



June 18 & 19, 2019

# Strategies for Ongoing RHC Compliance

Indiana Rural Health Association

Kate Hill, RN, VP Clinical Services

*The Compliance Team*  
Exemplary Provider<sup>®</sup> Accreditation

# 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>

# Policies

---

- Keep policies organized
- Review a few policies each staff meeting
- Keep your policies simple don't lock yourself into a tight corner
- Know what requires a policy

# Policies

---

- Patientcare Policies
- Annual Review of Policies by Advisory Group
- Storage, Handling, & Dispensing of Drugs & Biologicals
- Emergency Preparedness
- Health Records
- HIPAA
- Scope of Services provided and referred



# Policies

---

- Lines of Authority
- Categories of Practitioners
- Developing & Reviewing P&Ps and Clinic Services
- Equipment Maintenance
- Infection Prevention
- Hiring, training and orienting
- Quality Improvement
- Equipment Management
- Emergency Preparedness

# Personnel Files

<b>Personnel File Audit Tool</b> Insert "Y" (YES) if evidence is found, "N" (NO) if evidence of is missing, or "NA" if not applicable.											
Staff Member	Application Resume or CV	I-9 and W-4 For Employees	OIG Exclusion	Signed Job Description	Signed Standard of Conduct	Orientation/ Training & Competency	Current License or Certification	Performance Evaluation	Background Check	Hepatitis B	TB

# 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.								

# Touring the Clinic

---



**Name on the sign is consistent with CMS 855A application.**

# Touring the Clinic

---

- **Before moving:** Check with State office of Rural Health and your MAC to be certain your new address is still in a HPSA, even if it's next door.
- Report name changes to CMS.
- Report change in Medical Director to CMS.

# Touring the Clinic

---

Posted Hours of Operation



# Touring the Clinic

---



Waiting Room



Exam Tables



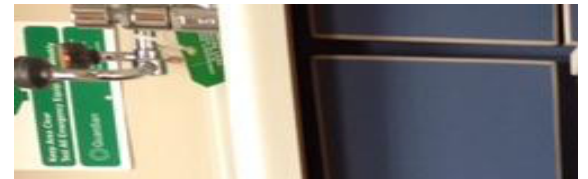
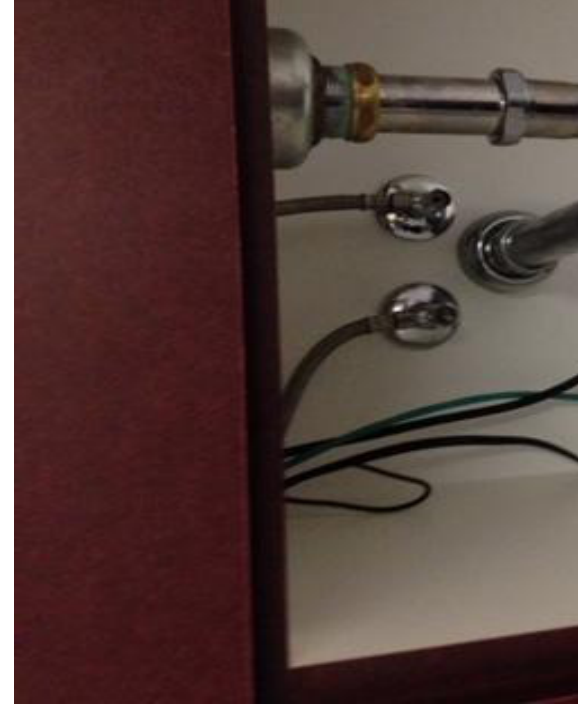
Under Sinks

# Touring the Clinic

---

- Hazardous material under the sink.
- Nothing should be under the sink!

AVUIIIS RISKS OBSERVED DURING SURVEYS





# Touring the Clinic

---

- Sharps containers cannot be easily accessible.
- 3 States require monthly disposal of sharps containers, FL, NY and MI.



