

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-1140 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-1140 COP §485.639 | <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-1140 COP §485.639 | <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-1140 COP §485.639 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Is the surgical suite supervised by a qualified individual authorized by state law possessing the relevant education and experience? C-1140 COP §485.639 | <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? C-1140 COP §485.639 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If LPNs or Operating Room Technicians serve as "scrub nurses," is a RN physically available to immediately intervene? C-1140 COP §485.639 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Is access to the O.R. and recovery room limited to authorized personnel only? C-1140 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-1140 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-1140 COP §485.639 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Do you routinely observe all staff following aseptic techniques and hand washing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| C-1140 COP §485.639 | | | | | |
| Is every surgical suite appropriately cleaned between cases? C-1140 COP §485.639 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Is the equipment available for rapid and routine sterilization of O.R. materials monitored, inspected, tested, and maintained by CAHs biomedical equipment program? C-1140 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-1140 COP §485.639 | <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. identification of infected and non-infected cases? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. housekeeping requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| d. preoperative patient work-up? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| e. patient consents and releases? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| f. clinical procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| g. safety practices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| h. patient identification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| i. duties of scrub and circulating nurse? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| j. safety practices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| k. requirement to conduct surgical counts in accordance with accepted standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| l. scheduling of patients for surgery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| m. personnel policies unique to the O.R.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| n. resuscitative techniques? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| o. DNR status? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| p. care of surgical specimens? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| q. malignant hyperthermia?* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| r. protocols for all surgical procedures (list of equipment, materials and supplies necessary to properly carry out job assignments)? | <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. expiration dates for surgical supplies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| v. handling infectious and biomedical/medical waste? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| C-1140 COP §485.639 | | | | | |

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| Note: *See recommendations of Malignant Hyperthermia Association for Dantrolene stocking recommendations. | | | | | |
| Is a complete history and physical, and update, if applicable, completed and placed in the medical record, prior to the surgery? C-1140 COP §485.639 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Does the informed consent form include: 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.)? 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-1140 COP §485.639 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | |
| Is the following equipment available to each O.R. suite: a. on-call system? b. cardiac monitor? c. resuscitation? d. defibrillator? e. aspirator (suction equipment)? f. *tracheotomy set? Note: *Cricothyroidotomy set is not an acceptable substitute. C-1140 COP §485.639 | <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"/> | | |

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| Is post-operative area or recovery a separate area of the hospital with access limited to authorized personnel? C-1140 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-1140 COP §485.639 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Does the O.R. maintain an up-to-date surgery register? C-1140 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? h. type of anesthesia used and name of person administering it? i. operation performed? j. pre and post-op diagnosis? k. age of patient? C-1140 COP §485.639 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | |

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| C-1142 COP §485.639(a) | | | | | |
| 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-1142 COP §485.639(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Do medical staff bylaws include criteria for determining the privileges to be granted to an individual practitioner and a procedure for applying the criteria to individuals requesting privileges? C-1142 COP §485.639(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Is a current roster available in the surgical suite listing each practitioner's surgical privileges and/or suspended or restricted privileges? C-1142 COP §485.639(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Is a pre-anesthesia evaluation performed prior to inpatient or outpatient surgery by an individual qualified to administer anesthesia? C-1144 §485.639(b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Does the pre-operative anesthetic evaluation include: a. notation of anesthesia risk? b. anesthesia, drug and allergy history? c. any potential anesthesia problems identified? d. patient's condition prior to induction of anesthesia? C-1144 §485.639(b) | <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"/> | | |
| Is a post-anesthesia follow-up report written for each patient receiving anesthesia services, by the individual who administered the anesthesia prior to discharge from anesthesia services? Does the report include: a. cardiopulmonary status? b. level of consciousness? c. any follow-up care and/or observations? d. any complications occurring during post-anesthesia recovery? C-1144 §485.639(b) | <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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| a. name, dosage, route and time of administration of drugs and anesthesia agents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| b. any complications or problems occurring during anesthesia, including time and description of symptoms, vital signs, treatments rendered and patient's response to treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| c. name of practitioner who administered anesthesia, and if applicable, the name of the supervising anesthesiologist or operating practitioner? C-1140 COP §485.639 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Are beds in the surgical recovery room used exclusively for surgical patients during recovery from anesthesia? C-0902 COP §485.620(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Are all patients who are discharged after surgery in the company of a responsible adult except those exempted by the surgeon or attending physician? C-1149 COP §485.639(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Key Resources and Links

- [COP §485.639](#)
- [Malignant Hyperthermia Association](#)