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Evidence Binder

To ensure compliance with Rural Health Clinics (RHC) regulations, we recommend that RHCs maintain an up to date Evidence Binder which includes information and documents that the RHC Surveyor will typically ask for during the RHC Survey Process. Healthcare Business Specialists has provided this Evidence Binder Notebook and Table of Contents to direct you to the most common documents asked for in surveys. Please include a copy of each document in the Evidence Binder and if you are preparing for your initial survey, we recommend that you make an extra copy of the Evidence Binder documents and place them in a folder to give to the RHC Surveyor. This will cut down on time copying documents during the survey and make the initial survey go much faster.





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RHC EVIDENCE BINDER

RHC Evidence Binder

- The practice should maintain current documents to prove evidence of compliance at all times. As part of the initial and any follow-up survey, the surveyor will request various documents as evidence of compliance for all regulations. It is recommended that all documents be housed in one central location or binder. For the purpose of this course, this will be referenced as the “RHC Evidence Binder”. Having this binder will make the survey process go smoothly while also helping to avoid delays or possible citations if information cannot be located. It is also recommended that this manual be reviewed quarterly to update any new or outdated information.
- This should be a separate binder that is not part of your policy and procedure manual.

Tips To Help You Be Successful

- Organize the binder in the way that works best for you.
- Schedule calendar reminders to review the data quarterly for updates.
- Identify key staff and educate them on what is in the binder and where it is located. A surveyor could come at any time unannounced. The survey will take place regardless if the manager is there or not. Staff should be educated and feel confident that they can assist the surveyor with the requested documentation.
- Keep only the most current documents in the binder and archive old documents to separate files if needed.



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RHC Evidence Binder

- **The evidence binder should include:**
 - ✓ Copy of current HPSA
 - ✓ Copy of CMS initial/final tie-in notice
 - ✓ Copy of last survey document (if available)
 - ✓ ANNUAL preventive maintenance log/documentation, calibration, etc.
 - ✓ Roster of all current staff, (including providers) That includes hire date, job titles, FTE status and any hospital privileges
 - ✓ Evidence of yearly staff training (ex. hazardous waste, infection control, etc.)
 - ✓ All providers and clinical staff BLS certification
 - ✓ For Providers and licensed staff (when applicable) – copies of all licenses, DEA's, CV's, resumes and applications
 - ✓ Cleaning/Disinfecting logs/Contract
 - ✓ Spore check reports/Radiation reports if applicable

- Below is additional documentation and or evidence of compliance that the surveyor will request. This can also be placed in your evidence binder but it is recommended that you create a separate binder for easy reference.
 - Sample Medication logs – recommended placing in or near the sample medication storage area.
 - SDS (Safety Data Sheets) book – recommended placing near the eye wash station.
 - Lab manual – this should house all your lab policies and control logs and placed in the lab area.



Evidence Binder List - RHC

HPSA Data
Copies of Providers: CV, State License, DEA and BLS
Copies of all staff job descriptions (including Medical Director)
Copy of Floor Plan
Yearly Electrical inspection by Bio-Medical Dept. report
Fire and Tornado evacuation etc. copy of site specific policy training log
Copy of Current ORG Chart hospital and practice
Roster of All Current Staff , providers, clinical and clerical with job titles, FTE, hospital privileges
Quarterly Chart Reviews
Housekeeping logs
Current Advisory meeting presentation/agenda/minutes
All Providers and Clinical Staff BLS certifications on file
Evidence of yearly staff training. (ex. Hazardous waste, inf. Control..)
Current Copy of DEQ
Current Copy of CLIA in binder as well as lab area

Separate Binders/Logs Needed
Sample Medication Logs
Medications biological and sterile supplies checked monthly for expiration dates
Lab supplies and reagents monthly inventory
Current MSDS list available for review
Patient's rooms checked monthly Log
Copies of the quarterly provider-app chart reviews, signed by both Physician and APP



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Items to look for in Rural Health Clinics (AAAASF)

AAAASF/RHC Medicare Inspection Checklist

1. Organization Tour with Supporting Policies:
 - a. Safety of General Environment: There will be familiarization walkthrough tour of the organization
 - b. Document Review: Personnel records and Qualifications
 - c. Document Review and Postings : Compliance with Federal, State, and Local laws and Administrative Management
 - d. Plan of Care and Physician Involvement
 - e. Provision of Services
 - f. Document Review: Contracted Services
 - g. Document Review: Patient Health Records
 - h. Physical Environment
 - i. Staffing and Staff Responsibilities
 - j. Disaster Preparedness
 - k. Program Evaluation
 - l. Survey Findings: The surveyor will document the survey findings and complete the survey forms.
 - m. Exit Interview: The surveyor will review the survey process in an exit interview with the organization administrator and key staff with discussion of areas of deficiency and suggestions for improvement.
2. Patient Care Policy and Procedures
 - a. Governing Authority/Ownership
 - b. Advisory Committee Minutes
 - i. Annual review of all policies and procedures (updated as necessary)



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- c. Governing Authority Minutes
 - i. Medical Director appointment
 - d. Policies and Procedures
 - e. Administration Management: contingency plan
 - f. Environment
 - i. Inspection and maintenance of equipment
3. Clinical Staff
- a. Licensed
 - b. Reappraisals review and evidence that these are occurring regularly (not more than two years).
4. Medications
- a. Check expiration date
 - b. Policy on how medication are stored & handled.
5. Personnel Record Review
(Use attached personnel record review form)
6. Clinical Records Review
(Use attached record review form)



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1. Clinic Walkthrough Tour – The inspector will observe the following:
 - a. Clinic is handicapped accessible.
 - b. Exit doors and signage are located in the appropriate places.
 - c. Fire extinguishers are inspected on a monthly basis.
 - d. Floor plans are posted throughout the clinic.
 - e. Sharps are secured throughout the clinic.
 - f. Nothing is stored under exam room sinks.
 - g. Closed trash containers are utilized in patient care areas.
 - h. Clinic has an OSHA Spill Kit and Eye Wash faucet.
 - i. Adult and pediatric scaled are balanced/calibrated annually.
 - j. Patient care equipment is calibrated per manufacturer's guidelines.
 - k. Clinic has a process for tracking preventive maintenance due dates.
 - l. All medications are stored in locked cabinets/drawers.
 - m. Medications, biological, and sterile supplies are inventoried monthly for expiration date.
 - n. Multi-injectable vials, ointments, and solutions are dated when opened and discarded in accordance with clinic policy.
 - o. Expired medications, biologicals, and sterile supplies are discarded in accordance with clinic policy.
 - p. Refrigerator and freezer temperatures are recorded daily.
 - q. Sample medications are logged out when dispensed to include: Date, Patient Name, Medication, Lot #, Expiration Date, Amount Dispensed, and NDC #
 - r. Controlled substances are inventoried on a weekly ba