# Touring The Clinic

---



Safe storage of Oxygen: chained or in an approved cart.



# Touring The Clinic

- State and Federal Posters are required to be in places visible to the staff.
- Make sure you have the current year.
- Provider based clinics must have these postings in the clinic even when the clinic is in the hospital building.



# Touring the Clinic

---



**Computer Time Out**



**Visible PHI**



# Touring The Clinic



# Touring The Clinic

---



# Touring the Clinic

---

- All equipment resides on an Inventory List
- Manufacturer's IFUs determines need for Inspection vs Preventive Maintenance (PM)
- 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



# Touring the Clinic

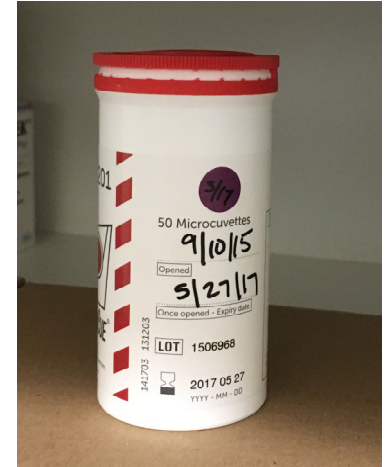
---

- 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.



# Touring the Clinic

- 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.



# Touring the Clinic



## Samples

Secured/Organized In  
Original Containers



## Multi Dose Vials

Do Not Assume All Staff  
Know the Difference  
Between SDVs and  
MDVs...Provide Training



## Single Dose Vials

Ensure Single-Dose  
Vials (SDVs) Are  
Never Used for More  
Than One Patient

# Touring the Clinic

---

- Ensure Single-Dose Vials (SDVs) Are Never Used for More Than One Patient.





# Touring the Clinic

- Remember the regulation says expired medications and SUPPLIES.
- Telfa, gloves, peroxide, electrodes, needles
- Iodoform gauze, etc.
- Check anything with a date!



# Touring the Clinic

---

- Controlled Substances (CS) locked in a Substantial Cabinet.
- Recordkeeping Logs for Ordering / Dispensing.
- MDVs, Storage in Sample Closet, Med Fridge, or Emergency Boxes must be secured.





## Touring the Clinic

---

Sample Medications Secured and  
Logged to Track in the Event of a Recall

# Touring the Clinic

---



- Once vaccine is inside the syringe, it is difficult to tell which vaccine is which; this may lead to administration errors.
- Prefilling syringes leads to vaccine wastage and increases the risk of vaccine storage under inappropriate conditions. Most syringes are designed for immediate administration and not for vaccine storage.
- Bacterial contamination and growth can occur in syringes you prefill with vaccines that do not contain bacteriostatic agents, such as the vaccines supplied in single-dose vials.

# Touring the Clinic

---



- No stability data are available for vaccines stored in plastic syringes. Vaccine components may interact with the plastic syringe components with time and thereby reduce vaccine potency.
- Finally prefilling syringes is a violation of medication administration guidelines, which state that an individual should only administer medications he or she has prepared and drawn up.
- This is a quality control and patient safety problem because if you do not draw up the vaccine yourself, you cannot be sure of the composition and sterility of the dose you are administering.



# Touring the Clinic

---



- No medications in door of refrigerator

- Use water bottles to take up dead space

- Refer to CDC Vaccine Storage Toolkit

<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

# Touring the Clinic

**NO** medications or hazardous material in this lower exam table drawer.

- ThinPrep: a preservative with the following warnings:
- **Inhaled:** May cause depression of the Central Nervous System resulting in weakness, nausea, drowsiness and possibly blindness.
- **Skin Contact:** May cause irritation and or dermatitis.
- **Ingestion:** May cause intoxication, CMS depression, nausea and dizziness. May damage liver, kidneys and nervous system.

