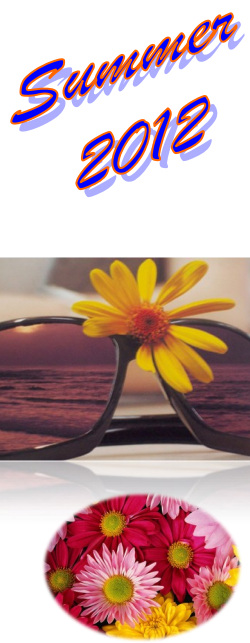
HOSPITAL HAPPENINGS

North Dakota Department of Health

Summer 2012

Welcome to this edition of ***Hospital Happenings,*** a newsletter published by the North Dakota Department of Health, Division of Health Facilities. ***Hospital Happenings*** is designed to help hospitals stay up-to-date on various issues. Please share with your staff.

Inside this issue



Patient Safety Initiative Surveys

In April 2011, The U.S. Department of Health and Human Services launched an initiative, Partnership for Patients, focusing on better care at lower costs. The goals for 2013 include:

- Reduce harm caused to patients in hospitals. By the end of 2013, preventable hospital-acquired conditions will decrease by 40 percent compared to 2010.
- Improve care transitions. By the end of 2013, preventable complications during a transition from one care setting to another will decrease such that all hospital readmissions will be reduced by 20 percent compared to 2010.

The Centers for Medicare and Medicaid Services (CMS) Survey & Certification Group Patient Safety Initiative has begun pilot testing three worksheets designed to assess compliance with the hospital conditions of participation for quality assessment and performance improvement (QAPI), infection control, and discharge planning. The original worksheets were made public in Oct. 2011 and have gone through numerous revisions. The North Dakota Department of Health, Division of Health Facilities, will begin testing each of these three worksheets in three separate surveys (one worksheet per hospital). Hospitals will be selected based on risk-adjusted all-cause readmission data. CMS feels hospitals with higher readmission rates, as compared to other hospitals in the state, may be at greater risk for noncompliance with the three conditions of participation. Areas of concern will be identified and findings communicated to the hospitals. This process does not currently apply to CAHs.

Hospitals are encouraged to utilize the worksheets for self assessment of their practices related to QAPI, infection control and discharge planning. The worksheets are available at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-32.pdf.

"Nothing's better than the wind to your back, the sun in front of you, and your friends beside you."

Aaron Douglas Trimble

MOST COMMONLY CITED DEFICIENCIES

Following is a breakdown of the most common deficiencies cited in the North Dakota Hospital program from Oct. 1, 2010, through Sept. 30, 2011.

FEDERAL HEALTH DEFICIENCIES CRITICAL ACCESS HOSPITALS (CAH)

C0241— GOVERNING BODY OR RESPONSIBLE INDIVIDUAL

The CAH's governing body is responsible for determining, implementing and monitoring policies governing the CAH's total operation and for ensuring those policies are administered so as to provide quality care in a safe environment. The governing body must ensure medical staff appointments/reappointments occur consistent with the approved bylaws and that medical staff adhere to and follow the bylaws approved by the governing board.

C0295—NURSING SERVICES

A registered nurse must provide, or assign to other personnel, the nursing care of each patient in accordance with the patient's needs and ensure those needs are met by ongoing assessments, and also ensure there is sufficient personnel to respond to the appropriate medical needs and care of the patients being served. The CAH must ensure all nursing personnel assigned to provide nursing care have the appropriate education, experience, licensure, competency and specialized qualifications.

C0337—QUALITY ASSURANCE

The CAH's Quality Assurance program requires all patient care services and other services affecting patient health and safety are evaluated.

C0278—PATIENT CARE POLICIES—INFECTION CONTROL PROGRAM

The CAH must have an active surveillance program that includes specific measures for preventing, identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel within the CAH.

C0340—QUALITY ASSURANCE

The CAH must evaluate the quality and appropriateness of the diagnosis and treatment of patients furnished by physicians.

C0221—CONSTRUCTION

The CAH is constructed, arranged and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services.

FEDERAL CAH LIFE SAFETY CODE DEFICIENCIES

K0130—MISCELLANEOUS

Deficiencies include testing and maintenance of emergency lighting and transfer switches and proper location of alcohol-based hand-rub solutions.

K0011—OCCUPANCY SEPARATION

If the hospital has a common wall with a nonconforming building or other occupancy, the wall is a fire barrier having at least a 2-hour fire resistance rating.

