

## CRITICAL ACCESS HOSPITAL SURVEY INFORMATION

### The following information is needed to conduct the survey:

Please make available for review the following materials (if copies are needed, surveyors will request):

1. Total number of acute inpatients for the past year (do not include swing bed patients)
2. Patient index or computer printout of patients admitted in the last 6 months- **including diagnoses and whether patient was admitted to acute care or swing bed status**
3. Emergency Room log
4. Surgery log (if applicable)
5. Current listing of inpatients for the first day of the survey, including name, room number, diagnosis(es), admission date, age, attending physician and other significant information as it applies to the patient.
6. Facility policies and procedures, including Swing Bed
7. Service agreements or arrangements as requested by the surveyors
8. Position descriptions for all levels of personnel
9. On-call schedules for the past month for physicians, other staff, e.g., mid-level practitioners, laboratory, imaging, etc.
10. Personnel files with evidence of appropriate licensure, certification (when applicable) and evidence of health screening (surveyors will request specific files during the survey)
11. Credential files for physicians and mid-level practitioners (surveyors will request specific files during the survey)
12. Committee meeting minutes for the past year (e.g., group of professional personnel, infection control, pharmacy, medical staff, quality assurance)
13. Policy and procedures for credentialing of medical staff
14. Medical Staff Bylaws and Rules and Regulations
15. Governing Body meeting minutes for the past 6 months
16. Quality Assurance records for the past year
17. Infection control plan
18. Authenticated signatures for physicians and mid-level practitioners

19. Current and closed patient medical records (surveyors will request specific records during the survey)
20. Records which show patient daily census for the past year

Please provide **copies** of the following information:

1. List of medical staff (active and consulting and mid-level practitioners)
2. A listing of all Department heads and key personnel with job title, location and telephone numbers
3. Listing of employees, designating department and those hired in the last year
4. Nursing staff schedules as worked for the current month and past 2 months
5. Network Agreement and any credentialing or quality assurance agreements
6. Quality Assurance plan
7. Annual Program Evaluation
8. Organizational chart
9. Listing of contracted services
10. Copies of menus for therapeutic diets for week of survey
11. The names and addresses of all off-site locations operating under the same provider number as the hospital
12. Copy of the facility's floor plan, indicating the location of patient care and treatment areas

During the survey, the surveyors may want to meet with the various department heads if possible. If QA requirements are provided by another entity, please request a representative be available to meet with the survey team.