



# Strategies for ongoing RHC Compliance

*Every patient deserves exemplary care.*



## **Kate Hill, RN**

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The Compliance Team

# Today's Objectives

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Learn the most commonly seen deficiencies found in RHC surveys.

Learn tips to prevent the common deficiencies.

Discover methods to stay compliant.

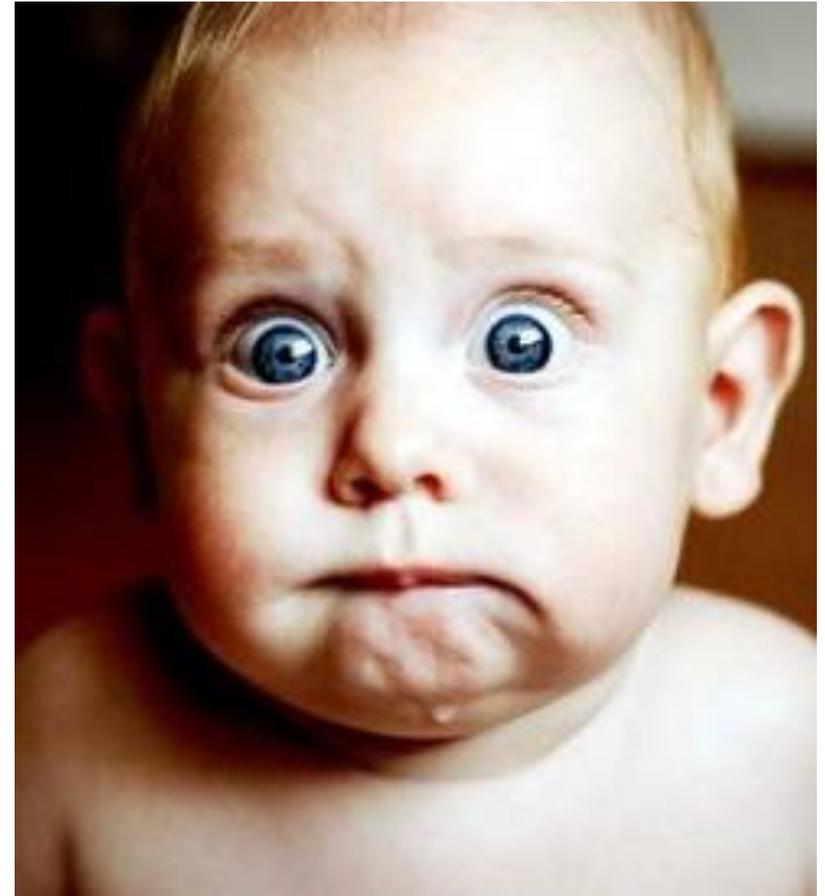
**It Starts with Being  
Organized!**

**START**

# Survey Anxiety

- Develop a Survey Readiness Binder.
  - Policies
  - Reports
  - Other evidence of compliance
- Determine who will attend/how to inform.
- Keep the Clinic “Company Ready”
- Staff should know where everything is stored.

**Remember, this is an open book test.  
There should be no surprises.**



# Set yourself up for success: Conduct a mock survey with the staff.

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- Hold a kickoff conference with staff and discuss how the mock survey will prepare them for the onsite visit.
- Complete a walk through of the clinic with checklist in hand. Can you answer yes to all the questions? Are there areas of concern that need more attention?
- Complete a policy review based on the policy section of the checklist. Do you have all the policies? Are they complete? If you are provider-based, are the policies specific to your clinic? *(or have you clearly identified that you follow hospital policy?)*
- Interview staff to ensure they are knowledgeable about clinic policy, procedures and their individual job responsibilities. They should be comfortable answering any questions that the surveyor may ask.
- Finish with a wrap up conference to discuss any areas of concern that need to be addressed prior to survey. Once you are confident you are ready for survey day, take time to celebrate your accomplishments!

# Notifications

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## Before moving:

- Check with State office of Rural Health or the Primary Care office to be certain the new address is still in a HPSA, even if it's next door.
- Present location is grandfathered in.
- Update the 855a for name changes.
- Report change in Medical Director to the State on a CMS29

# Physician Services

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**RHCs are permitted to provide their physician services outside the premises of the RHC**

... in the patient's home

... in a Part A SNF

... at the scene of an accident

... in a mobile unit

A physician who provides RHC services is also free to provide physician services that are not RHC services outside the RHC.

