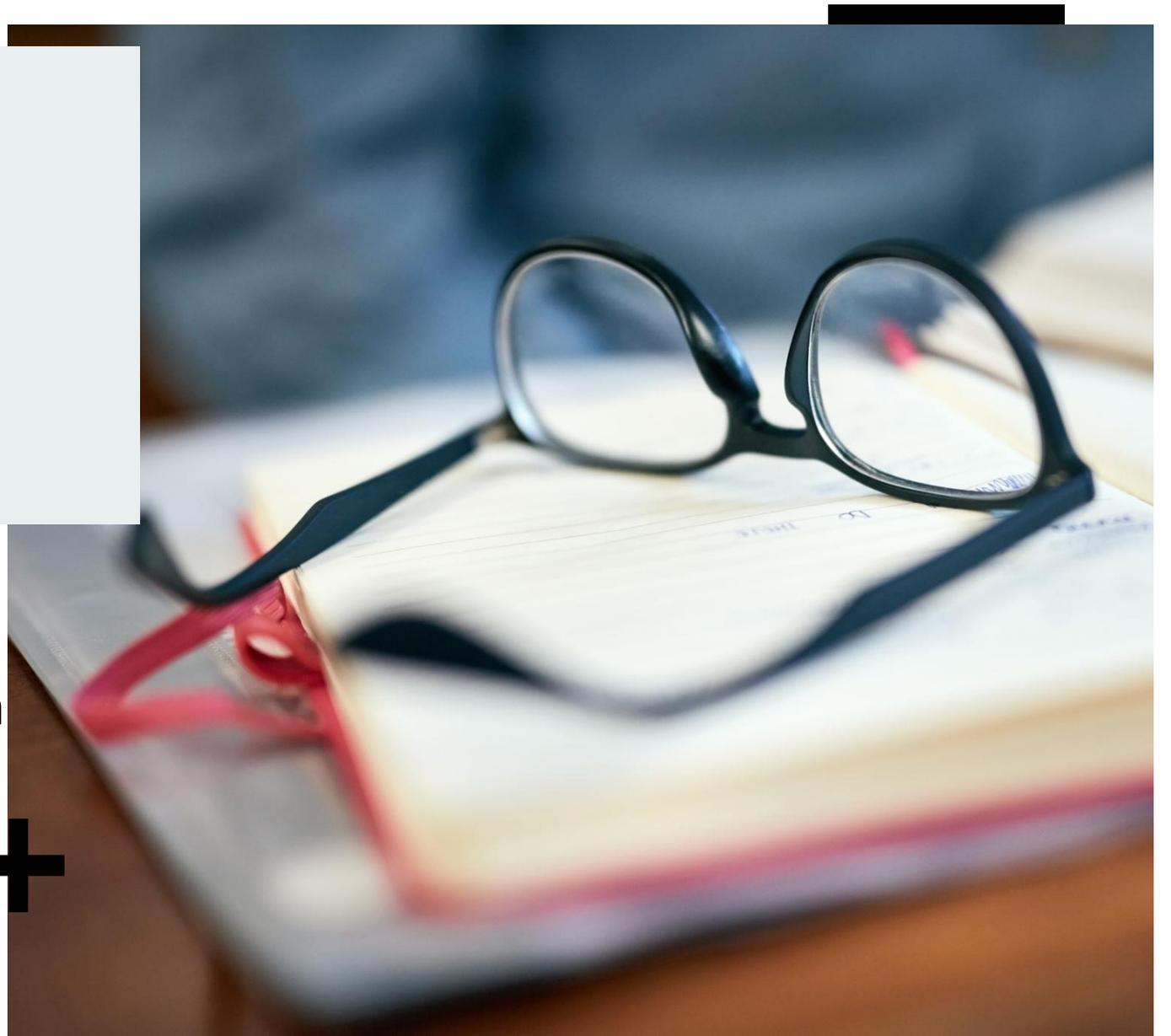


Documented Compliance

Presented by, Tressa Sacrey
Director, Compliance and Education





Participants will:

- Identify required components for RHC policies.**
- Review recommended updates.**
- Analyze existing policies to streamline processes.**



Questions:

- What has to be captured in the policy manual?
 - 491.9(b)
 - Surveyor Standards
 - Appendix G
- How do we determine if policies were followed?
 - 491.11(c)(2)



+

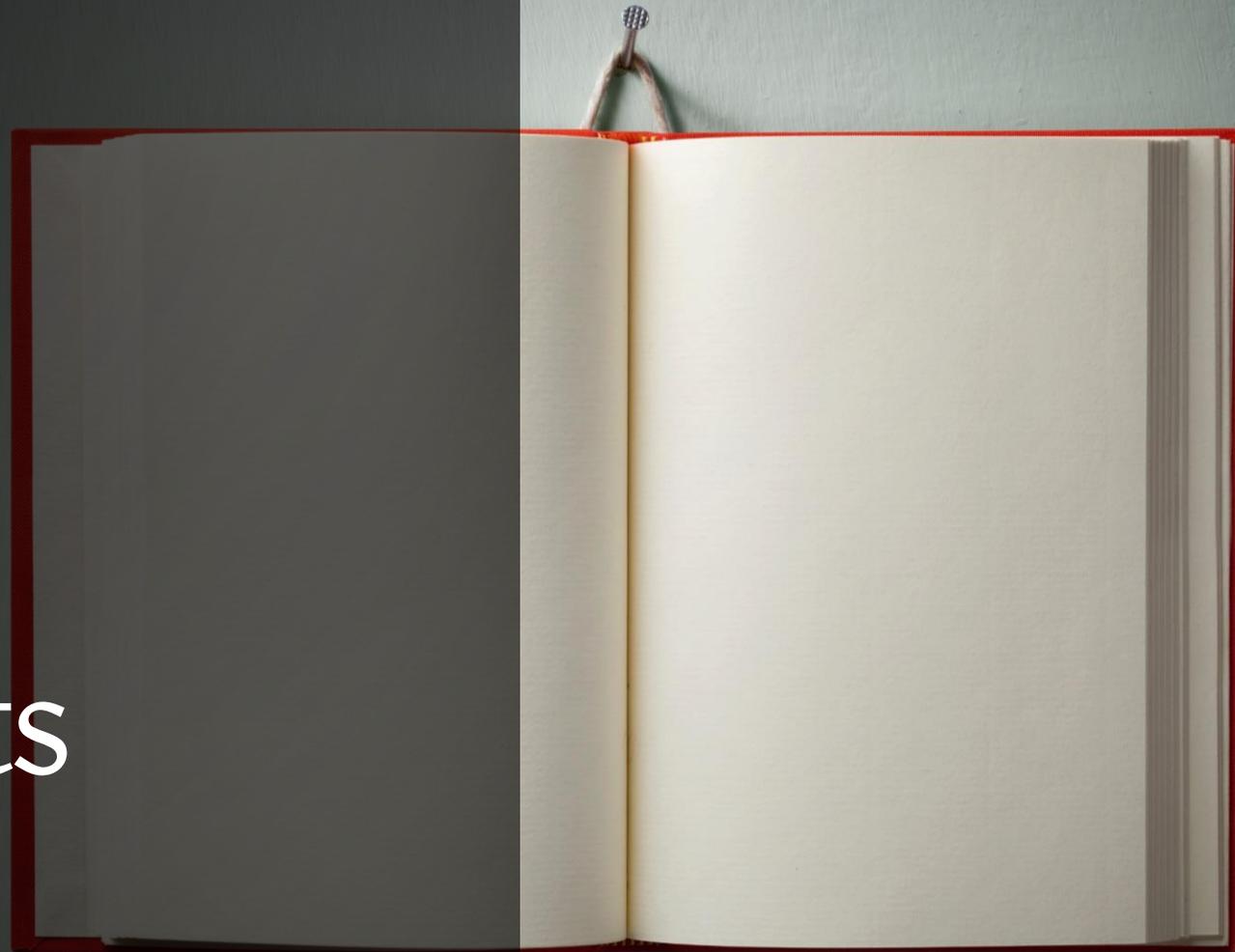
**Document
what you do
and do what
you document!**

491.9(b) Patient Care Policies

- (1) The clinic's or center'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 [physician assistants](#) or nurse practitioners. At least one member is not a member of the clinic or center staff.
- (3) The policies include:
 - (i) A description of the services the clinic or center 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 or center.
 - (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 under [paragraph \(b\)\(2\)](#) of this section and reviewed as necessary by the [RHC](#) or [FQHC](#).



