

CRITICAL ACCESS HOSPITALS

QUALITY IMPROVEMENT SERVICES					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Note: Also review Utilization Review section for requirements for agreements for outside review of credentialing, quality assurance and telemedicine services.					
Can you demonstrate that the Governing Body ensures the development and implementation of a quality assessment and performance improvement plan that is effective, ongoing, organization-wide, data-driven, patient-oriented and systematic? (May be done through an arrangement with an outside QA organization.) 19 CSR 30-20.112(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the written performance improvement plan include the purpose, objectives, scope, authority and responsibility? 19 CSR 30-20.112(3)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the plan include a planned systematic, organization-wide approach to designing, measuring, assessing and improving performance of patient care and organizational function? 19 CSR 30-20.112(3)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
At a minimum, does the written program					
a. review the care, including outcomes, provided by medical and nursing staff and by other health care practitioners employed or contracted by the hospital? 19 CSR 30-20.112(4)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. use quality of care measurements which are outcome- or process-based, specific to the hospital, and to the identified needs and expectations of the patients and staff? 19 CSR 30-20.112(4)(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. monitor that improvements and corrective actions are sustainable? C-0285 COP §485.635(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. assure the collaboration of participants from appropriate departments and services, both clinical and nonclinical, including those services provided directly and under contract? 19 CSR 30-20.112(3)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. provide for assessment and coordination of quality improvement activities through an established oversight team that meets on an established periodic basis? 19 CSR 30-20.112(3)(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. assure ongoing communication, reporting, and documentation of patient care issues and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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quality improvement activities and their effectiveness to the governing body and medical staff at least quarterly? 19 CSR 30-20.112(3)(D)					
g. provide for annual assessment of the effectiveness of the plan? 19 CSR 30-20.112(3)(E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. show measurable improvement in patient health indicators and/or processes? 19 CSR 30-20.112(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Note: CMS permits the quality assurance program requirements to be met by the hospital or through a contracted arrangement. If provided by a contractor, there must be evidence of an established ongoing communication between the contractor and the CAH staff. C-0336 COP §485.641(b)					
Can the quality assurance program demonstrate that:					
a. all patient care services and other services affecting patient health and safety are evaluated? C-0337 COP §485.641(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. nosocomial infections and medication therapy are evaluated? C-0338 COP §485.641(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. the quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialists and physician assistants at the CAH are evaluated by a physician member of the CAH medical staff or a physician under contract with the CAH? C-0339 COP §485.641(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. the quality and appropriateness of diagnosis and treatment furnished by physicians at the CAH are evaluated by:					
- one hospital that is a member of the network, if applicable;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- one QIO or equivalent entity; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- one other appropriate and qualified entity identified in the state rural health care plan? C-0340 COP §485.641(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. the CAH staff considers the findings of the evaluations, including any finding or recommendations of the QIO, and takes corrective action if necessary? C-0341 COP §485.641(b)(5)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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f. the CAH takes appropriate remedial action to address deficiencies found through the quality assurance program? C-0342 COP §485.641(b)(5)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. the CAH documents the outcomes of all remedial action? C-0343 COP §485.641(b)(5)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Key Resources and Links

- [19 CSR 30-20.112](#)
- [COP §485.641](#)
- [COP §485.635](#)