



CE Continuing Education

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Crosswalk

The Joint Commission and Centers for Medicare and Medicaid Services Pathway to Patient Safety and Quality

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ABSTRACT

Perinatal nurses rely upon a myriad of resources in the course of providing care. Although not always appreciated by direct-care nurses, nurse managers, and administrators, regulatory and accrediting bodies exert a pervasive influence over the provision of care in almost every hospital in the United States. The Centers for Medicare and Medicaid Services (CMS), a federal agency, and The Joint Commission (TJC) offering voluntary accreditation programs for hospitals hold a primary goal in common. They both aim to protect the health and safety of patients and improve the quality of hospital care. To further that aim, TJC has published a matrix, the “TJC-CMS Crosswalk.” The “Crosswalk” provides a visual illustration of the alignment between TJC hospital accreditation standards and the CMS “Conditions of Participation for Hospitals in Medicare.” This article defines the Conditions of Participation and associated Joint Commission Standards. A secondary goal is to explain the collaborative role of TJC in hospital certification for reimbursement in Medicare and its impact on hospital-based practice, perinatal education, and performance improvement activities.

Key Words: compliance, conditions of participation, crosswalk, hospital accreditation standards, nursing care plans, patient safety

Perinatal nurses rely upon a myriad of resources in the course of providing care, including evidence-based practice guidelines, hospital policies, and procedures and protocols. Perinatal nurses utilize standards and recommendations promulgated by professional organizations including the Association of Women’s Health, Obstetric and Neonatal Nursing (AWHONN) and the American College of Nurse-Midwives (ACNM) to plan safe and effective care. In addition, although not always fully appreciated, employee performance objectives or job descriptions provide direction to nurses, outlining expectations for professional practice and collaborative teamwork that enhance positive patient outcomes.

Although not always appreciated by direct-care nurses or unit-based managers, regulatory and accrediting bodies exert a pervasive influence over the provision of care in almost every hospital or healthcare system in the United States.^{1,2} Two entities exercise the greatest impact on patient care services in the United States, from admission of the patient through discharge planning and release or transfer to another level of care. The first of these 2 organizations is the Centers for Medicare and Medicaid Services (CMS), a federal agency that establishes the minimum mandatory requirements for patient care titled the Conditions of Participation for Hospitals in Medicare. The second is The Joint Commission (TJC), a not-for-profit organization offering voluntary accreditation programs for hospitals and other healthcare facilities. The Joint Commission sets forth standards that hospitals must comply with to achieve and maintain accreditation status. The primary mission of both the CMS and TJC accreditation process is to protect the health and safety of patients and improve the quality of care. To achieve this objective, the CMS and TJC have developed a formal collaborative relationship. The Joint Commission has formally aligned

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its hospital accreditation standards with the CMS Conditions of Participation. To demonstrate these mutual requirements for care, TJC has published a matrix titled, *The Joint Commission and CMS Crosswalk*,³ comparing the 23 CMS Conditions of Participation applicable to hospitals with the equivalent TJC Standards. The purpose of this article is to describe the CMS and the Conditions of Participation and the relationship of these federal regulations to TJC Standards. A secondary aim includes exploring the utility of the TJC-CMS Crosswalk as a performance improvement tool and an educational strategy to enhance team knowledge of and compliance with healthcare regulations and accreditation standards.

