

Medications: Samples



Use the sticker method!



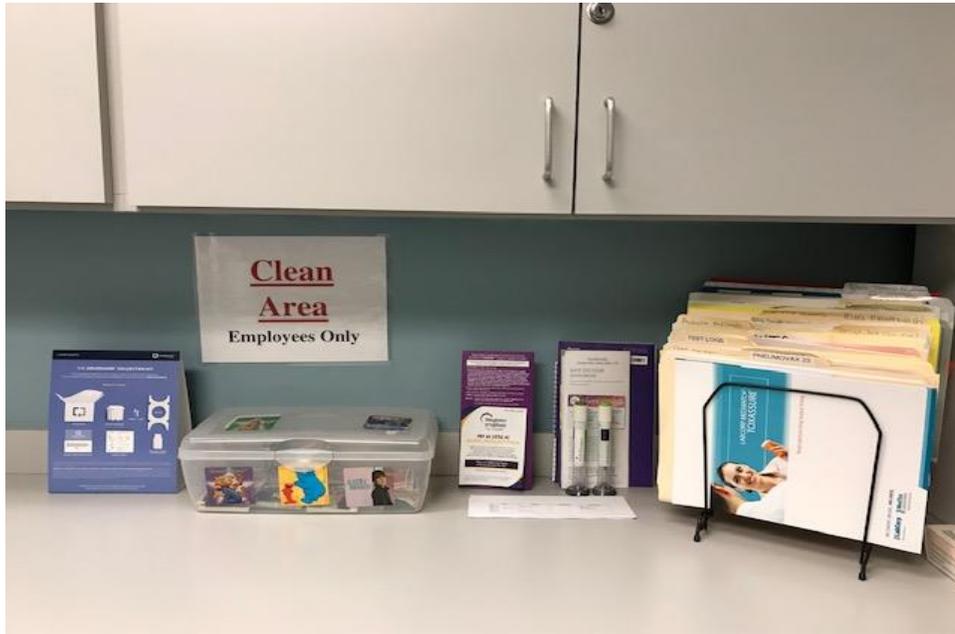
Samples
Secured/Organized In
Original Containers

Sample Log

Sample Medications secured and
Logged to track in the event of a recall



Infection Prevention



Clean to Dirty Process to Avoid Cross Contamination

Infection Prevention Best Practices

- OSHA training upon hire and annually
- PPEs are available and accessible
- Hand Hygiene when appropriate (2020 CMS Focus) ABHR as a priority
- 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

Infection Prevention

If you are sterilizing instruments be certain you are doing it correctly.

If you are accepting sterilized instruments from the hospital, be certain your staff knows what to accept or reject.



Infection Prevention



Disposable Instrumentation is the easiest way to be compliant with recommended practices from nationally recognized organizations.

HIPAA



Visible PHI

Computer Time Outs

Cloud Storage

Passwords

Social Media



491.7 Organizational structure

§ 491.7 Organizational structure.

(a) Basic requirements.

- (1) The clinic is under the medical direction of a physician
- (2) The organization's policies and its lines of authority and responsibilities are clearly set forth in writing.

(b) Disclosure.

The clinic discloses the names and addresses of:

- (1) Its owners
- (2) The person principally responsible for directing the operation of the clinic
- (3) The person responsible for medical direction.

491.8 Staffing and Staff Responsibilities

(a) Staffing.

- (1) The clinic staff includes one or more physicians. RHC staffs must also include one or more physician's assistants or nurse practitioners.
- (2) The physician member of the staff may be the owner of the rural health clinic, an employee of the clinic or center, or under agreement with the clinic to carry out the responsibilities.
- (3) The PA or NP, nurse-midwife, clinical social worker or clinical psychologist member of the staff may be the owner or an employee of the clinic or may furnish services under contract.
In the case of a clinic, at least **one PA or NP** must be an **employee** of the clinic.
- (4) The staff may also include ancillary personnel who are supervised by the professional staff.
- (5) The staff is sufficient to provide the services essential to the operation of the clinic.
- (6) A Physician, NP, PA, certified nurse-midwife, clinical social worker, or clinical psychologist is available to furnish patient care services at all times the clinic operates.
In addition, for RHCs, an NP, PA, or certified nurse-midwife is available to furnish patient care services at least **50 percent** of the time the RHC operates.