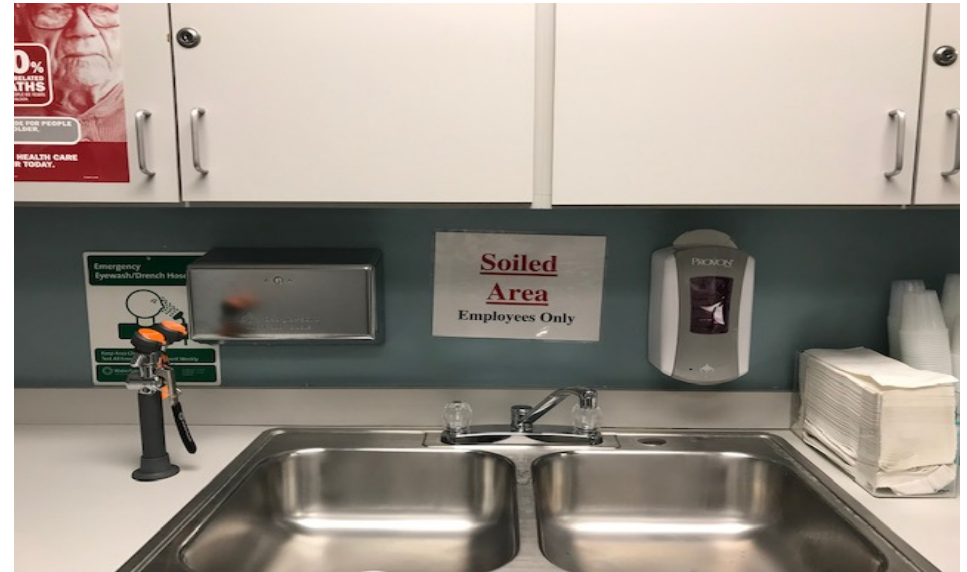
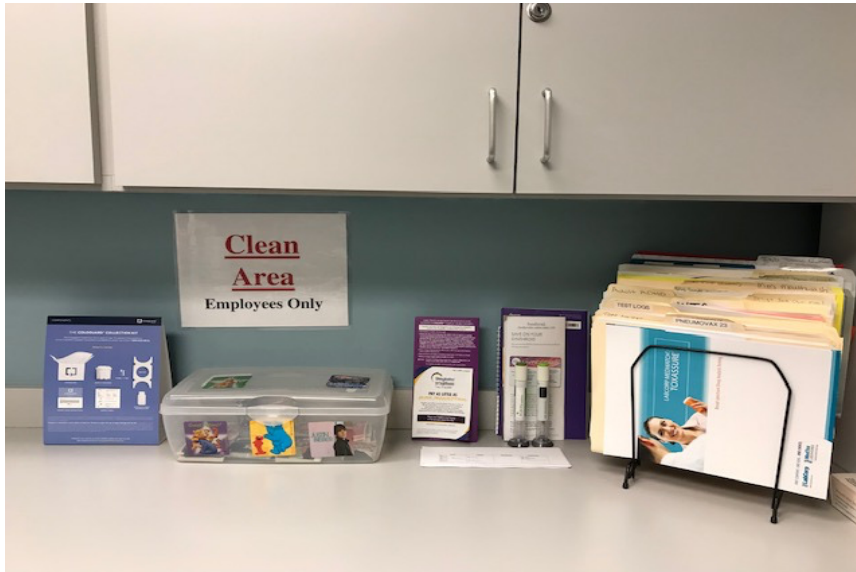


# Touring the Clinic

- 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.



