Emergency Services: Complying with the CMS Hospital CoPs 2016

Speaker

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You Don’t Want One of These

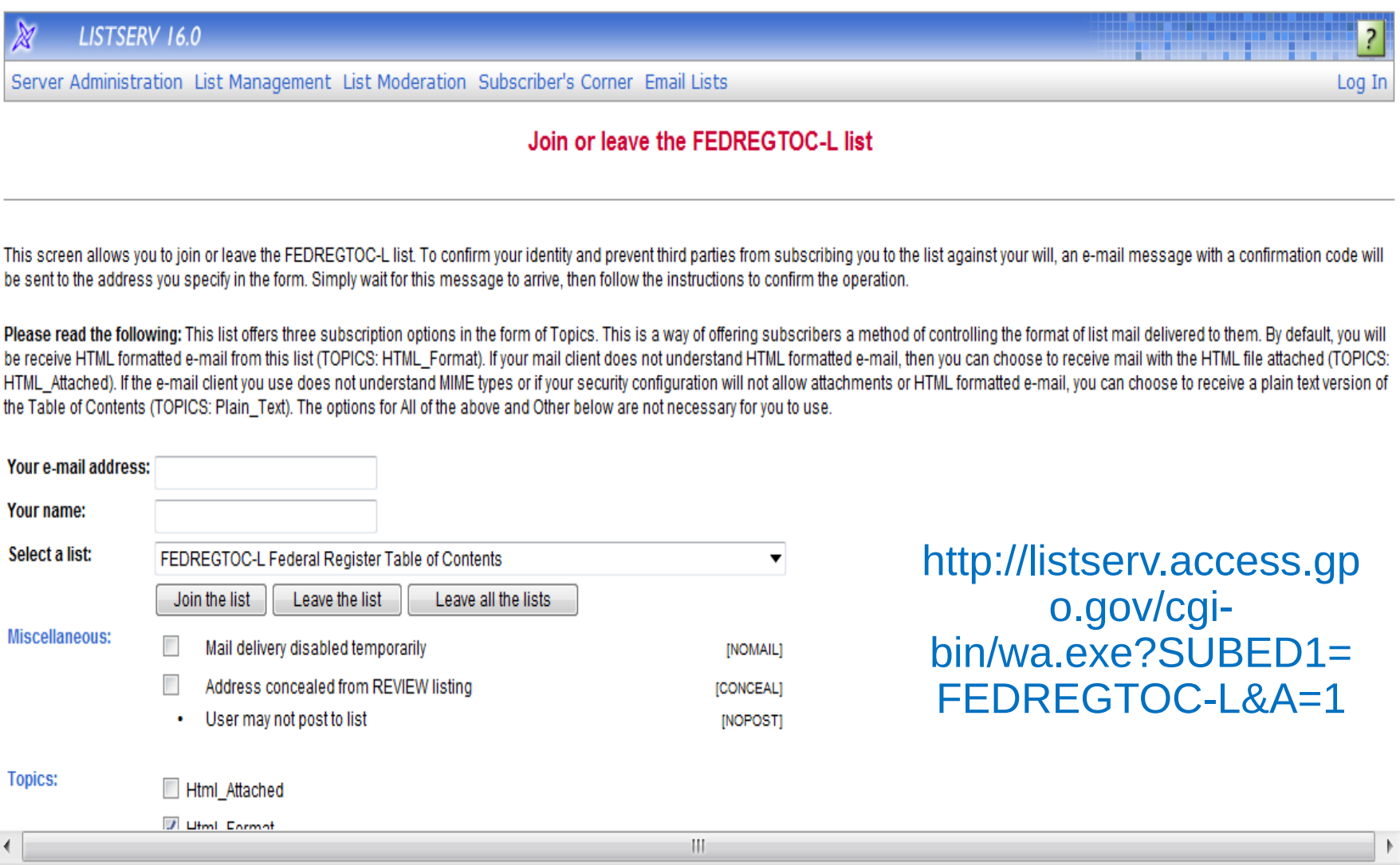
The Conditions of Participation (CoPs)

- Many revisions since manual came out in 1986
- Manual updated more frequently now
- Has section numbers called tag numbers and goes from 1 to 1164 and Emergency Services starts at tag 91 and second section starts at tag 1100
- First regulations are published in the **Federal Register** then CMS publishes the **Interpretive Guidelines** and some have **survey procedures** [2]
  - Hospitals should check this website once a month for changes

[1] http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=FR

[2] www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp

Subscribe to the Federal Register



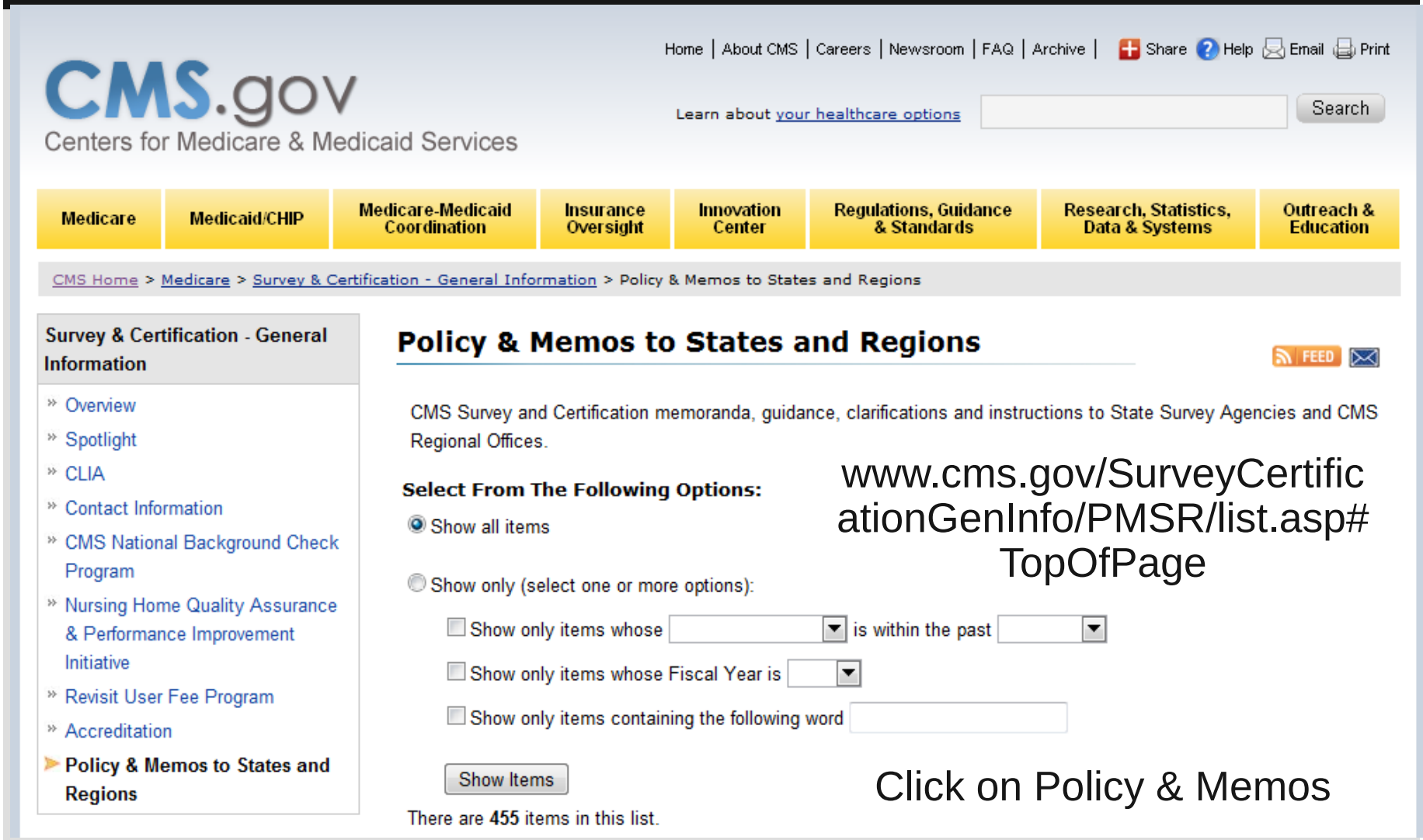
http://listserv.access.gpo.gov/cgi-bin/wa.exe?SUBED1=FEDREGTOC-L&A=1

How to Keep Up with Changes

- First, periodically check to see you have the most current CoP manual and sign up to get the Federal Register[1]
- Once a month go out and check the survey and certification website [2]
- Once a month check the CMS transmittal page [3]
- Have one person in your facility who has this responsibility

- [1] http://www.cms.hhs.gov/manuals/downloads/som107_Appendicestoc.pdf
- 2 http://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage
- 3 http://www.cms.gov/Transmittals

CMS Survey and Certification Website



www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage

Click on Policy & Memos

Title	Memo #	Posting Date	Fiscal Year
Final Rule: SNF Medicare FY 2016 Payments, Quality Reporting, Value-Based Purchasing and Staffing Data Collection Requirements – Informational Only	15-49-NH	2015-08-07	2015
Publication of Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities; Proposed Rule (CMS-3260-P) – Informational Only	15-46-NHs	2015-07-17	2015
Medication-Related Adverse Events in Nursing Homes	15-47-NH	2015-07-17	2015
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Appendix J, Part II - Clarifications to the Interpretive Guidance at Tag W187 for §483.430(d)(3)	15-48-ICF/IID	2015-07-17	2015
Advanced Copy - Update to Ambulatory Surgical Center (ASC) Infection Control Surveyor Worksheet (ICSW)	15-43-ASC	2015-06-26	2015
Use of Portable Reverse Osmosis (RO) Units and Block Carbon	15-44-ESRD	2015-06-26	2015
Clarification of Critical Access Hospital (CAH) Rural Status, Location and Distance Requirements	15-45-CAH	2015-06-26	2015
Surveyor Guidance for Approval of Home Dialysis Modalities	15-41-ESRD	2015-06-12	2015
Information Only - Review and Status of Nursing Home Survey: Summary of Traditional and Quality Indicator Survey (QIS) Findings and Issues	15-40-NH	2015-05-22	2015
Revised Hospital Radiologic and Nuclear Medicine Services Interpretive Guidelines—State Operations Manual (SOM) Appendix A	15-38-Hospitals	2015-05-15	2015

Showing 1 to 10 of 645 entries

Example of Survey Memo

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C-15-32 Hospitals/CAHs/ASCs

DATE: **April 3, 2015**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Alert Related to Outbreaks of Carbapenem-Resistant *Enterobacteriaceae* (CRE) during gastrointestinal endoscopy, particularly Endoscopic Retrograde Cholangiopancreatography (ERCP)

Memorandum Summary

- ***Situation:*** Recent newspaper articles, medical publications, and adverse event reports associate multidrug-resistant bacterial infections caused by CRE with patients who have undergone ERCP. Duodenoscopes used to perform ERCP are difficult to clean and disinfect, even when manufacturer reprocessing instructions are followed correctly, and have been implicated in these outbreaks. The U.S. Food and Drug Administration (FDA) has issued a Safety Communication warning, with related updates, that the design of duodenoscopes may impede effective cleaning.

- ***Expectations for Reprocessing Duodenoscopes:*** Hospitals, critical access hospitals (CAHs), and ambulatory surgical centers (ASCs) are expected to meticulously follow the manufacturer's instructions for reprocessing duodenoscopes, as well as adhere to the nationally recognized Multisociety consensus guidelines developed by multiple expert organizations and issued in 2011.

Location of CMS Hospital CoP Manual

Medicare State Operations Manual

Appendix

Questions to hospitalscg@cms.hhs.gov

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. Click on the red button in the 'Download' column to see any available file in PDF.
- To return to this page after opening a PDF file on your desktop. use the browser "back" button. This is because closing the file usually will also close most browsers

New website

www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.pdf

App. No.	Description	PDF File
A	Hospitals	2,185 KB
AA	Psychiatric Hospitals	606 KB

Conditions of Participation (CoPs)

- Important interpretive guidelines for hospitals and to keep handy
  - A- Hospitals and C-Critical Access Hospitals
  - C-Labs
  - V-EMTALA
  - Q-Determining Immediate Jeopardy
  - I-Life Safety Code Violations
  - All CMS forms are on their website
  - Consider gap analysis

CoP Manual Also Called SOM

State Operations Manual
Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

Table of Contents
(Rev. 151, 11-20-15)

www.cms.hhs.gov/manuals/downloads/som107_Appendixtoc.p

Transmittals for Appendix A

Survey Protocol

Introduction

- Task 1 - Off-Site Survey Preparation
- Task 2 - Entrance Activities
- Task 3 - Information Gathering/Investigation
- Task 4 - Preliminary Decision Making and Analysis of Findings
- Task 5 - Exit Conference
- Task 6 – Post-Survey Activities

