

# Survey Hot Topics for Outpatient Departments & Rural Health Clinics

# Presenter



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# About HealthTech



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# Nationwide Client Base



HealthTech provides award-winning hospital management, and consulting services to over 100 community, district, non-profit, and critical access hospitals across the country.

Preferred vendor for

- California Critical Access Hospital Network
- Western Healthcare Alliance

Consulting Support to:

Illinois Critical Access Hospital Network  
Montana Flex Program

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**Swing Bed Basic Certification Course**

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# January – July webinars

All webinars are recorded for on-demand viewing.

## Choosing an EHR for your hospital: A roadmap

Presenter: Amy Lowe – Senior Recruiting Director, HealthTech  
Date: February 8, 2023 | Time: 12pm CST  
URL: <https://bit.ly/3YQvNGq>

## COVID fraud

Presenter: Cheri Benander, RN, MSN, CHC, C-NHCE, will be a facilitator for Scott Shanker, an attorney from Bass, Berry & Sims PLC  
Date: March 10, 2023 | Time: 12pm CST  
URL: <https://bit.ly/3jmTwOh>

## Part 1: Survey hot topics for Critical Access Hospitals

Presenter: Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer, HealthTech  
Date: April 14, 2023 | Time: 12pm CST  
URL: <https://bit.ly/3HXDdBL>

## Improving health system operations – One step at a time

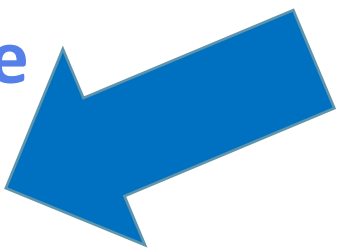
Presenter: Scott Manis – Regional Vice President.  
Carolyn St. Charles, RN, BSN, MBA – Chief Clinical Officer, HealthTech  
Date: May 10, 2023 | Time: 12pm CST  
URL: <https://bit.ly/3G5Hlsp>

## Part 2: Survey hot topics for outpatient care settings and Rural Health Centers

Presenter: Carolyn St. Charles, RN, BSN, MBA  
– Chief Clinical Officer, HealthTech  
Date: May 19, 2023 | Time: 12pm CST  
URL: <https://bit.ly/3jR9G2o>

## How creativity drives advertising effectiveness for your hospital + Building a brand voice

Presenter: Dominic Symes – EVP Staffing Solutions & Chief Revenue Officer, HealthTech  
Date: June 16, 2023 | Time: 12pm CST  
URL: <https://bit.ly/3WXT0oB>



# Instructions for Today

You may type a question in the text box if you have a question during the presentation

We will try to cover all your questions – if we don't get to them during the webinar, we will follow-up with you by e-mail

You may also send questions after the webinar to our team (contact information is included at the end of the presentation)

The webinar will be recorded, and the recording will be available on the HealthTech web site:  
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# Agenda

- 1) Overview
- 2) Hot Topics for Outpatient Departments and Rural Health Clinics
- 3) Hot Topics for Outpatient Departments
- 4) Hot Topics for Rural Health Clinics
- 5) Surveyor Acumen
- 6) Leader Responsibilities



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# Survey Overview



# Regulatory Sources

State Operations Manual Appendix G - Guidance for Surveyors: **Rural Health Clinics** (RHCs) (Rev. 200, 02-21-20)

State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for **Critical Access Hospitals (CAHs) and Swing-Beds in CAHs** (Rev. 200, 02-21-20)

State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for **Hospitals** (Rev. 200, 02-21-20)

State Operations Manual Appendix I - **Life Safety Code** (Rev. 209, 12-09-22)

State Operations Manual Appendix Q - Guidelines for Determining **Immediate Jeopardy** (Rev. 187, Issued: 03-06-19)

State Operations Manual Appendix V - **EMTALA** (Rev. 191, 07-19-19)

State Operations Manual Appendix Z - **Emergency Preparedness** (Rev. 204, Issued: 04-16-21)

**AND**  
**State Administrative Code**

# Types of Surveys

- **Accreditation Survey**
  - Initial
  - Recertification
  - Revisit to confirm POC
- **Complaint**
- **Life Safety**
- **Validation Surveys**
- **Federal Monitoring Surveys**

## **HealthTech Surveys**

Let us know if you're interested in a mock survey and we will be glad to send you a proposal.

