



ND CAH Conditions of Participation (CoP) Checklist

February 2009

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IMPORTANT to NOTE:

The contents of this CoP checklist reflect the opinion of the ND CAH Quality Network only. This publication is for informational purposes only. It is meant to be a tool to help assist CAH Network Members with the State Operations Manual and ND State Regulations Chapter 33-07-01.1 (Hospitals). **It is not inclusive**, and **the specific tag and licensing references should be reviewed** to ensure each CAH understands and complies with all parts of the regulation/rules. Please use the checklist in conjunction with other resources. Other regulations may also apply that are not included in this document (i.e., Pharmacy, LSC). The ND CAH Quality Network is not able to ensure that this document is current at all times as changes do occur on occasion.

It is the intent of the CAH Quality Network to update this document on a regular basis and distribute annually to members. Comments are welcome.

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Critical Access Hospital (CAH) Survey Information Sheet

North Dakota Department of Health
Division of Health Facilities
(March 2009)

To expedite the survey process the following information will be needed:

Within 1 Hour:

1. List of department heads with phone extensions/beeper numbers (present to the team leader). A copy for each surveyor.
2. Facility floor plan (present to the team leader). A copy for each surveyor.
3. List of all current hospital inpatients – providing each patient’s name, room number, diagnosis(es), admission date, age, and attending physician. (present to the team leader).
4. List of all current swing-bed residents – providing each resident’s name, room number, diagnosis(es), admission date, age, and attending physician. (present to the team leader).
5. A list of all current medical staff (identify medical staff officers; and if active, courtesy, etc.). Two copies (not originals).
6. One copy (not original) of medical staff bylaws, rules and regulations that have been signed and approved.
7. List of services the facility provides directly. One copy (not original).
8. List of contracted services (provided through arrangements or agreements). One copy (not original).
9. A copy of all service agreements and network agreements including participation in a communications system, physician coverage (if applicable), and referral, admission, and transportation of patients.
10. On call schedules for physicians, mid-level practitioners, laboratory, x-ray etc., for the past three months.
11. Current licensure cards or copies on all personnel who are required to be licensed and registered in the state.
12. A list of all current governing body members and officers. One copy (not original).
13. One copy (not original) of Governing Body bylaws that have been signed and approved.
14. Incident and accident reports for the past six months.
15. Registers or a list identifying the location of registers for: death, surgery, admission, emergency, delivery room/birthing room (if applicable).
16. A list of residents transferred and discharged, from the swing bed unit, in the last three months. The list is to include the resident’s name, date of transfer/discharge, and the location where the resident was transferred/discharged to.
17. The names and addresses of all off-site locations operating under the same provider number. (present to the team leader).

Within 4 hours:

18. Admission material provided to patients.
19. List of authenticated signatures.
20. Minutes of medical staff and committee meeting for the past twelve months.
21. Organizational chart and position descriptions of all personnel.
22. hospital committee meeting minutes for the past twelve months (i.e. Infection Control, Pharmacy & Therapeutics, etc.)
23. One copy (not original) of the approved quality assurance/improvement plan and reporting schedule and meeting minutes for the past twelve months.
24. Governing Body minutes for the past twelve months.
25. Established procedures for Medical Staff Peer Review.
26. Annual Program Evaluation (policies/procedures, minutes from meeting, reports, etc.).
27. Infection Control Program (infection control log, reports etc.).
28. Dietary menus for one month which includes all diets offered.
29. Advance Directive information: policy/procedure, written information provided to patient/resident, location of documentation to verify whether or not the individual has executed an advance directive, evidence that the facility has provided education for staff and the community on issues concerning advance directives.
30. Admission material provided to individuals admitted to the hospital swing bed service.
31. List of all employees – provide employee name, title (i.e., DON, RN, LPN, etc.). Please indicate full or part time employee.

Available Upon Request of Surveyor:

32. Policies and procedures for each department of the hospital covering all services provided directly and indirectly.
33. Files of each physician and mid-level practitioner: application for privileges, credentials, all information required for appointment/reappointment, approved clinical/surgical privileges granted to each individual.
34. Hospital personnel policies and procedures.
35. Staffing schedules for emergency department, outpatient/clinic department, nursing units, etc. for the past three months.
36. Organ procurement policies/procedures and documentation of staff training.
37. Pharmacist registration number.
38. Documentation of inspection of radiology equipment.
39. Documentation of orientation program for new employees, orientation of staff to new programs/services, and annual educational training.
40. Documentation of training for personnel other than physician who are responsible for blood transfusion and IV medication administration.
41. Policies/procedures for use of physical and chemical restraints including swing bed patients.
42. Annual Board of Pharmacy hospital inspection report and plan of correction if applicable.
43. Current and closed records of patients specified by survey team.
44. Personnel file of employees specified by survey team.
45. All contracts with any outside resources and any applicable reports, etc.



