Arkansas Department of Health
Office of Rural Health and Primary Care
Little Rock, Arkansas
Kate Hill, RN
April 13, 2018
Who Is In The Room Today?

• Already a certified Rural Health Clinic?
• Preparing for Initial RHC Survey?
• In the Exploratory Phase?
RHC Survey Is An Open-Book Test... There Should Be No Surprises

• Title 42 Code of Federal Regulations (CFR) Part 491 Rural Health Clinics Conditions for Certification
• Any State Regulations Affecting the Provision of Healthcare Services
• Any Accreditation Organization Standards that Exceed the CFR
RHC Conditions of Certification

- § 491.1 Purpose and scope.
- § 491.2 Definitions.
- § 491.3 Certification procedures.
- § 491.4 Compliance with Federal, State and local laws.
- § 491.5 Location of clinic.
- § 491.6 Physical plant and environment.
- § 491.7 Organizational structure.
- § 491.8 Staffing and staff responsibilities.
- § 491.9 Provision of services.
- § 491.10 Patient health records.
- § 491.11 Program evaluation.
- § 491.12 Emergency preparedness.

https://www.law.cornell.edu/cfr/text/42/491.4
Understanding RHC Standards

If your State exceeds the CFR you must abide by that law.
RHC Interpretive Guidelines

State Operations Manual Appendix G
-Guidance
For Surveyors: Rural Health Clinics
(RHCs)
Table of Contents
(Rev. 177, 01-26-18)

Caution: From 24 pages to 91 pages!

Roadmap to Success

- Leadership submits application
- Tapping Resources
- RHC Training for Providers and Staff
- Making/Completing the “To Do” list
- Fine-tuning Provider and Staff education
- Adoption of RHC policies
- Ensuring processes are in place to keep the clinic ready for day of survey

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Survey Planning Tips

• Develop a Survey Readiness Binder
  – Policies
  – Reports
  – Other evidence of compliance
• Determine space for Surveyor to work
• Determine who will attend/how to inform
• Keep the Clinic “Company Ready”
Surveyor’s Approach

• Expect Surveyor to...
  – Review Documents and Records
  – Observe Processes
  – Interview Staff w/ Open-ended Questions to Reveal Underlying Issues
  – Discuss/Teach Best Practices when Non-Compliance is Discovered
Surveyor/Staff Interaction Tips

• Staff should be familiar with routine policies/procedures and be able to describe the “how” and “why” of a process

• If unable to answer completely, it is acceptable to say “I would consult policy”

• When a surveyor is observing, staff should just do what they normally do

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Surveyor/Staff Interaction Tips

• Understanding the rationale for why they do what they do helps staff anchor information in their memory
• Placing written/visual reminders in the environment will help staff during day to day operations and when they interact with a surveyor
Place Hints Throughout The Clinic

**LIDOCAINE AND XYLOCAINE are single use vials and should be discarded after each use.**

**REMEMBER**

Multidose Vials must be labeled with a 28day expiration date once punctured. Not the initial date vial is punctured.

Vials should be discarded after the beyond use date of 28 days.

Thank you!

JCMH Pharmacy
Day of Survey Agenda

- On-site Meeting with Key Leadership
- Review of RHC policies
- Tour the entire Facility
- Observe Medication Storage
- Observe Infection Prevention Practices
- Interview Staff and Providers
- Patient Health Record review
- Personnel Files
- Exit interview
What The Surveyor Will Request

- P&P and Other Manuals
- Evidence of Annual Program Evaluation/Template
- Copy of RHC Organization Chart
- Equipment List and Maintenance Report
- HR Files
- Staffing Schedule (to calculate provider hours)
- Evidence of PA/NP Records reviewed by Physician
- Patient Records to Review (10 random files)
Review of Policies and Documents
Clinic Policies & Procedures

• P&P personalized, not generic templates
• Staff should be familiar with policies
• Must follow the state’s physician on-site and chart review regulations
• Should have evidence of adoption and annual review by an advisory group that includes, at a minimum, a physician, NP or PA, and one person not on staff

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Required Policies & Procedures

• Lines of Authority
• Categories of Practitioners
• Annual Review of Policies by MD and NP/PA
• Maintenance of Medical Records
• Protection and Release of PHI
• Annual Program Evaluation
• Scope of Patient Care Services
Required Policies & Procedures