K0012—BUILDING CONSTRUCTION TYPE

The building construction type and height meets the requirements of the Life Safety Code for fire rating and sprinkler protection.

(Continued on Page 3)

(*Continued from Page 2)*

K0038—EXIT ACCESS

Exit access is arranged so that exits are readily accessible at all times.

K0045—EXIT LIGHTING

Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. Exit discharge lighting must be supplied by multiple lighting fixtures, one fixture with multiple independent bulbs, or high intensity discharge (HID) lighting with quick strike.

Take a look at your facility to see if it is deficient in these areas. If so, take corrective action to fix the problem areas.

NEW SURVEY AND CERTIFICATION LETTERS

The Centers for Medicare and Medicaid Services (CMS) transmits memoranda, guidance, clarifications and instructions to state survey agencies and CMS regional offices through use of survey and certification (S&C) letters. Below is a list of the new S&C letters affecting hospitals since Feb. 2011. The S&C letters are available at: www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage.

· **S&C 11-24** New Initiative: Partnership for Patients: Better Care, Lower Costs. 4/22/11
CMS has announced the Partnership for Patients: Better Care, Lower Costs, a new public-private partnership that will help improve the quality, safety and affordability of health care for all Americans.

· **S&C 11-25** Clarification of § 482.61(b) (3): Requirements for a Screening Neurological Examination and the Estimation of Intellectual Functioning, Memory Functioning and Orientation for Psychiatric Hospitals. 4/29/11
Provides clarification for the complete neurological examination with guidance, and testing intellectual functioning, memory functioning and orientation with guidance.

· **S&C 11-26** Approval of Deeming Authority of the Joint Commission for Psychiatric Hospitals. 05/06/11
CMS has approved the Joint Commission as a national accreditation program for psychiatric hospitals seeking to participate in the Medicare or Medicaid programs.

· **S&C 11-28** State Operations Manual (SOM) Hospital Appendix A Update. 05/13/11
CMS is clarifying guidance related to training requirements for personnel administering blood transfusions and intravenous (IV) medications, and to the requirement for immediate reporting of drug administration errors, adverse drug events, and incompatibilities.

· **S&C 11-32** Telemedicine Services in Hospitals and Critical Access Hospitals (CAHs). 07/15/11
CMS published a final rule (76 FR 25550), effective July 5, 2011, governing the agreements under which a hospital or CAH may provide telemedicine services to its patients.

· **S&C 11-33** Clarification of Rural Eligibility Status for Hospital Swing Beds, CAHs and Rural Health Clinics (RHCs). 07/15/11
Guidance is provided on determining rural location for CAHs, hospital swing beds & RHCs for a facility seeking CAH designation.

· **S&C 11-36** Hospital Patients' Rights to Delegate Decisions to Representatives; New Hospital and CAH Patient Visitation Regulation. 09/07/11

(Continued on Page 4)

(Continued from Page 3)

(11-36 cont'd)
Clarification of existing regulations and policy guidance concerning new regulations to ensure hospitals/CAHs respect the right of patients to have and designate visitors and guidance that clarifies existing regulatory requirements at 42 CFR 482.13, governing the right of a patient's representatives to make informed decisions concerning the patient's care, and 42 CFR 489.102(a), concerning advance directives, such as durable powers of attorney and health-care proxies.

· **S&C 12-01** Survey & Certification Focus on Patient Safety and Quality - Draft Surveyor Worksheets. 10/14/11
CMS is testing three new surveyor worksheets for assessing compliance with three hospital Conditions of Participation. Discharge Planning, Infection Control, and Quality Assessment and Performance Improvement.

· **S&C 12-05** Updated Guidance on Medication Administration, Hospital Appendix A of the State Operations Manual (SOM). 11/18/11
SOM Appendix A guidance concerning medication administration in hospitals is being updated to reflect current standards of practice related to timeliness of medications.

· **S&C 12-06** Instructions for Completing Exhibit 286, Hospital/CAH Database Worksheet. 12/02/11
Exhibit 286, the Hospital/CAH Database Worksheet, has been updated to add or refine some fields. Instructions for completing the worksheet have also been updated and have been added to the SOM.

· **S&C 12-07** Clarification of Hospital Equipment Maintenance Requirements. 12/02/11
Section 482.41(c)(2) requires hospital facilities, supplies and equipment be maintained to ensure an acceptable level of safety and quality. CMS has updated the guidance in Appendix A of the State Operations Manual related to hospital facility and medical equipment maintenance.

