

Perinatal Quality Improvement Chat

Maternal Health Conditions of Participation for Prospective Payment Systems and Critical Access Hospitals



AWHONN, 2025

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There will be no contact hour available for this presentation.

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Non-Disclosure

Both speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact today's webinar content.



Objectives

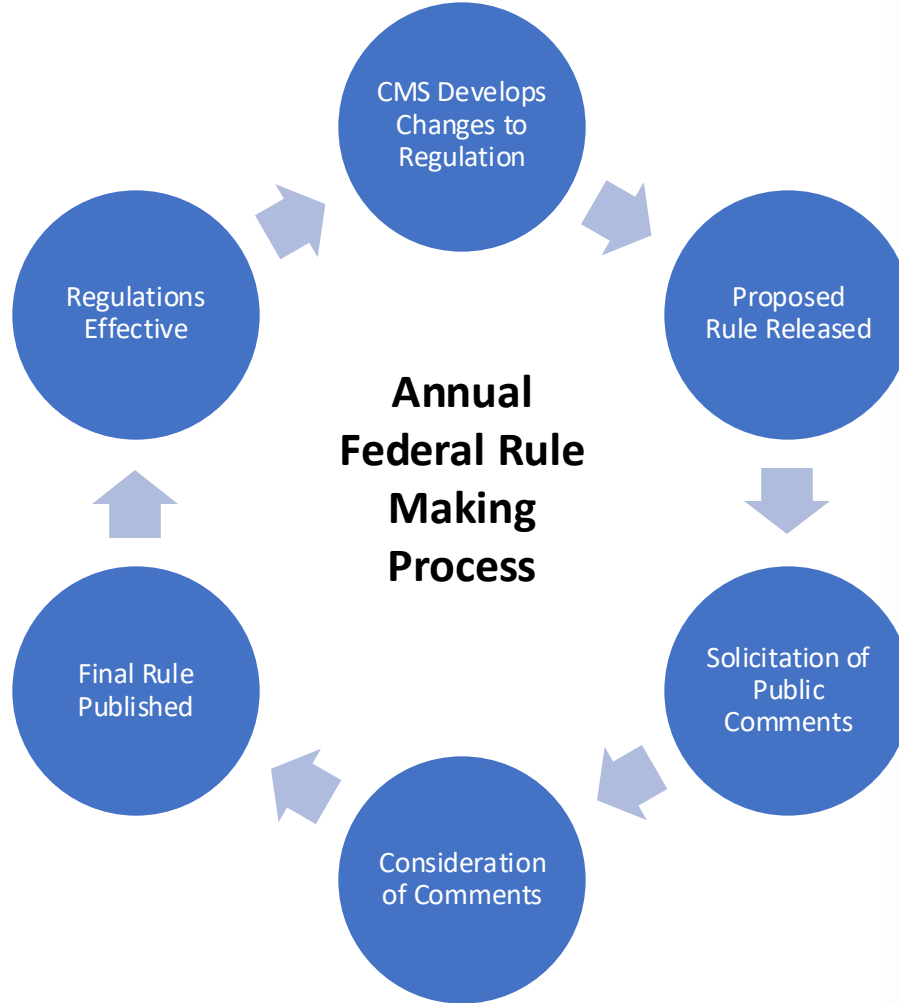
- Discuss Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs)
- Examine CMS Final Rules Process
- Review of CMS CoPs in CMS 2025 Outpatient Prospective Payment System (OPPS)
 - Crosswalk current Hospital and CAH CoPs
- Discuss Best Practices for Compliance



CMS Conditions of Participation (CoPs)

- Standards that healthcare organizations must meet to participate in Medicare and Medicaid
- Act as the foundation for health and safety standards
- Accrediting organizations and facilities must meet or exceed CoPs.