CAH Survey Compliance Review Checklist February 2009



TAG	Requirement	Found Y/N/NA
C-0150	CAH & staff compliance with federal, state and local laws & regulations	
C-0151	CAH compliance with federal laws & regulations re: health & safety of patients	
C-0152	Patient care services furnished in accordance with state and local laws, regulations	
C-0154	Staff are licensed, certified or registered per federal, state & local laws	
C-0191 Agreement	Agreement (at least one) with a rural health network hospital & one acute care hospital	
	How the CAH communicates with them & documents communications	
	Written agreement with local EMS	
C-0193	How network shares patient data, electronic data, telemetry, medical records with them	
C-0194	How emergency & non-emergency transport provided between them	
C-0195	Agreement between CAH, one of its network hospitals if applicable, a QIO or equivalent entity, or one other State approved entity for credentialing and quality assurance activities	
	Agreement must include MR reviews for the determination of quality and medical necessity of care	
C-200 ED	Provision of emergency services as a direct service of the CAH- includes provision of services to both inpatients and outpatients ND 33-07-01.1-25(1a)	
	If no ED need policy/procedure governing the handling of emergencies ND 33-07-01.1-25(a2)	
	Need policy /procedure for operation of ED in time of disaster ND 33-07-01.1-25(g-13)	
	Under the direction of a qualified member of the medical staff ; MS bylaws define what "qualified" means	
See also C-0274	Current policies/procedures for every service/procedure given (MS approved) ND 33-07-01.1-25(g)	
	Integration with the CAH-wide QA program	
	Medical staff delineation of criteria for ED privileges	
	How the ED will be staffed appropriately: types & numbers of professionals	
	How will conduct ongoing assessment of ED needs	
	Policy/procedure for emotionally ill or under influence of drugs, alcohol, DOA ND 33-07-01.1-25(g-4)	
	Procedure transfer severely ill ND 33-07-01.1-25(g-5)	
	Procedure communication with police, health authorities ND 33-07-01.1-25 (g-9)	
	How will provide emergency RT services & scope of services (MS approved)	
	Qualifications of RT service providers, including job title, licensure requirements, education, training, experience they may perform without supervision	
	Acceptable standards of practice for RT in ED	



	How to assemble and operate ED equipment	
	Safety practices, including infection control measures (prevention of contamination and cross infection)	
	Handling, storage and dispensing therapeutic gases (includes O2)	
	CPR	
	Procedures for ongoing monitoring/follow up to adverse reactions to treatments or interventions	
	Pulmonary function testing (PFT)	
	Therapeutic percussion and vibration	
	Bronchopulmonary drainage	
	Mechanical ventilation and O2 support	
	Aerosol, humidification and therapeutic gas administration	
	Administration of medications	
	Obtaining and analyzing arterial blood gases (ABGs)	
	Patient triage	
	Administration of electrolytes and fluids	
	Administration of blood products	
	Care and management of injuries to extremities	
	Care and management of injuries to CNS	
	Laboratory testing (includes blood gases) conducted under current, valid CLIA certificate	
C-0201	Emergency services available 24/7 and how CAH will ensure/verify they are ND 33-07-01.1-25 (i)	
	Qualified provider available to see pt within 30 min (rural) or 60 min (frontier) and how CAH ensures patients are seen within the required time	
C-0202	How the CAH ensures needed equipment, supplies & medications always available ND 33-07-01.1-25 (j)	
	Make sure staff knows where equipment is located	
C-0203	All drugs & biologicals commonly used in life-saving procedures available; see tag list; policies for their use as needed (see also C-0276)	
	Medication storage (see also C-0224 & 0276)	
	How inventory is maintained, who is responsible, how used drugs are replaced	
C-0204	How CAH provides needed equipment and supplies	
	How staff informed where they are kept	
	How the supply inventory is maintained	
	How used supplies are replaced	
	Patient care equipment maintenance: how performed, schedule (defibrillator)	
	What to do when equipment fails	
	Who will examine sterilized equipment for expiration dates	
C-0205	Procurement, safekeeping and transfusion of blood, with 24 hour availability	



