



# **Critical Access Hospital Accreditation**

## **Survey Process Guide**

# **September 2026**

Issue Date: August 24, 2026

## Summary of Changes

Note: Updates from the last published version of the Survey Process Guide are identified by underlined and ~~striketrough~~ text throughout this document.

### Changes effective July 1, 2026

- Updated Critical Access Hospital Document List
- Updated Accreditation Survey Activity List and descriptions for life safety code surveyors
- Updated Emergency Services Evaluation Module (485.618)
- Updated Physical Environment evaluation module (485.623)
- Updated Provision of Services evaluation module (485.635)
- Updated Provision of Services: Patient Services – General evaluation module (485.635(b)(1))
- Updated Provision of Services: Emergency Procedures evaluation module (485.635(b)(4))
- Updated Provision of Services: Services Provided Through Agreements or Arrangements evaluation module (485.635(c)(1-5))
- Updated Nursing Services evaluation module (485.635(d))
- Updated Medical Record Services evaluation module (485.638)
- Updated Surgical Services evaluation module (485.639)
- Added Discharge Planning evaluation module (485.642)
- Updated Swing Beds evaluation module (485.645)

### Changes effective September 1, 2026

- For all survey tools, please see the NEW Survey Tools Guide (STG) just released for September 2026. This will serve as a companion to the Critical Access Hospital Survey Process Guide.
- Updated compliance with Federal, State, and Local Laws evaluation module (485.608)

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# Critical Access Hospital Survey Process

The purpose of a Joint Commission survey is to evaluate an organization's compliance with standards based on CMS Conditions of Participation (CoPs) and Joint Commission National Performance Goals (NPGs), that is, principles of patient safety and quality of care. A standard defines the performance expectations, structures, or processes that must be substantially in place in an organization to enhance the quality of care, treatment, or services being provided. Using observation, interviews, and document review surveyors evaluate an organization's compliance with applicable standards in all locations where patient care, treatment, and services are being provided.

During a survey, an organization must be prepared to provide evidence of its compliance with each applicable standard. To attain accreditation, an organization must demonstrate compliance with the applicable standards and their elements of performance (EPs).

For deemed status surveys, Joint Commission surveyors assess critical access hospital (CAH) compliance with the CMS Conditions of Participation for all services, areas and locations in which the provider receives reimbursement for patient care services billed under its CMS Certification Number (CCN) as well as certain entities that provide services to the CAH on a contractual basis. These areas include all inpatient and outpatient services and practice locations, buildings and facilities (including, but not limited to, generators, electrical rooms, food services, HVAC, supply areas, sterilization areas, etc.)

## On-site Surveys

All CAH surveys are unannounced<sup>1</sup>. Although not a routine practice, Joint Commission surveyors may conduct some survey activities during early morning, evening, night, and weekend hours, as necessary. These "off-shift" visits do not occur before the opening conference at the start of the survey.

Joint Commission determines the length of a survey and the number and type of surveyors assigned based on information supplied in the Electronic Application for Accreditation (E-App) that describes the organization's size and scope of services.

## Survey Team

Based on the size and complexity of the organization being surveyed, an accreditation survey may be conducted by one surveyor or a team of surveyors. Each survey team should include at least one RN with hospital/CAH survey experience, as well as other surveyors who have the expertise needed to determine whether the CAH is in compliance with the standards and CMS Conditions of Participation. A *Life Safety Code* surveyor will also be part of every critical access hospital survey. The composition of an organization's survey team is based on the information provided in its E-App.

On surveys with more than one surveyor, one of the surveyors is designated as the team leader. The team leader is responsible for integration, coordination, and communication of survey activities. In addition to being one of the surveyors conducting the survey, the team leader serves as the primary point of contact between the organization and Joint Commission. Among other responsibilities, the team leader leads the opening conference and the daily and exit briefings.

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<sup>1</sup> See the Accreditation Manual for Critical Access Hospitals, Accreditation Process chapter for exceptions to this rule.

## Pre-Survey Preparation

### Surveyor Preparation

In preparation for the survey event, the surveyor(s) reviews available information about the organization, including the following:

- Electronic Application for Accreditation (E-App) to determine the scope of survey that will be required and begins planning
- Report of available Basic Building Information (BBI) which contains sites/buildings information and the history and audit trail
- Organization website, if available, to compare the services noted to those reported on the E-App
- Report(s) and the organization's historical SAFER™ matrix(s) from previous survey events
- CMS complaint surveys
- ORYX data.

The surveyor(s) will use what they learn from review of the above information to prepare a preliminary plan for the on-site survey event that is customized to the organization and that covers all required evaluation activity. If this is a team survey, the team leader will begin formulating this plan. Team members are expected to review this same data in preparation to aid the team leader in verifying that all required activities are covered in the preliminary survey plan.

### Organization Preparation

Prepare a plan for staff to follow when surveyors arrive. The plan should include:

- Greeting surveyors: Identify the staff usually at the main entrance of your organization. Tell them about Joint Commission and educate them about what to do upon arrival of the surveyor(s). Explain the importance of verifying any surveyor's identity by viewing their Joint Commission identification badge. This badge is a picture ID.
- Persons to notify upon surveyor(s) arrival: Identify leaders and staff who must be notified when surveyors arrive. Create a list of names, phone numbers, or cell phone numbers. Also, include the individual who will be the surveyor's "contact person" during the survey. Identify alternate individuals if leaders and staff are unavailable.
- A location for surveyors: Ask surveyors to wait in the lobby until an organization contact person is available. The surveyor(s) will need a location that they will call their "base" throughout the survey. This location should have a desk or table, electrical outlet, phone access, and internet access.
- Validation of survey: Identify who in the organization will handle the validation of the survey and confirm the identity of the surveyor(s) and supply instructions for this activity.
- Being prepared with requested documents for surveyor(s) review. Surveyor(s) will begin the survey with an individual tracer if documentation is not readily available.
- Identifying who will provide the Safety Briefing for the surveyor(s).
  - The purpose of the Safety Briefing is for your organization to inform surveyor(s) about any current safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site.

- **The briefing is informal, five minutes or less**, and should take place once the surveyor(s) are settled in the “base” location reserved for their use throughout the survey.
- Situations that should be covered include fire, smoke or other emergencies; workplace violence events (including active shooter scenarios); any contemporary issues the surveyor(s) may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)
- Identifying who will serve as escorts for the surveyor(s).
- Identifying who will assist the surveyor(s) with review of the patient health record.

## Surveyor Arrival and Preliminary Planning

The surveyor(s) arrives no earlier than 7:45 a.m. on the first day of an unannounced survey. If more than one surveyor is assigned, the entire team will enter the organization together on the first day of survey.

Upon arrival, surveyors will check in with reception, present their identification, and indicate their purpose for visiting. Surveyors will initiate confirmation of the unannounced survey by attesting to their arrival and introduction to organization personnel in MST.

Organization staff should be prepared with a plan and instructions for how to proceed, including the name and extension of the representative(s) who can access the organization’s extranet site.

Surveyors will ask staff to check the organization’s Joint Commission *Connect* extranet site for confirmation of the unannounced Joint Commission event authorizing the presence of the surveyor(s), and surveyors’ names, pictures and biographical sketches.

**NOTE:** If the organization is **unable** to validate the authenticity of the survey via computer, they should contact their Account Executive for validation and surveyor identity. The surveyor will call the Field Director on call informing them of the situation. Surveyors will not begin the survey until the organization verifies authenticity of the survey event and confirms surveyor(s) identity, or they receive directions to begin from Joint Commission’s Central Office.

Once the survey is validated, the organization can escort the surveyor(s) to the location that will serve as their working base for the survey event and where they can secure their belongings.

The organization is asked to provide the surveyor(s) with a **Safety Briefing** (informal, no more than five minutes). The purpose of this briefing is to inform the surveyor(s) of any current organization safety or security concerns and how Joint Commission staff should respond if the safety plans are implemented while they are on site. Situations to cover include:

- Fire, smoke, or other emergencies
- Workplace violence events (including active shooter scenarios)
- Any contemporary issues the surveyor(s) may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)

The surveyor is required to see the following organization information, in electronic or paper format, before proceeding with the survey:

- Average daily census

- Scope of services to determine what specifically is included under the critical access hospital provider number (CCN), including identifying any significant changes from information reported in the E-App.
- The critical access hospital meets the statutory definition of a critical access hospital, specifically. <https://www.cms.gov/medicare/health-safety-standards/certification-compliance/critical-access-hospitals>

The surveyor(s) will also require the following information, in electronic or paper format, to facilitate survey activity and begin evaluating compliance.

- A list of current inpatients, providing each patient's name, room number, diagnosis(es), admission date, age, attending physician, and other significant information as it applies to that patient.
- A list of department heads with their locations and telephone numbers;
- A copy of the CAH's organizational chart;
- The names and addresses of all off-site locations operating under the same provider number (CCN);
- A list of employees by department;
- The medical staff bylaws and rules and regulations;
- A list of contracted services; and
- A copy of the CAH's floor plan, indicating the location of patient care and treatment areas;

This is not an all-inclusive list, and other documents may be requested throughout the survey.

If this is a team survey, the designated team leader will review and confirm the scope of the survey with the team and what sites, services, and topics each member is assigned to as lead evaluator.

## Additional Planning Notes

### **Owned and Contracted Onsite Laboratory Services in a Joint Commission Accredited Critical access hospital**

Some critical access hospitals may have a combination of owned and contracted onsite laboratory services. For example, the critical access hospital may operate its own general and point-of-care laboratory services but engage a local donor center to provide onsite blood bank services. All owned and contracted onsite laboratory services must be accredited by Joint Commission or one of its cooperative partners, namely the College of American Pathologists (CAP), ASHI or the state of Washington. An organization with contracted onsite laboratory services that are solely either state inspected or accredited by another laboratory agency (AOA, AABB) does not meeting the accreditation policy. Surveyors will communicate this information to the organization's Account Executive via the surveyor comments. After survey, the Account Executive will work with the organization on their submission of an application for accreditation of the laboratory services.

If the surveyor(s) discovers significant changes in organization volume, sites and services before or upon arrival on site they will contact the organization's Account Executive or the Field Director On-Call immediately to determine next steps related to these circumstances. The surveyor(s) will ask the organization to provide them with as much information about the changes as possible before calling Joint Commission's Central Office. [APR.01.03.01, EP 1]

## Opening Conference

The surveyor, or designated survey team leader will continue with the on-site event by sharing some introductory remarks and plans as follows:

- Explain the purpose, scope, and structure of the survey.
- Introduce themselves (name, length of time with Joint Commission (optional), and one or two items of biographical information that is specific to the organization), including any additional surveyors who may join the team at a later time or at another location.
- Briefly explain the survey process.
  - Most survey activity occurs at the point where care, treatment, and services are provided. Tracer methodology will be the primary means of evaluation which includes a combination of interview, document review, and observation.
  - Interviews will be conducted privately with patients, staff, and visitors, unless requested otherwise by the interviewee
  - Emphasize with the organization the importance of surveyors being able to interact with and observe direct care givers.
  - The surveyor(s) may occasionally request a small gathering of individuals if necessary to understand, for example, a workflow or a cross-department process, or multi-disciplinary team's function and interaction. The surveyor(s) will work with the organization's survey coordinator on arrangements.
  - Provide a preliminary date and time for interim exit conferences when applicable (for example Life Safety Code Surveyor exiting before clinical team) and the final exit conference.
  - When a situation is identified that could be a threat to health and safety, surveyors contact Joint Commission's administrative team. Joint Commission either sends a different surveyor to evaluate the issue or the surveyor on site will be assigned to conduct the evaluation. Evaluations include interviews, observation of care, treatment and service delivery and document review. Your cooperation is an important part of this process. Surveyors collaborate with Joint Commission's administrative team and outcomes will be communicated to your organization when a determination is reached.
- Review the ground rules that will be observed during the survey event and invites the organization to contribute any additional rules.
- Inquire whether the CAH wishes to have CAH personnel accompany surveyors during their survey activities. Explain that this is allowed as long as the CAH personnel do not interfere or delay the survey.
- Discuss arrival times with leaders and staff for subsequent survey days.
- Answer questions about the on-site visit, activity schedule, availability of documents or people, and any other related topics.
- Ask attendees to introduce themselves (name, title, functional responsibility).

## Orientation to the Organization

The surveyor(s) will continue engaging staff and leaders in an interactive dialogue to learn more about the organization such as how it is governed and operated, leaders' planning priorities, patient population and community health care needs, staffing and availability of licensed practitioners, and performance monitoring and improvement processes.

## Initial On-Site Team Meeting

The surveyor(s) will gather one final time before setting out on tracers. This meeting is to review and adjust the preliminary plan, if necessary, based on the information gathered during the Opening and Orientation to the Organization activities.

## Sample Size and Selection

Whenever possible and appropriate, the surveyor(s) selects patients who are admitted to and receiving, or accessing patient care, treatment and services during the time of survey. Surveyors will make their selections of patients to trace, which includes open record review, by proceeding to the various locations throughout the organization. Upon arrival, surveyors will engage staff in identifying patients that will allow for evaluation of patient care, treatment, and services being provided in the location. Open records allow surveyors to conduct a patient-focused survey and enable surveyors to validate the information obtained through record reviews with observations and patient and staff interviews. There may be situations where closed records are needed to supplement the open records reviewed (e.g., too few open records, complaint evaluation, etc.), surveyors should use their professional judgment in these situations and select a sample that will enable them to make compliance determinations.

The selected patient records should reflect the scope of services provided by the facility. Select a cross section of the patient population and services, to include contracted services, for example, telemedicine, teleICU, telestroke. The sample needs to be no fewer than 20 inpatient records, provided that number is adequate to determine compliance. Additionally, select a sample of outpatients in order to determine compliance in outpatient and emergency services.

The surveyor(s) assigns each patient in the sample a unique identifier. The standardized medical record naming convention requires the use of the last 4 digits of the medical record identifier used by the healthcare organization followed by the patient's initials. See examples below:

|             | Patient Name | Medical Record Identifier Used by the HCO | Standardized TJC Medical Record Naming Convention |
|-------------|--------------|-------------------------------------------|---------------------------------------------------|
| Non-VA HCOs | John Jones   | 123456789                                 | 6789JJ                                            |
| VA HCOs     | Peter Piper  | SS# 123459876                             | 9876PP                                            |

Organizations are provided with a report that allows them to understand which RFIs are tied to specific records so that they can take targeted action and correct any deficiencies associated with those records. Following is a sample of the Record Review Report.

### Record Review Report\*\*

**Program: Critical access hospital**

| Record Number | Reviewed/Observed | Standard                    | EP                   | CoP                            |
|---------------|-------------------|-----------------------------|----------------------|--------------------------------|
| 6789JJ        | Observed          | <a href="#">PC.11.03.01</a> | <a href="#">EP 1</a> | <a href="#">§485.635(d)(4)</a> |
| 9876PP        | Observed          | <a href="#">RC.11.01.01</a> | <a href="#">EP 3</a> |                                |

Organizations can access the report on their Joint Commission *Connect* extranet site under the “Survey Process” tab, by selecting “Accreditation Record Review Reports.” Once the user accesses the .pdf icon it will open to the Record Review Report.

## Initial Surveys

To conduct an initial survey of a critical access hospital there must be enough inpatients currently in the critical access hospital and patient records (open and closed) for the surveyor(s) to determine whether the critical access hospital can demonstrate compliance with all the applicable CoPs. The number of current and discharged inpatients and outpatients in relation to the complexity of care provided to patients and the length of stay of those patients needs to be large enough for surveyors to evaluate the manner and degree to which the critical access hospital satisfies all the standards within each CoP including any CoP applying to optional services offered by the critical access hospital. Utilize the same sample size and selection methods as previously discussed.

## Information Gathering and Evaluation Activity

During an accreditation survey, Joint Commission evaluates an organization’s performance of functions and processes for compliance with standards based on CMS Conditions of Participation (CoPs) and Joint Commission National Performance Goals (NPGs). Throughout the event, the surveyor(s) will work to minimize any disruption to patient care when conducting survey activities.

The survey process focuses on assessing performance of important patient-centered and organization functions that support the safety and quality of care, treatment, and services. Surveyors perform this assessment by

- Tracing the care, treatment, and services provided to patients throughout the organization and visiting locations and evaluating services, including those provided under contract, that are part of an individual patients’ health care encounter.
- Observing patient care, treatment, and services provided by organization staff.
- Interviewing organization staff who plan, direct, facilitate, provide, and monitor patient care, treatment, and services, and interviewing patients or their families.
- Reviewing a variety of organization documentation, such as policies and procedures, patient health care records, performance monitoring and improvement data, planning and operations-related information, governance and leadership meeting minutes, human resources files and records, and contracts.
- Evaluating compliance with standards based on *NFPA 99-2012 Health Care Facilities Code* and *NFPA 101-2012 Life Safety Code®* requirements through observation, document review, and interviews with the leaders and staff responsible for the physical environment in which patient care, treatment and services are provided.

These activities will take place in the locations and at facilities where the organization provides patient care, treatment, and services as identified in the E-App.

## Patient Review

A comprehensive review of care and services received by each patient in the sample should be part of the critical access hospital survey. A comprehensive review includes observations of care/services provided to the patient, patient and/or family interview(s), staff interview(s), and medical record review. After obtaining the patient's permission, observe each sample patient receiving treatments (e.g., intravenous therapy, tube feedings, wound dressing changes) and observe the care provided in a variety of treatment settings, as necessary, to determine if patient needs are met.

## Observations

Observations provide first-hand knowledge of critical access hospital practice. The regulations and interpretive guidelines offer guidance for conducting observations. Observation of the care environment provides valuable information about how the care delivery system works and how critical access hospital departments work together to provide care. Surveyors are encouraged to make observations, complete interviews, and review records and policies/procedures by stationing themselves as physically close to patient care as possible. While completing a chart review, for instance, it may be possible to also observe the environment and the patients, as far as care being given, staff interactions with patients, safety hazards, and infection control practices. **When conducting observations, particular attention should be given to the following:**

- Patient care, including treatments and therapies in all patient care settings;
- Staff member activities, equipment, documentation, building structure, sounds, and smells;
- People, care, activities, processes, documentation, policies, equipment, etc., that are present that should not be present, as well as, those that are not present that should be present;
- Integration of all services, such that the facility is functioning as one integrated whole;
- Whether quality assessment and performance improvement (QAPI) is a facility-wide activity, incorporating every service and activity of the provider and whether every facility department and activity reports to, and receives reports from, the facility's central organized body managing the facility-wide QAPI program; and
- Storage, security and confidentiality of medical records.
- Environmental risks. Examples may include, but are not limited to, unattended cleaning carts, unattended hazardous cleaning solutions, unlocked medications, and ligature risks in areas where psychiatric patients may have care provided.

The surveyor will take complete notes of all observations and document the date and time of the observation(s); location; patient identifiers, individuals present during the observation, and the activity being observed (e.g., therapy, treatment modality, medication administration, patient education).

A surveyor should have observations verified by the patient, family, facility staff, other survey team member(s), or by another mechanism. For example, when finding an outdated medication in the pharmacy, ask the pharmacist to verify that the drug is outdated. In addition, a surveyor should integrate the data from observations with data gathered through interviews and document reviews.

## Interviews

Interviews provide a method to request and collect information, and to verify and validate information obtained through observations. Informal interviews should be conducted throughout the duration of the survey. Use the information obtained from interviews to determine what additional

observations, interviews, and document and record reviews are necessary. When conducting interviews, observe the following:

- Maintain detailed documentation of each interview conducted. Document the interview date, time, and location; the full name and title of the person interviewed; and key points made and/or topics discussed.
- Interviews with facility staff should be brief. Use a few well-phrased questions to elicit the desired information. For example, to determine if a staff member is aware of disaster procedures and his/her role in such events, simply ask, "If you smelled smoke, what would you do?"
- When interviewing staff, begin your interviews with staff that work most closely with the patient.
- Conduct patient interviews regarding their knowledge of their plan of care, the implementation of the plan, and the quality of the services received. Other topics for patient or family interview may include patient rights, advanced directives, and the facility's grievance/complaint procedure.
- Interviews with patients must be conducted in privacy and with the patient's prior permission.
- Use open-ended questions during your interview.
- Validate all information obtained.
- Telephone interviews may be conducted, if necessary, but a preference should be made for in-person interviews.
- Integrate the data from interviews with data gathered through observations and document reviews.

Staff interviews should gather information about the staff's knowledge of the patient's needs, plan of care, and progress toward goals. Problems or concerns identified during a patient or family interview should be addressed in the staff interview in order to validate the patient's perception, or to gather additional information.

Patient interviews should include questions specific to the patient's condition, reason for critical access hospital admission, quality of care received, and the patient's knowledge of their plan of care. For instance, a surgical patient should be questioned about the process for preparation for surgery, the patient's knowledge of and consent for the procedure, pre-operative patient teaching, post-operative patient goals and discharge plan.

### **Document Review**

Document review focuses on a facility's compliance with the standards and CoPs. When conducting a document review, document the source and date of the information obtained. Once a document review is completed, integrate the data obtained with data gathered through observations and interviews to decide if the critical access hospital is in compliance with the standards and CoPs. Documents reviewed may be both written and electronic and include the following:

- Patient's clinical records, to validate information gained during the interviews, as well as for evidence of advanced directives, discharge planning instructions, and patient teaching. This review will provide a broad picture of the patient's care. Plans of care and discharge plans should be initiated immediately upon admission and be modified as patient care needs change. The record review for that patient who has undergone surgery would include a

review of the pre-surgical assessment, informed consent, operative report, and pre-, inter-, and post-operative anesthesia notes. Although team members may have a specific area assigned during the survey, the team should avoid duplication of efforts during review of medical records and each surveyor should review the record as a whole instead of targeting the assigned area of concern. Surveyors should use open patient records rather than closed records, whenever possible;

- Closed medical records may be used to determine past practice, and the scope or frequency of a deficient practice. Closed records should also be reviewed to provide information about services that are not being provided by the critical access hospital at the time of the survey. For example, if there are no obstetrical patients in the facility at the time of the survey, review closed OB records to determine care practices, or to evaluate past activities that cannot be evaluated using open records. In the review of closed clinical records, review all selected medical records for an integrated plan of care, timelines of implementation of the plan of care, and the patient responses to the interventions.
- Personnel files to determine if staff members have the appropriate educational requirements, have had the necessary training required, and are licensed, if it is required;
- Credentials/privileges files to determine if the facility complies with CMS requirements and State law, as well as, follows its own written policies for medical staff privileges and credentialing;
- Maintenance records to determine if equipment is periodically examined and to determine if it is in good working order and if environmental requirements have been met;
- Staffing documents to determine if adequate numbers of staff are provided according to the number and acuity of patients;
- Policy and procedure manuals. When reviewing policy and procedure manuals, verify with the person in charge of an area that the policy and procedure manuals are current; and
- Contracts, if applicable, to determine if patient care, governing body, QAPI, and other CoP requirements are included.
- Diet menus to ensure they meet the needs of the sampled patients.

## Surveyor Planning and Team Meetings

The surveyor(s) will take time daily to assess the progress of the survey, review areas of concern, and plan for subsequent tracer selection and focus. If this is a team survey the designated team leader will lead this meeting and expect a report out from each surveyor that includes:

- All significant issues, adverse events, potential threats to health and safety
- Patient tracers conducted, including areas and locations visited, observations of care, treatment and services, interviews conducted, documentation reviewed
- Review of observations, issues for further follow-up
- National Performance Goals that have been evaluated
- Personnel and medical staff files reviewed
- Inpatient and outpatient medical/health records reviewed
- Any outstanding requests for information, and

- Topics to cover at the Daily Briefing.

## Daily Briefings

The surveyor(s) will summarize the events of the previous day and communicate observations according to standards areas that may or may not lead to findings of non-compliance. If a surveyor is visiting a remote location, organizations may be asked for assistance with setting up a conference call to include all surveyors and appropriate staff from locations that were visited.

## Accreditation Report Preparation

The surveyor(s) will use this time to compile, analyze, and organize the data collected throughout the survey into a Preliminary Accreditation Report reflecting the organization's compliance with standards and CoPs.

The performance expectations for determining if a standard is in compliance are included in its elements of performance (EPs). If an EP is determined to be out of compliance, then it will be cited as a requirement for improvement (RFI). Each RFI is placed in the SAFER<sup>2</sup> Matrix according to how likely it is that the RFI will harm a patient(s), staff, and/or visitor (low, moderate, high) and the scope, or prevalence, at which the RFI was cited (limited, pattern, widespread). As the risk level of a finding or an observation increases, the placement of the standard and EP moves from the bottom left corner (lowest risk level) to the upper right corner (highest risk level).

## Determining Standard Level and Condition Level Deficiencies

For organizations that utilize Joint Commission for deeming purposes, observations noted within the Requirements for Improvement (RFI) section that are crosswalked to a CMS Condition of Participation (CoP)/Condition for Coverage (CfC) are highlighted. The table included within this section incorporates, from a Centers for Medicare and Medicaid Services (CMS) perspective, the CoPs/CfCs that were noted as noncompliant during the survey, the Joint Commission standard and element of performance the CoP/CfC is associated with, the CMS score (either Standard or Condition Level), and if the standard and EP will be included in an upcoming Medicare Deficiency Survey (MEDDEF) if applicable.

## Exit Conference

The surveyor(s) will offer to meet with the most senior leader, usually the CEO or administrator, or the leadership team to conduct a private Exit Briefing. During the Exit Briefing, the surveyor(s) will present the survey findings and review the Preliminary Accreditation Report (including the SAFER Matrix results), discuss any concerns senior leaders have with the preliminary report, and determine the need for any special arrangements for the Organization Exit Conference.

The organization determines which staff will attend the exit conference.

During the Organization Exit Conference the surveyor(s) will review the survey findings (if desired by senior leaders), review the issues of standards compliance that have been identified during the survey, and review required follow-up actions, as applicable. The surveyor(s) will not reveal any identifying information for either patients or staff members during the presentation of survey results.

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<sup>2</sup> Survey Analysis for Evaluating Risk (SAFER) Matrix. The SAFER Matrix is only a visual representation of risk associated with survey findings. Placement of findings on the SAFER Matrix does not enter into the accreditation decision process.

## **Post-Survey Activities**

Refer to the Accreditation Manual for Critical Access Hospitals, the Accreditation Process chapter for detailed information.

## Critical Access Hospital Document List

To facilitate the survey activities and compliance evaluation work, please have the following information and documents (as they become available) for the surveyor(s) to begin reviewing during the Surveyor Arrival and Preliminary Planning activity. This review will continue throughout the survey.

**Note:** The 12-month reference in the following items is not applicable to initial surveys.

In addition to the documents noted below, please be prepared to provide the Life Safety Surveyor, upon arrival, the documents found on the Physical Environment Document List and Review Tool, which is located later in this Guide.

**Note:** This is not intended to be a comprehensive list of documentation that may be requested during the survey. Surveyors may ask, on an as needed basis, to see additional documents throughout the survey to further explore or validate observations or discussions with staff.

| Needed During ...                         | Requested Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surveyor Arrival and Preliminary Planning | <ol style="list-style-type: none"> <li>1. Name of key contact person who can assist surveyors in planning tracer selection.</li> <li>2. Any available regulatory reports (CMS, State).</li> <li>3. Waivers and variances if they exist.</li> <li>4. Complexity of services offered, including outpatient services to include, names and addresses of all off-site locations operating under the same provider number. <ol style="list-style-type: none"> <li>a) List of all sites that are eligible for survey.</li> <li>b) List of sites where deep or moderate sedation is in use.</li> <li>c) List of sites where high-level disinfection and/or sterilization is in use.</li> <li>d) List of sites where medication compounding (simple, hazardous, etc.) within the organization.</li> <li>e) List of departments, units, area, programs, and services within the organization, if applicable</li> <li>f) List of Department or Service leaders with locations/area responsibility and phone numbers</li> </ol> </li> <li>5. Copy of facilities floor Plan indicating location of patient care and treatment areas</li> </ol> |
| Surveyor Arrival and Preliminary Planning | Hospital license, Prior to Survey Activities; <b>Note:</b> Refer to <i>Hospital Compliance with Federal, State, and Local Laws Evaluation Module (482.11)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Surveyor Arrival and Preliminary Planning | <ol style="list-style-type: none"> <li>1. List of current inpatients <ol style="list-style-type: none"> <li>a) patient's name</li> <li>b) room number</li> <li>c) diagnosis(es)</li> <li>d) admission date</li> <li>e) age</li> <li>f) attending physician,</li> <li>g) and other significant information as it applies to that patient</li> </ol> </li> <li>2. Lists of scheduled surgeries and special procedures</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Critical Access Hospital Document List

| Needed During ...                         | Requested Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           | <p>➤ <i>For example, cardiac catheterization, endoscopy lab, electroconvulsive therapy, caesarian sections, including location of procedure and time.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Surveyor Arrival and Preliminary Planning | <p>Medical Staff</p> <ol style="list-style-type: none"> <li>1. Medical Staff Bylaws</li> <li>2. Rules and Regulation</li> <li>3. Medical Staff Policies</li> </ol> <p><i>Note: If your organization has had any changes or updates to your Medical Staff Bylaws and/or Medical Staff Rules and Regulations since your last full triennial survey, please have those sections flagged for your survey team to review.)</i></p> <ol style="list-style-type: none"> <li>4. Medical Executive Committee meeting minutes</li> </ol>                                                                                                                                                                                                                        |
| End of Day 1                              | <p>List of employees</p> <ol style="list-style-type: none"> <li>1. Name</li> <li>2. Position (LPN, RN, RT, PT, Pharmacy Tech, etc.)</li> <li>3. Primary Location of Work</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| End of Day 1                              | <p>Infection Control</p> <ol style="list-style-type: none"> <li>1. Annual infection risk assessment</li> <li>2. Infection Control surveillance data from the past 12 months</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Survey Activities                         | <p>Antibiotic Stewardship</p> <ol style="list-style-type: none"> <li>1. Organization approved antibiotic stewardship protocols <i>For example, policies, procedures, or order sets</i></li> <li>2. Antibiotic stewardship data</li> <li>3. Antibiotic stewardship program reports to leadership and prescribers</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Pharmacy Tracer                           | <p>Final Reports of Certification/Testing for all Primary Engineering Controls and Secondary Engineering Controls associated with Sterile Medication Compounding (including any documentation of remediation/retesting conducted based on reported results)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Survey Activities                         | <ol style="list-style-type: none"> <li>1. Performance improvement data from the past 12 months</li> <li>2. Documentation of performance improvement projects being conducted, including the reasons for conducting the projects and the measurable progress achieved (this can be documentation in governing body minutes or other minutes)</li> <li>3. <del>Patient flow documentation: Dashboards and other reports reviewed by hospital leadership; documentation of any patient flow projects being conducted (including reasons for conducting the projects); internal throughput data collected by emergency department, inpatient units, diagnostic services, and support services such as patient transport and housekeeping</del></li> </ol> |

## Critical Access Hospital Document List

| Needed During ... | Requested Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <ol style="list-style-type: none"> <li>Analysis from a high-risk process</li> <li>Most recent culture of safety and quality evaluation data</li> <li>ORYX data – an organization should be prepared to share ORYX Performance Measurement data and/or Accelerate PI Dashboard reports.</li> </ol>                                                                                                                                                                                                                                                                                           |
| Survey Activities | The organization's signed and dated agreement with the QIO; in the absence of an agreement with a QIO, the organization's Utilization Review plan                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Survey Activities | <ol style="list-style-type: none"> <li>Blood transfusion policy</li> <li>Agreement with outside blood supplier</li> <li>Autopsy policy</li> <li>CLIA Certificates</li> <li>Waived testing policy and quality control plan</li> <li>Organ Procurement Organization agreement</li> <li>Tissue and Eye Procurement Organization agreement</li> <li>Organ, tissue, and eye procurement policies</li> </ol>                                                                                                                                                                                      |
| Survey Activities | <ol style="list-style-type: none"> <li>Organization chart</li> <li>Governing Body minutes for the last 12 months</li> <li>List of Contracted Services</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Survey Activities | <ol style="list-style-type: none"> <li>Abuse and neglect policy for inpatient, and ambulatory sites, if applicable</li> <li>Fall risk assessment and policy</li> <li>Complaint/grievance policy</li> <li>Restraint and seclusion policy</li> <li>Environmental risk assessment identifying features in the physical environment that could be used to attempt suicide (<i>Applies to psychiatric hospitals and psychiatric units in general hospitals</i>)</li> <li>Medication management policy (which defines what is a complete medication order and therapeutic duplication)</li> </ol> |
| Survey Activities | <p><u>Required documents from the Physical Environment Life Safety &amp; Environment of Care Document List and Review Tool</u></p> <ol style="list-style-type: none"> <li><del>Environment of Care data (see Life Safety &amp; Environment of Care Document List and Review Tool)</del></li> <li><del>Environment of Care multidisciplinary team meeting minutes for the 12 months prior to survey</del></li> </ol>                                                                                                                                                                         |
| Survey Activities | <p>Emergency Management documentation* for each of the following (each must be updated and reviewed at least every 2 years):</p> <ol style="list-style-type: none"> <li>Emergency management program</li> </ol>                                                                                                                                                                                                                                                                                                                                                                             |

## Critical Access Hospital Document List

| Needed During ... | Requested Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <ul style="list-style-type: none"> <li>b) Hazard vulnerability analysis</li> <li>c) Emergency operation plan and policies and procedures               <ul style="list-style-type: none"> <li>i. Fire response and evacuation plans</li> </ul> </li> <li>d) Communications plan</li> <li>e) Continuity of operations &amp; recovery plan</li> <li>f) Education and training program</li> <li>g) Exercises and testing program</li> <li>h) Emergency management program evaluation (after-action/improvement plans)</li> <li>i) Unified and integrated Emergency management program, plans, policies &amp; procedures (if applicable)</li> <li>j) Transplant program-specific protocols (if applicable)</li> </ul> <p>* <u>Specific documentation requirements can be found in the Emergency Management Documentation Review Tool</u></p> |

## Critical Access Hospital Accreditation Survey Activity List

| Survey Activity Name                                                                                                                                                                   | Brief Description and Scheduling Suggestions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Suggested Organization Participants                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surveyor Arrival and Preliminary Planning (Includes the Safety Briefing)                                                                                                               | <p>Surveyors will learn about any current organization safety or security concerns and how they should respond if organization safety plans are implemented.</p> <p>Surveyor(s) will begin review of available documents to become acquainted with your organization.</p> <p>Surveyor(s) will plan for tracer activity.</p> <p>1<sup>st</sup> day, upon arrival</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The organization's accreditation contact or survey coordinator, individual or individuals that will provide the Safety Briefing to surveyors.                                                                                           |
| Opening Conference and Orientation to the Organization                                                                                                                                 | <p>Surveyors will describe the structure of the survey, and answer questions about the survey at the Opening Conference .</p> <p>During Orientation to the Organization, the surveyors(s) will learn how your organization is governed and operated, discuss leaders' planning priorities, and explore your organization's performance improvement process.</p> <p>1<sup>st</sup> day, as early as possible</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Senior leadership representing the accredited program and services; member(s) of the governing body, or organization trustee; administrators; leader(s) of the medical staff; leader(s) of the nursing staff; and accreditation contact |
| Individual Tracer <ul style="list-style-type: none"> <li><input type="checkbox"/> Infection Control</li> <li><input type="checkbox"/> Medication Safety and Pharmacy Review</li> </ul> | <p>Surveyor(s) will evaluate the organization's compliance with standards related to the care, treatment, and services provided to patients.</p> <p>The Individual Tracer activity occurs each day throughout the survey tracing the care experiences of patients. The number of patients that surveyors trace varies by organization. The evaluation includes processes and procedures to prevent patient harm and errors related to ordering of medications through monitoring; and evaluating medication safety practices (including medication reconciliation). Infection prevention practices (including antibiotic use, appropriate use of PPE, and hand hygiene) and infection prevention practices related to CLABSI, CAUTI, and/or MDROs will be evaluated during patient tracer activity.</p> <p>If travel is required to perform tracer activity (e.g., to</p> | Staff, physicians, other licensed practitioners, and management involved in the individual's care, treatment, and services                                                                                                              |

Critical Access Hospital Accreditation Survey Activity List

| Survey Activity Name                                              | Brief Description and Scheduling Suggestions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Suggested Organization Participants                                                                                                                                                                                       |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                   | an outpatient setting), it will be planned into this time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                           |
| Lunch                                                             | At a time negotiated with the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                           |
| Issue Resolution <b>OR</b><br>Surveyor Planning /<br>Team Meeting | <p>Issue Resolution is dedicated time for surveyors to explore any issues that may have surfaced during the survey and could not be resolved at the time they were identified (staff unavailable for interview, visit to another location required, documented care procedures additional file review required, etc.).</p> <p>End of each day except last; can be scheduled at other times as necessary</p>                                                                                                                                                                                                     | <p>For Issue Resolution, the surveyor(s) will identify individuals if needed.</p> <p>None for Surveyor Planning / Team Meeting</p>                                                                                        |
| Daily Briefing                                                    | <p>The surveyor(s) will summarize the events of the previous day and communicate observations according to standards areas that may or may not lead to findings.</p> <p>Start of each survey day except the first day; can be scheduled at other times as necessary</p>                                                                                                                                                                                                                                                                                                                                         | Participants include representative(s) from governance, CEO/Administrator or Executive Director, individual coordinating the Joint Commission survey, and other staff at the discretion of organization leaders.          |
| Competence Assessment                                             | <p>The surveyor will review your organization's competence assessment process for staff and review identified personnel/staff files.</p> <p>After some individual tracer activity has occurred; at a time negotiated with the organization</p>                                                                                                                                                                                                                                                                                                                                                                  | Participants include: Staff responsible for human resources functions, orientation and education of staff and assessing staff competency; individual(s) with authority to access information contained in personal files. |
| Medical Staff Credentialing & Privileging                         | <p>The surveyor will evaluate the process used to collect data relevant to appointment decisions, the process for granting and delineating privileges, and the structures that guide consistency of implementation (e.g., bylaw requirements). The surveyor will evaluate the credentialing and privileging process for the medical staff and other physicians and licensed practitioners who are privileged through the medical staff process. This will include credentials/privileges file review.</p> <p>After some individual tracer activity has occurred; at a time negotiated with the organization</p> | President of the medical staff; medical director and medical staff coordinator, if applicable; and medical staff credentials committee representatives.                                                                   |
| Emergency Management                                              | The surveyor will review of the hospital's emergency management program, the application and use of the emergency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Leaders and other individuals familiar with all aspects of the Emergency Management (EM)                                                                                                                                  |

Critical Access Hospital Accreditation Survey Activity List

| Survey Activity Name                                                                  | Brief Description and Scheduling Suggestions                                                                                                                                                                                                                                                                                                                                                                | Suggested Organization Participants                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                       | <p>operations plan and policies and procedures during an emergency (real or simulated), and to assess the hospital's degree of compliance with relevant emergency management chapter standards and applicable law and regulation.</p> <p>After some individual tracer activity has occurred; group interview at a time negotiated with the organization<br/>May be conducted with Life Safety surveyor.</p> | <p>program. Participants may include the following EM multidisciplinary team members (as available): EM program lead, Senior leadership, Nursing leadership, Medical staff, Pharmacy, Infection prevention and control, Facilities engineering, Safety &amp; security, Ancillary staff, and Information technology.</p>                                               |
| Organization Quality and Performance Improvement                                      | <p>The surveyor will evaluate how data is used to monitor performance and improve processes throughout the organization; and assess how the organization is using process and outcome data to evaluate the safety and quality of care being provided to patients.</p> <p>After some individual tracer activity has occurred; at a time negotiated with the organization</p>                                 | <p>Participants may include representatives from Quality Assessment and Performance Improvement, Staff involved in the selected performance improvement activities and projects, Infection Prevention and Control program staff, Leadership, (for example, hospital board members, senior leader(s), administrator(s), Pharmacy staff, Medical Staff, and Nursing</p> |
| Organization governance, administration, and management <u>or</u> <u>"Leadership"</u> | <p>The surveyor will evaluate the responsibilities and accountabilities of leaders for the critical access hospital's total operation (including priority setting) and for administering policies to provide quality health care in a safe environment.</p> <p>This is a group interview at a time negotiated with the organization.</p>                                                                    | <p>Participants include senior leaders who have responsibility and accountability for design, planning, and implementation of organization processes. Leaders typically include but are not limited to members of the governing body/trustee, CEO, and leaders of the medical staff and clinical staff.</p>                                                           |
| Report Preparation                                                                    | <p>This time for the surveyor to compile, analyze, and organize the data collected during the survey into a report reflecting your organization's compliance with the standards. This will be the last opportunity for the organization to provide any outstanding surveyor requests or further evidence to present from the last day of survey activity.</p> <p>Last day of survey</p>                     | <p>None</p>                                                                                                                                                                                                                                                                                                                                                           |
| CEO Exit Briefing                                                                     | <p>The surveyor(s) will review the Summary of Survey Findings Report (organized by chapter) with the most senior leader. Surveyors will discuss any patterns or trends in performance.</p>                                                                                                                                                                                                                  | <p>Participants include the Chief Executive Officer (CEO) or Administrator, if available</p>                                                                                                                                                                                                                                                                          |

Critical Access Hospital Accreditation Survey Activity List

| Survey Activity Name                                                                                                      | Brief Description and Scheduling Suggestions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Suggested Organization Participants                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                           | Last day of survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                           |
| Organization Exit Conference                                                                                              | <p>The surveyor(s) will review the Summary of Survey Findings Report with participants. Discussion will include the SAFER™ matrix, Requirements for Improvement, and any patterns or trends in performance. If follow-up is required in the form of an Evidence of Standard Compliance (ESC) the surveyors explain the ESC submission process.</p> <p>Last day, final activity of survey</p>                                                                                                                                                                                                                                                                                                                  | Participants include the CEO/Administrator (or designee), senior leaders and staff as identified by the CEO/Administrator or designee.                                                                                                                                                    |
| Interim Exit – w/ early departing surveyors and organization                                                              | <p>This is an activity for a scheduled early departure of a survey team member. The LSC Surveyor and the Team Leader conduct a verbal interim exit briefing with staff designated by the organization to review your observations.</p> <p>At the end of any day another program surveyor or Life Safety Code surveyor is departing from the survey in advance of the team</p>                                                                                                                                                                                                                                                                                                                                 | Participants include the CEO/Administrator (or designee), senior leaders and staff as identified by the CEO/Administrator or designee.                                                                                                                                                    |
| <b>Life Safety Code® Survey Activity</b>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |
| <del>Life Safety Code Surveyor Arrival and Preliminary Planning Session</del><br><u>Life Safety Code Surveyor Arrival</u> | <del>Surveyors will learn about any current organization safety or security concerns and how they should respond if organization safety plans are implemented. The surveyor(s) will begin review of available PE documents to become acquainted with your organization.</del><br><br><u>LSCS survey 1<sup>st</sup> day, early</u><br><br><u>Day 1 LSC surveyor arrival: The surveyor arrives with the team and after meeting with the surveyor coordinator, requests to meet with facilities staff to conduct the facilities orientation.</u><br><u>Other than day 1 arrival: The surveyor arrives with the team and attends the daily briefing for introductions and proceeds to facilities orientation.</u> | <p>The organization's accreditation contact or survey coordinator and/or individual who manages your organization's facility(ies)</p>                                                                                                                                                     |
| Facility Orientation and Document Review                                                                                  | <del>The surveyor will review identified building systems, life safety drawings, including construction drawings, if available, and select policies to support the building tour activities.</del><br><br><del>Take note of the building construction type identified in the SOC/BBI to prepare for discussion with the organization and confirmation with visual observation.</del>                                                                                                                                                                                                                                                                                                                          | Participants include the individual who manages your organization's facility(ies) and other staff at the discretion of your organization. <b>Due to the limited amount of time the Life Safety surveyor is onsite, please be prepared to facilitate this activity upon their arrival.</b> |

Critical Access Hospital Accreditation Survey Activity List

| Survey Activity Name                  | Brief Description and Scheduling Suggestions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Suggested Organization Participants                                                                                                                     |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | <p><del>The surveyor will determine the type of building construction and where it will be possible, without disturbing patient care, confirm by direct observation the structure and building materials used in construction. Exposed areas above the ceiling or vertical pipe shafts may provide insight.</del></p> <p><del>At a time negotiated with the organization</del></p> <p><u>The LSC surveyor, accompanied by hospital facilities staff, evaluates the fire alarm system main control panel, fire pump(s), emergency power systems, medical gas systems, and any other essential utility systems as time permits. Any essential systems that are not able to be evaluated at this time will be evaluated during the LSC building assessment.</u></p> |                                                                                                                                                         |
| <u>Document Review</u>                | <p><u>The surveyor will review identified building systems; life safety drawings, including construction drawings, if available; and select policies to support the building assessment (tour) activities.</u></p> <p><u>Take note of the building construction type identified in the SOC/BBI to prepare for discussion with the organization and confirmation with visual observation.</u></p> <p><u>The surveyor will review evidence of compliance of the items addressed in the Hospital Physical Environment Document List and Review Tool (such as fire drills; environmental risk assessment; inspection, testing and maintenance activities). Refer to the tools section of this document for this tool.</u></p>                                        | <p><u>Participants include the individual who manages your organization's facility(ies) and other staff at the discretion of your organization.</u></p> |
| Life Safety Code® Building Assessment | <p>The surveyor will evaluate the degree of compliance with relevant <i>Life Safety Code</i>® (NFPA 101-2012) and Health Care Facilities Code (NFPA 99-2012) requirements.</p> <p><u>*Non-deemed organizations may have other applicable provisions of the Codes.</u></p> <p><u>The surveyor will determine the type of building construction and where it will be possible, without disturbing patient care, confirm by direct observation the structure and building materials used in construction. Exposed areas</u></p>                                                                                                                                                                                                                                     | <p>Participants include the individual who manages organization facilities and other staff at the discretion of your organization.</p>                  |

Critical Access Hospital Accreditation Survey Activity List

| Survey Activity Name                                  | Brief Description and Scheduling Suggestions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Suggested Organization Participants                                                                                                                                                                            |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                       | <p><u>above the ceiling or vertical pipe shafts may provide insight.</u></p> <p><del>The surveyor will visit areas where it can be confirmed by direct observation the structure and building materials used in construction. Exposed areas above the ceilings or vertical pipe shafts may provide insight.</del></p> <p><u>The surveyor will conduct the appropriate scope of Life Safety Code® (NFPA 101-2012), physical environment, and NFPA 99-2012 Health Care Facilities Code assessment at the additional provider-based locations selected for survey by the clinical surveyor.</u></p> <p><u>The surveyor will meet with the survey team to determine the additional provider-based locations the clinical team member(s) is surveying to plan for the LSC visit and evaluation.</u></p> <p>At a time negotiated with the organization</p> |                                                                                                                                                                                                                |
| Lunch                                                 | At a time negotiated with the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                |
| Emergency Management ( <b>See above description</b> ) | At a time negotiated with the organization. May be conducted <u>by a LSC surveyor and/or with a Clinical surveyor.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>See above</b>                                                                                                                                                                                               |
| Report Preparation                                    | <p>This time for the surveyor to compile, analyze, and organize the data collected during the LSC survey into a report reflecting your organization's compliance with the Physical Environment standards. This will be the last opportunity for the organization to provide any outstanding surveyor requests or further evidence to present from the last day of survey activity.</p> <p>Towards the end of last day of survey</p>                                                                                                                                                                                                                                                                                                                                                                                                                  | None                                                                                                                                                                                                           |
| Interim Exit                                          | <p>This is an activity for a scheduled early departure of a survey team member. The LSC Surveyor and the Team Leader conducts a verbal interim exit briefing with staff designated by the organization to review your observations.</p> <p>Last activity on last day of survey.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Participants include the individual who manages your organization's facility(ies),</p> <p>CEO/Administrator (or designee), senior leaders and staff as identified by the CEO/Administrator or designee.</p> |

## Critical Access Hospital Basis and Scope (485.601), Rural Health Network (485.603), Personnel Qualifications (485.604), and Designation and Certification (485.606) Evaluation Module

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Statutory basis and scope for designating hospitals as critical access hospitals.</i></b><br><b>485.601 (Basis and Scope)</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>LD.13.01.01, EP 6:</b> If the critical access hospital is a member of a rural health network, the network meets the criteria required by the Centers for Medicare &amp; Medicaid Services' (CMS) regulations at 42 CFR 485.603.</p> <p>Note: See the Glossary for a definition of rural health network.</p> <p><b>485.603 (Rural Health Network)</b></p>                                             | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview leadership and confirm that if the CAH is a member of a rural health network, the network meets the criteria required by the Centers for Medicare &amp; Medicaid Services' (CMS) regulations at 42 CFR 485.603.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the criteria and confirm the CAH meets the established CMS criteria.</li> </ul> |
| <p><b>NPG.12.01.01, EP 2:</b> Staff that provide care, treatment, and services meet the personnel qualifications required by the Centers for Medicare &amp; Medicaid Services' (CMS) regulations at 42 CFR 485.604.</p> <p>Note: The following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, physician assistant.</p> <p><b>485.604 (Personnel Qualifications)</b></p> | <p><b>Document Review</b></p> <p><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review job descriptions to confirm personnel qualifications meet the requirements to perform care and services in accordance with State nurse licensing laws and regulations.</li> <li><input type="checkbox"/> Verify the required licensure</li> </ul>                                                                                                                                          |
| <b><i>This is the responsibility of the State and CMS.</i></b><br><b>485.606 (Designation and Certification)</b>                                                                                                                                                                                                                                                                                           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Critical Access Hospital Compliance with Federal, State, and Local Laws Evaluation Module (485.608)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>LD.13.01.01, EP 1:</b> The critical access hospital provides care, treatment, and services in accordance with licensure requirements and federal, state, and local laws, rules, and regulations.</p> <p><b>§485.608 Condition of Participation: Compliance with Federal, State, and Local Laws and Regulations</b></p> <p><b>§485.608(a) Standard: Compliance with Federal Laws and Regulations</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the CAH's advance directive<sup>3</sup> notice for the following: <ul style="list-style-type: none"> <li>○ Advisement to inpatients or applicable outpatients, or their representatives, of the patient's right to formulate an advance directive and to have CAH staff comply with the advance directive (in accordance with State law)</li> <li>○ A clear, precise, and valid statement of limitation if the CAH cannot implement an advance directive on the basis of conscience?</li> </ul> </li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the records of a sample of patients for evidence of CAH compliance with advance directive notice requirements. <ul style="list-style-type: none"> <li>○ Does every inpatient or applicable outpatient record contain documentation that notice of the CAH's advance directives policy was provided at the time of admission or registration?</li> <li>○ Is there documentation of whether or not each patient has an advance directive?</li> <li>○ For those patients who have reported an advance directive, has a copy of the patient's advance directive been placed in the medical record?</li> </ul> </li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CEO or appropriate individual designated by the hospital to determine if the CAH is in compliance with Federal laws and regulations related to patient health and safety. <i>This includes other Medicare regulations and Federal laws and regulations not specifically addressed in the CoPs. State Survey Agencies are expected to assess the CAH's compliance with the following Medicare provider agreement regulation provisions when surveying for compliance with §485.608(a):</i> <ul style="list-style-type: none"> <li>○ Ask CAH staff about the</li> </ul> </li> </ul> |

<sup>3</sup> An advance directive is defined at 42 CFR 489.100 as "a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated." In accordance with the provisions of 42 CFR 489.102(a), the advance directives regulations apply to CAHs.

