



New COP' on Discharge Planning & Emergency Services

**DFW Hospital Council Patient Safety Summit
September 2025
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Presentation Objectives

By the conclusion of this program, the participant will be able to:

- Identify new requirements in discharge planning and emergency services.
- Discuss the impact of these requirements on hospital compliance programs.
- Determine specific actions hospitals can take to come into compliance with these requirements

Conflict of Interest Statement

The presenter has no conflicts of interest as regards this presentation.



Otherwise... I'm quite conflicted.

- Should I pay my taxes or go to Vegas?
- Should I jaywalk or wait forever for the miserable light to change?

You get the picture!

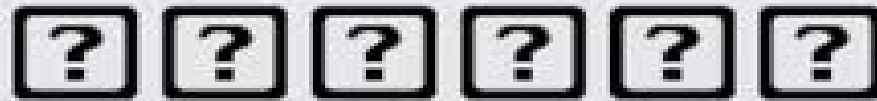
Background

- CMS published the Outpatient Prospective Payment Final Rule in November 2024
 - The Rule was updated in January 2025
 - Update included changes to the COP' specifically relating to obstetrical services
 - Rule becomes effective July 1, 2025
 - Applies to hospitals & critical access hospitals
 - Accrediting organizations were required to submit proposed standards to CMS by May 23, 2025



One Huge Caveat

- CMS did not publish any interpretive guidance to go with the new requirements.
 - There is no indication as to when guidance will be forthcoming.
 - Essentially accreditors have developed standards “in the dark”.
 - Anticipate revisions when the guidance is published



Discharge Planning

Applies to Hospitals

§ 482.43(c) Discharge Planning – Transfer Protocols

- *The hospital must have written policies and procedures for transferring patients under its care (inclusive of inpatient services) to the appropriate level of care (including to another hospital) as needed to meet the needs of the patient.*
 - Consider using EMTALA transfer requirements as the basis for policy development
 - Already addresses emergent transfers from Emergency Departments
 - Easily customizable for inpatient and other outpatient settings
 - Assure that all care settings where a transfer could occur are addressed

Discharge Planning

Applies to Hospitals

§ 482.43(c) Discharge Planning – Transfer Protocols

- *The hospital must also provide annual training to relevant staff regarding the hospital policies and procedures for transferring patients under its care*
 - Training should address transfer policy requirements and attendant documentation
 - Relevant staff include:
 - Case Managers
 - Discharge Planners
 - Social Workers
 - Registered Nurses
 - Others



Emergency Services

Hospitals & Critical Access Hospitals

§482.55 (c) *Emergency Services Readiness*

*In accordance with the **complexity and scope of services offered**, there must be adequate provisions and protocols to meet the emergency needs of patients.*

- Applies to hospitals with an Emergency Department
 - Includes ED' located off-site of the main campus
 - Does not apply Urgent Care Clinics unless the clinic holds itself out as being an Emergency Department
 - Does not apply to hospitals that may have only a treatment room to deal with emergencies (LTAC, IRF, etc.)

Emergency Services

Hospitals & Critical Access Hospitals

§482.55 (c) *Emergency Services Readiness*

- **Protocols.** *Protocols must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate post-delivery care.*
 - Requirement does not state that all care must be protocol driven
 - Does require that when protocols are used, they must be evidence based
 - Does require a protocol-based approach to managing obstetrical emergencies
 - Pregnancy Induced Hypertension
 - Eclampsia
 - Post-partum Hemorrhage
 - Abruptio of the Placenta / Placenta Previa
 - Stillbirth / Intrauterine Demise
 - Post-partum Depression

Emergency Services

Hospitals & Critical Access Hospitals

§482.55 (c) Emergency Services Readiness – Protocols

- Consider the following content:
 - Applicability
 - Initiation
 - Patient Assessment
 - Treatment
 - Responsibility of Staff / Physicians
 - Medical Record Documentation
 - Training & Education



– Protocols must meet requirements under §482.24(c)(3) / §485.635(a)(3)

Emergency Services

Hospitals

§482.55 (c) Emergency Services Provisions

Provisions include equipment, supplies, and medication used in treating emergency cases. Such provisions must be kept at the hospital and be readily available for treating emergency cases to meet the needs of patients. The available provisions must include the following:

- Drugs, blood and blood products, and biologicals commonly used in life-saving procedures;*
- Equipment and supplies commonly used in life-saving procedures; and*
- Each emergency services treatment area must have a call-in-system for each patient.*

Considerations

- Establish an obstetrical emergency “crash cart”
- If provisions are not kept directly in the ED, then determine timely availability

Emergency Services

Hospitals & Critical Access Hospitals

§482.55 (c) Emergency Services Readiness – Staff Training

Applicable staff, as identified by the hospital, must be trained annually on the protocols and provisions implemented pursuant to this section.

- (i) The governing body must identify and document which staff must complete such training.*
- (ii) The hospital must document in the staff personnel records that the training was successfully completed.*
- (iii) The hospital must be able to demonstrate staff knowledge on the topics implemented pursuant to this section.*
- (iv) The hospital must use findings from its QAPI program, as required at [§ 482.21](#), to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis.*



That's Enough

Thanks for listening.

Any Questions?



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References

- CMS Outpatient Prospective Payment Final Rule published in November 2024 - <https://www.federalregister.gov/documents/2025/01/13/2025-00081/medicare-and-medicaid-programs-hospital-outpatient-prospective-payment-and-ambulatory-surgical>

