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## State of Wisconsin

Department of Health and Family Services

### Division of Quality Assurance

#### Question and Answers

#### Addressing the New 2007 Hospital Regulations

##### Question #1

When do the new federal regulations become effective?

**Answer:** The new regulations addressing :

- Section 42 CFR 482.22 Condition of Participation: Medical Staff,
- Section 42 CFR 482.23 Condition of Participation: Nursing Services,
- Section 42 CFR 482.24 Condition of Participation: Medical Record Services,
- Section 42 CFR 482.25 Condition of Participation: Pharmaceutical Services, and
- Section 42 CFR 482.52 Condition of Participation: Anesthesia Services

were published in the Federal Register / Vol. 71, No. 227 / Monday, November 27, 2006  
<http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/E6-19957.pdf> (exit DHFS).

**They became effective January 26, 2007.**

The new regulations addressing Section 42 CFR 482.13 Condition of Participation: Patient Rights were published in the Federal Register / Vol. 71, No. 236 / Friday, December 8, 2006.  
<http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/06-9559.pdf> (exit DHFS).

**They became effective January 8, 2007.**

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##### Question #2

Will Wisconsin follow CMS's new rule and allow a registered nurse, (not just advanced practice nurse prescribers) or a physician assistant to perform the 1-hour evaluation? Such RNs and PAs would have training in restraint and seclusion as set forth in CMS's new rule.

**Answer:** Yes, Wisconsin supports this change.

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##### Question #3

The CMS rule refers to a 1-hour assessment, however, Wis. Stat. 51.61(1)(i)1 speaks to a 30 minute assessment. Is Wisconsin going to adopt the 1-hour assessment, or maintain its requirement for a 30-minute assessment?

**Answer:** The state and federal requirements address different concerns. The CMS 1-hour rule (42 CFR 483.13(e)(12)) applies to the in-depth evaluation that takes place within 1 hour after the patient is placed in restraints or seclusion to evaluate the patient's immediate situation; the patient's reaction to the intervention; the patient's medical and behavioral condition; and the need to continue or terminate the restraint or seclusion.

The 30 minute status review in Wis. Stat. 51.61(1)(i)1 is intended to ensure that when a patient is placed in isolation or restraint, his or her dignity and safety are protected and that there is regular, frequent monitoring by trained staff to care for the patient's bodily needs. This monitoring addresses such things as the patient's need for fluids, toileting, skin care, adjustment of the restraints if too tight. Etc. This would be good nursing practice for the care of a patient who has been immobilized by restraints or placed in seclusion. Accordingly, OQA expects facilities to continue to comply with the 30 minute status review requirement in Wis. Stat. 51.61(1)(i)1.

#### **Question #4**

Will OQA be putting out guidance to providers specifying how the provisions of the new rule work with the state requirements? I was looking at DSL-BQA-01-046. There's some confusion about who can order and whether the act can be delegated to an RN or APN with the federal change.

**Answer:** OQA is in the process of discontinuing DSL-BQA-01-046 "Clarification: CMS Hospital Condition of Participation: Patients' Rights "One-Hour Rule" and issuing a new OQA Memo to accurately reflect the new federal regulations addressing this issue.

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#### **Question #5**

Will the OQA 06-006 Memo be updated to be more consistent with the new federal regulations?

**Answer:** OQA is also in the process of discontinuing DDES-BQA Memo 06-006 "Variance of Chapter HFS 124, Wisconsin Administrative Code: Authentication of Physician Orders" and issuing a new OQA Memo to reflect consistency with the new federal regulations.