



# August 2019 Webinars

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## ***CMS Hospital Conditions of Participation (CoP) Made Easy 2019 Webinar Series*** ***All Sessions are from 12:00 p.m. – 2:00 p.m.***

**Target Audience:** C-Suite, Quality, Nurses, Risk Managers, HIM, Social Workers, Discharge Planners, Infection Prevention, Pharmacy, Compliance, Legal

**Speaker:** Sue Dill Calloway, President, Patient Safety and Healthcare Education and Consulting

Join us for this yearly review of the CMS Hospital Conditions of Participation (CoPs). This five-part webinar series covers the entire CMS Hospital CoP manual. It is a great way to educate everyone in your hospital on all the sections in the CMS hospital manual. Hospitals have seen a significant increase in survey activity by CMS. This series discusses the most problematic standards and the proposed changes in 2019. This includes changes to history and physicals, system wide QAPI and infection control, discretion on when an autopsy is indicated, and the role of non-physicians in psychiatric hospitals. The 2019 proposed changes in the Hospital Improvement Rule will also be discussed.

### *Learning Objectives*

#### **July 31 – Part 1 (TX07311)**

- Discuss how to locate a copy of the current CMS CoP manual.
- Describe that a history and physical for a patient undergoing an elective surgery must not be older than 30 days and updated the day of surgery.
- Discuss that verbal orders must be signed off by the physician along with a date and time.

#### **August 7 – Part 2 (TX0807)**

- Recall that CMS has restraint standards that hospitals must follow.
- Describe that the patient has a right to file a grievance and the hospital must have a grievance policy and procedure in place.
- Recall that interpreters should be provided for patients with limited English proficiency and this should be documented in the medical record.

#### **August 14 – Part 3 (TX0814)**

- Describe that medications must be given timely and within one of three blocks of time.
- Recall that all protocols should be approved by the Medical Staff and an order entered into the medical record and signed off.
- Recall that there are many pharmacy policies required by CMS.
- Recall that a nursing care plan must be in writing, started soon after admission and maintained in the medical record.
- Recall that the hospital must have a safe opioid policy approved by the MEC and staff must be educated on the policy.

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**August 21 – Part 4 (TX08211)**

- Recall that CMS has patient safety requirements in the QAPI section that are problematic standards.
- Describe that CMS requires many radiology policies include one on radiology safety and to make sure all staff are qualified.
- Discuss that a hospital can credential the dietician to order a patient's diet if allowed by the state.

**August 28 – Part 5 (TX0828)**

- Discuss that CMS requires many policies in the area of infection control.
- Recall that patients who are referred to home health and LTC must be given a list in writing of those available and this must be documented in the medical record.
- Describe that all staff must be trained in the hospital's policy on organ donation.
- Recognize that CMS has specific things that are required be documented in the medical record regarding the post-anesthesia assessment.
- Recall that CMS has finalized the discharge planning worksheet.

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**August 1 – 10:00 a.m. – 11:30 a.m.****EPA Subpart P – What You Need to Know (IA0801)****Target Audience:** C-Suite, Pharmacy, Nursing, Environmental Services**Speaker:** Jeff Hollar, President, PharmWaste Technologies

The Environmental Protection Agency's (EPA) new Subpart P regulations drastically change how pharmaceutical waste is managed in a health care setting. This webinar discusses how health care facilities will be impacted and offers strategies to ensure compliance.

*Learning Objectives*

- Distinguish an understanding of EPA Subpart P regulations as they pertain to health care facilities.
- Identify public health benefits of the EPA Subpart P regulation.
- Identify which popular drugs are no longer considered acutely hazardous by the EPA.

