

CRITICAL ACCESS HOSPITALS

GOVERNING BODY, CEO, MEDICAL STAFF					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
See also Survey and Cert Letter 11-32 .					
Does the CAH have in effect an agreement with at least one hospital that furnishes acute care services and is a member of the Rural Health Network? C-0191 §485.616(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the Rural Health Network agreement include a. a process for patient referral and transfer? b. development and use of network communication systems that include a system for electronic sharing of patient data, telemetry and medical records? c. provisions for the emergency and non-emergency transportation of patients with its network hospital? C-0192 §485.616(a)(1) C-0193 §485.616(a)(2) C-0194 §485.616(a)(3)	<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 keep a log of its communication with its network hospital(s)? C-0191 §485.616(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have an agreement for credentialing and quality assurance with its network hospital, QIO or another appropriate and qualified entity identified in the state rural health care plan? C-0195 §485.616(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do agreements for quality assurance include medical record review to determine the quality and medical necessity of medical care provided? C-0195 §485.616(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH maintain a list of all services furnished under arrangements or agreements and does this list describe the nature and scope of the services provided? C-0273 §485.635(a)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the CAH's patient services being furnished in accordance with written policies that are consistent with state law and developed with advice of the professional health care personnel including one or more physicians and CAH staff? C-0271 §485.635(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Do these patient care policies clearly describe the services that the CAH furnishes directly and those furnished through agreement or arrangement? C-0272 §485.635(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are these patient care policies reviewed at least annually by the professional health care staff? C-0272 §485.635(a)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the governing body held legally responsible for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment? C-0241 §485.627(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the governing body:					
a. have legal authority and responsibility for overall planning, directing, control and management of the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. hold regular meetings at stated intervals and as needed, with signed and permanent records of minutes on file and available to the members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. maintain confidential minutes of all committee meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. select a single person as CEO for the entire hospital who is qualified by education and experience in the field of hospital or health care administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. ensure and approve medical staff bylaws, rules and structure that comply with CAH COPs and state laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. determine which categories of practioners are eligible for appointment to the medical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. ensure that the selection of medical staff members only are based upon character, competence, training, experience and judgement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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i. acting upon medical staff recommendations, approve or disapprove of medical staff appointments? j. determine the privileges extended to each member of the medical staff based on established requirements? k. establish mechanisms to ensure that the hospital and the services provided through arrangements and agreements comply with mandatory federal, state and local laws, rules and standards? l. have a mechanism that ensures that the hospital is in compliance with 383.133, RSMo which requires reporting any disciplinary action or voluntary resignation of any health care professional against whom complaints or reports have been made which might have led to disciplinary action? (See 383.130 (1), RSMo for definition of final disciplinary action.) m. approve written patient care policies developed in accordance with C-0271 §485.635(a)? 19 CSR 30-20.080 (3)(5)(6)(8)(10)(11)(13)(14)(16)(17) 383.130 (1) RSMo, 383.133 RSMo C-0285 §485.635(c) C-0241 §485.627(a) C-0271 §485.635(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the governing body appointed a compliance officer in accordance with 197.285 RSMo who is responsible for administering the reporting and investigation process for any employee report of: a. alleged facility mismanagement or fraudulent activity? b. alleged violations of applicable federal or state laws or administrative rules concerning patient care, patient safety or facility safety? c. the ability of employees to successfully perform their assigned duties? 197.285 RSMo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital report any credible evidence of misconduct to the appropriate governmental authority within seven days? 197.285 RSMo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Does the compliance program assure that:</p> <p>a. employees making a report may remain anonymous?</p> <p>b. no supervisor or individual with authority to hire or fire shall prohibit employees from making a report?</p> <p>c. no supervisor or individual with authority to hire or fire shall discriminate against, dismiss, penalize or in any way retaliate against or harass an employee who makes a report?</p> <p>197.285 RSMo</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Do the bylaws of the governing body:</p> <p>a. provide for the appointment, responsibilities, authority and delegation of authority of the CEO and medical staff members of the governing body?</p> <p>b. provide for the election of officers and the appointment of standing and special committees as needed?</p> <p>c. establish a direct and effective means of liaison among the governing body, the administration and the medical staff?</p> <p>d. describe and convey authority to the CEO for the administration of the hospital and all its activities?</p> <p>e. require that the medical staff, hospital personnel and all auxiliary organizations, directly or indirectly, be responsible to the governing body through the CEO?</p> <p>f. designate a qualified individual to act in the absence of the CEO?</p> <p>g. provide for the selection and appointment of medical staff members based upon defined criteria and in accordance with an established procedure for processing and evaluating applications?</p> <p>h. require that the medical staff develop and adopt medical staff bylaws and rules?</p> <p>i. ensure that if telemedicine services are furnished by another hospital, there is an agreement with the distant hospital which requires the distant hospital to meet the requirements outlined under C-0196 §485.616(c)(1) or (2).</p> <p>j. ensure that if telemedicine services are furnished by a distant site telemedicine entity</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>that is not a hospital, there is an agreement with the distant site entity which requires the entity to meet the requirements outlined under C-0197 §485.616(c)(3) or (4). 19 CSR 30-20.080(3)(5)(6)(8)(10)(11)(13)(14)(16) C-0196 §485.616(c)(1)(2) C-0197 §485.616(c)(3)(4) C-0241 §485.627(a) See also Survey & Cert. Memo 11-32 Telemedicine Services starting on page 17.</p>					
<p>Does the governing body in its bylaws have provisions to grant clinical privileges on an outpatient basis to independent licensed practitioners (APN, PA) for diagnostic and therapeutic tests and treatment?</p> <p>a. if yes, are the clinical privileges granted within the scope and authority of each practitioner's current Missouri license and practice act?</p> <p>b. are independent practitioner's credentials reviewed at least every two years after that?</p> <p>c. does the credential review include a current license, relevant training and experience and competency?</p> <p>19 CSR 30-20.080(18)</p>	<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"/> 		
<p>Have copies of the bylaws, including any revisions or amendments, been submitted to DHSS?</p> <p>19 CSR 30-20.080(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is the DHSS notified of any change in the CEO, operating officials or medical director?</p> <p>19 CSR 30-20.080(9) C-0243 §485.627(b)(2) C-0244 §485.627(b)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CEO:</p> <p>a. carry out the policies of the governing body?</p> <p>b. maintain liaison among the governing body, medical staff and all departments of the hospital?</p> <p>c. recruit and employ qualified personnel and ensure written personnel policies and job descriptions are available for all employees?</p> <p>d. develop and enforce written policies and procedures governing visitors to all areas of the hospital?</p> <p>e. establish effective security measures to protect patients, employees and visitors?</p>	<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"/> 		