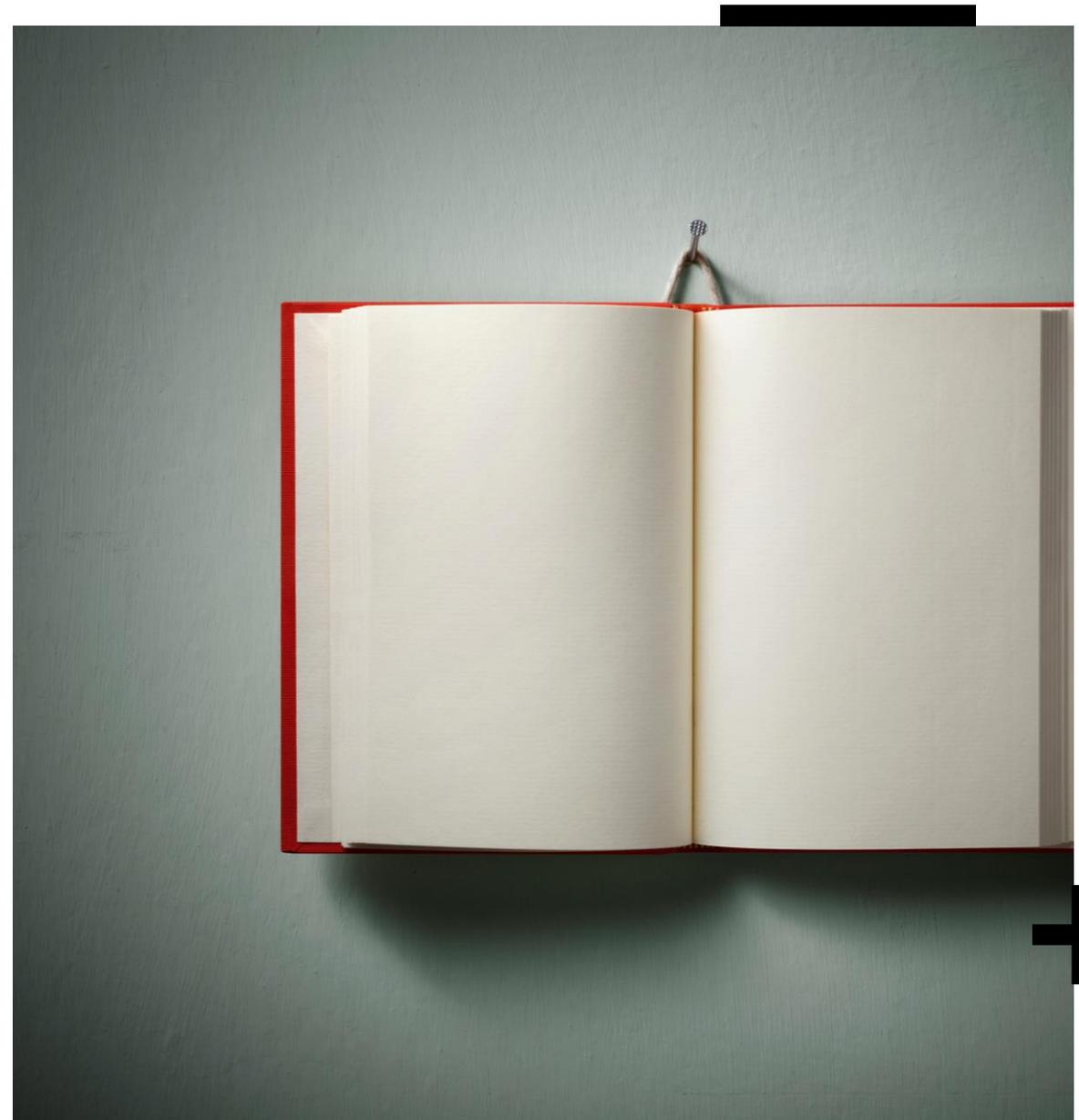
Table of Contents



Policy Manual

– Administration

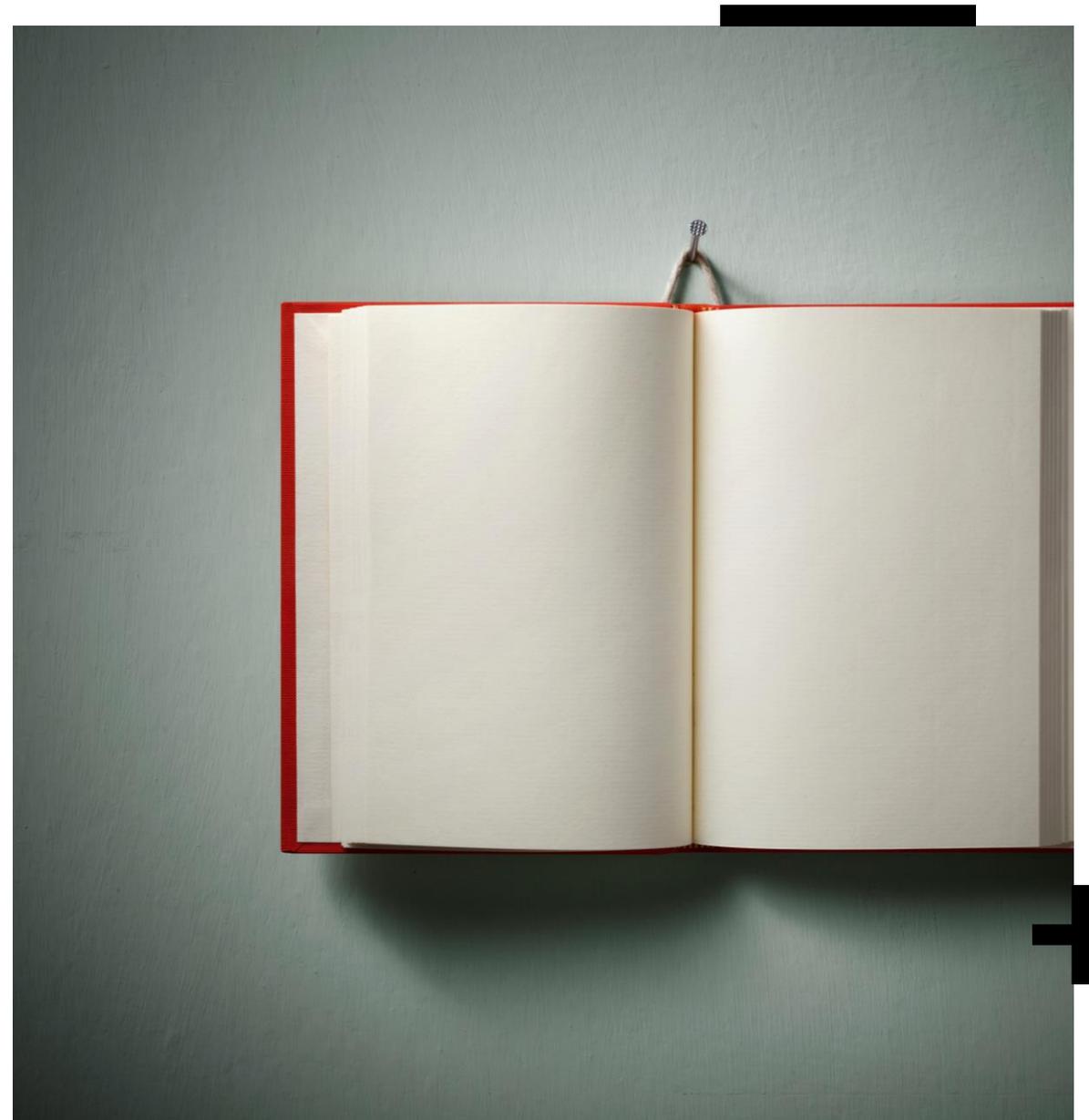
- Corporate referral
- Services
- Patient complaints
- Patient rights/responsibilities
- Smoke free environment



Policy Manual

– Physical Plant

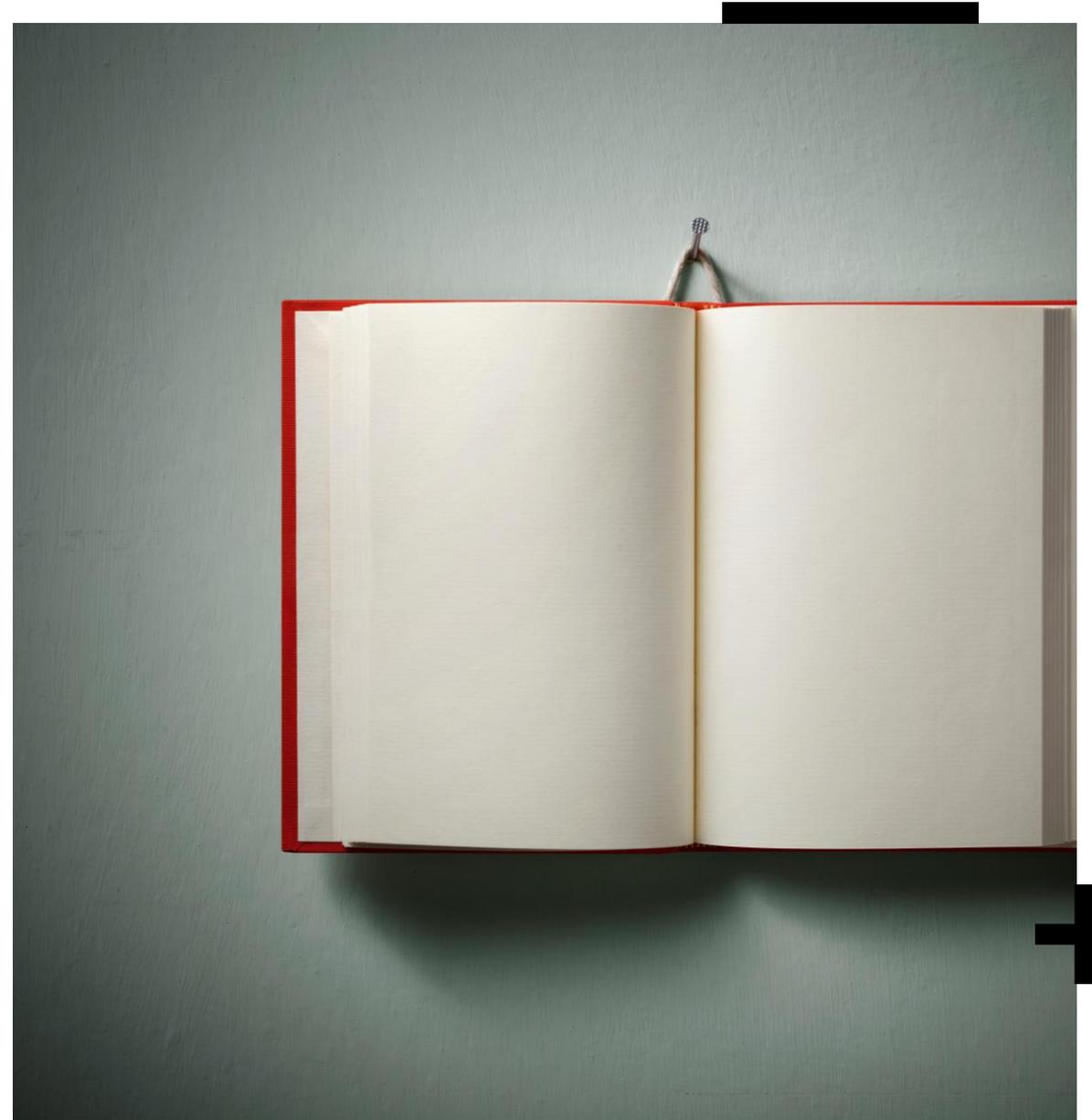
- Cleaning
- Exposure control
- Failure of essential services
- Hazardous materials
- Medical waste
- Pest control
- Physical plant and environment
- Preventive maintenance



