



Health Care Regulation & Quality Improvement
800 NE Oregon Street, Suite 465
Portland, Oregon 97232
971-673-0540 971-673-0556 (Fax)

Extended Stay Center Survey Needs List

(Initial Survey for State Licensing)

Name of ESC: _____

Entrance Date: _____

Surveyor(s): _____

- 1) Basic floor plan of the ESC.
- 2) All policies, procedures, protocols and forms available for review as needed.
- 3) Documentation of affiliation with an accredited, CMS certified ASC.
- 4) Documentation of affiliated ASC's participation in the ASC quality reporting program administered by CMS.
- 5) A proposed medical record including consents, current H&P, Physician orders, laboratory/radiology test results, medication/medical treatments, progress notes, nursing assessments, treatment plan, discharge instructions, advance directives, and discharge summary.
- 6) Organizational chart and written policies showing the lines of authority and supervision of all staff down to the patient care level.
 - a. List of key administrative and management staff.
- 7) Governing body bylaws
 - a. List of governing body members
 - b. Minutes of governing body meetings and attendance
- 8) Medical staff bylaws, and rules and regulations
 - a. Minutes of medical staff meetings and attendance
- 9) List of all current medical and professional staff and any other practitioners who will be providing patient care. Include: Name, title/discipline (MD, Anesthesiologist, CRNA); date of initial credentialing. Surveyor will select a sample of credentialing files for review.
- 10) List of all current personnel. Include: Name, title/discipline (RN, Surgical Tech, etc.); date of hire. Surveyor will select sample of personnel files for review.
 - a. Job Descriptions for all staff.
 - b. Proposed staffing schedule
 - c. Proposed and recent in-service educational programs with an attendance roster(s)

- 11) Quality assessment and performance improvement (QAPI) plan. Name of the person designated as the QAPI program leader & his/her personnel file.
 - a. QAPI activity documentation and meeting minutes (if applicable)
- 12) Infection control plan. Name of the person designated as the infection control program leader & his/her personnel file.
 - a. Infection control activity documentation and meeting minutes (if applicable)
 - b. TB and Infectious diseases – documentation for monitoring & reporting
 - c. Sterilization / High Level Disinfection – policies & equipment & documentation
- 13) Preventive maintenance documentation for all equipment used for patient care & infection control in the facility.
- 14) Disaster Preparedness Plan and documentation of any disaster &/or fire and safety drills that have occurred
 - a. Location of emergency equipment/supplies. Related policies.
- 15) Food Service vendor's license, if applicable
 - a. Policies related to the provision of dietary services.
- 16) Radiology equipment license(s), if applicable (C-Arms)
 - a. Policies related to radiology
- 17) CLIA certificate, if applicable (CBG monitors, Pregnancy tests, PT/INR)
 - a. Policies related to labs and waived testing
- 18) Proposed Patient Rights policy and forms. Proposed Posted notice.
- 19) Proposed grievance policy and forms.
- 20) Agreement with local hospital for transfer of patients.



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Name of ESC: _____

Entrance Date: _____

Type of Survey: _____

Surveyor(s): _____

- 1) Approximate number of patients admitted per month: _____
- 2) A list of patients admitting to the ESC today. Include: Patient's name; age; type of procedure; and the name of responsible physician.
Note: One surveyor will observe patient admissions, assessments, treatments, and discharges. The surveyor will obtain patient consent.
- 3) Floor plan of the ESC.

- 4) A place to work with adequate table space, privacy.
- 5) Provisions for photocopying – contact person _____
- 6) To select a sample of medical records for review, please provide a list of:
 - a. All patients who were admitted to the ESC in last 6 months.
Include: Patient name; age/DOB; type of procedure; and name of responsible physician.
 - b. All patients in the past 12 months who remained in the ESC over 48 hours from the time admitted to the ASC, were transferred to the hospital, or died.
- 7) Policies and procedures regarding patient rights, consents, and Advance Directives.
- 8) List of all current medical and professional staff and any other practitioners providing patient care.
Include: Name, title/discipline; date of initial credentialing. Surveyor will select a sample of credentialing files for review.
- 9) List of all current personnel. Include: Name, title/discipline; date of hire. Surveyor will select sample of personnel files for review.

- 10) Infection control plan. Infection control activity documentation and meeting minutes for the past 12 months.
- 11) Quality assessment and performance improvement (QAPI) plan. QAPI activity documentation and meeting minutes for the past 12 months.
- 12) All complaints and grievances received for the past 12 months with any follow up or investigation documentation.