Psychiatric Hospital Survey Module

Psychiatric Unit Survey Module

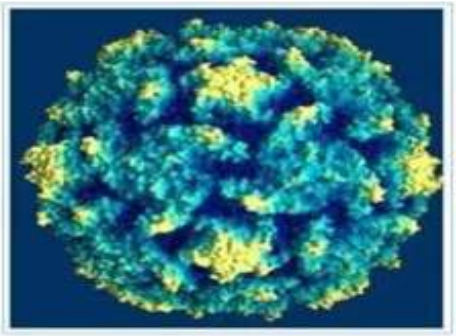
Rehabilitation Hospital Survey Module

Inpatient Rehabilitation Unit Survey Module

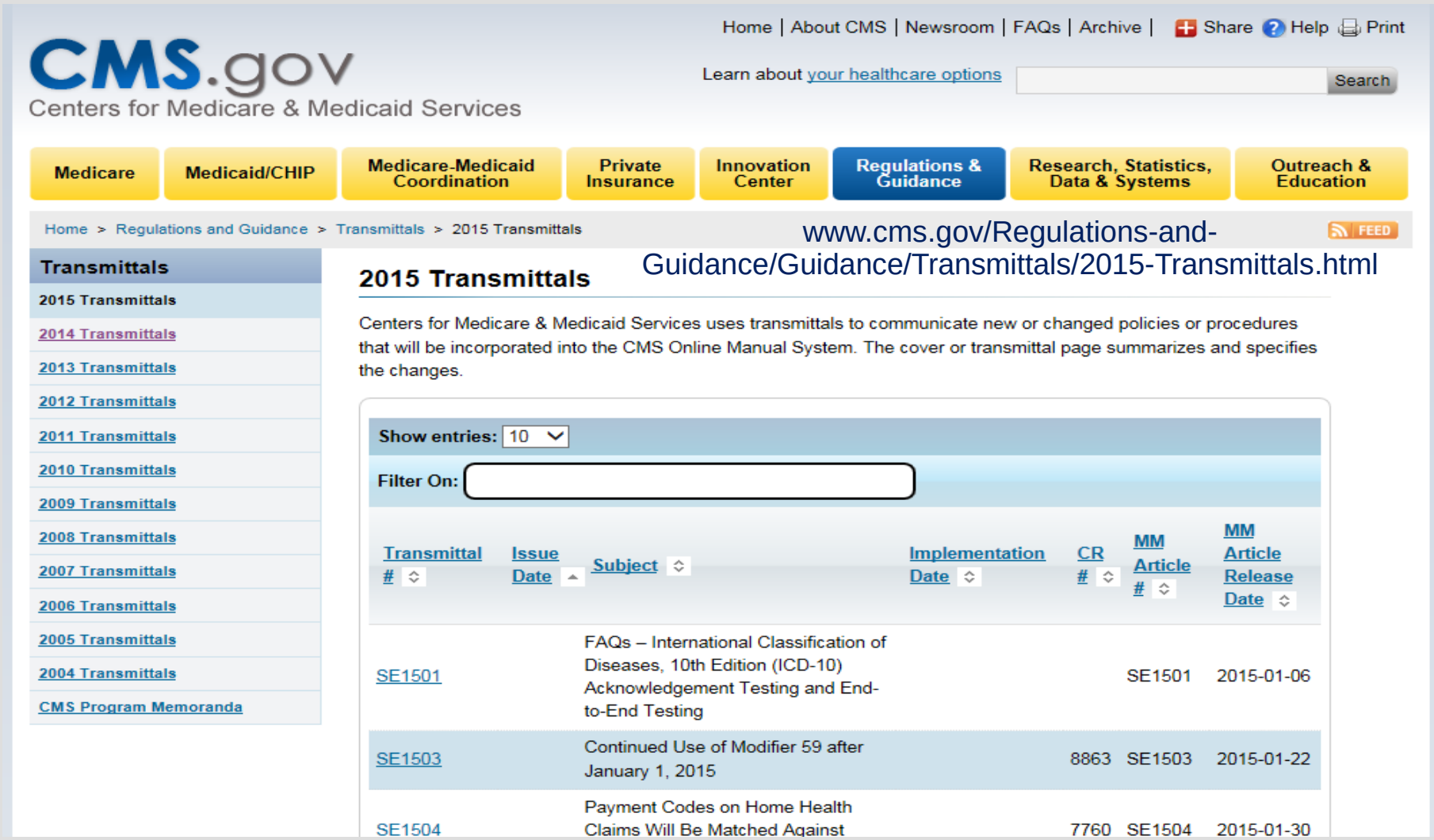
Hospital Swing-Bed Survey Module

Regulations and Interpretive Guidelines

Email questions **hospitalscg@cms.hhs.gov**



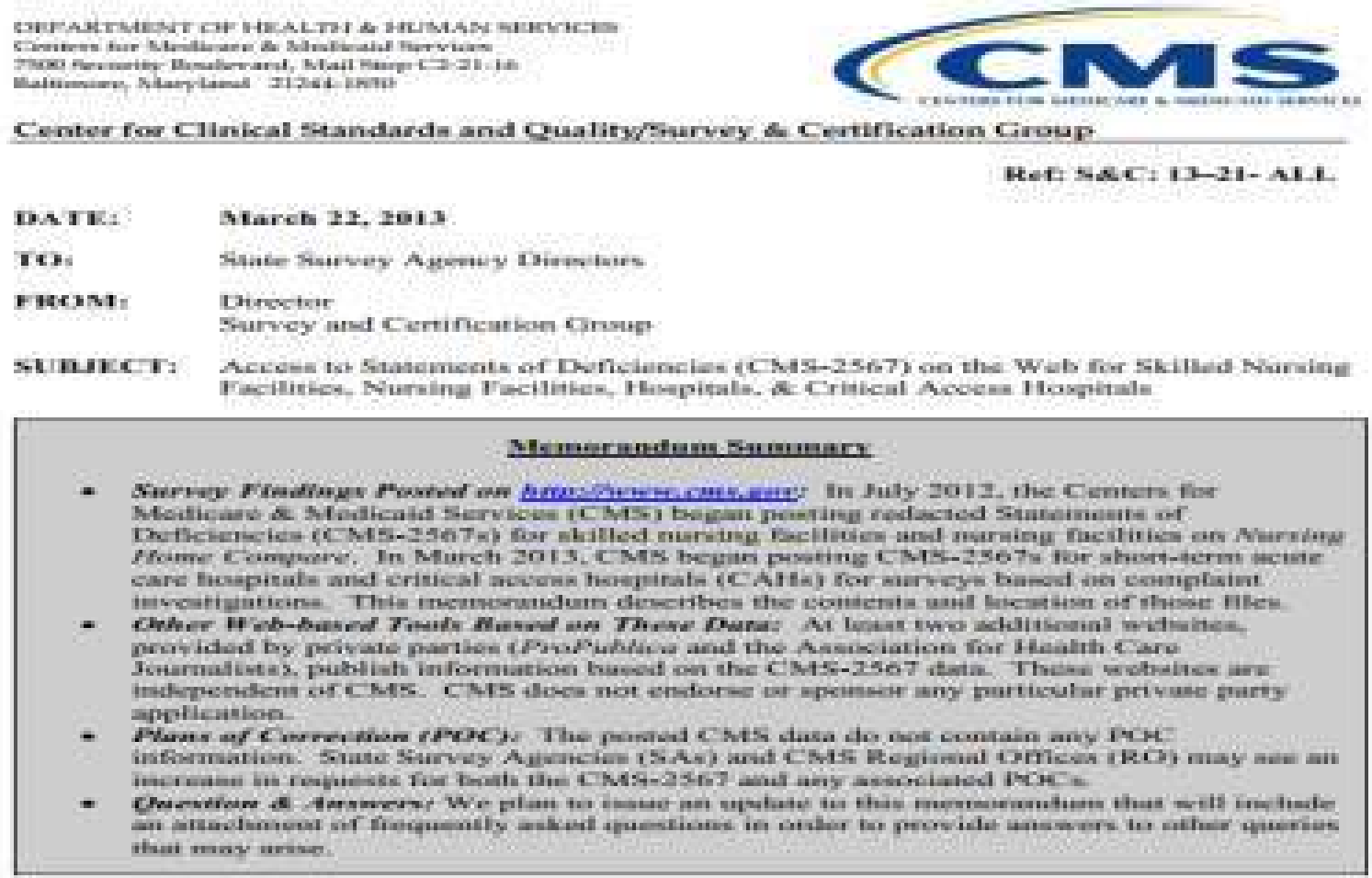
Transmittals



Access to Hospital Complaint Data

- CMS issued Survey and Certification memo on March 22, 2013 regarding access to hospital complaint data and quarterly since then
- Includes acute care and CAH hospitals
  - Does not include the plan of correction but can request
  - Questions to bettercare@cms.hhs.com
- This is the CMS 2567 deficiency data and lists the tag numbers
- updating quarterly
  - Available under downloads on the hospital website at www.cms.gov

Access to Hospital Complaint Data



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 13-21- ALL

DATE: March 22, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Access to Statements of Deficiencies (CMS-2567) on the Web for Skilled Nursing Facilities, Nursing Facilities, Hospitals, & Critical Access Hospitals

