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17. US CONGRESSIONAL ACCOUNTABILITY OFFICE REPORT: "End-of-Life Care: Key Components Provided by Programs in Four States [Arizona, Florida, Oregon, Wisconsin]," (GAO-08-66, December 2007, .pdf format, 23p.).

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18. US DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF INSPECTOR GENERAL REPORT:

"Physician-Owned Specialty Hospitals Ability To Manage Medical Emergencies," (OEI-02-06-00310, January 2008, .pdf format, 23p.).

Summary:

This final report provides an assessment of physician-owned specialty hospitals ability to manage medical emergencies. The study was based on data from 109 physician-owned specialty hospitals and relies on a review of staffing schedules for nurses and physicians for 8 sampled days, a review of hospitals staffing policies, a review of policies for managing medical emergencies, and interviews with hospital administrators. We found that about half of all physician-owned specialty hospitals have emergency departments, the majority of which have only one emergency bed. Not all hospitals had nurses on duty and physicians on call during the 8 sampled days. Less than one-third of administrators report having physicians onsite at all times. In addition, two-thirds of hospitals use 9-1-1 as part of their emergency response procedures. Lastly, some hospitals lack basic information in their written policies about managing medical emergencies. We recommend that CMS strengthen its monitoring of physician-owned specialty hospitals. To do this, CMS should develop a system to identify and regularly track these hospitals. Also, we recommend that CMS ensure that hospitals meet the current Medicare Conditions of Participation that require a registered nurse to be on duty 24 hours a day, 7 days a week and a physician to be on call if one is not onsite. Additionally, CMS should ensure that hospitals have the ability to provide for the appraisal and initial treatment of emergencies and that they are not relying on 9-1-1 as a substitute for their own ability to provide these services. Finally, we recommend that CMS require hospitals to include necessary information in their written policies for managing a medical emergency. CMS concurred with all four of our recommendations.

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