Objective

Upon completion, the active participant will:

- Review the top deficiencies in Critical Access Hospitals
- Learn the importance of a plan of correction
- Discuss recent hot topics
Top Deficiencies in CAHs

- Federal Fiscal Year 2012 to date (Oct 1, 2011 – April 2, 2012)
  - C0295 – Nursing Services
  - C0337 – Quality Assurance
  - C0339 – Quality Assurance
  - C0304 – Records Systems
  - C0340 – Quality Assurance
  - K0130 – LSC Miscellaneous

C0295 – Nursing Services

- A registered nurse must provide (or assign to other personnel) the nursing care of each patient. The care must be provided in accordance with the patient’s needs and the specialized qualifications and competence of the staff available.
C0337 – Quality Assurance

- The Quality Assurance program requires all patient care services and other services affecting patient health and safety are evaluated.

C0339 – Quality Assurance

- The Quality Assurance program requires the quality and appropriateness of the diagnosis and treatment furnished by midlevels are evaluated by a contracted or staff MD/DO.
C0304 – Medical Record

- A medical record must be maintained which includes:
  - Identification and social data
  - Evidence of properly executed informed consent forms
  - Pertinent medical history
  - Assessment of the health status and health care needs of the patient
  - Summary of the episode, disposition, and instructions to the patient

C0340 – Quality Assurance

- The Quality Assurance program requires the quality and appropriateness of the diagnosis and treatment of patients furnished by physicians at the CAH be evaluated by:
  - One hospital that is a member of the network
  - QIO or Equivalent Entity

**MUST BE EVALUATED BY AN OUTSIDE ENTITY**

*Care provided by telemedicine must also be evaluated.
K0130 – Construction

- Other Life Safety Code deficiencies or deficiencies in other NFPA standards

Plan of Correction

- CAHs plan to correct the deficiencies identified during survey
- Creates accountability
- Publically disclosable document
Plan of Correction

- Provides specifics regarding:
  - Patients actually affected by deficient practice
  - Patients potentially affected by deficient practice
  - What will the CAH do to correct the deficient practice
  - When will the deficient practice be corrected
  - How will the CAH ensure maintenance of correction (QA)

Plan of Correction

- Poor Plans of Correction:
  - Take additional CAH staff time
  - Delay the recertification process
  - Result in repeat deficiencies
  - May negatively impact quality of care provided to patients
Partnership for Patients

• Affordable Care Act

• Health and Human Services initiative launched April 2011

• Goals for 2013
  • Keep hospital patients from getting injured or sicker
    • Reduce healthcare acquired conditions by 40%
    • Help patients heal without complications
      • Reduce all-cause readmissions by 20%

Partnership for Patients

• Focus on:
  • Infection Control
  • Quality Assurance and Performance Improvement
  • Discharge Planning
Survey and Certification Letters

- S&C 12-02
  - Draft Partnership for Patients Worksheets for Discharge Planning, Infection Control, and Quality Assurance and Performance Improvement

- S&C 12-06
  - Database Worksheet Modifications and Instructions

- S&C 12-10
  - Physician Owned Hospitals

Your questions answered

- CAH Network Agreement

- Board Member Signature on Policy Manual Face Sheet

- Annual Review

- Electronic Signatures
THANK YOU

• Questions?

• Sources
  • Appendix W
  • CMS database

• Contact Information
  • [Website](http://www.ndhealth.gov/HF/North_Dakota_Hospitals_Critical_access.htm)
  • (701)328-2352
  • [Email](mailto:bweidner@nd.gov)