

# CRITICAL ACCESS HOSPITALS

PROVISION OF SERVICES,					
Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
<b>PATIENT CARE POLICIES</b>					
Does the CAH have written policies covering the health care services that are furnished that comply with applicable Missouri state laws? C-1006 §485.635(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are policies developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners or clinical nurse specialists and are reviewed biennially (every two years)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there documentation of such review such as meeting minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there documentation of final policy approval by the CAH governing body ? C-1008 §485.635(a)(2) and (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the policies include a description of the services the CAH furnishes, including those furnished through agreement or arrangement? C1010 §485.635(a)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH's written patient care policies include:					
a. how the CAH provides 24 hour emergency care to its patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. what equipment, supplies, medications, blood and blood products are maintained onsite and which are readily available for treating emergency cases by agreement at other facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. what types of personnel are available to provide emergency services and what are their required onsite response times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. do they address how the CAH coordinates with local emergency response systems? C-1012 §485.635(a)(3)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the written patient care policies:					
a. address the circumstances under which consultation between ARNP, PA or CNS must occur with other physician staff (MD or DO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. address circumstances for referral outside the CAH should occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
c. address maintenance of medical records, in a manner consistent with the requirements at §485.638 (C1100-C1126)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. address periodic evaluation of the CAH's health care services, in a manner consistent with the requirements at §485.641 (1300-QAPI Program) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1014 §485.635(a)(3)(iii)					
<b>PHARMACEUTICAL SERVICES</b>					
Are the pharmacy services policies and procedures based upon acceptable professional principles such as Missouri state regulations? Are the policies and procedures include guidance from known professional standards such as USP, ASHP, ISMP NCCMERP, IHI or INS? C-1016 §485.635(a)(3)(iv)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the CAH identified the qualifications of and designated a pharmacist responsible for developing and implementing the rules of the CAH's pharmacy services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the pharmacist licensed in the State of Missouri?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the pharmacist or designee an active member of the pharmacy & therapeutics committee or its equivalent in accordance with Missouri state hospital regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are pharmacy technician (s) appropriately certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there an appropriate job description for the pharmacy technician that describes education, training, experience and demonstrated competency necessary for all performed job duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the job description duties that can performed and functions that cannot be performed according to Missouri Hospital Licensing regulations. C-1016 §485.635(a)(3)(iv) 19 CSR 30-20.100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
<p>Is this pharmacist:</p> <p>a. responsible for the overall administration of the pharmacy service?</p> <p>b. responsible for developing, supervision, and coordinating all the activities of the CAH-wide pharmacy service including policy and procedure development</p> <p>c. thoroughly knowledgeable about the pharmacy practice and management?</p> <p>d. responsible for supervision of other pharmacy staff?</p> <p>C-1016 COP§485.635(a)(3)(iv)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are pharmacy rules (policies) developed and reviewed in consultation with the advice of the CAH's professional staff in accordance with C1008?</p> <p>C-1016 §485.635(a)(3)(iv)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Do you have policies and procedures to address:</p> <p>a. all aspects of storage, handling, dispensing and administration of drugs and biologicals?</p> <p>b. proper conditions of storage of all drugs and biologicals including all storage areas, medication carts, and dispensing machines including cleanliness, temperature, light, moisture (humidity), ventilation, segregation (internal vs external) and security (controlled substances)?</p> <p>c. compliance with manufacturer instructions for usage including environmental conditions?</p> <p>d. security of drug storage including access to pharmacy or drug room after hours, medication carts, anesthesia carts, other non-automated carts and automatized dispensing machines such as Omnicell or Pxyxis?</p> <p>e. how access to drug storage is monitored to prevent unauthorized access?</p> <p>f. removal of drugs and biologicals from the pharmacy or storage areas in the absence of a pharmacist including the amount permitted and documentation required?</p> <p>g. compounding, Reconstitution or mixing medications processes?</p> <p>h. compounding or admixing sterile IV medications by pharmacy staff, non-pharmacy staff or contracted pharmacy service?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
i. are compounding, repackaging records maintained in accordance with Missouri Hospital Licensing regulations for the dispensing and extemporaneous compounding including sterile medications for a minimum of six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. does CAH utilize compounded medications from a compounding pharmacy or registered outsourcing facility? Is appropriate documentation provided regarding FDA registration or appropriate state licensing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. use of aseptic technique and sterilization by pharmacy personnel when compounding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. Dispensing of all drugs and biologicals in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. "do-not use" abbreviation list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. high alert drug list? Do two professionals independently check prior to administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. Utilization of same dose packaging throughout CAH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. limits on floor stocks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. security controls on automatic dispensing machines such as biometric user ID or quarterly password changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. review of medications prior to dispensing by pharmacist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s. storage and limitations on drugs stored in ADC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
t. dispensing of all drugs and biologicals in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
u. is there a "do-not use" abbreviation list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
v. is there a High alert drug list? Do two professionals independently check prior to administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
w. utilization of same dose packaging throughout CAH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
x. limits on floor stocks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
y. security controls on automatic dispensing machines such as biometric user ID or quarterly password changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
z. review of medications prior to dispensing by pharmacist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
aa. storage and limitations on drugs stored in ADC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
bb. preparation, timing and administration of medications in conjunction with nursing see also C 1049)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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### PROVISION OF SERVICES,

Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
cc. are there policies on patient self-administration of medications? (see also C1049)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
dd. are there policies and procedures on how to handle medications brought in by the patient ? (See also C1049) Are the medications either given to patient representative or appropriately documented, sealed and stored in accordance with Missouri state hospital licensing regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ee. sample medications (if allowed) shall only be received and distributed by pharmacy. C-1016 COP§485.635(a)(3)(iv) 19 CSR 30-20.100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### CONTROLLED SUBSTANCES

Does the CAH accurately track receipt and disposition of all scheduled drugs including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. locked storage when not in usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Accountability procedures to ensure control of all distribution, usage and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. tracking movement from point of entry to point of department either through administration to patient, destruction/wastage, or return to manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. is the tracking system easily retrievable and able to facilitate reconciliation of all scheduled drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. is there a system that minimizes the time frame between the actual losses or diversion to the time of detection and determination of the extent of loss or diversion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. are discrepancies in scheduled drug counts reconciled promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. are controlled substance records maintained in accord with Missouri Hospital Licensing regulations for the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. acquisition, compounding, repackaging, dispensing, distribution, administration, disposal for at least two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1016 COP§485.635(a)(3)(iv) 19 CSR 30-20.100					

## PROVISION OF SERVICES,

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## CRITICAL ACCESS HOSPITALS

## PROVISION OF SERVICES,

Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
If ADR or error causes or had the potential to cause harm to the patient, is the report to the practitioner made immediately after staff identify the issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all ADR or medication errors reported to the QAPI staff in accordance with policy/procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the CAH adopted a non-punitive approach to reporting near misses, ADR or medication errors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have other means of identifying ADR and medication administration other than just staff self-reporting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are nursing staff aware of reporting expectations? C-1018 COP§485.635(a)(3)(v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Missouri ONLY State Rules <b>19 CSR 30-20.100</b> Sample medications (if allowed) shall only be received and distributed by pharmacy. If medications are provided to patients for use outside pharmacy by staff other than pharmacist. Patient must be registered ED patient or being discharged from then hospital Are there policies and procedures that include:					
a. circumstances when medications may be provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. who are Practitioners authorized to order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. what Specific medications can be dispensed (only urgent needed treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. quantity limits only in amounts til pharmacy services available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. prepackaging and labeling by the pharmacist;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. final labeling to facilitate correct administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. delivery requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. a transaction record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the labeling, delivery and counseling only performed by a pharmacist, the prescriber or RN unless done by an automated dispensing system? If CAH uses automated dispensing system for dispensing to these patients, is the system either	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
<p>controlled by a pharmacy or only used by the prescriber in the absence of pharmacy services? Are the drugs dispensed to these patients labeled with date, patient's name, prescriber's name, name and address of the hospital, exact medication name and strength, instructions for use, and other pertinent information?</p> <p>Are these drugs only provided when there is not pharmacy services available either at the hospital (no pharmacist on duty) or when community pharmacy is not reasonably accessible. 19 CSR 30-20.100</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>a. acquisition, inventory control, dispensing, distribution and identity of all recipients of investigational medications?</p> <p>b. controlled substances acquisition, compounding, repackaging, dispensing, distribution, administration, disposal for at least two years?</p> <p>c. dispensing and extemporaneous compounding including sterile medications for a minimum of six months?</p> <p>d. the proper preparation, receipt, labeling, usage, transportation, storage and disposal of radiopharmaceuticals in accordance with accepted standards of practice? C-1016 COP §485.635(a)(3)(iv)</p>	<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"/>		
<p>Are all mobile storage units accessible only to authorized personnel and locked when appropriate? C-1016 COP §485.635(a)(3)(iv)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>When locked mobile storage units are not in use, are they stored in a locked room, monitored area or secure location? C-1016 §485.635(a)(3)(iv) C-1016 COP §485.635(a)(3)(iv)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is there a system that minimizes the time frame between the actual losses or diversion to the time of detection and determination of the extent of loss or diversion? C-1016 COP §485.635(a)(3)(iv)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>DIETARY SERVICES (FOOD AND NUTRITION)</b>					



