



January 31, 2007

Changes to Hospital Conditions of Participation – Final Rule

SYNOPSIS: The Centers for Medicare and Medicaid Services (CMS) has issued a final rule, effective January 26, 2007, that changes certain requirements of the Hospital Conditions of Participation (CoPs). The rule affects requirements for History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations.

However, where Illinois requirements are more stringent or more specific than the CoPs, Illinois hospitals must follow Illinois laws and regulations.

This **memo** summarizes the requirements under the new CoPs, Illinois law, and Joint Commission standards, and provides a “bottom line” description of the requirements for Illinois hospitals.

Please route this memo to Medical Staff and Nurse Executives and the Directors of Pharmacy, Anesthesia and Medical Records.

INTRODUCTION

Medicare Conditions of Participation (CoPs), Illinois law, and accrediting organization standards all have provisions relating to medical history and physical examinations, authentication of verbal orders, securing drugs and post-anesthesia evaluations. It is important to note that where Illinois requirements are more stringent or more specific than the Conditions of Participation, Illinois hospitals must follow Illinois laws and regulations. In addition, hospitals accredited by the American Osteopathic Association or the Joint Commission will want to comply with the pertinent accreditation standards. The following matrix summarizes the provisions of the CoPs, Illinois law and the Joint Commission (JCAHO) Standards on these four topics.

THE SUMMARIES THAT FOLLOW EACH SECTION OF THE MATRIX DESCRIBE THE REQUIREMENTS FOR ILLINOIS HOSPITALS.

**I. MEDICAL HISTORY AND PHYSICAL EXAMINATION
(42 CFR 482.22)**

PROVISION	CoP	ILLINOIS	JCAHO
When Must H&P Be Completed?	Medical staff bylaws must include: Up to 30 days before or 24 hrs. after admission, but before a surgical procedure H&P must be placed in the patient chart within 24 hours of admission.	While there is no specific requirement regarding an H&P at time of admission, IL law requires an H&P by a physician within 48 hours of surgery. (77 Ill. Adm. Code 250.1410)	Within 30 days before admission Within no more than 24 hrs. of inpatient admission (PC. 2.120)
Who Can Perform H&P?	Physician, oromaxillofacial surgeon or other qualified individual according to State law and hospital policy	Dentists & podiatrists if member of medical staff and approved by governing board and H&P is directly related or incident to dental or podiatrist service, operation, or surgery for which patient is being admitted (77 Ill. Adm. Code 250.320)	Licensed independent practitioners (Physicians, oral and maxillofacial surgeons, dentists, podiatrists, and some APRNs), PA and some APRNs if permitted by law, medical staff bylaws and the organization; individuals who are not licensed independent practitioners, under the supervision of, or thru appropriate delegation by a specific qualified physician... if allowed by state law, policy (MS.2.10)
When Must H&P Update Be Completed and Documented?	Update completed & documented in record within 24 hrs. after admission	Update not addressed in IL law	Update recorded at time of admission (P.C. 2.120)
Who May Perform H&P Update?	An individual who has been credentialed and privileged by the medical staff to conduct an H&P may do Update.	Update not addressed in IL law	A practitioner who has been granted privileges to do so performs the H&P and Updates. (M.S. 2.10)

MEDICAL HISTORY AND PHYSICAL EXAMINATION (H&P)

Note: Section A, below, lists the requirements for all Illinois hospitals. Where there are also pertinent Joint Commission standards, they are noted with an asterisk and explained in Section B.

