

Rural Health Clinic Survey Guidance

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I. How to Use this Guide

The Joint Commission's Survey Activity Guide for rural health clinics will be available on your organization's *Joint Commission Connect* extranet site. This guide contains:

- ✓ Information to help you prepare for survey. A description of each survey activity that includes session objectives, an overview of the session, logistical issues, and suggested participants
- ✓ Sessions are listed in the general order that they are conducted.
- ✓ A template agenda with a list of onsite survey activities is posted to your organization's *Joint Commission Connect* extranet site once the application is reviewed and processed by your account executive.
- ✓ When the agenda and activity list are available, please review the material and think about the people you might involve in the survey.
- ✓ Identifying key participants (and their phone numbers) for each session, including back-ups, is important.
- ✓ Consider including possible meeting locations and surveyor workspace in your planning documents.
- ✓ Review the sessions in this Survey Activity Guide to learn about what will occur during the activity.
- ✓ If you have any questions about your scheduled survey, please contact your Account Executive. If you are unsure of your Account Executive's name or phone number, call the Joint Commission at 630-792-3007 for assistance.

II. Program features

The Joint Commission's Rural Health Clinic (RHC) Deeming Program is structured as follows:

- It includes an on-site unannounced survey to evaluate compliance. The program focuses on outpatient/ambulatory care clinics only, no inpatients
- It will have its own standards manual and survey activity guide
- The RHC requirements include elements of performances (EPs) that align with CMS' Conditions for Coverage (CfCs) for rural health clinics. These requirements will be included on an RHC crosswalk.
- Organizations will also need to demonstrate compliance with requirements that go beyond the CfCs, but are needed to support safe and effective care.

III. RHC Standards

Requirements that align with the RHC CfCs address:

- ✓ Providing physician services – directly by the RHC or via contract
- ✓ Expectations for RHCs that provide visiting nurse services
- ✓ Compliance w Federal, State, and local law & reg
- ✓ Licensure, certification, CLIA certificate
- ✓ RHCs housed in permanent or mobile units
- ✓ Facility structure and maintenance – *safe environment of care*
- ✓ Staffing - under medical direction of a physician; NPs and PAs, nurse mid-wife, clinical social worker available
- ✓ Physician, NP, and PA responsibilities
- ✓ Medication storage, handling, and administration
- ✓ RHC policies
- ✓ Provision of basic lab services - *Hgb/Hct, blood glucose, pregnancy tests, cultures, urine, occult blood*
- ✓ Emergency medications - *for life-threatening injuries and acute illness*
- ✓ Medical records maintenance- *record completion, components, retention*
- ✓ Program review and evaluation
- ✓ Emergency preparedness – *EM plan, policies, training, testing & analysis*

Requirements that go beyond the CfCs are included in the following chapters and address:

- ✓ **APRs:** those applicable to the ambulatory care setting
- ✓ **Environment of Care (EC):** written management plans, medical equipment inventory, equipment maintenance, fire drills
- ✓ **Human Resources (HR):** staff orientation, ongoing education, competence assessment, granting of privileges, credentials verification
- ✓ **Infection Control and Prevention (IC):** assigns IC responsibilities, risk assessment, IC goals, standard precautions, low level/HLD/sterilization
- ✓ **Information Management (IM):** protects health information from unauthorized access, loss, damage
- ✓ **Medication Management (MM):** high-alert/hazardous meds, LASA, storage, preparation and administration, labeling
- ✓ **National Patient Safety Goals (NPSG):** two patient identifiers, labeling, anticoagulant therapy, medication reconciliation, hand hygiene, pre-procedure verification
- ✓ **Universal Protocol:** site marking, timeouts
- ✓ **Provision of Care:** accept patients based on scope of care provided, patient assessments, response to life-threatening emergencies, referral management, patient education
- ✓ **Rights and Responsibilities:** respects cultural and personal values, beliefs, and preferences; patient involvement in care, informed consent, neglect & abuse evaluation and reporting
- ✓ **Waived Testing:** oversight by CLIA director of policies, staff and practitioner training, competency assessment, quality control, documentation

IV. RHC Survey process:

- RHC surveys are unannounced onsite surveys
- The survey team/length will be one nurse surveyor for one day. Note: The size of survey team and length of survey may change based on org size, history of prior serious issues/deficiencies that need to be assessed
- **For RHCs structured as a mobile unit**, the surveyor will assess the following:
 - o The mobile site must comply with all applicable EPs
 - o Is there is a fixed set of locations in which the unit is scheduled to be providing services at specified dates and times? Does each unit adhere to this schedule?
 - o Does the unit operate at locations that meet the location requirements and those locations and times are documented by the RHC and made available to the public in advance of scheduled operations, so that patients can know when and where services will be available?
 - o Are scheduled times and locations are posted on the mobile unit and also publicized by other means for patients, such as on a website, in local libraries or stores?
- **For RHCs that provide visiting nurse services (VNS), the surveyor will assess whether:**
 - o Services are provided by a RN or LPN who is employed by or receives compensation from the RHC
 - o Services are provided in accordance with the written plan of treatment (through a review of patient records) which:
 - Is established and signed by a supervising RHC physician, nurse practitioner, physician assistant, or certified nurse midwife
 - Is reviewed and signed at least every 60 days by the supervising physician
 - Identifies the nursing and personal care services that are to be provided to the patient
 - o VNS services are provided in the patient's home and documented in the RHC's clinical records.
 - o Staff conducting VNS visits are licensed as a RN or LPN, via a review of their personnel files

Note: The surveyor will observe at least one VNS visit, if any are scheduled during the survey.