Those are billed separately. There is a written agreement for such.

# Mobile Unit

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## **An RHC can be a Permanent unit or a Mobile unit.**

- A fixed permanent structure
- A Mobile unit
- A permanent structure which also provides RHC services in a mobile unit

## **An RHC that is only mobile must comply with all conditions in that unit.**

- All mobile units must have a fixed set of locations at specified dates and times and must adhere to that schedule which is made available to the public
- The locations must meet rural and shortage area requirements
- The hours and location can be adjusted with proper notifications in advance
- The schedule must be posted on the unit but must also be publicized by other means such as website, libraries etc.



# Mobile Unit

\*\*An RHC is not permitted to have more than one permanent location.  
Each permanent location must be approved as an RHC.

# Your Name

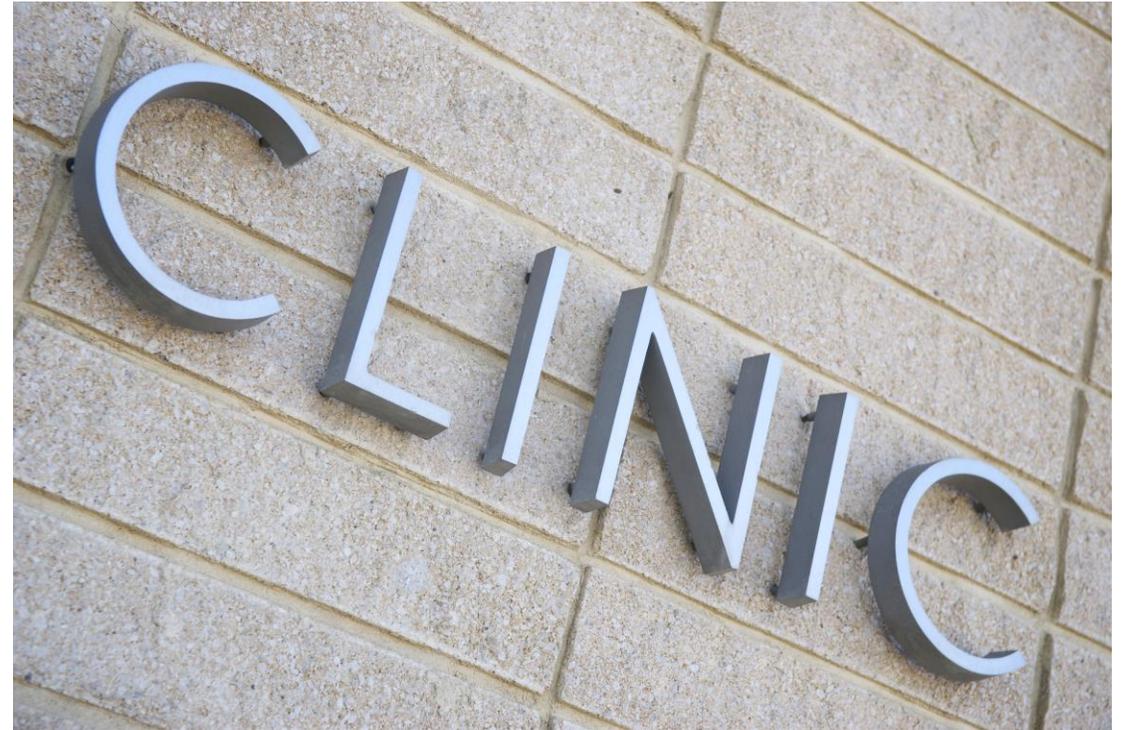
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Does your name match  
what is on your 855a?

Check it on QCOR.

**QCOR CMS Data Base**

<https://qcor.cms.gov/main.jsp>



# Pre-filled Syringes



- 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.

# Pre-filled Syringes



- 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.

# Manufacturers Instruction for Use (MFU)

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## Equipment

Is there documentation that mechanical and electrical equipment is regularly inspected, tested and ...

