

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

This tool has been developed by the Montana Rural Healthcare Performance Improvement Network (PIN) to assist in preparing for a survey. This document refers only to Quality Assurance tags that are supported by the PIN. This tool will be updated with each revision to the SOM. QA tags with the most recent revisions (April 2015) are noted on the index with an asterisk (*). As of the October 2016 revisions, there have not been updates to QA tags.

For more details on each measure, you may view the CAH State Operations Manual (SOM) at the following link:

http://www.cms.gov/Regulations-and-guidance/Guidance/Manuals/Downloads/som107ap_w_cah.pdf

INDEX

<input type="checkbox"/> C-151: Compliance with Federal Laws & Regulations.....	3
<input type="checkbox"/> C-160: Condition of Participation: Status & Location	3
<input type="checkbox"/> C-165: Location Relative to Other Facilities or Necessary Prov.....	3
Agreements.....	4
<input type="checkbox"/> C-195: Agreements for Credentialing & Quality Assurance	4
<input type="checkbox"/> C-196: Agreements for Cred/Priv of Telemedicine Providers	5
<input type="checkbox"/> C-197: Agreements for Cred/Priv of Telemedicine Physicians and Practitioners ...	7
Provider Responsibilities	9
<input type="checkbox"/> C-257: Responsibilities of the MD/DO (b)(1)(i).....	9
<input type="checkbox"/> C-258: Responsibilities of the MD/DO (b)(1) (ii)	9
<input type="checkbox"/> C-259: Responsibilities of the MD/DO (b)(1) (iii).....	10
<input type="checkbox"/> C-260*: Responsibilities of the MD/DO (b)(1) (iv)	10
<input type="checkbox"/> C-261*: Responsibilities of the MD/DO (b)(2).....	11
<input type="checkbox"/> C-263: PA, NP, and Clinical Nurse Specialist Responsibilities(c)(1)(i)	12
<input type="checkbox"/> C-264: PA, NP, and Clinical Nurse Specialist Responsibilities(c)(1)(i)	12
<input type="checkbox"/> C-265: PA, NP, and Clinical Nurse Specialist Responsibilities(c)(2)(i)	13
<input type="checkbox"/> C-267: PA, NP, and Clinical Nurse Specialist Responsibilities(c)(2)(i)	13
<input type="checkbox"/> C-268: PA, NP, and Clinical Nurse Specialist Responsibilities(c)(3).....	14
Patient Care Policies.....	14
<input type="checkbox"/> C-271*: Patient Care Policies (a)	14
<input type="checkbox"/> C-272*: Patient Care Policies (a)(2).....	15
<input type="checkbox"/> C-273*: Patient Care Policies (a)(3)(i)	16
<input type="checkbox"/> C-274*: Patient Care Policies (a)(3)(ii)	16
<input type="checkbox"/> C-275*: Patient Care Policies (a)(3)(iii).....	17
<input type="checkbox"/> C-276*: Patient Care Policies (a)(3)(iv)	18
<input type="checkbox"/> C-277*: Patient Care Policies (a)(3)(v)	22
<input type="checkbox"/> C-278*: Patient Care Policies (a)(3)(vi)	23

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

<input type="checkbox"/> C-279*: Patient Care Policies (a)(3)(vii).....	24
Patient Services	26
<input type="checkbox"/> C-281*: Patient Services.....	26
<input type="checkbox"/> C-282*: Laboratory Services	27
<input type="checkbox"/> C-283*: Radiology Services.....	28
<input type="checkbox"/> C-285: Services Provided Through Agreements or Arrangements.....	30
Patient Visitation Rights	31
<input type="checkbox"/> C-1000: Patient Visitation Rights (f)	31
<input type="checkbox"/> C-1001: Records System.....	31
<input type="checkbox"/> C-1002: Patient Visitation Rights (f)	32
Surgical Services	32
<input type="checkbox"/> C-320: CoP Surgical Services.....	32
State Exemption	34
<input type="checkbox"/> C-326: State Exemption.....	34
Periodic Evaluation & Quality Assurance Review	35
<input type="checkbox"/> C-330: CoP Periodic Evaluation and QA Review	35
<input type="checkbox"/> C-331: Periodic Evaluation (a)(1)	35
<input type="checkbox"/> C-332: Periodic Evaluation (a)(1)(i)	35
<input type="checkbox"/> C-333: Periodic Evaluation (a)(1)(ii)	36
<input type="checkbox"/> C-334: Periodic Evaluation (a).....	36
<input type="checkbox"/> C-335: Periodic Evaluation (a)(2)	37
<input type="checkbox"/> C-336: Quality Assurance (b).....	37
<input type="checkbox"/> C-337: Quality Assurance (b)(1)	38
<input type="checkbox"/> C-338: Quality Assurance (b)(2)	39
<input type="checkbox"/> C-339: Quality Assurance (b)(3)	40
<input type="checkbox"/> C-340: Quality Assurance (b)(4)	41
<input type="checkbox"/> C-341: Quality Assurance (b)(5)(i)	43
<input type="checkbox"/> C-342: Quality Assurance (b)(5)(ii).....	44
<input type="checkbox"/> C-343: Quality Assurance (b)(5)(iii)	45
Organ, Tissue & Eye Procurement.....	45
<input type="checkbox"/> C-345: CoP Organ, Tissue, & Eye Procurement.....	45
Swing-Beds.....	47
<input type="checkbox"/> C-350: Special Req. for CAH providers of LTC Services (Swing-Beds)	47