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**August 6 – 12:30 p.m. – 2:00 p.m.****Medicare Enrollment Update for 2019 (G6073)****Target Audience:** CFO, Coding, Billing and Claims, Compliance**Speaker:** Duane Abbey, PhD, CFP, President, Abbey & Abbey Consultants

Enrolling with the Medicare program involves various CMS-855 forms. There are now eight different forms that must be used by different providers of healthcare services or products. These forms are long, detailed and sometimes confusing. Not only must they be filed initially for each given provider, they must be maintained and updated as appropriate. Due to the increasing complexity of healthcare delivery systems, providers may have to maintain hundreds of these forms. The Medicare program also uses a revalidation process to periodically require all healthcare providers to resubmit their various 855 forms in order to assure that compliance is being maintained.

*Learning Objectives*

- Identify changes to the CMS-855 forms and/or changes in interpretations of the forms.
- Discuss the revalidation process for the CMS-855 forms.
- Examine organizational structuring changes with provider-based clinics.
- Discuss the purpose and use of the seven CMS-855 forms along with the new CMS-855-POH and CMS-20134.
- Prepare for anticipated changes for maintaining billing privileges with Medicare.
- Discuss how the Medicare Advantage programs (Part C) fit into the CMS-855 forms.

For registration information, or to register online, go to [www.okoha.com/educationcalendar](http://www.okoha.com/educationcalendar) and click on the meeting title.

**August 8 – 9:30 a.m. – 11:00 a.m.*****Toolkit for Managing Employee Retention (G6059)*****Target Audience:** C-Suite, Managers, Directors, HR**Speaker:** Wes Pruett, Owner, HR Advisors, LLC

Most companies see retention as a key strategic imperative, but less than half have a specific retention plan. Unfortunately, most retention efforts are too general, expensive, and have little positive impact on turnover. Stay or retention interviews offer a specific, targeted, effective solution to the turnover problem. This tactic gets to the source of retention issues by determining why each employee is likely to stay or leave and then develops an effective plan to retain valuable employees. This webinar provides specific, useable tools for conducting stay interview in your organization. The core of the toolkit is actual interview questions in key areas. The toolkit allows managers and employees to work collaboratively to create a realistic plan of action.

*Learning Objectives*

- Identify specific steps for conducting an effective retention interview.
- Explain why stay interviews are a proven method of decreasing turnover and increasing retention.
- Discuss why turnover across the country has increased and why it results in increased costs and reduced company effectiveness.
- Explain why stay interviews have the benefit of increasing employee motivation, engagement, development and empowerment.

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**August 8 – 11:00 a.m. – 12:00 p.m.*****The Balancing Act: Maximizing Quality Care and Profitability in a Rural Therapy Department (IA0808)*****Target Audience:** Physical, Occupational, Speech Therapists, Rehab Managers**Speaker:** Andrew Weides, Co-Owner, InSPIRe Rehabilitation

Rehabilitation departments are normally profitable, but with decreasing reimbursements and rising costs, therapy programs need to find ways to be more efficient without sacrificing quality care. This webinar discusses key indicators within a rural hospital therapy department and shares strategies to help grow rehabilitation programs. Attendees will learn how to develop dashboards that can reduce the stresses of management and set clear goals. Tools will be provided to construct incentive plans based on both quality and volume metrics within the therapy department.

*Learning Objectives*

- Examine and track key indicators for rural therapy departments by using a dashboard.
- Explain how to market strategies in the community and to physicians.
- Describe the benefits of outcomes and quality measurement with a third-party administrator
- Develop engagement initiatives for the entire rehab team.

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**August 8 – 12:30 p.m. – 2:00 p.m.*****Patient-Driven Groupings Model (PDGM) Effect on Operations (G6074)*****Target Audience:** C-Suite, Directors, Managers**Speaker:** Sharon Litwin, RN, Founder, 5 Star Consultants

The Patient-Driven Groupings Model (PDGM) will go into effect January 1, 2020 for home health agencies. This is the most massive change to the home care industry reimbursement structure since the introduction of the current Prospective Payment System (PPS). The new payment model dramatically impacts agency operations, processes and performance. Agencies must develop and implement plans to

successfully transition to PDGM. This webinar discusses what the plan includes, key areas, strategies and processes in preparing an agency for PDGM.

