification is not required but good way to show IP is qualified
 - As a CIC from APIC or training and education from APIC, AORN, IDSA, or SHEA

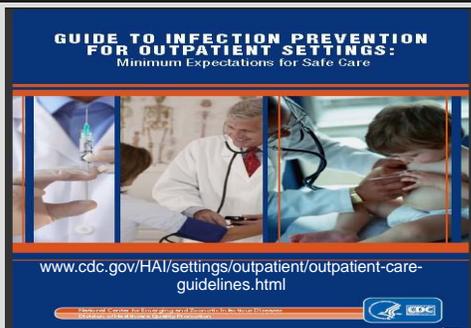
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Control Within and Between Hospital

- Has section on prevention and control of infection within the hospital and between the hospital and other settings and institutions
- Adjusting scope of hospital program in a broader sense to include prevent infections between patients, staff, and visitors as well as between other healthcare organizations
 - Patients can carry infection with them between facilities
- Wants hospitals to look at the CDC two documents on Guide to Prevention for Outpatient Settings
 - Updated November 2015

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CDC Guide Infection Control Outpatients



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Hospital Acquired-Conditions (HACs)

- IP responsible for documentation of the IC program
- Adding requirement to clarify hospitals must develop IC program to reflect their scope and complexity
 - If offers surgical surgery have a plan for surgery patients
 - If care for many cancer patients what is in the IC plan or program
- CMS says hospitals should find it helpful to refer to the list of HACs

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CMS Hospital Acquired Conditions

Hospital-Acquired Conditions

Section 5001(c) of Deficit Reduction Act of 2005 requires the Secretary to identify conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines.

On July 31, 2008, in the Inpatient Prospective Payment System (IPPS) Fiscal Year (FY) 2009 Final Rule, CMS included 10 categories of conditions that were selected for the HAC payment provision. Payment implications began October 1, 2009, for these Hospital Acquired Conditions. The IPPS FY 2009 Final Rule is available in the **Statute/Regulations/Program Instructions** section, accessible through the navigation menu at left.

These 14 categories of HACs listed below include the new HACs from the IPPS FY 2013 Final Rule which are Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED) and Iatrogenic Pneumothorax with Venous Catheterization. For FY 2014 and FY 2015, there are no additional HACs added:

- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Stage III and IV Pressure Ulcers
- Falls and Trauma
 - Fractures
 - Dislocations
 - Intracranial Injuries
 - Crushing Injuries
 - Burn
 - Other Injuries
- Manifestations of Poor Glycemic Control
 - Diabetic Ketoacidosis
 - Nonketotic Hyperosmolar Coma

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Responsibilities of the IP

- IP have a direct role in the competency based training of all staff including MS and LIPs
- IP must communicate and collaborate with the QAPI program in all IC issues
 - Note there is a section on QAPI in both the QAPI worksheet and the IC worksheet
- IP must audit compliance with the IC P&Ps
- IP must collaborate with the ASP

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CAH

Infection Control and ASP, Staffing and More



CAH Staffing and C&P

- CAH stands for Critical Access Hospital
- These are generally 25 beds or less although can have a 10 bed rehab or behavioral health unit
- Located in rural areas and generally 35 miles from the closest hospital unless in mountainous terrain
- Board determines full legal responsibility for implementing and monitoring all policies
- Need to periodically review clinical privileges and performance

CAH Staffing and C&P

- Must have an agreement related to credentialing and quality with a hospital that is a member of the rural health network
- Must have a qualified person identified in the state rural health plan that can evaluate the quality and to make sure diagnosis and treatment is appropriate by doctors at the CAH
 - Or a QIO or other qualified entity
- A physician will make sure this is done for PA and NP and consider the findings and make necessary changes

Provision of Services Dietary

- Must make sure nutritional needs of patients are being met
- Must have an order for all diets
- Must be ordered by the practitioner responsible for the patient's care
- Can C&P dietician to order diet if allowed by state law
- This includes therapeutic diet, supplemental feedings and TPN
- Includes swing bed patients

Non-Discrimination

- Same provisions as previously discussed
- Can't discriminate on the basis of race, color, religion, national origin, sex (including gender identity), sexual orientation, age, or disability
 - Must have P&P
 - Staff must be trained
- Must give all patients a written notice of their right to be free from discrimination
- Must be in manner can understand and tell patients how to file a complaint if they encounter discrimination

Infection Prevention & Control and ASP

- Same provisions as previously discussed
- Must have a program facility wide to prevent and control HAIs
- To do surveillance
- Must follow nationally recognized standards
- Must follow best practices for improving antibiotic use
- Any issues must be addressed in QAPI program
- IP must be qualified

Infection Prevention & Control and ASP

- IP appointed by board and approved by MS and nursing leadership
- P&P to controlling infections within the CAH and between the CAH and other healthcare settings
- IP addresses any issue identified by public health
- Must maintain a clean and sanitary environment
- Same requirements as previously discussed for the antibiotic stewardship program
 - So not repeated again

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QAPI Program

- CAH must develop, implement, and maintain an effective, ongoing, CAH-wide, data-driven QAPI program
- Has a definition of medical error and ADE
- Program has to be appropriate for the size and what the CAH does
- Must involve all departments
- Must use objective measures to evaluate services
- Board is responsible for QAPI program

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QAPI Program

- Address priorities to improve care and patient safety
- Communicate clear expectations for safety
- Evaluate all improvement actions and go back to the drawing board if not working
- Determine the number of distinct projects
- Implement P&P on what staff should do to prevent and report unsafe patient care practices, medical errors, and adverse events
- Lists program activities such as measures to track and analyze

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QAPI Program

- Look at high-volume, high-risk services, or problem-prone areas
- Document QAPI projects
- Use data to monitor the effectiveness and safety of services provided and quality of care
- Identify opportunities for improvement
- Basically, CMS is adopting the similar QAPI standards found in Appendix A which is the manual for larger hospitals

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The End! Questions?



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