

The CMS Hospital Conditions of Participation (CoPs) Made Easy 2018

September 10-11, 2018 • Hilton Garden Inn Northeast • Louisville, KY

Overview

If a CMS surveyor showed up in your hospital tomorrow, would you be prepared? This day and a half program will cover the entire CMS Hospital CoP manual. It is a great way to educate everyone in your hospital on all the sections in the CMS hospital manual especially ones that applies to their department. Hospitals have seen a significant increase in survey activity by CMS.

This program will also include the proposed changes in 2018 on discharge planning and the IMPACT Act. The hospital will need to get the discharge summary in the hands of the primary care physician within 48 hours. There are five new quality measures, five new things to add to the assessment form, medication reconciliation, providing written information on side effects of medication, five things that will have to be in the discharge instructions and more.

The 2018 proposed changes in the Hospital Improvement Rule will be discussed. This makes many changes including a requirement for an antibiotic stewardship program and changes to nursing, medical records, QAPI, and more.

Every hospital that accepts payment for Medicare and Medicaid patients must comply with the Centers for Medicare & Medicaid Services Conditions of Participation. This 528 page manual has interpretive guidelines that must be followed for all patients treated in the hospital or hospital owned departments. Facilities accredited by the Joint Commission (TJC), HFAP, CIHQ, and DNV Healthcare must follow these regulations.

The November 20, 2015 manual implemented ten tag number changes in pharmacy and tag 405 in nursing. The July 10, 2015 manual rewrote all of the radiology and nuclear medicine sections. The October 9, 2015 included the definition of spouse for individuals of same sex marriages. The November

17, 2017 and December 29, 2017 changes will be discussed.

The interpretive guidelines serve as the basis for determining hospital compliance and there have been many changes in the recent years. There have been significant changes and many important survey memos issued also. CMS issued the final surveyor worksheets for assessing compliance with the QAPI, infection control and discharge planning standards. The proposed changes to the infection control worksheet will be discussed. The worksheets are used by State and Federal surveyors on all survey activities in hospitals when assessing compliance.

Changes in the recent past were made to the medical staff, board, texting of orders, ligature risk reduction, radiology, nuclear medicine, UR, nursing, pharmacy, dietary and outpatient regulations. There were changes to discharge planning, safe opioid use, IV medication, blood and blood products, safe opioid use, privacy and confidentiality, visitation, informed consent, advance directives, rehab and respiratory orders, radiology, QAPI, preventive maintenance, timing of medication, telemedicine, standing orders, informed consent, plan of care, humidity level, Complaint manual and reporting the accreditation organizations, organ procurement contracts, and adverse event reporting to the QAPI program. There were also a record breaking number of survey and certification memos issued over the past few years.

There also are sections on medical record services, dietary, utilization review, emergency department, surgical services, anesthesia, PACU, medical staff, nursing services, outpatient department, rehabilitation, radiology, respiratory, physical environment, infection control, organ and tissue, patient rights and discharge planning. Hospitals should perform a gap analysis to ensure they are compliant with all these interpretive guidelines and assign one person to be responsible for ensuring compliance.

Objectives

- Recall that CMS has restraint standards that hospitals must follow
- Describe that the patient has a right to file a grievance and the hospital must have a grievance policy and procedure in place
- Recall that interpreters should be provided for patients with limited English proficiency and this should be documented in the medical
- Describe that medications must be given timely and within one of three blocks of time
- Recall that all protocols should be approved by the Medical Staff and an order entered into the medical record and signed off
- Recall that there are many pharmacy policies required by CMS
- Recall that a nursing care plan must be in writing, started soon after admission and maintained in the medical record
- Recall that the hospital must have a safe opioid policy approved by the MEC and staff must be educated on the policy
- Recall that CMS has patient safety requirements in the QAPI section that are problematic standards
- Describe that CMS requires many radiology policies include one on radiology safety and to make sure all staff are qualified
- Discuss that a hospital can credential the dietician to order a patient's diet if allowed by the state
- Discuss that CMS requires many policies in the area of infection control
- Recall that patients who are referred to home health and LTC must be given a list in writing of those available and this must be documented in the medical record
- Describe that all staff must be trained in the hospital's policy on organ donation
- Understand that CMS has specific things that are required be documented in the medical record regarding the post-anesthesia assessment
- Recall that CMS has finalized the discharge planning worksheet

Who Should Attend

Chief executive officers, chief operating officers, chief medical officers, chief nursing officers, nurses, quality managers, consumer advocates, risk managers, legal counsel, compliance officers, health information management, case managers, social workers, discharge planners, pharmacists, PI coordinator, Joint Commission coordinator, rehab director, dietitians, infection preventionist, medication management team, anesthesia and surgery staff, PACU director, respiratory therapy director, director of radiology, and anyone who is a direct patient care giver or is responsible to ensure compliance with the CMS CoPs.