- Maintained in accordance with manufacturer's recommendations?
- If documentation is missing, review the policy to determine if the policy was not followed or is incomplete.
- Review the manufacturer's instructions for a piece of equipment.

# Accreditation Specialty Standards

Possibly a staff member does not know the difference between a single dose or multi-dose vial.

Possibly a certain drug always comes to you as an MDV but your supplier sent a shipment where the drug was an SDV.

Possibly we store MDVs and SDVs together making it easy to confuse.

## What to do:

- Train all staff to always look at the vial to verify if it's an SDV or MDV and to check the date.
- Train staff that SDVs do not have a preservative in the vial and why that's important.
- In the drug closet, separate the MDVs from the SDVs.
- Label all SDVs with a sticker.



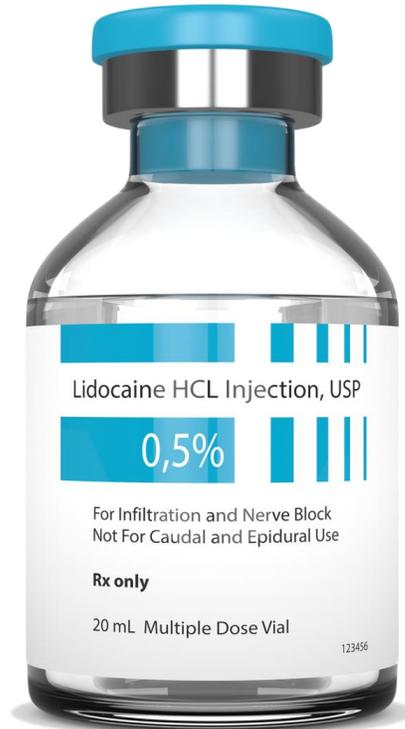
Do Not Assume  
All Staff Know the  
Difference Between  
SDVs and MDVs.



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

# Survey – Vials

## Multi Dose Vials



Single Dose Vials



28 Days

# Survey – Vials

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

- Once and done, discard!
- Do Medical Assistants know the difference between single dose and multi-dose vials?



# Hot Topic!

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## Medical Assistant Education:

- Find out what they know.
- Train them and document that training.

# Medication Management

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- Is there a robust medication policy?
- Are all drugs secured in the clinic?
- Are drugs stored according to Manufacturer's instructions?
- Are all medications delivered in the clinic properly documented in the EMR?
- Are we noting the 5 rights?
  - Right patient, Right medication, Right dose, Right route and Right time.
- Is every person dealing with drugs trained on vials?
- Is everyone trained on safe injection practices?
- Is there proper recording for receipt and disposition of scheduled drugs?

# Medical Direction

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## **The Medical Director must be an MD or DO**

He/she must be licensed in the state where the clinic resides.

The Medical Director is a reportable event.

- Reported on a CMS 29 to the state and to your accreditor.

# Disclosures

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## The ownership is disclosed in the 855a document

How is the clinic organized.

- Ask to see an org chart
- Is the individual tasked with day-to-day operations named?
- All types of staff are identified in a policy along with functions and responsibilities

Ask to see the clinic's administrative and clinical policies.

**For provider-based clinics:** When patients enter the provider-based facility, they are aware that they are entering the main provider and are billed accordingly. This means signage.

# Clean and Orderly

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## Is the clinic appropriately monitoring house keeping?

- How does the clinic prevent the spread of infection:
- Hand hygiene for staff
- Are single use devices only used once?
- How are the clinic surfaces cleaned?
- Does the person know the wet/kill time?
- Is the staff thoroughly trained on high level disinfection?
- How is medical waste disposed of?
- Is there pest control?
- Are the overhead lights full of dust?
- Is the staff trained on point of care devices?



# Sterilizing Instruments: MFU



# Staffing

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## You Psych NP

Is the APP currently certified as a primary care nurse practitioner?

Has she completed a formal academic year?

Does she have 4 months of classroom instruction and a supervised clinical practice?

Has she been performing the expanded role for a total of 12 months?

# Staffing

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## **NP/ PA Waivers**

An existing RHC may request a waiver from the state after 90 days for one year on the loss of an NP or PA.

During that 90 days, the RHC must demonstrate that it has been unable, despite reasonable efforts, to hire an NP or PA in the 90-day period.

