HOSPITAL HAPPENINGS

NORTH DAKOTA DEPARTMENT of HEALTH

Spring 2016

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.

Inside this issue

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 Nov. 2015. The S&C letters are available at: www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage.

S&C 16-05 Infection Control Pilot Project. 12/23/2015.

S&C 16-06 Medicare Learning Network Infection Control Courses. 01/22/2016.

S&C 16-07 FY 2015 Report to Congress: Review of Medicare's Program Oversight of Accrediting Organizations and the Clinical Laboratory Improvement Amendments of 1988 Validation Program. 01/29/2016.

S&C 16-08 Critical Access Hospital Recertification Checklist for Evaluation of Compliance with the Location and Distance Requirements. 02/12/2016.

PRN Medications and Patient Assessment

(By Shauna Crane)

One of the most common deficiencies cited during a Critical Access Hospital survey regarding "nursing services" is the standard at C-294. The regulation at 42 CFR 485.635(d) states that nursing services must meet the needs of patients. The deficient practice found in meeting the needs of the patients is the failure of staff to perform and/or document an assessment after the administration of medications on an as needed or prn basis.

Reassessment of the patient's response to a treatment (administration of prn medications) is a standard of practice and is paramount in determining whether the care being provided is meeting the patient's needs. The nurse acts as a patient advocate who offers and provides interventions in relation to the patient's needs. Performing a reassessment in a timely manner (depending on expected time of action) to assess for the efficacy of the interventions or treatment is an important part of the nursing process.

Disease 101 Conference

The North Dakota Division of Disease Control held a two day Disease 101 Conference via WebEx on Dec. 3-4, 2015. The recorded presentations and their accompanying slides are now available at http://www.ndhealth.gov/disease/Conference/Default.htm on the left hand side under **Current Issues**. CEUs will be available for one year from the presentation date. Please share this information with anyone you feel can benefit from the information and CEUs. Twelve CEUs for nursing and a number of PACE credits for laboratory are available.

FREQUENTLY ASKED QUESTION

What are the federal requirements for MD/DO review of Nurse Practitioner (NP) and Physician Assistant (PA) medical records in a Critical Access Hospital (CAH)?

The answer to this question can be found at 42 CFR 485.631(b)(1) or C-0260. This regulation states:

"[The doctor of medicine or osteopathy-]

(iv) Periodically reviews and signs the records of all inpatients cared for by nurse practitioners, clinical nurse specialists, or physician assistants.

(v) Periodically reviews and signs a sample of outpatient records of patients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants only to the extent required under State law where State law requires record reviews or co-signatures, or both, by a collaborating physician.

According to the Interpretive Guidelines, all *inpatient* records for patients whose treatment is/was managed by a nonphysician practitioner, such as a NP, PA, or clinical nurse specialist, must be reviewed periodically by a CAH doctor of medicine (MD)/doctor of osteopathy (DO) who must sign the records after the review has been completed. The MD/DO review is expected to cover all applicable inpatient records open at the time of the review, as well as all applicable inpatient records closed since the last review. In the case of inpatients whose care is/was managed by an MD/DO, as evidenced by an admission order, progress notes, and/or medical orders, etc., but who also receive services from a non-physician practitioner, a subsequent MD/DO review of the inpatient record is not required.

For *outpatients* in CAHs in North Dakota, where no physician record review or co-signature is required for patients managed by a non-physician practitioner, an MD/DO is not required to review or sign *outpatient* records of such patients.

No particular timeframe is identified for "periodic" review, but the CAH must specify a maximum interval between inpatient record reviews in its policies and procedures. The CAH must follow their bylaws, policies, and procedures for review of inpatient and outpatient reviews. The CAH is expected to consider the volume and types of services it offers in developing its policy. There is no regulatory requirement for the review of records to be performed on site and in person. If the CAH has electronic medical records that can be accessed and digitally signed remotely by the MD/DO, this method of review is acceptable. We also recommend the CAH contact the fiscal intermediary or Medicare Administrative Contractor for payment implications.

The Licensing Rules for Hospitals in North Dakota at 33-07-01.1-09 (2)(d)(2) for hospitals licensed as primary care require, "Whenever a patient is admitted to the hospital by a physician assistant, the physician assistant's supervising physician must be notified of that fact, by phone or otherwise, within four hours after the admission and a written notation of that consultation and of the physician's approval or disapproval must be placed in the patient's medical record.

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