

CRITICAL ACCESS HOSPITAL COMPLIANCE WITH CONDITIONS OF PARTICIPATION

Critical access hospitals (CAHs) are required to be in compliance with the federal requirements set forth in the Medicare Conditions of Participation (CoP) in order to receive Medicare/Medicaid payment. The goal of a CAH survey is to determine if the CAH is in compliance with the CoP set forth at 42 CFR Part 485 Subpart F.

Certification of CAH compliance with the CoP is accomplished through observations, interviews and document/record reviews. The survey process focuses on a CAH's performance of organizational and patient-focused functions and processes. The CAH survey is the means used to assess compliance with Federal health, safety and quality standards that will assure that the beneficiary receives safe, quality care and services. For more information, visit the Centers for Medicare & Medicaid Services (CMS) website: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/CAHs.html>

Below are sample CAH survey tools developed by State Offices of Rural Health and Hospital Associations.

CAH Medicare Mock Survey

Author: Minnesota State Office of Rural Health and Primary Care

The Minnesota Flex Program conducts mock surveys to help CAHs prepare for their Medicare Survey, and more importantly, help CAHs ensure the highest quality of care at their facilities. By conducting mock surveys, CAHs receive survey preparation recommendations, CoP guidance and additional resources.

<http://www.ruralcenter.org/tasc/resources/flex-program-conducts-critical-access-hospital-medicare-mock-survey>

CAH Mock Survey Worksheet

Author: Illinois Critical Access Hospital Network

The Illinois Critical Access Hospital Network (ICAHN) conducts mock surveys to help CAHs prepare for their Medicare Survey. This worksheet includes acute care, observation and outpatient information from the CoP.

<http://www.ruralcenter.org/sites/default/files/cah%20preparation%20mock%20survey%20worksheet%20%20012012.pdf>

CAH Survey Documents

Author: Nebraska Hospital Association

The intent of the CAH re-survey process is to evaluate facility compliance with each of the CoP in the most efficient manner possible. State surveyors will assess each CoP concurrently through observation, interviews with staff and patients, policy and procedure reviews and record reviews of open and closed patient records.

<http://www.ruralcenter.org/tasc/resources/critical-access-hospital-survey-documents-3>

CAH Survey Preparation Guidelines

Author: Illinois Department of Public Health, Center for Rural Health

This document is a list of questions that will help a hospital to prepare for a survey in the areas of case management and utilization review.

<http://www.ruralcenter.org/tasc/resources/cah-survey-preparation-guidelines>

CAH Preparation “On-Site” Visit

Author: Illinois Department of Public Health, Center for Rural Health

This day is yours and can be flexible to the timetable of hospital staff. An additional visit can also be arranged if other areas need to be covered or time does not allow for full discussion. It is recommended that there be a coordinator/contact person for the critical access hospital (CAH) conversion process and would suggest that this individual participate in most of the site visit discussion. Generally, the coordinator of the survey is the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Director of Nursing or Quality Assurance Director; however, it is up to your hospital. All senior management and staff are welcome to participate as needed.

1. Overview of the CAH conversion process: coordinator of the survey; senior management; and medical staff/board as appropriate.
2. Review of the Acute Care CoP (C150-C343). Individuals involved with these particular hospital areas:
 - Credentialing – medical staff and allied health
 - Agreements and contracts

- Compliance issues – licensure, practice acts, employee law, employee files, etc.
 - Emergency Department – physician coverage, equipment and setup, procedures, communications, the Emergency Medical Treatment & Labor Act (EMTALA), scope of care, transfers
 - Physician coverage and responsibility – bylaws, supervision of non-medical staff, peer review, physician supervision cardiac rehab and therapeutic outpatient services, 96 hour attestation, inpatient order attestation
 - Pharmacy – distribution and administration of medications, medication errors, formulary controls
 - Hospital governance – leadership/administrative responsibility, CAH approval
 - Quality assurance program – annual evaluation policy, hospital monitors, department activities, logs (audit)
 - Billing and medical records – set up for CAH, provider numbers, medical record review and supervision
 - Surgery and anesthesia – guidelines for services, certified registered nurse anesthetists (CRNAs), privileges for surgery, infection and traffic control
 - Plant operations – life safety issues, fire prevention, preventative maintenance, emergency preparedness
 - Patient care – staffing, case management and discharge planning, occupancy control, education, policy and procedures, infection control
 - Telemedicine – newly added and should be reviewed if CAHs have a telemedicine program
 - Organ Donation – CAHs must have a policy and procedure in place and agreements with regional transplant for the various areas of transplant
3. Review of Swing bed CoP for CAH (C350-C395) with individuals involved with this program:
- Patient rights/restraints