	Documentation of blood refrigerator temperatures and corrective action as needed	
	Compatibility testing, if performed (CLIA Certified)	
	If collecting blood must register with FDA	
	Need agreement in writing re: provision of blood between CAH and testing lab	
C-0206	If a contracted service, MS approves the contract (will look for agreement)	
C-0207	MS immediately available by phone or radio AND onsite availability within 30 miles (rural) or 60 miles (frontier)	
	Have policy/procedure in place to ensure MD/DO is available by phone	
	RN can satisfy C-0207 <i>temporarily</i> if the CAH has <= 10 beds & frontier & approval given in writing from State ** List of qualified nurses is available	
	Will review call schedules and ask staff if they know who is on call	
C-0209	Coordination with emergency response systems/ambulance	
C-0211	Number of beds	
C-0212	Length Of Stay- CAH provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient	
C-0220 Maintenance	Building & equipment maintenance part of the QA program	
C-0222, C-0225	Housekeeping program: routine, preventive, handling spills	
C-0222, C-0225	Building maintenance program: routine, preventive and inspections	
C-0222, C-0225	Patient care equipment maintenance program: routine, preventive, storage	
C-0223	Have policy for proper storage and disposal of trash; regular and biohazardous waste	
C-0224	Drugs & biologicals: storage and locking (see also C-0203)	
C-0226	Ventilation, lighting and temp control	
C-0227 EP	Emergency procedures for non-medical emergencies	
	Fire, tornado, blizzard	
	Staff training	
C-0228	Emergency power and lighting	
C-0229	Emergency fuel and water supplies	
C-0230	Comprehensive emergency preparedness plan	
C-0231 LS	Life safety plan	
C-0241 Governing Board	Governing board responsibilities/bylaws- board approves MS bylaws	
	Policy/procedure that has governing body or individual that assumes legal responsibility for implementing and monitoring. ND 33-07-01.1-09	
CEO	Delegation of authority for daily operations, as applicable	
C-0242	Policy on reporting changes in ownership to state (243,244)	
C-0243	Reporting changes of principal responsibility to state	
C-0244	Reporting changes in med director/chief of staff to state	
C-0251 MD/DO	The professional staff includes one or more MD/ DO may include PA, NP, or CNS	



C-0252	Professional staff supervises all ancillary personnel	
C-0253	Staffing policies (have sufficient staff to take care of patients)	
	Have staff schedules available for reviewing	
C-0254	Practitioner present & ready to treat patients presenting to the outpatient clinic during announced hours of outpatient clinic operation	
C-0255	RN, CNS or LPN on duty whenever one or more inpatients	
C-0257, C-0261	MD/DO provides medical direction, consultation, & supervision; present at least once every 2 weeks	
C-0258	MD/DO participates in developing, executing & periodically reviewing policies	
C-0259	MD/DO w/ mid-levels periodically reviews patient records, provides orders and provides med services to CAH patients (define "periodically"- see C-0261)	
C-0260	Periodically reviews and signs all records of patients cared for by mid-levels	
C-0263 PA, NP, CNS	Mid-levels participate in the development, execution and periodic (at least once a year- see C-0280) review of policies- ND 33-07-01.1-15(2c)	
C-0264	Participate w/ MD/DO in periodic review of patient health records	
C-0265	Provides services in accordance with CAH policies	
C-0267	Arranges for, or refers pts to, needed services & assures records are maintained and transferred as required	
	Need transfer policy and should be consistent with EMTALA	
C-0268	MD/DO notified when mid-level admits a patient	
	MD/DO is responsible for and monitoring the care of each Medicare/Medicaid patient for all medical problems during hospitalization (see C-0260)	
	If mid-level admits, MD/DO is responsible for med or psych problems outside the scope of practice of the admitting practitioner/mid-level	
C-0271	Services provided as stated in written policy & consistent with state law (QA) ND 33-07-01.1-17	
C-0272	Policy development committee: physician, midlevel, One non-CAH staff member	
C-0273	Policy/procedure on scope of services provided by CAH directly or through agreement	
C-0274, C-0200	Policies for emergency care services	
C-0275	Conditions, signs or developments requiring consultation and/or patient referral (to MD, others)	
	Medical procedures available to mid-level ND 33-07-01.1-15	
	Guideline on maintaining medical record -health care record policies	
	Periodic review and evaluation of services	
C-0276 Medications	Drug storage area in accordance with accepted professional practices (see also C-0203, 0224)	
	Drugs stored according to manufacturer's directions & state/federal law ND 33-07-01.1-21	
	Drugs stored in locked room or container	
	Current, accurate records of receipt & disposition of scheduled drugs; a policy covers control of distribution, use and disposition from entry to disposition; can readily identify loss/diversion; records available	
	Outdated, mislabeled & other unusable drugs not available for patient care	