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f. maintain policies that ensure a child is not released to anyone other than the child's parent(s), legal guardian or custodian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. maintain policies that ensure social work service personnel have knowledge of available social services for unmarried mothers and for the placement of children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. maintain policies that ensure adoption placements comply with section 453.010, RSMo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. maintain policies that ensure suspected incidences of child abuse are reported to the Division of Family Services as established under section 210.120, RSMo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. maintain a readily available written emergency preparedness plan which provides for the safe and orderly evacuation of patients, visitors and personnel in the event of fire, explosion or other internal disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. establish emergency procedures for caring for mass casualties resulting from any external disaster in the region?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. ensure all employees are instructed regarding their responsibilities during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. ensure that drills for internal disasters, such as fires, are held at least quarterly for each shift and include the simulated use of fire alarm signals and simulation of emergency fire conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. ensure that annual drills for external disasters are held in coordination with representatives of local emergency preparedness offices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. ensure that patients are admitted only by members of the medical staff and that each patient's general medical condition is the primary responsibility of a physician member of the medical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. bring to the attention of the chief of the medical staff and governing body failure by members of the medical staff to conform to established hospital policies, professional standards or the timely preparation and completion of each patient's clinical record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. develop and maintain a hospital environment which provides for efficient care and safety of patients, employees and visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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r. develop and enforce policies and procedures which: <ul style="list-style-type: none"> - prohibit the use of tobacco products throughout the hospital? - describe the area encompassed by the tobacco free policies? - define how employees, patients and visitors will be educated and informed about the tobacco-free policy? - define how the tobacco free policy will be enforced? - if the hospital has a LTC unit, protects the resident's right to make choices about aspects of his or her life in the facility that are significant to the resident? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s. complete the annual DHSS survey within two months of receipt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
t. ensure that patient services provide appropriate care or referral is made that meets the patient's needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
u. establish and implement a mechanism that ensures that all equipment and physical facilities used by the hospital including those provided by a contractor, comply with applicable hospital licensing requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
v. establish and implement a mechanism that ensures that patients' rights are protected? (See Patient Rights SAQs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
w. have a mechanism that ensures that if a situation occurs which caused or was likely to cause serious injury, harm, impairment or death to one or more patient, the hospital:					
- knows about the situation prior to an investigation by the state surveyors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- conducts a thorough investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- implements corrective measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- re-evaluates the measures to ensure the situation was corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Note: This is the criteria used by the state and federal survey agencies to determine a finding of "Immediate Jeopardy." 19 CSR 30-20.082 (1 through 16) 19 CSR 30-20.084 (1) 453.010, RSMo 210.120, RSMo					

