

NH CAH Quality Improvement Network

Frequently Asked Questions

Critical Access Hospital Program

C-0211 Observation Patient Status, Mid-Levels

- Q: Isn't the requirement that Mid-Levels can not order observation status inconsistent with the other Interpretive Guidelines and inconsistent with NH State Practice Acts which allow independent practice for Nurse Practitioners?
- A: The order for observation status in a CAH can be done by the person covering the Emergency Room with the consultation (can be by phone) of the physician on-call. If that person is designated by the CAH in the credentialing process to be a practitioner or Physician Assistant, that is fine. (07/04 National CMS)
- Q: We do not count newborns as long as their moms are still patients. Once Mom is discharged, does the baby become part of the 25 total bed count?
- A: Yes, once Mom is discharged, the baby is the patient, and is counted toward the total beds. (07/04 National CMS)

C-0241 Governing Body Responsibilities – Medical Staff Appointment

- Q: Do tele-radiologists go through the same appointment and credentialing process that any other physician who works in the CAH goes through; i.e. the CAH has to do primary source verification on the tele-radiologist and they cannot rely on the contractor to do the primary source verification?
- A: The tele-radiologist must be credentialed by the CAH, in the State where the CAH resides. The person must be licensed in New Hampshire, or eligible for licensure in New Hampshire to provide the role identified.

CMS did issue a Survey & Certification Letter (S&C 05-04) about credentials on November 12, 2004. It states that everyone who has hospital privileges has to go through the hospital credentialing process. While any medical staff with hospital privileges must have gone through the hospital credentialing process, the hospital could contract the process out, but the hospital retains the responsibility to establish the criteria and insure the medical staff meets the criteria, so if it is contracted out the hospital must be able to ensure the contractor implements the process



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properly, e.g. through QA, reports from the contractor to the governing body, etc. (04/06 NH HFA)

C-0271 Patient Care Policies

Q: Can the hospital's policies and procedures be the same ones that apply to the swing-beds?

A: Yes, as appropriate. Since swing-beds are hospital beds, they are still under the hospital's policies and procedures, but some policies and procedures may specifically apply to the swing-beds (e.g. activities). For example, the hospital might take hospital policies and procedures and put them in a swing-bed binder. (04/06 NH HFA)

C-0272 Policy Advisory Group

Q: What does it mean that "at least one member is not a member of the CAH staff? Does that refer to hospital staff or Medical Staff?

A: The requirements state the CAH policies are developed with the advice of a group of professional personnel that include at least one member not a member of the CAH staff. The definition of "a member who is not a member of the CAH staff" means any healthcare professional who is not employed by the CAH, on the Medical Staff of the CAH, or any healthcare professional who does not provide services to the CAH by contract or under arrangements. The healthcare professional need not be limited to someone who resides locally. Suggestions for non-staff members could include dentists, pharmacists, chiropractors, podiatrist, optometrists, social workers, nurse, retired health professionals, or other healthcare professionals who do not admit patients to the CAH, are not on the Medical Staff of the CAH, are not employed by the CAH, or who are not providing services to the CAH via a contract or under arrangement. (07/04 National CMS)

Swing-Bed Program

C-350 Swing Bed Program

Q: Can the hospital's policies and procedures be the same ones that apply to the swing-beds?

A: Yes, as appropriate. Since swing-beds are hospital beds, they are still



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under the hospital's policies and procedures, but some policies and procedures may specifically apply to the swing-beds (e.g. activities). For example, the hospital might take hospital policies and procedures and put them in a swing-bed binder. (04/06 NH HFA)

C-0378 Timing of Discharge Notice

Q: Is the written notice described at C379 required?

A: Regional Office input is that: The first transfer is from the CAH into the SNF swing bed. At that point the SNF regulations would apply. The second transfer is from the SNF to home or another facility. The discharge notice, 483.12(a)(4) and the content of the notice, 483.12(a)(6) would apply. The 30 day prior timing of the notice, 483.12(a)(5) would not.

Also, NH Licensing does require a discharge notice for any cumulative hospital stay (acute plus swing-bed) of 30 days or more. (04/06 NH HFA)

C-0381 Restraints

Q: Can a resident use a restraint if the resident has requested its use in writing, but the restraint is not required to treat the resident's medical symptoms?

A: No. (04/06 NH HFA)

C-0379 Contents of Discharge Notice

Q: Is the written notice described at C379 required?

A: Regional Office input is that: The first transfer is from the CAH into the SNF swing bed. At that point the SNF regulations would apply. The second transfer is from the SNF to home or another facility. The discharge notice, 483.12(a)(4) and the content of the notice, 483.12(a)(6) would apply. The 30 day prior timing of the notice, 483.12(a)(5) would not.

Also, NH Licensing does require a discharge notice for any cumulative hospital stay (acute plus swing-bed) of 30 days or more. (04/06 NH HFA)



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C0385 Activities

Q: Can a hospital with both swing-beds and an Extended Care Unit/Nursing Home Unit send their swing-bed patients to the Extended Care Unit for activities?

A: According to the Licensing regulations, no this is not possible, they must have separate and distinct activities. Federal regulations would require that facilities be in compliance with State law.

We recognize that swing-bed populations can be quite small, and there may be an interest for patients to participate in activities outside the CAH setting. We consider an Extended Care Unit/Nursing Home Unit "outside the CAH setting" since each have a different provider number. If the swing-bed patient wanted to attend an "outside activity" that is permissible, but the activity on the Extended Care Unit/Nursing Home Unit must be open to the public. If the activity is not open to the public, then the swing-bed patient(s) could not attend. (04/06 NH HFA)

C-0388 Resident Assessment

Q: Is the dental assessment needed if the patient is going to go home the day after they are admitted to the swing-bed?

A: Yes, staff (e.g. could be a nurse or the physician) need to do a dental assessment with admission, e.g. take a look in the patient's mouth, interview the patient, do an oral sweep; and the facility must be able to provide and/or help the patient get the dental care if needed. (04/06 NH HFA)

Q: How long does the facility have before they need to do an assessment for Activities, e.g. does it need to be included with the initial (admission to swing-bed) assessment?

A: An Activities Assessment must be done (e.g. by Activity Coordinator) at the time patient is swung, although we can envision a scenario where the Activity Coordinator might defer the assessment if the patient is going home the very next day, if appropriately determined on an individual basis. (04/06 NH HFA)



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C-0405 Dental Services

Q: Is the dental assessment needed if the patient is going to go home the day after they are admitted to the swing-bed?

A: Yes, staff (e.g. could be a nurse or the physician) need to do a dental assessment with admission, e.g. take a look in the patient's mouth, interview the patient, do an oral sweep; and the facility must be able to provide and/or help the patient get the dental care if needed. (04/06 NH HFA)

Distinct Part Units

Q: For Critical Access Hospitals, will Distinct Part Units, will they be surveyed as part of the regular CAH survey or are they surveyed separately?

A: Either scenario is possible. Hospital units that are excluded from PPS (Prospective Payment System) could be surveyed as part of the full/standard CAH survey or separately to validate compliance (e.g. see SOM at 3100). (04/06 NH HFA)

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