Because the material is so vast, the information will be presented as a two-part program – a two (2) hour webinar and a separate one-day face-to-face workshop. The addition of the webinar will offer important information on patient rights standards and will alleviate the past problem of a rushed face-to-face workshop.

*We strongly suggest that you attend BOTH programs.*

If a CMS surveyor showed up at your hospital tomorrow would you know what to do? This is a must attend program for anyone with direct patient care in the hospital. Are you in compliance with all 525 pages of the CMS hospital manual? This 2-part program will cover the entire manual.

**Who Should Attend**

CEOs, COOs, Chief Nursing Officers, Chief Medical Officers, Nurses, Quality Managers, Consumer Advocates, Risk Managers, Hospital Legal Counsel, Compliance Officers, Directors of Health Information, Case Managers, Nurse Educators, Pharmacists, Social Workers, Discharge Planners, PI Coordinators, Joint Commission Coordinators, Patient Safety Officers, Patient Safety Committees, Nurse Managers, Outpatient Directors, Directors of Rehab, Dieticians, Infection Control Directors, Medication Management Teams, Anesthesia and Surgery Staff, PACU Directors, Policy and Procedures Committees, Respiratory Therapy Directors, Directors of Radiology, Radiology Staff, Ethics Committees, Policy Committees, Infection Control Committee Members, Pharmacy Directors, ED Managers and anyone involved in the implementation of the CMS grievance or Joint Commission complaint standards

*Please note that there are separate CoPs for critical access hospitals, however many of the sections presented in this two-part program are similar and more detailed which will be helpful for critical access hospitals.*

**Faculty**

*Sue Dill Calloway, RN, MSN, JD* is a nurse attorney and medical legal consultant. She was the director of hospital patient safety for The Doctors Company. Sue Dill has presented many educational programs for nurses, physicians and other healthcare providers. She has authored over 102 books including a book by HCPro on the compliance guide to The Joint Commission, CMS Patient Rights Standards and 2015 Joint Commission leadership standards. She has been employed in the nursing profession for more than 30 years. Sue Dill has legal experience in medical malpractice defense for physicians, nurses and other health professionals.
Overview
Did you know the highest number of deficiencies for hospitals non-compliant with the hospital Conditions of Participation (CoPs) manual is in the area of patient rights? Patient rights should be on the radar screen for every hospital in 2016! The highest number was in the area of restraint and seclusion, followed by care in a safe setting, grievances, personal privacy, advance directives, confidentiality, admission status notification and visitation. The November 10, 2015 report showed 4,870 deficiencies in patient rights.

Most every hospital in the U.S. accepts Medicare and Medicaid reimbursement, and must be in compliance with the CMS CoPs. This program will cover in detail the CMS patient rights requirements which include grievances, right to receive notice of patient rights, exercise of rights, visitation, informed consent, privacy, confidentiality of medical records, safety, advance directives, interpreters, abuse and neglect, infant security, plan of care, staffing levels and over 50 pages of restraint standards.

This program will also discuss the crosswalk to The Joint Commission (TJC) standard; many hospitals are surprised at the number of regulations and the detail required complying with these problematic standards.

*This webinar is necessary for those attending the face-to-face CMS Hospital CoP program on April 26.*

Note: Critical Access Hospitals (CAHs) have a separate set of hospital CoPs. CAHs that are in systems should know the differences in the two sets of CoPs, and may find the program of interest for that reason. CAHs should have a policy and process for restraint and seclusion and grievances. The visitation standards and the telemedicine standards apply to CAHs.

Program Topics
- Background on CMS CoPs
- Deficiency reports from CMS show patient rights top problematic standard
- How to find changes in the hospital CoPs
- Standing order memo
- Preprinted order sheet changes
- *Federal Register,* interpretive guidelines, survey procedure
- P&P requirements to ensure patients have information on rights
- Notice of patient rights
- Exercise of patient rights
- Interpreters
- Low health literacy and teach back
- Visitation
- Advance directives
- Notice of non-coverage
- Community education of advance directives
- Prompt resolution of grievances
- CMS definition of grievance
- TJC definition and six elements of performance on complaints
- P&P with all the required elements on grievances
- Requirement to inform each patient on how to file grievances
- Board’s responsibility in grievance process
- Grievance committee requirements
- Written notice to patient requirements
- Time frame for responding to grievances
- Privacy and safety
- Confidentiality and memo issued
- Infant security
- Staffing levels
- Abuse and neglect
- Criminal background checks
Objectives
1. Discuss that any hospital that receives reimbursement for Medicare patients must follow the CMS Conditions of Participation on patient rights. *This is true whether the hospital is/is not accredited by TJC, AOA, CIHQ or DNV Healthcare.*
2. Identify that the CMS regulations under grievances includes the requirement to have a grievance committee.
3. Recall that CMS has requirements for advance directives.
4. Describe the restraint and seclusion requirements, including the requirement that all staff must be trained.