• Healthcare (HC) Policies for Services Provided
  – Provided Directly vs. Referred
  – Guidelines for Medical Management
• HC Services are provided per State law
• Pt Care Policies developed by Advisory Group
• Policies for Storage of Drugs & Biologicals
• Emergency Preparedness
Required Policies & Procedures

Common Deficiency:

Policies are not signed by Nurse Practioner or Physician’s Assistant. This is an annual requirement.
Required Policies & Procedures

- Risk Assessment and Planning
- Policies and Procedures
- Communication Plan
- Training and Testing

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Emergency Preparedness...
Lessons From Hurricane Harvey

• Immediate Threat to Life and Safety
• Communication System Interruption
• Impact on Utilities (water, electricity)
• Impact to Provision of Services in Community
• Supply Chain Delays (Rx, med supplies)
• Financial Impact to Clinic Closure
• Staffing Interruptions
Emergency Preparedness...

Lessons From Hurricane Harvey

RHC Provider going to work in 2016
The Compliance Team’s Review of Appendix Z
Emergency Preparedness for Rural Health Clinics

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Common Deficiencies:

- Conduct an additional exercise; must do two!
  One can be a full scale community drill and one a table top.
- Provider based clinics only presenting the hospital’s plan.
  Although there are areas that are integrated, the EP plan should be RHC specific.
- Having an EP plan but no staff training
- Omitting the name and contact numbers of other RHCS.
- Having evidence that a community exercise is not accessible
- Analyze the clinics response to an actual event or an exercise.
Touring the Facility
Facility Tour

Family Medical Group of Bude

601-384-2394
Kim Estes, MD  Karen Touchstone, DNP, FNP-BC

Signage Consistent with CMS 855A Application
Facility Tour

NOTE: DO NOT MOVE WITHOUT CHECKING WITH STATE OFFICE OF RURAL HEALTH AND YOUR MAC.

ALSO: NAME CHANGES AND CHANGE OF MEDICAL DIRECTOR MUST BE SUBMITTED ON AN 855A
Facility Tour

Hours of Operation Outside of the Clinic

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Facility Tour

ADA Accessible and Free from Obstacles
Facility Tour

Clean and Maintained
Facility Tour

Local Licenses or Certificates

State Postings

Federal Postings

Dangerous Drug Certificates

Provider Licenses

State and Federal Posters are required to be in Visible Places
Facility Tour

The Clinic Secures Protected Health Information
Facility Tour

Fire Safety Process per State Regulations
(note accreditation standards that may exceed CFR)

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Facility Tour

Securing Hazards
Facility Tour

Preventing Access to Hazards

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Facility Tour

Equipment Maintenance
Best Practices

• All equipment resides on an Inventory List
• Policy determines need for Inspection vs Preventive Maintenance
• PM based on Manufacturer’s IFUs
• Process in place for tracking due dates for PM
• Evidence of initial inspection BEFORE use in patient care
• Annual Bio-Med inspection is evident with stickers or report
• Equipment not in use is labeled as such and stored away
Facility Tour

Equipment Management Best Practices

• Manufacturer’s IFUs determine cleaning process
• Healthcare Disinfectant is used
• Staff follows directions on the Disinfectant
• Dirty equipment is stored away from Clean
• Equipment stored off of the floor
Facility Tour

Common Deficiency:

Not all the equipment in the clinic is on the list of equipment causing some to not be Biomed checked.
Review of Laboratory Area
Review of Laboratory Services

**Laboratory Compliance**

- 6 Required tests must be able to be performed in the Clinic
  - Urine Analysis
  - Hemoglobin/Hematocrit
  - Blood Glucose Testing
  - Urine Pregnancy Test
  - Occult Fecal Blood Test
  - Primary Culturing
- Clinic follows all Manufacturer’s IFU for equipment and supplies
- Staff should have training/verification of competency (BEST PRACTICE)
Review of Laboratory Services

Common Deficiency:

Clinic does not have the ability to do all 6 required tests. Most common one missing is Hemoglobin or Hematocrit.
Review of Medication Storage
Secured/Organized In Original Containers, Not Expired/Past BUD, No MDV in Immediate Treatment Areas, SDV contents Not Saved

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ER Med Box/Cart is stocked according to a list and ready to meet the needs of the population.
Infection Prevention Best Practices

- Labeled on the plastic side of pouch
- Internal chemical indicator
- Labeled with the correct information for the load log
- Hinged instruments opened position

