

Headlines from the Hill

It's not just about legislation: Hospital CoP rules impact nursing practice for RNs

By Eileen Shannon Carlson, RN, JD

WHILE CONGRESS REMAINED ENTRENCHED with super-committee deliberations and appropriations committees were working on “minibuses” and continuing resolutions, federal agencies were busy issuing proposed and final rules that shape the laws passed by Congress. One such proposed rule, which significantly impacts nursing practice and care for registered nurses (RNs), is the proposed rule for Medicare Conditions of Participation (CoPs) from the Centers for Medicare & Medicaid Services (CMS).

“At our health centers, we believe in treating the whole person,” says Donna Torrisi, MSN, CRNP, executive director and founder of this network of health centers run by certified family nurse practitioners, and a Pennsylvania State Nurses Association member. From the start, her goal was to make sure that area residents’ multidimensional needs were met in as seamless a way as possible.

CoPs are detailed guidelines hospitals must follow in order to participate in Medicare and Medicaid, designed to protect patient health and safety and ensure quality of care. They serve as compliance guidelines for state surveyors and minimum standards for the Joint Commission and other private accrediting bodies. CMS proposed significant changes for hospitals and critical access hospitals (at 42 CFR Parts 482 and 485), which directly impact nursing practice and patient care in several areas.

The American Nurses Association (ANA) encouraged members to consider submitting comments to CMS on this important topic, and submitted its own comments on these proposed rules in December 2011. (ANA comments can be found at its website, www.nursingworld.org/comments). In its comments, ANA applauded CMS for addressing one of the recommendations contained within the landmark Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, related to amending the requirements for hospital participation in Medicare programs. These requirements ensure that APRNs are eligible for clinical and admitting privileges and membership on medical staff. The goal of the recommended changes is to maximize the value of APRNs by removing unnecessary regulatory practice restrictions that are not in accordance with state law.

ANA also highlighted the need for CMS to consider changes to the provision that addresses safe and adequate nurse staffing, with the goal being to assure that hospitals provide adequate numbers of RNs and other

staff to provide the best-quality care to patients. ANA called on CMS to work with it to develop and implement crucial elements to ensure a high standard of care by requiring that hospitals:

- implement a hospital-wide staffing plan that will establish an appropriate number of RNs on each unit to meet the needs of patients
- conduct, no less than annually, an evaluation of the staffing plans based on an assessment of patient outcome data that are nursing sensitive
- make hospital staffing plans publicly available.

ANA spoke to the need to ensure that nursing staff develop and keep current a nursing care plan for each patient. Planning for patient care is one of the core standards of professional nursing practice articulated in ANA’s *Nursing: Scope & Standards of Practice*. ANA also supports CMS’s recommendation to include the nursing care plan as part of the interdisciplinary care plan. The team approach to patient care, with care providers of varying backgrounds, education, skills, and specialty areas working together, enhances quality of care. Allowing hospitals to incorporate each patient’s nursing care plan into the interdisciplinary plan of care is an appropriate way to allow other healthcare providers to access this important nursing information.

ANA also provided comments on the Accountable Care Organization (ACO) proposed rule. This final rule was released in 2011 and can be found at <http://tinyurl.com/7d7wvrj>. The Affordable Care Act created a Medicare Shared Savings Program to reward hospitals, clinicians, and other providers who form ACOs for improving coordination, quality, and efficiency of care for Medicare beneficiaries. This rule finalizes and adds new federal regulations for ACO application, approval, operation, and payment (at 42 CFR Chapter IV Part 425). The final rule contains several provisions and changes adopting, or consistent with, ANA’s recommendations. A copy of ANA’s comments can be found at www.nursingworld.org/comments.

These types of legislative activities are critical to ensure that nurses are able to practice without undue limitations put on the scope of their work. ANA will continue to monitor these and other proposed rules and update nurses on them as they progress. ★

Eileen Shannon Carlson is an associate director of government affairs at ANA.