

QUESTIONS AND ANSWERS FROM JOINT HOSPITAL TRAINING

NOTE: The following responses to presented questions are not a statement of law, rule, or policy of the Agency for Health Care Administration. Each factual scenario presented is subject to consideration of all of the facts and circumstances, not simply those presented in this document. In addition, any specified statute or rule may not be viewed in a vacuum from other regulatory provisions. Thus, the responses herein are provided solely to prompt providers in their deliberations and ongoing review of operations of their facilities. Responses should not be interpreted as the Agency's directive or authorization for any provider decision to act or not act in a given situation. Naturally, inquiries directed to a federal statutory or rule requirement should be addressed to the Centers for Medicare and Medicaid Services.

For the ease of the reader, references to "regulations" herein refer to what is commonly referred to as a "tag number," or the regulatory identifier code utilized by the Agency in conducting its survey responsibilities. Each "tag number" is derived from a specific regulation or statute which may be identified by reference to the Agency's State Operations Manuals in these responses. To access the statutory or regulatory citation, please reference CMS WEB SITE at <http://www.cms.gov/Manuals/IOM/list.asp>

1. ORTHOPEDIC SERVICES OR LACK THEREOF IS A MAJOR SOURCE OF FRUSTRATION FOR HOSPITALS. THE EMERGENCY DEPARTMENT (ED) MAY ALLEVIATE THE IMMEDIATE EMERGENCY CONDITION I.E. NONDISPLACED FRACTURE TO FOLLOW-UP NEXT DAY WITH ORTHOPEDIST. THE ORTHOPEDIST THEN REFUSES TO CARE FOR THE PATIENT OR "DOCS NOT TAKE MEDICAID." THE PATIENT THEN RETURNS TO ED WITH DETERIORATED CONDITION I.E. FRACTURE IS NOW DISPLACED. WHAT ARE RAMIFICATIONS IF ANY TO A PHYSICIAN WHO MAY HAVE BEEN ON-CALL BUT DIDN'T NEED TO COME TO THE ED AT THE FIRST PRESENTATION BUT THEN REFUSED TO SEE PATIENT IN OFFICES DUE TO POLICY OF NOT TAKING MEDICAID PATIENTS?

ANSWER 1: If the orthopedist is on-call for the hospital he/she must present if the Emergency Department (ED) physician determines the orthopedist is needed to further screen, treat, or stabilize the patient. The EMTALA law does not cover follow up care in a doctor's office. For example, Medicaid patients with fractures are treated differently than other persons with the same conditions; this would be a violation of EMTALA and possibly other laws that prohibit discrimination. The hospital and the on-call physician may have actions levied against them for this type of disparate care.

2. THE RESTRAINT IS REMOVED AFTER THE PATIENT HAS BEEN DETERMINED TO NO LONGER BE IN DANGER OF DISPLACING TRACHEOSTOMY TUBES. WITHIN 7 DAYS PATIENT DISPLACES TRACH AND DIES. IS THAT REPORTABLE?

ANSWER 2: This is not reportable as presented. Regulation A0218 states “...report...within 1 week after restraint where it is reasonable to assume that use of restraint contributed directly or indirectly to a patient’s death.” The totality of the facts and circumstances surrounding such an event must be viewed and weighed accordingly. The single factor of the passage of time should not be considered as the sole criteria of inquiry when determining such issues.

3. DOCUMENTATION MUST BE KEPT THAT ALL NEW EMPLOYEES & NON-CLINICAL EMPLOYEES HAVE RISK MANAGEMENT INSTRUCTIONS IN 30 DAYS OF HIRE. HOW MANY PERSONNEL FILES ARE REVIEWED TO DETERMINE COMPLIANCE?

ANSWER 3: The regulation gives no formal guidance to the number of files to review but states the surveyor shall review a sample.

4. ARE FREEDOM SPLINTS CONSIDERED A RESTRAINT?

ANSWER 4: No. Resting splints are considered a rehabilitative product. Regulation A0161 states a restraint does not include devices, such as orthopedic prescribed devices.