- Admission procedure
- Discharge planning and transfer
- Abuse policies
- Staffing
- MDS
- Role of dietary, physical therapy, activities, nursing and social services

Written Policies and Procedures - Critical Access Hospitals

Surveyors may request other policies and procedures upon their review of the hospital and its services. It is strongly recommended to have these policies available at the time of the survey to demonstrate these procedures are in place. Some of these policies are requirements of the Medicare CoP while others are requirements of the Illinois Hospital Licensing Act.

- Ensuring that necessary supplies, drugs and biologicals are periodically monitored and readily available; medication safety
- Rules of Storage, handling, dispersing and administration of drugs and biologicals. Procedures for reporting adverse drug reactions and errors in administration of drugs
- A policy or procedure, and if provided, contractually, an agreement or arrangement, for services for the procurement, safekeeping and transfusion of blood, including the availability of blood products needed for emergency patients 24 hours a day
- A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel; hand washing (important!)
- Procedures that ensure that nutritional needs of inpatients are met
- Policies and procedures regarding who is allowed to administer anesthetics to patients and how the patients are monitored during the administration of anesthesia and post recovery
- Emergency medical procedures as a first response to common life-threatening injuries and acute illnesses
- Agreements or arrangements with one or more providers or suppliers participating under Medicare who furnish services to patients

- A procedure for the annual review of each department policies by the professional staff
- A procedure to ensure that the confidentiality of medical records is maintained and that records are protected against loss, destruction or unauthorized use and are retained according to legal requirements for documentation of medical records
- Transfer agreements in place as well as emergency preparedness

CAH Program – Policy and Procedure Requirements

- Written policies and/or procedures that describe how the hospital will monitor to maintain an annual average length of stay (ALOS) which is 96 hours or less and not exceed the limit of 25 acute care patients including swing, medical/surgical, obstetrics (OB), intensive care unit (ICU) and pediatrics. Observation patients are considered outpatients and not included in the daily count. Observation patients may be placed in inpatient beds; however, separate and additional observation patient beds cannot have any inpatient placed in those beds. Arrangements for the transfer or discharge of patients should be included in these policies and procedures to assure compliance to these requirements.
- A policy that describes the communications system at the hospital and how information is communicated to other facilities. The policy should also include the various methods of communication available and what to do if a system failed.
- A procedure which demonstrates how the CAH, in coordination with local response systems, has a doctor of medicine (MD) or osteopathy (DO) immediately available to radio or telephone on a 24 hour a day basis to receive emergency calls, provide treatment information and refer patients to the CAH or to appropriate locations for treatment
- Delineation of specific CAH responsibilities for the doctor of medicine (MD) or osteopathy (DO) and for mid-level practitioners
- Evidence that medical staff members and mid-level providers on staff are involved in the medical care policy and procedure development
- Written policies and procedures ensuring that sufficient staff is available to provide essential services for CAH operation. Evidence that a registered nurse (RN) provides or assigns to other personnel, the

nursing care for each patient; and that a RN supervises and evaluates the nursing care for each patient.

