

HEALTHCARE BUSINESS SPECIALISTS

RURAL HEALTH CLINIC
ANNUAL EVALUATION
EVALUATION DATE

NAME OF CLINIC



SUITE 214, 502 SHADOW PARKWAY
CHATTANOOGA, TENNESSEE 37421
TELEPHONE: (423) 899-0945
EMAIL: LA_VITA_NOUVA@HOTMAIL.COM

INTRODUCTION TO THE ANNUAL EVALUATION

GOALS AND OBJECTIVES

The goals and objectives of the annual evaluation process are to fulfill the obligation outlined in the Current Federal Register (42 CFR 491.11) and (Appendix G) Interpretative Guidelines of rural health clinic regulations related to program evaluation. The purpose of the evaluation is to determine whether:

1. the utilization of services was appropriate;
2. the established policies were followed; and
3. any changes are needed.

This annual evaluation report is prepared to evaluate the services and the effectiveness of the rural health clinic program offered by Name of Clinic in Name of City, Name of State. In particular the CFR cites the following regulations which this annual evaluation process fulfills:

Code J77 - The clinic carries out, or arranges for, an annual evaluation of its total program.

Code I78 - 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; and
3. the clinic's health care policies.

Code J86 - The clinic staff considers the findings of the evaluation and takes corrective action if necessary.

Additionally, the interpretive guidelines stipulate that the group of professional personnel, which can be the governing body acting as the group, is responsible for an annual review of patient care policies. This report and process which is prepared by personnel not employed by the clinic is the product of the annual evaluation process.

The interpretive guidelines for rural health clinics further clarify what is required in an annual evaluation. [Section VIII - PROGRAM EVALUATION (42 CFR 481.11)] An evaluation of a clinic's total operation including the overall organization, administration, and policies and procedures covering personnel, fiscal and patient care areas is to be done at least annually. This evaluation may be done by the clinic, the group of professional personnel required under section 481.9(b) (2), or through arrangements with other appropriate professionals.

The interpretive guidelines stipulate that the group of professional personnel, which can be the governing body acting as the group, is responsible for an annual review of patient care policies.

In consideration of the above regulations an annual evaluation committee was formed to evaluate the total rural health clinic program. This report reflects the minutes of the annual evaluation committee which met on Evaluation Date at Name of Clinic, in Name of City, Name of State. The following are members of the annual evaluation committee for the clinic:

<u>Name</u>	<u>Title</u>	<u>Signature</u>
<u>Name of Physician</u>	Medical Director	_____
<u>Name of Mid-level</u>	Nurse Practitioner	_____
<u>Name of Non-Member</u>	Non-Member	_____
<u>Name of Office Manager</u>	Office Manager	_____
Mark R. Lynn	Healthcare Consultant	_____

UTILIZATION AND SERVICES

The primary services of the rural health clinic are physician and nurse practitioner services provided by Name of Physician and nurse practitioners under the direction of Name of Physician. Typical services include the following:

1. Office visits of a diagnostic nature.
2. Extensive Laboratory services of a moderately complex nature.
3. Other diagnostic testing

The volume of patients has increased substantially over the last three years. The following table illustrates this large increase in patient visits:

Patient Visits – 2003 through 2000¹

<u>Description</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
Physician				
Physician Assistant				
Nurse Practitioner				
Total Visits				

Potential New Services or Disease Management Issues

¹ The Source of this information is the Medicare Cost Report.

SERVICE AREA

The service area which the practice primarily serves is defined as Name of City, Name of State and the surrounding area. Most primary care practices attract patients from a service area within 30 to 45 minutes of the clinic. The following illustrates the service area:



Population Statistics

Demographically, the areas serve have the following populations:

<i>Description</i>	<i>Totals</i>

ACTIVE & CLOSED MEDICAL CHARTS

While on-site 15 medical charts were reviewed (10 open and 5 closed) for adequate documentation of services performed. The records were found to be in generally good order and SOAP notes were taken appropriately. The following charts at Name of Clinic in Name of City, Name of State were reviewed during the annual evaluation process. All charts were found to be in good order and the results of laboratory work, radiology, and consultations were recorded accordingly.