*Learning Objectives*

- Identify components of the PDGM model.
  - Discuss how the PDGM payment model can impact agency operations.
  - Describe how to implement a plan to transition to PDGM.
  - Demonstrate the processes in preparing an agency for PDGM.
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***August 13 – 9:30 a.m. – 10:30 a.m.***

***Observations from the Bedside: Strategies to Create a Culture of Always (G6075)***

**Target Audience:** C-Suite, Quality, Nursing, Performance Improvement

**Speaker:** Katie Owens, President, and Brooke Billingsley, VP Service Excellence, Healthcare Experience Foundation

What can 1000 hours of observing patient care at the bedside along with interviews of patients and their families tell us about managing their expectations and perceptions? This program provides insight into what patients say is most important to them and how their clinicians can create a positive patient-provider partnership. Clinicians have a set of tasks they perform every day to insure quality of care. Participants will learn three easy strategies that clinicians can incorporate into their shift of care that will create a connection with every patient.

*Learning Objectives*

- Identify what is most important to the patient without adding more to your day.
  - Demonstrate stronger relationships with patients and improve patient engagement.
  - Discuss what clinicians should do regarding simple strategies that will have a positive impact on their patients.
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***August 13 – 12:30 p.m. – 2:00 p.m.***

***Medical Marijuana in the Workplace (G6060)***

**Target Audience:** Managers, Supervisors, Directors

**Speaker:** Janette Levey Frisch, Attorney, Law Office of Janette Levey Frisch

Most recent laws legalizing marijuana use have been focused on removing criminal penalties for users. They do not fully address workplace issues posed by medical marijuana. Some state laws explicitly prohibit employers from discriminating against employees because of their status as medical marijuana cardholders. Some may address only the impact of a positive drug test for those with a limited set of job duties, such as public utility workers. Other state laws explicitly indicate that employers need not accommodate marijuana use in the workplace but are silent on off-duty medical use. A few states explicitly protect employees who test positive for marijuana use and have medical authorization. These provisions place employers in a difficult position by requiring them to look past a positive drug test unless they can show that an employee is impaired due to marijuana use during work hours. Since urine-based drug tests do not actually measure impairment and there is currently very little guidance from courts in those states, employers are left wondering how they are supposed to meet such a standard.

*Learning Objectives*

- Identify and discuss medical marijuana laws in your state.
  - Discuss the conflicting federal and state medical marijuana laws.
  - Implement medical marijuana workplace policies.
  - Discuss medical marijuana examples and case studies.
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**August 14 – 10:00 a.m. – 12:00 p.m.*****Restraint and Seclusion Regulation (IA0814)*****Target Audience:** C-Suite, Quality, Performance Improvement, Risk Managers, Patient Safety, Legal Counsel, Compliance**Speaker:** Nancy Ruzicka

Restraints and seclusion continue to be commonly cited and are a top concern to hospitals during surveys and complaint investigations conducted by CMS, state survey agencies and accrediting organizations. This program addresses restraint and seclusion regulations, citations and more.

*Learning Objectives*

- Describe CMS definitions of restraints and seclusion.
  - Describe which restraint regulations are at greatest risk for citation and how to prevent a citation.
  - Demonstrate requirements to utilize restraints.
  - Identify which deaths while in restraints must be reported to CMS.
  - Describe the internal log requirements for restraint deaths.
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**August 15 – 9:00 a.m. – 11:00 a.m.*****Preventing Patient Falls: What Every Hospital Should Know (G6076)*****Target Audience:** CMOs, CNOs, Nurses, Quality Improvement, Risk Managers, Compliance, Legal**Speaker:** Sue Dill Calloway, President, Patient Safety and Health Care Education and Consulting

Falls are an important patient safety and risk management issue. They are the number one hospital acquired condition. Patient death or serious injury associated with a fall is also one of the 29 National Quality Forum Never Events in which some states have agreed not to bill. Also, falls can result in the filing of a medical malpractice case. Every hospital should consider having a falls team to look at this important patient safety issue. Preventing falls among patients requires a multifaceted approach and fall prevention is a crucial topic for today's aging population. This program discusses how to comply with the Joint Commission and the CMS hospital CoP standards on falls.

