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REGULATORY ASPECTS OF RURAL HEALTH CLINICS

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SEPTEMBER 20,2017

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▶ OBJECTIVE:

▶ HOW TO MEET THE CMS REGULATORY GUIDELINES

▶ WHAT'S NEW

GOAL: IDENTIFY PROBLEM AREAS OF DEFICIENCIES

HOW TO PASS A SURVEY

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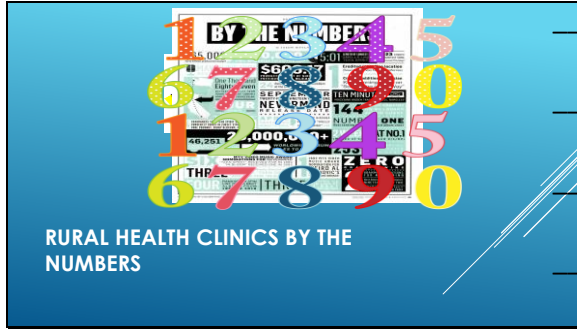
WHY RURAL HEALTH ?

1977 Congress passed the Rural Health Clinic Act:

1. Improve access to primary health care in underserved rural communities
2. Promote a collaborative approach to health care delivery using MDs NPs & Pas

-Special Medicare & Medicaid payment mechanisms

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RURAL HEALTH CLINICS BY THE NUMBERS

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141 ACTIVE RURAL HEALTH CLINICS

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8 CONDITIONS OF PARTICIPATION FOR RHC

State Operations Manual Appendix G- Guidance to Surveyors
Code of Federal Regulations 491.1 -491.12

1. Federal State & Local Laws- Reserved for licensure action against MDs
2. Location- Determined by Regional Office
3. Physical Plant
4. Organization
5. Staffing
6. Provision of Services
7. Patient Health Records
8. Program Evaluation

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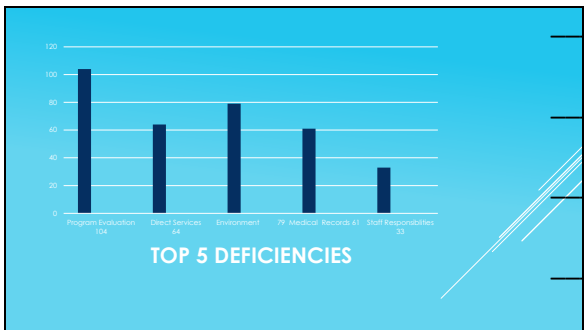
**NEW CONDITION FOR ALL SURVEY TYPES:
9-10-16 ALL HAZARD
PREPAREDNESS**

-Implementation pending direction from CMS
-All State Training Spring 2017 – did not take place-Still waiting for direction

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**LAST SURVEY CYCLE- ALL RHCS
SOME EVERY 4 YEARS, SOME 5,
DEPENDING ON CMS BUDGET**

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A CLOSER LOOK

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- ▶ (a) Construction- Arranged and maintained for patient safety, access to & adequate space for provision of services
- ▶ (b) Maintenance
 - ▶ 1. All mechanical, electrical & pt. care equipment in safe operating condition- annually
 - ▶ 2. Drugs & biologicals are appropriately stored (locked or in secure area)
 - ▶ 3. Clean and orderly

491.6 PHYSICAL PLANT & ENVIRONMENT

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- ▶ 1. Physician Director
- ▶ 2. Policies & lines of authority in writing
 - ▶ Disclose ownership
 - ▶ Clinic operator or manager
 - ▶ Name of Medical Director

491.7 ORGANIZATIONAL STRUCTURE

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- ▶ 1. At least 1 MD + 1 mid-level + other staff as needed
- ▶ 2. Mid-Level must be present 50% of time clinic operates

491.8 STAFFING & RESPONSIBILITIES

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- ▶ MD provides – Medical direction for clinic
- ▶ Develops & reviews written policies & services
- ▶ Periodically reviews patient records, gives orders, care to patients

STAFF RESPONSIBILITIES- PHYSICIAN

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- ▶ Participates in policy development & review governing services
- ▶ Participates with MD review of patient health records
- ▶ Provides care & services to patients according to clinic p& p
- ▶ Arranges for or refers patients to services not furnished @ clinic
- ▶ Health Records are maintained & transferred with patient

MID-LEVEL RESPONSIBILITIES

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- ▶ Patient care is furnished in accordance with p&p
- ▶ Policies developed with MD, Mid-Level, & one outside person
- ▶ Policies include:
 - ▶ Description of services clinic provides directly & by agreement
 - ▶ Entry point into health care delivery system
 - ▶ Laboratory required tests UA dipstick, Hemoglobin or Hematocrit, Glucose, Occult blood, Pregnancy test, Primary culture.