491.8 Staffing and Staff Responsibilities

(b) Physician responsibilities. The physician performs the following:

- (1)** Provides medical direction for the clinic's health care activities and consultation for, and medical supervision of the health care staff.
- (2)** In conjunction with the PA or NP participates in developing, executing, and periodically reviewing the clinic's written policies and the services provided to Federal program patients.
- (3)** Periodically reviews the clinic's patient records, provides medical orders, and provides medical care services to the patients of the clinic

What does your review policy say? How many charts per month or quarter per NP or PA?

491.8 Staffing and Staff Responsibilities

(c) Physician assistant and nurse practitioner responsibilities.

- (1)** The PA or NP members of the clinic's staff:
 - (i)** Participate in the development, execution and periodic review of the written policies governing the services the clinic or center furnishes;
 - (ii)** Participate with a physician in a periodic review of the patients' records.

- (2)** The PA or NP performs the following functions, to the extent they are not being performed by a physician:
 - (i)** Provides services in accordance with the clinic's policies;
 - (ii)** Arranges for or refers patients to needed services that cannot be provided at the clinic; and
 - (iii)** Assures that adequate patient health records are maintained and transferred as required when patients are referred.

491.9 Provision of Services

§ 491.9 Provision of services.

(a) *Basic requirements.*

- (1) All services offered by the clinic are furnished in accordance with applicable Federal, State, and local laws; and
- (2) The clinic is primarily engaged in providing outpatient health services and meets all other conditions of this subpart.
- (3) The laboratory requirements in paragraph (c)(2) of this section apply to RHCs.

Lab

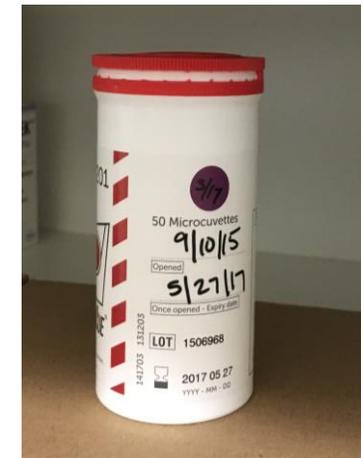
6 Required tests in the Clinic:

- Chemical examination of urine by stick or tablet method
- Hemoglobin or Hematocrit
- Blood Glucose
- Examination of stool specimens for occult blood
- Pregnancy Test
- Primary Culturing for transmittal to a certified lab

Clinic follows all Manufacturer's IFU for equipment and supplies.

Lab

- Clinic must have the ability to do all 6 required tests.
- Most common one missing is Hemoglobin or Hematocrit for Provider Based clinics.
- All reagents, strips, controls, etc., must be in date.
- CLIA Certificate is current and posted.
- CLIA has correct clinic name, address and lab director



491.9 Provision of Services

(b) Patient care policies.

- (1)** The clinic's health care services are furnished in accordance with appropriate written policies which are consistent with applicable State law.
- (2)** The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more PAs or NPs. ******At least one member is not a member of the clinic or center staff.**

491.9 Provision of Services

(b) Patient care policies.

(3) The policies include:

(i) A description of the services the clinic furnishes directly and those furnished through agreement or arrangement.

(ii) Guidelines for the medical management of health problems which 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 clinic.

(iii) Rules for the storage, handling, and administration of drugs and biologicals.

(4) These policies are reviewed at least **biennially** by the group of professional personnel required. (Physician, NP/PA and outside person)

491.9 Provision of Services



(C) Direct Services

(3) Emergency. The clinic provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.

- While each category of drugs and biologicals must be considered, all are not required to be stored. An RHC must have those drugs and biologicals that are necessary to provide its medical emergency procedures to common life-threatening injuries and acute illnesses.
- The RHC should have written policies and procedures for determining what drugs/biologicals are stored to provide emergency services.
- Policies and procedures should also reflect the process for determining which drugs/biologicals to store, including who is responsible for making the determination.
- They should also be able to provide a complete list of which drugs/biologicals are stored and in what quantities.

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.								
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

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

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 2017



What did we learn from Harvey?

Nursing home with 15 patients stranded in waist high water because of a lack of ability to communicate.

All Hazards Risk Assessment



**Community-Based
Clinic-Based**

Emergency Preparedness

- 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

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

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

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 lose billing number).

Thank You



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