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- ▶ CMS Survey Priorities
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New Changes
to CAH and
Hospital
regulations

CAH UPDATES

- ▶ This final rule reforms Medicare regulations that are identified as unnecessary, obsolete, or excessively burdensome on health care providers and suppliers

CAH UPDATES

- ▶ These regulations are effective on November 29, 2019. The incorporation by reference of certain publications listed in the rule is approved by the Director of the Federal Register as of November 29, 2019.

CAH UPDATES

- ▶ These regulations are effective on November 29, 2019. The incorporation by reference of certain publications listed in the rule is approved by the Director of the Federal Register as of November 29, 2019.

CAH Tag #	CMS	CAH-Related Regulation (2410) Tag Title	Condition of Participation	CAH Tag #	Tag Priority Effective Date	Tag Priority Effective Date
1001	1001	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1001	1001	1001
1002	1002	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1002	1002	1002
1003	1003	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1003	1003	1003
1004	1004	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1004	1004	1004
1005	1005	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1005	1005	1005
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1007	1007	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1007	1007	1007
1008	1008	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1008	1008	1008
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1010	1010	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1010	1010	1010
1011	1011	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1011	1011	1011
1012	1012	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1012	1012	1012
1013	1013	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1013	1013	1013
1014	1014	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1014	1014	1014
1015	1015	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1015	1015	1015
1016	1016	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1016	1016	1016
1017	1017	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1017	1017	1017
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1027	1027	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1027	1027	1027
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1047	1047	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1047	1047	1047
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1049	1049	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1049	1049	1049
1050	1050	2509.401-2509.402-2509.403-2509.404-2509.405	2509.401-2509.402-2509.403-2509.404-2509.405	1050	1050	1050

CAH UPDATES

- ▶ Tag numbers 800 through 808 are new and cover: basis and scope, rural health network, personnel qualifications, and designation and certification of CAHs.
- ▶ Tag numbers 810-898 follow the previous tag numbers 150-209.
- ▶ Tag numbers 900-998 follow the previous tag numbers 210-268
- ▶ Tag number 999 is new and addresses evaluation by MD/DO for mid-level providers .
- ▶ Tag number 1040-1020 follow previous tag numbers 270-279.
- ▶ Tag number 1022 is a new and addresses biennial review of policy and procedures of patient care policies.

CAH UPDATES

CoP Compliance with Federal/State/Local laws and regs

- ▶ **C-0800**
- ▶ *(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)*
- ▶ **§485.601 Basis and Scope**
- ▶ **(a) Statutory basis, and (b) Scope. This subpart sets forth the conditions that a hospital must meet to be designated as a CAH.**

CAH UPDATES

CoP Compliance with Federal/State/Local laws and regs

C-0802

- ▶ *(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)*
- ▶ **§485.603 Rural Health Network**
- ▶ **A rural health network is an organization that meets the following specifications:**
- ▶ -it has at least one hospital that has been designated as a CAH, and furnishes acute care services and;
- ▶ -the members have an agreement regarding patient transfer, a communication system and system for sharing electronic patient data, and have a provision of emergency and nonemergency transportation among member and;
- ▶ -have an agreement with on QIO or equivalent for credentialing and quality assurance, and one other identified entity in the rural health care plan.

CAH UPDATES

- ▶ **CoP Compliance with Federal/State/Local laws and regs**
- C-0804**
- ▶ *(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)*
- ▶ **§485.604 Personnel Qualifications**
- ▶ **Staff that furnish services in a CAH must meet the applicable requirements of this section.**
- ▶ **(a) Clinical nurse specialist, nurse practitioner, and physician assistant.**

CAH UPDATES

- ▶ **C-0808**
- ▶ *(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)*
- ▶ **\$485.606 Designation and Certification of CAHs**
- ▶ **(a) Criteria for State Designation, and (b) Criteria for CMS certification. CMS certifies a facility as a CAH**