Continuing Education
Certificates of attendance with “clock hours” will be issued to all registrants attending this conference.

Webinar Registration Fees & Directions
$100 for AHA members per connection
Registration includes one Internet connection and one telephone connection at one location and an unlimited number of participants from your organization in one listening room.

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 three business days prior to the event**, please contact Anna Sroczynski at 501-224-7878, or via e-mail to asroczynski@arkhospitals.org. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

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.

*Register for this webinar on the last page of this brochure.*

(Face-to-Face Meeting Information Begins on Page 4)
Overview

Come join us as we cover a record breaking year of changes in the CMS Hospital Conditions of Participation (CoPs)! The CMS list of hospital deficiencies will be discussed along with the final CMS hospital worksheets.

The manual is being updated more frequently now with a new manual issued November 10, 2015. Recently all the radiology and nuclear medicine sections were revised along with 10 tag numbers in the pharmacy section. In the recent past, there were changes to many sections including the QAPI standards and worksheet and guidelines on medication administration, safe opioid use, IV medication and blood transfusions. There were recently more than a dozen changes to medical staff, dietary, safe injection practices and outpatient orders. CMS also issued a memo on infection control breaches that will result in notification of the state’s epidemiologist. There have been changes in the guidelines for self-administered medications, standing orders, restraints and plan of care. Many significant changes to discharge planning have been proposed.

Every hospital that accepts payment for Medicare and Medicaid patients must comply with the CMS CoPs. The CMS manual has interpretive guidelines that must be followed for all patients treated in the hospital or hospital owned departments. Facilities accredited by The Joint Commission, AOA, CIHQ and DNV Healthcare must also follow these regulations. The interpretive guidelines serve as the basis for determining hospital compliance.

There were a number of recent memos issued including EBOLA, glucose monitoring, CRE and ERCPs, privacy and confidentiality, infection control breaches, equipment maintenance, IV and blood, OPO contracts, outpatient orders, insulin pens, discharge planning, hospital deficiencies, Luer misconnections, complaint manual, list of hospital deficiencies, complaint manual revisions, reporting adverse events to the PI program, humidity in the OR and safe injection practices. There were a record breaking number of changes in the recent past including changes on visitation, standing orders, soft wrist restraints, self-administered medication, telemedicine, advance directives, plan of care, informed consent, timing of medication, respiratory and rehabilitation orders, IV medication and blood products, anesthesia and an important pharmacy standard. This program will also cover the final CMS three worksheets on infection control, discharge planning and QAPI.

Attendees will discuss both changes and hot issues including regulations on preprinted orders, standing protocols, history and physicals, verbal orders, medication security, post-anesthesia evaluations, discharge appeal rights, patient rights, grievance, outpatient issues, and restraints and seclusion. Many regulations address pharmacy and medication management safety issues. Infection control is also very important and CMS received a 50 million dollar grant to enforce these and HHS a billion dollars which has resulted in increased scrutiny of the infection control standards and more knowledgeable surveyors.

There also are sections on medical record services, dietary services, utilization review, emergency department, surgical services, anesthesia, PACU, medical staff, nursing services, outpatient department, rehabilitation, radiology, respiratory, physical environment, infection control, organ and tissue, patient rights and discharge planning. Hospitals should perform a gap analysis to ensure they are compliant with all the interpretive guidelines and assign one person to be responsible for ensuring compliance.
**Program Topics**

**Overview of the CMS Survey Process**
- Mandatory compliance with CoPs and governing body

**Patient Rights**
- Interpreters, advance directives, restraints, abuse and neglect, criminal background checks, confidentiality of patient records and grievances

*Note: The patient rights section will be covered in a webinar on April 12. The webinar is necessary for those attending the face-to-face program.*

**Quality Assessment and Performance Improvement**

**Medical Staff**

**Nursing Services**
- Director of nursing, staffing policies and procedures, nursing care plan, staff competency, preparation and administration of drugs

**Medical Records**
- Organization and staffing, confidentiality of records, content of records, legibility requirements, authentication, informed consent, new H&P and verbal orders

**Pharmaceutical Services**
- Storage of drugs, pharmacy administration, floor stock, patient safety, drugs and biological and high-risk patients, 10 revised tag numbers in 2016

**Utilization Review**
- Composition of UR committee, admission or continuous stays and new Medicare patient discharge appeal rights and 2015 changes

**Infection Control**

**Discharge Planning**
- Identification of patient needs, discharge planning and evaluation, proposed changes and the IMPACT Act

**Organ, Tissue and Eye Procurement**

**Surgical & Anesthesia Services**

**Radiological Services**
- Radiation exposure, adverse reaction to agents and secure area for films completely rewritten in 2015