Policy Manual

– Human Resources

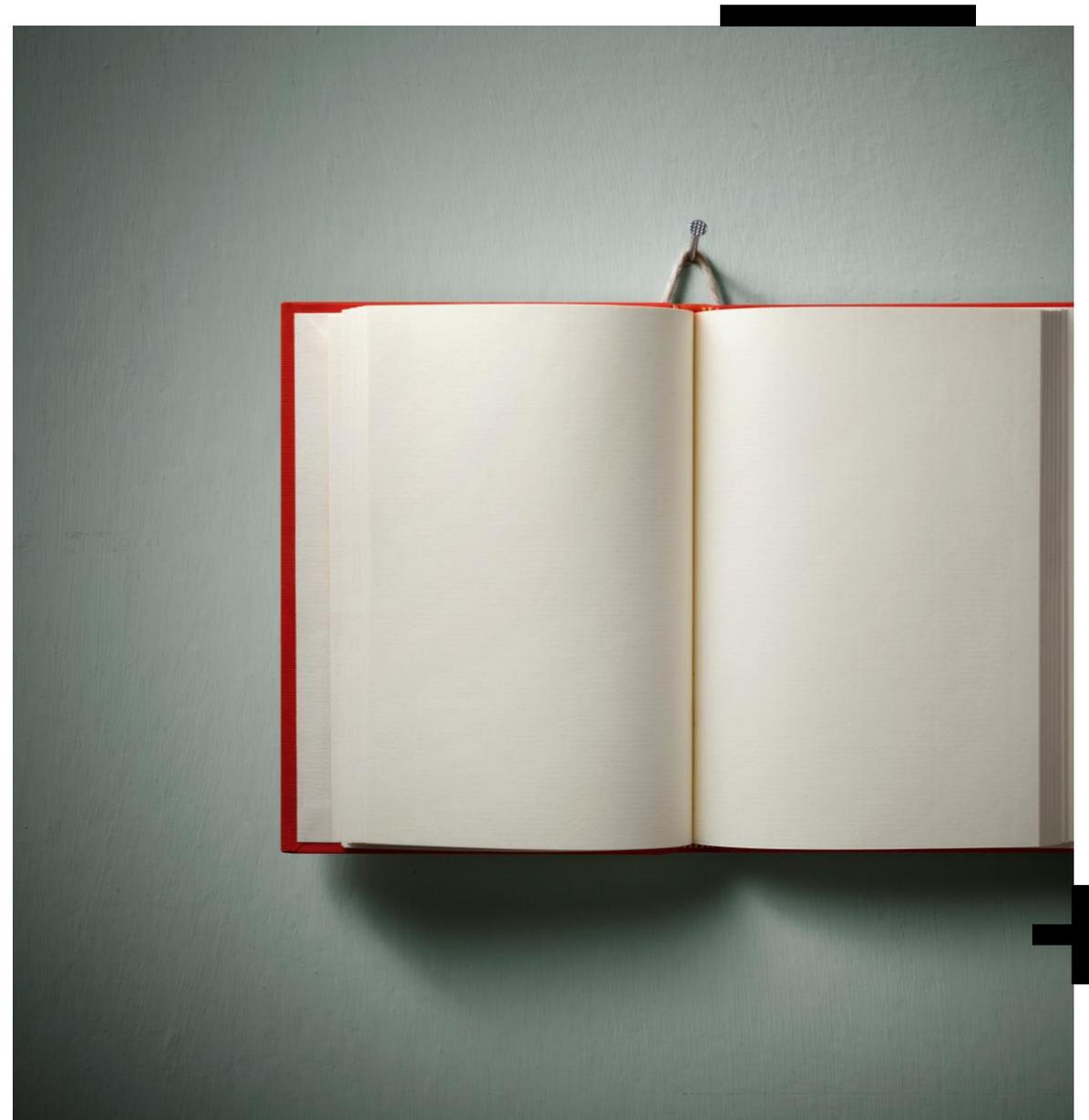
- Referral
- Organizational structure
- Job descriptions
- Mandatory reporting
- Personnel files
 - Covid-19 Update
- Staff requirements and training
- Disciplinary/corrective action
 - Standards of conduct



Policy Manual

– Patient Care

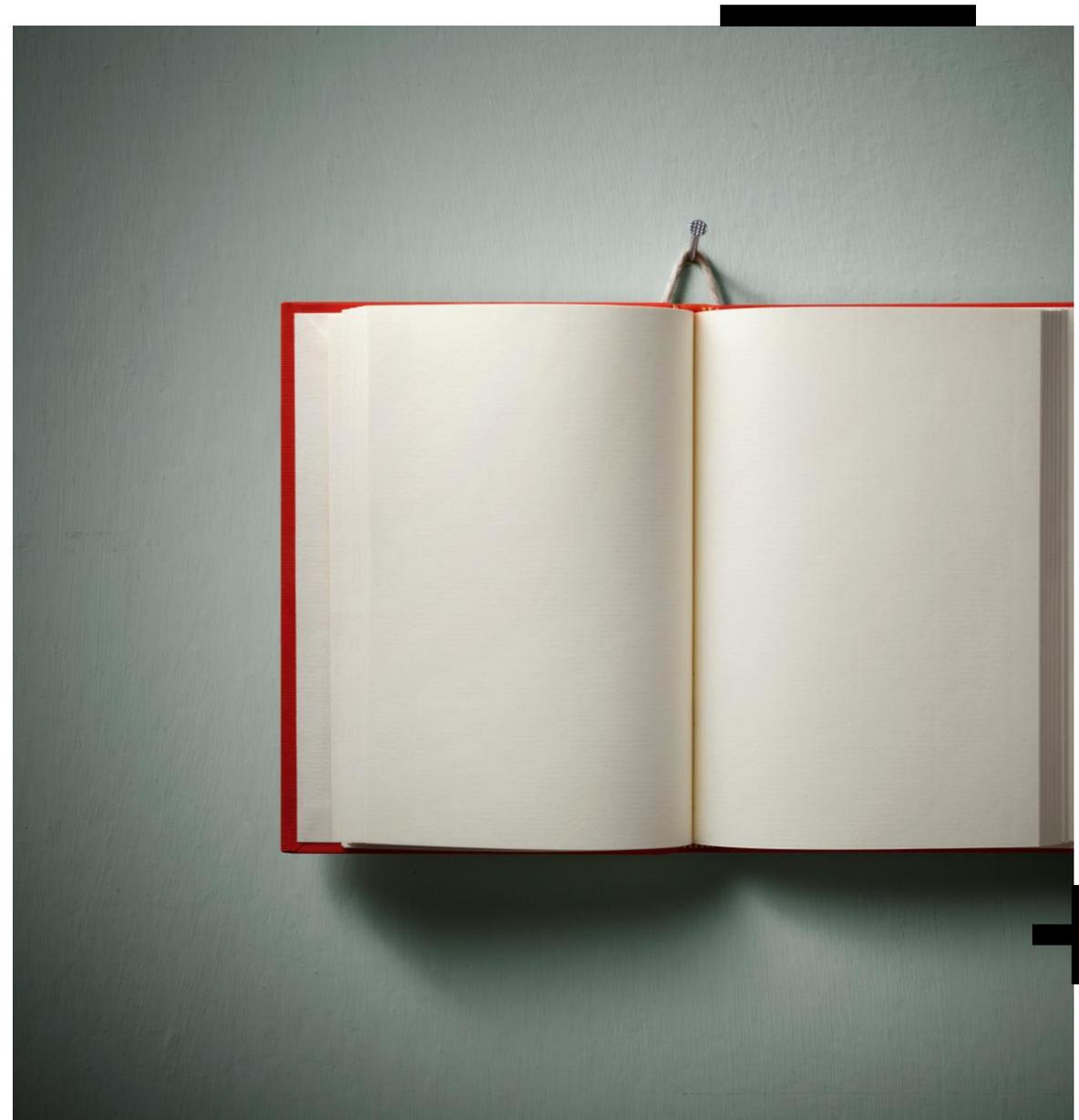
- Medical management
- Medications
- Treatment of minors
- Contagious patient
- Emergency care
- Established/New patient
 - Consent



Policy Manual

– Patient Care

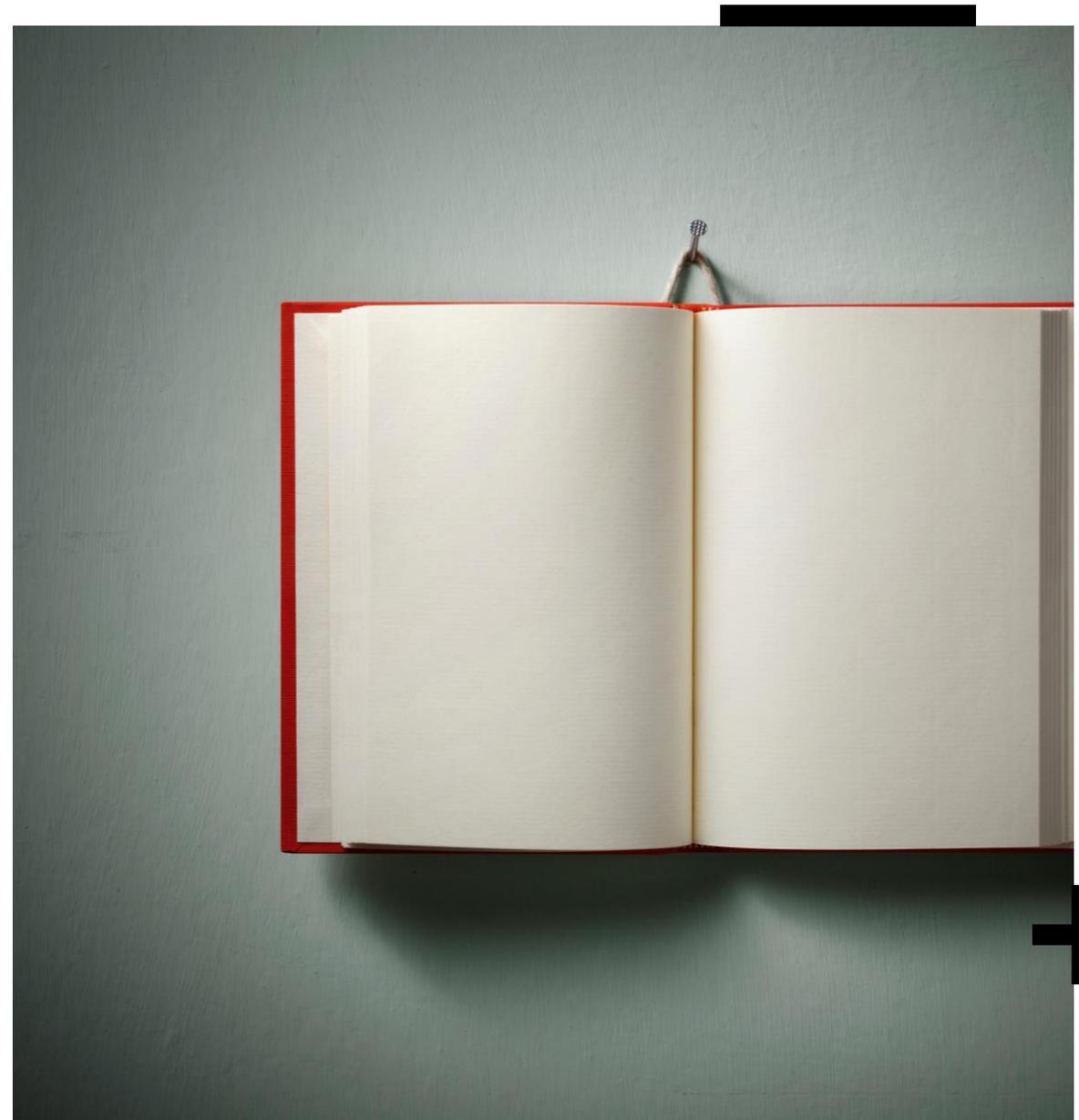
- Laboratory services
- General/Informed Consent
- Referral process
- Sterile supplies
- Standard precautions
- Incident reporting



