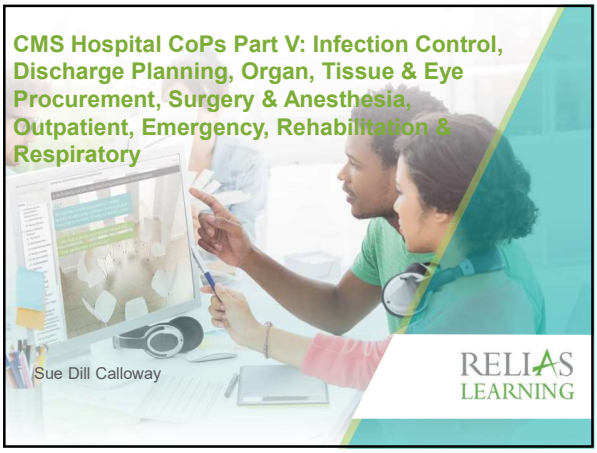
CMS Hospital CoPs Part V: Infection Control, Discharge Planning, Organ, Tissue & Eye Procurement, Surgery & Anesthesia, Outpatient, Emergency, Rehabilitation & Respiratory



Sue Dill Calloway

RELIAS LEARNING

Speaker

- Sue Dill Calloway RN Esq. CPHRM, CCMSCP, AD, BA, BSN, MSN, JD
- President Patient Safety and Healthcare Consulting
- 5447 Fawnbrook Lane
  Dublin, Ohio 43017
- 614 791-1468
  (Call with questions, no emails)
- sdill1@columbus.rr.com
- Email questions to CMS at hospitalscg@cms.hhs.gov

Objectives

- Advise staff on the hospital's organ donation policy.
- Describe CMS infection control policies.
- Recall the final discharge planning worksheet.
- List what must be documented in a medical record for post-anesthesia assessment.

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Did you

RELIAS LEARNING 4

Location of CMS Hospital CoP Manual

Medicare State Operations Manual
Appendix

Questions to 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
www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.pdf

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

RELIAS LEARNING 5

Also Called the State Operation Manual

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

Table of Contents
(Rev. 176, 12-29-17)

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

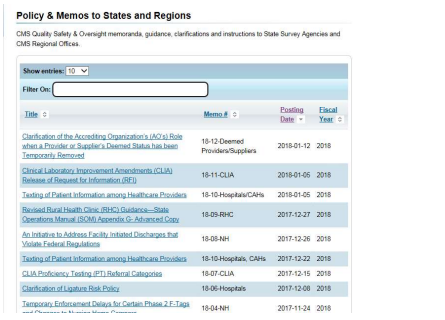
Email questions
hospitalscg@cms.hhs.gov

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_Appendixtoc.pdf

RELIAS LEARNING 6

CMS Survey and Certification Website

CMS Survey Memos

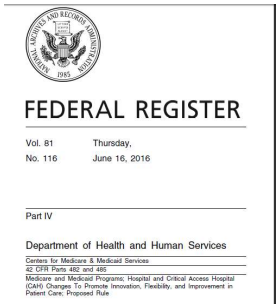


Hospital Improvement Act
Proposed Infection Control Standards

Proposed Hospital Improvement Rule

- 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:
  - Infection Control
  - It addresses the requirements for an antibiotic stewardship program

Proposed Changes June 16, 2016 FR



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

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

Hospital Improvement Act

- Would make many changes to infection control
- Have to follow evidenced based guidelines
- Need to update P&Ps as guidelines change
- IP must be qualified, approved by the board along with CNO and MEC
- Want hospitals to look at the CDC documents on Guide to Prevention for Outpatient Centers
- Prevent and control infection between the hospital and other healthcare settings in which patients come from

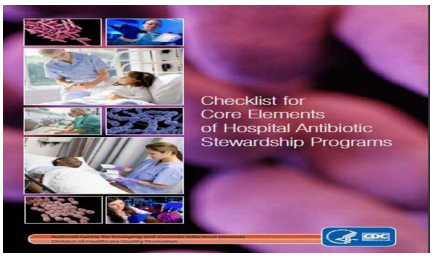
Antibiotic Stewardship Program

- CMS wants to clarify existing provisions
- CMS wants to update 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

CDC Outpatient Core Elements

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 65 / No. 6
November 11, 2016

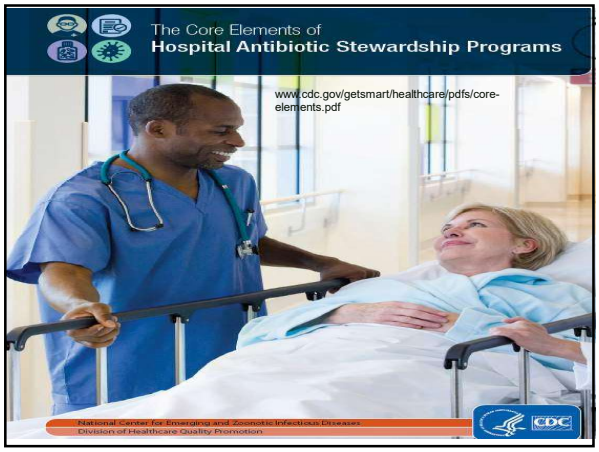
http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6506.pdf

Core Elements of Outpatient Antibiotic Stewardship

http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6506.pdf

Core Elements Small and CAHs

- CDC, AHA, Office of Rural Health and Pew Charitable Trusts came out with practical strategies to implement ASP
- This is for small and critical access hospitals
- Implementation strategies include:
  - Leadership commitment and accountability
  - Pharmacist leader with drug expertise
  - Evidenced based actions
  - Tracking such as days of therapy and use the CDC Net
  - Reporting and education



Check List of Core Elements

www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf

Infection Control

Infection Control 747

- Updated to reflect changing infectious and communicable disease threats
- Including current knowledge and best practices
- Very important in today's healthcare environment
- CDC estimates there are 1.7 million HAI in hospitals every year and 75,000 deaths
- CMS gets $50 million dollar grant to enforce and HHS 1 billion dollars to reduce HAI
- Interpretive guidelines are 12 pages long

[1]www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp

Remember the Final Infection Control Worksheet

Module 1: Infection Prevention Program

Section 1.A. Infection Prevention Program and Resources

Elements to be assessed		
1.A.1 The hospital has designated one or more individual(s) as its Infection Control Officer(s).	○ Yes ○ No	
1.A.2 The hospital has evidence that demonstrates the Infection Control Officer(s) is qualified and maintain(s) qualifications through education, training, experience or certification related to infection control consistent with hospital policy.	○ Yes ○ No	
1.A.3 The Infection Control Officer(s) can provide evidence that the hospital has developed general infection control policies and procedures that are based on nationally recognized guidelines and applicable state and federal law.	○ Yes ○ No	
If no to any of 1.A.1 through 1.A.3, cite at 42 CFR 482.42(a) (Tag A-748)		
1.A.4 The Infection Control Officer can provide an updated list of diseases reportable to the local and/or state public health authorities.	○ Yes ○ No	

Safe Injection Practices Brief www.empsf.org

EMERGENCY MEDICINE PATIENT SAFETY FOUNDATION

Safe Injection Practices Patient Safety Brief
Emergency Medicine Patient Safety Foundation

By: Sue Dill Calloway RN MSN JD CPHRM
Ruth Carrico PhD RN FSHEA CIC

July 2012

The Centers for Disease Control and Prevention (CDC) says there are 1.7 million healthcare-associated infections in the US every year. Of these, it is estimated that about 99,000 deaths occur as a result. Infection prevention and control is an important issue in today's healthcare environment. It is important to accreditation organizations like the Joint Commission (TJC). The Joint Commission has eight pages of standards in the chapter on Infection Prevention and Control (IC).

Insulin Pens CMS Memo

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS

Office of Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 12-30-ALL

DATE: May 18, 2012

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Use of Insulin Pens in Health Care Facilities

Memorandum Summary

Insulin Pen devices: The Centers for Medicare & Medicaid Services (CMS) has recently received reports of use of insulin pens for more than one patient, with at least one 2011 episode resulting in the need for post-exposure patient notification. These reports indicate that some healthcare personnel do not adhere to safe practices and may be unaware of the risks these unsafe practices pose to patients. **Insulin pens are meant for use by a single patient only.** Each patient/resident must have his/her own. Sharing of insulin pens is essentially the same as sharing needles or syringes, and must be cited, consistent with the applicable provider/supplier specific survey guidance, in the same manner as re-use of needles or syringes.