	Employees provide pharmaceutical services within scope of license & education	
	Pharmacy records detail flow of drugs from entry to disposition	
	Pharmacy maintains control over drugs in all locations, including floor stock	
	Maintaining records related to requisitioning and dispensing drugs	
	Ensure drugs are dispensed only by licensed pharmacist	
	Need to make sure no outdated drugs or mislabeled drugs	
	Only pharmacists or pharmacy-supervised staff compound, label and dispense drugs	
	If a contracted service, how on-premise supervision is accomplished	
	If a contracted service, MS approves the contract	
	Pharmacist job description includes development, supervision and coordination of all pharmacy services activities	
	Pharmacists and pharmacy technicians perform only those duties within the scope of their license/education	
	How do medication orders get to pharmacy & drugs get back to patient promptly	
	All medication orders (except emergencies) reviewed for appropriateness before first dose dispensed (several elements listed)	
	Preparation of sterile products in appropriate environment	
	Pharmacy participation in decisions about emergency medication kits	
	Pharmacy participation in evaluating, use and monitoring drug delivery systems, administration devices, drug-dispensing machines	
	Medication preparation procedures	
	Control of keys to medication rooms, carts, cabinets, containers, etc- safeguarding, transfer and availability of keys	
	Locked medication carts/cabinets when not in use	
	Periodic review and evaluation of actual implementation of pharmacy policies	
	Pharmacy director involved in committee(s) responsible for ?? use procedure	
	Access to concentrated solutions (KCL and NaCL > 0.9%) restricted	
	Unauthorized use and distribution of drugs- includes accounting procedures for receipt and disposition	
	Identification of personnel authorized to access medications	
	Medication labels – minimal information	
	Unit dose system, if in use	
	If pharmacist not available, removal of medications for “immediate therapeutic needs” by authorized individuals (identify how much, who is authorized)	
	Handling controlled drug discrepancies	
	Process for reporting controlled drug losses to appropriate authorities	
C-0277 ADEs	Procedures for reporting adverse drug reactions and errors (ADEs) in the administration of drugs is voluntary, non-punitive; include definitions	
	Written policy/procedure to require ADE be reported immediately to practitioner who ordered the drug	
	Method to measure effectiveness of the reporting system; benchmark	



	Pro-actively identify potential and actual ADEs: includes direct medication pass observe, MR review, ADR surveillance team, medication use evaluation for high-alert drugs; or noted automatically generate a drug regimen review. Review for specified drugs/patient (sole reliance on incident reports does not meet the intent of this element)	
	Availability of up-to-date medication use information, resources	
	Availability of pharmacy expertise 24/7	
	Investigation of cause for return of unused medications to pharmacy	
	High-alert meds with dosing limits, etc	
	Policy limiting the variety of medication-related devices & equipment	
	Alert system for “look alike” and “sound alike” drugs	
	Policy standardization of prescribing and medication communication practices	
	DO NOT USE abbreviations list	
	Requirements for “complete” orders	
	Use of pre-printed orders whenever possible	
	How CAH incorporates external alerts/recommendations re: medication use safety	
	Policy on high alert medication (may include; chemo, heparin>1000units,epidural infusions, fentanyl, insulin, lidocaine with epinephrine vials, neuromuscular blockers, PCA, TPN, moderate sedation, anesthetic agents, and adrenergic agonists)	
	Preparation, distribution, administration and proper disposal of hazardous medications	
	Handling of medication recalls	
	Process for reporting administration errors, adverse reactions and drug incompatibilities immediately to the attending physician	
	Process for review and amendment of policy/procedures following reports of adverse events	
	Process for reporting serious adverse drug reactions to the federal Med-Watch program	
	QA/PI activities for errors/ reactions include identifying potential corrective actions and are implemented, if appropriate	
	Know how drug information will be available at the nursing stations	
C-0278 IC	Establish a written infection control plan- aseptic techniques, universal precautions ND 33-07-01.1-14	
	Need mechanism to evaluate the effectiveness of the program and to provide corrective action when necessary	
	Definition of nosocomial infections and communicable diseases	
	System for identifying, investigating and reporting nosocomial infections & communicable disease	
	System for assessing and identifying patients, health care workers ,including contract staff & volunteers, risk for nosocomial infection & communicable disease	
	Process for obtaining timely reports of infection and communicable disease	
	Systems for prevention of infection related to: antibiotic resistance, device-related infection, surgical site infection, tracheotomy care, RT, burns, immunosuppressed pt, and other conditions/factors which compromise patient resistance to infection	



	Prevention of communicable disease outbreaks, especially tuberculosis	
C-0278	Nationally recognized infection control precautions	
	Isolation procedures, requirements for infected and or immunosuppressed patients	
	Use of techniques for standard precautions	
	Patient, family and caregiver education re: infections, communicable disease	
	Monitoring and evaluation of asepsis practices	
	Hand washing	
	Respiratory protections	
	Asepsis	
	Sterilization	
	Disinfection	
	Food sanitation	
	Housekeeping	
	Fabric care	
	Liquid and solid waste disposal	
	Needle disposal	
	Separation of clean and dirty laundry, equipment, rooms	
	Limiting the spread of contagion	
	Authority and indications for obtaining cultures from patients	
	Use of disinfectants, antiseptics & germicides used per manufacturer's recommendations in order to avoid patient harm, especially CNS effects on children	
	Orientation of new staff to infections, communicable disease and IC program	
	Screening & evaluation of HCWs & volunteers for communicable disease	
	Evaluation of staff/volunteers exposed to patients with untreated communicable disease	
	When infected to ill?? HCWs must not render patient care and or report to work	
	Process for meeting reporting requirements of the local health authority	
	Working with local, state and federal health authorities in emergency preparedness situations	
	Policy/procedure developed in coordination with federal state and local emergency preparedness & health authorities that address communicable disease threats and outbreaks	
	IC program evaluation and revision	
	Designated IC officer/officers, necessary qualifications & position responsibilities	
	Infection and communicable disease incidents log: pts and staff	
	QA/PI Program and staff in-services address problems identified thru the IC program, develop corrective action plans, and include methods for monitoring effectiveness of the correct action, revising as necessary	
	CEO, MS, DON responsible for implementing corrective actions	



