

RURAL **HEALTH** WORKSHOP

# Conducting a Rural Health Clinic Mock Survey



# Speaker

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  - LDH/OPH Bureau of Regional and Clinical Operation



# **MOCK SURVEYS IN LOUISIANA**

Rural Health Conference

June 22, 2023

# **AGENDA**

Introduction

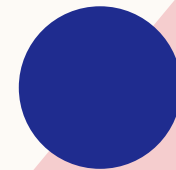
Primary Objectives

Reasons for Mock Survey

LA Requirements

General Requirements

Resources





# INTRODUCTION

Tracie L. Ingram worked for the Louisiana Department of Health for more than 25 years, serving as Rural Health Officer from 2009 to May 2021. In this role, she worked primarily with the state's small rural hospitals, critical access hospitals, rural health clinics, and Federally Qualified Health Centers with a focus on rural healthcare access and sustainability. Tracie has performed mock surveys for over 15 years.



# **DISCLAIMER**

This presentation is intended to be educational in nature. It is not all-inclusive of all aspects of RHC surveys. It is a general guideline to help Rural Health Clinics and potential Rural Health Clinics get and maintain survey preparedness. It is the clinic's responsibility to follow all state and Federal Licensing and Certification Requirements.



# **PRIMARY OBJECTIVES**

Reasons to do a Mock Survey

Louisiana Requirements (Aren't We Special)

Parts of a RHC Survey Overall

Resources



# REASONS TO PERFORM A MOCK SURVEY?

- Surveys are Required for Initial RHC Licensing and Maintaining RHC License
- Prepare your **staff** for survey
- Better Patient Care
- Know Where You Are Going
  - Quality Improvement
  - Patient Centered Medical Home
  - Expansion of Services
  - Assess staffing needs





***“BUSINESS OPPORTUNITIES  
ARE LIKE BUSES. THERE'S  
ALWAYS ANOTHER ONE  
COMING.”***

--Richard Branson

**SURVEYS ARE LIKE BUSES. THERE'S  
ALWAYS ANOTHER ONE COMING. BE  
PREPARED FOR THE RIDE. HOW BUMPY  
THAT RIDE IS DEPENDS A LOT ON YOU.**

--Tracie's Viewpoint

# LOUISIANA SPECIAL REQUIREMENTS

Louisiana (unlike most states) has a state licensing process.

See Health Standards Presentation on Louisiana Survey Process

Louisiana Specific Requirements:

Workplace violence policy and poster

Act 461 of **2022 Legislative Session** Workplace Violence | La  
Dept. of Health

*Act 461 enacts reforms to address workplace violence in healthcare settings, including but not limited to establishing duties and requirements of licensed healthcare facilities with respect to addressing and preventing workplace violence; requiring the posting of certain cautionary signage at licensed healthcare facilities; requiring reporting of acts of workplace violence occurring at licensed healthcare facilities; prohibiting retaliation by certain employers in connection with reporting of healthcare workplace violence; requiring the Louisiana Department of Health to maintain on its website public information regarding healthcare workplace violence; and authorizing enforcement actions by the Department.*

# LOUISIANA SPECIAL REQUIREMENTS

[Act461-Sample-Healthcare-Workplace-Violence-Signage.pdf](#)

**We Respect You.**

**Please Respect Our Staff.**

Abuse of or workplace violence against healthcare staff will not be tolerated and could result in a **FELONY** conviction under R.S. 14:38 or other applicable criminal laws.



# LOUISIANA SPECIAL REQUIREMENTS

Background check on all staff that have contact with patients

Criminal Background Check Information | La Dept. of Health

*Effective June 2, 2016, Act 311 amended La RS 40:1203.1-2 requiring that licensed health care providers shall request that a criminal history and security check be conducted on the non-licensed person, prior to any employer making an offer to employ or to contract with a non-licensed person or any licensed ambulance personnel to provide nursing care, health-related services, medic services, or supportive assistance to any individual and in accordance with La RS 40:1203.1-5.*

# LOUISIANA SPECIAL REQUIREMENTS

Yearly requirements (that are different from most states)

## Governing Body:

Governing Body. All owners of a Rural Health Clinic shall be disclosed. Ownership of five percent or more Title 48, Part I 535 Louisiana Administrative Code February 2022 constitutes ownership. In the case of a corporation, members of the board of directors must be identified and minutes of the board meetings shall be made available to DHH/HSS. The board shall meet at least once a year.

