

Dear Stakeholders,

This is the 2nd draft of the Division's proposed revisions to the QMP rules. Changes from the 1st draft are highlighted in yellow. Any questions or comments regarding these changes should be made by September 15, 2014 and directed to Laurie Schoder at laurie.schoder@state.co.us.

1 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

2 Health Facilities and Emergency Medical Services Division

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4 STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER II - General Licensure Standards

5 6 CCR 1011-1 Chap 02

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7 PART 3. QUALITY MANAGEMENT, OCCURRENCE REPORTING, PALLIATIVE CARE

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9 3.1 QUALITY MANAGEMENT PROGRAM. ~~Every licensed or certified facility, except personal care~~
10 ~~boarding homes of nineteen beds or fewer and except, community residential homes for persons with~~
11 ~~developmental disabilities~~ EVERY HEALTH CARE ENTITY LICENSED OR CERTIFIED BY THE DEPARTMENT
12 PURSUANT TO SECTION 25-1.5-103(1)(a), C.R.S., shall establish a quality management program
13 appropriate to the size and type of facility that evaluates the quality of patient or resident care and
14 safety, and that complies with this Part 3. **ASSISTED LIVING RESIDENCES AND COMMUNITY RESIDENTIAL**
15 **HOMES SHALL HAVE UNTIL DECEMBER 31, 2015 TO ACHIEVE FULL COMPLIANCE WITH THIS REGULATION.**

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17 3.1.1 ~~Within 90 days of the effective date of this regulation for facilities licensed on the effective date~~
18 ~~of this regulation and within 90 days of the issuance of a license to a new facility, every facility~~
19 ~~defined in section 3.1 shall submit to the Department for its approval~~ EVERY HEALTH CARE ENTITY
20 IDENTIFIED IN SECTION 3.1 SHALL DEVELOP ~~a plan for a quality management system~~ PROGRAM THAT
21 SHALL BE AVAILABLE FOR DEPARTMENT REVIEW DURING THE INITIAL LICENSURE SURVEY AND EACH RE-
22 LICENSURE SURVEY. EACH PROGRAM SHALL ~~includes~~ the following elements:

- 23
24 (1) ~~a~~ A general description of the types of cases, problems, or risks to be reviewed and
25 criteria for identifying potential risks, including without limitation any incidents that may
26 be required by Department regulations to be reported to the Department;
- 27
28 (2) ~~i~~ Identification of the personnel or committees responsible for coordinating quality
29 management activities and the means of reporting to the administrator or governing
30 body of the facility;
- 31
32 (3) ~~a~~ A description of the method for systematically reporting information to a person
33 designated by the facility within a prescribed time;
- 34
35 (4) ~~a~~ A description of the method for investigating and analyzing the frequency and causes
36 of individual problems and patterns of problems;
- 37
38 (5) ~~a~~ A description of the methods for taking corrective action to address the problems,
39 including prevention and minimizing problems or risks;
- 40
41 (6) ~~a~~ A description of the method for the follow-up of corrective action to determine the
42 effectiveness of such action;
- 43
44 (7) ~~a~~ A description of the method for coordinating all pertinent case, problem, or risk review
45 information with other applicable quality assurance and/or risk management activities,
46 such as procedures for granting staff or clinical privileges; review of patient or resident

1 care; review of staff or employee conduct; the patient grievance system; and education
2 and training programs;

3
4 (8) ~~d~~ Documentation of required quality management activities, including cases, problems,
5 or risks identified for review; findings of investigations; and any actions taken to address
6 problems or risks; and

7
8 (9) ~~a~~ A schedule for ~~plan~~ PROGRAM implementation not to exceed 90 days after the date of
9 THE INITIAL SURVEY. ~~the facility receives written notice of the Department's approval of~~
10 ~~the plan.~~