# Touring the Clinic



## Infection Prevention

Clean to Dirty Process to Avoid  
Cross Contamination

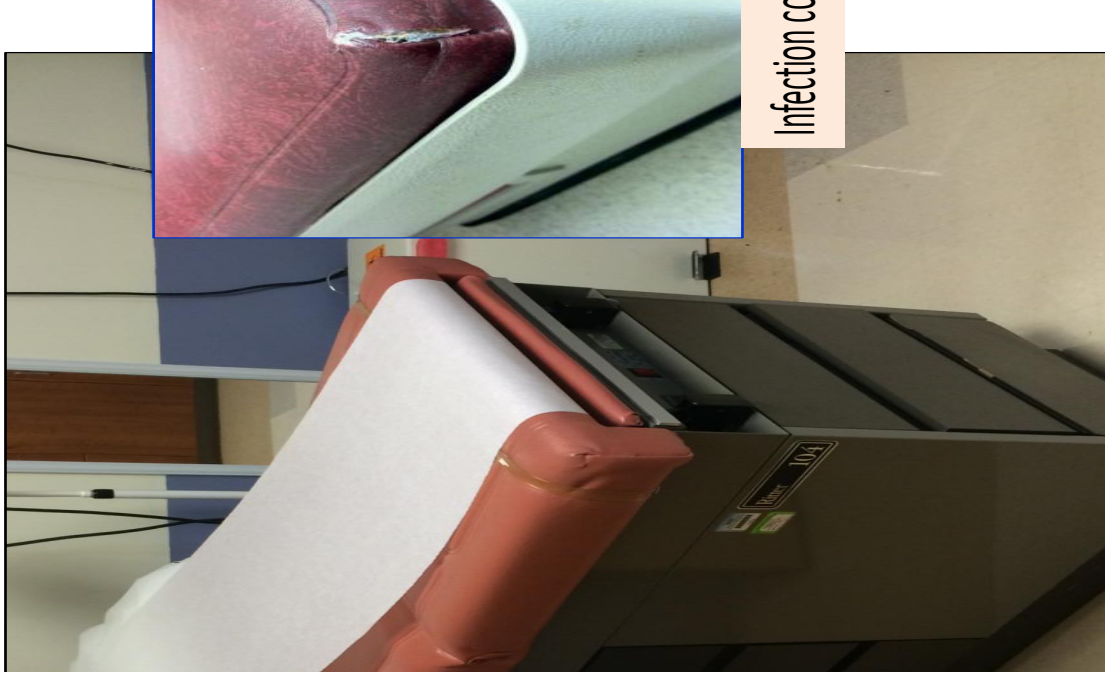


# Infection Prevention Best Practices

---

- OSHA training upon hire and annually
- PPEs are available and accessible
- Hand Hygiene when appropriate
- 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

## DOOMS RISKS OBSERVED DURING SURVEYS



- red bags in treatment rooms
- time of wet-time for disinfectant & Proper PPE
- be repaired with a patch as long as area is covered & ca

*The Compliance Team*  
Exemplary Provider Accreditation

# Infection Control

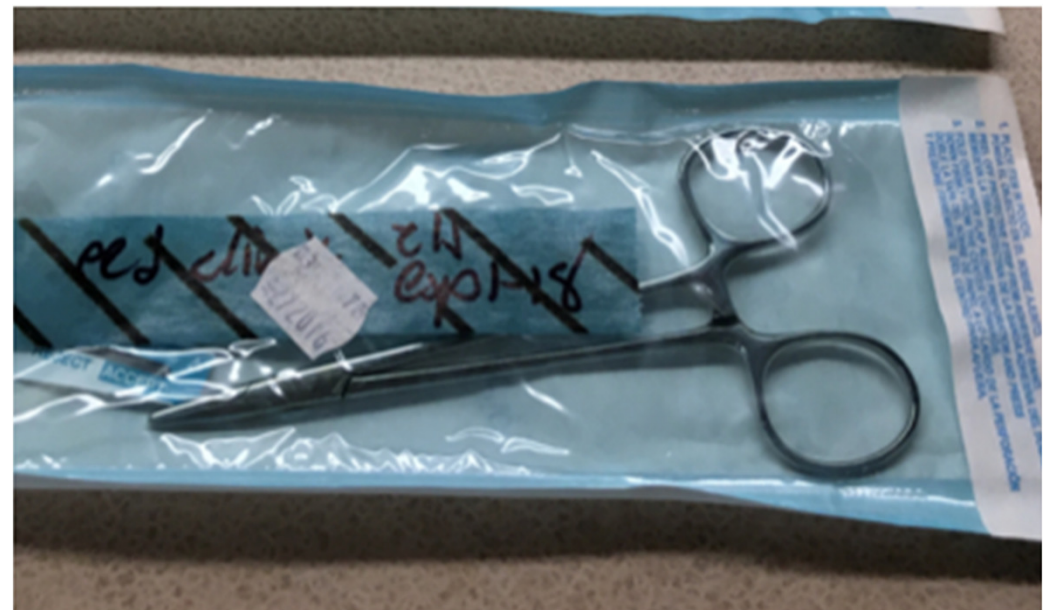
Cleaning a torn table ?

