

RHC Readiness 2018

CARHC June 27th

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The Compliance Team

Rural Healthcare Nurse Since 1990



Who Is In The Room Today?

- Already a certified Rural Health Clinic?
- Preparing for Initial RHC Survey?
- In the Exploratory Phase?



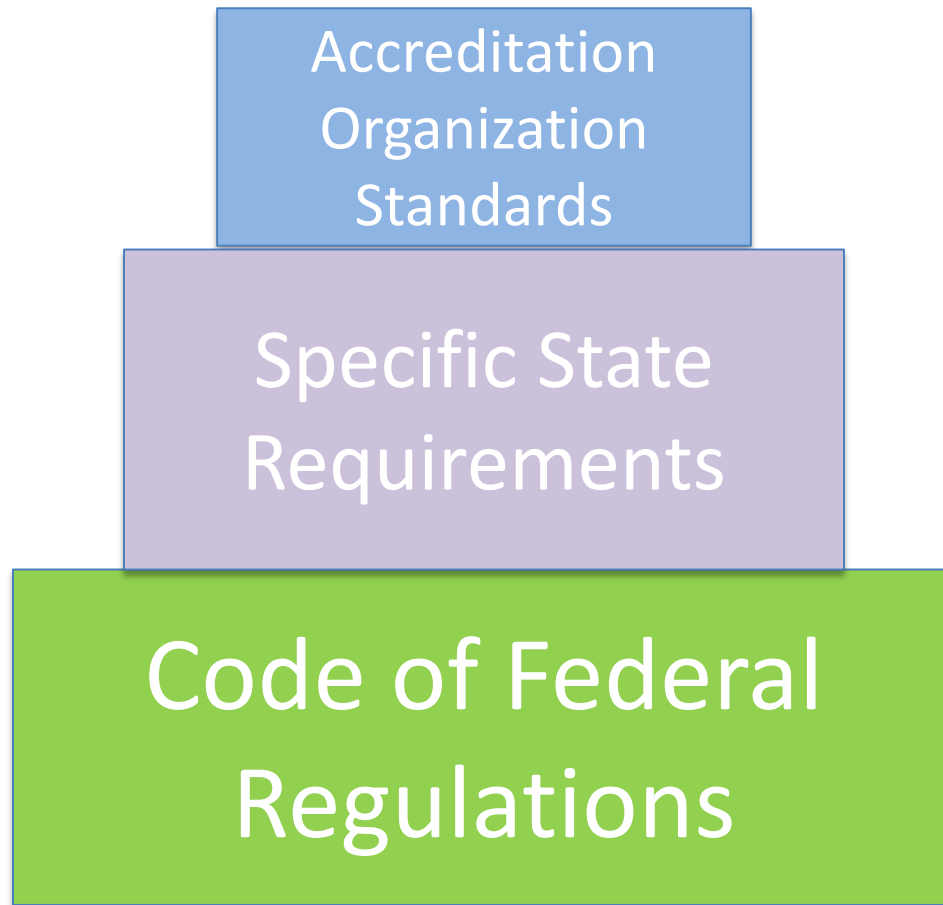
The Compliance Team

RHC Survey Is An Open-Book Test...