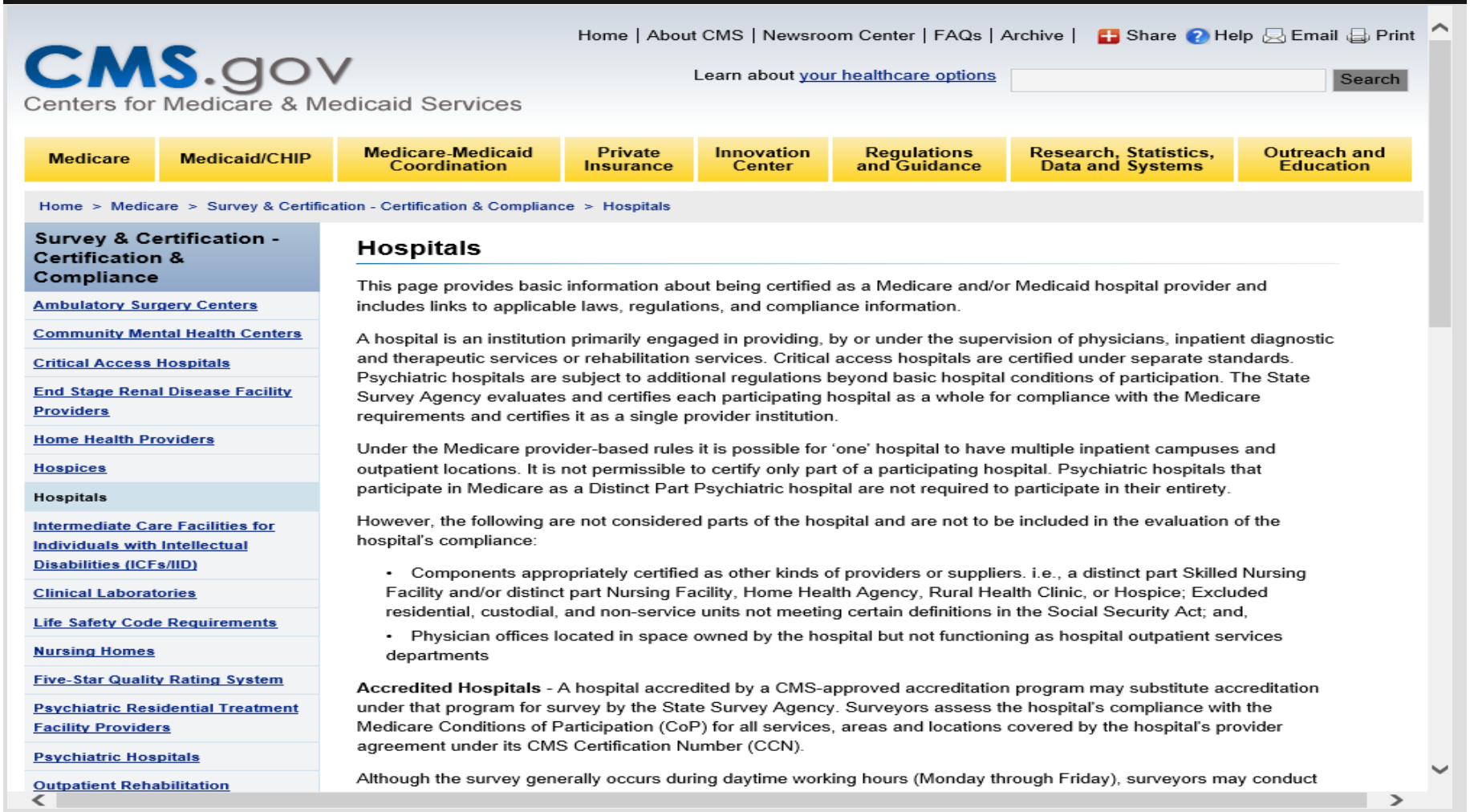
Memorandum Summary

- ***Survey Findings Posted on*** ***http://www.cms.gov:*** In July 2012, the Centers for Medicare & Medicaid Services (CMS) began posting redacted Statements of Deficiencies (CMS-2567s) for skilled nursing facilities and nursing facilities on *Nursing Home Compare*. In March 2013, CMS began posting CMS-2567s for short-term acute care hospitals and critical access hospitals (CAHs) for surveys based on complaint investigations. This memorandum describes the contents and location of these files.
- ***Other Web-based Tools Based on These Data:*** At least two additional websites, provided by private parties (*ProPublica* and the Association for Health Care Journalists), publish information based on the CMS-2567 data. These websites are independent of CMS. CMS does not endorse or sponsor any particular private party application.
- ***Plans of Correction (POC):*** The posted CMS data do not contain any POC information. State Survey Agencies (SAs) and CMS Regional Offices (RO) may see an increase in requests for both the CMS-2567 and any associated POCs.
- ***Question & Answers:*** We plan to issue an update to this memorandum that will include an attachment of frequently asked questions in order to provide answers to other queries that may arise.

Background – Nursing Home Survey Findings

In July 2012, CMS began posting nursing home statements of deficiencies, derived from the Form

Updated Deficiency Data Reports



www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Hospitals.html

Can Count the Deficiencies by Tag Number

	A	B	C	D	E	F	G	H	I	J	
240	DOCTORS' HOSPITAL OF MICHIGAN	23(	461	MI	48341	Short Term	A	0364	AUTOPSIES	7/18/2012	Based on record review and interview, the facility failed to ensure that 1
241	MARTHA JEFFERSON HOSPITAL	49(	500	VA	22911	Short Term	A	0364	AUTOPSIES	9/8/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
242	SAINT LOUISE REGIONAL HOSPITAL	05(	940(	CA	95020	Short Term	A	0364	AUTOPSIES	1/18/2012	Based on interview and record review, the hospital failed to have a syste
243	EDGERTON HOSPITAL AND HEALTH SERVICES	521	111(	WI	53534	Critical Access H	C	0201	AVAILABILITY	10/2/2012	Based on review of MR, review of staffing guidelines, review of P&P, and
244	HOLZER MEDICAL CENTER JACKSON	361	500	OH	45640	Critical Access H	C	0205	BLOOD AND BLOOD PRODUCTS	1/20/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
245	BRANDON REGIONAL HOSPITAL	10(	119	FL	33511	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	4/8/2011	Based on clinical record review, staff interview and review of policy and
246	CHRISTUS ST PATRICK HOSPITAL	19(	524	LA	70601	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	3/9/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
247	COLUMBUS REGIONAL HEALTHCARE SYSTEM	34(	500	NC	28472	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	4/13/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
248	DANA-FARBER CANCER INSTITUTE	22(	450	MA	02115	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	9/7/2011	Based on review of documentation and confirmed by staff interviews, tw
249	GOOD SAMARITAN MEDICAL CENTER	10(	130	FL	33401	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	2/12/2013	Based on clinical record review and staff interview the facility failed to e
250	LONG BEACH MEDICAL CENTER	33(	455	NY	11561	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	12/22/2011	Based on record review, the facility failed to ensure that the patient ' s te
251	MANATEE MEMORIAL HOSPITAL	10(	206	FL	34208	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	4/16/2012	Based on record review, policy review and staff interview it was determi
252	MISSOURI BAPTIST MEDICAL CENTER	26(	301	MO	63131	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	4/11/2012	Based on observation, interview, and record review, the facility failed to
253	NORTHWEST MEDICAL CENTER	10(	280	FL	33063	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	8/2/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
254	RESTON HOSPITAL CENTER	49(	185(	VA	20190	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	11/2/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
255	SAINT AGNES HOSPITAL	21(	900	MD	21229	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	2/22/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
256	SAINT CATHERINE REGIONAL HOSPITAL	15(	220(	IN	47111	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	12/13/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
257	SOUTHEASTERN REGIONAL MEDICAL CENTER	34(	300	NC	28359	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	12/14/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
258	STANFORD HOSPITAL	05(	300	CA	94305	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	3/15/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
259	WAKEMED, CARY HOSPITAL	34(	190(	NC	27518	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	3/14/2013	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
260	WILKES-BARRE GENERAL HOSPITAL	39(	575	PA	18764	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	1/14/2013	Based on review of facility policy, facility documents, medical records (M
261	WILSON MEDICAL CENTER	34(	170	NC	27893	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS	2/10/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
262	RIVERSIDE GENERAL HOSPITAL	45(	320	TX	77004	Short Term	A	0063	CARE OF PATIENTS	11/9/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
263	CIVISTA MEDICAL CENTER	21(	5 GA	MD	20646	Short Term	A	0067	CARE OF PATIENTS - MD/DO ON CALL	8/4/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
264	MILFORD HOSPITAL, INC	07(	300	CT	06460	Short Term	A	0067	CARE OF PATIENTS - MD/DO ON CALL	9/22/2011	Based on review of hospital documentation and interviews with facility
265	PLAZA MEDICAL CENTER OF FORT WORTH	45(	900	TX	76104	Short Term	A	0067	CARE OF PATIENTS - MD/DO ON CALL	7/1/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
266	CLARA MAASS MEDICAL CENTER	31(	ONE	NJ	07109	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE	6/2/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
267	GEISINGER - COMMUNITY MEDICAL CENTER	39(	182	PA	18510	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE	6/14/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
268	SENTARA NORTHERN VIRGINIA MEDICAL CEN	49(	230(	VA	22191	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE	12/6/2012	Based on a complaint investigation, document review and interview, the