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

C-0151

§485.608(a) Standard: Compliance with Federal Laws and Regulations

Each CAH must be in compliance with applicable Federal laws and regulations related to the health and safety of patients. 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).

C-0160

§485.610(a) Standard: Condition of Participation: Status & Location

(Rev. 84, Issued: 06-07-13, Effective: 06-07-13, Implementation: 06-07-13)

The CAH must meet the location requirements of §485.610(b) and §485.610(c) at the time of the initial survey. Compliance with these location requirements must be reconfirmed at the time of every subsequent full survey. If the CAH moves, its eligibility for continued CAH status must be reassessed in accordance with §485.610(d).

C-0165

§485.610(c) Standard: Location Relative to Other Facilities or Necessary Provider Certification

(Rev. 84, Issued: 06-07-13, Effective: 06-07-13, Implementation: 06-07-13)

A CAH that can document that it was designated by a State as a necessary provider CAH prior to January 1, 2006, does not have to meet the location relative to other facilities standard at §485.610(c). As of January 1, 2006, States do not have the authority to designate any new necessary provider CAHs. Necessary provider CAHs that were designated prior to that date are grandfathered by statute, subject to certain conditions if they relocate. ROs and SAs should have the documentation related to a CAH's original designation as a necessary provider in the file on each CAH. If they do not, they should ask the CAH to supply copies of the original necessary provider designation documents.

Existing CAHs that are not grandfathered necessary provider CAHs must be periodically evaluated to determine whether there are any more recently certified Medicare-participating hospitals that are not more than a 35-mile drive, or 15-mile drive, as applicable, from the CAH. In the event that an existing CAH that is not a grandfathered necessary provider no longer meets the minimum distance requirement, it is provided the opportunity to avoid termination of its provider agreement by converting to a certified Medicare hospital after demonstrating compliance with the hospital CoPs.

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

CREDENTIALING AGREEMENTS

C-0195

§485.616(b) Standard: Agreements for Credentialing and Quality Assurance

Each CAH that is a member of a rural health network shall have an agreement with respect to credentialing and quality assurance with at least--

- One hospital that is a member of the network;
- One QIO or equivalent entity; or
- One other appropriate and qualified entity identified in the State rural health care plan.

Note: The PIN is identified as such an entity in the State's rural health plan.

Self-Evaluation:

	Comments/Actions
<input type="checkbox"/> Yes <input type="checkbox"/> No Was this a deficiency on your last survey?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your facility have a written agreement with respect to credentialing and QA? _____ Where is it? _____ Who is the agreement with	
If you are using the PIN to meet this requirement, is your hospital participating in: <input type="checkbox"/> Yes <input type="checkbox"/> No PIN benchmarking or clinical improvement projects? <input type="checkbox"/> Yes <input type="checkbox"/> No PIN-sponsored networking meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No Other PIN education opportunities?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you had the PIN conduct an onsite credentials review? If so, where are the review findings? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Have you addressed them?	

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

C-0196

§485.616(b) Standard: Agreements for Credentialing & Privileging of Telemedicine Physicians and Practitioners

A CAH may make arrangements with a distant-site Medicare-participating hospital for the provision of telemedicine services to the CAH's patients by physicians or practitioners granted privileges by the distant-site hospital.