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Is the CEO subject to special policies adopted or specific orders issued by the governing body in accordance with its bylaws? 19 CSR 30-20.080 (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the medical staff bylaws, rules and policies:					
a. outline the organization of the medical staff and committee functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. outline methods of selecting and designating officers; their duties and qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. include a procedure to process medical staff membership applications and the criteria for granting initial or continuing medical staff appointments and clinical privileges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. comply with accepted medical practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. get revised on an ongoing basis and are they enforced?					
f. provide for a formal procedure including:					
- inquiry of the National Practitioner Data Bank when processing applications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- approving and disapproving recommendations to the governing body for appointments and reappointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- determining granting, curtailment, suspension or revocation of privileges and appointments and reappointments to the medical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. provide for an appeal and hearing process for the denial, curtailment, suspension, revocation or other modification of clinical privileges of the medical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. provide that notification of denial of appointment, reappointment, curtailment, suspension, revocation or modification of privileges is in writing and indicates the reason(s) for this action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. provide for an active staff and other categories as designated in the governing body bylaws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. describe the voting rights, attendance requirements, designation and selection of officers along with eligibility for holding offices or committee appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. designate that the head of the medical staff be a physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. describe any limitations or restrictions related to location of residence or office practice for each category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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m. establish criteria for the content of patients' records and for provisions for their timely completion and disciplinary action for non-compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. require a physician member of the medical staff be on duty or available within a reasonable period of time for emergency service at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. require history and physicals be completed by a physician (or delegated to other practitioners and reviewed, signed and approved by the physician) no more than seven days before or 24 hours after admission? (An H&P completed in the last 30 days may be used if a physician re-assesses the patient and makes a note in the chart regarding the reassessment.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. specify the individuals who can make entries into the patient medical record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. define the entries in the medical record by house-staff or non-physicians that require counter-signing by supervisory or attending medical staff members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. delineate the requirements for the documentation of the consultation report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s. for telemedicine furnished by a distant hospital: does the medical staff grant privileges based on others credentialing? If so,					
- is the distant site hospital a Medicare participating hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- is the individual practitioner credentialed at distant site hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- is the individual licensed in-state of distant site hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- does hospital have an internal review process to evaluate the performance of the practitioner including adverse events and all complaints against practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
t. for telemedicine furnished by the telemedicine entity: does the medical staff grant privileges based on others credentialing? If so,					
- is the individual practitioner credentialed at telemedicine entity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- is the individual licensed in-state of telemedicine entity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>- does the telemedicine entity have an internal review process to evaluate the performance of the practitioner including adverse events and all complaints against practitioner.</p> <p>19 CSR 30-20.086 (2, 5, 6, 8, 9, 13, 14) 19 CSR 30-20.094(9) C-0196 §485.616(c)(1)(2) C-0197 §485.616(c)(3) C-0307 §485.638(a)(4)(iv) 45 CFR Part 60</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the medical staff:</p> <p>a. have a formalized organizational structure?</p> <p>b. have lines of functionality and responsibility delineated?</p> <p>c. meet at intervals necessary to accomplish its required functions and permanently maintain signed confidential minutes of the meetings?</p> <p>d. have a mechanism for monthly decision-making by, or on behalf of, the medical staff?</p> <p>e. define and approve in writing the scope of diagnostic and/or therapeutic respiratory services offered?</p> <p>19 CSR 30-20.086(1, 10, 11) C-0200 §485.618</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are the criteria for selection of both new and continued medical staff membership based on individual character, competence, training, experience and judgment?</p> <p>C-0241 §485.627(a)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is a MD/DO responsible for the medical direction of the CAH healthcare activities and medical supervision of healthcare staff?</p> <p>C-0257 485.631(b)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Do physicians review and sign all records of patients cared for by nurse practitioners, clinical nurse specialists and physician assistants?</p> <p>C-0260 §485.631(b)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the CAH ensure that an MD/DO is available by telephone, radio or electronic communication for consultation assistance, assistance with medical emergencies and patient referral?</p> <p>C-0261 §485.631(b)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Does the CAH report to the state any owners, or those with controlling interest in the CAH or any of its subcontractors which directly or indirectly has a 5% or more ownership interest in the CAH? C-0242 §485.627(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Key Resources and Links

- [19 CSR 30-20.080](#)
- [19 CSR 30-20.082](#)
- [19 CSR 30-20.084](#)
- [19 CSR 30-20.086](#)
- [19 CSR 30-20.094\(9\)](#)
- [COP §485.616\(a\)](#)
- [COP §485.616\(c\)](#)
- [COP §485.618](#)
- [COP §485.627\(a\)\(b\)](#)
- [COP §485.631\(b\)](#)
- [COP §485.635\(a\)\(c\)](#)
- [COP §485.638\(a\)\(4\)\(iv\)](#)
- [453.010, RSMo](#)
- [210.120, RSMo](#)
- [383.133, RSMo](#)
- [383.130 \(1\), RSMo](#)
- [197.285 RSMo](#)
- [45 CFR Part 60](#)
- [Survey & Cert. Memo 11-32](#)