## CRITICAL ACCESS HOSPITALS

### PROVISION OF SERVICES,

Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
Does that CAH have procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices? C-1020 §485.635(a)(3)(vi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all patient care services policies reviewed at least every two years by the group of professional personnel as required under C 1008 C1022 §485.635(a)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PATIENT SERVICES</b>					
Does the CAH provide on-site the diagnostic and therapeutic outpatient services that are typical of those provided in a physician office or low intensity hospital outpatient or emergency department, including medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions? C1024 §485.635(b)(1)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the outpatient services integrated with the appropriate CAH inpatient services in accordance with the needs of the patient care provided? C1024 §485.635(b)(1)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the types and number of qualified personnel appropriate for the scope and complexity of the outpatient services offered? C1024 §485.635(b)(1)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the equipment, staff and facilities adequate to provide the outpatient services and are in accordance with acceptable standards of practice? C1024 §485.635(b)(1)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH furnish acute care inpatient services as evidenced by reviewing data on the number of patients admitted over the prior year?  Does the practitioner who admits the individual as an inpatient appropriately certify that the individual may reasonably be expected to be discharged or transferred within 96 hour of admission. C-1026 §485.635(b)(1)(ii)	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>		

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Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
On average does the CAH admit more or less than 8% of its ED patients annually? If not, is there a reasonable proportionate relationship among the various services offered by the CAH? C-1026 §485.635(b)(1)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the patients the CAH transfers out appropriate or does the CAH have the capability/capacity to treat? C-1026 §485.635(b)(1)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>LABORATORY SERVICES</b>					
Does the CAH provide basic laboratory services essential to the immediate diagnosis and treatment of the patient which include: a. chemical examination of urine by stick or tablet method or both (including urine ketones)? b. hemoglobin or hematocrit? c. blood glucose? d. examination of stool specimens for occult blood? e. pregnancy tests? f. primary culturing for transmittal to a certified laboratory? C-1028 COP §485.635(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have a CLIA certificate, certificate of waiver or certificate of provider performed microscopy to perform all the tests performed onsite? C-1028 COP §485.635(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have an agreement or arrangement with an outside laboratory to perform laboratory services not provided on-site? If so, does the CAH have evidence that laboratory has appropriate current CLIA certificate? C-1028 COP §485.635(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have policies and procedures for additional or specialized laboratory services provided under arrangement or agreement that list which laboratory services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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### PROVISION OF SERVICES,

Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
Does the CAH lab have policies and procedures for the collection, preservation, transportation, receipt, and reporting of tissue specimen results? C-1028 COP §485.635(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are emergency laboratory services available 24/7? C-1028 COP §485.635(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>RADIOLOGY SERVICES</b>					
Are radiological services provided directly by the CAH or under arrangement? C-0283 COP §485.635(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH maintain and have available diagnostic radiological services that meet the needs of your patients? C-1030 COP §485.635(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the radiologic services offered specified in writing by the governing body or responsible individual? C-1030 COP §485.635(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the radiology services (diagnostic, therapeutic and/ or nuclear medicine) provided comply with all state and federal regulations as well as standards and recommendations of nationally recognized professional organizations? C-1030 COP §485.635(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
Are there radiology services policies and procedures addressing the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. designation of which personnel are qualified to use the radiological equipment and administer procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. types of containers to be used for various radioactive materials for storage, transport, use and disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. labeling of radioactive materials, waste and hazardous areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. security of radioactive materials, including who has access and controlling access to radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. maintenance and proper storage of radiation monitoring devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. adequate shielding for patients, personnel and facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. Type of personal protective shielding are to be used and under what circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. proper maintenance and inspection of patient and personnel shields?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. transportation of radioactive materials between locations within the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. appropriate storage, access, use and disposal of radioactive materials and waste, including radio nucleotides and radiopharmaceuticals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. handling, calibration and testing of equipment for radiation hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. frequency and documentation of equipment inspections and corrective action taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. monitoring of employee radiation exposure levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. disposal of radio nuclides, unused radio pharmaceuticals and radioactive waste? C-1030 COP §485.635(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the services provided comply with all state and federal regulations as well as standards and recommendations of nationally recognized professional organizations? C-1030 COP §485.635(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are written radiology interpretations, consultations and procedures authenticated, documented and dated only by practitioners authorized by the medical staff and approved by the governing body to perform these	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
interpretations? C-1030 COP §485.635(b)(3)					
Are there written records to verify: a. hazardous wastes are tracked, handled and stored properly? b. periodic tests were performed of radiology personnel exposure meters or test badges? c. periodic inspections and maintenance were conducted in accordance with the manufacturer's recommendations? C-1030 COP §485.635(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If teleradiology services are used, do the radiologists who interpret radiological tests meet the telemedicine privileging requirements of COP 485.616(C)(3) C-872 or C874)? C-1030 COP §485.635(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>EMERGENCY PROCEDURES</b>					
Does the CAH provide medical services as a first response to common threatening injuries and acute illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have the capability to provide medically appropriate initial interventions, treatment and stabilization of any patient who requires emergency services?  C-1032 §485.635(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>SERVICES PROVIDED UNDER ARRANGEMENT</b>					
Does the CAH have agreements or arrangements (as appropriate) with one or more providers or suppliers participating under Medicare to furnish other services to its patients? (exception is distant site entity telemedicine providers) C-1034 §485.635(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH has arrangements with one or more MDs or DOs for referral of discharged CAH patients who need medical services not available at the CAH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the referral arrangements for physician services in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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If not, can the CAH document that patients referred to an outside MD or DO have been offered appointments and treatment? C-1036 §485.635(c)(1)(i) & §485.635(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have policies and procedures addressing referral of discharged patients? Are the CAH's practitioners and staff who handle the discharge of patients familiar with these policies and procedures? C-1036 §485.635(c)(1)(i) & §485.635(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH have an agreement or arrangement with an outside laboratory and an outside diagnostic imaging facility for services not provided in the CAH? C-1038 §485.635(c)(1)(ii) & §485.635(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the agreement or arrangement is not in writing, can the CAH document that it is sending specimens to an outside laboratory and patients to an outside diagnostic imaging facility when needed, and that it is receiving test results? C-1038 §485.635(c)(1)(ii) & §485.635(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do policies and procedures address which imaging and lab services are provided under arrangement, as well as, for lab services, collection, preservation, transportation, receipt, and reporting of tissue specimen results? C-1038 §485.635(c)(1)(ii) & §485.635(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH has an agreement or arrangement with an outside entity to provide food and other dietary services to inpatients if the CAH does not use its own staff to provide these services? C-1040 §485.635(c)(1)(iii))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH maintain a list of all services furnished under arrangements or agreements? If so, for each service, does the list include the following: a. the service(s) being offered? b. the individual(s) or entity providing the service(s)? c. whether the services are offered on- or off-site?	<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"/>		

## CRITICAL ACCESS HOSPITALS

### PROVISION OF SERVICES,

Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
d. whether there is any limit on the volume or frequency of the services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. when the services are available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the list updated whenever there are changes? C-1042 §485.635(c)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can the CAH's CEO demonstrate how he/she provides oversight of all contracted services related to patient care? C-1044 §485.635(c)(4)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH maintains a list of all services furnished under arrangements or agreements? If so, for each series the list must include the following:					
a. the service(s) being offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. the individual(s) or entity providing the service(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. whether the services are offered on- or off-sit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. whether there is any limit on the volume or frequency of the services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. when the services are available? C-1042 §485.635(c)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can the CAH CEO (person primarily responsible for CAH operations) ensure that a contracted service in a manner that enables the CAH to comply with all COP applicable to the contracted services? C-1044 §485.635(c)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>NURSING SERVICES</b>					

