

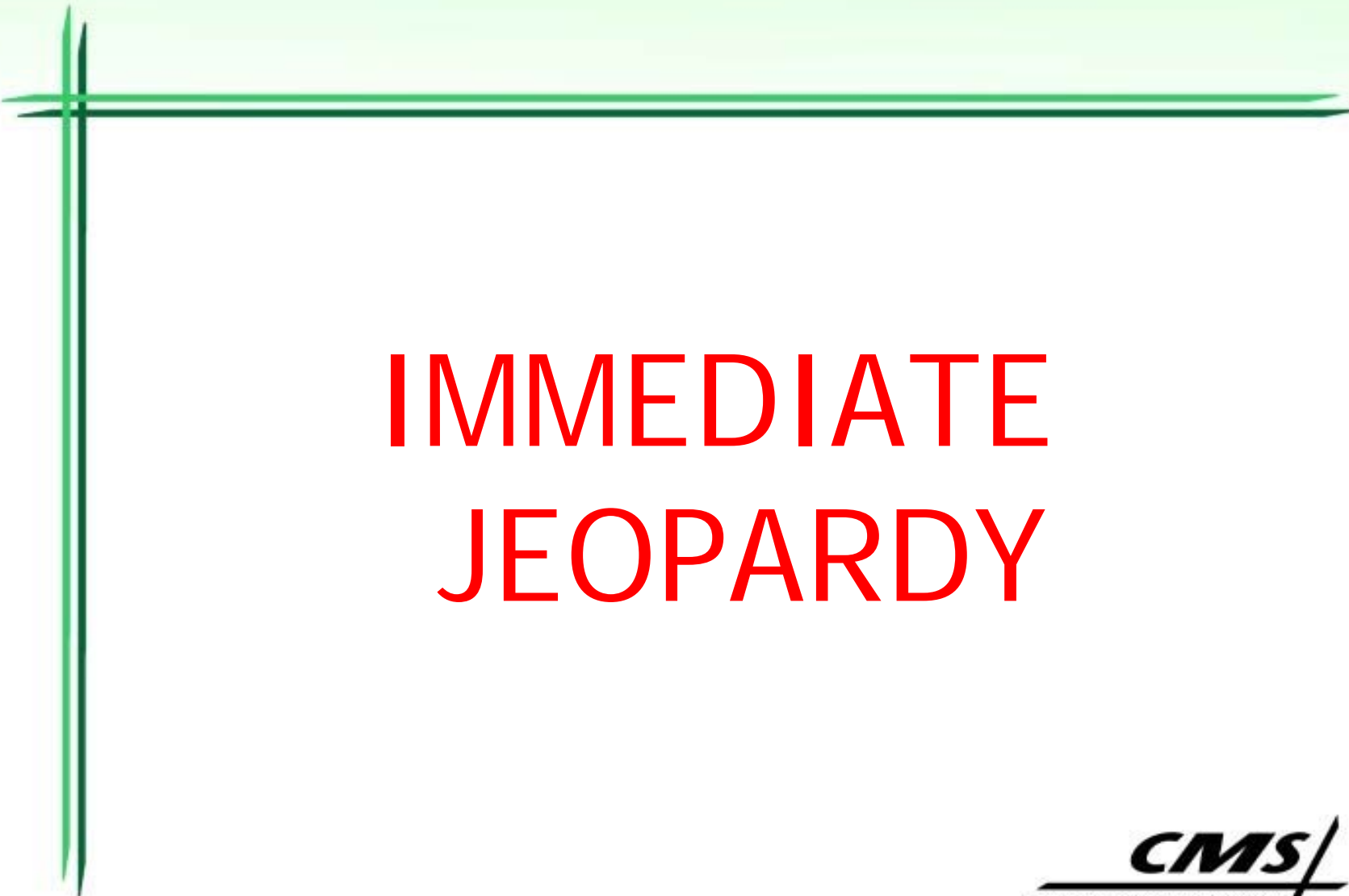
# Conditions of Participation

## *Are you in compliance?*

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# Lessons learned.....

- Immediate Jeopardy citations
  - Infection Control
  - Patient's Rights
  - Emergency Services
- Condition level citations
  - Nursing Services
  - QAPI
  - Surgical Services
- Standard level citations

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# IMMEDIATE JEOPARDY

# Definition

## **42 CFR 489.3: Immediate Jeopardy**

“...a situation in which the provider’s non-compliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death...”

# Principle

Only ONE individual needs to be at risk.



