

Reform of Hospital and Critical Access Hospital Conditions of Participation -- Proposed Rules [CMS-3244-P]

NOSORH PPMT
November 7, 2011

Proposed Provisions Affecting Critical Access Hospitals [CAHs]

- **Personnel Qualifications:**
 - Revises definition of clinical nurse specialist to be consistent with statute.
- **Patient Services:**
 - Revises title of “*Direct Services*” to “*Patient Services*” and revises language to permit flexible use of CAH staff provided services or contracted services.
- **Surgical Services:**
 - Revises language to underline that surgical services are optional in CAHS.

Proposed Provisions Affecting Hospitals

- **Hospital Governing Body:**
 - Revises provisions to permit a single governing body to be responsible for multiple hospital facilities.
- **Patient Rights:**
 - Reduces reporting requirements for situations where patient death follows the use of wrist restraints on patients.
- **Medical Staff:**
 - Revises requirements to increase flexibility for the inclusion of non-physician clinicians on hospital medical staff. Clarifies language related to granting practice privileges to and supervision of clinicians.

Proposed Provisions Affecting Hospitals - 2

- **Nursing Services:**
 - **Care Planning:** Revises requirement for a “*nursing care plan*” to permit it to be part of a broader “*interdisciplinary care plan*”.
- **Drugs and Biologicals:**
 - Revises requirements surrounding ordering, preparation and administration of drugs and biologicals to permit a broader range of practitioners to conduct these activities, as allowed by state practice rules. Permits broader use of standing orders.
- **Transfusions and Intravenous Administrations:**
 - Eliminates requirement for special transfusion and intravenous training for non-physician practitioners.
- **Patient Self-Administration of Medication:**
 - Expands flexibility for patient and care-giver self-administration of medications in a hospital setting.

Proposed Provisions Affecting Hospitals - 3

- **Verbal Orders:**
 - Increases flexibility in the documentation of verbal orders, permitting authentication by a practitioner other than the ordering clinician.
- **Standing Orders:**
 - Permits the use of pre-printed and electronic standing orders in an appropriate practice management structure.
- **Infection Control:**
 - Eliminates requirement for a separate infection control log and provides greater reliance on hospital systems for infection detection, data collection, data analysis, monitoring, and evaluation of preventive interventions.

Proposed Provisions Affecting Hospitals - 4

- **Outpatient Services:**
 - **Supervision:** Eliminates requirement that a single individual be appointed to oversee all outpatient service operations.
 - **Multiple Locations:** Permits more flexible staffing of outpatient services offered at multiple locations.

Possible NOSORH Action

- Comment on proposed rules.
 - Deadline: December 23, 2011.
- Alert SORHs to proposed changes.
- Promote dissemination of information to hospitals.
 - Promote notification of CAHS and Hospitals.
 - Coordinate with State Hospital Associations to explore additional CAH eligibility given changes.
 - Coordinate with Medicaid in states with Medicaid CAH follow-on reimbursement to ensure that there are no participation anomalies.