- *Note: Emergency Preparedness now aligns with Federal Regulations (every two years)*

# LOUISIANA SPECIAL REQUIREMENTS

## Advisory Committee

All members of the advisory committee shall be designated in writing and approved by the governing board. The advisory committee shall be composed of two medical professionals and at least one consumer of services, not employed by the facility. However, facility staff should attend meetings.

### 1. Qualifications:

- a. Medical professionals may be any Louisiana licensed health care professional, including but not limited to, medical doctor, registered nurse, board certified social worker, pharmacist, or physical therapist.
- b. Consumers must be members of the local community, over 21 years of age, and not affiliated by employment, family, finance or contract with the facility or its owners.

### 2. Responsibilities: The Advisory Committee shall:

- a. meet annually to review the facility's mission/philosophy, operations, finances, policies, and planned activities to assure that the facility is improving access and health care to the community; and
- b. provide suggestions regarding facility changes based upon community needs, growth, and support.

# LOUISIANA REGULATIONS

## Utilization Review

At least **10 percent** of all encounters shall be reviewed quarterly by the medical director and/or physician member of the advisory board.

## Annual Evaluation

Facility shall develop and conduct an annual internal evaluation process to provide necessary data to formulate a plan for continuous quality improvement/quality assurance.

## On-site Physician Supervision Every Two Weeks

The physician shall provide onsite supervision of the mid-level practitioner(s) as required by the payment source and professional boards or at least every other week. All rural health clinic records and care provided by a mid-level practitioner(s) shall be assessed by a physician on a periodic basis or as the situation dictates to assure proper treatment and progress toward positive patient outcomes.

# SURVEY PARTS AND PIECES



## HUMAN RESOURCES

Do you have all the required information?



## EMERGENCY PREPAREDNESS

Have you done your required exercises?



## POLICIES AND PROCEDURES

Review both State and Federal Policy Requirements



## SITE WALK THROUGH

Physical Inspection of the Clinic



## PATIENT FILE REVIEW

Are your charts being documented completely and timely?



# SURVEY PARTS AND PIECES



## STAFF INTERVIEW

Surveyors will  
interview provider  
and non-provider  
staff



## EXIT INTERVIEW

Review of  
deficiencies found  
(if any)



## FOLLOW-UP

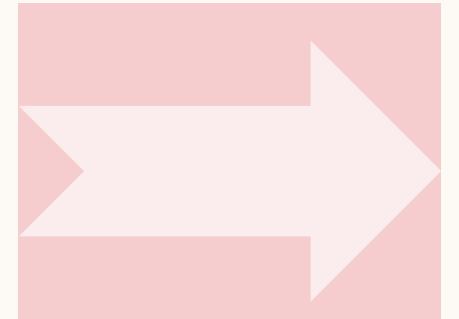
Review both State  
and Federal Policy  
Requirements



## PAPERWORK PROCESS

Is a Plan of  
Correction Required  
or possibly a Re-  
Survey?

Changes?



# HUMAN RESOURCES

See Rural Health Clinic Survey Presentation (TCT)

Check with Your Accreditation Organization

Required Documents

- I-9 & W4 (Remember you must have one employed Mid-Level Provider)

- Application, Resume, or CV

- Job Description-signed

- License or Certification (as required by position, number, & expiration date)

- DEA number and expiration (as applicable)

- Basic Life Support Proof of class and expiration date

- Background Check (especially important in Louisiana)

- OIG Exclusion

- Orientation checklist, Training, Competency Check

- Standard of Conduct-signed

Typically kept separately but must have:

- Performance Evaluation

- Verification of TB check or signed declination

- Verification of Hepatitis B Check or signed declination

# EMERGENCY PREPAREDNESS

RHC Regulation - National Association of Rural Health Clinics ([narhc.org](http://narhc.org))

## From NARHC's Website:

The Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The RHC/FQHC must establish and maintain an emergency preparedness program that meets the requirements of this section.

