

Issued July 25, 2025

# Prepublication Requirements



# **Obstetrical Services Requirements**

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APPLICABLE TO THE CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAM

# Effective Immediately

(These standard/EPs will be moved to new numbers, displayed below in parentheses, beginning January 1, 2026)

# Human Resources (HR) Chapter

# HR.01.05.03 (HR.11.03.01)

The critical access hospital provides orientation, education, and training to their staff.

#### Element(s) of Performance for HR.11.03.01

EP 33 (EP 2)	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).
	Note 1: For 485.618(e), refer to https://www.ecfr.gov/current/title-42/part-485/section-485.618#p-485.618(e).

Note 2: The critical access hospital must document in staff personnel records that the annual training was successfully completed.

Documentation is required

CoPs: §485.618(e)(2), §485.618(e)(2)(ii), §482.55(c)(3), §482.55(c)(3)(ii)

EP 34 (EP 3) The governing body identifies and documents which staff must complete the annual emergency services readiness training.

Documentation is required

CoPs: §485.618(e)(2)(i), §482.55(c)(3)(i)

EP 35 (EP 4) The critical access hospital is able to demonstrate staff knowledge of emergency services readiness protocols and provisions training.

CoPs: §485.618(e)(2)(iii), §482.55(c)(3)(iii)

# Prepublication Requirements continued July 25, 2025

EP 36 (EP 5)

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.

Note: For 485.641, refer to https://www.ecfr.gov/current/title-42/section-485.641.

CoPs: §485.618(e)(2)(iv), §482.55(c)(3)(iv)

#### Leadership (LD) Chapter

# LD.04.03.01 (LD.13.03.01)

#### Element(s) of Perforamnce for LD.04.03.01

EP 36 (EP 20)

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.

Note: For 485.618(b) and (c), refer to https://www.ecfr.gov/current/title-42/section-485.618.

© Documentation is required CoPs: §485.618(e), §482.55(c)

EP 37 (EP 21)

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.

Documentation is required

CoPs: §485.618(e)(1), §482.55(c)(1)

# Provision of Care, Treatment, and Services (PC) Chapter

# PC.04.01.03 (PC.14.01.01)

The critical access hospital discharges or transfers the patient based on the patient's assessed needs and the organization's ability to meet those needs.

#### Elements of Performance for PC.04.01.03

EP 11 (EP 15)

For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has written policies and procedures for transferring patients under its care (inclusive of inpatient services) to the appropriate level of care (including to another hospital) as needed to meet the needs of the patient. The critical access hospital also provides annual training to relevant staff regarding the critical access hospital policies and procedures for transferring patients under its care.

Documentation is required

CoPs: §482.43(c)



# Effective January 1, 2026

### Leadership (LD) Chapter

#### LD.13.01.07

The critical access hospital effectively manages its programs, services, sites, or departments.

#### Element(s) of Performance for LD.13.01.07

EP 4

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, nurse practitioner, physician assistant, or a doctor of medicine or a doctor of osteopathy (MD/ DO).

CoPs: §485.649(a)(1), §482.59(a)(1)

#### LD.13.03.01

The critical access hospital provides services that meet patient needs.

#### Element(s) of Performance for LD.13.03.01

EP 1

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:

- Outpatient
- Emergency
- Medical Records
- · Diagnostic and therapeutic radiology
- · Nuclear medicine
- Surgical
- Anesthesia
- Laboratory
- Dietetic
- Obstetrical

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.

CoPs: §485.649, §485.649(a), §482.59, §482.59(a)

**EP 23** 

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.

Documentation is required

CoPs: §485.649(b), §482.59(b)

# Prepublication Requirements continued July 25, 2025

**EP 24** 

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.

Note 1: For 485.641, refer to https://www.ecfr.gov/current/title-42/section-485.641.

Note 2: For 485.649(b)(1), refer to https://www.ecfr.gov/current/title-42/part-485/ section-485.649#p-485.649(b)(1).

CoPs: §485.649(b)(2), §482.59(b)(2)

### Medical Staff (MS) Chapter

#### MS.17.02.01

The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.

#### Element(s) of Performance for MS.17.02.01

**EP 10** 

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 https://www.ecfr.gov/current/title-42/part-485/section-485.616#p-485.616(b).

Documentation is required

CoPs: §485.649(a)(2), §482.59(a)(2)

# Provision of Care, Treatment, and Services (PC) Chapter

#### PC.12.01.05

Resuscitative services are available throughout the critical access hospital.

#### Element(s) of Performance for PC.12.01.05

EP 2

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.

CoPs: §485.649(b)(1), §482.59(b)(1)