Common Hospital
CMS Compliance Issues

CSR for the Carolinas
November 12, 2014
Objectives

By the end of the presentation, participants will be able to:

- Identify common CMS compliance issues for hospitals related to the Conditions of Participation
- Identify survey tips and compliance strategies
### Top 10 Hospital Condition Level Citations During Mock CMS Surveys

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§ 482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital… - A-0043

- Standards include:
  - Medical Staff
  - Chief Executive Officer
  - Care of Patients
  - Institutional Plan and Budget
  - Contracted Services
  - Emergency Services
§ 482.12(a) Governing Body Standard: Medical Staff

Oversight of Medical Staff

- Ensure medical staff requirements are met (A-0044)

- Approve medical staff bylaws, rules, and regulations, including revisions (A-0048)

- Ensure medical staff accountability to the governing body for the quality of medical care provided to its patients (A-0049)
§ 482.12(e) Governing Body Standard: Contracted Services

**Contracted services** must be:

- Provided in compliance with Medicare Conditions of Participation
- Provided in accordance with acceptable standards of practice
- Provided in a safe and effective manner
- Integrated into the hospital’s QAPI program - A-0083 and A-0084

Hospitals must maintain a list of contracted services - A-0085
§ 482.12(f)(1) Governing Body Standard: Emergency Services

When emergency services ARE provided at hospital:

Must meet CoP: Emergency Services - A-0092

- Per acceptable standards of practice A-1100
- Per organization and direction requirements - A-1101
  - Qualified medical director A-1102
  - Integration with departments A-1103
  - Policies and procedures A-1104
§ 482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient's rights.

- Standards
  - Notice of Rights
  - Exercise of Rights
  - Privacy and Safety
  - Confidentiality of Patient Records
  - Restraint or Seclusion
  - Restraint or Seclusion: Staff Training
  - Death Reporting Requirements
Definition of grievance –

- Written or verbal complaint made to the hospital by patient or representative related to:
  - Patient care (when not resolved at the time)
  - Abuse or neglect
  - Non-compliance with CoPs
  - Medicare beneficiary complaint
- Any written complaint
- Any complaint asked to be treated as a grievance
  - A-0118
Definition of a complaint

- Complaint resolved at the time of the complaint by staff present
- Most billing issues
- Information from patient satisfaction surveys
- Verbal communication after discharge that would have been routinely handled by staff present if it had been communicated

- A-0118
Grievance Process

- Policies and procedures
- Integration into QAPI
  - A-0118
- Informing patients of process and whom to contact with State agency and hospital
  - A-0118 and A-0121
- Governing body responsibilities
  - A-0119 and A-0120
§ 482.13(a)(2)(ii-iii) Standard: Notice of Rights: Grievances and Complaints (cont.)

Grievance Process

- Time frame for a response
  - A-0122
- Providing a written response to grievance
  - What was done to investigate
  - Results of investigation
  - Who to contact
  - Date investigation completed
    - A-0123
Patient right to:

- Formulate advance directives (ADs), *such as*: living will, legal representative, or support person

- Have hospital staff comply with ADs.

- Receive written notice of hospital AD policies (inpatients and some outpatients) - A-0132
§ 482.13(b)(4) Standard: Exercise of Rights: Notification of Admission

Patient admission notification rights:
- Family member or representative
- Patient’s physician

Hospital requirements:
- Prompt notification
- Policies and procedures
- Documentation in medical record

-A-0133
§ 482.13(c)(2) Standard: Privacy and Safety: Care in a Safe Setting

Right to care in a safe setting:

- Environmental safety
- Infection control
- Security
- Emotional safety

- A-0144
§ 482.13(c)(3) Standard: Privacy and Safety: Freedom from Abuse or Harassment

- Definitions of abuse and neglect
- Methods/policies/procedures
  - Staffing levels
  - Investigating allegations
  - Protecting patients during investigation
  - Responding to witnessed abuse
  - Abuse protection program
    - A-0145
§ 482.13(d)(1) Standard: Right to Confidentiality of Patient Records

- Right to confidentiality of medical record
  - Paper record
  - Electronic record
  - All storage locations
- Policies and procedures
  - A-0147
§ 482.13(e) Standard: Restraint or Seclusion

All patients:

- Right to be free from physical or mental abuse and corporal punishment.
- Right to be free from restraint or seclusion, imposed as a means of coercion, discipline, convenience, or retaliation.
- Restraints and seclusion may only be used to ensure the immediate physical safety of the patient, staff, or others.

