

DQA Quarterly Information Update

JANUARY 2018

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Save The Date: Health Care in the Built Environment Conference on March 14, 2018

Office of Plan Review and Inspection

Office of Plan Review and Inspection (OPRI) is pleased to announce the Health Care in the Built Environment Conference for health care facility owners, designers, builders, regulatory officials, and Division of Quality Assurance (DQA) staff on March 14, 2018, at the Glacier Canyon Conference Center in Wisconsin Dells. The conference is being developed in collaboration with DQA, health care

facility owners, designers, builders, and provider association representatives.

Three components that shape the health care built environment are project delivery, facility design, and a collaborative regulatory model. This conference brings together the major stakeholders engaged in the development of health care infrastructure



through a common thread of process improvement from planning, regulatory review and construction, to occupancy. View the [conference brochure](#). Registration is [now open](#).

Diet Orders in Nursing Homes and Facilities Serving People with Developmental Disabilities

Bureau of Education Services and Technology

Effective December 2, 2017, Wisconsin Act 101 amends Wis. Admin. Code chs. DHS 132 and DHS 134. [Act 101](#) allows the attending physician to delegate to a licensed or certified dietitian the task of prescribing a resident's diet—including a therapeutic diet or a modified diet. This change was made to provide consistency with recent changes made to the federal nursing home regulations. If you have questions regarding this information, please contact:

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*"To know even one life has
breathed easier because
you have lived. This is to
have succeeded."
-Ralph Waldo Emerson*

Fire and Evacuation Plans Review

Office of Plan Review and Inspection—Reprinted from a CMS Newsletter



“You treat a disease, you win, you lose. You treat a person, I guarantee you, you’ll win, no matter what the outcome.”
-Patch Adams

With all the scrutiny on emergency preparedness, take a fresh look at your fire plan. Do you have one complete plan or do you have multiple versions in your disaster manual? Do you have multiple ‘sections’ that are not incorporated into one complete plan? Make sure that everything is in one plan, so there are no conflicts and that the reader does not think they are done reading ‘the’ plan when in fact there are multiple editions/sections. Also make sure every manual in your facility has been updated.

Are the numbers in your plan or calling tree out of date? Or did you use a sister facility’s plan that has different phone numbers for your area – Fire Marshal, Health Department and Fire Department?

Do you have an assignment for an evacuation point outside? If you used a sister facility’s plan, is the evacuation point accurate for your facility? Have you shared this plan with the local fire department? They might want to set up command in that very spot.

Do you have an assignment for who will be the designee to call 911? This is a new requirement

to the 2012 Life Safety Code. This might be a redundant concept, but there is a good reason – what if the fire alarm did not transmit? Or, if it did transmit and the fire department is on the way, staff can now give them good information: (for example) yes, we have a real fire, it is this big, in this room, we used two fire extinguishers and it is not extinguished, we are evacuating to this wing and we will meet you at the front door. Don’t forget to have a backup for the night shift if your assignment is the receptionist and that is not a 24/7 position.

Does everyone know to pull a pull station for a fire no matter what? Old plans for ‘major’ and ‘minor’ fires are not current/acceptable.

Do you have a plan for the preparation and evacuation of a floor or wing?

Do you have a smoke compartment evacuation plan? Once staff determine the need to evacuate, start with residents in immediate surrounding area of fire, then the triangle of rooms around the room of fire origin (next to and across the hall from the room of origin), then the remaining rooms

in the smoke compartment working away from the room of origin, trying not to cross the line of fire with the residents. Some residents may be evacuated outside while others may be evacuated beyond a set of smoke doors.

Do your evacuation and fire plans say to evacuate based on if the residents are ambulatory, use wheelchairs or are bedridden? After evacuation of the compartment of origin, and you find the need to evacuate further away, then it would be prudent to evacuate based on ambulation status (ambulatory, wheelchair, bedridden) since you can move faster. But it would not be fair to residents occupying the triangle of rooms around the room of fire origin to be last out because they are bedridden.

If you have separate fire and evacuation plans, make sure they are consistent.