491.9 PROVISION OF SERVICES

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- ▶ Emergency procedures as a first response to injury or illness
- ▶ Drugs & biologicals used in life saving procedures
 - ▶ Analgesics, anesthetics(local), antibiotics, anticonvulsants, antidotes and emetics, serums & toxoids
- ▶ Arrange for other services not provided including hospital, nursing facility and specialized diagnostic and laboratory services not available @ clinic
- ▶ Agreements (for additional services) do not have to be in writing

491.9 PROVISION OF SERVICES CON'T

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491.9 PROVISION OF SERVICES CON'T

RHCs have flexibility in developing format for medical treatment

- ▶ May have standing orders covering broad topics for a variety of self-limiting acute health problems
- ▶ Based on guidelines of nationally recognized professional practices ex: CDC guidelines for immunization practices
- ▶ Best Practices covering treatment approaches

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Narrative for specific medical conditions
Definition of condition
Clinical Features
Recommended Lab Studies
Treatment Procedures



GUIDELINE REQUIREMENTS

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- ▶ **ETIOLOGY OF CONDITION**
- ▶ **COMPLICATIONS**
- ▶ **CONSULTATION/REFERRAL REQUIRED**

GUIDELINE REQUIREMENTS

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- ▶ Approaches to describing guidelines may vary, medical management of health problems must:
 - ▶ Be comprehensive, covering most health issues seen in primary & preventative care setting
 - ▶ Describe the actions of NP, PA may initiate or implement
 - ▶ Describe circumstances requiring consultation or referral

GUIDELINE REQUIREMENTS

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PHARMACY & MEDICATION
ADMINISTRATION

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- ▶ Acceptable professional principles, standards or recommendations
 - ▶ U.S. Pharmacopeia (USP)
 - ▶ American Society of Health System Pharmacists (ASHP)
 - ▶ Institute for Safe Medication Practices (ISMP)
 - ▶ National Coordinating Council for Medication Error Reporting

PHARMACY & MEDICATION
ADMINISTRATION

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- ▶ Scheduled drug –classified BY FDA or DEA for various reasons RHCs must have a system for recording/controlling at minimum
 - ▶ Records tracking movement of schedules drugs – administration or destruction
 - ▶ Accountability procedures to ensure control
 - ▶ Scheduled drug counts & prompt reconciliation
 - ▶ Capability to identify loss, diversion within time frame between actual loss or diversion of all controls substances & actual loss.

SCHEDULED DRUG RECORDS

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RHCs must have policies for drugs & biologicals that address:

- Proper storage
- Security
- Record keeping & handling of medications

DRUGS & BIOLOGICALS

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491.10 PATIENT HEALTH RECORD

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- ▶ 1. Maintain record system
- ▶ 2. Designate a member responsible for insuring complete, accurate, readily accessible & organized
- ▶ 3 Each record must include: Identification, social data, consent, medical history, assessment or health status, health needs, summary of episode, disposition & instruction to patient.

491.10 PATIENT HEALTH RECORD

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- ▶-Physical exam, lab, consultant findings
- ▶-Signatures of Health Care Professionals
- ▶-Confidentiality, safeguard against loss, destruction or unauthorized use.
- ▶-Policy for removal or release of record
- ▶-PT's written consent for release
- ▶-Retention 6yrs or more-state statute

PATIENT HEALTH RECORD CON'T

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ANNUAL MEETING

491.11 PROGRAM EVALUATION

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- Must:
- ▶-Annually performed
- ▶-Utilization of services
- ▶-Medical Record Review
- ▶-Health Care Policy review

491.11 PROGRAM EVALUATION

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▶PURPOSE :

- ▶ Utilization of Services appropriate
- ▶ Policies were followed
- ▶ Changes needed
- ▶ Takes corrective action, if necessary