We survey:

- Critical Access Hospitals
- Hospitals
- Hospital-Based Provider Clinics
- Rural Health Clinics
- Long Term Care
- Home Health & Hospice

Focused Surveys

- Swing Bed
- Environment of Care, Life Safety, Emergency Management
- QAPI
- Infection Control

# Scope of Surveys for Hospitals

Surveyors assess compliance with the CoPs for:

- all services, areas and locations in which the provider receives reimbursement for patient care services billed under its CMS Certification Number (CCN)
- as well as certain entities that provide services to the CAH on a contractual basis

These areas **include**

- all inpatient and outpatient services and practice locations
- buildings and facilities (including, but not limited to, generators, electrical rooms, food services, HVAC, supply areas, sterilization areas, etc.)

# CMS Classification of Findings

When noncompliance with a condition of participation is noted, the determination of whether a lack of compliance is at the standard or condition level depends upon the degree (how severe, how dangerous, how critical, etc.) and manner (how prevalent, how many, how pervasive, how often, etc.) of the lack of compliance. The cited level of noncompliance is determined by the interrelationship between the degree and manner of the noncompliance.

**Condition Level:** A deficiency at the condition level may be due to noncompliance in a single standard or several standards, or parts of standards within the condition, or because of noncompliance with a single part (tag) representing a severe or critical health or safety breach. Even a seemingly small breach in critical actions or at critical times can kill or severely injure a patient, and represents a critical or severe health or safety threat.

**Standard Level:** A deficiency is at the standard level when there is noncompliance with any single requirement or several requirements within a particular standard that are not of such character as to substantially limit a facility's capacity to furnish adequate care, or which would not jeopardize or adversely affect the health or safety of patients if the deficient practice recurred.

# CMS Immediate Jeopardy

**Noncompliance:** An entity has failed to meet one or more federal health, safety, and/or quality regulations;

**AND**

**Serious Adverse Outcome or Likely Serious Adverse Outcome:** As a result of the identified noncompliance, serious injury, serious harm, serious impairment or death has occurred, is occurring, or is likely to occur to one or more identified recipients at risk;

**AND**

**Need for Immediate Action:** The noncompliance creates a need for immediate corrective action by the provider/supplier to prevent serious injury, serious harm, serious impairment or death from occurring or recurring.

Source: State Operations Manual Appendix Q – Core Guidelines for Determining Immediate Jeopardy Table of Contents (Rev. 187, Issued: 03-06-19)

# CMS Validation Surveys

The Centers for Medicare & Medicaid Services (CMS) has responsibility for oversight and approval of accrediting organization (AO) accreditation programs used for Medicare certification purposes, and for ensuring that providers or suppliers that are accredited under an approved AO meet the quality and patient safety standards required by the Medicare Conditions of Participation

CMS has indicated in the report that the validation redesign pilot (VRP) program, in which a SA surveyor has direct observation of AO surveyors during survey activity, is tentatively scheduled to restart in FY 2022.

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

Ref: QSO-22-06-AO/CLIA

December 15, 2021

FY 2020 Report to Congress (RTC): Review of Medicare's Program Oversight of Accrediting Organizations (AOs) and the Clinical Laboratory Improvement Amendments of 1988 (CLIA) Validation Program

# Validation Surveys

Critical Access Hospitals 2019 Validation Surveys	Cited by SA	Missed by AO	Disparity Rate
Physical Plant and Environment	10	5	55.6%
Provision of Services	3	1	11.1%
Surgical Services	2	1	11.1%
Organizational Structure	1	1	11.1%
Swing Bed	1	1	11.1%

CMS reported that the **physical environment (PE) and infection control conditions** are the top disparate citations for hospitals, psychiatric hospitals, ambulatory surgery centers and CAHs. (December 2021)

SA = State Agency (conduct validation surveys)

AO = Accrediting Organization



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# Surveyor Instructions



# Surveyor Instructions

## They are always watching!

Observations provide first-hand knowledge of CAH practice and the provision of care and services to inpatients and outpatients.

The regulations and interpretive guidelines offer guidance for conducting observations.

Observation of the care environment provides valuable information about how the care delivery system works and how CAH departments work together to provide care.