The Centers for Medicare and Medicaid Services

The CMS is a federal agency within the US Department of Health and Human Services (DHHS). It is the United States's government's principal agency for protecting the health of all Americans. The DHHS also ensures that essential healthcare services are provided to the most vulnerable people in society including infants and children, the elderly, those with physical and mental disabilities, individuals and families with limited financial resources, and people with limited English language proficiency and health literacy. The agency administers the Medicare Program, the federal health insurance program for people aged 65 years or older and younger individuals with disabilities. It was established in 1965 when President Lyndon B. Johnson signed the Social Security Amendments to the Social Security Act. There are several different components of Medicare coverage: part A provides insurance for, among other things, in-patient hospital stays and part B insures preventative services, outpatient care, some physician services, and medical supplies.⁴ Under the Social Security Act, the CMS has been charged with responsibility for administration and oversight of the program, including establishing minimum health and safety requirements for care. The CMS is authorized to certify hospitals and reimburse them for the cost of care rendered to beneficiaries. In addition, the CMS determines the total reimbursement paid to each hospital, based not only on the number of beneficiaries treated but also on the facility's track record for reducing preventable patient injuries, complying with safety goals, and achieving positive patient care outcomes. Top performing hospitals are reimbursed at a higher rate than those hospitals that have a greater incidence of, among other things, medication errors, hospital-acquired infections, and patient rights violations.² The CMS conducts periodic recertification and sets reimbursement levels on the basis of evidence of compliance with the Conditions of Participation de-

termined during site visits. The site visits are conducted by a state entity known as The State Agency. The CMS is also charged with the duty of responding to reports of noncompliance, including patient or family complaints about hospital services and patient care and ensuring that the facility develops an appropriate plan to correct deficiencies identified by on-site surveyors.

Conditions of participation

The Conditions of Participation delineate in explicit detail, the mandatory steps that hospitals must take to be certified. Under the Social Security Act, the CMS is responsible for setting these minimum health and safety standards. The Conditions provide the foundation for improving the quality of care and protecting the health and safety of beneficiaries.⁵ Although the Medicare program provides insurance to people aged 65 years and older, all units within the facility, including all perinatal units, must be in compliance with the Conditions of Participation. Thus all perinatal nurses must possess a basic understanding of the Conditions, and nurses in leadership roles (eg, charge nurses, clinical coordinators, managers, and administrators) must maintain a strong grasp of the specifics of these federal regulations. The CMS validates, through a survey process, that the care rendered to all patients, regardless of age or insurance coverage, meets the requirements of the Conditions.

Table 1 lists important federal government Web sites that provide valuable resources and information regarding the Conditions of Participation, as well as other related healthcare laws, rules, and regulations. Nurses may retrieve and download materials without cost at these government-sponsored Web sites. For example, the Conditions of Participation are available at the CMS Web site.⁶ The Conditions are accessed as a PDF download titled "Appendix A of the State Operations Manual."⁷ The State Operations Manual not only defines the 23 Conditions of Participation that apply to hospitals and the employees who provide patient care services, it also delineates the rationale for each of the Conditions. The rationale is titled as "Interpretive Guidelines" and make clear the purposes for each of the 23 requirements. In addition to explaining the reason for each Condition of Participation, the State Operations Manual also describes how the CMS or State Agency surveyors will determine whether the Conditions of Participation have been met (eg, through observations of patient care processes, interviews of staff and patients, and review of the medical record). Table 2 provides an example of the Condition of Participation related to discharge planning.

Table 1. United States government Internet Web sites: Conditions of participation for hospitals in medicare resource

Centers for Medicare and Medicaid Services (CMS). Survey & Certification—Certification & Compliance—Hospitals	http://www.cms.gov/Medicare/Provider-Enrollment-andCertification/CertificationandCompliance/Hospitals.html
Centers for Medicare and Medicaid Services (CMS)—State Operations Manual Appendix Q—Guidelines for Determining Immediate Jeopardy. Revision 102: 02-14-14.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap.q.immedjeopardy.pdf
Roadmap for quality measurement in the traditional Medicare fee-for-service program	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/downloads/QualityMeasurementRoadmap_OEA1-16_508.pdf
Centers for Medicare and Medicaid Services (CMS): Regulations and Guidance—Hospitals	http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospitals.html
State Operations Manual: Appendix A—Survey Protocols, Regulations, and Interpretive Guidelines for Hospitals	www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap.a.hospitals.pdf
Compilation of Social Security Laws: Part E—Miscellaneous Provisions Definitions of Services, Institutions, etc.	http://www.socialsecurity.gov/OP_Home/ssact/title18/1861.htm
Medicare Program: General Information	http://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html
Office of Minority Health's <i>National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care</i>	http://www.jointcommission.org/assets/1/6/Crosswalk_CLAS_-20140718.pdf

This Condition requires a revision in the discharge plan when the patient's status changes during the course of hospitalization. Generally, it is the primary nurse assigned to the patient who makes these revisions. However, when a patient has complex problems and needs, multiple team members may be involved in revising specific aspects of the discharge plan (such as, the nutritionist, physical therapist, or a wound care specialist).