If a CAH enters into an agreement for telemedicine services with a distant-site hospital, the agreement must be in writing. Furthermore, the written agreement must specify that it is the responsibility of the distant-site hospital to conduct its credentialing and privileging process for those of its physicians and practitioners providing telemedicine services such that the distant-site hospital:

Self-Evaluation:

	Comments/Actions
<input type="checkbox"/> Yes <input type="checkbox"/> No Are agreements for telemedicine services in writing for each distant-site hospital?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Do the agreements specify that it is the responsibility of the distant-site hospital to conduct its own credentialing and privileging process for physicians and practitioners providing telemedicine services?	
Do the agreements include the following credentialing and privileging responsibilities of the distance-site hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No Determines, which categories of practitioners are eligible candidates for privileges or membership on the distant-site hospital's medical staff. <input type="checkbox"/> Yes <input type="checkbox"/> No Appoints members and grants medical staff privileges after considering the recommendations of the existing members of the distant-site hospital's medical staff.	

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

<p><input type="checkbox"/> Yes <input type="checkbox"/> No Assures that the distant-site hospital's medical staff has bylaws.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Approves the distant-site hospital's medical staff bylaws and other medical staff rules and regulations.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Ensures that the medical staff is accountable to the distant-site hospital's governing body for the quality of care provided to patients.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Ensures the criteria for granting medical staff membership/privileges to an individual are the individual's character, competence, training, experience, and judgment.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Ensures that under no circumstances is the accordance of distant-site hospital medical staff membership or privileges dependent solely upon certification, fellowship or membership in a specialty body or society.</p>	
<p>If your hospital relies on the credentialing and privileging decisions of the distant-site hospital, does your agreement address the following?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Distant-site hospital participates in the Medicare.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Distant-site hospital provides a list to the CAH of all privileged physicians and practitioners covered by the agreement, including their privileges at the distant-site hospital.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Each physician or practitioner who provides under the agreement holds a license issued or recognized by the State where the CAH is located.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No CAH has evidence that it reviews the telemedicine services provided to its patients and provides feedback based on this review to the distant-site hospital for the latter's use in its periodic appraisal of each physician and practitioner providing telemedicine services under the agreement.</p>	

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

C-0197

§485.616(b) Standard: Agreements for Credentialing & Privileging of Telemedicine Physicians and Practitioners

(3) The governing body of the CAH must ensure that when telemedicine services are furnished to the CAH's patients through an agreement with a distant- site telemedicine entity, the agreement is written and specifies that the distant-site telemedicine entity is a contractor of services to the CAH and as such, in accordance with §485.635(c)(4)(ii), furnishes the contracted services in a manner that enables the CAH to comply with all applicable conditions of participation for the contracted services, including, but not limited to, the requirements in this section with regard to its physicians and practitioners providing telemedicine services.

Self-Evaluation:

	Comments/Actions
<p>Do you have a written agreement with the distant-site telemedicine entity that includes requirements and ensures that the contractor fulfills these requirements?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No providing medical direction for the CAH</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No provides consultation for health care staff?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No provides supervision of health care staff?</p>	
<p>Does the distant-site telemedicine entity do the minimum:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Determine which categories of practitioners are eligible candidates for medical staff privileges or membership at the telemedicine entity;</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Appoint members and grant medical staff privileges after considering the recommendations of the existing members of its medical staff;</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Assure that its medical staff has bylaws;</p>	

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

<p><input type="checkbox"/> Yes <input type="checkbox"/> No Approve its medical staff's bylaws and other medical staff rules and regulations;</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Ensure that the medical staff is accountable to the distant-site telemedicine entity's governing body for the quality of care provided to patients;</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Ensure the criteria for granting distant-site telemedicine medical staff membership/privileges to an individual are the individual's character, competence, training, experience, and judgment;</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Ensure that under no circumstances is the accordance of medical staff membership or privileges dependent solely upon certification, fellowship or membership in a specialty body or society.</p>	
<p>Does the written agreement include the following:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No The distant-site telemedicine entity provides to the CAH a list of all its privileged physicians and practitioners covered by the agreement, including their privileges at the distant-site telemedicine entity.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Each physician or practitioner who provides telemedicine services to the CAH's patients under the agreement holds a license issued or recognized by the State where the CAH is located.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No The CAH reviews the performance of the physicians and practitioners providing telemedicine services to its patients and provides a written review to the distant-site telemedicine entity for the latter's use in its periodic appraisal of each physician and practitioner providing telemedicine services under the agreement.</p>	

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

PROVIDER RESPONSIBILITIES

C-0257

§485.631 (b)(1) Standard: Responsibilities of the Doctor of Medicine or Osteopathy

(i) Provides medical direction for the CAH's health care activities and consultation for, and medical supervision of, the health care staff;

Self-Evaluation:

	Comments/Actions
Do the medical staff and governing board bylaws indicate a physician is responsible for: <input type="checkbox"/> Yes <input type="checkbox"/> No providing medical direction for the CAH <input type="checkbox"/> Yes <input type="checkbox"/> No provides consultation for health care staff? <input type="checkbox"/> Yes <input type="checkbox"/> No provides supervision of health care staff?	