**Surveyors are encouraged to make observations, complete interviews, and review records and policies/procedures by stationing themselves as physically close to patient care as possible.**

**While completing a chart review, for instance, it may be possible to also observe the environment and the patients, staff interactions with patients, safety hazards, and infection control practices.**

# Surveyor Instructions

## They are always watching!

When conducting observations, particular attention should be given to the following:

- Patient care, including treatments and therapies in all patient care settings
- Staff member activities, equipment, documentation, building structure, sounds and smells
- People, care, activities, processes, documentation, policies, equipment, etc., that are present that should not be present, as well as, those that are not present that should be present
- Integration of all services, such that the CAH is functioning as one integrated whole
- Whether quality assurance (QA) is a CAH-wide activity, incorporating every service and activity of the provider and whether every facility department and activity reports to, and receives reports from, the CAH's central organized body managing the facility-wide QA program
- Storage, security, and confidentiality of medical records.
- Environmental risks. Examples may include, but are not limited to, unattended cleaning carts, unattended hazardous cleaning solutions, unlocked medications, and ligature risks in areas where psychiatric patients may have care provided
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# HOT TOPICS

## Outpatient Hospital Depts and Rural Health Clinics

# Life Safety

## Life Safety

- No door stops
- All exits and hallways clear
- Nothing blocking fire extinguishers or electrical panels
- No items stored within 18 inches of the ceiling
- Adequate egress (hallways are clear of clutter)
- No space heaters unless approved by Facilities
- No extension cords unless approved by facilities – and – attached to wall

## Oxygen

- Oxygen stored in appropriate containers
- Oxygen cylinders secure in tank holders
- Oxygen cylinders labeled (Full / Partial / Empty)

# Environment of Care

## **Equipment**

- All equipment has a current sticker for preventative maintenance. If broken, take out of use and follow policy for repair.

## **General Environment of Care / Safety**

- Cleaning agents out of reach of patients/ visitors and labeled appropriately
- All areas uncluttered
- No holes in walls, chipping paint, etc.
- Sharps containers not more than  $\frac{3}{4}$  full

## **Routine Checks**

- Refrigerator / Freezer / Fluid Warmer / Blanket Warmer / Eye Wash Station checks completed per policy

# Supplies and Medications

## **Supplies and Medications**

- No outdated / expired medications or supplies
- All medications secured against unauthorized access

## **Emergency Supplies and Medications**

- Crash carts AND emergency tackle boxes locked and checked for integrity daily

# Infection Prevention Basics

- Bottom shelf of wire racks has a solid barrier – plastic cover
- No items stored under sinks
- Only “clean” items in clean areas and “dirty” items in dirty areas
- Refrigerators are clean and all food items thrown away that are outdated. All food items are covered, dated and labeled.
- Employee food and / or beverages out of patient care area except in staff lounge / break room. Drinks with lids may be allowed per department policy.
- Clean linen covered
- Linen hampers covered when transported
- Nothing stored on top of linen carts
- Staff can demonstrate or discuss “*5 Moments for Hand Hygiene*”
- Appropriate use of cleaning products
- Appropriate isolation processes



# Infection Prevention

## High-Level Disinfection

- Appropriate high-level disinfection processes
- Instruments cleaned after use in a dirty utility room (not clean) or in room
- Instruments transported in closed containers
- Laryngoscopes sterilized and packaged to prevent contamination
- Airways disinfected and packaged to prevent contamination

# Human Resources

- 1. ALL staff, including contract staff, need to have basic orientation to the organization and their department **BEFORE** they begin work.** At a minimum this should include:
  - What to do in case of a fire
  - What do in case of a disaster
  - Basic Infection Control (Hand washing, no eating in patient care areas, etc.)
  - Where P&P are located and how to access them
  - How to recognize and report potential abuse (internal and external)
  - Orientation to department (What to do if a patient has a respiratory or cardiac arrest, Location of emergency equipment / supplies, location of fire extinguishers, location of eye wash stations, etc.)
- 2. ALL staff, including contract staff, must have employee health requirements met **BEFORE** they start work** (TB skin test, immunizations, physical if required, FIT test, etc.)
- 3. ALL staff, including contract staff and providers, must have a clear criminal background check **BEFORE** they are allowed to start work**

# Human Resources

## Competency is not the same as Education

**Competencies must be based on role – responsibility – job description**

**Competencies should be chosen based on**

- **Criticality** (High level disinfection) (Steam Sterilizer)
  - **Low Volume** (OB emergency)
  - **Problem Prone** (Pediatric Imaging Studies)
    - **Regulatory Requirements**
- **Departmental Processes** (Proper positioning X-Ray) (Calculating weight based medication doses)

