Iowa Department of INSPECTIONS, APPEALS, & LICENSING

The Pulse

Hospital Education

May-August 2023

Center for Clinical Standards and Quality, and Quality, Safety and Oversight group (QSO) updates

On June 5, 2023, the federal registry published changes to Omnibus COVID-19 Health Care Staff Vaccination Requirements. For hospitals, COVID-19 vaccination of health care staff is no longer necessary.

On May 1, 2023, CMS released QSO 23-13-ALL with vital information pertaining to Section 1135 of the Social Security Act, emergency waivers for health care providers that terminated with the end of the public health emergency on May 11, 2023. Hospitals should review QSO 23-13 closely to ensure they are complying with the regulatory requirements with the conclusion of the public health emergency.

The content of QSO 23-13-ALL includes but is not limited to the following:

- Hospitals/psychiatric hospitals/critical access hospitals (CAHs):
  - Emergency Medical Treatment and Labor Act (EMTALA) requirements
  - Verbal orders
  - Reporting requirements
  - Patient rights
  - Sterile compound
  - Discharge planning
  - Medical staff
  - Flexibility in Patient Self Determination Act requirements (advanced directives)
  - Physical environment
  - Telemedicine
  - Physician services
  - Swing beds
- Staff vaccination requirements
- Anesthesia services
- Emergency preparedness training and testing program exemption

Access the QSO memo online here.

Transparency of the survey process

When assessing a hospital's compliance with patients' rights and nursing services, below are the list of documents the surveyors will likely request and review:

- Organizational chart, including nursing services
- Nursing policies and procedures, including patient rights
- Information provided to patients regarding patient rights
- Nursing services job descriptions
- List of nursing employees
- Nursing personnel records selected from the list of nursing employees
- Incident reports from the previous six months
- Nursing competencies
- Nursing staffing schedule from the previous four months
- Policy addressing a dispute of an incapacitated patient's designated representative
- Policy on providing "Important Message" form to Medicare beneficiaries
- Patient grievance policies and procedures
- Restraint policy and procedure
- Restraint training records
- Hospital Quality Assessment/Performance Improvement Plan
- Quality Assessment/Performance Improvement meeting minutes and activities for patient complaints
- Current list of patients
- List of admissions/discharges for the previous three months to include:
    - Patient name
    - Medical record number
    - Date of admission/discharge
    - Diagnosis
    - Unit
    - Closed medical records selected from the list of admissions and discharges
    - Documentation of patient complaints/grievances and follow-up for the previous six months

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Frequently-asked questions: Hospital visitation

DIAL, in collaboration with the Iowa Department of Health and Human Services' (HHS) Center for Acute Disease Epidemiology and the Iowa Hospital Association, has developed a list of questions and responses to assist hospitals with visitation guidelines. The frequently-asked questions were based on QSO 21-08 NLTC, and QSO 23-13-ALL.

While the FAQs cannot address every aspect of visitation that may occur, additional details about certain scenarios are provided below.

Visitation can occur in a manner that doesn't place other patients at increased risk by adhering to the practices for infection prevention. There are also a variety of ways that visitation can be structured to reduce the risk. It's critical for patients to receive visits from their friends, family, and loved ones in a manner that does not impose on the rights of another patient.

The federal guidance regarding visitation restrictions for hospitals expired May 11, 2023; please refer to QSO 23-13-ALL.

Any infection prevention and control policy that is developed by a healthcare facility to meet the Medicare conditions should be approved by the facility's governing body, or an equivalent group as defined by regulation, before implementation. [PLEASE NOTE: CDC issued revised guidance for Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic on Sept. 23, 2022.]

The bottom line is that **visitation must be permitted at all times** with very limited and rare exceptions, in accordance with patients' rights.

In situations where the patient is ill, can visitation be restricted?

> According to QSO-21-08-NLTC, revised on Sept. 26, 2022, the requirements for entering healthcare facilities (such as visitation restrictions and screening procedures) were used throughout the COVID public health emergency, the CMS guidance has focused on protecting patients and staff. CMS recognizes that restricting visitation from family and other loved ones has taken a physical and emotional toll on patients. In short, hospitals should enable visitation.
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> When the patient receives visitors, the hospital can offer infection-control practices (such as hand hygiene, and use of source control as appropriate for the situation). Please refer to QSO 23-13 ALL, issued on May 1, 2023.
>
> Facilities should continue to adhere to basic infection prevention and control principles that are consistent with national standards of practice. (See Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.

Are you aware of the Code of Federal Regulations (CFR) for patient rights in your hospital?

> Condition of participation: Patient's rights. 482.13h:
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> (h) Patient visitation rights. A hospital must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. A hospital must meet the following requirements:
> (1) Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.
> (2) Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.

(3) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
(4) Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

Can a hospital ask visitors about the status of their vaccination status?

Visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation. If the visitor declines to disclose their vaccination status, the visitor should be encouraged to implement means of source control.

How should hospitals address visitation when they expect a high volume of visitors, such as over the holidays?

In general, visitation should be allowed for all patients at all times. Also, there is no limit on length of visits, in general, as long as the visit poses no risk to or infringes upon other patients' rights.

Can visits occur in a patient's room if they have a roommate?

Yes. Ideally an in-room visit would be conducted when the roommate is not present, however if that is not an option, the visit could occur in a different area of the hospital, occur at a time when the roommate is not in the room, or the visitors should be asked to limit the number of visitors that are in the room at one time. If a visit does occur in the patient's room and when a roommate is present, it's safest for the visitors to use source control. Also, visitors and patients should adhere to the principles of infection control and performing frequent hand hygiene.

Can a visitor share a meal with or feed the patient they are visiting?

Visitors may eat with a patient if the patient (or representative) and the visitor are aware of the risks and adhere to the core principles of infection prevention. Hospitals should develop infection prevention and control policies that are developed by a healthcare facility to meet the Medicare conditions of participation.

How should hospitals work with their local health department when there is an outbreak?

Consultation with state health departments (Iowa HHS/Center for Acute Disease Epidemiology) on how to address outbreaks of any nature should occur. While patients have the right to receive visitors at all times and make choices about aspects of their life in the hospital that are significant to them, there may be times when the scope and severity of an outbreak warrants the health department to intervene with the facility's operations. It is expected these situations would be extremely rare and only occur after the hospital has been working with the health department to manage and prevent escalation of the outbreak. It is also expected that if the outbreak is severe enough to warrant pausing visitation, hospitals can implement more stringent requirements at their discretion; however, emphasize that any visitation restriction limits should be rare.

If COVID-19 cases spike, should facilities continue to permit visitation?

Yes. Earlier in the pandemic CMS issued guidance for certain limits to visitation, but a few key things have been learned since then. Isolation and limited visitation can be traumatic for patients, resulting in physical and psychosocial decline.

Are there any suggestions for how to conduct visits that reduce the risk of respiratory disease?

There are ways hospitals can take extra precautions for any respiratory disease, and create dedicated visitation space indoors; hospitals can permit in-room visits when the patient's roommate is not present; and the patient and visitor should use source control in accordance with CDC recommendations, perform frequent hand hygiene, and practice physical distancing.

Some other recommendations include:

- Offering visitors source control
- Limiting the visitor's movement in the hospital
- Cleaning and sanitizing the visitation area after each visit
- Providing reminders to maintain physical distancing and perform hand hygiene

Updated guidance: QSO 23-13-ALL (Revised May 1, 2023) and QSO-21-08-NLTC (Revised Feb. 4, 2022, and Sept. 26, 2022).

Employee spotlight

Steve Garrison says he's excited to serve as the division administrator for the new Health and Safety Division within the Iowa Department of Inspections, Appeals, and Licensing. Steve has worked for the state of Iowa for approximately nine years, in the roles of social work case manager, investigator, and Professional Licensure bureau chief. His goal is to help protect Iowans while boosting team morale in his new role. He is a champion for maintaining a good work-life balance.

Steve graduated from Drake University with a master's degree in public administration and certificate in public management. He completed his bachelor's degree at Iowa State University majoring in sociology, criminal justice, and Spanish. Steve was born in Knoxville, Iowa, and has called Iowa home his entire life, with the exception of two study abroad stints in Cuernavaca, Mexico, and Valencia, Spain. In his free time he enjoys training for RAGBRAI, practicing yoga, and spending as much time as possible with his partner, their cat, and their new puppy.

August lunch and learn: EMTALA investigations

Health Facilities Surveyor Jennifer Walton presented at an Aug 2, 2023, hospital lunch and learn. The topic was the framework of documents that health facilities surveyors will

request when conducting an Emergency Medical Treatment and Labor Act (EMTALA) investigation. The lunch and learn presentation can be found online.

During an EMTALA investigation, the health facilities surveyor will enter the hospital and present a complaint statement for the purpose of the investigation. The surveyor will then request the following documents, which are not exclusive of the documents needed during the investigation:

- Emergency department (ED) log (for patient sample selection)
- EMTALA policy and procedure – ED policy index
- Copy of the consent form for transfer of an unstable individual
- ED committee meeting minutes and ED medical staff meeting minutes
- ED provider and nursing schedule
- Physician on-call list
- Current medical staff roster
- Medical staff bylaws and rules and regulation (R/R)
- QAPI (quality assurance and performance improvement) plan and R/R
- List of all contracted services for the ED
- Credentialing and privileges for providers
- Documented grievances, complaints, and incidents for the ED
- Hospital database worksheet, CMS Form Exhibit 286
- The number of ED cases each month preceding the survey; and the number of emergency cases transferred