



CMS Nursing Conditions of Participation (CoPs) for Hospitals: 2018 Update

Webinar T5016

Thursday, February 15, 2018
9:00 a.m. – 11:00 a.m. (CST)

Overview

Recently there has been increased scrutiny and surveillance to make sure all hospitals are in compliance with the hospital Center for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs). Every hospital that accepts Medicare or Medicaid must be in compliance with these regulations and interpretive guidelines.

This program will cover the nursing services section in the hospital CoP manual. Ms. Calloway will discuss the significant changes CMS has made to IV medication administration, blood transfusion, safe injection practices, compounding, beyond use date (BUD) and implemented safe opioid standards. This program will also reference other protocol that nurses should be aware of, such as medication standards, verbal orders, history and physicals, visitation, restraints and seclusion, grievances, discharge planning standards and confidentiality.

Target Audience

CMOs, CNOs, Nurses, Physicians, Quality Improvement Staff, Risk Managers, Pharmacy Staff, Compliance Officers, Legal Counsel, Ethics Committee Members, Consumer Advocates, Joint Commission Coordinators, Behavioral Health Staff, Psychiatric Staff and Case Managers

Objectives

At the conclusion of this session, participants will be able to:

1. Identify the CMS nursing services that every accredited hospital must follow
2. Describe the medications that must be administered within three different time frames
3. Identify the sections of frequently cited nursing care plans and recent CMS changes to those plans
4. Discuss the various CMS requirements for verbal orders

Faculty

Sue Dill Calloway, MSN, RN, JD has been a nurse attorney and consultant for more than 30 years. Currently, she is president of Patient Safety and Healthcare Education and Consulting and was previously the chief learning officer for the Emergency Medicine Patient Safety Foundation. She has conducted many educational programs for nurses, physicians and other health care providers. Sue has authored over 100 books and numerous articles. She is a frequent speaker and is well known across the country in the areas of health care law, risk management and patient safety.

Certificates of Attendance

Certificates of Attendance will be issued to all registrants. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for recorded sessions.

Registration

\$175 for AHA Member Hospitals

Registration includes **one** internet connection and **one** telephone connection at **one** location, although there can be an unlimited number of participants from your organization in that **one** listening room.

Two days prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received an e-mail with instructions ([via the e-mail provided on the registration form](#)) or if you are unable to download or open presentation materials, at least two business days prior to the event, please contact Anna Sroczynski at (501) 224-7878 or asroczynski@arkhospitals.org. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Fax cancellation/refund requests to the Education Department at (501) 224-0519.

REGISTRATION FORM

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Registration Fee

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Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

Name and Title of Contact Person _____

Organization _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Method of Payment

Check in the amount of \$_____ payable to the Arkansas Hospital Association is enclosed.

Credit Card # _____ Visa MasterCard *(AmEx and Discover Not Accepted)*

Cardholder's Billing Address (including zip code) _____

Expiration Date _____ CVV _____ Name on Card _____

Signature _____ Card Holder's Phone # _____

Mail form and payment to

Education Department, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205; phone: (501) 224-7878; or fax form with credit card information to (501) 224-0519.