There Should Be No Surprises

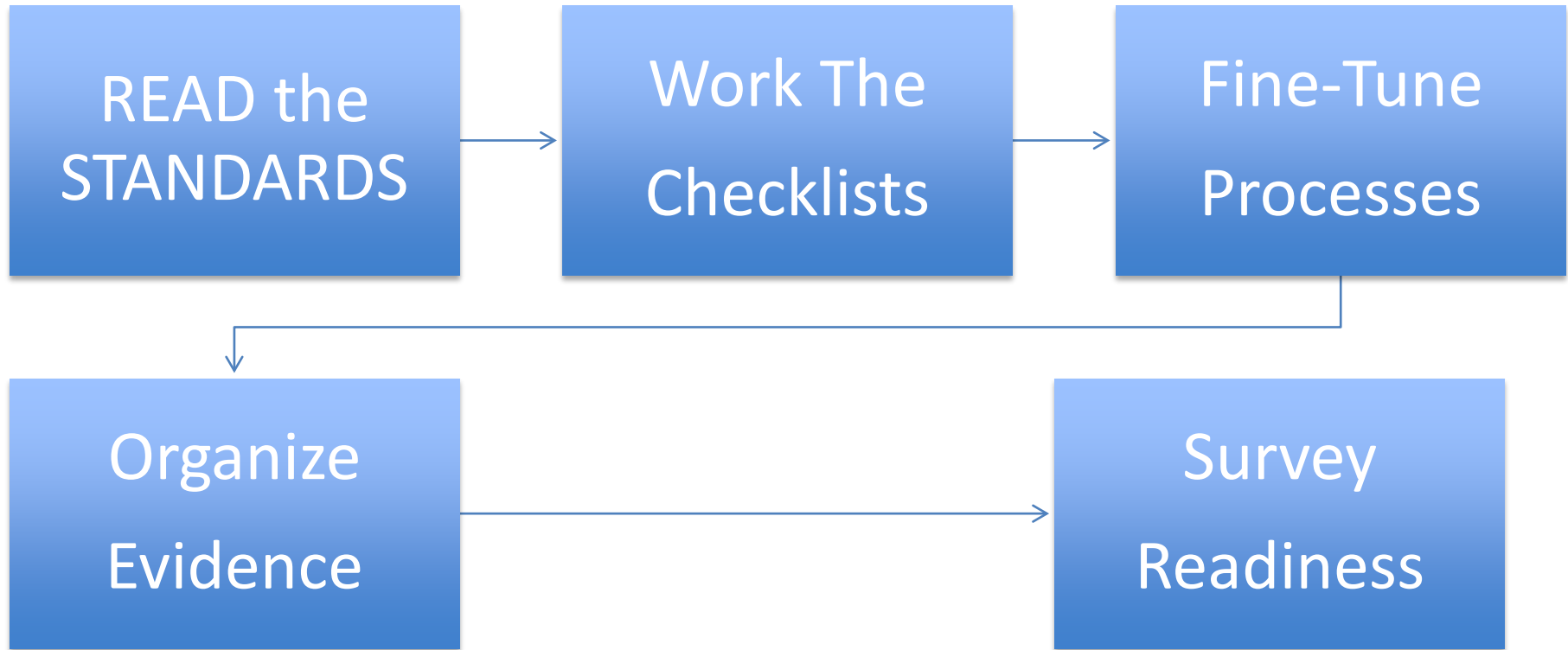
- Title 42 Code of Federal Regulations (CFR)
Part 491 Rural Health Clinics Conditions for Certification
- Any State Regulations Affecting the Provision of Healthcare Services
- Any Accreditation Organization Standards that Exceed the CFR

Standards Exceeding the CFR



The Compliance Team

Path to Success



The Compliance Team

Regulatory Requirements

CFR Title 42, Chapter IV, Subchapter G

Standards and Certification

Part 491 Cert of Certain Health Facilities

- § 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.

Standards Document

QUALITY STANDARDS AND EVIDENCE OF COMPLIANCE

Rural Health Clinics

WWW.THECOMPLIANCETEAM.ORG

**DO YOU HAVE THE MOST CURRENT
VERSION???**

RHC Interpretive Guidelines

Want extra insight?

State Operations Manual **Appendix G - Guidance *for* Surveyors: Rural Health Clinics (RHCs)**

Table of Contents
(Rev. 177, 01-26-18)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf



The Compliance Team

Appendix G – Jan 2018 Update

- 491.5 Mobile Units versus Permanent Units
 - Clarifies Permanent and Mobile Unit
 - Surveyor will:
 - Check RHC website to see if the RHC holds itself out to the public as having multiple permanent locations
 - Ask RHC staff members whether the RHC has any other locations, other than mobile units

Appendix G – Jan 2018 Update

- 491.6 Preventive maintenance program must be incorporated into the annual program evaluation
- 491.6 Drugs not accessible to unauthorized personnel

Appendix G – Jan 2018 Update

- 491.6 Preventive maintenance program takes measures to prevent the spread of infectious diseases and addresses:
 - Hand hygiene
 - Safe injection practices
 - Single-use devices
 - Disinfection and/or sterilization
 - Food sanitation (employee lounge)
 - Pest control

Appendix G – Jan 2018 Update

491.9 Policies for the storage, handling, and administration of drugs and biologicals must address:

- Storage of drugs and biologicals, environmental conditions
- Security
- Recordkeeping for receipt/disposition of all scheduled drugs
- Compounding USP 795
- Expiration and beyond use dates
- Basic safe practices for med administration (5 rights)

Appendix G – Jan 2018 Update

Emergency Services §491.9(c)(3): Available treatment includes the use of drugs & biologicals commonly used in life saving procedures such as: EXAMPLES

- analgesics (chewable baby aspirin, acetaminophen)
- anesthetics (lidocaine)
- antibiotics (ceftriaxone)
- anticonvulsants (gabapentin, phenytoin)
- antidotes and emetics (naloxone)
- serums and toxoids (vaccines)

** The Compliance Team will continue to survey under the program as approved by CMS...ER drug kit appropriate to population and location

Appendix G – Jan 2018 Update

491.10 Patient Record Review

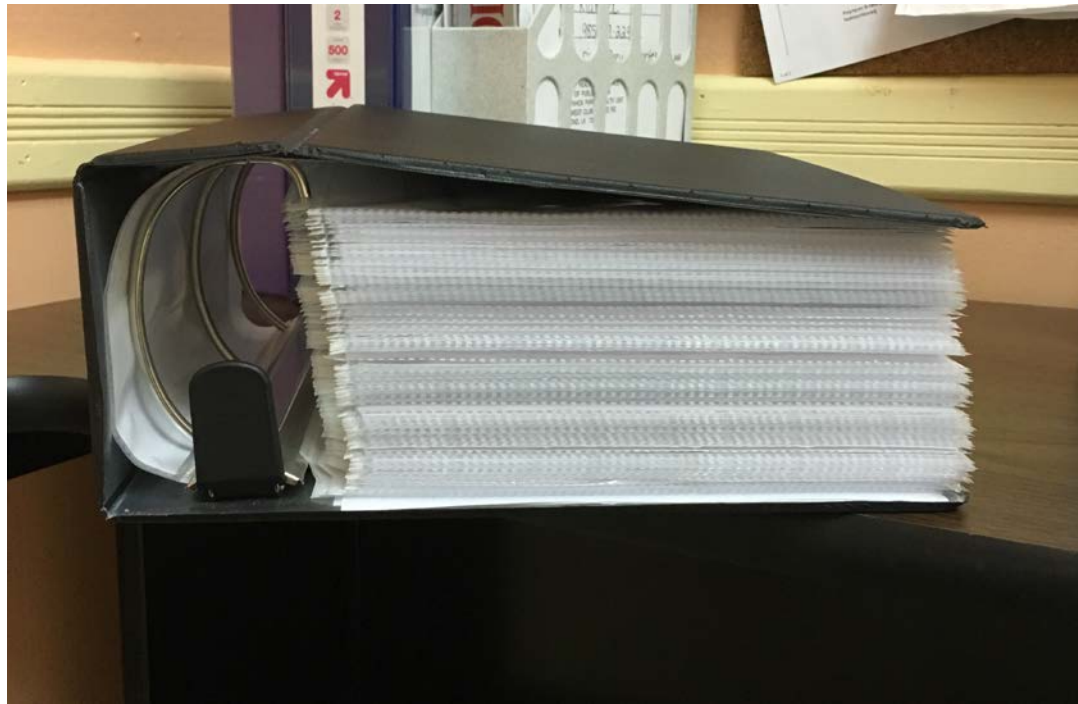
- Practitioner's orders, dated, timed, and signed, for all tests, medications, treatments, and any other matters requiring an order from a practitioner;
- Nursing notes, properly authenticated, for all patients reflecting all nursing care provided;
- Documentation of all treatments furnished (including any complications that occurred);
- Documentation of meds administered (including adverse drug reactions) by the person administering the medication;
- Documentation of the patient's response to all treatments furnished.

Appendix G – Jan 2018 Update

Surveyors Interviewing RHC Staff

- “If you smelled smoke, what would you do?”
- “Who manages the clinical records in the clinic?”
- “What do you do if a piece of equipment is not working?”
- “Your office opens at 8:30am, when do you take patients back for rooming?”
- To a provider: “Can you show me how you determine appropriate medical guidelines for congestive heart failure?”

Building An Evidence Binder



Evidence Binder 101

- Have an organized binder to present during the onsite survey
- Create sections with quick references to the CFR or accreditation standards
- Ensure staff knows where this is kept and has access to it if the clinic manager is offsite
- Audit at least quarterly to ensure documentation is current

Evidence Binder 101

- HPSA designation from HRSA website
- All required state and local licenses and inspections for clinic
- Current CLIA certificate
- Clinic floor plan
- Equipment inventory list and inspection reports
- RHC-specific Policies & Procedures

Evidence Binder 101

- RHC organizational chart
- Provider license, DEA, and BLS certificates
- Staff license or certification and BLS
- Signed job descriptions
- Annual program evaluation template/reports
- QI data (patient satisfaction)
- Emergency preparedness plan

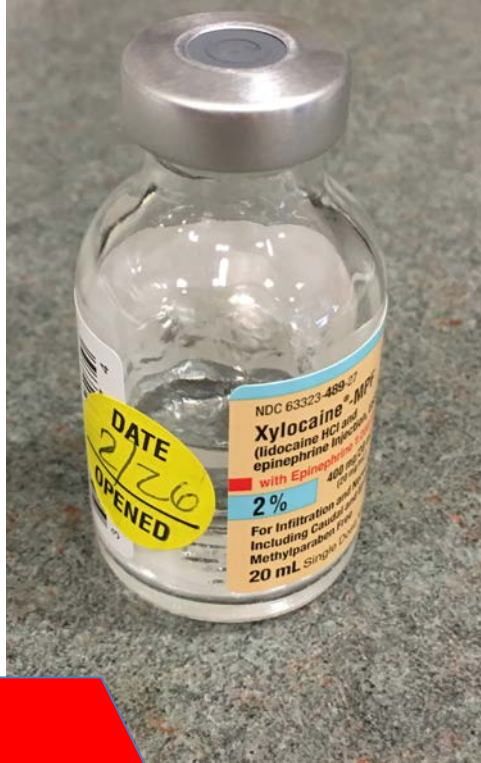
RHC Deficiencies

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CR

2018 Top Deficiencies

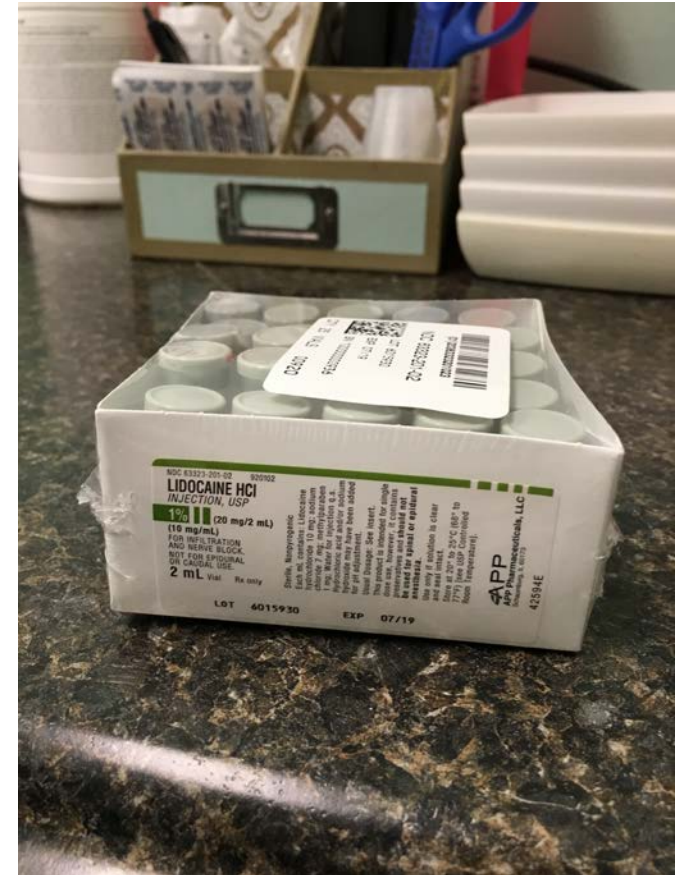
Drugs, Biological, and Supplies are not appropriately stored §491.6(b)(2)
Single-Dose Vials opened and being stored as Multiple-Dose Vials