MEDICAL HISTORY AND PHYSICAL EXAMINATION (H&P)

A. REQUIREMENTS FOR ALL ILLINOIS HOSPITALS:

1. The Pre-admission history and physical (H&P) must be performed by a physician, oromaxillofacial surgeon (or dentist or podiatrist as specified). The physician conducting the pre-admission history and physical could be a physician in the community who does not have hospital privileges, if your hospital policy and by-laws so allow.* (See Joint Commission requirement, below.) In addition, if your hospital policy allows the H&P to be performed by an advanced practice nurse or a physician assistant, then these practitioners may also perform the H&P.
2. H&P must be done within 30 days before or 24 hours after admission, with update completed and documented in record within 24 hours after admission.** (See Joint Commission requirement, below.)
3. H&P must be done within 48 hours prior to surgery.
4. The Update must be performed by an individual who has been credentialed and privileged by the medical staff to conduct an H&P.

B. IN ADDITION TO THE ABOVE REQUIREMENTS FOR ALL ILLINOIS HOSPITALS, JOINT COMMISSION-ACCREDITED HOSPITALS MUST COMPLY WITH THE FOLLOWING:

- *1. In Joint Commission-accredited hospitals, both the H&P and the Update must be performed by a practitioner who has been granted privileges to perform the H&P and Updates, or an individual delegated the authority to do so by a physician who remains accountable for the H&P.
- ** 2. In Joint Commission-accredited hospitals, the Update must be recorded at time of admission.

II. AUTHENTICATION OF VERBAL ORDERS (42 CFR 482.23, 24)

PROVISION	CoP	ILLINOIS	JCAHO
When Must Verbal Order Be Authenticated?	<p>Note: “verbal order” is used to encompass oral and telephone orders</p> <p>-----</p> <p>Within 48 hours, if no State law requirement designates a specific timeframe</p>	<p>(1) before medical staff member or house staff member leaves the area (verbal)</p> <p>(2) as soon as practicable pursuant to hospital policy approved by medical staff (telephone)</p> <p>(77 Ill. Adm. Code 250.330)</p>	<p>When required by law or regulation, verbal or telephone orders are authenticated within specified time frame</p> <p>(I.M.6.50)</p>
Who May Authenticate?	<p>-----</p> <p>Ordering practitioner EXCEPT for 5 years following January 26, 2007, all orders, including verbal orders must be dated, timed, and authenticated by the ordering practitioner or another practitioner who is responsible for care of patient and authorized by hospital policy and state law</p>	<p>-----</p> <p>All entries into the medical record shall be authenticated by the individual who made or authorized the entry.</p> <p>(77 Ill. Adm. Code 250.1510)</p>	<p>-----</p> <p>Does not specify</p>

A. REQUIREMENTS FOR ALL ILLINOIS HOSPITALS:

1. Verbal orders other than telephone orders must be authenticated before the medical staff member or house staff member leaves the area.
2. Telephone orders must be authenticated within 48 hours.
3. All orders, including verbal orders must be dated, timed and authenticated by the individual who made or authorized the entry.

B. JOINT COMMISSION-ACCREDITED HOSPITALS MUST FOLLOW THE REQUIREMENTS AS LISTED IN A, ABOVE.

(Authentication of Verbal Orders, cont'd.)

C. EXPLANATION OF REQUIREMENTS:

1. According to the Conditions of Participation, verbal orders encompass both oral and telephone orders. Although the CoPs provide that for a 5-year period, someone other than the author of a verbal order may authenticate that order, this provision will not apply to Illinois hospitals.

Illinois law is more stringent, requiring that all medical record entries be authenticated by the individual who made or authorized the entry. Therefore, Illinois hospitals must follow this Illinois requirement and continue to have the author of the order authenticate the order.

2. The CoPs provide that all verbal orders must be authenticated based upon Federal and State law. If there is no State law that designates a specific timeframe for the authentication of verbal orders, verbal orders must be authenticated within 48 hours. Illinois law currently states that verbal (telephone) orders must be countersigned "as soon as practicable." Because this is not a "specific timeframe," telephone orders in Illinois hospitals must be authenticated within 48 hours, under this new CMS requirement. This does not change the State law requirement that verbal orders other than telephone orders be signed before the member of the medical staff or the house staff member leaves the area.)