Critical Access Hospital Compliance with Federal, State, and Local Laws Evaluation Module (485.608)

| Joint Commission Standards / EPs                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                                                                                                                    | <ul style="list-style-type: none"> <li>○ Process in place to allow patients to formulate an advance directive or to update their current advance directive.</li> <li>○ Education the CAH has provided staff regarding advance directives.</li> <li>○ CAHs promotion and protection of each patient's right to formulate an advance directive, including providing education to the patient population about their rights under State law.</li> <li>○ Knowledge they have of the advance directives of the patients in their care.</li> <li>○ Process for identifying patients who have an advance directive designating a particular individual to make medical decisions for him/her when incapacitated, and providing the designated individual with the information required to make informed decisions about the patient's care.</li> <li>○ Process for seeking the consent of the patient's representative when informed consent is required for a care decision while the patient is incapacitated.</li> </ul> <p>Ask patient care leaders</p> <ul style="list-style-type: none"> <li>○ How the CAH complies, as permitted under State law, with patient advance directives that delegate decisions about the patient's care to a designated individual.</li> </ul> <p><u>Note: Critical access hospitals that handle, store, or issue tissue are required to comply with Title 21 Code of Federal Regulations (CFR), Parts 1270 and 1271 addressing human cells, tissues, and cellular/tissue-based products (HCT/Ps).</u></p> |
| <p><b>LD.13.01.01, EP 1: See above</b></p> <p><b>Required CAH Disclosures to Patients: Physician Ownership</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <p><i>If the CAH indicates that it is physician-owned but is exempt under §489.20(v) from the disclosure requirement of §489.20(u)(2),</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask to see the signed attestation that it does not have any referring physicians with an ownership/investment interest or whose immediate family member was has an ownership/investment interest in the CAH.</li> </ul> <p><i>(As with any other on-the-spot correction of a deficiency during a survey, creation of an attestation at the time of a survey does not mean that there was no deficiency and that the CAH would not be cited.)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Joint Commission Standards / EPs                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                                                                                      | <p><i>If the CAH is physician-owned but not exempt from the physician ownership disclosure requirements:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that appropriate policies and procedures are in place to assure that written notices are provided to all patients at the beginning of an inpatient stay or outpatient encounter.</li> <li><input type="checkbox"/> Review the notice the CAH issues to each patient to verify that it discloses, in a manner reasonably designed to be understood by all patients, that the CAH meets the Federal definition of “physician-owned,” that a list of owners and investors who are physicians or immediate family members of physicians is available upon request, and that such list is provided to the patient at the time the request is made by or on behalf of the patient.</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine through staff interviews, observation, and a review of policies and procedures whether the CAH furnishes its list of physician owners and investors at the time a patient or patient’s representative requests it.</li> <li><input type="checkbox"/> Determine through staff interviews and review of policies, procedures, and staff records whether a physician-owned CAH’s medical staff membership and admitting privileging requirements include a requirement that, as a condition of continued membership or admitting privileges, physician owners who refer patients to the CAH agree to provide written disclosure of their own or any immediate family member’s ownership or investment interest to all patients at time of the referral to the CAH.</li> </ul> |
| <p><b>LD.13.01.01, EP 1: See above</b></p> <p><b>MD/DO 24/7 On-Site Presence</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine through interviews, observation, and medical record review whether an MD/DO is present in the CAH 24 hours per day, 7 days per week.</li> <li><input type="checkbox"/> Ask a sample of inpatients and affected outpatients whether they were provided notice about an MD/DO not being present at all times in the CAH.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <p>For each required location where a doctor of medicine (MD) or doctor of osteopathy (DO) is not present:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Joint Commission Standards / EPs                                                                                                    | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                                                                                                                                     | <p><input type="checkbox"/> Verify that policies and procedures are in place to assure that written notices that a MD/DO is not present at all times are provided at the beginning of a planned or unplanned inpatient stay or outpatient visit to all inpatients and to all outpatients receiving observation services, surgery or another procedure requiring anesthesia.</p> <p><b>Patient Health Record</b></p> <p><input type="checkbox"/> Verify that the CAH obtained, a signed acknowledgement by the patient of being informed that an MD/DO is not present at all times.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Was the patient informed prior to admission or before applicable outpatient services were provided?</li> </ul> <p><b>Observation</b></p> <p><input type="checkbox"/> Verify that the CAH's emergency department has signage stating:</p> <p><input type="checkbox"/> An MD/DO is not present 24 hour per day, 7 days per week.</p> <p><input type="checkbox"/> How the CAH will meet the medical needs of any patient who develops an emergency medical condition at a time when no physician is present at that CAH, including any remote location.</p> <p>Note: For a CAH that participates in Medicare with multiple campuses providing inpatient services (e.g., a main provider campus and a separate remote location for a psychiatric or rehabilitation distinct part unit (DPU)) under one CMS Certification Number) a separate determination is made for each campus/location with inpatient services as to whether the disclosure notice is required.</p> |
| <p><b>LD.13.01.01, EP 1: See above</b></p> <p><b>Other Federal Requirements</b></p>                                                 | <p><b>Other Federal Requirements</b></p> <p>Surveyors do not assess compliance with Medicare payment provisions or non-Medicare requirements. However, a surveyor may refer suspected noncompliance with Federal laws and regulations to the appropriate agency having jurisdiction (e.g., hazardous chemical and waste issues to EPA, blood-borne pathogens and TB control to OSHA, etc.).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>LD.13.01.01, EP 1: See above</b></p> <p><b>§485.608(b) Standard: Compliance With State and Local Laws and Regulations</b></p> | <p><b>Interview</b></p> <p><input type="checkbox"/> Ask organization representatives about State practice act requirements and how they maintain compliance.</p> <p><b>Observation</b></p> <p><input type="checkbox"/> Review the organization's website prior to going on the survey, determine what professional specialists provide patient care services at the CAH.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>LD.13.01.01, EP 2:</b> The critical access hospital is licensed in accordance with law and regulation, to provide the care, treatment, or services for which the critical access hospital is seeking accreditation from Joint Commission.</p> <p>Note: For rehabilitation or psychiatric distinct part units in critical access hospitals: The critical access hospital is licensed or approved as meeting the standards for licensing established by the state or responsible locality.</p> <p><b>§485.608(c) Standard: Licensure of CAH</b></p>                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>□ Prior to the survey, determine whether the CAH is subject to licensure requirements and verify that the licensing agency has approved the CAH as meeting the standards for licensure as set forth by the agency of the State or locality responsible for licensing CAHs.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>HR.11.01.03, EP 1:</b> All staff who provide patient care, treatment, and services are qualified and possess a current license, certification, or registration, in accordance with law and regulation.</p> <p><b>MS.17.01.03, EP 3:</b> The credentialing process requires that the critical access hospital verifies in writing and from the primary source whenever feasible, or from a credentials verification organization (CVO), the following information for the applicant:</p> <ul style="list-style-type: none"> <li>- Current licensure at the time of initial granting, renewal, and revision of privileges, and at the time of license expiration</li> <li>- Relevant training</li> <li>- Current competence</li> </ul> <p><b>MS.17.02.01, EP 9:</b> All physicians and other licensed practitioners that provide care, treatment, and services possess a current license, certification, or registration, as required by law and regulation.</p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>□ Verify for those personnel required to be licensed by the State, that the CAH has established, and follows, procedures for determining that personnel providing patient care services are properly licensed.</li> <li>□ Review CAH policies regarding certification, licensure, and registration of personnel. Are the CAH policies compliant with State and local laws? Are the personnel in compliance with CAH policy?</li> </ul> <p><b>Personnel File Review</b></p> <ul style="list-style-type: none"> <li>□ Check a sample of personnel files to verify that licensure information is up to date. Verify that appropriate categories of staff and personnel are licensed in accordance with State requirements. Verify state licensure compliance of the direct care personnel, as well as administrators and supervisory personnel, and any contracted personnel.</li> <li>□ Confirm there are procedures in place to guarantee licensure of employees working at the CAH under contract or agreement.</li> </ul> |

Critical Access Hospital Compliance with Federal, State, and Local Laws Evaluation Module (485.608)

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| Joint Commission<br>Standards / EPs                                            | Critical Access Hospital Survey Process |
| §485.608(d) Standard: Licensure, Certification<br>or Registration of Personnel |                                         |

## Critical Access Hospital Patient Rights Evaluation Module (485.614)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>RI.11.01.01, EP 1:</b> The critical access hospital develops and implements written policies to protect and promote patient rights.</p> <p><b>RI.11.01.01, EP 2:</b> The critical access hospital informs each patient, or when appropriate, the patient's representative (as allowed, under state law) of the patient's rights in advance of providing or discontinuing care, treatment, or services whenever possible.</p> <p><b>§ 485.614</b> Condition of participation: Patient's rights.<br/> <b>§485.614(a)</b> Standard: Notice of rights. §485.614(a)(1)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff how the hospital communicates information about patient rights to diverse patients, including individuals who need assistive devices or translation services. <ul style="list-style-type: none"> <li>○ Does the hospital have alternative means, such as written materials, signs, or interpreters (when necessary), to communicate patients' rights?</li> </ul> </li> <li><input type="checkbox"/> Ask staff and patients or patients' representatives (as appropriate) to examine how the hospital determines whether the patient has a representative, who that representative is, and whether notice of patient rights is provided as required to patients' representatives. <ul style="list-style-type: none"> <li>○ Ask patients to describe what the hospital has told them about their rights.</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>LD.11.01.01, EP 2:</b> The governing body does the following:</p> <ul style="list-style-type: none"> <li>- Approves and is responsible for the effective operation of the grievance process</li> <li>- Reviews and resolves grievances, unless it delegates responsibility in writing to a grievance committee</li> </ul> <p>For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body also does the following:</p> <ul style="list-style-type: none"> <li>- Determines, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff</li> <li>- Appoints members of the medical staff after considering the recommendations of the existing members of the medical staff</li> <li>- Makes certain that the medical staff has bylaws</li> <li>- Approves medical staff bylaws and other medical staff rules and regulations</li> <li>- Makes certain that the medical staff is accountable to the governing body for the quality of care provided to patients</li> <li>- Makes certain that the criteria for selection to the medical staff are based on individual character, competence, training, experience, and judgment</li> <li>- Makes certain that under no circumstances is the accordance of staff membership or professional privileges in the critical access hospital dependent solely upon certification, fellowship, or</li> </ul> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask Medicare patients if they are aware of their right to appeal premature discharge.</li> <li><input type="checkbox"/> Ask a sample of patients or their legal representative if they know how to file a complaint (grievance) and who to contact if they have a complaint (grievance).</li> <li><input type="checkbox"/> Confirm that patients or their representative know they have the right to file a complaint with the state agency as well as or instead of using the hospital's grievance process.</li> <li><input type="checkbox"/> Confirm that the hospital provided the telephone number for the state agency to patients or their patient representatives.</li> <li><input type="checkbox"/> Ask if beneficiaries are aware of their right to seek review by the QIO for quality of care issues and coverage decisions and to appeal a premature discharge.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital has a process for prompt resolution of patient grievances and informs each patient whom to contact to file a grievance.</li> <li><input type="checkbox"/> Confirm that the grievance process includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate utilization and quality control quality improvement organization (QIO).</li> <li><input type="checkbox"/> Verify that the hospital's governing body approved the grievance process.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p>membership in a specialty body or society</p> <p>- Makes certain that the medical staff develops and implements written policies and procedures for appraisal of emergencies, initial treatment, and referral of patients at the locations without emergency services when emergency services are not provided at the critical access hospital, or are provided at the critical access hospital but not at one or more off-campus locations</p> <p><b>RI.14.01.01, EP 1:</b> The process for resolving grievances includes a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization.</p> <p><b>RI.14.01.01, EP 2:</b> The critical access hospital develops and implements policies and procedures for the prompt resolution of patient grievances. The policies clearly explain the procedure for patients to submit written or verbal grievances and specify timeframes for the review of and response to the grievance.</p> <p><b>§485.614(a)(2)</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the governing body is responsible for the effective operation of the grievance process and reviews and resolves grievances unless delegated in writing to a grievance committee.</li> <li><input type="checkbox"/> Review patient discharge materials. <ul style="list-style-type: none"> <li>○ Is the hospital in compliance with 42 CFR §489.27 (beneficiary notice of discharge rights)?</li> <li>○ Does the hospital grievance process include a mechanism for timely referral of Medicare patient concerns to the QIO? What time frames are established?</li> </ul> </li> <li><input type="checkbox"/> Determine how effectively the grievance process works. <ul style="list-style-type: none"> <li>○ Are patient's or the patient representative's concerns addressed in a timely manner?</li> <li>○ Are patients informed of any resolution to their grievances?</li> <li>○ Does the hospital apply what it learns from the grievance as part of its continuous quality improvement activities?</li> </ul> </li> <li><input type="checkbox"/> Verify that the grievance process is reviewed and analyzed through the hospital's quality assurance/performance improvement or some other mechanism that provides oversight of the grievance process</li> <li><input type="checkbox"/> Review the hospital's policies and procedures to confirm that its grievance process encourages all personnel to alert appropriate staff concerning any patient grievance.</li> </ul> <p><b>Note:</b> A "patient grievance" is a formal or informal written or verbal complaint that is made to the hospital by the patient or the patient's representative about the patient's care (when the complaint is not resolved at the time of the complaint by staff present), abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation, or a Medicare beneficiary billing issue related to rights and limitations provided by 42 CFR §489.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital adheres to its policy or procedure established for grievances.</li> <li><input type="checkbox"/> Verify that the hospital's process assures that grievances involving situations or practices that place the patient in immediate danger are resolved in a timely manner.</li> </ul> |
| <p><b>RI.11.02.01, EP 1:</b> The critical access hospital provides information, including but not limited to the patient's total health status, in a manner tailored to the patient's age, language, and ability to understand. Note: The critical access hospital communicates with the patient during the provision of care,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask a sample of patients or their representatives (if they are incapacitated) if they know about the grievance process and how to submit a grievance.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Critical Access Hospital Compliance with Federal, State, and Local Laws Evaluation Module (485.608)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>treatment, and services in a manner that meets the patient's oral and written communication needs.</p> <p><b>RI.14.01.01, EP 2:</b> The critical access hospital develops and implements policies and procedures for the prompt resolution of patient grievances. The policies clearly explain the procedure for patients to submit written or verbal grievances and specify timeframes for the review of and response to the grievance.</p> <p><b>§485.614(a)(2)(i)</b></p>                          | <p>Confirm that the information provided to patients about the hospital's grievance procedures clearly explains how they submit either a verbal or written grievance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>RI.14.01.01 EP 2:</b> The critical access hospital develops and implements policies and procedures for the prompt resolution of patient grievances. The policies clearly explain the procedure for patients to submit written or verbal grievances and specify timeframes for the review of and response to the grievance</p> <p><b>§485.614(a)(2)(ii)</b></p>                                                                                                                                     | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the time frames established to review and respond to patient grievances are clearly explained in the information provided to patients explaining the hospital's grievance process.</li> <li><input type="checkbox"/> Verify that, on average, the hospital provides a written response to most of its grievances within the time frame specified in its policy.</li> </ul> <p><b>Note:</b> <i>On average, a time frame of 7 days for the provision of the response would be considered appropriate. Not every grievance must be resolved during the specified time frame, although most should be resolved.</i></p> |
| <p><b>RI.14.01.01, EP 3:</b> In its resolution of grievances, the critical access hospital provides the patient with a written notice of its decision, which contains the following:</p> <ul style="list-style-type: none"> <li>-Name of the critical access hospital contact person</li> <li>-Steps taken on behalf of the individual to investigate the grievances</li> <li>-Results of the process</li> <li>-Date of completion of the grievance process</li> </ul> <p><b>§485.614(a)(2)(iii)</b></p> | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the hospital's copies of written notices of its decision (responses to grievances) to patients to confirm that all patients are provided a written notice and that the notices comply with the requirements of §482.13(a)(2)(iii).</li> </ul> <p><b>Note:</b> <i>The written notice of the hospital's determination regarding a grievance must be communicated to the patient or their representative in a language and manner the patient or their legal representative understands.</i></p>                                                                                                                             |
| <p><b>PC.11.03.01, EP 2:</b> The critical access hospital involves the patient in the development and implementation of their plan of care. Note: For swing beds in critical access hospitals: The resident has the right to be informed, in advance, of changes to their plan of care.</p>                                                                                                                                                                                                              | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff and patients or patients' representatives (as appropriate) if the hospital involves the patient or their representative (as appropriate) in the development and implementation of the plan of care.</li> <li><input type="checkbox"/> Verify that revisions in the plan of care were explained to the patient and/or their representative (when appropriate).</li> </ul>                                                                                                                                                                                                                                                                        |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>§485.614 (b) Standard: Exercise of rights §485.614(b)(1)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital has policies and procedures to involve the patient or their representative (as appropriate) in the development and implementation of their inpatient treatment/care plan, outpatient treatment/care plan, discharge plan, and pain management plan.</li> <li><input type="checkbox"/> Verify that the hospital's policies and procedures provide for determining when a patient has a representative who may exercise the patient's right to participate in developing and implementing their plan of care, as well as who that representative is, consistent with this guidance and state law.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of patient health records to determine how the hospital involves the patient or their representative (as appropriate) in the development and implementation of their plan of care.</li> <li><input type="checkbox"/> Confirm that there is evidence that the patient or their representative was included or proactively involved in the development and implementation of their plan of care.</li> </ul>                                                                                                                                                                                                                                                                                                          |
| <p><b>RI.12.01.01, EP 1:</b> The patient or their representative (as allowed, in accordance with state law) has the right to make informed decisions regarding their care. The patient's rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. This does not mean the patient has the right to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p> <p><b>§485.614(b)(2)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask current patients and/or hospital personnel to determine their understanding of the hospital's informed decision-making policies and how they are implemented.</li> <li><input type="checkbox"/> Determine whether patients or their representatives are provided adequate information about the patient's medical status, diagnosis, and prognosis and then are allowed to make informed decisions about their care planning and treatment.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that there is a hospital policy addressing the patient's or the patient representative's (as appropriate) right to make informed decisions.</li> <li><input type="checkbox"/> Verify that the hospital's policy provides for determining when a patient has a representative who may exercise the patient's right to make informed decisions, as well as who that representative is, consistent with this guidance and state law.</li> </ul> <p><i>Note: Hospitals are expected to take reasonable steps to determine the patient's wishes concerning designation of a representative.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that there is a hospital policy addressing the patient's right to have information on their medical status, diagnosis, and prognosis that articulates the hospital's process for ensuring that patients have this information.</li> </ul> |

| Joint Commission<br>Standards / EPs | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                                     | <p><input type="checkbox"/> Review the hospital policy addressing how the patient will be involved in their care planning and treatment.</p> <p><b>Patient Health Record</b></p> <p><input type="checkbox"/> Review a sample of patient health records to determine whether patients or their representatives are provided adequate information about the patient's medical status, diagnosis, and prognosis and then are allowed to make informed decisions about their care planning and treatment.</p> <p><b><u>Assessing Required Disclosures: Physician Ownership</u></b></p> <p><b>Interview</b></p> <p><input type="checkbox"/> Ask staff whether the hospital furnishes its list of physician owners and investors at the time a patient or patient's representative requests it.</p> <p><input type="checkbox"/> Ask staff whether a physician-owned hospital's medical staff membership and admitting privileging requirements include a requirement that, as a condition of continued membership or admitting privileges, physician owners who refer patients to the hospital agree to provide written disclosure of their own or any immediate family member's ownership or investment interest to all patients at the time of the referral to the hospital.</p> <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> <i>If the hospital is physician owned but not exempt from the physician ownership disclosure requirements:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that appropriate policies and procedures are in place to ensure that necessary written notices are provided to all patients at the beginning of an inpatient or outpatient stay.</li> <li><input type="checkbox"/> Review the notice the hospital issues to each patient to verify that it discloses, in a manner reasonably designed to be understood by all patients, that the hospital meets the federal definition of "physician owned," that a list of owners and investors who are physicians or immediate family members of physicians is available upon request, and that such a list is provided to the patient at the time the request is made by or on behalf of the patient.</li> <li><input type="checkbox"/> Review policies, procedures, and staff records to determine whether a physician-owned hospital's medical staff membership and admitting privileging requirements include a requirement that, as a condition of continued membership or admitting privileges, physician owners who refer patients to the hospital agree to provide written disclosure of their own or</li> </ul> |

| Joint Commission Standards / EPs | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                                  | <p>any immediate family member's ownership or investment interest to all patients at the time of the referral to the hospital.</p> <p><b>Observation</b></p> <p><input type="checkbox"/> Observe whether the hospital furnishes its list of physician owners and investors at the time a patient or patient's representative requests it.</p> <p><b><u>MD/DO 24/7 On-Site Presence</u></b></p> <p><b>Interview</b></p> <p><i>For each required location where an MD/DO is not present:</i></p> <p><input type="checkbox"/> Ask a sample of inpatients and affected outpatients whether they were provided notice about an MD/DO not being present at all times in the hospital.</p> <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> <i>For each required location where a doctor of medicine or osteopathy (MD/DO) is not present:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital has policies and procedures to ensure that a written notice stating an MD/DO is not present at all times is provided at the beginning of an inpatient stay or outpatient stay to all inpatients and all outpatients receiving observation services, surgery, or another procedure requiring anesthesia.</li> <li><input type="checkbox"/> Review the written notice to verify that it indicates how the hospital will meet the medical needs of any patient who develops an emergency medical condition at a time when no physician is present at that hospital, including any remote location or satellite.</li> </ul> <p><b>Patient Health Record</b></p> <p><input type="checkbox"/> Verify that there is signed acknowledgment by patients of receiving the written notice obtained by the hospital prior to the patient's admission or before applicable outpatient services were provided.</p> <p><b>Observation</b></p> <p><input type="checkbox"/> Observe whether an MD/DO is present in the hospital at each campus or satellite location providing inpatient services 24 hours a day, seven days a week.</p> <p><input type="checkbox"/> <i>For each required location where an MD/DO is not present:</i></p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                  | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                                                                                                                                                                                                                                                                                                                                                                                                   | Verify that the hospital's emergency department has signage with the appropriate disclosure information about an MD/DO not being present at all times in the hospital.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>RI.12.01.01, EP 5:</b> Staff and licensed practitioners who provide care, treatment, or services in the critical access hospital honor the patient's right to formulate advance directives and comply with these directives, in accordance with law and regulation. Note: Law and regulation includes, at a minimum, 42 CFR 489.100, 489.102, and 489.104.</p> <p><b>§485.614(b)(3)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff about their knowledge of the advance directives of the patients in their care.</li> <li><input type="checkbox"/> Ask patients about the hospital's process to allow them to formulate an advance directive or to update their current advance directive.</li> <li><input type="checkbox"/> Confirm that the hospital is promoting and protecting each patient's right to formulate an advance directive.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the hospital's advance directive notice to confirm that it advises inpatients or applicable outpatients, or their representatives, of the patient's right to formulate an advance directive and to have hospital staff comply with the advance directive (in accordance with state law).</li> <li><input type="checkbox"/> Confirm that the notice includes a clear, precise, and valid statement of limitation if the hospital cannot implement an advance directive on the basis of conscience. At a minimum, a statement of limitation should do the following: <ul style="list-style-type: none"> <li>• Clarify any differences between institution-wide conscience objections and those that may be raised by individual physicians or other practitioners.</li> <li>• Identify the state legal authority permitting such an objection.</li> <li>• Describe the range of medical conditions or procedures affected by the conscience objection.</li> </ul> </li> <li><input type="checkbox"/> Review the hospital's process to allow patients to formulate an advance directive or update their current advance directive.</li> <li><input type="checkbox"/> Confirm that the hospital is promoting and protecting each patient's right to formulate an advance directive.</li> <li><input type="checkbox"/> Determine to what extent the hospital complies, as permitted under state law, with patient advance directives that delegate decisions about the patient's care to a designated individual.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of patient health records for evidence of hospital compliance with advance directive notice requirements.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that every inpatient or applicable outpatient record contains documentation that notice of the hospital's advance directives policy was provided at the time of admission or registration and there is documentation of whether or not each patient has an advance directive.</li> <li><input type="checkbox"/> For those patients who have reported an advance directive, verify that a copy of the patient's advance directive been placed in the medical record.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>RI.12.01.01, EP 2:</b> The critical access hospital asks the patient whether they want a family member, representative, or physician or other licensed practitioner notified of their admission to the critical access hospital. The critical access hospital promptly notifies the identified individual(s). Note: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post-acute care services providers and suppliers. The critical access hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations.</p> <p><b>§485.614(b)(4)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview staff who is responsible for providing notification of a patient's family or representative and physician when the patient is admitted as an inpatient.</li> <li><input type="checkbox"/> Ask them how they identify the persons to be notified and the means of notification and what they do in the case of an incapacitated person to identify a family member or representative and the patient's physician.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital has policies that address notification of a patient's family or representative and physician when the patient is admitted as an inpatient.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of inpatient medical records to confirm the following: <ol style="list-style-type: none"> <li>1. Evidence that the patient was asked about notifying a family member or representative and their physician</li> <li>2. Record of when and how notice was provided</li> <li>3. Evidence that the notice was provided promptly</li> <li>4. Record of the patient declining to have notice provided to a family member or representative and their physician</li> <li>5. Documentation of whether the patient was incapacitated at the time of admission and, if so, what steps were taken to identify a family member or representative and the patient's physician</li> </ol> </li> </ul> |
| <p><b>RI.11.01.01, EP 5:</b> The critical access hospital respects the patient's right to personal privacy.</p> <p>Note 1: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, refer to Standard IM.12.01.01.</p> <p>Note 2: For swing beds in critical access hospitals: Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask patients or their representatives if they are provided reasonable privacy during examinations or treatments, personal hygiene activities and discussions about their health status or care, and other appropriate situations.</li> <li><input type="checkbox"/> Ask staff about their understanding of the use of patient information in the facility directory.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p>meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p><b>§485.614(c)(1)</b></p>                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>○ Confirm with staff that the policy addresses the opportunity for the patient or patient's representative to restrict or prohibit use of patient information in emergent and nonemergent situations.</li> <li>○ Ask staff if reasonable safeguards are used to reduce incidental disclosures of patient information.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review hospital policy about the use of patient information in the facility directory. <ul style="list-style-type: none"> <li>○ Confirm that the policy addresses the opportunity for the patient or patient's representative to restrict or prohibit use of patient information in emergent and nonemergent situations.</li> <li>○ Determine if reasonable safeguards are used to reduce incidental disclosures of patient information.</li> </ul> </li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe whether patients are provided reasonable privacy during examinations or treatments, personal hygiene activities and discussions about their health status or care, and other appropriate situations.</li> <li><input type="checkbox"/> Observe whether reasonable safeguards are used to reduce incidental disclosures of patient information.</li> <li><input type="checkbox"/> If audio and/or visual monitoring is used in the medical-surgical or intensive care unit setting, observe whether monitor screens and/or speakers are not readily visible or audible to visitors or the public.</li> </ul> <p><b>Note:</b> Audio/video monitoring (not include recording) of patients in medical-surgical or intensive care type units would not be considered violating the patient's privacy, as long as a clinical need exists, the patient or patient's representative is aware of the monitoring, and the monitors or speakers are located so that the monitor screens are not readily visible and speakers are not readily audible to visitors or the public. Video recording of patients undergoing medical treatment requires the consent of the patient or their representative.</p> |
| <p><b>PE.01.01.01, EP 1:</b> The critical access hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients.</p> <p>Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided.</p> <p>Note 2: When planning for new, altered, or renovated space, the critical access hospital uses state rules and regulations, or the current Guidelines for Design and Construction of Hospitals</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff in patient care areas about their training to identify risks in the care environment. If risks are found, how does staff report those findings?</li> <li><input type="checkbox"/> Ask staff how the hospital defines continuous visual observation or 1:1 observation in which a staff member is assigned to observe only one patient at all times.</li> <li><input type="checkbox"/> In units where infants and children are inpatients, ask staff whether there are appropriate security protections (such as alarms, arm banding systems) in place, and confirm that they are functioning.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p>published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the critical access hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria.</p> <p><b>§485.614(c)(2)</b></p>                                                                    | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review and analyze patient and staff incident and accident reports to identify any incidents or patterns of incidents concerning a safe environment. Expand the review if a problem with safe environment in the hospitals is suspected.</li> <li><input type="checkbox"/> Verify that the hospital has a policy or procedure for defining continuous visual observation or 1:1 observation in which a staff member is assigned to observe only one patient at all times.</li> <li><input type="checkbox"/> Verify that the hospital has a policy or procedure for curtailing unwanted visitors, contaminated materials, or unsafe items that pose a safety risk to patients and staff.</li> <li><input type="checkbox"/> Access the hospital's security efforts to protect vulnerable patients, including newborns, children, and patients at risk of suicide or intentional harm to self or others. Confirm that the hospital is providing appropriate security to protect patients and that appropriate security mechanisms are in place and being followed to protect patients.</li> <li><input type="checkbox"/> Confirm that security mechanisms are based on nationally recognized standards of practice.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe patient care environments for unattended items, such as utility or housekeeping carts, that contain hazardous items that may pose a safety risk to patients, visitors, and staff.</li> </ul> <p><b>Note:</b> <i>Examples of hazardous items include cleaning agents, disinfectant solutions, mops, brooms, and tools.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe units where infants and children are inpatients to determine whether appropriate security protections (such as alarms, arm banding systems) are in place and functioning.</li> </ul> |
| <p><b>RI.13.01.01, EP 1:</b> The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punishment, involuntary seclusion, and verbal, mental, sexual, or physical abuse that could occur while the patient is receiving care, treatment, and services.</p> <p>For swing beds in critical access hospitals: The critical access</p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital has a system in place to protect patients from abuse, neglect, and harassment of all forms, whether from staff, other patients, visitors, or other persons. In particular, determine the extent to which the hospital does the following:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>hospital also protects the resident from misappropriation of property.</p> <p><b>§485.614(c)(3)</b></p>                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>○ Staffing levels across all shifts are sufficient to care for individual patient's needs.</li> <li>○ The hospital has a written procedure for investigating allegations of abuse and neglect, including methods to protect patients from abuse during investigations of allegations. How does the hospital substantiate allegations of abuse and neglect? <ul style="list-style-type: none"> <li>• Incidents of substantiated abuse and neglect result in appropriate action.</li> <li>• The hospital has implemented an abuse protection program that it is effective and complies with federal, state, and local law and regulation.</li> <li>• Appropriate agencies are notified in accordance with state and federal laws regarding incidents of substantiated abuse and neglect.</li> </ul> </li> <li>○ Allegations of abuse and neglect are thoroughly investigated. <ul style="list-style-type: none"> <li>- The hospital conducts criminal background checks as allowed by state law for all potential new hires.</li> <li>- The hospital does not employ people with a history of abuse, neglect, or harassment.</li> </ul> </li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff to identify various forms of abuse or neglect.</li> <li><input type="checkbox"/> Ask staff if they know what to do if they witness abuse or neglect.</li> </ul> |
| <p><b>IM.12.01.01, EP 1:</b> The critical access hospital develops and implements policies and procedures addressing the privacy and confidentiality of health information.<br/>Note: For swing beds in critical access hospitals: Policies and procedures also address the resident's personal records.</p> <p><b>§482.13(d) Standard: Confidentiality of Patient Records</b><br/><b>§485.614(d)(1)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff to about their understanding of and compliance with the hospital's policies and procedures for protecting medical record information.</li> </ul> <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital has policies and procedures addressing the protection of information in patients' medical records from unauthorized disclosures.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe locations where medical records are stored to determine whether appropriate safeguards are in place to protect medical record information.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>RI.11.01.01, EP 6:</b> The critical access hospital provides the patient, upon an oral or written request, with access to medical records, including past and current records, in the form and format requested (including in electronic form or format when available). If electronic is unavailable, the medical record is provided in hard copy form or another form agreed to by the critical access hospital and patient. The critical access hospital does not impede the legitimate efforts of individuals to gain access to their own medical records and fulfills these electronic or hard-copy requests within a reasonable time frame (that is, as quickly as its recordkeeping system permits).</p> <p><b>§485.614(d)(2)</b></p>                                                                                                                                                                                                    | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital promotes and protects the patient's right to access information contained in their clinical record.</li> <li><input type="checkbox"/> Confirm that the hospital has a procedure for providing records to patients within a reasonable time frame.</li> <li><input type="checkbox"/> Determine whether the hospital's system frustrates the legitimate efforts of individuals to gain access to their own medical record.</li> <li><input type="checkbox"/> Verify that the procedure for providing records to patients includes a method to identify what documents were not provided and the reason.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>PC.13.02.01, EP 1:</b> The critical access hospital does not use restraint or seclusion of any form as a means of coercion, discipline, convenience, or staff retaliation. Restraint or seclusion is only used to protect the immediate physical safety of the patient, staff, or others when less restrictive interventions have been ineffective and is discontinued at the earliest possible time, regardless of the length of time specified in the order.</p> <p><b>RI.13.01.01, EP 1:</b> The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punishment, involuntary seclusion, and verbal, mental, sexual, or physical abuse that could occur while the patient is receiving care, treatment, and services.</p> <p>For swing beds in critical access hospitals: The critical access hospital also protects the resident from misappropriation of property.</p> <p><b>§485.614(e)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the restraint and seclusion policies and procedures to determine if they address, at a minimum the following: <ul style="list-style-type: none"> <li>o Who has the authority to discontinue the use of restraint or seclusion (based on state law and hospital policies)</li> <li>o Circumstances under which restraint or seclusion should be discontinued.</li> </ul> </li> <li><input type="checkbox"/> Review incident and accident reports to determine whether patient injuries occurred proximal to or during a restraint or seclusion intervention. Are incidents and accidents occurring more frequently with restrained or secluded patients?</li> <li><input type="checkbox"/> If record review indicates that restrained or secluded patients sustained injuries, determine what the hospital did to prevent additional injury. Did the hospital investigate possible changes to its restraint or seclusion policies?</li> <li><input type="checkbox"/> Review data on the use of restraint and seclusion for a specified time period (for example, 3 months) to determine any patterns in their use for specific units, shifts, days of the week, and so on. Did the number of patients who were restrained or secluded increase on weekends, on holidays, at night, on certain shifts, where contract nurses were used, or in one unit more than other units?</li> </ul> <p><b>Note:</b> Such patterns of restraint or seclusion use may suggest that the intervention is not based on the patient's need but on issues such as convenience, inadequate staffing, or lack of staff training. Obtain nursing staffing schedules during the time periods in question to determine if staffing levels impact the use of restraint or seclusion.</p> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of medical records of patients for whom restraints were used to manage nonviolent, non-self-destructive behavior, as well as a sample of medical records of patients for whom restraint or seclusion was used to manage violent or self-destructive behavior. <ul style="list-style-type: none"> <li>○ Include in the review patients who are currently in restraint or seclusion, as well as those who have been in restraint or seclusion during their hospital stay (include both violent or self-destructive patients and nonviolent, non-self-destructive patients).</li> <li>○ Determine if there is evidence that hospital staff identified the reason for the restraint or seclusion and that other less restrictive measures would not be effective before applying the restraint.</li> </ul> </li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff who work directly with patients to determine their understanding of the restraint and seclusion policies. If any patients are currently in restraint or seclusion, determine the rationale for use and when the patient was last monitored and assessed.</li> <li><input type="checkbox"/> Confirm that the actual use of restraints or seclusion was consistent with hospital restraint and seclusion policies and procedures, as well as CMS requirements.</li> <li><input type="checkbox"/> Interview a sample of patients who were restrained to manage nonviolent, non-self-destructive behavior to determine whether the reasons for the use of a restraint to manage such behavior were explained to the patient in understandable terms.</li> <li><input type="checkbox"/> Confirm that the patient could articulate their understanding of the reasons for the use of restraint.</li> </ul> |
| <p>§485.614(e)(1)<br/>(1) Definitions.<br/>§485.614(e)(1)(i)<br/>(i) A restraint is—</p>                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>PC.13.02.01, EP 4:</b> The critical access hospital restraint policies are followed when any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or when a drug or medication is used as a restriction to manage the patient's behavior or restrict the patient's freedom of</p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine whether the hospital's policy and procedures employ a definition or description of what constitutes a restraint that is consistent with the CMS regulation.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p>movement and is not a standard treatment or dosage for the patient's condition.</p> <p>Note: A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).</p> <p><b>§485.614(e)(1)(i)(A)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask hospital staff whether they know the definition of a restraint.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> While touring hospital units, look for restraints in use. Where a restraint is in use, check the medical record for appropriate documentation.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>PC.13.02.01, EP 4: See above</b></p> <p><b>§485.614(e)(1)(i)(B)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital's policies and procedures include a definition or description of what constitutes the use of drugs or medications as a restraint that is consistent with the CMS regulation.</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask hospital staff if they can identify when the use of a drug or medication is considered a chemical restraint.</li> </ul>                                                                                                                                                                                                                                                                                                              |
| <p><b>PC.13.02.01, EP 4: See above</b></p> <p><b>§485.614(e)(1)(i)(C)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital's policies and procedures include a definition or description of what constitutes a restraint that is consistent with the regulation.</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask hospital staff if they know the definition of a restraint, particularly with respect to use of bedside rails.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> While touring hospital units, look for bedside rail use to determine whether it is consistent with the definition of a restraint. Where bed side rails are being used as a restraint, check the medical record for appropriate documentation.</li> </ul> |
| <p><b>PC.13.02.01, EP 5: The critical access hospital seclusion policies are followed when a patient is involuntarily confined alone in a room or area from which the patient is physically prevented from leaving.</b></p>                                                                                                                                                                                                                                                                                                                                                                             | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask hospital staff if they know the definition of seclusion.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>Note: Seclusion is only used for the management of violent or self-destructive behavior.<br/> <b>§485.614(e)(1)(ii)</b></p>                                                                                                                                                                                                                                                                                                                                                                      | <p><input type="checkbox"/> Verify that the hospital's policy and procedures include a definition or description of what constitutes seclusion that is consistent with the CMS regulation.</p> <p><b>Observation</b></p> <p><input type="checkbox"/> While touring hospital units, look for cases where a patient is in seclusion.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>PC.13.02.01, EP 1:</b> The critical access hospital does not use restraint or seclusion of any form as a means of coercion, discipline, convenience, or staff retaliation. Restraint or seclusion is only used to protect the immediate physical safety of the patient, staff, or others when less restrictive interventions have been ineffective and is discontinued at the earliest possible time, regardless of the length of time specified in the order.<br/> <b>§485.614(e)(2)</b></p> | <p><b>Document Review</b><br/> <b>Patient Health Record</b></p> <p><input type="checkbox"/> Review a sample of health records for patients for whom restraint or seclusion was used.</p> <ul style="list-style-type: none"> <li>○ Confirm that the physician's or other practitioner's orders specify the reason for restraint or seclusion, the type of restraint, and the duration of restraint or seclusion.</li> <li>○ Verify that the severity of the patient's behavior justifies seclusion or restraint usage by identifying an immediate and serious danger to the physical safety of the patient or others.</li> <li>○ Confirm that the hospital considers factors other than the individual patient in determining causes for the need for restraints or seclusion (that is, environmental factors).</li> </ul> <p><input type="checkbox"/> Review the medical record for documentation of an individual patient assessment and a revision of the plan of care.</p> <ul style="list-style-type: none"> <li>○ Confirm that the medical record reflects changes in behavior and staff concerns regarding safety risks to the patient, staff, or others, prompting use of seclusion or restraints.</li> <li>○ Verify that the patient's behavior placed the patient or others at risk for harm and that the patient's behavior was violent or self-destructive.</li> <li>○ Determine if other, less restrictive interventions were tried and documented. Or is there evidence that alternatives were considered and determined to be insufficient?</li> </ul> |
| <p><b>PC.13.02.01, EP 2:</b> The critical access hospital uses the least restrictive form of restraint or seclusion that will be effective to protect the patient, a staff member, or others from harm.<br/> <b>§485.614(e)(3)</b></p>                                                                                                                                                                                                                                                              | <p><b>Document Review</b><br/> <b>General</b></p> <p><input type="checkbox"/> Review a sample of health records for patients for whom restraint or seclusion was used.</p> <ul style="list-style-type: none"> <li>○ Is there documentation in the record describing the steps or interventions used prior to the use of the needed restraint or seclusion? That is, what documentation is in the record to explain the rationale for the use of restraint or seclusion?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>○ Confirm that there is documentation in the record showing that less restrictive measures were tried or considered.</li> <li>○ Verify that the restraint or seclusion intervention was the least restrictive intervention to meet the patient's clinical needs and protect the safety of the patient, staff, or others.</li> <li>○ Confirm that staff determined that less restrictive alternatives would not meet the patient's clinical needs or protect the patient's safety or the safety of others.</li> <li>○ Verify that ongoing documented assessments demonstrate that the restraint or seclusion intervention was needed at that time (or at a time in the past) and that the restraint or seclusion intervention remained the least restrictive way to protect the patient's safety.</li> <li>○ If the time of restraint or seclusion use was lengthy, look for evidence that the symptoms necessitating the use of restraint or seclusion persisted. Look for evidence indicating that staff evaluated whether the restraint or seclusion could be safely discontinued.</li> </ul> |
| <p><b>PC.13.02.09, EP 1:</b> The critical access hospital's policies and procedures regarding the use of restraint or seclusion that are consistent with current standards of practice.</p> <p>For rehabilitation and psychiatric distinct part units in critical access hospitals: The policies and procedures include the following:</p> <ul style="list-style-type: none"> <li>- Definitions for restraint and seclusion that are consistent with state and federal law and regulation</li> <li>- Physician and other licensed practitioner training requirements</li> <li>- Staff training requirements</li> <li>- Who has authority to order restraint or seclusion</li> <li>- Who has authority to discontinue the use of restraint or seclusion</li> <li>- Who can initiate the use of restraint or seclusion</li> <li>- Circumstances under which restraint or seclusion is discontinued</li> <li>- Requirement that restraint or seclusion is discontinued as soon as is safely possible</li> <li>- Who can assess and monitor patients in restraint or seclusion</li> </ul> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital's policies and procedures for the use of restraint and seclusion are consistent with current standards of practice.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Critical Access Hospital Compliance with Federal, State, and Local Laws Evaluation Module (485.608)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>- Time frames for assessing and monitoring patients in restraint or seclusion</p> <p><b>§485.614(e)(4)</b></p>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>PC.13.02.03, EP 1:</b> The critical access hospital's use of restraint or seclusion meets the following requirements:</p> <ul style="list-style-type: none"> <li>- In accordance with a written modification to the patient's plan of care</li> <li>- Implemented by trained staff using safe techniques identified by the critical access hospital's policies and procedures in accordance with law and regulation</li> </ul> <p><b>§485.614(f)</b></p> | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital has a staff training and education program that protects the patient's right to safe implementation of restraint or seclusion.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe patients in restraint or seclusion to verify safe application of the restraint or seclusion.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>PC.13.02.17, EP 2:</b> Staff education and training include the following:</p> <ul style="list-style-type: none"> <li>- Patient-centered, trauma-informed, competency-based training and education on the use of restraint and seclusion for staff, including medical staff and, as applicable, staff providing contract services</li> <li>- Alternatives to the use of restraint or seclusion</li> </ul> <p><b>§485.614(f)(1)</b></p>                   | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital has a documented patient-centered, trauma informed competency-based training program for the use of restraint and seclusion interventions employed by staff at the hospital.</li> <li><input type="checkbox"/> Verify that the hospital has documented evidence that all levels of CAH personnel and staff, including medical staff, and as applicable, personnel providing contracted services in the CAH.</li> </ul> <p><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of personnel files to verify restraint and seclusion education staff training documentation for all levels of CAH personnel and staff, including medical staff, and as applicable, personnel providing contracted services in the CAH.</li> </ul> |
| <p><b>PC.13.02.17, EP 2: See above</b></p> <p><b>§485.614(f)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Document Review</b><br/><b>General</b></p> <p>Confirm that the hospital's educational program includes alternatives to the use of restraint/seclusion.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>PC.13.02.19, EP 1:</b> The critical access hospital reports the following information to the Centers for Medicare &amp; Medicaid Services (CMS) regarding deaths related to restraint or seclusion:</p> <ul style="list-style-type: none"> <li>- Each death that occurs while a patient is in restraint or seclusion</li> <li>- Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion</li> </ul>         | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital has a death reporting policy that addresses the requirements of §485.614(g).</li> <li><input type="checkbox"/> Review data related to patient deaths while the patients were in restraint or seclusion to determine if the hospital followed the requirements related to death reporting for the following:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p>- Each death known to the critical access hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death. Note 1: This reporting requirement includes all restraints except soft wrist restraints. For more information on deaths related to the use of soft wrist restraints, refer to EP 3 in this standard.</p> <p>Note 2: In this element of performance "reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.</p> <p><b>§485.614(g)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>○ Each death that occurred while the patient was in restraints (whether physical or drugs used as a restraint) or seclusion</li> <li>○ Each death that occurred within 24 hours after the patient had been removed from restraint or seclusion</li> <li>○ Each death that occurred within one week after restraint or seclusion where it is reasonable to assume that the use of restraint or seclusion contributed directly or indirectly to a patient's death</li> </ul> <p><b>Patient Health Record</b></p> <p><input type="checkbox"/> Review medical records of patients who died associated with the use of restraint or seclusion to determine if the deaths were reported to CMS. Does documentation include the date and time the death was reported to CMS?</p> <p><b>Interview</b></p> <p><input type="checkbox"/> Ask staff about their knowledge of the hospital's death reporting policy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>PC.13.02.19, EP 2:</b> The deaths addressed in PC.13.02.19, EP 1, are reported to the Centers for Medicare &amp; Medicaid Services by telephone, by facsimile, or electronically no later than the close of the next business day following knowledge of the patient's death. The date and time that the patient's death was reported is documented in the patient's medical record.</p> <p><b>PC.13.02.19, EP 1:</b> The critical access hospital reports the following information to the Centers for Medicare &amp; Medicaid Services regarding deaths related to restraint or seclusion:</p> <ul style="list-style-type: none"> <li>- Each death that occurs while a patient is in restraint or seclusion</li> <li>- Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion</li> <li>- Each death known to the critical access hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death</li> </ul> <p>Note 1: This reporting requirement includes all restraints except soft wrist restraints. For more information on deaths related to the use of soft wrist restraints, refer to EP 3 in this standard.</p> <p>Note 2: In this element of performance "reasonable to assume"</p> | <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> Confirm that the hospital has restraint and seclusion death reporting policies and procedures that address responsibilities and systems for identifying restraint- or seclusion-associated deaths reportable to CMS and for implementing the reporting and recordkeeping requirements.</p> <p><input type="checkbox"/> Can the hospital provide examples of restraint- or seclusion-associated deaths that were reported to CMS?</p> <ul style="list-style-type: none"> <li>○ If yes, review the report and medical records to determine whether the following occurred: <ul style="list-style-type: none"> <li>• The reports met the criteria for reporting to CMS.</li> <li>• The reports were submitted in a timely fashion to CMS.</li> <li>• The reports were complete.</li> <li>• The date and time the death reported to CMS was entered into the patient's medical record.</li> </ul> </li> <li>○ If no, do the following: <ul style="list-style-type: none"> <li>• Ask how the hospital ensures that there were no reportable restraint- or seclusion-associated deaths.</li> <li>• If the hospital's system relies on staff identification of reportable deaths, interview several applicable staff members to determine if they are aware of the hospital's policy and know when and where to internally report a restraint-</li> </ul> </li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p>includes but is not limited to deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.<br/> <b>§485.614(g)(1)</b><br/> <b>§485.614(g)(1)(i)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>or seclusion-associated death. Ask if there have been any patient deaths that met the reporting requirements.</p> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff in various types of inpatient units, including a psychiatric unit if applicable, if they are aware of any patients who died while in restraints or seclusion or within one day of restraint or seclusion discontinuation, excluding cases involving only the use of two-point soft wrist restraints and no seclusion. If yes, determine whether the hospital has any evidence that these cases were reported to CMS.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>PC.13.02.19, EP 1:</b> The critical access hospital reports the following information to the Centers for Medicare &amp; Medicaid Services (CMS) regarding deaths related to restraint or seclusion:</p> <ul style="list-style-type: none"> <li>- Each death that occurs while a patient is in restraint or seclusion</li> <li>- Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion</li> <li>- Each death known to the critical access hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death. The types of restraints included in this reporting requirement are all restraints except soft wrist restraints.</li> </ul> <p>Note 1: This reporting requirement includes all restraints except soft wrist restraints. For more information on deaths related to the use of soft wrist restraints, refer to EP 3 in this standard.</p> <p>Note 2: In this element of performance "reasonable to assume" includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.<br/> <b>§485.614(g)(1)(ii)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital has a death reporting policy that addresses the requirements of §85.614(g).</li> <li><input type="checkbox"/> Review data related to patient deaths while the patients were in restraint or seclusion to determine if the hospital followed the requirements related to death reporting for the following: <ul style="list-style-type: none"> <li>○ Each death that occurred while the patient was in restraints (whether physical or drugs used as a restraint) or seclusion</li> <li>○ Each death that occurred within 24 hours after the patient had been removed from restraint or seclusion</li> <li>○ Each death that occurred within one week after restraint or seclusion where it is reasonable to assume that the use of restraint or seclusion contributed directly or indirectly to a patient's death</li> </ul> </li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review medical records of patients who died associated with the use of restraint or seclusion to determine if the deaths were reported to CMS. Does documentation include the date and time the death was reported to CMS?</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff about their knowledge of the hospital's death reporting policy.</li> </ul> |
| <p><b>PC.13.02.19, EP 1: See above</b><br/> <b>§485.614(g)(1)(iii)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital has a death reporting policy that addresses the requirements of §485.614(g).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><input type="checkbox"/> Review data related to patient deaths while the patients were in restraint or seclusion to determine if the hospital followed the requirements related to death reporting for the following:</p> <ul style="list-style-type: none"> <li>○ Each death that occurred while the patient was in restraints (whether physical or drugs used as a restraint) or seclusion</li> <li>○ Each death that occurred within 24 hours after the patient had been removed from restraint or seclusion</li> <li>○ Each death that occurred within one week after restraint or seclusion where it is reasonable to assume that the use of restraint or seclusion contributed directly or indirectly to a patient's death</li> </ul> <p><b>Patient Health Record</b></p> <p><input type="checkbox"/> Review medical records of patients who died associated with the use of restraint or seclusion to determine if the deaths were reported to CMS. Does documentation include the date and time the death was reported to CMS?</p> <p><b>Interview</b></p> <p><input type="checkbox"/> Ask staff about their knowledge of the hospital's death reporting policy.</p>                                                                                                             |
| <p><b>PC.13.02.19, EP 3:</b> When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the critical access hospital does the following:</p> <ul style="list-style-type: none"> <li>- Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient.</li> <li>- Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient.</li> <li>- Documents in the patient record the date and time that the death was recorded in the log or other system.</li> <li>- Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es).</li> <li>- Makes the information in the log or other system available to the Centers for Medicare &amp; Medicaid Services, either electronically or in writing, immediately upon request.</li> </ul> | <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> Confirm that the hospital has restraint and seclusion death reporting policies and procedures that address responsibilities and systems for identifying restraint- or seclusion-associated deaths that must be recorded in an internal hospital log or tracking system and for implementing the reporting and recordkeeping requirements.</p> <p><input type="checkbox"/> Verify how the hospital ensures that each death that must be captured in the log or tracking system is identified and entered.</p> <p><input type="checkbox"/> Review the log/tracking system for patient deaths associated with use of only 2-point soft wrist restraints to determine if the following requirements were met:</p> <ul style="list-style-type: none"> <li>○ Each entry was made within 7 days of the patient's death.</li> <li>○ Each entry contains all the information required under the regulation.</li> <li>○ Confirm that the hospital is able to make the log or tracking system available immediately on request.</li> </ul> <p><b>Patient Health Record</b></p> <p><input type="checkbox"/> Review a sample of medical records of patients whose deaths were entered in the log or tracking system.</p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p>§485.614(g)(2)<br/> §485.614(g)(2)(i)<br/> §485.614(g)(2)(ii)</p>                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>○ Confirm that the medical record indicates that only soft, 2-point wrist restraints were used.</li> <li>○ Verify that there is documentation in the medical record of the entry into the log or tracking system.</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask inpatient unit staff if they have had patients die while 2-point soft wrist restraints are being used without seclusion or within 24 hours of their discontinuance. If yes, ask the hospital to demonstrate that it has recorded such deaths.</li> <li><input type="checkbox"/> If the hospital's log or tracking system relies on staff identification of reportable deaths, interview several applicable staff members to determine if they are aware of the hospital's policy and know when and where to report internally a restraint- or seclusion-associated death.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>PC.13.02.19, EP 2:</b> The deaths addressed in PC.13.02.19, EP 1, are reported to the Centers for Medicare &amp; Medicaid Services by telephone, by facsimile, or electronically no later than the close of the next business day following knowledge of the patient's death. The date and time that the patient's death was reported is documented in the patient's medical record.</p> <p>§485.614(g)(3)<br/> §485.614(g)(3)(i)</p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital has a death reporting policy that addresses the requirements of §485.614(g).</li> <li><input type="checkbox"/> Review data related to patient deaths while the patients were in restraint or seclusion to determine if the hospital followed the requirements related to death reporting for the following: <ul style="list-style-type: none"> <li>○ Each death that occurred while the patient was in restraints (whether physical or drugs used as a restraint) or seclusion</li> <li>○ Each death that occurred within 24 hours after the patient had been removed from restraint or seclusion</li> <li>○ Each death that occurred within one week after restraint or seclusion where it is reasonable to assume that the use of restraint or seclusion contributed directly or indirectly to a patient's death</li> </ul> </li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review medical records of patients who died associated with the use of restraint or seclusion to determine if the deaths were reported to CMS. Does documentation include the date and time the death was reported to CMS?</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff about their knowledge of the hospital's death reporting policy.</li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>PC.13.02.19, EP 3:</b> When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the critical access hospital does the following:</p> <ul style="list-style-type: none"> <li>- Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient.</li> <li>- Records in a log or other system any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient.</li> <li>- Documents in the patient record the date and time that the death was recorded in the log or other system.</li> <li>- Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es).</li> <li>- Makes the information in the log or other system available to the Centers for Medicare &amp; Medicaid Services, either electronically or in writing, immediately upon request.</li> </ul> <p><b>§485.614(g)(3)(ii)</b><br/><b>§485.614(g)(4)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the hospital has restraint and seclusion death reporting policies and procedures that address responsibilities and systems for identifying restraint- or seclusion-associated deaths that must be recorded in an internal hospital log or tracking system and for implementing the reporting and recordkeeping requirements.</li> <li><input type="checkbox"/> Determine how the hospital ensures that each death that must be captured in the log or tracking system is identified and entered.</li> <li><input type="checkbox"/> Review the log or tracking system for patient deaths associated with use of only 2-point soft wrist restraints to determine if the following requirements were met: <ul style="list-style-type: none"> <li>o Each entry was made within 7 days of the patient's death.</li> <li>o Each entry contains all the information required under §485.614(g).</li> <li>o Confirm that the hospital is able to make the log or tracking system available immediately on request.</li> </ul> </li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of medical records of patients whose deaths were entered in the log or tracking system. <ul style="list-style-type: none"> <li>o Confirm that the medical record indicates that only 2-point soft wrist restraints were used.</li> <li>o Determine whether there is documentation in the medical record of the entry into the log or tracking system.</li> </ul> </li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask inpatient unit staff to determine whether they have had patients die while 2-point soft wrist restraints are being used without seclusion or within 24 hours of their discontinuance. If yes, ask the hospital to demonstrate that it has recorded such deaths.</li> <li><input type="checkbox"/> If the hospital's log or tracking system relies on staff identification of reportable deaths, interview several applicable staff members to determine whether they are aware of the hospital's policy and know when and where to report internally a restraint- or seclusion-associated death.</li> </ul> |
| <p><b>PC.13.02.19, EP 3: See above</b></p> <p><b>§485.614(g)(4)(i)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Document Review</b></p> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that each entry in the patient's medical record related to any death that occurs while a patient in is restraints or any death that occurs within 24 hours after</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a patient has been removed from such restraints was made no later than 7 days after the date of death of the patient.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>PC.13.02.19, EP 3: See above</b><br><br><b>§485.614(g)(4)(ii)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Document Review</b><br><b>Patient Health Record</b><br><input type="checkbox"/> Confirm that each entry in the patient's medical record related to any death that occurs while a patient in is restraints or any death that occurs within 24 hours after a patient has been removed from such restraints documents the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner who is responsible for the care of the patient, medical record number, and primary diagnosis(es).                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>PC.13.02.19, EP 3: See above</b><br><br><b>§485.614(g)(4)(iii)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Document Review</b><br><b>Patient Health Record</b><br><input type="checkbox"/> Verify that information about any death that occurs while a patient in is restraints or any death that occurs within 24 hours after a patient has been removed from such restraints is made available in either written or electronic form to CMS immediately upon request.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>RI.11.01.01, EP 7: The critical access hospital develops and implements policies and procedures for patient visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. The patient also has the right to withdraw or deny such consent at any time.</b><br><b>Note 1: The critical access hospital's written policies and procedures include any restrictions or limitations that are clinically necessary or reasonable that need to be placed on visitation rights and the reasons for the restriction or limitation.</b><br><b>Note 2: The critical access hospital informs the patient (or support person, where appropriate) of the patient's visitation rights, including any clinical restriction or limitation on such rights.</b><br><b>§485.614(h)</b> | <b>Document Review</b><br><b>General</b><br><input type="checkbox"/> Verify that the hospital has written policies and procedures that address the right of patients to have visitors.<br><input type="checkbox"/> Review the policy to determine if there are limitations or restrictions on visitation. If so, confirm that the policy explains the clinical rationale for the restrictions or limitations and that the rationale is clear and reasonably related to clinical concerns.<br><input type="checkbox"/> Confirm that there is documentation of how the hospital identifies and trains staff who play a role in facilitating or controlling access of visitors to patients.<br><br><b>Interview</b><br><input type="checkbox"/> Determine whether hospital staff are aware of the hospital's visitation policies and procedures and confirm that staff on a given unit can correctly describe the policies for that unit. |
| <b>RI.11.01.01, EP 7: See above</b><br><b>§485.614(h)(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Document Review</b><br><b>General</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Joint Commission Standards / EPs | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                                  | <p><input type="checkbox"/> Determine whether the hospital’s visitation policies and procedures require providing notice of the patient’s visitation rights to each patient or, if appropriate, to the patient’s support person and/or, as applicable, the patient’s representative.</p> <p><b>Note:</b> <i>A patient’s “support person” does not necessarily have to be the same person as the patient’s representative who is legally responsible for making medical decisions on the patient’s behalf. A support person could be a family member, a friend, or another individual who supports the patient during the course of the hospital stay. Hospitals must accept a patient’s designation, orally or in writing, of an individual as the patient’s support person.</i></p> <p><input type="checkbox"/> Review the hospital’s standard notice of visitation rights to confirm that it clearly explains the following:</p> <ul style="list-style-type: none"> <li>○ Hospital’s visitation policy, including any limitations or restrictions, such as visiting hours, numbers of visitors, or unit-specific restrictions, and the clinical rationale for such limitations or restrictions</li> <li>○ Right of the patient to have designated visitors, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and the right to withdraw or deny consent to visitation</li> </ul> <p><b>Patient Health Record</b></p> <p><input type="checkbox"/> Review a sample of medical records to determine if there is documentation that the required notice of the patient’s visitation rights was provided. How was the notice provided?</p> <p><b>Interview</b></p> <p><input type="checkbox"/> Ask staff responsible for providing the required notice of the patient’s visitation rights how they accomplish this. Ask staff if they are familiar with the concept of a patient’s “support person” and what it means.</p> <p><input type="checkbox"/> Ask a sample of current hospital patients or patients’ support persons (where appropriate) whether they were provided notice of their right to have visitors. Ask if they were able to have visitors when they wanted to. If not, verify that the restriction or limitation on visitors was addressed in the hospital’s visitation policies and notice and does not violate the regulations at §485.614(h)(3&amp;4). (See interpretive guidelines for the latter provisions.)</p> |

| Joint Commission Standards / EPs                             | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                                                              | <input type="checkbox"/> Ask a sample of current hospital patients or patients' support persons (where appropriate) if the hospital failed to limit some or all visitors, contrary to the patient's wishes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>RI.11.01.01, EP 7: See above</b><br><b>§485.614(h)(2)</b> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine whether the hospital's visitation policies and procedures require providing notice of the patient's visitation rights to each patient or, if appropriate, to a patient's support person and/or, as applicable, the patient's representative.</li> <li><input type="checkbox"/> Review the hospital's standard notice of visitation rights to confirm that it clearly explains the following:             <ul style="list-style-type: none"> <li>○ Hospital's visitation policy, including any limitations or restrictions, such as visiting hours, numbers of visitors, or unit-specific restrictions, and the clinical rationale for such limitations or restrictions</li> <li>○ Right of the patient to have designated visitors, including but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and the right to withdraw or deny consent to visitation</li> </ul> </li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of medical records to determine if there is documentation that the required notice of the patient's visitation rights was provided. How was the notice provided?</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff responsible for providing the notice of the patient's visitation rights how they accomplish this. Ask the staff if they are familiar with the concept of a patient's "support person" and what it means.</li> <li><input type="checkbox"/> Ask a sample of current hospital patients or patients' support persons (where appropriate) if they were provided notice of their right to have visitors. Ask if they were able to have visitors when they wanted to. If not, verify that the restriction or limitation on visitors was addressed in the hospital's visitation policies and notice and does not violate the regulations at §485.614(h)(3)&amp;(4). (See interpretive guidelines for the latter provisions.)</li> <li><input type="checkbox"/> • Ask a sample of current hospital patients or patients' support persons (where appropriate) if the hospital failed to limit some or all visitors, contrary to the patient's wishes.</li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>RI.11.01.01, EP 4:</b> The critical access hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.<br/>Note: This includes prohibiting discrimination through restricting, limiting, or otherwise denying visitation privileges. The critical access hospital allows all visitors to have full and equal visitation privileges consistent with patient preferences.</p> <p><b>§485.614(h)(3)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the hospital's visitation policies and procedures to determine whether they restrict, limit, or otherwise deny visitation to individuals on a prohibited basis.</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask the hospital how it educates staff to ensure that visitation policies are implemented in a nondiscriminatory manner.</li> <li><input type="checkbox"/> Ask hospital staff who play a role in facilitating or controlling visitors to discuss their understanding of the circumstances under which visitors may be subject to restrictions or limitations and whether the restrictions or limitations are appropriately based on the hospital's clinically based policies.</li> <li><input type="checkbox"/> Ask hospital patients (or patients' support persons, where appropriate) whether the hospital has restricted or limited visitors against their wishes. If yes, verify whether the restriction or limitation on visitors was addressed in the hospital's visitation policies and in the patient notice and whether it was appropriately based on a clinical rationale rather than impermissible discrimination.</li> </ul>          |
| <p><b>RI.11.01.01, EP 4: See above</b></p> <p><b>§485.614(h)(4)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the hospital's visitation policies and procedures to determine whether they restrict, limit, or otherwise deny visitation to individuals on a prohibited basis.</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff how about the education they received to ensure that visitation policies are implemented in a nondiscriminatory manner.</li> <li><input type="checkbox"/> Ask hospital staff who play a role in facilitating or controlling visitors to discuss their understanding of the circumstances under which visitors may be subject to restrictions or limitations and whether the restrictions or limitations are appropriately based on the hospital's clinically based policies.</li> <li><input type="checkbox"/> Ask hospital patients (or patients' support persons, where appropriate) whether the hospital has restricted or limited visitors against their wishes. If yes, verify whether the restriction or limitation on visitors was addressed in the hospital's visitation policies and in the patient notice and whether it was appropriately based on a clinical rationale rather than impermissible discrimination.</li> </ul> |

