



Welcome to this edition of *Hospital Happenings*, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. *Hospital Happenings* is designed to help hospitals stay up-to-date on various issues. Please share with your staff.

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MOST COMMONLY CITED DEFICIENCIES

Following is a breakdown of the most common deficiencies cited in the North Dakota Hospital program from Oct.1, 2014 through Sept. 30, 2015.

FEDERAL HEALTH DEFICIENCIES CRITICAL ACCESS HOSPITAL (CAH)

C0278 – PATIENT CARE POLICIES – INFECTION CONTROL PROGRAM

The CAH must have a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.

C0276 – PATIENT CARE POLICIES – DRUGS AND BIOLOGICALS

The CAH must have rules for the storage, handling, dispensation and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.

C0241 – GOVERNING BODY OR RESPONSIBLE INDIVIDUAL

The CAH has a governing body that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH’s total operation and for ensuring that those policies are administered so as to provide quality care in a safe environment.

C0337– QUALITY ASSURANCE

The CAH must ensure all patient care services and other services affecting patient health and safety are evaluated.

C0294 – NURSING SERVICES

Nursing services must meet the needs of patients.

FEDERAL LIFE SAFETY CODE DEFICIENCIES CAH

K0130—MISCELLANEOUS

Emergency lighting, transfer switches, and fire dampers must be tested and maintained. Alcohol-based hand-rub solutions must be properly located. Exit and directional signs must be visible from any direction of exit access and continuously illuminated. Portable fire extinguishers must be located within 75 feet of travel from any location in the building; they must be the appropriate type for the area; the fire extinguishers must be tested and maintained.

K0029—HAZARDOUS AREAS

Hazardous areas must be protected. The areas must be enclosed with one hour fire-rated barriers and three-quarter hour fire-rated doors or protected with sprinklers. Doors to hazardous areas must be equipped with self-closing/automatic latching hardware.

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K0144—ELECTRICAL WIRING AND ELECTRICAL EQUIPMENT

A remote manual stop for the generator must be provided. The generator must be tested at established frequencies. Emergency lighting must be tested. Generator batteries must be checked weekly.

K0052—MANUAL FIRE ALARM SYSTEM

The fire alarm system must be maintained, tested and inspected. Fire alarm system batteries must be load tested semiannually.

K0062—MAINTENANCE OF AUTOMATIC FIRE SPRINKLER SYSTEMS

Automatic sprinkler systems must be maintained, inspected and tested periodically to ensure reliable operating condition. The backflow preventer must be tested annually. Sprinkler system gauges must be replaced or calibrated every five years.

K0056—INSTALLATION OF AUTOMATIC FIRE SPRINKLER SYSTEMS

All portions of the building must be adequately covered by the automatic fire sprinkler system.

K0038—MEANS OF EGRESS

Door locking hardware must comply with delayed-egress hardware requirements. Doors swinging into the corridor cannot project more than seven inches from the wall when fully open.

NEW SURVEY AND CERTIFICATION LETTERS

The Centers for Medicare and Medicaid Services (CMS) transmits memoranda, guidance, clarifications and instructions to state survey agencies and CMS regional offices through use of survey and certification (S&C) letters. Below is a list of the new S&C letters affecting hospitals since Dec. 2013. The S&C letters are available at: www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage.

S&C 14-06 Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Conflicting Payor Requirements or Collection Practices. 12/13/2013.

S&C 14-07 Hospital Equipment Maintenance Requirements. 12/20/2013.

S&C 14-12 Survey and Certification Emergency Preparedness Checklist Revision. 02/28/2014.

S&C 14-15 Requirements for Hospital Medication Administration, Particularly Intravenous (IV) Medications and Post-Operative Care of Patients Receiving IV Opioids. 3/14/2014.

S&C 14-24 State Operations Manual Chapters 1, 2, and 3 Selected Updates. 05/02/2014.

S&C 14-26 Long-term Care Hospital Moratorium Preliminary Instructions. 05/09/2014.

S&C 14-27 Hospital Restraint/Seclusion Deaths to be Reported Using the CMS Form-10455, Report of a Hospital Death Associated with Restraint or Seclusion. 05/09/2014.

S&C 14-31 Provision of Electronic Health Record Navigators during Hospital and Critical Access Hospital Surveys. 05/06/2014.

S&C 14-33 Final Rule—Promoting Program Efficiency, Transparency, and Burden Reduction. 05/20/2014.

