



WEBINAR

CAH Conditions of Participation Series

(Webinar GA1001-1005 Jan-Feb 2021)

Dates: **Tuesdays (Jan 19, Jan 26, Feb 2, Feb 9, Feb 16)**

Time: **9:00 – 11:00 a.m. CT**

Speaker:

Laura A. Dixon, President of Healthcare Risk Education and Consulting

Cost: \$875 to NHA members for the full series (per hospital, no charge for additional lines, recordings available up to 120 days after the webinar);
\$195 per session if registered separately.

Target Audience

CEOs, COOs, CFOs, nurse executives, accreditation and regulation director, nurse managers, pharmacists, quality managers, risk managers, healthcare attorneys, health information management personnel, social workers, dietitians, health information management, nurses, nurse educators, nursing supervisors, patient safety officer, infection preventionist, radiology director, laboratory director, emergency department directors, outpatient director, medication team, ethicist, director of Rehab (OT, PT, speech pathology, and audiology), OR supervisor, OR staff, CRNA, anesthesia providers, dietician, radiology staff, director of health information management, infection preventionist, dietician, activities director of swing bed patients, infection control committee members, pharmacists, and compliance officers.

Course Curriculum

This five-part webinar series will cover the entire Critical Access Hospital (CAH) Conditions of Participation (CoP) manual from the Centers for Medicare & Medicaid Services (CMS). It is a great way to educate everyone in your hospital on all the

sections in the CMS hospital manual, especially ones that apply to their department. You will learn how to do a gap analysis to increase compliance, and we will discuss common areas of deficiency.

There were over 300 pages of regulations for Critical Access Hospitals (CAHs) in 2020. In addition to several important memos regarding COVID-19, there were changes to discharge planning, antibiotic stewardship program, access to medical records, infection control, QAPI, policy review time frames, emergency preparedness, credentialing of the dietician, quality and appropriateness of the diagnosis, changes to the swing bed requirements, life safety code and facility services, and revised emergency preparedness requirements.

Sessions

January 19, 2021

Part One : Introduction, Memos, Compliance, Agreements, Contracts, Board Duties, Emergency Services, Observation and Physical Environment

Learning Objectives

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

- Describe methods to find information on CMS regulations
- Recall the process to identify common deficiencies cited by CMS
- Discuss recommendations to do a gap analysis to ensure compliance with all the hospital CoPs
- Identify changes to CMS CoP manual within the last 3 years

January 26, 2021

Part Two: Provision of Services, Nursing, Pharmacy, Dietary, Drugs and Equipment, Surgery, Anesthesia and ED: Introduction, Memos, Compliance, Agreements, Contracts, Board Duties, Emergency Services, Observation and Physical Environment

Learning Objectives

At the conclusion of part two, participants should be able to:

- Explain the responsibilities of the pharmacists that include developing, supervising, and coordinating activities of the pharmacy
- Describe the requirements for CAH to monitor and inspect to ensure that outdated drugs are not available for patient use

- Recall the requirements for security and storage of medications, medication carts and anesthesia carts
- Recall the requirements for nursing services and order sets, and protocols
- Discuss the requirement to have a list of do not use abbreviations and a review of sound alike/look alike drugs

February 2, 2021

Part Three: Infection Control, Safe Medication, Lab, Patient Services, Outpatient, and Discharge Planning

Learning Objectives: At the conclusion of part three, participants should be able to:

- Recall that the infection preventionist must be appointed by the board
- Recall that CMS has an infection control worksheet that may be helpful to CAHs
- Discuss proper insulin pens usage
- Describe that an order is needed to allow the patient to self-administer medications
- Explain that there are three-time frames in which to administer medications
- Discuss what CMS requires for discharge planning

February 9, 2021

Part Four: Radiology, Organ Procurement, Rehab, Visitation, Medical Records, QAPI overview, and Swing Beds

Learning Objectives: At the conclusion of part four, participants should be able to:

- Explain the informed consent elements required by CMS
- Describe the requirements for history and physicals for CAH
- List what must be contained in the operative report
- Discuss what the CAH must do to comply with the requirements for notification of the organ procurement (OPO) agency when a patient expires
- Recall that CMS has many patient rights that are afforded to patients in swing beds
- Recall that hospitals must have a visitation policy and patients must be informed

February 16, 2021

Part Five

The last session in our five-part webinar series covering the entire Critical Access Hospital (CAH) Conditions of Participation (CoP) manual from the Centers for Medicare & Medicaid Services (CMS) focuses on the revised Quality Assessment and Performance Improvement (QAPI) standard and the final changes that were effective November 29, 2019. CMS implemented a similar QAPI standards for critical access hospitals in the final Hospital Improvement Rule and Interpretive Guidelines are still pending.

Nonetheless, Critical access hospitals (CAHs) had an additional 18 months to implement the new standards – or until March 2021.

The QAPI (Quality Assessment and Performance Improvement) worksheet is designed to help surveyors assess compliance with the hospital CoPs for QAPI. The worksheet is used by State and Federal surveyors on all survey activity in hospitals when assessing compliance with the QAPI standards including validation and certification surveys, and is an excellent tool to understand expectations from CMS.

Objectives: At the conclusion of part five, participants should be able to:

- Recall that CMS has a worksheet on QAPI
- Describe that there is a section on QAPI in the CMS hospital CoP manual that any hospital that accepts Medicare or Medicaid reimbursement must follow
- Discuss the rewritten the QAPI requirements CMS implemented for CAHs
- Discuss the Governing Board's ultimately responsible for the QAPI program and must ensure there are adequate resources for PI
- Recall that hospitals are receiving a high number of deficiencies in QAPI

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 patient safety and risk management 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 patient safety and risk management 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.

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