## Critical Access Hospital Agreements Evaluation Module (485.616)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <b>§485.616 Condition of Participation: Agreements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>§485.616(a) Standard: Agreements With Network Hospitals</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> How does the CAH participate with other hospitals and facilities in the network communications system? Is a communications log kept at the facility? <ul style="list-style-type: none"> <li>○ Ask staff if there have been difficulties in contacting network members. If so, ask how the CAH deals with communication delays.</li> <li>○ How does the network's communications system compare with any available communications equipment in the CAH?</li> </ul> </li> <li><input type="checkbox"/> When the network communications system is not in operation, how does the CAH communicate and share patient data with other network members?</li> <li><input type="checkbox"/> How is the CAH staff educated on the use of any communication system utilized in the facility?</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If the CAH is a member of a rural health network having a communications system, ask to see the agreement.</li> <li><input type="checkbox"/> Review any policies and procedures related to the operation of any communications system.</li> <li><input type="checkbox"/> Review any written agreements with the local EMS service.</li> </ul> |
| <p><b>LD.13.03.03, EP 8:</b> If the critical access hospital is a member of a rural health network, it has an agreement with at least one hospital that is a member of the network to address the following:</p> <ul style="list-style-type: none"> <li>- Patient referral and transfer</li> <li>- Development and use of network communications systems, including electronic sharing of patient data, telemetry, and medical records, if the network has in operation such a system</li> <li>- Provision of emergency and nonemergency transportation between the facility and the hospital</li> </ul> <p><b>§485.616(a)(1)</b></p> | See above survey process <b>§485.616(a)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>LD.13.03.03, EP 8: See above</b></p> <p><b>§485.616(a)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | See above survey process <b>§485.616(a)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>LD.13.03.03, EP 8: See above</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | See above survey process <b>§485.616(a)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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| <p><b>§485.616(a)(3)</b></p> <p><b>LD.13.03.03, EP 9:</b> If the critical access hospital is a member of a rural health network, it has an agreement with respect to credentialing and quality assurance with at least one of the following organizations:</p> <ul style="list-style-type: none"> <li>- Hospital that is a member of the network</li> <li>- Quality improvement organization (QIO) or equivalent entity</li> <li>- Other appropriate and qualified entity in the state rural health care plan</li> </ul> <p><b>§485.616(b)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review any agreements related to credentialing or quality assurance to determine the level of assistance to be provided and the responsibilities of the CAH.</li> <li>• Review policies and procedures to determine how information is to be obtained, utilized, and how confidentiality of information will be maintained.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>LD.13.03.03, EP 4:</b> When telemedicine services are provided to the critical access hospital's patients through an agreement with a distant-site hospital, the critical access hospital's governing body makes certain that the written agreement specifies that it is the responsibility of the governing body of the distant-site hospital to do the following with regard to its physicians or other licensed practitioners providing telemedicine services:</p> <ul style="list-style-type: none"> <li>- Determine, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff</li> <li>- Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff</li> <li>- Assure that the medical staff has bylaws</li> <li>- Approve medical staff bylaws and other medical staff rules and regulations</li> <li>- Make certain that the medical staff is accountable to the governing body for the quality of care provided to patients</li> <li>- Make certain that the criteria for selection are individual character, competence, training, experience, and judgment</li> <li>- Make certain that under no circumstances is the accordance of staff membership or professional privileges in the critical access hospital dependent solely upon certification, fellowship or membership in a specialty body or society</li> </ul> <p><b>§485.616(c)</b></p> <p><b>MS.20.01.01, EP 1:</b> When telemedicine services are furnished to the critical access hospital's patients through an agreement with a distant-site hospital or telemedicine entity, the governing body of the originating critical access hospital may choose to rely upon the</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>• Ask the CAH's leadership whether it uses telemedicine services. If yes,</li> <li>• Ask to see a copy of the written agreement(s) with the distant-site hospital(s). <ul style="list-style-type: none"> <li>• Does each agreement include the required elements concerning credentialing and privileging of the telemedicine physicians and practitioners by the distant-site hospital?</li> <li>• Does the CAH have documentation indicating that it granted privileges to each telemedicine physician and practitioner?</li> <li>• Does the documentation indicate that the CAH's governing body or responsible individual made the privileging decision based on the privileging decisions of the distant-site hospital? If yes:</li> <li>• Does the agreement address the required elements concerning the distant-site hospital's Medicare participation, appropriate licensure of telemedicine physicians and practitioners, current list of telemedicine physicians and practitioners with privileges, and review by the CAH of the telemedicine physicians' and practitioners' services?</li> <li>• Ask to see the list provided by the distant-site hospital of the telemedicine physicians and practitioners, including their privileges and pertinent licensure information.</li> <li>• Ask for evidence that the CAH conducts the required review of the telemedicine services provided by the telemedicine physicians and practitioners, including any associated adverse events and complaints, and that it provides the required feedback to the distant-site hospital.</li> </ul> </li> </ul> |

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| <p>credentialing and privileging decisions made by the distant-site hospital or telemedicine entity for the individual distant-site physicians and other licensed practitioners providing such services if the critical access hospital's governing body includes all of the following provisions in its written agreement with the distant-site hospital or telemedicine entity:</p> <ul style="list-style-type: none"><li>- The distant site telemedicine entity provides services in accordance with contract service requirements.</li><li>- The distant-site telemedicine entity's medical staff credentialing and privileging process and standards is consistent with the critical access hospital's process and standards, at a minimum.</li><li>- The distant-site hospital providing the telemedicine services is a Medicare-participating hospital.</li><li>- The individual distant-site physician or other licensed practitioner is privileged at the distant-site hospital or telemedicine entity providing the telemedicine services, and the distant-site hospital or telemedicine entity provides a current list of the distant-site physician's or practitioner's privileges at the distant-site hospital or telemedicine entity.</li><li>- The individual distant-site physician or other licensed practitioner holds a license issued or recognized by the state in which the critical access hospital whose patients are receiving the telemedicine services is located.</li><li>- For distant-site physicians or other licensed practitioners privileged by the originating critical access hospital, the originating critical access hospital internally reviews services provided by the distant-site physician or other licensed practitioner and sends the distant-site hospital or telemedicine entity information for use in the periodic evaluation of the practitioner. At a minimum, this information includes adverse events that result from the telemedicine services provided by the distant-site physician or other licensed practitioner to the critical access hospital's patients and complaints the critical access hospital has received about the distant-site physician or other licensed practitioner.</li></ul> <p>Note 1: In the case of distant-site physicians and licensed practitioners providing telemedicine services to the critical access hospital's patients under a written agreement between the critical access hospital and a distant-site telemedicine entity, the distant-</p> |  |
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| <p>site telemedicine entity is not required to be a Medicare-participating provider or supplier.</p> <p>Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).</p> <p><b>§485.616(c)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |
| <p><b>LD.11.01.03, EP 1:</b> The person responsible for the operation of the critical access hospital under 42 CFR 485.627(b)(2) is also responsible for the following:</p> <ul style="list-style-type: none"> <li>- Services provided in the critical access hospital whether or not they are furnished under arrangements or agreements</li> <li>- Ensuring that contractors of services (including contractors for shared services and joint ventures) provide services that enable the critical access hospital to comply with all applicable Centers for Medicare &amp; Medicaid (CMS) Conditions of Participation and standards for the contracted services</li> </ul> <p><b>§485.616(c)(3)</b></p> <p><b>LD.13.03.03, EP 3:</b> When telemedicine services are furnished to the critical access hospital's patients, the originating site has a written agreement with the distant site that specifies the following:</p> <ul style="list-style-type: none"> <li>- The distant site is a contractor of services to the critical access hospital.</li> <li>- The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation, in accordance with 42 CFR 485.635(c)(4)(ii).</li> <li>- The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 485.616(c)(1)(i) through (c)(1)(vii).</li> </ul> <p>Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, refer to <a href="https://www.ecfr.gov">https://www.ecfr.gov</a>.</p> <p>If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:</p> <ul style="list-style-type: none"> <li>- The governing body of the distant site is responsible for having a</li> </ul> | <p>See below process for <b>§485.616(c)(4)</b></p> |

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| <p>process that is consistent with the credentialing and privileging requirements in the “Medical Staff” (MS) chapter (Standards MS.17.01.01 through MS.17.04.01).</p> <p>- The governing body of the originating site grants privileges to a distant-site physician or other licensed practitioner based on the originating site’s medical staff recommendations, which rely on information provided by the distant site.</p> <p>The written agreement includes that it is the responsibility of the governing body of the distant-site hospital to meet the requirements of this EP.</p> <p><b>§485.616(c)(3)</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>MS.20.01.01, EP 1: See above</b></p> <p><b>§485.616(c)(4)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask the CAH’s leadership whether it uses telemedicine services. If yes,</li> <li><input type="checkbox"/> Ask to see a copy of the written agreement(s) with the distant-site telemedicine entity(ies).             <ul style="list-style-type: none"> <li>○ Does each agreement explicitly state that the distant-site telemedicine entity will provide telemedicine services in a manner that enables the CAH to comply with all applicable CoPs?</li> <li>○ Does the CAH have documentation indicating that it granted privileges to each telemedicine physician and practitioner?</li> <li>○ Does the documentation indicate that the CAH’s governing body or responsible individual made the privileging decision based on the privileging decisions of the distant-site telemedicine entity? If yes:</li> <li>○ Does the written agreement with the distant-site telemedicine entity address the required elements concerning the distant-site telemedicine entity’s utilization of a medical staff credentialing and privileging process that meets the requirements of the hospital CoPs, licensure of telemedicine physicians and practitioners, current list of telemedicine physicians and practitioners with privileges at the distant-site telemedicine entity, and written review by the CAH of the telemedicine physicians’ and practitioners’ services?</li> <li>○ Is there a list provided by the distant-site telemedicine entity of the telemedicine physicians and practitioners covered by the agreement, including their privileges and pertinent licensure information?</li> <li>○ Is there evidence that the CAH reviews the services provided by the telemedicine physicians and practitioners, including any adverse events and complaints, and provides written feedback to the distant-site telemedicine entity?</li> </ul> </li> </ul> |

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|  | <ul style="list-style-type: none"><li>○ Ask the CAH how it verifies that the telemedicine entity fulfills the terms of the agreement with respect to its credentialing and privileging process and otherwise assures that services are provided in a manner that enables the CAH to meet all applicable CAH requirements?</li></ul> <p><i>Note: Surveyors do not attempt to independently verify whether or not the distant-site telemedicine entity's credentialing and privileging process fulfills the regulatory requirements. Surveyors focus only on what actions the CAH takes to ensure that the distant-site telemedicine entity complies with the terms of the agreement.</i></p> |
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## Critical Access Hospital Emergency Services Evaluation Module (485.618)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                    | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>LD.13.03.01, EP 6:</b> The critical access hospital provides emergency medical services that meet the needs of its inpatients and outpatients as a first response to common life-threatening injuries and acute illnesses.<br/> Note: Emergency services are available 24-hours a day, 7 days a week.<br/> <b>§485.618 Condition of Participation: Emergency Services</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask leaders and emergency services director how they determine the categories and numbers of MDs/DOs, specialists, RNs, EMTs, and ED support staff the CAH needs to meet its anticipated emergency care services needs.</li> <li><input type="checkbox"/> Ask staff to verify how the CAH provides emergency care to meet the needs of its inpatients and outpatients in accordance with acceptable standards of practice and as per applicable law and regulation.</li> </ul> <p><i>Note: All emergency services must be provided as a direct service in the CAH. The ED cannot be a provider-based off-site location.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff to verify how the CAH conducts ongoing assessments of its emergency needs to anticipate the policies, procedures, staffing, training, and other resources needed to address likely demands.</li> <li><input type="checkbox"/> Based on their level of participation in emergency care, ask staff to describe how they maintain knowledge of the following: <ul style="list-style-type: none"> <li>○ Parenteral administration of electrolytes, fluids, blood, and blood components</li> <li>○ Care and management of injuries to extremities and the central nervous system</li> <li>○ Prevention of contamination and cross infection</li> <li>○ Provision of emergency respiratory services</li> </ul> </li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that emergency services are organized under the direction of a qualified member of the medical staff. <ul style="list-style-type: none"> <li>○ Has the medical staff established criteria for the qualifications of the emergency services director in accordance with state law and acceptable standards of practice?</li> </ul> </li> <li><input type="checkbox"/> Verify that the hospital's medical staff has established criteria for the qualifications a medical staff member must possess to be granted privileges for the provision of</li> </ul> |

| Joint Commission Standards / EPs | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                                  | <p>emergency care services. Qualifications include necessary education, experience, and specialized training, consistent with state law and acceptable standards of practice.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that emergency services are provided in accordance with State law and acceptable standards of practice.</li> <li><input type="checkbox"/> Verify that the CAH's medical staff has established written policies and procedures for the medical care provided in the emergency services or emergency department. <ul style="list-style-type: none"> <li>○ Are they revised as necessary based on the ongoing monitoring conducted by the medical staff and the emergency service or department QA activities?</li> </ul> </li> </ul> <p><i>Note: These must be developed and approved by the medical staff and include the participation of any mid-level practitioners working in the ED.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review emergency services policies and procedures for the following: <ul style="list-style-type: none"> <li>○ The categories and numbers of MD/DOs, specialists, RNs, EMTs, and emergency department support staff needed to meet its anticipated emergency needs.</li> <li>○ Medical staff criteria that is in accordance with state law and regulation and acceptable standards of practice delineating the qualifications required for each category of emergency services staff (for example, emergency physicians, specialist MDs/DOs, RNs, EMTs, midlevel practitioners).</li> </ul> </li> <li><input type="checkbox"/> If the CAH provides any degree of respiratory care services, determine the following: <ul style="list-style-type: none"> <li>○ The scope of diagnostic and/or therapeutic respiratory services offered by the CAH are defined in writing and approved by the medical staff.</li> <li>○ Does the type and amount of respiratory care provided meet the needs of the patients?</li> <li>○ Is respiratory care delivered in accordance with acceptable standards of practice? Is there a current CLIA certificate for blood gases or other laboratory tests performed as part of the delivery of respiratory services?</li> </ul> </li> <li><input type="checkbox"/> Verify that the CAH has the appropriate equipment and sufficient and qualified medical and nursing personnel to respond to the emergency medical needs and care of the patient population being served and to furnish all services offered in a safe manner in accordance with acceptable standards of practice.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>○ Review staffing schedules to make certain they reflect the number and type of staff available and that it is appropriate to the volume and types of treatments provided.</li> <li>□ Look for evidence that the CAH's emergency services are integrated into the QA program.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li>□ Review a sample of medical records for patients treated in the ED to see if the CAH followed its own policies and procedures.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>LD.13.03.01, EP 6:</b> The critical access hospital provides emergency medical services that meet the needs of its inpatients and outpatients as a first response to common life-threatening injuries and acute illnesses. Note: Emergency services are available 24-hours a day, 7 days a week.</p> <p><b>§485.618(a)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>□ Ask staff how the CAH ensures that emergency services are made available 24-hours a day.</li> <li>□ Interview staff, patients, and families to verify that ED services are made available to patients presenting on a 24-hour basis.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>□ Verify that the CAH's emergency services are available 24-hours a day</li> </ul> <p><i>Note: A CAH does not have to remain open 24 hours a day when it does not have inpatients (including swing-bed patients); however, it must make available 24-hour emergency services.</i></p> <ul style="list-style-type: none"> <li>□ Verify that the CAH has a procedure to make certain that a practitioner with training and experience in emergency care is on call and is immediately available by telephone or radio and available on site within 30 minutes (or 1 hour in certain frontier areas), 24 hours a day.</li> <li>□ Verify that the CAH's emergency services maintain the types, quality, and numbers of supplies, drugs and biologicals, blood and blood products, and equipment required by state and local law and in accordance with accepted standards of practice.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li>□ Verify through record review of patients admitted through the ED that ED services were made available to patients presenting on a 24-hour basis.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li>□ Observe how ED services are made available to patients presenting on a 24-hour a day basis.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>PC.12.01.07, EP 1:</b> The critical access hospital maintains equipment, supplies, and drugs and biologicals commonly used in life-saving procedures. These items are kept at the critical access hospital and are available for treating emergency cases.</p> <p>Note 1: The drugs and biologicals commonly used in life-saving procedures, include, but are not limited to analgesics, local anesthetics, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, antiarrhythmics, cardiac glycosides, antihypertensives, diuretics, and electrolytes and replacement solutions.</p> <p>Note 2: Equipment and supplies commonly used life-saving procedures, include, but are not limited to, airways, endotracheal tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, splints, IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary catheters.</p> <p><b>§485.618(b)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview staff and tour the ED to determine compliance and the CAH's ability to provide emergency services.</li> <li><input type="checkbox"/> Ask leaders and staff how the required equipment, supplies and medications are always readily available.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH maintains and has readily available the types, quality, and number of supplies, drugs and biologicals, blood and blood products, and equipment as required by state and local law and in accordance with accepted standards of practice.</li> </ul> |
| <p><b>PC.12.01.07, EP 1:</b> See above</p> <p><b>§485.618(b)(1)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview staff about: <ul style="list-style-type: none"> <li>○ Where are drugs and biologicals kept?</li> <li>○ How is inventory of drugs and biologicals maintained?</li> <li>○ Who is responsible for monitoring drugs and biologicals?</li> <li>○ How are drugs and biologicals replaced?</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                           |
| <p><b>PC.12.01.07, EP 1:</b> See above</p> <p><b>§485.618(b)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview staff about: <ul style="list-style-type: none"> <li>○ Where are emergency and life-saving equipment and supplies kept?</li> <li>○ Are the required equipment and supplies readily available to staff?</li> <li>○ How are supply inventories maintained and replaced? Who is responsible for monitoring supplies?</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                              |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>○ When was the last time emergency supplies were used? Did any equipment not work when needed?</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>□ Verify that the CAH has an equipment maintenance schedule (for example, for the defibrillator) for equipment used for emergency services and other life-saving procedures.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li>□ Examine sterilized equipment (for example, tracheostomy sets) for expiration dates, when applicable.</li> <li>□ Examine the oxygen supply system to determine functional capabilities.</li> <li>□ Check the force of the vacuum (suction) equipment to see that it is in operating condition.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>LD.13.03.01, EP 16:</b> The critical access hospital provides services directly or by arrangement, for the procurement, safekeeping, and transfusion of blood and provides services for making blood products available for emergencies on a 24-hour basis.</p> <p><b>§485.618(c)(1)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>□ Ask staff to demonstrate the capability (i.e., an effective system is in place regardless of whether, in actual practice, it has been utilized) of making blood products available to emergency patients 24-hours a day.</li> </ul> <p><i>Note: Blood and blood products must be available and accessible to CAH staff in time to effectively treat emergency patients at the CAH.</i></p> <ul style="list-style-type: none"> <li>□ For CAHs that elect to store units of O-negative packed red blood cells, ask staff how they arrange for the provision of such units (for example, with the Red Cross or other similar product provider).</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>□ Verify that the CAH has procedures for providing, either directly or under arrangements, the procurement, safekeeping, and transfusion of blood, including the availability of blood products needed for emergencies on a 24-hour basis.</li> </ul> <p><i>Note: If blood and blood products services are being provided by a testing laboratory, there should be a written agreement or arrangement between the two.</i></p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><input type="checkbox"/> If the CAH chooses to store O-negative blood on site, verify that it has procedures to properly store 4 units of O-negative packed red blood cells (the universal donor type) and that the blood is always available for emergencies only.</p> <p><i>Note: There is no requirement in the regulation for a CAH to store blood on site, although it may choose to do so.</i></p> <p><input type="checkbox"/> For emergency release of uncrossmatched blood, verify that the CAH has procedures for a release form to be signed by a doctor, prior to transfusion, acknowledging that the blood has not been crossmatched for the patient.</p> <p><input type="checkbox"/> If a CAH performs on-site CLIA tests on blood, verify that it has a CLIA certificate and is subject to survey under CLIA.</p> <p><i>Note: A CAH that is only storing blood for transfusion and refers all related testing out to another laboratory is not performing testing as defined by CLIA.</i></p> <p><input type="checkbox"/> If the CAH is collecting blood, verify that it is registered with the Food and Drug Administration.</p> <p><b>Observation</b></p> <p><input type="checkbox"/> If the CAH is storing blood on site, verify that the blood is appropriately stored to prevent deterioration and that refrigerator temperatures are documented.</p> <p><input type="checkbox"/> If the CAH performs blood type and compatibility testing, verify that it has the necessary equipment (that is, serofuge and heat block), as well as typing and crossmatching reagents (some of which have a 30-day expiration date).</p> |
| <p><b>LD.13.03.01, EP 17:</b> The critical access hospital provides blood storage facilities, either directly or by arrangement, that meet the requirements of 42 CFR part 493, subpart K, and are under the control and supervision of a pathologist or other qualified doctor of medicine or osteopathy.</p> <p><i>Note: If blood banking services are provided under an arrangement, the arrangement is approved by the critical access hospital's medical staff and by the persons directly responsible for the operation of the critical access hospitals.</i></p> <p><b>§485.618(c)(2)</b></p> | <p><b>Interview</b></p> <p>Ask leaders</p> <p><input type="checkbox"/> If blood-banking services are provided on site. Who has control and supervision of the blood facility?</p> <p><i>Note: Blood storage facilities that meet 42 CFR part 493, subpart K, must be under the control and supervision of a pathologist or other qualified MD/DO.</i></p> <p><input type="checkbox"/> If blood-banking services are provided under arrangement, is there evidence of the medical staff and the person responsible for operations have approved this arrangement</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>NPG.12.01.01, EP 5:</b> A doctor of medicine or osteopathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist with training or experience in emergency care is on call and immediately available by telephone or radio contact, and they are available on-site within 30 minutes, 24 hours a day, 7 days a week.</p> <p>Note: If all of the following criteria are met, these practitioners are available on site within 60 minutes:</p> <ul style="list-style-type: none"> <li>- The critical access hospital is located in an area designated as a frontier (that is, an area with fewer than six residents per square mile based on the latest population data published by the US Census Bureau) or in an area that meets the criteria for a remote location adopted by the state in its rural health care plan and approved by Centers for Medicare &amp; Medicaid Services (CMS) under section 1820(b) of the Social Security Act.</li> <li>- The state has determined under criteria in its rural health plan that allowing an emergency response time longer than 30 minutes is the only feasible method of providing emergency care to residents of the area served by the critical access hospital.</li> <li>- The state maintains documentation showing that the response time of up to 60 minutes at a particular designated critical access hospital is justified because other available alternatives would increase the time needed to stabilize a patient in an emergency.</li> </ul> <p><b>§485.618(d)(1); §485.618(d)(1)(i); §485.618(d)(1)(ii)(A); §485.618(d)(1)(ii)(B); §485.618(d)(1)(ii)(C)</b></p> <p><b>HR.11.01.01, EP 2:</b> A registered nurse with training and experience in emergency care can be used to conduct specific medical screening examinations only if both of the following conditions are met:</p> <ul style="list-style-type: none"> <li>- The registered nurse is on site and immediately available at the critical access hospital when a patient</li> </ul> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff if they know who is currently on call.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review on-call schedules to determine how the CAH ensures that a qualified staff member is on call 24 hours a day and available on site at the CAH within 30 minutes or 60 minutes in certain frontier areas.</li> </ul> <p>Note: <i>When state law is more stringent and requires more stringent staffing or expanded operational hours, the CAH must staff its ED in accordance with state law. For example, if state law requires that the CAH ED be open and staffed with a MD/DO 24 hours a day, 7 days a week, then the CAH must comply.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review supporting documentation that demonstrates that an MD/DO, a nurse practitioner, a physician assistant, a clinical nurse specialist, or a registered nurse with emergency training or experience has been on call and was available on site at the CAH within 30 or 60 minutes, as appropriate.</li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Critical Access Hospital Survey Process |
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| <p>requests medical care.</p> <ul style="list-style-type: none"> <li>- The patient's request for medical care is within the scope of practice of a registered nurse and consistent with applicable state laws and the critical access hospital's bylaws and rules and regulations</li> </ul> <p><b>§485.618(d)(2)(i); 485.618(d)(2)(ii)</b></p> <p><b>NPG.12.02.01, EP 8:</b> A registered nurse satisfies the personnel requirements in 42 CFR 485.618(d)(1) for a temporary period if all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>- The critical access hospital has no more than 10 beds.</li> <li>- The critical access hospital is located in an area designated as a frontier area or remote location as described in 42 CFR 485.618(d)(1)(ii)(A).</li> <li>- The state in which the critical access hospital is located submits a letter to the Centers for Medicare &amp; Medicaid Services (CMS) signed by the governor, following consultation on the issue of using registered nurses on a temporary basis as part of its state rural health care plan with the State Boards of Medicine and Nursing, and in accordance with state law, requesting that a registered nurse with training and experience in emergency care be included in the list of personnel specified in 42 CFR 485.618(d)(1). The letter from the governor must attest that they have consulted with the State Boards of Medicine and Nursing about issues related to access to and the quality of emergency services in the state. The letter from the governor also describes the circumstances and duration of the temporary request to include the registered nurses on the list of personnel specified in 42 CFR 485.618(d)(1).</li> <li>- Once a governor submits a letter,, the critical access hospital submits documentation to the state survey agency demonstrating that it has been unable, due to the shortage of such personnel in the area, to provide adequate coverage as specified in 42 CFR 485.618(d).</li> </ul> |                                         |

Critical Access Hospital Emergency Services Evaluation Module (485.618)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                   |
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| <p>Note: The critical access hospital's request for using RNs on a temporary basis or its withdrawal of this request can be submitted to CMS at any time and is effective upon submission.</p> <p><b>§485.618(d)(3)(i-iv); §485.618(d)(4)</b></p>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
| <p><b>LD.13.03.01, EP 20:</b> In accordance with the complexity and scope of services offered, the critical access hospital has adequate provisions (as required under 42 CFR 485.618 (b) and (c)) and protocols to meet the emergency needs of patients.</p> <p>Note: For 485.618(b) and (c), refer to <a href="https://www.ecfr.gov/current/title-42/section-485.618">https://www.ecfr.gov/current/title-42/section-485.618</a>.</p> <p><b>485.618(e)</b></p>                                                                                                                             | <p><del>CMS Guidance Pending</del><br/> Ref: QSO-26-07-Hospitals/CAHs, March 27, 2026</p> <p><u>Ensure availability of adequate provisions, such as equipment, supplies and medications to meet the emergency needs of patients, in accordance with complexity and scope of the services offered by the facility.</u></p> |
| <p><b>)LD.13.03.01, EP 21:</b> In accordance with the complexity and scope of services offered, the critical access hospital protocols are consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate postdelivery care.</p> <p><b>485.618(e)(1)</b></p>                                                                                                                                                                      | <p><del>CMS Guidance Pending</del><br/> Ref: QSO-26-07-Hospitals/CAHs, March 27, 2026</p> <p><u>Verify that facilities have protocols consistent with nationally recognized and evidence-based guidelines for all emergencies, including obstetrical emergencies.</u></p>                                                 |
| <p><b>HR.11.03.01, EP 2:</b> Applicable staff, as identified by the critical access hospital, are trained annually on the protocols and provisions implemented for emergency services readiness pursuant to 42 CFR 485.618(e).</p> <p>Note 1: For 485.618(e), refer to <a href="https://www.ecfr.gov/current/title-42/part-485/section-485.618#p-485.618(e)">https://www.ecfr.gov/current/title-42/part-485/section-485.618#p-485.618(e)</a>.</p> <p>Note 2: The critical access hospital must document in staff personnel records that the annual training was successfully completed.</p> | <p>CMS Guidance Pending</p>                                                                                                                                                                                                                                                                                               |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p><b>485.618(e)(2)</b></p> <p><b>HR.11.03.01, EP 3:</b> The governing body identifies and documents which staff must complete the annual emergency services readiness training.<br/><b>485.618(e)(2)</b></p> <p><b>HR.11.03.01, EP 4:</b> The critical access hospital is able to demonstrate staff knowledge of emergency services readiness protocols and provisions training.<br/><b>485.618(e)(2)</b></p> <p><b>HR.11.03.01, EP 5:</b> The critical access hospital uses findings from its quality assessment and performance improvement (QAPI) program, as required at 42 CFR 485.641, to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis.<br/>Note: For 485.641, refer to <a href="https://www.ecfr.gov/current/title-42/section-485.641">https://www.ecfr.gov/current/title-42/section-485.641</a>.<br/><b>485.618(e)(2)</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>LD.13.01.09, EP 8:</b> In coordination with area emergency response systems, the critical access hospital establishes procedures under which a doctor of medicine or osteopathy is immediately available by telephone or radio contact on a 24-hour-a-day, 7 days a week, to receive emergency calls, provide information on treatment of emergency patients, and refer patients to the critical access hospital or other appropriate locations for treatment.<br/><b>§485.618(f)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff how an MD/DO is contacted when emergency instructions are needed.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH has policies and procedures to ensure an MD/DO is available by telephone or radio on a 24-hour basis to receive emergency calls and provide medical direction in emergency situations.</li> </ul> <p><b>Observation</b></p> |

| Joint Commission<br>Standards / EPs | Critical Access Hospital Survey Process                                                                               |
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|                                     | <input type="checkbox"/> What evidence demonstrates that the procedures are followed and evaluated for effectiveness? |

## Critical Access Hospital Number of Beds (485.620 (a) and (b))

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>LD.13.01.01, EP 3:</b> Except as permitted for critical access hospitals having distinct part units under 42 CFR 485.647, the critical access hospital maintains no more than 25 inpatient beds that can be used for either inpatient or swing bed services.</p> <p>Note: Any bed in a unit of the facility that is licensed as a distinct-part skilled nursing facility at the time the facility applies to the state for designation as a critical access hospital is not counted in this 25-bed count.</p> <p><b>§485.620(a)</b></p> | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Count the number of inpatient beds the CAH maintains, excluding any DPU beds.</li> <li><input type="checkbox"/> Ask the CAH leaders how frequently it uses observation services, and for its policies and procedures governing use of observation services.</li> <li><input type="checkbox"/> Verify that patients are never pre-registered for observation services; there should be no scheduled observation stays.</li> <li><input type="checkbox"/> Check to see if the CAH has specific clinical criteria for placement in and discharge from observation status, and that these clinical criteria are clearly distinguishable from those used for inpatient admission and discharge.</li> <li><input type="checkbox"/> If there is a separate unit of observation beds, ask the CAH leaders for evidence of how its criteria for placement in the observation unit differ from admission criteria for an inpatient bed. Count the number of beds in the observation unit and compare them to the number of inpatient beds. The higher the proportion of observation beds, the greater is the CAH's burden to prove these are not being used as inpatient beds. Ask for the occupancy rates for the observation unit; the higher the occupancy rate, particularly if there are more than a couple of beds, the greater is the CAH's burden to prove these are not being used as inpatient beds.</li> </ul> <p><b>Patient Health Record Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Select a sample of closed medical records for patients who were in an observation status. Verify that the medical record includes an order to place the patient in observation status, as well as a later order to admit, discharge, or transfer the patient.</li> <li><input type="checkbox"/> Review the medical records for patients who are in observation status at the time of survey. Verify that the medical record includes an order to place the patient in observation status, including the clinical reason for observation, e.g., as "Place patient in observation to rule out possible myocardial infarction (MI)."</li> <li><input type="checkbox"/> Verify through medical record review that observation services are not ordered as a standing order following outpatient surgery or prior to admission from the emergency department.</li> </ul> |
| <p><b>LD.13.01.01, EP 5:</b> The critical access hospital provides acute inpatient care for a period that</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Interview</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

Critical Access Hospital Number of Beds (485.620 (a) and (b))

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| does not exceed, on an annual average basis, 96 hours per patient.<br>§485.620(b) | <div><input type="checkbox"/> The critical access hospital leaders to confirm the acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient.</div> <p><b>Note:</b><br/>The Fiscal Intermediary (FI) will determine compliance with this CoP. The FI will calculate the CAH'S length of stay based on patient census data. If a CAH exceeds the length of stay limit, the FI will send a report to the CMS-RO as well as a copy of the report to the SA. The CAH will be required to develop and implement a plan of correction (POC) acceptable to the CMS Regional Office or provide adequate information to demonstrate compliance.</p> |
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## Critical Access Hospital Physical Environment Evaluation Module (485.623)

(Requires use of K tag/CoP/EP review tool to evaluate compliance with the Life Safety Code.)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>§485.623 Condition of Participation: Physical Plant and Environment</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that all locations (such as inpatient and outpatient) meet this CoP.</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm that the department/service responsible for building and equipment maintenance are incorporated into the CAH's performance improvement program.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>PE.01.01.01, EP 1:</b> The critical access hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients.<br/> Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided.<br/> Note 2: When planning for new, altered, or renovated space, the critical access hospital uses state rules and regulations, or the current Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the critical access hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria.<br/> <b>§485.623(a) Standard: Construction</b></p> <p><b>PE.01.01.01, EP 2:</b> The critical access hospital has adequate space and facilities for the services it provides, including facilities for the diagnosis and treatment of patients and for any special services offered to meet the needs of the community served.<br/> Note: The extent and complexity of facilities is determined by the services offered.<br/> <b>§485.623(a)</b></p> | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify through observation that the physical facilities are large enough for the scope of services the CAH is required to provide on-site, as well as any additional services it offers on-site or at a provider-based, off-site location. Appropriate size of facility should be based on state rules and regulations and the current FGI guidelines. The adequacy of the space depends on both the nature of the services provided and the number of patients to whom the CAH typically provides those services.</li> <li><input type="checkbox"/> Verify through observation that the CAH's building(s) is/are maintained in a manner to ensure the safety and well-being of patients (e.g., condition of ceilings, walls, and floors, presence of patient hazards, etc.).</li> <li><input type="checkbox"/> Verify through observation that the design of the CAH assures that staff can reach patients readily.</li> </ul> |
| <p><b>§485.623(b) Standard: Maintenance</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Interview</b><br/> Interview personnel/staff in charge of <u>facility, supplies, and</u> equipment maintenance to determine:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>PE.04.01.01, EP 2:</b> The critical access hospital maintains essential mechanical, electrical, and patient care equipment in safe operating condition.<br/> <b>§485.623(b)(1)</b></p> <p><b>PE.04.01.05, EP 1:</b> The water management program has an individual or a team responsible for the oversight and implementation of the program, including but not limited to development, management, and maintenance activities.<br/> <b>§485.623(b)(1)</b></p> <p><b>PE.04.01.05, EP 2:</b> The individual or team responsible for the water management program develops the following:</p> <ul style="list-style-type: none"> <li>- A basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points<br/> Note: An example would be a flow chart with symbols showing sinks, showers, water fountains, ice machines, and so forth.</li> <li>- A water risk management plan based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to identify any areas where potentially hazardous conditions may occur (these conditions are most likely to occur in areas with slow or stagnant water)<br/> Note: Refer to the Centers for Disease Control and Prevention’s “Water Infection Control Risk Assessment (WICRA) for Healthcare Settings” tool as an example for conducting a water-related risk assessment.</li> <li>- A plan for addressing the use of water in areas of buildings where water may have been stagnant for a period of time (for example, unoccupied or temporarily closed areas)</li> <li>- An evaluation of the patient populations served to identify patients who are immunocompromised</li> <li>- Monitoring protocols and acceptable ranges for control measures<br/> Note: Critical access hospitals should consider incorporating basic practices for water monitoring within their water management programs that include monitoring of water temperature, residual disinfectant, and pH. In addition, protocols should include specificity around the parameters measured, locations where measurements are</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>If supplies are maintained to ensure an acceptable level of safety and quality</u></li> <li><input type="checkbox"/> <u>If supplies are stored as recommended by the manufacturer</u></li> <li><input type="checkbox"/> <u>If supplies are stored in such as manner as not to endanger patient safety</u></li> <li><input type="checkbox"/> If the CAH has identified equipment that is essential for both regular operations and in an emergency situation.</li> <li><input type="checkbox"/> If the CAH has made adequate provisions to ensure the availability of those and equipment when needed.</li> </ul> <p>Interview equipment users on units/departments to determine:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If equipment failures are occurring and causing problems for patient health or safety.</li> </ul> <p><b>Document Review</b></p> <p>Review equipment inventory to verify the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The inventory is complete and includes equipment required to meet patient needs regardless of ownership.</li> <li><input type="checkbox"/> <u>The hospital has available manufacturer’s recommendations (e.g., manufacturer’s operation and maintenance manual, standards, studies, guidance, recall information, service records, etc.).</u></li> <li><input type="checkbox"/> Critical equipment is readily identified</li> <li><input type="checkbox"/> If AEM program is used, equipment in the program is readily identified</li> </ul> <p>Review equipment maintenance documentation to verify the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All equipment is inspected and tested for performance and safety before initial use and after major repairs or upgrades</li> <li><input type="checkbox"/> All equipment is inspected, tested, and maintained to ensure its safety, availability and reliability in accordance with established maintenance activities based on manufacturer’s recommendations or alternative equipment maintenance program</li> </ul> <p>Review documentation to verify:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual(s) responsible for overseeing the development, implementation, and management of equipment maintenance programs and activities (including contractors) are qualified. Examples include training certificates or certifications.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p>made, and appropriate corrective actions taken when parameters are out of range.<br/>(See also IC.04.01.01 EP2)<br/><b>§485.623(b)(1)</b></p> <p><b>PE.04.01.05, EP 3:</b> The individual or team responsible for the water management program manages the following:</p> <ul style="list-style-type: none"> <li>- Documenting results of all monitoring activities</li> <li>- Corrective actions and procedures to follow if a test result outside of acceptable limits is obtained, including when a probable or confirmed waterborne pathogen(s) indicates action is necessary</li> <li>- Documenting corrective actions taken when control limits are not maintained</li> </ul> <p>Note: See PE.07.01.01, EP 1 for the process of monitoring, reporting, and investigating utility system issues.<br/><b>§485.623(b)(1)</b></p> <p><b>PE.04.01.05, EP 4:</b> The individual or team responsible for the water management program reviews the program annually and when the following occurs:</p> <ul style="list-style-type: none"> <li>- Changes have been made to the water system that would add additional risk.</li> <li>- New equipment or an at-risk water system(s) has been added that could generate aerosols or be a potential source for Legionella. This includes the commissioning of a new wing or building.</li> </ul> <p>Note 1: Joint Commission and the Centers for Medicare &amp; Medicaid Services (CMS) do not require culturing for Legionella or other waterborne pathogens. Testing protocols are at the discretion of the critical access hospital unless required by law or regulation.</p> <p>Note 2: Refer to ASHRAE Standard 188-2018 “Legionellosis: Risk Management for Building Water Systems” and the Centers for Disease Control and Prevention Toolkit "Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings" for guidance on creating a water management plan. For additional</p> | <p><b>If the CAH is following the manufacturer-recommended equipment maintenance activities and frequencies:</b></p> <p><b>Document Review</b><br/>In addition to reviewing maintenance records on equipment observed while inspecting various CAH locations for multiple compliance assessment purposes, select a sample of equipment from the CAH’s equipment inventory to determine whether the CAH is following the manufacturer’s recommendations. Critical equipment which poses a higher risk to patient safety if it were to fail, such as ventilators, defibrillators, robotic surgery devices, etc. should make up the sample majority. For the sample selected, determine if:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <del>The CAH has available manufacturer’s recommendations (e.g., manufacturer’s operation and maintenance manual, standards, studies, guidance, recall information, service records, etc.);</del></li> <li><input type="checkbox"/> Maintenance is being performed in accordance with manufacturer’s recommendations</li> </ul> <p><b>If a CAH is using an AEM for some equipment:</b></p> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH’s inventory does not include equipment ineligible for AEM, for example, any diagnostic imaging or therapeutic radiologic equipment?</li> <li><input type="checkbox"/> Verify for each type of equipment subject to the AEM program, that there is documentation indicating: <ul style="list-style-type: none"> <li>○ The pertinent types and level of risks to patient or staff health and safety</li> <li>○ Alternate maintenance activities, and the maintenance strategy and any other rationale used to determine those activities</li> <li>○ Alternate maintenance frequencies to be used, if any, and the maintenance strategy and any other rationale used to determine those frequencies</li> <li>○ The date when AEM program maintenance activities were performed and, if applicable, further actions required/taken</li> </ul> </li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>guidance, consult ANSI/ASHRAE Guideline 12-2020 “Managing the Risk of Legionellosis Associated with Building Water Systems.”</p> <p><b>§485.623(b)(1)</b></p> | <ul style="list-style-type: none"> <li>○ If any equipment failures (not including failures due to operator error) occurred, including whether there was resulting harm to an individual.</li> <li>□ Verify the CAH has policies and procedures which address the effectiveness of its AEM program.</li> <li>□ Verify the CAH is evaluating the safety and effectiveness of the AEM program.</li> <li>□ If there is equipment on the inventory the CAH has identified as having such a very low level of risk that it has determined it can use a broad interval range or departmental “sweeps,” ask the CAH for the evidence used to make this determination. Does it seem reasonable?</li> </ul> <p><b>Interview</b></p> <p>Select a sample of equipment in the AEM program. The majority of the sample must include critical equipment which poses a higher risk to patient safety if it were to fail, such as ventilators, defibrillators, robotic surgery devices, etc. For the sample selected:</p> <ul style="list-style-type: none"> <li>□ Ask the responsible personnel to explain how the decision was made to place the equipment in an AEM program. Does the methodology used consider risk factors and make use of available evidence?</li> <li>□ Ask the responsible personnel to describe the methodology for applying maintenance strategies and determining alternative maintenance activities or frequencies for the sampled equipment. Can they readily provide an explanation and point to sources of information (accepted standards of practice for facility or medical equipment) they relied upon?</li> <li>□ Determine if maintenance is being performed in accordance with the maintenance activities and frequencies defined in the AEM program in accordance with established policies and procedures.</li> <li>□ Verify the CAH is evaluating the safety and effectiveness of the AEM maintenance activities for this equipment and taking corrective actions when needed.</li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p><b>PE.02.01.01, EP 6:</b> The critical access hospital has procedures for the proper routine storage and prompt disposal of trash and regulated medical waste.<br/> <b>§485.623(b)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital follows its process for storage and disposal of trash and medical waste.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>MM.13.01.01, EP 2:</b> The critical access hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area and locked when necessary to prevent diversion in accordance with law and regulation.<br/>           Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.<br/>           Note 2: This element of performance is also applicable to sample medications.<br/>           Note 3: Only authorized staff have access to locked areas.<br/> <b>§485.623(b)(3)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss with staff what standards, guidelines, State and Federal law the CAH is following to ensure that drugs and biologicals are appropriately stored (e.g., properly locked) in all storage areas?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>PE.01.01.01, EP 3:</b> The critical access hospital’s premises are clean and orderly.<br/>           Note: Clean and orderly means an uncluttered physical environment where patients and staff can function. This includes but is not limited to storing equipment and supplies in their proper spaces, attending to spills, and keeping areas neat.<br/> <b>§485.623(b)(4)</b></p>                                                                                                                                                                                                                            | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that equipment and supplies are stored in proper spaces, not in corridors</li> <li><input type="checkbox"/> Verify there are no floor obstructions</li> <li><input type="checkbox"/> Verify spills are not left unattended</li> <li><input type="checkbox"/> Verify areas are clean and well kept (no evidence of peeling paint, water leaks, plumbing problems, etc.)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>PE.04.01.01, EP 3:</b> The critical access hospital has proper ventilation, lighting, and temperature control in all pharmaceutical, patient care, and food preparation areas.<br/> <b>§485.623(b)(5)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that food and medication preparation areas are well lit</li> <li><input type="checkbox"/> Verify the hospital is in compliance with ventilation requirements</li> <li><input type="checkbox"/> Verify that food products are stored under appropriate conditions based on nationally accepted sources</li> <li><input type="checkbox"/> Verify pharmaceuticals are stored in accordance with manufacturer’s recommendations</li> </ul> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review monitoring records for temperature to make certain that appropriate levels are maintained</li> <li><input type="checkbox"/> <u>Review temperature, humidity, and airflow maintenance records for operating rooms and associated ancillary rooms to ensure acceptable parameters are being maintained. If monitoring determines that temperature, humidity, or airflow levels were not within acceptable</u></li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>PE.03.01.01, EP 3:</b> The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).</p> <p>Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.</p> <p>Note 2: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare &amp; Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in critical access hospitals.</p> <p>Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health &amp; Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the patients.</p> <p>Note 4: After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied,</p> | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li>□ <del>Use the K tag/CoP/EP Review tool to evaluate compliance with the Life Safety Code.</del> Refer to the Building Tour Guide to evaluate compliance with the Life Safety Code.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process                                                                                                   |
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| <p>would result in unreasonable hardship on the critical access hospital, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Note 5: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p><b>§485.623(c) Standard: Life Safety from Fire</b></p> <p><b>PE.03.01.01, EP 6:</b> Regardless of the provisions of the Life Safety Code, corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited on these doors.</p> <p><b>§485.623(c) Standard: Life Safety from Fire</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |
| <p><b>PE.03.01.01, EP 3:</b> The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).</p> <p>Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.</p> <p>Note 2: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare &amp; Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in critical access hospitals.</p> <p>Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health &amp; Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the patients.</p> <p>Note 4: After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital,</p> | <p>Refer to Joint Commission’s website for additional guidance on waivers.<br/> <a href="#">Statement of Conditions™ Instructions</a></p> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process                                                                                                                   |
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| <p>but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Note 5: All inspecting activities All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p><b>§485.623(c)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |
| <p><b>PE.03.01.01, EP 3:</b> The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).</p> <p>Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.</p> <p>Note 2: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare &amp; Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in critical access hospitals.</p> <p>Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health &amp; Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the patients.</p> <p>Note 4: After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Note 5: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p><b>§485.623(c)(3)</b></p> | <p><b>Refer to Joint Commission’s website for additional guidance on waivers.</b></p> <p><a href="#"><u>Statement of Conditions™ Instructions</u></a></p> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>PE.03.01.01, EP 5:</b> The critical access hospital maintains written evidence of regular inspection and approval by state or local fire control agencies.<br/> <b>§485.623(c)(4)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review copies of inspection and approval reports from state or local fire control agencies- <u>and verify the facility has written evidence of regular inspections and maintains necessary approvals.</u></li> </ul>                                                                                                                                                                                                                                                                                       |
| <p><b>PE.03.01.01, EP 7:</b> When the critical access hospital installs alcohol-based hand rub dispensers, it installs the dispensers in a manner that protects against inappropriate access.<br/> <b>§485.623(c)(5)</b></p>                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <del>Verify that ABHR dispensers are installed in accordance with Life Safety Code requirements (see K tag/CoP/EP Review tool) and maintained in accordance with manufacturer recommendations or established policies and procedures.</del></li> <li><input type="checkbox"/> <u>Determine whether ABHR dispensers are adequately protected against inappropriate access.</u></li> </ul>                                                                                                                       |
| <p><b>PE.03.01.01, EP 8:</b> When a sprinkler system is shut down for more than 10 hours, the critical access hospital either evacuates the building or portion of the building affected by the system outage until the system is back in service or establishes a fire watch until the system is back in service.<br/> <b>§485.623(c)(6)</b></p>                                                                                                                                                                                                                                                             | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss with staff how they would handle a situation where a sprinkler system is shut down for more than 10 hours.</li> <li><input type="checkbox"/> <u>Determine if the sprinkler system has been out of service for more than 10 hours, and if so, confirm that an evacuation or a fire watch was in effect until the system was back in service.</u></li> </ul>                                                                                                                                               |
| <p><b>PE.03.01.01, EP 9:</b> Buildings have an outside window or outside door in every sleeping room, and for any building constructed after July 5, 2016, the sill height does not exceed 36 inches above the floor.<br/> Note 1: Windows in atrium walls are considered outside windows for the purposes of this requirement.<br/> Note 2: The sill height requirement does not apply to newborn nurseries and rooms intended for occupancy for less than 24 hours.<br/> Note 3: The sill height in special nursing care areas of new occupancies does not exceed 60 inches.<br/> <b>§485.623(c)(7)</b></p> | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <del>Use the K tag/CoP/EP Review tool to evaluate compliance with the outside window or door requirements. Identify patient sleeping rooms intended to be occupied for more than 24 hours. Confirm these rooms have an outside window or outside door. If the building was constructed after July 5, 2016, confirm the outside window sill is 36 inches or less above the floor. In newly constructed special nursing areas, confirm the outside window is 60 inches or less above the floor.</del></li> </ul> |
| <p><b>PE.04.01.01, EP 1:</b> The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5 and 12-6).<br/> Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.<br/> Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for</p>                                                                                                           | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <del>Use the K tag/CoP/EP Review tool to evaluate compliance with the Health Care Facilities Code. Refer to the Building Tour Guide to evaluate compliance with the Health Care Facilities Code.</del></li> </ul> <p><b>Document Review</b></p>                                                                                                                                                                                                                                                                |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>Medicare &amp; Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p><b>§485.623(d) Standard: Building safety.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><input type="checkbox"/> Review plans, policies and procedures, and documentation to determine compliance with Health Care Facilities Code requirements.</p>                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>PE.04.01.01, EP 1</b> The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5 and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare &amp; Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p><b>§485.632(e)(1)(i)-(e)(1)(xi)</b></p> <p><b>PE.03.01.01, EP 3</b> The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4). Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served. Note 2: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare &amp; Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in critical access hospitals. Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US</p> | <p><b>Document Review</b></p> <p>Review plans, policies and procedures, and documentation to determine compliance with Health Care Facilities Code requirements.</p> <p>Note:</p> <p>PE.04.01.01, EP 1 is mapped to (482.41(e)(1)(vii) through (e)(1)(xi))</p> <p>PE.03.01.01, EP 3 is mapped to (482.41(e)(1)(i) through (e)(1)(vi))</p> <p><b>Observation</b></p> <p><input type="checkbox"/> <del>Use the K tag/CoP/EP Review tool</del> <u>Refer to the Building Tour Guide</u> to evaluate compliance with the Health Care Facilities Code.</p> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process |
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| <p>Department of Health &amp; Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the patients. Note 4: After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Note 5: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p><b>§485.632(e)(1)(i)-(e)(1)(xi)</b></p> |                                         |

