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.

Who Should Attend
CEOs, COOs, Chief Nursing Officers, CMOs, Nurses, Quality Managers, Consumer Advocates, Risk Managers, Hospital Legal Counsels, Compliance Officers, Directors of Health Information, Case Managers, Chief Medical Officers, 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, 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, Staff Nurses, 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 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, 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 deficiencies for hospitals non-compliant with the hospital Conditions of Participation (CoPs) manual are in the area of patient rights? Patient rights should be on the radar screen for every hospital in 2015! 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 2014 report showed $3,908$ 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 also discuss important CMS memos which include one on confidentiality and privacy for hospitals. Privacy and confidentiality is important especially as the revised HIPAA law that went into effect and the increased penalties levied against hospitals in the past year.

This program will cover in detail the CMS patient rights requirements which includes 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 May 4.*

Note: Critical Access Hospitals (CAHs) have a separate set of hospital CoPs and there is no corresponding patient rights chapter except on 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. 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/is not accredited by TJC, AOA, CIHQ, 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.
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
- Restraint and seclusion
- R&S death reporting requirements
- 21 rules to understanding the 50 pages of regulations on R&S
- Soft wrist restraint and internal log changes
- Mandated restraint training
- Restraint policy requirements
- One hour face-to-face
- Orders, alternatives, and debriefing not required
- CMS privacy and confidentiality memo

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 document.*
Overview

Come join us as we cover a record breaking year of changes in the CMS Hospital Conditions of Participation (CoPs)! There have been five updated manuals issued in 2014 alone, and there has been an increase in surveillance activity of hospitals by CMS. The manual updates include rewriting of the QAPI standards and lengthy new guidelines on medication administration, safe opioid use, IV medication and blood transfusions. There are a dozen changes to medical staff, dietary services, outpatient orders and radiology, with additional changes in the guidelines for self-administered medications, standing orders, restraints, plan of care and much more!

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 privacy and confidentiality, equipment maintenance, IV and blood, OPO contracts, outpatient orders, insulin pens, discharge planning, hospital deficiencies, Luer misconnections, list of hospital deficiencies, complaint manual revisions, reporting adverse events to the PI program, humidity in the OR, safe injection practices, and most recently infection control breaches that will result in notification of the state’s epidemiologist. There were a record breaking number of changes recently including 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 final three CMS worksheets on infection control, discharge planning and PI.

Attendees will discuss both changes and hot issues including regulations on preprinted orders, standing protocols, use of a stamp, history and physicals, verbal orders, medication security, post-anesthesia evaluations, discharge appeal rights, patient rights, grievances, outpatient issues and restraints and seclusion. Many regulations address pharmacy and medication management safety issues. Infection control (IC) is also of top priority; CMS received a 50 million dollar grant and HHS received a billion dollar grant which has resulted in increased scrutiny of the IC standards. CMS has recently announced it will make unannounced visits to assess IC standards.

Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</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>
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*15 minute breaks will be held during the morning and afternoon sessions.
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 February 25. 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 which 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 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 (MEC) and that an order is 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 May 4, will be conducted at the Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock. For driving directions, please visit the AHA website at www.arkhospitals.org.

AHA has made arrangements with nearby hotels for reduced rates on sleeping rooms. Please see information accompanying this program brochure.

**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 27, 2015. 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 7.0 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 awarded to nurses attending the entire face-to-face workshop and signing in at the registration desk.

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 and/or the program agendas, 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 (February 25, 2015)
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 (May 4, 2015)
The 2015 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 Name: __________________________ Phone: __________________
      Cardholder’s Signature: __________________________
      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.