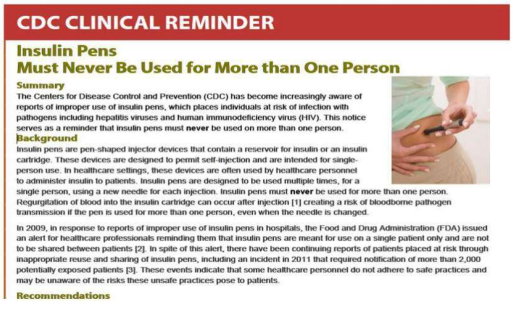
Background
Insulin pens are pen-shaped injector devices that contain a reservoir for insulin or an insulin cartridge. These devices are designed to permit self-injection and are intended for single-person use. In healthcare settings, these devices are often used by healthcare personnel to administer insulin to patients. Insulin pens are designed to be used multiple times by a single patient/resident, using a new needle for each injection. Insulin pens must never be used for more than one patient/resident. Regurgitation of blood into the insulin cartridge after injection will create a risk of bloodborne pathogen transmission if the pen is used for more than one patient/resident, even when the needle is changed [1]. A previous memo (10-78-NH), dated

CMS Memo on Insulin Pens

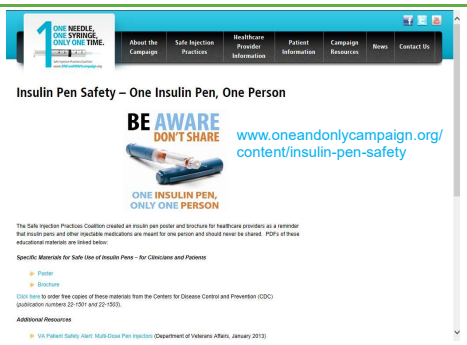
- Regurgitation of blood into the insulin cartridge after injection can occur creating a risk if used on more than one patient
- Hospital needs to have a policy and procedure
- Staff should be educated regarding the safe use of insulin pens
- More than 2,000 patients were notified in 2011 because an insulin pen was used on more than one patient
- CDC issues reminder on same and has free flier

CDC Reminder on Insulin Pens

CDC Has Flier for Hospitals on Insulin Pens



Insulin Pen Posters and Brochures Available



Infection Control (IC)

- TJC has chapter on Infection Prevention and Control
- APIC and CMS now calls them infection preventionists (IPs)
- Hospital must have sanitary environment to avoid sources and transmission of infection and communicable diseases (750)
- Active IC program for prevention, control, and investigation of infections and communicable diseases

Infection Control (IC)

- Standards apply to all departments of hospitals both on and off campus
- Infection prevention must include monitoring of housekeeping and maintenance including construction activities
- Areas to monitor include food storage preparation, serving and dish rooms, refrigerators, ice machines, air handlers, autoclave rooms, venting systems, inpatient rooms, supply storage and equipment cleaning

Infection Control (IC) 747

- Must follow all standards of care and practice (APIC (Association for Professionals in Infection Control and Epidemiology), CDC, SHEA (Society for Healthcare Epidemiology of America), OSHA, etc.
- Need to investigate infections and communicable diseases for inpatients and from personnel working in hospitals including volunteers
- Must have active surveillance program that includes specific measures for infection detection, data collection, analysis monitoring, and evaluations of preventive interventions

Infection Control (IC)

- Must have sampling or other mechanism in place to identify and monitor infections and communicable diseases
- Infection control must be integrated in QAPI
- Surveillance activities should be conducted in accordance with recognized surveillance practices such as those used by CDC NHSN (National Healthcare Safety Net)
  - Requirement for hospitals to report certain central line or CaUTI infections to NHSN

IC Officer's Responsibilities

- Many have added these to their job descriptions
- Maintain sanitary hospital environment (ventilation and water controls, construction - make sure safe environment, safe air handling in areas of special ventilations such as the OR and isolation rooms, techniques for food sanitation, cleaning and disinfecting surfaces, carpeting and furniture, how is pest control done, and disposal of trash along with non-regulated waste)

IC Officer's Responsibilities

- Develop and implement IC measures (hospital staff, contract workers, volunteers)
- Mitigation of risks associated with patient infections present upon admission and risks contributing to HAI
- Active surveillance
  - Hospital must identify and track the following categories
  - HAI selected by IC program targeted strategies based on national guidelines and periodic risk assessments
  - Patients or staff with reportable communicable diseases

IC Officer's Responsibilities

- Active surveillance (continued)
  - Culture of patient colonized with MDRO
  - Isolation patients
  - Staff or patients with signs of a disease (botulism) in which local, state, or feds request
  - Staff or patients infected with significant pathogens
  - Recommend use of automated surveillance technology
- Monitoring compliance with all P&Ps, protocols and other infection control program requirements

Blue Box Use Automated Surveillance

- *Patients or staff with identified communicable diseases that local, State, or Federal health agencies require be reported;*
- *Patients identified by laboratory culture as colonized or infected with multi-drug-resistant organisms (MDROs), as defined by the hospital's Infection Prevention and Control Program;*
- *Patients who meet CDC criteria for requiring isolation precautions (other than "Standard Precautions" or a protective environment) during their hospitalization;*
- *Patients or staff with signs and symptoms that have been requested be reported or recorded by local, State, or Federal health agencies; and*
- *Staff or patients who are known or suspected to be infected with epidemiologically-significant pathogens that are identified by the hospital or local, State, or Federal health agencies.*

For Information – Not Required/Not to be Cited

Many hospitals are using automated surveillance technology (AST) or "data mining" for identification and control of hospital-acquired infections (HAI) and implementation of evidence-based infection control practices. Use of AST or similar technology is encouraged in hospitals, but is not required.

IC Officer's Responsibilities

- Program evaluation and revision of the program, when indicated
- Coordination as required by law with federal, state, and local emergency preparedness and health authorities to address communicable disease threats, bioterrorism and outbreaks
- Complying with the reportable disease requirements of the local health authority
- Make sure IC program is integrated into hospital wide QAPI (now stands for quality assessment and performance improvement)

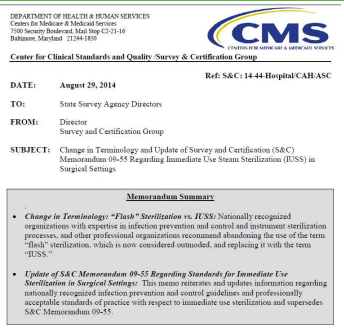
Infection Control (IC)

- Long list of IC policies that hospitals must have
- Maintain a sanitary physical environment
- Hospital staff related measures (evaluate hospital staff immunization status for infectious diseases as per CDC and APIC, how you screen hospital staff for infections likely to cause significant infectious disease to others, policy on when staff are restricted from working)

IC Policies to Include

- New employees and what they need in orientation including hand hygiene
- P&P to mitigate risk when patient admitted with infection - must be consistent with the CDC isolation guidelines, staff knowledge of PPE
- Mitigate risk that cause or contribute to HAI such as SCIP measures, appropriate hair removal, timely antibiotics in OR, DC in 24 hours except 48 hours for cardiac patients, beta blockers during perioperative periods for select cardiac patients, proper sterilization of equipment, etc.

Immediate Use Steam Sterilization IUSS



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality /Survey & Certification Group

Ref: S&C: 14-44-Hospital/CAH/ASC

DATE: August 29, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Change in Terminology and Update of Survey and Certification (S&C) Memorandum 09-55 Regarding Immediate Use Steam Sterilization (IUSS) in Surgical Settings

Memorandum Summary

- ***Change in Terminology: "Flash" Sterilization vs. IUSS:*** Nationally recognized organizations with expertise in infection prevention and control and instrument sterilization processes, and other professional organizations recommend abandoning the use of the term "flash" sterilization, which is now considered outmoded, and replacing it with the term "IUSS."
- ***Update of S&C Memorandum 09-55 Regarding Standards for Immediate Use Sterilization in Surgical Settings:*** This memo reiterates and updates information regarding nationally recognized infection prevention and control guidelines and professionally acceptable standards of practice with respect to immediate use sterilization and supersedes S&C Memorandum 09-55.

Medical Equipment and Supplies Resources

- Multi-Society Guidelines for Reprocessing Flexible Gastrointestinal Endoscopes by APIC at www.apic.org/AM/Template.cfm?Section=Guidelines_and_Standards&template=/CM/ContentDisplay.cfm&section=Topics1&ContentID=6381
- Cleaning of scopes is hit hard
- Disinfection of Healthcare Equipment Chapter in Guidelines for Disinfection and Sterilization in Healthcare Facilities Nov 2008 at www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf
- Single Use Device Reprocessing at http://cms.h2e-online.org/ee/waste-reduction/waste-minimization/

IC Policies

- Protective environment, isolation, etc. for highly immuno-suppressed patients (HIV or chemo patients)
- Isolation procedures for trach care, respiratory care, burns, and other similar situations
- Other HAI risk mitigation includes promotion of hand hygiene, and measures to prevent organisms that are antibiotic resistant such as MRSA and VRE
- Things such as central line bundle, VAP bundle or sepsis bundle, prompt removal of Foley catheters
- Disinfectants, antiseptics, and germicides must be used in accordance with manufacturers instructions

IC Policies

- Appropriate use of facility and medical equipment such as hepa filters and negative pressure room, UV lights and other equipment to prevent the spread of infectious agents
- Patients, visitors, care givers, and staff must receive education on infection and communicable diseases
- There must be active surveillance system, method for getting data to determine if there is a problem
- Policy on getting cultures from patients, etc.