5. ARE MITTS IF NOT TIED TO THE BED CONSIDERED A RESTRAINT?

ANSWER 5: No. Regulation A0159 states a restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely

6. WHAT TYPE OF TRAINING/EDUCATION IS PROVIDED TO SURVEYORS SO THEY UNDERSTAND THE SKILLED NURSING FACILITY REGULATIONS CANNOT BE APPLIED TO HOSPITAL COMPLAINT SURVEYS?

ANSWER 6: Surveyors are required to complete the New Surveyor Hospital Survey Process Orientation. In addition, the CMS Basic Hospital Surveyor course is widely attended. While the process for investigating allegations is similar, surveyors evaluate compliance with the regulations specific to the provider type.

7. IS THERE A “CROSSWALK” OF CMS/STATE HOSPITAL REGULATIONS?

ANSWER 7: There is no current crosswalk. Compliance with certification and/or licensure requirements are evaluated by the surveyor based on the findings at the time of the survey.

8. HAS AHCA DISCUSSED THE ISSUE OF COMPLAINT REFERRALS WITH THE JOINT COMMISSION (JC)? AS AN ACCREDITED FACILITY, WE ARE REQUIRED TO NOTIFY FAMILIES THEY CAN ACCESS JC IF THEY HAVE A COMPLAINT REGARDING QUALITY OF CARE OR SAFETY. THIS IS ALSO FLORIDA LAW. IF A COMPLAINT IS REFERRED TO THE STATE, A DETAILED INVESTIGATION OCCURS. NOW, THE FAMILY CAN ALSO CONTACT JC FOR THE SAME COMPLAINT. THIS REPRESENTS DUPLICATE PROCESS.

ANSWER 8: When a hospital complaint is registered with the Agency for Health Care Administration, it is reviewed and triaged by nurses. If the issues presented represent violations of state regulations, a state licensure complaint survey will be forwarded to the Field Office staff for review. If the issues presented in part or in total also represent issues addressed by Joint Commission, the caller may be referred to call Joint Commission and/or the complaint will be referred by the Agency staff to the Joint Commission.

9. WHERE CAN ONE FIND THE DEFINITION OF “CODE 15 REPORTABLE EVENTS”?

ANSWER 9: The definition is in FLORIDA STATUTE 395.0197(5) (6) (7), R0009, and section 59A-10.0065 FLORIDA ADMINISTRATIVE CODE. FS 395.0197(5) “For the purpose of reporting to the agency pursuant to this section, the term “adverse incident” means an event over which health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred, and which results in one of the following injuries: 1. death, 2. brain or spinal damage, 3. permanent disfigurement, fracture or dislocation of bones or joints, 5. a resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility, 6. any condition that required specialized medical attention or surgical intervention resulting from non-emergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her consent, or 7. any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to an adverse incident, rather than the patient’s condition prior to the adverse incident. . . .”

10. WHAT’S DIFFERENT FROM PAST TRAINING REQUIREMENTS FOR RESTRAINTS? WHO? HOW MUCH?

A physician or other LIP, or a registered nurse or physician assistant trained in accordance with the requirements specified in the Condition of Participation (Section f), must see the patient face-to-face within one hour after the initiation of the intervention.

Training Requirements:

1. Must be trained and able to demonstrate competency prior to applying restraints.
2. Training must be specific to the patient population.
3. Ability to choose the least restrictive intervention.

4. Ability to demonstrate the safe application and use of all types of restraints to include ability to recognize a respond to signs of physical or psychological distress (positional asphyxia, etc.)
5. Person providing staff training must be qualified as evidenced by education, training & experienced in techniques used to address patient's behaviors.
6. A hospital must document in the staff personnel records the training and demonstration of competency.

11. IS THIS TRUE? ALL DEATHS THAT OCCUR WHILE THE PATIENT IS IN RESTRAINTS OR WITHIN 24 HOURS OF RESRAINTS MUST BE REPORTED TO CMS?

