## CMS EDUCATIONAL OFFERING POC – March 2015

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| CMS Standard – Infection Control Program – Cleanliness of the Environment - Linen- | The risk of infection increases greatly if clean linen is exposed to the air and left uncovered for any period of time. The risk of infection is greatly increased if dirty linen is not handled properly. | Preventing infection is everyone’s responsibility  
Here are ways to ensure that linens are handled properly in any patient care area.  
- Linen par carts must be fully covered and zippered up at all times  
- Small carts that carry clean linen must be fully covered at all times (this means top and sides)  
- Dirty linen must be placed in approved linen bags (never in clear plastic)  
- Used linen bags must not be overfilled – if seams bulge and rip, germs are exposed to the air endangering workers.  
- All linen bags must be tied securely before placing down the linen chute  
- Always inspect supplies and equipment before use |
| CMS standard – Patient Rights: Notice of Rights - IMM form | Hospitals are required to deliver the Important Message from Medicare (IMM), to all Medicare patients who are hospital inpatients. The IMM informs hospitalized inpatients of their hospital discharge appeal rights. | Q – How can I know if a patient is a Medicare patient?  
A – This information is on the face sheet  
Q – Who gives the IMM form to Medicare inpatients?  
A – Registrars give the form to the patient at the point of admission (e.g. Admitting Office, ED). They give the patient a basic explanation of the form and obtain their signature. A signed copy is placed in the chart. An unsigned copy is given to the patient for his/her record. Case Managers up to 48 hours before discharge, must give the form again to the patient, obtain his/her signature and place the signed copy in the chart. In other words patients must receive and sign the form twice.  
Q – What is Nursing’s role?  
A – This is a critical CMS rule. Nurses must check the chart on admission and make sure the IMM form is there. If not, give the form to the patient, obtain signature, place in chart and notify your supervisor of the omission. As soon as you hear the patient will be discharged, call Case Management to make sure they give the form to the patient. If no Case Manager is in the building, give the form again to the patient, obtain signature and place form in chart. Leave a message for Case Management (ext 1277). |
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<td>CMS standard – Discharge planning process occurs early in the patient’s care (begins on admission)</td>
<td>Hospitals have the responsibility to make sure that patients have a safe discharge plan. High risk criteria are used to identify those patients who are likely to require special care post discharge. Social workers have the knowledge and skills to formulate a safe discharge plan but they can only do this if they are informed about a patient’s admission.</td>
<td>Social Work has updated their policy to include more factors that could present a challenge for safe discharges. The high risk criteria are all listed in Healthbridge. The RN must screen the patient for high risk criteria. If a patient meets any of the following criteria, the nurse <strong>MUST</strong> send a social work referral via Healthbridge within 24 hours of admission. New criteria are in red:</td>
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| CMS survey found there were important criteria that should trigger a social work referral that we were lacking. Timely **social work referrals** are an important part of a patient’s overall treatment plan | | • Over 70 years of age with Social Issues  
• **Readmission within the past 30 days**  
• Residing in nursing Home, shelter or homeless, adult home or assisted living  
• Previous or potential home care needs  
• Identified issues in coping with newly diagnosed acute or chronic conditions  
• New onset diabetes, cancer  
• ESRD, Human Immunodeficiency Virus (HIV),  
• Coronary Artery Bypass graft, Cerebral Vascular Accident  
• Multiple Sclerosis, Amyotrophic lateral sclerosis  
• Fractured hip/joint replacement  
• Transplant  
• **Blindness/deafness,**  
• Substance Abuse  
• Pregnant or Termination of pregnancy < 17 years old  
• Fetal demise  
• Maternal death, gestational age < 35 weeks  
• Patient with parent 17 years of age or younger  
• Patient or parent with positive drug test  
• Patient with parental history of Administration of Children’s Services  
• Pediatric patient over 25 weeks gestation with major health issues  
• Pediatric patient where there is concern for parent’s ability to care for child  
• Victim of child, elder, or sexual abuse  
• **Trauma/ motor vehicle accident**  
• Suspected victim of domestic violence  
• Subacute Rehabilitation  
• Hospice  
• Home Care Services  
• Other |
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<td>CMS standard – Medication management – Medication Error/ Adverse Drug reporting</td>
<td>Adverse Drug Reactions (ADRs) and medication errors place patients at considerable risk. Hospitals must have systems in place to respond to a patient in the event of an ADR or med error</td>