Policies and Organization

- Need IC officer and IC committee
- IC officer must develop and implement policies on control of infection and communicable diseases
- Person must be designated in writing who is qualified through education and experience
- Lists the responsibilities of this person
  - Consider putting into job description

CEO, DON, and MS 756

- The CEO, DON, and MS must ensure that there is hospital wide QAPI and training program that address problems identified by IC officer
- And implement a successful corrective action plan in affected problem areas
- Train staff in problems identified
- Problems must be reported to nursing, MS, and administration

Discharge Planning Proposed Changes

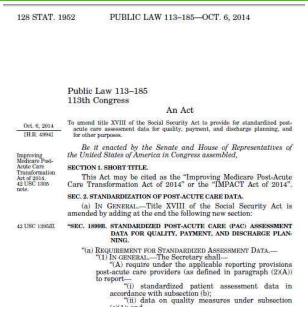
Discharge Planning

- CMS issues 39 page memo on May 17, 2013 and final transmittal July 19, 2013 and final worksheet
  - Rewrote all the discharge planning standards and watch for **2018** changes
- Includes advisory practices (blue boxes) to promote better patient outcomes
  - Only suggestions and will not cite hospitals
- A number of tags were eliminated
  - The prior 24 standards have been consolidated into 13

Proposed Changes to Discharge Planning

- CMS proposed changes to discharge planning which are mammoth
- Published in Federal Register November 3, 2015
- Will publish final changes in the Federal Register
- Then CMS will amend the interpretive guidelines
- Then CMS will revise the discharge planning worksheet

IMPACT Act



128 STAT. 1952 PUBLIC LAW 113–185—OCT. 6, 2014

Public Law 113–185
113th Congress

An Act

Oct. 6, 2014 [H.R. 4994]

To amend title XVIII of the Social Security Act to provide for standardized post-acute care assessment data for quality, payment, and discharge planning, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Improving Medicare Post-Acute Care Transformation Act of 2014. 42 USC 1395 note.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Improving Medicare Post-Acute Care Transformation Act of 2014" or the "IMPACT Act of 2014".

SEC. 2. STANDARDIZATION OF POST-ACUTE CARE DATA.

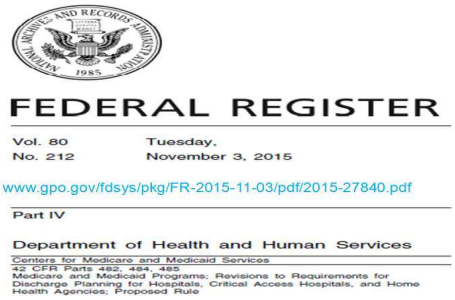
(a) IN GENERAL.—Title XVIII of the Social Security Act is amended by adding at the end the following new section:

42 USC 1395lll. **"SEC. 1899B. STANDARDIZED POST-ACUTE CARE (PAC) ASSESSMENT DATA FOR QUALITY, PAYMENT, AND DISCHARGE PLANNING.**

"(a) REQUIREMENT FOR STANDARDIZED ASSESSMENT DATA.—
"(1) IN GENERAL.—The Secretary shall—
"(A) require under the applicable reporting provisions post-acute care providers (as defined in paragraph (2)(A)) to report—
"(i) standardized patient assessment data in accordance with subsection (b); [illegible]
"(ii) data on quality measures under subsection [illegible]

Copy of law free at www.congress.gov/113/plaws/publ185/PLAW-113publ185.pdf

CMS Proposed Discharge Planning



FEDERAL REGISTER

Vol. 80 Tuesday,
No. 212 November 3, 2015

www.gpo.gov/fdsys/pkg/FR-2015-11-03/pdf/2015-27840.pdf

Part IV

Department of Health and Human Services

Centers for Medicare and Medicaid Services

42 CFR Parts 482, 484, 485
Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies; Proposed Rule

Proposed Discharge Planning Changes

- Would need to incorporate many new things into the discharge planning evaluation form so will need to redo
  - Such as admitting diagnosis, relevant co-morbidities, past medical history, past surgical history, anticipated needs, readmission risk, and relevant psychosocial history and more
- Hospitals and CAHs must do discharge plan within 24 hours of admission
- A discharge plan must be done before the patient is discharged home or transferred to another facility
  - Applies to inpatients and certain outpatients
  - Does not apply to emergency transfers

Discharge Summary

- 5 things must be documented in the written discharge instructions including medication reconciliation and the side effects of each drug must be disclosed
  - **Must** include follow-up care, pending tests, planned additional testing, document follow-up appointments and contact information of provider
- Discharge instructions and discharge summary must be given to provider within **48 hours**
- Pending test results must be sent to the provider within 24 hour of their availability

Hospital Must Send PCP Following

- Must include 5 new things in the assessment
- Must collect data on 5 new things
- The hospital must send the following information to the physician or practitioner responsible for follow up
  - A copy of the discharge instructions and discharge summary within **48 hours**
    - Hospital may want to consider having physician or practitioner immediately dictate these at time of discharge
    - Then Health Information Management needs to get them into the hands of the physician or practitioner

Hospital Must Send PCP Following

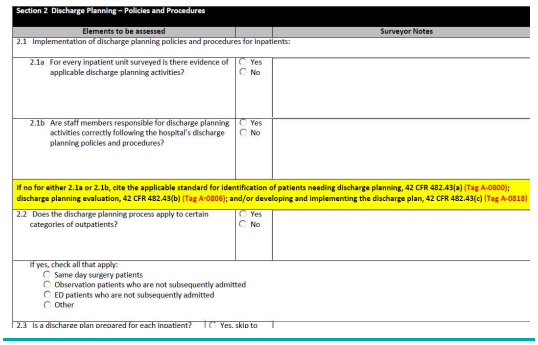
- Must do medication reconciliation and provide written information on medication side effects
- The hospital MUST establish a post-discharge follow-up process
  - Studies show the timing of the first post-hospital visit is tied to the readmission rate
  - Many hospitals call the patient after discharge
  - Some hospitals allow the patient to call with any questions
  - Some patients may get a follow up home visit

Patient Transfers and 21 Things

- Transfer of patient to another health care facility:
- Must send necessary medical record information
- Will want to make sure your **transfer form** or continuity form includes all the required elements so may need to revise
- Medical record information on the transfer form must contain:
  - Sex, DOB, race, ethnicity, preferred language, contact information of responsible practitioner, advance directives, course of illness, procedures, diagnoses, lab tests and results of pertinent lab and other diagnostic testing,

Discharge Planning and Worksheet

Final Discharge Planning Worksheet



Section 2 Discharge Planning – Policies and Procedures		
Elements to be assessed		Surveyor Notes
2.1 Implementation of discharge planning policies and procedures for inpatients:		
2.1a For every inpatient unit surveyed is there evidence of applicable discharge planning activities?	○ Yes ○ No	
2.1b Are staff members responsible for discharge planning activities correctly following the hospital's discharge planning policies and procedures?	○ Yes ○ No	
If no for either 2.1a or 2.1b, cite the applicable standard for identification of patients needing discharge planning, 42 CFR 482.43(a) (Tag A-0800); discharge planning evaluation, 42 CFR 482.43(b) (Tag A-0806); and/or developing and implementing the discharge plan, 42 CFR 482.43(c) (Tag A-0818)		
2.2 Does the discharge planning process apply to certain categories of outpatients?	○ Yes ○ No	
If yes, check all that apply: ○ Same day surgery patients ○ Observation patients who are not subsequently admitted ○ ED patients who are not subsequently admitted ○ Other		
2.3 Is a discharge plan prepared for each inpatient?	○ Yes, skip to	

Discharge Planning

- The hospital must have a discharge planning (DP) process that applies to all patients (799)
  - To determine if will need post hospital services like home health, LTC, assisted living, hospice etc.
  - To determine what patient will need for safe transition to home
  - Need to incorporate new research on care transitions
  - Hospital needs adequate resources to prevent readmissions
  - 1 in 5 patients readmitted within 30 days (15.2% in 2017)
  - 1 in 3 patients readmitted within 60 days (34%)
- The hospital must have written DP P&Ps (799)

Discharge Planning (DP)

- CMS later says DP applies to inpatients only
  - However, recommends an abbreviated DP for certain categories of outpatients such as observation, ED, and same day surgery
- DP based on 4 stage DP process
  - Screen all patients to determine if patient at risk such as screening questions by nursing admission assessment
  - Evaluate post-discharge needs of patients
  - Develop DP if indicated by the evaluation or requested by patient or physician
  - Initiate discharge plan prior to discharge of inpatient

Discharge Planning

- Suggest input from MS, board, HH, LTC and others regarding the DP P&Ps
- Involve the patient in the development of the plan of care (799)
- Standard: The hospital must identify at an early stage those all patients who are likely to suffer adverse consequences if no DP is done (800)
  - Recommend all inpatients have a DP
  - If not must document criteria and screening process used to identify who is likely to need DP
  - No national tool to do this

Discharge Planning

- Must do at least 48 hours in advance of discharge
  - If patient's stay is less than 48 hours then must make sure DP is done before patient's discharge
- Must make sure no evidence that patient's discharge was delayed due to hospital's failure to do DP (800)
- DP P&Ps must state how staff will become aware of any changes in the patient's condition (800)
- If patient is transferred must still include information on post hospital needs (800)

Discharge Planning

- CMS instructs the surveyors to conduct discharge tracers on open and closed inpatient records
- Standard: The hospital must provide a DP evaluation to patients at risk, or requested by the patient or doctor (806)
  - Must include the likelihood of needing post hospital services like home health, hospice, RT, rehab, nutritional consult, dialysis, supplies, meals on wheels, transport, housekeeping, or LTC
  - Is the patient going to need any special equipment (walker, BS commode, etc.) or modifications to the home
- Must include an assessment if the patient can do self care or others can do the care

Discharge Planning

- Must evaluate if patient can return to their home
- If from a LTC, hospice, assisted living then is the patient able to return (806)
- Hospitals are expected to have knowledge of capabilities of the LTC and Medical homes and services provided (806)
  - May need to coordinate with insurers and Medicaid
  - Discuss ability to pay out of pocket expenses
- Expected to have know about community resources
  - Such as Aging and Disability Resources or Center for Independent Living

CMS DP Checklist for Patients

For Information– Not Required/Not to be Cited

Providing a discharge planning tool to patients and their family or other support persons may help to reinforce the discharge plan. Use of the tools may encourage patients' participation in developing the plan as well as provide them an easy-to-follow guide to prepare them for a successful transition from the hospital. The tool should be given to patients on admission, reviewed throughout their stay, and updated prior to discharge.

