IOWA | Department of Inspections, Appeals, & Licensing

The Pulse
Hospital Education

December 2024

Overview highlights the best content from the past year

The Iowa Department of Inspections, Appeals, and Licensing (DIAL) Medicare Services Unit provides monthly education to hospitals via “The Pulse" newsletter and quarterly lunch and learn sessions. This edition of the newsletter will provide an overview of what you may have missed as we highlight "The Pulse" newsletters from the past year. Each heading below links to that month's newsletter. It's crucial to stay informed of these trends as we continue to support and enhance our healthcare system. The educational articles written in this newsletter are intended to highlight certain aspects of the Medicare requirements for hospitals, but they are not a legal document.

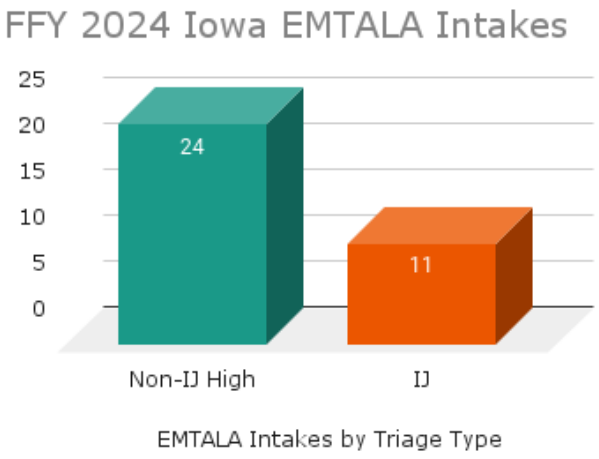
November Pulse

DIAL held its quarterly educational lunch and learn session Dec. 11, 2024. DIAL's session featured the Iowa Board of Pharmacy addressing pharmaceutical compounding.

The November Pulse addressed hospital pharmacy inspections and what to expect, compounding standards, how to prepare for hospital IBOP inspections and everything staff need to know about pharmaceutical compounding, both sterile and non-sterile preparations, categories (1-3), hazardous drugs in health care settings, controlled substance management, and more.

October Pulse

In October, DIAL noted federal fiscal year 2024 data that showed Iowa had a significant number of Emergency Medical Treatment and Labor Act (EMTALA) investigations, with 35 cases, including 11 triaged as immediate jeopardy (IJ). Nationally, 87% of EMTALA complaints resulted in no violations, with Iowa having 10 investigations citing deficiencies, one of which involved an IJ.



EMTALA Intakes by Triage Type

September Pulse

In September, DIAL addressed growing awareness of patients' rights when in the emergency room. The latest guidance released by CMS focused on patient rights in emergency departments, with an emphasis on informed consent and signage requirements under EMTALA.

August Pulse

DIAL is providing hospitals in Iowa with education on key healthcare trends to enhance patient care and outcomes. This includes a focus on hospital discharge procedures, telehealth expansion, and innovations in patient care.

July Pulse

DIAL is dedicated to enhancing hospital emergency preparedness to ensure continuity of care during emergencies or disasters, such as severe weather, flooding, and equipment failures. While the guidelines provided are not comprehensive plans, they aim to help hospitals develop robust emergency response strategies. The key elements of emergency preparedness including surge planning, risk assessment and emergency planning, communication planning, hazard mitigation, etc., are designed to help hospitals take actions before, during and immediately after an emergency to address difficult situations.

June Pulse

DIAL focused the education about Emergency Medical Treatment and Labor Act (EMTALA) complaints at hospitals. The regulation defines a dedicated emergency department (ED) as any department or facility of the hospital that is licensed by the State as an ED. EMTALA requirements also apply when an emergency medical condition (EMC) occurs elsewhere on hospital property. EMTALA requires hospitals to provide a medical screening examination (MSE) to any individual who comes to the ED and requests such an

examination, and prohibits hospitals with EDs from refusing to examine or treat individuals with an EMC.

An examination of recently cited violations showed deficiencies regarding MSEs were cited with more frequency. Each individual who comes to the emergency department seeking assistance should be on the central log. The log should address the following:

- The patient refused treatment
- The patient was transferred
- The patient was admitted and treated
- The patient was stabilized and transferred, or discharged

DIAL cited a hospital for a patient who presented to the ED seeking medical care. Review of the hospital's ED log revealed no entry in the log for the patient. The hospital did not have evidence of documentation of a medical record for the patient. The hospital's staff (registered nurse in the ED and registration staff) failed to ensure staff maintained a complete ED log per hospital policy. Failure to provide an appropriate MSE placed the patient at risk for an undiagnosed EMC, resulting in a deterioration in health.

