Welcome to Program Evaluation And Survey Readiness

Angie has experience as a Director of Quality with a demonstrated history of working in the hospital & health care industry providing expertise in leadership development, survey readiness and project management. Strong operations professional with a Doctorate in Business Administration focused in Healthcare Leadership from California Intercontinental University.

Serves as adjunct faculty for two universities and data scientist for a medical research company.

As a side note, Angie loves spending time with her six (soon to be seven) grandchildren!

Angie Charlet, DBA, MHA, RN
SSBB, LSS, CPHQ
Vice President – Training & Development
Angie@canopyassociates.com

Program Evaluation

Program evaluation is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies and programs,[1] particularly about their effectiveness and efficiency. In both the public and private sectors, stakeholders often want to know whether the programs they are funding, implementing, voting for, receiving or objecting to are producing the intended effect.

WHY?

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Program Evaluation - Why is this important?

- The Program Evaluation process is a Condition Level Deficiency and if not corrected could lead to the RHC being terminated from the RHC program.

- If you are behind or not aware of the requirements – **Start now.**

- It is easy to forget since now we only do it every other year and we are in the middle of a pandemic.

- Also, Emergency Preparedness goes hand-in-hand with the Program Evaluation and is a Condition Level Deficiencies as well. We have seen both of these be major issues for RHCs.

Why Conduct a Program Evaluation

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We are finding that as the states are beginning to ramp back up their onsite resurveys, many RHCs are receiving condition level deficiencies which could lead to termination of the clinics from the RHC program.

These are serious deficiencies and take time to correct. The short time frames for developing an acceptable plan of correction (10 days) and implementing the plan of correction (either 30 or 45 days) can create significant stress on an RHC especially as we are on backend of pandemic.

Tag	Since 2021: 1111 Clinics Surveyed (KY 41)	# Citations
J0043	Physical Plant and Environment	90
J0042		69
J0044		52
J0161	Program Evaluations	75
J0160		34
J0162		28
J0123	Staffing and Staff Responsibilities	69
J0101		35
J0136	Provision of Services	37
J0125		32
E0004	Emergency Preparedness +	31
E0037		28
E0001		25
E0036		22

https://qcor.cms.gov/
123 citations were Condition Level

KY has 139 clinics overdue for recertification (>5yrs)
Of these: 81 clinics > 6yrs; 59 >7 yrs; 39 > 8yrs

Why is there so much confusion regarding Program Evaluations?

#	Regulation	Description	Status
1.	42 CFR 491.4	Compliance with Federal, State and Local Laws	√
2	42 CFR 491.5	Location of Clinic	√
3	42 CFR 491.6	Physical Plant and Environment	√
4	42 CFR 491.7	Organizational Structure	√
5	42 CFR 491.8	Staffing and Staff Responsibilities	√
6	42 CFR 491.9	Provision of Services	√
7	42 CFR 491.10	Patient Health Records	√
8	42 CFR 491.11	Program Evaluation	√
9	42 CFR 491.12	Emergency Preparedness	√

Nine Conditions of Participation

RHCs **must** meet nine (9) conditions of participation to be eligible for the RHC program.

As an integral part of the program evaluation we evaluate whether the clinic is in substantial compliance or not with the conditions required to be eligible for the RHC program.

(Provide your mock survey)

Program Evaluation Regulations

When →

What →

Why →

- §491.11   Program evaluation.

- (a) The clinic or center carries out, or arranges for, a biennial evaluation of its total program.

- (b) The evaluation includes review of:
  - (1) The utilization of clinic or center 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 or center's health care policies.

- (c) 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.

- (d) The clinic or center staff considers the findings of the evaluation and takes corrective action if necessary.

- [71 FR 55346, Sept. 22, 2006, as amended at 84 FR 51832, Sept. 30, 2019]

Is there evidence that the evaluation is completed at least biennially and includes review of the number of patients served and the volume of services provided?

Is there evidence of a review of a representative sample of RHC records?

Does the sample include the required minimum number of records?

Who conducts which portions of the review? Are they qualified to do so?

Is there evidence of findings and recommendations from the review, and do the findings address each required component?

Program Evaluation Survey Procedures §491.11 (a) - (c)

What is the Deliverable?

The Program Evaluation Report is a Report prepared by the clinic personnel or outside sources. The Professional Advisory Group should review and sign the report.

There does not have to be a meeting, or you may do a virtual meeting. The report should be filed in the Evidence Binder and be ready for the RHC surveyor.

What do you want to accomplish in the Program Evaluation

Are we compliant with RHC regulations? → Are we following our Policy and Procedures? → Is patient care meeting expectations? Patient Surveys?

Benchmark our performance. NARHC & Wipfli → Is patient volume meeting expectations? → Are we achieving our goals in serving the community?