C-0279 Dietary	Diet manual that includes therapeutic diet menus to meet nutritional; is approved by the qualified dietician and the medical staff ND 33-07-01.1-21	
	Frequency of meals served	
	System for diet ordering and patient tray delivery	
	Enteral nutrition	
	Total parenteral nutrition	
	Changes in diet orders	
	Early/late trays process	
	Use of nutritional supplements	
	Hygiene practices of food service personnel	
	Kitchen sanitation	
	Compliance with federal & state licensure requirements of food and dietary personnel (including RDA or DRI) ND 33-07-01.1-21	
	Compliance with recognized food service standards, laws and regulations	
	Food and Dietetic Services Director: qualifications and responsibilities	
	Safe practices for food handling	
	Emergency food supplies	
	Menu planning and plans	
	QA/PI program for dietary service	
Nutrition	Dietician/Nutrition Director: qualifications and responsibilities	
	Criteria for identifying of patients at nutrition risk established	
	Nutrition assessment and care plan	
	Practitioner or qualified dietician order for therapeutic diet	
	Evaluation of patient response to therapeutic diet & nutritional adequacy; reassessment and plan revision	
	Patient, family, caregiver education	
	Dietary/nutrition consultations	
C-0280,	Annual review of direct care diagnostic & therapeutic services & supplies policies	
C-0281; C-0284	ED plan for providing direct services & policies include: history, specimen collection, assessment of health status, treatments; staffing, availability	
Out-Patient	Outpatient plan for providing direct services & policies include: history, specimen collection, assessment of health status, treatments; in accordance with acceptable standards of practice; staffing & availability; integration & communication with inpatient services	
Rehabilitation	Rehab- Admin policies: optional; if under contract, review of quality of services; acceptable standards of practice; scope defined; lines of authority & responsibility; director & staff supervision; qualifications & competencies of staff defined by MS; department policies are approved by MS; services ordered by MS	
	Rehab Care policies: initial evaluation, written care/treatment plan, supervision of support staff providing care/treatment; integration & communication with inpatient services	



C-0282 Lab	Lab Policies: basic services provided directly; all procedures for tests performed whether available as routine and stat basis; cultures taken	
	Basic lab services to include, urine dipstick, hemoglobin or hematocrit, blood glucose, stool for occult blood, pregnancy tests, primary culturing for transmittal ND 33-07-01.1-22	
	Scope & complexity; lab services must be provided directly at the CAH campus by CAH staff in order to facilitate immediate diagnosis and treatment of patient. The CAH must have a current/valid CLIA certificate or Certificate of Waiver for all tests performed and appropriate to the level of services performed: 24/7	
	Written description of tests available for emergency testing; list approved by MS	
	Reference labs	
	Collection, preservation, transport, receipt & reporting of tissue specimens	
	Quality control	
	How results are documented in MR	
C-0283 Radiology	Radiology Administration Policies: provided as a direct service; available 24/7; scope & complexity of services- approved by MS and governing body /CEO; if interpretation of imaging internally or contracted; acceptable standards of practice; meeting patient & staff safety standards;	
	Patient and Staff Safety Standards: shielding & inspections; labeling, transport & security of radioactive materials, waste & hazardous areas; equipment testing for radiation hazards; personal radiation monitoring devices & checks/maintenance; storage and disposal of radio nuclides & radiology pharmaceuticals & waste.	
	Periodic inspection of equipment & process for timely corrective action when needed	
	Identification of which tests a radiologist must interpret, approved by MS	
	Enforcement of safety standards	
	Radiologist must sign all reports	
	Staff supervision, qualifications, orientation, training competencies	
	Infection control standards	
	How ED care available/provided to pts experiencing adverse reactions	
	Emergency radiation hazards, incidents, response & reporting and procedures	
	Written policy, consistent with state law on personnel to operate radiology equipment and do procedures ND 33-07-01.1-23	
	Designation of staff qualified to operate equipment, approved by MS	
	Need copies of all reports and printouts, written policy and ensure integrity of authentication	
	File storage, security, retrieval	
	HIPAA	
	Only privileged providers order tests	
	Supervision of the department by a credentialed member of the MS	
C-0284; C-0281	Emergency Procedures: see C-0281	
C-0285 Contracts	Agreements with one or more Medicare participating providers/suppliers for care	
	Governing body assesses the quality of care provided under these agreements, etc	