Examples of available tools include:

- *Medicare's "Your Discharge Planning Checklist," (available at http://www.medicare.gov/publications/pubs/pdf/11376.pdf)*
- *Agency for Healthcare, Research and Quality's (AHRQ) "Taking Care of Myself: A Guide For When I Leave the Hospital," (available at http://www.ahrq.gov/qual/goinghomeguide.pdf)*
- *Consumers Advancing Patient Safety (CAPS) "Taking Charge of Your Healthcare: Your Path to Being an Empowered Patient Toolkit" (available at http://www.patientsafety.org/page/transtoolkit/).*

Discharge Planning

- Standard: A RN, SW, or other appropriately qualified person must develop or supervise the development of the DP evaluation (807)
  - Written P&P must say who is qualified
- Standard: the DP evaluation must be completed timely to avoid unnecessary delays (810)
- Standard: The hospital must discuss the results of the DP evaluation with the patient (811)
- Standard: The DP evaluation must be in the medical record (812)

Discharge Planning

- Standard: RN, SW, or other qualified person must develop the discharge plan if the DP evaluation indicates it is needed (818)
  - DP is part of the plan of care
- Standard: The physician may request a DP if hospital does not determine it is needed (819)
- Standard: The hospital must implement the DP plan (820)
- Standard: The hospital must reassess the discharge plan if factors affect the plan (821)

Discharge Planning

- Standard: If patient needs HH or LTC must provide patients a list (823) and document list was given
- Standard: Hospital must transfer or refer patients to the appropriate facility or agency for follow up care (837)
- Standard: the hospital must reassess it's DP process on an on-going basis and review the discharge plans to ensure they meet the patient's needs (843)
  - Must track readmissions
  - Must review P&P to make sure DP is ongoing on at least a quarterly basis

Organ, Tissue, and Eye

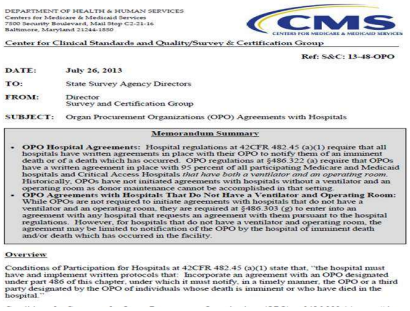
Organ, Tissue, and Eye 884

- Hospital must have written P&P to address its organ procurement
- Must have agreement with OPO
- Must timely notify OPO if death is imminent or patient has died
- OPO to determine medical suitability for organ donation
- Defines what must be in your written agreement (definitions, criteria for referral, access to your death record information)
- TJC has similar standards in TS or transplant safety chapter

OPO Agreements with Hospitals

- CMS has a section in the hospital CoP on OPO (Organ Procurement Organizations)
- Hospitals must have a written agreement with the OPO
- Must do the one call rule and notify the OPO if patient dies or death is imminent
- OPOs are not required to have an agreement with a hospital that does not have an OR or a ventilator
- OPO have to contract with hospitals that request it but limited to notification if no ventilator or OR

OPO Agreements with Hospitals



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 13-48-OPO

DATE: July 26, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Organ Procurement Organizations (OPO) Agreements with Hospitals

Memorandum Summary

- **OPO Hospital Agreements:** Hospital regulations at 42CFR 482.45 (a)(1) require that all hospitals have written agreements in place with their OPO to notify them of an imminent death or of a death which has occurred. OPO regulations at §486.322 (a) require that OPOs have a written agreement in place with 95 percent of all participating Medicare and Medicaid hospitals and Critical Access Hospitals *that have both a ventilator and an operating room.* Historically, OPOs have not initiated agreements with hospitals without a ventilator and an operating room as donor maintenance cannot be accomplished in that setting.
- **OPO Agreements with Hospitals That Do Not Have a Ventilator and Operating Room:** While OPOs are not required to initiate agreements with hospitals that do not have a ventilator and an operating room, they are required at §486.303 (g) to enter into an agreement with any hospital that requests an agreement with them pursuant to the hospital regulations. However, for hospitals that do not have a ventilator and operating room, the agreement may be limited to notification of the OPO by the hospital of imminent death and/or death which has occurred in the facility.

Overview

Conditions of Participation for Hospitals at 42CFR 482.45 (a)(1) state that, "the hospital must have and implement written protocols that: Incorporate an agreement with an OPO designated under part 486 of this chapter, under which it must notify, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the hospital."

Organ, Tissue, and Eye

- Board must approve your organ procurement policy
- Must integrate into hospital's QAPI program
- Surveyor will review written agreement with the OPO to make sure it has all the required information
- Check off the long list to ensure all elements are present
- Make sure you call the OPO and notify them of all deaths

Tissue and Eye Bank

- Need an agreement with at least one tissue and eye bank also or OPO can do all three
- OPO is gatekeeper and notifies the tissue or eye bank chosen by the hospital
- OPO determines medical suitability
- Don't need separate agreement with tissue bank if agreement with OPO to provide tissue and eye procurement

Family Notification

- Once OPO has selected a potential donor, person's family must be informed of the donor's family's option
- OPO and hospital will decide how and by whom the family will be approached
- Have to work cooperatively with the OPO and in educating staff
- OPO can review death records

Organ Donation

- Person to initiate request must be a designated requestor or organized representative of tissue or eye bank
- Designated requestor must have completed course approved by OPO
- Encourage discretion and sensitivity to the circumstances, views and beliefs of the families
- Surveyor will review complaint file for relevant complaints

Organ Donation Training

- Patient care staff must be trained on organ donation issues
- Training program at a minimum should include: consent process, importance of discretion, role of designated requestor, transplantation and donation, QI, and role of OPO
- Train all new employees, when change in P&P, and when problems identified in QAPI process

Organ Donation

- Hospital must cooperate with OPO to review death records to improve identification of potential donors
- Surveyor will verify P&P that hospital works with OPO
- Maintain potential donors while necessary testing and placement of donated organs take place
- Must have P&P to maintain viability of organs
- Ensure patient is declared dead within acceptable timeframe

Surgery and PACU

RELIAS LEARNING

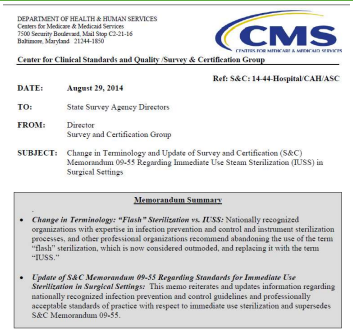
Surgical Services 940

- If provide surgical services, service must be well organized
- If outpatient surgery, must be consistent in quality with inpatient care
- Must follow acceptable standards of practice; AMA, ACOS, APIC, AORN, ASPAN
- Must be integrated into hospital wide QAPI
- Will inspect all OR rooms
- Access to OR and PACU must be limited to authorized personnel

Surgical Services 940

- Conform to aseptic and sterile technique
- Appropriate cleaning between cases
- Room is suitable for kind of surgery performed
- Equipment available for rapid and routine sterilization (immediate use steam sterilization)
- And it is monitored, inspected and maintained by biomed program
- Temperature and humidity controlled
- ACS and AORN have P&P on many of these

Immediate Use Steam Sterilization IUSS



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality /Survey & Certification Group

Ref: S&C: 14-44-Hospital/CAH/ASC

DATE: August 29, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Change in Terminology and Update of Survey and Certification (S&C) Memorandum 09-55 Regarding Immediate Use Steam Sterilization (IUSS) in Surgical Settings

Memorandum Summary

- ***Change in Terminology: "Flash" Sterilization vs. IUSS:*** Nationally recognized organizations with expertise in infection prevention and control and instrument sterilization processes, and other professional organizations recommend abandoning the use of the term "flash" sterilization, which is now considered outmoded, and replacing it with the term "IUSS."
- ***Update of S&C Memorandum 09-55 Regarding Standards for Immediate Use Sterilization in Surgical Settings:*** This memo reiterates and updates information regarding nationally recognized infection prevention and control guidelines and professionally acceptable standards of practice with respect to immediate use sterilization and supersedes S&C Memorandum 09-55.