Keep this as simple as possible – if you have a smoke compartment plan from every smoke zone in your building, will staff be able to remember all of those instructions? If they know the above information, they should be able to find the safe zone every time, no matter where they are in the building (and be able to articulate this to a surveyor).

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Do you have cross-corridor doors? Examples might be at the entrance to a memory care unit or doors to a service hall. Cross-corridor doors are access control doors that are not smoke barrier doors. You need to evaluate your building and identify where all of your smoke/fire barriers are and if you have cross-corridor doors. Make sure staff know these are not part of the smoke compartment plan as they sometimes look like smoke barrier doors.

If you care for residents with specialized needs (such as ventilator or bariatric units), have a general plan in place and make sure staff know what to do. If the bed won't fit through the door, you need to have a plan in place for rescue. Always make sure you are adequately staffed for emergencies when you are providing care to special populations.

Does your plan or training materials cover all aspects of what your facility offers staff to fight a fire? Does it cover a bit about the construction, the fire alarm and sprinkler systems, the generator, the smoke barriers, identification of smoke doors, identification of cross-corridor doors that are not smoke barrier doors, all types of fire extinguishers in your

facility – including the K or halon, the range hood, etc. It is important for all staff to know what equipment is in the kitchen. There was a recent IJ as a result of a fire where the night shift nursing staff were unable to extinguish the fire because they used the wrong type of extinguisher and didn't know about the range hood or how to activate it

Do you have the required print copies at the security station or nurse's station? Don't just rely on the computer – it will be the first thing to go down in the event of an emergency.

Don't forget to in-service staff when you change your policies.

19.7.2.1* Protection of Patients.

19.7.2.1.1 For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel.

19.7.2.1.2 The basic response required of staff shall include the following:

- (1) Removal of all occupants directly involved with the fire emergency
- (2) Transmission of an appropriate fire alarm signal to warn other building occupants and summon staff

(3) Confinement of the effects of the fire by closing doors to isolate the fire area

(4) Relocation of patients as detailed in the health care occupancy's fire safety plan

19.7.2.2 Fire Safety Plan. A written health care occupancy fire safety plan shall provide for all of the following:

- (1) Use of alarms
- (2) Transmission of alarms to fire department
- (3) Emergency phone call to fire department
- (4) Response to alarms
- (5) Isolation of fire
- (6) Evacuation of immediate area
- (7) Evacuation of smoke compartment
- (8) Preparation of floors and building for evacuation
- (9) Extinguishment of fire

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Content from the CMS Midwest Consortium Newsletter Volume 2 Issue 11, January 2017. By Kathy Achor, LSC Specialist.

“Predicting rain doesn't count. Building arks does.”

-Warren Buffett

EMTALA Requirements Reminder

Bureau of Health Services

Bureau of Health Services/ Acute Care Compliance Section saw a 125% increase in the number of EMTALA investigations from FY2016 to FY2017. The information below is provided as a reminder of the EMTALA requirements.

In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented. <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/>

In the federal fiscal year 2016 (October 2015–September 2016), the Bureau of Health Services

investigated eight EMTALA allegations. Concerns about inappropriate transfer and discharge of a patient and inappropriate medical screening examination were the common allegations. Of the eight EMTALA investigations completed, seven of those investigations were substantiated with citations.

Fiscal year 2017 (October 2016–September 2017) saw an increase from eight EMTALA allegations in FY16 to 18 EMTALA allegations in FY17, resulting in a 125% increase. Inappropriate medical screening examination as well as inappropriate transfer and discharge of the patient remain the most common allegations. Of the 18 EMTALA investigations conducted, 17 were substantiated with citations.

As we begin our 2018 federal fiscal year, it appears that EMTALA allegations are still of concern. The Bureau of Health Services / Acute Care Compliance Section have already investigated three EMTALA allegations, which is one more than this time last year. Inappropriate transfer and discharge of a patient are again the most common allegations.

For transfers between medical facilities, the State

Operations Manual (SOM) provides that:

“A patient is stable for transfer if the patient is transferred from one facility to a second facility and the treating physician attending to the patient has determined, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at the second facility with no material deterioration in his/her medical condition, and the treating physician reasonably believes the receiving facility has the capability to manage the patient’s medical condition and any reasonably foreseeable complication of that condition.”