## Critical Access Hospital Emergency Management Evaluation Module (485.625)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>§485.625 Condition of Participation: Emergency Preparedness</b></p> <p><b>EM.09.01.01, EP 1:</b> The critical access hospital has a written comprehensive emergency management program that utilizes an all-hazards approach. The program includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>- Leadership structure and program accountability</li> <li>- Hazard vulnerability analysis</li> <li>- Mitigation and preparedness activities</li> <li>- Emergency operations plan and policies and procedures</li> <li>- Education and training</li> <li>- Exercises and testing</li> <li>- Continuity of operations plan</li> <li>- Disaster recovery</li> <li>- Program evaluation</li> </ul> <p><b>§485.625</b></p> <p><b>EM.09.01.01, EP 3:</b> The critical access hospital complies with all applicable federal, state, and local emergency preparedness laws and regulations.</p> <p><b>§485.625</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>□ Ask leaders to describe the CAH's emergency preparedness program.</li> <li>□ Ask leaders to describe how the CAH used an all-hazards approach when developing its program.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>□ Verify that the CAH has a written policy on its the emergency preparedness program.</li> </ul> <p><i><b>Note:</b> CMS does not require any particular system for meeting the requirements. It is up to each CAH to be able to demonstrate in writing its emergency preparedness program.</i></p>                                                                                                                                                                                                                                         |
| <p><b>EM.12.01.01, EP 1:</b> The critical access hospital has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>- Mobilizing incident command</li> <li>- Communications plan</li> <li>- Maintaining, expanding, curtailing, or closing operations</li> <li>- Protecting critical systems and infrastructure</li> <li>- Conserving and/or supplementing resources</li> <li>- Surge plans (such as flu or pandemic plans)</li> <li>- Identifying alternate treatment areas or locations</li> <li>- Sheltering in place</li> <li>- Evacuating (partial or complete) or relocating services</li> </ul>                                                                    | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>□ Ask CAH leaders to identify the hazards (for example, natural, humanmade, facility, geographic) that were identified in the CAH's risk assessment and how the risk assessment was conducted.</li> </ul> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li>□ Verify that the CAH has an emergency preparedness plan that is reviewed and updated at least every 2 years and the plan contains all the required elements that includes: <ul style="list-style-type: none"> <li>▪ Hazard vulnerability analysis</li> <li>▪ Emergency operation plan and policies and procedures</li> <li>▪ Communications plan</li> <li>▪ Continuity of operations</li> <li>▪ Education and training</li> <li>▪ Exercises and testing</li> <li>▪ Program evaluation (after-action/improvement plans)</li> </ul> </li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <ul style="list-style-type: none"> <li>- Safety and security</li> <li>- Securing information and records</li> </ul> <p><b>§485.625(a) Emergency Plan.</b></p> <p><b>EM.17.01.01, EP 3:</b> The critical access hospital reviews and makes necessary updates based on after-action reports or opportunities for improvement to the following items every two years, or more frequently if necessary:</p> <ul style="list-style-type: none"> <li>- Hazard vulnerability analysis</li> <li>- Emergency management program</li> <li>- Emergency operations plan, policies, and procedures</li> <li>- Communications plan</li> <li>- Continuity of operations plan</li> <li>- Education and training program</li> <li>- Testing program</li> </ul> <p><b>§485.625(a) Emergency Plan.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>▪ Unified and integrated EM program (if applicable)</li> </ul> <p><b>Note:</b> Ask for documentation of the date of the last review and updates that were made to the plan based on the review.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>EM.11.01.01, EP 1:</b> The critical access hospital conducts a facility-based hazard vulnerability analysis (HVA) using an all-hazards approach that includes the following:</p> <ul style="list-style-type: none"> <li>- Hazards that are likely to impact the critical access hospital's geographic region, community, facility, and patient population</li> <li>- A community-based risk assessment (such as those developed by external emergency management agencies)</li> <li>- Separate HVAs for its other accredited facilities if they significantly differ from the main site</li> </ul> <p>The findings are documented.</p> <p>Note: A separate HVA is only required if the accredited facilities are in different geographic locations, experience different hazards or threats, or the patient population and services offered are unique to this facility.</p> <p><b>§485.625(a)(1)-(2)</b></p> <p><b>EM.11.01.01, EP 2:</b> The critical access hospital's hazard vulnerability analysis includes the following:</p> <ul style="list-style-type: none"> <li>- Natural hazards (such as flooding, wildfires)</li> <li>- Human-caused hazards (such as bomb threats or cyber/information technology crimes)</li> <li>- Technological hazards (such as utility or information technology outages)</li> </ul> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>□ Ask CAH leaders which hazards (for example, natural, humanmade, facility, geographic) were included in the CAH's risk assessment, why they were included, and how the risk assessment was conducted.</li> </ul> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li>□ Ask to see written documentation on the CAH's risk assessments and associated strategies. <ul style="list-style-type: none"> <li>○ Verify that the risk assessment is based on the CAH and the community.</li> <li>○ Ensure that the risk assessment takes an all-hazards approach specific to the geographic location of the CAH and encompasses potential hazards, such as emerging infectious diseases.</li> </ul> </li> </ul> <p><b>Note:</b> Surveyors are not expected to analyze a CAH's risk assessment to determine whether the identified risks are appropriate. Surveyors may consider the geographic location and review the remaining standards to determine that the CAH has addressed the hazards within their risk assessment through their policies and procedures.</p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>- Hazardous materials (such as radiological, nuclear, chemical)<br/>- Emerging infectious diseases (such as the Ebola, Zika, or SARS-CoV-2 viruses)<br/><b>§485.625(a)(1)-(2)</b></p> <p><b>EM.11.01.01, EP 3:</b> The critical access hospital evaluates and prioritizes the findings of the hazard vulnerability analysis to determine what presents the highest likelihood of occurring and the impacts those hazards will have on the operating status of the critical access hospital and its ability to provide services. The findings are documented.<br/><b>§485.625(a)(1)-(2)</b></p> <p><b>EM.11.01.01, EP 4:</b> The critical access hospital uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to increase the resilience of the critical access hospital and helps reduce disruption of essential services or functions.<br/><b>§485.625(a)(1)-(2)</b></p>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>EM.12.01.01, EP 2:</b> The critical access hospital's emergency operations plan identifies the patient population(s) that it will serve, including at-risk populations, and the types of services it would have the ability to provide in an emergency or disaster event.<br/>Note: At-risk populations such as the elderly, dialysis patients, or persons with physical or mental disabilities may have additional needs to be addressed during an emergency or disaster incident such as medical care, communication, transportation, supervision, and maintaining independence.<br/><b>§485.625(a)(3)</b></p> <p><b>EM.13.01.01, EP 1:</b> The critical access hospital has a written continuity of operations plan (COOP) that is developed with the participation of key executive leaders, business and finance leaders, and other department leaders as determined by the critical access hospital. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations.<br/>Note: The COOP provides guidance on how the critical access hospital will continue to perform its essential business functions to deliver</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask leaders to describe the following: <ul style="list-style-type: none"> <li>○ The CAH's patient populations that would be at risk during an emergency event</li> <li>○ Services that the CAH would be able to provide during an emergency and any plans to address services needed that cannot be provided by the CAH during an emergency as part of continuity of operations and services</li> <li>○ How the CAH plans to continue operations during an emergency</li> <li>○ How the CAH delegates authority and implements succession plans</li> </ul> </li> <li><input type="checkbox"/> Ask leaders if the CAH has delegations and succession plans that use roles and responsibilities instead of staff names (for example, Safety Officer = Emergency Department Charge Nurse or Pharmacy Department Lead), identify an individual who would be designated in one of the roles and ask them to describe their role based on the CAH's emergency preparedness program.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                      |
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| <p>essential or critical services. Essential business functions to consider include administrative/vital records, information technology, financial services, security systems, communications/telecommunications, and building operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption.<br/> <b>§485.625(a)(3)</b></p> <p><b>EM.13.01.01, EP 2:</b> The critical access hospital's continuity of operations plan identifies in writing how and where it will continue to provide its essential business functions when the location of the essential or critical service has been compromised due to an emergency or disaster incident. Note: Example of options to consider for providing essential services include use of off-site locations, space maintained by another organization, existing facilities or space, telework (remote work), or telehealth.<br/> <b>§485.625(a)(3)</b></p> <p><b>EM.13.01.01, EP 3:</b> The critical access hospital has a written order of succession plan that identifies who is authorized to assume a particular leadership or management role when that person(s) is unable to fulfill their function or perform their duties.<br/> <b>§485.625(a)(3)</b></p> <p><b>EM.13.01.01, EP 4:</b> The critical access hospital has a written delegation of authority plan that provides the individual(s) with the legal authorization to act on behalf of the critical access hospital for specified purposes and to carry out specific duties. Note: Delegations of authority are an essential part of an organization's continuity program and should be sufficiently detailed to make certain the critical access hospital can perform its essential functions. Delegations of authority will specify a particular function that an individual is authorized to perform and includes restrictions and limitations associated with that authority.<br/> <b>§485.625(a)(3)</b></p> | <p>□ Verify that the written emergency plan includes the following:</p> <ul style="list-style-type: none"> <li>○ Addresses the patient population, including, but not limited to, persons at-risk</li> <li>○ The type of services the CAH has the ability to provide in an emergency</li> <li>○ Continuity of operations, including delegations of authority and succession plans</li> </ul> |
| <p><b>EM.12.01.01, EP 6:</b> The critical access hospital's emergency operations plan includes a process for cooperating and collaborating with other health care facilities; health care coalitions; and local, tribal, regional,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>Interview</b></p>                                                                                                                                                                                                                                                                                                                                                                      |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>state, and federal emergency preparedness officials' efforts to leverage support and resources and to provide an integrated response during an emergency or disaster incident.</p> <p><b>§485.625(a)(4)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>□ Ask CAH leaders to describe their process for ensuring cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials during a disaster or emergency situation.</p>                                                                                                                                                                                                                                                                                        |
| <p><b>EM.12.01.01, EP 1:</b> The critical access hospital has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>- Mobilizing incident command</li> <li>- Communications plan</li> <li>- Maintaining, expanding, curtailing, or closing operations</li> <li>- Protecting critical systems and infrastructure</li> <li>- Conserving and/or supplementing resources</li> <li>- Surge plans (such as flu or pandemic plans)</li> <li>- Identifying alternate treatment areas or locations</li> <li>- Sheltering in place</li> <li>- Evacuating (partial or complete) or relocating services</li> <li>- Safety and security</li> <li>- Securing information and records</li> </ul> <p><b>§485.625(b) Policies and procedures.</b></p> <p><b>EM.17.01.01, EP 3:</b> The critical access hospital reviews and makes necessary updates based on after-action reports or opportunities for improvement to the following items every two years, or more frequently if necessary:</p> <ul style="list-style-type: none"> <li>- Hazard vulnerability analysis</li> <li>- Emergency management program</li> <li>- Emergency operations plan, policies, and procedures</li> <li>- Communications plan</li> <li>- Continuity of operations plan</li> <li>- Education and training program</li> <li>- Testing program</li> </ul> <p><b>§485.625(b) Policies and procedures.</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <p>□ Verify that the CAH has written emergency preparedness policies and procedures that are based on the emergency plan.</p> <ul style="list-style-type: none"> <li>○ Ensure that the policies and procedures were developed with a facility- and community-based risk assessment and communication plan, using an all-hazards approach.</li> </ul> <p><b>Note:</b> <i>Policies and procedures must be reviewed and updated at least every 2 years.</i></p> |
| <p><b>EM.12.01.01, EP 4:</b> The emergency operations plan includes written procedures for how the critical access hospital will provide essential needs for its staff, volunteers, and patients, whether they shelter in place</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Document Review</b></p> <p><b>General</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>or evacuate, that includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>- Food and other nutritional supplies</li> <li>- Medications and related supplies</li> <li>- Medical/surgical supplies</li> <li>- Medical oxygen and supplies</li> <li>- Potable or bottled water</li> </ul> <p><b>§485.625(b)(1)</b></p> <p><b>EM.12.02.11, EP 4:</b> The critical access hospital's plan for managing utilities includes alternate sources for maintaining energy to the following:</p> <ul style="list-style-type: none"> <li>- Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions</li> <li>- Emergency lighting</li> <li>- Fire detection, extinguishing, and alarm systems</li> <li>- Sewage and waste disposal</li> </ul> <p>Note: It is important for critical access hospitals to consider alternative means for maintaining temperatures at a level that protects the health and safety of all persons within the facility. For example, when safe temperature levels cannot be maintained, the critical access hospital considers partial or full evacuation or closure.</p> <p><b>§485.625(b)(1)</b></p> | <p>□ Verify that the CAH's emergency preparedness policies and procedures include:</p> <ul style="list-style-type: none"> <li>○ Provision of subsistence needs, including but not limited to food, water, and pharmaceutical supplies for patients and staff</li> <li>○ Alternate sources of energy, including emergency power necessary to maintain the following: <ul style="list-style-type: none"> <li>▪ Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions</li> <li>▪ Emergency lighting</li> <li>▪ Fire detection, extinguishing, and alarm systems</li> <li>▪ Sewage and waste disposal</li> </ul> </li> </ul> <p><b>Note:</b> Policies and procedures must be reviewed and updated at least every 2 years.</p>                                            |
| <p><b>EM.12.02.07, EP 2:</b> The critical access hospital's plan for safety and security measures includes a system to track the location of its on-duty staff and volunteers and patients when sheltered in place, relocated, or evacuated. If on-duty staff and volunteers and patients are relocated during an emergency, the critical access hospital documents the specific name and location of the receiving facility or evacuation location.</p> <p>Note: Examples of systems used for tracking purposes include the use of established technology or tracking systems or taking head counts at defined intervals.</p> <p><b>§485.625(b)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Interview</b></p> <p>□ Ask staff to describe and/or demonstrate the tracking system used to document locations of patients and staff.</p> <p><b>Document Review</b></p> <p><b>General</b></p> <p>□ Verify that the CAH's emergency preparedness policies and procedures include a tracking system to be used during emergencies that includes:</p> <ul style="list-style-type: none"> <li>○ A system to track the location of on-duty staff and sheltered patients in the CAH's care during an emergency.</li> <li>○ If on-duty staff and sheltered patients are relocated during the emergency, the CAH must document the specific name and location of the receiving facility or other location.</li> </ul> <p><b>Note:</b> Policies and procedures must be reviewed and updated at least every 2 years.</p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>EM.12.01.01, EP 3:</b> The critical access hospital's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients.<br/> Note 1: Shelter-in-place plans may vary by department and facility and may vary based on the type of emergency or situation.<br/> Note 2: Safe evacuation from the critical access hospital includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation.<br/> <b>§485.625(b)(3)</b></p> <p><b>EM.12.02.01, EP 5:</b> The critical access hospital's communications plan identifies its primary and alternate means for communicating with staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff). The plan includes procedures for the following:<br/> - How and when alternate/backup communication methods are used<br/> - Verifying that its communications systems are compatible with those of community partners and relevant authorities the critical access hospital plans to communicate with<br/> - Testing the functionality of the critical access hospital's alternate/backup communication systems or equipment<br/> Note: Examples of alternate/backup communication systems include amateur radios, portable radios, text-based notifications, cell and satellite phones, and reverse 911 notification systems.<br/> <b>§485.625(b)(3)</b></p> | <p><b>Interview</b><br/> <input type="checkbox"/> Ask staff to describe how they would handle a situation in which a patient refused to evacuate</p> <p><b>Document Review</b><br/> <b>General</b><br/> <input type="checkbox"/> Verify that the CAH's emergency preparedness policies and procedures include safe evacuation from the CAH, including the following:</p> <ul style="list-style-type: none"> <li>○ Consideration of care and treatment needs of evacuees</li> <li>○ Staff responsibilities</li> <li>○ Transportation</li> <li>○ Identification of evacuation location(s)</li> <li>○ Primary and alternate means of communication with external sources of assistance</li> </ul> <p><b>Note:</b> Policies and procedures must be reviewed and updated at least every 2 years.</p> |
| <p><b>EM.12.01.01, EP 3:</b> The critical access hospital's emergency operations plan includes written procedures for when and how it will shelter in place or evacuate (partial or complete) its staff, volunteers, and patients.<br/> Note 1: Shelter-in-place plans may vary by department and facility and may vary based on the type of emergency or situation.<br/> Note 2: Safe evacuation from the critical access hospital includes consideration of care, treatment, and service needs of evacuees, staff responsibilities, and transportation.<br/> <b>§485.625(b)(4)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Document Review</b><br/> <b>General</b><br/> <input type="checkbox"/> Verify that the CAH's emergency preparedness policies and procedures include how the CAH will provide a means to shelter in place for patients, staff, and volunteers who on remain in the CAH.</p> <p><input type="checkbox"/> Verify that the CAH's policies and procedures for sheltering in place align with its emergency plan and risk assessment.</p> <p><b>Note:</b> Policies and procedures must be reviewed and updated at least every 2 years.</p>                                                                                                                                                                                                                                                       |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p><b>IM.11.01.01, EP 1:</b> The critical access hospital develops and implements policies and procedures regarding medical documentation and patient information during emergencies, including security and availability of patient records to support continuity of care.<br/> Note: These policies and procedures are based on the emergency plan, risk assessment, and emergency communication plan and are reviewed and updated at least every 2 years.<br/> <b>§485.625(b)(5)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Document Review</b><br/> <b>General</b><br/> <input type="checkbox"/> Verify that the CAH's emergency preparedness policies and procedures include a medical record documentation system that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.<br/><br/> <b>Note:</b> <i>Policies and procedures must be reviewed and updated at least every 2 years.</i></p>                                                                                                                                                                                                                                                                      |
| <p><b>EM.12.02.03, EP 1:</b> The critical access hospital develops a staffing plan for managing all staff and volunteers to meet patient care needs during the duration of an emergency or disaster incident or during a patient surge. The plan includes the following:<br/> - Methods for contacting off-duty staff<br/> - Acquiring staff from its other health care facilities<br/> - Use of volunteer staffing, such as staffing agencies, health care coalition support, and those deployed as part of the disaster medical assistance teams<br/> Note: If the critical access hospital determines that it will never use volunteers during disasters, this is documented in its plan.<br/> <b>§485.625(b)(6)</b></p> <p><b>EM.12.02.03, EP 2:</b> The critical access hospital's staffing plan addresses the management of all staff and volunteers as follows:<br/> - Reporting processes<br/> - Roles and responsibilities for essential functions<br/> - Integrating staffing agencies, volunteer staffing, or deployed medical assistance teams into assigned roles and responsibilities<br/> <b>§485.625(b)(6)</b></p> | <p><b>Interview</b><br/> <input type="checkbox"/> Ask CAH leaders to explain their staffing strategies. <ul style="list-style-type: none"> <li>○ Do they use volunteers?</li> <li>○ Do they have other emergency staffing strategies if no volunteers are used?</li> </ul> <b>Document Review</b><br/> <b>General</b><br/> <input type="checkbox"/> Verify that the CAH's emergency preparedness policies and procedures include: <ul style="list-style-type: none"> <li>○ Use of volunteers and other emergency staffing strategies during an emergency</li> <li>○ Addressing surge needs during an emergency</li> </ul> <b>Note:</b> <i>Policies and procedures must be reviewed and updated at least every 2 years.</i></p> |
| <p><b>EM.12.02.05, EP 1:</b> The critical access hospital's plan for providing patient care and clinical support includes written procedures and arrangements with other hospitals and providers for how it will share patient care information and medical documentation and how it will transfer patients to other health care facilities to maintain continuity of care.<br/> <b>§485.625(b)(7)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Interview</b><br/> <input type="checkbox"/> Ask CAH leaders to explain the arrangements in place for transportation in the event of an evacuation.<br/><br/> <b>Document Review</b><br/> <b>General</b><br/> <input type="checkbox"/> Verify that the CAH's emergency preparedness policies and procedures include written arrangements and/or agreements the CAH has with other</p>                                                                                                                                                                                                                                                                                                                                     |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p><b>EM.12.01.01, EP 7:</b> The critical access hospital must develop and implement emergency preparedness policies and procedures that address the role of the critical access hospital under a waiver declared by the Secretary, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p> <p>Note 1: This element of performance is applicable only to critical access hospitals that receive Medicare, Medicaid, or Children’s Health Insurance Program reimbursement.</p> <p>Note 2: For more information on 1135 waivers, visit <a href="https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities">https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities</a> and <a href="https://www.cms.gov/about-cms/agency-information/emergency/downloads/consolidated_medicare_ffs_emergency_qsas.pdf">https://www.cms.gov/about-cms/agency-information/emergency/downloads/consolidated_medicare_ffs_emergency_qsas.pdf</a>.</p> <p><b>§485.625(b)(8)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> Verify that the CAH’s emergency preparedness policies and procedures include the CAH’s role in providing care and treatment at alternate care sites under an 1135 waiver.</p> <p><b>Note:</b> <i>This policy and procedure requirement does not require a CAH to have an 1135 waiver on hand at the time of the survey, as such waivers are established or granted by CMS only during a declared emergency period. Section 1135 waivers by nature are time limited.</i></p> <p><b>Note:</b> <i>Policies and procedures must be reviewed and updated at least every 2 years.</i></p> |
| <p><b>EM.09.01.01, EP 3:</b> The critical access hospital complies with all applicable federal, state, and local emergency preparedness laws and regulations.</p> <p><b>§485.625(c) Communication plan.</b></p> <p><b>EM.12.01.01, EP 1:</b> The critical access hospital has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>- Mobilizing incident command</li> <li>- Communications plan</li> <li>- Maintaining, expanding, curtailing, or closing operations</li> <li>- Protecting critical systems and infrastructure</li> <li>- Conserving and/or supplementing resources</li> <li>- Surge plans (such as flu or pandemic plans)</li> </ul>                                                                                                                                                                                                                                   | <p><b>Interview</b></p> <p><input type="checkbox"/> Ask CAH leaders or the designee responsible for the emergency program to explain how they collaborate with federal, state, and local officials to ensure their communication plan complies with federal, state and local requirements.</p> <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> Verify that the CAH has a written emergency preparedness communication plan, that complies with Federal, State and local laws.</p> <p><b>Note:</b> <i>The communication plan must be reviewed and updated at least every 2 years.</i></p>                                            |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <ul style="list-style-type: none"> <li>- Identifying alternate treatment areas or locations</li> <li>- Sheltering in place</li> <li>- Evacuating (partial or complete) or relocating services</li> <li>- Safety and security</li> <li>- Securing information and records</li> </ul> <p><b>§485.625(c) Communication plan.</b></p> <p><b>EM.17.01.01, EP 3:</b> The critical access hospital reviews and makes necessary updates based on after-action reports or opportunities for improvement to the following items every two years, or more frequently if necessary:</p> <ul style="list-style-type: none"> <li>- Hazard vulnerability analysis</li> <li>- Emergency management program</li> <li>- Emergency operations plan, policies, and procedures</li> <li>- Communications plan</li> <li>- Continuity of operations plan</li> <li>- Education and training program</li> <li>- Testing program</li> </ul> <p><b>§485.625(c) Communication plan.</b></p>                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>EM.12.02.01, EP 1:</b> The critical access hospital maintains a contact list of individuals and entities that are to be notified in response to an emergency. The list of contacts includes the following:</p> <ul style="list-style-type: none"> <li>- Staff</li> <li>- Physicians and other licensed practitioners</li> <li>- Volunteers</li> <li>- Other health care organizations</li> <li>- Entities providing services under arrangement, including suppliers of essential services, equipment, and supplies</li> <li>- Relevant community partners (such as fire, police, local incident command, public health departments)</li> <li>- Relevant authorities (federal, state, tribal, regional, and local emergency preparedness staff)</li> <li>- Other sources of assistance (such as health care coalitions)</li> </ul> <p>Note: The type of emergency will determine what organizations/individuals need to be contacted to assist with the emergency or disaster incident.</p> <p><b>§485.625(c)(1)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> Verify that the CAH's emergency preparedness communication plan includes names and contact information for staff, entities under arrangement, physicians, other hospitals and CAHs, and volunteers</p> <p><b>Note:</b> CAHs that use electronic data storage should be able to provide evidence of data backup with hard copies or by demonstrating the ability to reproduce contact lists or access these data during emergencies.</p> <p><b>Note:</b> The communication plan and contact information must be reviewed and updated at least every 2 years.</p> |
| <p><b>EM.12.02.01, EP 1:</b> See above</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Document Review</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p><b>§485.625(c)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH's emergency preparedness communication plan includes contact information for federal, state, tribal, regional, and local emergency preparedness officials and other sources of assistance.</li> <li><input type="checkbox"/> Verify that the CAH has contact information for the State Survey Agency and/or public health departments.</li> </ul> <p><b>Note:</b> <i>The communication plan and contact information must be reviewed and updated at least every 2 years.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>EM.12.02.01, EP 5:</b> The critical access hospital's communications plan identifies its primary and alternate means for communicating with staff and relevant authorities (such as federal, state, tribal, regional, and local emergency preparedness staff). The plan includes procedures for the following:</p> <ul style="list-style-type: none"> <li>- How and when alternate/backup communication methods are used</li> <li>- Verifying that its communications systems are compatible with those of community partners and relevant authorities the critical access hospital plans to communicate with</li> <li>- Testing the functionality of the critical access hospital's alternate/backup communication systems or equipment</li> </ul> <p>Note: Examples of alternate/backup communication systems include amateur radios, portable radios, text-based notifications, cell and satellite phones, and reverse 911 notification systems.</p> <p><b>§485.625(c)(3)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH's emergency preparedness communication plan includes primary and alternate means for communicating with facility staff and federal, state, tribal, regional, and local emergency management agencies.</li> </ul> <p><b>Note:</b> <i>CAHs have the discretion to use alternate communication systems that best meet their needs.</i></p> <p><b>Note:</b> <i>The communication plan must be reviewed and updated at least every 2 years.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH's communication plan includes the types of communication equipment and/or communication systems that will be used for primary and alternate means of communicating.</li> </ul> <p><b>Note:</b> <i>CAHs may use pagers, cell phones, radio transceivers (that is, walkie-talkies), and various other radio devices (such as Ham Radio systems, as well as satellite telephone communications systems. However, those in rural or remote areas may have difficulty using some communications systems, which should be outlined with their risk assessment.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH's communication plan includes procedures for when and how alternate communication methods will be used and who uses them.</li> </ul> <p><b>Observation</b></p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>EM.12.02.01, EP 4:</b> In the event of an emergency or evacuation, the critical access hospital's communications plan includes a method for sharing and/or releasing location information and medical documentation for patients under the hospital's care to the following individuals or entities, in accordance with law and regulation:</p> <ul style="list-style-type: none"> <li>- Patient's family, representative, or others involved in the care of the patient</li> <li>- Disaster relief organizations and relevant authorities</li> <li>- Other health care providers</li> </ul> <p>Note: Sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).</p> <p><b>§485.625(c)(4)-(6)</b></p> <p><b>EM.12.02.05, EP 1:</b> The critical access hospital's plan for providing patient care and clinical support includes written procedures and arrangements with other hospitals and providers for how it will share patient care information and medical documentation and how it will transfer patients to other health care facilities to maintain continuity of care.</p> <p><b>§485.625(c)(4)-(6)</b></p> | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH's emergency preparedness communication plan includes a method for sharing information and medical documentation for patients under its care, as necessary, with other health providers to maintain the continuity of care.</li> <li><input type="checkbox"/> Verify that the CAH has policies and procedures addressing the means it will use to release patient information, including the general condition and location of patients.</li> </ul> <p><b>Note:</b> <i>The communication plan must be reviewed and updated at least every 2 years</i></p> |
| <p><b>EM.12.02.01, EP 3:</b> The critical access hospital's communication plan describes how the critical access hospital will communicate with and report information about its organizational needs, available occupancy, and ability to provide assistance to relevant authorities.</p> <p>Note: Examples of critical access hospital needs include shortages in personal protective equipment, staffing shortages, evacuation or transfer of patients, and temporary loss of part or all organization function.</p> <p><b>§485.625(c)(7)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH's emergency preparedness communication plan includes a means of providing information about the CAH's needs and its ability to provide assistance to the authority having jurisdiction, the Incident Command Center, or a designee.</li> <li><input type="checkbox"/> Verify that the CAH's communication plan includes a means of providing information about its occupancy.</li> </ul> <p><b>Note:</b> <i>The communication plan must be reviewed and updated at least every 2 years.</i></p>                                                          |
| <p><b>EM.15.01.01, EP 1:</b> The critical access hospital has a written education and training program in emergency management that is based on the critical access hospital's prioritized risks identified as part of its hazard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Document Review</b><br/><b>General</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p>vulnerability analysis, the emergency operations plan, communications plan, and policies and procedures.<br/> Note: If the critical access hospital has developed multiple hazard vulnerability analyses based on the location of other services offered, the education and training for those facilities are specific to their needs.<br/> <b>§485.625(d) Training and testing.</b></p> <p><b>EM.16.01.01, EP 1:</b> The critical access hospital describes in writing a plan for when and how it will conduct annual testing of its emergency operations plan (EOP). The planned exercises are based on the following:</p> <ul style="list-style-type: none"> <li>- Likely emergencies or disaster scenarios</li> <li>- EOP and policies and procedures</li> <li>- After-action reports (AAR) and improvement plans</li> <li>- The six critical areas (communications, staffing, patient care and clinical support, safety and security, resources and assets, utilities)</li> </ul> <p>Note 1: The planned exercises should attempt to stress the limits of its emergency response procedures in order to assess how prepared the critical access hospital may be if a real event or disaster were to occur based on past experiences.<br/> Note 2: An AAR is a detailed critical summary or analysis of an emergency or disaster incident, including both planned and unplanned events. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.<br/> <b>§485.625(d) Training and testing.</b></p> <p><b>EM.17.01.01, EP 3:</b> The critical access hospital reviews and makes necessary updates based on after-action reports or opportunities for improvement to the following items every two years, or more frequently if necessary:</p> <ul style="list-style-type: none"> <li>- Hazard vulnerability analysis</li> <li>- Emergency management program</li> <li>- Emergency operations plan, policies, and procedures</li> <li>- Communications plan</li> <li>- Continuity of operations plan</li> <li>- Education and training program</li> <li>- Testing program</li> </ul> <p><b>§485.625(d) Training and testing.</b></p> | <p>□ Verify that the CAH has a written training and testing program that is based on the CAH's risk assessment, has incorporated its policies and procedures, as well as its communication plan within training required for staff.</p> <p><b>Note:</b> Refer to the CAH's risk assessment when determining if the training and testing program reflects the risks and hazards identified within the CAH's program.</p> <p><b>Note:</b> Training and testing program must be reviewed and updated at least every 2 years.</p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p><b>EM.15.01.01, EP 2:</b> The critical access hospital provides initial education and training in emergency management to all new and existing staff, individuals providing services under arrangement, and volunteers that is consistent with their roles and responsibilities in an emergency. The initial education and training include the following:</p> <ul style="list-style-type: none"> <li>- Activation and deactivation of the emergency operations plan</li> <li>- Communications plan</li> <li>- Emergency response policies and procedures</li> <li>- Evacuation, shelter-in-place, lockdown, and surge procedures</li> <li>- Where and how to obtain resources and supplies for emergencies (such as procedure manuals or equipment)</li> </ul> <p>Documentation is required.<br/> <b>§485.625(d)(1)</b></p> <p><b>EM.15.01.01, EP 3:</b> The critical access hospital provides ongoing education and training to all staff, individuals providing services under arrangement, and volunteers that is consistent with their roles and responsibilities in an emergency. The education and training occur at the following times:</p> <ul style="list-style-type: none"> <li>- At least every two years</li> <li>- When roles or responsibilities change</li> <li>- When there are significant revisions to the emergency operations plan, policies, and/or procedures</li> <li>- When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training.</li> </ul> <p>Documentation is required.<br/> <b>Note 1:</b> Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization.<br/> <b>Note 2:</b> Critical access hospitals are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program.<br/> <b>§485.625(d)(1)</b></p> <p><b>PE.03.01.01, EP 4:</b> The critical access hospital has written fire control</p> | <p><b>Interview</b></p> <p>□ Ask various staff about the CAH's initial and subsequent (at least every 2 years) training courses to verify staff knowledge of emergency procedures.</p> <p><b>Note:</b> <i>Training is intended for all new and existing staff, individuals providing services under arrangement, and volunteers. It is up to the CAH to decide what level of training each staff member will be required to complete based on an individual's involvement or expected role during an emergency.</i></p> <p><b>Document Review</b></p> <p><b>General</b></p> <p>□ Verify that the CAH's training program provides initial and subsequent (at least every 2 years) emergency preparedness training that is consistent with staff roles during an emergency and is based on the CAH's risk assessment, policies, and procedures, as well as the communication plan.</p> <p><b>Personnel/Credential File</b></p> <p>□ Review a sample of staff training files to verify that staff have received initial and subsequent (at least every 2 years) emergency preparedness training.</p> <p><b>Note:</b> <i>For ease of demonstrating compliance that the CAH has updated its training program at least every 2 years, CAHs should retain, at a minimum, the past 2 cycles (generally 4 years) of emergency training documentation for both training and exercises.</i></p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p>plans that include provisions for prompt reporting of fires; extinguishing fires; protection of patients, staff, and guests; evacuation; and cooperation with firefighting authorities.</p> <p><b>§485.625(d)(1)</b></p> <p><b>EM.16.01.01, EP 2:</b> The critical access hospital is required to conduct two exercises per year to test the emergency operations plan.</p> <ul style="list-style-type: none"> <li>- One of the annual exercises must consist of an operations-based exercise as follows: <ul style="list-style-type: none"> <li>- Full-scale, community-based exercise; or</li> <li>- Functional, facility-based exercise when a community-based exercise is not possible</li> </ul> </li> <li>- The other annual exercise must consist of either an operations-based or discussion-based exercise as follows: <ul style="list-style-type: none"> <li>- Full-scale, community-based exercise; or</li> <li>- Functional, facility-based exercise; or</li> <li>- Mock disaster drill; or</li> <li>- Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</li> </ul> </li> </ul> <p>Exercises and actual emergency or disaster incidents are documented (after-action reports).</p> <p>Note 1: The critical access hospital would be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident (discussion-based exercises are excluded from exemption). An exemption only applies if the critical access hospital provides documentation that it activated its emergency operations plan.</p> <p>Note 2: See the Glossary for the definitions of operations-based and discussion-based exercises.</p> <p><b>§485.625(d)(2) Testing.</b></p> <p><b>EM.17.01.01, EP 1:</b> The multidisciplinary committee that oversees the emergency management program reviews and evaluates all exercises and actual emergency or disaster incidents. The committee reviews after-action reports (AARs), identifies opportunities for improvement, and recommends actions to take to improve the emergency management program. The AARs and improvement plans are documented.</p> <p>Note 1: The review and evaluation address the effectiveness of its</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>□ Ask CAH leaders to describe the participation of managers and staff during scheduled exercises.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>□ Verify that the CAH has conducted at least 2 annual exercises to test the emergency plan. The CAH is required to conduct a minimum of 2 exercises per year as follows: <ul style="list-style-type: none"> <li>○ One annual exercise must be a full-scale community- or facility-based functional exercise.</li> <li>○ The other annual exercise can be of choice, which may be a full-scale community based or a facility-based functional exercise, or the exercise may be a mock drill, tabletop exercise, or workshop.</li> </ul> </li> </ul> <p><b>Note:</b> <i>If the CAH experiences a real emergency that requires activation of its emergency plan, the CAH is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.</i></p> <ul style="list-style-type: none"> <li>□ Ask to see documentation of the exercises conducted by the CAH which may include but is not limited to the exercise plan, the after-action report, and any additional documentation used by the CAH to support the exercise.</li> </ul> <p><b>Note:</b> <i>CAHs are to retain, at a minimum, the past 2 cycles (generally 2 years for inpatient providers) of emergency testing exercise documentation.</i></p> <ul style="list-style-type: none"> <li>□ Ask to see documentation of the CAH's efforts to identify a full-scale community-based exercise if it did not participate in one (that is, date, staff and agencies contacted, and reasons for the inability to participate).</li> </ul> |

Critical Access Hospital Emergency Management Evaluation Module (485.625)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>emergency response procedure, continuity of operations plans (if activated), training and exercise programs, evacuation procedures, surge response procedures, and activities related to communications, resources and assets, security, staff, utilities, and patients.<br/>           Note 2: An AAR provides a detailed critical summary or analysis of a planned exercise or actual emergency or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.<br/> <b>§485.625(d)(2) Testing.</b></p> <p><b>EM.17.01.01, EP 3:</b> The critical access hospital reviews and makes necessary updates based on after-action reports or opportunities for improvement to the following items every two years, or more frequently if necessary:</p> <ul style="list-style-type: none"> <li>- Hazard vulnerability analysis</li> <li>- Emergency management program</li> <li>- Emergency operations plan, policies, and procedures</li> <li>- Communications plan</li> <li>- Continuity of operations plan</li> <li>- Education and training program</li> <li>- Testing program</li> </ul> <p><b>§485.625(d)(2) Testing.</b></p> | <p><input type="checkbox"/> Verify documentation of the CAH's analysis and response to the annual exercises and how the CAH updated its emergency program based on this analysis.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>EM.12.02.09, EP 1:</b> The critical access hospital's plan for managing its resources and assets describes in writing how it will document, track, monitor, and locate the following resources (on-site and off-site inventories) and assets during and after an emergency or disaster incident:</p> <ul style="list-style-type: none"> <li>- Medications and related supplies</li> <li>- Medical/surgical supplies</li> <li>- Medical gases including oxygen and supplies</li> <li>- Potable or bottled water and nutrition</li> <li>- Non-potable water</li> <li>- Laboratory equipment and supplies</li> <li>- Personal protective equipment</li> <li>- Fuel for operations</li> <li>- Equipment and nonmedical supplies to sustain operations</li> </ul> <p>Note: The critical access hospital should be aware of the resources and assets it has readily available and what resources and assets may be</p>                                                                                                                                                                                                                                                                                                               | <p><b>Document Review</b><br/> <b>General</b></p> <p><input type="checkbox"/> Verify that the CAH has the required emergency and standby power systems to meet the requirements of its emergency plan and corresponding policies and procedures.</p> <p><input type="checkbox"/> Verify that the CAH's emergency plan for "shelter in place" and evacuation plans include its emergency power supply systems (EPSS) or plans to maintain safe operations while sheltering in place.</p> <p><input type="checkbox"/> Verify that CAHs under construction or with existing buildings being renovated have a written plan to relocate the emergency power supply systems (EPSS) by the time construction is completed.</p> <p><input type="checkbox"/> Verify that CAHs with permanently attached generators evaluate and maintain their on-site fuel source in accordance with NFPA 110 and have a</p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                  |
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| <p>quickly depleted depending on the type of emergency or disaster incident.</p> <p><b>§485.625(e)(3) Emergency generator fuel.</b></p> <p><b>EM.12.02.09, EP 2:</b> The critical access hospital's plan for managing its resources and assets describes in writing how it will obtain, allocate, mobilize, replenish, and conserve its resources and assets during and after an emergency or disaster incident, including the following:</p> <ul style="list-style-type: none"> <li>- If part of a health care system, coordinating within the system to request resources</li> <li>- Coordinating with local supply chains or vendors</li> <li>- Coordinating with local, state, or federal agencies for additional resources</li> <li>- Coordinating with regional health care coalitions for additional resources</li> <li>- Managing donations (such as food, water, equipment, materials)</li> </ul> <p>Note: High priority should be given to resources that are known to deplete quickly and are extremely competitive to acquire and replenish (such as fuel, oxygen, personal protective equipment, ventilators, intravenous fluids, antiviral and antibiotic medications).</p> <p><b>§485.625(e)(3) Emergency generator fuel.</b></p> <p><b>EM.12.02.11, EP 1:</b> The critical access hospital's plan for managing utilities describes in writing the utility systems that it considers as essential or critical to provide care, treatment, and services.</p> <p>Note: Essential or critical utilities to consider may include systems for electrical distribution; emergency power; vertical and horizontal transport; heating, ventilation, and air conditioning; plumbing and steam boilers; medical gas; medical/surgical vacuum; and network or communication systems.</p> <p><b>§485.625(e) Emergency and standby power systems.</b></p> <p><b>EM.12.02.11, EP 2:</b> The critical access hospital's plan for managing utilities describes in writing how it will continue to maintain essential or critical utility systems if one or more are impacted during an emergency or disaster incident.</p> <p><b>§485.625(e) Emergency and standby power systems.</b></p> <p><b>485.625(e)(3) Emergency generator fuel.</b></p> | <p>plan for how to keep the generator operational during an emergency, unless they plan to evacuate.</p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process |
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| <p><b>EM.12.02.11, EP 3:</b> The critical access hospital’s plan for managing utilities describes in writing alternative means for providing essential or critical utilities, such as water supply, emergency power supply systems, fuel storage tanks, and emergency generators.</p> <p><b>§485.625(e) Emergency and standby power systems.</b></p> <p><b>485.625(e)(3) Emergency generator fuel.</b></p> <p><b>PE.03.01.01, EP 3:</b> The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).</p> <p>Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.</p> <p>Note 2: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare &amp; Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in critical access hospitals.</p> <p>Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health &amp; Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the patients.</p> <p>Note 4: After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Note 5: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p><b>§485.625(e)(1)</b></p> <p><b>Emergency generator location.</b></p> |                                         |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>PE.04.01.01, EP 1:</b> The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5 and 12-6).</p> <p>Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.</p> <p>Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare &amp; Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p><b>§485.625(e)(1)</b><br/> <b>Emergency generator location.</b></p> <p><b>PE.04.01.03, EP 3:</b> The critical access hospital meets the emergency power system and generator requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.</p> <p><b>§485.625(e)(1)</b><br/> <b>Emergency generator location.</b></p> <p><b>§485.625(e)(2) Emergency generator inspection and testing.</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>§485.625(f) Integrated healthcare systems.</b></p> <p><b>EM.09.01.01, EP 2:</b> If the critical access hospital is part of a health care system that has a unified and integrated emergency management program and it chooses to participate in the program, the following must be demonstrated within the coordinated emergency management program:</p> <ul style="list-style-type: none"> <li>- Each separately certified critical access hospital within the system actively participates in the development of the unified and integrated emergency management program</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Interview</b></p> <p><input type="checkbox"/> If the CAH has opted to participate in its health care system's unified and integrated emergency preparedness program, ask CAH leaders to describe how the program is updated based on changes within the health care system, such as when facilities enter or leave the system.</p> <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> Verify whether the CAH has opted to be part of its health care system's unified and integrated emergency preparedness program.</p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>- The program is developed and maintained in a manner that takes into account each separately certified critical access hospital's unique circumstances, patient population, and services offered</p> <p>- Each separately certified critical access hospital is capable of actively using the unified and integrated emergency management program and is in compliance with the program</p> <p>- Documented community-based risk assessment utilizing an all-hazards approach</p> <p>- Documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified critical access hospital within the health care system</p> <p>- Unified and integrated emergency plan</p> <p>- Integrated policies and procedures</p> <p>- Coordinated communication plan</p> <p>- Training and testing program</p> <p><b>§485.625(f)(1); §485.625(f)(2); §485.625(f)(3); §485.625(f)(4); §485.625(f)(4)(i); §485.625(f)(4)(ii); §485.625(f)(5);</b></p> <p><b>EM.09.01.01, EP 3:</b> The critical access hospital complies with all applicable federal, state, and local emergency preparedness laws and regulations.<br/><b>§485.625(f)(5)</b></p> <p><b>EM.11.01.01, EP 3:</b> The critical access hospital evaluates and prioritizes the findings of the hazard vulnerability analysis to determine what presents the highest likelihood of occurring and the impacts those hazards will have on the operating status of the critical access hospital and its ability to provide services. The findings are documented.<br/><b>§485.625(f)(4)</b></p> <p><b>EM.11.01.01, EP 4:</b> The critical access hospital uses its prioritized hazards from the hazard vulnerability analysis to identify and implement mitigation and preparedness actions to increase the resilience of the critical access hospital and helps reduce disruption of essential services or functions.<br/><b>§485.625(f)(4)</b></p> | <p>Note: <i>This is optional for separately certified CAHs.</i></p> <p><input type="checkbox"/> If the CAH has opted to participate in its health care system's unified and integrated emergency preparedness program, ask to see documentation of its inclusion in the program.</p> <ul style="list-style-type: none"> <li>▪ Verify that the CAH was actively involved in the development of the unified emergency preparedness program.</li> <li>▪ Verify that the CAH was actively involved in the review of program requirements and updates.</li> </ul> <p><input type="checkbox"/> Ask to see a copy of the integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).</p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Critical Access Hospital Survey Process |
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| <p><b>EM.12.01.01, EP 1:</b> The critical access hospital has a written all-hazards emergency operations plan (EOP) with supporting policies and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster incidents. The EOP and policies and procedures include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>- Mobilizing incident command</li> <li>- Communications plan</li> <li>- Maintaining, expanding, curtailing, or closing operations</li> <li>- Protecting critical systems and infrastructure</li> <li>- Conserving and/or supplementing resources</li> <li>- Surge plans (such as flu or pandemic plans)</li> <li>- Identifying alternate treatment areas or locations</li> <li>- Sheltering in place</li> <li>- Evacuating (partial or complete) or relocating services</li> <li>- Safety and security</li> <li>- Securing information and records</li> </ul> <p><b>§485.625(f)(5)</b></p> <p><b>EM.12.01.01, EP 2:</b> The critical access hospital's emergency operations plan identifies the patient population(s) that it will serve, including at-risk populations, and the types of services it would have the ability to provide in an emergency or disaster event.</p> <p>Note: At-risk populations such as the elderly, dialysis patients, or persons with physical or mental disabilities may have additional needs to be addressed during an emergency or disaster incident such as medical care, communication, transportation, supervision, and maintaining independence.</p> <p><b>§485.625(f)(4)</b></p> <p><b>EM.12.01.01, EP 6:</b> The critical access hospital's emergency operations plan includes a process for cooperating and collaborating with other health care facilities; health care coalitions; and local, tribal, regional, state, and federal emergency preparedness officials' efforts to leverage support and resources and to provide an integrated response during an emergency or disaster incident.</p> <p><b>§485.625(f)(4)</b></p> |                                         |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Critical Access Hospital Survey Process |
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| <p><b>EM.13.01.01, EP 1:</b> The critical access hospital has a written continuity of operations plan (COOP) that is developed with the participation of key executive leaders, business and finance leaders, and other department leaders as determined by the critical access hospital. These key leaders identify and prioritize the services and functions that are considered essential or critical for maintaining operations.<br/> Note: The COOP provides guidance on how the critical access hospital will continue to perform its essential business functions to deliver essential or critical services. Essential business functions to consider include administrative/vital records, information technology, financial services, security systems, communications/telecommunications, and building operations to support essential and critical services that cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly following a disruption.<br/> <b>§485.625(f)(4)</b></p> <p><b>EM.13.01.01, EP 2:</b> The critical access hospital’s continuity of operations plan identifies in writing how and where it will continue to provide its essential business functions when the location of the essential or critical service has been compromised due to an emergency or disaster incident.<br/> Note: Example of options to consider for providing essential services include use of off-site locations, space maintained by another organization, existing facilities or space, telework (remote work), or telehealth.<br/> <b>§485.625(f)(4)</b></p> <p><b>EM.13.01.01, EP 3:</b> The critical access hospital has a written order of succession plan that identifies who is authorized to assume a particular leadership or management role when that person(s) is unable to fulfill their function or perform their duties.<br/> <b>§485.625(f)(4)</b></p> <p><b>EM.13.01.01, EP 4:</b> The critical access hospital has a written delegation of authority plan that provides the individual(s) with the legal authorization to act on behalf of the critical access hospital for specified purposes and to carry out specific duties.<br/> Note: Delegations of authority are an essential part of an organization’s</p> |                                         |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process |
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| <p>continuity program and should be sufficiently detailed to make certain the critical access hospital can perform its essential functions. Delegations of authority will specify a particular function that an individual is authorized to perform and includes restrictions and limitations associated with that authority.</p> <p><b>§485.625(f)(4)</b></p> <p><b>EM.15.01.01, EP 1:</b> The critical access hospital has a written education and training program in emergency management that is based on the critical access hospital's prioritized risks identified as part of its hazard vulnerability analysis, the emergency operations plan, communications plan, and policies and procedures.</p> <p>Note: If the critical access hospital has developed multiple hazard vulnerability analyses based on the location of other services offered, the education and training for those facilities are specific to their needs.</p> <p><b>§485.625(f)(5)</b></p> <p><b>EM.16.01.01, EP 1:</b> The critical access hospital describes in writing a plan for when and how it will conduct annual testing of its emergency operations plan (EOP). The planned exercises are based on the following:</p> <ul style="list-style-type: none"> <li>- Likely emergencies or disaster scenarios</li> <li>- EOP and policies and procedures</li> <li>- After-action reports (AAR) and improvement plans</li> <li>- Six critical areas (communications, staffing, patient care and clinical support, safety and security, resources and assets, utilities)</li> </ul> <p>Note 1: The planned exercises should attempt to stress the limits of its emergency response procedures in order to assess how prepared the critical access hospital may be if a real event or disaster were to occur based on past experiences.</p> <p>Note 2: An AAR is a detailed critical summary or analysis of an emergency or disaster incident, including both planned and unplanned events. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.</p> <p><b>§485.625(f)(5)</b></p> <p><b>EM.17.01.01, EP 3:</b> The critical access hospital reviews and makes necessary updates based on after-action reports or opportunities for</p> |                                         |

Critical Access Hospital Emergency Management Evaluation Module (485.625)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process |
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| improvement to the following items every two years, or more frequently if necessary: <ul style="list-style-type: none"><li>- Hazard vulnerability analysis</li><li>- Emergency management program</li><li>- Emergency operations plan, policies, and procedures</li><li>- Communications plan</li><li>- Continuity of operations plan</li><li>- Education and training program</li><li>- Testing program</li></ul> <b>§485.625(f)(5)</b> |                                         |

