

CRITICAL ACCESS HOSPITALS

EMERGENCY SERVICES					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does the CAH provide emergency services that meet acceptable standards of practice for inpatients and outpatients 24 hours a day? C-0880 COP §485.618 C-0882 COP §485.618(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all emergency services provided onsite as a direct service of the CAH? C-0880 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		The ED cannot be a provider-based off-site location.
Are there established policies and procedures that address:					
a. integration with other services to provide continuity of care including lab, radiology and surgical services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. the hospital's emergency transfer policy and transfer agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. notification procedures concerning the significant exposure of pre-hospital emergency personnel to communicable diseases as required in Missouri state regulations 19 CSR 30-40.047?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. each type of service provided by the CAH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. the qualifications, including job title, licensure requirements, education, training and experience of personnel authorized to perform each type of respiratory care service and whether they may perform it without supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. equipment assembly and operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. safety practices, including infection control measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. handling, storage and dispensing of therapeutic gases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. cardiopulmonary resuscitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. procedures to follow if adverse reactions to treatments or interventions occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. pulmonary function testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. therapeutic percussion and vibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. bronchopulmonary drainage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. mechanical ventilatory and oxygenation support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. aerosol, humidification, and therapeutic gas administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. administration of medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. procedures for obtaining and analyzing blood samples?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-0880 COP §485.618					

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Also see Self-Assessment Questions for Respiratory Services.					
Are emergency services policies and procedures developed and approved by the medical staff with participation by mid-level ED practitioners: a. evaluated and updated on an ongoing basis? b. regularly monitored and evaluated by the medical staff for appropriateness and quality? c. Based upon nationally recognized standards? C-0880 COP §485.618	<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"/>		
Does the medical staff establish criteria delineating the education, experience and specialized training required for each category of emergency services staff including granting privileges of emergency medical staff? C-0880 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the CAH's ED staffed with the appropriate numbers and types of professionals and other staff to safely meet the anticipated needs of the facility in accordance with acceptable standards of care? C-0880 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH's medical staff establish the criteria for the qualifications for the medical director of emergency services? C-0880 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH's medical staff establish and revise as needed policies and procedures governing the medical care provided in the ED? C-0880 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the emergency services: a. adequately equipped and staffed to assess and treat or transfer ill or injured persons? b. reviewed and evaluated on a regular basis for quality and appropriateness of emergency services? c. periodically assessed for likely demands for policies, procedures, staffing, training and other resources? C-0880 COP §485.618	<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"/>		
Are the CAH's emergency services integrated into the CAH-wide QAPI program? C-0880 COP §485.618	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Does the CAH ensure that the equipment, supplies and medication used in treating emergency cases are kept onsite at the hospital and are readily available for treating emergency cases? C-0884 COP §485.618(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the following emergency drugs and biologicals commonly used in life-saving procedures available? a. analgesics? b. local anesthetics? c. antibiotics? d. anticonvulsants? e. antidotes and emetics? f. serums and toxoids? g. antiarrhythmics? h. cardiac glycosides? i. antihypertensives? j. diuretics? k. electrolytes and replacement solutions? C-0886 COP §485.618(b)(1)	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Are the following equipment and supplies commonly used in life-saving procedures available? a. airways? b. endotracheal tubes? c. ambu bag/valve/mask? d. oxygen? e. tourniquets? f. immobilization devices? g. nasogastric tubes? h. splints? i. IV therapy supplies? j. suction machine? k. defibrillator? l. cardiac monitor? m. chest tubes? n. indwelling urinary catheters? C-0888 COP §485.618(b)(2)	<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"/> <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"/>		Surveyors will inquire as to how the CAH ensures: <ul style="list-style-type: none"> • required equipment and supplies are readily available • staff knows where to obtain • supply inventory is maintained • scheduled maintenance occurs • oxygen supply is functional • vacuum (suction) system is working appropriately
Does the hospital provide either directly or under arrangements services for the procurement, safekeeping and transfusion of blood, including the availability of blood products needed for emergencies on a 24-hours a day basis? C-0890 COP §485.618(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		“Availability” in this context, means that the blood and blood products must be accessible to staff in time to effectively treat

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					emergency patients at the CAH.
Do blood storage facilities meet the requirements of 42 CFR part 493, subpart K? C-0892 COP §485.618(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If blood banking services are provided onsite, is it under the control and supervision of a pathologist or other qualified physician? C-0892 COP §485.618(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If blood banking services are provided under arrangement, is there written documentation the CAH medical staff and the CEO approved the arrangement? C-0892 COP §485.618(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a physician, physician assistant, nurse practitioner or a clinical nurse specialist with training or experience in emergency care on call and immediately available by telephone or radio on contact and available on site either within 30 minutes or 60 minutes dependent upon location of CAH C-0894 COP §485.618(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If an R.N. with training and experience in emergency care conducts specific medical screening examinations, is the: a. R.N. onsite and immediately available at the CAH when a patient requests medical care; and b. Nature of the request within the scope of the R.N. and consistent with state laws and CAH bylaws, rules or regulations? C-0894 COP §485.618(d)(2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Does the CAH, in coordination with area EMS, have policies and procedures to ensure a M.D./D.O. is immediately available 24 hours a day by telephone or radio to receive emergency calls, provide medical direction and refer patients to the CAH or other appropriate locations for treatment? C-0898 COP §485.618(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Diversion 19 CSR30-20.092					