# Staffing

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The clinic is not required to have a nurse-midwife, clinical social worker or clinical psychologist on staff. If they are on staff, they can only function within their scope of practice.

## **Chiropractors, Podiatrists, Psyche NPs, ...**

An NP, PA or Certified nurse midwife is available to furnish patient care at least 50% of the operating hours.

All time spent in the clinic counts toward the 50%

Also, time spent in a patient's home or a SNF counts toward the 50%

**How do you document that time?**

# Staffing

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CMS emphasizes that **no health care services shall be provided** until a mid-level practitioner as defined in §493.2, clinical social worker, clinical psychologist or physician staff member is present to provide services.

**What does that say about your Chiropractor?**

**CMS Memo:** *Ref: S&C-07-06*

# Staffing

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An NP, PA or Certified nurse midwife is available to furnish patient care at least 50% of the operating hours.

All time spent in the clinic counts toward the 50%.

Also, time spent in a patient's home, a SNF or Swing Bed counts toward the 50%.

**How do you document that time?**

# Staffing

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## **Medical Record Review:**

If your State is silent then you must determine how many and how often this occurs.

What is your policy on record review by a physician?

What is your documentation to show the record review has been done?

# Can an RHC be 100% Telehealth?

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The RHC ensures staff is available to appropriately handle medical emergencies as a first response to common life-threatening injuries and acute illnesses at all times the clinic operated.

# Survey 51% How is it measured?

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The clinic is primarily engaged in providing outpatient health services...

Means 51% RHC services

“The services of these practitioners are those commonly furnished in a physician’s office or at the entry point into the health care delivery system. These services include taking complete medical histories, performing complete physical examinations, assessments of health status, routine lab tests, diagnosis and treatment for common acute and chronic health problems and medical conditions, immunization programs and family planning.”

Appendix G

# Services: Primarily Engaged

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RHC services include the services of physicians, NPs, PAs, CNMs, Clinical Psychologists and Clinical Social Workers. The services of these practitioners are those commonly furnished in a physician's office or at the entry point into the health care delivery system.

RHCS are not prohibited from furnishing other services but cannot be primarily engaged in specialty services.

- Does your website reflect the types of services you offer?
- Does it include specialty services?

Review the hours that specialty services are offered to determine the number of hours that is the majority of time.

# Policies Matching to Process



**Clinics can be cited if a policy does not match their process.**

**Example #1:** Some clinics call for an annual consent even though that is not a requirement.

So, if the surveyor reviews files and there is no new consent, but the policy says annual, they will receive a deficiency.

**Example #2:** Several policies recently still say Annual Evaluation, while the reg says Biennial.

# Policies

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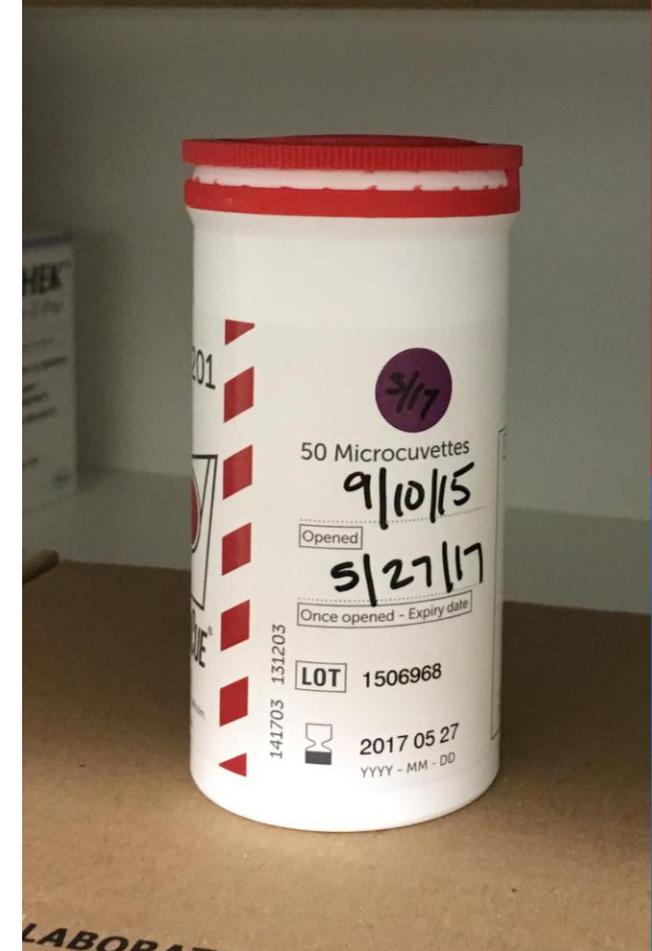
- 1) Keep policies organized
- 2) Review a few policies each staff meeting
- 3) Keep your policies simple, don't lock yourself into a tight corner