Surgery 942

- OR must be supervised by experienced RN or MD/DO
- Must have specialized training in surgery and management of surgical service operation
- Will review job description
- LPN's and OR techs can serve as scrub nurses under supervision of RN
- Qualified RN may perform circulating duties in OR - LPN or surgery tech may assist in circulating duties if allowed by state law

Surgical Privileges

- Surgical privileges must be delineated for all practitioners performing surgery, in accordance with competence of each practitioner
- Surgery service must maintain roster specifying the surgical privilege
- Privileges must be reviewed every two years
- Current list of surgeons suspended must also be retained
  - Discussed in the earlier sections

Surgical Privileges 945

- Must specify for each practitioner that performs surgical tasks including MD, DO, dentists, oral surgeon, podiatrists
- RNFA, NP, surgical PA, surgical tech, et. al.
- Must be based on compliance with what they are allowed to do under state law
- If task requires it to be under supervision of MD/DO this means supervising doctor is present in the same room working with the patient

Surgery Policies 951

- Aseptic and sterile surveillance and practice, including scrub technique
- Identification of infected and non-infected cases
- Housekeeping requirements/procedures
- Patient care requirements
  - pre-op work area
  - patient consents and releases
  - safety practices
  - patient identification process and clinical procedures

Surgery Policies 951

- Duties of scrub and circulating nurses
- Safety practices
- Surgical counts
- Scheduling of patients for surgery
- Personnel policies in OR
- Resuscitative techniques
- DNR status
- Care of surgical specimens

Surgery Policies 951

- Malignant hyperthermia
  - Make sure you have enough vials to treat
- Protocols for all surgical procedures
- Sterilization and disinfection procedures
- Acceptable OR attire
  - See AORN standards
- Handling infectious and biomedical waste
- Outpatient surgery post op planning

Preventing OR Fires 951

- Read detailed section on use of alcohol based skin prep and how to prevent an OR fire
- AORN has very detailed policy on flammable prep in the OR and how to prevent fires
- Special precautions developed by NFPA and incorporated into NPSG by TJC
- ASA has good document on preventing fires in the OR
- Pa Patient Safety Authority has great recommendations

H&P 952

- See prior sections on H&P as this section is repeated
  - H&P no older than 30 days and updated prior to surgery
- H&P must be on the chart before the patient goes to surgery
- Except in emergencies
- P&P specify what is an emergency

Consent 955

- Informed consent is in three sections of the CoPs and each is different and not a repeat
- Third section in the surgery chapter
- Surgical services
- Consent must be in chart before surgery
- Exception for emergencies

Informed Consent

- Recommend anesthesia consent now (955)
- Lists elements for well designed process, which are the optional elements
- Mandatory elements were under MR section
- Specifies what must be in the consent policy
- Who can obtain
- Which procedures need consent
- Discussed under MR section

Informed Consent Policy

- Make sure consent is on chart before patient goes to surgery
- Unless surgery is an emergency
- Content of consent form
- Process to obtain consent
- If consent obtained outside hospital how to get it into medical records

AORN

- AORN has PeriOperative Standards and Recommended Practices to help with many of the required P&P
  - Now called Guidelines for Perioperative Practices
  - Every hospital should have this
  - Including practices for high level disinfection, malignant hyperthermia, flash steam sterilization, what is appropriate attire, documentation, prevent OR fires, hand hygiene, electrosurgery, minimal invasive surgery etc. Available at www.aorn.org

Informed Consent 955

- Must disclose if residents, RNFA, Surgical PAs Cardiovascular Techs are doing important tasks
- Important surgical tasks include: opening and closing, dissecting tissue, removing tissue, harvesting grafts, transplanting tissue, administering anesthesia, implanting devices and placing invasive lines
- But requirement to have this in writing in under optional list or well designed list

Surgery Equipment 956

- Call-in system
- Cardiac monitor
- Defibrillator
- Aspirator (suction equipment)
- Trach set (cricothyroidotomy is not a substitute)
- TJC PC.03.01.01 includes this plus ventilator, and manual breathing bags

PACU 957 2014

- Standard: Must be adequate provisions for immediate post-op care
- Must be in accordance with acceptable standards of care, for all patients including same day surgery patients
  - Such as following the ASPAN standards of care and practice
- Separate room with limited access
- P&P specify transfer requirements to and from PACU

A-0957
(Rev.)

§482.51(b)(4) - There must be adequate provisions for immediate post-operative care.

Interpretive Guidelines §482.51(b)(4)

Adequate provisions for immediate post-operative care means:

- Post-operative care must be *provided to all surgical patients, including same-day surgery patients,* in accordance with acceptable standards of practice.
- *A* post-operative care area, *usually referred to as the post-anesthesia care unit (PACU),* is a separate area of the hospital. Access is limited to authorized personnel.
- Policies and procedures specify transfer requirements to and from the *PACU.* Depending on the type of anesthesia and length of surgery, the post-operative check before transferring the patient from the *PACU* include*s, but is not limited to*:
  - Level of activity;
  - Respirations;
  - Blood pressure;
  - Level of consciousness;
  - *Level of pain;*
  - Patient color; and

PACU 957 2014

- PACU assessment includes level of activity, level of pain, respiration, BP, LOC, patient color, Aldrete
- If not sent to PACU then close observation of patient until has gained consciousness by a qualified RN
- Surveyor is instructed to observe care provided in the PACU to make sure they are monitored and assessed prior to transfer or discharge
- Will look to determine if hospital has system to monitor needs of post-op patient transferred from PACU to other areas of the hospital

Post-Operative Monitoring

- Hospitals are expected to have P&P on the minimum scope and frequency of monitoring in post-PACU setting
- Must be consistent with the standard of care
- Concerned about post-op patients receiving opioids
- Concern about risk for over-sedation and respiratory depression
- Once out of PACU not monitored as frequently
- Need appropriate assessment to prevent these complications (See Tag 405)

ASPAN

www.aspan.org/Home.aspx

OR Register 958

- Patient's name, identification number
- Date of surgery
- Total time of surgery
- Name of surgeons, nursing personnel, anesthesiologist, and assistants
- Type of anesthesia
- Operative findings, pre-op and post-op diagnosis
- Age of patient
- See TJC RC.02.01.03 which are now the same

Operative Report 959

- CMS tells you what has to be in operative report just like TJC
- Name and identity of patient
- Date and time of surgery
- Name of surgeons, assistants
- Pre-op and post-op diagnosis
- Name of procedure
- Type of anesthesia

Operative Report 959

- Complications and description of techniques and tissue removed
- Grafts, tissue, devises implanted
- Name and description of significant surgical tasks done by others
  - See list as includes activities such as opening, closing, harvesting grafts

Anesthesia

Anesthesia 1000

- Must be provided in well organized manner under qualified doctor
- Must be integrated into hospital QAPI
- MS establish criteria for director's qualifications
- Will review job description of director - see elements
- Wherever anesthesia is done such as in radiology, OB, OR, outpatient surgery areas, ECT, emergency department
- State exemption process of MD supervision for CRNA

CMS Anesthesia Standards Changes

- Hospitals are expected to have P&P on when medications that fall along the analgesia-anesthesia continuum are considered anesthesia
  - P&P must be based on nationally recognized guidelines
- Must specify the qualifications of practitioners who can administer analgesia
- CMS further clarified pre-anesthesia and post-anesthesia evaluations
- CMS added FAQs which are very helpful
  - Hospitals should review these as many changes and clarifications were made

Anesthesia Definitions 1000

- If hospital provides any degree of anesthesia service must comply with all CoPs and put definitions in P&P
- **Anesthesia** involves administration of medication to produce a blunting or loss of;
  - pain perception (analgesia)
  - Voluntary and involuntary movements
  - Memory and or consciousness
- **Analgesia** is use of medication to provide pain relief thru blocking pain receptor in peripheral and or CNS where patient does not lose consciousness
  - It is a continuum

Monitored Anesthesia Care (MAC) Definition

- **MAC** is anesthesia care that includes monitoring of patient by an anesthesia professional (like anesthesiologist or CRNA)
- Include potential to convert to a general or regional anesthetic
- Deep sedation/analgesia is included in a MAC
- **Deep sedation** where drug induced depression of consciousness during which patient can not easily be aroused but responds purposefully following repeated or painful stimulus

4 Things in Pain Bucket 1000

- Services not subject to anesthesia administration and supervision requirements
  - **Topical and local anesthesia** ; application or injection of drug to stop a painful sensation
  - **Minimal sedation;** drug induced state in which patient can respond to verbal commands such as oral medication to decrease anxiety for MRI
  - **Moderate or conscious sedation**; in which patients respond purposely to verbal commands, either alone or by light tactile stimulation

Anesthesia Services 1000

- Rescue capacity
  - Sedation is a continuum and not always possible to predict how patient will respond so need intervention by one with expertise in airway management
  - Must have procedures in place to rescue patients whose sedation becomes deeper than initially intended
- Anesthesia services must be under one anesthesia services under direction of qualified physician no matter where performed
  - Operating room, both inpatient and outpatient
  - OB, radiology, clinics, ED, psychiatry, endoscopy etc

Anesthesia Services 1000

- There is no bright line between anesthesia and analgesia
  - TJC has standards also on how to safely perform moderate or procedural sedation and anesthesia in the PC chapter
- Also references the need to follow nationally standards of practice such as ASA (American Society of Anesthesiologists), ACEP (American College of Emergency Physicians) and ASGE (American Society for GI Endoscopy), AGA etc.

