

# CRITICAL ACCESS HOSPITALS

<b>SURGICAL SERVICES</b>					
<b>Self-Assessment Questions</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Date/Initials</b>	<b>Comments</b>
Are outpatient surgical services required to meet the same quality standards as the inpatient surgical services provided? A-0940 COP §482.51	<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 medical staff? A-0941 COP §482.51(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are surgical services under the medical direction of a 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"/>		
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? A-0945 COP §482.51(a)(4)	<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 and performance? A-0945 COP §482.51(a)(4)	<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? A-0945 COP §482.51(a)(4)	<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? A-0941 COP §482.51(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the surgical suite directed by a R.N. qualified by relevant education and experience? A-0942 COP 482.51(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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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) A-0944 COP §482.51(a)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is access to the O.R. limited to authorized personnel only? A-0940 COP §482.51	<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? A-0940 COP §482.51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you routinely observe all staff following aseptic techniques and hand washing? COP §482.51 A-0940 19 CSR 30-20.140(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is every surgical suite appropriately cleaned between cases? A-0940 COP §482.51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there equipment available for rapid and routine sterilization of O.R. materials? A-0940 COP §482.51	<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? A-0940 COP §482.51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is temperature and humidity monitored and maintained within acceptable standards of practice?  Note: See <a href="#">Survey &amp; Cert Memo 13-25</a> A-0940 COP §482.51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Are all surgical service activities and locations integrated into hospital-wide QAPI programs? A-0940 COP §482.51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are the following policies and/or procedures kept current per hospital policy and readily available to staff governing:</p> <ul style="list-style-type: none"> <li>a. aseptic surveillance and practice? <input type="checkbox"/></li> <li>b. scrub techniques? <input type="checkbox"/></li> <li>c. identification of infected and non-infected cases? <input type="checkbox"/></li> <li>d. housekeeping requirements? <input type="checkbox"/></li> <li>e. preoperative patient work-up? <input type="checkbox"/></li> <li>f. patient consents and releases? <input type="checkbox"/></li> <li>g. clinical procedures? <input type="checkbox"/></li> <li>h. safety practices? <input type="checkbox"/></li> <li>i. patient identification? <input type="checkbox"/></li> <li>j. duties of scrub and circulating nurse? <input type="checkbox"/></li> <li>k. safety practices? <input type="checkbox"/></li> <li>l. the requirement to conduct surgical counts in accordance with accepted standards? <input type="checkbox"/></li> <li>m. scheduling of patients for surgery? <input type="checkbox"/></li> <li>n. personnel policies unique to the O.R.? <input type="checkbox"/></li> <li>o. resuscitative techniques? <input type="checkbox"/></li> <li>p. DNR status? <input type="checkbox"/></li> <li>q. care of surgical specimens? <input type="checkbox"/></li> <li>r. malignant hyperthermia?* <input type="checkbox"/></li> <li>s. sterilization and disinfecting procedures? <input type="checkbox"/></li> <li>t. acceptable operation room attire? <input type="checkbox"/></li> <li>u. outpatient surgery post-operative care planning and coordination? <input type="checkbox"/></li> </ul> <p>A-0951 COP §482.51(b) 19 CSR 30-20.140(2)</p> <p>Note: *See recommendations of Malignant Hyperthermia Association for Dantrolene stocking recommendations.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there protocols for all surgical procedures? A-0951 COP §482.51(b)	<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? A-0951 COP §482.51(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
In non-emergency surgical cases is a complete history and physical, and update, if applicable in the medical record prior to the surgery or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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procedure requiring anesthesia services? A-0952 COP §482.51(b)(1) 19 CSR 30-20.140(7)					
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 hospital's surgical informed consent policy describe: a. who may obtain the patient's informed consent? b. which procedures require informed consent? c. the circumstance under which surgery is considered an emergency, and may be undertaken without an informed consent? d. the circumstances when a patient's representative, rather than the patient, may give informed consent for a surgery? e. the content of the informed consent form and instructions for completing it? f. the process used to obtain informed consent, including how informed consent is to be documented in the medical record? g. mechanisms that ensure that the informed consent form is properly executed and is in the patient's record prior to the surgery (except in the case of emergency surgery)? h. if the informed consent process and informed consent form are obtained outside the hospital, how the properly executed informed consent form is incorporated into the patient's medical record prior to the surgery? A-0955 COP §482.51(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the informed consent process include: a. a description of the proposed surgery, including the anesthesia to be used? b. the indications for the proposed surgery? c. material risks* and benefits for the patient related to the surgery and anesthesia, including the likelihood of each, based on the available clinical evidence, as informed by the responsible practitioner's clinical judgment?  Note: *Material risks could include risks with a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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A-0956 COP §482.51(b)(3)					
Is post-operative area or recovery a separate area of the hospital with access limited to authorized personnel? A-0957 COP §482.51(b)(4)	<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? A-0957 COP §482.51(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the O.R. maintain an up-to-date surgery register? A-0958 COP §482.51(b)(5)	<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? h. type of anesthesia used and name of person administering it? i. operation performed? j. pre and post-op diagnosis? k. age of patient? A-0958 COP §482.51(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
For patients who had surgery: a. does the medical record include a surgical report written or dictated immediately following surgery and signed by the surgeon? b. does the surgical report include: - patient's name and hospital identification number? - date and time of surgery? - the name of surgeon and assistants? - pre-op and post-op diagnoses? - a list of surgical procedure(s) performed? - type of anesthesia? - a verification of countable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<ul style="list-style-type: none"> <li>- surgeons or practitioners name(s) and a description of the specific significant surgical tasks that were conducted by practitioners other than the primary surgeon/practitioner (opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues)?</li> <li>- prosthetic devices, grafts, tissues, transplants, or devices implanted, if applicable?</li> </ul> <p>A-0959 COP §482.51(b)(6) 19 CSR 30-20.140(8)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Helpful Hints

- For Informed Consent see also [COP §482.13\(b\)\(2\)](#)
- For the purposes of determining compliance with the hospital surgical services COP, CMS relies with minor modification upon the definition of surgery developed by the American College of Surgeons. See §482.51 Interpretive Guidelines for what constitutes surgery.

### Key Resources and Links

- [19 CSR 30-20.140](#)
- [COP §482.51](#)
- [Malignant Hyperthermia Association](#)