



mln listening session

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Hospital Co-location

Thursday, June 27, 2019

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Quality, Safety & Oversight Group



Acronyms in this Presentation

- CMS = Centers for Medicare & Medicaid Services
- CoP = Condition of Participation
- EMTALA= Emergency Medical Treatment and Active Labor Act
- QAPI= Quality Assessment and Performance Improvement
- SOM= State Operations Manual



Agenda

- Background
- Draft [QSO 19-13 Memorandum](#)
- [State Operations Manual](#) (SOM), Appendix A
- Request for comments and questions



Background Information



Background Information – Co-location

- Causing increased costs and burden for facilities, while not directing impacting quality of care
- Surveyors from CMS Regional Offices, State Agencies, and accreditation organizations did not have clarity on co-location that caused confusion for surveyors and providers



Draft QSO-19-13 Memorandum – Co-location of Hospitals with Hospitals or Other Healthcare Facilities

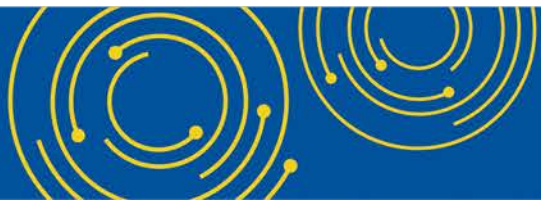


Draft QSO-19-13 Memorandum – Co-Location of Hospitals

- Released interpretive guidance in draft form on May 3, 2019, for comment and review
- Draft guidance explains hospital co-location in the context of Hospital Conditions of Participation (CoPs)
- Draft guidance discusses compliance (CoPs) as it relates to staffing, contracted services, space (distinct vs. shared), and the provision of emergency services
- Draft guidance discusses survey procedures for assessing compliance with the Hospital CoPs for hospitals which are co-located
- After review of feedback submitted, CMS will publish final versions of SOM Appendix A



Co-location of Hospitals



Co-location of Hospitals

- A hospital that is located on the same campus of, or in the same building used by, another hospital or healthcare facility
- The hospital may be co-located in its entirety or only certain parts of the hospital may be co-located with other healthcare entities
- Hospitals located in the same (campus or building) as another hospital or healthcare entity, each certified entity is responsible for demonstrating separate and independent compliance with the hospital CoPs



Co-location and Staffing



Co-location and Staffing

- Each Medicare-certified hospital is responsible for independently meeting staffing requirements of the CoPs and any of the services for which the hospital provides, whether or not those staff are provided directly by the hospital or under arrangement or contract
- This does not include the medical staff
- For staff provided under arrangement or contract:
 - The staff cannot float between facilities or perform the same functions in both facilities simultaneously
 - Training for contract staff should be the same as direct employees of the facility
 - Staff is immediately available to provide services as may be required



Co-location and Contracted Services



Co-location and Contracted Services

- As the co-located hospital is responsible for providing all of its services in compliance with the hospital CoPs, these services may be provided under contract or arrangement with another co-located hospital or healthcare entity
- Services provided under contract or arrangement must be incorporated into the hospital's Quality Assessment and Performance Improvement (QAPI) program
- Contracted services may be performed onsite or offsite
- Oversight of contracted services is provided by the governing body



Co-location and Space

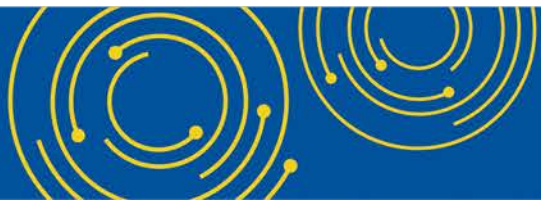


Co-location and Space (Distinct vs. Shared)

- The hospital is expected to have defined and distinct spaces of operation for which it maintains control at all times
- Distinct spaces include any clinical spaces designated for patient care for the protection of patient safety
- Distinct spaces are any spaces that are necessary for the protection of patient privacy
- Shared spaces are considered public spaces and public paths of travel that are utilized by the hospital and the co-located healthcare entity
- Co-located entities would be individually responsible for compliance with the CoPs in those spaces



Co-location and Emergency Services



Co-location and Emergency Services

- A co-located hospital may or may not offer emergency services
- Hospitals without emergency departments must have appropriate policies and procedures in place for addressing individuals' emergency care needs 24 hours per day and 7 days per week
- Co-located hospitals that contract with another emergency department are considered to provide emergency services and subject to Emergency Medical Treatment and Active Labor Act (EMTALA) rules
- Hospitals must anticipate potential emergency scenarios typical of the patient population it routinely cares for in order to develop policies and procedures and ensure staffing that would enable it to provide safe and adequate initial treatment of an emergency
- Contracting with another entity for the appraisal and initial treatment of patients experiencing an emergency is only permitted when the contracted staff are immediately available at all times and cannot be working simultaneously at another facility



Surveying Co-located Hospitals



Surveying Co-located Hospitals ~~Co-location~~

- Surveyors will be surveying the hospital whether or not it is co-located based on their survey process
- When surveying a hospital that may be co-located, surveyors will be assessing the hospital for compliance with the hospital CoPs, not surveying for co-location
- There may be instances that the surveyor may need to survey shared spaces between the hospital and its co-located entity
- Any deficiencies cited for a hospital in a shared space will result in the initiation of a complaint survey for noncompliance in the other co-located certified entity
- A deficiency identified in a contracted service for the appropriate CoP for that service should be cited in addition to citing the governing body as they are responsible for oversight of contracted services



Feedback Session



Logistics

- CMS seeks feedback on 4 topics:
 1. Staffing
 2. Contracted Services
 3. Space
 4. Emergency Services
- For each topic, participants will be queued and have a maximum of 3 minutes each to provide input



Resources

- Comments and questions regarding the draft guidance for Co-location of Hospitals with Hospitals or Other Healthcare Facilities described in the draft QSO-19-13 memorandum and discussed today can be submitted to:

QSOG_Hospital@cms.hhs.gov

Or

HospitalSCG@cms.hhs.gov

- All comments must be received no later than Tuesday, July 2, 2019.



Thank You

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