



**H B S**

Healthcare Business Specialists



**RHC Virtual Self Survey with AAAASF & TCT  
Healthcare Business Specialists  
May 19, 2020**





# HBS

Healthcare Business Specialists

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**[Become a fan and Like us on Facebook for more RHC information](#)**



# HBS

Healthcare Business Specialists

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[RHC Information Exchange Group on Facebook](#)

• *"A place to share and find information on RHCs."*

# HBS

Healthcare Business Specialists



- What does Healthcare Business Specialists do?
- Listing of Services

<https://tinyurl.com/w63xbp9>

- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare TennCare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- [RHC Cost Report Brochure](#)

Rural Health Clinics Information Exchange

Save the Date!  
**FREE RHC UPDATE SEMINARS**

LOCATIONS & REGISTRATION

Joined Notifications Share More

Write Post Add Photo/Video Live Video More

Write something...

Photo/Video Watch Party Ask for Reco... More

FROM NOTIFICATIONS

Olivia Rivera Morris  
 3 hrs

I just want to thank you all. Your Facebook page is the most helpful page.

Like Comment Share

InQuiseek Consulting Mark has a great page here and brings all of us together. You can also like and follow our page for more info, too.  
<https://m.facebook.com/InQuiseek/>

InQuiseek Consulting

Like Reply 52m

Healthcare Business Specialists Patty Goff Harper Thank you for all you do for RHCs and answering a lot of these questions. We appreciate you very much. We look forward to seeing you in Saint Louis next week. If you are at the NARHC meeting next week stop by Patty's booth and thank her and Jeff for all they do for RHCs.

Like Reply Commented on by Mark Lynn [?] · 38m

InQuiseek Consulting Healthcare Business Specialists, we are looking forward to being in St. Louis at NARHC. It's not too late—late registrations are still available. We look forward to seeing everyone! Thanks, Mark!

Like Reply · 33m

INVITE MEMBERS  
 MEMBERS 850 Members

DESCRIPTION  
 The Rural Health Clinics Information Exchange was created to dis... See More

GROUP TYPE  
 General

UPCOMING GROUP EVENTS See All

Free RHC Update Seminar - Nashville  
 Wednesday, October 30, 2019 at 9 AM  
 5201 Virginia Way, Brentwood, TN 37027  
 Hosted by Mark Lynn

Free RHC Update Seminar in Somerset, Kentucky  
 Wednesday, November 6, 2019 at 9 AM  
 2292 US-27 #300, Somerset, KY 42501  
 Hosted by Mark Lynn

RECENT GROUP PHOTOS See All

English (US) Español  
 Português (Brasil) Français (France)  
 Deutsch

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# RHC Information Exchange Group on Facebook

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

<https://www.facebook.com/groups/1503414633296362/>





# The Compliance Team *Exemplary Provider* Accreditation

**Kate Hill**-Kate is a graduate of Einstein Medical Center School of Nursing. As an Army Nurse, Kate served in Viet Nam where she was awarded the Bronze Star for meritorious service. Kate joined The Compliance Team in early 2012 to direct TCT's rural health clinic accreditation program & has fallen in love with Rural. As VP of Clinical Services, she has spearheaded the TCT Rural Health Clinic Accreditation program combining her clinical expertise, business acumen & passion for delivery of the best care possible to every patient. She presently serves on the NARHC Board. Her years of business & nursing experience combined well to contribute meaningfully to the NARHC board. She feels fortunate to have been able to speak at numerous state & national meetings about RHC compliance countrywide which gave her the opportunity to learn firsthand the diverse regional issues clinics are facing. Kate is now also working with clinics in TCT's PCMH program & is seeing that a PCMH accreditation is being increasingly rewarded by payers. Kate also serves on the NRHA Rural congress and is always advocating for Rural Health Clinics. Kate lives in suburban Philadelphia with her husband and near her three granddaughters. She loves teaching Sunday school to the 4s. She's happy to share photos anytime.



# Tom Terranova - AAAASF

- Tom Terranova received a BA in Political Science and Government from Loyola University Chicago, an MA in International Relations and Affairs from the University of Chicago, and a JD in International and Comparative Law from Loyola University Chicago School of Law. He is currently pursuing an MBA in International Business from the Quinlan School of Business at Loyola University Chicago.





Elsie Crawford, RN, BSN, MHA, VP of Operations, Wilkens Medical Group / Surveyor, AAAASF, Jellico, TN

Elsie is a certified Medicare RHC surveyor & works for AAAASF doing clinic surveys. She also serves on 3 Boards of Directors: NARHC, KYPCA, & the TN Rural Health Assn. Additionally, she is the VP of Operations & Director of Nursing with Wilkens Medical Group since 1974 where she manages clinics in KY & TN.

Elsie attended Cumberland College & Carson Newman College for BA & Roane State Community College for Nursing.

Elsie has served on the board of The TN College of Applied Science (Nursing Division) since 2004, Board Member of NARHC since 2006, Jellico SDA Church School Board Member (Treasurer) for 9 years & Jellico City Council for 12 years.