*Learning Objectives*

- Discuss why every hospital should have a falls program.
  - Describe how all staff should know how to define what constitutes a fall and how to measure fall rates.
  - Examine the reason why CMS will not pay for fall-related Medicare claims if they occur during hospitalization and cause serious injury.
  - Discuss how decreased mobility can result in falls.
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**August 20 – 9:00 a.m. – 11:00 a.m.*****Medical Records: Compliance with CMS Hospital CoPs Proposed Changes (G6077)*****Target Audience:** CMOs, CNOs, Nurses, Quality Improvement, Risk Managers, Compliance, Legal, HIM**Speaker:** Sue Dill Calloway, President, Patient Safety and Health Care Education and Consulting

The CMS regulations and interpretive guidelines for medical records is an extremely important section which includes hot issues such as verbal orders, history and physicals, organization of the department, standing orders, discharge summaries and medication orders. The webinar covers the proposed changes under the Hospital Improvement Rule which contain changes to outpatient medical records, the rights of patients, and documentation changes. Information on HIPAA from the Office of Civil Rights will be included. It is important to ensure the required CMS documentation elements are contained in the electronic medical records as hospitals move toward complete integration.

*Learning Objectives*

- Identify the CMS informed consent requirements.
  - Describe when a history and physical must be completed and what is required by CMS and Joint Commission.
  - Discuss the standards on verbal orders.
  - Identify the CMS standards for preprinted orders, standing orders and protocols.
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**August 27 – 9:00 a.m. – 11:00 a.m.*****CMS Hospital Infection Control Worksheet Proposed Changes and the Antibiotic Stewardship Program (G6078)*****Target Audience:** CMOs, CNOs, Nurses, Quality Improvement, Risk Managers, Compliance, Legal**Speaker:** Sue Dill Calloway, President, Patient Safety and Health Care Education and Consulting

Infection Control is hit hard during a hospital survey. Every facility should have a working familiarity with the CMS interpretive guidelines as well as the proposed changes for assessing compliance with the infection control CoPs. This program discusses how to be ready for surveyors and provides a better understanding of the CMS infection control worksheet. The webinar also addresses the proposed infection control standards and changes, including the requirement to have an antibiotic stewardship program.

*Learning Objectives*

- Discuss the memos on infection control issues.
  - Identify the infection control worksheet tracer on indwelling urinary catheters.
  - Explain the CMS requirements for safe injection practices and sharps safety.
  - Discuss the infection control worksheet section on hand hygiene tracer.
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**August 27 – 12:30 p.m. – 2:00 p.m.*****Chargemasters: Proper Supply and Device Categorization (G6079)*****Target Audience:** CFO, Billing and Claims, Compliance, Managed Care**Speaker:** Duane Abbey, PhD, President, Abbey & Abbey Consultants

This webinar addresses the difficult task of determining how to categorize supply items and devices in the chargemaster. Due consideration is given to the shifting stance and guidance provided by CMS over the past several years. Particular attention is given to APCs and associated coding concepts of “Not reporting separately” and “Not to be billed separately.” Categorization of supply items, including drugs, is a difficult issue for hospital chargemaster personnel. The use of tiered pricing relative to supplies has led to charge compression and the need for CMS to modify the cost reporting process. Additionally, the changes that CMS is making to the cost report relative to devices and device definitions lends additional confusion to a difficult topic.