Anesthesia Services 1000

- Hospitals need to determine if sedation done in the ED or procedures rooms is anesthesia or analgesia
- This standard also sets forth the supervision requirements for staff who administer anesthesia
- P&Ps need to establish minimum qualifications and supervision requirements including moderate sedation
  - MS credentialing standards and the nursing standards exist to make sure staff are qualified and competent
  - Must have P&P to look at adverse events, medication errors and other safety and quality indicators

Anesthesia Services and Policies 1002

- Anesthesia must be consistent with needs of patients and resources
- P&P must include delineation of pre-anesthesia and post-anesthesia responsibilities
- Policies include;
  - Consent
  - Infection Control measures
  - Safety practices in all areas
  - How hospital anesthesia service needs are met

Anesthesia Policies Required 1002

- Policies required (continued);
  - Protocols for life support function such as cardiac or respiratory emergencies
  - Reporting requirements
  - Documentation requirements
  - Equipment requirements
  - Monitoring, inspecting, testing and maintenance of anesthesia equipment
  - Pre and post anesthesia responsibilities

Pre-Anesthesia Assessment 1003

- Pre-anesthesia evaluation must be performed with 48 hours prior to the surgery
  - Including inpatient and outpatient procedures
- For regional, general, and MAC
- Not required for moderate sedation but still need to do pre sedation assessment
- Pre-anesthesia assessment must be done by some one qualified person to administer anesthetic (non-delegable)

Organization and Staffing 1003

- Pre-anesthesia assessment done by someone who can administer anesthesia such as;
  - Qualified anesthesiologist or CRNA, Qualified doctor other than anesthesiologist
  - Anesthesiology assistant (AA) under the supervision of anesthesiologist who is immediately available if needed
  - Dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under state law
- CRNA may not require supervision if state has an exemption1

1 List of 17 state exemptions: Iowa, Nebraska, Idaho, Minnesota, New Hampshire, New Mexico, Kansas, Kentucky, North Dakota, Washington, Alaska, Oregon, South Dakota, Wisconsin, Montana, Colorado, and California.

/www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Spotlight.html

Pre-anesthesia Evaluation 1003

- Can not delegate the pre-anesthesia assessment to someone who is not qualified
- Delivery of first dose of medication for inducing anesthesia marks end of 48 hour time frame
- However, some of the elements in the evaluation can be collected prior to the 48 hours time frame but it can never be more than 30 days
  - So if you saw a patient on Friday for Monday surgery would need to show that on Monday there were no changes

Pre-Anesthetic Assessment 1003

- Must include; (First two within 48 hours)
  - Review of medical history, including anesthesia, drug, and allergy history (within 48 hours)
  - Interview and exam the patient
    - Within 48 hours and rest are updated in 48 hours but can be collected within 30 days
  - Notation of anesthesia risk (such as ASA level)
  - Potential anesthesia problems identification (including what could be complication or contraindication like difficult airway, ongoing infection, or limited intravascular access)

Pre-Anesthetic Assessment 1003

- Pre-anesthetic Assessment to include (continued);
  - Additional data or information in accordance with SOC
  - Including information such as stress test or additional consults
  - Develop plan of care including type of medication for induction, maintenance, and post-operative care
  - Of the risks and benefits of the anesthesia

Survey Procedure Pre-anesthesia Evaluation

- Surveyor to review sample of inpatient and outpatient records who had anesthesia
- Make sure pre-anesthesia evaluation done and by one qualified to deliver anesthesia
- Determine the pre-anesthesia evaluation had all the required elements
- Make sure done within 48 hours before first does of medication given for purposes of inducing anesthesia for the surgery or procedure
- ASA and AANA has pre-anesthesia standards

Pre-anesthesia ASA Guideline

- Pre-anesthesia Evaluation [1]
  - Patient interview to assess Medical history, Anesthetic history, Medication history
- Appropriate physical examination
- Review of objective diagnostic data (e.g., laboratory, ECG, X-ray)
- Assignment of ASA physical status
- Formulation of the anesthetic plan and discussion of the risks and benefits of the plan with the patient or the patient's legal representative

1 www.asahq.org/publicationsAndServices/standards/03.pdf

BASIC STANDARDS FOR PREANESTHESIA CARE

Committee of Origin: Standards and Practice Parameters

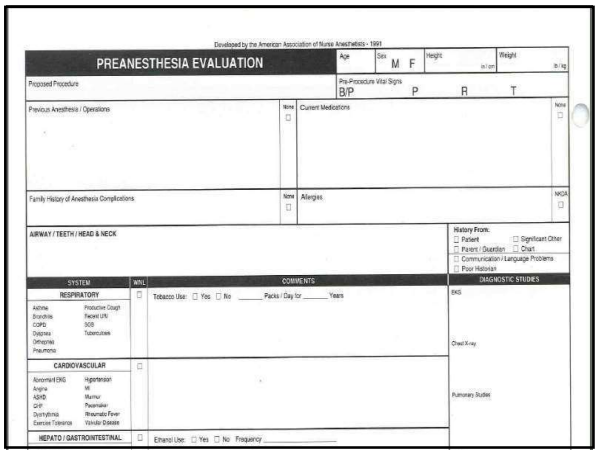
(Approved by the ASA House of Delegates on October 14, 1987, and amended on October 25, 2005)

These standards apply to all patients who receive anesthesia care. Under exceptional circumstances, these standards may be modified. When this is the case, the circumstances shall be documented in the patient's record.

An anesthesiologist shall be responsible for determining the medical status of the patient and developing a plan of anesthesia care.

The anesthesiologist, before the delivery of anesthesia care, is responsible for:

1. Reviewing the available medical record.
2. Interviewing and performing a focused examination of the patient to:
   a. Discuss the medical history, including previous anesthetic experiences and medical therapy.
   b. Assess those aspects of the patient's physical condition that might affect decisions regarding perioperative risk and management.
3. Ordering and reviewing pertinent available tests and consultations as necessary for the delivery of anesthesia care.
4. Ordering appropriate preoperative medications.
5. Ensuring that consent has been obtained for the anesthesia care.
6. Documenting in the chart that the above has been performed.



Developed by the American Association of Nurse Anesthetists - 1991

PREANESTHESIA EVALUATION

Age | Sex M F | Height | Weight

Proposed Procedure

Pre-Procedure Vital Signs
B/P P R T

Previous Anesthesia / Operations | None ☐

Current Medications | None ☐

Family History of Anesthesia Complications | None ☐

Allergies | NKA ☐

AIRWAY / TEETH / HEAD & NECK

History From:
☐ Patient ☐ Significant Other
☐ Parent / Guardian ☐ Chart
☐ Communication / Language Problems
☐ Poor Historian

SYSTEM	WNL	COMMENTS	DIAGNOSTIC STUDIES
RESPIRATORY Asthma, Bronchitis, COPD, Dyspnea, Orthopnea, Pneumonia Productive Cough, Recent URI, SOB, Tuberculosis	☐	Tobacco Use: ☐ Yes ☐ No _____ Packs / Day for _____ Years	EKG Chest X-ray Pulmonary Studies
CARDIOVASCULAR Abnormal EKG, Angina, ASHD, CHF, Dysrhythmia, Exercise Tolerance Hypertension, MI, Murmur, Pacemaker, Rheumatic Fever, Valvular Disease	☐		
HEPATO / GASTROINTESTINAL	☐	Ethanol Use: ☐ Yes ☐ No Frequency: _____	

Intra-Operative Anesthesia Record 1004

- Need policies related to the intra-operative anesthesia
- Need intra-operative anesthesia record for patients who have general, regional, or MAC
- Intra-operative Record must contain the following:
  - Include name and hospital id number
  - Name of practitioner who administer anesthesia
  - Techniques used and patient position, including insertion of any intravascular or airway devices

Intra-Operative Anesthesia Record

- Intra-operative Record must contain the following (continued):
  - Name, dosage, route and time of drugs
  - Name and amount of IV fluids
  - Blood/blood products
  - Oxygenation and ventilation parameters
  - Time based documentation of continuous vital signs
  - Complications, adverse reactions, problems during anesthesia with symptom, VS, treatment rendered and response to treatment

Post-anesthesia Evaluation 1005

- Post-anesthesia evaluation must be done by some one who is qualified to give anesthesia
- Must be done no later than 48 hours after the surgery or procedure requiring anesthesia services
- Must be completed as required by hospital policies and procedures
- Must be completed as required by any state specific laws
- P&Ps must be approved by the MS
- P&Ps must reflect current standards of care

Post Anesthesia Evaluation 1005

- Document in chart within 48 hours for patients receiving anesthesia services (general, regional, MAC)
- For inpatients and outpatients now
  - So may have to call some outpatients if not seen before they left the hospital
  - Note different for CAH hospitals under their manual
- Does not have to be done by the same person who administered the anesthesia

Post Anesthesia Evaluation

- Has to be done only by anesthesia person (CRNA, AA, anesthesiologist) or qualified doctor
- 48 hours starts at time patient moved into PACU or designated recovery area (SICU etc.)
- Evaluation can not generally be done at point of movement to the recovery area since patient not recovered from anesthesia
  - Patient must be sufficiently recovered so as to participate in the evaluation e.g. answer questions, perform simple tasks etc.

