

**Self-Assessment Checklist**

# Acute Care Hospitals

# Table of Contents

Introduction.....	v
Governing Body, CEO, Medical Staff .....	1
Patient Rights .....	2
Quality Improvement Services.....	3
Medical Services .....	4
Nursing Services.....	5
Medical Record Services .....	6
Pharmacology Services.....	7
Radiology and Nuclear Medicine Services .....	8
Laboratory Services .....	9
Food and Dietetic Services .....	10
Utilization Review .....	11
Fire Safety, General Safety and Operating Features .....	12
Central Service.....	13
Housekeeping .....	14
Laundry and Linen Services.....	15
Infectious Waste Management.....	16
Discharge Planning and Social Work Services.....	17
Infection Control.....	18
Organ Donations .....	19
Emergency Services.....	20
EMTALA.....	21
Orientation and Continuing Education .....	22
Surgical Services .....	23
Anesthesia and Post-Anesthesia Recovery Services.....	24
Ambulatory Care Services.....	25
Respiratory Services .....	26
Rehabilitation Services .....	27
Obstetrical Services .....	28
Pediatric Services .....	29
Psychiatric Services .....	30

# HOSPITAL LICENSURE AND CERTIFICATION CHECKLISTS

## Introduction

MHA has developed a series of checklists for hospitals to conduct regulatory self-assessments. The checklists are based on Missouri state hospital licensure regulations, Medicare Conditions of Participation (CoPs) and the interpretative guidelines to the CoPs. All hospitals are required to be in compliance with the Medicare CoPs set forth in [Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals](#) in order to receive Medicare/Medicaid payment. All hospitals licensed by the Department of Health and Senior Services must be in compliance with the [state hospital licensure regulations](#).

The checklists included in this document are applicable to all hospitals except critical access hospitals. While CAHs are subject to the [state hospital licensure regulations](#), they have unique CoPs. The CAH CoPs can be found in [Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for CAHs and Swing-Beds in CAHs](#). Checklists specific to CAHs are being developed and will be distributed at a later date.

Hospitals and units excluded from the inpatient hospital PPS rate under 42 CFR 412 must also abide by the reimbursement [rules for excluded hospitals and hospital units](#). Certain types of hospitals and hospitals with distinct part units also must comply with the following additional regulations.

- Skilled nursing distinct part units — [Appendix PP - Guidance to Surveyors for Long Term Care Facilities](#)
- Hospitals with swing beds (not CAH) — [Appendix T - Regulations and Interpretive Guidelines for Swing Beds in Hospitals](#)
- Rehabilitation hospitals — State regulations [19 CSR 30-22.010 – 030](#)
- Psychiatric hospitals — State regulations [19 CSR 30-24.010 – 040](#) and [Appendix AA - Interpretive Guidelines and Survey Procedures for Psychiatric Hospitals](#).

All hospitals also must comply with applicable CoPs and interpretive guidelines for laboratories and laboratory services in [CoPs 493.1 thru 493.1780](#) and/or the higher standards of their laboratory accrediting organization and any other optional services found in the [Medicare State Operations Manual](#) that the hospital provides.

MHA's goal in developing these self-assessment checklists is to provide a tool for hospitals to assess their readiness for state licensure and federal inspections. The checklists are useful in identifying the need for revising policies and procedures, providing ongoing educational opportunities for staff and proactively identifying and correcting potential licensure issues.

We have tried to make the checklists as inclusive as possible. However, not every regulation has an assessment question related to it and some assessment questions may address more than one regulatory requirement.

## **Disclaimer and Acknowledgment**

These checklists are a tool and should be used as one of many resources in maintaining compliance and preparing for inspections and reviews by regulators. The actual licensure regulations and CoPs are the best source of information. The checklists are not meant to interpret regulations, but to compliment your review of the actual regulations and CoPs. Ultimately, the Department of Health and Senior Services and Centers for Medicare and Medicaid Services are responsible for interpretation and enforcement.

