Rural Health Clinic Accreditation Informational Webinar

June 25, 2024
Housekeeping

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You will have the opportunity to submit questions to today’s presenters by typing your questions into the Questions pane of the control panel. You may send in your questions at any time; we will collect these and address them during the Q&A session at the end of today’s presentation.

A copy of the slides are available in the handout section of the control panel. The recording of this webinar and the slides will be sent to you after this webinar by email.
Today’s Agenda

- Introductions
- Program importance
- Purpose of new Rural Health Clinic Accreditation program
- Accreditation program requirements
- Overview of survey process
- Survey preparation and application process
- Q&A
Introductions

Chad Larson, MBA
Executive Director,
Hospital Accreditation &
Certification Programs

Laura Smith, MA
Senior Project Director

Wade Parker, RN, MHA
Field Director,
Ambulatory Services

Meghan Muller
Associate Director,
Hospital Accreditation &
Customer Relations
Joint Commission to begin accrediting rural health clinics

The Joint Commission is launching a new accreditation program to standardize patient care practices and staff training at rural health clinics nationwide.

The Rural Health Clinic Accreditation Program, which will open to applicants sometime this summer, is intended to help clinics in medically underserved rural communities improve the safety and quality of primary care and personal health services. The Joint Commission announced Tuesday.

CMS clears Joint Commission to accredit rural health clinics

Erica Carabajal - Wednesday, May 8th, 2024

Starting this summer, rural health clinics seeking Medicare reimbursement can apply through a new accreditation program from The Joint Commission.

On May 7, The Joint Commission said it has received deeming authority from CMS for a new rural health clinic accreditation program, which is meant to support patient safety improvements by reducing variation and risks in the delivery of primary care and personal health services.

*With deeming authority from CMS, The Joint Commission will be able to work with rural health clinics across the country to help them establish a quality and safety framework for more than 60 million Americans living in rural areas.* - Jonathan Perlin, MD, PhD, president and CEO of the accrediting body, said in a news release.
Rural Health Matters

- 60 million people live in rural areas – 20% of U.S. population
- Unique health disparities: access to care, geographic distances, infrastructure limitations, socioeconomic status, more chronic conditions, and provider shortages
- 39 physicians per 100,000 people (53 in urban communities)
- 30 specialists per 100,000 people (263 in urban communities)
- 53% lack access to internet speed benchmark bandwidths (25 Mbps/3 Mbps) which can hinder access to health information and telehealth capabilities
Rural Health Clinic Statistics

- 5,200 rural health clinics in the U.S.
- Serving 38 million patients annually
- 10% of the entire population
- States with highest number of RHCs:
  - Missouri (353)
  - Texas (317)
  - Kentucky (281)
  - California (264)
  - Illinois (253)
  - Iowa (206)
  - Mississippi (201)
- 5% of all rural hospitals have closed in last 10 years; 30% currently at risk of closure
- **Rural health clinics are critical in supporting the health care needs for their communities!**
Rural Health Clinic Accreditation

- Supports The Joint Commission’s strategic priority that all people always experience the safest, highest quality, best value, and equitable health care across all settings
- The need for access to safe, reliable, and effective care in rural communities is even more important
- Our accreditation program provides a framework to standardize care delivery, reduce variation, support patient safety improvement efforts, and improve the quality of primary care services for organizations in underserved rural communities
Rural Health Clinic: Review Standards Development

Laura Smith
Senior Project Director
Overview of RHC Standards

- Elements of Performance (EPs) based on Conditions for Certification (CfCs)
- Additional EPs based on existing Joint Commission requirements related to patient safety
- Approximately 169 EPs for this program
RHC EP Requirements Based on CfCs Address:

- Provision of physician services (directly or via contract)
- Expectations for RHCs providing visiting nurse services
- Compliance with law and regulation
- RHCs housed in permanent and/or mobile units
- RHC structure and maintenance (safe environment of care)
- Expectations for staffing:
  - Under medical direction of physician
  - Employs physician assistant, nurse practitioner, or certified nurse midwife working 50% of the time during hours of operation
- Physician and nurse practitioner/physician assistant responsibilities
- Medication storage, handling, administration
RHC EP Requirements Based on CfCs Address:

- RHC policies
- Provision of routine diagnostic and laboratory services
- Provision of basic lab services
- Emergency medications
- Medical records (completion, components, retention)
- Biennial program review and evaluation
- Emergency management
Additional RHC EPs for RHC:

- Support quality and safety
- Address potential risk areas
- Based on unique RHC settings and characteristics including:
  - Patient population
  - Care provided
  - Rural location challenges
Additional RHC EPs Address:

- Environment of Care (EC) (EOC plans, fire safety equipment maintenance, and fire drills)
- Human Resources (HR) (orientation, education, competence, credentialing/privileging)
- Information Management (IM) protection of health information (protection from damage, unauthorized access)
- Leadership (LD) (culture of safety, priorities for performance improvement, monitoring contracts)
- Medication Management (MM) (high-alert/hazardous medications, look-alike/sound-alike medications)
Additional RHC EP’s Address:

- National Patient Safety Goals (NPSGs) (two patient identifiers, medication labeling, anticoagulation therapy, medication reconciliation, hand hygiene)
- Universal Protocol (UP)
- Provision of Care (PC) (assessment, response to life-threatening emergencies, referral management, patient education)
- Patient Rights (RI) (cultural/personal values, beliefs, and preferences; patient involvement in care; informed consent; abuse and neglect)
- Waived Testing (WT) (staff training/competency, quality control, documentation)
Rural Health Clinic: Review Onsite Survey Process

Wade Parker, RN, MHA
Field Director, Ambulatory Services
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8:00 – 8:15 a.m.</td>
<td><strong>Surveyor Arrival and Preliminary Planning Session</strong></td>
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<tr>
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<td>• Introductions</td>
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<td>• Brief review of agenda</td>
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<td>• Obtain and review appointment schedule for the day</td>
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<td>8:15 – 8:45 a.m.</td>
<td><strong>Opening Conference / Orientation to Organization</strong></td>
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<td>• Organization mission and scope of care</td>
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<td>• Types of services provided at the clinic</td>
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<td>• Patient populations / patient schedules</td>
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<td>8:45 – 10:45 a.m.</td>
<td><strong>Individual Tracer Activity / Medication Management</strong></td>
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<td>• Patient and staff interviews; direct observation of patient/staff/provider interactions</td>
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<td>• Medication management processes - Look Alike-Sound Alike/storage/samples</td>
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<td>• Review a sample of active patient records as follows:</td>
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<td>✓ At least 20 active patient records for an RHC with a monthly case volume exceeding 50.</td>
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<td>✓ For lower volume RHCs at least 10 records should be selected.</td>
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<td>✓ The sample size may be expanded as needed in order to determine compliance with the RHC Conditions for Certification.</td>
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<td>✓ The sample must include Medicare beneficiaries as well as other patients.</td>
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<td>✓ Include any patients with emergency transfers to hospitals or Critical Access Hospitals (CAHs).</td>
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<td>10:45 – 11:45 a.m.</td>
<td><strong>Environment of Care and Emergency Management</strong></td>
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<td>• Review of required plans</td>
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<td>• Equipment maintenance</td>
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<td>• Fire drills and emergency plan testing</td>
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<td>11:45 – 12:15 p.m.</td>
<td><strong>Leadership and Data Use Session</strong></td>
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<td>• Review and discuss collected data</td>
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<td>• Discuss leadership oversight</td>
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<td>12:15 – 12:45 p.m.</td>
<td><strong>Surveyor Lunch</strong></td>
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<td>12:45 – 1:45 p.m.</td>
<td><strong>Individual Tracer Activity / Infection Control</strong></td>
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<td>• Continue staff and patient interviews and observations, patient record review</td>
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<td>• Infection control processes - Activities, goals, practices to minimize transmission, equipment and supply availability, staff vaccinations, surveillance</td>
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<td>1:45 – 3:00 p.m.</td>
<td><strong>Competence Assessment / Credentialing and Privileging Session</strong></td>
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<td>• Staff file review; competencies; licensure; CPR; orientation and ongoing education, emergency management training</td>
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<td>• Licensed practitioner file review; credentialing and privileging; orientation and ongoing education</td>
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<td>3:00 – 3:15 p.m.</td>
<td><strong>Special Issue Resolution</strong></td>
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<td>3:15 – 4:00 p.m.</td>
<td><strong>Surveyor Report Preparation</strong></td>
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<td>4:00 – 4:30 p.m.</td>
<td><strong>Exit Conference</strong></td>
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What You Can Expect When the Surveyor Arrives

