

9th Annual

Kentucky Rural

Health Clinic Summit

July 27 & 28 | Bowling Green, KY

Hosted by



KORH

Kentucky Office of Rural Health



THE MOST COMMON DEFICIENCIES DURING AN RHC SURVEY

July 28, 2023

Patients First. *Always.*

QUAD A FACULTY

NURSE SURVEYOR

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LEARNING OBJECTIVES:

- Explain how compliance is assessed by the surveyor and what to expect during an accreditation survey.
- Explain the types of deficiencies that may result when noncompliance is identified.
- Communicate the most common top 10 deficiencies cited in 2022 - QUAD A RHC surveys.
- Implement operational processes to achieve ongoing compliance and survey (patient) readiness.



COMPLIANCE ASSESSMENT BY SURVEYOR

- Surveyors conduct unbiased assessments
- Consistent survey method and application
- Peer surveyors address challenges
 - Make clear citations
 - Suggest corrective actions
 - Identify best-practices, beyond citations
- Yes or No standards designed for objectivity
- Evidence of corrections requirement helps ensure adequate measures that are sustainable



WHAT TO EXPECT DURING AN ACCREDITATION SURVEY

- ***Surveyors interact with staff and patients***
 - Primarily assess through observation and staff interviews
 - Conduct document review of policies and procedures related to patient care
- ***Surveyors pose open-ended questions***
 - Clinic explains the “how” and “why” of their duties
 - Surveyors may request a demonstration
- ***Surveyors may offer suggestions***
 - Do not always indicate citations
 - Suggested practices are not the only ways to achieve compliance, the Medical Director decides how to correct deficiencies
- ***Surveyors request documentation***
 - records of emergency drills and their results
 - the plan and results of the quality improvement program
 - There is no need to print off documents that are kept electronically in the clinic (may need staff to help navigate systems)

SUMMATION CONFERENCE

- Clinical leadership and critical staff
- Discuss each citation
- Create dialogue and ask the facility to take notes
- Educational information
- Suggest corrective practices if possible
- Facts only
- May include helpful tips
- Accreditation decisions made by Accreditation Committee



STANDARD-LEVEL DEFICIENCIES

Determination of compliance with the Standards is supported by documenting the manner (seriousness) and degree (extent) of noncompliance identified:

- *Standard-level Deficiency* means noncompliance with one or more of the standards that make up each condition of certification.
- *Survey Outcome* - A clinic remains certified with this type of deficiency, but they will need to submit a plan of correction to the survey agency describing how the deficiencies will be mitigated.

CONDITION-LEVEL DEFICIENCIES

- *Condition Level Deficiencies* means noncompliance with requirements in a single standard or several standards within the condition. The findings represent a serious threat to patient health and safety.
- Survey Outcome – QUAD A will initiate a termination process.
- For renewal, an onsite re-visit is required for a condition-level deficiency:
 - *Assess the clinic's correction of the deficiencies cited,*
 - *Re-evaluate specific care and services cited during survey, and*
 - *Nature of deficiencies dictates the necessity for and scope of visit.*



IMMEDIATE JEOPARDY

- Immediate Jeopardy is the highest level of deficiency. This level is applied when the degree and manner of the non-compliance has caused or is likely to cause significant injury, harm, or death to a patient.
- Survey outcome - The provider agreement is terminated unless the immediate jeopardy is removed.



TOP 10 DEFICIENCIES CITED IN 2022 – QUAD A RHC SURVEYS

RHC Conditions for Certification

- 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.



TOP 10 DEFICIENCIES

- **14-G-4** For each patient receiving health care services, the clinic or center **maintains a record that includes 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.** 491.10(a)(3) Standard, 491.10(a)(3) Standard
- **14-C-4** The clinic **keeps the drugs and biologicals appropriately stored.** 491.6(b)(2) Standard
- **14-F-10** The clinic **staff furnish those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system** including medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions. **491.9(c)(1) Standard**
- **14-C-3** The clinic has a **preventive maintenance program to ensure that all essential mechanical, electric, and patient-care equipment is maintained** in safe operating condition. **491.6(b) Standard, 491.6(b)(1) Standard**
- **14-H-6** The **clinic conducts an evaluation to determine whether the utilization of services was appropriate.** **491.11(b)(2) Standard**