Sheet1

Lists by State and Names Hospitals

	A	B	C	D	E	F	G	H	I	J	
4041	GEISINGER - COMMUNITY MEDICAL CENTER	390	182	PA	18510	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE	6/14/2011	**NOTE- TERMS IN BRACKETS HA
4042	GEISINGER - COMMUNITY MEDICAL CENTER	390	182	PA	18510	Short Term	A	0115	PATIENT RIGHTS	6/14/2011	**NOTE- TERMS IN BRACKETS HA
4043	GEISINGER - COMMUNITY MEDICAL CENTER	390	182	PA	18510	Short Term	A	0048	MEDICAL STAFF - BYLAWS AND RULES	6/13/2012	Based on review of the governing
4044	GEISINGER - COMMUNITY MEDICAL CENTER	390	182	PA	18510	Short Term	A	0049	MEDICAL STAFF - ACCOUNTABILITY	6/13/2012	**NOTE- TERMS IN BRACKETS HA
4045	GEISINGER - COMMUNITY MEDICAL CENTER	390	182	PA	18510	Short Term	A	0115	PATIENT RIGHTS	6/13/2012	Based on review of Medical Staff
4046	GEISINGER - COMMUNITY MEDICAL CENTER	390	182	PA	18510	Short Term	A	0144	PATIENT RIGHTS: CARE IN SAFE SETTING	6/13/2012	Based on review of facility policy
4047	GEISINGER - COMMUNITY MEDICAL CENTER	390	182	PA	18510	Short Term	A	0405	ADMINISTRATION OF DRUGS	6/13/2012	**NOTE- TERMS IN BRACKETS HA
4048	GEISINGER - COMMUNITY MEDICAL CENTER	390	182	PA	18510	Short Term	A	0490	PHARMACEUTICAL SERVICES	6/13/2012	Based on review of facility policy,
4049	GEISINGER - COMMUNITY MEDICAL CENTER	390	182	PA	18510	Short Term	A	0492	PHARMACIST RESPONSIBILITIES	6/13/2012	Based on review of pharmacy poli
4050	HOLY SPIRIT HOSPITAL	390	503	PA	17011	Short Term	A	0438	FORM AND RETENTION OF RECORDS	5/10/2012	Based on a review of facility docu
4051	HOLY SPIRIT HOSPITAL	390	503	PA	17011	Short Term	A	0491	PHARMACY ADMINISTRATION	5/10/2012	**NOTE- TERMS IN BRACKETS HA
4052	HOLY SPIRIT HOSPITAL	390	503	PA	17011	Short Term	A	0115	PATIENT RIGHTS	4/27/2012	Based on review of facility docum
4053	HOLY SPIRIT HOSPITAL	390	503	PA	17011	Short Term	A	0263	QAPI	4/27/2012	Based on a review of facility docu
4054	HOLY SPIRIT HOSPITAL	390	503	PA	17011	Short Term	A	0392	STAFFING AND DELIVERY OF CARE	4/27/2012	Based on a review of facility polic
4055	HOLY SPIRIT HOSPITAL	390	503	PA	17011	Short Term	A	1100	EMERGENCY SERVICES	4/27/2012	**NOTE- TERMS IN BRACKETS HA
4056	GEISINGER MEDICAL CENTER	390	100	PA	17822	Short Term	A	0043	GOVERNING BODY	7/11/2011	Based on review of facility policie
4057	GEISINGER MEDICAL CENTER	390	100	PA	17822	Short Term	A	0057	CHIEF EXECUTIVE OFFICER	7/11/2011	Based on review of facility docum
4058	GEISINGER MEDICAL CENTER	390	100	PA	17822	Short Term	A	0115	PATIENT RIGHTS	7/11/2011	Based on review of facility policie
4059	GEISINGER MEDICAL CENTER	390	100	PA	17822	Short Term	A	0144	PATIENT RIGHTS: CARE IN SAFE SETTING	7/11/2011	Based on review of facility docum
4060	GEISINGER MEDICAL CENTER	390	100	PA	17822	Short Term	A	0164	PATIENT RIGHTS: RESTRAINT OR SECLUSION	7/11/2011	Based on review of facility docum
4061	GEISINGER MEDICAL CENTER	390	100	PA	17822	Short Term	A	0165	PATIENT RIGHTS: RESTRAINT OR SECLUSION	7/11/2011	Based on review of facility docum
4062	GEISINGER MEDICAL CENTER	390	100	PA	17822	Short Term	A	0174	PATIENT RIGHTS: RESTRAINT OR SECLUSION	7/11/2011	Based on review of facility docum
4063	GEISINGER MEDICAL CENTER	390	100	PA	17822	Short Term	A	0175	PATIENT RIGHTS: RESTRAINT OR SECLUSION	7/11/2011	Based on review of facility docum
4064	GEISINGER MEDICAL CENTER	390	100	PA	17822	Short Term	A	0186	PATIENT RIGHTS: RESTRAINT OR SECLUSION	7/11/2011	Based on review of facility docum
4065	JAMESON MEMORIAL HOSPITAL	390	121	PA	16105	Short Term	A	0701	MAINTENANCE OF PHYSICAL PLANT	2/2/2012	Based on review of facility docum
4066	JAMESON MEMORIAL HOSPITAL	390	121	PA	16105	Short Term	A	0144	PATIENT RIGHTS: CARE IN SAFE SETTING	4/20/2012	Based on review of medical recor
4067	CHESTNUT HILL HOSPITAL	390	883	PA	19118	Short Term	A	1104	EMERGENCY SERVICES POLICIES	3/15/2012	Based on review of facility policy
4068	CHESTNUT HILL HOSPITAL	390	883	PA	19118	Short Term	A	2406	MEDICAL SCREENING EXAM	3/15/2012	Based on review of facility Rules
4069	CHESTNUT HILL HOSPITAL	390	883	PA	19118	Short Term	A	2408	DELAY IN EXAMINATION OR TREATMENT	3/15/2012	Based on review of Chestnut Hill
4070	SCHUYLKILL MEDICAL CENTER - SOUTH JACKS	390	420	PA	17901	Short Term	A	0117	PATIENT RIGHTS: NOTICE OF RIGHTS	2/11/2011	Based review of facility document

Sheet1

Emergency Services

- In the introduction to the manual, CMS tells the surveyors to visit the emergency department (p 12)
- Also tells surveyors to count beds if hospitals that has less than 100 beds and has swing beds but do not count the beds in the emergency department (35)
- Tag 1 is rarely discussed since most hospitals accept Medicare and as are govern by the CoPs
- However, if trauma and squad takes a Medicare patient to a non-Medicare hospital, the bill may still be paid as long as meet certain requirements are met

Emergency Services

- Remember to see the EMTALA separate CoP
  - Revised May 29, 2009 and amended July 2010 and now 68 pages
  - Consider doing yearly education on EMTALA to your ED staff and for on call physicians
- If hospital has an ED, you must comply with this section
- If no ED services, Board must be sure hospital has written P&P for emergencies of patients, staff and visitors

EMTALA Manual Appendix V

State Operations Manual

Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases

(Rev. 60, 07-16-10)

Transmittals for Appendix V

Part I- Investigative Procedures

www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_Appendixtoc.pdf

Emergency Services

- If emergency services are provided at the hospital but not at the off campus department then you need P&P on what to do at the **off-**campus department when they have an emergency
  - Do whatever you can to initially treat and stabilize the patient etc
  - Call 911 (off campus only!)
  - Provide care consistent with your ability
  - Includes visitors, staff and patients
  - Make sure staff are oriented to the policy

Emergency Services Tag 91

- Emergency services starts at Tag A-91
- If staff emails CMS to ask a question be sure to give tag number such as A-91
  - A signifies that is Appendix A which is for larger hospitals as opposed to Critical Access Hospitals that are governed under Appendix W
  - The tag number allows CMS to know what section your question is on
  - Email questions to hospitalscg@cms.hhs.gov

Emergency Services Starts at Tag 91

A-0091
(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.12(f) Standard: Emergency Services

Interpretive Guidelines §482.12(f)

The hospital must ensure the emergency services requirements are met.

A-0092
(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.12(f)(1) If emergency services are provided at the hospital, the hospital must comply with the requirements of §482.55.

