



Department of Inspections,
Appeals, & Licensing



February 2025

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. DIAL is committed to improving patient outcomes through education. This month, DIAL is highlighting Critical Access Hospitals (CAH) conditions of participation (CoP) for emergency service. This edition will present updates to CAH regulations related specifically to Emergency Services. This newsletter will provide the interpretive guidelines for emergency services through the lens of the survey process. The educational articles in this newsletter are intended to highlight certain aspects of the Medicare requirements for CAH, but they are not legal documents or inclusive of all elements.

Condition of Participation: Emergency Services

Critical Access Hospital Emergency Departments

The Flex Monitoring Team identified [1,371 CAHs located in the United States](#). The Flex Monitoring Team is a consortium of researchers from the Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine, funded by the Federal Office of Rural Health Policy to evaluate the impact of the Medicare Rural Hospital Flexibility Grant Program (the Flex Program).

There are 82 CAHs in Iowa. In rural communities, a CAH's [emergency services](#) are critical to meet the needs of its patients.

The CAH'S emergency services must be under the direction of a qualified member of the CAH'S medical staff. The CAH'S medical staff must establish policies and procedures governing the medical care provided in the emergency services or emergency department, and those policies must be current and revised as necessary based on ongoing monitoring.

The CAH must staff the emergency department with the appropriate numbers and types of professionals and other staff who possess the skills and experience in emergency care to adhere to the written emergency procedures and needs anticipated by the facility. The CAH must determine the categories and numbers of MD/DOs, specialists, RNs, EMTs, and emergency department support staff the CAH needs to meet its anticipated emergency needs.

Necessary emergency care for a CAH's inpatients and outpatients includes the provision of respiratory services as needed. The scope of diagnostic and/or therapeutic respiratory services offered by the CAH should be defined in writing, and approved by the medical staff.

The CAH must provide the appropriate equipment and qualified personnel necessary to furnish all services offered in a safe manner in accordance with acceptable standards of practice. There should be written policies for the delivery of any services provided.

It's crucial for a CAH to stay informed about trends so they can continue to support and enhance our healthcare system.

For reference: [482.55 Condition of participation: Emergency services.](#)

Provisions and protocols for CAH emergency care

Effective July 1, 2025, in accordance with the complexity and scope of services offered, a CAH must make adequate provisions and protocols to meet the emergency needs of patients.

Emergency services readiness

1. **Protocols.** Protocols must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate post-delivery care.
2. **Provisions.** Provisions include equipment, supplies, and medication used in treating emergency cases. Such provisions must be kept at the hospital and be readily available for treating emergency cases to meet the needs of patients. The available provisions must include the following:
 - (i) Drugs, blood and blood products, and biologicals commonly used in life-saving procedures;
 - (ii) Equipment and supplies commonly used in life-saving procedures; and
 - (iii) Each emergency services treatment area must have a call-in system for each patient.
3. **Staff training.** Applicable staff, as identified by the hospital, must be trained annually on the protocols and provisions implemented pursuant to this section.
 - (i) The governing body must identify and document which staff must complete such training.
 - (ii) The hospital must document in the staff personnel records that the training was successfully completed.

(iii) The hospital must be able to demonstrate staff knowledge on the topics implemented pursuant to this section.

(iv) The hospital must use findings from its Quality Assurance and Performance Improvement (QAPI) program, as required at [CFR Section 482.21](#), to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis.

Survey procedures for CAH emergency services

This list highlights key elements DIAL surveyors use when conducting recertification surveys for emergency services.

