

Date: August 30, 2024 Time: 9:30 AM

Webinar - 9:30 a.m.-11:30 a.m.

IHA Members: \$195 per organization

Non-IHA Members: \$245 per organization

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The Centers for Medicare & Medicaid Services (CMS) continuously updates the Conditions of Participation (CoPs) for hospitals to reflect the evolving healthcare landscape and standards of care. Appendix W, the section of the CMS State Operations Manual outlining Critical Access Hospital (CAH) survey protocols, regulations and interpretive guidelines, underwent extensive updates and revisions in March 2020.

Strengthen Your Compliance Program

This five-part webinar series will provide hospital leaders and staff the knowledge and strategies needed to navigate the 300-page Appendix W manual. Led by Nancy Ruzicka, BS, RPh, MBA, MJ, CHC, a seasoned expert in Medicare CoPs, this series will provide invaluable insights to help your CAH meet and exceed Medicare compliance standards.

What You'll Learn

This comprehensive series covers the entire CAH manual and beyond. By attending you'll gain:

- In-depth understanding of CAH-specific regulations and interpretive guidelines
- Strategic insights into recent revisions and effective compliance strategies
- Competitive edge on challenging standards that impact both Illinois CAHs and nationwide trends, ensuring your hospital stays ahead of the curve

Key Topics

Subjects covered in this series include:

- · Frequently cited CoPs
 - Patient rights
 - o Physical environment and maintenance
 - Medication administration

- Emergency preparednessSwing bed servicesRegulatory changes
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 - Patient rights
 - o Infection prevention program
 - o Antibiotic stewardship program
 - Quality Assurance and Performance Improvement (QAPI)
 - Swing bed requirements (including Appendix PP tags)

Part 5 Topics: Quality Assurance and Performance Improvement (QAPI), Discharge Planning, and Patient Rights

This session will discuss the newest CAH CoPs: Quality Assurance and Performance Improvement (QAPI), discharge planning, and patient rights.

At the conclusion of part five, participants should be able to:

- Implement effective QAPI initiatives using the CMS framework and worksheet.
- Identify and implement the CMS discharge planning requirements and utilize the CMS worksheets to ensure discharge plans meet regulatory standards.
- Explore basic expectations and requirements for patient rights in Critical Access Hospitals.

The series will benefit CAH:

- Administrators (CEOs, COOs, CMOs, CNOs)
- · Compliance, accreditation and regulation leaders and staff
- · Quality improvement leaders and staff
- Risk management leaders and staff
- · Facility management leaders and staff
- Infection preventionists and infection prevention committee members
- Healthcare attorneys
- Health information management leaders and staff

- Directors of radiology, laboratory, emergency department, outpatient care, rehabilitation (occupational therapy, physical therapy, speech pathology and audiology) and operating room
- Clinical leaders including physicians, nurses, pharmacists, social workers and dieticians

Nancy M. Ruzicka, BS, RPh, MBA, MJ, CHC Owner, Ruzicka Healthcare Consulting

A recognized expert, Ruzicka focuses on state and federal rules, regulations, and interpretative guidelines. She provides consultation to individual client hospitals, nursing facilities, rural health clinics, physician offices and other Medicare-certified healthcare providers through onsite mock surveys, remote consultation and interpretation of Medicare Conditions of Participation. Ruzicka also provides education on federal regulations throughout the nation to multiple state hospital associations. She has served as content expert and editor for regulatory client hospital education for Lammico, a medical malpractice insurance company.

Ruzicka previously worked as the Compliance and Integrity Officer at MercyOne Des Moines Medical Center and Director of Regulatory Compliance at UnityPoint Health, Des Moines. She has more than 20 years of experience with the lowa Department of Inspections and Appeals. While working for the State of Iowa, she surveyed hospitals, critical access hospitals, psychiatric hospitals, intermediate care facilities for developmentally disabled, nursing homes and other Medicare-certified entities. Ruzicka was responsible for updating state hospital licensing regulations, which had not been updated since the early 1970s.

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