May Pulse

DIAL's lunch and learn session featured Dr. Terri L. Postma, who reviewed hospital price transparency requirements. Dr. Postma is a neurologist who serves as medical officer and senior advisor for the Centers for Medicare and Medicaid Services (CMS) in the U.S. Department of Health and Human Services (HHS). Dr. Postma provided education on the steps for making public hospital standard charges in a machine-readable format using a required CMS template and recommended reference.

DIAL cited a critical access hospital (CAH) during a recertification survey for failing to protect confidential patient medical information. This citation was regarding conditions of participation 42 CFR 485.638, Clinical Records (C1100) and 42 CFR 485.638(b)(1), Protection of Record Information (C1120). Since the recertification survey in May, DIAL has continued to see similar violations for other CAHs during their recertification survey.

A review of the examples show the CAH's laboratory had two large television monitors with patients' full names and the list of the scheduled laboratory tests for each of those patients. Interviews with laboratory staff revealed the television screens were never turned off, the list contained both inpatients and outpatients, and the laboratory doors were never locked. A laboratory equipment technician, not employed by the hospital, was present in the laboratory at the time of the observation.

In another example, the CAH's rehabilitation therapy department's fax machine received and printed unsecured documents with patients' personal health information (phi). The department was open to public access and the fax machine was left unattended with the PHI.

In addition to these examples, the CAH had unlocked shred bins that contained unsecured patient PHI located in the emergency room department, inpatient/outpatient registration area and the medical/surgical department. The shred bins were potentially accessible to persons who did not have a right to the PHI.

April Pulse

In April's newsletter, we reviewed cited EMTALA violations to further educate hospitals. In one scenario, a patient arrived at the hospital's ED with a physician's order for outpatient laboratory testing to address their dialysis needs. Hospital staff placed the patient in an ED exam room, but registered the patient for outpatient testing only. The lab results showed a critically high potassium level. The physician at the dialysis center who ordered the lab testing spoke with the hospital's ED physician regarding the abnormal results and requested immediate treatment of the patient's urgent condition. The hospital staff didn't register the patient in their ED log. The patient did not receive an MSE or stabilizing treatment. According to the ED physician, the patient refused treatment at their hospital and requested to go to a different hospital. The patient was not asked to sign any type of refusal for treatment, or to sign a form to indicate the patient understood the risks of not receiving treatment and chose to leave against medical advice.

March Pulse

DIAL held a lunch and learn on Wednesday, Feb. 21, 2024 with licensing staff members from the Iowa Board of Nursing and the Iowa Board of Medicine to discuss referrals and mandatory reporting requirements for hospitals.

February Pulse

DIAL reviewed an EMTALA violation for a hospital that failed to maintain a complete ED log for all patients who presented to the ED seeking medical care and failure to provide an appropriate medical screening exam within the hospital's capabilities.

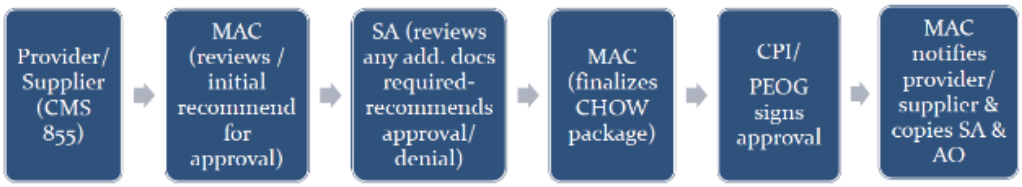
The scenario related to a patient who arrived and spoke to the hospital's registration desk staff and requested an injectable medication (used to thin the blood). The patient reported a prior history of a disease that caused the blood to clot and a low international normalized ratio (INO) reading (finger prick blood test that monitors the blood's ability to clot) on the patient's home machine. The hospital registration staff informed the patient that the patient would have to make an appointment. The patient attempted to explain to the hospital registration staff that, due to a blood-clotting disorder, the patient needed the injection, but hospital registration staff again told the patient that they needed an appointment. The patient left the hospital without receiving treatment. Review of the hospital's ED log revealed no entry in the log for the patient. The hospital did not have evidence of a medical record for the patient. The hospital registration staff could not recall if they offered for the patient to be seen in the ED, but thought that one of the ED staff

came out and spoke with the patient. None of the ED staff who were scheduled the day the patient came to the hospital seeking treatment recalled speaking with the patient.

January Pulse

DIAL provided a review of the standard operating procedure (SOP) below related to changes of ownership (CHOWs). DIAL outlined the process for CHOW related to CAH, rural emergency hospitals (REH) and what we need for CHOW packages.

A CHOW occurs when the responsible legal entity that was a party to the Medicare provider agreement ("seller") has changed, and the responsible new legal entity ("buyer") receives/accepts automatic assignment of the existing provider agreement (see 42 CFR 489.18).



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Click here to access the Health Facilities Database and the Iowa Direct Care Worker Registry.

Click here to access DIAL's main website.