The Conditions of Participation are also available online at the Code of Federal Regulations (CFR) Web site.⁸

The CFR is the government publication that lists the official and complete text of federal agency regulations. The US Code of Federal Regulations is composed of 50 separate titles. Title 42 is the principal set of rules and regulations issued by federal agencies regarding public health. Title 42 of the Code of Federal Regulations, Part 482 contains the Conditions of Participation and is abbreviated in references as 42 CFR Part 482. The CFR is regularly updated and reflects each revision in the CMS Conditions of Participation.

Table 2. Centers for Medicare and Medicaid Services: State operations manual

Appendix A: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

Condition of Participation: Title 42; Part 482; Paragraph (c); Subparagraph (4)

482.43 (c) (4)—The hospital must reassess the patient's discharge plan if there are factors that may affect continuing care needs or the appropriateness of the discharge plan.

Interpretive Guidelines 482.43 (c) (4)

Changes in a patient's condition may warrant adjustments to the discharge plan. Hospitals must have in place either a routine reassessment of all plans or a process for triggering a reassessment of the patient's post-discharge needs, capabilities and discharge plan when significant changes in the patient's condition or available supports occur.

Survey Procedures. 482.43 (c) (4)

- Review a sample of cases to determine if any significant changes in the patient's condition were noted in the medical record that changed post-discharge needs, and if the discharge plan was updated accordingly.
- In making this determination, ask staff responsible for discharge planning when and how

Centers for Medicare and Medicaid Services (CMS). State Operations Manual. Appendix A. Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. Revised 09-26-14

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap.a.hospitals.pdf>

The importance of demonstrating compliance with the Conditions of Participation cannot be overstated. The CMS expects all certified hospitals to comply with 100% of the Conditions of Participation 100% of the time.² More than 3000 American hospitals participate in the Medicare Program and many rely heavily on federal reimbursement to meet operating costs.⁹ The CMS conducts surveys when a hospital first requests permission to participate in Medicare and must demonstrate compliance on a periodic basis thereafter to remain certified and eligible for reimbursement. The CMS may delegate the survey process to an entity designated the State Agency. On average, site visits will be made to the facility after initial certification about every 3 to 4 years. The frequency of site visits is also based on factors such as whether or not the hospital is also accredited by TJC. The CMS or designated State Survey Agency will also respond when a patient, a family member, or a hospital employee submits a complaint to the DHHS about a hospital or the care provided within the facility. The CMS may also conduct a survey when notified of events reported to state licensing boards or when it becomes aware of a sentinel event publicized by the media.

Although surveys generally occur during daytime weekday hours, they may be conducted at other times. This may include weekends and times outside of normal business hours. All hospital surveys are unannounced.¹⁰ The surveyors utilize Appendix A of the State Operations Manual and focus on the performance of patient-focused processes and how the organization accomplishes them. The surveyors directly observe the implementation of care, stationing themselves as closely as possible to patients to make observations.¹ Surveyors do not ordinarily examine patients, although in some circumstances, to determine the patient's health status when it appears the patient is in immediate jeopardy it is permissible.^{9,11}