ANSWER 11: Yes. Regulation A0214 states hospitals must report deaths associated with the use of restraint. The hospital must report to CMS each death that occurs while the patient is in restraint. Regulation A0216 states hospitals must report deaths associated with the use of restraint. The hospital must report to CMS each death that occurs within 24 hours after the patient has been removed from restraint.

12. IS THIS AN EMERGENCY ACCESS VIOLATION? AN INPATIENT HAS GASTROINTESTINAL (GI) ISSUES. A GI SPECIALIST ACCEPTED CONSULTATION OVER THE WEEKEND. HE WAS CONTACTED BECAUSE THE PATIENT DEVELOPED AN ACUTE BLEED AND WAS IN EMERGENT SITUATION. PHYSICIAN ASKED THE NURSE WHO CALLED HIM IF PATIENT HAD INSURANCE, PATIENT DIDN'T HAVE INSURANCE. PHYSICAIN REFUSED TO COME IN.

ANSWER 12: Chapter 395.1041, Florida Statutes, (Access to emergency services and care) applies to patients that present at a hospital's emergency department as well as inpatients of a hospital. Section 395.1041(3)(f), FS, is very clear in that is states, "In no event shall the provision of emergency services and care,..... be based upon, or affected by, the person's race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient." For reference, 395.002(10), FS, defines "Emergency services and care" as "medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the service capability of the facility."

If this was an emergency situation, the physician had an obligation to evaluate and treat the patient.

13. CAN A “VOLUNTEER” BE THE MEMBER ON THE PATIENT SAFETY COMMITTEE SINCE HE/SHE IS NOT EMPLOYED? DO THEY PRACTICE AT THE FACILITY?

ANSWER 13: Yes. A volunteer may serve and meets the definition.

14. DOES THE REQUIREMENT THAT A MEMBER OF THE PATIENT SAFETY COMMITTEE NOT BE EMPLOYED BY NOR PRACTICING IN THE FACILITY PRECLUDE CORPORATE STAFF & SOMEONE NOT LIVING IN THE COMMUNITY FROM SERVING? A GOVERNING BOARD MEMBER?

ANSWER 14: No. This member can be a corporate representative, a governing board member, or a volunteer in the community, as long as they are not directly employed by the facility, nor paid for their participation on the committee. Likewise they cannot be practicing in the facility

15. IS IT ACCEPTABLE FOR A HOSPITAL WITH A PSYCHIATRIC UNIT TO CALL IN LAW ENFORCEMENT OFFICERS TO HELP MANAGE BEHAVIORS OF AN ORDINARY PSYCHIATRIC PATIENT? AND USE A TASER TO THREATEN THE PATIENT INTO SUBMISSION? THE LAW ENFORCEMENT OFFICE HAS THIS “NON-LETHAL” WEAPON (TASER) ON HIS PERSON IN THE PRESENCE OF OTHER PATIENTS. THERE HAVE BEEN SEVERAL REPORTED DEATHS RELATED TO TASER USE, PARTICULARLY IN PEOPLE WITH CARDIAC CONDITIONS AND SUBSTANCE ABUSE. ISN'T THE HOSPITAL STAFF SUPPOSED TO BE TRAINED TO DEAL WITH PSYCHIATRIC PATIENTS WITH NON-VIOLENT BEHAVIORS WITHOUT HAVING TO USE LAW ENFORCEMENT OFFICERS?

ANSWER 15: A hospital may contact law enforcement in an appropriate situation. The facility may not utilize law enforcement as part of its plan to manage patient behaviors. The facility must have adequately trained staff to meet the needs, including the behavioral management needs, of its patients

16. ARE THE SURVEYORS SUPPOSED TO SHARE THE RESPONSIBILITY OF REVIEWING MEDICAL RECORDS? REVIEWING CARE? PATIENT RIGHTS? PHYSICAL PLANT OR UNITS? OFTEN THE REVIEW IS NOT INTEGRATED. FOR EXAMPLE: NOT ALL SURVEYORS LOOK FOR ALL THE REQUIREMENTS THEY ARE SUPPOSED TO UNDER THE PATIENT RIGHTS REGULATIONS.