- Evidence (e.g., minutes of board meetings of governing body) which establishes that CAH governing body or responsible individual(s) assume full responsibility for determining, implementing and monitoring all CAH policies. Evidence that the medical staff and employees have been apprised of the CAH decision and are aware of the requirements of the program.
- Written policies and procedures for all health care services provided at the CAH; (e.g., The Joint Commission's Plan for the Provision of Patient Services)
- A quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished at the hospital. Policies and/or documentation that explain how the hospital will evaluate its programs and services. An evaluation of the hospital's quality assurance program is conducted annually and presented to the governing body and medical staff.
- Documentation that identifies an individual responsible for CAH operations and hospital contracted services and that such contracted services, including shared services and joint ventures, are provided in a manner that allowed the hospital to comply with the CoPs
- A policy that describes the scope of services for the emergency department and how the department is staffed and physician coverage is provided
- If the hospital does not have an outside organization or network hospital conducting quality assurance (QA) program, the hospital must have its own QA plan as a free standing program
- A policy that describes the annual program evaluation of services provided as a critical access hospital. This annual evaluation is to be presented to the board.
- Written policies and procedures for the maintenance of clinical records
- Written policies and procedures governing the use and removal of records from the hospital and conditions for release of information
- Written policies and procedures as how physicians are approved to perform surgery and the types of surgery performed at a CAH

Critical Access Hospital Site Visit Survey

CAH Conditions of Participation - KEY

1. Compliance with Federal, State and local laws and regulations 42 CF 485.608
2. Location 42 CF 485.610
3. Compliance with hospital requirements at time of application 42 CF 485.612
4. Agreements: 42 CF 485.616 (network hospitals, credentialing/quality improvement (QI), credentialing telemedicine)
5. Emergency Services 42 CF 485.618
6. Number of beds and length of stay 42 CF 485.620
7. Physical plant and environment 42 CF 485.623
8. Organizational structure 42 CF 485.627
9. Staffing and staff responsibilities 42 CF 485.631
10. Provision of services 42 CF 485.635
11. Clinical records 42 CF 485.638
12. Surgical services 42 CF 485.639
13. Periodic evaluation and quality assurance review 42 CF 485.641
14. Special requirements for CAH providers of long-term care services (swing beds) 42 CF 485.645

Checklist of Written Policies, Procedures & Agreements

Use the checklist below to ensure you have all of the documents ready for review when your hospital is surveyed. This document is intended only to serve as a guide.

___ An agreement to participate in a network communications system if the CAH is in a network that participates in such a system

___ A policy or procedure, and if provided, contractually, an agreement or arrangement, for services for the procurement, safekeeping and transfusion of blood, including the availability of blood products needed for emergency patients 24-hours-per-day

___ A procedure which demonstrates how the CAH, in coordination with local response systems, has a doctor of medicine or osteopathy immediately available by telephone or radio on a 24-hour-a-day basis to receive emergency calls, provide treatment information and refer patients to the CAH or to other appropriate locations for treatment

___ Evidence (e.g., minutes of board meetings of the governing body) which establishes that the CAH governing body or responsible, individual assumes full responsibility for determining, implementing and monitoring all CAH policies governing CAH operations

___ Disclosure information showing the principal owners of the CAH, the person principally responsible for CAH operations and the person responsible for medical direction in the CAH

___ Written policies and procedures that cover all health care services provided at the CAH

___ Rules for the storage, handling, dispensing and administration of drugs and biologicals

___ Procedures for reporting adverse drug reactions and errors in the administration of drugs

___ A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel

___ Procedures that ensure that the nutritional needs of inpatients are met

___ A procedure for the annual review of policies by the professional staff

___ Emergency medical procedures as a first response to common life-threatening injuries and acute illness

___ Agreements or arrangements with one or more providers or suppliers participating under Medicare to furnish other services to its patients

___ Policies and procedures regarding who is allowed to administer anesthetics to CAH patients

___ Policies, procedures and/or other documentation that demonstrate that the CAH carries out the periodic evaluation of its total program

___ A quality assurance program to evaluate the quality and appropriateness of the diagnosis and treatment furnished at the CAH

___ Schedules and/or policies to verify physician and/or advanced practice practitioner is available to cover inpatients and outpatient therapeutic services and provide care in the emergency department