Policy Manual

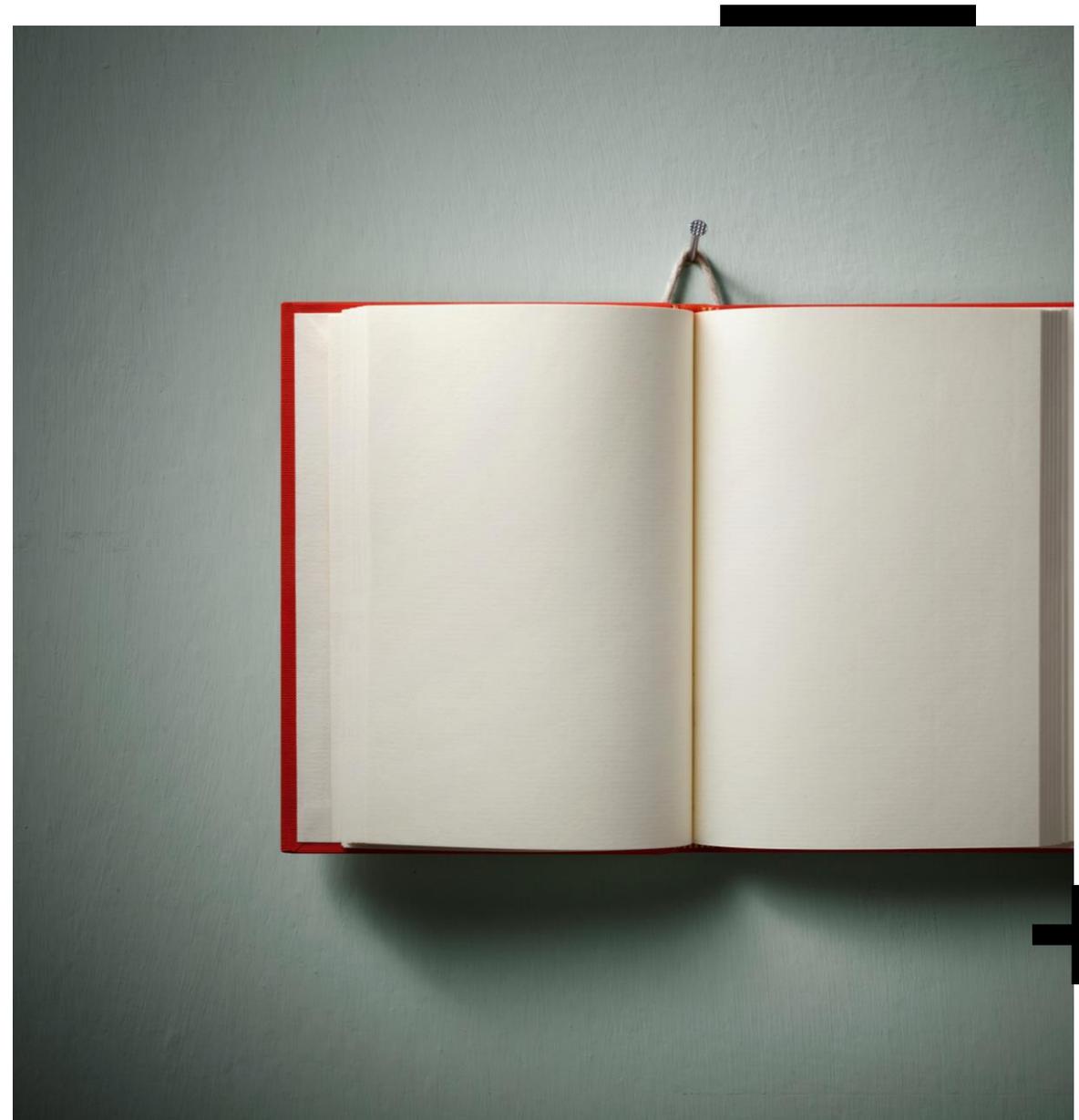
– HIPAA

- Referral
- Storage
- Retention
- Release
- Security
- Privacy



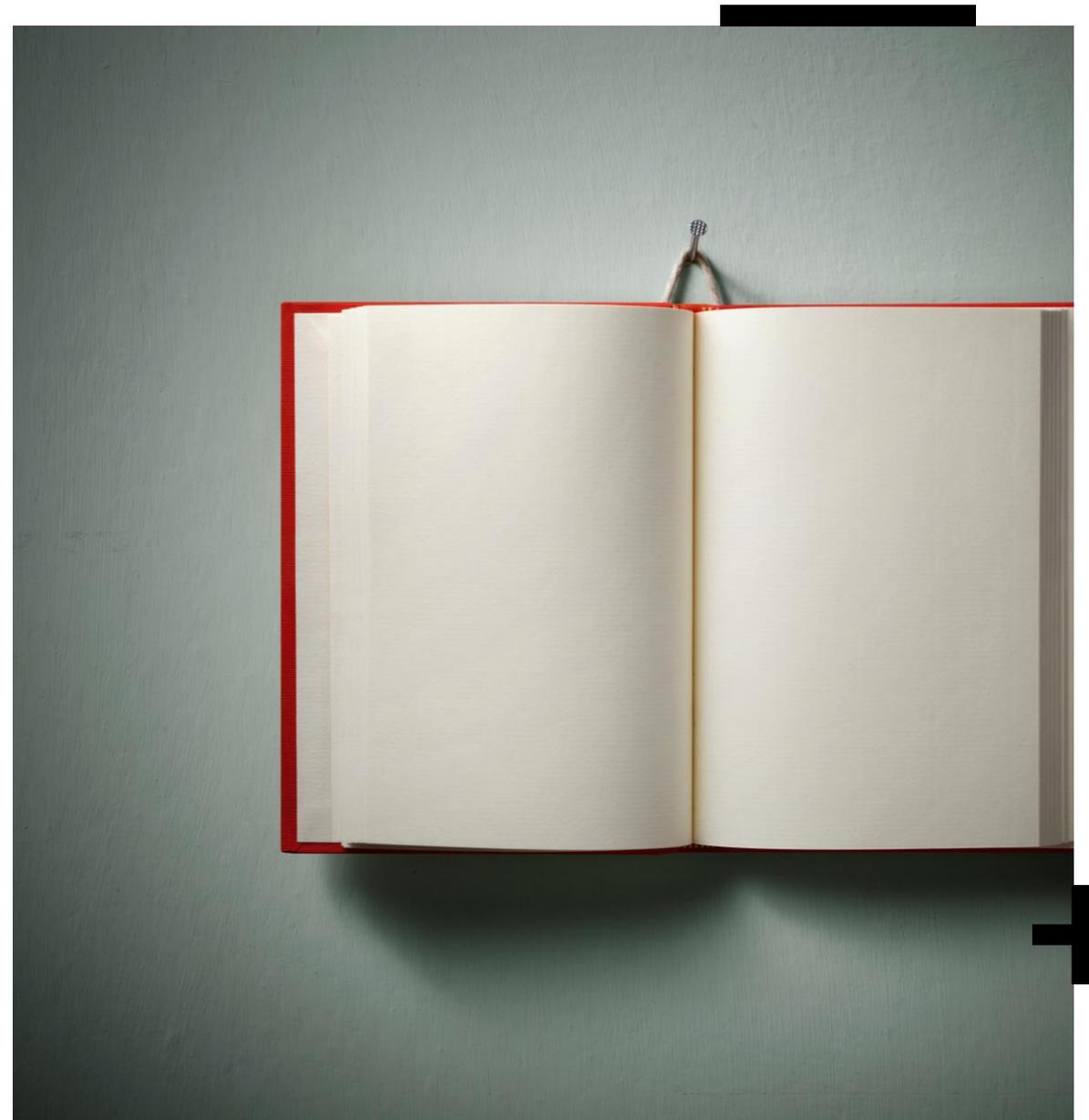
Policy Manual

- Program evaluation
 - Advisory committee
 - Corporate compliance plan
 - Quality Assessment