# Dianne Bourque, RN, CNOR, CASC

- Dianne Bourque, RN, CNOR, CASC graduated from Our Lady of the Lake School of Nursing in Baton Rouge, Louisiana in 1990 and began her career in a rural Louisiana hospital. She has 30 years of nursing experience in both inpatient and ambulatory care settings and has performed ASC and RHC facility inspections for the American Association for Accreditation of Ambulatory Surgery Facilities and RHC and PCMH surveys for The Compliance Team. With her unique perspective on the regulatory and accreditation requirements for both large and small healthcare organizations, her passion is providing meaningful compliance education and clinical coaching that can pave the way for an organization to become the provider of choice within their community. She is a vocal advocate for healthcare quality and accessibility in America. She and her family reside in McKinney, Texas.





Monda Shaver, RN BSN MSHM

Chief Regulatory Affairs Officer

Phone: 847-775-1970

Fax: 847-775-1985

7500 Grand Avenue, Suite 200  
Gurnee, IL 60031

The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) has appointed Monda Shaver, RN, BSN, MSHM, as the organization's Chief Regulatory Affairs Officer.

"We are excited to have Monda join our team in this newly created role. Her experience and expertise in healthcare policy and regulations will undoubtedly elevate AAAASF's grasp on federal, regional, and state issues," said Thomas S. Terranova, JD MA, Executive Director of AAAASF. "She's incredibly knowledgeable about the unique challenges facing accreditation organizations and the ever-changing healthcare regulatory landscape."

Most recently Shaver has served as the Technical Director of Accreditation Services at the Centers for Medicare & Medicaid Services (CMS). Prior to that she served as the Director of Accreditation Operations at the Healthcare Facilities Accreditation Program.

During her tenure at CMS Shaver was the lead for national accrediting organization programs enforcement and oversight. She provided technical guidance to stakeholders and developed operational policies and procedures related to accreditation organization oversight. Shaver also served as the lead for the national Accrediting Organizations IT reporting system ensuring quality control in addition to providing the necessary support and education to organizations utilizing the reporting system.

Shaver received a Bachelor of Science in Nursing from the University of Michigan and a Master of Science Degree in Healthcare Management from Touro University.

# RHC Self Survey

12



# When do RHCs get inspected?

1. Upon initial entrance into the RHC Program
2. Upon recertification by the State, AAAASF, or TCT
3. State Inspectors in Alabama and Kentucky are not doing initials. AAASF & TCT are.
4. Ask the State!!!





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# **Objective of the RHC Certification Inspection**

**To determine if the RHC is in substantial compliance with the 9 conditions of participation for RHC participation or the standards of the deeming authority.**

**RHCs may receive Standard or Condition Level Deficiencies.**

# There are Nine Conditions of Participation

<https://www.law.cornell.edu/cfr/text/42/part-491/subpart-A>

- **491.4 Comply with Fed, State, & Local Laws**
- **491.5 Must meet location requirements**
- **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**



## RURAL HEALTH CLINIC

### Phase 1 | Introduction & 855A Pre...

Estimated Timeline for the RHC ...

### Phase 2 | Preparing for the State I...

RHC & EP Policy & Procedure M...

Evidence Binder

Documenting Compliance

Preparing for the RHC Inspectio...

Emergency Preparedness

Mock Inspection

Products that RHCs may need t...

Other items that are needed ...

Files that will help RHCs Docum...

Fire Drill Documentation

### Phase 3 | Submitting the State Ap...

### Phase 4 | After the RHC Inspection

### Phase 5 | Cost Reporting

### | Contact Information

### Facebook Group

<https://tinyurl.com/u88v54w>



# RURAL HEALTH CLINIC

## RHC CONVERSION GUIDE

NOVEMBER, 2019

To view this document online go to <https://tinyurl.com/u88v54w>



## Healthcare Business Specialists

*Specializing in RHC reimbursement*

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# PREPARING FOR THE RHC STATE INSPECTION WEBINAR AND MATERIALS

On February 5, 2020 Healthcare Business Specialists presented a webinar on preparing for the state/AAAASF/TCT inspections to become a rural health clinic and re-inspections conducted by the state, AAAASF, and TCT. Here is the recording of the webinar and the PDF of the presentation:

- [Webinar Recording on RHC State Inspections](#)
- [Powerpoint Presentation \(PDF\)](#)
- [RHC Conversion Guide from HBS](#)
- [Pretest - 8 Questions \(PDF\)](#)
- [Mock Inspection Form used by Healthcare Business Specialists](#)
- [Program Evaluation Template \(Word\)](#)
- [Powerpoint Presentation by Kate Hill on RHC Certification](#)
- [Powerpoint Presentation by Elsie Crawford on RHC Certification](#)
- [State Operations Manual updated January 17, 2020](#)
- [State Operations Manual Updated January 17, 2020 \(Nine Pages related to RHCs\)](#)
- [TCT Mock Inspection Form in Word Format](#)
- [TCT Mock Inspection Form in PDF Format](#)

<http://www.ruralhealthclinic.com/certification-materials>

## RHC SURVEY PREPARATION STEPS AND RESOURCES

As you prepare for the RHC inspection here are some resources to help you comply with the nine conditions of participation to become a rural health clinic. It is important to start acting as if you are a rural health clinic before the inspection. We have provided some resources for you to review and start working on before the Mock Inspection occurs. The Mock Inspection is designed to be educational and instructional and will elaborate on the processes and procedures that the State Inspectors, AAAASF, and The Compliance Team will expect to be in place by the time of the Certification inspection. Please click on the links below to view the documents:

- [Assignments for Clinic Personnel including Forms to implement](#)
- [RHC Certification, Mock Inspection, and Evidence Binder Summary Information](#)
- [Agenda for RHC Mock Inspections \(2-page PDF\)](#)
- [RHC Mock Inspection Form, Evidence Binder, and Resources for the initial inspection \(32-page PDF\)](#)
- [Estimated Timeline for the RHC conversion process \(1-page PDF\)](#)
- [RHC Survey Steps based upon Interpretative Guidelines \(21-page PDF\)](#)
- [Emergency Preparedness Required Activity Checklist \(1-page PDF\)](#)
- [Infection Control Checklist for ASCs used by RHC Inspectors \(17-page PDF\)](#)
- [Evidence Binder Instructions](#)
- [Evidence Binder Table of Contents](#)
- [Medical Director Agreement Template \(Patient Care Included\)](#)
- [Medical Director Duties and Physician Job Description](#)
- [Collaborative Agreement for the NP/PA](#)
- [Nurse Practitioner Protocols Policy with reference to UpToDate App or NP Protocol Book](#)
- [Fire Drill Documentation](#)
- [Chart Audit Forms](#)

<http://www.ruralhealthclinic.com/certification-materials>



## Preparing for the RHC Inspection Steps

- 1. Prepare an RHC Policy and Procedure Manual
- 2. Prepare an Emergency Preparedness Policy and Procedure Manual
- 3. Train your employees about RHC status
- 4. Start Acting like you are an RHC
- 5. Conduct an Emergency preparedness drill, risk assessment, and EP training
- 6. Conduct a Program Evaluation
- 7. Conduct a Mock Inspection
- 8. Prepare an Evidence Binder
- 9. Pass the site inspection

1. The most important step to passing the RHC inspection is to prepare and maintain a comprehensive Evidence Binder to present to the Inspector.

---

A. Yes

B. NO



The clinic will have an Evidence Binder and give that to the surveyor.

## Tennessee RHC Survey Evidence Binder

Please provide the following information to the RHC Surveyor at the beginning of the RHC survey. Please make a copy of everything provided to the Surveyor for your records.

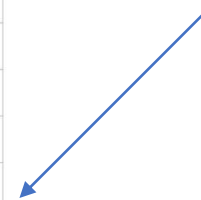
Number	Surveyor Requested Item	Reference	Status
1	Form CMS-29	<b>Item 1</b>	<b>Done</b>
2	Copy of approval from CMS-RO for Visting Nurse Services.	NA	No Visiting Nurses.
3	Hours of operation	Item 3	Done
4.	Name and address of Owners	Item 4	Done
5.	Copy of Organizational Chart	Item 5	Done
6.	List of all patients scheduled for today, office visits for past 6 months and any emergency transfers in past year		
7.	List of all staff, title, and date of hire (Including MD)	Item 7	To Do
8.	Staffing for 2 weeks of operation (include all disciplines)	Item 8	Done
9.	Program Evaluation	Item 9	Sign page 3
10.	Copy of Confidentiality policy	Item 10	Done
11.	Policy for maintaining medical records	Item 11	Done
12.	Policy for emergency procedures	Item 12	Done
13.	Patient Care policy	Item 13	Done
14.	Copy of Physician(s), PA(s) and/or NP(s) license		
15.	Protocols for PA and/or NP to follow per physician		
16.	Procedures that PA and/or NP are allowed to perform		
17.	CLIA Certificate		
18.	Routine and Preventive Maintenance of medical equipment records		
19.	List of all services provided through agreement or arrangement	Item 19	Done
20.	Copy of facility floor plan		

## Rural Health Clinic Evidence Binder



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Healthcare Business Specialists, LLC  
502 Shadow Parkway  
Chattanooga, TN 37421  
Call: 423.243.6185  
Email: [marklynnrhc@gmail.com](mailto:marklynnrhc@gmail.com)

1. How to complete the Evidence Binder
2. CMS-29
3. Tax ID Letter – CP-575
4. Medicare Tie-In Letter -CCN Number
5. Health Shortage Area Documentation
6. List of Employees- Credentialing Info
7. Medical Licenses
8. DEA Licenses
9. CPR Certificates
10. Annual OIG Exclusion  
<https://exclusions.oig.hhs.gov/>
11. NP/PA Protocols
12. Collaborative Agreements
13. Inpatient Services Agreement/proof
14. Quarterly Chart Audits
15. Organization Chart
16. CLIA Certificate
17. Listing of Equipment & Preventive M.
18. Prev. Maintenance Agreement & Invoices
19. Fire, Evacuation, Tornado, etc. Drills
20. Annual HIPAA, OSHA, EP training
21. Floor Plan with Evacuation routes
22. Housekeeping logs
23. Preventive Maintenance logs
24. Monthly log for expiration dates
25. Annual Program Evaluation Report



<https://static1.squarespace.com/static/53c5f79de4b0f4932a3942a8/t/5dd043513f9513116962399f/1573929809795/2019+Evidence+Binder+25+Tab+Index.pdf>



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## Evidence Binder

•

The most important aspect of passing the RHC inspection is to have an Evidence Binder to present to the inspector when the RHC inspection begins. We will provide a Table of Contents and if you will accumulate the information before the inspection that will make the inspection go much, much smoother. Your Evidence Binder should be maintained in a Notebook and continually updated. **In addition, please make a copy of the Evidence Binder and give it to the inspector for them to take with them.** This will ensure the inspector they have everything to show compliance with the conditions of participation to become a rural health clinic.

