



**November 2022**

## Hospital license renewals



All hospitals operating in Iowa must renew their license yearly through the Health Facilities Division of DIA per [Iowa Code Chapter 135B.5](#), which includes: acute, long-term acute care, psychiatric, rehab, and critical access hospitals.

DIA emailed the application and letter to all hospital administrators on Nov. 14, 2022. Below are some frequently asked questions about the annual license renewal process:

### **Does the total bed count need to equal the number of beds in acute care, observation, etc?**

The total bed count does not need to equal the number of beds in acute care, observation, etc. The total bed count is the number of beds authorized by the certificate of need. The breakdown of beds lists several types of common units, and is not an all-inclusive list. Beds may be used for several different types of patients.

### **What is the difference between total bed count, staffed bed count, and average daily census?**

The total bed count should be reported as the hospital's total bed capacity, as authorized by the hospital's certificate of need (CON). This number may exceed the number of beds physically located at the hospital.

## Quarterly lunch and learn

**Topic:** Emergency Medical Treatment and Labor Act (EMTALA)

**Date:** Jan. 11, 2023

**Time:** 11:30 a.m.

To join the lunch and learn via Google Meets:

- **Video link:** [meet.google.com/ita-amie-unk](https://meet.google.com/ita-amie-unk)
- **Call-in number:**  
361-360-8488  
PIN: 205 353 271#

If there are specific topics you would like addressed in future lunch-and-learn sessions, contact **Megan**

**Montalvo** at [megan.montalvo@dia.iowa.gov](mailto:megan.montalvo@dia.iowa.gov) or 515.249.9648.

## **Emergency Medical Treatment and Labor Act (EMTALA) deficiencies: Failure to provide appropriate medical screening**

Below is an example of citations A2400 – Compliance with 489.24 and A2406 – Medical Screening Exam, from recent EMTALA deficiencies.

An elderly patient presented to the emergency department (ED) via emergency medical services (EMS). The patient complained of chronic shoulder and back pain and requested assistance with nursing home placement due to inability to meet their own needs, being wheelchair bound, and homeless.

An ARNP performed a physical exam, ordered laboratory tests to clear for nursing home placement, a physical therapy evaluation, and a case management consult. The physical therapy evaluation results were not reviewed, nursing home placement was not found, and the patient was discharged approximately five and a half hours after presenting to the ER, with no transportation provided to a homeless shelter.

The staffed bed count is the number of beds currently available to treat patients, given the normal number of staff members on duty. The staffed bed count may not be the same number as the total bed count, as hospitals often only utilize a fraction of the beds authorized by their CON.

The staffed bed count should include beds with a staff member available to provide care to the patient, on an average day. The staffed bed count should only include the number of beds with a staff member available without resorting to bringing in additional staff members.

The average daily census is the total number of patients at the hospital, on an average day. The number does not include any patients who live in a hospital-owned long-term care facility.

### **How should I list services the hospital provides versus contracted services?**

The services section is asking two separate questions. The first question is if the hospital provides the service to their patients. The second question is if the service is provided through a contracted service.

For example, one hospital may choose to provide acute, inpatient dialysis services to their patients. They accomplish this through the use of hospital employees to provide acute, inpatient dialysis. The hospital would check the “yes” box on the application.

Another hospital may also choose to provide acute, inpatient dialysis services to their patients, but contract with an outside dialysis company to provide acute, inpatient dialysis services to the hospital’s patients. In the second example, the hospital would check “yes” AND “contracted service.”

Generally, the use of physicians who are employed by an outside company or practice independently, does not qualify as a “contracted service.”

### **What is an accrediting organization, and is DIA an accrediting organization?**

An accrediting organization is an outside organization, such as The Joint Commission, which provides hospitals with the option to have the outside organization perform the hospital’s recertification surveys, instead of the DIA. The hospitals pay the outside organization to perform the recertification surveys.

DIA is not an accrediting organization. DIA contracts with CMS to provide recertification surveys and enforces CMS’

Approximately six hours after discharge, the patient was taken to a different hospital by EMS after bystanders had found the patient confused and attempting to merge onto the freeway in their wheelchair. The patient was provided a medical screening exam by the ED physician and diagnosed with dehydration and altered mental status, and was admitted to the hospital for observation.

The medical record lacked evidence that the patient’s pain was further assessed or managed after the initial assessment, or that the patient had received an appropriate medical screening exam to be safely discharged from the ED.

### **Health Facilities website**

In May 2021, DIA’s Health Facilities Division launched a new website application. The new site features a user-friendly interface for accessing records for health facilities, submitting self-reports, and for the Iowa Direct Care Worker Registry for CNAs.

In the new system, entity administrators will need to request access. Once the administrator’s access is approved, the administrator will be able to approve any other authorized users (i.e., entity delegate, entity HR) who request access for their facility.

Health facility employees, CNAs, and community college staff are able to manage their own accounts, including being able to make changes to their contact information.

Please note:

- Each facility is allowed to have **one** assigned entity administrator.
- Users should be assigned **one role per facility**. If assigned multiple roles, the system may not work properly.
- Users should use the email address associated with their employer to create their Google or Microsoft account.

Go to: [dia-hfd.iowa.gov](https://dia-hfd.iowa.gov).

### **Additional resources**

- [DIA Health Facilities Database User Guide](#) (PDF)
- [DIA’s Health Facilities Database: Entity Sign-In](#) (YouTube video)
- [DIA’s Health Facilities Database: Approving Entity Users](#) (YouTube video for administrators)

conditions of participation. If your organization does not utilize an accrediting organization to perform the recertification surveys, and relies on the DIA, please check the “not accredited” box.

### **What is the difference between swing beds and a long-term care facility?**

Swing beds are hospital patient rooms which can be used for patients in acute/observation status or in a skilled care status. The patient can “swing” between being an acute patient and skilled status patient, without changing rooms. The patients in a swing bed often receive rehabilitative therapy following a major medical or surgical event. A long-term care (LTC) facility is a distinct and separately certified part of the hospital. The LTC facility will have a different CMS certification number (CCN) or provider transaction access number (PTAN) than the hospital, and will be surveyed separately from the hospital.

## **Contact us**

If you have questions or concerns, or if there are topics you would like to see covered here or in a future lunch-and-learn, please contact **Megan Montalvo** at [megan.montalvo@dia.iowa.gov](mailto:megan.montalvo@dia.iowa.gov) or 515.249.9648.



### **Iowa Department of Inspections and Appeals**

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