- A-0154
A chemical restraint is a drug or medication:

- Used to restrict or manage behavior, *or*
- Used to restrict freedom of movement, *and*
- NOT standard treatment or dosage for the patient's condition.

- A-0160
Determining standard treatment/dosage:

- Used per Food and Drug Administration (FDA) guidelines and manufacturer labeling
- Based on national standards of practice
- Treats specific clinical conditions
- Helps patients function more effectively
  - A-0160
Orders by a physician/licensed independent practitioner (LIP)

- Responsible for the care of the patient
- Authorized by hospital policy
- In accordance with State law

Orders made prior to application

Orders within a few minutes of application if emergency application was necessary

- A-0168
Orders should be **complete** as specified in policy and State law, such as:

- Type and location of restraint
- Date and time of order
- Time limit for restraints
- Less restrictive measures tried/considered
- Criteria for release
- Signature of ordering practitioner
  
  - A-0168
No PRN orders for restraint or seclusion

No stopping and restarting restraints or seclusion under same order

Directly supervised release

Exceptions to PRN rule

- A-0169
“The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice.”

- Standards:
  - Organization and Direction
  - Personnel
§ 482.55(a)(2) ES Standard: Organization: Integration of Services

The services must be integrated with other departments of the hospital

- Coordination and communication with all departments
- Access and immediate availability of resources
- Services provided within timeframes that protect the health and safety of patients - A-1103
The ED policies and procedures governing medical care:

- Established by the medical staff (MS)
- Monitored by MS on an ongoing basis
- Revised, as needed, by MS
- Based on current evidence-based practices
- Include competency requirements, when applicable

-A-1104
§ 482.42 Condition of Participation: Infection Control

- The hospital must provide a sanitary environment
- There must be an active infection control program
  - A-0747

- Standards:
  - Organization and Policies
  - Responsibilities of CEO, MS, and DNS
Infection control (IC) officer responsibilities

- Examples include:
  - Policy and procedure development
  - Sanitary environment
  - IC measures for hospital personnel
  - Monitoring for compliance
  - Emergency preparedness
    - A-0749
CMS Pilot Tool – nice audit tool for hospitals
Hospital Patient Safety Initiative (PSI)
Draft Risk Evaluation Tool: Infection Control

- Module 1: Infection Control/Prevention Program
- Module 2: General Infection Control
- Module 3: Equipment Reprocessing
- Module 4: Patient Tracers

-Initiated in 2012, updated in 2013
§ 482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient...
- A-0700

- Standards
  - Buildings
  - Life Safety from Fire
  - Facilities

Note: More detailed citations at Life Safety Code Survey (K-tags)
§ 482.41 (a) Physical Environment
Standard: Buildings

- The condition of the physical plant and overall hospital environment must be developed and maintained to ensure the safety and well-being of patients.

- Common building issues under CoP
  - Condition of ceilings, walls, and floors
    - A-0701
  - Issues related to emergencies (psychiatric patients, call lights, supplies)
    - A-0703
§ 482.41 (b) Physical Environment
Standard: Life Safety from Fire

- The hospital must ensure life safety from fire requirements are met - A-0709
- Common issues related to life safety
  - Proper storage and disposal of trash - A-0713
  - Appropriate signage for biohazardous waste - A-0713
  - Staff understanding of how to respond to a fire - A-0714

Refer to Life Safety code (LSC) citations
§ 482.41 (c) Physical Environment
Standard: Facilities

- The hospital must maintain adequate facilities for its services - A-0722

- Examples of common findings:
  - Storage of supplies (potential for contamination, deterioration, fire-code issues, blocked entries, safety issues)
    - A-0724
  - Temperature controls (e.g. refrigerators, freezers, food preparation areas)
    - A-0726
§ 482.51 Condition of Participation: Surgical Services

Inpatient and outpatient surgical services must be:

- Well organized
- Provided in accordance with acceptable standards of practice
  - A-0940

- Standards:
  - Organization and Staffing
  - Delivery of Service
§ 482.51(b) Surgical Services Standard: Delivery of Service