RHC Survey Sessions and Activities

The following areas will be explored during each survey session*:

- **Arrival & Planning session:** the surveyor will meet with designated leaders to conduct brief introductions and review of the survey agenda
- **Opening conference/Orientation to the organization session:** the surveyor will meet with designated leadership to learn about the organization’s mission, its structure, the services provided, types of patient populations, monthly visit volume, and whether visiting nurse services are provided. The clinic schedule will be reviewed to determine where patient tracers will be conducted.
- **Patient tracers/ Medication Management / Infection Control combined session:**
 - ✓ **Patient tracers** -the surveyor will select patients to “trace” or observe as they move through their visit. Patient tracers involve following the course of care, treatment, or services provided to selected patients from entry to the organization through end of episode of care. It also includes assessing the interrelationships between disciplines, departments, programs, or services, and identifying issues that will lead to further exploration in or other survey activities such as Environment of Care and Leadership Sessions. The tracers will include direct observation of interactions between front desk staff, clinical staff and practitioners. And they will also include interviews of front desk staff, clinical staff, practitioners, and patients and medical records reviews.
 - ✓ **Medication management** – the surveyor will assess and directly observe medication preparation and administration, handling of emergency medications and supplies; processes related to Look-alike/Sound-alike and hazardous medications; sample medications; and medication storage
 - ✓ **Infection control** - the surveyor will evaluate processes related to compliance with evidence-based infection control guidelines such as: hand hygiene, environmental cleanliness, and instrument cleaning

Patient tracers will include **medical record reviews**, and surveyors will select a sample of medical records to review according to the following table:

Review a sample of active patient records as follows:	
Monthly RHC visit volume < 50	Review at least 10 medical records
Monthly RHC visit volume > 50	Review at least 20 medical records

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

- **Environment of Care (EC) / Emergency Management (EM) combined session:** the surveyor will review the required written plans that address security; managing hazardous materials and waste; fire safety, equipment management, fire drills, and emergency management preparation, testing, and training
- **Data Use/ Leadership combined session:** the surveyor will meet with staff responsible for performance improvement activities to learn about the organization's PI plan, review and discuss data collection, analysis, and use of data to improve performance.
- **Credentialing and privileging/ Competency assessment session:** the surveyor will meet with staff responsible for maintaining personnel files to review a sample of files to verify any licensure and certifications required by law and regulation or organization policy are in place and have not expired. The selected sample of personnel files will also be reviewed for evidence of orientation, ongoing education, competency assessments and performance evaluations in accordance with applicable standards and organization policy. Evidence of compliance with credentialing and privileging requirements will also be assessed through a review of selected licensed practitioners' files.
- **Special Issue Resolution session:** This session is used by the surveyor and organization leaders to follow-up on any outstanding issues, discuss any needed clarifications regarding standards compliance, and review any requested documents.
- **Report Preparation:** This time is used by the surveyor to enter any requirements for improvement (RFIs) and prepare the survey report
- **Exit Conference:** This is the final session. The surveyor will review the survey report with the leadership team and discuss the process for follow-up on any areas of noncompliance.

*See **Attachment A: RHC Survey Agenda** for more detail regarding each survey session.

V. RHC Survey Checklist

Your RHC will need to have evidence of and demonstrate that the following items are in place. Be prepared to have evidence that supports these items available for the surveyor to review during the Surveyor Arrival and Preliminary Planning Session. **Please note** that this is not intended to be a comprehensive list of documents that may be requested during the survey. The surveyor may need to see additional documents to further explore or validate observations or discussions with staff.

Item #	Topic	Comments
Medical Direction <i>HR.01.02.05, EP 36</i>		
1	RHC under medical direction of a physician	
Staffing <i>HR.01.02.05 EP 6, EP 34</i>		
2	1 or more physicians	
3	1 or more PAs or NPs	
4	Physician, PA, NP, certified nurse-midwife, clinical social worker, or clinical psychologist on-site and available to provide care at all times when clinic in operation	
5	NP, PA or CNM available to furnish patient care services at least 50 percent of the operating hours during which RHC services are offered, even when a physician is also present in the clinic <i>EP 35</i>	
Clinic Policies <i>LD.04.01.07, EP 6, EP 7</i>		
6	Policies developed with advice of group of professional personnel including one or more physicians, one or more PAs/NPs, and at least one outside healthcare practitioner who is not member of clinic staff	
7	Policies reviewed at least every two years by this group	
Required Services <i>LD.04.03.01, EP 29, EP 9, EP 11</i>		
8	<ul style="list-style-type: none"> • Medical history • Physical exam • Assessment of health status • Treatment of variety of medical conditions 	
9	Laboratory services <ul style="list-style-type: none"> • Chemical exam of urine • Hemoglobin or hematocrit • Blood glucose • Exam of stool specimens for occult blood • Pregnancy tests • Primary culturing for transmittal to certified lab 	
10	Emergency procedures (along with drugs and biologicals commonly used in life-saving procedures)	
Agreements/Arrangements <i>LD.04.03.09, EP 20</i>		
11	<ul style="list-style-type: none"> • Inpatient hospital care • Physician(s) • Laboratory services not available at clinic 	
Program Evaluation <i>LD.03.06.01, EP 14</i>		
12	<ul style="list-style-type: none"> • Every two years • Utilization of clinic services • Sample of active and closed records • Clinic's health care policies 	

Attachments: