

Rural Health Clinic Accreditation Informational Webinar

June 25, 2024



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Questions

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.

Post Webinar

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

Home > Providers

May 07, 2024 05:00 AM

Joint Commission to begin accrediting rural health clinics

MARI DEVEREAUX   

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M4 Illustration/Adobe Stock

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.

Home > Resources > News & Multimedia > Newsletters > Joint Commission Online > May 8 2024 > The Joint Commission receives CMS deeming authority for Rural Health Clinic Accreditation

The Joint Commission receives CMS deeming authority for Rural Health Clinic Accreditation

The Joint Commission's new Rural Health Clinic Accreditation Program has received initial deeming authority from the Centers for Medicare & Medicaid Services (CMS). The program helps organizations in underserved, rural communities improve the safety and quality of primary care and personal health services.

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CMS clears Joint Commission to accredit rural health clinics

Erica Carbajal - Wednesday, May 8th, 2024

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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.

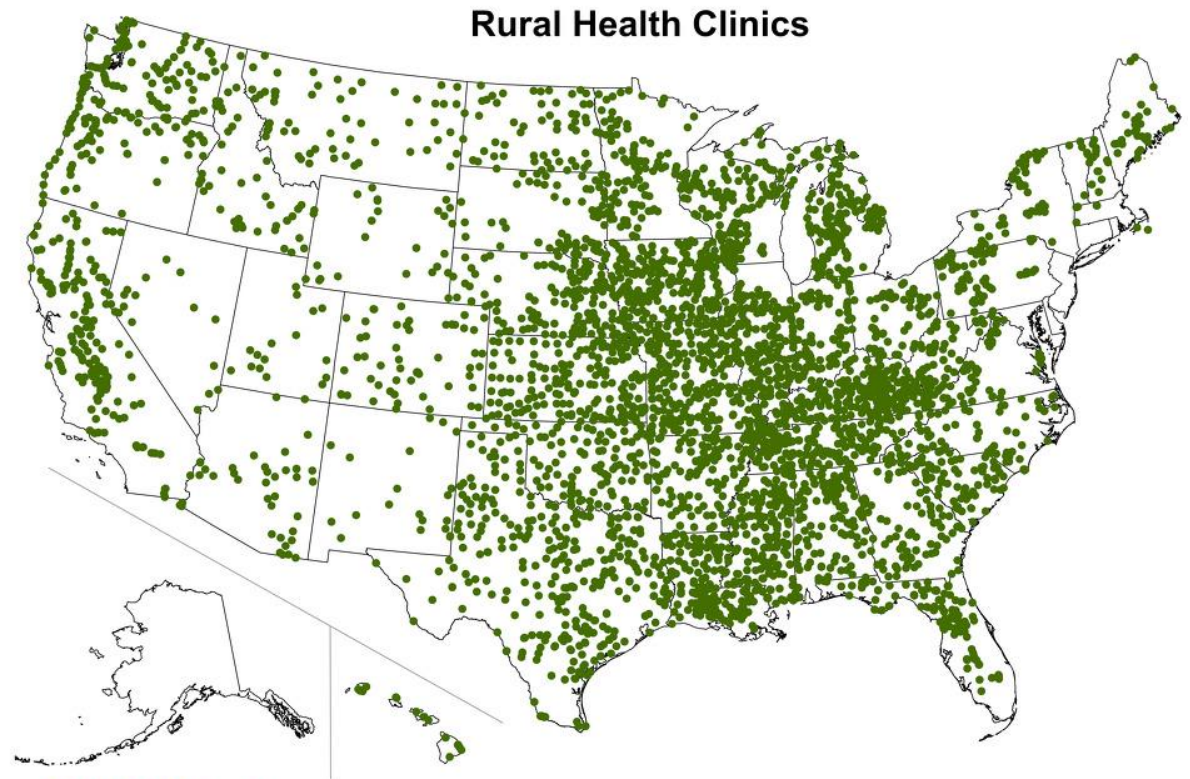
Rural Health Matters

- 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!***



Data Source(s): data.HRSA.gov,
U.S. Department of Health and Human
Services, January 2024