ANSWER 16: Yes. In a full hospital survey the assignments of surveyors are usually by each Condition of Participation (COP). Some COPs require reviewing records on most hospital units. This task will also be distributed among the surveyors. Regardless, the COP is to be reviewed completely if it is ordered by CMS.

17. A SMALL HOSPITAL REPORTED SEVERAL HOSPITALS IN A FLORIDA CITY FOR REFUSING A NEUROLOGICAL PATIENT. AT THE FIRST HOSPITAL THERE WAS NEUROLOGICAL SERVICE BUT THE NEUROLOGIST WAS SWAMPED AT THE TIME. THE PATIENT WAS REFUSED. IS THIS A VIOLATION?

ANSWER 17: Likely based on the limited facts presented if the patient went to the first hospital and a request was made on the patient's behalf. The first hospital has the responsibility to provide screening and stabilizing treatment within their capability and capacity.

18. PLEASE CLARIFY THE REQUIREMENT (RESTRAINTS A0847) FOR EDUCATION OF STAFF IN THE USE OF FIRST AID AND CPR CERTIFICATION. ARE FIRST AID EDUCATION COURSES OF 4-8 HOURS REQUIRED? OR CAN THE HOSPITAL DEVELOP KEY POINTS AS APPRIOPRIATE AND INCLUDE THEM IN THE EDUCATION AND TRAINING?

ANSWER 18: Staff must be certified in CPR. Regulation A0206 states the hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.

19. RESTRAINT EDUCATION: IS THERE A NECESSITY OF HAVING OUTSIDE EDUCATION FOR STAFF REGARDING MANAGING, DIFFUSING, AGGRESSIVE PATIENT BEHAVIOR?

ANSWER 19: No. However regulation A0207 states individuals providing staff training must be qualified as evidence by education, training, and experience in techniques used to address patients' behaviors.

20. GRIEVAVANCES AND COMPLAINTS: WE HAVE MAINTAINED A LOG OF GRIEVANCES. THE ISSUE NOW IS COMPLAINTS. MOST COMPLAINTS ARE DEALT WITH AT THE UNIT LEVEL AND ARE ELEVATED TO THE RISK MANAGER ONLY IF UNRESOLVED OR CONSIDERED HIGH RISK. DO WE NEED TO MAINTAIN A LOG OF ALL COMPLAINTS REGARDING QUALITY OF CARE OR ONLY THOSE REFERRED TO RISK MANAGEMENT?

ANSWER 20: Surveyors cannot perform an analysis concerning patient care and quality of medical services if all the grievances are not documented as required by law, R0002 (Florida Statute 395.0197(c)) “. . . the analysis of patient grievances that relate to patient care and the quality of medical services.”

21. WHAT IS THE STATE DEFINITION OF “PEDIATRICS” IN A HOSPITAL SETTING? (UP TO WHAT AGE?)

ANSWER 21: There are few specific definitions of "child" or “pediatric” and there are no consistent definitions across the few programs that do have a definition of "child" or “pediatric”.

"Children" or “pediatrics” is not defined in the hospital licensure regulations.

The Code of Federal Regulations (42 CFR 412.23(d) (2)) defines a children's hospital as follows:

A **children's hospital** must-- (1) Have a provider agreement under part 489 of this chapter to participate as a **hospital**; and (2) Be engaged in furnishing services to inpatients who are predominantly individuals under the age of 18.

Medicaid considers a child to be under the age of 21.

Under the Certificate of Need rules for inpatient psychiatric services we define a child as a person under the age of 14 and an adolescent as a person age 14 through 17; for open heart surgery or organ transplant services we define a pediatric patient as under the age of 15.

22. UNDER THE NEW RESTRAINT REGULATIONS, WHO IS ALLOWED TO PERFORM THE “WITHIN 1 HOUR” FACE-TO-FACE? CAN A R.N.? WHAT SPECIFIC TRAINING WOULD BE REQUIRED? DOES THE R.N. HAVE TO BE A REGISTERED PSYCHAITRIC NURSE?

