

Nebraska Critical Access Hospital Program Re-Survey Preparation

All critical access hospitals (CAH) are required to be re-surveyed by the Nebraska Health and Human Services System/Regulation and Licensure division one year after their initial conversion to evaluate compliance with the Medicare Conditions of Participation (42 CFR 485 Subpart F). A survey for compliance with swing bed requirements will be completed at the same time. The re-survey will be conducted somewhere between twelve to fifteen months after your original CAH certification date and will last approximately three to four full days.

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

General Overview

The following materials should be available by the CAH for review at the time of the re-survey:

- All facility policies and procedures, including swing bed;
- List of facility services provided directly and through arrangements or agreements;
- All service agreements and any network agreements including participation in a communications system, physician coverage (if applicable), and referral, admission, and transportation of patients;
- Organizational chart and position descriptions for all levels of personnel;
- Copy of nurse staffing schedules as worked for the past three months;
- On-call schedules for physicians, other staff, e.g., mid-level practitioners, laboratory, imaging, etc., for the past three months;
- List of employees hired after CAH certification effective date;
- Personnel files with evidence of appropriate licensure, certification, or registration, when applicable (surveyors will request specific files during the survey);
- Credentials files for physicians and mid-level practitioners (surveyors will request specific files during the survey);
- Committee meeting minutes for the past six months (e.g., infection control, pharmacy, medical staff, quality assurance);
- List of medical staff (active and consulting);
- Policies and procedures for credentialing of medical staff;
- Governing body minutes for the past six months;
- Annual program evaluation;

- Patient admission index;
- Emergency Room patient log;
- Operating room log;
- Infection control log;
- Menus for one month for all diets offered;
- List of authenticated signatures;
- Current and closed patient medical records (surveyors may request up to 30–35 specific records during the survey);
- Patient daily census for past year; and
- Copy of the updated QA plan, credentialing and network agreements.

In addition to the items listed above, the state surveyors will request several other items:

- Copy of facility layout with room numbers where applicable
- Incident reports (last six months)
- Patient roster with room numbers for all inpatients the first day of the survey

Upon arrival, the state surveyors will want a tour of the facility to meet the department heads of the CAH and to set up appointments. It is helpful if you have a list (directory) of who is responsible for the following areas:

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|---------------------|------------------|---------------------|
| • Infection Control | • Radiology | • Quality Assurance |
| • Social Services | • Maintenance | • Activities |
| • Emergency Room | • Housekeeping | • Medical Records |
| • Pharmacy | • Outpatient | • MDS |
| • Laboratory | • Operating Room | • Dietary |
| | | • Laundry |

Individual CAH department inspections will be made over the course of the three to four days and will be very similar to what was experienced during the initial CAH survey.

Additional Areas to Review Prior to Re-Survey

Based on the initial re-surveys conducted, CAHs should take a close look at the following areas in their facilities. This certainly is not an all-inclusive list, but some of the areas that have been of a concern to state surveyors during the initial re-surveys (where possible, the tag numbers are included as a reference):

- Review hot water temps – should be no more than 110 degrees F at bathing fixtures and 120 degrees F at hand washing fixtures. Water temps will be tested in several patient rooms, patient showers and sitz baths,

etc. (These specific water temperature standards are governed under state licensure requirements, however, they are also covered under Medicare regulations for patient safety.) (TAG C221)

- Review and document your preventative maintenance program – including whirlpools and physical therapy equipment, ultrasound, etc. There should be a system in place to verify the date of the last preventive maintenance and what repairs were made on each piece of equipment. (TAG C222)
- Ensure that all areas of the hospital are clean and orderly - review for neatness, as well as other things such as chipped paint, condensation, mildew, etc. (TAG C226)
- Annual review of patient care policies and procedures specified in the regulations. These policies and procedures should be reviewed annually by a committee that includes a physician, a physician's assistant, and an outside source (which may or may not be from the network hospital). There should be a template for a standard report (including core requirements for review) and documentation of the annual review results. (TAGS C271 - C280)
- Verify current Nebraska licensure for all health care professionals within the facility – even if they are contracted services.
- Ensure a background check and employment reference verification have been done on all employees since becoming a CAH and documentation is included in their personnel files. Ensure that the nurse aide registry checks have been completed and are documented. (TAG C384)
- Documentation showing a periodic evaluation of the CAH's total program. The evaluation is to be done on an annual basis and should include a consideration of the volume, numbers and utilization of CAH services, an internal review of 10% of the CAH's active and closed records (policy should include criteria for screening of these records), health care and patient care policy review results and documentation of any follow-up needed from the annual evaluation and the action taken where necessary. (TAGS 330 -335)

Note: The purpose of the medical record review is to ensure that the CAH is complying with their own patient care policies. Many of these reviews may be accomplished through its existing quality assurance process. This requirement is different than the peer review process.