As noted previously, patients and nurses are often interviewed during the survey. Surveyors gather information about the staff's knowledge of the patient's needs, plan of care, and progress toward goals and the patient's understanding of the reasons for admission, knowledge about the plan of care, and perceptions regarding the quality of care. In addition to observations and interviews, the surveyors closely scrutinize the patient's medical record, evaluating the plan of care, discharge planning, and compliance with requirements for, among other things, documentation of physician's orders and medication administration. If deficiencies in compliance are discovered, the State Agency will produce a report that identifies the specific Conditions that have been violated. Consumers, healthcare quality advocates, and researchers have advocated for release of

information about noncompliance and violations of the Conditions of Participation identified during surveys. However, currently there is limited information available and the process of retrieving data is not organized in a fashion that can be easily accessed by consumers of healthcare.^{12,13}

The Joint Commission

Founded in 1951, TJC is an independent organization that accredits and certifies more than 20 000 healthcare organizations.¹⁴ The Joint Commission accreditation process seeks to help organizations improve the safety and quality of care and resolve patient care problems. The Accreditation Standards are the basis of a voluntary, objective evaluation process. There are more than 250 TJC hospital accreditation standards and they address all aspects of care including, among other things, patient rights and education, infection control, environmental safety, medication management, verification of qualifications and competence of employee and medical care provider, error prevention, and quality improvement activities.¹⁵ Each standard is defined by specific Elements of Performance. The Elements of Performance provide guidance regarding specific actions, processes, or structures that must be fulfilled to achieve the goal of a standard.³ Table 3 provides an example of TJC Standard and associated Elements of Performance and its corresponding Condition of Participation. The requirement pertains to the hospital's duty to ensure that there is a plan of care for each patient.

TJC and deemed status

The CMS and TJC have had a long-term collaborative relationship with the intent to protect patients from harm and improve the quality of care. Eligibility requirements for CMS certification and TJC accreditation are, in many instances, similar or identical. Like the CMS, TJC carries out an unannounced, in-depth on-site evaluation of all hospitals seeking accreditation. This dual evaluation of services by the CMS and TJC has placed a significant burden on hospitals in terms of time and expenditure of resources. In an attempt to remedy the problems inherent in dual surveys, TJC has made revisions in its hospital accreditation standards to closely align with the CMS Conditions of Participation. As a consequence, in November 2009, TJC was granted deemed status by the CMS. Deemed status indicates that TJC-accredited hospitals are considered in compliance with the CMS Conditions of Participation and are eligible to receive Medicare funding. Granting deemed status to TJC reduces, in most cases, the number and frequency of CMS surveys, unless consumer complaints or a report

Table 3. The joint commission standard of care and elements of performance^a— Provision of care standard (PC): 01.03.01

The hospital plans the patient's care	
Element of Performance 1:	The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. See also Record of Care, Treatment and Services (RC) 02.01.01.E.P.2 The medical record contains the following clinical information: Treatment goals, plan of care, and revisions in the plan of care
Element of Performance 5:	The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.
Element of Performance 22:	Based on the goals established in the patient's plan of care, staff evaluate the patient's progress
Element of Performance 23:	The hospital revises plans and goals for care
Corresponding CMS condition of participation	
CFR 42 482.23(b)(4):	The hospital must ensure that the nursing staff develops and keeps current a nursing care plan for each patient

^aAdapted from The Joint Commission Hospital Accreditation Standards (HAS) 2014. TJC Resources. Oakbrook Terrace, IL.

of an unanticipated adverse outcome triggers a visit by surveyors. The alignment of CMS and TJC requirements has reduced confusion about the certification and accreditation process. Furthermore, linking the CMS Conditions of Participation with TJC standards has clarified and reinforced the mandatory elements of care for healthcare workers and hospital administrators.

TJC—CMS crosswalk

With the publication of the TJC-CMS Crosswalk,³ TJC has clarified the relationship between TJC Standards and the CMS Conditions of Participation. This reference is designed in tabular form and compares each Condition of Participation with its related TJC Hospital Accreditation Standard. The CMS Conditions of Participation with Interpretive Guidelines are located in the left-hand column of each page and the relevant TJC Hospital Standard and its associated Elements of Performance are found in the right-hand column. Table 4 provides an example of how the Crosswalk is designed.