# Principle

- **Only** current noncompliance is cited
  - Applicable only on CoP
  - Not applicable for EMTALA
- When harm, serious injury or death occurred in the past
  - Are the systems and processes in place at the time of the occurrence still present during the survey?
    - Yes, the issue is deemed current noncompliance
  - Did the hospital knew or should have known of the occurrence and failed to implement effective correction action?
    - Yes, the issue is deemed current noncompliance

# Components of Immediate Jeopardy

1. Harm
2. Immediacy
3. Culpability



# Survey Findings

- Treatment plan not communicated to patient in a language he can understand
- Wrong site surgery
- Surgeon not credentialed to perform surgery



# "CLICKER QUESTION"

## Understanding IJ

During a survey it was found that there was a potential for harm to patient. There were no actual harm found. Can the hospital be cited with an IJ.

1. True
2. False

# “CLICKER QUESTION”

## Understanding IJ

The hospital maybe cited with an IJ even if the event occurred in the past.

1. True
2. False

# Infection Prevention

- Do you have active infection prevention program?
- Do you have a surveillance plan?
- Does your infection preventionist perform routine observation hospital-wide to ensure compliance with accepted standards?
  - Sterilization of instruments
  - Storage areas
  - Cleaning and sanitation
- Leadership involvement

# Patient Rights

- Restraints and seclusion
  - Are your policies current?
  - Do you routinely review restraints/seclusion incidents?
    - Data collection and analyses?
    - Opportunities for improvement?
  - Are your staff knowledgeable of the requirements?
    - Less restrictive intervention
    - Order
    - Face-to-face evaluation

# Emergency Services

- Do you routinely review practices in the ED to ensure compliance with EMTALA?
  - Timeliness of MSE
  - Triage system
  - Movement of individuals to other parts of the hospital
- Are your staff knowledgeable with use of emergency equipments
  - Routinely checked
  - Adequacy of supplies
  - Accountability of patient care



# Condition Level Citation

# Condition Level Citation

- The deficiencies substantially limit the provider's capacity to furnish adequate care or which adversely affect the health and safety of patients.
- The manner and degree to which the provider satisfies the various standards within each condition. Evaluation of a provider's performance against these standards determines the nature and extent of deficiencies, and to assess the need for improvement in relation to the prescribed conditions.

# Troublesome areas.....

- Medical Records
  - History and Physicals
    - 24 hours after admission
    - Before any procedure
    - Updates when done 30 days pre-admission
  - Verbal orders
    - Who can take the orders
    - Frequency of usage
  - Entries
    - Dated and timed
    - Authenticated

# Troublesome areas.....

- Medical Records
  - Informed consent
    - Patient Rights (482.13(b)(2))
    - Surgical Services (482.51(b)(2))
  - Confidentiality
    - Who has access?

# Troublesome areas.....

- Patient Rights
  - Notice of Rights
    - Within 2 days of admission
    - Not more than 2 days before discharge
  - Grievance process
    - Leadership involvement
    - Resolution and notice
    - Data collection and analysis
  - Care in safe setting
    - Provision of care
    - Environmental issues

# Troublesome areas.....

- Pharmaceutical Services
  - Safe medication use process
    - Prescription review
      - Dosage
      - Frequency
      - Route
    - Patient medication profile
      - Drug-to-drug interaction
      - Drug-to-food interaction
      - Drug-to-Lab testing coordination
      - Duplicative therapy

