

## **Proposed Rule to Prohibit Discrimination, Reduce Hospital-Acquired Conditions, and Improve Antibiotic Stewardship**

### **OVERVIEW**

On June 13<sup>th</sup>, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule that would update the Conditions of Participation that hospitals and critical access hospitals must meet to be reimbursed by Medicare and Medicaid. Under the proposed rule, all hospitals would be required to implement infection prevention and antibiotic stewardship programs and establish policies that explicitly prohibit discrimination. The rule proposes several additional policy clarifications and revisions for hospitals and critical access hospitals.

CMS will accept comments on the proposed rule until August 15<sup>th</sup>. This document summarizes several provisions of the proposed rule, which is available [here](#).

### **INFECTION PREVENTION AND ANTIBIOTIC STEWARDSHIP PROGRAM**

Under the proposed rule, hospitals would be required to implement programs that align infection prevention and antibiotic stewardship efforts. To lead these joint programs, hospitals would have to appoint infection control officer(s) and antibiotic stewardship leader(s). The proposed rule mandates that hospitals demonstrate adherence to nationally recognized guidelines for infection prevention and antibiotic stewardship from the Centers for Disease Control and Prevention, Society for Healthcare Epidemiology of America, Infectious Diseases Society of America, or other recognized professional societies.

### **ANTI-DISCRIMINATION POLICY**

The proposed rule would require all participating hospitals to implement a written policy that prohibits discrimination on the basis of race, religion, national origin, sex, gender identity, sexual orientation, age, or disability. Discriminatory behavior would include, but would not be limited to, denying treatment on any of the aforementioned bases. Hospitals would be required to inform the patient and/or the patient's caretakers of their right to be free from discrimination and provide guidance on how to report discriminatory behavior. This information would have to be conveyed in a language that the patient and/or the patient's caregiver can understand.

### **QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI)**

The proposed rule would require that hospitals incorporate quality indicator data related to hospital readmissions and hospital-acquired conditions into their QAPI program. To satisfy this requirement, hospitals would be allowed to use data that is already being reported for the Hospital Inpatient Quality Reporting program, the Hospital Value-Based Purchasing Program, the Hospital-Acquired Condition

Reduction Program, the Medicare and Medicaid Electronic Health Record Incentive Programs, and/or the Hospital Outpatient Quality Reporting program.

## **LICENSED PRACTITIONERS**

The proposed rule would change the title “licensed independent practitioner” to “licensed practitioner.” The term licensed practitioner would include both physician assistants and advanced practice registered nurses. The proposed rule clarifies that the use of restraint or seclusion may be ordered by an authorized physician or other licensed practitioner. After 24 hours of restraint or seclusion, a physician or other licensed practitioner must see and assess the patient before a new order of restraint or seclusion is prescribed.

## **NURSING SERVICE**

The proposed rule clarifies that hospitals must provide nursing staff to meet the needs of patients, regardless of whether that patient is in an inpatient or outpatient facility. However, the rule would allow hospitals to implement alternative staffing policies for low-risk outpatient departments, such as MRI facilities. These facilities would not be required to have a registered nurse physically present.

## **MEDICAL RECORDS**

Under current law, hospitals are required to document the following inpatient medical records: justification for admission and continued hospitalization, diagnosis, patient progress, and response to medications and services. The proposed rule would additionally require hospitals to document: all diagnoses associated with each inpatient stay and outpatient visit, all services provided the patient, complications, hospital-acquired conditions, health care-associated infections, transfer summaries, discharge instructions, and final diagnosis. The rule would require medical records to be completed within 30 days of an inpatient stay and within seven days of an outpatient visit. The proposed rule also notes that when patients request their medical records and both paper and electronic formats are readily available, the hospital would be required to provide the patient with medical records in the format requested by the patient.