Hospitals that transfer patients to recipient hospitals when the patients are considered stable “for transfer,” but whose EMCs have not been resolved, are still required to perform an appropriate transfer. An inappropriate transfer of an individual with an EMC would be a violation of the hospital’s EMTALA obligation.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SCletter04-10.pdf>

For additional information, please visit: <https://www.dhs.wisconsin.gov/regulations/hospital/providerinfo.htm>



Changes In DQA Staff

Bureau of Assisted Living (BAL)	Office of Plan Review and Inspection (OPRI)	Bureau of Nursing Home Resident Care (BNHRC)	Bureau of Education Services and Technology (BEST)
<p>New Appointment: Merrilee Follensbee as health services specialist on December 10, 2017. Her location is Southeastern Regional Office.</p> <p>New Appointment: Brianna Sewell as health services specialist on December 10, 2017. Her location is Southeastern Regional Office.</p>	<p>New Appointment: JoAnn Henriques as operations program associate on October 31, 2017.</p>	<p>New Appointment: Michelle Snider as nurse consultant 1 on January 7, 2018. Her location is Southern Regional Office.</p> <p>New Appointment: Rebecca Lynn as nurse consultant 1 on November 13, 2017. Her location is Southern Regional Office.</p>	<p>New Appointment: Mary Van Rossum as nurse consultant 2 on November 27, 2017.</p>

CMS Survey and Certification Letters (October, November, December)

Listed below are survey and certification (S&C) letters distributed by Centers for Medicare & Medicaid Services (CMS) since our last issue was published. The CMS website for reviewing all memos is located at:

<http://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgenInfo/policy-and-memos-to-states-and-regions.html>

CMS S&C Memo No. Affected Provider(s)	Title
17-44-Hospitals (Revised 10/18/2017)	Advanced Copy–Revisions to State Operations Manual (SOM) Hospital Appendix A
17-44-Hospitals (Revised 10/27/2017)	Advanced Copy–Revisions to State Operations Manual (SOM) Hospital Appendix A
17-45-NH	Electronic Staffing Submission - Payroll-Based Journal (PBJ) Public Use File
17-46-CLIA	Clarification Regarding the Use of Control Materials as Calibrators to Determine Test Cut-off Values
17-47-ALL	Advance Notice Solicitation Deadline - National Background Check Program
18-01-NH	Revised Policies regarding the Immediate Imposition of Federal Remedies- FOR ACTION
18-02-NH	Clarification regarding Nurse Aide Training and Competency Evaluation Program (NATCEP/CEP) Waiver and Appeal Requirements
18-03-HHA	Home Health Agency (HHA) Subunits
18-04-NH	Temporary Enforcement Delays for Certain Phase 2 F-Tags and Changes to Nursing Home Compare
18-05-NH	Preparation for Launch of New Long-Term Care Survey Process (LTCSP)

CMS S&C Memo No. Affected Provider(s)	Title
18-06-Hospitals	Clarification of Ligature Risk Policy
18-07-CLIA	Clinical Laboratory Improvement Amendments of 1988 (CLIA) Proficiency Testing (PT) Referral Categories
18-08-NH	Initiative to Address Facility Initiated Discharges that Violate Federal Regulations
18-09-RHC	Revised Rural Health (RHC) Guidance—State Operations Manual (SOM) Appendix G—Advanced Copy
18-10-ALL	Texting of Patient Information among Healthcare Providers

DQA Publications (October, November, December)

Listed below are DQA publications that have been newly created during the past quarter. DQA publications can be accessed online at: <https://www.dhs.wisconsin.gov/publications/index.htm>

Number	Title	Date
P-01765	Regulatory Oversight of Community-Based Residential Facilities	09/2017
P-00976	Misconduct Definitions	11/2017
P-02030	WisCaregiver Career Program (WCP) – Fact Sheet	11/2017
P-02031	WisCaregiver Career Program (WCP) – Participating Nursing Facilities (map)	11/2017
P-0231A	WisCaregiver Career Program (WCP) – Nurse Aide Training Programs (map)	11/2017
P-62014	Survey Guide – Long-Term Care Facilities (Revision)	12/2017

Division of Quality Assurance

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