	CAH's QA plan must access those services provided under arrangement, identify quality and performance problems, implement appropriate corrective or improvement activities, and ensure the monitoring and sustainability of those corrective or improvement activities.	
C-0286	Agreement with provider for inpatient care	
C-0287	Agreement with physician provider (MD or DO)	
C-0288	Agreement with reference lab for specialized diagnostic or clinical lab services	
C-0289	Agreement for food, nutritional services not provided directly by the CAH	
C-0290	If agreements are not in writing, how will document that referred/transferred patients are accepted, provided care & testing services as needed; physician available	
C-0291	Keep a list of all contracted/agreement services is maintained, current, describes scope	
C-0292	Individual principally responsible for the CAH's operations is responsible for agreements and oversight of those services	
C-0293	All agreements require the contractor to provide services in compliance with CoPs	
C-0294 Nursing	Services under the direction of an RN ND 33-07-01.1-16	
	How unit(s) adequately staffed & supervised	
	Will review nursing care plans, medical records, accident and investigate reports, staff schedules and policies/procedures	
	Orientation includes: unit, emergency preparation, nursing policy/procedure, safety policy/procedure	
C-0295	How RN provides or assigns qualified care giver for each patient, including swing and SNF patients	
	How temp staff oriented and supervised	
C-0296	How RN or midlevel supervises and evaluations the nursing care provided	
C-0297	Drugs, biologicals & IVs administered by or under RN supervision	
	How are drugs and IVs monitored for QA	
	In accordance with federal and state laws	
	Under practitioner orders	
	In accordance with accepted standards of practice	
C-0297 Medications	Orders for drugs & biologicals, including verbal orders, are legible, timed, dated & authenticated by practitioner	
TO/VO	Telephone and verbal orders must be used infrequently and limited to urgent situations	
	Policy that describes limitations or prohibitions on use of VO. Provide a mechanism to ensure validity/authenticity of the prescribers. List elements to be included in verbal orders. List and define the individuals who may send and receive VO and provide guidelines for clear and effective communication of VO.	
	Medication passes-policy/procedure approved by MS as to who can pass medications.	
	Need QA plan to see if administration of drugs is regularly monitored	
C-0298	Nursing care plan started on admission and includes discharge planning, kept current on all patients	
	Plan must describe goals, discharge planning, physiological and psychosocial factors	



C-0300 MR	Must maintain clinical medical records system in accordance with policy/procedures. Have list of authenticates signatures, computer codes and signature stamps. Protected and authorized by governing body, cross reference inpatient and outpatients.	
C-0301	Clinical records system maintained in accordance with written policy/procedure	
	Elements of, authorship, integrity of, retention, storage/security, retrieval	
	Individual record for each IP and OP	
	Accessible 24/7	
	HIPAA	
	MR policies review and revision periodically	
	MR department staff qualified & can comply with state federal law ND 33-07-01.1-20	
	Promptly completed in accordance with state, federal law	
C-0302	MR is legible, complete, accurate, readily accessible, systematically organized	
C-0303	Designated member of professional staff responsible for maintaining/ensuring records	
C-0304	MR- required elements-informed consent forms for any procedures or surgical procedures.	
	What precautions are taken to ensure confidentiality and prevent unauthorized persons from gaining access	
	MR retention period is 6 years and longer –Need system that is able to pull any old MR within this time frame	
	Discharge Summary- outcome CAH stay, disposition of patient, provisions for follow up care, required for all hospital stays and prior to and after swing bed admit	
	Discharge Summary- MD/DO may delegate to PA/NP if state allows it. Verification that MS has specified which procedures or treatments need informed consent.	
	Surveyor will do review of closed and open MR at least 10% of average daily census	
C-0305	Physical examination, diagnostic/lab results, consultative findings included	
C-0306	Authenticated orders, nurses’ notes, patient monitoring included	
C-0307	Provider signatures are dated; time of entries documented	
	Entries in MR- only done by those specified in the MS Policy/procedure can write in the MR- need date, time and authenticated.	
C-0308	Confidentiality, safeguards against loss, destruction or unauthorized use	
C-0309	Written policy/procedure govern the use and removal of MR	
	Written policy/procedure govern release of information in MR	
C-0310	Patient’s written consent required for release of MR information	
C-0320 Surgery	Performed in safe manner by qualified practitioners with current privileges granted by governing body ND 33-07-01.1-29	
	Must follow standards of practice and recommendations by national recognized organizations (AMA, ACOS, APIC, AORN)	
	Quality of outpatient surgical services must be consistent with inpatient	
	Scope of surgical services must be in writing and approved by MS	
	OR supervised by experienced staff member, address qualifications of supervisor of	