Certification Process Preparation

Illinois Department of Public Health, Critical Access Hospital Program

Overview of the Process

The critical access hospital (CAH) program is an opportunity for rural hospitals to have greater flexibility in their delivery of services and to increase revenues through cost based reimbursement. A rural hospital will essentially provide the same services and function under the same hospital licensure standards for the state. However, a CAH applicant must meet the Medicare CoP specifically for CAHs to be certified. The CAH applicant will be required to complete an initial survey for compliance and then be re-surveyed every three years. State Department of Public Health Division of Health Care Facilities and Programs (IDPH) no longer conduct the initial onsite survey for CAH applications (small rural hospitals applying for CAH certification). CAH applicants will need to work accreditation organizations such as The Joint Commission, Healthcare Facilities Accreditation Program (HFAP), DNV-GL with CMS deemed status to conduct the initial survey and recommend the applicant is in compliance. IDPH will still have the responsibility to coordinate the application, package and send to the Regional CMS Office for approval. Before a CAH applicant is eligible for an initial certification survey, hospital must complete the 855 A form and send to its assigned fiscal intermediary and have approval from the state office of rural health and Regional CMS Office that the hospital meets both the distance and rural location requirements.

Surveyors will assess CoP compliance through observation, interviews with staff and patients, policy review, facility tour and review of open and closed patient records. The surveyors will look to see if appropriate processes and procedures are in place. If the hospital applicant is requesting swing bed certification, the hospital will be surveyed for its compliance to the CAH Medicare Conditions of Participation for swing beds by the Division of Long Term Care Field Operations staff. These conditions are similar to those for Medicare certified skilled nursing facilities.

Surveyors are required to notify the hospital prior to their initial visit and determine the hospital's readiness for each survey. The initial survey will

include life safety, acute care and swing bed compliance all together. No longer are the surveys conducted separately, at least the initial survey. The hospital may be re-surveyed in response to the completion of its plan of correction or is not compliant with all areas of the CAH CoP. The survey division must sign off on both surveys and forward them to CMS Region V Office. The date of certification will be when the life safety survey plan of correction is accepted. The Hospital will be notified by CMS when approved as a CAH and receive a new Medicare provider number for acute care (inpatient and outpatient) as well as a new number if the hospital has a swing bed program.

Suggested Steps to Prepare For the Survey and CAH Certification

1. It is helpful to create a pre-survey preparation team to assess the hospital's compliance with the Hospital Licensing Act and the Medicare CoP and its readiness for the survey. The Team generally consists of: the administrator, director of nursing, financial officer or business office manager, plant operations director, a medical staff representative and the quality assurance coordinator. Other hospital department managers and staff can be added.

The Team should first conduct an assessment as to its present level of compliance to the IDPH Hospital Standards and Medicare CoP. Use the three CAH survey preparation checklists (i.e. CAH Program – Policy and Procedure Requirements; Optional Written Policies and Procedures for CAH; and Documents to be Available for the Survey) to assess the hospital's readiness and learn what is expected. In addition, the Team should conduct a facility tour to evaluate life safety requirements. The facility may want to hire an architectural firm to do facilities assessment as part of the life safety review if the hospital has not been inspected by the state for several years.

The Team should meet periodically and set goals and deadlines for those specific tasks necessary to complete for the survey. The Team may need to write new policies or repair areas of the physical facility in preparation.

If the hospital plans to include the ten swing beds in the CAH application, the Team will need to evaluate the hospital for its compliance to the CAH Medicare CoP for swing beds. The MDS assessment requirement for swing beds does not start until the

hospital has been certified. However, it is recommended that hospitals implement the MDS assessment procedure two weeks prior to the initial survey. This will allow the state surveyors to evaluate the MDS procedures and assist you in meeting this particular standard. The survey team will only evaluate the hospital's compliance to those procedures in place; the team does not evaluate the hospital's compliance to those procedures. The annual survey will evaluate the implementation of the MDS assessment.

What happens with the MDS once the hospital is certified as a CAH? The MDS must be completed for each swing bed patient. The hospital is not required to transmit the MDS for billing purposes as it does for the skilled nursing facility (SNF) patients. The MDS needs to be initiated and completed in the assigned time frame and filed in the medical record of each swing bed patient.

