

# Don't Forget Supplies

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



# Medical Records 491.10

<b>Medical Record Audit Tool</b> 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.								
Patient	Patient ID & Social Data	Written Consent to Treat	Medical History	Health Status & Patient Health Needs	Summary & Patient Instructions	Labs Diagnostics & Consult Info	Physicians' Orders & Treatments & Medications (includes allergies)	Signature of Provider & Date
1.								
2.								
3.								
4.								

# 491.11 Biennial Evaluation

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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.

# 491.11 Biennial Evaluation

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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

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# Lessons Learned

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# 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

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01 Communication Plan

02 Evacuation Plan

03 Contacts in Policy



# All Hazards Risk Assessment



**Community-Based  
Clinic-Based**

# Risk Assessment

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

- Technological/Communication Failures
- Fire
- Active shooter
- Wildfires
- Floods
- Pandemic Flu
- Chemical events
- Cyber attack

Pandemic

Provider/staff illness

Short-term inclement weather events

Power or water interruptions'

Tornados

Earthquakes

Mass casualties

Biological Hazard

# Policy and Procedures

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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

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- 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 include contact information even if they are not in your healthcare system.

# Communication Plan

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

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- 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

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- 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

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- 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.

# Emergency Preparedness CMS After Action Report

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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

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U.S. DEPARTMENT OF HEALTH HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

## 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

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- 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.

# Pandemic 2020

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**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

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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

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## 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

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- 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 lose billing number).

# Thank You

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