A-0093
(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.12(f)(2) If emergency services are not provided at the hospital, the governing

Emergency Services

- **Standard:** The hospital must ensure that emergency services requirements are met (Tag 91)
- **Standard:** If emergency services are provided at the hospital then the hospital must comply with section 482.55 which is a second section in the manual on Emergency Services which starts at tag 1100 (Tag 92)
- **Standard:** If emergency services are not provided at the hospital, then the board must make sure the medical staff has written P&P to evaluate and initial treat emergencies and do referrals when appropriate (93)

Emergency Services 93

- This requirement applies hospital wide when the hospital does not provide emergency services
  - This includes on-campus and off-campus
  - Note difference in care provided depending on whether the patient is on-campus or off-campus
  - For example, a person comes into the hospital's off-campus physical therapy and arrests
  - The staff start CPR and call 911 to help stabilize the patient and take him to the closest emergency department

Emergency Services

- Hospitals without an ED must have P&P to address an individuals emergency needs 24 hour per day and 7 days a week
- These P&P have to be approved by the Medical Staff such as the Medical Executive Committee (CME)
- The following must be in this P&P:
- RN must be immediately available to provide bedside care to a patient who needs it
  - Some hospitals use the nursing supervisor

Emergency Services

- The following must be in this P&P: (continued)
- Qualified RN must be able to assess patients to determine if patient has a need for emergency care
- The physician on call or on-site can evaluate the emergency or provide medical care to the person
- It is prudent for the hospital evaluate the patient population the hospital routinely cares for in order to anticipate potential emergency care scenarios
  - For example, an outpatient is receiving dialysis and codes and the physician makes the patient a direct admit to ICU

Emergency Services

- There needs to be adequate staffing to provide safe and adequate initial care of an emergency
- If the patient's care exceeds the hospital capability then should transfer the patient or make a referral
- Example, there is a row of houses across the street from the hospital
  - A babysitter is giving a child a bath and gets distracted by the second child and she leaves the room
  - The toddler turns on the hot water and is severely burned
  - The babysitter brings the child to the hospital and care is provided and the child transferred to a burn hospital

Emergency Services

- So need P&P when patient's needs exceed hospital's capacity
- Train staff on what to do in case of an emergency
- Need P&P on appropriate transport
- Need to follow the regulations and interpretive guidelines in the discharge planning section (2016 amendments)
  - Notify the other hospital of the transfer
  - Be sure to send copies of the medical records
  - Send transfer form or continuity sheet

Emergency Services

- Can transport patient by several methods
  - Hospital's own ambulance, receiving hospital's ambulance, helicopter, contracted ambulance service
  - Only in extraordinary circumstances can the hospital call 911 to access EMS for transport
- Should **not** rely on 911 for on-campus to provide the patient's care
- Hospitals need trained staff to respond to the code or emergency and provide the care needed

Emergency Services

- Surveyor will verify that MS has P&P on how to address emergency procedures
- The surveyor is instructed to review the emergency care policies
- The surveyor will ensure the policies address emergency procedures for both on-campus and off-campus
- The surveyor will interview staff at various located so they know what they are suppose to do if an individual experiences an emergency such as a MI or a stroke

Emergency Services 94

- **Standard:** If emergency services are provided at the hospital but not at one or more of the off-campus department
- Then the board must make sure the Medical Staff has written P&P at the off-campus location
- Example, the hospital owns a lab located in a physician's office practice but does not own the physician practice
- The lab test is drawing blood and the patient grabs his chest and collapses

Emergency Services

- The lab tech pushes a button for assistance and 911 is called to transport the patient to the ED
- If off-campus make sure staff know about the P&P and what they are expected to do
- For example, for off-campus emergencies, use whatever you have to stabilize the patient and call 911
- A person arrests at an outpatient surgery department and staff call 911, start CPR, and insert an IV and push Atropine for the bradycardic rate

Emergency Services 1100

- There is a second section in the manual that addresses emergency services
- This starts at tag 1100
- **Standard:** The hospital must meet the emergency needs of patients in accordance with standards
  - For example. The patient arrives in the emergency department after stepping on a wasp and is having a severe allergy reaction
  - The patient is immediately assessed, IV started, EPI given, IV Benadryl is given along with a steroid
  - The patient is carefully monitored

Second Section on Emergency Services

A-1100
(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.55 Condition of Participation: Emergency Services

The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice.

A-1101
(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.55(a) Standard: Organization and Direction. If emergency services are provided at the hospital --

Interpretive Guidelines §482.55(a):

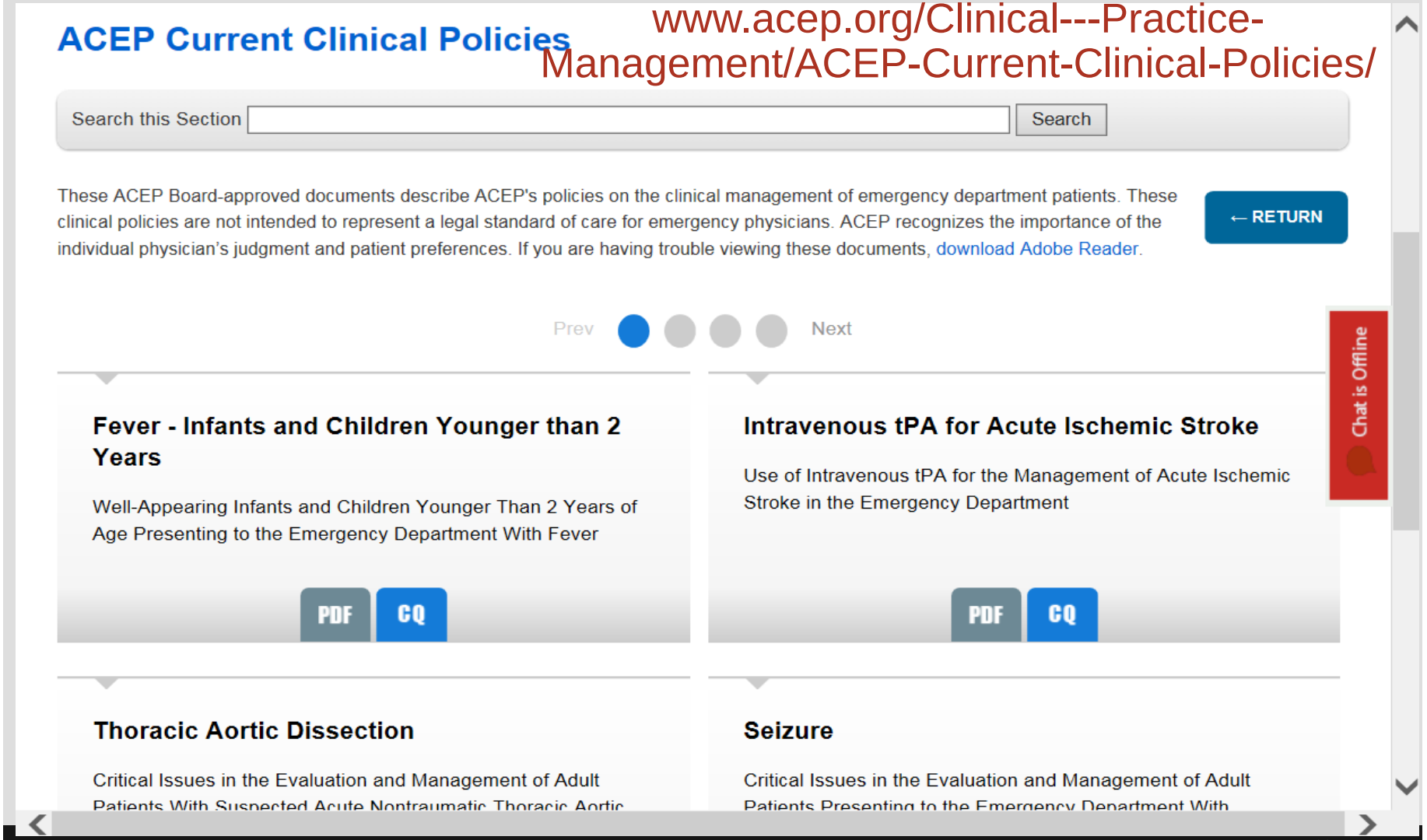
If emergency services are provided at the hospital, the hospital must ensure that specific emergency services organization and direction requirements are met.