TOP 10 DEFICIENCIES

- **14-E-11** The clinic **physician provides medical direction for the clinic's health care activities and consultation for, and medical supervision of, the healthcare staff. 491.8(b) Standard, 491.8(b)(1) Standard**
- **14-F-18** The clinic provides **medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biological commonly used in life-saving procedures**, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes, and emetics, serums and toxoids. **491.9(c)(3) Standard**
- **14-G-5** For each patient receiving health care services, **the clinic or center maintains a record that includes reports of physical examinations, diagnostic and laboratory test results, and consultative findings. 491.10(a)(3)(ii) Standard**
- **14-G-6** For each patient receiving health care services, the clinic or center **maintains a record that includes all physician's orders, reports of treatments and medications**, and other pertinent information necessary to monitor the patient's progress. **491.10(a)(3)(iii) Standard**
- **14-C-5** The clinic **premises are kept clean and orderly. 491.6(b)(3) Standard**



STRATEGIES FOR SUSTAINED COMPLIANCE

Implement the following operational processes to achieve ongoing compliance and survey (patient) readiness:



STAYING SURVEY READY

Stay Organized!

- Make accreditation readiness an organization-wide team effort
- Don't prepare for the survey – **prepare for your next patient!**
- Stay ready!



USE YOUR RESOURCES

*Maintain and routinely review
your resources!*

- Standards Manual
- Checklists
- CMS Guidelines
- State Law & Local Requirements



STANDARDS MANUAL & CMS REGULATIONS

Maintain and routinely review the regulatory requirements and the standards in the accreditation manual.

- Conduct a “self-survey”
 - *read each requirement*
 - *determine if the requirement is met*
 - *document “how” the requirement is met*
 - *implement plans of correction*
 - *monitor to sustain compliance*



REVIEW AND UPDATE COMPLIANCE DOCUMENTS

Examples of documents that should be maintained electronically or in hardcopy format:

- Facility license, if required
- Policies & Procedures
- Reports demonstrating compliance
- Self-audits to demonstrate compliance (safety audits, MR audits, etc.)
- Meeting Minutes
- Biomedical inspection



PHYSICAL PLANT AND ENVIROMENT

The State Poster Includes:

- Minor Labor Laws
- State Minimum Wage
- Bureau of Workers'
- Compensation Rebuttable
- Consumption Provision
- Unemployment Compensation
- Coverage for Employees
- Fair Employment Practices Law
- No Smoking

The Federal Poster Includes:

- Job Safety and Health: It's the Law (OSHA)
- Equal Opportunity is the Law ("EEO is the Law" Poster Supplement included)
- Employee Polygraph Protection Act
- Employee Rights and Responsibilities Under the Family Medical Leave Act
- Employee Rights Under the Fair Labor Standards Act
- Your Rights Under Uniformed Services Employment and Reemployment Rights Act
- Federal Minimum Wage Poster

Do you have the correct year?



COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS

- The rural health clinic and its staff are in compliance with applicable Federal, State, and local laws and regulations.
- The rural health clinic is licensed pursuant to applicable State and local law.



COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS

- The staff of the rural health clinic are licensed, certified or registered in accordance with applicable State and local laws.



COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS

What Should Your Personnel Files Contain?

- Application
- Reference/Background checks as appropriate
- Drug test results if required
- I-9
- W-4
- OIG Exclusion
- Signed Job Description
- Code of Conduct
- Performance Appraisals
- Annual Training
- Competency Assessment
- BLS (based on clinic policy)
- TB screening new hires
- Hepatitis B (or declination) for direct care patient contact



PHYSICAL PLANT & ENVIRONMENT

- The clinic is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of direct services.
- The clinic premises are kept clean and orderly