What opportunities or needs are unfulfilled. → What changes are needed? → What is our plan for completion of changes?

What Happens in a Program Evaluation?

Review and update policies and procedures. Implement and explain new policies.

Review active and closed medical charts.

Walkthrough (Inspection) of the facility.

Review any regulatory, compliance, billing, cost reporting changes.

Update the Evidence Binder, so everything is current. Archive old information.

Determine if HIPAA, OSHA, CLIA regulations are being addressed.

Present the utilization of the clinic. Number of Patients and Visits. (Benchmarking)

Review Emergency Preparedness, Drills, and After-Action Reports.

Cite any deficiencies and determine an action plan for correction.

Visits and Utilization Statistics

Example of Data Review				
Family Practice Associates of Sullivan County **Review of Medicare Cost Reports**				
Description	**2016**	**2017**	**2018**	**2019**
Visits				
Physician Visits	16,266	13,456	10,803	7,298
PA Visits	-	-	-	-
NP Visits	6,951	6,823	7,987	7,969
Total Visits	23,217	20,279	18,790	15,267
Provider FTEs				
Physician	3.90	2.74	1.82	1.65
PA	-	-	-	-
NP	1.92	1.85	2.56	2.27
Total FTEs	5.82	4.59	4.38	3.92
Visit Per FTE				
Physician	4,171	4,911	5,936	4,423
PA	-	-	-	-
NP	3,620	3,688	3,120	3,511

Clinic Encounters
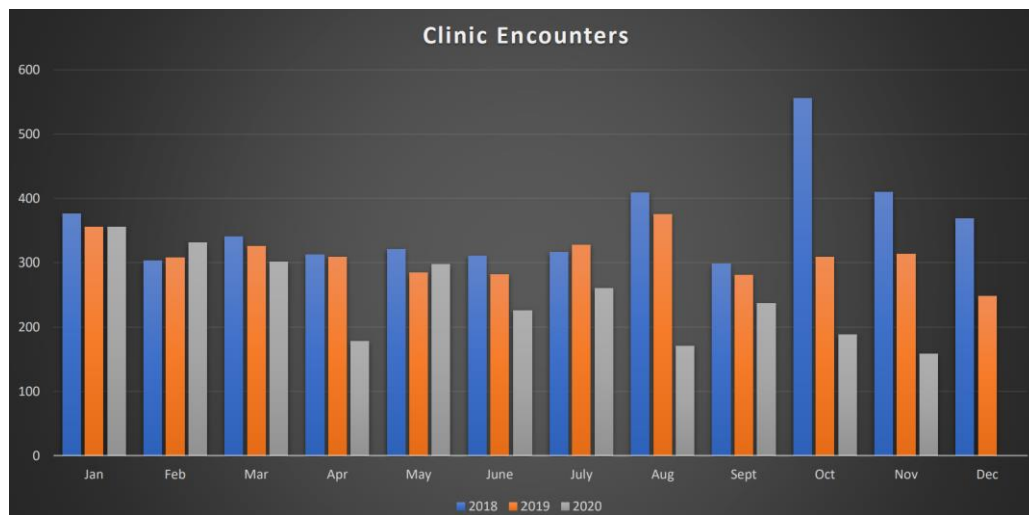
Utilization of Services Cont.

- Age and/or gender (who is your clientele?)
  - # Patients by age range (who are you treating)
  - # Visits by age range (how often are you treating)
- Payer mix: Commercial, Medicare/Medicaid, Self-Pay, Other
- Diagnosis – what are your top 10?
- Lab services
- If available: radiology or other services
- Consider referral patterns…who are your patients going to?

Diagnosis	Number of Patients
Hypertension	260
Therapeutic Drug Level Monitoring	204
Immunizations	156
Pharyngitis Unspecified	152
Hypothyroidism	147

	Immunizations	Children
2015	205	92
2016	230	78
2017	302	97
2018	159	49

Outreach/Referral Services
Ortho   Surgeon
Podiatry   Urology
Mental Health   Oncology

Description	2016	2017	2018	2019
Medicare Charges				
Medicare Charges	1,151,276	1,045,356	861,420	683,024
Preventative Charges	105,699	204,966	294,948	49,982
Sick Charges	1,045,577	840,390	566,472	633,042
Medicare Visits	6,736	5,734	4,085	3,519
Medicare Charges per visit	$ 171	$ 182	$ 211	$ 194
Collections				
Deductibles	92,124	102,362	69,827	74,272
Co-Pays	190,691	147,605	102,457	62,333
Net Payments	353,204	288,174	220,904	203,578
Total	636,019	538,141	393,188	340,183
Collections Per Visit	94.42	93.85	96.25	96.67
% Medicare	29%	28%	22%	23%
Cost Per Visit	167.02	184.99	141.40	128.81

Financial:

Charges and Cost Data

- Any process/procedure changes?
- Added services?
- Deleted services? Did you remove these policies?
- How are you determining policies are followed?
- Have staff created any workarounds that affect policy/procedures currently in place?
- Signed approval of P&P review?