CONDITION
LEVEL

2018 Top Deficiencies

Drugs, Biological, and Supplies are not appropriately stored §491.6(b)(2)
Multiple-Dose Vials in Immediate Treatment Areas



2018 Top Deficiencies

Drugs, Biological, and Supplies are not appropriately stored §491.6(b)(2)

Drugs Not Stored in Original Containers



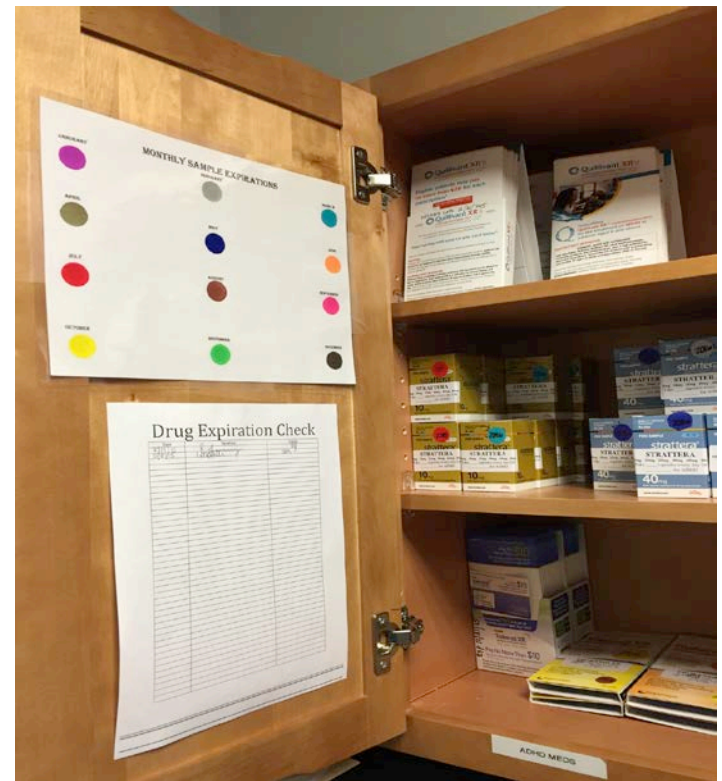
CONDITION
LEVEL



2018 Top Deficiencies

Drugs, Biological, and Supplies are not appropriately stored §491.6(b)(2)

Expired Mediations and MDVs Past Beyond Use Dating



MAY BE
CONDITION
LEVEL

2018 Top Deficiencies

Drugs, Biological, and Supplies are not appropriately stored §491.6(b)(2)

Controlled Substances Not Adequately Secured / Not Reconciled



2018 Top Deficiencies

Drugs, Biological, and Supplies are not appropriately stored §491.6(b)(2)

Drugs Not Secured in Patient Care Areas



2018 Top Deficiencies

The clinic ensures patient health care records are complete §491.10(a)(3)

Missing Written Consent to Treat



**No Written Consent
To Treat for Service**

OR

**Improperly Executed
Consent Documents**



**Ensure Process to Obtain
Written Consent for Service**

AND

**Audit Patient Charts to
Ensure On-going Compliance**

2018 Top Deficiencies

All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition §491.6(b)(1)

Equipment Not Inspected



BIOMEDICAL ENGINEERING	
NEXT PM DUE:	_____
	DATE
Last PM by:	_____
	INITIAL DATE

**Schedule of
Maintenance
Requirements**

2018 Top Deficiencies

**The clinic maintains continuous quality improvement processes
and conducts an annual evaluation of its overall program
§491.11**

No Annual Program Evaluation Template (Initial Survey)

OR

No Annual Program Evaluation Reports (Certified RHC)



2018 Top Deficiencies

The premises of the clinic are clean and orderly §491.6(b)(3)

Finding: Infection Control procedures do not follow current CDC guidelines.