## Critical Access Hospital Governing Body Evaluation Module (485.627)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>LD.11.01.01, EP 1:</b> The critical access hospital has a governing body or an individual that assumes full legal responsibility for determining, implementing, and monitoring policies governing the critical access hospital's total operation and for administering those policies to provide quality health care in a safe environment.</p> <p><b>§485.627(a) Standard: Governing Body or Responsible Individual</b></p> | <p><b>Interview</b><br/>Medical staff leader and staff responsible for medical staff operations to verify that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The governing body (or responsible individual) appoints all members to the medical staff, in accordance with established policies, based on the individual practitioner's scope of clinical expertise and according to federal and state law.</li> <li><input type="checkbox"/> Any individual providing patient care services is a member of the medical staff or is accountable to a member of the medical staff qualified to evaluate the quality of services provided.</li> <li><input type="checkbox"/> The medical staff is accountable to the governing body (or responsible individual) for the quality of care provided to patients.</li> <li><input type="checkbox"/> The selection of medical staff for membership, both new and renewal, is based on an individual practitioner's compliance with the medical staff's membership criteria.</li> <li><input type="checkbox"/> At a minimum, criteria for selection of new medical staff members and current medical staff members for continued membership include individual character, competence, training, experience, and judgment.</li> </ul> <p><b>Document Review</b><br/><b>General</b><br/>Verify that the CAH</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has an organized governing body or has written documentation that identifies the individual responsible for the conduct of CAH operations.</li> <li><input type="checkbox"/> Governing body (or responsible individual) has determined and stated the categories of practitioners who are eligible candidates for appointment to the medical staff.</li> <li><input type="checkbox"/> Operating policies have been updated to fully reflect its responsibilities as a CAH (for example, physician assistant responsibilities, provision of required CAH direct services).</li> <li><input type="checkbox"/> Governing body or the individual who assumes responsibility for CAH operations is involved in the day-to-day operation of the CAH and is fully responsible for its operations.</li> <li><input type="checkbox"/> Revisions or modifications to the medical staff bylaws, rules, and policies have been approved by the medical staff and the governing body (or responsible individual).</li> <li><input type="checkbox"/> Has written criteria for appointments to the medical staff.</li> </ul> |

Critical Access Hospital Governing Body Evaluation Module (485.627)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><input type="checkbox"/> Medical staff operates under current bylaws that are in accordance with federal and state law and regulations.</p> <p><input type="checkbox"/> Medical staff operates under current bylaws, rules, and policies that have been approved by the governing body (or responsible individual).</p> <p><input type="checkbox"/> Governing body (or responsible individual) is periodically apprised of the medical staff evaluation of patient care services provided at every CAH location.</p> <p><b>Personnel/Credential File</b></p> <p><input type="checkbox"/> Review a sample of records of medical staff appointments to substantiate the governing body's (or responsible individual's) involvement in appointments of medical staff members.</p> |
| <p><b>LD.13.02.01, EP 1:</b> The critical access hospital discloses the names and addresses of the following:</p> <ul style="list-style-type: none"> <li>- The person principally responsible for the operation of the critical access hospital</li> <li>- The person responsible for medical direction of the critical access hospital</li> </ul> <p><b>§485.627(b) Standard: Disclosure;</b><br/> <b>§485.627(b)(1); §485.627(b)(2)</b></p> | <p><b>Interview</b></p> <p>CAH leaders and administration staff about processes for reporting to the State agency any changes in the</p> <p><input type="checkbox"/> Person principally responsible for CAH operations.</p> <p><input type="checkbox"/> Medical director.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Critical Access Hospital Governing Body Evaluation Module Continued (Additional Joint Commission Requirements)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>NPG.12.02.01, EP 2:</b> The nurse executive assumes an active leadership role with the critical access hospital's governing body, senior leadership, medical staff, management, and other clinical leaders in the critical access hospital's decision-making structure and process.</p> <p>Note 1: The nurse executive possesses a postgraduate degree in nursing or a related field, the knowledge and skills associated with an advanced degree, or a written plan to obtain these qualifications.</p> <p>Note 2: A related field may include health care administration or business administration.</p> | <p><b>Document:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review governing body meeting minutes to ensure that the nurse executive assumes an active leadership role and a part of the critical access hospital's decision-making structure and process</li> </ul> <p><b>Personnel File Review:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure the nurse executive has a postgraduate degree in nursing or related field, the knowledge and skills associated with an advanced degree, or a written plan to obtain these qualifications.</li> </ul> |
| <p><b>NPG.12.02.01, EP 9:</b> The nurse executive is responsible for monitoring the effectiveness of the nurse staffing plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>Document:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the nurse executive is monitoring the nurse staffing plan and making adjustments as needed</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>LD.11.01.01, EP 3:</b> The governing body provides the organized medical staff with the opportunity to be represented at governing body meetings (through attendance and voice) by one or more of its members, as selected by the organized medical staff.</p> <p><b>LD.11.01.01, EP 4:</b> Organized medical staff members are eligible for full membership in the critical access hospital's governing body, unless legally prohibited.</p>                                                                                                                                                              | <p><b>Document:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review governing body meeting minutes to ensure that the medical staff is eligible for full membership of the governing body and is represented through attendance or voice</li> </ul>                                                                                                                                                                                                                                                                                                                                    |
| <p><b>MS.17.01.03, EP 1:</b> The governing body approves the credentialing process.</p> <p><b>MS.17.01.03, EP 2:</b> The critical access hospital verifies that the physician or other licensed practitioner requesting approval is the same person identified in the credentialing documents by viewing one of the following:</p> <ul style="list-style-type: none"> <li>- Current picture hospital ID card</li> <li>- Valid picture ID issued by a state or federal agency (for example, a driver's license or passport)</li> </ul>                                                                            | <p><b>Documentation</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify the governing body has approved the credentialing process</li> </ul> <p><b>Credential File Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the physician or other licensed practitioner requesting approval if verified by a photo</li> </ul>                                                                                                                                                                                                 |

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| <p><b>MS.17.02.01, EP 3:</b> An applicant submits a statement that no health problems exist that could affect their ability to perform the privileges requested.</p> <p><b>MS.17.02.01, EP 4:</b> The critical access hospital queries the National Practitioner Data Bank (NPDB) in accordance with applicable law and regulation.</p> <p><b>MS.17.02.01, EP 5:</b> Completed applications for privileges are acted on within the time period specified in the medical staff bylaws, rules, and regulations, or in policies and procedures.</p> <p><b>MS.17.02.01, EP 8:</b> The critical access hospital uses participation in continuing education in decisions about reappointment to medical staff membership, or renewal or revision of individual clinical privileges.</p> | <p><b>See survey process for 485.627</b></p> |
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## Critical Access Hospital Staffing and Staff Responsibilities Evaluation Module (485.631)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>§485.631 Condition of Participation: Staffing and Staff Responsibilities</b></p> <p><b>§485.631(a) Standard: Staffing</b></p> <p><b>NPG.12.01.01, EP 3:</b> The critical access hospital has a professional health care staff that includes one or more doctors of medicine or osteopathy and may include one or more physician assistants, nurse practitioners, or clinical nurse specialists.</p> <p><b>§485.631(a)(1)</b></p> <p><b>HR.11.01.03, EP 2:</b> Professional staff supervise ancillary staff.</p> <p><b>§485.631(a)(2)</b></p> <p><b>NPG.12.01.01, EP 1:</b> Leaders provide for an adequate number and mix of qualified individuals to support safe, quality care, treatment, and services.</p> <p>Note 1: The number and mix of individuals is appropriate to the scope and complexity of the services offered. Services may include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>- Rehabilitation services</li> <li>- Emergency services</li> <li>- Outpatient services</li> <li>- Respiratory services</li> <li>- Pharmaceutical services, including emergency pharmaceutical services</li> <li>- Diagnostic and therapeutic radiology services</li> </ul> <p>Note 2: Emergency services staff are qualified in emergency care.</p> <p>Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: As of the first day of the first cost reporting period for which all other exclusion requirements are met, the unit is fully equipped and staffed and is capable of providing</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CAH leaders and administration staff about processes to ensure that staff coverage is sufficient to provide essential services at the facility (e.g., emergency services, direct services, and nursing services).</li> <li><input type="checkbox"/> If the CAH does not have regular announced hours of operation, ask the individual who is principally responsible for the operation of the CAH, when is the CAH is open to the public to provide outpatient services.</li> <li><input type="checkbox"/> What kinds of arrangements have been made by the CAH to ensure that a practitioner is available on site at all times the CAH operates to furnish patient care services?</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review listings or organizational charts showing the names of all staff MD/DOs, nurse practitioners, clinical nurse specialists and physician assistants on the CAH staff.</li> <li><input type="checkbox"/> Review work schedules showing normal CAH hours of operation and coverage by members of the CAH staff.</li> <li><input type="checkbox"/> Use organizational charts and staff interviews to determine how the CAH ensures that the professional staff supervises all ancillary personnel.</li> <li><input type="checkbox"/> Review staffing schedules and daily census records.</li> <li><input type="checkbox"/> Review nursing staff schedules to ensure that a registered nurse, clinical nurse specialist or licensed practical nurse is on duty whenever the CAH has one or more inpatients.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p>hospital inpatient psychiatric or rehabilitation care regardless of whether there are any inpatients in the unit on that date.</p> <p><b>§485.631(a)(3)</b></p> <p><b>NPG.12.01.01, EP 4:</b> A doctor of medicine or osteopathy, physician's assistant, nurse practitioner, or clinical nurse specialist is available to provide patient care at all times when the critical access hospital is in operation.</p> <p><b>§485.631(a)(4)</b></p> <p><b>NPG.12.02.01, EP 3:</b> A registered nurse, clinical nurse specialist, or licensed practical nurse is on duty whenever the critical access hospital has one or more inpatients.</p> <p><b>§485.631(a)(5)</b></p>                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>§485.631(b) Standard: Responsibilities of the Doctor of Medicine or Osteopathy</b></p> <p><b>LD.13.01.09, EP 2:</b> The doctor of medicine or osteopathy, in conjunction with the physician assistant, nurse practitioner, or clinical nurse specialist, participates in developing, executing, and periodically reviewing the critical access hospital's written policies governing the services provided.</p> <p><b>§485.631(b)(1)(ii)</b></p> <p><b>MS.16.01.03, EP 6:</b> The doctor of medicine or osteopathy provides medical direction for the critical access hospital's health care activities and consultation for, and medical staff supervision of, the health care staff.</p> <p><b>§485.631(b)(1)(i)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CAH leaders, administration staff and clinical leaders about who is providing medical direction for the CAH's health care activities.</li> <li><input type="checkbox"/> Confirm that there is an MD/DO on the CAH staff.</li> <li><input type="checkbox"/> Determine if this MD/DO is responsible for all of the CAH's medical oversight functions.</li> <li><input type="checkbox"/> Determine if there is evidence that an MD/DO is providing medical direction for the CAH's health care activities and is available for consultation and supervision of the health care staff.</li> <li><input type="checkbox"/> Determine if there is evidence that demonstrates an MD/DO participates in the development of policies governing CAH services.</li> <li><input type="checkbox"/> Confirm that the CAH has an MD/DO periodically review the policies that govern the services it furnishes.</li> <li><input type="checkbox"/></li> </ul> <p><b>Document Review</b></p> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine if an MD/DO periodically reviews CAH patient records in conjunction with staff mid-level practitioners and provides medical care to patients.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>MS.16.01.03, EP 8:</b> The doctor of medicine or osteopathy, in conjunction with the physician assistant and/or nurse practitioner members of the critical access hospital staff, provides medical orders and medical care services to the critical access hospital's patients.</p> <p><b>§485.631(b)(1)(iii)</b></p> <p><b>MS.16.01.03, EP 10:</b> The doctor of medicine or osteopathy, in conjunction with the physician assistant, the nurse practitioner, and/or clinical nurse specialist members of the critical access hospital staff, periodically review the patients' records.</p> <p><b>§485.631(b)(1)(iii)</b></p> <p><b>MS.16.01.03, EP 11:</b> The doctor of medicine or osteopathy periodically reviews and signs the records of all inpatients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants.</p> <p><b>§485.631(b)(1)(iv)</b></p> <p><b>MS.16.01.03, EP 12:</b> The doctor of medicine or osteopathy periodically reviews and signs a sample of outpatient records of patients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants.</p> <p>Note: Outpatient records are reviewed to the extent required by state law where state law requires outpatient record reviews, cosignatures, or both by a collaborating physician.</p> <p><b>§485.631(b)(1)(v)</b></p> | <p><b>§485.631(b)(1)(iv)-(v)</b> Select a sample of inpatient and outpatient records, including both open and closed records.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For inpatient records of patients whose care is/was managed by a non-physician practitioner, verify that: <ul style="list-style-type: none"> <li>○ An MD/DO has reviewed and signed all records that were open at the time of the review, and all inpatient records that were closed since the MD/DO's last review; and</li> <li>○ That reviews take place within the timeframe specified by the CAH's policy.</li> <li>○ If State law requires a physician to review or co-sign (or both) any outpatient records of patients whose care is/was managed by non-physician practitioner, determine whether an MD or DO has reviewed and/or co-signed a representative sample of these records within the timeframe specified in the CAH's policies.</li> <li>○ Ask the CAH how many outpatient encounters are managed by non-physician practitioners, what sample size its policy requires to have an MD/DO review, and what timeframe its policy specifies for reviews.</li> <li>○ Ask the CAH to explain how it ensures the sample is representative of the various non-physician practitioners as well as of the various types of outpatient services they provide.</li> <li>○ Ask the CAH to describe the method it uses to make sure that reviews are performed in a timely manner on a sample that complies with the CAH's policy.</li> <li>○ Review selected records from the CAH's outpatient sample to verify that there is evidence of an MD or DO review and/or signature.</li> </ul> </li> </ul> |
| <p><b>MS.16.01.03, EP 13:</b> A doctor of medicine or osteopathy is present for sufficient periods of time to provide medical direction, consultation, and supervision for the services provided in the critical access hospital, and is available through direct radio,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Does the CAH have policies and procedures that address the minimum amount of time and frequency of MD or DO presence on-site at the CAH? Can the CAH demonstrate how</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p>telephone, or electronic communication for consultation, assistance with medical emergencies, or patient referral.<br/> <b>§485.631(b)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>its policy reflects the volume and type of services the CAH provides such that there is sufficient MD/DO presence on-site to support the services provided?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is there documentation showing that an MD or DO is on-site for the frequency and duration specified in the CAH's policies?</li> <li><input type="checkbox"/> Can the CAH demonstrate that an MD or DO is always available by telecommunications contact for consultation, assistance and/or patient referral?</li> </ul>                                                                        |
| <p><b>§485.631(c)(1) The physician assistant, the nurse practitioner, or clinical nurse specialist members of the CAH'S staff</b></p> <p><b>LD.13.01.09, EP 2:</b> The doctor of medicine or osteopathy, in conjunction with the physician assistant, nurse practitioner, or clinical nurse specialist, participates in developing, executing, and periodically reviewing the critical access hospital's written policies governing the services provided.<br/> <b>§485.631(c)(1)(i)</b></p> <p><b>MS.16.01.03, EP 10:</b> The doctor of medicine or osteopathy, in conjunction with the physician assistant, the nurse practitioner, and/or clinical nurse specialist members of the critical access hospital staff, periodically review the patients' records.<br/> <b>§485.631(c)(1)(ii)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview any mid-level professional staff to ascertain their level of involvement in CAH policy development, execution, and periodic review.</li> <li><input type="checkbox"/> How does the CAH ensure that mid-level practitioners at the CAH participate with an MD/DO in the review of their patients' health records?</li> </ul> <p><b>Document review</b><br/> <b>General</b><br/> Does the CAH ensure that policies are updated to remain consistent with State standards of practice requirements for mid-level practitioners?</p> |
| <p><b>§485.631(c)(2) The physician assistant, nurse practitioner, or clinical nurse specialist performs the following functions</b></p> <p><b>MS.16.01.03, EP 9:</b> If not being performed by a doctor of medicine or osteopathy, the physician assistant, nurse practitioner, or clinical nurse specialist performs the following functions:<br/> - Provides services in accordance with the critical access hospital's policies<br/> - Arranges for, or refers patients to, needed services that cannot be furnished at the critical access hospital<br/> - Maintains and transfers patient records when patients are referred</p>                                                                                                                                                               | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview mid-level practitioners to gauge their knowledge and application of CAH policies.</li> </ul> <p><b>Document Review</b><br/> <b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review policies and procedures.</li> <li><input type="checkbox"/> Verify that there are policies and procedures for transferring patients to other facilities.</li> </ul>                                                                                                                                         |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>§485.631(c)(2)(i); §485.631(c)(2)(ii)</b></p> <p><b>MS.16.01.03, EP 7:</b> Whenever a patient is admitted to the critical access hospital by a nurse practitioner, physician assistant, or clinical nurse specialist, a doctor of medicine or osteopathy on the staff is notified of the admission.</p> <p><b>§485.631(c)(3)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that admitting privileges are limited to those categories of practitioners as allowed by State law.</li> <li><input type="checkbox"/> Verify that patients are admitted only by those practitioners who are currently licensed and have been granted admitting privileges by the governing body (or responsible individual) in accordance with State laws and medical staff bylaws.</li> <li><input type="checkbox"/> Verify that an MD/DO is responsible for and is monitoring the care of each Medicare or Medicaid patient for all medical problems during the hospitalization.</li> <li><input type="checkbox"/> If mid-level practitioners admit patients, verify that every Medicare/Medicaid patient is being monitored by an MD/DO who is responsible for any medical problem outside the scope of practice of the admitting practitioners.</li> </ul>                                                                                                                                                                                                                                                                                                                                               |
| <p><b>§485.631(d) Standard: Periodic review of clinical privileges and performance. The CAH requires that -</b></p> <p><b>MS.17.01.03, EP 8:</b> The quality and appropriateness of the diagnosis and treatment provided by nurse practitioners, clinical nurse specialists, and physician assistants are evaluated by a member of the critical access hospital's medical staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the organization.</p> <p><b>§485.631(d)(1)</b></p> <p><b>§485.631(d)(2)</b></p> <p><b>The quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the CAH are evaluated by—</b></p> <p><b>MS.17.01.03, EP 9:</b> The quality and appropriateness of the diagnosis and treatment provided by doctors of medicine or osteopathy at the critical access hospital are evaluated by one of the following:</p> <ul style="list-style-type: none"> <li>- A hospital that is a member of the network, when applicable</li> <li>- A quality improvement organization or equivalent entity</li> </ul> | <p><b>Survey Procedure Guidance is pending and will be updated in a future release.</b></p> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review listing or organizational chart showing the names of all staff MD/DOs, nurse practitioners, clinical nurse specialists and physicians on the CAH staff</li> <li><input type="checkbox"/> Review policies and procedures on the review of clinical privileges and performance</li> <li><input type="checkbox"/> Determine if the quality and appropriateness of the diagnosis and treatment furnished by non-physician licensed practitioners are evaluated by a doctor of medicine or osteopathy who is on the CAH staff or under contract with the CAH.</li> <li><input type="checkbox"/> Determine if the quality and appropriateness of the diagnosis and treatment provided by doctors of medicine or osteopathy at the CAH are evaluated by one of the following: <ul style="list-style-type: none"> <li>o A hospital that is a member of the network (if applicable);</li> <li>o A quality improvement organization (QIO) or equivalent entity; or</li> <li>o Another appropriate and qualified entity identified in the state's rural health care plan</li> </ul> </li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>- Another appropriate and qualified entity identified in the state's rural health care plan</p> <p>Note: In the case of distant-site physicians and practitioners providing telemedicine services to the critical access hospital's patients under an agreement between the critical access hospital and a distant hospital or between the critical access hospital and a distant-site telemedicine entity, the quality and appropriateness of the diagnosis and treatment provided is evaluated by one of the entities listed in this element of performance.</p> <p><b>§485.631(d)(2)(i); §485.631(d)(2)(ii); §485.631(d)(2)(iii)</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>MS.17.01.03, EP 9:</b> See above</p> <p><b>§485.631(d)(2)(iv); §485.631(d)(2)(v)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If the hospital provides telemedicine services to its patients under an agreement with a distant-site hospital or distant-site entity, determine if the quality and appropriateness of the diagnosis and treatment provided by doctors or medicine or osteopathy at the CAH are evaluated by one of the following: <ul style="list-style-type: none"> <li>○ A hospital that is a member of the network (if applicable);</li> <li>○ A quality improvement organization (QIO) or equivalent entity; or</li> <li>○ Another appropriate and qualified entity identified in the state's rural health care plan</li> </ul> </li> </ul> |
| <p><b>MS.17.01.03, EP 10:</b> The critical access hospital medical staff reviews the findings from the evaluations of doctors of medicine or osteopathy, including any findings or recommendations of the quality improvement organization, and makes the necessary changes as specified in 42 CFR 485.631 paragraphs (b) through (d).</p> <p><b>§485.631(d)(3)</b></p>                                                                                                                                                                                                                                                                        | <p><b>Interview</b></p> <p>Ask how the CAH staff incorporates the feedback from the hospital, QIO, or other appropriate and qualified entity of the diagnosis and treatment provided by doctors of medicine or osteopathy when reviewing clinical privileges and performance.</p> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Look for feedback provided by hospitals, QIO or other appropriate and qualified entities on the diagnosis and treatment provided by doctors of medicine or osteopathy.</li> </ul>                                                                                                                                                              |
| <p><b>§485.631(e) Standard: Unified and integrated medical staff for a CAH in a multi-facility system.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask the members of the medical staff whether there has ever been a vote on the question of opting out of using a unified medical staff?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>MS.14.03.01, EP 1:</b> If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals, and the system chooses to establish a unified and integrated medical staff, in accordance with state and local laws, the following occurs: Each separately accredited critical access hospital demonstrates that its medical staff members (that is, all medical staff members who hold privileges to practice at that specific hospital) have voted by majority, in accordance with medical staff bylaws, either to accept the unified and integrated medical staff structure or to opt out of such a structure and maintain a separate and distinct medical staff for their critical access hospital.</p> <p><b>§485.631(e)(1)</b></p>                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li><input type="checkbox"/> Can the critical access hospital readily identify the medical staff members who are eligible to vote on whether to accept or opt out of a unified medical staff?</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is there documentation that clearly describes a process by which a vote to opt out of using a unified medical staff may be requested and conducted?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>MS.14.03.01, EP 4:</b> If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals, and the system chooses to establish a unified and integrated medical staff, the unified and integrated medical staff bylaws, rules, and requirements include the following:</p> <ul style="list-style-type: none"> <li>- Process for self-governance, appointment, credentialing, privileging, and oversight, as well as its peer review policies and due process rights guarantees</li> <li>- Description of the process by which medical staff members at each separately accredited hospital (that is, all medical staff members who hold privileges to practice at that specific hospital) are advised of their right to opt out of the unified and integrated medical staff structure after a majority vote by the members to maintain a separate and distinct medical staff for their respective critical access hospital</li> </ul> <p><b>§485.631(e)(2)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine if the unified medical staff bylaws, rules, or requirements clearly describe how and when voting members holding privileges at the hospital are advised of their rights.</li> </ul> <p><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of credentialing and privileging files of members of the medical staff for evidence of their being notified of their right to vote by majority to opt out of using a unified medical staff.</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask how the unified medical staff bylaws define a “majority” for the purpose of an opt-out vote of using a unified medical staff. If the bylaws require a supermajority, ask for evidence that this is consistent with the way “majority” is defined for other amendments to the bylaws.</li> <li><input type="checkbox"/> Interview several members of the medical staff to determine if they recall being notified of their right to vote by majority to opt out of using a unified medical staff.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>MS.14.03.01, EP 2:</b> If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals, and the system chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff takes into account each member critical access hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital, critical access hospital, and rural emergency hospital.</p> <p><b>§485.631(e)(3)</b></p>                                                                                                        | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask hospital and medical staff leaders to describe the other types of hospitals, critical access hospitals, or rural emergency hospitals in the system with which it shares a unified medical staff. How are the different types of hospital's unique circumstances addressed?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>MS.14.03.01, EP 3:</b> If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals, and the system chooses to establish a unified and integrated medical staff, the following occurs: The unified and integrated medical staff establishes and implements policies and procedures and mechanisms to make certain that the needs and concerns expressed by members of the medical staff at each of its separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals, regardless of practice or location, are duly considered and addressed.</p> <p><b>§485.631(e)(4)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the unified medical staff has policies and procedures addressing how members can raise local concerns and needs. Do the policies and procedures cover the following: <ul style="list-style-type: none"> <li>○ The process for raising their local concerns and needs with the unified medical staff's leadership;</li> <li>○ How members are informed of the process by which they can raise their local concerns and needs;</li> <li>○ The process for referring the concerns and needs raised to the appropriate committee or other group within the medical staff for due consideration; and</li> <li>○ The process for documenting the outcome of the medical staff's review of the concerns and needs raised.</li> </ul> </li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask the critical access hospital and medical staff leaders whether any members practicing at the hospital have raised concerns or needs. <b>If yes, ask for documentation showing how the concern or need was considered and addressed by the unified medical staff.</b></li> <li><input type="checkbox"/> Ask members of the medical staff if they are aware that they can raise local concerns or needs with leaders of the unified medical staff.</li> </ul> |

## Critical Access Hospital Staffing and Staff Responsibilities Evaluation Module Continued (Additional Joint Commission Requirements)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>MS.16.01.01, EP 2:</b> Physician members of the organized medical staff are designated to perform the oversight activities of the organized medical staff.</p> <p><b>MS.16.01.01, EP 3:</b> Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.</p> <p><b>MS.16.01.01, EP 7:</b> The organized medical staff does the following:</p> <ul style="list-style-type: none"> <li>- Defines when a medical history and physical examination must be validated and countersigned by a physician with appropriate privileges</li> <li>- Specifies the minimal content and scope of medical histories and physical examinations, which may vary by setting or level of care, treatment, and services, including non-inpatient services</li> </ul> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss with staff the oversight activities that the medical staff is responsible for</li> <li><input type="checkbox"/> Discuss how the medical staff ensures that licensed practitioners only practice within the scope of their privileges</li> </ul> <p><b>Document</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review meeting minutes for medical staff oversight activities, including the analysis and improvement of patient satisfaction, and history and physical quality</li> <li><input type="checkbox"/> Verify that history and physical minimum content as defined by policy is present in the patient's medical record during medical record review.</li> </ul> |
| <p><b>MS.17.01.01, EP 1:</b> The critical access hospital has a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified time frame to support each requested privilege.</p> <p><b>MS.17.01.01, EP 2:</b> The critical access hospital consistently determines the resources needed for each requested privilege.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss with leadership the process to determine if there is sufficient space, equipment, staffing, and financial resources available to support a new privilege</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>MS.17.02.03, EP 3:</b> The critical access hospital completes the credentialing and privileging decision process in a timely manner.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss with medical staff leadership how long the privileging process typically takes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>MS.17.04.01, EP 1:</b> Temporary privileges are granted to meet an important patient care need for a time period defined in the medical staff bylaws.</p> <p><b>MS.17.04.01, EP 2:</b> When temporary privileges are granted to meet an important care need, the organized medical staff verifies current licensure and current competence.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Interview:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss process for granting temporary privileges</li> </ul> <p><b>Documentation</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> During medical staff bylaw review, review the temporary privilege process</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**Critical Access Hospital Staffing and Staff Responsibilities Evaluation Module Continued (Additional Joint Commission Requirements)**

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p><b>MS.17.04.01, EP 3:</b> Temporary privileges may be granted to applicants for new privileges while awaiting review and approval by the organized medical staff upon verification of the following:</p> <ul style="list-style-type: none"> <li>- Current licensure</li> <li>- Relevant training or experience</li> <li>- Current competence</li> <li>- Ability to perform the privileges requested</li> <li>- Other criteria required by the medical staff bylaws</li> <li>- A query and evaluation of the National Practitioner Data Bank (NPDB) information</li> <li>- A complete application</li> <li>- No current or previously successful challenge to licensure or registration</li> <li>- No subjection to involuntary termination of medical staff membership at another organization</li> <li>- No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges</li> </ul> <p><b>MS.17.04.01, EP 4:</b> All temporary privileges are granted by the chief executive officer or authorized designee.</p> <p><b>MS.17.04.01, EP 5:</b> All temporary privileges are granted on the recommendation of the medical staff president or authorized designee.</p> <p><b>MS.17.04.01, EP 6:</b> Temporary privileges for applicants for new privileges are granted for no more than 120 days.</p> | <p><b>Credentialing File</b></p> <p>Review at least one of these files to determine if it meets one of the two following criteria:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Temporary privileges may be granted to meet an important patient care need and may be renewed, if permitted by the bylaws.</li> <li><input type="checkbox"/> Review licensure and competency have been verified.</li> <li><input type="checkbox"/> Verify that the temporary privileges are time-limited &amp; not to exceed 120 consecutive days</li> </ul> |
| <p><b>MS.18.02.01, EP 1:</b> The organized medical staff develops and consistently implements criteria to be used for evaluating the performance of physicians or other licensed practitioners when issues affecting the provision of safe, high quality patient care are identified.</p> <p><b>MS.18.02.01, EP 3:</b> The performance monitoring process is clearly defined and includes each of the following elements:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss the process for implementing a period of focused professional practice evaluation for issues affecting the provisions of safe quality care or for initial privilege request</li> </ul> <p><b>Document</b></p> <p><b>General</b></p>                                                                                                                                                                                                                                 |

**Critical Access Hospital Staffing and Staff Responsibilities Evaluation Module Continued (Additional Joint Commission Requirements)**

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <ul style="list-style-type: none"> <li>- Criteria for conducting performance monitoring</li> <li>- Method for establishing a monitoring plan specific to the requested privilege</li> <li>- Method for determining the duration of performance monitoring</li> <li>- Circumstances under which monitoring by an external source is required</li> </ul> <p><b>MS.18.02.01, EP 4:</b> The triggers that indicate the need for performance monitoring are clearly defined. Note: Triggers can be single incidents or evidence of a clinical practice trend.</p> <p><b>MS.18.02.01, EP 5:</b> Criteria are developed that determine the type of monitoring to be conducted.</p> <p><b>MS.18.02.01, EP 6:</b> The measures employed to resolve performance issues are clearly defined.</p> <p><b>MS.18.02.01, EP 7:</b> The measures employed to resolve performance issues are consistently implemented.</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the process for conducting a focused professional practice evaluation <ul style="list-style-type: none"> <li>o Is the process including criteria is approved by the MS (evaluation should be qualitative and not just quantitative)?</li> <li>o Is the process clearly defined (<i>i.e., written policy-required: criteria for conducting performance monitoring, method for establishing a monitoring plan specific to the requested privilege, method for determining the duration of performance monitoring, circumstances under which monitoring by an external source is required</i>)</li> <li>o Is the process applied consistently (<i>follow the same process step and documentation requirements for all evaluations</i>)</li> </ul> </li> <li><input type="checkbox"/> If a for-cause FPPE: <ul style="list-style-type: none"> <li>o Are the triggers clearly defined?</li> <li>o Are the decisions to initiate FPPE for cause based upon objective measures of current performance reflective of quality and/or safety concerns.</li> <li>o Is there criteria developed for type of monitoring to be conducted</li> <li>o Are the measures/actions to address performance issues defined?</li> <li>o Is there evidence these measures/actions are consistently implemented?</li> </ul> </li> </ul> |
| <p><b>MS.18.02.03, EP 2:</b> The process for the ongoing professional practice evaluation includes the type of data to be collected, which is determined by individual departments and approved by the organized medical staff.</p> <p><b>MS.18.02.03, EP 3:</b> The process for the ongoing professional practice evaluation includes the use of information resulting from the ongoing professional practice evaluation to determine whether to continue, limit, or revoke any existing privilege(s).</p>                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discuss the process for the ongoing professional practice evaluation <ul style="list-style-type: none"> <li>o What types of data is collected? Who determines which data is collected?</li> </ul> </li> </ul> <p><b>Documentation</b></p> <p><b>Credentialing File</b></p> <p>Review file for evidence that the ongoing professional practice evaluation includes information from the evaluation to determine to continue, limit or revoke any existing privilege(s)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>MS.18.03.01 EP 1:</b> The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, has a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>Documentation</b></p> <p><b>General</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Critical Access Hospital Staffing and Staff Responsibilities Evaluation Module Continued (Additional Joint Commission Requirements)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process                                                                                                                                                                                                                            |
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| clearly defined process for collecting, investigating, and addressing clinical practice concerns. Note: Reported concerns regarding a privileged physician's or other licensed practitioner's professional practice are uniformly investigated and addressed, as defined by the hospital and applicable law. | <div><input type="checkbox"/> Review the process for collecting, investigating, and addressing clinical practice concerns</div> <div><b>Credentialing File</b></div> <div>Review a file in which a concern was reported to validate the process was followed</div> |

## Critical Access Hospital Provision of Services Evaluation Module 485.635

(Requires use of Sterile Medication Compounding Evaluation Tool)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p><b><u>§ 485.635 Provision of Services</u></b><br/> <b><u>§485.635(a) Standard: Patient Care Policies</u></b><br/> <b><u>LD.13.01.09, EP 1:</u></b> The critical access hospital develops and implements written policies and procedures that guide health care services. The policies and procedures are consistent with state law and include the following:</p> <ul style="list-style-type: none"> <li>• Description of the services furnished by the critical access hospital, including those provided through agreement or arrangement</li> <li>• Emergency medical services</li> <li>• Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services provided by the critical access hospital</li> <li>• Rules for the storage, handling, dispensation, and administration of drugs and biologicals</li> <li>• Guidelines for addressing post-acute care needs of the patients receiving critical access hospital services</li> </ul> <p><u>Note: If patients are transferred or discharged to a provider for which there is no agreement or arrangement, the critical access hospital verifies that the patient has been accepted and treated.</u></p> <p><b><u>§485.635(a)(1)</u></b></p> | <p><b><u>§485.635(a)</u></b></p> <p><b><u>Documentation</u></b></p> <ul style="list-style-type: none"> <li>• <u>Verify that the CAH has written policies covering the health care services that are furnished in the CAH.</u></li> </ul> <p><b><u>Observation</u></b></p> <ul style="list-style-type: none"> <li>• <u>Observe staff delivering health care services to patients. Is the actual provision of services consistent with the CAH's written policies?</u></li> </ul> <p><b><u>§485.635(a)(2)</u></b></p> <p><b><u>Documentation</u></b></p> <ul style="list-style-type: none"> <li>• <u>Review any meeting minutes for the group of healthcare professionals that advises the CAH's governing body or responsible individual on patient care policies to determine if the group's composition meets the regulatory requirements.</u></li> <li>• <u>Can the CAH provide documentation that the advisory group developed written recommendations on the CAH's patient care policies for consideration by the CAH's governing body/responsible individual?</u></li> </ul> <p><b><u>Interview</u></b></p> <ul style="list-style-type: none"> <li>• <u>Interview all staff listed as part of the policy development advisory group to determine if they had the opportunity to express opinions and make recommendations to the group, for the group's consideration as a group recommendation.</u></li> </ul> |
| <p><b><u>LD.13.01.09, EP 3:</u></b> The critical access hospital develops health care service policies and procedures with the advice of members of its</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

Critical Access Hospital Provision of services Patient Services – General (485.635)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                       |
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| <p><u>professional health care staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists if they are on staff.</u></p> <p><b>§485.635(a)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>LD.13.01.09, EP 1:</b> The critical access hospital develops and implements written policies and procedures that guide health care services. The policies and procedures are consistent with state law and include the following:</p> <ul style="list-style-type: none"> <li>- Description of the services furnished by the critical access hospital, including those provided through agreement or arrangement</li> <li>- Emergency medical services</li> <li>- Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services provided by the critical access hospital</li> <li>- Rules for the storage, handling, dispensation, and administration of drugs and biologicals</li> <li>- Guidelines for addressing post–acute care needs of the patients receiving critical access hospital services</li> </ul> <p>Note: If patients are transferred or discharged to a provider for which there is no agreement or arrangement, the critical access hospital verifies that the patient has been accepted and treated.</p> <p><b>§ 485.635 (a)(3)(i)</b></p> | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH’s policies identify and describe all health care services offered by the CAH, including services provided under arrangement or by agreement.</li> </ul>                                                                                                  |
| <p><b>LD.13.01.09, EP 1:</b> See above</p> <p><b>§ 485.635 (a)(3)(ii)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that written policies and procedures detail how the CAH plans to comply with the requirements of 42 CFR 485.618, including the following: <ul style="list-style-type: none"> <li>○ How the CAH provides 24-hour emergency care to its patients</li> </ul> </li> </ul> |

Critical Access Hospital Provision of services Patient Services – General (485.635)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>○ Which equipment, supplies, medications, and blood and blood products are maintained on site and which are readily available for treating emergency cases by agreement at other facilities</li> <li>○ Which types of staff are available to provide emergency services and what their required on-site response times are</li> <li>○ How the CAH coordinates with local emergency response systems</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>LD.13.01.09, EP 1:</b> See above<br/> <b>§ 485.635 (a)(3)(iii)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Document Review</b><br/> <b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH's written patient care policies address the following: <ul style="list-style-type: none"> <li>○ Circumstances under which consultation with other CAH professional health care staff, or referral outside the CAH, should occur</li> <li>○ Maintenance of medical records, in a manner consistent with the requirements at §485.638</li> <li>○ Periodic evaluation of the CAH's health care services, in a manner consistent with the requirements at §485.641</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>LD.13.01.09, EP 1:</b> See above<br/> <b>§ 485.635 (a)(3)(iv)</b></p> <p><b>MM.13.01.01, EP 1:</b> The critical access hospital maintains current and accurate records of the receipt and disposition of all scheduled drugs.<br/> <b>§ 485.635 (a)(3)(iv)</b></p> <p><b>MM.13.01.01, EP 4:</b> The critical access hospital removes all expired, damaged, mislabeled, contaminated, or otherwise unusable medications and stores them separately from medications available for patient use.<br/> Note: This element of performance is also applicable to sample medications.<br/> <b>§ 485.635 (a)(3)(iv)</b></p> <p><b>MM.15.01.03, EP 1:</b> Medication containers are labeled whenever medications are prepared but not immediately administered.</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has the CAH adopted pharmacy rules that were developed with the advice of its professional health care staff?</li> <li><input type="checkbox"/> Has the CAH identified the qualifications of and designated an individual who is responsible for developing and implementing the rules for its pharmacy services, consistent as applicable with state and federal law?</li> <li><input type="checkbox"/> Ask CAH practitioners and nursing and pharmacy staff whether the CAH's pharmacy service dispenses prescribed drugs and biologicals in a timely manner. If there is evidence in medical records reviewed of late administration of prescribed medications, probe to determine whether delays are due to pharmacy dispensing delays.</li> <li><input type="checkbox"/> Ask the individual responsible for CAH pharmacy services what sources of accepted professional principles of pharmacy practice the CAH relies on when developing and implementing its CAH pharmacy rules, policies, and procedures. Is the source(s) nationally recognized?</li> <li><input type="checkbox"/> Interview the person responsible for pharmacy services and other CAH staff to determine their understanding of the CAH's controlled drug policies.</li> <li><input type="checkbox"/> Can the individual responsible for CAH pharmacy services explain the risk level(s) of the compounded sterile products (CSPs) being produced in house and/or obtained from external sources?</li> </ul> |

Critical Access Hospital Provision of services Patient Services – General (485.635)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>Note 1: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.</p> <p>Note 2: This element of performance is also applicable to sample medications.</p> <p><b>§ 485.635 (a)(3)(iv)</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> If any CSPs are produced in the CAH: <ul style="list-style-type: none"> <li>○ Ask pharmacy staff for one or more examples of situations in which a beyond use date (BUD) had to be determined for a CSP based on the policy.</li> <li>○ Ask if the beyond use date (BUD) function was carried out within the CAH or if it was handled by external source(s) of CSPs.</li> <li>○ Is there evidence that the BUDs are determined consistent with the CAH's rules, policies, and procedures?</li> </ul> </li> <li><input type="checkbox"/> Ask staff who engage in sterile and nonsterile compounding if they are knowledgeable about applicable levels of aseptic practices.</li> <li><input type="checkbox"/> Ask the individual responsible for pharmacy services to demonstrate how the following are accomplished to ensure that sterile compounding practices are consistent with standards for the risk level(s) of CSPs being produced for/dispensed to CAH patients: <ul style="list-style-type: none"> <li>○ Verification of compounding accuracy and sterility</li> <li>○ Environmental quality and controls, including environmental sampling, testing and monitoring, and cleaning and disinfection</li> <li>○ Staff training and competency assessment, including but not limited to accuracy/precision in identifying and measuring ingredients, cleansing and garbing, aseptic manipulation skills, environmental quality and disinfection, appropriate work practices within and adjacent to the direct compounding area, verification/calibration of equipment, sterilization, and postproduction quality checks</li> </ul> </li> <li><input type="checkbox"/> Ask pharmacy staff for one or more examples of situations in which a BUD had to be determined for a CSP based on the policy. <ul style="list-style-type: none"> <li>○ Ask if this function was carried out within the CAH or done by external source(s) of CSPs.</li> <li>○ Is there evidence that the BUDs were consistent with the CAH's rules, policies, and procedures?</li> </ul> </li> <li><input type="checkbox"/> If the CAH obtains CSPs from an external source that is not a registered outsourcing facility by the Food and Drug Administration, can it demonstrate that it systematically evaluates and monitors whether these sources adhere to accepted professional principles for safe compounding? <ul style="list-style-type: none"> <li>○ Does the CAH have a process for following up on adverse drug reactions and errors in medication administration reported by CAH staff in accordance with §485.635(a)(3)(v)?</li> <li>○ If any have been reported, did the CAH thoroughly assess and analyze them?</li> <li>○ Has the CAH taken effective preventive action to address identified issues?</li> </ul> </li> </ul> |

| Joint Commission<br>Standards / EPs | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|                                     | <p><b>Document Review</b></p> <p><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the qualifications of the responsible individual to verify that they satisfy the CAH's written criteria.</li> </ul> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review records to see if drugs and biologicals are removed from the pharmacy by unauthorized personnel.</li> <li><input type="checkbox"/> Ensure that the CAH's pharmacy rules address automatic dispensing cabinets (ADCs), if used within the CAH, and that they are being used in the manner prescribed by the CAH's rules.</li> <li><input type="checkbox"/> Verify that concerns, issues or questions pharmacy staff have about any medication order are clarified with the prescribing practitioner or another practitioner responsible for the care of the patient before dispensing.</li> <li><input type="checkbox"/> Verify that the individual responsible for pharmacy services, including compounding policies, practices, and quality assurance within the CAH and selecting and overseeing any external sources of compounded medications, has the expertise to conduct effective quality oversight.</li> <li><input type="checkbox"/> Review the CAH's procedures for maintaining the quality of CSPs during storage, transport, and dispensing. <ul style="list-style-type: none"> <li><input type="checkbox"/> Are CSPs packaged in a manner to protect package integrity and sterility?</li> <li><input type="checkbox"/> How are CSP-specific requirements with respect to motion, light exposure, temperature, and potentially hazardous contents addressed?</li> <li><input type="checkbox"/> How does the CAH ensure that such information is effectively conveyed to nonpharmacy health care personnel and/or to patients/caregivers, if applicable?</li> </ul> </li> <li><input type="checkbox"/> Review the pharmacy rules, policies, and procedures for determining BUDs (for medications compounded in house as well as from external sources). <ul style="list-style-type: none"> <li><input type="checkbox"/> Can the CAH demonstrate that the policies and procedures are consistent with or more stringent than the applicable nationally accepted standards?</li> <li><input type="checkbox"/> Can it demonstrate that the pharmacy personnel assigned to determining BUDs when manufacturer's instructions are not available have the expertise and technical support needed to properly conduct the assessments needed to make such determinations in a manner consistent with standards and hospital policies?</li> </ul> </li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that drugs and biologicals stored in a secure manner. <ul style="list-style-type: none"> <li><input type="checkbox"/> Are drugs stored in areas not accessible to unauthorized personnel?</li> <li><input type="checkbox"/> When drugs or biologicals are kept in a patient care area during hours when patient care is not provided, are they locked up?</li> </ul> </li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                                                                                                                                                          | <ul style="list-style-type: none"> <li><input type="checkbox"/> Conduct a spot check of drug use and other inventory records to ensure that drugs are properly accounted for.</li> <li><input type="checkbox"/> Determine if the CAH has a system that tracks movement of all scheduled drugs from the point of entry into the CAH to the point of departure either through administration to the patient, destruction of the drug, or return to the manufacturer. <ul style="list-style-type: none"> <li>○ Does this system provide documentation on scheduled drugs in a readily retrievable manner to facilitate reconciliation of the receipt and disposition of all scheduled drugs?</li> </ul> </li> <li><input type="checkbox"/> Review records of scheduled drugs over a recent time period. Is there evidence of discrepancies and, if so, of efforts by the CAH to reconcile and address the discrepancies?</li> <li><input type="checkbox"/> Verify that only a pharmacist or another staff member authorized in accordance with state and federal law compound, label, and dispense drugs or biologicals, regardless of whether the services are provided by CAH staff or under arrangement. <ul style="list-style-type: none"> <li>○ Interview pharmacy and CAH staff to determine how drugs and biologicals are dispensed.</li> <li>○ Observe on-site dispensing operations.</li> </ul> </li> <li><input type="checkbox"/> Ask the CAH to demonstrate that compounded medications used and/or dispensed by the hospital are being compounded consistent with standard operating procedures and quality assurance practices.</li> <li><input type="checkbox"/> Spot-check the labels of individual drug containers to verify that they contain the following minimal information: <ul style="list-style-type: none"> <li>○ Patient's full name</li> <li>○ Strength and quantity of the drug dispensed</li> <li>○ Appropriate accessory and cautionary statements</li> <li>○ Expiration date and, when applicable, beyond use date (BUD)</li> </ul> </li> <li><input type="checkbox"/> Spot-check floor stock containers to ensure labels bear the name and strength of the drug, lot and control number of equivalent, expiration date, and, when applicable, a BUD.</li> <li><input type="checkbox"/> If the unit dose system is used, verify that each single unit dose package bears the name and strength of the drug, lot and control number equivalent, expiration date, and, when applicable, a BUD.</li> <li><input type="checkbox"/> Spot-check patient-specific and floor stock medications to identify expired, mislabeled or unusable medications, including medications that are past their BUD.</li> </ul> |
| <b>MM.17.01.01, EP 1:</b> The critical access hospital develops and implements policies and procedures for reporting transfusion reactions, adverse drug | <b>Interview</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assess whether the CAH ensures that medication administration errors and adverse drug reactions (ADRs) are reported to practitioners in a timely manner.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                          | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>reactions, and errors in administration of drugs.<br/>Note: This element of performance is also applicable to sample medications.<br/><b>§ 485.635 (a)(3)(v)</b></p>                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>○ Ask nursing staff if they are familiar with the concepts of medication errors that do and do not reach the patient, as well as ADRs.</li> <li>○ Ask nursing staff what they would do in the case of a medication administration error that reaches the patient or an adverse drug event.</li> <li>○ Ask nursing staff if they can provide examples of cases where they needed to report an ADR. Is the report to the practitioner documented in the medical record?</li> <li>○ Review records of medication errors and ADRs to determine that they are reported immediately, in accordance with written procedures, and that medications administered and/or drug reactions are promptly recorded in the patient's medical record.</li> </ul> <p><input type="checkbox"/> Interview CAH staff (nursing, pharmacy, and medical) to ascertain awareness of the CAH's policy on reporting medication administration errors and ADRs for quality improvement purposes.</p> <ul style="list-style-type: none"> <li>○ Does the CAH rely only on internal staff incident reporting or does it use other methods to identify potential/actual medication errors and ADRs?</li> <li>○ Ask the individual responsible for the quality assurance (QA) program to demonstrate how the CAH determines if the number of medication administration errors and ADRs reported is consistent with the size and scope of services provided by the CAH.</li> <li>○ Review QA activities for medication administration errors and ADRs to determine if, upon analyses of the reports, potential corrective actions are identified and implemented, if appropriate.</li> </ul> <p><b>Document Review</b><br/><b>General</b></p> <p><input type="checkbox"/> Verify that the CAH has evidence of training staff on reporting expectations.</p> <p><b>Observation</b></p> <p><input type="checkbox"/> Ask the CAH to demonstrate that it has a system for reporting/identifying ADRs and medication administration errors for quality assurance/improvement purposes.</p> |
| <p><b>PC.12.01.01, EP 1:</b> Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations.<br/>Note 1: This includes but is not limited to</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask the dietician for evidence that menus meet the nutritional needs of patients. For example, does the service rely upon DRIs, including RDAs, in developing menus?</li> <li><input type="checkbox"/> Ask the dietician how patients identified as having specialized needs monitored</li> </ul> <p><b>Document Review</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Critical Access Hospital Provision of services Patient Services – General (485.635)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                |
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| <p>respiratory services, radiology services, rehabilitation services, nuclear medicine services, and dietary services, if provided. Note 2: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. The requirement of 42 CFR 483.25(i) is met for inpatients receiving care at a skilled nursing facility subsequent to critical access hospital care.</p> <p><b>§ 485.635 (a)(3)(vi)</b></p> <p><b>PC.12.01.9, EP 1:</b> The nutritional needs of the individual patient are met in accordance with clinical practice guidelines and recognized dietary practices. Note 1: Diet menus meet the needs of the patients. Note 2: For swing beds in critical access hospitals: The critical access hospital meets the assisted nutrition and hydration requirement at 42 CFR 483.25(g) with respect to inpatients receiving posthospital skilled nursing facility care.</p> <p><b>§ 485.635 (a)(3)(vi)</b></p> | <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify therapeutic diets are provided as ordered</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> When observing care in inpatient units (or observation units where meals are provided) ask staff how patients are assessed for nutritional needs.</li> </ul> |
| <p><b>LD.13.01.09, EP 1:</b> The critical access hospital develops and implements written policies and procedures that guide health care services. The policies and procedures are consistent with state law and include the following: - Description of the services furnished by the critical access hospital, including those provided through agreement or arrangement - Emergency medical services - Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review policies and procedures developed and implemented to confirm it meets the needs of patients receiving post-acute care.</li> </ul>                                                                                                                                                           |

**Critical Access Hospital Provision of services Patient Services – General (485.635)**

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                    |
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| <p>the services provided by the critical access hospital</p> <ul style="list-style-type: none"> <li>- Rules for the storage, handling, dispensation, and administration of drugs and biologicals</li> <li>- Guidelines for addressing post–acute care needs of the patients receiving critical access hospital services</li> </ul> <p>Note: If patients are transferred or discharged to a provider for which there is no agreement or arrangement, the critical access hospital verifies that the patient has been accepted and treated.</p> <p><b>§485.635(a)(3)(viii)</b></p> |                                                                                                                                                                                                                                                            |
| <p><b>LD.13.01.09, EP 4:</b> The critical access hospital's policies are reviewed at least every two years by the group of professional personnel required under LD.13.01.09, EP 3, and updated as necessary.</p> <p><b>§485.635(a)(4)</b></p>                                                                                                                                                                                                                                                                                                                                   | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask leaders, clinical staff, and professional staff about the processes to review policies at least every two years and how necessary updates are made.</li> </ul> |

## Critical Access Hospital Provision of services Patient Services – General (485.635(b)(1))

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p><b>485.635(b) Standard: Patient Services</b></p> <p><b>LD.13.03.01, EP 4:</b> The critical access hospital provides basic outpatient services (diagnostic and therapeutic services and supplies that are commonly provided in a physician’s office or at another entry point into the health care delivery system, such as low intensity hospital outpatient department or emergency department). These services include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions.<br/> <b>§485.635(b)(1)(i)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CAH individual(s) responsible for outpatient services and observe: <ul style="list-style-type: none"> <li>○ Types and number of qualified personnel and staff are appropriate for the scope and complexity of the outpatient services offered.</li> <li>○ Diagnostic and therapeutic services and supplies are available and provided to outpatients</li> <li>○ Equipment, staff, and facilities are adequate to provide the outpatient services and are in accordance with acceptable standards of practice.</li> <li>○ Integration of outpatient services with the appropriate CAH inpatient services in accordance with the needs of the patient care provided.</li> </ul> </li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review scope of outpatient services. CAH on-site outpatient services provided include services comparable to 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</li> </ul> <p><b>Personnel File Review (HR/Competency Review Activity)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review personnel files and/or contracts to verify current licensure, certifications, and training of staff consistent with applicable State laws.</li> </ul> |
| <p><b><u>LD.13.03.01, EP 3</u></b> The critical access hospital provides acute care inpatient services.<br/> <b>§485.635(b)(1)(ii)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b><u>Document Review</u></b></p> <p><b><u>General</u></b></p> <ul style="list-style-type: none"> <li>• <u>Verify that the CAH is furnishing acute care inpatient services by reviewing data on the number of patients admitted over the prior year.</u></li> <li>• <u>Determine the percentage of ED visits that result in an admission to the CAH. If fewer than eight percent of ED visits lead to an inpatient admission, review data on transfers of ED patients, overall staffing, the volume and type of outpatient services offered, including observation services, and swing bed services to determine whether there is a reasonably proportionate relationship among the various services the CAH provides.</u></li> </ul> <p><b><u>Patient Health Record</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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|  | <ul style="list-style-type: none"><li>• <u>Review a sample of records of the patients the CAH transferred and determine if the transfers were appropriate based on the services available at the CAH.</u></li></ul> |
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## Critical Access Hospital Laboratory Services Evaluation Module (485.635 (b)(2))