2. The required CAH policies and procedures must be changed to reflect the CAH status. The approval of these changes needs to be included in the minutes of the hospital's leadership committees (board of directors, medical staff and hospital departments). These documents will need to be available at the time of the health survey. Other hospital and department specific policies and procedures do not have to be changed to bear the CAH designation.
3. It is important that the hospital employees are involved with the survey process. They may be asked if they understand the new CAH program and how the program will affect their job. Meetings with employees, department managers and medical staff are highly recommended. All individuals need to be aware of the new program. Handouts posted in the different areas would be helpful for staff and others. Nursing and other professional staff may be concerned on how CAH status will affect their scope of practice, if additional training will be required or if the care of patients will change.
4. A hospital can apply for CAH status without having a swing bed program. If a hospital does not have a swing bed program and wishes to add swing beds, the hospital must apply for certificate of need (CON) through the State Health Planning Board. Once the CON has been obtained, the hospital can then apply for swing beds through the long term care division and must be surveyed by the Department before implementing the swing bed program.

5. Because CAH is Medicare program, a hospital must assure its compliance with the CoP. It is strongly advisable for a hospital to have a compliance program and an individual within the organization responsible for the program. Hospitals are encouraged to have an on-going review of its billing and coding processes and a review of its charge master (charges for procedures, tests, supplies, services, etc.) to assure the hospital bills only what is authorized by Medicare and Medicaid. The individual responsible for compliance should be part of the survey preparation team. Don't forget to make sure suppliers and other associated providers are aware of your compliance program and have agreed to follow the program guidelines.

6. Effective 11/29/99, a CAH is responsible to maintain an average inpatient length of stay less than or equal to 96 hours. A waiver is no longer required for a patient to stay longer than the 96 hours as this is an annual average. Also, a CAH cannot exceed 25 acute care patients and swing bed patients at one time. The CAH must stay within the assigned patient limit even though the hospital has a larger bed capacity. Observation patients are not included in the bed count or length of stay. Patients placed in Medicare Hospice beds are counted towards the bed count but not length of stay. Also, CAHs may have distinct part unit (DPU) rehabilitation and psychiatric 10 bed units.

CAHs are strongly advised to have a case management program in place to adhere to the daily census requirement and annual length of stay. CMS will monitor compliance when a survey is done and through noting of patient days on the Medicare cost report which is filed annually.

A case management program will monitor when patients are admitted and expected to be discharged. Daily logs should be kept and an individual(s) assigned the responsibility for the case management or monitoring of each patient. Hospitals will have to assure patients are discharged within an appropriate time frame and transfer arrangements made for patients requiring additional hospital care to maintain that 96-hour average. A CAH may want to explore critical pathways or case maps and involves your medical provider staff with the development of this program.

Patients may be admitted by physician assistants or nurse practitioners, who have hospital privileges, but a physician on staff

must be notified and accept care for the patient. A physician must sign and authenticate the inpatient record of the patient is under the care of a physician assistant or nurse practitioner.

7. Transfer and referral agreements are required for CAH hospitals. Hospital leadership will need to make arrangements with one or more source hospitals to accept transfers and referrals, if not already in place. A CAH hospital must comply with EMTLA standards when transferring a patient to another acute care facility whether it is through the emergency department or inpatient-nursing unit. Documentation that the transferring hospital has met the EMTLA standards must accompany the transfer and a copy included in the hospital's medical record. It is strongly advised to include the Medical staff in the development of the transfer and referral arrangements.

The transfer and referral arrangement should address the following information but not limited to:

- a) CAH procedure for credentialing of medical and allied health professionals
- b) CAH quality assurance program
- c) What and how the patient data will be shared
- d) Referral and/or transfer protocols (CAH to resource hospital)
- e) Plan for communicating information on the patient transferred by the resource hospital after the patient is transferred, admitted and discharged (What information will the attending physician receive and hospital staff)
- f) Plan for sharing of communication systems between the two hospitals

It is very important for a CAH applicant demonstrate participation in a community health needs assessment process. Hospital leadership can conduct its own community assessment or work in cooperation with another community or outside organization such as universities, audit firms, non-profits/networks, extension services and local health departments. There are several types of assessment program (e.g., IPLAN/IL Mapping) available to use to conduct such an assessment. All non-profit hospitals, CAHs included, must conduct a community health needs assessment (CHNA) every three years.