The application and impact of laws and regulations, such as hospital licensure regulations and CoPs, can vary widely based on specific facts and circumstances. Given the complexity and ever changing nature of these regulations and their application and interpretation by state and federal enforcement personnel, there may be omissions or inaccuracies in these checklists. Accordingly, any information in these checklists is provided with the understanding that MHA is not rendering legal or other professional advice and services. As such, any information contained in these checklists should not be used as a substitute for consultation with legal counsel or other professional advisors specifically retained for that purpose. While MHA has made every attempt to insure that the information contained in these materials is generally useful for its intended purposes, MHA and its affiliates, agents and employees are not responsible for any errors or omissions or for the results obtained through use of these checklists.

Portions of the Missouri Code of State Regulations are included in this document. The Missouri Code of State Regulations is an official publication of the State of Missouri under authority granted to the Missouri Secretary of State pursuant to [§§536.015](#) and [536.031, RSMo](#). Reproduction of the regulations is allowed; however, no reproduction shall bear the name “Code of State Regulations” or “official” without the express written permission of the Missouri Secretary of State’s office.

## **How To Use The Checklists**

The self-assessment checklists contain 30 sections. Each section addresses a specific service area. Each section is designed to allow a hospital service unit to conduct its own self-assessment. If your hospital does not offer a particular service, you may remove these sections or mark not applicable.

At this time section 21, EMTALA, is not included. Although the COPs and the state regulations refer to EMTALA, it is a separate set of regulations. It is subject to a different, complaint driven survey process and has the potential for termination of Medicare certification and large fines if complaints are substantiated. Because of its unique nature, MHA staff is in the process of conducting a more extensive review of the EMTALA checklist and plan to have it ready for distribution this fall.

Each section has four columns. These are the self-assessment question; the hospital’s assessment of compliance; the date and initials of the person responsible for conducting the assessment; and a comment section to record action items or questions.

The second column requires one of four responses: yes (if in compliance), partial (if partly in compliance), no (if not in compliance) and n/a (if the question is not applicable to the service being provided). The goal is to have all “yes” answers, other than those that are not applicable.

As a convenience for the user throughout the checklists, links are provided to the applicable state and federal regulations and where appropriate, to state and/or federal statutes. These links will enable the user to verify the language referenced in the question.

The links provided to the CoPs will take the user to the correct appendix in the State Operations Manual. The user should then scroll down through the bookmarks then click on the applicable citation.

The links provided to the state hospital regulations will take the user to a table of contents. There the user should click on the applicable section. At the bottom of each page there is a link which will take the user back to the table of contents.

Users should rely upon the “official” and current version of the regulations and CoPs because links do change over time. However, it must be noted that the published CoPs’ Interpretive Guidelines are only updated by CMS every three or more years. In the interim, memorandums on revisions to the interpretive guidelines are only sent to state survey agencies. MHA tracks these memorandums for revisions applicable to hospitals. As we are made aware of them, we will post them on MHA’s web site. In 2003, interim guidance was given on [482.21, Quality Assessment and Performance Improvement](#). In 2005, a memo outlining revisions made to the interpretive guidelines for [482.12 Governing Body](#), [482.13 Patients’ Rights](#), [482.27 Laboratory Services](#) and [482.28 Food and Dietetic Services](#) was sent. To date, none of the revisions outlined in either of these memos has been incorporated in the CoP Interpretive Guidelines.

## **Conclusion**

We hope this document will be useful throughout your hospital. Periodic review of these checklists will help hospitals evaluate compliance with licensure regulations and CoPs and prepare for unannounced inspections. MHA constantly monitors changes in licensure regulations and CoPs. MHA will notify hospitals of these changes as they occur and update these checklists on our Web site at [http://web.mhanet.com/asp/Regulations/State\\_Regulations.asp](http://web.mhanet.com/asp/Regulations/State_Regulations.asp).