

RHC Site Visits for SORH Teams



October 2019

Kate Hill, RN, VP Clinical Services

The Compliance Team, Inc.

Tonne McCoy, MS, CRHCP, Health Program Manager

Idaho Bureau of Rural Health & Primary Care

National Organization of **State Offices of Rural Health**



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



National Organization of **State Offices of Rural Health**

Objectives



Listeners will:

Hear about a new initiative taken by Idaho

Get the big picture of an RHC survey

Learn how TCT teaches surveyors

National Organization of
State Offices of Rural Health

Idaho



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

National Organization of
State Offices of Rural Health

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

National Organization of
State Offices of Rural Health

Survey



RHC Survey Is An Open-Book Test...

There Should Be No Surprises



National Organization of
State Offices of Rural Health

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.



National Organization of
State Offices of Rural Health

Hours must be posted



National Organization of
State Offices of Rural Health

HIPAA



National Organization of
State Offices of Rural Health

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.

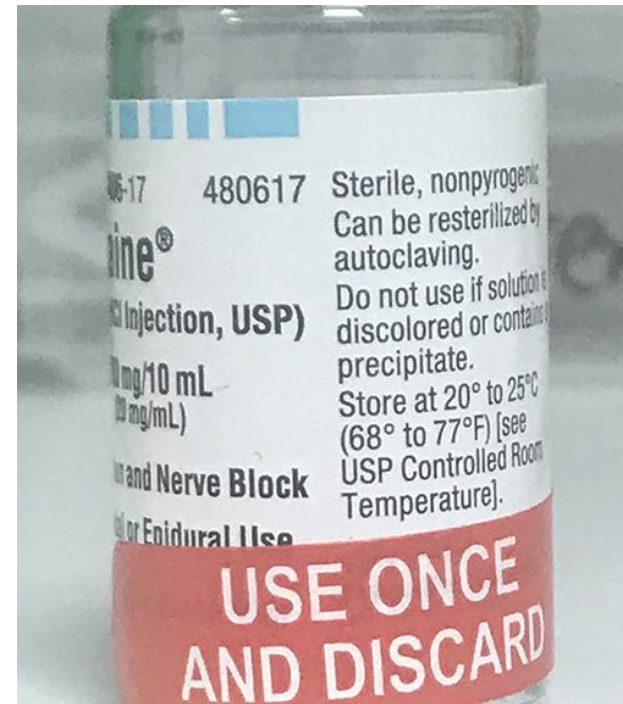
The RHC should have written policies and procedures for determining what drug/biologicals are stored to provide such emergency services.

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



National Organization of
State Offices of Rural Health

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



National Organization of
State Offices of Rural Health

Supplies



Remember the regulation says expired medications and SUPPLIES.

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

Check anything with a date!



National Organization of
State Offices of Rural Health

Equipment Management



Complete list of patient care equipment in the clinic.

Annual Biomed check of all equipment which requires it based on the 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!

Kate Hill, RN

Vice President of clinical Services

The Compliance Team, Inc.

215-654-9110

khill@thecomplianceteam.org

Tonne McCoy, MS, CRHCP

Health Program Manager

Idaho Bureau of Rural Health & Primary Care

208-332-7944

tonne.mccoy@dhw.idaho.gov



National Organization of **State Offices of Rural Health**