- [Evidence Binder Instructions](#)
- [Evidence Binder Table of Contents](#)








2. When the RHC Inspector arrives you should?

---

- A. Send them away if you are not entirely ready.**
- B. Try to keep them in the waiting room as long as possible.**
- C. Find them a private place to work away from sick patients.**





3. What COVID-19 Precautions should RHCs be taking?

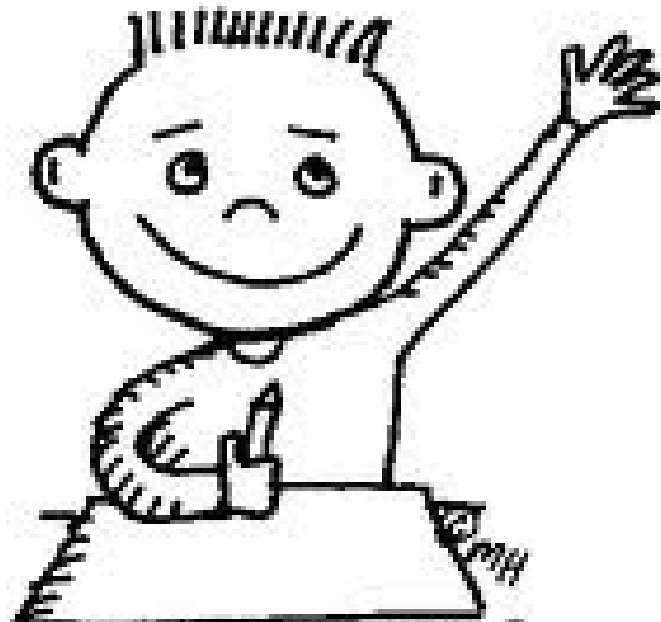
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**A. Activate your Pandemic Emergency Plan**

**B. Evaluate your PPE supply chain**

**C. Evaluate your infection control protocols**

**D. All of the above.**



**QUESTIONS**

Southern EVALS Presents

# COVID-19 AND YOUR RHC

Be prepared  
Protect your patients and staff  
Prevent the spread.



<https://sevals.net/shop>

## COVID-19 RESOURCES FOR RHCS

Healthcare Business Specialists is using this COVID-19 website to provide resources for our RHCs. We have provide links to valuable information as you deal with this world-wide pandemic.

Here are the resources provided in our COVID-19, Infection Control and RHCs with Southern Evals - Taylor Cottano and Patty Harper on March 12, 2020

- Recording of COVID-19 Webinar on March 12, 2020 with Taylor Cottano and Patty Harper (Placeholder)
- [COVID-19 Presentation by Taylor Cottano on March 12, 2020 \(PDF\)](#)
- [COVID-19 Presentation by Patty Harper on March 12, 2020 \(PDF\)](#)
- [COVID-19 Administrative Presentation by Mark Lynn on March 12, 2020 \(PDF\)](#)
- [Listing of who to alert if you have a suspected case of COVID-19 \(Local Office of Public Health and the CDC\)](#)
- [Infection Control - COVID-19 FAQs from the CDC](#)
- [Handwashing Materials from the CDC](#)
- [Handwashing Posters](#)
- [Handwashing Fact Sheets](#)
- [Handwashing video for adults](#)
- [Additional Handwashing Information from the CDC](#)
- [Southern Evals Website](#)
- [inQuiseek LLC Website](#)

<http://www.ruralhealthclinic.com/covid19>

## OTHER IMPORTANT COVID-19 RESOURCES FOR RHCS

Besides the information presented in the webinar, here is a listing of links to important information about COVID-19 and rural health clinics.

- [CDC Current Emergencies Website with updated guidance from CMS on COVID-19](#)
- [Tennessee COVID-19 Website](#)
- [Kentucky COVID-19 Website](#)
- [Emergency Preparedness Tabletop for COVID-19 Powerpoint Presentation \(PPT\)](#)
- [Emergency Preparedness Tabletop COVID-19 Facilitator Manual \(Word\)](#)
- [Emergency Preparedness Tabletop COVID-19 Participant Situation Manual \(Word\)](#)

<http://www.ruralhealthclinic.com/covid19>

# The RHC Inspection

**INSPECTION**

**PASSED**

**FAIL**



# NARHC Mock Inspection Tool

Date of review:

Reviewed by:

Conduct your  
own Mock  
inspection

Exam Rooms and Procedure Rooms	
1. room logs being utilized?	
2. expired meds/supplies?	
3. plug protectors?	
4. closed trash containers?	
5. holes or spots in walls that need repair?	
6. locks on cabinets as necessary?	
7. anything under sinks?	
8. vials ointments and solutions dated appropriately?	
9. any single use items opened and not discarded?	
10. cleaning products secured?	
11. drawers and cabinets neatly organized?	
12. sharps containers mounted and dated appropriately?	
13. splash guards present?	
Patient Bathrooms	
14. emergency notice in bathroom? System tested?	
16. any chemicals or air freshener cans in bathrooms?	
17. restroom labeled correctly?	
18. holes or spots in walls that need repair?	
19. plug protectors?	
lab area	
20. controls being done and logged as appropriate?	
21. Is equipment clean?	
22. splash guards present?	
23. clean and dirty clearly defined?	
24. nothing dirty in the clean area	
25. holes or spots in walls that need repair?	
26. UA testing capability?	
27. Pregnancy testing capability?	
28. Hemocult testing capability?	
29. Hemoglobin OR hematocrit capability?	
30. Primary culturing capability? (flu swab, strep screen)	