Policy Manual

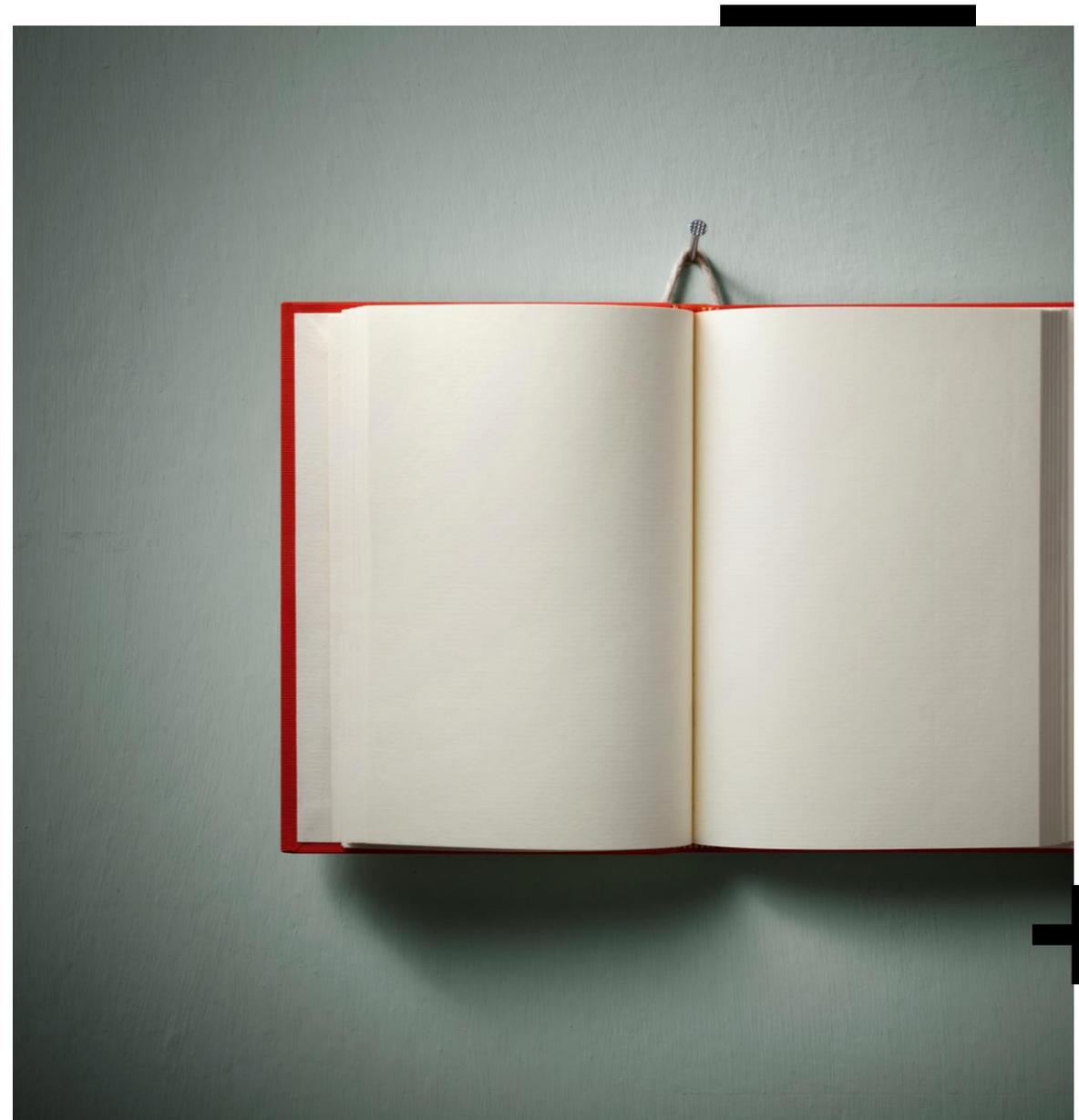
- **Civil rights**
 - **Nondiscrimination**
 - **Grievance**
 - **Limited English**
 - **Interpretive services**
 - **Auxiliary Aids**
 - **Accessibility**



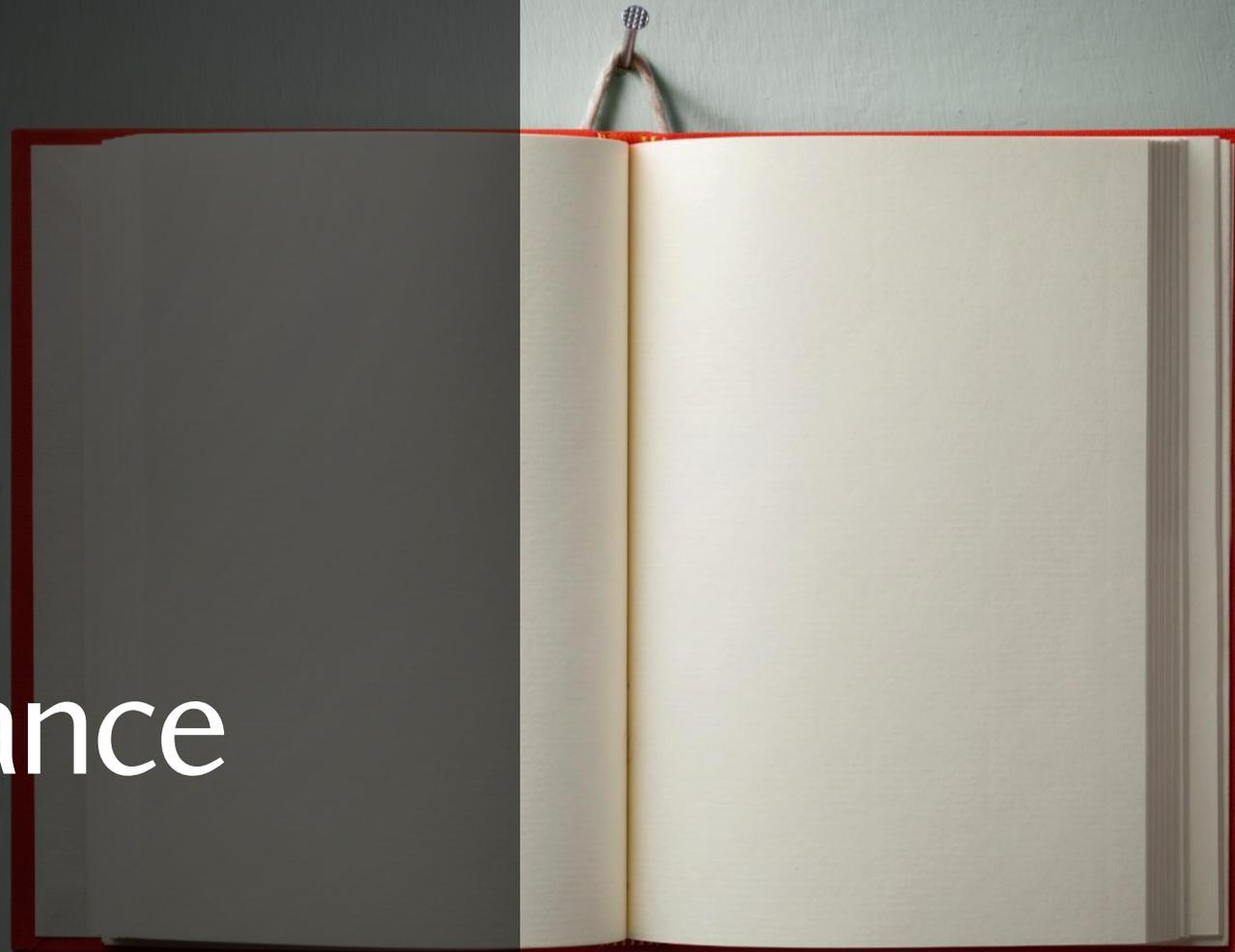
Policy Manual

– Radiology

- Patient refusal
- Imaging bariatric patients
- Patient recall
- Release of diagnostic imaging
- Provider orders
- Safety
- Operation of equipment
- Infection control

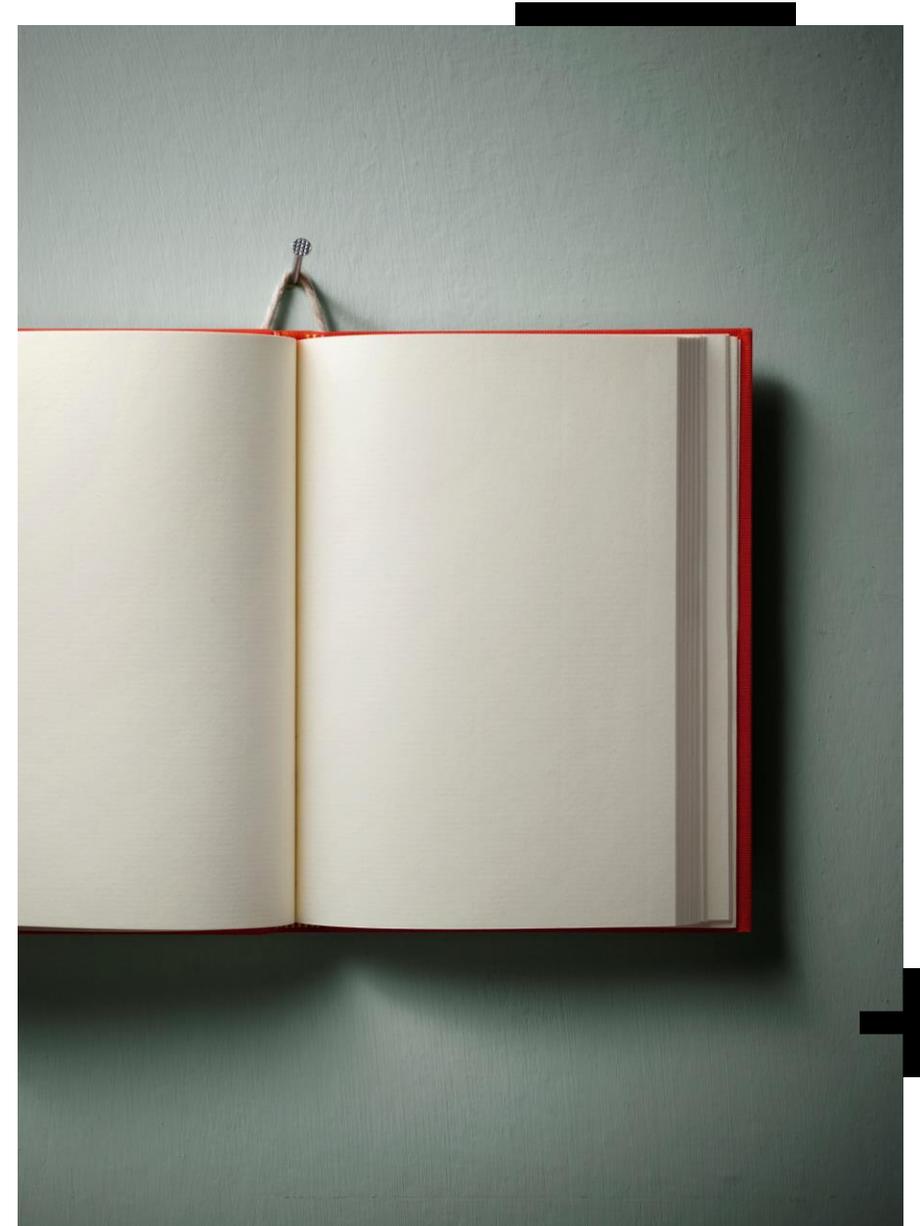


Proof of Compliance



Conduct a Mock Survey:

- Physical Plant
 - Observe staff
- Personnel File Audit
- Medical Record Review



Collaborative Chart Audit

Number and Frequency based on your State OR policy

Medical oversight between MD/DO and NP/PA

Covers all APPs

Maintain documentation as proof of compliance

Administrative Chart Audit

50 or 5%, whichever is less

Determination if required elements are being captured

Covers all providers

Includes closed record(s) and feeds into program evaluation

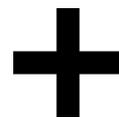


Chart Audit Process

- A physician must review periodically the RHC's patient clinical records. **In States where State law requires a collaborating physician** to review medical records, co-sign medical records, or both for outpatients whose care is managed by a non-physician practitioner, an RHC physician must review and sign all such records. If there is more than one physician on the RHC's staff, it is permissible for staff physicians other than/in addition to the medical director to review and co-sign the records.
- The RHC's NP(s) and/or PA(s) must participate in the physician's review of the clinical records. Participation may be face-to-face or via telecommunications. If there is more than one NP or PA in the clinic, the NP or PA would participate only in the review of records of those patients for which the NP or PA provided care.

– Appendix G Pg. 60

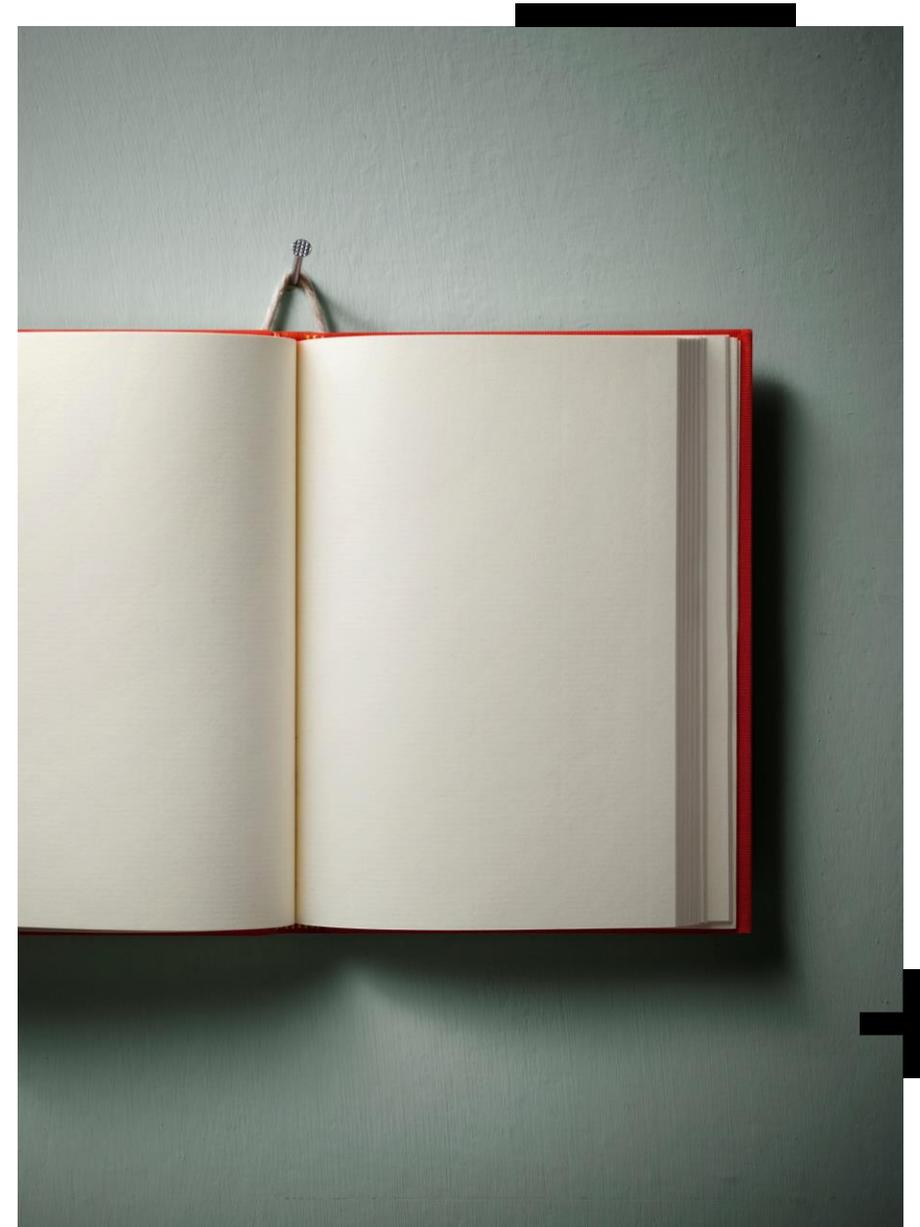


Chart Audit Process

- **Where co-signature is not required, the regulation still requires periodic physician review of the clinical records of patients cared for by non-physician practitioners.** If the RHC has more than one physician on its staff, it is permissible for physicians other than/in addition to the medical director to conduct the periodic review of clinical records, so that this task might be divided or shared among the physicians.
- If the RHC has more than one physician, its policies and procedures must specify who is authorized (i.e. whether it is the medical director alone, or may include other staff physicians) to review and, if required under State law, co-sign clinical records of patients cared for by a non-physician practitioner.

– Appendix G Pg. 60

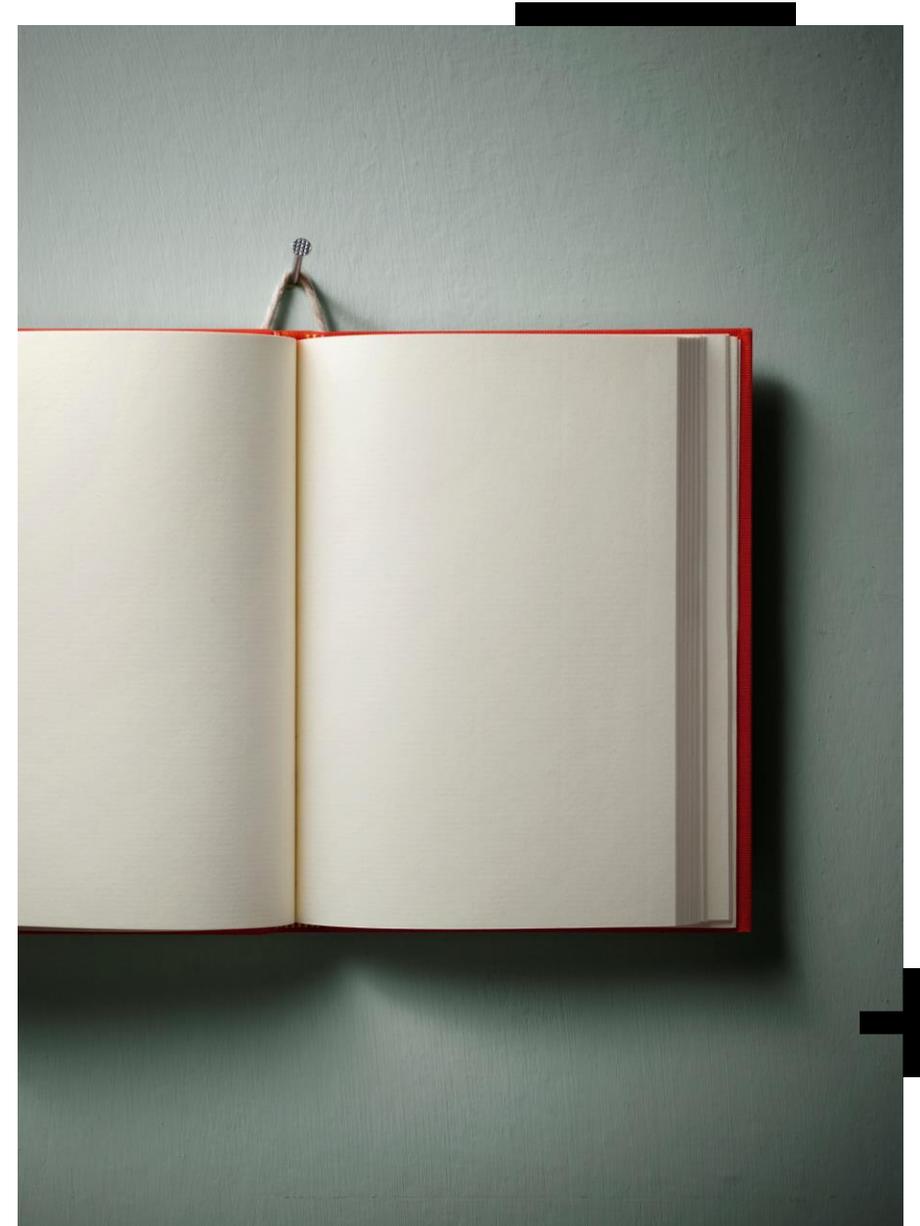
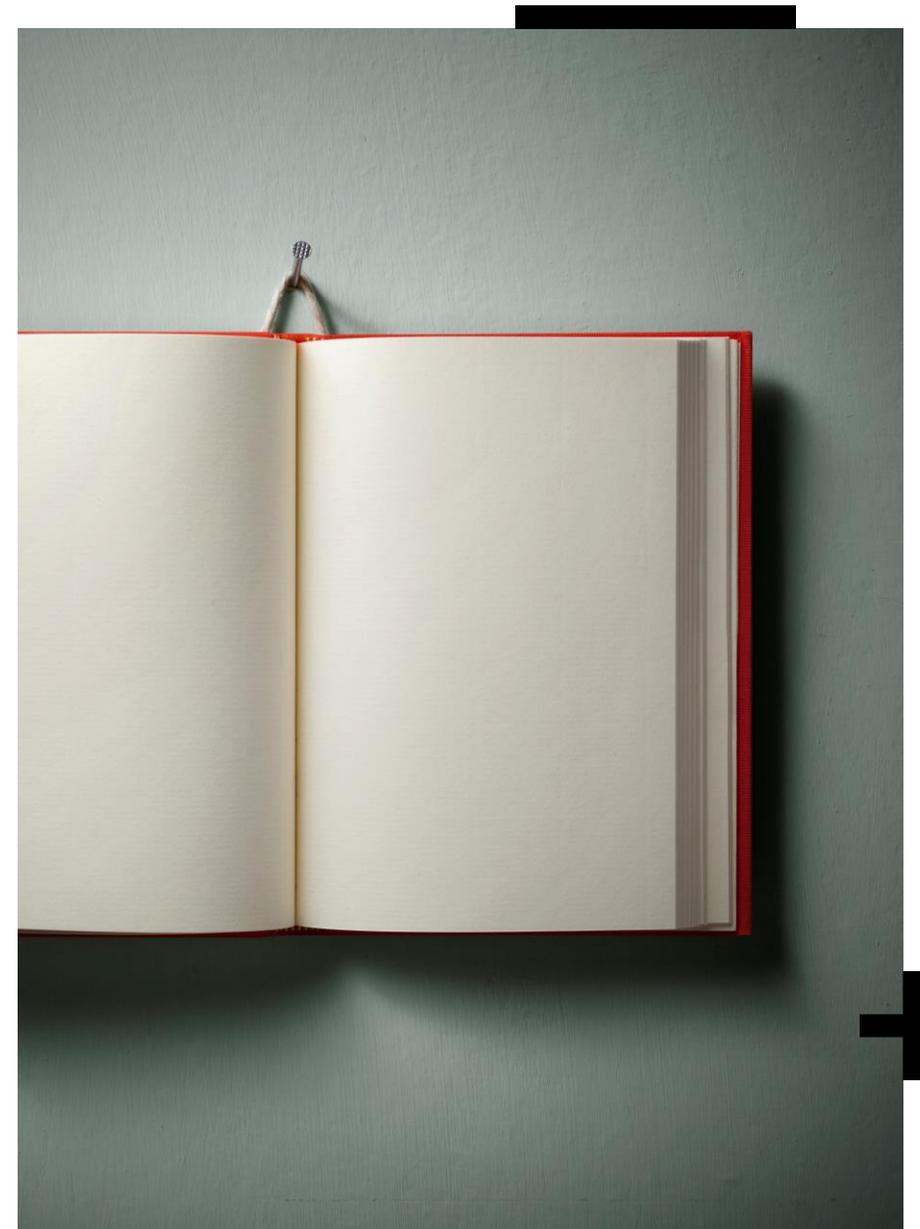


