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Tuesday, Aug.10, 2021

Today's headlines:

- [DIA sees uptick in CAH deficiencies since 2019 CMS final rules](#)
- [CDC to host call about monoclonal antibody treatment for COVID-19 patients](#)
- [Contingent labor beneficial to health systems](#)

DIA sees uptick in CAH deficiencies since 2019 CMS final rules

The Iowa Department of Inspections and Appeals has seen an increase in critical access hospital deficiencies since the Centers for Medicare and Medicaid Services issued [two final rules](#) about privilege and credentialing.

On Sept. 30, 2019, CMS published the [Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency and Burden Reduction](#) final rule, as well as the [Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals and Home Health Agencies](#) final rule. The rulings provided guidance to CMS regional offices, state survey agencies and accrediting organizations.

Since the 2019 final rules, DIA reported several incidents including:

- Athletic trainers were brought into an operating room as surgical first assistants when the critical access hospital's medical staff bylaws only specified a nurse or midlevel provider could be privileged as a first assistant.
- Staff being allowed to operate after privileges had expired.

Critical access hospital privileges granted were outside the capabilities of the hospital. DIA noted additional issue with the external review process, particularly network agreements. A critical access hospital can choose to use a different acute care hospital for its peer-review process but would need to set up a network agreement. DIA found the network hospitals did not follow the requirements of the established network agreement, especially for the network hospital's obligations to help with the quality program.

Other peer-review deficiencies cited include:

- Critical access hospital staff not sending external peer-review charts to their respective network hospital.
- Practitioners recredentialed without the respective critical access hospital receiving the results of an external peer review.
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CMS updated the citation tags in the ASPEN (national data system) and CASPER systems to ensure the revised regulations and minor revisions to guidance are current, available and match the state operation manual. CMS also is developing an online overview course for these revised regulatory requirements.

CDC to host call about monoclonal antibody treatment for COVID-19 patients

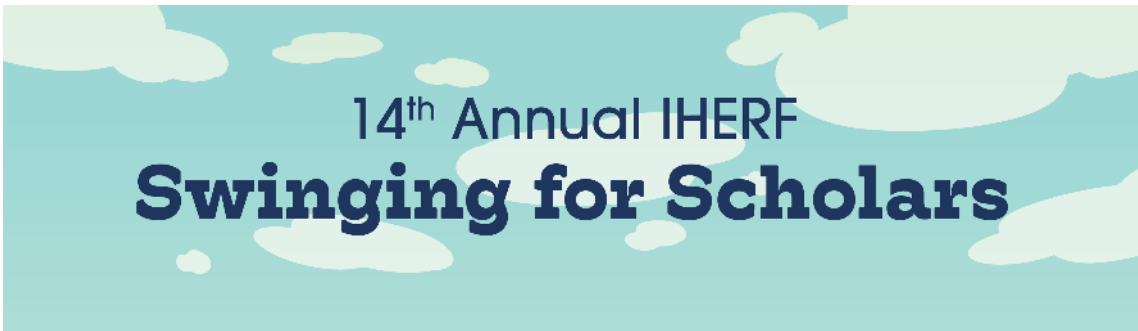
The Centers for Disease Control and Prevention will host a call at **1 pm, Thursday, Aug. 12**, to discuss monoclonal antibody treatment for immunocompromised people with severe COVID-19.

Recently, the US Food and Drug Administration (FDA) issued emergency-use authorization for monoclonal antibody therapy for certain COVID-19 patients. But the efficacy of use for immunocompromised patients is unclear.

During the call, presenters from the FDA and CDC will discuss:

- The FDA's role in issuing emergency-use authorizations.
- Options for compassionate use.
- The process for ordering and distributing monoclonal antibodies.
- Data on using monoclonal antibodies for nonhospitalized and immunocompromised patients.

They will also discuss the role of monoclonal antibodies, serologic testing and potential third dose of COVID-19 vaccines. For information about the presenters and call details, click [HERE](#).



14th Annual IHERF **Swinging for Scholars**

Contingent labor beneficial to health systems

Dan Shedivy, chief financial officer of ServiShare partner Medical Solutions, said contingent labor can help with staff shortages in health care systems.

In a new [blog post](#), Shedivy said health systems can drive long-term financial success by partnering with the right staffing partnerships to incorporate more flexibility into their staffing models. He said the increased financial flexibility through contingent labor provides health systems with dynamic and flexible support while decreasing risk and costs.

The predictive models used by health care staffing partners can determine seasonal and geographic staffing needs. These predictive models can help health care systems manage labor spend, fill positions faster and improve the quality of care and patient outcomes.

To learn more about Medical Solutions, contact Courtney Dobernecker at 402-225-0483 or Courtney.dobernecker@medicalsolutions.com.



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NewsStand

Iowa news

- [UnityPoint will require workers to get COVID-19 vaccinations](#)
- [State board set to vote on North Liberty hospital proposal](#)
- [Call for the state to reconsider COVID-19 laws based on old data](#)

National news

- [Kids struggle with long COVID-19](#)
- [Hospitals in the south are running out of space or staff](#)
- [Zoom launches new telehealth feature for greater accessibility](#)

Click [HERE](#) to read daily NewsStand postings.

Upcoming events

- [The Great Resignation Webinar](#): Aug. 17.
- [Donor Intent and Iowa's Revised Uniform Anatomical Gift Act](#): Aug. 18.
- [A Path Forward: Thriving in Rural Health Care After COVID-19](#): Aug. 19.
- [COVID-19 Provider Relief Fund: Reporting Requirements and Strategies](#): Aug. 24.
- [Swinging for Scholars and All-District Meeting](#): Sept. 2.
- [Iowa Society for Healthcare Engineering Virtual Fall Conference](#): Sept. 16-17.
- [Emergency Preparedness Regulatory Webinar](#): Sept. 23.
- [Iowa Quality Residency Program](#): Oct. 21, 2021-April 8, 2022.

Hospital jobs site connects hospitals with qualified candidates

Are you looking for qualified health care professionals for your Iowa hospital? [HospitalCareers.com](#) can help. This website connects thousands of nurses, providers and other hospital jobseekers with Iowa hospitals each year and is a main resource for jobseekers looking for work in health care.



Your resource for Iowa hospital and health system jobs.

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