A-1102
(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

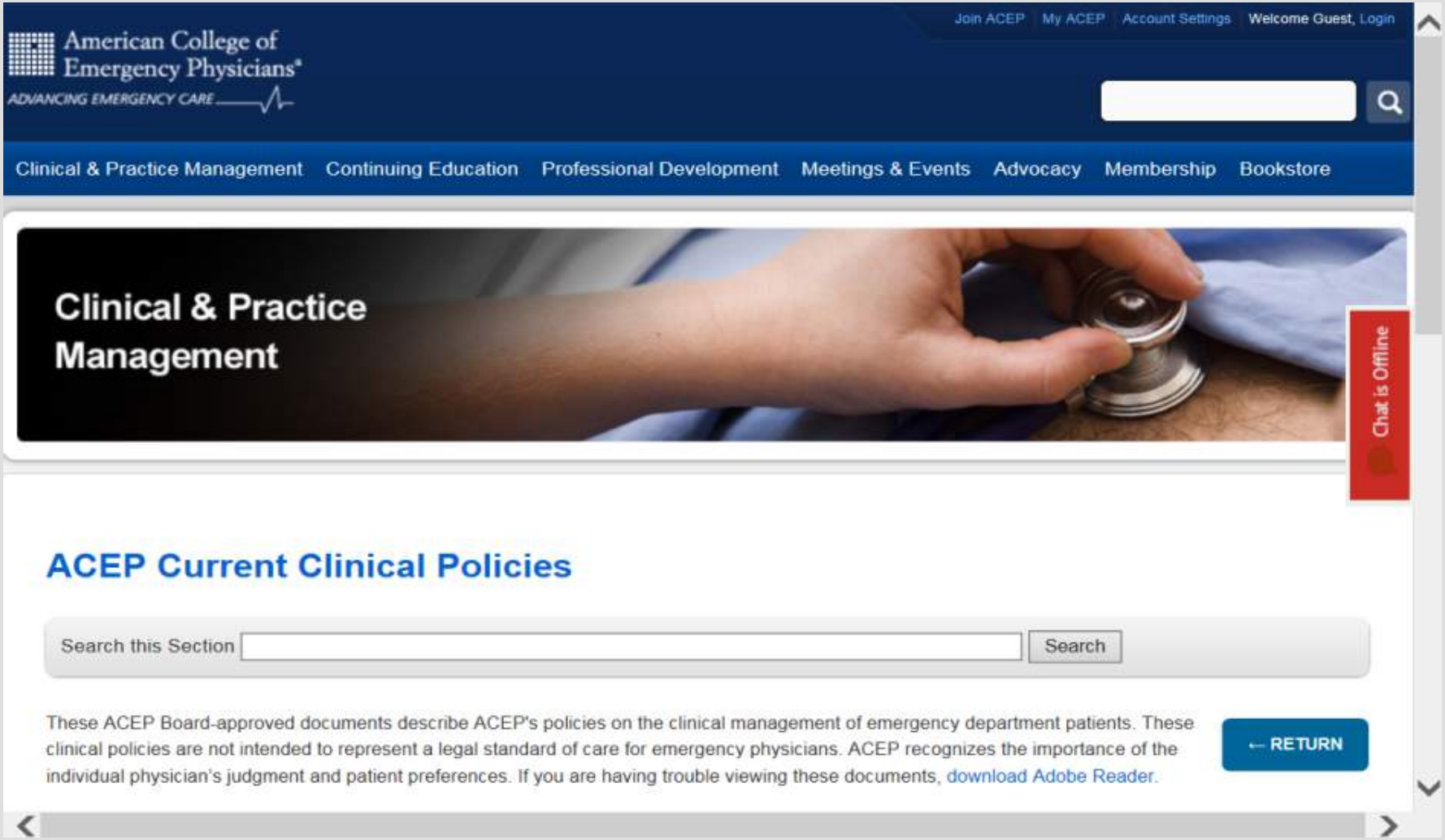
Emergency Services 1101

- **Standard;** If emergency services are provided then must ensue specific emergency services organization and direction requirements are met (1101)
- Hospital must meet needs of patients
- Must follow acceptable standards of practice such as ACEP and ENA
  - ACEP is the American College of Emergency Physicians at www.acep.org
  - ENA is the Emergency Nurses Association at www.ena.org
- Must be integrated into hospital wide QAPI

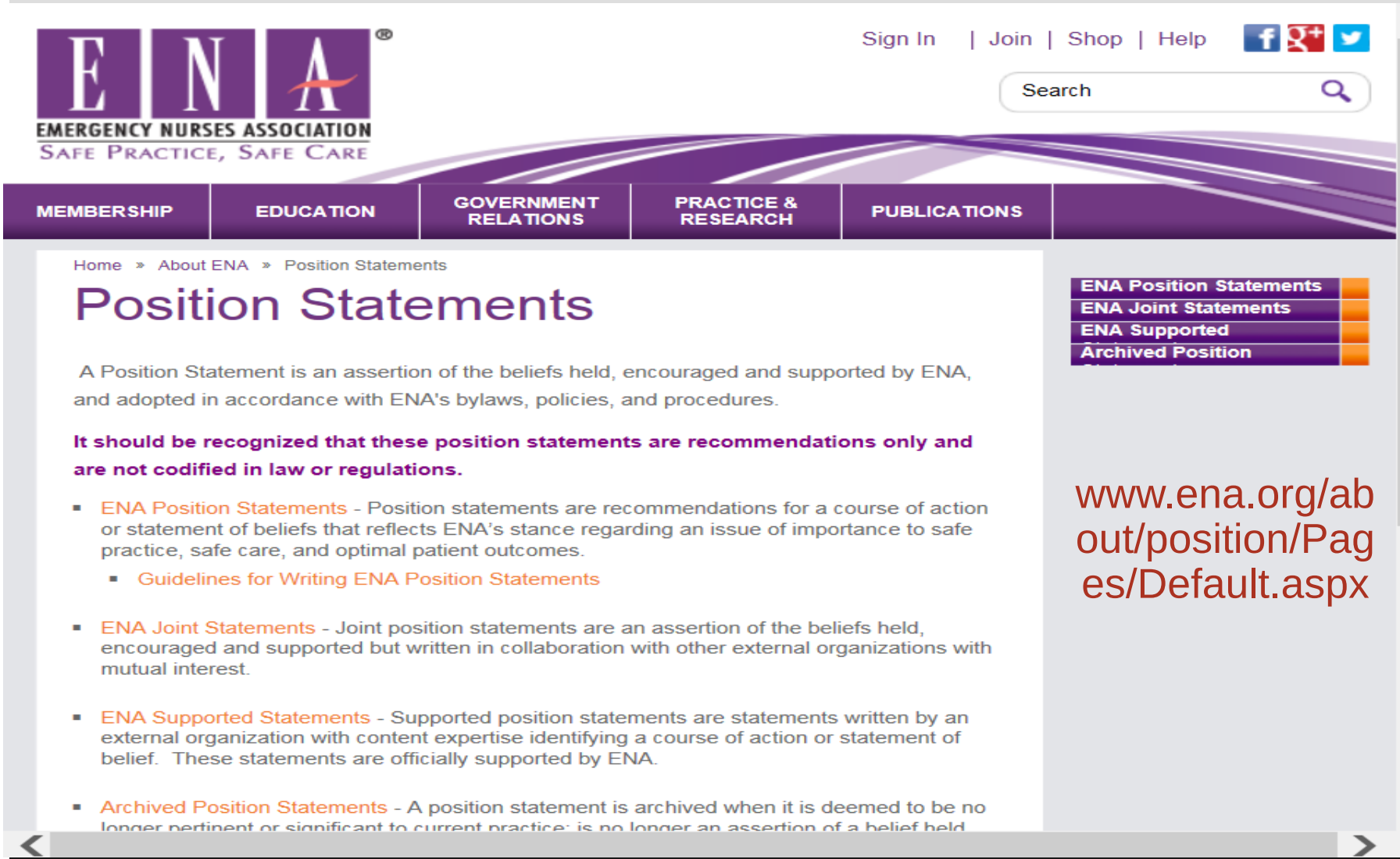
ACEP Clinical Policies



ACEP Clinical Policies



ENA Position Statements



www.ena.org/about/position/Pages/Default.aspx

ENA Position Statements

1. Access to Health Care (12/2010)
2. Advanced Practice in Emergency Nursing (2/2012)
3. Appropriate Credential Use/Title Protection For Nurses With Advanced Degrees (5/2013)
4. Care of Patients with Chronic/Persistent Pain in the Emergency Setting (1/2014)
5. Chemical Impairment of Emergency Nurses (07/2010)
6. Communicable Diseases in the Emergency Department (05/2010)
7. Cultural Diversity in the Emergency Setting (5/2012)
8. Disaster and Emergency Preparedness for All Hazards (1/2014)
9. Emergency Nursing Certification (10/2014)
10. Emergency Nursing Interface with Mobile Integrated Health and Community Paramedicine (12/2015)
11. Emergency Nurse Orientation (09/2015)
12. Facilitating the Interfacility Transfer of Emergency Care Patients (07/2015)
13. Firearm Safety and Injury Prevention (1/2013)
14. Forensic Evidence Collection (7/2010)
15. Healthy Work Environment (3/2013)
16. Holding, Crowding, and Patient Flow (7/2014)
17. Human Trafficking Patient Awareness in the Emergency Setting (2/2015)
18. Immunizations (07/2015)
19. Injury Prevention (10/2014)
20. Mobile Electronic Device Use in the Emergency Setting (9/2013)
21. Nurse Leaders in Emergency Care (10/2012)
22. Nurse Practitioners and Retail Health Care Clinics (02/2012)
23. Observation Units (5/2011)