We noted the following when reviewing the charts that may be improved in the future:

The following is a table listing the 10 open or active charts that were reviewed onsite:

<u>Active Chart Number</u>	<u>Active Chart Number</u>

The five closed or inactive charts that were reviewed were as follows:

<u>Inactive Charts</u>	<u>Inactive Charts</u>

Other Medical Record Procedures

During the year the Medical Director and Nurse Practitioner reviewed a minimum of 5 charts per month for quality assurance purposes and as an integral part of this annual evaluation the Protocols were reviewed by the Medical Director and all Practitioners to determine their adequacy and appropriateness.

The patient health records regulations (42 CFR 491.10) and interpretative guidelines as related to the patient records system. The clinic is to maintain patient health records in accordance with its written policies and procedures. These records are the responsibility of a designated member of the clinic's professional staff and should be maintained for each person receiving health care services. All records are kept at the clinic site so that they are available when patients may need unscheduled medical care.

The clinic must protect medical records. The clinic must ensure the confidentiality of the patient's health records and provide safeguards against loss, destruction, or unauthorized use of record information. Ascertain that information regarding the use and removal of records from the clinic and the conditions for release of record information is in the clinic's written policies and procedures. The patient's written consent is necessary before any information not authorized by law may be released.

The clinic's retention of records policy reflects the necessity of retaining records at least 6 years from the last entry date or longer if required by State statute.

The clinic has complied with HIPAA privacy guidelines effective April 14, 2003 and gives each patient a privacy notice on their first visit to the clinic. Name of Clinic has a HIPAA Policy and Procedure Manual that outlines the privacy procedures and the required consent forms, releases, and disclosures.

REVIEW OF POLICIES

A comprehensive review of the policies and procedures of Name of Clinic was performed with the following four requirements being noted:

1. Description of Services.--A description of the services the clinic furnishes directly and those furnished through agreement or arrangement. The services furnished by the clinic should be described in a manner that informs potential patients of the types of health care available at the clinic, as well as setting the parameters of the scope of what services are furnished through referral. Such statements as the following sufficiently describe services: Taking complete medical histories, performing complete physical examinations, assessments of health status, routine lab tests, diagnosis and treatment for common acute and chronic health problems and medical conditions, immunization programs, family planning, complete dental care, emergency medical care. Statements such as "complete management of common acute and chronic health problems" standing alone, do not sufficiently describe services.

Additional services, furnished through referral, are sufficiently described in such statements as: Arrangements have been made with X hospital for clinic patients to receive the following services if required: specialized diagnostic and laboratory testing, specialized therapy, inpatient hospital care, physician services, outpatient and emergency care when clinic is not operating, referral for medical cause when clinic is operating.

2. Guidelines for Medical Management.--The clinic's written guidelines for the medical management of health problems include a description of the scope of medical acts which may be undertaken by the physician assistant, certified nurse-midwife, and/or nurse practitioner. They represent an agreement between the physician providing the clinic's medical direction and the clinic's physician assistant, certified nurse-midwife, and/or nurse practitioner on the privileges and limits of those acts of medical diagnosis and treatment which may be undertaken without direct, over the shoulder physician supervision.

They describe the regimens to be followed and stipulate the conditions in the illness or health care management at which consultation or referral is required.

Acceptable guidelines may follow various formats. Some guidelines are collections of general protocols, arranged by presenting symptoms; some are statements of medical directives arranged by the various systems of the body (such as disorders of the gastrointestinal system); some are standing orders covering major categories such as health maintenance, chronic health problems, common acute self-limiting health problems, and medical emergencies.