Medication/nurse area	
31. signage on fridge - do not unplug, meds only, etc.	
32. power outage procedure on door of imms	
33. anything stored in doors of fridges?	
34. schedule II drugs are double locked and logged separately?	
35. allergy meds monitored separately for expiration?	
36. oxygen tanks secured	
37. oxygen tanks labeled in use and empty? Cannula ready?	
38. emergency drug box easily accessible?	
39. sample meds logged?	
40. eye wash station checked and logged?	
41. spill kit?	
42. any safety concerns?	
43. any autoclave process concerns?	
waiting room and hallways	
44. holes or spots in walls that need repair?	
45. plug protectors?	
46. clean?	
47. Any safety concerns?	
48. lock on cleaning supply closet	
49. exit signs can be clearly seen and lights functioning?	
50. Secondary doors are locked?	
51. fire extinguishers are being checked monthly?	
52. hallways are clean and unobstructed?	
Check in area	
53. HIPAA review/PHI	
54. area neat and organized?	
Signage and parking lot	
55. hours of operation posted are correct?	
signage review	
any safety concerns?	
Miscellaneous	
APP hours meeting the 50% rule	

# Mock Inspection – Tour of Clinic

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## Facility Tour



**Clean and Maintained**



# Facility Tour



Local Licenses or Certificates

State Postings

Federal Postings

Dangerous Drug Certificates

Provider Licenses

**State and Federal Posters are required to be in Visible Places**



# Front Door Chapter 13 Disclose Office Hours

1. Handicapped Assessable
2. Parking Lot

# RHCs are required to disclose ownership, medical direction & Principal Direction and Operation in the Lobby

---



<http://www.ruralhealthclinic.com/s/2019-Certification-Master-Signage-with-Ownership-Medical-Direction-and-management-to-be-placed-in-lo.docx>



# Waiting Room – Spot any Issues?

---



Toys?  
Carpet?  
Fabric?



# Lobby

Books?

Magazines?

Provider's Licenses?