# Competency Example

	Observation: Verifier observes that employee is proficient in competency, skill or task in real life scenario.	Simulation: Verifier observes that employee is proficient in competency / skill / task in a controlled environment.	Verbal: Verifier has employee demonstrate competency, / skill / task through a verbal response.	Written: Verifier has employee demonstrate competency / skill / task through a written test.
<b>GENERAL EXAMPLES</b>				
Hand Washing	X			
CPR		X		
Report a Fire			X	
Recognizing Abuse				X
<b>DEPT. SPECIFIC EXAMPLES</b>				
Chest X-Ray Pediatric	X			
Biopsy with Imaging	X		X	

# Chart Audits - Tracers

Surveyors spend a lot of time reviewing medical records (as you know)

- Strongly recommend conducting medical record tracers specific to the practice
- Tracers / chart audits should be done with staff and with current records if at all possible
- Tracers can be the whole chart or focused on a specific area such as consents, discharge instructions, medication administration

# Hot Topics

## Hospital Outpatient Departments

# Medical Imaging

## **MRI**

- MRI Safe Fire Extinguisher that is checked monthly
- Procedure for removing the patient from the MRI in case of an emergency that is SAFE. Recommend MRI safety drills

## **Nuclear Medicine**

- Radioisotopes are controlled and accessible only by nuclear medicine technician

## **Lead Aprons**

- Lead aprons are stored on racks that spread the apron to prevent damage to lining

## **Invasive Procedures**

- Consent is obtained
- Pre-procedure H&P
- Pre-procedure anesthesia assessment (if needed)
- Time out is performed prior to the procedure and documented
- Post-procedure recovery documented
- Discharge instructions documented

# Medical Imaging

## **Intra-cavity Ultrasound Probes**

- Probe covered with a sheath when not in use
- Policy for High-level disinfection
- Documentation of time probe in disinfectant
- Documentation of disinfectant changed
- Test strips current (not outdated) and documented

If using Trophon – documentation of test cycles

## **Equipment**

- Documentation of current preventative maintenance



# Medication Management

## **Medical Imaging**

- Contrast is considered a medication and must be secured in a locked cabinet or room.
- Anaphylaxis kits (or code carts) are considered emergency medications. Must be secured (plastic lock) and checked daily for integrity.

## **Infusion / Blood Transfusion**

- Orders by physician/provider MUST MATCH what is administered
- Orders must be current. For revolving outpatients, hospital policy will specify how long orders are good for
- If provider ordering infusion or blood transfusion is not on staff at hospital, there must be a check of the OIG Excluded Provider List and NPI number before accepting order

# Medication Management

## **Cardiopulmonary**

- Oxygen is considered a drug / medication. There must be specific orders from a provider and those orders must be followed and documented.
  - Cannot use the emergency department order for inpatients
  - Order to titrate without specific parameters (oxygen saturation) is not acceptable and must be clarified

# Laboratory

## **Point-of-Care Tests**

Even though point-of-care tests may be done by other individuals (i.e., nursing), unless the department has their own license, responsibility for overseeing the tests is that of the laboratory

- Policy listing point-of-care tests
- Competency for all staff performing point-of-care tests – and reliable method for determining competency for new staff
- Appropriate and documented controls, when appropriate to the test
- Policy for when controls outdate after being opened
- Color-blindness testing if staff required to differentiate color

# Blood

- Policy for units to be kept on hand
- Policy for when units are replaced
- Policy for distribution of blood including in emergency situations without Type and Cross-match
- Testing blood refrigerator alarms documented

# Blood

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# Hot Topics

## Rural Health Clinics

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# Surveyor Information



# Rural Health Clinic Information Reviewed Prior to Survey

1. Basic characteristics of the RHC, including the facility's ownership, hours of operation, size, and types of services offered. The most recent Form CMS-29 Verification of Clinic Data - Rural Health Clinic Program shows the RHC's location, basic staffing information and type of control.
2. Other sources of information may include the SA's licensure file
3. Any additional information publicly available about the RHC, e.g., from its Website, media reports, etc.
4. Any available information on the physical layout of the RHC
5. For existing RHCs, determine whether a mid-level Staffing Waiver has been issued and is still in effect
6. For existing RHCs, determine whether the clinic has applied to offer Visiting Nurse Services (VNS) and has been found by the CMS RO to be eligible to offer VNS
7. Survey history and results of previous Federal and State surveys. In the case of a complaint survey, information on whether there were similar complaints investigated in the past



