

CRITICAL ACCESS HOSPITALS

EMERGENCY SERVICES					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does the CAH provide emergency services that meet acceptable standards of practice for inpatients and outpatients 24 hours a day? C-0200 COP §485.618 19 CSR 30-20.092(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all emergency services provided onsite as a direct service of the CAH? C-0200 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have a written transfer agreement with one or more hospital within its service area which provides services not available at your facility? 19 CSR 30-20.092(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you maintain in-house physician coverage 24 hours a day? If not, is a physician on call and available within 30 minutes at all times? 19 CSR 30-20.092(4)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Does the physician on call and available for emergency care respond in a manner which is reasonable and appropriate to the patient's condition after being summoned by the hospital? 19 CSR 30-20.092(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a physician, physician assistant, nurse practitioner or a clinical nurse specialist with training or experience in emergency care on call and immediately available by telephone or radio on contact and available on site as per timeframes specified under C-0207? C-0207 COP §485.618(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have policies and procedures to ensure a MD/DO is immediately available 24 hours a day by telephone or radio to receive emergency calls, provide medical direction and refer patients to the CAH or other appropriate locations for treatment? C-0209 COP §485.618(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If your hospital provides emergency surgical services, is a general surgeon call list maintained at all times? 19 CSR 30-20.092(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Do surgeons on call for emergency surgical services arrive at the hospital within 30 minutes? 19 CSR 30-20.092(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If your hospital does not provide emergency surgical services, are patients needing emergency surgery immediately transferred? 19 CSR 30-20.092(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH's medical staff establish and revise as needed policies and procedures governing the medical care provided in the ED? C-0200 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the emergency services: a. easily accessible? b. adequately equipped and staffed to assess and treat or transfer ill or injured persons? c. reviewed and evaluated on a regular basis for quality and appropriateness of emergency services? d. periodically assessed for likely demands for policies, procedures, staffing, training and other resources? C-0200 COP §485.618	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Does the CAH ensure that the equipment, supplies and medication used in treating emergency cases are kept at the hospital and are readily available for treating emergency cases? C-0202 COP §485.618(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the following emergency drugs and biologicals commonly used in life-saving procedures available? a. analgesics? b. local anesthetics? c. antibiotics? d. anticonvulsants? e. antidotes and emetics? f. serums and toxoids? g. antiarrhythmics? h. cardiac glycosides? i. antihypertensives? j. diuretics? k. electrolytes and replacement solutions? C-0203 COP §485.618(b)(1)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Are the following equipment and supplies commonly used in life-saving procedures	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