PROGRAM EVALUATION CONT

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491.12 EMERGENCY PREPAREDNESS

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DRAFT GUIDANCE ONLY

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- ▶ Emergency Plan-ALL HAZARD approach
 - ▶ Reviewed annually
 - ▶ Based on facility-based & community-based risk assessment
 - ▶ Strategies for addressing events identified by assessment
 - ▶ Patient population,
 - ▶ Type of services RHC can provide
 - ▶ Continuity of operation
 - ▶ Delegation of authority & succession plans

EMERGENCY PREPAREDNESS

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- ▶ Include a process for:
 - ▶-Collaboration & cooperation with local, Fed, State, emergency preparedness officials
 - ▶-Maintain an integrated response during a disaster or emergency
 - ▶-including efforts to contact officials & collaborate planning efforts

EMERGENCY PREPAREDNESS CON'T

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- ▶ Policies & Procedures must:
 - ▶ 1. Safe evacuation, exit signs staff responsibilities & needs of patients
 - ▶ 2. Means to shelter in place for patients, staff & volunteers who remain in the facility
 - ▶ 3. System for medical documentation preserves patient info, confidentiality, secures records, maintain availability
 - ▶ 4. Use of volunteers, or emergency staffing strategies, integration State & Fed to address surge needs during an emergency

DISASTER PREPAREDNESS CON'T

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- ▶ **COMMUNICATION:** Reviewed & updated annually
 - ▶ Name & contact info
 - ▶ Staff
 - ▶ Services under agreement
 - ▶ Patient's physicians
 - ▶ Other RHCs
 - ▶ Volunteers

DISASTER PREPAREDNESS CON'T

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- ▶ **CONTACT INFO FOR:**
 - ▶ Federal, State, tribal, regional & local emergency preparedness staff
 - ▶ Other sources of assistance
 - ▶ Primary & alternate means of communicating for all of above

DISASTER PREPAREDNESS CON'T

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- ▶ **TRAINING & TESTING RHC must:**
 - ▶ Initialing train all staff with their expected roles
 - ▶ Annual training
 - ▶ Document training
 - ▶ Demonstrate staff knowledge of emergency procedures

DISASTER PREPAREDNESS

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▶ TESTING RHC MUST:

- ▶ Conduct annual exercises
- ▶ Participate in a full-scale community-based exercise when available
- ▶ (exempt for 1 yr if natural disaster)
- ▶ Tabletop exercise includes a group discussion, clinically relevant emergency scenario
- ▶ Analyze & revise, as needed based on exercises

DISASTER PREPAREDNESS CON'T


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▶ INTEGRATED HEALTH CARE SYSTEMS:

- ▶ If RHC is part of system may have a unified program
- ▶ Each is separately participated in plan
- ▶ Maintained to id unique circumstances, pt. populations
 - ▶ Documented community based risk assessment- all hazard approach
 - ▶ Individual facility-based risk assessment – all hazard approach
 - ▶ Coordinated community plan, training, testing, integrated p&p


DISASTER PREPAREDNESS CON'T

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WOW, THAT'S A LOT!!!

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TO SUMMARIZE

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- ▶ OBJECTIVE: HOW TO MEET CMS GUIDELINES FOR RHC
- ▶ GOAL: IDENTIFY COMMON PROBLEM AREAS OF DEFICIENCIES
- ▶ DISCUSS: HOW TO PASS A SURVEY
- ▶ INTRODUCE: WHAT'S NEW –ALL HAZARDS PREPAREDNESS

REVIEW

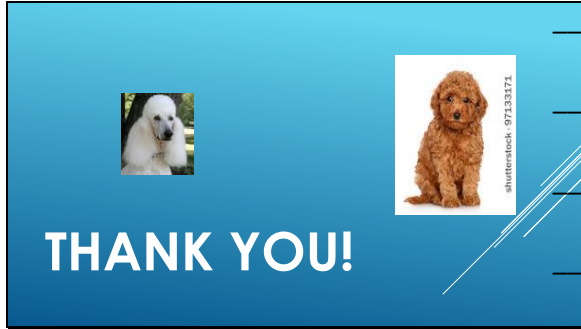
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PORTIA **SKYLAR**



OODLES OF POODLES

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THANK YOU!

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