ANSWER 22: The regulation at A0178 states “. . . the patient must be seen face-to-face within 1 hour after the initiation of the intervention by a physician or other licensed independent practitioner, or registered nurse or physician assistant who has been trained in accordance with the requirements specified in paragraph (f) of this section. See Florida Statutes 458.347 for Physician Assistant and FS 464.012 for ARNP

23. PERTAINING TO R-0020, DEFINE “MEMBER OF THE FACILITY’S PERSONNEL.”
DOES THIS INCLUDE PHYSICIANS? (NOT ON STAFF AT THE HOSPITAL.)

ANSWER 23: Yes. Allegations of physician misconduct must be reported to and investigated by the risk manager.

24. REGARDING SEXUAL MISCONDUCT REGULATIONS: ARE INCIDENTS ONLY REPORTABLE WHEN A PATIENT IS INVOLVED? WHEN THE INCIDENT INVOLVES A HEALTHCARE PROVIDER AGAINST HEALTHCARE PROVIDER? IS IT REPORTABLE OR NOT TO AHCA? IS A REPORT REQUIRED TO LICENSING AGENCY OR DOES AHCA SHARE? SHOULD IT BE REPORTED TO THE LICENSING AGENCY OR POLICE OR WAIT UNTIL THE ALLEGATION IS CONFIRMED? OR IF NOT CONFIRMED?

ANSWER 24: Florida Statute 395.0197(9) (10) references vulnerable adult/minor. “For the purposes of this subsection, “sexual abuse” means the act of a sexual nature committed for the sexual gratification of anyone upon, or in the presence of, a vulnerable adult, without the vulnerable adult’s informed consent, or a minor. Regulatory provisions of law do not affect any individual or entity as to the duty to report criminal activity. A party required to report must separately report an incident to each appropriate agency or authority.

25. (A) WHO UNDER STATE LAW OTHER THAN A LICENSED INDEPENDENT PRACTITIONER (LIP) CAN ORDER A RESTRAINT? PA, ARNP OTHER? CAN LIP/PHYSICIAN DELEGATE AUTHORITY TO ORDER RESTRAINT?
(B) IN THE NEW COP ON PATIENTS RIGHTS IS THERE A DIFFERENCE BETWEEN THE REQUIREMENTS FOR VIOLENT & SELF-DESTRUCTIVE BEHAVIOR & “MEDICAL RESTRAINTS”?

ANSWER 25(A): Yes. Regulation A0168 states “The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient . . . and authorized to order restraint or seclusion by hospital policy in accordance with State law.”

Florida Statute 458.347 – (1)(b) “. . . a physician assistant shall be specialized to the extent that he or she can operate efficiently and effectively in the specialty areas in which he or she has been trained or is experienced.” Also see

FS 458.347(4) (e) for prescribing medication and 458.347(1) (f) for services “. . . is licensed to perform medical services delegated by the supervising physician.”

Florida Statute 464.012(1) (a) (3) “. . . shall maintain supervision for directing the specific course of medical treatment.” FS 464.012(4) (c) “The nurse practitioner may perform any and all acts within the framework of the established protocol:

. . . 5. establish behavioral problems and diagnosis and make treatment recommendations.”

Who under State law other than LIP can order a restraint? See Answer 22.

Can LIP/Physician delegate authority to order restraint? See Answer 22.

ANSWER 25(B): Yes. Regulation A0160 states “A restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes the ability of a patient or move his or her arms, legs, body, or head freely.” Regulation A0161 states “A

restraint does not include devices, such as orthopedic prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm.”

26. REGARDING R0021: DOES A FAMILY MEMBER QUALIFY AS THE SECOND PERSON TO MEET THE REQUIREMENTS? THE REGULATION DOES NOT INDICATE THE SECOND PERSON MUST BE LICENSED.