Post Anesthesia Evaluation

- For same day surgeries may be done after discharge if allowed by P&P and state law
- If the patient is still intubated and in the ICU still need to do within the 48 hours
  - Would just document that the patient is unable to participate
  - If patient requires long acting anesthesia that would last beyond the 48 hours would just document this and note that full recovery from regional anesthesia has not occurred

Post-Anesthesia Assessment Includes 1005

- Respiratory function with respiratory rate, airway patency and oxygen saturation
- CV function including pulse rate and BP
- Mental status,
- Temperature
- Pain
- Nausea and vomiting
- Post-operative hydration

Post-Anesthesia Survey Procedure

- Surveyor is review medical records for patients having anesthesia and make sure post-anesthesia evaluation is in the chart
- Surveyor to make sure done by practitioner who is qualified to give anesthesia
- Surveyor to make sure all post-anesthesia evaluations are done within 48 hours
- Surveyor to make sure all the required elements are documented for the post-anesthesia evaluation

Post Anesthesia ASA Guidelines

- Patient evaluation on admission and discharge from the post-anesthesia care unit
- A time-based record of vital signs and level of consciousness
- A time-based record of drugs administered, their dosage and route of administration
- Type and amounts of intravenous fluids administered, including blood and blood products
- Any unusual events including post-anesthesia or post procedural complications
- Post-anesthesia visits

STANDARDS FOR POSTANESTHESIA CARE

Committee of Origin: Standards and Practice Parameters

(Approved by the ASA House of Delegates on October 27, 2004, and last amended on October 21, 2009)

These standards apply to postanesthesia care in all locations. These standards may be exceeded based on the judgment of the responsible anesthesiologist. They are intended to encourage quality patient care, but cannot guarantee any specific patient outcome. They are subject to revision from time to time as warranted by the evolution of technology and practice.

STANDARD I

ALL PATIENTS WHO HAVE RECEIVED GENERAL ANESTHESIA, REGIONAL ANESTHESIA OR MONITORED ANESTHESIA CARE SHALL RECEIVE APPROPRIATE POSTANESTHESIA MANAGEMENT.[1]

1. A Postanesthesia Care Unit (PACU) or an area which provides equivalent postanesthesia care (for example, a Surgical Intensive Care Unit) shall be available to receive patients after anesthesia care. All patients who receive anesthesia care shall be admitted to the PACU or its equivalent **except** by specific order of the anesthesiologist responsible for the patient's care.
2. The medical aspects of care in the PACU (or equivalent area) shall be governed by policies and procedures which have been reviewed and approved by the Department of Anesthesiology.
3. The design, equipment and staffing of the PACU shall meet requirements of the facility's accrediting and licensing bodies.

STANDARD II

A PATIENT TRANSPORTED TO THE PACU SHALL BE ACCOMPANIED BY A MEMBER OF THE ANESTHESIA CARE TEAM WHO IS KNOWLEDGEABLE ABOUT THE PATIENT'S CONDITION. THE PATIENT SHALL BE CONTINUALLY EVALUATED AND TREATED DURING TRANSPORT WITH MONITORING AND SUPPORT APPROPRIATE TO THE PATIENT'S CONDITION.

STANDARD III

UPON ARRIVAL IN THE PACU, THE PATIENT SHALL BE RE-EVALUATED AND A VERBAL REPORT PROVIDED TO THE RESPONSIBLE PACU NURSE BY THE MEMBER

Outpatient

Outpatient Services 1076

- **Standard:** Outpatient services must meet the needs of the patient
- Must be in accordance with standards of practice such as ACR, AMA, ACS, etc.
- Optional service but must comply with all CoPs
- Both on and off campus
- Outpatient services must be integrated into hospital QAPI
  - Theme in rest of slides with being involved in PI, qualified director, follow SOCs, and met needs of patients

Outpatient Services 1077

- Must be integrated with inpatient services
  - So provide old medical records when indicated, radiology and lab done on patients timely, anesthesia, including pain management, diagnostic tests done when ordered timely on outpatients
- Hospital must coordinate the care of the patient
- Make sure pertinent information in medical record

Outpatient Services 1079

- Have appropriate professional and nonprofessional personnel based on scope and complexity of outpatient services
- Define in writing the qualifications and competencies necessary to direct the department
  - Should include education, experience and training and usually found in their job description
- Will review P&P to determine person's responsibility
  - No longer a requirement to be sure that one person is overlooking all of ambulatory patients care and treatment

Outpatient Tag 1079

- The outpatient services department must be accountable to one or more individuals responsible for the outpatient area
  - No longer says it has to be single person responsible
- With appropriate personnel at each location where outpatient services are rendered
- Hospital has flexibility to determine how to organize their outpatient department
- Define in writing the qualifications and competencies of each of the outpatient directors

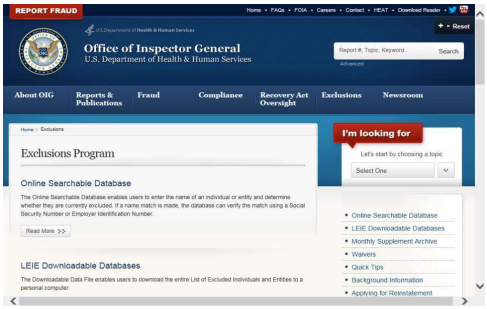
Outpatient Tag 1079

- **Survey Procedures 482.54(b)**
- Ask the hospital how it has organized its outpatient services and to identify the individual(s) responsible for providing direction for outpatient services
- Review the organization's policies and procedures to determine the person's responsibility
- Will review the position description of the individuals responsible for outpatient services

Outpatient Orders 1080

- Orders can be made by practitioner who is;
  - Responsible for the care of the patient
  - Licensed in state where he or she provides care to the patient
  - Within state scope of practice
  - Authorized by the MS, approved by the board, to order outpatient services under written P&P
- Whether C&P by the hospital or not
  - Verify is licensed in state and within scope of practice (NP, PA)
  - Consider checking license, OIG excluded list of individuals, verify order is from practitioner etc.

OIG List of Excluded Individuals



http://oig.hhs.gov/exclusions/index.asp

Outpatient Services 1081

- Standard: Outpatient Services must meet the needs of the patients in accordance with standards of practice
  - Like AMA, ACR, ACS, etc.
- It is optional to have outpatient services but if hospital provides outpatient services must follow CoPs
- Services, equipment, staff, and facilities must be appropriate
- Orders for outpatients may be made by practitioner responsible for the care of the patient

Emergency Services

Emergency Services 1100

- Hospital must meet needs of patients
- Must follow acceptable standards of practice such as ACEP and ENA
- Must be integrated into hospital wide QAPI
- Need qualified MS director (MD or DO)
- Remember other section affecting the ED at tag 91

Emergency Services

- Services must be integrated with other departments in hospital
- Surgery, lab, medical records, et al.
- Includes communications between departments
- Immediate availability of services, equipment, and resources of hospital
- Length of time to transport between departments is appropriate

Emergency Services

- Other departments must provide emergency patients the care within safe and appropriate times
- If offer urgent care on premises or in provider based clinics must follow these regulations
- Remember there is a separate COP on EMTALA
  - Most common deficiency among hospitals
- Will review policies, including triage policy

Emergency Services

- Must have appropriate equipment
- Periodic assessments of needs (ESI levels)
- Work with state and feds in emergency preparedness
- Surveyor will interview staff to see if knowledgeable about blood, IV fluid, parenteral administration of electrolytes, injuries to extremities, CNS and prevention of infection

Rehab and Respiratory Services

Rehab Services 1123

- Standard: If provides rehab, PT, OT, speech language pathology, audiology, must be staffed and organized to ensure safety of patients
- These staff must be qualified as specified by MS and state law
- Meet standards - American Physical Therapy Association, American Speech and Hearing Association, American Occupational Therapy Association, American College of Physicians, AMA
- Read what must be in the plan of care

Rehab Services

- Must be integrated into hospital wide QAPI
- Must have proper equipment and personnel
- Scope of service should be defined in writing
- Review medical records to verify each person documents
- Director must be knowledgeable and experienced and capable
- Will review job description
- Services must be furnished in accordance with written plan of care

Rehab Services 1132

- Must be given in accordance with order of practitioner including outpatient orders
  - No longer says physician only
- Orders must be incorporated in the medical record
  - Orders by one authorized by the MS to order and by P&P
  - Could be PA, CNS, NP as allowed per hospital P&P
  - Document order (1133)
- Must be consistent with state scope of practice
- Plan of care must meet criteria such as based on assessment, measurable short and long term goals, updated as needed