*The Compliance Team*  
Exemplary Provider Accreditation

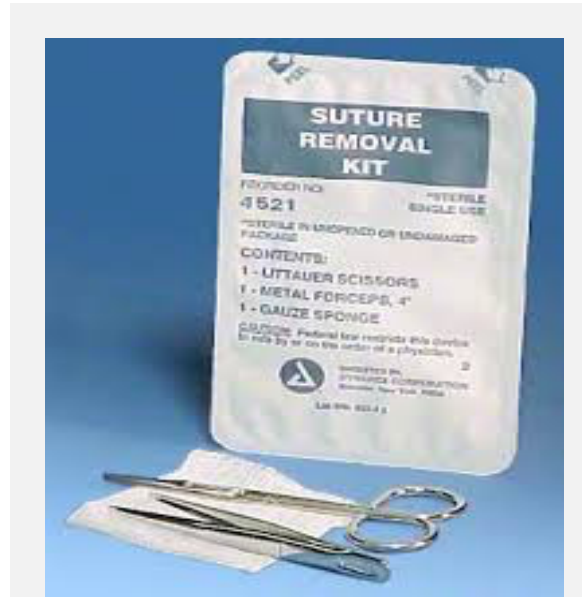
# Infection Control

---

Hinged instruments sterilized in a closed position.



# Infection Prevention



Disposable Instrumentation Is the easiest way to meet Compliance with recommended practices from nationally recognized organizations.



# Infection Prevention



Personal Protective Equipment for Staff who handle liquid nitrogen:

Heavy duty gloves and goggles for safety.

# Emergency Preparedness

**Risk Assessment and  
Planning**

**Communications  
Plan**



**Policies and  
Procedures**

**Training and Testing**

# Emergency Preparedness

---

- Hazards assessment must be documented.
- 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.
- Documentation of the clinic's efforts to contact EP officials.
- Conduct an additional exercise.
- Analyze the clinic's response to exercise or activation of plan.

# Emergency Preparedness

---

- CMS After Action Report (AAR).
- Brief overview of the exercise.
- Enter the capabilities tested by the exercise.
- Enter the major strengths identified during the exercise.
- Enter areas for improvement identified during the exercise, including recommendations (include the top 3 areas at a minimum).
- 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

---

- You must do two a year. One can be a full scale community or clinic-based drill and one can be a table top; **But it must be two.**
- Staff contact information not listed in the policy.



# Annual Evaluation

---

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.

# Annual Evaluation

---

- Why do this ?
  - To determine whether:
    - Utilization of services was appropriate;
    - The established policies were followed; and
    - Any changes are needed.
- The clinic or center staff considers the findings of the evaluation and takes corrective action if necessary.