## CRITICAL ACCESS HOSPITALS

PROVISION OF SERVICES,					
Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
Is there a designated individual who is responsible for all CAH nursing services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is this individual currently licensed in Missouri or carry a multi-state license as required by 20 CSR 2200-4.020?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the nursing leader responsible for:					
a. overall management and evaluation of nursing care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. development and maintenance of nursing policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. supervision of nursing staff either directly or indirectly through other nursing managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. ongoing review and analysis of the nursing care quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1046 §485.635(d)					
Is there a RN, CNS or LPN on duty whenever there is one or more inpatients (including swing bed patients)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1046 §485.635(d)					
Are there appropriate nursing staff available for the provision of outpatient nursing services in accord with CAH policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1046 §485.635(d)					
Are there sufficient numbers of supervisory and non-supervisory nursing staff available to respond to all patient needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1046 §485.635(d)					
Does the CAH have procedure for assigning and coordinating nursing care for all patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1046 §485.635(d)					
Are patient care assignments made:					
a. by an R.N.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. considering the complexity of the needs of all patients and the location of the patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. considering the competency, education and the specialized qualifications of the nursing staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1046 §485.635(d)					



## CRITICAL ACCESS HOSPITALS

PROVISION OF SERVICES,					
Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
Does the CAH utilize any temporary or outside nurse staffing agencies to address temporary nurse staffing needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, are these temporary agency nurses oriented and supervised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1046 §485.635(d) (1)					
Does an R.N. supervise and evaluate the nursing care of each patient including patients at a SNF level of care in a swing-bed CAH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does this evaluation begin upon admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is this evaluation ongoing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the evaluation include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. assessment of patient needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. assessment of patient health status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. assessment of patient's response to interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1048 §485.635(d) (2)					
Are all drugs, biologicals, and IV medications administered by or under supervision of registered nurse, in accordance with written and signed practitioner orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the CAH written policies on drug administration delineate the categories of clinical staff who are authorized to administer medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the written policies and procedures for drug and biological administration consistent with accepted standards of practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1048 §485.635(d) (2)					

## CRITICAL ACCESS HOSPITALS

### PROVISION OF SERVICES,

Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
Does the CAH have policies and procedures on the following:					
a. minimum content of medication orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. verbal and standing orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. self-administration of medications (if CAH permits)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. basic Safe Practices for medication administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. medication administration timing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. assessment/monitoring of patients receiving medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. intravenous medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. monitoring of IV opioids for post-operative patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. blood transfusions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. documentation of medication administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1049 §485.635(d) (3)					
Is there a nursing care plan developed and kept current for each inpatient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the nursing care plan started as soon as possible after admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the nursing care plan including planning for care provided during CAH stay and for post-CAH care (discharge)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Was the nursing care plan based upon assessment of nursing care needs?					
Does the assessment consider-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. treatment goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. physiological and psychosocial factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there appropriate nursing interventions developed and implemented for each identified nursing care need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the nursing care plan kept current—revised and updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C1050 §485.635(d) (4)					

## CRITICAL ACCESS HOSPITALS

### PROVISION OF SERVICES,

Self-Assessment Questions	YES	N O	N/A	Date/Initials	Comments
<b>REHABILITATION THERAPY SERVICES</b>					
Does the CAH furnish physical therapy, occupational therapy and/or speech therapy pathology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the activities only performed by individuals working within their scope of practice and state licensure and certification requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are treatment plans:					
a. established before treatment begins by the physician, NP, CNS, PA, PT, speech/language pathologist or OT providing the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. based on the patient's assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. written to include orders for type, amount, frequency and duration of treatment, diagnosis, and anticipated goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. implemented and revised in accordance with provider's policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1052 COP §485.635(e)					
Do the CAH rehabilitation services demonstrate adherence to nationally recognized professional organization standards and recommendations and to applicable state laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1052 COP §485.635(e)					
Is there documentation in personnel files of current licensure, certifications and ongoing in-service/training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C-1052 COP §485.635(e)					

#### Key Resources and Links

- [CMS Conditions of Participation and Interpretative Guidelines](#)
- [CMS CAH Page\(including crosswalk\)](#)
- [CMS CAH Basic Training](#)
- [10 CFR 20](#) iU.S.NRC (United States Nuclear Regulatory Commission) are the standards for protection against radiation