MAY BE
CONDITION
LEVEL



2018 Top Deficiencies

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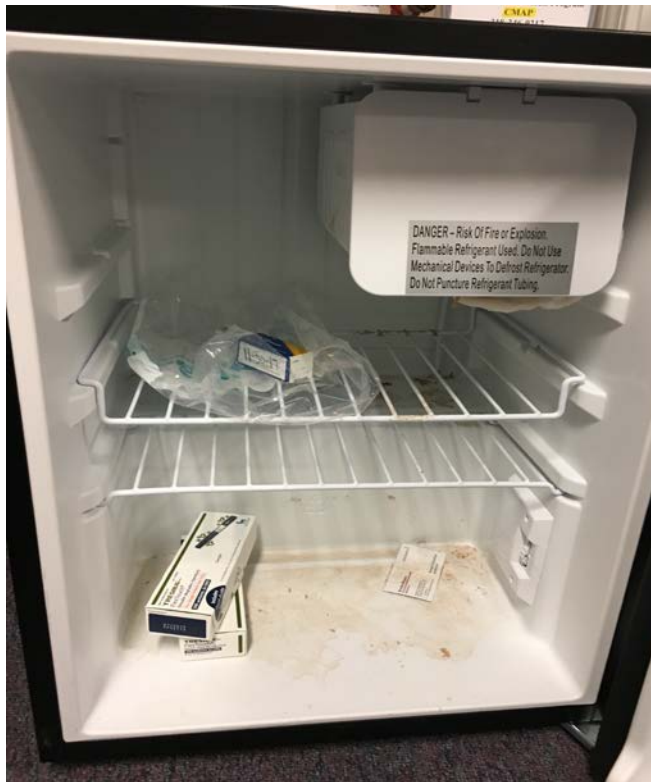
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2018 Top Deficiencies

The clinic has an emergency preparedness program that addresses an emergency on-site, off-site (natural disaster) and disruption of service
§491.12

Multiple Deficiencies within 491.12

- Documentation of the clinic's efforts to contact EP Officials
- Name/Contact information list incomplete
- Participate in a full-scale exercise that is community-based or when not assessable, an individual, facility-based
- Conduct an additional exercise
- Analyze the clinic's response to exercise or activation

MAY BE
CONDITION
LEVEL

Preventing Deficiencies

Regular environmental rounds by different members of staff offer different sets of eyes to see areas that need attention.



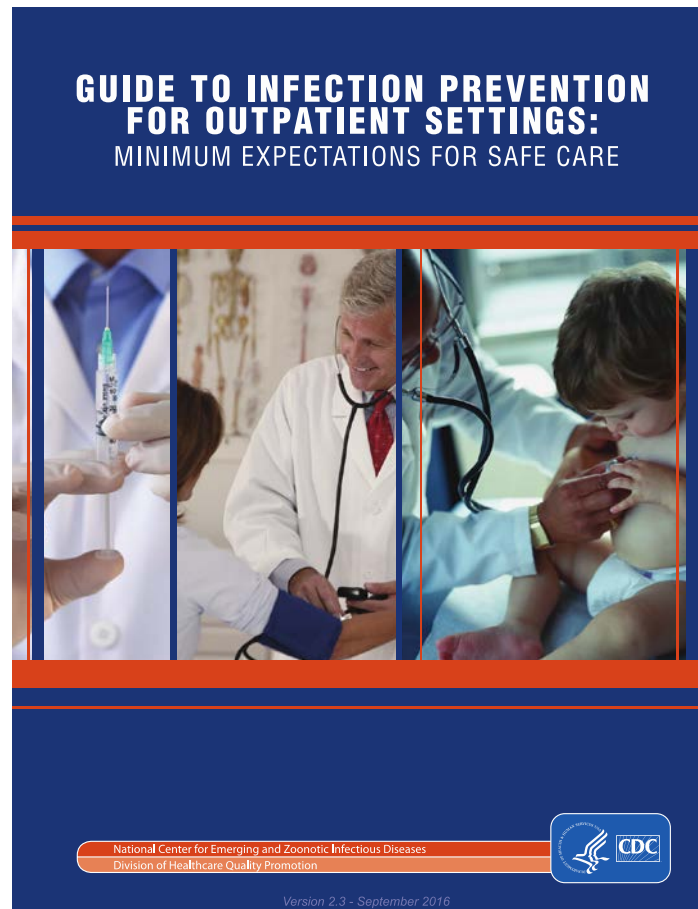
Preventing Deficiencies

Identify process problems to set staff up for success.



