Don’t Forget Supplies

- Telfa, gloves, peroxide, electrodes, needles
- Iodoform gauze, etc.
- Check anything with a date!
# Medical Records 491.10

## Medical Record Audit Tool

Insert "Y" (YES) if evidence is found, "N" (NO) if evidence of is missing, or "NA" if not applicable.

Insert an "M" next the patient number if the patient is a minor child.

<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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*TheComplianceTeam*  
Exemplary Provider Accreditation
491.11 Biennial Evaluation

A review of your program every two years:
Must include review of:

- Utilization of clinic services, including at least the number of patients served and the volume of services;
- A representative sample of both active and closed clinical records; and
- The clinic's health care policies.
Why do this?

- To determine whether:
  - Utilization of services was appropriate;
  - The established policies were followed; and
  - Any changes are needed.

The clinic considers the findings of the evaluation and takes corrective action if necessary.
491.12 Emergency Preparedness
Lessons Learned
491.12 Emergency Preparedness

A lesson learned from Hurricane Katrina: In 2005, only 25% of office-based providers were using electronic medical records. Entire lifetimes of healthcare documentation were lost forever for many critically and chronically ill patients. EMR is now the standard.
Lessons Learned 2017

01 Communication Plan

02 Evacuation Plan

03 Contacts in Policy
All Hazards Risk Assessment

Community-Based
Clinic-Based
Risk Assessment

What events are most likely to impact the services your organization delivers to patients?

- Technological/Communication Failures
- Pandemic
- Fire
- Provider/staff illness
- Active shooter
- Short-term inclement weather events
- Wildfires
- Power or water interruptions'
- Floods
- Tornados
- Pandemic Flu
- Earthquakes
- Chemical events
- Mass causalities
- Cyber attack
- Biological Hazard
Policy and Procedures

Reviewed and updated biennially.

Including:

(1) Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.

(2) A means to shelter in place for patients, staff, and volunteers who remain in the facility.

(3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

(4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
Communication Plan

- All Staff
- Entities Providing Services Under Arrangement
- Other RHCs/FQHCs
- Volunteers
- Federal/State/Tribal/Regional/Local EP Staff

Don’t forget to include another RHC or FQHC in your area –
You must include contact information even if they are not in your healthcare system.
Are clinics required to have volunteers as part of their Emergency Preparedness Plan?

RHCs have the flexibility to include volunteers in the emergency plan as indicated by the individual risk assessment. HOWEVER, if volunteers are included, the policies should address their use and they must be trained on the EP Plan.
Training

- Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.

- Provide emergency preparedness training at least every 2 years.

- Maintain documentation of the training, i.e. training log.

- Demonstrate staff knowledge of emergency procedures.

- If the emergency preparedness policies and procedures are significantly updated, the RHC/FQHC must conduct training on the updated policies and procedures.
Testing

- One exercise or event a year.
- Alternate Active exercise/event with Tabletop.
- Analyze the RHC’s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC’s emergency plan, as needed.
Key Points to Remember

- Hazards assessment must be documented and a plan for each hazard identified.

- Communication plan is complete including name and contact information for all staff and local, regional, state and federal emergency staff.

- Must participate in a full-scale exercise that is community-based or when not accessible, an individual, facility-based exercise.

- If one year is full-scale exercise, then the other can be tabletop. Every other year for full-scale or at least a clinic-based exercise.

- **Analyze** the clinic’s response to exercise or activation of plan.
CMS After Action Report (AAR) or similar document

• Brief overview of the exercise/event.
• The capabilities tested by the exercise/event.
• The major strengths identified during the exercise/event.
• Areas for improvement identified during the exercise, including recommendations.
• Describe the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus.
• Can be used after an exercise or an event.
Emergency Preparedness Resources

Health Care Provider After Action Report/Improvement Plan

Survey & Certification
Emergency Preparedness & Response

Enter Organization Name

Health Care Provider After Action Report/Improvement Plan
What We See on Survey

• Having the EP Plan, but not training the staff.

• Omitting required contact information.

• Lacking an all Hazards Vulnerability Assessment especially Provider based clinics.

• Provider-Based Clinics stating they are part of an integrated healthcare system, but not meeting higher level of documentation.

• No policy on volunteers.

• No power outage policy for refrigerated medications.
Clinic Name: ABC Clinic
Event Name: COVID 19 Outbreak 2020
Event Begin Date: March 9, 2020
Event End Date: ______, 2020
Duration: 22 weeks/ 8 months+

The purpose of this report is to analyze event results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support the development of corrective actions that will guide future emergency preparedness initiatives to advance overall emergency preparedness within our clinic.
COVID-19 AAR

Clinic Name: ABC Healthcare
Event Name: COVID-19 2020
Event Start Date: March 9, 2020
Event End Date: October 25, 2020
Duration: ?? weeks /months so far???

This report is the follow up analysis of the COVID-19 event which occurred in 2020.
The purpose is to evaluate XXXX clinic’s Emergency Preparedness Plan.

This event in the first half of 2020 occurred as a result of a Corona Virus from Wuhan, China which resulted in a worldwide Pandemic.
January 22, 2020 CDC confirmed the first case of COVID-19 in the U.S.
January 30, 2020 The WHO declared the outbreak a Public Health Emergency(PHE)
January 31, 2020 Secretary Azar declared a PHE in the U.S.
March 11, 2020 COVID-19 was declared a Pandemic by the WHO
March 13, 2020 President Trump declared a National Emergency in the U.S.
Date March XX 2020 Governor ____ declared a Statewide emergency.
The emergency team was composed of __________ (names of staff in leadership)
COVID-19 AAR

Areas of Improvement

Need to order extra supplies such as masks and hand sanitizer earlier.
Need to minimize things in the waiting room to decrease things needing disinfecting.
Need for more screening of clinic staff, temps in the morning.
Need more separation of patients.
Need more training on donning and doffing PPE

Event Successes

Staff immediately began calling patients instead of visit to decrease exposure for patients.
Some staff sent to hospital to assist with surg.
Community provided masks.

Staff

Report reviewed with staff.
Assignments given.
Attendance log at AAR meeting.
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 (can loose billing number).
Thank You

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