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

Sample Survey Agenda

Time	Activity
8:00 – 8:15 a.m.	Surveyor Arrival and Preliminary Planning Session <ul style="list-style-type: none"> • Introductions • Brief review of agenda • Obtain and review appointment schedule for the day
8:15 – 8:45 a.m.	Opening Conference / Orientation to Organization <ul style="list-style-type: none"> • Organization mission and scope of care • Types of services provided at the clinic • Patient populations /patient schedules
8:45 – 10:45 a.m.	Individual Tracer Activity / Medication Management <ul style="list-style-type: none"> • Patient and staff interviews; direct observation of patient/staff/provider interactions • Medication management processes - Look Alike-Sound Alike/storage/samples • Review a sample of active patient records as follows: <ul style="list-style-type: none"> ✓ At least 20 active patient 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 Conditions for Certification. ✓ The sample must include Medicare beneficiaries as well as other patients. ✓ Include any patients with emergency transfers to hospitals or Critical Access Hospitals (CAHs).
10:45 – 11:45 a.m.	Environment of Care and Emergency Management <ul style="list-style-type: none"> • Review of required plans • Equipment maintenance • Fire drills and emergency plan testing
11:45 – 12:15 p.m.	Leadership and Data Use Session <ul style="list-style-type: none"> • Review and discuss collected data • Discuss leadership oversight
12:15 – 12:45 p.m.	Surveyor Lunch
12:45 – 1:45 p.m.	Individual Tracer Activity / Infection Control <ul style="list-style-type: none"> • Continue staff and patient interviews and observations, patient record review • Infection control processes - Activities, goals, practices to minimize transmission, equipment and supply availability, staff vaccinations, surveillance
1:45 – 3:00 p.m.	Competence Assessment / Credentialing and Privileging Session <ul style="list-style-type: none"> • Staff file review; competencies; licensure; CPR; orientation and ongoing education, emergency management training • Licensed practitioner file review; credentialing and privileging; orientation and ongoing education
3:00 – 3:15 p.m.	Special Issue Resolution
3:15 – 4:00 p.m.	Surveyor Report Preparation
4:00 – 4:30 p.m.	Exit Conference

What You Can Expect When the Surveyor Arrives

Ask	For a space to work in (preferably private)
Ask	For validation of the survey on your Connect site, if you have not done so already
Ask	If you have Wi-Fi they can connect to
Schedule	A time for the Opening Conference

What You Can Expect During the Survey



Opening Conference

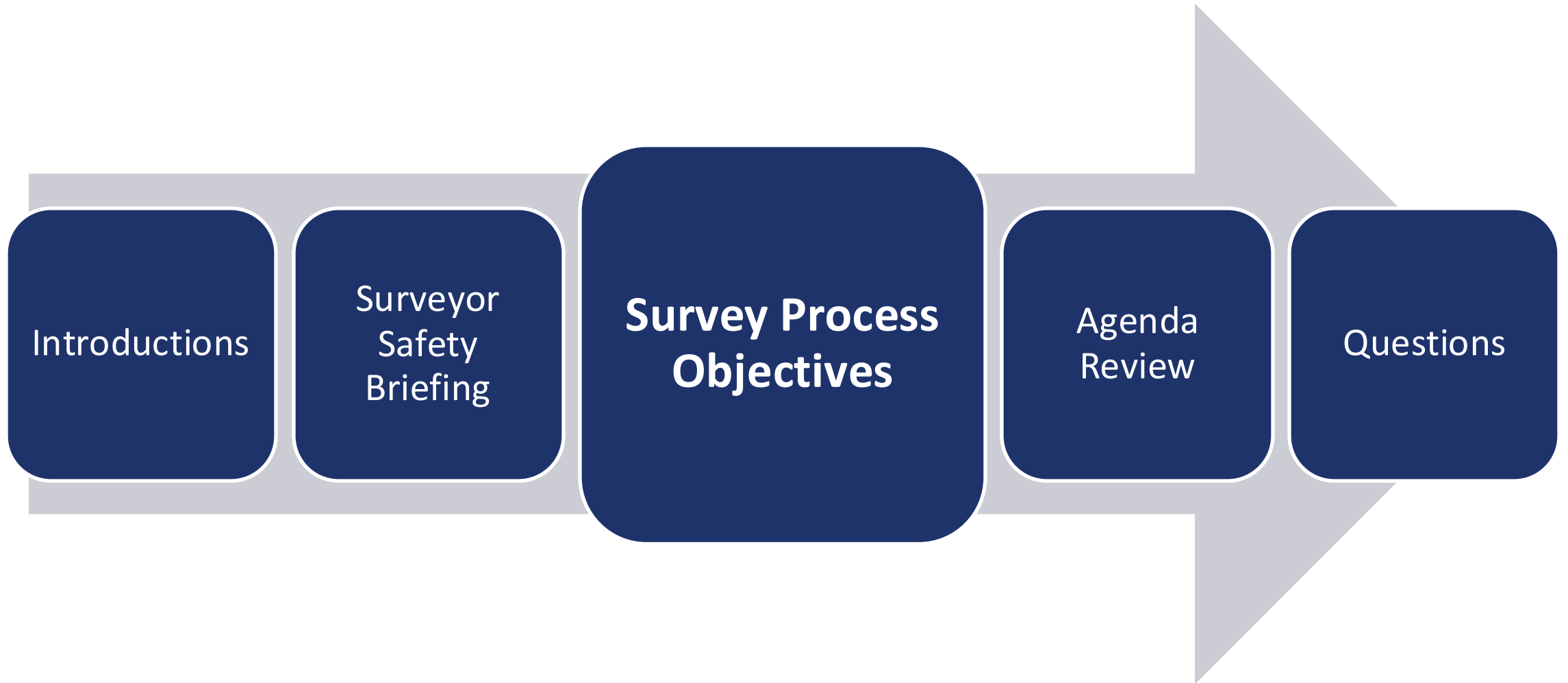


Survey Activity



Exit Conference

Opening Conference



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



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.

