

CRITICAL ACCESS HOSPITALS

SURGICAL SERVICES					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Are the CAH outpatient surgical services integrated with inpatient surgical services provided? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the scope of the surgical services provided by the hospital defined in writing and approved by the governing body or responsible individual? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are surgical services under the medical direction of a qualified physician member of the medical staff and appointed by the governing body? 19 CSR 30-20.140(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH provide the appropriate equipment and types and numbers of qualified personnel necessary to meet acceptable standards of practice? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a process for review and evaluation on a regular basis of the quality and appropriateness of surgical services? 19 CSR 30-20.140(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the physician director of surgical services responsible for implementing rules of the medical staff governing the quality and scope of surgical services? 19 CSR 30-20.140(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are surgical privileges reviewed and updated at least every two years? C-0321 COP §485.639(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the review of surgical privileges include a written assessment of the practitioner's training, experience, health status, performance and compliance with hospital policies and procedures? C-0321 COP §485.639(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a supervising M.D./D.O. surgeon present in the same room, working with the same patient when non-physician practitioners are assisting during surgery? C-0321 COP §485.639(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Is a current roster available in the surgical suite listing each practitioner's surgical privileges and/or suspended or restricted privileges? C-0321 COP §485.639(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your O.R. organization chart indicate lines of authority and delegation of responsibility within the department? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the surgical suite directed by a R.N. qualified by relevant education and experience? 19 CSR 30-20.140(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the surgical suite director have the authority to implement policies and procedures for the surgical suite? 19 CSR 30-20.140(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the surgical suite supervisor responsible for evaluating all nursing personnel assigned to the surgical suite? 19 CSR 30-20.140(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does only a qualified R.N. with relevant education, experience and competency perform circulating duties? 19 CSR 30-20.140(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is access to the O.R. and recovery room limited to authorized personnel only? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do O.R. suite traffic flow patterns adhere to standards of care? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do O.R. personnel wear only clean surgical costumes designed for maximum hair and skin coverage? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you routinely observe all staff following aseptic techniques and hand washing? C-0320 COP §485.639 19 CSR 30-20.140(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is every surgical suite appropriately cleaned between cases? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Is the equipment available for rapid and routine sterilization of O.R. materials monitored, inspected, tested and maintained by CAH's biomedical equipment program? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all sterilized materials packaged and protected from moisture and dust and labeled with contents and expiration date? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is temperature and humidity monitored and maintained within acceptable standards of practice? Note: See Survey & Cert Memo -13-25 and Survey & Cert Memo -15-27 C-0226 COP §485.623(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the following policies and/or procedures kept current per hospital policy and readily available to staff governing:					
a. aseptic surveillance and practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. scrub techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. identification of infected and non-infected cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. housekeeping requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. preoperative patient work-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. patient consents and releases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. clinical procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. safety practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. patient identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. duties of scrub and circulating nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. safety practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. the requirement to conduct surgical counts in accordance with accepted standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. scheduling of patients for surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. personnel policies unique to the O.R.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. resuscitative techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. DNR status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. care of surgical specimens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. malignant hyperthermia?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s. sterilization and disinfecting procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
t. acceptable operation room attire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
u. outpatient surgery post-operative care planning and coordination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
v. expiration dates for surgical supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
w. handling infectious and biomedical/medical waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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x. Informed consent process? C-0320 COP §485.639 19 CSR 30-20.140(2) Note: *See recommendations of Malignant Hyperthermia Association for Dantrolene stocking recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there protocols for all surgical procedures? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do they include a list of equipment, materials and supplies necessary to properly carry out job assignments? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Except in emergency surgical cases, is a complete history and physical, and update, if applicable, completed and placed in the medical record no more than 30 days before or 24 hours after admission or registration prior to the surgery or procedure requiring anesthesia services? C-0320 COP §485.639 19 CSR 30-20.140(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Note: An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after admission or registration when the medical history and physical are completed within 30 days before admission or registration, except in emergencies.					
Can you demonstrate through a random review of charts that the medical record contains evidence of informed consent prior to surgery except in emergencies? 19 CSR 30-20.140(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the informed consent form include: <ul style="list-style-type: none"> a. name of patient, and when appropriate, patient's legal guardian? b. name of CAH? c. name of procedure(s)? d. name of practitioner(s) performing the procedure(s) or important aspects of the procedure(s), as well as the name(s) and specific significant surgical tasks that will be conducted by practitioners other than the primary surgeon/practitioner? (Significant surgical tasks include: opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues.) 	<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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e. signature of patient or legal guardian? f. date and time consent is obtained? g. statement that procedure was explained to patient or guardian? h. signature of professional person witnessing the consent? i. name/signature of person who explained the procedure to the patient or guardian? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the following equipment available to each O.R. suite: a. call-in system? b. cardiac monitor? c. resuscitation equipment? d. defibrillator? e. aspirator (suction equipment)? f. *tracheotomy set? Note: *Cricothyroidotomy set is not an acceptable substitute. C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is post-operative area or recovery a separate area of the hospital with access limited to authorized personnel? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If surgical patients are not transferred to the recovery room, are provisions made for direct observation by a qualified R.N. in the patient's room till consciousness is regained? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the O.R. maintain an up-to-date surgery register? C-0320 COP §485.639	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the surgical registry include for each surgery performed: a. patient's name? b. patient's hospital identification number? c. date of the operation? d. total time of the operation? e. the time the surgery began and ended? f. name of the surgeon and any assistants? g. name of the scrub and circulating nursing personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