11
12 3.1.2 A HEALTH CARE ENTITY'S QUALITY MANAGEMENT PROGRAM SHALL BE CONSIDERED APPROVED IF THE
13 DEPARTMENT DOES NOT CITE ANY DEFICIENT PRACTICE RELATED TO IT. ~~If upon review of the facility's~~
14 ~~plan,~~ the Department finds that ~~it~~ A QUALITY MANAGEMENT PROGRAM does not meet the
15 requirements of these regulations, the Department shall ~~return it to~~ INFORM the facility ~~along with~~
16 ~~IN WRITING OF THE DEFICIENCY OF THE QUALITY MANAGEMENT PROGRAM AND REQUEST OR DIRECT A~~
17 ~~PLAN OF CORRECTION IN ACCORDANCE WITH SECTION 2.11.3(B) OF THIS CHAPTER. A FINDING OF~~
18 ~~DEFICIENT PRACTICE AND SUBMITTAL OF A PLAN OF CORRECTION WILL NOT AFFECT THE~~
19 ~~CONFIDENTIALITY AND IMMUNITY APPLICABLE TO QUALITY MANAGEMENT ACTIVITIES UNDER SECTION 25-~~
20 ~~3-109, C.R.S. the specific reasons for disapproval and establish a reasonable date for~~
21 ~~resubmittal of a revised plan meeting the requirements of these regulations.~~

22
23 3.1.3 ~~IF A HEALTH CARE ENTITY HAS A QUALITY MANAGEMENT PROGRAM THAT COMPLIES WITH THE QUALITY~~
24 ~~STANDARDS OF A MEDICARE DEEMED STATUS ACCREDITING ORGANIZATION, MEDICARE CONDITIONS OF~~
25 ~~PARTICIPATION OR MEDICARE CONDITIONS FOR COVERAGE, AS APPLICABLE, IT SHALL NOT BE REQUIRED~~
26 ~~TO DEVELOP A SEPARATE STATE QUALITY MANAGEMENT PROGRAM AS LONG AS THE ENTITY CAN SHOW~~
27 ~~THAT ITS PROGRAM INCLUDES THE ELEMENTS IN SECTION 3.1.1.~~
28 ~~In lieu of requiring the submission of an entire plan for a quality management program as~~
29 ~~required under section 3.1.1, the Department may accept documented evidence of compliance~~
30 ~~with any or all applicable standards of the Joint Commission on Accreditation of Health Care~~
31 ~~Organizations, Medicare conditions of participation, or other acceptable standards regarding risk~~
32 ~~management and quality assurance functions. The Department may accept submission of all or~~
33 ~~part of a plan or appropriate documentation regarding any or all elements required in section~~
34 ~~3.1.1.~~

35
36 ~~3.1.4~~ Any facility that makes a permanent and substantive change in its quality management plan
37 shall submit a description of the change to the Department prior to implementation. The
38 Department shall notify the facility if it determines that such change does not meet the
39 requirements of these regulations along with the specific reasons therefor.

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41 ~~3.1.5~~ 4 The Department may audit the ~~A LICENSEE'S~~ quality management program to determine its
42 compliance with ~~THIS SECTION 3.1.~~ the approved plan.

43
44 (1) If the Department determines that an investigation of any incident or patient or resident
45 outcome is necessary, it may, unless otherwise prohibited by law, investigate and
46 review relevant documents to determine actions taken by the facility.

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48 ~~(2) This section shall be effective June 1, 1988.~~

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DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES

CHAPTER VIII - FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

6 CCR 1011-1 Chap 08

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Section 5 – Administrator

5.1 The administrator shall be responsible on a full time basis to the governing body for planning, organizing, developing and controlling the operations of the facility.

5.2 The administrator shall develop a written plan of organization detailing the authority, responsibility, and functions of each category of personnel.

5.3 ~~RESERVED The administrator, in consultation with one or more physicians and one or more registered professional nurses and other related professional health care personnel, shall develop and at least annually review appropriate written policies and procedures for the care of the residents, including, but not limited to, admission and transfer of residents; dental, diagnostic, dietary, medical and emergency care; nursing, pharmaceutical, physical and occupational therapy, training and social services as applicable.~~

~~(A) A community residential home that submits a quality improvement plan to the Department for approval, and implements and maintains a quality management program in accordance with the approved plan shall be excluded from the requirement listed in section 5.3 of this chapter.~~

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