S&C 14-35 Update of State Operations Manual Chapter 5, Triaging Complaints and Referral of Complainants to Accrediting Organizations. 05/20/2014.

S&C 14-36 Infection Control Breaches which Warrant Referral to Public Health Authorities. 05/30/2014.



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- S&C 14-41** Critical Access Hospital Equipment Maintenance Requirements. 08/08/2014.
- S&C 14-44** Change in Terminology and Update of Survey and Certification Memorandum 09-55 Regarding Immediate Use Steam Sterilization in Surgical Settings. 08/29/2014.
- S&C 14-45** Revised Guidance Related to New and Revised Hospital Governing Body and Medical Staff Regulations. 09/15/2014.
- S&C 14-46** Categorical Waiver for PowerStrips Use in Patient Care Areas. 09/26/2014.
- S&C 15-02** Information for Hospitals and Critical Access Hospitals Concerning Possible Ebola Virus Disease. 10/10/2014.
- S&C 15-03** Implementing the New Moratorium on Establishment of New Long-Term Care Hospitals (LTCH) or New LTCH Satellites, or Increases in LTCH Beds. 10/10/2014.
- S&C 15-10** EMTALA Requirements and Implications Related to Ebola Virus Disease. 11/24/2014.
- S&C 15-12** Public Release of Three Hospital Surveyor Worksheets. 11/26/2014.
- S&C 15-13** Clarification of Terms Implicating the Spousal Relationships in Regulations and Guidance for Medicare and Medicaid Certified Providers and Suppliers. 12/12/2014.
- S&C 15-19** Revised State Operations Manual Appendix W, Critical Access Hospitals. 01/16/2015.
- S&C 15-22** Revised Guidance Related to New and Revised Regulations for Hospitals, Ambulatory Surgical Centers, Rural Health Clinics, and Federally Qualified Health Centers. 01/30/2015.
- S&C 15-24** EMTALA and Ebola Virus Disease – Questions and Answers. 02/13/2015.
- S&C 15-27** Potential Adverse Impact of Lower Relative Humidity in Operating Rooms. 02/20/2015.
- S&C 15-30** Administrative Changes for two CMS Approved Accrediting Organizations. 02/27/2015.
- S&C 15-32** Alert Related to Outbreaks of Carbapenem-Resistant Enterobacteriaceae (CRE) during gastrointestinal endoscopy, particularly endoscopic retrograde cholangiopancreatography (ERCP). 04/03/2015.
- S&C 15-36** New Instructions for Providers Filing an Appeal with the Departmental Appeals Board. 04/24/2015.
- S&C 15-38** Revised Hospital Radiologic and Nuclear Medicine Services Interpretive Guidelines – State Operations Manual Appendix A. 05/15/2015.
- S&C 15-45** Clarification of Critical Access Hospital Rural Status, Location and Distance Requirements. 06/26/2015.
- S&C 16-01** Revised Hospital Guidance for Pharmaceutical Services and Expanded Guidance Related to Compounding of Medications. 10/30/2015.

MALIGNANT HYPOTHERMIA MEDICATION by Joann O'Hare

Hospitals are required to maintain medication in accordance with accepted professional principles. This includes medication for treatment of malignant hypothermia (MH).

The website of the Malignant Hyperthermia, 2015 Association of the United States (MHAUS) states, “*WHO SHOULD STOCK DANTROLENE AND HOW MUCH? All facilities, including ambulatory surgery centers and offices, where MH triggering anesthetics (isflurane, desflurane, enflurane, sevoflurane, methoxyflurane, halothane and succinylcholine) are administered, should stock a minimum of 36 vials of dantrolene. . . . *ARE THERE ANY ADVANTAGES IN SHARING A SUPPLY OF DANTROLENE? No. Minutes count in an MH emergency. The Professional Advisory Council of MHAUS strongly recommends that an adequate supply of dantrolene be available wherever general anesthesia is administered. Responsibility for treatment rests with the facility where the surgery is performed. Sharing is not a good alternative.”

The 2012 Intravenous Medications: A Handbook for Nurses and Health Professionals, 28th Edition states,



“ . . . **emergency dose:** 1 milligram/kilogram (mg/kg) of body weight as an initial dose. Repeat as necessary until symptoms subside or a cumulative dose of 10 mg/kg is reached. Entire regimen may be repeated if symptoms reappear. Dose required depends on degree of susceptibility to malignant hyperthermia, length of time of exposure to triggering agent, and time lapse between onset of crisis and beginning of treatment . . . **RATE OF ADMINISTRATION:** . . . **emergency dose:** Each single dose should be given by rapid continuous IV push. Follow immediately with subsequent doses as indicated. **Follow-up dose:** Each single dose over 2 to 3 minutes. . . .”