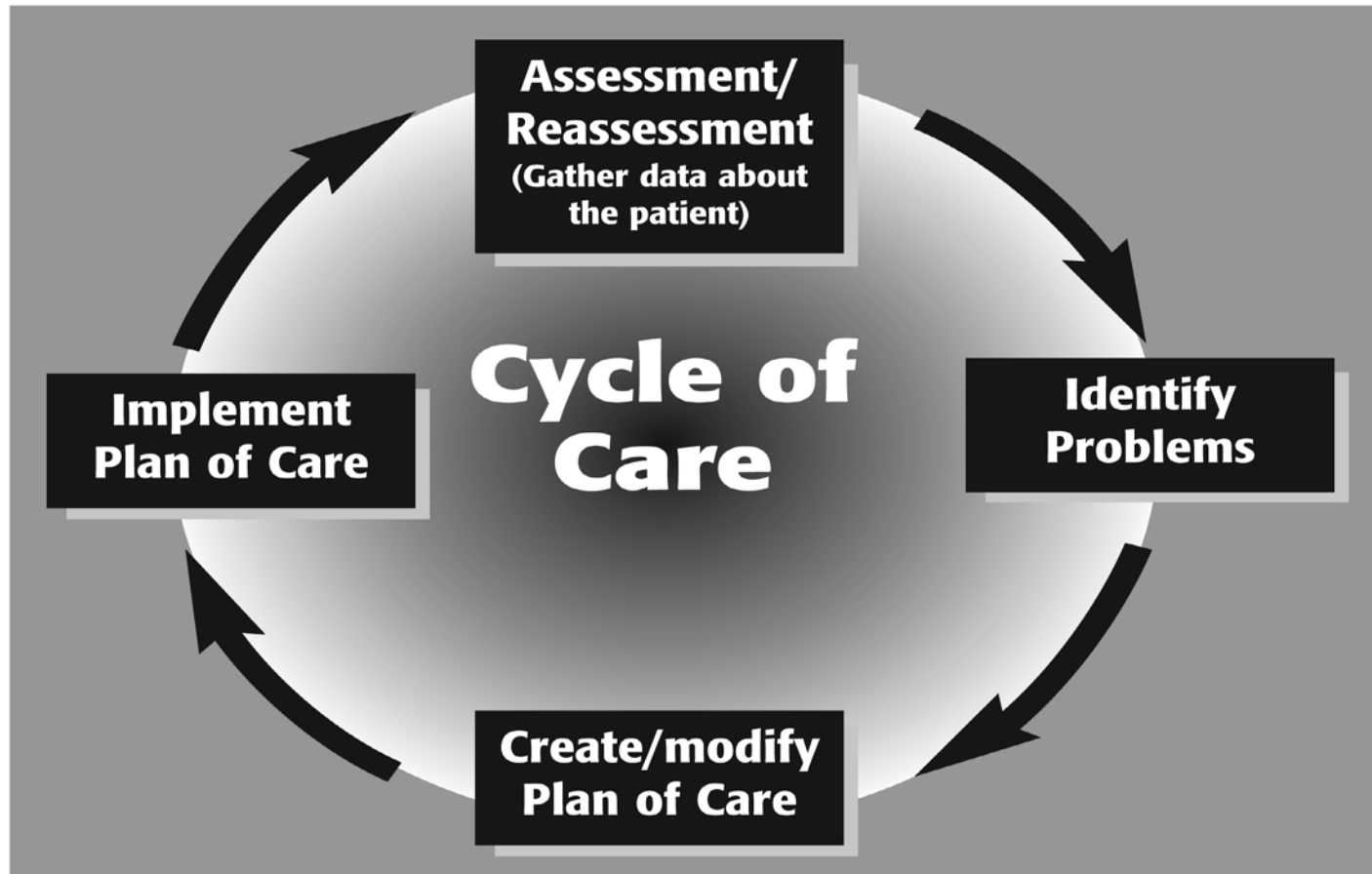
# Troublesome areas.....

- Pharmaceutical Services
  - Delivery of Service
    - Accountability
      - Distribution
      - Use
      - Disposition
    - Monitoring
      - Expired drugs and biologicals
      - Reconciliation process
      - Medication errors
      - QAPI indicators