Please note that the requirement that two persons be in the recovery room under specified situations is recited in law as part and parcel of the requirement that a facility maintain an internal risk management program. Section 395.0197(1)2, Florida Statutes. Although the statutes and rules do not expressly prohibit a patient’s family member from being the “second person,” consideration must be given to the licensee’s policy and procedure on this subject. As a facility cannot exercise dominion or control over persons who are not under its employ or direction, reliance on third parties to assume this function—such as the family members of patients—may evidence a failure in the establishment or implementation of the risk management policy and procedure in regards to this statutory mandate...Inclusive of such concerns are the mandates of a facility to assure patient privacy and minimum qualifications of persons fulfilling roles for which the facility is responsible.

27. PLEASE CLARIFY THE CURRENT TREND WHERE THERE HAVE BEEN CITATIONS RELATED TO FAILURE TO STAFF HOSPITALS WITH A STAFFING PLAN TO ENSURE NURSING SERVICES WERE ADEQUATE TO MEET PATIENT NEEDS. EXAMPLE: STAFFING WAS CITED AS REASON PATIENTS WERE NOT BATHED.

ANSWER 27: Since there are no established nursing staffing ratios, the surveyor reviews the staffing plan during the period when the alleged lack of care occurred. Interviews of patients and families regarding the provision of care are conducted and the review of available documentation is utilized to ascertain the adequacy of nursing staff to provide care/services.

28. HISTORY & PHYSICALS (H&P): CAN THE HOSPITAL DEFINE THE PARAMETERS OF H&P ESPECIALLY FOR SURGERY & BE ABBREVIATED FROM INPATIENT H&P AS LONG AS IT IS IN REQUIRED TIME FRAMES?

ANSWER 28: The CFR 482.5(b) states “complete history and physical”. The medical staff by-laws approved by the governing body would determine this.

29. VERBAL ORDERS: WHAT IS THE STATUS IF A VERBAL ORDER IS WRITTEN & PATIENT IS DISCHARGED BEFORE THE PHYSICIAN CAN AUTHENTICATE VERBAL ORDERS?

ANSWER 29: The hospital must ensure that verbal orders are authenticated within 48 hours. CFR 483.24(c) (1) (iii)

30. DID CMS CHANGE THE POLICY THAT PROCEDURES REVIEWED & REVISION EVERY 3 YEARS? OR JUST CERTAIN DEPARTMENTS HAVE REVIEWS EVERY YEAR?

ANSWER 30: The state law for Nursing Services requires annual review and revision as necessary.

31. MAY WE REPORT RESTRAINT RELATED DEATH VIA EMAIL RATHER THAN BY PHONE? THERE IS NO REFERENCE TO COMPLETION OF THE FORM IN THE REGULATIONS. IS THE FORM REQUIRED ON PATIENT IN RESTRAINT & PATIENT IN RESTRAINTS DURING THE LAST 24 HOURS OR IS THE FORM ONLY REQUIRED IF THE DEATH IS ASSOCIATED WITH THE USE OF RESTRAINT?

ANSWER 31: No, an email is not to take the place of an initial telephone report. The Code of Federal Regulations (CFR) 482.13 (g) requires hospitals to report:

- Each death that occurs while a patient is in seclusion or restraint.
- Each death that occurs within 24 hours after the patient has been removed from seclusion or restraint.
- Each death known to the hospital that occurs within 1 week after seclusion of restraint use where it is reasonable to assume that it contributed directly or indirectly to a patient's death.

Hospitals may not delay reporting for further investigation. The regulations further state that "Each death must be reported to the Centers for Medicare & Medicaid Services (CMS) by telephone no later than the close of business the next business day following knowledge of the patient's death." Reporting of death in restraint/seclusion to the State of Florida, Agency for Health Care Administration **will not** meet the facility mandated reporting to CMS.

