



WEBINAR

Acute Care Hospital Conditions of Participation

(W2011-W2015 – Jan-Feb 2022)

Dates: **Wednesdays (January 26; February 2, 9, 16, 23)**

Time: **9:00 – 11:00 a.m. CT**

Speaker:

Laura A. Dixon, BS, JD, RN, CPHRM, President
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Cost: \$800 to NHA members for the full series (per hospital, no charge for additional lines, recordings available up to 60 days after the webinar); \$195 per session if registered separately.

Target Audience

Chief Medical Officer, Chief Nursing Officer, Compliance Officer, Emergency Department Personnel, Joint Commission Coordinator, Medical Records, Quality Improvement personnel, Risk Manager, Legal Counsel.

Course Curriculum

Every hospital that accepts payment for Medicare and Medicaid patients must comply with the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP). The 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), Healthcare Facilities Accreditation Program (HFAP), Center for Improvement in Healthcare Quality (CIHQ), and Det Norske Veritas (DNV) Healthcare with Deemed Status must follow these regulations.

This five-part webinar series will cover the entire CMS Hospital CoP manual for acute care hospitals. Each section of the manual will be discussed including those which had recent updates and still-pending interpretive guidelines.

Learning Objectives

At the conclusion of this session, participants should be able to:

Part 1:

- Discuss how to locate a copy of the current CMS CoP manual
- Describe that a history and physical for a patient undergoing an elective surgery must not be older than 30 days and updated the day of surgery
- Discuss that verbal orders must be signed off by the physician along with a date and TIME
- Understand the implications for non-compliance with COVID-19 reporting

Part 2:

- 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 record
- Discuss that the term LIP (licensed independent practitioner) has been changed to LP (licensed practitioner) to allow PAs to order restraints

Part 3:

- Describe which 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

Part 4:

- 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

Part 5:

- Discuss that CMS requires many policies in the area of infection control
- Recall that patients who are referred to home health, Inpatient rehab, LTCH, 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 and changes to the standards

Speaker Bio

Laura A. Dixon is the president of Healthcare Risk Education and Consulting. She previously served as the Director, Facility Patient Safety and Risk Management and Operations for COPIC from 2014 to 2020. In her role, Ms. Dixon provided consultation and training to facilities, practitioners and staff in multiple states.

Ms. Dixon has more than twenty years of clinical experience in acute care facilities, including critical care, coronary care, peri-operative services and pain management. Prior to joining COPIC, she served as the Director, Western Region, Patient Safety and Risk Management for The Doctors Company, Napa, California. In this capacity, she provided consultation to the physicians and staff for the western United States.

As a registered nurse and attorney, Laura holds a Bachelor of Science degree from Regis University, a Doctor of Jurisprudence degree from Drake University College of Law, and a Registered Nurse Diploma from Saint Luke's School Professional Nursing. She is licensed to practice law in Colorado and California.

This speaker has no real or perceived conflicts of interest that relate to this presentation.