# Any Issues?

---

1. AAAASF
2. TCT



# Mock Inspection Lobby

---





Check-In

FLY/D

FLY/D



LOYD

Care  
Durren, DA  
Hines, MSN, RN-C

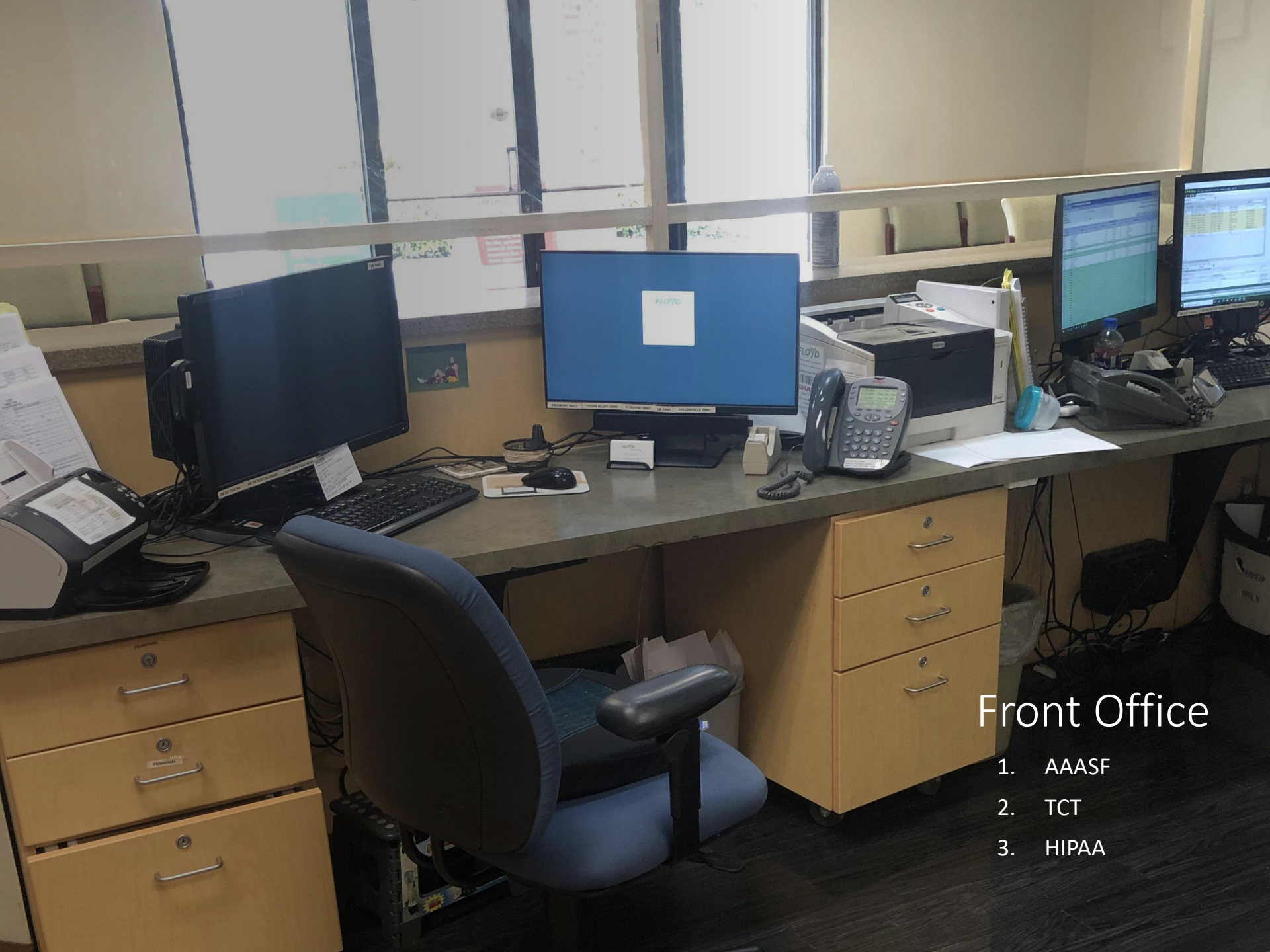




# Any Issues

1. TCT
2. AAAASF





## Front Office

1. AAASF
2. TCT
3. HIPAA

4. When the surveyor asks a question you do not know the answer to?

---

- A. Pretend you don't hear them
- B. Make something up
- C. Say "Let me refer to the Policy and Procedure manual and get right back with you"
- D. Say "I don't know and I don't care"



# Mock Inspection - Hallways

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## Facility Tour



**Fire Safety Process per State Regulations  
(note accreditation standards that may exceed CFR)**

## Compliance Item Reviewed

Clinic is handicapped accessible. See Handicapped Codes for more info.

Exit doors and signage are in the appropriate places.

Clinic does not have any exposed building materials. (i.e., insulation, holes in walls, etc.)

Fire extinguishers are inspected monthly and annually by an outside fire professional company or personnel with appropriate training.

Emergency exit routes are free of barriers.

Exit signs are appropriately placed.

Exit door(s) prevent unauthorized access from the outside but allows emergency exit from within.

Secondary doors are locked at all times.

Shatter proof light bulbs are used for all exposed lights.

Overhead ceiling lights are free of bugs and debris.

Floor plans were posted throughout the clinic.

Flooring is free from hazards.

Patient restrooms are free of staffs' personal hygiene products.

The clinic is free of clutter.

Hallway exits are free of obstructions.





5. Will the RHC inspector observe a patient visit?

---

**A. Yes, under recent Interpretative Guidelines the inspector should do this.**

**B. No, HIPAA Privacy Regulations will not allow this.**





# Patient Room - Sink





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## **Handwashing Video**



<https://www.youtube.com/watch?v=SyRtMI4a1FE>



### Compliance Item Reviewed

- Plug protectors were present in outlets.
- Sharps are secured throughout clinic – should be attached to the wall and high enough so children cannot reach.
- Treatment trays are free of dust and debris.
- Nothing under the exam room sinks.
- Closed trash containers are utilized in patient care areas and biohazard stickers are placed on hazardous waste baskets.
- Clinic has written cleaning policies and procedures for patient rooms.
- Equipment is cleaned and disinfected prior to each patient's use.
- No equipment is located/stored on the floor.
- Clinic has documented universal precautions and training on hand washing (sinks, alcohol-based gels, signs, etc) and the utilization of gloves.
- Clinic has an OSHA Spill Kit and Eye Wash faucet.



**Shatterproof Light Bulbs**

# Patient Exam Room

AAAASF

TCT



# Laboratory

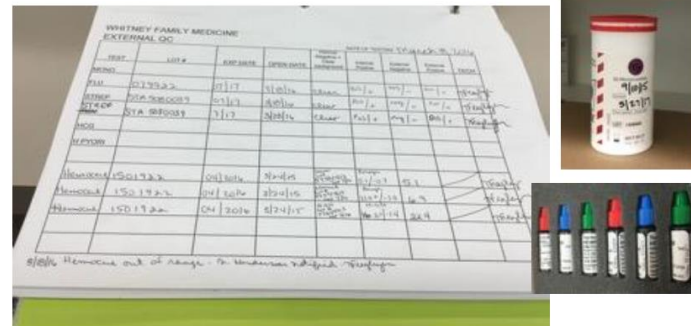


# Six Required Lab Services

## Review of Laboratory Services

### Laboratory Compliance

- 6 Required tests must be able to be performed in the Clinic
  - Urine Analysis
  - Hemoglobin/Hematocrit
  - Blood Glucose Testing
  - Urine Pregnancy Test
  - Occult Fecal Blood Test
  - Primary Culturing
- Clinic follows all Manufacturer's IFU for equipment and supplies
- Staff should have training/verification of competency (BEST PRACTICE)





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## Facility Tour

### Equipment Maintenance Best Practices

- All equipment resides on an Inventory List
- Policy determines need for Inspection vs Preventive Maintenance
- PM based on Manufacturer's IFUs
- Process in place for tracking due dates for PM
- Evidence of initial inspection BEFORE use in patient care
- Annual Bio-Med inspection is evident with stickers or report
- Equipment not in use is labeled as such and stored away





# Laboratory

Clean and Dirty?