# Appendix G

---

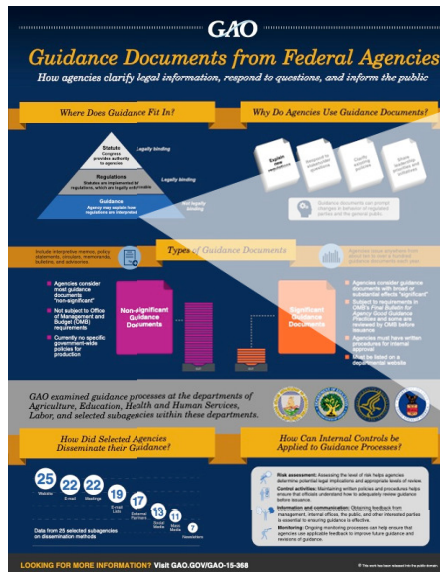
## **State Operations Manual**

### **Appendix G - Guidance to Surveyors: Rural Health Clinics (RHCs)**

**Table of Contents**

***(Rev. 177, 01-26-18)***

# Appendix G



# Management by Walking Around

---

- Any New Process – Spot Check to Confirm Staff Understanding
- Regular Rounding Encourages Compliance
- May be Delegated to Trusted Staff Members
- Use a Rounding Checklist
- Control Logs
- Auditing Charts Reviewing
- Patient Satisfaction Surveys



# 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).

# Trusted Resources

---



# Why Join NARHC

---

- NARHC advocates for RHCs in Washington.
  - Conversations with CMS
  - Meeting with special CMS committees
- Diligently fighting to see that the needs of the RHC community are considered when reviewing and writing legislative policies. The more members that belong to NARHC, the stronger our voice is and the bigger impact we can make.
- Free Benchmarking for Member RHCs.
- Discounted NARHC conference registrations (up to \$125 per person).
- Discounted Certified RHC Professional (CRHCP) course registration (\$150 per person).
- Exclusive 10% discounts with The Compliance Team & AAAASF.
- Access to members-only website sections.
  - (FAQs, Sample Files (forms, checklists, and surveys), Member Directory)
- Policy development opportunities: Be at the forefront by serving on the Board or various NARHC committees.
- Exclusive discounts with businesses that work with RHCs.

# NARHC

---

## Certified RHC Professional™ Course



REGISTRATION FOR NEXT SESSION BEGINS AUGUST 1, 2019!

National Association of Rural Health Clinics

Website [www.narhc.org](http://www.narhc.org) [academy@narhc.org](mailto:academy@narhc.org)

866.306.1961x 2

*The Compliance Team*  
Exemplary Provider® Accreditation

# NARHC

---

This 8-10 week ONLINE TRAINING\* will prepare the learner to successfully run an RHC.

The learner will gain an in-depth knowledge of basic rules, regulations, and laws regarding RHCs.

Culminating in an in-person, final exam held on October 9th, 2019, at the NARHC Fall Institute in St. Louis.

Coursework is broken into 4 modules which include video presentations & a series of short knowledge-based tests for each module.

These courses are designed to give you the basic, ground level RHC knowledge in 4 categories:

- Administration & Finance
- Human Resources
- Regulatory Compliance & Quality
- Billing & Coding



# NARHC

---

- **Course Description**

This course was designed by an expert panel of 18 people; a Who's Who of RHC Consultants, NARHC Board Members, and RHC Attorneys to teach the fundamental skills and expand the professional knowledge needed to successfully manage a Rural Health Clinic.

- **Who Should Take the Course?**

Directors, Clinic Administrators and other RHC leaders

- **Cost of Course Materials and Exam Fee**

\$450.00 Member Fee

\$600.00 Non-Member Fee

- **Length**

Enrollment begins August 1st, 2019 with limited spots available. Access to the program begins upon registration and coursework needs to be completed at the learner's own pace by October 9th.

# NARHC MEETING In St Louis

---

- Registration information is on the NARHC website:

<https://www.web.narhc.org/assnfe/CourseView.asp?MODE=VIEW&clCourseID=1>



**Final Exam** in St. Louis– October 9th, 2019

---

# Thank You

**Kate Hill, RN**

**VP Clinical Services**

**215-654-9110**

**[khill@thecomplianceteam.org](mailto:khill@thecomplianceteam.org)**



---

# Questions