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Does the CAH's medical staff establish the criteria for the qualifications for the medical director of emergency services? C-0200 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the emergency services of the hospital supervised by and organized under the medical direction of a qualified staff physician (or a qualified consultant physician if explicitly approved in advanced by the DHSS) who: a. is board-certified or board-admissible in emergency medicine, or a physician experienced in the care of critically ill and injured patients? b. maintains current knowledge of and/or verification in current ACLS and ATLS standards? c. is responsible for implementing rules of the medical staff relating to patient safety, privileges and the quality and scope of emergency services? 19 CSR 30-20.092(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does a qualified registered nurse supervise and evaluate (either directly or immediately available) the nursing and patient care provided in the emergency area by nursing and ancillary personnel? 19 CSR 30-20.092(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is any person assigned to the emergency services department administering medications: a. a licensed physician, registered nurse, EMT-paramedic or appropriately licensed or certified allied health practitioner? b. administers medications only within his/her scope of practice except for students who are participating in a training program to become physicians, nurses, EMT-P functioning under the supervision of their instructors as part of their training? c. trained from the respiratory therapy department to administer aerosol medications when a certified respiratory therapy assistant is not available? 19 CSR 30-20.092(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
On discharge from the emergency department: a. is the patient assessed by a physician or a registered professional nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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b. other than to an inpatient setting are written instructions for care and an oral explanation of those instructions given to the patient or responsible person and documented in the patient record? 19 CSR 30-20.092(6)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the emergency service medical record contain:					
a. information on patient identification, time and method of arrival, history, physical findings, treatment and disposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. authentication by the physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. an ambulance report when applicable? 19 CSR 30-20.092(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the emergency medical record filed under the supervision of the medical records department? 19 CSR 30-20.092(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the CAH's emergency services integrated into the CAH-wide QA program? C-0200 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the quality improvement program for the emergency service include at the least:					
a. the collection and analysis of data to assist in identification of health service problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. a mechanism for implementation and monitoring appropriate actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. periodic evaluation of:					
– length of time each patient is in the emergency room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– appropriateness of transfers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– physician response time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– provision for written instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– timeliness of diagnostic studies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– appropriateness of treatment rendered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– mortality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19 CSR 30-20.092(8)(11)					
Diversion					
Does the hospital assure compliance with screening, treatment and transfer requirements as required by the EMTALA? (See EMTALA section.) 19 CSR 30-20.092(12)(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Does your hospital have a written diversion plan that is reviewed and approved by the DHSS? 19 CSR 30-20.092(12) OR</p> <p>Is there a written, approved policy which states that the hospital will not go on diversion or resource diversion, except as defined in the hospital's disaster plan in the event of a disaster? (If yes, skip the remaining questions.) 19 CSR 30-20.092(12)(F)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does your hospital participate in a DHSS approved community-wide plan, which ensures that all necessary requirements, including policies addressing diversion, criteria used, community notification, etc., are fulfilled? 19 CSR 30-20.092(12)(G)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does your hospital's diversion plan:</p> <p>a. identify the individuals by title who are authorized to implement the diversion plan?</p> <p>b. define the diversion decision-making process?</p> <p>c. specify that the diversion plan will not be implemented until all actions that might prevent a diversion from occurring have been taken, including review and documentation by an authorized individual of the hospital's ability to obtain additional staff or open existing beds that may have been closed?</p> <p>d. include a statement that all ambulance services within a defined service area will be notified of the intent to implement the diversion plan upon the actual implementation? (An electronic notification system such as the EMResource® can be used to contact the ambulance services)</p> <p>e. include procedures for assessment, stabilization and transportation of patients in the event that services become unavailable or overburdened, including an evaluation of the services and resources that can still be provided?</p> <p>f. include procedures for implementation of a resource diversion in the event that specialized services are overburdened or temporarily unavailable?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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g. include a provision that all other acute care hospitals within a defined service area will be notified upon the actual implementation of the diversion plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. include a statement that if your hospital is one of more than 2 hospitals in your service area and more than half of them are on diversion no hospital will be on diversion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. include a statement that if your hospital is one of two hospitals in your service area and both are on diversion, neither will be considered on diversion? 19 CSR 30-20.092(12)(A)(1)(2)(3)(4)(5)(6)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are ambulances that make contact with the hospital before the hospital has declared itself to be on diversion not redirected to other hospitals? 19 CSR 30-20.092(12)(A)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are minutes of the required QA review of each incident of diversion plan implementation available for review by the DHSS on request? 19 CSR 30-20.092(12)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upon actual implementation of the plan, does the hospital, or its designee, report to the department via the EMResource®:					
a. the time the plan will be implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. within eight hours of the termination of the diversion, with a termination report containing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– time the diversion plan was implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– reason for the diversion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– name of the individual who made the determination to implement the diversion plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– time the diversion status was terminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
– name of the individual who made the determination to terminate the diversion? 19 CSR 30-20.092(12)(D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the triage methodology existing within the emergency department continue to apply during periods when the hospital diversion plan is implemented? 19 CSR 30-20.092(12)(E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Do staff ensure incidences of child abuse including color photographs and radiological examinations are reported to the DSS Children’s Division as required by section 210.120, RSMo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Key Resources and Links

- [19 CSR 30-20.092](#)
- [COP §485.618](#)
- [210.120, RSMo](#)