# Rural Health Clinic On-Site Request – within 1 hour

1. A list of all patients scheduled for that day.
  - The list should include, at a minimum, the date, each patient's name, purpose of office visit, and the physician/mid-level furnishing the office visit. The surveyor or Team Coordinator indicates that a surveyor will be following the progression of at least one patient, selected by the surveyor from the list, through the office visit, so it is essential that information on the patients be provided as soon as possible, including the expected time between registration and being seen by medical staff.
2. A list of all office visits from the past six months. In the case of a complaint survey concerning an office visit that took place further in the past, be sure to request a list that includes the month of the complaint case;
3. A list of all cases in the past year, if any, where the patient was transferred from the RHC to another health care facility for emergency services; The list should include, at a minimum, the date, each patient's name, purpose of office visit, and the physician/mid-level furnishing the office visit.
4. A list including the names of the Medical Director, active Medical Staff, Allied Health professionals, and all other staff providing patient care

# Rural Health Clinic On-Site Request – within 1 hour

5. A copy of the facility's organizational chart
6. Specific written policies and procedures, upon request from the surveyor
7. Selected RHC personnel records identified by the surveyor
8. Written documentation related to the RHC's program evaluation or QAPI for ongoing self-assessment of quality
9. A list of services provided through agreement or arrangements
10. A copy of the facility's floor plan

# Rural Health Clinic Clinical Record Review

It is generally preferred that the clinical record sample consist of records for RHC patients seen by a physician or non-physician RHC practitioner within the previous 90 days.

**At a minimum, the sample should be at least 20 records for an RHC with a monthly case volume exceeding 50.**

**For lower volume RHCs at least 10 records should be selected.** The sample size may be expanded as needed in order to determine compliance with the RHC CfCs, at the surveyor or Team Coordinator's discretion.

For initial surveys, the surveyor or Team Coordinator determines if there are enough medical records for surveyors to determine whether the RHC can demonstrate compliance with all of the CfCs.

The sample must include Medicare beneficiaries as well as other patients. **Any emergency transfers to hospitals or Critical Access Hospitals (CAHs) should also be included.**



# Hot Topics



# Signage

- Signage must be posted.
- Clinic CANNOT be open unless provider on-site (some accommodation for inclement weather)

*The clinic may only be open and furnishing RHC services if there is a physician, NP, PA, certified nurse midwife, clinical social worker, or clinical psychologist on site and available to furnish services.*

# Mobile Units

All mobile units, regardless of whether they are the entire RHC or a part of an RHC that also has a permanent structure, must have a fixed set of locations in which the unit is scheduled to be providing services at specified dates and times, and each unit must adhere to this schedule

# Physician Review of Records

- Records of PAs (and NPs if State requires a co-signature) must be signed by a physician
- PAs and NPs must participate with the physician to periodically review patients' health records. In States where co-signature is not required, the regulation still requires periodic physician review of the clinical records of patients cared for by non-physician practitioners.

**Important ----- just signing records is not the same as participation**

# Policies and Procedures

- The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners.
- At least one member is not a member of the clinic staff
- The policies are reviewed at least **biennially**
- Policies must include conditions requiring medical consultation and/or patient referral



# Sample Drugs

IF the Clinic provides Sample Drugs there must be a policy regarding storage, inventory and distribution.

## **IMPORTANT**

- 1) Only staff licensed to administer medications can have access to sample drugs. This includes placing in inventory
- 2) An accurate inventory of sample drugs must be maintained, including signing out drugs for specific patients
- 3) All sample drugs must be distributed only by a provider! Drugs cannot be distributed to patients by a RN or CMA.
- 4) Distribution of drug to the patient must be documented in the medical record
- 5) Drugs CANNOT be left at front desk (unsecured) for patients to pick up

**Strongly recommend monthly pharmacist review of processes and practice**

# Medications

Medications required to be kept on-site include:

- Analgesics
- Local Anesthetics
- Antibiotics
- Anticonvulsants
- Antidotes, emetics, serums & toxoids.

