



Accreditation News

Fall 2010

Volume 2, Issue 3

Requirements for Clinical Contracts and Contracted Employees

Steven Hirsch and Associates

18837 Brookhurst Street
Suite 209
Fountain Valley, CA 92708

Toll Free: (800) 624-3750
Phone: (714) 965-2800
Fax: (714) 962-3800

© 2010 Steven Hirsch
& Associates

WE'RE ON THE WEB!

WWW.SHASSOCIATES.COM

While it would be nice if hospitals were able to fully staff their departments with hospital employees, contract services are often required for specific service lines (Rehabilitation Services), unique services (dialysis, Laser Technicians in Surgery), or to supplement daily staffing. These contract employees are seen from the regulatory perspective—and more importantly from the patient perspective—as a seamless part of the organization. The challenge for hospitals is to make that happen. The Joint Commission (TJC), as well as other regulatory bodies look to Leadership to ensure that contract services perform in a safe and effective manner - one which is consistent with the culture of the organization.

If an organization is having difficulty in determining expectations for their contract services, the following TJC and CMS standards may be helpful.

- **HR.01.02.01; 42CFR482.11(c); 42CFR482.23(b)(2)** - Require that hospitals define staff qualifications to perform the expected job functions in a particular hospital unit or service, usually within a job description. Included in the qualifications may be license/certification/registration requirements that are state mandated. Verification of all qualifications stated within the job description need to be completed by either the contract agency or the hospital.
- **HR.01.04.01** – Requires verification that the agency/contract personnel have successfully completed initial and unit based orientation. An abbreviated orientation for contract personnel is acceptable as long as the basic elements are covered such as fire and safety, infection control, and a review of key hospital policies.
- **HR.01.05.03** – Verification of on-going education and training. When contract service employees work on a regular basis within the organization, it may be that these staff are included in annual updates as applicable to their jobs; however, all need education in team skills and communication, error reporting, fall reduction, education on the needs of dying patients and their families and identification of victims of abuse and neglect. This can be accomplished by either the education being conducted by the contract agency and verification sent to the hospital, or through the hospital annual re-orientation/skills update.
- **HR.01.06.01** - Defines competencies and assessment methods to ensure competence for those providing patient care, treatment and services. If the hospital uses a contract service, it is acceptable that the contract service itself determine competencies. For example, if a hospital uses an outside dialysis company to provide in-house dialysis, it is the agency that determines the educational requirements, job-specific competencies and an evaluation of those competen-

Continued... Requirements for Clinical Contracts and Contracted Employees

cies. It is the hospital's responsibility to ensure that these employees follow hospital policy and procedure regarding emergencies, customer relations, infection control practices, accurate and complete documentation, and that the contract staff adapt to the culture of the organization. Both the contract agency's competencies and the hospital's evaluation as to how well the contract staff work within the hospital must be documented and be readily accessible for surveyors to review, if requested.

- HR.01.07.01– Requires the hospital to evaluate staff performance. Staff performance is evaluated periodically per state or TJC regulations, no less often than every three years according to TJC, but check your state regulations as they may be more stringent. Contract staff who work in the hospital on a regular basis are evaluated no less often than regular hospital staff. This evaluation is conducted by the contract agency for technical skills that cannot be evaluated by any hospital staff, and by the hospital for all other administrative skills such as infection control, or documentation and adherence to the National Patient Safety Goals, to name a few.

How an organization ensures that contract staff meet both the hospital's and regulatory requirements is crucial. A clearly defined process to organize contract staff files needs to be developed and implemented. The questions to be answered include:

- Centralized or de-centralized processes for management of all employee files, including contract staff. Neither one is better than the other, as they both need to result in maintenance of complete and accurate documentation for contract employees. If the hospital chooses a centralized process, where one department is responsible for keeping all of the contract files in order, they need to make sure that non-nursing contract staff (Rehabilitation, Respiratory, Dietary, Pharmacy etc.) are treated in the same fashion as all other contract staff. In addition, the hospital should have well-defined processes for monitoring the contract services, and to ensure that staff providing services are qualified and competent and licensed as required. If the hospital chooses a de-centralized process, whereby each department is responsible for maintaining their own files, the hospital needs to make sure that the files contain all the HR components as well as the unit or service specific elements. Regardless of where the files are maintained, the hospital must be able to collect all of the necessary documents at the request of a surveyor.
- Primary Source Verification can be handled in one of two ways. One, the hospital can require that the agency or contract service provide the hospital with a copy (fax) of primary source verification. This may, however, put the hospital in jeopardy if the agency did not run the primary source verification in a timely manner. Secondly, the hospital can run the primary source verification prior to the agency/contract staff working their first shift. This is a much more secure method, as the hospital will know exactly when the verification was run and that the person is currently licensed to practice.