# Issues

1. TCT
2. AAAASF





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# Place Hints Throughout The Clinic

**\*\*LIDOCAINE AND XYLOCAINE are single use vials and should be discarded after each use.\*\***



**\*\*\*REMEMBER\*\*\***  
**Multidose Vials**  
**MUST BE LABELED WITH A 28 DAY EXPIRATION DATE ONCE PUNCTURED.**  
**NOT the initial date vial is punctured.**  
Vials should be discarded after the beyond use date of 28 days.  
*Thank you!*  
-JCMH Pharmacy

### STANDARD PRECAUTIONS

**ATTENTION!**

**Hand Hygiene**  
Wash your hands frequently and thoroughly with soap and water for at least 20 seconds. Use hand sanitizer if soap and water are not available. Use gloves when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or wound drainage. Remove gloves after each patient contact. Perform hand hygiene after glove use.

**Respiratory Hygiene and Cough Etiquette**  
Cover your mouth and nose with a tissue when coughing or sneezing. Use the elbow or sleeve of a gown or patient care attire when no tissue is available. Perform hand hygiene after coughing or sneezing.

**Personal Protective Equipment (PPE)**  
Wear PPE based on the nature of the anticipated patient interaction. Includes the correct use of face, shoe, and gown.  
Before entering the patient's room or patient care area, wear PPE.  
After exiting the patient's room or patient care area, remove PPE.  
Dispose of PPE properly after each use. Do not reuse PPE unless it is specifically designed for reuse.

**Gloves**  
Wear gloves when contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or wound drainage is anticipated. Use gloves when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or wound drainage. Perform hand hygiene after glove use.

**Gowns**  
Wear a gown to protect skin and prevent clothing or undergarments from becoming contaminated with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or wound drainage. Use a gown to protect skin and prevent clothing or undergarments from becoming contaminated with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or wound drainage. Perform hand hygiene after gown use.

**Mask Use and Positioning**  
Use a mask to prevent the forward projection of the face, nose and mouth during procedures and activities when there is a risk of splashing or spraying of blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or wound drainage. Use a mask to prevent the forward projection of the face, nose and mouth during procedures and activities when there is a risk of splashing or spraying of blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or wound drainage. Perform hand hygiene after mask use.



## Refrigerator - Specimens



# Refrigerator - Medications



# Radiology

Issues:

1. AAAASF
2. TCT



# Radiology

1. TCT
2. AAAASF

# Drugs and Biologicals

---

All medications are stored in locked cabinets, cupboards, and/or drawers. No patient access.

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Medications are locked up at the end of each day.

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Medications, biological, and sterile supplies are inventoried monthly for expiration date.

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Multi-injectable vials, ointments, and solutions are dated when opened and discarded in accordance with hospital or clinic policy.

---

Expired medications, biologicals, and supplies are discarded in accordance with hospital or clinic policy.

---

Refrigerator and freezer temperatures are recorded daily; and twice daily if storing vaccines. (VFC)

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The clinic does not store medications in the door of the refrigerator or freezer.

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Sample medications are logged out when dispensed to include: Date, Patient Name, Medication, Lot #, Expiration Date, Amt. Dispensed, and NDC #.

---

Controlled substances are inventoried on a weekly basis and stored dispensed in accordance with State Pharmacy regulations.