Input from community members is valuable for hospital leadership to better understand the perception of the hospital within the community. The hospital leadership should be asking the community what services are needed and what people are willing to pay for. CAH applicants should take this as an opportunity to explore new services and/or re-design those presently offered.

8. An ad hoc medical record review committee should be appointed to audit both open and closed medical records to assure compliance to the hospital's documentation procedures for both hospital staff and medical staff. An audit review form should be used to systematically examine the charts. Areas to particularly monitor are physician orders for care and treatment; coordination of care; discharge planning; medication administration and response; test results; and consents. Note accuracy, timeliness and completion of information. Joint Commission has an excellent chart audit guide which may be helpful. There are specific documentation requirements, but surveyors will particularly monitor hospital compliance to its own standard policies and procedures.
9. Contact should be made with the CAH applicant's fiscal intermediary as to the billing format to be used and a procedure to implement a cost based reimbursement system for the hospital. The certification date assigned for your hospital will be the date the hospital is surveyed and found to be in compliance or when the hospital's plan of correction has been accepted by the Division of Health Care Facilities and Programs. Your certification date and new inpatient and swing bed Medicare numbers will be in your notification letter from Health Care Financing Administration (HCFA). You will need to set up new accounts with the CAH Medicare numbers. You may have two cost reports for that year – one prior to CAH approval and one for after CAH approval. This, once again, will depend on your fiscal intermediary.

CAH inpatient charges will be based on a calculated per diem rate based on the hospital's inpatient costs from the previous years. Outpatient charges will be paid based on hospital's actual cost, which may or may not be the same as the outpatient charge. Your fiscal intermediary or hospital auditors should be able to assist you in the calculation of your expected rate and can be adjusted on interim basis. CAH financial staff is encouraged to contact the state Medicaid

program to determine if Medicaid provides cost based reimbursement for care provided in a CAH.

Annual Evaluation

(Hospital Name)

CRITICAL ACCESS HOSPITAL PROGRAM YEAR _____

Suggestions

- I. Utilization of critical access hospital services
 - a. # acute, swing bed and outpatients served for each area
 - i. % Medicare
 - ii. % Medicaid (not swing)
 - iii. % other (not swing)
 - b. Specific departments and services
 - i. ER visits
 - ii. Surgeries
 - iii. OB
 - iv. Observation
 - v. Outpatient visits
 - c. # Transfers
 - i. Inpatient
 - ii. Nursing home
 - iii. Emergency Department
 - iv. EMTLA compliance
- II. Audit of active and closed medical records - compliance and quality of the record
 - a. Results of the # active charts reviewed (accuracy, signatures, etc.) (Suggestions or may want to develop a checklist such as the one JCAHO uses)
 - i. H & P
 - ii. Admission assessment
 - iii. Surgical records (consents, operative reports, etc.)

- iv. Discharge planning
- v. Consents and advance directives
- vi. Pain management
- vii. Physician orders

b. Results of the # closed charts reviewed (Suggestions or may want to develop a checklist such as the one JCAHO uses)

- i. DRG based (Sims criteria)
- ii. H & P
- iii. Operative reports
- iv. Nursing forms
- v. Clinical documentation
- vi. Discharge summary
- vii. Patient education

III. Health Care Policies

- a. Were department policies and procedures reviewed this year?
- b. Were any changes made?
- c. Were any new policies added?
- d. Were all policies related to CAH reviewed?