Respiratory Services 1151

- Must meet needs of patients
- Acceptable standard of practice
- Appropriate equipment and number of qualified personnel
- Scope of service should be defined in writing
- Director who is doctor with experience to supervise service
- List of written policies you must have

Respiratory Policies

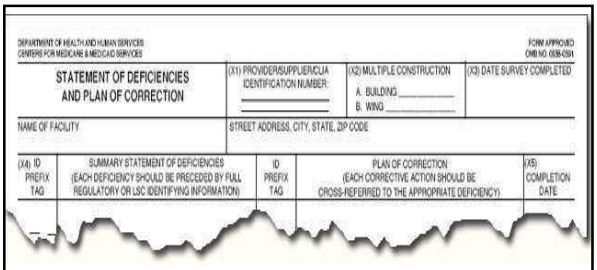
- Equipment assembly, operation, PM
- Safety practices including IC for sterile supplies, biohazard waste, posting of signs and gas line id
- CPR
- Pulmonary function testing
- Procedures to follow in the advent of adverse reactions to treatments or interventions
- Therapeutic percussion and vibration
- Bronchopulmonary drainage

Respiratory Policies

- Mechanical ventilation
- Aerosol, humidification, and therapeutic gas administration
- Storage, access and control of medications
- ABG procedure for analyzing
- Need order but can be from physician or LIP as allowed by state (scope of practice) and hospital and PA or NP credentialed by Medical Staff

Respiratory Services 1164 (Last CoP)

- If blood gases or other clinical lab tests are performed in unit then the applicable lab standards must be met
- Need order of practitioner (1163, 2015) including outpatient orders
  - One licensed and qualified and within scope of practice
  - Such as NP, PA, CNS
- Will review medical records
- Will review to make sure all required policies and procedures are written



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

Statement of Deficiencies and Plan of corrections
Based on documentation of surveyor worksheet or notes and form CMS-2567

The End! Questions????

- Sue Dill Calloway RN, Esq. CPHRM, CCMSCP
- AD, BA, BSN, MSN, JD
- President of Patient Safety and Education Consulting
- 5477 Fawnbrook Lane
- Dublin, Ohio 43017
- 614 791-1468 (Call with Questions, No emails)
- sdill1@columbus.rr.com
- Email questions to CMS at **hospitalscg@cms.hhs.gov**
- **Nuclear medicine slides to follow**

THANK YOU

Additional Resources

RELIAS LEARNING

Rewrites All NM Regulations

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

Table of Contents
(Rev. 141, 07-10-15)

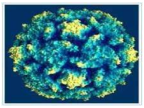
Transmittals for Appendix A

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

www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.pdf



RELIAS LEARNING 161

Nuclear Medicine 1025

- Services must meet needs of patients
- Optional service
- Radioactive material must be prepared, labeled, uses, transported, stored and disposed of in accordance with acceptable standards of practice
- Will **not** discuss but be sure to provide to your director if you do nuclear medicine the revised standards in 2015

RELIAS LEARNING 162

Nuclear Medicine 2015 1026

- Need to follow standards of practice (1026)
- Must follow state or federal laws
- Must follow recommendations by national professional organizations such as:
  - ACR, Radiologic Society of North America, America, the Society of Nuclear Medicine and Molecular Imaging, the American Society of Nuclear Cardiology, and the American Association of Physicists in Medicine
- Hospital can run or have a contracted service
- Same risks such as patient can develop cancer

Nuclear Medicine 1026

- Use as low as reasonably achievable (ALARA)
- Must be integrated into QAPI program
- Lists indicators of potential quality and safety problems
  - Wrong radiopharmaceutical is used
  - Lack of premedication or no IV access so procedure is cancelled
- Need a qualified NM medical director (1027) approved by the Medical Staff
- Had written scope to show what services are offered

Nuclear Medicine

- Radioactive material must be prepared, labeled, used, transported, stored, and disposed of in accordance with acceptable standards of practice (1035)
  - Must have a policy addressing the use of radioactive materials in the hospital
  - Must have clear signage
  - Must protect high risk patients; pregnant, children, multiple NM studies
  - Monitor staff monitoring devices such as dosimeters

Nuclear Medicine

- If lab tests done in NM service must meet CLIA (1038)
- Equipment and supplies must be appropriate (1044)
  - Must be maintain for safe and efficient performance
  - Must be in good operating condition
- Must have signed and dated reports of interpretations, consultations, and procedures (1051)
  - Must be signed by MS who interpreted it
  - Must keep copies for 5 years

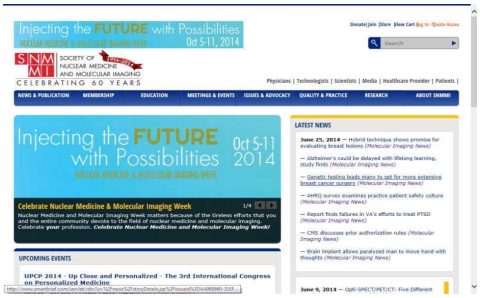
Nuclear Medicine 2015

- Must keep records of the receipt and distribution of radiopharmaceuticals (1054)
- Need order of person who licensure and privileges allow to order or board and MS allow to order (1055)

Nuclear Med 1036

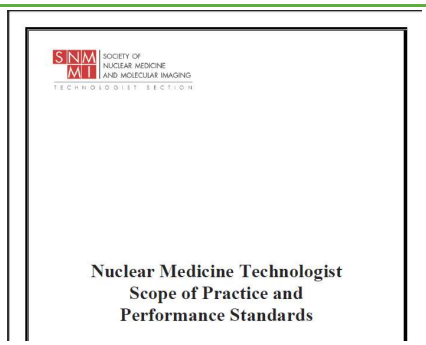
- Must be maintained in safe operating condition
  - Inspected, tested, and calibrated annually by qualified person
- Sign and date reports of nuclear interpretation, consults, and procedures
  - Keep copies for five years of records
- Radiopharmaceuticals can be prepared on off hours without radiologist or pharmacist present
  - Need P&P and follow guidelines like Society of NM and Molecular Imaging

SNMMI Website

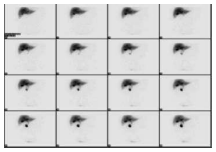


www.snmmi.org/

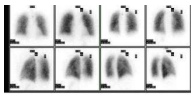
NM Tech Scope of Practice



Nuclear Medicine Tests



- Normal hepatobiliary scan (HIDA scan) used to detect gallbladder disease



- Normal pulmonary ventilation and perfusion V/Q scan

Websites

- Center for Disease Control CDC – www.cdc.gov
- Food and Drug Administration - www.fda.gov
- Association of periOperative Registered Nurses at AORN - www.aorn.org
- American Institute of Architects AIA - www.aia.org
- Occupational Safety and Health Administration OSHA – www.osha.gov
- National Institutes of Health NIH - www.nih.gov
- United States Dept of Agriculture USDA - www.usda.gov
- Emergency Nurses Association ENA - www.ena.org

Websites

- American College of Emergency Physicians ACEP - www.acep.org
- Joint Commission Joint Commission - www.JointCommission.org
- Centers for Medicare and Medicaid Services CMS - www.cms.hhs.gov
- American Association for Respiratory Care AARC - www.aarc.org
- American College of Surgeons ACS -www.facs.org
- American Nurses Association ANA - www.ana.org
- AHRQ is www.ahrq.gov
- American Hospital Association AHA - www.aha.org

Websites

- U.S. Pharmacopeia (USP) www.usp.org
- U.S. Food and Drug Administration MedWatch - www.fda.gov/medwatch
- Institute for Healthcare Improvement - www.ihi.org
- AHRQ at www.ahrq.gov
- Drug Enforcement Administration –www.dea.gov (copy of controlled substance act)
- US Pharmacopeia - www.usp.org, (USP 797 book for sale)
- National Patient Safety Foundation at the AMA - www.ama-assn.org/med-sci/npsf/htm
- The Institute for Safe Medication Practices - www.ismp.org

Websites

- CMS Life Safety Code page - http://new.cms.hhs.gov/CFCsAndCoPs/07_LSC.asp
- American College of Radiology- www.acr.org
- Federal Emergency Management Agency (FEMA)- www.fema.gov
- Sentinel event alerts at www.jointcommission.org
- American Pharmaceutical Association - www.aphanet.org
- American Society of Heath-System Pharmacists - www.ashp.org

Websites

- Enhancing Patient Safety and Errors in Healthcare - www.mederrors.com
- National Coordinating Council for Medication Error Reporting and Prevention - www.nccmerp.org,
- FDA's Recalls, Market Withdrawals and Safety Alerts Page: www.fda.gov/opacom/7alerts.html
- Association for Professionals in Infection Control and Epidemiology (APIC) infection control guidelines at www.apic.org
- Centers for Disease Control and Prevention - www.cdc.gov
- Occupational Health and Safety Administration (OSHA) at www.osha.gov

Infection Control Websites

- The National Institute for Occupational Safety and Health NIOSH at www.cdc.gov/niosh/homepage.html
- AORN at www.aorn.org
- Society for Healthcare Epidemiology of America (SHEA) at www.shea-online.org

THANK YOU