It is suggested that the committee responsible for reviewing the periodic evaluation be comprised of the Administrator, Director of

Nursing and someone from the network hospital, however, this is not required by CAH regulations.

- Quality Assurance program – make sure that you have a comprehensive quality assurance program and that all departments are included, such as laboratory and any contracted services. You must show documentation of outside participation in the QA process with the network facility (as specified in network agreement). (TAG C340)

Note: The quality assurance program must include provisions for peer review by outside sources for appropriateness of diagnosis and treatment. This can be done in several different ways (outside consultants, network hospital, exchange between CAHs, etc.) but should be completed through an agreement with the outside source and in accordance with the regulations. (TAGS C195 and 340)

- Guidelines for Medical Management - define the parameters of the Physician Assistant or nurse practitioner including guidelines, documentation, and delineation of privileges. Make sure those parameters are included in policies and procedures for the CAH, such as emergency room. (Tag 275)
- Ensure there is a list of authenticated signatures - all physicians and mid-levels (including visiting physicians) signing on medical records need to have signature authentication (a list of names with signatures adjacent will do). (TAG C307)
- Protection of medical records – ensure all current and stored medical records are in a locked area, and access is restricted. (TAG C308)
- Anesthesia risk and evaluation – before surgery and before discharge a “qualified practitioner” (MD, DO, Dental Surgeon or Podiatrist) must document in the medical record that they have evaluated the risk of anesthesia (before) and the proper recovery (after) of the patient before discharge. (TAG C322)

Note: In some cases, an H & P done within 24 hours of surgery (and no changes in health status) by qualified practitioner may be accepted as pre-anesthesia evaluation. Postoperative evaluation by a qualified practitioner should include notes in the medical record on some or all of the following: activity level, respirations, blood pressure, level of consciousness, patient color and wound/dressing assessment.

- MDS Assessment – the discharge summary must correlate with the MDS if a MDS has been completed. Someone must include all aspects of the resident’s stay in the discharge summary. It can be recapped in 4-5 sentences. (TAG C399)
- Restraint policy and procedures for swing beds. The CAH’s policy and procedure for swing bed restraints must include that restraints are only used when patients have medical symptoms that warrant their use. Policy and procedures should include a process for evaluating and care planning prior to restraint use, including what was tried in altering behavior and evaluation of the least restrictive type of restraint. (TAG C381)
- Advanced directives – community education on advanced directives must be included in the CAH’s policies. This is not just to your patients, but to the entire community. This can be accomplished through stories in the local newspapers, flyers, community meetings, etc.
- Patient care plans – they must identify problems, goals and interventions. (TAG C298)
- Contract file – it is recommended that you have an index of all current contracts with scope of contract, expiration dates, etc. (TAG C291)
- Check all supplies in the entire CAH that could have expiration dates, such as IVs, baby formula, drugs and biologicals, chemicals, etc.
- Credentialing review - surveyors will look at approximately 10 “active” files and will also want to see a new appointment or one that is in process. They will review the CAH’s documentation verifying use of outside assistance in the credentialing process - CVO or network facility. They will look specifically for:
 - a) Delineation of privileges. For those who are using the Universal Application Form, you will need to check that this is included. If not, an additional declaration will need to be gained. This is important since it must be available to all staff as to who can do what. This delineation should be reviewed and obtained at re-appointment time.
 - b) Signature authentication.
 - c) Current licensure (this can be verified through the Internet).
 - d) Implementation of the recommendations that the outside entity has made during the review. (Recommendations should be implemented on all credential files, not just on those that were reviewed, since the State may pull different files.)

Note: Internet verification of licensure is okay as long as it is documented in the files.