## Know what requires a policy.

- Patientcare Policies
- Biennial Review of Policies by Advisory Group
- Storage, Handling, & Dispensing of Drugs & Biologicals
- Emergency Preparedness
- Health Records
- HIPAA
- Scope of Services provided and referred
- Lines of Authority
- Equipment Management
- Infection Prevention
- Hiring, training and orienting
- Quality Improvement

# The Lab: Point of Care Tests

- Labs are for immediate diagnosis!
- 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.
- Have abnormal labs been reported to patients?
  - The notes should reflect that the patient has been notified of the lab results and the plan moving forward.
- What instructions are given to the patient?



# Emergency Services

- The RHC ensures staff is available to appropriately handle medical emergencies as a first response to common life-threatening injuries and acute illnesses at all times the clinic operates.
- Must supply a complete list of the drugs and biologicals it stocks.
- What does your emergency service policy say?
- Does it match your process?
- How did the RHC come to decide what is in that box?
- Is the box checked regularly for outdates?



# Patient Records

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## **Medications:**

Is the EMR capturing the medication, lot number, route of administration, dose and date?

Does the EMR note clinical monitoring for meds which are contraindicated?

Are allergies noted?

## **Abnormal Labs:**

Are findings and test reports appropriately authenticated by a provider?

## **Summary:**

Is there a documented summary of the visit with instructions for the patient?

Does each patient have a record? Not two records in the clinic

# RISK

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**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, CNS depression, nausea and dizziness. May damage liver, kidneys and nervous system.



# Protective Equipment



**Personal Protective Equipment for Staff  
who handle liquid nitrogen:**

Heavy duty gloves and goggles for safety.

# Work Safety

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**OSHA Poster**

**Proper PPE**

**SDS Sheets**



# Exam Tables



**How do you clean this table?**

Wet Time.  
Health grade disinfectant.



ment rooms

Disinfectant & Proper PPE

patch as long as area is cover



**Can a Torn Table be Disinfected?**

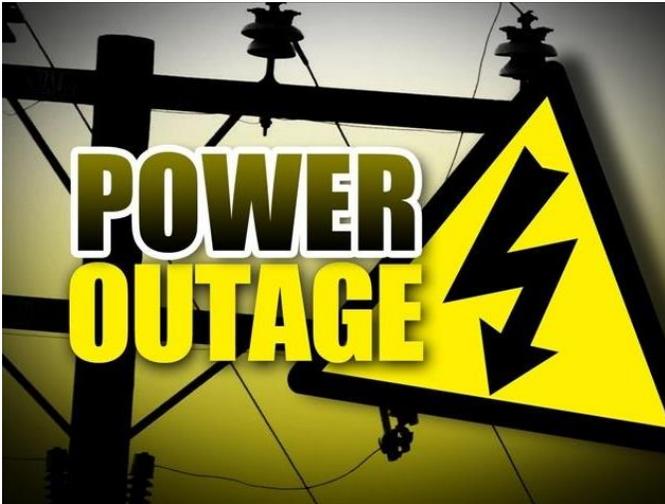
# Biennial Evaluation

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## **Lack of a Biennial review of the practice.**

- This must be done every two years.
- There was no waiver for this.
- Look at the date of the last one and make sure it's not more than two years old.
- This is a failed survey if not completed.

# Emergency Preparedness



**Power Grid Failure**  
Refrigerated Medications  
PHI/EMR



**Natural Disasters**  
Clinic Closure  
Disruption of Services



**Emerging Infectious Disease**  
Protocols  
Risks

# Survey Emergency Preparedness

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## HVA must include EID (Emerging infectious Disease)

Your exercise must be one of your listed items on your HVA, unless it's an event.