Policy and Procedures

PROTOCOL LOCATION	STATUS	#	TITLE	CREATED	LAST REVISION	SCHED. REV. DATE
Memorial Clinic (RHC) \ Clinic Protoco	Locked	BMC-108	Triage of Emergent Clinic Patients	12/19/2016	10/4/2018	10/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Retired	BMC-111	Suture Removal	9/27/2017	RETIRED	RETIRED
Memorial Clinic (RHC) \ Clinic Protoco	Locked	PP-101	ToxCup Urine Drug Testing	5/15/2017	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Due Soon	PP-102	Clinic Nursing Guidelines & Standard	12/4/2017	6/14/2018	6/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Locked	PP-103	Fire Plan	12/20/2016	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Locked	PP-104	Liquid Nitrogen	12/20/2016	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Revision	PP-105	Blood Glucose Monitor	11/14/2017	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Locked	PP-106	Oxygen Maintenance	11/14/2017	10/9/2018	11/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Revision	PP-108	Spirometry	4/17/2018	4/17/2018	3/1/2019
Memorial Clinic (RHC) \ Clinic Protoco	Revision	PP-109	VFC Vaccine Clinic	12/28/2016	5/8/2018	4/8/2019
Memorial Clinic (RHC) \ Clinic Protoco	Revision	PP-110	High Risk Medication	3/13/2018	10/4/2018	2/1/2019

What are Protocols?

Written authorization to provide medical aspects of patient care which are:

- agreed upon and
- signed by the advanced practice nurse and the physician,
- reviewed and signed at least annually, and
- maintained in the practice setting of the advanced practice nurse.

Protocols – UpToDate is the Gold Standard

https://www.uptodate.com/home

Ask your Drug Rep – they may be able to get you a free subscription

Quick Review

Understanding the Purpose of your Program Evaluation

491.11(d) Clinic or centers staff consider the findings of the evaluation and takes corrective action, if necessary

- Review of all services
- Any significant findings to be addressed? Year-over-year trends?
- Changes made in past year or two years?
- Think about how COVID has impacted your clinic…testing, immunizations, etc.
- Any patient satisfaction results?
- Acute vs chronic visits?
- Timeliness of services…wait times? Change in visit type such as virtual/telehealth? Drive-up car visits? Change in hours of operation?

Patient Chart Audit	Collaborative Medical Record Audit
Patient ID/Provider	Physician and NP/PA
Patient Social Data	Patient ID/Date of Service
Allergies	Patient history/reason for visit
Consent to treat	Review of Systems
Reason for visit	Medications (review and ordered/changed)
Medical History	
Med Rec updated	Plan/Treatment
Visit note(s)	Patient Education
Labs/Testing ordered	Tests ordered
Other orders	Notes/Feedback
Provider Signature	
Patient Education/Visit Summary	

Closed Records: The completed medical chart of a patient, either after discharge from care or after the patient's death.

A best practice is to review the medical charts of all deceased patients as a learning tool. Additionally, review any chart were a patient transfers to anther provider.

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Record Review
Open and Closed

§491.10   Patient health records
What is required in a Medical Chart

(3) For each patient receiving health care services, the clinic or center maintains a record that includes, as applicable:

(i) Identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;

(ii) Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;

(iii) All physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress;

(iv) Signatures of the physician or other health care professional.

Sample Clinic Record Review

De-identified Chart #						
Social Data						
Consent to treat						
Medical History						
Medication Reconciliation						
Reason for visit						
Review/Assessment						
Plan of care/Summary						
Education to patient						
Labs/Tests and follow-up						
Consultative reports						
Provider orders						
Signature of provider						
Notes						

The Compliance Team (prior open source webinars)

RHC Program Evaluation Chart Audits

"The evaluation must also include a review of a representative sample of both **active and closed** clinical records of RHC patients. The sample must also include at **least 5 percent of the RHC's current patients or 50 records, whichever is less.** The purpose of the review is to determine whether utilization of the RHC's services was appropriate, i.e., whether practitioners adhere to accepted standards of practice and adhere to the RHC's guidelines for medical management when diagnosing or treating patients. The review also must evaluate whether all personnel providing direct patient care adhere to the RHC's patient care policies. The evaluation of practitioners must be conducted by an MD or DO; if there is only one MD or DO practicing in the RHC…

Source: https://www.cms.gov/files/document/appendix-g-state-operations-manual Page 88.

There are two separate chart audit requirements in RHCs

1. State – The RHC must comply with the state scope of practice rules oversight of the Nurse Practitioner/ Physician Assistant. (ie. Sign off on 20% of all charts monthly). These reviews must typically be performed by a physician.