Chart Audit Process

- **The regulation does not specify a particular timeframe to satisfy the requirement for “periodic” review of clinical records, but the RHC must specify a maximum interval between record reviews in its policies and procedures.** The RHC is expected to take into account the volume and types of services it offers in developing its policy. For example, an RHC that has office hours only one day per week would likely establish a different requirement for record review than an RHC that is open 6 days per week/ 10 hours per day. Further, there is no regulatory requirement for the review of records to be performed on site and in person. Thus, if the RHC has electronic clinical records that can be accessed and digitally signed remotely by the physician, this method of review is acceptable. Therefore, RHCs with and without the capability for electronic record review and signature might also develop different policies for the maximum interval between reviews.

– Appendix G Pg. 60



Medical Record Review Tool
 For the Month of _____ Year _____

Supervising Physician: _____ Non-Physician Provider: _____



If there is a concern place N and respond in Notes.

Pt ID	DOS	H & P	ROS	Meds	Plan/Treatment	Education	Tests Ordered	Notes:

Supervising Physician Signature: _____ Date: _____

Non-Physician provider is required to respond to EACH notation from Supervising Physician.

Pt ID	DOS	Notes/Feedback & Response:

Non-Physician Signature: _____ Date: _____



Chart Audit Process

- For each patient receiving health care services, the clinic . . . maintains a record that includes, as applicable:
 - (i) Identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;
 - (ii) Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;
 - (iii) All physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress;
 - (iv) Signatures of the physician or other health care professional.

– 42 CFR 491.10

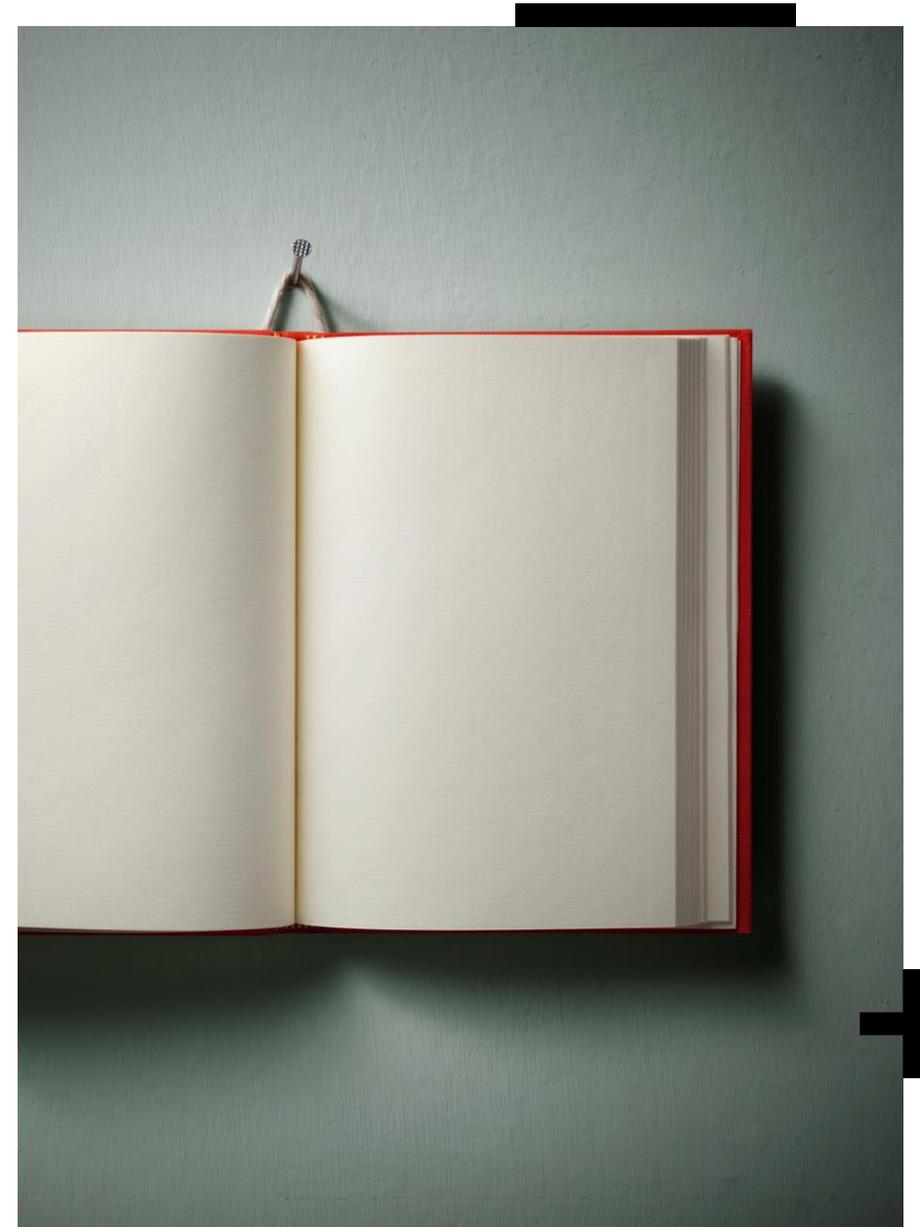
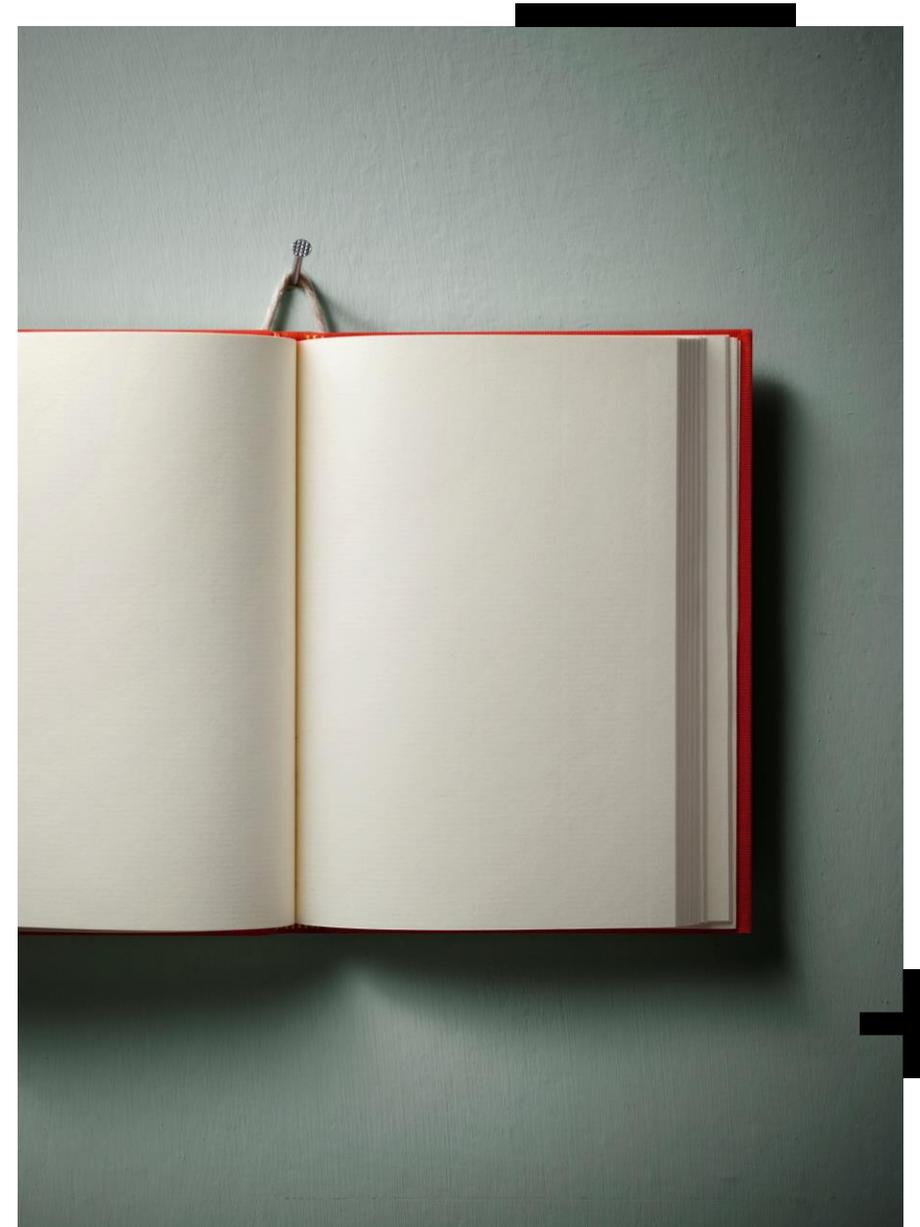