Refer to the facility's risk assessment to determine if the training and testing program is reflecting risks and hazards identified within the facility's program.

- This means you can't use something as an exercise unless it's on your hazard list.

Communication plan is complete including name and contact information for all staff and local, regional, state, tribal and federal emergency staff.

Volunteers must be addressed in the EP Policy.

Address how refrigerated medications are handled in a power outage.

**Training:** Have a log to document the staff trained, with signatures and dated. (every 2 years)

# Survey Emergency Preparedness Testing

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- Must participate in a full-scale exercise that is community-based or when not accessible, an individual, facility-based exercise.
- If one year is full-scale exercise, then the other can be tabletop. Every other year for full-scale or at least a clinic-based exercise.
- Analyze the clinic's response to exercise or activation of plan.
- The exercise or tabletop must be one of your hazard assessments.
- Testing should also not test the same thing year after year or the same response processes. The intent is to identify gaps in the facility's EP program as it relates to responding to various emergencies and ensure staff are knowledgeable on the facility's program.

# Analysis for Event, Table-Top or Exercise

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- The purpose of this report is to analyze event results.
- Identify strengths to be maintained and built upon.
- Identify potential areas for further improvement.
- Support the development of corrective actions that will guide future emergency preparedness initiatives to advance overall emergency preparedness within your clinic.
  - Report reviewed with staff
  - Assignments given
  - Attendance log at AAR meeting

# Summary of Common Deficiencies

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1. Vials, single dose dated
2. Drugs not secured
3. NP/PA not signing off on policies
4. No analysis of an emergency event or exercise
5. Not having all contact information in your EP binder
6. No documentation of chart review
7. No outside person signing off on policies
8. Not abiding by the wet time of your disinfectant
9. Signage not matching the name you told CMS you were called
10. Expired supplies in the clinic, i.e. iodoform, gloves, Blood glucose supplies, etc.

# Staff Interviews

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- Can staff articulate procedures they are responsible for?
- If asked, “What do you have to do to get fired here?” Do they know the answer?
- If asked, “What do you do if you have to evacuate the clinic?” Do they know the protocol or have easy access to the emergency preparedness information for evacuation procedures?
- Staff should be prepared to answer questions related to their job responsibilities, clinic policies and emergency protocols.

# Deficiencies

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## The regulation at 42 CFR 488.26(b) says:

- The decision as to whether there is compliance depends on manner and degree.

## Standard or Condition level:

- How serious is the deficiency in terms of its potential or actual harm to patients?
- The extent of noncompliance e.g. how many or how widespread?
- One incidence of noncompliance that poses a serious threat to patient health and safety is **CONDITION**.
- Or many instances of a standard level deficiency could lead to a **CONDITION** level citation e.g. 15 of 20 charts have no consent.

# Plan of Correction (PoC)

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## Must contain the following:

- Action that will be taken to correct each deficiency
- The process that led to the deficiency
- Description of how the actions will correct and or improve
- Monitoring procedures to ensure the plan is effective to keep the RHC in compliance
- The title of the person responsible (no names) for implementing the PoC
- Signature of an administrator

# What to Expect on Survey Day

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- RHC surveys are unannounced so be prepared!
- Managers share your knowledge with staff.
- Most surveys take between 6 to 8 hours per clinic depending on the size and number of providers/staff. If multiple clinics are being surveyed at the same time, the surveyor or survey team will inform you upon arrival of the number of days they expect to be onsite.
- Remember that having easy access to policies, personnel records and medical records as they are requested will allow the surveyor to proceed without delay.
- Once complete, the surveyor will conduct an exit interview to discuss the survey findings.

# Keys to Success

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1. Leadership needs to make safety a priority in the clinic culture
2. Share information with every person
3. Train, train and then train some more
4. Implement systems that can be sustained
5. Test what you have trained on, don't assume
6. Involve the staff in goal setting for safety
7. Healthcare should be safe, reliable and free from harm
8. Coordinate and collaborate
9. Clarify terms
10. Communicate, communicate, communicate

# Questions



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