CMS and TJC crosswalk current challenges

Anecdotal data suggest that most front-line clinicians and unit-level managers have limited, if any, knowledge about the CMS and Conditions of Participation.¹⁶ Unit-based managers and clinical educators were often unaware of Crosswalk resources, and their importance in achieving staff compliance with federal rules and regulations and TJC accreditation standards. It would not be an overstatement to assert that direct care providers rarely consider care processes in terms of specific Conditions of Participation and related TJC Accreditation Standards and their Elements of Performance. There is

widespread unfamiliarity with the Conditions of Participation by direct care nurses and physicians as well as charge nurses. Recent media coverage of hospital errors and poor patient outcomes, CMS-DHHS survey findings and levying of fines for noncompliance with the Conditions of Participation has improved the awareness of top-level nurse managers, administrators, and hospital leaders regarding the Conditions.^{16,17} In many hospitals, the role of a compliance officer has been integrated into the organization's leadership to ensure the facility's adherence with federal and state healthcare laws, rules, and regulations. In critical access hospitals (25 or fewer beds), the role of compliance officer may be assigned to a quality improvement or risk management professional. The compliance officer develops, initiates, maintains, and revises policies and procedures for the hospital's compliance program and its related activities to prevent illegal, unethical, or improper conduct.¹⁸ A major role responsibility involves responding to alleged violations of rules, regulations, policies, procedures, and standards of conduct by evaluating or recommending the initiation of investigative procedures. Another important function of the compliance officer is to disseminate information about federal healthcare laws, rules, and regulations and TJC accreditation standards to unit-level leaders and educators who in turn will improve front-line clinicians' awareness of these requirements.

Raising crosswalk awareness

The TJC-CMS Crosswalk offers nurses at all levels of practice, education, and leadership a clear path to achieve positive patient outcomes. First and foremost, it raises the awareness of the entire patient care team

Table 4. Example of 2014 TJC-CMS crosswalk^a

CMS Condition of Participation	TJC Hospital Accreditation Standard
<p>CFR Title 42 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>Interpretive Guidelines A RN must supervise the nursing care for each patient. A RN must evaluate the care for each patient upon admission and when appropriate on an ongoing basis in accordance with hospital policy. Evaluation would include the patient's care needs, patient's health status/condition as well as the patient's response to interventions</p> <p>Survey Procedure</p> <ul style="list-style-type: none"> • Review staffing schedules and assignments • Determine that a RN is assigned to supervise and evaluate the nursing care furnished to each patient 	<p>Provision of Care (PC): 01.02.05 Qualified staff or independent practitioners assess and reassess the patient</p> <p>E.P. 1: On the basis of the initial assessment, a registered nurse determines the patient's needs for nursing care as required by hospital policy, law, and regulation</p>

^aAdapted from The Joint Commission Hospital Accreditation Standards (HAS) 2014. TJC Resources. Oakbrook Terrace, IL.

about federal law, healthcare rules and regulations, and TJC accreditation standards that govern all major aspects of patient care. Nurse educators and managers may incorporate specific reference to Conditions of Participation and associated TJC Standards when developing or revising hospital or unit-based policies and procedures. For example, the specific Condition(s) of

Participation and the TJC accreditation standard(s) may be defined in a policy's Purpose section or set out as a subsection titled "Crosswalk: Statutory Requirements and Accreditation Standards." Table 5 provides an example of a Crosswalk subsection that can be integrated into the hospital's policy regarding the informed consent process. A Crosswalk subsection of a policy or