CMS 2025 OPPS Final Rule

- Updated Conditions of Participation (CoPs) for hospitals and critical access hospitals (CAH)
- Goal of updated CoPs:
“To protect the health and safety of pregnant, birthing, and postpartum women.”
- CoP updates impact Hospitals and CAHs with and without obstetrical units

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Health and Safety Standards for Hospitals and CAHs *with and without* Obstetrical Services

- Effective: **7/1/2025**
- Update to Emergency Services CoPs
 - only CoPs that impact Hospitals and CAHS without obstetrical services outside the Emergency Department



Update to Emergency Services CoPs

- **Effective 7/1/2025**
- Maintain protocols consistent with Complexity and Scope of services offered and aligned with Nationally recognized evidence-based guidelines for care of patients with emergency conditions.
 - Including, but not limited to, OB emergencies, complications, and immediate post-delivery care
 - Facility must be able to articulate their standards and sources and to demonstrate that their standards are based on evidence and nationally recognized sources
- *New Language for CAHs CoPs 42 CFR 485.618(e)*



Update to Emergency Services CoPs

- **Effective 7/1/2025**
- Maintain adequate provisions readily available to treat emergencies
 - Including equipment, supplies, drugs, blood & blood products, and biologicals commonly used in life-saving procedures
 - Call-in system for each patient in each emergency services treatment area
- CAH CoPs 42 CFR 485.618 already requires that equipment, supplies, and medication are kept at the CAH and are readily available
 - The Call-in system is not mentioned in the current CAH Emergency Services CoPs



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<https://www.ecfr.gov/current/title-42/section-485.618>



Update to Emergency Services CoPs

- **Effective 7/1/2025**
- Train applicable staff **annually** on protocols and provisions
 - Governing body must identify and document staff to be trained
 - Must be informed by Quality Assurance Performance Improvement (QAPI) program findings
 - Must document successful completion of training in staff personnel records
 - Must be able to demonstrate staff knowledge on training topics
- *New Language for CAHs CoPs 42 CFR 485.618(e)*
- *New Language for Hospitals CoPs 42 CFR 482.55*

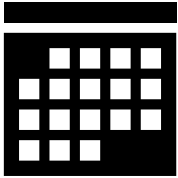


Health and Safety Standards for Hospitals and CAHs *with* Obstetrical Services

- Update to hospital discharge planning CoP to include transfer protocols: Effective 7/1/2025
- Baseline Standards for organization, staffing, and delivery of care in OB units: Effective 1/1/2026
- Maternal Quality Assessment and Performance Improvement (QAPI): Effective 1/1/2027
- Staff training on evidence-based best practices every 2 years: Effective 1/1/2027



Revisions to the Discharge Planning CoP for all birthing hospitals related to transfer protocols



**Effective
7/1/2025**



Maintain written Policies & Procedures for transferring patients (not just OB patients) to appropriate level of care promptly and without delay to meet specific patient's needs

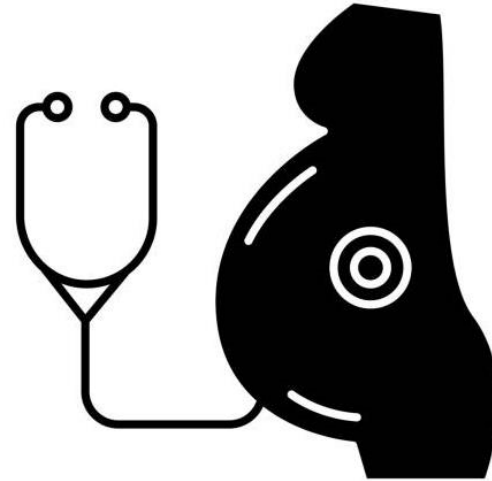


Including transfers from ED to inpatient admission, transfers between inpatient units within hospital, and inpatient transfers to different hospital



Baseline Standards for organization, staffing, and delivery of care in OB units

- **Effective 1/1/2026**
- **Organization and staffing**
 - OB services must be integrated with other departments
 - OB facilities must be supervised by experienced MD/DO, APP, or RN
 - CMS did not provide a definition for “experienced”
 - OB privileges must be delineated for all practitioners based on competencies