C-0258

§485.631 (b)(1) Standard: Responsibilities of the Doctor of Medicine or Osteopathy

(ii) In conjunction with the PA(s) and/or NP(s), participates in developing, executing, and periodically reviewing the CAH's written policies governing the services it furnishes.

Self-Evaluation:

	Comments/Actions
<input type="checkbox"/> Yes <input type="checkbox"/> No Is there documentation that demonstrates a physician has participated in developing, executing and annually reviewing the CAH's medical care policies, procedures, clinical practice guidelines, etc?	

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

C-0259

§485.631 (b)(1) Standard: Responsibilities of the Doctor of Medicine or Osteopathy

(iii) In conjunction with the PA(s) and/or NP(s), periodically reviews the patient records, provides medical orders, and provides medical services to the patients of the CAH;

Self-Evaluation:

	Comments/Actions
<p>Is there documentation that a physician:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No periodically reviews CAH patient records in conjunction with staff mid-level practitioners;</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No provides medical orders for CAH patients?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No provides medical services?</p>	

C-0260

§485.631 (b)(1) Standard: Responsibilities of the Doctor of Medicine or Osteopathy

(Rev. 138, Issued: 04-07-15, Effective: 04-07-15)

(iv) The MD or DO periodically reviews and signs the records for all inpatients cared for by NP's, clinical nurse specialists, or PA's.

Note: See the clarification released 6-9-05 from CMS for specific guidelines concerning the number/percent of midlevel inpatient and outpatient records to be signed by the physician in Montana CAHs

(v) 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 only to the extent required under State law where State law requires record reviews or co-signatures, or both, by a collaborating physician.

Self-Evaluation:

	Comments/Actions
<p><input type="checkbox"/> Yes <input type="checkbox"/> No What sample size does your policy require to have MD/DO review of outpatient encounters?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No What time frame does your policy specify for reviews of outpatient encounters?</p>	

CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

<p><input type="checkbox"/> Yes <input type="checkbox"/> No How do you ensure your sample is representative of various non-physician practitioners as well as various types of outpatient services?</p> <p>For inpatient records of patients whose care is/was managed by a non-physician practitioner, is there documentation that a physician has:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No reviewed and signed all records open at the time of review?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No reviewed and signed all records closed since last review?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No has reviewed in the timeframe specified by the CAH's policy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No reviewed and signed at least 25% of outpatient and 100% of inpatient records of patients treated by a NP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No reviewed and signed at least 25% of outpatient record and 100% of inpatients treated by a CRNA?</p>	
---	--

C-0261

§485.631 (b)(2) Standard: Responsibilities of the Doctor of Medicine or Osteopathy

(Rev. 138, Issued: 04-07-15, Effective: 04-07-15)

A doctor of medicine or osteopathy is present (being on-site) for sufficient periods of time to provide the medical direction, medical care services, consultation and supervision for services provided in the CAH, and is available through direct radio, telephone or electronic communication for consultation, assistance with medical emergencies or patient referral.

Self-Evaluation:

	Comments/Actions
<p><input type="checkbox"/> Yes <input type="checkbox"/> No Do you have policies and procedures that address minimum time and frequency of MD/DO presence on-site at CAH?</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No Do policies reflect volume and type of services to determine there is sufficient MD/DO presence on-site to support these services?</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No Where and what is the documentation showing a MD/DO is onsite for frequency and duration specified in CAH polices?</p>	



CAH Quality Assurance Survey Readiness Self-Assessment

****For tags supported by the Performance Improvement Network****

<input type="checkbox"/> Yes <input type="checkbox"/> No Can you demonstrate that a MD/DO is always available by telecommunications for consultation, et al?	
--	--

(i) Participate in the development, execution, and periodic review of the written policies governing the services the CAH furnishes;