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Does the hospital assure compliance with screening, treatment and transfer requirements as required by the EMTALA? (See EMTALA checklist) 19 CSR 30-20.092(1)(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital have a written diversion plan that is reviewed and approved by the DHSS? 19 CSR 30-20.092 OR Is there a written, hospital approved policy which states that the hospital will not go on diversion or resource diversion, except as defined in the hospital's disaster plan in the event of a disaster? (If yes, skip the remaining questions as the information in the disaster plan will suffice for addressing diversion.) 19 CSR 30-20.092(F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Diversion may be due to the emergency department being overwhelmed with significantly critically ill or injured patients, or an overwhelming number of minor emergencies, to the extent the hospital is unable to provide quality care or protect the health or welfare of the patients it serves. Diversion may also be implemented if there are resource limitations such as no available beds in specialty care units or shortages of equipment or personnel.
Does your hospital participate in a DHSS approved community-wide plan, which ensures that all necessary requirements, including policies addressing diversion, criteria used, community notification, etc., are fulfilled? 19 CSR 30-20.092(G)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital's diversion plan: a. identify the individuals by title who are authorized to implement the diversion plan? b. define the diversion decision-making process? c. specify that the diversion plan will not be implemented until all actions that might prevent a diversion from occurring have been taken, including review and documentation by an authorized individual of the hospital's ability to obtain additional staff or open existing beds that may have been closed? d. include a statement that all ambulance services within a defined service area will be	<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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<p>notified of the intent to implement the diversion plan upon the actual implementation? (An electronic notification system such as the EMResource® can be used to contact the ambulance services)</p> <p>e. include procedures for assessment, stabilization and transportation of patients in the event that services become unavailable or overburdened, including an evaluation of the services and resources that can still be provided?</p> <p>f. include procedures for implementation of a resource diversion in the event that specialized services are overburdened or temporarily unavailable?</p> <p>g. include a provision that all other acute care hospitals within a defined service area will be notified upon the actual implementation of the diversion plan?</p> <p>h. include a statement that if your hospital is one of more than 2 hospitals in your service area and more than half of them are on diversion no hospital will be on diversion?</p> <p>i. include a statement that if your hospital is one of two hospitals in your service area and both are on diversion, neither will be considered on diversion?</p> <p>19 CSR 30-20.092(1)(A)(1)(2)(3)(4)(5)(6)(7)</p>	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 		
Are ambulances that make contact with the hospital before the hospital has declared itself to be on diversion not redirected to other hospitals? 19 CSR 30-20.092(1)(A)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are minutes of the required QA review of each incident of diversion plan implementation available for review by the DHSS on request? 19 CSR 30-20.092(1)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Upon actual implementation of the plan, does the hospital, or its designee, report to the department by phone or EMResource®:</p> <p>a. the time the plan will be implemented?</p> <p>b. within eight hours of the termination of the diversion, with a termination report containing:</p> <ul style="list-style-type: none"> — time the diversion plan was implemented? — reason for the diversion? 	<input type="checkbox"/> 	<input type="checkbox"/> 			When using real time electronic reporting (EMResource), reporting through the system meets the requirements of reporting implementation and termination so long as the system generates

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<ul style="list-style-type: none"> — name of the individual who made the determination to implement the diversion plan? — time the diversion status was terminated? — name of the individual who made the determination to terminate the diversion? 19 CSR 30-20.092(1)(D)					reports as required by the department.
Does the triage methodology existing within the emergency department continue to apply during periods when the hospital diversion plan is implemented? 19 CSR 30-20.092(1)(E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do staff ensure incidences of child abuse including color photographs and radiological examinations are reported to the DSS Children's Division as required by section 210.120, RSMo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

- *The actual language of 19 CSR 30-20.092 Subsection G is provided here. Note: even if a hospital participates in a community plan, they must still have a diversion policy or diversion information integrated into their disaster plan.“(G) If a hospital chooses to participate in a community-wide plan, the requirement of the number of hospitals to remain open, defined service areas, as well as community notification may be addressed within the community plan. Community plans must be approved by the department. Community plans must include that each hospital has a policy addressing diversion and the criteria used by each hospital to determine the necessity of implementing a diversion plan. Participation in a community plan does not exempt a hospital of the requirement to notify the department of a diversion plan implementation.”

- Key Resources and Links
- 19 CSR 30-20.092 Medicare COP and Interpretative Guidelines Appendix W COP §485.618
- 210.120, RSMo
- [CMS CAH Page \(including crosswalk\)](#)
- [CMS CAH Basic Training](#)