Upon completion, the active participant will:

- Review the top deficiencies in Critical Access Hospitals
- Discuss recent hot topics
Top Health Deficiencies in CAHs

Federal Fiscal Year 2012 (Oct 1, 2011 – Sept, 30, 2012)
- C0295 – Nursing Services
- C0337 – Quality Assurance
- C0339 – Quality Assurance
- C0276 – Patient Care Policies
- C0304 – Records Systems
- C0278 – Patient Care Policies

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

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.
The CAH must have rules for the storage, handling, dispensation and administration of drugs and biologicals. Pharmaceutical services must be administered in accordance with accepted professional principles to ensure the safe and appropriate use of medications.

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
What is the expectation for locum tenens to sign off on the records when the bylaws require authentication within 30 days but the locum may only be at the facility once every 90 days?

- Expectation would be for the CAH to ensure adequate signatures are obtained before the locum tenens leave the facility. Locum tenens should be oriented to the requirement when they initially begin a shift.

The CAH must have a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel within the CAH.
Top LSC Deficiencies in CAHs

  - K0130 – Miscellaneous

K0130 – Miscellaneous

Other Life Safety Code deficiencies or deficiencies in other NFPA standards

- Maintenance of battery pack lighting
- Maintenance of emergency generator transfer switch or switches
- Maintenance of fire dampers
Hazardous areas

- Enclosed with walls and ceiling that have either a 1-hour fire resistive rating (no sprinkler system) or are smoke resisting (sprinkler system)
- Openings protected with doors that have either a 45-minute fire rating (no sprinkler system) or are smoke resisting (sprinkler system)
- Doors must be self-closing and positive latching

Side Rails

- Side rails can be used but pose a risk to patients
  - Entrapment
    - Spacing
  - Falls
- Could be considered restraint

**ASSESSMENT**
- Comprehensive individualized patient assessment
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.*

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Review of quality and appropriateness of the diagnosis and treatment by the practitioners is an ongoing process. If a provider is not included in the peer review, the CAH could not show that the care/services of the provider was appropriate.

- 12-24 months? What do your bylaws allow?
Even if the provider is from a contracting company (i.e. locum tenens) the CAH is required to provide ongoing evaluation of the care provided by these healthcare staff.

C-0196 Agreements for credentialing and privileging of telemedicine physicians and practitioners

C-0197 Agreements
Patient Safety Initiative Surveys

- Surveys being conducted in PPS hospitals
- Focus on:
  - Infection Control
  - Discharge Planning
  - Quality Assurance Performance Improvement
- Risk Management Assessment

Nurse Aide Registry

Nurse aid working in your CAH must be on the registry with active status if doing nursing or nursing related services.
FY2013 Non-Accredited CAH Workload

- Tier 2
  - 5-Year Maximum Interval
  - 5% CAH Targeted Sample
- Tier 3
  - 4.0-Year Max Interval
- Tier 4
  - 3.0-Year Average

Contact Information

- [www.ndhealth.gov/HF/North_Dakota_Hospitals_Critical_access.htm](http://www.ndhealth.gov/HF/North_Dakota_Hospitals_Critical_access.htm)
- (701)328-2352
- bweidner@nd.gov
Sources

- Appendix W
- CMS database
- Code of Federal Regulations

THANK YOU

- Questions?