- 13) List of key administrative and management staff; Written policies showing the lines of authority and supervision of all staff down to the patient care level; Organizational chart.
- 14) Governing body bylaws; List of governing body members; Minutes of governing body meetings for the past 12 months, including attendance roster.
- 15) Medical staff bylaws, and rules and/or regulations; Minutes of medical staff meetings for the past 12 months, including attendance rosters.

- 16) Documentation of all in-service educational programs for patient care staff for the past 12 months.
- 17) Disaster Preparedness Plan & documentation of drills for the past 12 months.
- 18) Documentation of fire and safety drills for the past 12 months.
- 19) Preventive maintenance records for all patient care equipment in the facility.
- 20) List of contracts for outside resources and consultants.
- 21) Transfer Agreement with local hospital.

ESC Required Policies & Procedures

OAR 333-076-0930(1) - (3)(s)

Met/Not Met

	Governing Body organization plan with policies, procedures, and by-laws.
	Clinical services under the supervision of an RN or Physician manager.
	Admission and Discharge criteria.
	Annual evaluation of admission and discharge criteria.
	Patient Care
	Transfer Criteria
	Oral and written notification of financial interest of Physicians, if applicable.
	Oral and written notification that services are not covered by Medicare.
	Provision of care in the event of complications.
	Complaint/grievance procedures including contact information for the Authority.
	Nursing service activities
	Infection Control
	Visitor's conduct and control
	Credentialing of Physicians and Dentists
	Content and Form of Medical Records
	Release of Medical Record information
	Storage and dispensing of clean and sterile supplies/equipment; Processing of supplies.
	Disposal of pathological and infectious waste and contaminated supplies.
	Procurement, storage, and dispensing of drugs.
	Provision of dietary services
	Cleaning, storage, and handling of linens.
	Routine laboratory testing
	Annual fire and disaster training.
	Annual infection control measure training.
	Annual emergency training for direct patient care staff and procedures for life threatening situations.
	Informed consent for diagnostic and treatment procedures; Policy for minors, if applicable.
	Identification of persons responsible for informed consent and ensuring accurate information.

Comments:

PERSONNEL FILES REVIEW

DATE:

SURVEYOR:

FACILITY:

(version 01-2019)

Staff ID

Employment

Name				
Job Title				
Hire Date				
Agency (if applicable)				
License				
Job Description				
Initial Orientation Documented				
Current & Annual Evaluations				
TB Screening (w/in 6 weeks)				

Qualifications: (per job description/facility policy)

BLS				
ACLS				
PALS				
Other required certs				

Training/Education (within the last 12 months or per facility policy)

Infection Control				
Life Threatening Situations				
Fire Drills (1 x year)				
Disaster Drills (1x year)				
Other				
All ESC records separate from ASC				

(Version 01/2019)	MEDICAL STAFF CREDENTIALING FILES REVIEW				
	DATE:		SURVEYOR:		
	Facility:				
Name/Title:					
CREDENTIALS:					
Current License					
Current DEA					
MEMBERSHIP: Start Date					
Initial Application					
Initial Appointment					
Hospital Privileges (if no Transfer Agreement)					
COMPETENCE:					
Training or Experience					
Peer Qualified for Competency					
PRIVILEGES:					
Granted in Area of Competence					
Scope of Privileges Delineated					
Rationale for Privileges Granted against Peer Recommendations					
REAPPRAISALS:					
Overtime					
Reappraised/ESC performance data used					
Reappointed					
Privileges Granted w/ Scope					
Other Requirements					
TB Testing (w/in 6 weeks start)					
Training/Education (within the last 12 months or per facility policy)					
CPR/BLS					
ACLS					
PALS					
Life Threatening Situations					
Disaster Drills (1x year)					
Fire Drills (1 x year)					
Infection Control					
All ESC records separate from ASC					

EXTENDED STAY CENTER CHART REVIEW

FACILITY _____ DATE _____ TIME _____

Patient ID/Chart #					
Insurance Provider					
Admit to ASC/Admit to ESC	/	/	/	/	/
Age/Sex					
Chief Complaint					
Copy of ASC Record					
Medical History & Physical (w/in 30 days of procedure)					
Hx Allergies/Adverse Drug Rxn's					
ESC Informed Consent					
ESC Patients' Rights					
ESC Advance Directives (Yes or No)					
Financial Interest Notification (orally/in writing)					
Lab and Radiology Results					
Treatment Plan					
Medication Record					
Progress Notes					
Nursing Assessment Notes					
Physician Orders					
Physician Evaluation					
Discharge Summary (ASC)					
Discharge (ESC) - Instructions - Order - with Adult					
Discharge Diagnosis/Date/Time					
Transfer (if applicable)					
All Entries Timed, Dated, Authenticated					
Staffing					
MD/provider					
RN/LPN 1					
RN/LPN 2					
Anesthesia					
MA					
Other					