<td>PHA-39 (Adverse Drug Reaction Reporting) and PHA-4 (Response to Medication Errors), have been revised to clarify the policies and procedures for the classification of adverse drug reactions and medication errors. All cases of suspected ADR’s will be reviewed for medication errors. If a medication error was found to contribute to the event, the event will be reclassified as a medication error and an incident report generated.</td>
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<td>CMS standard – Infection Control Program - Infection Control: Isolation signs</td>
<td>CDC reports 99,000 people die each year from health care related infections. Unclear isolation signs or failure to post signs can jeopardize the health of patients and health care workers</td>
<td>As of 2/1/15 isolation signs have been updated. The isolation signs have been changed to a white background with black lettering. The current color coding – <strong>blue for airborne</strong>, <strong>green for droplet</strong>, and <strong>orange for contact</strong> have been maintained with a color border for the specific isolation category. In addition, the instructions for patients and visitors printed on the signs now include Spanish and Haitian Creole. Isolation signs should come to the patient care unit in the isolation cart. Call Infection Prevention if any are missing</td>
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| Food refrigerator temperatures, intact gaskets | Food spoilage can occur quickly if foods/liquids are not maintained at the proper temperature. Torn refrigerator gaskets prevent a refrigerator from cooling properly | **Here’s what we must do to maintain proper temperatures in the refrigerator:**  
• Every food refrigerator must have the temperature checked twice every day and documented on the temperature log.  
• Inspect the refrigerator each time you check the temperature to make sure gaskets are intact and not torn – document findings on the temperature log, If it is torn, call ext 1212 for replacement.  
• If a temperature is out range, document this on the temperature log and document the actions taken (notification of Facilities Dept ext 1212).  
• Make sure you use the correct temperature log form (it is dated 2/27/15) and has the column to check the door gasket |
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<td>CMS standard states that all hospital patients receive notice of their rights as hospital patients. During the CMS survey, it was observed that some patients had not received the Patient Rights Package upon admission.</td>
<td>In order for patients to receive the safest care possible, they must be able to participate in that care. Knowing one's rights as a hospital patient is an important part of that care.</td>
<td>All patients must receive a Patient Rights Package upon admission. It is the responsibility of registration staff in the Emergency Department and Patient Access/Admitting Office to give patients this package. It is important for nursing staff to check upon admission to the patient care unit that the patient has received the packet. If the patient does not have the package, notify the Patient Access Department – they will bring a package to the patient.</td>
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| CMS standard Patient Complaints – the patient and family have the right to have complaints viewed by the hospital. During the survey, it was found that several patient/family complaints had not been responded to in a timely manner. | Addressing complaints promptly and effectively helps to satisfy the needs of patients/families during a vulnerable time in their lives. It helps them to feel supported and in turn empowered and involved in their care which leads to safer, higher quality care. | The hospital has updated its patient complaint policy, “Patient Complaint Mechanism”-PTBR 3 to ensure that complaints, grievances, comments and suggestions from patients and their loved ones are handled competently and expeditiously, in order to protect patient rights and to optimize both patient satisfaction and quality of care. Here are the most important changes.  
- There is a difference between a complaint and a grievance  
  - **Complaint** – a request or concern that is resolved at the time of the complaint by the frontline or supervisory staff  
  - **Grievance** – a complaint that is not resolved at the time of the complaint by the frontline or supervisory staff. Complaints alleging abuse/neglect, Medicare billing issues, or where the patient/family feels they are not receiving safe, quality care must be handled as grievances  
    - A written complaint is always considered a grievance  
- **Every nurse who receives a complaint is responsible for attempting to resolve it at the time and place it occurs.**  
- If it cannot be resolved by the staff nurse, the nurse must notify the charge nurse, Nurse Manager, or supervisor  
- If the complaint is a grievance, it must be referred to Patient Relations as well as trying to resolve the issue(s) on the unit.  
- Staff must inform the patient that Patient Relations will contact the complainant the next work day.  
- Patient Relations will work with clinical staff and leadership to resolve the grievance.  