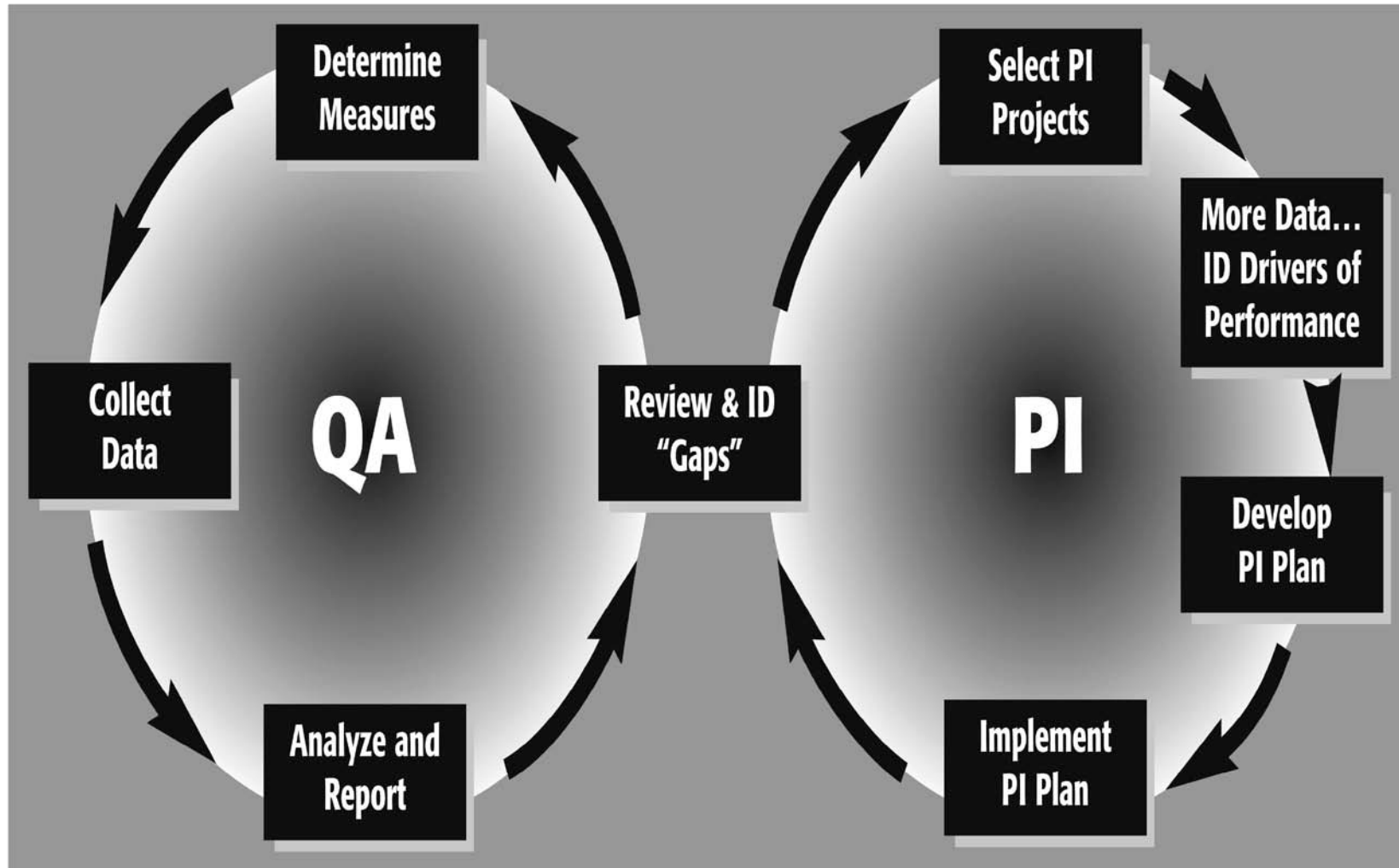
# Troublesome areas.....

- Nursing Services
  - Provision of care
    - Ongoing assessment
      - Are the needs of the patient being meet?
    - Delivery of services
      - Timeliness
        - Medication regimen
        - Treatment requirement
  - Evaluation
    - Adequacy of staffing
    - Training and orientation of staff
    - QAPI indicators