- Verify that emergency services are organized under the direction of a qualified member of the medical staff.
- Verify that procedures and policies for emergency medical services (including triage of patients and any respiratory services provided) are established, evaluated, and updated on an ongoing basis.
- Verify that there are sufficient medical and nursing personnel qualified in the needs anticipated by the facility and that there are specific assigned duties for emergency care.
- Review any policies and procedures for emergency services in the CAH. What evidence indicates that the CAH is capable of providing necessary emergency care for its inpatients and outpatients?
- Review a sample of patient records for patients treated in the emergency services department to see if the CAH followed its own policies and procedures.
- Verify that emergency services are provided in accordance with acceptable standards of practice.
- Interview staff to determine that they are knowledgeable, within their own level of participation in emergency care including:
 - Parenteral administration of electrolytes, fluids, blood and blood components;
 - Care and management of injuries to extremities and central nervous system;
 - Prevention of contamination and cross infection; and
 - Provision of emergency respiratory services.
- Determine if the CAH provides any degree of respiratory care services and that the type and amount of respiratory care provided meets the needs of the patients and is delivered in accordance with acceptable standards of practice.
- Review the CAH policies and procedures to verify that the scope of the diagnostic and/or therapeutic respiratory care services provided is defined in writing and approved by the medical staff.
- Review staffing schedules to determine that the number and type of staff available is appropriate to the volume and types of treatments furnished.
- If blood gases or other laboratory tests are performed as part of the delivery of respiratory services, verify that there is a current CLIA certificate.

- How does the CAH ensure that emergency services are made available on a 24-hour a day basis? Ascertain by record review of patients admitted through the emergency department, interviews with staff, patients, and families, and/or observations that ED services were made available to patients presenting on a 24-hour a day basis.
- How does the CAH ensure that staff knows where drugs and biologicals are kept?
 - How is the inventory maintained?
 - Who is responsible for monitoring drugs and biologicals?
 - How are drugs and biologicals replaced?
- How does the CAH ensure that the required equipment, supplies and medications are always readily available in the CAH? Interview staff and tour the ER to ascertain compliance and ability to provide emergency services.
 - How does the CAH ensure that required equipment and supplies are readily available to staff?
 - How does the CAH ensure that staff knows where emergency equipment and supplies are kept?
 - How is the supply inventory maintained?
 - Who is responsible for monitoring supplies?
 - How are supplies replaced?
 - When was the last time emergency supplies were used?
 - Is there an equipment maintenance schedule (e.g., for the defibrillator)?
 - Ask staff if equipment has ever failed to work when needed.
 - Examine sterilized equipment (e.g., tracheostomy sets) for expiration dates when applicable.
 - Examine the oxygen supply system to determine functional capabilities.
 - Check the force of the vacuum (suction) equipment to see that it is in operating condition.
- Review on-call schedules to determine how the CAH ensures that a qualified staff member is on call 24 hours a day and available on site at the CAH within 30 minutes, or 60 minutes in certain frontier areas.
- Interview staff to determine how the CAH staff knows who is on call. What documentation demonstrates that a MD/DO, nurse practitioner, physician assistant, clinical nurse specialist or registered nurse (as allowed under (d)(3)) with emergency training or experience has been on call and available on site at the CAH within 30 or 60 minutes, as appropriate?

Patient rights when in the emergency room and posted signage

The Emergency Medical Treatment Labor Act (EMTALA) CMS regulations require Medicare-participating hospitals to post signage outlining patients' rights under EMTALA in the emergency department and areas where patients will be examined or treated, or wait to be examined or treated, for emergency medical conditions (EMCs).

Patients have these protections in emergency rooms:

1. An appropriate medical screening exam to check for an EMC, and if they have one,
2. Treatment until their emergency medical condition is stabilized, or

3. An appropriate transfer to another hospital if they need it

Federal laws help protect patients from unfair treatment and discrimination. Because of EMTALA, patients can't be denied a medical screening exam or treatment for an emergency medical condition based on:

- If they have health insurance.
- If they can pay for treatment.
- Their race, color, national origin, sex, religion, disability, or age.
- If they aren't a U.S. citizen.

March Lunch and Learn to review 2024 hospital IJ incidents



DIAL's Medicare Services Manager Hema Lindstrom will review finalized immediate jeopardy incidents (IJ) cited at hospitals during the last year.

When: Wednesday, March 12, 11:30 a.m. -12:30 p.m.

Where: Join the meeting online or join by phone: (US)
+1 475.441.4667 PIN: 300 630 831#

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