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>§485.635(b)(2) Laboratory Services</b></p> <p><b>LD.13.03.01, EP 12:</b> The critical access hospital provides the following basic laboratory services essential to the immediate diagnosis and treatment of the patient:</p> <ul style="list-style-type: none"> <li>- Chemical examination of urine by the stick method, the tablet method, or both (including urine ketones)</li> <li>- Hemoglobin or hematocrit tests</li> <li>- Blood glucose tests</li> <li>- Examination of stool specimens for occult blood</li> <li>- Pregnancy tests</li> <li>- Primary culturing for transmittal to a certified laboratory</li> </ul> <p>Note 1: The laboratory meets the standards imposed under section 353 of the Public Health Service Act (42 U.S.C. 263a). (Refer to the laboratory requirements specified in 42 CFR 493)</p> <p>Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has laboratory services available, either directly or through a contractual agreement with a Clinical Laboratory Improvement Amendments (CLIA)–certified laboratory that meets the requirements of 42 CFR 493.</p> <p><b>§485.635(b)(2)(i-vi)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Leaders of the CAH to the basic laboratory services it offers. <ul style="list-style-type: none"> <li>- Lab services may be provided by the CAH staff or under arrangement or agreement with a laboratory, or through a combination of CAH staff and a laboratory under arrangement.</li> </ul> </li> </ul> <p><i>Note: Laboratory services, whether provided directly by the CAH or under an arrangement with a laboratory contractor, must have a current Clinical Laboratory Improvement Act (CLIA) certificate or waiver for all tests performed and meet the laboratory requirements specified in Part 493 of this chapter. Compliance with Part 493 is not assessed by CAH surveyors evaluating compliance with the CAH conditions of participation, but surveyors are expected to refer potential issues they may identify to the program responsible for CLIA certification.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Leaders about laboratory services provided on-site at the CAH’s main campus are the tests specified in the regulation, which would be considered the minimum necessary for diagnosis and treatment of a patient laboratory must include: <ul style="list-style-type: none"> <li>- Chemical examination of urine by stick or tablet method or both (including urine ketones);</li> <li>- Hemoglobin or hematocrit;</li> <li>- Blood glucose;</li> <li>- Examination of stool specimens for occult blood;</li> <li>- Pregnancy tests; and</li> <li>- Primary culturing for transmittal to a certified laboratory</li> </ul> </li> <li><input type="checkbox"/> Leaders how they determine which laboratory services are to be immediately available to meet the emergency needs of patients and how are the services provided.</li> <li><input type="checkbox"/> Staff who furnish emergency services whether these laboratory services are available whenever the CAH provides emergency services.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The identified laboratory services are available to support the emergency services the CAH provides</li> </ul> |

| Joint Commission Standards / EPs | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|                                  | <p>Note: Patient laboratory results and all other laboratory clinical patient records are considered patient medical records, and the CAH must comply with the requirements of the clinical records CoP at §485.638(a)(4)(ii).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample lab results to confirm patient laboratory results and all other laboratory clinical patient records are considered patient medical records, and the CAH must comply with the requirements of the clinical records CoP at §485.638(a)(4)(ii).</li> </ul> <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the CAH's laboratory scope of services. The CAH provides basic laboratory services essential to the immediate diagnosis and treatment of the patient that meet the standards imposed under section 353 of the Public Health Service Act (42 U.S.C. 263a). (See the laboratory requirements specified in part 493.</li> <li><input type="checkbox"/> Laboratory services provided on-site at the CAH's main campus are the tests specified in the regulation, which would be considered the minimum necessary for diagnosis and treatment of a patient laboratory must include: <ul style="list-style-type: none"> <li>- Chemical examination of urine by stick or tablet method or both (including urine ketones);</li> <li>- Hemoglobin or hematocrit;</li> <li>- Blood glucose;</li> <li>- Examination of stool specimens for occult blood;</li> <li>- Pregnancy tests; and</li> <li>- Primary culturing for transmittal to a certified laboratory</li> </ul> </li> <li><input type="checkbox"/> The CAH has a CLIA certificate or waiver, as applicable, for all laboratory tests performed in CAH facilities</li> <li><input type="checkbox"/> The laboratory has written policies and procedures for the collection, preservation, transportation, receipt, and reporting of tissue specimen results.</li> </ul> |

| Joint Commission Standards / EPs | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                      |
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|                                  | <div><input type="checkbox"/> The CAH has a procedure in place for obtaining tests needed but unavailable at the CAH laboratory.</div> <div><input type="checkbox"/> If the CAH refers specimens to another laboratory for testing, the CAH has documentation that the referral laboratory is CLIA certified for the appropriate tests</div> |

## Critical Access Hospital Radiology Services Evaluation Module (485.635(b)(3))

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p><b>NPG.12.01.01, EP 1:</b> Leaders provide for an adequate number and mix of qualified individuals to support safe, quality care, treatment, and services.<br/> <b>Note 1:</b> The number and mix of individuals is appropriate to the scope and complexity of the services offered.<br/> Services may include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>- Rehabilitation services</li> <li>- Emergency services</li> <li>- Outpatient services</li> <li>- Respiratory services</li> <li>- Pharmaceutical services, including emergency pharmaceutical services</li> <li>- Diagnostic and therapeutic radiology services</li> </ul> <p><b>Note 2:</b> Emergency services staff are qualified in emergency care.<br/> <b>Note 3:</b> For rehabilitation and psychiatric distinct part units in critical access hospitals: As of the first day of the first cost reporting period for which all other exclusion requirements are met, the unit is fully equipped and staffed and is capable of providing hospital inpatient psychiatric or rehabilitation care regardless of whether there are any inpatients in the unit on that date.<br/> <b>§485.635(b)(3)</b></p> <p><b>LD.13.03.01, EP 1:</b> The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered and are in accordance with accepted standards of practice. Services may include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>- Outpatient</li> <li>- Emergency</li> </ul> | <p><b>Interview</b><br/> Interview radiology services leader and staff to determine if</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic radiological services are maintained and available to support the services the CAH provides to meet the needs of its patients.</li> <li><input type="checkbox"/> Diagnostic radiological services are available at all times the CAH provides services, including emergency services.</li> <li><input type="checkbox"/> Radiological services provided by the CAH, including diagnostic, therapeutic, and nuclear medicine, are provided in accordance with acceptable standards of practice and meet professionally approved standards for safety.</li> <li><input type="checkbox"/> Radiologists who interpret radiological tests through teleradiology services meet the telemedicine privileging requirements (485.616(c)(3))</li> </ul> <p><b>Document Review</b><br/> <b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that scope and complexity of radiological services offered is specified in writing and approved by the governing body (or responsible individual).</li> <li><input type="checkbox"/> Ensure that written policies approved by the governing body or responsible individual, consistent with state law, designate which personnel are qualified to use the radiological equipment and administer procedures.</li> </ul> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask the person responsible for radiologic services what radiologic services the CAH offers at its main campus.</li> <li><input type="checkbox"/> Are studies interpreted only by qualified staff approved to do so by the CAH's governing body or responsible individual?</li> </ul> <p><b>Document Review</b><br/> <b>General</b><br/> Review radiation safety policies and procedures to determine if they address the following</p> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <ul style="list-style-type: none"> <li>- Medical records</li> <li>- Diagnostic and therapeutic radiology</li> <li>- Nuclear medicine</li> <li>- Surgical</li> <li>- Anesthesia</li> <li>- Laboratory</li> <li>- Respiratory</li> <li>- Dietetic</li> <li>- Obstetrical</li> </ul> <p>Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the critical access hospital.</p> <p><b>§485.635(b)(3)</b></p> <p><b>PE.02.01.01, EP 4:</b> The critical access hospital develops and implements policies and procedures to protect patients and staff from exposure to hazardous materials. The policies and procedures address the following:</p> <ul style="list-style-type: none"> <li>- Minimizing risk when selecting, handling, storing, transporting, using, and disposing of radioactive materials, hazardous chemicals, and hazardous gases and vapors</li> <li>- Disposal of hazardous medications</li> <li>- Minimizing risk when selecting and using hazardous energy sources, including the use of proper shielding</li> <li>- Periodic inspection of radiology equipment and prompt correction of hazards found during inspection</li> <li>- Precautions to follow and personally protective equipment to wear in response to hazardous material and waste spills or exposure</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Radiation shielding for patients, personnel and facilities including: <ul style="list-style-type: none"> <li>○ Built in shielding;</li> <li>○ Types of personal protective shielding to be used, under what circumstances, for patients, including high risk patients and CAH staff;</li> <li>○ Types of containers to be used for various radioactive materials, if applicable, when stored, in transport, in use, and when disposed;</li> <li>○ Clear signage identifying hazardous radiation areas;</li> </ul> </li> <li><input type="checkbox"/> Labeling of all radioactive materials, including waste, with clear identification of all material(s);</li> <li><input type="checkbox"/> Transportation of radioactive materials between locations within the CAH;</li> <li><input type="checkbox"/> Security of radioactive materials, including determining who may have access to radioactive materials and controlling access to radioactive materials;</li> <li><input type="checkbox"/> Periodic testing of equipment for radiation hazards;</li> <li><input type="checkbox"/> Periodic checking of staff regularly exposed to radiation for the level of radiation exposure, via exposure meters or badge tests;</li> <li><input type="checkbox"/> Storage of radio nuclides and radio pharmaceuticals as well as radioactive waste; and</li> <li><input type="checkbox"/> Disposal of radio nuclides, unused radio pharmaceuticals, and radioactive waste</li> <li><input type="checkbox"/> Requirements for periodic inspections of radiology equipment and timely correction of identified problems.</li> <li><input type="checkbox"/> Review records to verify that hazardous materials are tracked, handled, moved, and stored properly in a safe manner with the requisite containers.</li> <li><input type="checkbox"/> Review records to verify that periodic tests of radiology personnel by exposure meters or test badges are performed.</li> <li><input type="checkbox"/> Review the equipment inspection records to verify that periodic inspections and maintenance are conducted in accordance with the manufacturer's recommendations.</li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p>Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers, and MRIs).</p> <p>Note 2: Hazardous gases and vapors include, but are not limited to, ethylene oxide and nitrous oxide gases; vapors generated by glutaraldehyde; cauterizing equipment, such as lasers; waste anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9)</p> <p><b>§485.635(b)(3)</b></p> <p><b>PE.02.01.01, EP 5:</b> Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure.</p> <p><b>§485.635(b)(3)</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine whether any equipment problems identified are properly corrected in a timely manner and that the correction is maintained over time.</li> </ul> <p><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review radiology staff personnel folders to determine if they meet the qualifications for tasks they perform, as established in the CAH's policies and consistent with state law.</li> <li><input type="checkbox"/> Ask how the CAH ensures that radiologic services are provided consistent with acceptable standards of practice.</li> <li><input type="checkbox"/> At off-site locations ask how the CAH ensures that patient needs for radiologic services are met, if applicable.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that patient shielding (for example, aprons) are properly maintained and routinely inspected by the CAH.</li> <li><input type="checkbox"/> Observe areas where radiologic testing is done and check for safety problems.</li> <li><input type="checkbox"/> Determine which staff are using various pieces of radiological equipment and/or administering patient procedures.</li> <li><input type="checkbox"/> Ask to see the CAH's written protocols and verify that the staff is adhering to them.</li> <li><input type="checkbox"/> Determine if the radiologic services staff is familiar with the policies and procedures related to safety.</li> <li><input type="checkbox"/> Ask staff to explain the protocol for the procedures/studies they administer.</li> <li><input type="checkbox"/> Verify that hazardous materials are clearly labeled.</li> </ul> |
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Critical Access Hospital Emergency Procedures Evaluation Module (485.635 (b)(4))

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process          |
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| <b>LD.13.03.01, EP 6:</b> The critical access hospital provides emergency medical services that meet the needs of its inpatients and outpatients as a first response to common life-threatening injuries and acute illnesses. Note: Emergency services are available 24-hours a day, 7 days a week.<br><b>§485.635(b)(4)</b> | <u>The survey procedures for §485.618 apply.</u> |

## Critical Access Hospital Services Provided Through Agreements or Arrangements Evaluation Module (485.635(c)(1))

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>LD.13.03.03, EP 7:</b> The critical access hospital has agreements or arrangements, as appropriate, with one or more providers or suppliers participating under Medicare to furnish services not directly provided by the critical access hospital to its patients, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>- Services of doctors of medicine or osteopathy</li> <li>- Additional or specialized diagnostic and clinical laboratory services not available at the critical access hospital</li> <li>- Food and other services to meet inpatient nutritional needs to the extent they are not provided directly by the critical access hospital</li> </ul> <p><b>§485.635(c)(1)(i); §485.635(c)(1)(ii); §485.635(c)(1)(iii)</b></p> | <p><b>§485.635(c)(1)(i):</b><br/><b>Interview and Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Verify that 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.</u></li> <li><input type="checkbox"/> <u>Are the referral arrangements in writing? If not, can the CAH document that patients referred to an outside MD or DO have been offered appointments and treatment?</u></li> <li><input type="checkbox"/> <u>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?</u></li> </ul> <p><b>§485.635(c)(1)(ii):</b><br/><b>Interview and Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Verify that the CAH has an agreement or arrangement with an outside laboratory and an outside diagnostic imaging facility for services not provided in the CAH.</u></li> <li><input type="checkbox"/> <u>Ask the CAH how it ensures that the laboratory with which it has an agreement or arrangement holds the necessary CLIA certification.</u></li> <li><input type="checkbox"/> <u>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?</u></li> <li><input type="checkbox"/> <u>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?</u></li> </ul> <p><b>§485.635(c)(1)(iii):</b><br/><b>Interview and Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH has an agreement or arrangement with a vendor to provide dietary services to inpatients if the CAH does not use its own staff to provide these services.</li> <li><input type="checkbox"/> Periodic evaluation of policies and procedures, services provided, and quality assurance review.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Food and dietary services meet the nutritional needs of inpatients</li> </ul> |

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|  | <input type="checkbox"/> If the CAH is a grandfathered co-located CAH that obtains food services from the co-located facility, the surveyor must assess the food service operations in the co-located facility as part of the CAH survey. |
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## Critical Access Hospital Services Provided Through Agreements or Arrangements Evaluation Module (485.635(c)(2))

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                             |
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| <p><b><u>LD.13.01.09, EP 1:</u></b> <u>The critical access hospital develops and implements written policies and procedures that guide health care services. The policies and procedures are consistent with state law and include the following:</u></p> <ul style="list-style-type: none"> <li><u>-Description of the services furnished by the critical access hospital, including those provided through agreement or arrangement</u></li> <li><u>-Emergency medical services</u></li> <li><u>-Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services provided by the critical access hospital</u></li> <li><u>-Rules for the storage, handling, dispensation, and administration of drugs and biologicals</u></li> <li><u>-Guidelines for addressing post-acute care needs of the patients receiving critical access hospital services</u></li> </ul> <p><u>Note: If patients are transferred or discharged to a provider for which there is no agreement or arrangement, the critical access hospital verifies that the patient has been accepted and treated.</u></p> <p><b><u>§485.635(c)(2)</u></b></p> | <p><b><u>Interview and Document Review</u></b></p> <p><u>If the agreements or arrangements are not in writing, verify the CAH is able to present evidence that patients referred by the CAH are being accepted and treated.</u></p> |

## Critical Access Hospital Services Provided Through Agreements or Arrangements Evaluation Module (485.635(c)(3))

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p><b>LD.13.03.03, EP 1:</b> <u>The critical access hospital maintains a current list of all patient care services provided under contract, arrangement, or agreement. The list describes the nature and scope of services provided</u><br/><b>§485.635(c)(3)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Ask the CAH for evidence that the list is updated whenever there are changes.</u></li> <li><input type="checkbox"/> <u>Ask various CAH staff during the course of the survey whether they work directly for the CAH or some other entity; check that services provided by staff employed by outside entities are on the list of contracted services.</u></li> </ul> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Review the list of contracted services and verify that it contains all required information.</u></li> </ul> |

## Critical Access Hospital Services Provided Through Agreements or Arrangements Evaluation Module (485.635(c)(4))

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>LD.11.01.03, EP 1:</b> <u>The person responsible for the operation of the critical access hospital under 42 CFR 485.627(b)(2) is also responsible for the following:</u><br/> <u>-Services provided in the critical access hospital whether or not they are furnished under arrangements or agreements</u><br/> <u>-Ensuring that contractors of services (including contractors for shared services and joint ventures) provide services that enable the critical access hospital to comply with all applicable Centers for Medicare &amp; Medicaid (CMS) Conditions of Participation and standards for the contracted services</u><br/> <b>§485.635(c)(4)(i); §485.635(c)(4)(ii)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Ask the CAH's CEO to demonstrate how he or she provides oversight of all contracted services related to patient care.</u></li> <li><input type="checkbox"/> <u>Ask for specific examples of how the CEO assures that services furnished in the CAH comply with the CoPs (e.g., policies and procedures, by-laws, etc.) that the individual responsible for its operations is responsible for all services provided through arrangements or agreements.</u></li> </ul> |

## Critical Access Hospital Services Provided Through Agreements or Arrangements Evaluation Module (485.635(c)(5))

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                     |
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| <p><b>MS.20.01.01, EP 1:</b> When telemedicine services are furnished to the critical access hospital's patients through an agreement with a distant-site hospital or telemedicine entity, the governing body of the originating critical access hospital may choose to rely upon the credentialing and privileging decisions made by the distant-site hospital or telemedicine entity for the individual distant-site physicians and other licensed practitioners providing such services if the critical access hospital's governing body includes all of the following provisions in its written agreement with the distant-site hospital or telemedicine entity:</p> <ul style="list-style-type: none"> <li>-The distant-site telemedicine entity provides services in accordance with contract service requirements.</li> <li>-The distant-site telemedicine entity's medical staff credentialing and privileging process and standards is consistent with the critical access hospital's process and standards, at a minimum.</li> <li>-The distant-site hospital providing the telemedicine services is a Medicare-participating hospital.</li> <li>-The individual distant-site physician or other licensed practitioner is privileged at the distant-site hospital or telemedicine entity providing the telemedicine services, and the distant-site hospital or telemedicine entity provides a current list of the distant-site physician's or practitioner's privileges at the distant-site hospital or telemedicine entity.</li> <li>-The individual distant-site physician or other licensed practitioner holds a license issued or recognized by the state in which the critical access hospital whose patients are receiving the telemedicine services is located.</li> <li>-For distant-site physicians or other licensed practitioners privileged by the originating critical access hospital, the originating critical access hospital internally reviews services provided by the distant-site physician or other licensed practitioner and sends the distant-site hospital or telemedicine entity information for use in the periodic evaluation of the practitioner. At a minimum,</li> </ul> | <p>See Hospital Agreements Evaluation Module (485.616)</p> <p><u>Determine whether the CAH verifies that every entity providing health care services to the CAH's patients under an agreement participates in Medicare, with the exception of a distant-site telemedicine entity providing telemedicine services under an agreement or arrangement.</u></p> |

Critical Access Hospital Nursing Services Evaluation Module (485.635(d))

this information includes adverse events that result from the telemedicine services provided by the distant-site physician or other licensed practitioner to the critical access hospital's patients and complaints the critical access hospital has received about the distant site physician or other licensed practitioner.

Note 1: In the case of distant-site physicians and licensed practitioners providing telemedicine services to the critical access hospital's patients under a written agreement between the critical access hospital and a distant site telemedicine entity, the distant-site telemedicine entity is not required to be a Medicare participating provider or supplier.

Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).

(See also MS.14.01.01, EP 2)

**§485.635(c)(5)**

## Critical Access Hospital Nursing Services Evaluation Module (485.635(d))

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p><b>LD.13.03.01, EP 2:</b> The critical access hospital has an organized nursing service, with a plan of administrative authority and delineation of responsibility for patient care, that provides nursing services to meet the needs of its patients.</p> <p>Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-hour nursing waiver granted under 42 CFR 488.54(c) are not required to have 24-hour nursing services.</p> <p><b>§485.635(d) Standard: Nursing Services</b></p> <p><b>NPG.12.02.01, EP 4:</b> A registered nurse provides (or assign to other staff) the nursing care of each patient, including patients at a skilled nursing facility level of care in a swing-bed critical access hospital. The care is provided in accordance with the patient's needs and the specialized qualifications and competence of the staff available.</p> <p>Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: A registered nurse directly provides or supervises the nursing services provided by other staff to patients 24 hours a day, 7 days a week. The critical access hospital has a licensed practical nurse or registered nurse on duty at all times.</p> <p>Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-hour nursing waiver granted under 42 CFR 488.54(c) are not required to have 24-hour nursing services.</p> <p><b>§485.635(d)(1)</b></p> <p><b>NR.11.01.01, EP 4:</b> A registered nurse (or physician assistant, when permitted by state law) supervises and evaluates the nursing care for each patient, including</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask the RN responsible for nursing services the following: <ul style="list-style-type: none"> <li>○ How are the nursing needs of patients determined?</li> <li>○ Who makes this determination?</li> <li>○ How are staff assigned to provide nursing care to patients?</li> <li>○ How does the CAH ensure that the care provided meets the needs of each patient?</li> </ul> </li> <li><input type="checkbox"/> Interview one or more RNs (or PAs, if applicable) who supervise and evaluate the nursing care for CAH patients.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the CAH's organizational chart to verify that a registered nurse (RN) has been designated responsible for nursing services.</li> <li><input type="checkbox"/> Review the following to determine the adequacy of staffing: <ul style="list-style-type: none"> <li>○ Staffing schedules</li> <li>○ Nursing care plans for inpatients</li> <li>○ Credentialing and training files (including contracted staff)</li> <li>○ Quality assurance activities and reports</li> </ul> </li> <li><input type="checkbox"/> Review nursing assignments in one or more inpatient units, the emergency department, and one other outpatient department to assess the following: <ul style="list-style-type: none"> <li>○ Did an RN make the assignments?</li> <li>○ Was the complexity of patient care needs and the competence and specialized qualifications of the nursing staff taken into consideration?</li> </ul> </li> <li><input type="checkbox"/> Review written staffing schedules to determine the following: <ul style="list-style-type: none"> <li>○ Do they adhere to the CAH's policies and procedures for staffing levels and types of nursing personnel?</li> <li>○ Is there supervision of personnel performance and nursing care for each nursing unit?</li> <li>○ If there are temporary agency nurses providing services, are they are familiar with the nursing policies and procedures of the unit or department where they are working?</li> </ul> </li> <li><input type="checkbox"/> Verify that an RN (or physician assistant [PA] where permitted by state law and CAH policy) supervises and evaluates the nursing care for each patient.</li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p>patients at a skilled nursing facility-level of care in a swing-bed critical access hospital.<br/><b>§485.635(d)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of staff personnel files to determine the following: <ul style="list-style-type: none"> <li>○ How are staff trained and oriented?</li> <li>○ If temporary outside agency nurses are used, how are they oriented and supervised?</li> <li>○ Do the nursing staff have required licenses and competencies.</li> </ul> </li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe nursing care in progress to determine the adequacy of staffing and assess the delivery of care</li> </ul>                                                                                                                                |
| <p><b>PC.11.03.01, EP 1:</b> The critical access hospital develops, implements, and revises a written individualized plan of care based on the following:<br/> - Needs identified by the patient's assessment, reassessment, and results of diagnostic testing<br/> - The patient's goals and the time frames, settings, and services required to meet those goals<br/> Note 1: Nursing staff develops and keeps current a nursing plan of care, which may be a part of an interdisciplinary plan of care, for each inpatient.<br/> Note 2: The hospital evaluates the patient's progress and revises the plan of care based on the patient's progress.<br/> Note 3: For rehabilitation distinct part units in critical access hospitals: The plan is reviewed and revised as needed by a physician in consultation with other professional staff who provide services to the patient.<br/> <b>§485.635(d)(4)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Select a representative sample of nursing care plans based on the number of inpatient records reviewed and verify the following: <ul style="list-style-type: none"> <li>○ Are the care plans created as soon as possible after admission for each patient?</li> <li>○ Are the care plans based on the nurse's assessment of the individual patient?</li> <li>○ Is there evidence that the care plans are reviewed on an ongoing basis?</li> <li>○ Is there evidence that the nursing care plan is revised as needed and is there documentation of nursing reassessment?</li> <li>○ Is there evidence that the nursing care plans have been implemented?</li> </ul> </li> </ul> |
| <p><del><b>MM.11.01.01, EP 1:</b> Drugs and biologicals are procured, stored, controlled, and distributed, in accordance with federal and state laws and accepted standards of practice.</del></p> <p><b>MM.16.01.01, EP 2:</b> Drugs, biologicals, and intravenous medications are administered by, or under the supervision of, a registered nurse, a doctor of medicine or osteopathy, or, where permitted by state</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask the person responsible for nursing services what type of personnel administer drugs and biologicals, including IVs. <ul style="list-style-type: none"> <li>○ Are they practicing within their permitted scope?</li> <li>○ If anyone other than a doctor of medicine or osteopathy, registered nurse (RN), or physician assistant (PA) administers drugs or biologicals, are they supervised by an RN or, if permitted under state law and CAH policy, a PA?</li> </ul> </li> <li><input type="checkbox"/> Ask nursing staff if the CAH permits verbal orders and, if so, what the policy is for a verbal order. If staff are unaware of any policy, or if their description of a policy</li> </ul>     |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>law, a physician assistant.<br/> Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: Drugs and biologicals are administered by, or under supervision of, nursing or other staff in accordance with federal and state laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.<br/> <b>§485.635(d)(3)</b></p> | <p>suggests it is incomplete or inconsistent with accepted standards of practice, ask to see the written policy.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask nursing staff if they initiate medications in accordance with standing orders. <ul style="list-style-type: none"> <li>○ Are they familiar with the hospital's policies and procedures for using standing orders?</li> <li>○ Are they following the policies and procedures?</li> </ul> </li> <li><input type="checkbox"/> Ask nursing staff if the CAH permits patient self-administration of medications. <ul style="list-style-type: none"> <li>○ If yes, does the CAH have policies and procedures addressing this?</li> <li>○ Is there an order from a practitioner responsible for the care of the patient permitting self-administration of medications, either issued by the CAH or brought from home?</li> </ul> </li> <li><input type="checkbox"/> Interview personnel who administer medication to verify their understanding of the CAH's policies regarding timeliness of medication administration. <ul style="list-style-type: none"> <li>○ Can staff identify time-critical and non-time-critical scheduled medications?</li> <li>○ Can they identify medications not eligible for scheduled dosing times?</li> <li>○ Can they describe requirements for the timing of administration of time-critical and non-time-critical medications in accordance with the CAH's policies?</li> </ul> </li> <li><input type="checkbox"/> Interview nursing staff who administer IV medications and blood transfusions. Verify that they are knowledgeable about the following: <ul style="list-style-type: none"> <li>○ Venipuncture techniques</li> <li>○ Safe medication administration practices, including general practices applying to all types of medications and practices concerning IV tubing and infusion pumps</li> <li>○ Maintaining fluid and electrolyte balance</li> <li>○ Patient assessment for risk related to IV medications and appropriate monitoring</li> <li>○ Early detection and intervention for IV opioid-induced respiratory depression in postoperative patients</li> <li>○ Blood transfusions, including the following: <ul style="list-style-type: none"> <li>▪ Process for verification of the right blood product for the right patient</li> <li>▪ Transfusion reactions, including identification, treatment, and reporting requirements</li> </ul> </li> </ul> </li> </ul> <p><b>Document Review</b><br/> <b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that nursing staff who administer drugs have completed training consistent with the CAH's training policy.</li> </ul> |

| Joint Commission Standards / EPs | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the protocol for a standing order used by nursing staff. Ask nursing staff to explain how their practice conforms to the protocol.</li> <li><input type="checkbox"/> Determine if all standing orders initiated by a nurse were authenticated by an authorized practitioner.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of medication orders to determine if they contain the required elements according to <b>§485.635(d)(3)</b>. <ul style="list-style-type: none"> <li>○ Ensure that orders are legible, timed, dated, and authenticated with a signature by the practitioner or practitioners responsible for the care of the patient.</li> <li>○ Was the administration of the medication consistent with the order (that is, the correct medication was administered to the right patient at the right dose via the correct route) and if timing of administration complied with the CAH's policies and procedures?</li> <li>○ Was the practitioner's order still in force at the time the drug was administered?</li> </ul> </li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that procedures for the preparation of drugs and their administration to patients (medication pass) are being followed.</li> <li><input type="checkbox"/> Is the patient's identity confirmed prior to medication administration?</li> <li><input type="checkbox"/> Are procedures to ensure the correct medication, dose, and route followed?</li> <li><input type="checkbox"/> Are drugs administered in accordance with the hospital's established policies and procedures for timely medication administration? <ul style="list-style-type: none"> <li>○ Does the nurse remain with the patient until medication is taken, unless the patient is permitted to self-administer?</li> <li>○ Are patients assessed by nursing and/or other staff, per hospital policy, for their risk to their prescribed medications?</li> <li>○ Are patients who are at higher risk and/or receiving high-alert medications monitored for adverse effects?</li> <li>○ Are staff knowledgeable about intervention protocols when patients experience adverse medication-related events?</li> </ul> </li> <li><input type="checkbox"/> If able, observe blood transfusion and IV medication administration to assess staff adherence to accepted standards of practice. <ul style="list-style-type: none"> <li>○ Were safe medication administration practices used?</li> <li>○ Was the transfused patient correctly identified and matched to the correct blood product prior to administration?</li> <li>○ Was the appropriate access used for IV medications?</li> </ul> </li> </ul> |

| Joint Commission Standards / EPs | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                                  | <ul style="list-style-type: none"><li>○ Were appropriate steps taken with regard to IV tubing and infusion pumps?</li><li>○ Are patients being monitored post infusion for adverse reactions?</li><li>□ If staff appear to not be following accepted standards of practice for patient risk assessment related to IV medications, particularly opioids, and appropriate monitoring of patients receiving IV medications and/or blood transfusions, review policies and procedures for IV medication administration and blood transfusion to determine if the CAH addresses safe practices considerations.</li></ul> |

Critical Access Hospital Nursing Services Evaluation Module Continued (Additional Joint Commission Requirement)

| Joint Commission Standards / EPs                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                            |
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| PC.11.02.01, EP 1: The critical access hospital conducts the patient’s initial assessment within the written time frames it defines and in accordance with law and regulation. | <b>Document Review</b><br><b>Patient Health Record</b> <ul style="list-style-type: none"><li>❑ Verify that initial assessments are completed in time frames it defines and in accordance with law and regulation</li><li>❑ Verify that screening, assessment, and reassessment is conducted according to hospital policy; including specialized, more in-depth assessments when required</li></ul> |

## Critical Access Hospital Rehabilitation Services Evaluation Module (485.635(e))

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>HR.11.02.01, EP 1:</b> The critical access hospital defines staff qualifications specific to their job responsibilities.</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. See Glossary for definitions of physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, speech-language pathologist, and audiologist.</p> <p>Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: If respiratory care services are provided, staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing.</p> <p><b>§485.635(e) Standard: Rehabilitation Therapy Services.</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The CAH rehabilitation staff what national standards of rehabilitation practice provide the basis for its rehabilitation services. Is there supporting documentation.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review clinical records of patients who received rehabilitation services. Determine whether the required care plan was developed and implemented.</li> <li><input type="checkbox"/> Verify that policies and procedures are developed and implemented in accordance with State law</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review clinical records of patients who received rehabilitation services. Determine whether the required care plan was developed and implemented.</li> <li><input type="checkbox"/> Verify that rehabilitation services were initiated only upon the order of a practitioner responsible for the care of the patient.</li> </ul> <p><b>Personnel/Credential File (HR File Review/Competency Activity)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review employee personnel files to verify that rehabilitation service providers (that is, physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants, and/or speech-language pathologists) have the necessary education, experience, training, and documented competencies to provide rehabilitation services.</li> </ul> |

## Critical Access Hospital Medical Record Services Evaluation Module (485.638)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>RC.11.01.01, EP 7:</b> The critical access hospital develops and implements policies and procedures for the maintenance of its medical records system(s). A designated member of the professional staff is responsible for maintaining the records.</p> <p><b>§485.638(a)(1)</b></p> | <p><b>Document Review</b><br/><b>General</b></p> <p>□ Verify that the CAH's written policies and procedures include the following:</p> <ul style="list-style-type: none"> <li>○ A system of patient records, pertinent medical information, author identification, and record maintenance that ensures the integrity of the authentication and protects the security of all record entries</li> <li>○ A medical record system that correctly identifies the author of every medical record entry</li> <li>○ A medical record system that protects the security of all medical record entries</li> <li>○ A medical record system that ensures medical record entries are not lost, stolen, destroyed, altered, or reproduced in an unauthorized manner</li> <li>○ All locations where medical records are stored or maintained must ensure the integrity, security and protection of the records.</li> <li>○ A system in place that ensures that the identity of the author of each entry is correct. The author of every entry must take a specified action to identify himself/herself as the author (or responsible person) of the entry, the time and dating of the entry, that the entry is accurate, and that he/she takes responsibility for accuracy of the entry</li> <li>○ If the CAH uses computer entries there must be security system in place to ensure the integrity of the record system, to ensure that the author of each entry is correctly identified, to ensure that record entries are not altered or lost, that limits access to medical records to only authorized persons, and ensures that records are not released to unauthorized individuals. For the purposes of this regulation, electronic signatures comply with those medical record entries that include a requirements for a signature.</li> <li>○ A medical record for each inpatient and outpatient evaluated or treated in any part or location of the CAH. A unit record for both inpatients and outpatients may be used; however, when two different systems are used they must be appropriately cross referenced</li> <li>○ When a patient reimbursement status changes from acute care services to swing bed services, a single medical record may be used for both stays as long as the record is sectioned separately. Both sections must include admission and discharge orders, progress notes, nursing notes, graphics, laboratory support documents, any other pertinent documents, and discharge summaries.</li> </ul> |
| <p><b>RC.11.01.01, EP 4:</b> The critical access hospital develops and implements policies and procedures for accurate, legible,</p>                                                                                                                                                       | <p><b>Document Review</b><br/><b>Patient Health Record</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>complete, signed, dated, timed, medical record entries that are authenticated by the person responsible for providing or evaluating the service provided. Medical records are promptly completed, systematically organized, and readily accessible.<br/> <b>§485.638(a)(2)</b></p>                                                                                                                                                                                                                                                                                                                                          | <p><input type="checkbox"/> For CAH surveys that are conducted after the initial certification survey, review a sample of records using an adequate sample size to evaluate the scope of services provided. In a very small CAH, review all inpatient and outpatient records, if appropriate.</p> <p><input type="checkbox"/> Entries in the medical record are accurate and completely document all orders, test results, evaluations, treatments, interventions, care provided and the patient's response to those treatments, interventions and care.</p>                                                                                                                                                                                                                                                               |
| <p><b>RC.11.01.01, EP 7:</b> The critical access hospital develops and implements policies and procedures for the maintenance of its medical records system(s). A designated member of the professional staff is responsible for maintaining the records.<br/> <b>§485.638(a)(3)</b></p>                                                                                                                                                                                                                                                                                                                                       | <p><b>Document Review</b><br/> <b>General</b><br/> <input type="checkbox"/> Review the CAH's organizational structure and policy statements and to ascertain that the service is structured appropriately to meet the needs of the CAH and the patients .</p> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The director of medical records and confirm they are responsible for both inpatient and outpatient records.</li> <li><input type="checkbox"/> Ask the person responsible for the medical records service if the CAH employs adequate medical records personnel.</li> </ul>                                                                                                                                                                                           |
| <p><b>RC.12.01.01, EP 1:</b> The medical record contains the following demographic information for the patient:<br/> - Name, address, and date of birth, and the name of any legally authorized representative<br/> - Sex<br/> - Communication needs, including preferred language for discussing health care<br/> - Race and ethnicity<br/> Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative are documented in the clinical record.<br/> <b>§485.638(a)(4)(i)</b></p> | <p><b>§485.638(a)(4)(i):</b></p> <p><b>Document Review</b><br/> <b>Patient Health Record</b><br/> <input type="checkbox"/> Verify that patient health records contain properly executed consent forms for all procedures or treatment required by CAH policy. A properly executed consent form contains at least the following:</p> <ul style="list-style-type: none"> <li>○ Name of patient and, when appropriate, patient's legal guardian</li> <li>○ Name of CAH</li> <li>○ Name of procedure(s)</li> <li>○ Name of practitioner(s) performing the procedures(s)</li> <li>○ Signature of patient or legal guardian</li> <li>○ Date and time consent was obtained</li> <li>○ Statement that procedure was explained to patient or guardian</li> <li>○ Signature of professional person witnessing the consent</li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p><b>RC.12.01.01, EP 2:</b> The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> <li>- Admitting diagnosis</li> <li>- Any emergency care, treatment, and services provided to the patient before their arrival</li> <li>- Any allergies to food and medications</li> <li>- Any findings of assessments and reassessments</li> <li>- Results of all consultative evaluations of the patient and findings by clinical and other staff involved in the care of the patient</li> <li>- Treatment goals, plan of care, and revisions to the plan of care</li> <li>- Documentation of complications, health care-acquired infections, and adverse reactions to drugs and anesthesia</li> <li>- All practitioners' orders</li> <li>- Nursing notes, reports of treatment, laboratory reports, vital signs, and other information necessary to monitor the patient's condition</li> <li>- Medication records, including the strength, dose, route, date and time of administration, access site for medication, administration devices used, and rate of administration</li> </ul> <p>Note: When rapid titration of a medication is necessary, the critical access hospital defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation. For the definition and a further explanation of block charting, refer to the Glossary.</p> <ul style="list-style-type: none"> <li>- Administration of each self-administered medication, as reported by the patient (or the patient's caregiver or support person where appropriate)</li> <li>- Records of radiology and nuclear medicine services, including signed interpretation reports</li> <li>- All care, treatment, and services provided to the patient</li> <li>- Patient's response to care, treatment, and services</li> <li>- Medical history and physical examination, including any</li> </ul> | <ul style="list-style-type: none"> <li>○ Name/signature of person who explained procedure to the patient or guardian</li> <li>□ Review records for completeness and accuracy in accordance with federal and state law and regulation and CAH policy. <sup>4</sup></li> <li>□ Review patient health records to ensure the documentation contained within does the following:<sup>5</sup> <ul style="list-style-type: none"> <li>○ Justify admission</li> <li>○ Support the diagnosis</li> <li>○ Describe the patient's progress</li> <li>○ Describe the patient's response to medications</li> <li>○ Describe the patient's response to services such as interventions, care, and treatments</li> </ul> </li> <li>□ Review records to confirm complete information/ documentation regarding medical history, assessment of the health status and health care needs of the patient, and a summary of the episode, disposition, and instructions to the patient. This information and documentation is contained in a discharge summary.</li> </ul> <p><b>§485.638(a)(4)(ii):</b></p> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>□ Determine that the CAH's bylaws require that a physical examination and medical history be done for each patient.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li>□ Review a sample of health records. to determine if the appropriate practitioner performed all or part of the history and physical (H&amp;P) in accordance with state law and CAH policy. The doctor of medicine or osteopathy must sign the H &amp; P and assume full responsibility for the H &amp; P.</li> </ul> |

<sup>4</sup> The sample should be at least 10 percent of the average daily census, as appropriate.

<sup>5</sup> Documentation may include progress and nursing notes, documentation, records, reports, recordings, test results, assessments etc.

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>conclusions or impressions drawn from the information</p> <ul style="list-style-type: none"> <li>- Discharge plan and discharge planning evaluation</li> <li>- Discharge summary with outcome of hospitalization, disposition of case, and provisions for follow-up care, including any medications dispensed or prescribed on discharge</li> <li>- Any diagnoses or conditions established during the patient's course of care, treatment, and services</li> </ul> <p>Note: Medical records are completed within 30 days following discharge, including final diagnosis.</p> <p><b>§485.638(a)(4)(i); §485.638(a)(4)(ii); §485.638(a)(4)(iii)</b></p> <p><b>RC.12.01.01, EP 3:</b> The medical record contains any informed consent, when required by critical access hospital policy or federal or state law or regulation.</p> <p>Note: The properly executed informed consent is placed in the patient's medical record prior to surgery, except in emergencies. A properly executed informed consent contains documentation of a patient's mutual understanding of and agreement for care, treatment, and services through written signature; electronic signature; or, when a patient is unable to provide a signature, documentation of the verbal agreement by the patient or surrogate decision-maker.</p> <p><b>§485.638(a)(4)(i)</b></p> | <p><input type="checkbox"/> Verify whether the appropriate practitioner signed reports of physical examinations, diagnostic and laboratory test results, and consultative findings</p> <p><b>§485.638(a)(4)(iii):</b></p> <p><b>Document Review</b><br/><b>Patient Health Record</b></p> <p><input type="checkbox"/> Verify that patient health records contain the information necessary to monitor the patient's condition, including the following:</p> <ul style="list-style-type: none"> <li>○ All practitioner's orders (properly authenticated);</li> <li>○ All nursing notes</li> <li>○ All reports of treatment (including complications and health care-associated infections)</li> <li>○ All medication records (including unfavorable reactions to drugs)</li> <li>○ All radiology reports</li> <li>○ All laboratory reports</li> <li>○ All vital signs</li> <li>○ Any other information necessary to monitor the patient's condition</li> </ul> <p><input type="checkbox"/> Verify that necessary information is included in health records in a prompt manner so that health care staff involved in the care of the patient have access to the information necessary to monitor the patient's condition. Such information includes the following:</p> <ul style="list-style-type: none"> <li>○ Diagnosis</li> <li>○ Evaluations</li> <li>○ Consents</li> <li>○ Interventions</li> <li>○ Discharge summary</li> <li>○ Care provided along with the patient's response to those treatments, interventions, and care</li> </ul> <p><input type="checkbox"/> Every medical record must be promptly completed with all documentation of:</p> <ul style="list-style-type: none"> <li>○ orders,</li> <li>○ diagnosis,</li> <li>○ evaluations,</li> <li>○ treatments,</li> <li>○ test results,</li> <li>○ consents,</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>○ interventions,</li> <li>○ discharge summary, and</li> <li>○ care provided along with</li> <li>○ the patient's response to those treatments, interventions, and care.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>RC.11.02.01, EP 1:</b> All orders, including verbal orders, are dated, timed, and authenticated by the ordering physician or other licensed practitioner who is responsible for the care of the patient, and who is authorized to write orders, in accordance with critical access hospital policy, law and regulation, and medical staff bylaws, rules, and regulations.</p> <p><b>§485.638(a)(4)(iv)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the medical records/health information management department maintains a current list of authenticated signatures, written initials, codes, and stamps when such are used for authorship identification.</li> <li><input type="checkbox"/> Verify that computer or other code signatures are authorized by the CAH'S governing body and that a list of these codes is maintained under adequate safeguards by the CAH administration.</li> <li><input type="checkbox"/> Verify that the CAH'S policies and procedures provide for appropriate sanctions for unauthorized or improper use of computer codes.</li> <li><input type="checkbox"/> Verify that the CAH'S policies and procedures require documents in the electronic medical record system are authenticated after, not before, transcription.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that health record entries are authenticated by the appropriate doctor of medicine or osteopathy and/or mid-level practitioner, as needed.</li> <li><input type="checkbox"/> Authentication includes, at a minimum, the following: <ul style="list-style-type: none"> <li>○ Method for identifying the author of each entry</li> <li>○ Action taken by the author to verify that the entry is their entry or that they are responsible for the entry and that the entry is accurate</li> <li>○ Timing of the entry noted and correct</li> <li>○ Timing documents the time and date of each entry (for example, orders, reports, notes)</li> </ul> </li> </ul> |
| <p><b>IM.12.01.01, EP 1:</b> The critical access hospital develops and implements policies and procedures addressing the privacy and confidentiality of health information.</p>                                                                                                                                                                                                                                      | <p><b>Interview</b></p> <p>Medical Records/Health Information Management staff</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>Note: For swing beds in critical access hospitals: Policies and procedures also address the resident's personal records.</p> <p><b>§485.638(b)(1) Standard: Protection of Record Information</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that only authorized persons are permitted access to records maintained by the medical records department and that precautions are taken to prevent unauthorized persons from gaining access to or altering patient records.</li> <li><input type="checkbox"/> Verify that health records are released only for patient care evaluation, utilization review, treatment, quality assurance programs, and in-house educational purposes or in accordance with federal or state law, court orders, or subpoenas.</li> <li><input type="checkbox"/> Verify that copies of health records are released outside the CAH only upon written authorization of the patient, legal guardian, or person with an appropriate power of attorney to act on the patient's behalf or only if there is a properly executed subpoena or court order or as mandated by statutes.</li> <li><input type="checkbox"/> Verify that adequate precautions are taken to prevent physical or electronic altering, damage, or deletion/destruction of patient records or information in patient records.</li> </ul> <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH has a policy to grant patients direct access to their health record if the responsible individual (for example, practitioner responsible for patient's care) determines that direct access is not likely to have an adverse effect on the patient.</li> </ul> |
| <p><b>IM.12.01.01, EP 3:</b> The critical access hospital develops and implements policies and procedures for the release of medical records. The policies and procedures are in accordance with law and regulation, court orders, or subpoenas.</p> <p>Note: Information from or copies of records may be released only to authorized individuals, and the critical access hospital makes certain that unauthorized individuals cannot gain access to or alter patient records.</p> <p><b>§485.638(b)(2)</b></p> <p><b>IM.12.01.03, EP 1:</b> The critical access hospital develops and implements a written policy that addresses the security of health information, including the following:</p> <ul style="list-style-type: none"> <li>- Access and use</li> </ul> | <p><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the CAH has policies and procedures for the use and release of records, and that these policies and procedures are enforced. Is access to patient health records controlled?</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe the CAH'S security practices for patient records. Are patient records left unsecured or unattended? Are records unsecured or unattended in hallways, patient rooms, nurses stations, or on counters where an unauthorized person could gain access?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <ul style="list-style-type: none"> <li>- Integrity of health information against loss, damage, unauthorized alteration or use, unintentional change, and accidental destruction</li> <li>- Intentional destruction of health information</li> <li>- When and by whom the removal of health information is permitted</li> </ul> <p>Note: Removal refers to those actions that place health information outside the critical access hospital's control.</p> <p><b>§485.638(b)(2)</b></p>                           | <p><input type="checkbox"/> If the CAH uses electronic patient records, verify that there are appropriate security safeguards in place.</p>                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>IM.12.01.01, EP 2:</b> The critical access hospital discloses health information only as authorized by the patient with the patient's written consent or as otherwise required by law and regulation.</p> <p>Note: For swing beds in critical access hospitals: The critical access hospital allows representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with state law.</p> <p><b>§485.638(b)(3)</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> Verify that the CAH has a policy or procedure that require patients to provide informed consent to release information not required by law.</p>                                                                                                                                                                                                                                                                                             |
| <p><b>RC.11.03.01, EP 2:</b> The medical record is retained for at least six years from the date of its last entry and longer if required by state statute or if the record is needed in any pending proceeding.</p> <p><b>§485.638(c) Standard: Retention of Records</b></p>                                                                                                                                                                                                                                    | <p><b>Document Review</b></p> <p><b>Patient Health Record</b></p> <p><input type="checkbox"/> Verify that patient health records are retained for at least 6 years from the date of last entry, or more if required by state or local law or needed in an pending proceeding. Can the CAH promptly retrieve health records of patients evaluated or treated within the past 6 years?</p> <p><b>Interview</b></p> <p><input type="checkbox"/> Ask staff responsible for records retention how long records are retained.</p> |
| <p><b>IM.13.01.05, EP 1:</b> <u>The critical access hospital demonstrates that its electronic health records system's (or other electronic administrative system's) notification capacity is fully operational and is used in accordance with applicable state and federal laws and regulations for the exchange of patient health information.</u></p>                                                                                                                                                          | <p><u>Survey Procedures are pending and will be updated in future release.</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Critical Access Hospital Survey Process                                     |
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| <b><u>§485.638(d) Standard: Electronic notifications. §485.638(d)(1)</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |
| <b><u>IM.13.01.05, EP 2:</u></b> The critical access hospital demonstrates that its electronic health records system (or other electronic administrative system) sends notifications that include, at a minimum, the patient's name, treating licensed practitioner's name, and sending institution's name.<br><b><u>§485.638(d)(2)</u></b>                                                                                                                                                                                                                                                        | <u>Survey Procedures are pending and will be updated in future release.</u> |
| <b><u>IM.13.01.05, EP 3:</u></b> In accordance with the patient's expressed privacy preferences and applicable laws and regulations, the critical access hospital's electronic health records system (or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, at the following times, when applicable:<br>-The patient's emergency department registration<br>-The patient's inpatient admission<br><b><u>§485.638(d)(3); §485.638(d)(3)(i); §485.638(d)(3)(ii)</u></b>                               | <u>Survey Procedures are pending and will be updated in future release.</u> |
| <b><u>IM.13.01.05, EP 4</u></b> In accordance with the patient's expressed privacy preferences and applicable laws and regulations, the critical access hospital's electronic health records system (or other electronic administrative system) sends notifications directly, or through an intermediary that facilitates exchange of health information, either immediately prior to or at the time of the patient's discharge or transfer from the critical access hospital's emergency department or inpatient services.<br><b><u>§485.638(d)(4); §485.638(d)(4)(i); §485.638(d)(4)(ii)</u></b> | <u>Survey Procedures are pending and will be updated in future release.</u> |
| <b><u>IM.13.01.05, EP 5:</u></b> The critical access hospital makes a reasonable effort to confirm that its electronic health records system (or other electronic administrative system) sends the notifications to all applicable post-acute care service providers and                                                                                                                                                                                                                                                                                                                           | <u>Survey Procedures are pending and will be updated in future release.</u> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process |
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| <p>suppliers, as well as any of the following who need to receive notification of the patient's status for treatment, care coordination, or quality improvement purposes:</p> <ul style="list-style-type: none"> <li>- Patient's established primary care licensed practitioner</li> <li>-Patient's established primary care practice group or entity</li> <li>-Other licensed practitioners, or other practice groups or entities, identified by the patient as primarily responsible for the patient's care</li> </ul> <p>Note: The term "reasonable effort" means that the critical access hospital has a process to send patient event notifications while working within the constraints of its technology infrastructure. There may be instances in which the critical access hospital (or its intermediary) cannot identify an applicable recipient for a patient event notification despite establishing processes for identifying recipients. In addition, some recipients may not be able to receive patient event notifications in a manner consistent with the critical access hospital system's capabilities</p> <p><b><u>§485.638(d)(5); §485.638(d)(5)(i); §485.638(d)(5)(ii); §485.638(d)(5)(iii)</u></b></p> |                                         |

## Critical Access Hospital Medical Record Services Evaluation Module Continued (Additional Joint Commission Requirements)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <p><b>IM.13.01.01, EP 1:</b> The critical access hospital uses standardized terminology, definitions, abbreviations, acronyms, symbols, and dose designations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify staff has awareness of hospital standardized terminology, definitions, abbreviations, acronyms, symbols, and dose designations.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>PC.12.02.01, EP 1:</b> The critical access hospital performs a learning needs assessment for each patient, which includes the following:</p> <ul style="list-style-type: none"> <li>- Cultural and religious beliefs</li> <li>- Emotional barriers</li> <li>- Desire and motivation to learn</li> <li>- Physical or cognitive limitations</li> </ul> <p>Barriers to communication</p> <p><b>PC.12.02.01, EP 3:</b> Based on the patient's condition and assessed needs, the education and training provided to the patient by the critical access hospital include the following:</p> <ul style="list-style-type: none"> <li>- An explanation of the plan for care, treatment, and services</li> <li>- Basic health practices and safety</li> <li>- Information on the safe and effective use of medications</li> <li>- Nutrition interventions (for example, supplements) and modified diets</li> <li>- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management</li> <li>- Information on oral health</li> <li>- Information on the safe and effective use of medical equipment or supplies provided by the critical access hospital</li> <li>- Habilitation or rehabilitation techniques to help the patient reach maximum independence</li> <li>- Fall reduction strategies</li> </ul> <p><b>PC.12.02.01, EP 5:</b> The critical access hospital provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.</p> | <p><b>Document Review:</b></p> <p><b>Patient Medical Record:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify the patient received a learning needs assessment prior to providing education.</li> <li><input type="checkbox"/> Review education provided to the patient and determine if the patient's condition and assessed needs are addressed during their stay</li> <li><input type="checkbox"/> Verify the hospital evaluated the patient's understanding the education provided</li> <li><input type="checkbox"/> Verify the organization provided education about how to communicate concerns about the care</li> </ul> |

Critical Access Hospital Medical Record Services Evaluation Module Continued (Additional Joint Commission Requirements)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                            |
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| <p><b>RC.11.01.01, EP 3:</b> The medical record of a patient who receives urgent or immediate care, treatment, and services contains the following:</p> <ul style="list-style-type: none"> <li>- Time and means of arrival</li> <li>- Indication that the patient left against medical advice, when applicable</li> <li>- Conclusions reached at the termination of care, treatment, and services, including the patient's final disposition, condition, and instructions given for follow-up care, treatment, and services</li> <li>- A copy of any information made available to the provider furnishing follow-up care, treatment, or services</li> </ul> | <p><b>Documentation Review</b></p> <p><b>Patient Medical Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that if a patient received urgent or immediate care, treatment or services their medical record contains all elements identified in EP 3</li> </ul> |