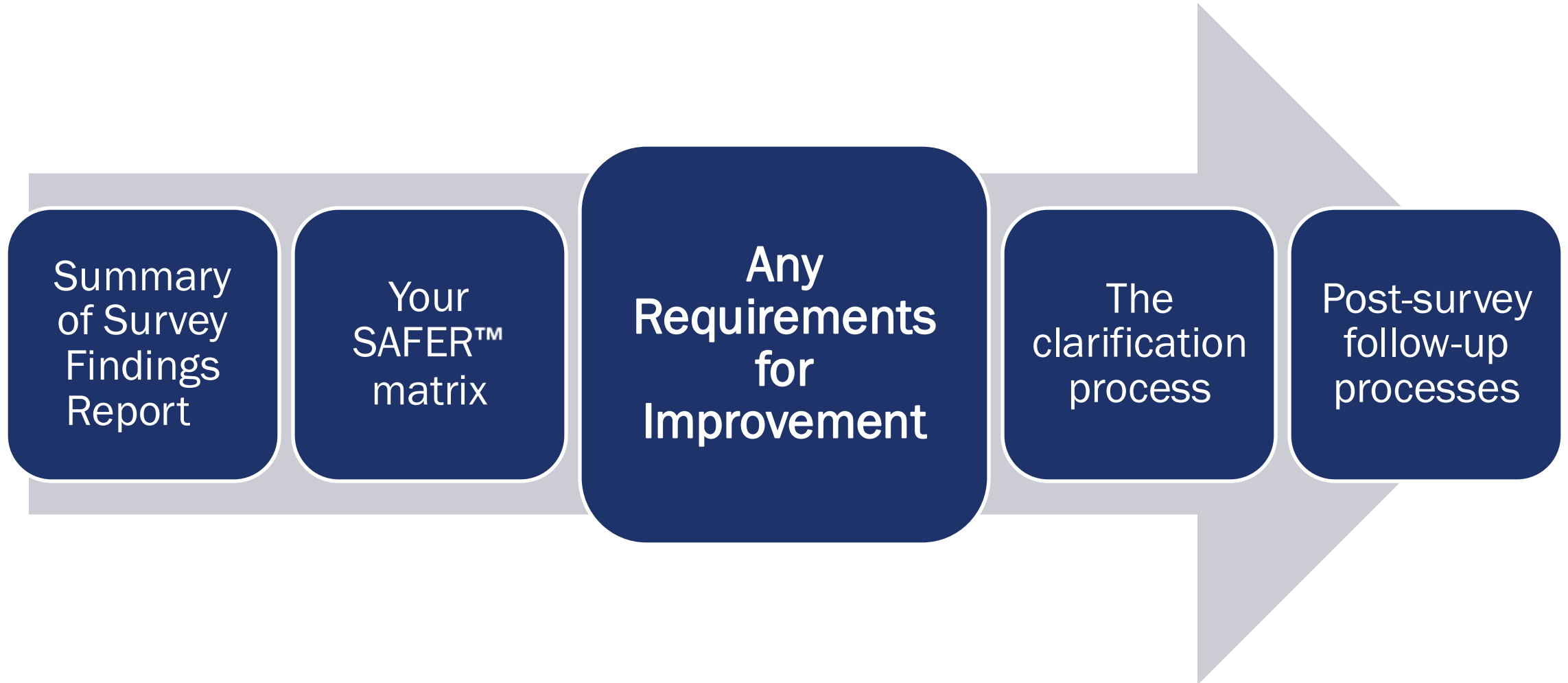
Tips for Conducting Mock Tracers

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



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

Accreditation for Rural Health Clinics

The industry's most-recognized quality distinction is coming soon for rural health clinics.



Rural Health Clinics

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[Rural Health Clinic Accreditation](#) [Why is Rural Health Important?](#) [Benefits of Joint Commission Accreditation](#)[How We Differ](#) [Standards](#) [Survey Experience](#)

[Interested in Becoming Accredited?](#)

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!

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Go



- Home
- Survey Process
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Accreditation Account Executive
Houston, Elizabeth
 (630) 792-5744
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Support available
 Monday-Friday 8:30 a.m - 5:00 p.m. CT

Notification of Scheduled Events

As of Monday, June 17, 2024 no events are available for viewing. Please note that unannounced events are not viewable until the event has begun.

This is the section of your secure extranet that displays information regarding Joint Commission activity at your organization. For more details,

Accreditation

What's Due				
Application	Description	Due Date	Overdue	
No Items Due				

Rural Health Clinic Application – July 1



- 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