The emergency preparedness program must include, but not be limited to, the following elements:

***Emergency plan***—The RHC or FQHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years.

***Policies and procedures***—The RHC or FQHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years.

***Communication plan***—The RHC or FQHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every 2 years.

# EMERGENCY PREPAREDNESS

***Training and testing.*** The RHC or FQHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth

Provide emergency preparedness training at least every 2 years.

(iii) Maintain documentation of the training.

***Testing.*** The RHC or FQHC must conduct exercises to test the emergency plan at least annually. The RHC or FQHC must do the following:

**Testing: Participate in a full-scale exercise that is community-based every 2 years; or**

**(A)** When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or

**(B)** If the RHC or FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC or FQHC is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

# EMERGENCY PREPAREDNESS

AND...

(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to following:

(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or

(B) A mock disaster drill; or

(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

# POLICIES AND PROCEDURES

- Check state and Federal licensing Regulations: Rural Health Clinics | La Dept. of Health
- See Survey Presentation (TCT)
- This is not intended as a list of all required policies, but as guidance
- Make Your Policies and Procedures **Site Specific** (especially emergency preparedness)
  - Lots of resources for Policies and Procedures-but you must make them applicable to your site
  - Must be signed off on originally and yearly by Medical Director and Mid-Level Provider
  - Keep them easily readable and accessible to employees
  - Change as needed and get approval
  - Document changes and that your staff have been trained on any new policies and or procedures
  - Do not have a policy or procedure that your clinic does not follow
  - Assure your Policies and Procedures match
    - If it's in policy, you must be able to show proof of your implementation
    - Example: Fire Drills—If you have a policy that your clinic has quarterly fire drills, then you must have documentation that those are done.
    - Example 2: Policy on equipment (disposable vs non-single use equipment)

# PHYSICAL ENVIRONMENT

General Guidance

See Survey Presentation (TCT)

## **First Impressions Matter**

Clean and Orderly Environment

Medications, Medications, Medications

- In date

- Stored correctly

- Single Dose vs. Multi-Dose Vials (One of the most frequent deficiencies)

- Process for checking medications

  - How often

  - Who's checking

- Medication Disposal Process

Supplies

- In date

Equipment

- Inspected, documented

- Sanitation

# PATIENT CHART REVIEWS

Must now review 20 Patient Charts

Looking For Completeness, follow up, and follow through

Consent (What's your policy and are you following it)

Patient ID and Social Data

Health History

Health Status & Needs (Chief Complaint)

Plan of Care and Patient Instructions

Physician's Orders

Were any Labs or Diagnostics done? If so:

- Were they completed?

- Documented follow up /contact if not completed (What's your process?)

- Results in Chart

- Results communicated to patient?

Signed off (timely) by Provider?





# STAFF INTERVIEWS

## PROVIDERS

- Schedules
- Treatment Guidelines/Reference
- Medical Director Availability/Collaboration
- Oversight & Feedback

## EVERYONE

- Infection Control Procedures
- Competency Trainings
- Policy and Procedures being followed
- Emergency Management
- Responsibilities



# **EXIT INTERVIEW**

- Ask questions
- Surveyor will go over cited deficiencies
- Anyone can be present at this meeting
- Surveyor will tell you process that happens after survey

# PAPERWORK

- Surveyor will submit report
- If any deficiencies, they will be finalized as well as the level
- Survey organization will send you a notice of the deficiencies, the level and request a plan of action
  - Standard level deficiencies require a plan of correction
  - Condition Level deficiencies require a second site survey to follow up on cited deficiencies
  - Once all that is resolved, the report will be submitted to CMS. They will look at all paperwork (CLOSELY) and send the clinic a report and next steps (this is usually sending you your new Medicare RHC license-if initial survey, or continuation notice).

# CHANGES

- Change what you need to. Make sure to train staff and embed these changes into your practice
- After your mock survey (or real survey) it is a perfect time to consider what changes you'd like for your clinic
  - Additional Staff
  - Additional Training
  - Expansion of Service
  - Patient Centered Medical Home (PCMH)
- **NOTE:** If you ever decide to change locations of your RHC, make sure to get a new Site Verification Letter and notify Health Standard FIRST—Otherwise, you could lose your RHC license.

# THANK YOU

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Health

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# RESOURCES

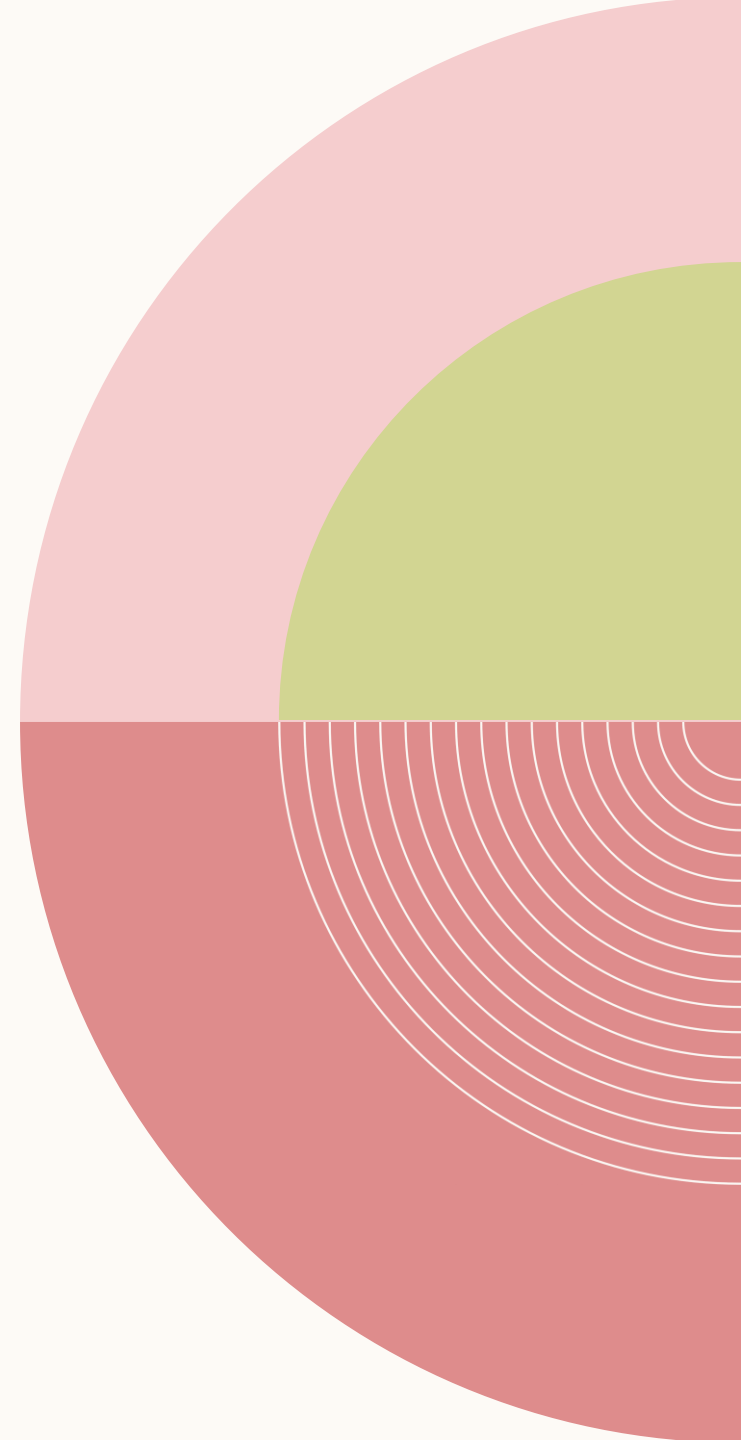
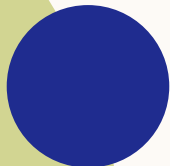
Health Standards LA Rural Health Clinics Page:  
[Rural Health Clinics | La Dept. of Health](#)

Criminal Background Check Information  
[Criminal Background Check Information | La Dept. of Health](#)

Workplace Violence Information and Poster  
[Workplace Violence | La Dept. of Health](#)

Louisiana Rural Health Association  
[Louisiana Rural Health Association - Home \(wildapricot.org\)](#)

National Association of Rural Health Clinics  
[Home - National Association of Rural Health Clinics \(narhc.org\)](#)





**Questions?**

# We want to hear from you!

<https://www.surveymonkey.com/r/BSVCGV6>





# RURAL HEALTH WORKSHOP

# Thank you for joining us!