Please note that there is a separate CoP for critical access hospitals and a separate program covering the CAH CoP is scheduled for March 2-3.

Faculty

Sue Dill Calloway, RN, AD, BA, BSN, MSN, JD, CPHRM, CCMSCP Attorney at Law is currently the Medical-Legal Consultant and President of Patient Safety and Healthcare Consulting and Education. She is also the past chief learning officer and a current board member for the Emergency Medicine Patient Safety Foundation.

She has been employed in the nursing profession for more than 30 years. Ms. Calloway has legal experience in medical malpractice defense for physicians, nurses and other health professionals.

Ms. Calloway received her AD in nursing from Central Ohio Technical College. Her BA, BSN, MSN (summa cum laude) and JD (with honors) degrees are from Capital University in Columbus. She is a member of many professional organizations. She has authored over 102 books and has published many articles. She is a frequent lecturer on healthcare issues.

Continuing Education Credit

This program is approved by the Kentucky Board of Nursing for 12.9 contact hours, program offering number 5-0023-1-20-125 expiration date December 31, 2017. The Kentucky Board of Nursing approval of individual nursing education provider does not constitute endorsement of program content. Participants must attend the entire session and complete the evaluation. Those desiring continuing education credit must have nursing license number.

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

Registration

The registration fee for this program is \$290 for KHA members and \$450 for non-members. This fee covers all handout materials, beverage breaks, lunch and administrative costs. You may register by mail, fax or online.

Fax to: 502-814-0355

Mail to: KHREF

P. O. Box 436629

Louisville, KY 40253-6629

Online: <http://www.kyha.com/events>

Seminar Location/Hotel Accommodations

Hilton Garden Inn Northeast

9850 Park Plaza Avenue
Louisville, Kentucky 40241
502-423-0018

Rates: \$124/single

Cutoff date: August 10, 2018

Online: <http://www.hilton.com/en/gi/groups/personalized/S/SDFNEGI-SP5-20180909/index.jhtml>

To reach the Hilton Garden, take I-265 (Gene Snyder) to exit 34. Go west on Kentucky 22, approximately 1/2 mile. Turn right on Springdale Drive. Turn right on Park Plaza Avenue. The Hilton Garden is right behind "The Paddock" shopping complex.

Cancellations

A refund of registration fees will be made to those registrants notifying KHREF of cancellation five (5) working days prior to program date. A \$40 processing fee will be assessed against each refund. No refunds will be made after that date. Substitutions are accepted.

Services for Physically Challenged Individuals

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

Schedule - September 10

8:00am-8:30am

Registration/Continental Breakfast

8:30am-12:00pm

**CMS Conditions of Participation
for PPS Hospitals**

12:00pm-12:45pm - Lunch (provided)

12:45pm-4:30pm

**CMS Conditions of Participation
for PPS Hospitals** (continued)

Schedule - September 11

7:30am-8:00am

Continental Breakfast

8:00am-11:30am

**CMS Conditions of Participation
for PPS Hospitals** (continued)

- Agenda on next page -

Agenda

The agenda will cover:

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|---|---------------------------------------|-------------------------------|
| 1. Overview of the CMS' Survey Process | 8. Utilization Review | 15. Food and Dietary Services |
| 2. Patient Rights | 9. Infection Control | 16. Nuclear Medicine Services |
| 3. Quality Assessment and Performance Improvement | 10. Discharge Planning | 17. Emergency Services |
| 4. Medical Staff | 11. Organ, Tissue and Eye Procurement | 18. Rehabilitation Services |
| 5. Nursing Services | 12. Surgical & Anesthesia Services | 19. Respiratory Services |
| 6. Medical Records | 13. Radiological Services | 20. Additional Manuals |
| 7. Pharmaceutical Services | 14. Laboratory Services | |

Registration Form - Mail form by September 1, 2018

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Louisville, Kentucky

Online Registration: <https://www.kyha.com/events>

Please Complete Information:

Name _____

Title _____

Email _____

Name _____

Title _____

Email _____

Complete Hospital Information:

Hospital _____

Address _____

Phone _____

- Number of vegetarian meals required
 Number of vegetarian meals required

Registration Fee:

The fee for this program is: \$290 per participant (KHA member)
\$450 per participant (non-member)

Number of participants _____ x fee = _____
(amount enclosed)

- Check Enclosed (Make checks payable to KHREF)

Online Registration: <https://www.kyha.com/events>

Checks and/or registration forms need to be mailed by **September 1, 2018** to:

KHREF
PO Box 436629
Louisville, Kentucky 40253-6629

Phone: 502-426-6220
Fax: 502-814-0355



**Kentucky Hospital
Research and Education
Foundation, Inc.**