## Critical Access Hospital Surgical Services Evaluation Module (485.639(a) and (d))

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p><b>LD.13.03.01, EP 1:</b> The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered and are in accordance with accepted standards of practice. Services may include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>- Outpatient</li> <li>- Emergency</li> <li>- Medical records</li> <li>- Diagnostic and therapeutic radiology</li> <li>- Nuclear medicine</li> <li>- Surgical</li> <li>- Anesthesia</li> <li>- Laboratory</li> <li>- Respiratory</li> <li>- Dietetic</li> <li>- Obstetrical</li> </ul> <p>Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the critical access hospital.</p> <p><b>§485.639 Condition of Participation: Surgical Services.</b></p> <p><b>LD.13.03.01, EP 10:</b> If the critical access hospital provides outpatient surgical services, the services are consistent with the quality of inpatient surgical care.</p> <p><b>§485.639 Condition of Participation: Surgical Services.</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that an experienced staff member is responsible for supervising the operating room(s) as authorized by State law.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the CAH's organizational chart displaying the relationship of operating room services to other services and confirm that the chart indicates lines of authority and delegation of responsibility within the department or service.</li> <li><input type="checkbox"/> Review the staffing schedule to make certain that the appropriate number of qualified staff are present to support surgical services offered in accordance with acceptable standards of practice, including the availability of a registered nurse who is immediately available to supervise and physically intervene and provide care, as required in State law.</li> <li><input type="checkbox"/> Verify that RNs, LPNs, and surgical technologists are working in accordance with applicable state law and approved policies and procedures.</li> <li><input type="checkbox"/> Validate the availability of a registered nurse by requesting and reviewing a staffing schedule for the operating room</li> <li><input type="checkbox"/> Review policies and procedures that pertain to surgical services to make certain they are in accordance with acceptable standards of medical practice and surgical patient care.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that a complete history and physical must was conducted in accordance with acceptable standards of practice, and the written document placed on the medical record, prior to surgery. <ul style="list-style-type: none"> <li>Note: All or part of the H &amp; P may be delegated to other practitioners in accordance with State law and CAH policy, but the surgeon must sign the H &amp; P and assume full responsibility for the H &amp; P</li> </ul> </li> <li><input type="checkbox"/> Review the CAH's policies and procedures pertaining to informed consent, including the responsibility of the practitioner to discuss risk, benefits, and alternatives to the proposed intervention</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inspect all operating rooms/suites. Request the use of proper PPE for the inspection.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>MS.17.02.01, EP 6:</b> The critical access hospital designates the practitioners who are allowed to perform surgery, in accordance with appropriate policies and procedures, and with scope of practice laws and regulations. Surgery is performed only by the following:</p> <ul style="list-style-type: none"> <li>- A doctor of medicine or osteopathy, including an osteopathic practitioner recognized under section 1101(a)(7) of the Social Security Act</li> <li>- A doctor of dental surgery or dental medicine</li> <li>- A doctor of podiatric medicine</li> </ul> <p><b>§485.639 Condition of Participation: Surgical Services;</b></p>                                                                                 | <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine if surgical services are provided in accordance with acceptable standards of practice, including but not limited to:</li> <li><input type="checkbox"/> Access to surgical and recovery area, including traffic flow pattern(s)</li> <li><input type="checkbox"/> Adherence to aseptic and sterile techniques, including cleaning between cases and appropriate terminal cleaning</li> <li><input type="checkbox"/> Appropriate utilization of PPE for type of surgical case(s) performed</li> <li><input type="checkbox"/> Equipment maintenance by the hospital's biomedical equipment program and in accordance with federal and state law, regulations, guidelines, and manufacturer's recommendations</li> <li><input type="checkbox"/> Equipment availability for rapid and routine sterilization of OR equipment and materials</li> <li><input type="checkbox"/> Packaging, handling, labeling, and storage of sterilized materials</li> <li><input type="checkbox"/> Monitoring of temperature and humidity</li> <li><input type="checkbox"/> Integration of surgical services into the hospital-wide quality assurance/performance improvement program</li> <li><input type="checkbox"/> Verify that the CAH has provisions for postoperative care that are provided in accordance with acceptable standards of practice</li> </ul> |
| <p><b>MS.17.02.01, EP 6:</b> <u>The critical access hospital designates the practitioners who are allowed to perform surgery, in accordance with appropriate policies and procedures, and with scope of practice laws and regulations. Surgery is performed only by the following:</u></p> <ul style="list-style-type: none"> <li><u>- A doctor of medicine or osteopathy, including an osteopathic practitioner recognized under section 1101(a)(7) of the Social Security Act</u></li> <li><u>- A doctor of dental surgery or dental medicine</u></li> <li><u>- A doctor of podiatric medicine</u></li> </ul> <p><b>§485.639(a) Standard: Designation of Qualified Practitioners; 485.639(a)(1); §485.639(a)(2); §485.639(a)(3)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask to see where the surgical roster(s) are kept including:</li> <li><input type="checkbox"/> A current roster with each practitioner's specific privileges</li> <li><input type="checkbox"/> A current list of surgeons with suspended or restricted surgical privileges</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the roster of practitioners to ensure it specifies the surgical privileges of each practitioner</li> <li><input type="checkbox"/> Review the medical staff bylaws for criteria that determine the privileges to be granted to an individual practitioner</li> </ul> <p><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify surgical privileges in accordance with the competencies of each practitioner.</li> <li><input type="checkbox"/> Verify practitioner competency appraisal as established by the hospital's QAPI program and credentialing process in accordance with scope of practice and other State laws and regulations.</li> </ul>                                                                                                                                                                                                     |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                     |
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| <b>PC.13.01.03, EP 7:</b> The critical access hospital discharges patients following the surgical procedure, in the company of a responsible adult, except in situations where the practitioner, who performed the surgical procedure, determines the patient may leave unaccompanied.<br><b>§485.639(d) Standard: Discharge</b> | <b>Document Review</b><br><b>General</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Verify that the CAH has policies and procedures in place to govern discharge procedures and instructions.</li></ul> |

## Critical Access Hospital Anesthesia Risk and Evaluation – Evaluation Module (485.639(b), (c), and (e))

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>PC.13.01.03, EP 3:</b> A qualified physician or other licensed practitioner, in accordance with 42 CFR 485.639(a), reevaluates the patient immediately before surgery, to evaluate the risk of the procedure to be performed.<br/><b>§485.639(b)(1)</b></p> <p><b>PC.13.01.03, EP 1:</b> A qualified physician or other licensed practitioner, in accordance with 42 CFR 485.639(c), conducts a preanesthesia patient assessment to evaluate the risk of anesthesia.<br/><b>§485.639(b)(2)</b></p> <p><b>PC.13.01.03, EP 6:</b> A qualified physician or other licensed practitioner evaluates the patient for proper anesthesia recovery, as specified in 42 CFR 485.639(c), before discharging the patient from the recovery area or from the critical access hospital.<br/><b>§485.639(b)(3)</b></p>                                            | <p><b>Document Review</b><br/><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li>□ Review a sample of health records for patients who had surgery or a procedure requiring anesthesia to determine that each patient had: <ul style="list-style-type: none"> <li>○ A pre-anesthesia evaluation performed prior to inpatient or outpatient surgery and performed by an individual qualified to administer anesthesia.</li> <li>○ Pre-operative anesthetic evaluation should include: <ul style="list-style-type: none"> <li>○ Notation of anesthesia risk</li> <li>○ Anesthesia, drug and allergy history</li> <li>○ Any potential anesthesia problems identified</li> <li>○ Patient's condition prior to induction of anesthesia</li> </ul> </li> <li>○ A post-anesthesia follow-up report, written by the individual who administered anesthesia, prior to discharge from anesthesia services, that includes the following: <ul style="list-style-type: none"> <li>○ Cardiopulmonary status</li> <li>○ Level of consciousness</li> <li>○ Any follow-up care and/or observations</li> <li>○ Any complications occurring during post-anesthesia recovery.</li> </ul> </li> </ul> </li> </ul> |
| <p><b>MS.17.02.01, EP 1:</b> The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine if a physician or other licensed practitioner is allowed to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria:</p> <ul style="list-style-type: none"> <li>- Current licensure and/or certification, as appropriate, verified with the primary source</li> <li>- Specific relevant training, verified with the primary source</li> <li>- Evidence of physical ability to perform the requested privilege</li> <li>- Data from professional practice review by an organization(s) that currently privileges the applicant (if available)</li> </ul> | <p><b>Document Review</b><br/><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li>□ Review the qualifications of individuals authorized to deliver anesthesia.</li> <li>□ Is there documentation of current licensure or current certification status for all persons administering anesthesia.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

- Peer and/or faculty recommendation
- When renewing privileges, review of the physician's or other licensed practitioner's performance within the critical access hospital

**§485.639(c) Standard: Administration of Anesthesia**

**PC.13.01.01, EP 1:** Anesthesia is administered only by the following individuals:

- A qualified anesthesiologist
  - A doctor of medicine or osteopathy other than an anesthesiologist, including an osteopathic practitioner recognized under section 1101(a)(7) of the Social Security Act
  - A doctor of dental surgery or dental medicine, who is qualified to administer anesthesia under state law
  - A doctor of podiatric medicine, who is qualified to administer anesthesia under state law
  - A certified registered nurse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised by the operating practitioner except as provided in 42 CFR 485.639(e) regarding the state exemption for this supervision
  - An anesthesiologist's assistant, as defined in 42 CFR 410.69(b) of this chapter, supervised by an anesthesiologist
  - A supervised trainee in an approved educational program
- Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law, or if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to, the Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accrediting Commission.
- Note 2: See Glossary for the definition of certified registered nurse anesthetist (CRNA) and anesthesiologist assistant.
- Note 3: The CoP at 42 CFR 485.639(e) for state exemption states: A critical access hospital may be exempted from the requirement for doctor of medicine or osteopathy supervision of CRNAs if the state in which the critical access hospital is

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| <p>located submits a letter to the Centers for Medicare &amp; Medicaid Services (CMS) signed by the governor, following consultation with the state's Boards of Medicine and Nursing, requesting exemption from doctor of medicine or osteopathy supervision for CRNAs. The letter from the governor must attest that they have consulted with the state Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt out of the current doctor of medicine or osteopathy supervision requirement, and that the opt-out is consistent with state law. The request for exemption and recognition of state laws and the withdrawal of the request may be submitted at any time and are effective upon submission. Note 4: Only the above individuals can administer deep sedation/analgesia.<br/> <b>§485.639(c)(1)(i-vii)</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>PC.13.01.01, EP 1:</b> See above<br/> <b>§485.639(c)(2); §485.639(e)(1); 485.639(e)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>Interview</b></p> <p>Surgical services staff:</p> <ul style="list-style-type: none"> <li>○ Ask how they know if someone delivering anesthesia has privileges and if they require supervision, and who can provide that supervision.</li> </ul> <p><i>Note: §485.639(e) Standard: State Exemption</i><br/> <i>(1) A CAH may be exempted from the requirement for MD/DO supervision of CRNAs as described in paragraph (c)(2) of this section, if the State in which the CAH is located submits a letter to CMS signed by the Governor, following consultation with the State's Boards of Medicine and Nursing, requesting exemption from MD/DO supervision for CRNAs. The letter from the Governor must attest that he or she has consulted with the State Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the State and has concluded that it is in the best interests of the State's citizens to opt-out of the current MD/DO supervision requirement, and that the opt-out is consistent with State law.</i></p> |

# Critical Access Hospital Infection Prevention and Control & Antibiotic Stewardship Programs Evaluation

## Module (485.640)

Note: The interview with the infection preventionist(s)/infection control professional(s) and document review for the infection prevention and control program occur during targeted session on Survey Day 1 (the timing of the session can be negotiated with the organization based on key staff availability). Observations of infection control–related systems and activities are evaluated throughout the survey of all organization settings by all surveyors.

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <p><b>IC.04.01.01, EP 2:</b> The infection preventionist(s) or infection control professional(s) is responsible for the following:</p> <ul style="list-style-type: none"> <li>- Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines</li> <li>- Documentation of the infection prevention and control program and its surveillance, prevention, and control activities</li> <li>- Competency-based training and education of critical access hospital personnel and staff, including medical staff and, as applicable, personnel providing contracted services in the critical access hospital, on infection prevention and control guidelines, policies, and procedures and their application</li> <li>- Prevention and control of health care–associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures</li> <li>- Communication and collaboration with all components of the critical access hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program</li> <li>- Communication and collaboration with the critical access hospital's quality assessment and performance improvement program to address infection prevention and control issues</li> </ul> <p>Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.11.04.01, EP 1).</p> <p><b>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</b></p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the infection prevention and control and antibiotic stewardship program documents for evidence of the following: <ul style="list-style-type: none"> <li>○ The hospital has an active, hospitalwide program for surveillance, prevention, and control of health care–associated infections and other infectious diseases based on national standards of practice and best practices.</li> <li>○ The infection prevention and control program is working collaboratively with the hospital QAPI program to address issues identified in the infection control program.</li> <li>○ The hospital has an active hospital-wide program for the optimization of antibiotic use through stewardship based on national standards of practice and best practices.</li> <li>○ The hospital is working collaboratively between antibiotic stewardship and hospital QAPI when antibiotic use issues are identified.</li> </ul> </li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Critical Access Hospital Survey Process |
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| <p><b>IC.04.01.01, EP 3:</b> The critical access hospital's infection prevention and control program has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections within the critical access hospital and between the critical access hospital and other institutions and settings. The policies and procedures are in accordance with the following hierarchy of references:</p> <ul style="list-style-type: none"> <li>a. Applicable law and regulation.</li> <li>b. Manufacturers' instructions for use.</li> <li>c. Nationally recognized evidence-based guidelines and standards of practice, including the Centers for Disease Control and Prevention's (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings or, in the absence of such guidelines, expert consensus or best practices. The guidelines are documented within the policies and procedures.</li> </ul> <p>Note 1: Relevant federal, state, and local law and regulations include but are not limited to the Centers for Medicare &amp; Medicaid Services' Conditions of Participation, Food and Drug Administration's regulations for reprocessing single-use medical devices; Occupational Safety and Health Administration's Bloodborne Pathogens Standard 29 CFR 1910.1030, Personal Protective Equipment Standard 29 CFR 1910.132, and Respiratory Protection Standard 29 CFR 1910.134; health care worker vaccination laws; state and local public health authorities' requirements for reporting of communicable diseases and outbreaks; and state and local regulatory requirements for biohazardous or regulated medical waste generators.</p> <p>Note 2: For full details on the CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, refer to <a href="https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html">https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html</a>.</p> <p>Note 3: The critical access hospital determines which evidence-based guidelines, expert recommendations, best practices, or a combination thereof it adopts in its policies and procedures.</p> <p><b>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</b></p> <p><b>IC.04.01.01, EP 5:</b> The infection prevention and control program reflects the scope and complexity of the critical access hospital services provided by addressing all locations, patient populations, and staff.</p> |                                         |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Critical Access Hospital Survey Process |
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| <p><b>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</b></p> <p><b>IC.05.01.01, EP 1:</b> The critical access hospital's governing body, or responsible individual, is responsible for the implementation, performance, and sustainability of the infection prevention and control program and provides resources to support and track the implementation, success, and sustainability of the program's activities.</p> <p>Note: To make certain that systems are in place and operational to support the program, the governing body, or responsible individual, provides access to information technology; laboratory services; equipment and supplies; local, state, and federal public health authorities' advisories and alerts, such as the CDC's Health Alert Network (HAN); FDA alerts; manufacturers' instructions for use; and guidelines used to inform policies.</p> <p><b>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</b></p> <p><b>IC.05.01.01, EP 2:</b> The critical access hospital's governing body, or responsible individual, ensures that the problems identified by the infection prevention and control program are addressed in collaboration with critical access hospital quality assessment and performance improvement leaders and other leaders (for example, the medical director, nurse executive, and administrative leaders).</p> <p><b>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</b></p> <p><b>IC.06.01.01, EP 3:</b> The critical access hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the critical access hospital.</p> <p><b>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</b></p> |                                         |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process |
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| <p><b>MM.18.01.01, EP 1:</b> The antibiotic stewardship program reflects the scope and complexity of the critical access hospital services provided.<br/> <b>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</b></p> <p><b>MM.18.01.01, EP 3:</b> The leader(s) of the antibiotic stewardship program is responsible for the following:</p> <ul style="list-style-type: none"> <li>- Development and implementation of a critical access hospitalwide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics</li> <li>- All documentation, written or electronic, of antibiotic stewardship program activities</li> <li>- Communication and collaboration with the medical staff, nursing, and pharmacy leaders, as well as with the critical access hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues</li> <li>- Competency-based training and education of critical access hospital personnel and staff, including medical staff and, as applicable, personnel providing contracted services in the critical access hospital, on the practical applications of antibiotic stewardship guidelines, policies, and procedures</li> </ul> <p><b>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</b></p> <p><b>PE.04.01.01, EP 1:</b> The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).<br/> Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.<br/> Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare &amp; Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.<br/> Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items;</p> |                                         |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p>required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p><b>§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>HR.11.02.01, EP 1:</b> The critical access hospital defines staff qualifications specific to their job responsibilities.</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. See Glossary for definitions of physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, speech-language pathologist, and audiologist.</p> <p>Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: If respiratory care services are provided, staff qualified to perform specific respiratory care procedures, and the amount of supervision required to carry out the specific procedures is designated in writing.</p> <p><b>§485.640(a)(1)</b></p> <p><b>NPG.12.02.01, EP 12:</b> The critical access hospital's governing body, or responsible individual, based on the recommendation of the medical staff and nursing leaders, appoints an infection preventionist(s) or infection control professional(s) qualified through education, training, experience, or certification in infection prevention to be responsible for the infection prevention and control program.</p> <p><b>§485.640(a)(1)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview the infection preventionist(s)/infection professional(s) to determine whether resources are adequate to accomplish the tasks required for the infection prevention and control program.</li> <li><input type="checkbox"/> Interview the hospital leaders about the criteria the hospital uses to determine whether the resource allocation to the IPC program matches the determined needs.</li> </ul> <p><b>Document Review</b></p> <p><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the personnel file of the infection preventionist(s)/infection control professional(s) to determine whether they are qualified through professional education, training, experience, or certification to oversee IPC program.</li> <li><input type="checkbox"/> Verify that the individual(s) was appointed by the hospital's governing body based on recommendations by medical and nursing staff leaders.</li> </ul> |
| <p><b>IC.04.01.01, EP 3:</b> The critical access hospital's infection prevention and control program has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>Document Review</b></p> <p><b>General</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>within the critical access hospital and between the critical access hospital and other institutions and settings. The policies and procedures are in accordance with the following hierarchy of references:</p> <ol style="list-style-type: none"> <li>Applicable law and regulation.</li> <li>Manufacturers' instructions for use.</li> <li>Nationally recognized evidence-based guidelines and standards of practice, including the Centers for Disease Control and Prevention's (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings or, in the absence of such guidelines, expert consensus or best practices. The guidelines are documented within the policies and procedures.</li> </ol> <p>Note 1: Relevant federal, state, and local law and regulations include but are not limited to the Centers for Medicare &amp; Medicaid Services' Conditions of Participation, Food and Drug Administration's regulations for reprocessing single-use medical devices; Occupational Safety and Health Administration's Bloodborne Pathogens Standard 29 CFR 1910.1030, Personal Protective Equipment Standard 29 CFR 1910.132, and Respiratory Protection Standard 29 CFR 1910.134; health care worker vaccination laws; state and local public health authorities' requirements for reporting of communicable diseases and outbreaks; and state and local regulatory requirements for biohazardous or regulated medical waste generators.</p> <p>Note 2: For full details on the CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, refer to <a href="https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html">https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html</a>.</p> <p>Note 3: The critical access hospital determines which evidence-based guidelines, expert recommendations, best practices, or a combination thereof it adopts in its policies and procedures.</p> <p><b>§485.640(a)(2)</b></p> <p><b>IC.04.01.01, EP 4:</b> The critical access hospital's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following:</p> <ul style="list-style-type: none"> <li>- Cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spaulding classification system and manufacturers' instructions</li> <li>- Use of disinfectants registered by the Environmental Protection Agency for noncritical devices and equipment according to the directions on the product labeling, including but not limited to indication, specified use</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Review policies and procedures for infection prevention and control to ensure that the hospital is employing methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other health care settings.</li> </ul> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine if the IPC program is being applied throughout the hospital to both inpatient and outpatient settings.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>dilution, contact time, and method of application</p> <ul style="list-style-type: none"> <li>- Use of FDA–approved liquid chemical sterilants for the processing of critical devices and high-level disinfectants for the processing of semicritical devices in accordance with FDA–cleared label and device manufacturers' instructions</li> <li>- Required documentation for device reprocessing cycles, including but not limited to sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration for chemicals used in high-level disinfection</li> <li>- Resolution of conflicts or discrepancies between a medical device manufacturer's instructions and manufacturers' instructions for automated high-level disinfection or sterilization equipment</li> <li>- Criteria and process for the use of immediate-use steam sterilization</li> <li>- Actions to take in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use</li> </ul> <p>Note 1: The Spaulding classification system classifies medical and surgical devices as critical, semicritical, or noncritical based on risk to the patient from contamination on a device and establishes the levels of germicidal activity (sterilization, high-level disinfection, intermediate-level disinfection, and low-level disinfection) to be used for the three classes of devices.</p> <p>Note 2: Depending on the nature of the incident, examples of actions may include quarantine of the sterilizer, recall of item(s), stakeholder notification, patient notification, surveillance, and follow-up.</p> <p><b>§485.640(a)(2)</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>IC.06.01.01, EP 3:</b> The critical access hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the critical access hospital.</p> <p><b>§485.640(a)(3)</b></p> <p><b>IC.06.01.01, EP 4:</b> The critical access hospital implements its policies and procedures for infectious disease outbreaks, including the following:</p> <ul style="list-style-type: none"> <li>- Implementing infection prevention and control activities when an outbreak</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review documentation of surveillance activities, including the measures selected for monitoring, collection, and analysis. Based on the review, determine whether the surveillance program employs methods to permit identifying and monitoring infections and communicable diseases throughout various locations or departments.</li> <li><input type="checkbox"/> Review the water management program documentation related to the hospital risk assessment and water quality monitoring.</li> <li><input type="checkbox"/> Verify that the hospital has policies and procedures for the detection, investigation, and control of outbreaks that are consistent with state</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>is first recognized by internal surveillance or public health authorities</p> <ul style="list-style-type: none"> <li>- Reporting an outbreak in accordance with state and local public health authorities' requirements</li> <li>- Investigating an outbreak</li> <li>- Communicating information necessary to prevent further transmission of the infection among patients, visitors, and staff, as appropriate</li> </ul> <p><b>§485.640(a)(3)</b></p> <p><b>IC.06.01.01, EP 5:</b> The critical access hospital implements policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation. The policies and procedures address the following:</p> <ul style="list-style-type: none"> <li>- Screening and medical evaluations for infectious diseases</li> <li>- Immunizations</li> <li>- Staff education and training</li> <li>- Management of staff with potentially infectious exposures or communicable illnesses</li> </ul> <p><b>§485.640(a)(3)</b></p> <p><b>PE.01.01.01, EP 1:</b> The critical access hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients.</p> <p>Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided.</p> <p>Note 2: When planning for new, altered, or renovated space, the critical access hospital uses state rules and regulations or the current Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the critical access hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria.</p> <p><b>§485.640(a)(3)</b></p> <p><b>PE.04.01.05, EP 1:</b> The water management program has an individual or a team responsible for the oversight and implementation of the program, including but not limited to development, management, and maintenance activities.</p> <p><b>§485.640(a)(3)</b></p> | <p>and local public health authority requirements for identification, reporting, and containing communicable diseases and outbreaks.</p> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe the hospital for the sanitary condition of its environments of care, noting the cleanliness of patient rooms, floors, horizontal surfaces, patient equipment, air inlets, mechanical rooms, food service activities, treatment and procedure areas, surgical areas, central supply, storage areas, and medication preparation areas.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p><b>PE.04.01.05, EP 2:</b> The individual or team responsible for the water management program develops the following:</p> <ul style="list-style-type: none"> <li>- A basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points</li> </ul> <p>Note: An example would be a flow chart with symbols showing sinks, showers, water fountains, ice machines, and so forth.</p> <ul style="list-style-type: none"> <li>- A water risk management plan based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to identify any areas where potentially hazardous conditions may occur (these conditions are most likely to occur in areas with slow or stagnant water)</li> </ul> <p>Note: Refer to the Centers for Disease Control and Prevention’s “Water Infection Control Risk Assessment (WICRA) for Healthcare Settings” tool as an example for conducting a water-related risk assessment.</p> <ul style="list-style-type: none"> <li>- A plan for addressing the use of water in areas of buildings where water may have been stagnant for a period of time (for example, unoccupied or temporarily closed areas)</li> <li>- An evaluation of the patient populations served to identify patients who are immunocompromised</li> <li>- Monitoring protocols and acceptable ranges for control measures</li> </ul> <p>Note: Critical access hospitals should consider incorporating basic practices for water monitoring within their water management programs that include monitoring of water temperature, residual disinfectant, and pH. In addition, protocols should include specificity around the parameters measured, locations where measurements are made, and appropriate corrective actions taken when parameters are out of range.</p> <p><b>§485.640(a)(3)</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>IC.04.01.01, EP 5:</b> The infection prevention and control program reflects the scope and complexity of the critical access hospital services provided by addressing all locations, patient populations, and staff.</p> <p><b>§485.640(a)(4)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview hospital staff in various locations or areas on collection of infection and communicable disease data and actions to reduce the risks of infections.</li> </ul> <p><b>Document review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine whether the infection control and prevention program is hospital-wide and program-specific in gathering and assessing</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>infection and communicable disease data and in taking steps to reduce the risks of infections.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review documentation of surveillance activities to determine whether active surveillance is suitable to the scope and complexity of the hospital's services and the population served.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>MM.18.01.01, EP 2:</b><br/>The critical access hospital demonstrates that an individual (or individuals), who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship, is appointed by the governing body, or responsible individual, as the leader(s) of the antibiotic stewardship program and that the appointment is based on the recommendations of medical staff leadership and pharmacy leadership.</p> <p><b>§485.640(b)(1) Standard:</b><br/><b>Antibiotic stewardship program organization and policies.</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine whether the antibiotic stewardship leader(s): <ul style="list-style-type: none"> <li>○ Was appointed by the governing body, or responsible individual, based on recommendations from medical staff and pharmacy leaders and has the responsibility for the antibiotic stewardship program.</li> <li>○ Is a physician and/or pharmacist.</li> </ul> </li> <li><input type="checkbox"/> Ask the leader(s) about their qualifications to oversee the antibiotic stewardship program.<br/><b>Note:</b> <i>Training and/or certification may be obtained through organizations such as the specialty boards in adult or pediatric infectious diseases offered for physicians by the American Board of Internal Medicine (for internists), the American Board of Pediatrics (for pediatricians), and the Society for Infectious Disease Pharmacists (for pharmacists). If board members are present, ask how they are involved in decisions about antibiotic stewardship leader(s).</i></li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine whether the leader(s) of antibiotic stewardship: <ul style="list-style-type: none"> <li>○ Was appointed by the governing body, or responsible individual, based on recommendations by medical staff and pharmacy leaders and has the responsibility for the antibiotic stewardship program.</li> <li>○ Has developed and implemented the hospital's antibiotic stewardship policies.</li> </ul> </li> </ul> <p><b>Note:</b> <i>Antibiotic stewardship policies should address the roles and responsibilities for antibiotic stewardship and use within the hospital, how the various hospital committees and departments interface with the antibiotic stewardship program, and how to optimize antibiotic use.</i></p> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><input type="checkbox"/> Review the criteria the hospital used to determine the resources necessary to operate effectively and ensure the resource allocation matches the determined needs.</p> <p><b>Personnel/Credential File</b></p> <p><input type="checkbox"/> Review the personnel file of the antibiotic stewardship leader(s) to determine whether they are qualified through ongoing education, training, experience, or certification to oversee the antibiotic stewardship program.</p> <p><b>Note:</b> <i>Training and/or certification may be obtained through organizations such as the specialty boards in adult or pediatric infectious diseases offered for physicians by the American Board of Internal Medicine (for internists), the American Board of Pediatrics (for pediatricians), and the Society for Infectious Disease Pharmacists (for pharmacists).</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>MM.18.01.01, EP 5:</b> The critical access hospitalwide antibiotic stewardship program:</p> <ul style="list-style-type: none"> <li>- Demonstrates coordination among all components of the critical access hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the quality assessment and performance improvement program, the medical staff, nursing services, and pharmacy services.</li> <li>- Documents the evidence-based use of antibiotics in all departments and services of the critical access hospital.</li> <li>- Documents any improvements, including sustained improvements, in proper antibiotic use.</li> </ul> <p><b>§485.640(b)(2)(i); §485.640(b)(2)(ii); §485.640(b)(2)(iii)</b></p> | <p><b>Interview</b></p> <p><input type="checkbox"/> Verify with staff who prescribe antibiotics that the hospital implements and maintains an active and hospitalwide antibiotic stewardship program as an effective means to improve the hospital's antibiotic-prescribing practices.</p> <p><input type="checkbox"/> Ask staff who prescribe antibiotics how the hospital promotes the evidence-based use of antibiotics to reduce the incidence of adverse consequences of inappropriate antibiotic use, including but not limited to adverse drug events, CDIs, and the growth of antibiotic resistance in the hospital overall.</p> <p><b>Document Review</b></p> <p><b>General</b></p> <p><input type="checkbox"/> Review antibiotic stewardship policies and procedures for evidence of a process for the coordination of all components of the hospital related to antibiotic use and resistance, including but not limited to the antibiotic stewardship program, the infection prevention and control program, the quality assurance/performance improvement program, the medical staff, nursing services, and pharmacy services.</p> <p><input type="checkbox"/> Confirm that the hospital develops and implements antibiotic stewardship interventions to address issues identified through its</p> |

| Joint Commission Standards / EPs                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                                                                                                                                                        | <p>assessment activities and then monitors the effectiveness of interventions through further data collection and analysis.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital promotes evidence-based use of antibiotics to reduce the incidence of adverse consequences of inappropriate antibiotic use, including but not limited to treatment failures, <i>C. difficile</i> infections (CDIs), and growth of antibiotic resistance in the hospital overall.</li> <li><input type="checkbox"/> Verify that the hospital's antibiotic use is consistent with their documented evidence-based, hospitalwide antibiotic stewardship program recommendations.</li> <li><input type="checkbox"/> Review documentation of improvements and/or sustainment of improvements through the use of the evidence-based, hospitalwide antibiotic stewardship program recommendations.</li> <li><input type="checkbox"/> Note: It is expected that the hospital will reduce patient risk for adverse drug events and potentially life-threatening, antibiotic-resistant infections, including CDIs.</li> <li><input type="checkbox"/> Confirm that the antibiotic stewardship program is updated with any advancing evidence-based improvements in antibiotic-prescribing practices.</li> </ul> |
| <p><b>MM.18.01.01, EP 6:</b> The antibiotic stewardship program adheres to nationally recognized guidelines, as well as best practices, for improving antibiotic use.</p> <p><b>§485.640(b)(3)</b></p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff who prescribe antibiotics about the nationally recognized guidelines that have been implemented as part of the hospitalwide antibiotic stewardship program.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that nationally recognized guidelines have been implemented for the evidence-based, hospitalwide antibiotic stewardship program.</li> <li><input type="checkbox"/> Verify that core elements of best practices have been included within the hospitalwide antibiotic stewardship program, including hospital leadership commitment, accountability, pharmacy expertise, tracking, reporting, education, and appropriate interventions or actions being taken to improve antibiotic use to reduce adverse events, prevent emergence of resistance, and ensure better outcomes for patients in this setting.</li> </ul> <p><b>Note:</b> See the Centers for Disease Control and Prevention's Core Elements of Antibiotic Stewardship at <a href="https://www.cdc.gov/antibiotic-use/coreelements/index.html">https://www.cdc.gov/antibiotic-use/coreelements/index.html</a> for more information. Examples of other</p>     |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><i>organizations with nationally recognized antibiotic stewardship guidelines and/or recommendations include but are not limited to the Society for Healthcare Epidemiology of America, the Infectious Diseases Society of America, the American Society for Health System Pharmacists, and the Society for Infectious Disease Pharmacists.</i></p>                                                                                                                                                     |
| <p><b>MM.18.01.01, EP 1:</b> The antibiotic stewardship program reflects the scope and complexity of the critical access hospital services provided.<br/> <b>§485.640(b)(4)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Document Review</b><br/> <b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the parameters of the antibiotic stewardship program to determine whether it is suitable to the scope and complexity of the hospital's services.</li> </ul>                                                                                                                                                                                                                       |
| <p><b>IC.05.01.01, EP 1:</b> The critical access hospital's governing body, or responsible individual, is responsible for the implementation, performance, and sustainability of the infection prevention and control program and provides resources to support and track the implementation, success, and sustainability of the program's activities.<br/> Note: To make certain that systems are in place and operational to support the program, the governing body, or responsible individual, provides access to information technology; laboratory services; equipment and supplies; local, state, and federal public health authorities' advisories and alerts, such as the CDC's Health Alert Network (HAN); FDA alerts; manufacturers' instructions for use; and guidelines used to inform policies.<br/> <b>§485.640(c)(1)(i)</b></p> <p><b>MM.18.01.01, EP 7:</b> The governing body, or responsible individual, ensures that systems are in place and operational for the tracking of all antibiotic use activities in order to demonstrate the implementation, success, and sustainability of such activities.<br/> <b>§485.640(c)(1)(i)</b></p> | <p><b>Document Review</b><br/> <b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the hospital policies and governing body meeting minutes for record of support for the infection control and antibiotic stewardship programs.</li> <li><input type="checkbox"/> Verify that the hospital policies are being followed for the tracking of all infection surveillance, prevention and control, and the monitoring of hospital antibiotic use activities.</li> </ul> |
| <p><b>IC.05.01.01, EP 2:</b> The critical access hospital's governing body, or responsible individual, ensures that the problems identified by the infection prevention and control program are addressed in collaboration with critical access hospital quality assessment and performance improvement leaders and other leaders (for example, the medical director, nurse executive, and administrative leaders).<br/> <b>§485.640(c)(1)(ii)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interview program leaders to confirm that the hospital's infection control program and antibiotic stewardship program are being coordinated with their QAPI leadership, medical staff, nursing services, and pharmacy services.</li> </ul> <p><b>Document Review</b><br/> <b>General</b></p>                                                                                                                       |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <p><b>MM.18.01.01, EP 4:</b> The governing body, or responsible individual, ensures all antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with the critical access hospital's QAPI leadership.</p> <p><b>§485.640(c)(1)(ii)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine whether infection control and antibiotic use problems identified are reported to the hospital's leadership.</li> <li><input type="checkbox"/> Verify that hospital leadership takes steps to assure that corrective actions are implemented and successful.</li> <li><input type="checkbox"/> Determine whether the hospital's QAPI program and staff in-service training programs address problems identified by the hospital's infection control program and antibiotic stewardship programs.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>IC.04.01.01, EP 2:</b> The infection preventionist(s) or infection control professional(s) is responsible for the following:</p> <ul style="list-style-type: none"> <li>- Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines</li> <li>- Documentation of the infection prevention and control program and its surveillance, prevention, and control activities</li> <li>- Competency-based training and education of critical access hospital personnel and staff, including medical staff and, as applicable, personnel providing contracted services in the critical access hospital, on infection prevention and control guidelines, policies, and procedures and their application</li> <li>- Prevention and control of health care–associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures</li> <li>- Communication and collaboration with all components of the critical access hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program</li> <li>- Communication and collaboration with the critical access hospital's quality assessment and performance improvement program to address infection prevention and control issues</li> </ul> <p>Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.11.04.01, EP 1).</p> <p><b>§485.640(c)(2)(i-iii)</b></p> | <p><b>§485.640(c)(3)(i)</b><br/><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital's infection prevention and control program, including its hospital-wide infection surveillance, prevention, and control policies and procedures, is consistent with nationally recognized standards.</li> </ul> <p><b>§485.640(c)(3)(ii)</b><br/><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital's infection preventionist(s) and/or infection prevention and control professional(s) is documenting, in written or electronic form, the IPC program and its surveillance, prevention, and control activities.</li> </ul> <p><b>§485.640(c)(3)(iii)</b><br/><b>Document Review</b><br/><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital's infection preventionist(s) and/or infection control professional(s) is communicating and collaborating with the hospital's QAPI program on all infection prevention and control issues.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p><b>HR.11.03.01, EP 1:</b> Staff participate in ongoing education and training to maintain or increase their competency and, as needed, when staff responsibilities change. Staff participation is documented.<br/> <b>§485.640(c)(2)(iv)</b></p> <p><b>HR.11.04.01, EP 1:</b> Staff competence is assessed and documented once every three years, or more frequently as required by critical access hospital policy or in accordance with law and regulation.<br/> <b>§485.640(c)(2)(iv)</b></p> <p><b>IC.04.01.01, EP 2:</b> The infection preventionist(s) or infection control professional(s) is responsible for the following:</p> <ul style="list-style-type: none"> <li>- Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines</li> <li>- Documentation of the infection prevention and control program and its surveillance, prevention, and control activities</li> <li>- Competency-based training and education of critical access hospital personnel and staff, including medical staff and, as applicable, personnel providing contracted services in the critical access hospital, on infection prevention and control guidelines, policies, and procedures and their application</li> <li>- Prevention and control of health care–associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures</li> <li>- Communication and collaboration with all components of the critical access hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program</li> <li>- Communication and collaboration with the critical access hospital’s quality assessment and performance improvement program to address infection prevention and control issues</li> </ul> <p>Note: The outcome of competency-based training is the staff’s ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for</p> | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the hospital’s policies and procedures on training and educating staff to confirm that the hospital’s infection preventionist(s) and/or infection control professional(s) training and education of hospital personnel and staff is competency based</li> </ul> <p><b>Personnel/Credential File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of personnel files to verify that training on the practical applications of infection prevention and control guidelines was completed and required competencies were met.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                |
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| <p>high-level disinfection. (For more information on competency requirements, refer to HR.11.04.01, EP 1).<br/> <b>§485.640(c)(2)(iv)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>IC.04.01.01, EP 2:</b> The infection preventionist(s) or infection control professional(s) is responsible for the following:</p> <ul style="list-style-type: none"> <li>- Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines</li> <li>- Documentation of the infection prevention and control program and its surveillance, prevention, and control activities</li> <li>- Competency-based training and education of critical access hospital personnel and staff, including medical staff and, as applicable, personnel providing contracted services in the critical access hospital, on infection prevention and control guidelines, policies, and procedures and their application</li> <li>- Prevention and control of health care–associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures</li> <li>- Communication and collaboration with all components of the critical access hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and water management program</li> <li>- Communication and collaboration with the critical access hospital’s quality assessment and performance improvement program to address infection prevention and control issues</li> </ul> <p>Note: The outcome of competency-based training is the staff’s ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.11.04.01, EP 1).<br/> <b>§485.640(c)(2)(v)</b></p> | <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital’s infection preventionist(s) and/or infection prevention and control professional(s) has an active role in auditing the adherence to infection prevention and control policies and procedures by hospital personnel.</li> </ul> |
| <p><b>IC.04.01.01, EP 2:</b> See above<br/> <b>§485.640(c)(2)(vi)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the hospital’s infection preventionist(s) and/or infection prevention and control professional(s) is communicating and collaborating with the antibiotic stewardship program.</li> </ul>                                                     |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p><b>MM.18.01.01, EP 3:</b> The leader(s) of the antibiotic stewardship program is responsible for the following:</p> <ul style="list-style-type: none"> <li>-Development and implementation of a critical access hospitalwide antibiotic stewardship program, based on nationally recognized guidelines to monitor and improve the use of antibiotics.</li> <li>- All documentation, written or electronic, of antibiotic stewardship program activities.</li> <li>-Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as with the critical access hospital's infection prevention and control and QAPI programs, on antibiotic use issues.</li> <li>-Competency-based training and education of critical access hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the critical access hospital, on the practical applications of antibiotic stewardship guidelines, policies, and procedures.</li> </ul> <p><b>§485.640(c)(3)(i-iv)</b></p>                                                                                                                                                                                                                                  | <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify that the antibiotic stewardship program leader(s) is responsible for the following: <ul style="list-style-type: none"> <li>○ Developing and implementing the hospital-wide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics.</li> <li>○ Documenting the hospital's antibiotic stewardship program activities and antibiotic use issues. <b>Note:</b> <i>Documentation may be written or electronic.</i></li> <li>○ Communicating and collaborating with medical staff, nursing staff, and pharmacy leaders, as well as the hospital's infection prevention and control and QAPI programs.</li> <li>○ Providing competency-based training and education for hospital personnel, including medical staff and, as applicable, contracted staff providing services in the hospital, on the practical applications of antibiotic stewardship guidelines, policies, and procedures.</li> </ul> </li> </ul> |
| <p><b>LD.11.01.01, EP 10:</b> If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, critical access hospitals, and/or rural emergency hospitals, the system governing body can elect to have unified and integrated infection prevention and control and antibiotic stewardship programs for all of its member facilities after determining that such a decision is in accordance with applicable law and regulation.</p> <p>Each separately certified critical access hospital subject to the system governing body demonstrates that the unified and integrated infection prevention and control program and the antibiotic stewardship program do the following:</p> <ul style="list-style-type: none"> <li>- Account for each member critical access hospital's unique circumstances and any significant differences in patient populations and services offered at each critical access hospital</li> <li>- Establish and implement policies and procedures to make certain that the needs and concerns of each separately certified critical access hospital,</li> </ul> | <p><b>General guidance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assess the manner and degree of noncompliance with the standards within this condition to determine whether there is condition-level noncompliance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>regardless of practice or location, are given due consideration</p> <ul style="list-style-type: none"> <li>- Have mechanisms in place to ensure that issues localized to particular critical access hospitals are duly considered and addressed</li> <li>- Designate a qualified individual(s) at the critical access hospital with expertise in infection prevention and control and in antibiotic stewardship as responsible for communicating with the unified infection prevention and control and antibiotic stewardship programs, implementing and maintaining the policies and procedures governing infection prevention and control and antibiotic stewardship (as directed by the unified infection prevention and control and antibiotic stewardship programs), and providing education and training on the practical applications of infection prevention and control and antibiotic stewardship to critical access hospital staff</li> </ul> <p>Note: The system governing body is responsible and accountable for making certain that each of its separately certified critical access hospitals meet all of the requirements at 42 CFR 485.640(g). (See also IC.04.01.01, EP 5)</p> <p><b>§485.640(g) Standard: Unified and integrated infection prevention and control and antibiotic stewardship programs for CAH in a multi-facility system.</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>LD.11.01.01, EP 10:</b> See above<br/><b>§485.640(g)(1)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b><i>If the critical access hospital is part of a system that has a unified and integrated infection prevention and control and antibiotic stewardship programs:</i></b></p> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the infection prevention and control antibiotic stewardship program and identify unified infection prevention and control and antibiotic stewardship policies and activities and how these take into account the critical access hospitals population and services offered.</li> </ul>                                                                                         |
| <p><b>LD.11.01.01, EP 10:</b> See above<br/><b>§485.640(g)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b><i>If the critical access hospital is part of a system that has a unified and integrated infection prevention and control and antibiotic stewardship programs:</i></b></p> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the infection prevention and control and antibiotic stewardship programs and identify unified infection prevention and control and antibiotic stewardship policies and procedures and identify how each separately certified critical access hospital's unique needs and areas of concern have been considered in the development of those policies and procedures.</li> </ul> |

| Joint Commission Standards / EPs                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p>LD.11.01.01, EP 10: See above<br/>§485.640(g)(3)</p> | <p><b><i>If the critical access hospital is part of a system that has a unified and integrated infection prevention and control and antibiotic stewardship programs:</i></b></p> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review the QAPI program and identify unified QAPI elements that are unique to a particular critical access hospital.</li> <li><input type="checkbox"/> Identify the process for which these unique elements are integrated into the QAPI program.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p>LD.11.01.01, EP 10: See above<br/>§485.640(g)(4)</p> | <p><b><i>If the critical access hospital is part of a system that has a unified and integrated infection prevention and control and antibiotic stewardship programs:</i></b></p> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review governing body policies for evidence that a qualified individual(s) has/have been designated as responsible for communicating with the unified infection prevention program and antibiotic stewardship program, for implementing and maintaining policies and procedures governing the infection prevention and control and antibiotic stewardship programs, and training of critical access hospital staff.</li> <li><input type="checkbox"/> Review documentation that the designated individual(s) communicate(s) with the unified program leadership related to issues with infection prevention and antibiotic stewardship.</li> <li><input type="checkbox"/> Review critical access hospital training documents related to education in infection prevention and antibiotic stewardship as evidence of training of critical access hospital staff.</li> </ul> |

## Critical Access Hospital Quality Assessment and Performance Improvement Evaluation Module (485.641)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>LD.12.01.01, EP 1:</b> The critical access hospital develops, implements, maintains, and documents an effective, ongoing, data-driven, hospitalwide quality assessment and performance improvement program.<br/> Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital maintains and demonstrates evidence of its QAPI program for review by CMS.</p> <p><b>485.641 Condition of participation: Quality assessment and performance improvement program.</b></p>                                                                                                                                                                                                                                                                                                                                                                  | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff to describe their quality assessment/performance improvement (QAPI) program. Is there evidence that the program encompasses the entire organization and is data driven, ongoing, and effective?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>LD.11.01.01, EP 8:</b> The governing body or designated individual is responsible and accountable for the quality assessment and performance improvement program. The governing body makes sure that performance improvement activities reflect the complexity of the critical access hospital's organization and services; are ongoing and comprehensive; involve all departments and services, including those services provided under contract or arrangement; and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors and objective measures to evaluate its organizational processes, functions, and services. (For more information on contracted services, see Standard LD.14.03.03)<br/> Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: If the hospital does not have a governing</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask leaders and staff to provide examples of ongoing monitoring that is underway throughout the CAH.</li> <li><input type="checkbox"/> Ask staff about their QAPI efforts in all CAH services and locations.</li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review QAPI program documents to verify the program meets the following requirements: <ul style="list-style-type: none"> <li>○ Is appropriate for the complexity of the CAH's organization and services provided.</li> <li>○ Is ongoing and comprehensive.</li> <li>○ Involves all departments of the CAH and services, including services furnished under contract or arrangement.</li> <li>○ Uses objective measures to evaluate its organization processes, functions, and services.</li> <li>○ Uses outcome indicators related to improved patient health outcomes and the prevention and reduction of medical errors, adverse events, CAH-acquired conditions, and transitions of care, including readmissions.</li> </ul> </li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <p>body, it identifies the leadership structure that is responsible for these activities.<br/> <b>§485.641(b)(1-4)</b></p> <p><b>PI.11.01.01, EP 1:</b> The performance improvement program addresses outcome indicators related to the following:</p> <ul style="list-style-type: none"> <li>- Improved health outcomes and the prevention and reduction of medical errors</li> <li>- Adverse events</li> <li>- Sentinel events</li> <li>- Health care–acquired conditions</li> <li>- Transitions of care, including unplanned readmissions</li> </ul> <p><b>§485.641(b)(5)</b></p>                                                                                                                                                                                                                                                                                                                       | <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Look for evidence of QAPI activity when visiting different areas of the CAH (for example, posted progress reports, comparisons, performance graphs, quality recognition awards, notes).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>LD.11.01.01, EP 8:</b> The governing body or designated individual is responsible and accountable for the quality assessment and performance improvement program. The governing body makes sure that performance improvement activities reflect the complexity of the critical access hospital's organization and services; are ongoing and comprehensive; involve all departments and services, including those services provided under contract or arrangement; and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors and objective measures to evaluate its organizational processes, functions, and services. (For more information on contracted services, see Standard LD.14.03.03)</p> <p>Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: If the hospital does not have a governing</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask QAPI program leader and staff how the governing body or designated individual monitors the program to determine it is <ul style="list-style-type: none"> <li>○ Appropriate for the complexity of the CAH's organization and services provided?</li> <li>○ Ongoing and comprehensive?</li> <li>○ Involving all departments of the CAH and services (including those services furnished under contract or arrangement)?</li> <li>○ Using objective measures to evaluate its organizational processes, functions, and services?</li> <li>○ Addressing outcome indicators related to improved health outcomes and the prevention and reduction of medical errors, adverse events, CAH–acquired conditions, and transitions of care, including readmissions.</li> </ul> </li> </ul> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask to see <b>evidence</b> that the governing body or a designated individual is responsible and accountable for the QAPI program.</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>body, it identifies the leadership structure that is responsible for these activities.</p> <p><b>§485.641(c)</b></p> <p><b>LD.12.01.01, EP 2:</b> As part of performance improvement, leaders (including the governing body) do the following:</p> <ul style="list-style-type: none"> <li>- Set priorities for performance improvement activities related to improved health outcomes that are shown to be predictive of desired patient outcomes, patient safety, and quality of care</li> <li>- Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and consider the incidence, prevalence, and severity of problems in those areas</li> <li>- Identify the frequency and detail of data collection for performance improvement activities</li> <li>- Use measures to analyze and track performance</li> </ul> <p><b>§485.641(d)(1-3)PI.11.01.01, EP 2:</b> The critical access hospital has an ongoing quality assessment and performance improvement program that shows measurable improvement for indicators that are selected based on evidence that they will improve health outcomes and aid in the identification and reduction of medical errors. The program incorporates quality indicator data, including patient care data and other relevant data to achieve the goals of the program.</p> <p>Note: For rehabilitation and psychiatric distinct part units in critical access hospitals:</p> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>□ Ask QAPI program leaders and staff how the CAH analyzes and tracks the measures to monitor performance.</li> <li>□ Ask the governing body or the leaders who oversee the QAPI program to provide evidence that its improvement activities are focused on high-risk, high-volume, or problem-prone areas. <ul style="list-style-type: none"> <li>○ Does the CAH have any data (either derived from its own QAPI data collection or public data) on incidence, prevalence, or severity to support its choices?</li> </ul> </li> </ul> <p>Does the CAH have evidence that the activities affect health outcomes through improving quality of care or patient safety?</p> <p><b>Document Review</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>□ Ask to see a list of current or recent performance improvement activities. <ul style="list-style-type: none"> <li>○ Is the CAH focusing on measures related to improved health outcomes?</li> <li>○ Are the selected measures predictive of desired patient outcomes?</li> </ul> </li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p>Relevant data includes data submitted to or received from Medicare quality reporting and quality performance programs including but not limited to data related to hospital readmissions and hospital-acquired conditions.</p> <p><b>§485.641(e)</b></p> <p><b>PI.14.01.01, EP 1:</b> The critical access hospital acts on improvement priorities.</p> <p><b>§485.641(e)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>LD.11.01.01, EP 9:</b> If a critical access hospital is part of a system consisting of multiple separately accredited hospitals, critical access hospitals, and/or rural emergency hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, critical access hospitals, and/or rural emergency hospitals, the system governing body can elect to have a unified and integrated quality assessment and performance improvement program for all of its member facilities after determining that such decision is in accordance with all applicable state and local laws. Each separately certified critical access hospital subject to the system governing body demonstrates that the unified and integrated quality assessment and performance improvement program does the following:</p> <ul style="list-style-type: none"> <li>- Accounts for each member critical access hospital's unique circumstances and any</li> </ul> | <p><b>Interview</b><br/> <i>If the hospital is part of a multihospital system:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask staff if their system governing body has elected to have a unified and integrated QAPI program. <ul style="list-style-type: none"> <li>○ Did the system check state and local laws to determine if a unified program was acceptable?</li> </ul> </li> </ul> <p>Ask leaders and QAPI staff at each individual hospital how they participate in the unified and integrated program and if it addresses their unique circumstances.</p> <p><b>Document Review</b><br/> <b>General</b><br/> <i>If the hospital is part of a multihospital system:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask if there are any descriptions of the unified and integrated QAPI program. <ul style="list-style-type: none"> <li>○ Does the program include governing body expectations for each certified hospital?</li> <li>○ Does it take into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital?</li> </ul> </li> <li><input type="checkbox"/> Ask to see policies and procedures that guide the unified and integrated QAPI program to ensure that the following requirements are met: <ul style="list-style-type: none"> <li>○ The needs and concerns of each separately certified hospital, regardless of practice or location, are given due consideration.</li> </ul> </li> </ul> |

Critical Access Hospital Discharge Planning Evaluation Module (485.643)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>significant differences in patient populations and services offered in each critical access hospital</p> <ul style="list-style-type: none"> <li>- Establishes and implements policies and procedures to make certain that the needs and concerns of each of its separately certified hospitals, regardless of practice or location, are given due consideration, and that the unified and integrated program has mechanisms in place to ensure that issues localized to particular critical access hospitals are duly considered and addressed</li> </ul> <p>Note: The system governing body is responsible and accountable for making certain that each of its separately certified critical access hospitals meets the requirements for quality assessment and performance improvement at 42 CFR 485.641.</p> <p><b>§485.641(f); 485.641(f)(1); 485.641(f)(2)</b></p> | <ul style="list-style-type: none"> <li>○ The unified and integrated QAPI program has procedures in place to ensure that issues localized to particular hospitals are duly considered and addressed.</li> <li>□ Ask to see reports provided to the governing body about QAPI performance. <ul style="list-style-type: none"> <li>○ Do such reports reveal the performance of each certified hospital?</li> </ul> </li> </ul> |

## Critical Access Hospital Discharge Planning Evaluation Module (485.642)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical Access Hospital Survey Process                                            |
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| <p><b><u>PC.14.01.01, EP 1:</u></b> <u>The critical access hospital has an effective discharge planning process that focuses on, and is consistent with, the patient’s goals and treatment preferences; makes certain there is an effective transition of the patient from the critical access hospital to postdischarge care; and reduces the factors leading to preventable critical access hospital and hospital readmissions.</u></p> <p><u>Note: The critical access hospital’s discharge planning process requires regular reevaluation of the patient’s condition to identify changes that require modification of the discharge plan. The discharge plan is updated as needed to reflect these changes.</u></p> <p><b><u>§ 485.642 Condition of participation: Discharge planning.</u></b></p> <p><b><u>PC.14.01.01, EP 4:</u></b><u>The patient, the patient’s caregiver(s) or support person(s), physicians, other licensed practitioners, clinical psychologists, and staff who are involved in the patient’s care, treatment, and services participate in planning the patient’s discharge or transfer. The patient and their caregiver(s) or support person(s) are included as active partners when planning for postdischarge care.</u></p> <p><u>Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of “physician” is the same as that used by the Centers for Medicare &amp; Medicaid Services (refer to the Glossary).</u></p> <p><u>Note 2: For psychiatric distinct part units in critical access hospitals: Social service staff responsibilities include but are not limited to participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the critical access hospital.</u></p> <p><u>Note 3: For swing beds in critical access hospitals: The critical access hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move.</u></p> <p><u>The notice is in writing, in a language and manner they understand, and includes the items described in 42 CFR 483.15(c)(5). The critical access hospital also provides sufficient preparation and orientation to residents to make</u></p> | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |

Critical Access Hospital Discharge Planning Evaluation Module (485.643)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                            |
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| <p><u>sure that transfer or discharge from the critical access hospital is safe and orderly. The critical access hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman.</u><br/> <b><u>§ 485.642 Condition of participation: Discharge planning.</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |
| <p><b><u>PC.14.01.01, EP 2:</u></b> <u>The critical access hospital begins the discharge planning process early in the patient's episode of care, treatment, and services.</u><br/> <b><u>§485.642(a)</u></b></p> <p><b><u>PC.14.01.01, EP 5:</u></b> <u>The critical access hospital performs a discharge planning evaluation and creates a discharge plan for those patients it identifies at an early stage of hospitalization are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning or at the request of the patient, patient's representative, or the patient's physician.</u><br/> <u>Note 1: The discharge planning evaluation is completed in a timely manner so that appropriate arrangements for posthospital care are made before discharge and unnecessary delays in discharge are avoided.</u><br/> <u>Note 2: The discharge planning evaluation is performed and subsequent discharge plan is created by, or under the supervision of, a registered nurse, social worker, or other qualified person</u><br/> <b><u>§485.642(a); §485.642(a)(1)</u></b></p> | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |
| <p><b><u>PC.14.01.01, EP 3:</u></b> <u>As part of the discharge planning evaluation, the critical access hospital evaluates the patient's need for appropriate post-critical access hospital services, including but not limited to hospice care services, extended care services, home health services, and non-health care services and community-based care providers. The critical access hospital also evaluates the availability of the appropriate services and the patient's access to those services as part of the discharge planning evaluation.</u><br/> <b><u>§485.642(a)(2)</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |
| <p><b><u>PC.14.01.01, EP 6:</u></b> <u>The critical access hospital discusses the results of the discharge planning evaluation with the patient or their representative, including any reevaluations performed and any arrangements made.</u><br/> <b><u>§485.642(a)(3)</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process |
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| <p><b><u>RC.12.01.01, EP 2:</u></b> The medical record contains the following clinical information:</p> <ul style="list-style-type: none"> <li>-<u>Admitting diagnosis</u></li> <li>-<u>Any emergency care, treatment, and services provided to the patient before their arrival</u></li> <li>-<u>Any allergies to food and medications</u></li> <li>-<u>Any findings of assessments and reassessments</u></li> <li>-<u>Results of all consultative evaluations of the patient and findings by clinical and other staff involved in the care of the patient</u></li> <li>-<u>Treatment goals, plan of care, and revisions to the plan of care</u></li> <li>- <u>Documentation of complications, health care–acquired infections, and adverse reactions to drugs and anesthesia</u></li> <li>- <u>All practitioners' orders</u></li> <li>-<u>Nursing notes, reports of treatment, laboratory reports, vital signs, and other information necessary to monitor the patient's condition</u></li> <li>- <u>Medication records, including the strength, dose, route, date and time of administration, access site for medication, administration devices used, and rate of administration</u></li> </ul> <p><u>Note: When rapid titration of a medication is necessary, the critical access hospital defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation. For the definition and a further explanation of block charting, refer to the Glossary.</u></p> <ul style="list-style-type: none"> <li>- <u>Administration of each self-administered medication, as reported by the patient (or the patient's caregiver or support person where appropriate)</u></li> <li>-<u>Records of radiology and nuclear medicine services, including signed interpretation reports</u></li> <li>-<u>All care, treatment, and services provided to the patient</u></li> <li>-<u>Patient's response to care, treatment, and services</u></li> <li>-<u>Medical history and physical examination, including any conclusions or impressions drawn from the information</u></li> <li>-<u>Discharge plan and discharge planning evaluation</u></li> <li>-<u>Discharge summary with outcome of hospitalization, disposition of case, and provisions for follow-up care, including any medications dispensed or prescribed on discharge</u></li> </ul> |                                         |

Critical Access Hospital Discharge Planning Evaluation Module (485.643)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Critical Access Hospital Survey Process                                            |
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| <p><u>-Any diagnoses or conditions established during the patient's course of care, treatment, and services</u><br/> <u>Note: Medical records are completed within 30 days following discharge, including final diagnosis.</u><br/> <b><u>§485.642(a)(3)</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |
| <p><b><u>PC.14.01.01, EP 5:</u></b> <u>The critical access hospital performs a discharge planning evaluation and creates a discharge plan for those patients it identifies at an early stage of hospitalization are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning or at the request of the patient, patient's representative, or the patient's physician.</u><br/> <u>Note 1: The discharge planning evaluation is completed in a timely manner so that appropriate arrangements for posthospital care are made before discharge and unnecessary delays in discharge are avoided.</u><br/> <u>Note 2: The discharge planning evaluation is performed and subsequent discharge plan is created by, or under the supervision of, a registered nurse, social worker, or other qualified person</u><br/> <b><u>§485.642(a)(4)</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |
| <p><b><u>PC.14.01.01, EP 4:</u></b> <u>The patient, the patient's caregiver(s) or support person(s), physicians, other licensed practitioners, clinical psychologists, and staff who are involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. The patient and their caregiver(s) or support person(s) are included as active partners when planning for postdischarge care.</u><br/> <u>Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of "physician" is the same as that used by the Centers for Medicare &amp; Medicaid Services (refer to the Glossary).</u><br/> <u>Note 2: For psychiatric distinct part units in critical access hospitals: Social service staff responsibilities include but are not limited to participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the critical access hospital.</u><br/> <u>Note 3: For swing beds in critical access hospitals: The critical access hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move. The notice is in writing, in a language and manner they</u></p> | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |

Critical Access Hospital Discharge Planning Evaluation Module (485.643)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                            |
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| <p><u>understand, and includes the items described in 42 CFR 483.15(c)(5). The critical access hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the critical access hospital is safe and orderly. The critical access hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman</u></p> <p><b><u>§485.642(a)(5)</u></b></p>                                                                                                                                                                                                                                                                                                      |                                                                                    |
| <p><b><u>PC.14.01.01, EP 1:</u></b> <u>The critical access hospital has an effective discharge planning process that focuses on, and is consistent with, the patient's goals and treatment preferences; makes certain there is an effective transition of the patient from the critical access hospital to postdischarge care; and reduces the factors leading to preventable critical access hospital and hospital readmissions.</u></p> <p><u>Note: The critical access hospital's discharge planning process requires regular reevaluation of the patient's condition to identify changes that require modification of the discharge plan. The discharge plan is updated as needed to reflect these changes.</u></p> <p><b><u>§485.642(a)(6)</u></b></p> | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |
| <p><b><u>PC.14.01.01, EP 14:</u></b> <u>The critical access hospital assesses its discharge planning process on a regular basis, as defined by the critical access hospital. The assessment includes an ongoing, periodic review of a representative sample of discharge plans, including plans for patients who were readmitted within 30 days of a previous admission, to make certain that the plans are responsive to patient postdischarge needs.</u></p> <p><b><u>§485.642(a)(7)</u></b></p>                                                                                                                                                                                                                                                          | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |
| <p><b><u>PC.14.01.01, EP 7:</u></b> <u>The critical access hospital assists the patient, their family, or the patient's representative in selecting a post-acute care provider by using and sharing data that includes but is not limited to home health agency, skilled nursing facility, inpatient rehabilitation facility, and long-term care hospital data on quality measures and resource-use measures. The critical access hospital makes certain that the post-acute care data on quality measures and resource-use measures is relevant and applicable to the patient's goals of care and treatment preferences.</u></p> <p><b><u>§485.642(a)(8)</u></b></p>                                                                                       | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                            |
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| <p><b>PC.14.02.03, EP 1:</b> <u>The critical access hospital provides or transmits necessary medical information when discharging, transferring, or referring the patient to post-acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners who are responsible for the patient's follow-up or ancillary care. Necessary medical information includes, at a minimum, the following:</u></p> <ul style="list-style-type: none"> <li><u>-Current course of illness and treatment</u></li> <li><u>-Postdischarge goals of care</u></li> <li><u>-Treatment preferences at the time of discharge</u></li> </ul> <p><u>Note: For swing beds in critical access hospitals: The information sent to the receiving provider also includes the following:</u></p> <ul style="list-style-type: none"> <li><u>-Contact information of the physician or other licensed practitioner responsible for the care of the resident</u></li> <li><u>-Resident representative information, including contact information</u></li> <li><u>-Advance directive information</u></li> <li><u>-All special instructions or precautions for ongoing care, when appropriate</u></li> <li><u>-Comprehensive care plan goals</u></li> <li><u>- All other necessary information, including a copy of the residents discharge summary, consistent with 42 CFR 483.21(c)(2), and any other documentation, as applicable, to support a safe and effective transition of care</u></li> </ul> <p><b><u>§485.642(b)</u></b></p> | <p><u>Survey Procedures are pending and will be updated in future release.</u></p> |

## Critical Access Hospital Organ, Tissue, and Eye Procurement Evaluation Module (485.643)

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>§485.643</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li>□ Organ procurement policies and procedures that address the CAH's responsibilities, including: <ul style="list-style-type: none"> <li>○ Timely notification of OPO or third party designated by the OPO of individuals whose death is imminent or who have died in the CAH.</li> <li>○</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>TS.11.01.01, EP 1:</b> The critical access hospital develops and implements written policies and procedures for organ procurement responsibilities that include the following:</p> <ul style="list-style-type: none"> <li>- A written agreement with an organ procurement organization (OPO) that includes the critical access hospital notifying, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the critical access hospital and that includes the OPO's responsibility to determine medical suitability for organ donation</li> <li>- A written agreement with at least one tissue bank and at least one eye bank to cooperate in retrieving, processing, preserving, storing, and distributing tissues and eyes to make certain that all usable tissues and eyes are obtained from potential donors, such that the agreement does not interfere with organ procurement</li> <li>- Designation of an individual, who is an organ procurement representative, an organizational representative of a tissue or eye bank, or a designated requestor, to notify the family regarding the option to donate or decline to donate organs, tissues, or eyes</li> <li>- Procedures for informing the family of each potential donor about the option to donate or decline to donate organs, tissues, or eyes, in collaboration with the designated OPO</li> </ul> | <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>□ Interview the staff to verify that they are aware of the CAH'S policies and procedures for organ, tissue, and eye procurement.</li> <li>□ Verify that the organ, tissue, and eye donation program is integrated into the CAH's QA program.</li> </ul> <p><b>Document Review</b></p> <ul style="list-style-type: none"> <li>□ Review the CAH'S written agreement with the OPO to verify that it addresses all required information. See below. <ul style="list-style-type: none"> <li>○ Written agreement with an Organ Procurement Organization (OPO), designated under 42 CFR Part 486 that at a minimum addresses the following:</li> </ul> </li> <li>□ The criteria for referral, including the referral of all individuals whose death is imminent or who have died in the CAH.</li> <li>□ Includes a definition of "imminent death;"</li> <li>□ Includes a definition of "timely notification;"</li> <li>□ Addresses the OPO's responsibility to determine medical suitability for organ donation.</li> <li>□ Specifies how the tissue and/or eye bank will be notified about potential donors using notification protocols developed by the OPO in consultation with the CAH-designated tissue and eye bank(s).</li> <li>□ Provides for notification of each individual death in a timely manner to the OPO (or designated third party) in accordance with the terms of the agreement.</li> <li>□ Ensures that the designated requestor training program offered by the OPO has been developed in cooperation with the tissue bank and eye bank designated by the CAH.</li> <li>□ Permits the OPO, tissue bank, and eye bank access to the CAH's death record information according to a designated schedule, e.g., monthly, or quarterly.</li> <li>□ Includes that the CAH is not required to perform credentialing reviews for, or grant privileges to, members of organ recovery teams as long as the OPO sends only "qualified, trained individuals" to perform organ recovery; and</li> </ul> |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p>- Education and training of staff in the use of discretion and sensitivity to the circumstances, views, and beliefs of the family when discussing potential organ, tissue, or eye donations</p> <p>Note 1: The critical access hospital has an agreement with an OPO designated under 42 CFR part 486.</p> <p>Note 2: The requirements for a written agreement with at least one tissue bank and at least one eye bank may be satisfied through a single agreement with an OPO that provides services for organ, tissue, and eye, or by a separate agreement with another tissue and/or eye bank outside the OPO, chosen by the critical access hospital.</p> <p>Note 3: A designated requestor is an individual who has completed a course offered or approved by the OPO. This course is designed in conjunction with the tissue and eye bank community to provide a methodology for approaching potential donor families and requesting organ and tissue donation.</p> <p>Note 4: The term “organ” means a human kidney, liver, heart, lung, pancreas, or intestines (or multivisceral organs).</p> <p>Note 5: For additional information about criteria for the determination of brain death, see the American Academy of Neurology guidelines available at <a href="https://n.neurology.org/content/early/2023/09/13/WNL.0000000000207740">https://n.neurology.org/content/early/2023/09/13/WNL.0000000000207740</a>, the American Academy of Pediatrics guidelines available at <a href="https://www.aan.com/Guidelines/Home/GuidelineDetail/1085">https://www.aan.com/Guidelines/Home/GuidelineDetail/1085</a>, and the interactive tool that can be used alongside the new guidance to help walk clinicians through the</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> The interventions the CAH will utilize to maintain potential organ donor patients so that the patient organs remain viable.</li> <li><input type="checkbox"/> Verify that the CAH'S governing body has approved the CAH'S organ procurement policies.</li> </ul> <p><b>Patient Health Record</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review a sample of death records to verify that the CAH has implemented its organ procurement policies.</li> </ul> |

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| BD/DNC evaluation process at<br><a href="https://www.aan.com/Guidelines/BDDNC">https://www.aan.com/Guidelines/BDDNC</a> .<br><b>§485.643(a)</b>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>TS.11.01.01, EP 1:</b> See above<br><b>§485.643(b)</b>                                                                                                                                                                                                                                                     | <b>Document Review</b> <ul style="list-style-type: none"> <li>□ Verify that the CAH has an agreement with at least one tissue bank and one eye bank that specifies criteria for referral of all individuals who have died in the CAH. The agreement must also acknowledge that it is the OPO's responsibility to determine medical suitability for tissue and eye donation unless the CAH has an alternative agreement with a different tissue and/or eye bank.</li> </ul>                                                                                                                                        |
| <b>TS.11.01.01, EP 1:</b> See above<br><b>§485.643(c)</b><br><br><b>TS.11.01.01, EP 3:</b> The individual designated by the critical access hospital documents that the patient or family accepts or declines the opportunity for the patient to become an organ, tissue, or eye donor.<br><b>§485.643(c)</b> | <b>Interview</b> <ul style="list-style-type: none"> <li>□ How does the CAH ensure that only designated requestors are approaching families to ask them to donate?</li> <li>□ Verify that the CAH ensures that the family of each potential donor is informed of its options to donate organs, tissues, or eyes, including the option to decline to donate.</li> </ul> <b>Document Review</b><br><b>Credential/Personnel File</b> <ul style="list-style-type: none"> <li>□ Review training schedules and personnel files to verify that all designated requestors have completed the required training.</li> </ul> |
| <b>TS.11.01.01, EP 1:</b> See above<br><b>§485.643(d)</b>                                                                                                                                                                                                                                                     | <b>Interview</b> <ul style="list-style-type: none"> <li>□ Interview a CAH-designated requestor regarding approaches to donation requests.</li> </ul> <b>Document Review</b><br><b>General</b> <ul style="list-style-type: none"> <li>□ Review the designated requestor training program to verify that it addresses the use of discretion.</li> <li>□ Review the facility complaint file for any relevant complaints.</li> </ul>                                                                                                                                                                                  |
| <b>TS.11.01.01, EP 2:</b> The critical access hospital develops and implements policies and procedures for working with the organ procurement organization (OPO) and tissue and eye banks to do the following:<br>- Review death records in order to improve                                                  | <b>Interview</b> <ul style="list-style-type: none"> <li>□ How does the CAH ensure that all appropriate staff have attended an educational program regarding donation issues and how to work with the OPO, tissue bank, and eye bank?</li> <li>□ How is patient confidentiality is ensured during the review process?</li> </ul> <b>Document Review</b><br><b>General</b>                                                                                                                                                                                                                                          |

| Joint Commission Standards / EPs                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p>identification of potential donors.</p> <ul style="list-style-type: none"> <li>- Maintain potential donors while the necessary testing and placement of potential donated organs, tissues, and eyes takes place in order to maximize the viability of donor organs for transplant.</li> <li>- Educate staff about issues surrounding donation.</li> </ul> <p><b>§485.643(e)</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify by review of policies and records that the CAH works with the OPO, tissue bank, and eye bank in reviewing death records. The policies must address how patient confidentiality will be maintained during the review process.</li> <li><input type="checkbox"/> Verify that the effectiveness of any protocols and policies is monitored as part of the CAH'S quality improvement program.</li> <li><input type="checkbox"/> Validate how often the reviews are to occur. Review the protocols in place to guide record reviews and analysis.</li> <li><input type="checkbox"/> Verify that there are policies and procedures in place to ensure coordination between the facility staff and the OPO staff in maintaining the potential donor.</li> <li><input type="checkbox"/> Determine by review what policies and procedures are in place to ensure that potential donors are identified and declared dead by an appropriate practitioner within an acceptable timeframe.</li> </ul> <p><b>Credential/Personnel File</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review in-service training schedules and attendance sheets. <ul style="list-style-type: none"> <li>o The training program must be developed in cooperation with the OPO, tissue bank and eye bank, and should include, at a minimum: <ol style="list-style-type: none"> <li>1. Consent process;</li> <li>2. Importance of using discretion and sensitivity when approaching families;</li> <li>3. Role of the designated requestor;</li> <li>4. Transplantation and donation, including pediatrics, if appropriate;</li> <li>5. Quality improvement activities; and</li> <li>6. Role of the organ procurement organization.</li> <li>7. Training should be conducted with new employees annually, whenever there are policy/procedure changes, or when problems are determined through the CAH'S QA program.</li> </ol> </li> </ul> </li> </ul> |
| <p><b>TS.10.01.01, EP 1:</b> See above</p> <p><b>§485.643(f)</b></p>                                                                                                                                                                                                                                                                                                                   | <p>See identified survey processes above.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

This CoP is determined by CMS at the time the CAH seeks approval to provide post-hospital skilled nursing care.

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>§485.645 Special Requirements for CAH Providers of Long-Term Care Services (“Swing-Beds”).</b><br/> A CAH must meet the following requirements in order to be granted an approval from CMS to provide post-CAH SNF care, as specified in §409.30 of this chapter, and to be paid for SNF-level services, in accordance with paragraph (c) of this section.</p> <p><b>CMS RO makes the determination whether the CAH has satisfied the eligibility criteria and awards approval of swing-bed status.</b><br/> <b>CMS grants approval for CAH to provide post-CAH SNF care.</b></p> <p>The eligibility criteria at 42 CFR 485.645(a) requires:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The CAH has a Medicare provider agreement.</li> <li><input type="checkbox"/> An initial CAH applicant may seek swing-bed approval. If the CAH applicant meets all Federal Requirements for participation, including those for swing bed approval, the CAH applicant’s approval for swing-bed services will be effective with the CAH’s effective date of Medicare participation</li> </ul> |
| <p><b>LD.13.01.01, EP 3</b> Except as permitted for critical access hospitals having distinct part units under 42 CFR 485.647, the critical access hospital maintains no more than 25 inpatient beds that can be used for either inpatient or swing bed services.<br/> Note: Any bed in a unit of the facility that is licensed as a distinct-part skilled nursing facility at the time the facility applies to the state for designation as a critical access hospital is not counted in this 25-bed count.<br/> <b>§485.645(a)(2)</b></p> | <p>CoP <b>§485.645</b> is determined by CMS at the time the CAH seeks approval to provide post-hospital skilled nursing care. 485.645 (a)(1), (b) through(c)</p> <p><b>Observation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The CAH provides not more than 25 inpatient beds. Any bed of a unit of the facility that is licensed as a distinct-part SNF</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>IM.12.01.01, EP 1</b> The critical access hospital develops and implements policies and procedures addressing the privacy and confidentiality of health information.</p>                                                                                                                                                                                                                                                                                                                                                              | <p><b>Survey Process Guidance</b></p> <p>Evaluate the CAH’s compliance with the swing-bed requirements at <b>42 CFR 485.645</b> found in appendix W of the SOM and for those requirements</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>Note: For swing beds in critical access hospitals: Policies and procedures also address the resident's personal records.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>EP 2</b> The critical access hospital discloses health information only as authorized by the patient with the patient's written consent or as otherwise required by law and regulation.<br/> Note: For swing beds in critical access hospitals: The critical access hospital allows representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with state law.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>LD.13.02.01, EP 2;</b> For swing beds in critical access hospitals: Each Medicaid-eligible resident is informed in writing, either at the time of admission or when the resident becomes eligible for Medicaid, of the following:<br/> - Items and services included in the state plan for which the resident may not be charged<br/> - Items and services that the critical access hospital offers, those for which the resident may be charged, and the amount of charges for those services<br/> Note: The critical access hospital informs the resident when changes are made to the items and services.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>EP 3</b> For swing beds in critical access hospitals: The critical access hospital informs residents before or at the time of admission, and periodically during the resident's stay, of services available in the critical access hospital and of charges for those services not covered under Medicare, Medicaid, or by the critical access hospital's per diem rate.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>PC.11.03.01, EP 2</b> The critical access hospital involves the patient in the development and implementation of their plan of care.</p> | <p>referenced from <b>42 CFR 483 use Appendix PP</b>. Swing-bed requirements apply to any patient discharged from a hospital or CAH and admitted to a swing-bed for skilled nursing services. The requirements for acute-care CAHs also apply to swing-bed patients.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There must be discharge orders from acute inpatient care services and subsequent admission orders for swing-bed services, the same as if the patient had been transferred to a separately certified skilled nursing facility.</li> <li><input type="checkbox"/> The same clinical record may be used for a swing-bed patient, but it must include discharge orders from acute care and admission orders to swing-bed services, and the swing-bed services (which may be SNF or NF level services) must be clearly delineated within the clinical record.</li> </ul> <p>The survey process framework for the evaluation of <b>485.645 (d) through (d)(8)</b>, the requirements for acute-care CAHs, the <b>identified 483</b> requirements, and Joint Commission standards include interview of personnel and patients, document review (policies and procedures, personnel file review, patient health record review, etc.), and observation.</p> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ask CAH leadership and staff if swing-bed patients are present during the on-site survey. If yes, conduct an open record review and an environmental assessment.</li> <li><input type="checkbox"/> Swing bed care staff about required processes to achieve positive outcomes for the patient.</li> <li><input type="checkbox"/> Assess the care and services provided, including the appropriateness of the care and services provided within the context of the CoPs (485.645, the requirements for acute-care CAHs, and the identified 483 requirements), and Joint Commission standards.</li> </ul> |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>Note: For swing beds in critical access hospitals: The resident has the right to be informed, in advance, of changes to their plan of care.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>RI.11.01.01, EP 5</b> The critical access hospital respects the patient's right to personal privacy.<br/> Note 1: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, refer to Standard IM.12.01.01.<br/> Note 2: For swing beds in critical access hospitals: Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>EP 8</b> For swing beds in critical access hospitals: The critical access hospital provides immediate family and other relatives immediate access to the resident, except when the resident denies or withdraws consent. The critical access hospital provides others who are visiting immediate access to the resident, except when reasonable clinical or safety restrictions apply or when the resident denies or withdraws consent.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>RI.11.02.01, EP 1</b> The critical access hospital provides information, including but not limited to the patient's total health status, in a manner tailored to the patient's age, language, and ability to understand.<br/> Note: The critical access hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>RI.12.01.01, EP 1</b> The patient or their representative (as allowed, in accordance with state law) has the right to make informed decisions regarding their care. The patient's rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. This does not mean the patient has the right</p> | <p><input type="checkbox"/> Interview 2 swing bed patients to assess compliance with the identified 485.645, the requirements for acute-care CAHs, and the identified 483.10 requirements.</p> <p><b>Document Review</b><br/> <b>General</b><br/> Review policies, procedures, and contracted services to assure that the CAH has the capability to provide the services needed.</p> <p><b>Patient Health Records</b></p> <p><input type="checkbox"/> Review records of swing bed patients for compliance with 485.655, the requirements for acute-care CAHs, and the identified 483 requirements. <b>See the identified 483 CoPs.</b></p> <p><input type="checkbox"/> If there no swing-bed patients are present during the on-site survey, review at a minimum two closed records for compliance with swing-bed requirements</p> <p><b>Observation</b></p> <p><input type="checkbox"/> Observe the actual provision of care and services to swing bed patients and the effects and outcomes of the care and treatments provided. Assess whether the care provided meets the needs of the individual patient.</p> <p><i>Note: Use Appendix PP as additional resource for identified 483.10 requirements.</i></p> |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical Access Hospital Survey Process |
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| <p>to demand the provision of treatment or services deemed medically unnecessary or inappropriate.<br/><b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>EP 3</b> For swing beds in critical access hospitals: If a resident is adjudged incompetent under state law by a court of proper jurisdiction, the rights of the resident automatically transfer to and are exercised by a resident representative appointed by the court under state law to act on the resident's behalf. The resident representative exercises the resident's rights to the extent allowed by the court in accordance with state law.<br/>Note 1: If a resident representative's decision-making authority is limited by state law or court appointment, the resident retains the right to make those decision outside the representative's authority.<br/>Note 2: The resident's wishes and preferences are considered by the representative when exercising the patient's rights.<br/>Note 3: To the extent practicable, the resident is provided with opportunities to participate in the care planning process.<br/><b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>EP 4</b> For swing beds in critical access hospitals: The resident has the right to request, refuse, and/ or discontinue treatment; to participate in or refuse to participate in experimental research; and to formulate an advance directive.<br/><b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>EP 6</b> For swing beds in critical access hospitals: The critical access hospital supports the residents right to choose a licensed attending physician.<br/>Note: If the physician chosen by the resident refuses to or does not meet requirements for attending physicians at 42 CFR 483, the critical access hospital may seek alternative physician participation to assure provision of appropriate and adequate care and treatment. The critical access hospital informs the resident if it determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician. The critical access hospital also discusses alternative physician participation with the resident and honors the resident's preferences, if any, among the options.<br/><b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> |                                         |

Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                        |
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| <p><b>RI.13.01.03, EP 1</b> For swing beds in critical access hospitals: The critical access hospital allows the resident to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated, based on the setting or service.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>EP 2</b> For swing beds in critical access hospitals: The critical access hospital allows the resident to share a room with their spouse when married residents are living in the same critical access hospital and when both individuals consent to the arrangement.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> <p><b>EP 3</b> For swing beds in critical access hospitals: The critical access hospital supports the resident's right to send and promptly receive unopened mail and to receive letters, packages, and other materials delivered to the critical access hospital for the resident through a means other than a postal service. The critical access hospital respects the resident's right to privacy of such communications and allows access to stationery, postage, and writing implements at the resident's own expense.<br/> <b>§485.645(d) SNF Services: §485.645(d)(1)</b></p> |                                                                                                |
| <p><b>PC.14.01.01, EP 4</b> The patient, the patient's caregiver(s) or support person(s), physicians, other licensed practitioners, clinical psychologists, and staff who are involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. The patient and their caregiver(s) or support person(s) are included as active partners when planning for post-discharge care.<br/> Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of "physician" is the same as that used by the Centers for Medicare &amp; Medicaid Services (refer to the Glossary).<br/> Note 2: For psychiatric distinct part units in critical access hospitals: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and</p>                                                                                                                                                                                                                                                                                                                                                                                      | <p><u>Refer to Appendix PP of the State Operations Manual (SOM) for survey procedures.</u></p> |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Critical Access Hospital Survey Process |
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| <p>developing mechanisms for exchange of information with sources outside the critical access hospital.</p> <p>Note 3: For swing beds in critical access hospitals: The critical access hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move. The notice is in writing, in a language and manner they understand, and includes the items described in 42 CFR 483.15(c)(5). The critical access hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the critical access hospital is safe and orderly. The critical access hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman.</p> <p><b>§485.645(d)(2)</b></p> <p><b>EP 12</b> For swing beds in critical access hospitals: The critical access hospital provides the written notice of transfer or discharge at least 30 days before the resident is transferred or discharged.</p> <p>Note: Notice may be made as soon as is practical before transfer or discharge when the safety of the individuals in the facility would be endangered; the health of the individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or discharge, and immediate transfer or discharge is required by the resident's urgent medical needs, or a resident has not resided in the facility for 30 days.</p> <p><b>§485.645(d)(2)</b></p> <p><b>EP 13</b> For swing beds in critical access hospitals: The written notice before transfer or discharge specified in 42 CFR 483.15(c)(3) includes the following:</p> <ul style="list-style-type: none"><li>- Reason for transfer or discharge</li><li>- Effective date of transfer or discharge</li><li>- Location to which the resident is transferred or discharged</li></ul> |                                         |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process |
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| <ul style="list-style-type: none"> <li>- Statement of the resident's appeal rights, including the name, address (mailing and e-mail), and telephone number of the entity which receives appeal requests; information on how to obtain an appeal form; where to find assistance in completing the form; and how to submit the appeal hearing request</li> <li>- Name, address (mailing and e-mail), and telephone number of the office of the state's long-term care ombudsman</li> <li>- For a resident with intellectual and developmental disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000</li> <li>- For a resident with a mental disorder or related disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under the Protection and Advocacy for Mentally Ill Individuals Act.</li> </ul> <p><b>§485.645(d)(2)</b></p> <p><b>PC.14.01.03, EP 1</b> For swing beds in critical access hospitals: The critical access hospital transfers or discharges residents only under at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>- The resident's health has improved to the point where they no longer need the critical access hospital's services.</li> <li>- The transfer or discharge is necessary for the resident's welfare and the critical access hospital cannot meet the resident's needs.</li> <li>- The safety of the individuals in the critical access hospital is endangered due to the resident's clinical or behavioral status.</li> <li>- The health of individuals in the critical access hospital would otherwise be endangered.</li> </ul> |                                         |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Critical Access Hospital Survey Process |
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| <p>- The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the critical access hospital. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for their stay. For a resident who becomes eligible for Medicaid after admission to a critical access hospital, the critical access hospital may charge a resident only the allowable charges under Medicaid.</p> <p>- The critical access hospital ceases operation.</p> <p>Note: The critical access hospital cannot transfer or discharge a resident while an appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the critical access hospital. The critical access hospital documents the danger that failure to transfer or discharge would pose.</p> <p><b>§485.645(d)(2)</b></p> <p><b>EP 2</b> For critical access hospitals with swing beds: In the case of critical access hospital closure, the individual who is the administrator of the critical access hospital provides written notification prior to the impending closure to the state survey agency, the office of the state's long-term care ombudsman, residents of the critical access hospital, and the resident's representatives, as well as the plan for the transfer and adequate relocation of the residents.</p> <p><b>§485.645(d)(2)</b></p> <p><b>PC.14.02.03, EP 1:</b> The critical access hospital provides or transmits necessary medical information when discharging, transferring, or referring the patient to post-acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners who are responsible for the patient's follow-up or ancillary care. Necessary medical information includes, at a minimum, the following: - Current course of illness and treatment - Postdischarge goals of care - Treatment preferences at the time of discharge Note: For swing beds in critical access hospitals: The information sent to the receiving provider also includes the following: - Contact information of the physician or other licensed practitioner</p> |                                         |

**Critical Access Hospital Swing Beds Evaluation Module (485.645)**

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process |
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| <p>responsible for the care of the resident - Resident representative information, including contact information - Advance directive information - All special instructions or precautions for ongoing care, when appropriate - Comprehensive care plan goals - All other necessary information, including a copy of the residents discharge summary, consistent with 42 CFR 483.21(c)(2), and any other documentation, as applicable, to support a safe and effective transition of care.<br/> <b>§485.645(d)(2)</b></p> <p><b>RC.11.01.01, EP 2</b> The medical record includes the following:</p> <ul style="list-style-type: none"> <li>- Information needed to justify the patient's admission and continued care, treatment, and services</li> <li>- Information needed to support the patient's diagnosis and condition</li> <li>- Information about the patient's care, treatment, and services that promotes continuity of care among staff and providers</li> </ul> <p>Note: For critical access hospitals that elect Joint Commission's Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.<br/> <b>§485.645(d)(2)</b></p> <p><b>RC.12.03.01, EP 1</b> For swing beds in critical access hospitals: Documentation in the medical record includes discharge information provided to the resident and/or to the receiving organization. A physician document in the resident's medical record when the resident is being transferred or discharged because the safety of other residents would otherwise be endangered. The resident's physician documents in the medical record when the transfer is due to the resident improving and no longer needing long term care services or when the transfer is due to the resident's welfare and resident's needs cannot be met in the critical access hospital's swing bed.<br/> <b>§485.645(d)(2)</b></p> <p><b>RC.12.03.01, EP 2:</b> For swing beds in critical access hospitals: The resident's discharge information includes the following:</p> |                                         |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Critical Access Hospital Survey Process |
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| <ul style="list-style-type: none"> <li>- Reason for transfer, discharge, or referral</li> <li>- Treatment provided, diet, medication orders, and orders for the resident's immediate care</li> <li>- Referrals provided to the resident, the referring physician's or other licensed practitioner's name, and the name of the physician or other licensed practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring physician or other licensed practitioner</li> <li>- Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progress reached toward goals</li> <li>- Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, and potential for rehabilitation</li> <li>- Nursing information that is useful in the resident's care</li> <li>- Any advance directives</li> <li>- Instructions given to the resident before discharge</li> <li>- Attempts to meet the resident's needs</li> </ul> <p><b>§485.645(d)(2)</b></p> <p><b>EP 3</b> For swing beds in critical access hospitals: When the resident is transferred or discharged because the critical access hospital cannot meet their needs, the critical access hospital documents which needs could not be met, the critical access hospital's attempts to meet the resident's needs, and the services available at the receiving organization that will meet the resident's needs.</p> <p><b>§485.645(d)(2)</b></p> <p><b>EP 4</b> For swing beds in critical access hospitals: The critical access hospital records the reasons for the transfer or discharge in the resident's medical record in accordance with 42 CFR 483.15(c)(2).</p> <p><b>§485.645(d)(2)</b></p> <p><b>RI.11.02.01, EP 1</b> The critical access hospital provides information, including but not limited to the patient's total health status, in a manner tailored to the patient's age, language, and ability to understand.</p> <p>Note: The critical access hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs.</p> |                                         |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process                                                        |
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| <p><b>§485.645(d)(2)</b></p> <p><b>RI.13.01.03, EP 4</b> For swing beds in critical access hospitals: Room changes in an organization that is a composite distinct part (a distinct part consisting of two or more noncontiguous components that are not located within the same campus, as defined in 42 CFR 413.65(a)(2)) are limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another of the composite distinct part's locations.</p> <p><b>§485.645(d)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |
| <p><b>HR.11.02.01, EP 4</b> For swing beds in critical access hospitals: The critical access hospital does not employ individuals who have been found guilty by a court of law of abusing, neglecting, exploiting, misappropriating property, or mistreating residents or who have had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents, or misappropriation of residents' property.</p> <p><b>§485.645(d)(3)</b></p> <p><b>PC.13.02.01, EP 1</b> The critical access hospital does not use restraint or seclusion of any form as a means of coercion, discipline, convenience, or staff retaliation. Restraint or seclusion is only used to protect the immediate physical safety of the patient, staff, or others when less restrictive interventions have been ineffective and is discontinued at the earliest possible time, regardless of the length of time specified in the order.</p> <p><b>EP 2</b> The critical access hospital uses the least restrictive form of restraint or seclusion that will be effective to protect the patient, a staff member, or others from harm.</p> <p><b>§485.645(d)(3)</b></p> <p><b>RI.13.01.01, EP 1</b> The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punishment, involuntary seclusion, and verbal, mental, sexual, or physical abuse that could occur while the patient is receiving care, treatment, and services.</p> <p>For swing beds in critical access hospitals: The critical access hospital also protects the resident from misappropriation of property.</p> <p><b>§485.645(d)(3)</b></p> | <p><u>Refer to Appendix PP of the State Operations Manual (SOM) for survey procedures.</u></p> |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process |
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| <p><b>EP 2</b> For swing beds in critical access hospitals: The critical access hospital reports to the state nurse aide registry or licensing authorities any knowledge it has of any actions taken by a court of law against an employee that would indicate unfitness for service as a nurse aide or other facility staff.<br/><b>§485.645(d)(3)</b></p> <p><b>EP 3</b> For critical access hospitals with swing beds: The critical access hospital develops and implements written policies and procedures that prohibit and prevent mistreatment, neglect, and abuse of residents and misappropriation of resident property. The policies and procedures also address investigation of allegations related to these issues.<br/><b>§485.645(d)(3)</b></p> <p><b>EP 4</b> The critical access hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law.<br/>Note: For swing beds in critical access hospitals: Alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported to the administrator of the facility and to other officials (including the state survey agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with state law and established procedures. The alleged violations are reported in the following time frames:<br/>- No later than 2 hours after the allegation is made if the allegation involves abuse or serious bodily injury<br/>- No later than 24 hours after the allegation is made if the allegation does not involve abuse or serious bodily injury<br/><b>§485.645(d)(3)</b></p> <p><b>EP 5</b> For critical access hospitals with swing beds: The critical access hospital has evidence that all alleged violations of abuse, neglect, exploitation, or mistreatment are thoroughly investigated and that it prevents further abuse, neglect, exploitation, or mistreatment while the investigation is in progress. The results of all investigations are reported to the administrator or their designated representative and to other officials in</p> |                                         |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Critical Access Hospital Survey Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>accordance with state law, including the state survey agency, within five working days of the incident. If the alleged violation is verified, appropriate corrective actions is taken.</p> <p><b>§485.645(d)(3)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>PC.14.02.01, EP 2</b> For swing beds in critical access hospitals: The critical access hospital provides medically-related social services to attain or maintain the optimal physical, mental, and psychosocial well-being of each resident.</p> <p><b>§485.645(d)(4)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><u>Refer to Appendix PP of the State Operations Manual (SOM) for survey procedures.</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>PC.11.02.01, EP 6</b> For swing beds in critical access hospitals: The critical access hospital completes the resident’s comprehensive assessment within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident’s physical or mental condition.<br/>Note: For this element of performance, the term “readmission” means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.</p> <p><b>§485.645(d)(5)</b></p> <p><b>EP 7</b> For swing beds in critical access hospitals: The critical access hospital conducts a comprehensive assessment within 14 calendar days after it determines that there has been a significant change in the resident’s physical or mental condition.<br/>Note: For this element of performance, the term “significant change” means a major decline or improvement in the resident’s status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident’s health status, and that requires interdisciplinary review or revision of the care plan, or both.</p> <p><b>§485.645(d)(5)</b></p> <p><b>EP 8</b> For swing beds in critical access hospitals: Each resident receives a comprehensive assessment no less often than every 12 months.</p> <p><b>§485.645(d)(5)</b></p> <p><b>EP 11</b> For swing beds in critical access hospitals: The comprehensive assessment of the resident includes the following:<br/>- Identifying and demographic information</p> | <p><b>Survey Procedures §485.645(d)(5) Refer to Identified Appendix PP of the State Operations Manual (SOM) for survey procedures.</b> *NOTE: The CAH is not required to use the resident assessment instrument (RAI) specified by the State that is required under §483.20(b), or to comply with the requirements for frequency, scope, and number of assessments prescribed in §413.343(b) of this chapter). Also, note that CAHs are not required to complete the PASARR. However, if a patient had a PASARR completed by a facility that was required to do so prior to admission into a CAH swing bed, the recommendations from the PASARR should be included in the CAHs comprehensive treatment plan for the patient.</p> |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Critical Access Hospital Survey Process |
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| <ul style="list-style-type: none"> <li>- Customary routines</li> <li>- Cognitive patterns</li> <li>- Communication needs</li> <li>- Vision needs</li> <li>- Psychosocial well-being</li> <li>- Mood and behavior patterns</li> <li>- Physical functioning and structural problems</li> <li>- Continence</li> <li>- Disease(s), diagnoses, and health conditions</li> <li>- Dental status</li> <li>- Nutritional status (such as usual body weight or desirable body weight range, electrolyte balance)</li> <li>- Skin</li> <li>- Pursuit of activity</li> <li>- Medications</li> <li>- Need for special treatment(s) and procedure(s)</li> <li>- Discharge planning</li> </ul> <p>Note: The critical access hospital maintains the resident's acceptable nutritional status parameters unless the resident's clinical condition demonstrates that this is not possible or the resident's preferences indicate otherwise.</p> <p><b>§485.645(d)(5)</b></p> <p><b>EP 12</b> For swing beds in critical access hospitals: The comprehensive assessment of the resident includes documentation of summary information about the additional assessment(s) performed through the resident assessment protocols.</p> <p><b>§485.645(d)(5)</b></p> <p><b>EP 13</b> For swing beds in critical access hospitals: The comprehensive assessment includes direct observation and communication with the resident and communication with staff members on all shifts.</p> <p><b>§485.645(d)(5)</b></p> <p><b>PC.11.03.01, EP 1:</b> The critical access hospital develops, implements, and revises a written individualized plan of care based on the following:</p> |                                         |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical Access Hospital Survey Process |
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| <p>-Needs identified by the patient's assessment, reassessment, and results of diagnostic testing</p> <p>-The patient's goals and the time frames, settings, and services required to meet those goals</p> <p>Note 1: Nursing staff develops and keeps current a nursing plan of care, which may be a part of an interdisciplinary plan of care, for each inpatient.</p> <p>Note 2: The hospital evaluates the patient's progress and revises the plan of care based on the patient's progress.</p> <p>Note 3: For rehabilitation distinct part units in critical access hospitals: The plan is reviewed and revised as needed by a physician in consultation with other professional staff who provide services to the patient.</p> <p><b>§485.645(d)(5)</b></p> <p><b>PC.11.03.01, EP 6:</b> For swing beds in critical access hospitals: The interdisciplinary team involves the resident and the resident's representative in developing the person-centered, comprehensive treatment plan.</p> <p>Note 1: The treatment plan includes documentation of the following:</p> <ul style="list-style-type: none"><li>- Any specialized or rehabilitation services the critical access hospital will provide as a result of preadmission screening and resident review (PASARR) recommendations and disagreement with PASARR recommendations</li><li>- Resident's goals for admission and desired outcomes</li><li>- Resident's preferences and potential for future discharge, including whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities for this purpose</li><li>- Discharge plans</li><li>- Measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs</li></ul> <p>Note 2: If not feasible for the resident and the resident's representative to participate in the development of the treatment plan, an explanation is included in the resident's medical record.</p> <p><b>§485.645(d)(5)</b></p> <p><b>PC.11.03.01, EP 8:</b> For swing beds in critical access hospitals: The critical access hospital develops the resident's written comprehensive plan of care as soon as possible after admission, but no later than seven calendar days after the resident's comprehensive assessments are completed.</p> |                                         |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Critical Access Hospital Survey Process                                                        |
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| <p><b>§485.645(d)(5)</b></p> <p><b>PC.11.03.01, EP 9:</b> For swing beds in critical access hospitals: The resident's written plan of care is developed by an interdisciplinary team comprised of health care professionals involved in the resident's care, treatment, and services. At a minimum, the team includes the attending physician, registered nurse with responsibility for the resident, nurse aide with responsibility for the resident, a member of the food and nutrition services staff, and other appropriate staff as determined by the resident's needs or as requested by the resident.</p> <p>Note: The plan of care is reviewed and revised by the interdisciplinary team after each assessment.</p> <p><b>§485.645(d)(5)</b></p> <p><b>RC.12.03.01, EP 5</b> For swing beds in critical access hospitals: When the critical access hospital anticipates the discharge of a resident, the discharge summary includes but is not limited to the following:</p> <ul style="list-style-type: none"> <li>- A summary of the resident's stay that includes at a minimum the resident's diagnosis, course of illness/treatment or therapy, and pertinent laboratory, radiology, and consultation results</li> <li>- A final summary of the resident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</li> <li>- Reconciliation of all predischARGE medications with the resident's postdischarge medications (both prescribed and over-the-counter).</li> <li>- A postdischarge plan of care, which will assist the resident to adjust to his or her new living environment, that is developed with the participation of the resident and, with the resident's consent, the resident representative(s). The postdischarge plan of care indicates where the individual plans to reside, any arrangements that have been made for the resident's follow up care, and any postdischarge medical and nonmedical services.</li> </ul> <p><b>§485.645(d)(5)</b></p> |                                                                                                |
| <p><b>PC.11.03.01, EP 1</b> The critical access hospital develops, and revises a written individualized plan of care based on the following:</p> <ul style="list-style-type: none"> <li>- Needs identified by the patients assessment, reassessment, and results of diagnostic testing</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><u>Refer to Appendix PP of the State Operations Manual (SOM) for survey procedures.</u></p> |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical Access Hospital Survey Process |
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| <p>- The patients goals and the time frames, settings, and services required to meet those goals</p> <p>Note 1: Nursing staff develops and keeps current a nursing plan of care, which may be a part of an interdisciplinary plan of care, for each inpatient.</p> <p>Note 2: The hospital evaluates the patient's progress and revises the plan of care based on the patient's progress.</p> <p>Note 3: For rehabilitation distinct part units in critical access hospitals: The plan is reviewed and revised as needed by a physician in consultation with other professional staff who provide services to the patient.</p> <p><b>§485.645(d)(6)</b></p> <p><b>PC.12.01.01, EP 1</b> Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations.</p> <p>Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nuclear medicine services, and dietary services, if provided.</p> <p>Note 2: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. The requirement of 42 CFR 483.25(i) is met for inpatients receiving care at a skilled nursing facility subsequent to critical access hospital care.</p> <p><b>§485.645(d)(6)</b></p> <p><b>PC.14.02.01, EP 8</b> For swing beds in critical access hospitals: If a residents comprehensive plan of care requires specialized rehabilitative services, including but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for a mental disorder and intellectual disability or services of a lesser intensity, the critical access hospital provides or obtains the required services from a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Social Security Act.</p> |                                         |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Critical Access Hospital Survey Process                                                        |
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| <p><b>§485.645(d)(6)</b></p> <p><b>PC.14.02.01, EP 3</b> For swing beds in critical access hospitals: The critical access hospital assists residents who are eligible and wish to apply for reimbursement of dental services as an incurred medical expense under the state plan. The critical access hospital may charge a Medicare resident an additional amount for routine and emergency dental services.</p> <p><b>§485.645(d)(7)</b></p> <p><b>EP 4</b> For swing beds in critical access hospitals: The critical access hospital develops and implements a policy identifying circumstances when loss of or damage to a resident's dentures is the critical access hospital's responsibility and it may not charge a resident for the loss or damage of dentures.</p> <p><b>§485.645(d)(7)</b></p> <p><b>EP 5</b> For swing beds in critical access hospitals: If necessary or requested, the critical access hospital assists residents in making dental appointments and arranging for transportation to and from the dental services location.</p> <p><b>§485.645(d)(7)</b></p> <p><b>EP 6</b> For critical access hospitals with swing beds: The critical access hospital refers residents with lost or damaged dentures for dental services within three days. If referral does not occur within three days, the critical access hospital documents what was done to make sure that the resident could adequately eat and drink and any extenuating circumstances that led to the delay.</p> <p><b>§485.645(d)(7)</b></p> <p><b>EP 7</b> For swing beds in critical access hospitals: The critical access hospital provides or obtains from an outside resource routine (to the extent covered under the state plan) and emergency dental services.</p> <p><b>§485.645(d)(7)</b></p> | <p><u>Refer to Appendix PP of the State Operations Manual (SOM) for survey procedures.</u></p> |
| <p><b>PC.11.02.01, EP 11</b> For swing beds in critical access hospitals: The comprehensive assessment of the resident includes the following:</p> <ul style="list-style-type: none"> <li>- Identifying and demographic information</li> <li>- Customary routines</li> <li>- Cognitive patterns</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><u>Refer to Appendix PP of the State Operations Manual (SOM) for survey procedures.</u></p> |

## Critical Access Hospital Swing Beds Evaluation Module (485.645)

| Joint Commission<br>Standards / EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Critical Access Hospital Survey Process |
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| <ul style="list-style-type: none"><li>- Communication needs</li><li>- Vision needs</li><li>- Psychosocial well-being</li><li>- Mood and behavior patterns</li><li>- Physical functioning and structural problems</li><li>- Continence</li><li>- Disease(s), diagnoses, and health conditions</li><li>- Dental status</li><li>- Nutritional status (such as usual body weight or desirable body weight range, electrolyte balance)</li><li>- Skin</li><li>- Pursuit of activity</li><li>- Medications</li><li>- Need for special treatment(s) and procedure(s)</li><li>- Discharge planning</li></ul> <p>Note: The critical access hospital maintains the resident's acceptable nutritional status parameters unless the resident's clinical condition demonstrates that this is not possible or the resident's preferences indicate otherwise.</p> <p><b>§485.645(d)(8)</b></p> <p><b>PC.12.01.09, EP 3:</b> For swing beds in critical access hospitals: The critical access hospital offers the resident sufficient fluid intake to maintain proper hydration and health.</p> <p><b>§485.645(d)(8)</b></p> |                                         |

## Critical Access Hospital Obstetrical Services Evaluation Module (485.649)

| Joint Commission Standards/EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Critical Access Hospital Survey Process |
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| <p><b>LD.13.03.01, EP 1</b> The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>- Outpatient</li> <li>- Emergency</li> <li>- Medical records</li> <li>- Diagnostic and therapeutic radiology</li> <li>- Nuclear medicine</li> <li>- Surgical</li> <li>- Anesthesia</li> <li>- Laboratory</li> <li>- Respiratory</li> <li>- Dietetic</li> <li>- Obstetrical</li> </ul> <p>Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the critical access hospital.</p> <p><b>§ 485.649 Condition of participation: Obstetrical services.</b></p> | <p><b>CMS Guidance Pending</b></p>      |
| <p><b>LD.13.03.01, EP 1</b> The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>- Outpatient</li> <li>- Emergency</li> <li>- Medical records</li> <li>- Diagnostic and therapeutic radiology</li> <li>- Nuclear medicine</li> <li>- Surgical</li> <li>- Anesthesia</li> <li>- Laboratory</li> <li>- Respiratory</li> <li>- Dietetic</li> <li>- Obstetrical</li> </ul> <p>Note: If obstetrical services are provided, they are in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, and postpartum patients. If outpatient obstetrical services are offered, the services are consistent in quality with inpatient care in accordance with the complexity of services offered. As applicable, the services must be integrated with other departments of the critical access hospital.</p> <p><b>§485.649(a)</b></p>                                                 | <p><b>CMS Guidance Pending</b></p>      |
| <p><b>LD.13.01.07, EP 4</b> If obstetrical services are provided, the critical access hospital labor and delivery rooms/suites (including labor rooms; delivery rooms, including rooms for operative delivery; and post-partum/recovery rooms whether combined or separate) are supervised by an experienced registered nurse, certified nurse midwife,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>CMS Guidance Pending</b></p>      |

| Joint Commission Standards/EPs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Critical Access Hospital Survey Process |
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| <p>nurse practitioner, physician assistant, or a doctor of medicine or a doctor of osteopathy (MD/DO).</p> <p><b>§485.649(a)(1)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
| <p><b>MS.17.02.01, EP 10</b> If obstetrical services are provided, obstetrical privileges are delineated for all practitioners providing obstetrical care in accordance with the competencies of each practitioner, and consistent with credentialing agreements established under 42 CFR 485.616(b). For 485.616(b), refer to <a href="https://www.ecfr.gov/current/title-42/part-485/section-485.616#p-485.616(b)">https://www.ecfr.gov/current/title-42/part-485/section-485.616#p-485.616(b)</a>.</p> <p><b>§485.649(a)(2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CMS Guidance Pending</b>             |
| <p><b>LD.13.03.01, EP 23</b> If obstetrical services are provided, obstetrical services are consistent with the needs and resources of the critical access hospital. Policies governing obstetrical care are designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety.</p> <p><b>§485.649(b)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CMS Guidance Pending</b>             |
| <p><b>PC.12.01.05, EP 2</b> If obstetrical services are provided, the following equipment is kept at the critical access hospital and is readily available for treating obstetrical cases to meet the needs of patients in accordance with the scope, volume, and complexity of services offered: call-in-system, cardiac monitor, and fetal doppler or monitor.</p> <p><b>§485.649(b)(1)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CMS Guidance Pending</b>             |
| <p><b>LD.13.03.01, EP 24</b> If obstetrical services are provided, the critical access hospital has adequate provisions and protocols, consistent with nationally recognized and evidence-based guidelines, for obstetrical emergencies, complications, immediate post-delivery care, and other patient health and safety events as identified as part of the quality assessment and performance improvement (QAPI) program (42 CFR 485.641). Provisions include equipment (in addition to the equipment required under 42 CFR 485.649 (b)(1)), supplies, and medication used in treating emergency cases. Such provisions are kept in the critical access hospital and are readily available for treating emergency cases.</p> <p>Note 1: For 485.641, refer to <a href="https://www.ecfr.gov/current/title-42/section-485.641">https://www.ecfr.gov/current/title-42/section-485.641</a>.</p> <p>Note 2: For 485.649(b)(1), refer to <a href="https://www.ecfr.gov/current/title-42/part-485/section-485.649#p-485.649(b)(1)">https://www.ecfr.gov/current/title-42/part-485/section-485.649#p-485.649(b)(1)</a>.</p> <p><b>§485.649(b)(2)</b></p> | <b>CMS Guidance Pending</b>             |