When done correctly, the use of contract staff allows hospitals to expand the services they offer and support those they currently have. Remember that the onus is on Leadership who is ultimately responsible to assure compliance with the Human Resources requirements for all staff, regular and contracted.

Written by Linda Lawrence, RN, BSN, MBA and Carol O'Dea, RN, MSN, Ed.D. of Associates

CMS Makes Changes to Anesthesia Services

The Centers for Medicare and Medicaid Services have recently revised the Conditions of Participation (CoPs) for Anesthesia Services, which were published in Transmittal 59 dated May 21, 2010. The changes define both anesthesia and sedation.

CMS clarifies that the regulatory requirements for administration and supervision of anesthesia services (42 CFR 482.52(a)), and for the pre- and post-anesthesia evaluations and intraoperative anesthesia records (42 CFR 482.52(b)), apply only to general anesthesia, regional anesthesia and monitored anesthesia care or "MAC" (including deep sedation), *and not* to topical and local anesthetics and minimal or moderate analgesia/sedation. CMS clearly states that CRNAs may administer epidurals/spinals for labor and delivery analgesia without physician supervision because analgesia is not anesthesia subject to the supervision requirements. A hospital may be exempted from the requirement for MD/DO supervision of CRNAs, if the State in which the

Continued on the Next Page...

Continued... CMS Makes Changes to Anesthesia Services

hospital is located submits a letter to CMS signed by the Governor, following consultation with the State's Boards of Medicine and Nursing, requesting exemption from MD/DO supervision of CRNAs.

To ensure compliance with the revised regulations, changes may need to be made in Medical Staff Bylaws, Rules and Regulations and in policies and practices.

Be sure that your documents clearly:

- Define the levels of anesthesia and sedation.
 1. General: A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation.
 2. Regional: The delivery of anesthetic medication at a specific level of the spinal cord and/or to peripheral nerves, including epidurals and spinals and other central neuraxial nerve blocks, used when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required.
 3. Monitored anesthesia care: Anesthesia care that includes the monitoring of the patient by a practitioner who is qualified to administer anesthesia.
 4. Deep sedation: A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation.
- Identify practitioners who are allowed to administer anesthesia and sedation.
 1. A qualified anesthesiologist;
 2. A doctor of medicine or osteopathy (other than an anesthesiologist);
 3. A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law;
 4. A certified registered nurse anesthetist (CRNA), with or without supervision, as required by State law; and
 5. An anesthesiologist's assistant, who is under the supervision of an anesthesiologist who is immediately available if needed.
- Identify the area's where the different levels of anesthesia can occur and under what circumstances. Areas may include, but are not limited to:
 1. Operating room suites(s); both inpatient and outpatient
 2. Obstetrical suite(s)
 3. Radiology department
 4. Clinics
 5. Emergency department
 6. Psychiatry department
 7. Outpatient surgery areas
 8. Special procedures area (e.g. endoscopy suite, pain management clinic, etc.)
- Evaluate the level of compliance with the requirements at each location where anesthesia and sedation is administered.

The regulations require that the organized Medical Staff establish criteria for the qualifications of the Director of Anesthesia Services. The Anesthesia Services director is responsible for:

- Developing policies and procedures that define the provision of all categories of Anesthesia Services, including under what circumstances an MD or DO who is not an anesthesiologist, a dentist, oral surgeon or podiatrist is permitted to administer anesthesia.
- Defining the minimum qualifications for each category of practitioner who is permitted to provide anesthesia services.
- Integrating Anesthesia Services into the QA/PI program of the hospital.

To ensure compliance with the revised regulations regarding anesthesia services, a task force or an hoc committee should be created whose functions are to review anesthesia services requirements for consistency with hospital-wide and medical staff policies, and to review the credentialing requirements of all practitioners

Continued on the Next Page...

Continued... CMS Makes Changes to Anesthesia Services

who have been privileged to administer anesthesia and sedation. The task force or ad hoc committee should include an anesthesiologist, nursing staff who are responsible for the areas where anesthesia is administered, and a member of the medical staff professional services who can assist in the review of the criteria for determining the anesthesia service privileges to be granted to an individual practitioner, and to ensure that the criteria are consistently applied to all practitioners requesting anesthesia and sedation, and are in keeping with all regulatory requirements.

Written by Margo Smith, RHIT, CPMSM, CPHQ of Associates

About Steven Hirsch & Associates

As recognized experts on Joint Commission, HFAP, and DNV accreditation, licensure preparedness and facility management issues, Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987.

Beyond accreditation and licensure survey preparedness, our healthcare consulting team can provide assistance in a number of areas including Medicare certification, performance improvement, nursing management, infection prevention and control, Life Safety Code compliance, clinical lab management and compliance with HIPAA.

For more information on how Steven Hirsch & Associates can assist you with accreditation and licensure preparedness, Medicare certification and other management challenges, please contact us at (800) 624-3750 or go to our web site at www.shassociates.com.



Happy Holidays