	OR rooms in policy and procedures and authorized by State law ND 33-07-01.1-29	
	If LPN or scrub nurses used, must be under RN supervision who is immediately available to physically step in as needed	
	Aseptic surveillance & technique; scrub techniques	
	Identification of infected and non-infected cases	
	Housekeeping in OR	
OR	Pre-operative work-up requirements: pre-operative H & P	
	Consents, informed and releases	
	Clinical procedures	
	Safety practices	
	Patient identification procedures	
	Scrub and circulating nurse duties	
	Personnel policies unique to OR	
	Surgical counts in accordance with accepted standards of practice	
	Scheduling of patients for surgery	
	Resuscitation techniques	
	DNR status	
	Care of surgical specimens	
	Malignant hypothermia	
	Surgical procedure protocols (equipment, materials, supplies needed)	
	Sterilization and disinfection procedures	
	CAHs biomedical equipment program to include equipment monitoring, inspected, tested, and maintained.	
	Acceptable OR attire	
	Handling infections and biomed waste	
	Post-op care in accordance with acceptable standards of practice	
	Complete H&P must be done in accordance with acceptable standards of practice	
	All or part of H&P may be delegated to other practitioners (PA, NP) if allowed by state law and CAH. ND 33-07-01.1-29 Surgeon must sign and assume full responsibility	
	H&P on chart prior to surgery	
	Recovery room separate from CAH, access limited	
	Transfer requirements to and from recovery room	
	Operating room register	
	Operative report	
	OR organizational chart shows lines of authority and delegation within the department	
	On-call system	



	Cardiac monitor, defibrillator, aspirator, suction equipment, tracheotomy set	
C-0321 Surgical Privileges	Designation of Qualified practitioners: surgery performed only by MD, DO, dentists, oral surgeons, or Podiatrist when privileged to do so by governing body	
	Surgical privileges are specified in writing must designate who are allowed to perform surgery, need Policy/Procedures- Update privileges every 2 years	
	MS appraisal procedure must evaluate each practitioner's training, education, experience and demonstrated competence.	
	As established by the QI program, credentialing, adherence to hospital policy/procedures, and laws	
C-0322	Surgical risk assessment immediately before surgery by qualified practitioner	
Anesthesia	Pre-anesthesia risk assessment immediately before surgery by qualified practitioner	
	Anesthesia recovery evaluation before discharge by qualified practitioner	
C-0323	Anesthesia administration by qualified person in accordance with approved policy/procedure and state's scope of practice laws. ND 33-07-01.1-32	
Privileges	MS bylaws include criteria for determining anesthesia and other surgical care practitioners' privileges	
C-0323, C-0324	CRNA may administer under supervision of operating practitioner or anesthesiologist; supervising practitioner must be immediately available to provide hands-on intervention when needed.	
C-0325	Patients discharged in company of a responsible adult unless exempted by doctor	
C-0326	MD/DO supervision of CRNA can be exempted by the state	
C-0330 Evaluation/QA	CAH actual practice reflects policies, procedures, law, regulations and standards of practice	
C-0331	CAH periodic evaluation of total program at least once a year and includes:	
C-0332	Service utilization- volume of patients and services minimum	
C-0333	Not less than 10% of both active and closed patient records	
C-0334	Health care policies evaluated, reviewed and/or revised as part of evaluation	
C-0335	Determine whether utilization appropriate, policies followed, and changes needed	
C-0336 QA	Quality Assurance: program is effective, ongoing, evaluation the quality and appropriateness of diagnosis and treatment furnished and treatment outcomes.	
	Facility-wide	
	Can be done under contract if communication channels established	
	Includes ongoing monitoring and data collection	
	Problem prevention, identification and data analysis	
	Identification of corrective actions	
	Implementation of corrective actions	
	Evaluation of corrective actions	
	Measures to improve quality continuously	
C-0337	All patient care services and other services affecting patient health & safety	
	Nosocomial infections	
	Medication therapy	



C-0339 Peer Review	MD/DO evaluations quality & appropriateness of midlevel providers	
C-0340	MD/DO care evaluated by: hospital who is a member of the network; QIO or equivalent entity; appropriate & qualified entity identified in the state rural health care plan	
C-0341	Staff consider the findings and evaluations and recommendations of the evaluations and take corrective action	
C-0342 Deficiency	CAH takes appropriate remedial action to address deficiencies found thru QI Process	
C-0343	CAH documents the outcome of all remedial action	
C-0344 Organ Donation	Must have written policies/procedures that address organ procurement responsibilities	
C-0345	Written agreement with OPO & OPO's responsibilities (see required elements)	
C-0346	Includes agreement with at least one tissue bank and at least one eye bank	
C-0347	Ensures the family of each?? potential donor is informed of the option of donating-designated requestor	
C-0348	Encourages discretion, sensitivity to family	
C-0349	Works with OPO in death records review to improve identification of potential donors	
	This standard includes staff training on donation issues and their duties/roles- see the interpretation guidelines for all required elements of staff training	
	Special Requirements for CAH Providers of LTC Services (Swing beds)	
C-0350	Requirements to be granted approval to provide post-CAH SNF level-of-care	
	Must be certified by CMS	
	Includes a 3-day stay in the acute bed prior to status change	
	No LOS restriction for CAH-SB patients	
	No requirement to use MDS for patient access/care planning	
C-0351	For facilities participating as rural primary care hospitals on Sept 30,1997	
C-0355	Payment for inpatient rural primary care hospital and SNF-level of care services	
C-0360 SNF	CAH in compliance with SNF requirements of subpart B of section 483:	
C-0361 Rights	Resident rights- exercise of, notice of their rights	
C-0362	To refuse treatment, participate in research, formulate an advance directive	
C-0363	Facility informs resident in writing re: covered, non-covered charges	
C-0364	Free choice: choose a personal attending MD/DO	
C-0365	Be informed in advance re: care, treatment, changes	
C-0366	Unless adjudged incompetent, participate in care decisions	
C-0367	To privacy and confidentiality: personal and records	
C-0368	Refuse or to participate in facility work – Document in the plan of care	
C-0369	Send and receive unopened mail; access to stationary, postage, etc	
C-0370	Access and visitation rights	
C-0371	Personal property	