Table 5. Example policy: Informed consent

Crosswalk Requirements
Conditions of Participation
<p>482.13 (b) (2)—The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care, planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of a treatment or services deemed medically unnecessary or inappropriate.</p> <p>482.51 (b) (2)—A properly executed informed consent form for the operation must be in the patient's chart before surgery, except in emergencies.</p> <p>482.24 (c) (4) (v)—All records must document the following as appropriate Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent. TJC Hospital Accreditation Standards 2014</p> <p>Standard RI. 01.03.01—The hospital honors the patient's right to give or withhold informed consent.</p> <p>Elements of Performance RI. 01.03.01</p> <ol style="list-style-type: none"> 3. The hospital respects the patient's right to refuse care, treatment, and services in accordance with law and regulations. 7. The informed consent process includes a discussion about the patient's proposed care, treatment and services 9. The informed consent process includes a discussion about potential benefits, risks and side effects of the patient's proposed care, treatment and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation 11. The informed consent process includes a discussion about reasonable alternatives to the patient's proposed care, treatment and services. The discussion encompasses risks, benefits and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment and services <p>Standard RI. 01.02.01—The hospital respects the patient's right to participate in decisions about his or her care, treatment and services. Standard</p> <p>Elements of Performance RI. 01.02.01</p> <ol style="list-style-type: none"> 20. The hospital provides the patient or surrogate decision maker with the information about the outcomes of care, treatment, and services that the patient needs to participate in current and future healthcare decisions

procedure aims to clarify the specific regulatory and accreditation requirements underpinning a specific policy or procedure.

Quality improvement strategies include a goal of enhancing nurses' knowledge of the TJC-CMS Crosswalk. This may be accomplished in part by introducing the Crosswalk during the nurse's initial orientation to the hospital and again during clinical orientation to the perinatal unit. The nurse leader may incorporate a requirement for familiarity with the TJC-CMS Crosswalk in the Performance or Job Description. Nurses seeking clinical advancement demonstrate comprehensive knowledge of the Crosswalk and demonstrate this knowledge in written care plans, educational presentations, and participation in compliance or quality improvement committee participation.

Incorporating Crosswalks into unit-based performance improvement metrics may clarify for team members the elements of each specific Crosswalk that must be met. It provides team members with the actual regulatory language and TJC requirements that surveyors will rely upon to determine a hospital's compliance with the law and accreditation standards. For instance, the leadership team can set forth, in a unit's monthly analysis of compliance, the written Condition of Participation and related TJC standard for each quality improvement criterion.

Managers and educators often post new CMS and TJC compliance criteria as well as revisions in existing Conditions of Participation and associated accreditation standards when they have been finalized by the CMS and TJC. Perinatal units create space to display these documents in areas where all team members frequently meet. Associated changes in hospital policies and procedures are also included to demonstrate the direct relationship between CMS Conditions, TJC accreditation standards, and hospital requirements for patient care. Additional resources such as TJC's new Crosswalk titled "Crosswalk: Culturally and Linguistically Appropriate Services in Health and Health Care"¹⁹ are also distributed to team members and posted on educational bulletin boards in the department. The Culturally and Linguistically Appropriate Services Crosswalk compares the Office of Minority Health's *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* to TJC's 2015 Hospital Accreditation Standards. It is accessible online at the TJC Web site http://www.jointcommission.org/assets/1/6/Crosswalk-_CLAS_-20140718.pdf. In addition, evidence-based guidelines and recommendations promulgated by organizations such as AWHONN, ACNM, and the Association of Operating Room Nurses (AORN) are posted along with Crosswalk materials to demonstrate the interrelatedness of rules, regulations,

accreditation requirements, and professional standards for patient care.

Specific Crosswalk templates can be used to demonstrate the direct relevance of the Conditions of Participation and TJC Standards to real-world clinical problems. Over a specified period of time, the Crosswalk template would be developed by the entire team, encouraging input and questions as it is developed. For example, team members can be challenged to create a Crosswalk illustrating the application of the CMS Conditions of Participation and TJC Standards to the following scenario: The care of a morbidly obese patient admitted for induction of labor at 35 weeks' gestation with a new diagnosis of severe preeclampsia and HELLP syndrome, who speaks no English and whose only family support is a 20-year-old brother who has limited English proficiency. This case study would allow for identification and exploration of the Conditions of Participation and TJC Standards related to patient rights, including patient and family participation in planning care, informed decision-making, informed consent, and use of interpreter services. Educators pose questions that aid perinatal nurses to identify regulations and standards mandating documentation of an individualized plan of care for a morbidly obese patient with severe preeclampsia and HELLP syndrome with a planned induction of labor at 35 weeks' gestation. Interdisciplinary collaboration is fostered when all team members are encouraged to provide input regarding the implementation of safety precautions, advanced planning, appropriate consultations, and the provision of essential personnel and bariatric equipment.