Policies governing surgical care should be:

- Written, implemented, and enforced
- Per acceptable standards of practice
  - A-0951
Examples of common findings include inappropriate:

- Hand hygiene practices
- Use of gloves
- Cleaning and disinfection of:
  - Instruments
  - Equipment
  - Rooms
- Attire for each area of the operating room (OR)
  - A-0951
§ 482.51(b)(4) Standard: Delivery of Surgical Services: Immediate Post-Op Care

Provide adequate provisions for immediate post-operative care

- Applies to *all* surgical patients (*e.g.* same-day surgery) per acceptable standards of practice
- Post-op check should include pain assessment
- Policies and procedures must address monitoring requirements in post-PACU settings

- A-0957 Transmittal 116, Effective June 6, 2014
§ 482.28

Food and Dietetic Services

The hospital’s food and dietetic services must be organized, directed, and staffed to ensure nutritional needs are met… - A-0618

- Standards
  - Organization
  - Diets
§ 482.28(a)(1)(i) Food and Dietetic Services
Standard: Organization

Director of Food and Dietetic Services

- Full-time employee or contracted staff
- Appointed by the medical staff
- Responsibilities delegated by Governing body
  - Kitchen oversight
  - Training
  - Disaster planning
  - Development and implementation of policies and procedures

-A-0620
§ 482.21 Condition of Participation: QAPI Program

- The hospital must develop, implement, and maintain…QAPI program. - A-0263

- Standards:
  - Program Scope (all departments and services)
  - Program Data
  - Program Activities
  - Performance Improvement Projects
  - Executive Responsibilities
§ 482.21 Condition of Participation: QAPI Program

A hospital must develop, implement and maintain a QAPI program that is:

- Effective
- Ongoing
- Hospital-wide
- Data driven

-A-0263
CMS Pilot Tool – *nice audit tool for hospitals*

Hospital Patient Safety Initiative (PSI) Draft Risk Evaluation: QAPI

- Data Collection and Analysis – Quality Indicator Tracers
- Applying Quality Indicator Information – Activities and Projects
- Patient Safety – Adverse Events and Medical Errors
- Broad QAPI Requirements and Leadership Responsibilities

*Initiated in 2012, updated in 2013*
§ 482.24 Condition of Participation: Medical Records:

- The hospital must have a medical record service that has administrative responsibility for medical records (MRs).
- A MR must be maintained for every patient - A- 0431

- Standards:
  - Organization and Staffing
  - Form and Retention of Record
  - Content of Record
Form and Retention of Record

- Each patient - inpatient and outpatient
- Accurately written
- Promptly completed
- Properly filed, retained and accessible
- Author identification
- Record maintenance - integrity and security

–A-0438
§ 482.24(c)(1) Medical Records Standard: Content of Record

- Must be:
  - Legible
  - Complete
  - Dated
  - Timed
  - Authenticated
  - Consistent with hospital policies and procedures

- A-0450
§ 482.25 Condition of Participation: Pharmaceutical Services

The hospital must have pharmaceutical services that meet the needs of patients… - A-0490

- Standards:
  - Pharmacy Management and Administration
  - Delivery of Services
§ 482.25(b)(2)(i) Pharmaceutical Services
Standard: Delivery of Services

- All drugs and biologicals must be kept in a **secure** area, and locked when appropriate.
  - Policies and procedures address securing medications, including self-administered medications
  - Drug storage areas are secure
  - Medication carts are secure
  - Automated dispensing devices are secure

-A-0502
§ 482.25(b)(3) Pharmaceutical Services
Standard: Delivery of Services

- Outdated, mislabeled, or otherwise unusable drugs and biologicals must not be available for patient use.
  - Review labels of drug containers
  - Review floor stock medications
  - Review unit dose medications
  - Inspect patient specific and floor stock medications for expired, mislabeled or unusable medications

-A-0505
§ 482.22 Condition of Participation: Compliance with Federal, State and Local Laws

- The hospital must ensure:
  - All applicable Federal, State, and local law requirements are met
    - A-0020
- Most common reason for citing:
  - Non-compliance with Emergency Medical Treatment and Labor Act (EMTALA) requirements
The hospital must have an organized medical staff:
- Bylaws approved by governing body
- Responsible for the quality of medical care
  - A-0338

Standards:
- Composition of the Medical Staff
- Medical Staff Organization and Accountability
- **Medical Staff Bylaws**
- Autopsies
§ 482.22(c) Medical Staff Standard: Medical Staff Bylaws

To carry out its responsibilities, the medical staff must:

- Adopt bylaws
- Enforce bylaws

-A-0353
The hospital must have an organized nursing service that provides 24-hour nursing services…
- A-0385

- Standards:
  - Organization
  - Staffing and Delivery of Care
  - Preparation and Administration of Drugs
Nursing Evaluation and Supervision

- A registered nurse must supervise and evaluate the nursing care for each patient.