PHYSICAL PLANT & ENVIRONMENT



PHYSICAL PLANT & ENVIRONMENT



*Ensure
safety...
secure*

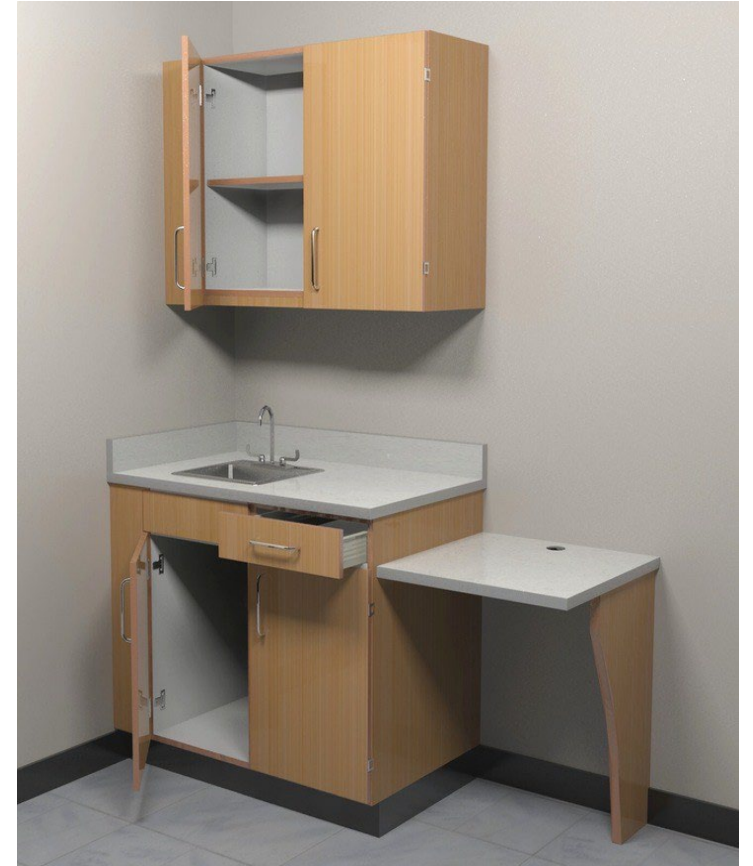
PHYSICAL PLANT & ENVIRONMENT

- Sharps containers should not be easily accessible to children.
- They should never overflow - staff and patient safety hazard.



PHYSICAL PLANT & ENVIRONMENT: PATIENT CARE EQUIPMENT & DRUGS

- Keep areas under sinks clear.



PHYSICAL PLANT & ENVIRONMENT: PATIENT CARE EQUIPMENT & DRUGS

- Make sure oxygen tanks are stored securely
- Segregate full tanks from empty tanks



ORGANIZATION STRUCTURE

- ***Three areas must be addressed and documented:***
 - A. Basic Requirements
 - B. Written Policies
 - C. Disclosure of Names and Addresses



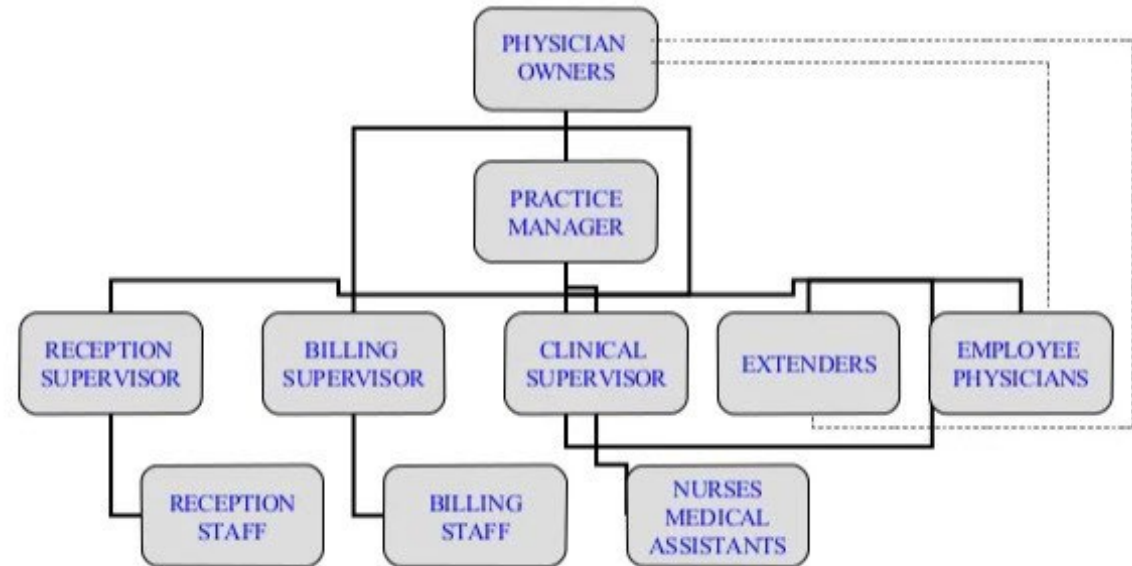
ORGANIZATION STRUCTURE

The clinic is under the medical direction of a physician and has a health care staff that meets the basic requirements of staffing standards.

The organization's policies and its lines of authority and responsibilities are clearly set forth in writing.

- The clinic discloses the names and addresses of:
 - Its owners
 - The person principally responsible for directing the operation of the clinic
 - The person responsible for medical direction

Develop an organizational chart that reflects the clinic structure and written material covering organization policies, including lines of authority and responsibilities:



Place In Binder!

