



**WEBINAR**

## **CMS Hospital Improvement FINAL Rules: Nursing, Medical Records, Infection Control, Antibiotic Stewardship Program, Restraints, QAPI and More**

Date: [Wednesday, December 4, 2019](#)

Time: [9:00 – 11:00 a.m. CT](#)

Speaker: Sue Dill Calloway, President, Patient Safety and Health Care Education and Consulting

### **Learning Objectives**

1. Identify hospital requirements of the CMS CoPs on antibiotic stewardship programs.
2. Discuss how CMS changed the term LIP (licensed independent practitioner) to LP (licensed practitioner) so PAs can order restraint and seclusion and do assessments if allowed by the hospital.
3. Describe how hospitals must have policies that describe which outpatient areas require a registered nurse (RN).
4. Explain why CMS removed the section that required hospitals to conduct autopsies in cases of unusual deaths.

### **Target Audience**

Hospital personnel in several areas including: nursing, medical records, infection control, quality assurance and performance management.

### **Cost**

\$150 per connection for NHA members. \$300 per connection for non-members.

*Note: The fee is for one phone line with unlimited participants.*

## Speaker Bio

Sue Dill Calloway has been a nurse attorney and consultant for more than 30 years. Currently, she is president of Patient Safety and Healthcare Education & Consulting. She was previously the chief learning officer for the Emergency Medicine Patient Safety Foundation. *The speaker has no real or perceived conflicts of interest that relate to this presentation.*

## Course Curriculum

CMS has finalized some significant changes to the hospital conditions of participation (CoPs) that every hospital and critical access hospital (CAH) should know.

These changes include the sections on nursing, medical records, infection control, quality assurance and performance improvement (QAPI), patient rights, history & physical (H&Ps), and restraint and seclusion. Most changes, with two exceptions, have an effective date of Nov. 29. The normal implementation date is 60 days, but CAHs will have 6 months to implement an antibiotic stewardship program and 18 months to implement a QAPI program since their QAPI requirements were completely rewritten.

All hospitals will be required to have an antibiotic stewardship program and include program details. Additionally, CMS clarified a number of existing requirements and a number of federal regulations that are already final, which makes this webinar an excellent resource.