-A-0395
Nursing Care Plans

- The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient.

- The nursing care plan may be part of the interdisciplinary care plan.

-A-0396
§ 482.43 Condition of Participation: Discharge Planning (DP)

- DP process must apply to all patients.
- Policies and Procedures must be specified in writing.
- Standards:
  - Identification of Patients in Need of DP
  - DP Evaluation
  - Discharge Plan
  - Transfer or Referral
  - Reassessment
§ 482.43 Condition of Participation: Discharge Planning (DP)

Examples of most common issues:

- Not providing weekend DP
- Not having all requirements addressed in written policies
  - A-0799
- Not transferring necessary medical information to patient’s physician when patient is discharged home
  - A-0837
Discharge Planning (DP) Tool

CMS Pilot Tool – *nice audit tool for hospitals*

Patient Safety Initiative (PSI) Draft Risk Evaluation Tool: Discharge Planning

- DP Policies and Procedures
- DP Reassessment and QAPI
- DP Tracers

- *Initiated in 2012, Updated in 2013*
§ 482.43 Condition of Participation: Nuclear Medicine Services

- If the hospital provides nuclear medicine services:
  - Must meet the needs of patients
  - Per acceptable standards of practice
    - A-1026

- Standards
  - Organization and Staffing
  - Delivery of Service
  - Facilities
  - Records
§ 482.54 Condition of Participation: Outpatient Services

- If the hospital provides outpatient services:
  - Services must meet the needs of patients
  - Per acceptable standards of practice
    - A-1076

- Standards:
  - Organization
  - Personnel
§ 482.45 Condition of Participation: Organ Tissue, and Eye Procurement

- The hospital must:
  - Ensure the specific organ, tissue, and eye procurement requirements are met - A-0884

- Standards:
  - Organ Procurement Responsibilities
  - Organ Transplantation Responsibilities
§ 482.56 Condition of Participation: Rehabilitation Services

- If the hospital provides rehabilitation services:
  - Services must be organized and staffed to ensure the health and safety of patients
    - A-1123

- Standards:
  - Organization and Staffing
  - Delivery of Services
  - Rehabilitation Services
  - Rehabilitation Services
§ 482.57 Condition of Participation: Respiratory Services

- If the hospital provides respiratory services:
  - Must meet the needs of the patients
  - Per acceptable standards of practice
    - A-1151

- Standards:
  - Organization and Staffing
  - Delivery of Services
  - Respiratory Services
§ 482.52 Condition of Participation: Anesthesia Services

- If the hospital furnishes anesthesia services:
  - Must be provided in a well-organized manner
  - Must be directed by a qualified MD or DO
  - Must be responsible for all anesthesia administered in the hospital.

- Standards:
  - Organization and Staffing
  - Delivery of Services
  - State Exemption
§ 482.27 Condition of Participation: Laboratory Services

- The hospital must maintain, or have available, adequate laboratory services:
  - To meet the needs of its patients
  - Provided in CLIA certified lab
    - A-0576

- Standards:
  - Adequacy of Laboratory Services
  - Potentially Infectious Blood and Blood Components
  - General Blood Safety Issues
The hospital must maintain, or have available, diagnostic radiologic services.

Any diagnostic or therapeutic services:
  – Must meet professionally approved standards for safety and personnel qualifications -A-0528

Standards:
  – Radiologic Services
  – Safety for Patients and Personnel
  – Personnel
  – Records
The hospital must have in effect a UR plan that...
- A-0652

Standards:
- Applicability
- Composition of UR Committee
- Scope and Frequency of Review
- Determination Re Admissions/Continued Stays
- Extended Stay Review
- Review of Professional Services
Thank you

Questions?
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