IV. Evaluation of Services/Quality Assurance

- a. Hospital wide indicators - results and action taken/CQI
 - i. Medication errors
 - ii. Morbidity and Mortality
 - iii. Falls
 - iv. Restraints
 - v. Infection rates
 - vi. Blood utilization
 - vii. Needle sticks
 - viii. C-section rate, if OB
 - ix. Against Medical Advice (AMA)

- x. Physician admission data
 - xi. Hospital Compare
 - xii. Patient Satisfaction Survey
- b. The Joint Commission/Other Accreditation Organization Recommendations
- i. Outcomes of processes or services (clinical indicators)
 - ii. Financial data
 - iii. Autopsy
 - iv. Performance measures hospital wide/department specific
 - v. Research data
 - vi. Appropriateness and effectiveness of pain management
 - vii. Patient satisfaction surveys
 - viii. Patient Safety Organization participation and outcomes
- V. Does the CAH program continue to meet the needs of the hospital and community? Were any new services added or present services changed? Has the scope of care changed? What improvements have been made as a CAH?

Documents to Be Available for the Survey

Critical Access Hospital Program

This checklist will be helpful as you prepare for the IDPH survey. These documents will be requested at the time of the review.

___ Facility policies and procedures covering all CAH requirements (i.e., pharmacy, infection control, emergency department, nursing, dietary, outpatient/clinics and medical records)

___ Copy of all service agreements, physician coverage agreements and any network agreements including participation in communications systems and in the referral, admission and transport of patients

___ An organizational chart and position descriptions for levels of personnel

___ Staffing schedules for the past three months for the emergency department, outpatient/clinic department and any nursing units

___ List of services the facility provides directly and a list of services provided through arrangements of agreements

___ On-call schedules for physicians, other staff (e.g. mid-level practitioners, laboratory, imaging, etc.) for the past three months

___ Personnel files with evidence of appropriate licensure, certification or registration. (Photo- copy of licenses must be on file). Be prepared to explain the hospital process for validation of licenses.

___ Credential files for physicians and mid-level providers on staff at the hospital

___ Committee meeting minutes for the past six months for the following departments: pharmacy and therapeutics; CAH policy development; infection control; and quality assurance. Board of Director Minutes for the past six months

Other documents required:

- Quality Assurance Plan
- Annual Program Evaluation
- Infection Control Log
- Menus for one month for all diets offered
- Incident report for the past six months
- List of authenticated signatures and list of current and closed medical records. On the initial survey, they will obtain a list of swing bed patients for record review only

Case Management/Utilization Review

Critical Access Hospital Program

CAH Survey Preparation Guidelines

1. Does your program address patient care and discharge planning seven days a week?
2. Who contacts insurances and other third party payers for certification? Is this available seven days a week or as appropriate?
3. Is there someone responsible for case management (i.e.: discharge planning or utilization review)? 3a) When that individual is unavailable, who is responsible for this activity? 3b) Is the hospital prepared to

monitor for length of stay and compliance with 96 hour inpatient physician attestation?

4. Are the results of diagnostic test readily available to physicians? What is the expected time frame for results reporting at your hospital? Is that reasonable?
5. Are patients able to be transferred to area nursing homes seven days a week?
6. Are transportation services available for transfers seven days a week?
7. Do physicians make daily rounds? Are the rounds conducted in a timely manner?
8. Are physicians supportive of case management? Do physicians think "discharge of the patient" and identify a specific plan of care on admission?
9. Are there case maps, care plans or pathways developed for the most common DRGs?
10. Does your hospital have a plan if the inpatient census hits 15 or above? What will be the first step? Are the physicians involved in the decision-making process or development of the procedure?
11. How streamlined is your documentation – order entry, results posting, unit faxes, electronic records and flow sheets?
12. Does your nursing staff in the ER or the inpatient units have easy access to medical records "after hours"?
13. If a diagnostic test is delayed or not available at your facility, how is this addressed?
14. Are patient care team conference held? If so, who is involved?
15. Are ancillary departments involved with case management or discharge planning? (Dietary, physical therapy, pharmacy, respiratory care)
16. Do you have educational resources available to patient care staff?
17. Does your patient care staff understand case management? Is patient care coordinated in the most timely, cost effective manner?