Emergency Services

- **Standard**: Emergency services must be organized under the direction of a qualified member of the MS (1102)
- Need qualified MS director such as MD/DO
  - For example, the ED medical director is board certified in emergency medicine with ten years of experience
- The criteria may be different for each ED and CMS says is up to the Medical Staff to determine the criteria for the qualifications of the medical director
- Must be a single medical director

Emergency Services 1103

- **Standard:** Services must be integrated with other departments in hospital
- So if lab ordered needs to draw timely
- If need old records then need to make sure ED gets them
- Must be integrated with other departments so If patient needs emergency surgery or radiology tests it gets done

Emergency Services 1103

- Includes coordination with other departments and communications between departments
- Immediate availability of services, equipment, personnel, and resources of other hospital departments
- Length of time to transport between departments is appropriate
- Other departments must provide emergency patients the care within safe and appropriate times

Emergency Services

- Delays in diagnosis can affect the health and safety of ED patients
- If offer urgent care on premises or in provider based clinics must follow the CoP regulations
- Urgent care clinics can be part of their outpatient department or the emergence department
- If urgent care meets the definition of DED under EMTALA or hold its self out as providing emergency care then meet the ED CoPs
  - Otherwise will be need to meet the outpatient services CoP

Emergency Services

- Remember there is a separate COP on EMTALA under Appendix V
  - High number of deficiencies against hospitals for EMTALA violations
- Will review policies, including triage policy
- **Standard:** The ED must have P&P and these are a responsibility of the Medical Staff (1104)
  - Must have ongoing assessment of the care provided in the ED by the Medical Staff

Emergency Services

- ED P&P must be current and revised as needed
- ED P&P must be revised based on ongoing monitoring by the MS or results of the QAPI
- Will review policies, including triage policy
- **Standard:** Must make sure personnel requirements are met (1110)
  - Have enough staff to take care of patients
- **Standard:** ED must be supervised by qualified member of MS (1111)

Emergency Services 1111

- The prior section discussed having a medical director of the ED
- This section is more about having a qualified member of the MS providing supervision when care is being provided
  - MS determines who is qualified and must be C&P
- For example, the ED physicians staff the department 24 hours a day and supervise the ED care provided
- In some states and in smaller hospital ED, it may be staffed by a PA or a NP, based on the state law

Emergency Services 1112

- **Standard:** Must have adequate number of and qualified medical and nursing personnel
  - Need to determine the categories and numbers of staff needed such as physicians, nurses, mid levels, EMTs, support staff etc.
  - Must follow acceptable standards of care
  - Must follow any state law requirements
  - Periodically assess to determine staffing, training, additional P&P or if other resources are needed
  - Need clear chain of command

Emergency Services

- Must have appropriate equipment
- Periodic assessments of needs (ESI levels)
- Work with state and feds in emergency preparedness
- Surveyor will interview staff to see if knowledgeable about blood, IV fluids, parenteral administration of electrolytes, injuries to extremities, CNS and prevention of infection

Other Sections

- There are many other sections in the CMS CoP manual that affect EDs;
- Safe opioid use, blood and IV standards
- Consent, verbal orders
- Visitation, infection control
- Grievances, discharge instructions
- Restraint and seclusion
- Advance directives
- Medications

Restraints #1 Problematic CMS Standard

- CMS Hospital CoPs has 50 pages of restraint standards from Tag 0154-0214
- TJC has 10 standards in PC chapter (deemed status)
- Need to rewrite policies and procedures, order sheet and documentation sheet to comply
- Need to train all staff in accordance with requirements
- Physicians must be trained on R&S P&P
- CMS calls it violent or self destructive and TJC behavioral or non-behavioral health

Restraint Patient Safety Brief www.empsf.org

EMERGENCY MEDICINE PATIENT SAFETY FOUNDATION

Restraint and Seclusion Patient Safety Briefing
Emergency Medicine Patient Safety Foundation

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Introduction

Restraint and seclusion is a very important patient safety issue. Appropriately applied restraints can protect patients from harming

Restraint and Seclusion

- Patient has a right to be free from unnecessary R&S
- Leadership has responsibility to create culture that supports right to be free from R&S
- Should not considered as part of routine part of fall prevention
- If use protocol you still need an order
- Know the CMS definition of restraint and seclusion
- Know if drug used as a restraint
- Mitt is restraint if boxing glove style

Restraint and Seclusion

- Know what it does include such as freedom splints, and all 4 side rails if patient can not lower them
- Try or consider and document less restrictive interventions and alternatives
- Document the assessment
- Need order from physician or LIP
- If LIP gives order notify doctor ASAP
- Amend plan of care
- Consider debriefing although not required by CMS on V/SD patients

Restraint and Seclusion

- End at the earliest time
- Do PI
- Use as directed
- If V/SD need one hour face to face
- Time limited orders for V/SD patients
- Need P&P on R&S
- Educate staff and document this
- Follow any stricter state law, and
- Report restraint deaths as required

Grievances and Complaints

- Every ED practitioner should be aware that CMS has grievance standards
  - CMS standards start at tag 118 and complete copy of the hospital CoP can be downloaded off the CMS website
  - TJC has also but calls them complaints under RI.01.07.01
  - CMS has BFCC QIO in which patients can report grievances to and include their name and information in patient rights to patients

Grievances and Complaints

- Patients have the right to file a grievance
- ED must investigate
- If meets definition of grievance then CMS requires the patient be given information in writing as to what was done and when it was done
- Must provide in writing the name of person at the hospital that patient can contact with a complaint
- Make sure know P&P
- Must investigate timely and if can not resolve in 7 days must send the patient a letter

Grievances and Complaints

- If patient is not competent then give information to surrogate decision maker
- A written complaint is always a grievance
- Billing issues are not generally a grievance unless a quality of care issue
- Information on a patient satisfaction survey is not a grievance unless patient asks for resolution
- Staff should know the definition of what constitutes a grievance and must give patient answer in writing
- Should document process in case CMS shows up

Standing Orders Protocls

- CMS issued standing orders
  - Includes order sets, preprinted orders, electronic orders, and protocols
- Primarily located in tag 457 but also in 405, 406, and 450
- Make sure all standing orders approved by the Medical Staff (MEC)
- If medications then must be approved by nursing and pharmacy leadership
- Must educate staff on all standing orders

Standing Orders Protocols 457

- Must make sure P&P reflects these requirements
- Must be consistent with national recognize standards and standards of care
- Must be well-defined clinical situations with evidence to support standardized treatments
- Can be initiated as emergency response
- Document in order sheet and practitioner must then sign, date and time the standing order
  - if electronic make sure entire order is present
- Must be medically appropriate

Standing Orders 457

- Make sure there is periodic and regular review of the orders and protocols to determine the continued usefulness and safety
- P&P must address how it is developed, approved, monitored, initiated by staff and signed off or authenticated
- Make sure new ED physicians and staff are trained on existing protocols
- Audit to make sure they are dated, timed, and authenticated both by the person taking the order and the practitioner

The End! Questions???

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