**Laboratory Services**
- Emergency lab services, tissue specimen requirements, infections, blood and blood products

**Food and Dietary Services**
- Diets and menus, patients’ nutritional needs

**Nuclear Medicine Services**

**Emergency Services**

**Rehabilitation Services**

**Respiratory Services**

**Additional Manuals**
- EMTALA, long-term care, life safety code, ambulatory surgical services, laboratories, guidelines for determining immediate jeopardy and home health

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**Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:30 a.m.</td>
<td>Registration (Refreshments)</td>
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<tr>
<td>7:55 a.m.</td>
<td>Welcome and Speaker Introduction</td>
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<tr>
<td>8:00 a.m.</td>
<td>Program Begins</td>
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<tr>
<td>12:00 noon</td>
<td>Lunch (provided)</td>
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<tr>
<td>12:30 p.m.</td>
<td>Program Continues</td>
</tr>
<tr>
<td>4:00 p.m.</td>
<td>Questions and Adjournment</td>
</tr>
</tbody>
</table>

*15 minute breaks will be held during the morning and afternoon sessions.*
Objectives
At the conclusion of the program, participants will be able to:
1. Recall that all hospitals which accept Medicare and Medicaid must be in compliance with all of the hospital conditions of participation and for all patients
2. Discuss that CMS has issued the final worksheets on QAPI, infection control and discharge planning.
3. Recall that there are many educational requirements for restraint and seclusion
4. Discuss that medical records section has the requirements for verbal orders which have been problematic for hospitals
5. Discuss the importance of ensuring all protocols are approved by the Medical Executive Committee and that an order be entered in the chart
6. Discuss CMS’ sections in the hospital CoP manual on informed consent, advance directives and contract management

Meeting Location and Hotel Information
The face-to-face meeting, set for April 26, will be conducted at the Hilton Garden Inn, 10914 Kanis Road, Little Rock. A block of sleeping rooms has been set up for the night of Monday, April 25 at a rate of $119. To make reservations, please contact Hilton Garden Inn at (501) 227-4800 and mention the Arkansas Hospital Association. The room block expires April 16, 2016; after this date reservations will be accepted on a space and rate availability basis only.

Refund/Cancellation Policy
Refunds, minus a $50 processing fee, will be granted if requests are received in writing by the AHA five business days prior to the workshop. No refunds will be issued after April 19, 2016. Unpaid registrants who fail to attend must pay the entire registration fee. Substitutions, however, are permitted. Registrations that are faxed are subject to the same cancellation policy. Fax refund requests to the Education Department at 501-224-0519.

Continuing Education
Certificates of attendance with “clock hours” will be issued to all registrants attending this conference.

The Arkansas Hospital Association is authorized to award 7.0 hours of pre-approved ACHE Qualified Education credit (non-ACHE) for this program toward advancement, or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

Participants are responsible for maintaining a record of their ACHE Qualified Education.

7.0 Nursing contact hours will be provided to nurses who sign-in and attend the entire face-to-face workshop.

The Arkansas Hospital Association is an approved provider of continuing nursing education by South Central Accreditation Program, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Questions
For questions concerning registration, please contact Cindy Lewis, registrar, by phone (501-224-7878) or email (clewis@arkhospitals.org). For questions concerning the agenda, please contact Lyndsey Dumas, vice president of education by phone (501-224-7878) or email (ldumas@arkhospitals.org).
Arkansas Hospital Association
CMS Conditions of Participation Revised Interpretive Guidelines:
What Every Hospital Needs to Know
Webinar & Face-to-Face Meeting
Registration Form

PART 1: WEBINAR (April 12, 2016)
CMS Patient Rights Standards: Keys to Ensuring Compliance
* Hospitals need to register only ONCE for this option, with one contact person.

☐ $100 for AHA members per connection
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.

Person to Receive Webinar Instructions & Handouts:

Name: _______________________________________________________________________________
Hospital/Organization: __________________________________________________________________
Telephone: __________________________________ Email: ___________________________________

PART 2: FACE-TO-FACE MEETING (April 26, 2016)
The 2016 CMS Hospital Conditions of Participation: A Clear-Eyed Approach to Ensure Compliance

☐ $195 per person for employees of AHA member institutions
Registration fee includes speaker fees, extensive workshop materials, refreshment breaks and lunch.

Name & Title: ________________________________________________________________________
Hospital/Organization: __________________________________________________________________
Address: _____________________________________________________________________________
City/State/Zip: _________________________________________________________________________
Phone: ___________________ Fax: _______________ Email: _______________________________

Payment
☐ Enclosed is my check made payable to the Arkansas Hospital Association
   I authorize the AHA to charge my: ☐ MasterCard or ☐ Visa
      *AmEx and Discover Not Accepted
Account Number: __________/_________/_________/_________ Exp. Date: ________________
Cardholder’s Name: ________________________________ Phone: _______________________
Cardholder’s Signature: ______________________________ Phone: _______________________
Cardholder’s Billing Address: _______________________________________________________

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

EMAILED REGISTRATIONS NOT ACCEPTED

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