Preventing Deficiencies

Give staff regular and adequate training.



Preventing Deficiencies

Utilize Free Resources

THE PROVIDER
DO YOU MULTI-DOSE?

A SINGLE-DOSE VIAL (SDV) is approved for use on a **SINGLE** patient for a **SINGLE** procedure or injection.

SDVs typically lack an antimicrobial preservative. Do not save left over medication from these vials. Harmful bacteria can grow and infect a patient.

DISCARD after every use!

SIZE DOES NOT MATTER!

SDVs and MDVs can come in any shape and size. **Do not assume** that a vial is an SDV or MDV based on size or volume of medication.

ALWAYS check the label!

A MULTIPLE-DOSE VIAL (MDV) is recognized by its FDA-approved label.

Although MDV's can be used for more than one patient when aseptic technique is followed, **ideally even MDVs are used for only one patient.**

MDVs typically contain an antimicrobial preservative to help limit the growth of bacteria. Preservatives have no effect on bloodborne viruses (i.e. hepatitis B, hepatitis C, HIV).

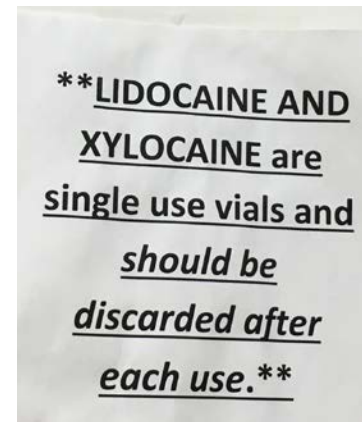
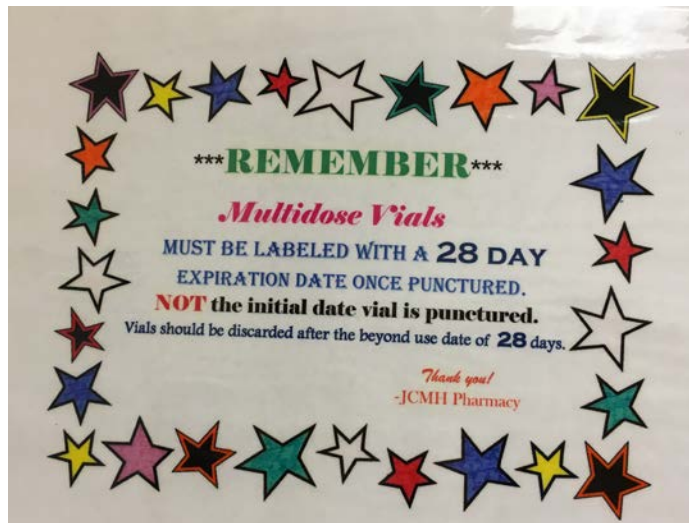
Discard MDVs when the beyond-use date has been reached, when doses are drawn in a patient treatment area, or any time the sterility of the vial is in question!

Click for more information:
[FAQs Regarding Safe Practices for Medical Injections](#)

**CDC Safe Injection Practices
Training Videos on You Tube**

Preventing Deficiencies

Placing written/visual reminders in the environment will help staff during day to day operations and when they interact with a surveyor.



Preventing Deficiencies

Consider risk vs. benefit.



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

Preventing Deficiencies

Audit healthcare records for completion and accuracy.

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.								

Preventing Deficiencies

Include a mock-survey in your annual program evaluation.



“SOD to POC”

- 100% compliance is necessary for RHC Certification
- Statement of Deficiency (SOD) will be received with in 10 business days
- Clinic has 10 calendar days to submit an acceptable Plan of Correction (POC)
- 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)

Questions ???



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The Compliance Team, Inc. Exemplary Provider Accreditation Program

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