CAH UPDATES

CoP Staffing and Staffing Responsibilities

- ▶ **C-0999**
- ▶ *(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)*
- ▶ **\$485.631(d) Standard: Periodic review of clinical privileges and performance. The**
- ▶ **CAH requires that—**
- ▶ *(1) The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialist, and physician assistants at the CAH are evaluated by a member of the CAH staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the CAH.*
- ▶ *(2) The quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the CAH are evaluated*

CAH UPDATES

- ▶ Tag numbers 1024-1058 follow previous tag numbers 280-1002.
- ▶ Tag numbers 1100-1150 follow previous tag numbers 300-326.
- ▶ Tag numbers 1200-1250 are new and address infection prevention and antibiotic stewardship.
- ▶ Tag number 1300 replaces 330-343.
- ▶ 1302-1325 all are updated and new and address quality assessment and performance improvement.
- ▶ 1400-1430 all are updated and new and address discharge planning process.
- ▶ 1500-1511 follow the previous tag numbers 344-349.
- ▶ 1600-1626 follow the previous tag numbers 350-410.
- ▶

CAH UPDATES

- ▶ Tag numbers 500-596 are included in appendix W and address requirements if a CAH provides inpatient psychiatric services in a distinct part unit.

CAH UPDATES

- ▶ Tag numbers 700-758 are included in appendix W and address psychiatric or rehabilitation services as a distinct part unit in a CAH.

CAH UPDATES

- ▶ Tag numbers C2400-C2411 are included in appendix W and address EMTALA requirements and Transfers

Hospital updates

- ▶ As with the CAH updates these regulations are effective on November 29, 2019.

Hospital Updates

- ▶ §482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs
- ▶ §482.60 Condition of Participation: Special provisions applying to psychiatric hospitals
- ▶ §482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals
- ▶ §482.62 Condition of Participation: Special staff requirements for psychiatric hospitals

Hospital Updates

- ▶ §482.13 Condition of Participation: Patient's Rights
- ▶ A-0148 Patient Rights
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.13(d)(2) - *The patient has the right to access their medical records, including current medical records, upon an oral or written request, in the form or format requested by the individual. If it is readily producible in such form and format (including in an electronic form or format when such medical records are maintained electronically); or if not, in a readable hard copy form or such other form or format as agreed by the facility and the individual, and within a reasonable timeframe. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.*
- ▶ Interpretive Guidelines §482.13(d)(2)
- ▶ Guidance is pending and will be updated in future release.

Hospital Updates

- ▶ §482.13 Condition of Participation: Patient's Rights
- ▶ A-0168 Patient Rights
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.13(e)(5) - The use of restraint or seclusion must be in accordance with the order of a physician or **licensed practitioner** who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with State law.

Hospital Updates

- ▶ §482.21 Condition of Participation: Quality Assessment and Performance Improvement Program
- ▶ A-0273 OAPI
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ (1) The program must incorporate quality indicator data including patient care data, and other relevant data *such as data submitted to or received from Medicare quality reporting and quality performance programs, including but not limited to data related to hospital readmissions and hospital-acquired conditions.*

Hospital Updates

- ▶ §482.21 Condition of Participation: Quality Assessment and Performance Improvement Program
- ▶ A-0320 OAPI
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.21(f) Standard: Unified and Integrated OAPI program for multi-hospital systems.
- ▶ *If a hospital is part of a hospital system consisting of multiple separately certified hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, the system governing body can elect to have a unified and integrated OAPI program for all of its member hospitals after determining that such a decision is in accordance with all applicable State and local laws. The system governing body is responsible and accountable for ensuring that each of its separately certified hospitals meets all of the requirements of this section. Each separately certified hospital subject to the system governing body must demonstrate that:*
- ▶ Interpretive Guidelines §482.21(f)
- ▶ Guidance is pending and will be updated in future release.

