This two-part program takes the place of the annual CMS CoP one-day program. Because
the material is so vast, the information will be presented in a 1.5 hour webinar and a
separate one-day face-to-face workshop. The addition of the webinar will offer important
information on patient right standards and will alleviate the past problem of the face-to-face
workshop being rushed.

We strongly suggest that you attend BOTH programs.

Who Should Attend
CEOs, COOs, Chief Nursing Officer, CMOs, Nurses, Quality Managers, Consumer Advocate, Risk
Managers, Hospital Legal Counsel, Compliance Officers, Joint Commission Liaison, Director of Health
Information, Case Managers, Chief Medical Officer, Nurse Educator, Pharmacist, Social Workers,
Discharge Planners, PI Coordinator, Joint Commission Coordinator, Patient Safety Officer, Patient Safety
Committee, Nurse Managers, Outpatient Director, Director of Rehab, Dieticians, Infection Control
Preventionist, Medication Management Team, Anesthesia and Surgery staff, PACU Director, Policy and
Procedures Committee, Respiratory Therapy Director, Director of Radiology, Radiology Staff, Ethics
Committee, Policy Committee, Infection Control Committee Members, Infection Preventionist,
Pharmacist, Pharmacy Director, ED Managers, Staff Nurses, and anyone involved in the implementation of
the CMS grievance or Joint Commission complaint standards

Please note that there is a separate CoP 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 has presented many educational programs for
nurses, physicians and other healthcare providers. She has authored over 100 books including a book by
HCPro on the Compliance Guide to the Joint Commission and CMS Patient Rights Standards and 2009
Joint Commission Leadership standards. She has been employed in the nursing profession for more than
30 years. Ms. Calloway has legal experience in medical malpractice defense for physicians, nurses and
other health professionals.
Overview
Did you know the highest number of hospitals out of compliance is in the area of patient rights? CMS published the data in November 2013 which showed hospitals out of compliance for the past year had the highest number in the area of patient rights. In fact, there were 2710 hospitals found to be out of compliance. This number went up significantly from the 950 hospitals cited in the March 2013 report. The highest number was in the area of restraint and seclusion, followed by care in a safe setting, personal privacy, grievances, advance directives, confidentiality, admission status notification and visitation.

Most every hospital in the U.S. accepts Medicare and Medicaid reimbursement and as such must be in compliance with the CMS Conditions of Participation (CoPs). There were changes effective June 7, 2013 which included verbal orders and restraints. This program will cover changes to visitation which included advance directives, plan of care and informed consent.

CMS also issued a memo on confidentiality and privacy for hospitals on which amends this section. Privacy and confidentiality is important especially with the new HIPAA law that went into effect September 23, 2013.

This program will cover in detail the CMS patient rights requirements which are a frequent source of investigation and represent problematic areas for hospitals. This section includes grievances, right to get notice of patient rights, exercise of rights, visitation, informed consent, privacy, confidentially of medical records, safety, advance directives, interpreters, abuse and neglect, infant security, staffing levels, and over 50 pages of restraint standards. This will include the three types of PRN orders for restraints, standing orders, stamps, and protocols. It will discuss the restraint changes effective March 15, 2013 and the requirement for an internal log for patients who die with two soft wrist restraints.

This program will also discuss the crosswalk to the Joint Commission standard. Many hospitals are surprised at the number of regulations and the detail required complying with these problematic standards.

Note: Critical Access Hospitals (CAHs) have a separate set of hospital CoPs and there is no corresponding patient rights chapter except for the visitation. 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 many follow many of these regulations. The visitation standards and the telemedicine standards apply to CAHs.

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 accredited by Joint Commission, AOA, DNV Healthcare or not.
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
5. Recall that CMS issued 34 pages of interpretive guidelines on visitations which made changes to consent, advance directives, and plan of care
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<td>• <em>Federal Register</em>, interpretive guidelines, survey procedure</td>
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<td>• 21 rules to understanding the 50 pages of regulations on R&amp;S</td>
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<td>• Soft wrist restraint and internal log changes June 7, 2013</td>
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**Continuing Education**

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

*This activity awards 1.5 contact hours.*

Inquisit is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Inquisit is Iowa Board of Nursing provider 333 and 1.8 contact hours will be awarded for this program.