ADMINISTRATIVE HOURS VS. CLINIC HOURS

- Posted days, hours of operation, and names of providers.
- Post the hours of administrative services only versus the hours of RHC operations
- **No** health care services shall be provided unless one of the following are in the clinic:
 - mid-level practitioner
 - clinical social worker
 - clinical psychologist
 - physician staff member



CLINIC HOURS

SUNDAY	Closed
MONDAY	Closed
TUESDAY	10 a.m.-6 p.m.
WEDNESDAY	10 a.m.-6 p.m.
THURSDAY	11 a.m.- 6 p.m.
FRIDAY	9:30 a.m.-12 p.m.
SATURDAY	9:30 a.m.-3 p.m.



BIO-MEDICAL EQUIPMENT INSPECTION

An annual bio-medical equipment inspection by a bio-medical engineer is the gold standard. Make sure maintenance for all equipment has been done and is current with documentation to support what has been done annually.



BIO-MEDICAL EQUIPMENT INSPECTION

- Create a Preventative Maintenance Program (sample items only)



Equipment Item	Date Checked	Action Required	Action Completed	Name of Person Checking	Signature of Person Checking	Due Date of Next Check
Adult scales						
Autoclave						
Blood pressure machines						
Electrical outlets						
Electrocardiogram						
Exam tables						
Examination lights						
Fetal monitoring						
Fire extinguishers						
Glucometer						
Nebulizer						
Ophthalmoscope						
Otoscope						
Peak flow meter						
Pediatric scales						
Resuscitation Equipment						
Smoke alarms						
Ultrasound machine						
Wheelchairs						



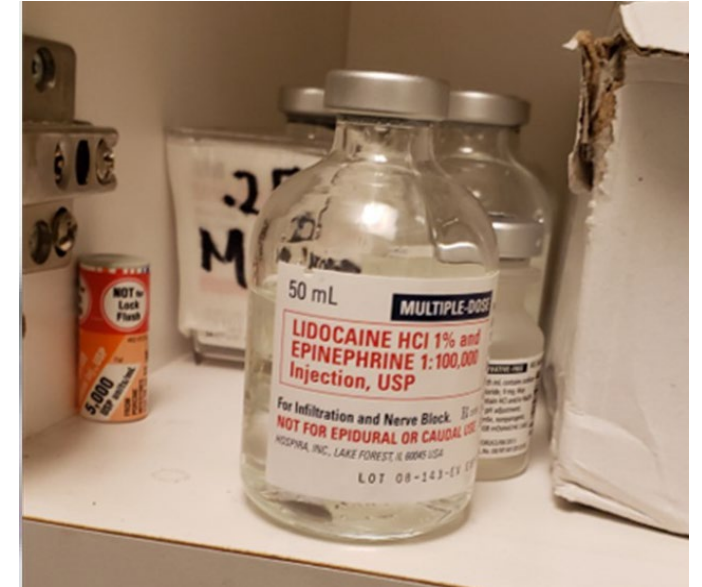
BIO-MEDICAL EQUIPMENT INSPECTION

- All equipment is listed in inventory log.
- Manufacturer IFUs determine need for inspection vs preventive maintenance (PM).
- Process in place for tracking due dates of PM.
- Evidence of initial inspection before placed in patient use.
- Annual bio-med inspection is evident with stickers and report.
- Equipment not in use is labeled as such and stored away



MEDICATIONS

- Make sure all medications are secured, organized, in date, & in original containers.
- This includes samples.
- Provide education to staff so that they know the difference between MDV & SDV.
- Have documentation that medication dates are checked per your policy.



CONTROLLED MEDICATIONS

- **General storage rule:**
- All controlled substances must be stored behind at least two differently keyed locks at all times.
- **For keyed lockboxes:**
 - Do not store the keys near the lockbox
 - Do not store the keys together.
- Have current documentation regarding ordering/dispensing.
- Do not keep controlled substances in sample closet, medication refrigerator, or emergency box.



EMERGENCY MEDICATIONS

- The clinic provides medical emergency procedures as a first response to common life-threatening injuries and illness and has available the drugs and biologicals commonly used in life saving procedures.
- The Medical Director makes the decision as to what medications are necessary for their clinic.



INFECTION PREVENTION

- OSHA/HIPPA training upon hire and annually.
- PPE is available and accessible.
- Hand hygiene when appropriate.
- Clean/dirty segregation in work and storage areas.
- Avoid cross-contamination when cleaning or disinfecting equipment or any items.
- Do not reuse anything that is designated for single use.