III. PHARMACEUTICAL SERVICES (42 CFR 482.25)

PROVISION	CoP	ILLINOIS	JCAHO
<p>How Must Drugs Be Secured?</p>	<p>All drugs and biologicals must be kept in a secure area, and locked when appropriate. Drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 must be kept locked within a secure area. Only authorized personnel may have access to locked areas.</p> <p>-----</p> <p>(Note: CMS expects hospital policies and procedures to address patient-self-administration of medications. Hospital policy and procedures should address competence of patient to self-administer meds, patient education regarding self-administration of medications including elements outlined by JCAHO standards, as well as measures to secure medications at the bedside.)</p>	<p>Pharmacy and vending machines shall be locked.</p> <p>All drugs and medicines shall be stored and dispensed in accordance with applicable State and Federal laws and regulations</p> <p>(77 Ill. Adm. Code 250.2110)</p> <p>-----</p>	<p>Medications are properly and safely stored. There is a written policy addressing storage of meds between receipt of a medication by an individual health care provider and medication administration.</p> <p>Controlled substances are stored to prevent diversion and acc. to state and federal regulations (MM 2.20) Emergency medications are stored in sealed or locked containers; in a locked room; or under constant supervision in accordance with law or regulation (MM.2.30)</p> <hr/> <p>Self-administered medications are safely and accurately administered. Persons who administer medications but are not staff members (for example, the patient if self-administering) receive information about the nature of the medications; how to administer medications such as frequency, route of administration and dose; expected actions and side effects; how to monitor effects. Such persons are determined to be competent at medication administration before being allowed to administer meds. (MM. 5.20)</p>

A. REQUIREMENTS FOR ALL ILLINOIS HOSPITALS:

1. Follow CoP (See matrix, above.)
2. Lock pharmacy and vending machines for drugs.
3. Hospital policy and procedures address authorized personnel and OR security.

B. IN ADDITION TO THE ABOVE REQUIREMENTS FOR ALL ILLINOIS HOSPITALS, JOINT COMMISSION-ACCREDITED HOSPITALS MUST COMPLY WITH THE FOLLOWING:

1. Maintain written policy as required by JCAHO (See matrix, above).
2. Follow JCAHO standards for emergency and self-administered meds (matrix)

IV. ANESTHESIA SERVICES (42 CFR 482.52)

PROVISION	CoP	ILLINOIS	JCAHO
<p>POSTANESTHESIA EVALUATION</p> <p>When Must The Post-Anesthesia Evaluation Be Completed?</p> <p>-----</p> <p>Who May Do The Post-Anesthesia Evaluation?</p>	<p>Within 48 hrs. after surgery</p> <p>-----</p> <p>Individual qualified to administer anesthesia</p>	<p>Post-anesthesia follow-up visit within 24 hours after operation by</p> <p>(77 Ill. Adm. Code 250.1410)</p> <p>-----</p> <p>Anesthesiologist, nurse anesthetist or responsible physician who shall note and record post-op abnormalities or complications from anesthesia</p> <p>(77 Ill. Adm. Code 250.1410)</p>	<p>Patient status is assessed immediately after the procedure and/or administration of modest or deep sedation or anesthesia (P.C.13.40)</p> <p>-----</p> <p>Does not specify</p>

A. REQUIREMENTS FOR ALL ILLINOIS HOSPITALS:

Follow Illinois law (See matrix, above.)

B. IN ADDITION TO THE ABOVE REQUIREMENTS FOR ALL ILLINOIS HOSPITALS, JOINT COMMISSION-ACCREDITED HOSPITALS MUST COMPLY WITH THE FOLLOWING:

Assess patient status immediately (See matrix, above.)

V. CONCLUSION. The full text of the final rule is published in the November 27, 2006 issue of the Federal Register on pages 68671-68695.

We hope this information is helpful. If you have any questions, please contact Barb Haller at bhaller@ihastaff.org or 630.276.5474.