As team members develop the individualized care map or care path for this patient and preterm infant, educators prompt them to provide related CMS Interpretive Guidelines and TJC Elements of Performance for each Condition of Participation and TJC Standard. Questions that may be posed include the following: Do the unique problems and needs of the woman and infant alter the standardized discharge plan? How do the special needs of the woman and infant alter the discharge planning process? What additional staff or team education or skill development might be required to ensure that the patient receives safe and appropriate care during the intrapartum period? Are revisions in the staffing template indicated on the basis of the specialized needs of the patient and infant? How does the perinatal nurse verify, in the medical record, efforts to promote patient and family involvement in the plan of care and the birth process? Could the ability of team members to comply with federal regulations and accreditation standards be jeopardized by conditions normally encountered on night shifts, weekends, or holidays? Are there unique TJC Standards related to the

care of this woman and preterm infant, or to care processes for which there are no comparable Conditions of Participation? What steps must be taken to comply with these unique TJC Standards?

Perinatal educators and leaders encourage team members to reference relevant nursing standards (AWHONN, ACNM, and AORN), evidence-based practice guidelines, and other resources into the Crosswalk template as they relate to morbid obesity during pregnancy, preeclampsia, HELLP syndrome, induction of labor, and preterm labor and birth. Incorporating these resources into the Crosswalk template demonstrates the interrelationships between law, regulations, accreditation standards, and other nursing resources. Additional educational strategies may include the distribution and discussion of published reports regarding the most frequently identified CMS noncompliance issues as well as violations of TJC accreditation standards. Printed media, electronic newsletters, and both clinical practice and leadership journals all publish information regarding the ramifications of noncompliance. They provide valuable material for analysis and discussion among health team members and can foster compliance. For instance, in 2013, the CMS levied a total of \$227 million in fines against hospitals in every state but one, for readmission of patients to hospitals within 30 days of discharge. The fines are based in part on a failure of hospitals to comply with the discharge planning requirements set forth by the Conditions of Participation in Medicare. As a consequence, hospitals have begun to redesign discharge processes to include a closer collaboration with community health team members, providing timely information about the patient's hospitalization, critical laboratory results, diagnostic findings, and discharge medications. The goal is to ensure effective continuity of care and reduce the costs inherent in hospital readmissions.²⁰ State departments of health are actively involved in identifying violations of both federal and state healthcare regulations. The California Department of Health and Human Services recently fined a hospital \$225 000 in part, for failure to properly test infants for hyperbilirubinemia before discharge and arrange for proper community follow-up for the newborns.²¹ The CMS State Agency was fully apprised of these fines and utilizes the information to determine the timeline for future unannounced site visits. Reviewing this type of report with direct care providers can be an extremely effective tool for motivating improvements in practice.

CONCLUSION

With increasing regulation of healthcare, the nurse who acquires a thorough working knowledge of the CMS Conditions of Participation and TJC Standards is the

nurse most likely to provide safe and effective care. The axiom "knowledge is power" applies not only to the acquisition of clinical expertise but also to an understanding of healthcare law, regulations, and accrediting standards that underpin the provision of healthcare services. Perinatal nurses are empowered when they have a sound grasp of information provided by the TJC-CMS Crosswalk. These documents are assets to the organization that employs them. Educators and managers now have access to a tool that illustrates, in template form, the relationship between law, regulations, and accreditation standards. The Crosswalk improves their capacity to educate direct care providers, improve compliance rates, and increase positive patient outcomes.

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