The manner in which these guidelines describe the criteria for diagnosing and treating health conditions may also vary. Some guidelines will incorporate clinical assessment systems that include branching logic. Others may be in a more narrative format with major sections covering specific medical conditions in which such topics as the following are discussed: The definition of the condition, its etiology, its clinical features, recommended laboratory studies, differential diagnosis, treatment procedures, complications, consultation/referral required, and follow-up.

Even though approaches to describing guidelines may vary, acceptable guidelines for the medical management of health problems must include the following essential elements. They:

- Are comprehensive enough to cover most health problems that patients usually see a physician about;

- Describe the medical procedures available to the nurse practitioner, certified nurse midwife, and/or physician assistant;

- Describe the medical conditions, signs, or developments that require consultation or referral; and

- Are compatible with applicable State laws.

A number of patient care guidelines have been published by members of the medical profession. Should a clinic choose to adopt such guidelines (or adopt them essentially with noted modifications), this would be acceptable if the guidelines include the essential elements described above.

HEALTHCARE BUSINESS SPECIALISTS

3. Drugs and Biologicals.--Written policies cover at least the following elements:

Requirements dealing with the storage of drugs and biologicals in original manufacturer's containers to assure that they maintain their proper labeling and packaging;

Requirements dealing with outdated, deteriorated, or adulterated drugs and biologicals being stored separately so that they are not mistakenly used in patient care prior to their disposal in compliance with applicable laws;

Requirements dealing with storage in a space that provides proper humidity, temperature, and light to maintain the quality of drugs and biologicals;

Requirements for a securely constructed locked compartment for storing drugs classified under Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1970;

Requirements dealing with the maintenance of adequate records of receipt and distribution of controlled drugs that account for all drugs in Schedules II, III, IV, and V; with Schedule II drugs being accounted for separately;

Requirements that containers used to dispense drugs and biologicals to patients conform to the Poison Prevention Packaging Act of 1970;

Requirements dealing with the complete and legible labeling of containers used to dispense drugs and biologicals to patients;

Requirements concerning the availability of current drug references and antidote information; and requirements dealing with prescribing and dispensing drugs in compliance with applicable State laws.

4. Review of Policies.--The group of professional personnel, which can be the governing body acting as the group, is responsible for an annual review of patient care policies which is conducted as a part of this annual review and evaluation of the rural health clinic program.

OTHER PROCEDURES

Personnel Evaluations

Evaluations of the office manager and nurse practitioner have been prepared and are included in this section of the report.

The Annual Evaluation Committee reviewed the performance of administrative duties of Name of Office Manager on an annual basis. The office manager has demonstrated and performed the following satisfactorily:

- Leadership abilities
- Quality of relationship with staff and public
- Ability to encourage public confidence in the Medical Clinic operation
- Efficiency in handling the operational budget
- Ability to maintain a smooth running clinic operation on a daily basis
- Constructive recommendations to the Annual Evaluation Committee
- Creativity in promoting good public relations and construct and/or carrying out programs of community education.

Nurse Practitioner Evaluation

The Annual Evaluation Committee reviewed the performance of clinical duties by the Mid-level Practitioner. It was determined that Name of Nurse Practitioner had performed the following satisfactorily:

Name of Practitioner had performed adequately in the following areas:

- Clinical Competency,
- Adherence to protocols and orders,
- Interaction with Name of Physician

Additional comments may be included in the personnel file of the Nurse Practitioner and Office Manager. All employees are performing as expected and no clinical or administrative actions are requested from the annual evaluation committee.

DIRECT SERVICES

Rural Health Clinics are required to provide the following direct services. The purpose of the Rural Health Clinic Services Act is primarily to make available outpatient or ambulatory care of the nature typically provided in a physician's office or outpatient clinic and the like. The regulations specify the services which must be made available by the clinic, including specified types of diagnostic examination, laboratory services, and emergency treatments.

