



Hospital_

Date

Annual Report §485.641(a)(1)	
The CAH must carry out evaluation of its total	
program at least once a year and include	
utilization and the volume of services, sample of	
clinical records and health care policies.	
§485.635(a)(4) The following policies are review	ved at least annually and as necessary by a group of
professionals that includes doctors and mid-level practitioners if on staff, and at least one individual not on the	
CAH staff.	
Patient Care Services P&P	Findings and Recommendations
Scope of Services §485.635(a)(3)(i)	
Policy describing the services this CAH furnishes	
directly and those furnished through agreement	
or arrangement.	
Emergency Services §485.635(a)(3)(ii)	
Policies and procedures for emergency medical	
services	
	:
Medical Care §485.635(a)(3)(iii)	•
Guidelines for the medical management of health	
problems that include the conditions requiring	
medical consultation and/or patient referral, the	
maintenance of health care records, and	
procedures for the periodic review and	
evaluation of the services furnished by the CAH	
Pharmacy §485.635(a)(3)(iv)	
Rules for the storage, handling, dispensation,	
and administration of drugs and biologicals.	
These rules must provide that there is a drug	
storage area that is administered in accordance	
with accepted professional principles, that	
current and accurate records are kept of the	
receipt and disposition of all scheduled drugs,	
and that outdated, mislabeled, or otherwise	
unusable drugs are not available for patient use.	
Medication Monitoring §485.635(a)(3)(v)	
Procedures for reporting adverse drug reactions	
and errors in the administration of drugs.	
Infection Control §485.635(a)(3)(vi)	
A system for identifying, reporting, investigating	
and controlling infections and communicable	
diseases of patients and personnel.	
Nutrition §485.635(a)(3)(vii)	
Procedures that ensure that the nutritional needs	
of inpatients are met in accordance with	
recognized dietary practices and the orders of	
the practitioner responsible for the patient care.	

Comments:

Signature: Hospital_______date______WHS-HQS______date_____

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