*Learning Objectives*

- List how supplies and devices can be categorized.
  - Discuss what supply items are simply part of overhead expenses.
  - Define the concept of “integral part” supply items and drugs.
  - Describe the pricing process for expensive supply items and devices.
  - Describe the CMS changes to the cost-reporting process to address charge compression with supply items and devices.
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**August 29 – 9:00 a.m. – 11:00 a.m.****Contracted Services: Ensuring Compliance (G6062)****Target Audience: C-Suite, Contract Management, Risk Managers, Quality, Compliance, Legal Counsel****Speaker: Sue Dill Calloway, President, Patient Safety and Health Care Education and Consulting**

Contracted services have been under scrutiny by the Joint Commission, CMS and DNV. CMS and Joint Commission require hospitals to have a process in place to evaluate contracted services. The evaluation ensures staff compliance with the provisions contained in the contract regulations, including standards with oversight from the hospital board. Whether the hospital uses its own employees or contractors, the hospital is liable for evaluating contracted services to ensure patients receive the highest quality care.

*Learning Objectives*

- Discuss the contract standard in the Joint Commission leadership chapter.
- Discuss the section in the CMS CoPs that set for the requirements for contracted services.
- Explain how the same level of care is required whether the hospital provides the services directly or through contracted services.
- Identify the CMS requirement that explains how the board has to make sure contract services are reviewed as part of the quality assurance and performance improvement process.
- Explain how hospitals accredited by DNV must also follow their contract management standards.

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**August 29 – 1:00 p.m. – 2:00 p.m.****Medication Error Reduction (IA0829)****Target Audience: Clinical Staff, Pharmacy, Quality****Speaker: Jennifer Stender, Quality Specialist, Jackson County Regional Health Center**

Safe medication administration is essential to quality patient care. The medication error rate for Jackson County Regional Health Center in Iowa was consistently higher than the Iowa Healthcare Collaborative database and within the Genesis Health System, resulting in a call to action. This webinar describes how the hospital decreased their medication error rate utilizing an interdisciplinary approach and Lean methodology.

*Learning Objectives*

- Define home medication list.
- Describe how to involve a multidisciplinary team in decreasing the medication error rate.
- Describe the process to track documentation discrepancies and resolution.

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**Save the Date for these Upcoming Programs**

September 4 – Critical Access Hospitals CMS CoP 4-part webinar series begins  
September 10 – When Clinicians Override Advance Directives  
September 10 – Coding, Billing & Reimbursement for Non-Emergent Care in the ED  
September 12 – Understanding Performance Management Tools  
September 12 – EMTALA 3-part Program Update webinar series begins  
September 12 – Performance Reviews

### **Cancellation Policy**

The registration fee, less a \$60 service charge, is refundable if notice is received before 4:00 p.m. five business days prior to the program. No refunds will be issued for cancellations received after 4:00 p.m. five business days prior to the program. The cancellation/refund policy applies to registrations that indicate payment is being mailed prior to the program. No refunds will be issued for those who do not comply with this policy and the full registration amount will be due and owed to OHA.

### **Substitutions and Transfers**

Registrants unable to attend may designate an alternate. Report substitutions to Shelly Bush at bush@okoha.com or Mary Winters at winters@okoha.com or (405) 427-9537, prior to the program. Transfers from one OHA educational program to another are not permitted.

### **Connecting to the Program**

**All tuition fees are per connection.** Complete the attached registration form and return it to the Oklahoma Hospital Association. After you register for the program(s), you will receive a confirmation notice from OHA. Prior to the program, you will receive instructions on logging into the program. You will also receive the speakers' handouts via email. Approximately 5 to 10 minutes before the program, dial in to be connected to the session. Upon registering for the program, notify all participants and arrange a meeting room and speakerphone, if desired.

**If you have not received a confirmation email 48 hours prior to the program, please call Shelly Bush at (405) 427-9537 to confirm your registration has been received.**