Hospital Updates

- ▶ §482.21 Condition of Participation: Quality Assessment and Performance Improvement Program
- ▶ **A-0321 OAPI**
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.21(f)(1) *The unified and integrated OAPI program is established in a manner that takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital; and*
- ▶ *Interpretive Guidelines §482.21(f)(1)*
- ▶ *Guidance is pending and will be updated in future release.*

Hospital Updates

- ▶ §482.21 Condition of Participation: Quality Assessment and Performance Improvement Program
- ▶ **A-0322 OAPI**
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.21(f)(2) *The unified and integrated OAPI program establishes and implements policies and procedures to ensure that the needs and concerns of each of its separately certified hospitals, regardless of practice or location, are given due consideration, and that the unified and integrated OAPI program has mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed.*
- ▶ *Interpretive Guidelines §482.21(f)(2)*
- ▶ *Guidance is pending and will be updated in future release.*

Hospital Updates

- ▶ §482.22 Condition of Participation: Medical Staff
- ▶ **A-0358 Medical Staff**
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ [The bylaws must:]
- ▶ §482.22(c)(5) Include a requirement that --
- ▶ (i) A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, *and except as provided under paragraph (c)(5)(iii) of this section.* The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Act), an *oral and maxillofacial* surgeon, or other qualified licensed individual in accordance with State law and hospital policy

Hospital Updates

- ▶ §482.22 Condition of Participation: Medical Staff
- ▶ A-0360 Medical Staff
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ [The bylaws must:]
- ▶ §482.22(c)(5) - Include a requirement that --
- ▶ (iii) An assessment of the patient (in lieu of the requirements of paragraphs (c)(5)(i) and (ii) of this section) be completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at paragraph (c)(5)(v) of this section, specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services. The assessment must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.

Hospital Updates

- ▶ §482.22 Condition of Participation: Medical Staff
- ▶ A-0361 Medical Staff
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ [The bylaws must:]
- ▶ §482.22(c)(5) - Include a requirement that --
- ▶ (iv) The medical staff develop and maintain a policy that identifies those patients for whom the assessment requirements of paragraph (c)(5)(iii) of this section would apply. The provisions of paragraphs (c)(5)(iii), (iv), and (v) of this section do not apply to a medical staff that chooses to maintain a policy that adheres to the requirements of paragraphs (c)(5)(i) and (ii) of this section for all patients.
- ▶ Interpretive Guidelines §482.22(c)(5)(iv)
- ▶ Guidance is pending and will be updated in future release.

Hospital Updates

- ▶ §482.22 Condition of Participation: Medical Staff
- ▶ A-0362 Medical Staff
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ [The bylaws must:]
- ▶ §482.22(c)(5) - Include a requirement that --
- ▶ (v) The medical staff, if it chooses to develop and maintain a policy for the identification of specific patients to whom the assessment requirements in paragraph (c)(5)(iii) of this section would apply, must demonstrate evidence that the policy applies only to those patients receiving specific outpatient surgical or procedural services as well as evidence that the policy is based on:
 - ▶ (A) Patient age, diagnoses, the type and number of surgeries and procedures scheduled to be performed, comorbidities, and the level of anesthesia required for the surgery or procedure.
 - ▶ (B) Nationally recognized guidelines and standards of practice for assessment of specific types of patients prior to specific outpatient surgeries and procedures.
 - ▶ (C) Applicable state and local health and safety laws.
- ▶ Interpretive Guidelines §482.22(c)(5)(v)
- ▶ Guidance is pending and will be updated in future release.

Hospital Updates

- ▶ A-0364 is no longer in the newly updated regulations that addresses autopsies

Hospital Updates

- ▶ §482.23 Condition of Participation: Nursing Services
- ▶ A-0396 Nursing Services
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.23(b)(4) - The hospital must ensure that the nursing staff develops and keeps current a nursing care plan for each patient *that reflects the patient's goals and the nursing care to be provided to meet the patient's needs*. The nursing care plan may be part of an interdisciplinary care plan.