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Medication Storage

DANGER: Unlabeled Vaccines in Pre-Drawn Syringes
Medication Storage

Vaccination Storage Best Practices

• Temperature monitoring should alert staff to a temperature variance in the past 48 hours
• Clinic should have a process to be notified when the power goes off at the clinic (power grid call list, alarm with alerts, etc.)
• Bottled water stored in the doors, labeled not food
• No medications stored in the doors
• Expired medications MUST be identified
• No food or lab supplies stored in the med fridge or freezer
Medication Storage

Controlled Substances (CS) locked in a Substantial Cabinet
Recordkeeping Logs for Ordering / Dispensing

Dilemmas: MDVs, Storage in Sample Closet, Med Fridge, or ER Boxes

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Medication Storage

Sample Medications Secured
Logged to Track In the Event of a Recall
Free Medication Storage Training

CDC Safe Injection Practices Training Videos on You Tube
Medication Storage

Common Deficiency:

MDVS found in procedure room

MDVS opened and undated

Sharps unsecured
Review of Infection Prevention Practices
Infection Prevention Best Practices

- OSHA training upon hire and annually
- PPEs are available and accessible
- Hand Hygiene when appropriate
- Clean/Dirty Segregation in work and storage areas
- Avoid Cross-Contamination (disinfecting environment, cleaning patient equipment, sterile processing)
- No Reuse of Meds/Supplies Designated for Single Use
- Safe Injection Practices
Infection Prevention Best Practices

“Clean to Dirty” Process to Avoid Cross-Contamination
Infection Prevention Best Practices

Disposable Instrumentation Is The Easiest Way To Meet Compliance with Recommended Practices from Nationally Recognized Organizations

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Infection Prevention Best Practices

Common Deficiency:

PPE (Personal Protection Equipment) for using with Liquid Nitrogen

Open Sterile water not discarded
Review of Medical Records
§ 491.10 Patient Health Records

(3) For each patient receiving health care services, the clinic or center maintains a record that includes, as applicable:

(i) Identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;

(ii) Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;

(iii) All physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress;

(iv) Signatures of the physician or other health care professional.

Surveyor will not record identifying information. A clinic representative should identify any chart of concern.
Patient Health Records

Surveyor will not record identifying information. A clinic representative should identify any chart of concern.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Patient ID &amp; Social Data</th>
<th>Written Consent to Treat</th>
<th>Medical History</th>
<th>Health Status &amp; Patient Health Needs</th>
<th>Summary &amp; Patient Instructions</th>
<th>Labs Diagnostics &amp; Consult Info</th>
<th>Physicians’ Orders &amp; Treatments &amp; Medications (includes allergies)</th>
<th>Signature of Provider &amp; Date</th>
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Patient Health Records

Common Deficiency:

Person signing the consent for minors is not identified by relationship
Review of Personnel Records
## Licensed Providers and Staff

<table>
<thead>
<tr>
<th>Licensed Staff Member</th>
<th>State of Origin License # (or Certificate #)</th>
<th>Expiration Date</th>
<th>DEA Certificate # (as applicable)</th>
<th>Expiration Date</th>
<th>BLS Exp For Licensed and Certified Patient Care Personnel</th>
<th>Verification &amp; copies of professional license, registration and/or certification is maintained if applicable.</th>
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# Human Resources Best Practices

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<tr>
<th>Staff Member</th>
<th>Application</th>
<th>Resume or CV</th>
<th>I-9 and W-4 For Employees</th>
<th>OIG Exclusion</th>
<th>Signed Job Description</th>
<th>Signed Standard of Conduct</th>
<th>Orientation/Training &amp; Competency</th>
<th>Current License or Certification</th>
<th>Performance Evaluation</th>
<th>Background Check</th>
<th>Hepatitis B</th>
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Human Resources Best Practices

**Common Deficiency:**

Staff who work with patients do not have current BLS
Survey Findings

• 100% compliance is necessary for RHC Certification
• Statement of Deficiency will be received within 10 business days
• Clinic has 10 calendar days to submit an acceptable Plan of Correction
• Standard level deficiencies must be corrected within 60 calendar days
• Condition level deficiencies require re-survey within 45 calendar days from the original survey date (if the clinic already has a billing number)
It Seems Overwhelming...
There are many mock-survey tools online. Some have “aggressive compliance” notes, but are great tools.
Trusted Resources

National Association of Rural Health Clinics

U.S. Department of Health and Human Services
Federal Office of Rural Health Policy

RHIhub
Rural Health Information Hub

National Organization of State Offices of Rural Health

The Compliance Team, Inc.
Thank you.

Questions ????

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