

Keeping Pace with Recent CMS Changes



800.749.7144

GOVERNING BODY:

- Medical Staff must include MD, DO, and may include others (DDS, DDM, DPM, Optometry, & Chiropractor).
- Grants privileges & reappoints
- Evidence considers MS recommendations
- Bylaws describe privilege process
- Membership not solely based on BD-Cert
- Midwife patients-Medicare under MD/DO supervision

EMERGENCY SERVICES:

- All non-main campus areas need P&P for handling emergencies & referral when appropriate.
- Call 9-1-1 alone, will no longer be the sufficient emergency reponse.

PATIENT RIGHTS:

- Provided before care is provided or stopped and in a language the patient can understand.
- Provide Important Message from Medicare within 2 days of admission, signed and dated and again within 2 days of discharge.

PATIENT RIGHTS - GRIEVANCES:

- Method to handle complaints and grievances must be approved by Governing Body.
- Grievance reduction activities to be incorporated into QA/PI process.
- Timeframe for responding promptly to grievance must be established. CMS states an average of 7 days is reasonable.

PATIENT RIGHTS – INFORMED DECISIONS:

- Needs to be evidence of: Informed of health status, being involved in care planning & treatment, & being able to request or refuse treatment.
- Informed decision includes discharge planning.
- If patient unable, look to Advance Directive, Medical Power of Attorney, or Patient Representative to ensure patient wishes are honored.

PATIENT RIGHTS:

Doctor of Medicine or Osteopathy to be available 24/7-applies to inpatients and outpatients. If not available, the patient has to be so informed before admission.

Patient Rights-Restraint & Seclusion

- Entire Section Revised:

- Must be a part of QA/PI program
- Used to ensure physical safety & must use least restrictive device/method.
- Plan of care updated to reflect restraint/seclusion use.

PATIENT RIGHTS-RESTRAINT & SECLUSION:

Staff training to include certain elements:

- choosing least restrictive restraint
- safe application and use
- indicators of no longer necessary
- needed/required monitoring
- first aid techniques & CPR
- non-physical intervention skills

PATIENT RIGHTS-RESTRAINT & SECLUSION

- Must report restraint/seclusion deaths if death while in restraints, within 24 hrs, or within 1 week & associated with restraint
- Notification must be by end of next business day after hospital aware of death
- Document CMS notification in patient chart including date and time of notification.

MEDICAL STAFF:

- Must maintain List of privileges for each practitioner and have available to staff.
- H&P less than 30 days before or 24 hours after admission but prior to surgery or procedure. Must have an update.
- Verbal orders kept to a minimum and have a process to ensure validity/authenticity which incorporates read-back verification.

MEDICAL RECORDS:

- All entries complete, legible, dated, timed, and authenticated.
- Authentication promptly (within 48 hours) unless state law differs.
- Informed Consent obtained and documented for procedures & treatments identified by the hospital & Medical Staff.

PHARMACY:

- All drugs & biologicals must be kept in a secure area & locked when appropriate.
- Controlled Drugs (Schedule II-IV) must be kept locked within a secure area.

RADIOLOGY & IMAGING SERVICES:

- Must maintain for at least 5 years copies of reports and printouts and films, scans, and other image records, as appropriate.

LABORATORY SERVICES:

- Potentially Infectious Blood & Blood Components (HIV & Hep C) P&P needed if utilize blood from an outside collection establishment.
- Must have a “Look back” process in place and activities meet requirements.

UTILIZATION REVIEW:

- Need Utilization Review Plan unless exempt.

DISCHARGE PLANNING:

- Must provide list of HHA & SNFs available when appropriate, identifying any where hospital has a financial interest. Must be documented freedom of choice was given.

LIFE SAFETY:

- Emergency Lighting- 1½ hr batteries
- No roller latches on doors where positive latching is required.
- Hospital may install alcohol-based hand rub dispensers, but minimize for leaks.

INFECTION CONTROL WHOLE SECTION REVISED.

More emphasis on the following:

- Multi-Drug Resistant Organisms
- Communicable Disease Outbreaks
- Bioterrorism
- Mitigation of Risks for Present on Admission infections.

Don't forget Letter of Authority for IC activities.

SURGERY:

- Alcohol-based Skin Prep-Fire Reduction Safety Practices need to be employed.

ANESTHESIA:

- Pre-anesthesia assessment
- Post-anesthesia assessment

PRACTITIONER PRE-PRINTED ORDER SETS

- Sign/Date/Time last page with last page identifying total number of pages or sign and initial each page if changes made.

SIGNATURE VERIFICATION PROCESS

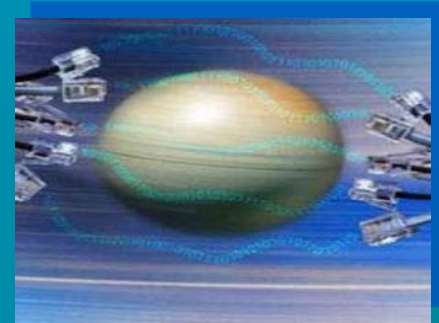
- Need a process to verify signatures, initials, etc. for entries into the medical record

HospitalPolicyNet.com

Please contact Hospital Policy Net and request a sample of your choice.



1.800.749.7144



↪ Sample Request

Thank you