Hospital Updates

- ▶ §482.23 Condition of Participation: Nursing Services
- ▶ A-0398 Nursing Services
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.23(b)(6) - *All* licensed nurses who *provide services* in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of *all nursing personnel which occur within the responsibility of the nursing service, regardless of the mechanism through which those personnel are providing services (that is, hospital employee, contract, lease, other agreement, or volunteer).*

Hospital Updates

- ▶ §482.23 Condition of Participation: Nursing Services
- ▶ A-0399 Nursing Services
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.23(b)(7) - The hospital must have policies and procedures in place establishing which outpatient departments, if any, are not required under hospital policy to have a registered nurse present. The policies and procedures must:
 - ▶ (i) Establish the criteria such outpatient departments must meet, taking into account the types of services delivered, the general level of acuity of patients served by the department, and the established standards of practice for the services delivered;
 - ▶ (ii) Establish alternative staffing plans;
 - ▶ (iii) Be approved by the director of nursing;
 - ▶ (iv) Be reviewed at least once every 3 years
- ▶ Interpretive Guidelines §482.23(b)(7)

Hospital Updates

- ▶ §482.23 Condition of Participation: Nursing Services
- ▶ A-0409 Nursing Services
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.23(c)(3)(iii) - Orders for drugs and biologicals may be documented and signed by other practitioners, only if such practitioners are acting in accordance with State law, including scope of practice laws, hospital policies, and medical staff bylaws, rules, and regulations.
- ▶ Interpretive Guidelines §482.23(c)(3)(iii)
- ▶ Was blood transfusions and IV meds

Hospital Updates

- ▶ §482.24 Condition of Participation: Medical Record Services
- ▶ A-0458 Medical Record Services
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.24(c)(4) - All records must document the following, as appropriate:
 - ▶ (i) Evidence of--
 - ▶ (A) A medical history and physical examination completed and documented no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, and *except as provided under paragraph (c)(4)(i)(C) of this section*. The medical history and physical examination must be placed in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.

Hospital Updates

- ▶ §482.24 Condition of Participation: Medical Record Services
- ▶ **A-0462 Medical Record Services**
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.24(c)(4) - All records must document the following, as appropriate:
- ▶ (i) Evidence of --
- ▶ (C) An assessment of the patient (in lieu of the requirements of paragraphs (c)(4)(i)(A) and (B) of this section) completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at § 482.22(c)(5)(v), specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services.

Hospital Updates

- ▶ §482.41 Condition of Participation: Physical Environment
- ▶ **A-0710 Physical Environment**
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.41(b)
- ▶ (1) Except as otherwise provided in this section--
- ▶ (i) The hospital must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101) and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4. Outpatient surgical departments must meet the provisions applicable to Ambulatory Health Care Occupancies, regardless of the number of patients served.
- ▶ (ii) Notwithstanding paragraph (b)(1)(i) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.
- ▶ (2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients.

Hospital Updates

- ▶ §482.41 Condition of Participation: Physical Environment
- ▶ **A-0717 Physical Environment**
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.41(b)(8) When a sprinkler system is shut down for more than 10 hours, the hospital must:
- ▶ (i) Evacuate the building or portion of the building affected by the system outage until the system is back in service, or
- ▶ (ii) Establish a fire watch until the system is back in service.

Hospital Updates

- ▶ §482.41 Condition of Participation: Physical Environment
- ▶ **A-0718 Physical Environment**
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.41(b)(9) Buildings must have an outside window or outside door in every sleeping room, and for any building constructed after July 5, 2016 the sill height must not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows for the purposes of this requirement.
- ▶ (i) The sill height requirement does not apply to newborn nurseries and rooms intended for occupancy for less than 24 hours.
- ▶ (ii) The sill height in special nursing care areas of new occupancies must not exceed 60 inches.

Hospital Updates

- ▶ §482.41 Condition of Participation: Physical Environment
- ▶ **A-0720 Physical Environment**
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.41(c) Standard: Building Safety
- ▶ Except as otherwise provided in this section, the hospital must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6).
- ▶ (1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to a hospital.
- ▶ (2) If application of the Health Care Facilities Code required under paragraph (c) of this section would result in unreasonable hardship for the hospital, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.