The clinic's laboratory is to be treated as a physician's office for the purpose of licensure and meeting health and safety standards. The listed laboratory services are considered essential for the immediate diagnosis and treatment of the patient. To the extent they can be provided under State and local law, the nine services listed in J61, HCFA-30, are considered the minimum the clinic should make available through use of its own resources.

If any of these laboratory services cannot be provided at the clinic under State or local law, that laboratory service is not required for certification.

Some clinics are not able to furnish the six services, even though they may be allowed to do so under State and local law, without involving an arrangement with a Medicare approved laboratory.

Those clinics unable to furnish all six services directly when allowed to by State and local law should be given deficiencies. Such deficiencies should not be considered sufficiently significant to warrant termination if the clinic has an agreement or arrangement with an approved laboratory to furnish the basic laboratory service it does not furnish directly, especially if the clinic is making an effort to meet this requirement.

CONCLUSION

The annual evaluation committee evaluated the services of Name of Clinic conducted the annual evaluation with the following goals:

1. To determine if the utilization of services was appropriate;
2. if the established policies were followed; and
3. any changes are needed.

The following procedures were completed to assist the evaluation committee in determining if the goals had been achieved:

Information on utilization of services was gathered

A sample of 15 charts were reviewed

Evaluations of the office manager and nurse practitioner

A review of the policies and procedures (See Appendix A)

A walk through of the clinic to determine any compliance issues (See Appendix B)

We reviewed billing procedures and their compliance with Medicare Guidelines (See Appendix C)

We have included Findings and Recommendation in Appendix D.

Based upon the number of patients served and the potential market share the rural health clinic is being productive and is benefiting the health care of patients in Name of City and surrounding counties. The Annual Evaluation Committee's conclusion is that Name of Clinic is providing services appropriately and is following established policies.

<u>Name</u>	<u>Title</u>	<u>Signature</u>
<u>Name of Physician</u>	Medical Director	_____
<u>Name of Mid-level</u>	Nurse Practitioner	_____
<u>Name of Non-Member</u>	Non-Member	_____
<u>Name of Office Manager</u>	Office Manager	_____
Mark R. Lynn	Healthcare Consultant	_____

HEALTHCARE BUSINESS SPECIALISTS

Appendix A
Rural Health Clinic Compliance Checklist
RHC Policies and Procedures

This checklist is to be completed while evaluating the clinic policy and procedure manual as an integral part of the annual evaluation process:

#	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
1	Polices and procedures for the organizational structure of the RHC. Is the clinic under the medical direction of a physician and has a health care staff met the requirements of 481.8?			
2	Do the organization’s policies set forth in writing the lines of authority and the responsibilities?			
3	RHC staffing availability and schedules.			
4	Emergency policies and procedures for medical and non-medical emergency procedures.			
5	Compliance with local building, fire and safety codes.			
6	Policies and procedures for preventive maintenance program to ensure that all essential mechanical, electrical and patient-care equipment is maintained in safe operating condition.			
7	Policies and procedures for preventive maintenance program to ensure that drugs and biologicals are appropriately stored.			
8	Policies and procedures for preventive maintenance program to ensure that the premises are clean and orderly.			
9	The clinic’s health care services are furnished in accordance with appropriate written policies which are consistent with applicable State Law J55 Pt. Care Policies.			
10	The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician’s assistant or nurse practitioner. At least one member of the group is not a member of the clinic’s staff.			
11	The policies include a description of the services the clinic furnishes directly and those furnished through agreement or arrangement.			
12	Personnel and fiscal policies.			
13	RHC hours of operation. M _____ Tu _____ Weds _____ Thur _____ Fri _____			