· **S&C 12-10** Affordable Care Act and Implications for Certification of Physician-owned Hospitals (PoHs). 12/09/11
The Affordable Care Act prohibits the referral of Medicare beneficiaries by physician owners or investors to new PoHs or to existing PoHs that have expanded their facility capacity beyond their baseline. An exceptions process allows some PoHs, which meet specific criteria, to expand after the baseline date. The statutory prohibition applies to physician owner referral and hospital billing activity. It does not prohibit licensure by the states or Medicare certification by CMS of new or expanded PoHs.

· **S&C 12-17** Referring Practitioners Ordering Outpatient Services in Hospitals. 02/17/12
Outpatient services in hospitals may be ordered (and patients may be referred for hospital outpatient services) by a practitioner who is responsible for the care of the patient; licensed in, or holds a license recognized in the jurisdiction where he/she sees the patient; acting within his/her scope of practice under state law; and authorized by the medical staff to order the applicable outpatient services under a written hospital policy that is approved by the governing body.

· **S&C 12-18** Hospital Patient Privacy and Medical Record Confidentiality. 03/02/12
Guidance concerning the protection of patient privacy and medical record information is clarified. Guidance concerning permitted incidental uses and disclosures is clarified and includes reasonable safeguards that must be in place to ensure patient privacy.

· **S&C 12-21**
Instructions Concerning Waivers of Specific Requirements of the 2012 Edition of the National Fire Protection Association (NFPA) 101, the Life Safety Code (LSC), in Health-Care Facilities – Clarification Effective Immediately. 03/09/12
Updates CMS policy regarding capacity of the means of egress, cooking facilities, heating, ventilating, and air conditioning, and furnishings, mattresses and decorations.

(Continued on Page 5)

(Continued from Page 4)

· **S&C 12-27** Utilizing the U.S. Bureau of the Census' American FactFinder Database when making a Rural Area Location Determination. 04/20/12
Guidance on determining rural location for hospital swing bed and Rural Health Clinic eligibility.

· **S&C 12-29** Publication of Two Final Rules "Medicare and Medicaid Program; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction CMS-9070-F" and "Medicare and Medicaid Programs; Reform of Hospital and Critical Access Hospital Conditions of Participation CMS-3244-F". 05/11/12
The final rules increase the ability of health-care professionals to devote resources to improving patient care, by eliminating or reducing requirements that impede quality patient care, or that divert providing high quality patient care.

· **S&C 12-30** Use of Insulin Pens in Health-Care Facilities. 05/18/12
CMS clarifies that insulin pens are meant for use by a single patient only. Each patient/resident must have his/her own.

· **S&C 12-32** Patient Safety Initiative Pilot Phase – Revised Draft Surveyor Worksheets. 05/18/12
CMS is testing three revised surveyor worksheets for assessing compliance with three hospital Conditions of Participation: Quality Assessment and Performance Improvement (QAPI), Infection Control and Discharge Planning.

· **S&C 12-35** Safe Use of Single Dose/Single Use Medications to Prevent Healthcare-associated Infections. 06/15/12
CMS provides guidance on the use of single-dose vials or single use vials.

· **S&C 12-36** Revised Hospital Conditions of Participation (CoPs) – Governing Body. 06/15/12
CMS has adopted a number of changes to the hospital CoPs and is in the process of developing interpretive guidelines to assist surveyors in assessing compliance under the revised regulations.

Clarification of CAH Regulation 42 CFR 485.641(b)(4) C340

The regulation at §485.641(b)(4) requires the quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the CAH to be evaluated by a hospital who is a member of the network; one QIO or equivalent entity; for telemedicine practitioners, the distant site hospital or distant-site telemedicine entity.

The CMS interpretive guidelines, revised Dec. 2011, specify that CAHs must have an arrangement with an outside entity to review the appropriateness of the diagnosis and treatment provided by each MD/DO providing services to the CAH's patients as part of their quality assurance program.

CMS has indicated the CAH may choose to conduct an internal review; however; this does not eliminate the requirement for the outside review.

Please review your practice to ensure compliance with this requirement.

Hospital Happenings is published by:
Division of Health Facilities
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, N.D. 58505-0200
Phone: 701.328.2352
Fax: 701.328.1890
Web: www.ndhealth.gov/HF/

Terry Dwelle, M.D., M.P.H.T.M, State Health Officer
Darleen Bartz, Ph.D., Chief, Health Resources Section
Bruce Pritschet, Director, Health Facilities
Monte Engel, Director, Life Safety & Construction
Bridget Weidner, Program Manager
Cindy Kupfer, Newsletter Design