The MHAUS 2008 article titled “Past, Present and Future of Dantrolene” by Dr. Henry Rosenberg MD, CPE states, “ . . . However, intravenous dantrolene is a difficult drug to get into solution. The compound comes as a freeze dried powder to which sterile water must be added. Furthermore, the drug is packaged in

20 mg vials only. For the average person, at least nine vials must be reconstituted and injected. P&G and their advisors then felt that in order to make sure an adequate amount of the drug was available for treatment of MH, 36 vials should be purchased, no less. This created problems for some . . . However, no one could deny that without dantrolene the likelihood of dying from MH was over 50%, but with its use, less than 5%. So, the company and MHAUS, which was created in 1981, began to urge that all hospitals, ambulatory centers and office surgery suites using the MH trigger agents have a full supply of dantrolene available. There must be thousands of patients whose lives were saved by this drug over the years. . . .”

Each vial of dantrolene delivers 20 mg after reconstituted with 60 milliliters of sterile water without a bacteriostatic agent. If a 70 kg (154 pound) person develops MH, the initial dose would be 70 mg or 3.5 vials of dantrolene. If the dantrolene were administered every five minutes, 21 vials of dantrolene would be required in the first 30 minutes. Since patient weight and severity of the MH varies, the dosage could be more or less.

Hospitals are required to have the appropriate dosage available at their facility.





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ACCESS TO EMR

Existing requirements allow The Centers for Medicare and Medicaid Services (CMS) and others authorized by law to have access to facility records, whether paper or electronic. Refusing access to any records is a basis for termination of the facility's Medicare agreement. The facility should ensure the data are backed-up and secure and access does not impede the survey and certification process. Whenever possible, the facility must provide surveyors electronic access to records in a read-only format or other secure format to avoid any inadvertent changes to the record. Facilities are expected to provide the necessary assistance to enable surveyors to review these records. If requested by the survey staff, the facility may assign "navigators" who have sufficient system access

permissions to retrieve complete medical records.

For additional information, please refer to the following CMS Survey and Certification (S&C) letters:

S&C 09-53 Surveying Facilities That Use Electronic Health Records https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCLetter09_53.pdf

S&C 14-31 Provision of Electronic Health Records Navigators during Hospital and Critical Access Hospital Surveys [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Survey-and-Cert-Letter-14-31.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-31.pdf)

Nurse Aide Registry Reminders By Cindy Kupfer

- Before any nurse aide initial applications are sent in, please check the following link: <https://www.ndhealth.gov/hf/registry/inquiry-search.aspx>, to make sure the person is not already on the North Dakota Nurse Aide Registry as a nurse aide (NA) or a certified nurse aide (CNA).
- When renewing a nurse aide and medication assistant, make sure the correct application is sent in with the correct dollar amount. (\$25.00 for nurse aide) (\$25.00 for the medication assistant)
- According to the North Dakota Administrative Code, at NDAC 33-43, a *medication assistant is an individual who is registered on the nurse aide registry as either a certified nurse aide or a nurse aide*. The registrant's medication assistant training is not recognized until they have completed the nurse aide training and successfully achieved active status on the nurse aide registry. Enrollment into an approved medication assistant training program should be only after active status as a nurse aide or certified nurse aide has been achieved.
- Review all initial and renewal applications to make sure *all* information is completed, including the initial hire date, and all competency dates, and all signatures are dated, and to make sure the entire application is readable.
- A registrant is allowed four months to complete the nurse aide competencies; however, included in the four month period is the time needed for the application process, which can take up to two weeks.
- The expiration date for nurse aides and/or medication aides is every other *Sept. 30th*. A renewal reminder card is sent out approximately 60 days before that expiration date. If a registrant has had a change of address, and has not updated the registry, the reminder card will not reach them. You can use the following link to change/update your address at any time during the year: <https://www.ndhealth.gov/hf/registry/address-search.aspx>
- Remember when renewing online for nurse aide, medication assistant, or home health aide the fee is \$25.00 for each and the online system will accept VISA, MasterCard, and Discover. The system will not accept any debit cards.



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