#	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
14	The policies include guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic.			
15	The policies include NP or PA responsibilities and protocols.			
16	The policies include medical direction and supervision.			
17	The policies include the rules for the storage, handling, and administration of drugs and biologicals.			
18	Are these policies reviewed at least annually by the group of professional personnel required in this section, and reviewed as necessary by the clinic.			
19	Do the policies and procedures include direct services the clinic staff furnished as well as diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions?			
20	The policies and procedures include basic laboratory services essential to the immediate diagnosis and treatment of the patient, including (1) Chemical examinations of urine by stick or tablet methods or both (including urine ketones). (2) hemoglobin or hematocrit (3) blood sugar (4) examination of stool specimens for occult blood (5) primary culturing for transmittal to a certified laboratory (6) pregnancy tests			
21	The clinic has policies and procedures for medical procedures as a first response to common life threatening injuries and acute illness, and has available the drugs and biologicals commonly used in life saving procedures such as analgesic, anesthetic (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.			
22	Does the clinic have policies and procedures that include the agreements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including (1) Inpatient hospital care, (2) physician(s) services (3) additional and specialized diagnostic and laboratory services that are not available at the clinic.			

HEALTHCARE BUSINESS SPECIALISTS

#	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
23	If the agreements are not in writing, is there evidence that patients referred by the clinic are being accepted and treated?			
24	Patient Health Care Records: Policies and procedures for content of medical health records and policies and procedures for maintenance of health records.			
25	Responsibility is assigned for the medical record system to a designated member of the clinic's professional staff. Medical records must be maintained for each person receiving health care services.			
26	All records should be kept at the clinic site so that they are available when patients may need unscheduled medical care.			
27	Protection of Record Information: Maintains confidentiality of record information.			
28	Safeguards against loss, destruction, or unauthorized use of record information.			
29	Patients' written consent is necessary before any information not authorized by law may be released.			
30	Retention of Records: HCFA--at least 6 years from date of last entry. State: 10 years for adult and 13 years for minors.			
31	Program Evaluation: Policies and procedures for the clinic's total operation including the overall organization, administration, policies and procedures covering personnel, fiscal and patient care areas must be done at least annually.			
32	The evaluation is done by the clinic, the group of professional personnel required under 42 CFR 491.9 (b) (2) or through arrangement with other appropriate professionals.			
33	Additional policies and procedures unique to each clinic, i.e. (1) Sterilization of instruments (2) Use of autoclave (3) Integrity of sterilized instruments and supplies (4) Schedule II drugs (5) Pediatric practice (6) Separation of RHC and Emergency Room where applicable			

Appendix B

Rural Health Clinic Compliance Checklist

Walk-Through of Facility

This checklist is to be completed while walking through the facility as an integral part of the annual evaluation process:

<u>Topic</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Plant Safety	Exit signs are clearly marked at each exit.			
Plant Safety	Diagrams indicating emergency exits are present.			
Plant Safety	The clinic is clear of clutter and is clean.			
Plant Safety	Electrical sockets are covered when not used.			
Plant Safety	Exam Rooms do not contain hazardous materials. (Cleaners, paint, drug samples)			
Plant Safety	The Parking lot has handicapped parking spaces.			
Plant Safety	The bathroom is handicapped-accessible.			
Plant Safety	The Fire Dept. Conducted an annual inspection.			
Plant Safety	The clinic is handicapped-accessible.			
Plant Safety	Fire Extinguishers are checked monthly by staff personnel and annually by a Fire Professional			
Plant Safety	Logs of maintenance activity are maintained for daily, weekly, monthly, quarterly and annual maintenance activities.			
Plant Safety	Fire Drills and emergency drills are conducted and documented at least annually. (quarterly if Joint Commission)			
Laboratory	The laboratory has a CLIA Certificate.			
Laboratory	The refrigerator and Freezer temperature is recorded daily.			
Laboratory	Lab Equipment is calibrated accordingly.			
Laboratory	Food is not stored in refrigerators that are used for storing injections & samples.			

HEALTHCARE BUSINESS SPECIALISTS

<u>Topic</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Laboratory	The laboratory can perform the six required tests for rural health clinics onsite. 1. Chemical examination of urine by stick or tablet 2. Hemoglobin or hematocrit 3. Blood sugar 4. Stool specimen for occult blood 5. Primary culturing for transmittal 6. Pregnancy tests			
Drug Samples	Drug samples are reviewed and documented at least monthly for expired drugs.			
Drug Samples	Drug samples are stored in a secure area without patient access.			
Drug Samples	Controlled substances are double-locked and all transactions are recorded			
Emergency	The clinic has first response emergency procedures. (crash cart with oxygen/ambu bags)			
Emergency	Drugs are maintained to respond to emergencies.			
Emergency	Emergency drugs are reviewed monthly to determine they are present and not expired.			
Medical Records	Medical records are stored in a secure area where patients do not have access to them.			
Medical Records	Patient confidentiality is maintained by policy and signed releases for medical records.			
Professional Licenses	Professional licenses are updated and maintained in the policy manual or personnel files.			
Professional Licenses	A mid-level practitioner is present 50% of the time the clinic is open. Copy License.			
Professional Licenses	CPR training is maintained and updated for the required personnel.			
Professional Licenses	The medical director is licensed as physician in the state and is onsite at least once every two weeks.			
Hours of Operation	The hours of operation are documented in the policy manual and posted where patients can see them.			
Inpatient Services	The clinic has agreements to provide inpatients hospital services.			

ADDITIONAL INTPRETATIVE GUIDELINES

An evaluation of a clinic's total operation including the overall organization, administration, policies and procedures covering personnel, fiscal and patient care areas must be done at least annually. This evaluation may be done by the clinic, the group of professional personnel required under 42 CFR 491.9(b)(2), or through arrangement with other appropriate professionals. The surveyor clarifies for the clinic that the State survey does not constitute any part of this program evaluation.

The total evaluation does not have to be done all at once or by the same individuals. It is acceptable to do parts of it throughout the year, and it is not necessary to have all parts of the evaluation done by the same personnel. However, if the evaluation is not done all at once, no more than a year should elapse between evaluating the same parts. For example, a clinic may have its organization, administration, and personnel and fiscal policies evaluated by a health care administrator(s) at the end of each fiscal year; and its utilization of clinic services, clinic records, and health care policies evaluated 6 months later by a group of health care professionals.

If the facility has been in operation for at least a year at the time of the initial survey and has not had an evaluation of its total program, report this as a deficiency. It is incorrect to consider this requirement as not applicable (N/A) in this case.

A facility operating less than a year or in the start-up phase may not have done a program evaluation. However, the clinic should have a written plan that specifies who is to do the evaluation, when and how it is to be done, and what will be covered in the evaluation. What will be covered should be consistent with the requirements of 42 CFR 491.11. Record this information under the explanatory statements on the SRF.

Review dated reports of recent program evaluations to verify that such items are included in these evaluations. When corrective action has been recommended to the clinic, verify that such action has been taken or that there is sufficient evidence indicating the clinic has initiated corrective action.

HEALTHCARE BUSINESS SPECIALISTS

According to the Interpretative Guidelines on rural health clinics the patient care policies requirements require that the clinic review the policies. Where changes in clinic personnel and/or clinic administration make it impossible or not relevant to ascertain who developed the policies, it is necessary to ascertain that the current physician member(s) and the nurse practitioner, certified nurse-midwife, and/or physician assistant member(s) of the staff have an in-depth knowledge of the policies and have had the opportunity to discuss them, adopt them as is, or make any agreed- to written changes in them.

If a clinic's organizational structure includes a governing body, ascertain whether the governing body has ultimate authority in approving the patient care policies and, if so, when such approval was last given. While clinics frequently seek the participation of other health care professionals in developing patient care policies (particularly the written guidelines for the medical management of health problems) the term "a group of professional personnel" is not restricted to health care professionals. In some cases, the clinic will have involved health care professional's representatives to a hospital with which the clinic has an agreement for patient referral. In any event, one member of the group of three or more may not be a member of the clinic's staff, and professions which are not directly related to health care delivery (attorneys, community planners, etc.) are potentially useful.