RHC Site Visits for SORH Teams

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Objectives

Listeners will:

- Hear about a new initiative taken by Idaho
- Get the big picture of an RHC survey
- Learn how TCT teaches surveyors
RHC Compliance Technical Assistance Site Visit

- IT’S NOT A SURVEY
  - ... We’ll call it a site visit

The obstacles
- TIME
- Red tape
- Not stepping on toes
- Creating policy

What to report – Trust?
- Depends
  - Candid conversation with Facility Standards
Idaho

Roll out

- Word of mouth / face to face
- Personal letter with invitation to our annual conference and educational material
- Kate will present on the emergency preparedness requirement at our annual conference on October 24 in Boise
Idaho

• How it came to be
  • Cut out the middle man
  • Expertise

• State Office of Rural Health
  • Relationship with the Bureau of Facility Standards
  • Technical Assistance – Value added focus
Survey

RHC Survey Is An Open-Book Test...

There Should Be No Surprises
The starting point:

- § 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.
Day of the Visit Expect to:

- On-site Meeting with Key Leadership
- Review of RHC policies
- Tour the entire Facility
- Observe Medication Storage
- Observe Infection Prevention Practices
- Interview Staff and Providers with open-ended questions to reveal underlying issues
- Patient Health Record review
- Discuss/Teach best practices when non-compliance is discovered
- Personnel Files
- Exit interview summary of findings
Signage must match reported name.
Hours must be posted
HIPAA
What to look for
What to look for
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
P&P personalized, not generic templates
Staff should be familiar with policies
Must follow the state’s physician on-site and chart review regulations
Policies

Patientcare Policies (every two years as of 11.30.19)
Annual Review of Policies by Advisory Group
Storage, Handling, & Dispensing of Drugs & Biologicals
Emergency Preparedness (one exercise a year as of 11.30.19)
Health Records
HIPAA
Scope of Services provided and referred
Lines of Authority
Categories of Practitioners
Equipment Maintenance
Infection Prevention
Hiring, training and orienting
Quality Improvement
Annual Program Evaluation (every two years as of 11.30.19)
Emergency Medications

New Guidance as of 9.3.19 Appendix G Revisions

RHC must consider each of the categories listed in regulation. While each category of drugs and biologicals must be considered, all are not required to be stored. In making this determination, the RHC should consider, among other things, accepted medical standards of practice, community history and the medical history of its patients. The RHC should have written policies and procedures for determining what drug/biologicals are stored to provide such emergency services. The policy and procedures should also reflect the process for determining which drugs/biologicals to store, including who is responsible for making this determination. They should be able to provide a complete list of which drugs/biologicals are stored and in what quantities.
The Vial Problem

Sterile, nonpyrogenic. Can be resterilized by autoclaving. Do not use if solution is discolored or contains a precipitate. Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

USE ONCE AND DISCARD
Vials

MULTI-DOSE VIAL
DISCARD ___ days after opening or reconstituting.
Date Opened:

National Organization of State Offices of Rural Health
Controlled Substances

Must have separate log
Must be secured
Watch for controlled samples
Supplies

Remember the regulation says expired medications and SUPPLIES.

Example: Telfa, gloves, peroxide, electrodes, needles iodoform gauze, etc.

Check anything with a date!
Equipment Management

Complete list of patient care equipment in the clinic.

Annual Biomed check of all equipment which requires it based on the manufacturer’s instructions.
Emergency Preparedness
Changes as of November 29, 2019

Training: Now every two years after initial training
Review of EP Plan: Now every two years

Collaboration: No longer need to document collaboration
with State, local, Regional, Federal or Tribal EP officials but must have a process.

Testing: Only one a year required. Participate in either a
community based full scale exercise (if available) or conduct an individual facility
based functional exercise every other year.
*In the opposite years the clinic can do the exercise
of their choice which may be community, individual
functional or table top.
Burden III

Purpose:

This final rule reforms Medicare regulations that are identified as unnecessary, obsolete or excessively burdensome on health care providers and suppliers.

This final rule also increases the ability of health care professionals to devote resources to improving patient care by eliminating or reducing requirements that impede quality patient care or that divert resources away from furnishing high quality patient care.
2018 Appendix G update

Now permitted:

Mobile Clinics as a add on to your present clinic.

Suites at the same physical address (USPS)
Thank You!

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