CAHs CoPs 42 CFR 485.649(a)

Hospital CoPs 42 CFR 482.59(a)



Baseline Standards for organization, staffing, and delivery of care in OB units

- **Effective 1/1/2026**
- **Delivery of Services**
- Provisions and protocols for OB emergencies, complications, post-delivery care, other health/safety events consistent with nationally recognized and evidence-based guidelines
- At a minimum, Call-in system (call-light) Cardiac monitor, and fetal doppler or monitor must be readily available (vs. present in every room)
 - Crash cart, hemorrhage carts, etc. will suffice.
 - CMS did not define readily available



Quality Assurance and Performance Improvement (QAPI)

- **Quality Assurance (QA):**
 - The specification of standards that if maintained improve safety and quality outcomes for patients.
- **Performance Improvement (PI):**
 - The continuous study and improvement of processes to promote better outcomes



Maternal QAPI CoPs

- **Effective: 1/1/2027**



Measure, analyze, and track health equity data, measures, and quality indicators



Prioritize identified outcomes and disparities, develop and implement actions for improvement, and monitor for sustainability



Perform at least one measurable OB-focused PI project each year



Incorporate state/local Maternal Mortality Review Committee data and recommendations into QAPI program

CAHs CoPs 42 CFR 485.641(b)(3)

Hospital CoPs 42 CFR 482.21(a)



OB Staff Training

- **Effective 1/1/2027**
- Governing body must identify and document which staff must complete initial and **biannual** training on:
 - Evidence-based best practices/protocols
 - QAPI program-identified needs
- Governing body may delegate task but retains responsibility
 - Facilities may request for their board to approve a delegation of authority to the Quality or OB leader
- Initial training included as part of new staff orientation



OB Staff Training



Articulate their standards and the sources to demonstrate that their requirements evidence-based best practices.



Document successful completion of training in staff personnel records



Demonstrate staff knowledge on training

Effective 1/1/2027



Health and Safety Standards for Obstetrical Services in Hospitals and Critical Access Hospitals

- **July 1, 2025**

- Emergency services readiness
- Hospital transfer protocols

- **January 1, 2026**

- Baseline standards for OB services (except OB staff training requirements)

- **January 1, 2027**

- QAPI program for OB services
- OB staff training requirements



Best Practices for Compliance

- **Evidence-Based Protocols:** Develop and adhere to protocols for obstetric care, including hypertensive emergencies and hemorrhage.
- **24/7 Coverage:** Ensure availability of qualified OB providers in OB units.
- **Emergency Drills and Simulations:** Conduct regular multidisciplinary drills.
- **Data Collection and Review:** Establish a system for quality assurance.
- **Documentation:** Accurate, consistent documentation in compliance with CMS guidelines.



Resources

- **Policy and Procedure Templates:** Sample documents aligned with CMS.
 - [AIM Obstetric Emergency Readiness Resource Kit](#)
 - [AIM Community Birth Transfer Resource Kit](#)
- **Quality Improvement Initiatives:** Examples from CMQCC, AHRQ.
 - Contact your state PQC
- **Education and Training:**
 - [AWHONN's Perinatal Orientation & Education Program \(POEP\).](#)
 - [AWHONN's Obstetric Patient Safety \(OPS\)](#)
 - HealthStream Quality OB, Quality OB ED Essentials, & OB Safety Sims
 - [AIM Obstetric Simulation Scenarios for the Emergency Department](#)
- **Clinical Guidelines:** ACOG, SMFM, AWHONN best practices.



References

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- *Qapi description and background*. CMS.gov. (2024c, September 10). <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition>
- *Aim Obstetric Emergency Readiness Resource Kit*. AIM. (2023, May 1). <https://saferbirth.org/aim-obstetric-emergency-readiness-resource-kit/>
- *Community Birth Transfer Resource Kit*. AIM. (2024, August). <https://saferbirth.org/community-birth-transfer-resource-kit/>



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