C-0372	Share room with spouse if married & both are residents and consent	
C-0360	Admission, transfer, discharge	
C-0373, Transfer & DC C-0374	Transfer and discharge rights	
C-0376	Transfer, discharge documentation	
C-0377	Notice before transfer/discharge	
C-0378	Timing of transfer/discharge notice	
C-0379	Content of transfer/discharge notice	
C-0380	Preparation & orientation for transfer or discharge	
C-0381 Restraint	Resident behavior and facility practices: restraints	
C-0382 Abuse	Right to be free from abuse	
C-0383	Policy/procedure prohibit mistreatment, neglect, abuse and misappropriation of resident property	
C-0384	Not employ individuals found guilty of abuse or are on State registry	
	Must report any knowledge of employee actions to State	
	Ensure all allegations reported immediate to administrator/designee and to State	
	Evidence that all allegations thoroughly investigated	
	Report finding within 5 days to administrator/designee	
	Corrective actions implemented	
C-0385 Activity	Patient activities program	
C-0386 Social Service	Social services	
C-0388, C-0395	Comprehensive assessment, care plan and discharge planning, but no MDS/RAI	
C-0396	Comprehensive care plan	
C-0397	Services provided or arranged meet professional standards of quality	
C-0398	Are provided by qualified individuals	
C-0399	Discharge summary	
C-0400 Nutrition	Nutrition	
C-0401	Receives therapeutic diet when there is a nutrition problem- order by MD/DO	
C-0402 Rehabilitation	Specialized rehab services- provided directly or contracted	
C-0403	Provided by qualified individuals underwritten MD/DO order	
C-0404, Dental C-0405, C-0407	Dental services- CAH ensures routine and 24 hr emergency care available	
C-0406	Assist with appointments, transportation,	
C-0406, C-0408	Refers res with lost or broken dentures to dentist promptly	

Abbreviations

CAH Survey Compliance Review Checklist

Abbreviation	Meaning
O ²	Oxygen
ABGs	Arterial Blood Gases
ACOS	American College of Osteopathic Surgeons
ADE	Adverse Drug Event
ADR	Adverse Drug Reaction
AMA	American Medical Association
AORN	Association of Operating Room Nurses
APIC	Association for Professionals in Infection Control and Epidemiology
CAH	Critical Access Hospital
CEO	Chief Executive Officer
CLIA	Clinical Laboratories Improvement Act
CMS	Centers for Medicare and Medicaid Services
CNS	Clinical Nurse Specialist
CNS	Central Nervous System
CoP	Conditions of Participation
CPR	Cardiopulmonary Resuscitation
CRNA	Certified Registered Nurse Anesthetist
DC	Discharge
DNR	Do Not Resuscitate
DO	Doctor of Osteopathic Medicine
DOA	Dead on Arrival
DON	Director of Nursing
DRI	Daily Reference Intake
ED	Emergency Department
EMS	Emergency Medical Services
EMTALA	Emergency Medical Treatment and Active Labor Act
EP	Emergency Procedures
FDA	Federal Drug Administration
H&P	History and Physical
HCW	Health Care Worker
HIPAA	Health Insurance Portability and Accountability Act
IC	Infection Control
IP	In-Patient
IV	Intravenous
KCL	Potassium Chloride
LOS	Length of Stay
LPN	Licensed Practical Nurse
LS	Life Safety
LTC	Long Term Care
MD	Medical Doctor
MDS	Minimum Data Set
MR	Medical Record
MS	Medical Staff
NaCL	Sodium Chloride (Salt)
ND	North Dakota
NP	Nurse Practitioner

OP	Out-Patient
OPO	Organ Procurement Organization
OR	Operating Room
PA	Physician Assistant
PCA	Patient-Controlled Analgesia
PFT	Pulmonary Function Test
PI	Process Improvement
QA	Quality Assurance
QI	Quality Improvement
QIO	Quality Improvement Organization
RAI	Resident Assessment Instrument
RDA	Recommended Dietary Allowance
RN	Registered Nurse
RT	Respiratory Therapy
SB	Swing Bed
SNF	Skilled Nursing Facility
SOM	State Operations Manual
TO	Telephone Order
TPN	Total Parenteral Nutrition
VO	Verbal Order