The CMS contact person for Florida is Joe Ann Hollingsworth. You may contact her at 404-562-7435. Staff of CMS may instruct your facility to submit additional information in order to complete the "Hospital Restraint/Seclusion Death Report Worksheet," (Sections A, B, C, D, pages 1 and 2). ". The worksheet is also available on the Agency's hospital licensure website at http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/hospital.shtml

32. REGARDING R0020 SEXUAL MISCONDUCT: IS IT REQUIRED THAT THE FACILITY NOTIFY CHILDREN & FAMILY SERVICES AND ADULT PROTECTIVE SERVICES?

ANSWER 32: The facility is required to report all allegations by calling the Abuse Hotline at 1-800-962-2873. Adult Protective Services is a part of the Department of Children and Families.

33. CAN THE AHCA TEAM SHARE WITH THE HOSPITAL THE REASON FOR A COMPLAINT INVESTIGATION AT THE ENTRANCE CONFERENCE? NOT KNOWING THE ALLEGATION/FOCUS OF THE REVIEW CREATES A LOT OF ANGST AND POTENTIAL MISCOMMUNICATION.

ANSWER 33: To maintain the confidentiality of the complainant and to maintain the focus on facility compliance, the surveyor should state the general area and Condition of Participation of concern during the Entrance Conference. This also establishes that the surveyor will be reviewing system(s) surrounding the possible allegation/incident.

34. IS THERE A SURVEY PROTOCOL FOR THE ENTRANCE AND EXIT CONFERENCES AHCA CAN SHARE WITH HOSPITALS?

ANSWER 34: The list of the required documents for the entrance conference is available on the AHCA website at:

\\cldm3\Protocols\Files\Hospital_Entrance_Conference_Materials.doc

The exit conference protocol is available on the AHCA website at:

http://ahca.myflorida.com/MCHQ/Field_Ops/Protocols/General/Files/Survey_Revision_Protocol.pdf

35. ARE CMS “SURVEY & CERTIFICATION GROUP” MEMOS AVAILABLE TO HOSPITALS? IF YES, WHERE ARE THEY POSTED?

ANSWER 35: The Survey & Certification Group Memos are available on the CMS website at: <http://www.cms.gov/SurveyCertificationGenInfo/PMSR/>

36. HOW MANY OR WHAT WILL TRIGGER “STANDARD LEVEL DEFICIENCIES” TO BECOME “CONDITION LEVEL DEFICIENCIES”?

ANSWER 36: There is no established formula. One standard out of compliance (considering the severity or magnitude) may lead to condition level deficiencies. The condition level deficiency usually represents a system(s) not functioning to meet compliance. The CMS requires hospitals to be in compliance with all Conditions of Participation.

37. HOW CAN HOSPITALS LEARN WHEN THE CMS INTERPRETIVE GUIDELINES ARE UPDATED? WHERE ARE THEY POSTED?

ANSWER 37: Quarterly provider updates are available on the CMS website at: http://www.cms.gov/QuarterlyProviderUpdates/01_Overview.asp

38. CAN THE PRESENTERS GIVE ANY MORE DETAIL ON SPECIFIC REASONS MOST FREQUENTLY CITED TAGS FELL OUT OF COMPLIANCE?

ANSWER 38: Nursing Services Standards are more frequently cited due to the basic impact of care provided to all patients. The ability to assess, plan, implement or evaluate change of condition by nursing personnel is reviewed on every floor/unit during a hospital survey.

39. CAN A NURSE WITH CORPORATE RESPONSIBILITIES WHO RESIDES IN A DIFFERENT STATE SERVE AS THE 'COMMUNITY' MEMBER ON THE PATIENT SAFETY COMMITTEE OF AN AMBULATORY SURGICAL CENTER?

ANSWER 39: The member would need to be able to function in accordance with the purpose of the committee.

40. DOES THE PATIENT SAFETY OFFICER HAVE TO PARTICIPATE ON-SITE IN THE PATIENT SAFETY COMMITTEE MEETING?

ANSWER 40: The regulation is not specific to on-site safety committee meeting attendance, however; the effectiveness of the Patient Safety Plan, Patient Safety Committee functioning, and Patient Safety outcomes should be considered.