Chart Audit Process

- The evaluation **must also include** a review of a representative sample of both active and closed clinical records of RHC patients. The sample must also include at least 5 percent of the RHC's current patients or 50 records, whichever is less. The purpose of the review is to determine whether utilization of the RHC's services was appropriate, i.e., whether practitioners adhere to accepted standards of practice and adhere to the RHC's guidelines for medical management when diagnosing or treating patients. The review also must evaluate whether all personnel providing direct patient care adhere to the RHC's patient care policies. **The evaluation of whether the RHC's patient care policies were followed may be conducted by an MD/DO, a non-physician practitioner, an RN, or other personnel who meet the RHC's qualifications criteria.**

– Appendix G Pg. 87



Patient Chart Audit

Name of Clinic:

Date Reviewed:

Prepared by:

Reviewer:



Practitioner	Date of Service	Account Number	Chief Complaint	Consent	Social Data	H&P	Provider Signature	Labs Signed	Treatment Reports	Instructions to Patients	Evidence of Follow-up	Med. List	Allergies	Comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

1

2

3

4

5

6



Streamlining Processes



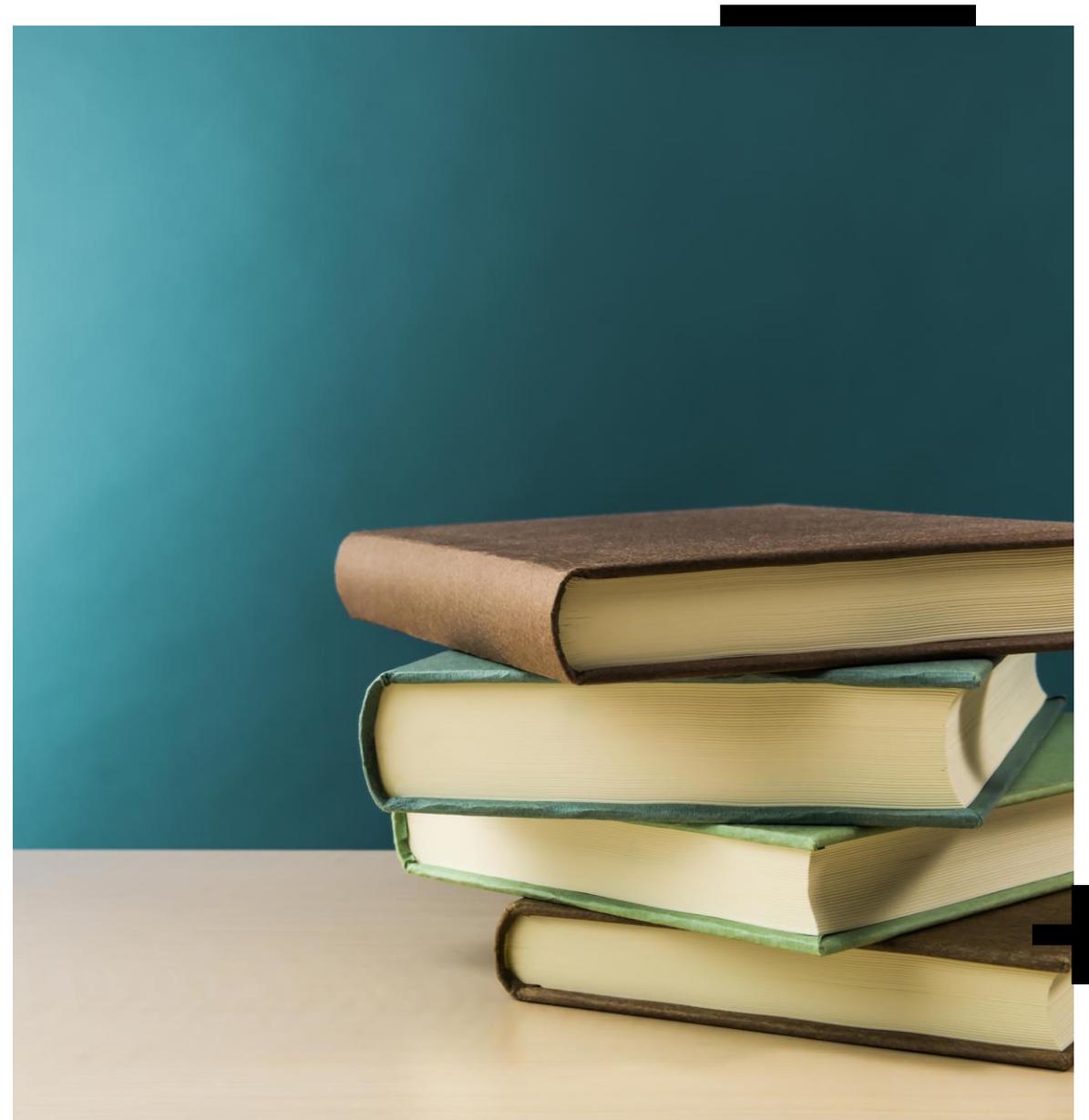
Helpful Tips

–Policy Manual

- Do a crosswalk
- Referral process (provider based)

–Table of Contents

- Easy to navigate



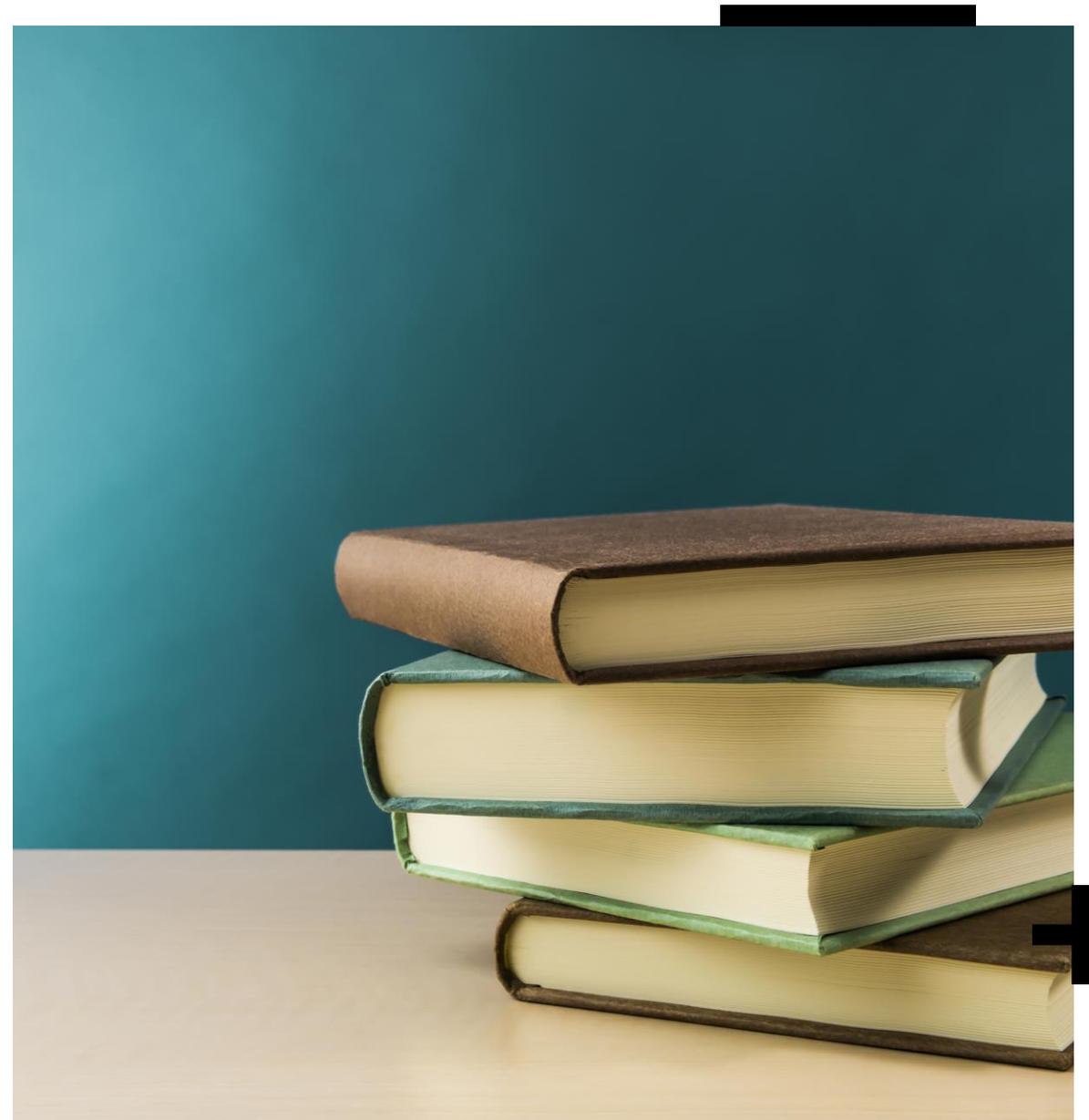
Helpful Tips

- Retire outdated policies
- Update those you intend to keep
- Staff acknowledgement
- Approval of documents



Helpful Tips

- Set reminders of next review
- Assign policies for review
- Summary of changes





Questions:

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231-215-1733

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Thank You Partners!