Hospital Updates

- ▶ §482.41 Condition of Participation: Physical Environment
- ▶ **A-0730 Physical Environment**
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.41(e)
- ▶ The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51.

Hospital Updates

- ▶ **A-0747 thru A-0749 are all updated to address infection control and antibiotic stewardship requirements.**
- ▶ *(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)*
- ▶ **§482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs**
- ▶ *The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.*

Hospital Updates

- ▶ **The new infection control and antibiotic stewardship regulations include requirements for the preventionist, role of the preventionist in; tracking/trending, staff training, and reporting to QA, role of the facility for establishing policies and procedures, coordination and inclusion of community players, and leadership responsibilities in addressing infection control and antibiotic stewardship.**

Hospital Updates

- ▶ **A-0799 thru A-0823 include requirements for Discharge planning.**
- ▶ *(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)*
- ▶ **§482.43 Condition of Participation: Discharge Planning**
- ▶ *The hospital must have in effect a discharge planning process that focuses on the patient goals and treatment preferences and includes the patient and his or her caregivers support person(s) in the discharge planning for post-discharge care. The discharge planning process and the discharge plan must be consistent with the patient's goals for care and his or her treatment preferences, ensure an effective*
- ▶ *transition of the patient from hospital to post-discharge care, and reduce the factors leading to a preventable hospital readmissions.*

Hospital Updates

- ▶ The regulations for Discharge Planning are focused on preparation and coordination for the individual patient and connection with community assistance after discharge as assessed per individual patient needs. A discharge planning evaluation must be done for every patient and facility must have corresponding policy and procedures.

Hospital Updates

- ▶ §482.51 Condition of Participation: Surgical Services
- ▶ Added under Surgical Services
- ▶ A-0952
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.51(b)(1) - Prior to surgery or a procedure requiring anesthesia services and except in the case of emergencies:
- ▶ (i) A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration, *and except as provided under paragraph (b)(1)(iii) of this section.*

Hospital Updates

- ▶ §482.51 Condition of Participation: Surgical Services
- ▶ A-0954 Surgical Services
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.51(b)(1) - Prior to surgery or a procedure requiring anesthesia services and except in the case of emergencies:
- ▶ (iii) *An assessment of the patient must be completed and documented after registration (in lieu of the requirements of paragraphs (b)(1)(i) and (ii) of this section) when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at § 482.22(c)(5)(v), specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services.*

Hospital Updates

- ▶ Condition of Participation: §482.58 Special requirements for hospital providers of long-term care services ("swing-beds")
- ▶ A-1569 new regulation number Swing Bed
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.58(b)(5) Discharge summary (§483.20(f))
- ▶ *(Note: The regulations at §483.20(f) setting forth the requirements for a nursing home resident discharge summary was revised and re-designated as §483.21(c)(2) in 2016 (81 FR 68858, Oct. 4, 2016) which provides, "When the facility anticipates discharge a resident must have a discharge summary that includes, but is not limited to:*
- ▶ *(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.*
- ▶ *(ii) A final summary of the resident's status to include items in paragraph (b)(2) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative.*
- ▶ *(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).*
- ▶ *(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services."*

Hospital Updates

- ▶ Condition of Participation: §482.58 Special requirements for hospital providers of long-term care services ("swing-beds")
- ▶ A-1573 Swing Bed
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.58(b)(7) Dental services (§483.55(a)(2), (3), (4), and (5) and (b) of this chapter).
- ▶ • §483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care.

Hospital Updates

- ▶ A-1600 thru A-1726 are added to the Appendix A
- ▶ (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)
- ▶ §482.60-Special Provisions Applying to Psychiatric Hospitals - Psychiatric hospital units that include but are not limited to evaluations and assessments, staffing and leadership requirements, medical record requirements, QAPI guidelines, patient care and treatment plan requirements, and leadership oversight.

The End

Discussion and questions