INFECTION PREVENTION

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds

0 Wet hands with water;

1 Apply enough soap to cover all hand surfaces;

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Rinse hands with water;

9 Dry hands thoroughly with a single use towel;

10 Use towel to turn off faucet;

11 Your hands are now safe.



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SAVE LIVES
Clean Your Hands

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May 2009

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds

1a Apply a palmful of the product in a cupped hand, covering all surfaces;

1b Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Once dry, your hands are safe.



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May 2009



INFECTION PREVENTION

- No cuts or tears in coverings.



INFECTION PREVENTION

- Change exam table paper between patients
- Place used linens in designated container
- Disinfect high-touch surfaces (at least daily) – blood pressure cuff, doorknobs, ophthalmoscope, otoscope
- Disinfect high-touch surfaces



Are
Manufacturer's
guidelines
followed?

INFECTION PREVENTION

- *Disposable instruments are best to use when possible.*
- **Follow manufacturer guidelines for instrument sterilization, to include:**
 - Pre-clean instruments – wear PPE wear puncture – and chemical-resistant/heavy duty gloves
 - Don't overfill your autoclave.
 - Don't mix wrapped and unwrapped instruments.
 - Don't use packs that are wet
 - Place a biological monitor inside
 - Runs a spore weekly tests
 - Transport contaminated instruments in a puncture and leak-proof receptacle



EMERGENCY PREPAREDNESS PLAN

Four Core Areas of Emergency Preparedness:

- Emergency plan
- Policies & procedures
- Communication plan
- Training & testing

Must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every two (2) years.



EMERGENCY PREPAREDNESS PLAN

Emergency plan must do all of the following:

- Be based on a documented, facility-based & community-based, all- hazards risk assessment.
- Include strategies for addressing emergency events identified by the assessment of risk.
- Address patient population, type of services RHC can provide during an emergency, continuity of operations and delegation / succession plans.
- Process for cooperation / collaboration with outside officials' efforts to maintain integrated response during disaster.



EMERGENCY PREPAREDNESS PLAN

Policies and procedures must:

- Include safe evacuation – placement of exit signs, staff responsibilities & needs of patients.
- Indicate a means to shelter in place for patients, staff, and volunteers who remain in the clinic.
- Address medical documentation – preserves patient information & confidentiality; secures & maintains availability.
- Address the use of volunteers / emergency staffing strategies – includes process & role for integration of State & Federally designated professionals to address surge needs.



EMERGENCY PREPAREDNESS PLAN

Communication plan must include:

- Names and contact information for:
 - Staff
 - Entities providing services under contract
 - Patients' physicians
 - Other RHCs
 - Volunteers
- Federal, state, tribal, regional and local emergency preparedness staff
- Other sources of assistance



EMERGENCY PREPAREDNESS PLAN

Communication plan must include alternate means of communicating with:

- RHC staff.
- Federal, state, tribal, regional, and local emergency management agencies.
- A means to communicate the general condition.
- Location of patients under the RHC's care and of providing information about the RHC's needs and its ability to provide assistance.



EMERGENCY PREPAREDNESS PLAN

Training

- Develop and maintain an emergency preparedness training and testing program based on the plan, risk assessment, policies & procedures and communications.
- All new & existing staff, contract staff, and volunteers must receive training.
- Training must occur at least every two years & with significant plan updates.
- Maintain documentation of all training & competency assessments.



EMERGENCY PREPAREDNESS PLAN

The RHC must conduct exercises to test the emergency plan at least annually.

- Alternate year testing must include one of the following:
 - A second full-scale exercise that is community-based or facility- based functional exercise every two years; or
 - A mock disaster drill; or
 - Tabletop exercise or workshop
- All testing must be documented, and plan revised as needed.



CONDUCT ANNUAL SELF- ASSESSMENTS

Facilities must continuously comply with all A accreditation standards and Medicare requirements between on-site surveys.

- For QUAD A, the facility must attest to performing an annual self-survey review of compliance with all standards.
 - This review must be completed prior to the expiration date of the annual accreditation.
 - This requisite activity is completed in each of the two years between QUAD A on-site surveys.

Renewal on-site surveys must be conducted every 36 months.



RESOURCES

[*CMS Regulations*](#)

[*CMS Appendix G for Clinic Guidance*](#)

[*CMS Appendix Z for EPP Guidance*](#)

[*QUAD A RHC Standards Manual*](#)

[*HHS Public Health Emergency Webpage*](#)

[*CMS Waivers & Flexibilities Webpage*](#)

[*CMS EPP After Action Report Template*](#)



QUESTIONS?



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