- Every effort must be made to resolve the grievance and provide the complainant with a written response in 7 days. |
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<td>CMS Standard Patient Rights: Care in a safe setting.</td>
<td>To optimize safe, quality care hospitals must have an effective process for responding to patients’ complaints and revising policies and procedures based on identified opportunities for improvement.</td>
<td>As of 2/27/15 the <strong>Prevention of Infant/Pediatric Abduction policy</strong> has been revised to include a statement saying that the policy does not apply to pediatric patients who are 18 years of age or older and are judged to have normal mental capacity, are parents, married or otherwise emancipated. In addition the policy has been revised to include a section on parental objection to transponders. In the rare event that a parent objects to the use of the transponder, the RN who is taking care of the patient is responsible to ensure either that • after education about the importance of transponders, if the parent agrees, the transponder is placed on the infant/child or • after education, if the patient does not agree, the nurse notifies Security and places the infant/child on 1:1 observation. • The RN activates the escalation chain of command (MD attending, charge nurse/Nurse manager/Supervisor/ Director of Nursing/ Deputy Director/ VP &amp; CNO). The Age Guidelines for NS42/NS43 have been updated and clarified as follows: • All patients under the age of 18 who are admitted to UHB should be admitted to NS42/43. The only general exception would be the vast majority of pregnant patients in that age range. • Patients who are 18 years old, up to age 21, may be admitted to NS42/NS43, but only with permission of the Chair of Pediatrics (or designee) or the Chief Medical Officer of UHB. Generally, these admissions should be patients who are not ambulatory and/or have special needs that are better provided by the Department of Pediatrics. • A security transponder is not required for patients who are 18 years old or older and are judged to have normal mental capacity. A security transponder is required for all patients under the age of 18. • No patient who has reached the 21st birthday is to be admitted to NS42/NS43.</td>
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| CMS Standard Patient Rights - The patient has the right to receive care in a safe setting. Our policies did not clearly address how we protect patients and handle occurrences of violence/abuse. | All persons at SUNYDMC have the right to be free from all acts of violence that could threaten their physical or mental well-being whether from staff, patients or visitors. SUNYDMC will ensure that all staff, patients, and visitors are free from all forms of abuse, neglect, or harassment. | There is a new policy, ADM-36, “Abuse/Violence in UHB Patient Care Areas and Premises”. The purpose of this policy is to describe the process for identifying, investigating, reporting, and caring for suspected victims of abuse or violence that occurs within our hospital. It is UHB’s responsibility to ensure a safe work and patient care environment. **DEFINITION:**  
• Violence/abuse for this policy is defined as including, but not necessarily limited to, behavior involving employees, visitors, physicians, or patients, which cause or threatens to cause harm to anyone. Threats, verbal harassment or sexual harassment, in addition to actual physical harm, are considered acts of violence. **POLICY:**  
• Education is provided during new employee orientation and through ongoing training for all employees including reporting requirements, prevention, intervention, and detection.  
• Any employee who mistreats a patient either verbally or physically will be subjected to appropriate disciplinary action.  
• Disciplinary action will be initiated against any employee who witnesses abuse of a patient and fails to promptly report the incident to their immediate supervisor. **PROCEDURE:**  
• Any employee may report behaviors or situations involving employees, visitors, physicians, or patients, which they believe to be threatening.  
• Any abuse must be immediately reported by the employee(s) that experienced or witnessed the incident to their immediate supervisor.  
• Reports of suspected abuse/violence must be reported to Senior Leadership, Security and Risk Management immediately. Security will serve as the liaison with law enforcement agencies as needed.  
• Incidents of abuse, or violence will be reported and analyzed with appropriate corrective, remedial, or disciplinary actions taken in accordance with applicable local, State, or Federal law. **MEDICAL MANAGEMENT:**  
• Employees, who are victims of violence, will be given medical and emotional treatment.  
• Employees, who have been the victims of violence will receive immediate physical evaluations, be removed from the worksite and treated for acute injuries. Additionally, referrals shall be made for appropriate evaluation, treatment, counseling and assistance both at the time of the incident and for any follow-up treatment necessary.  
• Patients who have been the victims of violence will be evaluated by the medical team and appropriate treatment and referrals instituted. (See RM -01, Incident Reporting) |
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