While each category of drugs and biologicals must be considered, all are not required to be stored. For example, it is appropriate for a RHC to store a small volume of a particular drug/biological, if it generally handles only a small volume/type of a specific emergency. Likewise, it may be acceptable if the clinic did not store a particular drug/biological because it is located in a region of the country where a specific type of emergency is not common (e.g., snake bites). Nonetheless, 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

# Pain Contracts

If the RHC provides ongoing care for patients with chronic pain or other conditions requiring the use of ongoing pain medication or opioids – Consider

CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022

[https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s\\_cid=rr7103a1\\_w](https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w)

For all pain contracts, adhere to the requirements

- Random drug testing
- Use of illegal substances
- Annual comprehensive review by physician

# Laboratory

Laboratory Tests available on-site must include:

- Chemical examinations of urine by stick or tablet method or both (including urine ketones)
- Hemoglobin or hematocrit
- Blood glucose
- Examination of stool specimens for occult blood
- Pregnancy tests
- Primary culturing for transmittal to a certified laboratory

**EVEN IF samples are collected and sent to main lab, there must still be the capability to perform these tests in the Rural Health Clinic.**

Staff must have documented competency to perform each test

Controls must be documented per manufacturer recommendations

# Sterilization

## **IF the RHC does not process instruments on-site**

- Cleaned after use in dirty utility or procedure room
- Transported in closed container

## **IF the RHC sterilizes instruments**

- Cleaned an area separate from where instruments are prepared for sterilization (Dirty VS Clean areas)
- Staff have competency for sterilization
- All hinged instruments are processed in open position
- Biologics, Bowie-Dick, etc. per manufacturer requirements

# Procedure Consents

- Written policy that address the circumstances when the patient's informed consent to diagnosis or treatment is required, and under what emergency circumstances the informed consent requirement may be waived
  - Name of the specific procedure(s), or other type of diagnosis or treatment for which consent is being given
  - Name of the responsible practitioner who is performing the procedure(s) or administering the medical treatment
  - Statement that the procedure or treatment, including the anticipated benefits, material risks, and alternative therapies, was explained to the patient or the patient's representative
  - Date and time the informed consent is signed by the patient or the patient's legal representative.

# Evaluation of Clinic Operations

J-0161 (Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20) §491.11(a)

The clinic carries out, or arranges for, a biennial evaluation of its total program. This evaluation may be done by RHC staff or through arrangement with other appropriate professionals.

The RHC must have documentation of who conducts the review or portions of the review, and what their qualifications are to do so.

The evaluation includes review of:

- (1) The utilization of clinic services, including at least the number of patients served and the volume of services
- (2) A representative sample of both active and closed clinical records
- (3) The clinic's health care policies.

The purpose of the review is to determine whether: The utilization of services was appropriate; The established policies were followed; Any changes are needed

# Evaluation of Clinic Operations.....

If a RHC has developed a **QAPI program** and that program **meets/exceeds the regulatory requirements for a Program Evaluation**, the QAPI program would be acceptable.



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# Surveyor Acumen



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## HELPFUL

- STOP, Smile, take a deep breath
- Ask for clarification and standard reference
- Ask the surveyor to discuss in private – away from staff
- Ask the surveyor to discuss with the CNO/COO/CEO (move yourself out of the conflict)

## NOT HELPFUL

- Argue
- Get angry



## IF NECESSARY

Contact the survey agency and speak to person in authority over surveyors  
**NEVER ALLOW** surveyors to **VERBALLY ABUSE** staff. Call an immediate time-out.

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# Leader Responsibilities



# Leader Responsibilities

1. **KNOW THE STANDARDS THAT APPLY TO YOUR DEPARTMENT!**
2. Educate your staff on standards that apply to your department.
3. Promote, **“WHY”** survey readiness is important for safe patient care thru-out the organization - --- **NEVER SAY** because **“they”** make us do it this way.
4. Conduct regular patient and system tracers
  - Immediate feedback to staff
  - Document findings and follow-up
5. Incorporate survey readiness as part of leader rounding.
6. Focus on areas identified during (your) most recent survey.
7. Focus on new / revised standards.
8. Focus on areas of significant non-compliance identified by CMS or deeming authority.
9. Implement EOC/IC rounds – at least once per department per quarter.

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# Questions



# Your Questions



Let me know if you are interested in a  
proposal for a mock survey

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