<table>
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<tr>
<th>Ask</th>
<th>For a space to work in (preferably private)</th>
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<tbody>
<tr>
<td>Ask</td>
<td>For validation of the survey on your Connect site, if you have not done so already</td>
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<td>Ask</td>
<td>If you have Wi-Fi they can connect to</td>
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<tr>
<td>Schedule</td>
<td>A time for the Opening Conference</td>
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What You Can Expect During the Survey

- Opening Conference
- Survey Activity
- Exit Conference
Opening Conference

Introductions
Surveyor Safety Briefing
Survey Process Objectives
Agenda Review
Questions
Surveyor Safety Briefing

- Evacuation Plans: fire, smoke or other emergencies
- Workplace violence events
- Any contemporary issues the surveyor may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)
Survey Process Objectives

To **validate your compliance with our standards**

And Medicare Conditions for Certification (CfCs)

To **provide a meaningful assessment** of risk (both known and unknown)

To **assist** you in your journey toward becoming a highly-reliable organization that provides consistently safe, high-quality care to every patient every time

To **inspire and encourage** improvement through engagement and dialogue with your staff, physicians and leaders
Individual Tracer Activity

- Duration: The duration of individual tracer activity varies but typically is 120 - 180 minutes.
- Overview: During tracers, the surveyor will evaluate your organization’s compliance with standards as they relate to the care, treatment, or services provided to patients.

Tips for Conducting Mock Tracers

When conducting mock tracers, consider the following criteria when selecting a patient to trace.

Consider selecting patients who:
- Are receiving medications
- Undergo invasive procedures
- Receive various services (for example, behavioral health care, specialty care, radiology, or laboratory services)
- Were recently hospitalized or seen in the emergency room
- Receive IV/Infusion therapy
- Receive OB/Gyn care
Exit Conference

Summary of Survey Findings Report

Your SAFER™ matrix

Any Requirements for Improvement

The clarification process

Post-survey follow-up processes

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Rural Health Clinic: Preparation and Application

Meghan Muller
Associate Director, Hospital Accreditation
Steps to Becoming Accredited

Contact The Joint Commission
- Email RHC@jointcommission.org
- Review program requirements
- Work with dedicated Joint Commission BD staff to prepare

Preparation
- Assess compliance and potential gaps to program requirements
- Review readiness resources
- Prepare for onsite review using Survey Activity Guide
- Determine ready date for accreditation review
- Complete the application

Onsite Review
- Unannounced
- Patient tracer activity, data use session, education & competence assessment, medical staff credentialing & privileging session
Application available July, surveys starting in August
If you are ready, reach out now to begin the process and secure a spot in line.
First in the country and every state is currently open!
We will guide you through the whole process

- Key items needed when completed the initial application:
  - Services the RHC provides
  - Annual Visits
  - Copy of your 855 approval letter, state license, CMS-29 form*
  - Survey ready date – unannounced survey
  - Tax-ID

- Application is submitted and you’re in the scheduling queue
Questions?
Thank you!

Contact us at RHC@jointcommission.org