**Webinar Registration Fees & Directions**

$90 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 open and 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 document.*
Part 2: Face-to-Face Meeting

The 2014 CMS Hospital Conditions of Participation:
A Clear-Eyed Approach to Ensure Compliance

March 7, 2014
Clarion Hotel Medical Center, Little Rock

Overview
Come join us as we cover a record-breaking year of changes!! There was a new manual on August 30, 2013, with lots of changes occurring in 2013. There are new interpretive guidelines for self-administered medications, standing orders, restraints, plan of care and lots more. The discharge planning standards have been completely rewritten and over 11 new CMS survey memos have been issued in the past year. You can’t afford to miss this all-day presentation. Don’t be caught off guard when a CMS surveyor shows up at your door for a complaint survey or a validation survey.

Every hospital that accepts payment for Medicare and Medicaid patients must comply with the Centers for Medicare & Medicaid Services Conditions of Participation (CoPs). This 457-page 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 also must follow these regulations. CMS issued a memo with 228 pages to include the new interpretive guidelines for the more than two-dozen changes that were issued in the Federal Register and effective on June 7, 2013.

The interpretive guidelines serve as the basis for determining hospital compliance and there have been many changes in the CMDS hospital manual. We have the final interpretive guidelines for the more than two dozen changes that CMS published in the Federal Register. CMS said these were the most significant changes in over two decades and would save hospitals five billion dollars in five years. The proposed changes are expected to be released in early 2014 and will save hospitals additional money.

There were a number of recent memos issued including privacy and confidentiality, outpatient orders, insulin pens, discharge planning, hospital deficiencies, Luer misconnections, revised complaint manual, 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, anesthesia, respiratory and rehabilitation orders, IV medication and blood products, and an important pharmacy standard. This program will also cover the third revision to the CMS three worksheets on infection control, discharge planning and PI.

Agenda

7:30 a.m.  Registration (Refreshments)
7:55 a.m.  Welcome and Speaker Introduction
8:00 a.m.  Program Begins
   A 15 minute break will be held in the morning
12:00 noon  Lunch (provided)
12:30 p.m.  Program Continues
   A 15 minute break will be held in afternoon
4:30 p.m.  Questions and Adjournment
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 is being covered in a webinar on February 26. All attendees of the day long program need to attend the webinar.

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

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

Infection Control

Discharge Planning
- Identification of patient needs, discharge planning and evaluation

Organ, Tissue and Eye Procurement

Surgical & Anesthesia Services

Radiological Services
- Radiation exposure, adverse reaction to agents and secure area for films

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

Objectives
At the conclusion of the program, participants will be able to:
1. Recall that all hospitals that accept Medicare and Medicaid have to be in compliance with all of the hospital conditions of participation and for all patients
2. Discuss that CMS has completely rewritten the discharge planning standards
3. Discuss that medical records section has the requirements for verbal orders which have been problematic for hospitals
4. Discuss the importance of making sure all protocols are approved by the Medical Executive Committee (MEC) and that an order is entered in the chart
5. Recall that CMS has three revised worksheets on infection control, PI, and discharge planning
**Hotel Information**
The face-to-face meeting, set for March 7, will be conducted at the Clarion Hotel Medical Center, 925 South University Avenue in Little Rock. A room block has been reserved at the hotel for the night of March 6, 2014. To take advantage of the special rate of $82, call 501-748-4707, mentioning the Arkansas Hospital Association. The room block will expire February 2, 2014. Reservations made after that date are subject to availability.

**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 February 28, 2014. Unpaid registrants who fail to attend must pay the entire registration fee. Substitutions, however, are permitted. Registrations that are phoned in or 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 7.5 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.

*This activity awards 7.5 contact hours.*

Inquisit is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Inquisit is Iowa Board of Nursing provider 333 and 9.0 contact hours will be awarded for this program.

**Questions**
For questions concerning registration and/or the program agendas, please contact Lyndsey Dumas, Director of Educational Operations 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 (February 26, 2014)**

**CMS Patient Rights Standards: Keys to Ensuring Compliance**

*Hospitals need to register only ONCE for this option, with one contact person.*

☐ $90 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.

**Name to Receive Webinar Instructions & Handouts:**

Name _______________________________________________________________________________________
Hospital/Organization __________________________________________________________________________
Telephone __________________________  Email ________________________________________

**PART 2: FACE-TO-FACE MEETING (March 7, 2014)**

**The 2014 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 ______________________________________________________________________________
Telephone _____________________ 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

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  Cardholder’s billing address: __________________________

**Mail form and payment to:**
Attn: Lyndsey Dumas, Director of Educational Operations, 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.