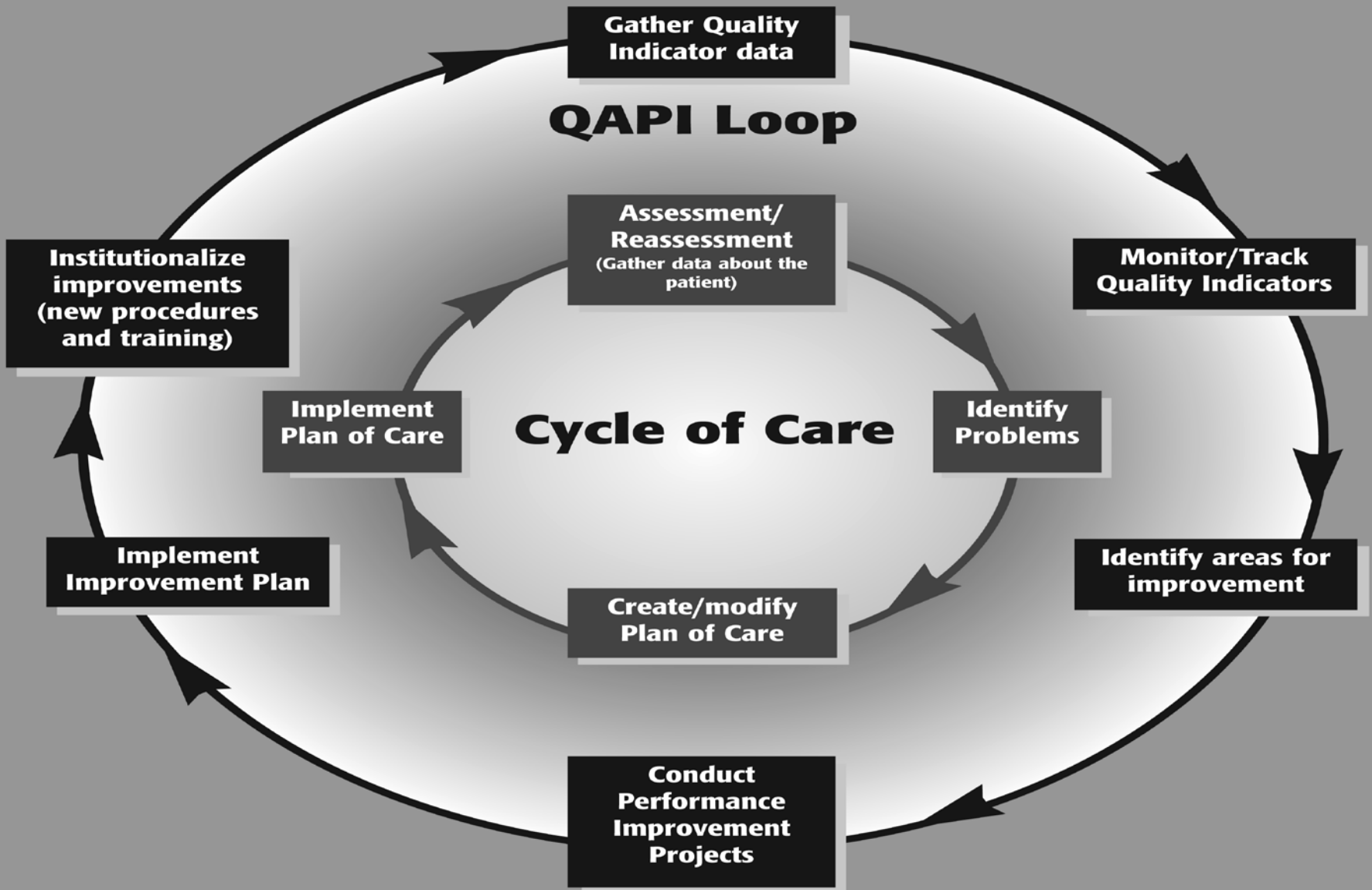
# Nursing Process



# QAPI Function



# Nursing Process vs. QAPI



# What's new?

- Patient's Rights
  - Visitation rights
    - §482.13(h) for hospitals and §485.535(f) for CAHs
    - Provide notice to patients or their support persons of their visitation rights, including the right to receive, subject to the patient's consent, visitors designated by the patient, including but not limited to a spouse, domestic partner (including a same-sex domestic partner), another family member, or a friend.
    - Ensure that all visitors enjoy full and equal visitation privileges consistent with the patient's preferences.

# What's new?

- Patient's Rights
  - Designation of patient representative
    - A patient has the right to designate a representative, whether expressed in writing, orally, or through other evidence.
    - The patient has the right to formulate an advance directive, which may include delegation of the right to make decisions about the patient's care to a representative, as well as designation of a support person.

# What's new?

- Telemedicine
  - Hospitals and CAHs may provide telemedicine services to their patients through written agreements with a distant-site hospital or a distant-site telemedicine entity effective July 5, 2011
  - Hospitals and CAHs may rely, when granting telemedicine privileges, upon the privileging decisions of a distant-site hospital or telemedicine entity with which they have a written agreement that meets Medicare requirements.

# What's new?

- Blood transfusion and IV medication
  - If the hospital provides training on blood transfusion and IV medication administration to nursing staff in its general hospital orientation or other continuing education programs and documents this competency in each applicable employee record (i.e., records for those nursing staff members who administer blood transfusions and IV medications), then the hospital meets the requirement to provide special training.
  - 42 CFR 482.23(c)(3)

# What's new?

- Drug Administration Errors, Adverse Drug Reactions, and Incompatibilities (42 CFR 482.25(b)(6))
  - The immediate report of a significant drug administration error, adverse drug reaction, and/or drug incompatibility must be made to the attending (or covering) physician.
  - Addressing the needs of the patient must be the priority.
  - QAPI: Hospitals must define medication administration errors and adverse events broadly. The same systems errors that led to a “near miss” or a medication error that did not harm a patient in one case could, in other circumstances, result in serious patient harm.

# What to expect.....

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- Infection prevention assessment tool
- QAPI program assessment tool
- Condition of Participation revisions
- Enforcement process

# Questions ?