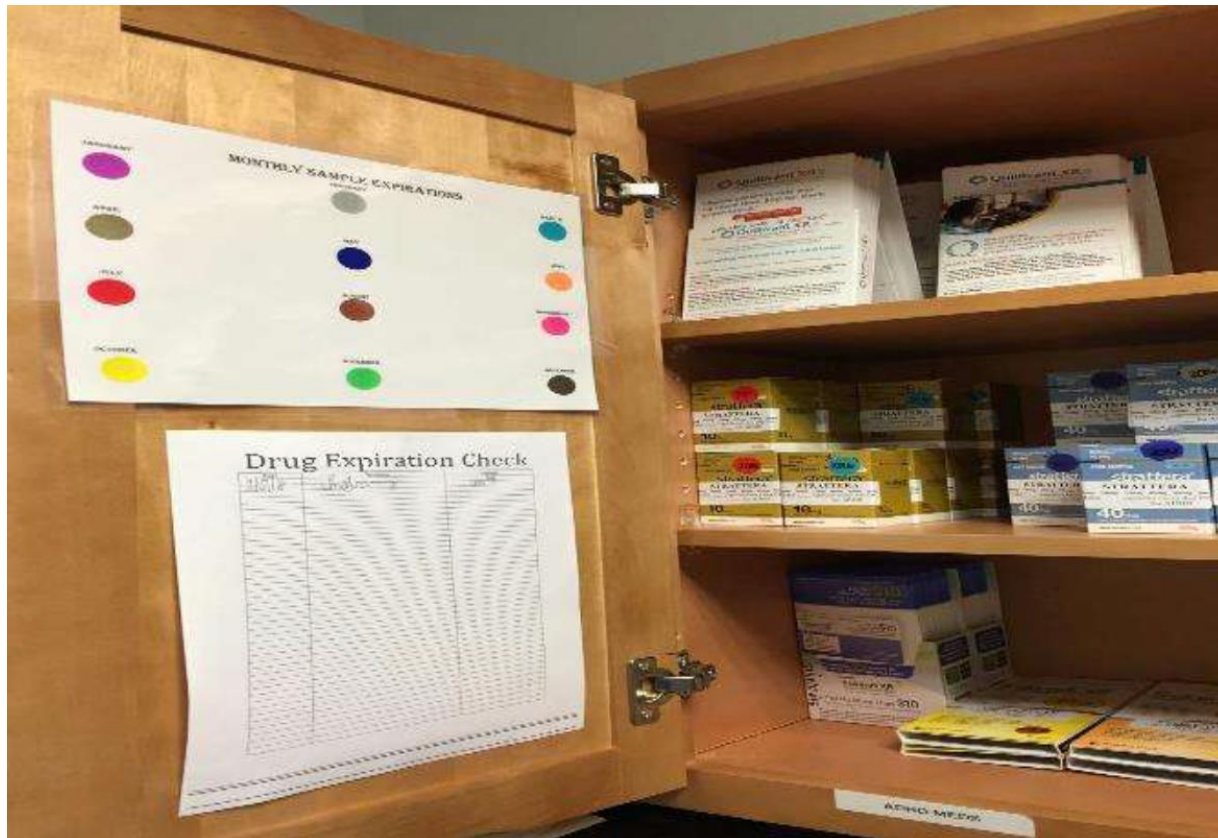
Sample  
Medications  
Locked



Sample  
Medications  
Stored  
Properly



# Check for Expired Medications



# Survey Process - The Exemplary Way



Oxygen –  
Separate  
full from  
Empty and  
chain to  
wall




6. RHCs are required to maintain snake antidote?

---

A. Yes

B. No





7. RHCs should consider which of the following when stocking the Emergency kit?

---

- A. The community history**
- B. The medical history of its patients**
- C. Accepted Standards of Practice**
- D. All of the above**



# Emergency Medication Storage

## Medication Storage



**ER Med Box/Cart is stocked according to a list and ready to meet the needs of the population.**



# Appendix G - Emergency Drugs and Biologicals for RHCs

- *“While each category of drugs and biologicals must be considered, all are not required to be stored...”*
- We will still be required to store drugs and biologicals for emergencies, but now, CMS is allowing us to determine which drugs and biologicals are most appropriate for our communities:
- *...when determining which drugs and biologicals it has available for purposes of addressing common life-threatening injuries and acute illnesses, **the RHC should consider, among other things, the community history, the medical history of its patients and accepted standards of practice. The clinic should have written policies and procedures for determining what drug/biologicals are stored and that address the process for determining which drugs/biologicals to store, including identifying who is responsible for making this determination.**”*

# CMS Relaxes Policy on Emergency Drugs and Biologicals for RHCs

NARHC is happy to report that CMS is significantly altering their guidance policy regarding emergency drugs and biologicals required in Rural Health Clinics. This change is effective immediately.

Previously, RHCs were required to stock drugs and biologicals from each of the following categories: 1-Analgesics; 2-Local Anesthetics; 3-Antibiotics; 4-Anticonvulsants; and 5-Antidotes, emetics, serums & toxoids. **However, as of September 3rd, 2019, RHCs will only be required to consider each category when they craft their written policies.** This means that RHCs will not be required to stock snake antidote, emetics, or anticonvulsants!



<https://www.web.narhc.org/News/28058/CMS-Relaxes-Policy-on-Emergency-Drugs-and-Biologicals-for-RHCs>



8. RHCs must have a generator for emergency power?

---

A. Yes

B. No



# Appendix G – Revision Dated September 3, 2019

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## Center for Clinical Standards and Quality /Quality, Safety & Oversight Group

Ref: QSO-19-18- RHC

**DATE:** September 3, 2019  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Survey and Certification Group  
**SUBJECT:** Revised Rural Health Clinic (RHC) Guidance Updating Emergency Medicine Availability—State Operations Manual (SOM) Appendix G- Advanced Copy

### Memorandum Summary

- **RHC Appendix G Revision:** The Centers for Medicare & Medicaid Services (CMS) is updating the medical emergency guidance as it pertains to the availability of drugs and biologicals commonly used in life saving procedures.

### Background

On December 22, 2017, CMS issued a comprehensive revision to the SOM, Appendix G for RHCs. As part of the revision, we provided additional guidance pertaining to the medical emergency requirements which are codified at 42 CFR 491.9(c)(3). The regulation requires RHCs to provide medical emergency procedures as a first response to common life-threatening injuries and acute illness. In addition, it requires RHCs to have available the drugs and biologicals commonly used in life saving procedures, such as analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids. Since the regulation utilizes the term “such as” when identifying the types of drugs/biologicals the RHC must have available, there have been questions as to whether the RHC must maintain items from *each category type* listed or if the categories were provided as examples. Additionally, it has been brought to our attention that the example provided in the current guidance implies all RHCs are required to store snake bite anti-venom, regardless of whether or not there was a specific risk in the RHC’s geographic area.

### Discussion

The current guidance clarifies that an RHC must maintain a supply of drugs and biologicals adequate to handle the volume and type of emergencies it typically encounters for *each of the listed categories*. It further states, if an RHC generally handles only a small volume/type of a specific emergency, it is appropriate for the RHC to store a small volume of a particular drug/biological. As an example, we used snake bites as a medical emergency to which storing a small volume of an antidote would be acceptable.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-18-RHC.pdf>



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## **INTERPRETATIVE GUIDELINES RELEASED**

**CMS released a long update to SOM Appendix G Interpretative Guidelines for RHCs (Appendix G was updated in January, 2018) Here is the link to this 93 page PDF.**

**<https://www.cms.gov/Medicare/Provider-Enrollment-andCertification/SurveyCertificationGenInfo/Downloads/Survey-and-CertLetter-18-09.pdf>**

**While not legally binding, it can be used by surveyors to justify non-compliance**

**H B S**

Healthcare Business Specialists



Questions/Comments/Thank you

