

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 education and experience in surgical services? 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 attire designed for appropriate skin and total hair 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, as appropriate? 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 operating 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"/>		

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C-1140 COP §485.639					
Is a complete history and physical, and update, if applicable, completed and placed in the medical record, prior to the surgery except in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the pre-operative history and physical exam been signed by the surgeon if not performed by the surgeon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1140 COP §485.639					
Does the informed consent form include:					
a. name of patient, and when appropriate, patient's legal guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. name of CAH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. name of procedure(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>		
e. signature of patient or legal guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. date and time consent is obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. statement that procedure was explained to patient or guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. signature of professional person witnessing the consent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. name/signature of person who explained the procedure to the patient or guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1140 COP §485.639					
Is the following equipment available to each O.R. suite:					
a. on-call system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. cardiac monitor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. resuscitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. aspirator (suction equipment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. *tracheotomy set?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
*Cricothyroidotomy set is not an acceptable substitute.					
C-1140 COP §485.639					

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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? Are there policies and procedures specifying transfer requirements to and from the recovery room? C-1140 COP §485.639	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 CAH identification number? c. date of the operation? d. total time of the operation or the time the surgery began and ended? e. name of the surgeon and any assistants? f. name of the scrub and circulating nursing personnel? g. type of anesthesia used and name of person administering it? h. operation performed? i. pre and post-op diagnosis? j. 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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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For patients who had surgery:					
a. does the medical record include an operative report written or dictated immediately following surgery and signed /dated by the surgeon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. does the operative report include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- patient's name and CAH identification number?					
- date and time of surgery?					
- the name of surgeon and any assistants?					
- pre-op and post-op diagnoses?					
- Name of surgical procedure(s) performed?					
- type of anesthesia administered?					
- complications, if any?					
- a description of techniques, findings, and tissues removed or altered?					
- 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)?					
- prosthetic devices, grafts, tissues, transplants, or devices implanted, if applicable?					
C-1140 COP §485.639					
Are practitioners who are allowed to perform surgery for CAH patients, in accordance with its approved policies and procedures, and with State scope of practice laws designated in policy? Is surgery performed only by—MD/DDO, DDS /DDM or DPM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are surgical privileges and tasks granted for RN first assistants, ARNP, surgical PA, surgical technicians? C-1142 COP §485.639(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are surgical privileges reviewed and updated at least every two years? C-1142 COP §485.639(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Does the review of surgical privileges include a written assessment of the practitioner's training, experience, health status and performance? C-1142 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-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 or area of CAH where surgery is performed such as OB suites 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"/>		

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Is a post-anesthesia follow-up report written for each inpatient or outpatient receiving anesthesia services, by the individual who is qualified to administer the anesthesia prior to discharge from anesthesia services?					
Does the report include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. cardiopulmonary status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. level of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. any follow-up care and/or observations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. any complications occurring during post-anesthesia recovery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1144 §485.639(b)					
Is anesthesia only administered by:					
a. qualified anesthesiologists, physicians, oral surgeons, podiatrists or dentists qualified to administer anesthesia under state law (podiatrists are not permitted under Missouri regulations https://revisor.mo.gov/main/OneSection.aspx?section=330.010)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. certified nurse anesthetists under the supervision of the operating practitioner or an anesthesiologist who is immediately available if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. anesthesiologist assistant who is under the supervision of an anesthesiologist who is immediately available if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. supervised students in an approved educational program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1145 COP §485.639(c) C-1147 COP §485.639(c)(2)					
Do the medical staff bylaws specify the criteria for anesthesia privileges? C-1145 COP §485.639(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital specify in writing the anesthesia privileges for each practitioner who administers anesthesia, or who supervises the administration of anesthesia by another practitioner in accordance with state law and CAH policy? C-1145 COP §485.639(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do privileges specify type and complexity of procedures for which the practitioner may administer anesthesia or supervise another practitioner supervising anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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C-1145 COP §485.639(c)(1)					
<p>During the administration of anesthesia, are supervising anesthesiologists or operating practitioners:</p> <p>a. located within the operative suite or in the labor and delivery unit?</p> <p>b. prepared to immediately conduct hands-on intervention if needed?</p> <p>c. not engaged in activities that could prevent them from immediately intervening and conducting hands-on interventions if needed?</p> <p>C-1145 COP §485.639(c)(1)</p>	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 		
<p>Does the intraoperative anesthesia record contain:</p> <p>a. name, dosage, route and time of administration of drugs and anesthesia agents?</p> <p>b. any complications or problems occurring during anesthesia, including time and description of symptoms, vital signs, treatments rendered and patient's response to treatment?</p> <p>c. name of practitioner who administered anesthesia, and if applicable, the name of the supervising anesthesiologist or operating practitioner?</p> <p>C-1140 COP §485.639</p>	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 		
<p>Are beds in the surgical recovery room used exclusively for surgical patients during recovery from anesthesia?</p> <p>C-0902 COP §485.620(a)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are all patients who are discharged after surgery in the company of a responsible adult except those exempted by the surgeon or attending physician?</p> <p>C-1149 COP §485.639(d)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Key Resources and Links

- [CMS Conditions of Participation and Interpretative Guidelines](#)
- [CMS CAH Page \(including crosswalk\)](#)
- [CMS CAH Basic Training](#)
- [Malignant Hyperthermia Association](#)
- [Anesthesia Patient Safety Foundation](#)
- CAH may wish to review Acute Hospital Guidelines ([SOM Appendix A](#)) for Surgical Service guidance on time frames related to medical record entries and completion