2. Federal RHC Program Evaluation Regulations – An Administrative review of the lessor of 5% or 50 charts annually. **These reviews do not have to completely done by a physician;** but must be signed off by the Medical Director and the NP/PA.

    1. We recommend reviewing 15 charts (you decide on how many in your policy) in total each quarter (not per NP/PA) so at a minimum you have 60 charts reviewed per year.
    2. Keep these chart reviews and include them in the Program Evaluation report every 2 years (watch for HIPAA issues)
    3. You must review closed charts which is typically defined as charts of patients that have expired, transferred to other providers, or are inactive for three years or more.

Emergency Plan

What events took place this past year/two years?

What findings/recommendations were made?

Are policies required to change?

Staff education?

Summary of Emergency plan

- Emergency Preparedness 491.12
- On 07/25/2018 the clinic participated in the community wide disaster drill
  - Active participants were ABC Memorial Healthcare, XYZ Memorial Clinic, Local County Sherriff, EMS, fire, and road departments
    - Response from Bureau and Valley counties as well

  - The clinic learned how they would operate during a time of a community wide mass casualty
    - Closed clinic operations to assist in hospital setting

MOCK SURVEY

A great way to evaluate you are doing what you say you do!

Engage all staff if doing internally

Fresh eyes are always good

Did you start outside the clinic?

See resource section at end for TCT recorded session on completing your mock survey

- Find a template!
- Review the 9 Conditions of Participation
- Complete some chart audits
- Complete some staff/HR files
- Review patient satisfaction
- Any performance improvement projects?
- Expired items….this is a biggie!

Establish a Team

- Discuss mock survey instrument and assignments

- Walk through of clinic
  - Note findings or processes
  - Trace to policy/procedure

- Staff interviews and 'show me' process

- HR file review

- Chart review

Organization Structure

- Medical Director is identified
  - Staff can identify him/her
  - Listed appropriately on org chart

- Am I Rural?
  - Run report every 4 years or so
  - Designated appropriately per census
  - Any MUA designation

Where to Start?

- Your Front Door
  - Signage appropriate
  - CMS 855A and CMS 29
  - Name matches CMS database: https://qcor.cms.gov/index_new.jsp

- Posted Hours!

- Handicap accessible and free of barriers
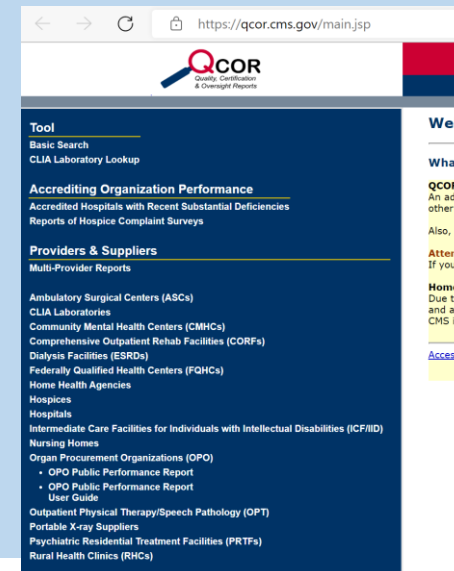
Entering Inside

Waiting Room

- At first glance, what do you see?

- Handicap accessible inside?

- Infection control challenges?

- COVID precautions?

- Masks, chair placement etc.

- Sick vs well patients?

Hallways and Exam Rooms

- Free of clutter/hazards and dust
- Equipment out of hallway
- Emergency exits posted
- Back entrance locked and not accessible
- Exam tables and chairs free of rips/tears in covering
- Closed trash containers in patient care areas
- Sharps are securely placed and marked with biohazard label

Fire Extinguishers / Oxygen Tanks and Other Stuff

- Securely placed
- Oxygen placement for full and empty tanks (approved cart/chain)
- Monthly and annual checks
- Eye wash station easily accessible and checked monthly
- Plug protectors are present
- Nothing under the sinks!
- Lighted Exit signs and posted floor plan(s)

- Ask about cleaning equipment
- Ask about cleaning rooms between patients (wet time)

Equipment

- Maintain inventory list
- Preventive Maintenance log
  - Manufacturer determines PM requirement
  - Tracking PM dates
- Stickers or report from annual inspection (Bio-Med company)
- Annual scale inspections
- Before use process for new equipment (inspected, sticker, or any quality certificate upon receipt)

Doors, Cabinets and Closets

- Are they locked?

- What's behind the locked door?

- Orderly and clean cabinets?

- Can patient's access?

Cleaning supplies/housekeeping

Sharps

Medications

Biohazard waste

PHI files/records

Medications and Refrigerators

- Inventoried monthly – expired dates: 8.2022 vs 8.30.2022
- Multi-dose (MDV) vials vs Single-use (SDV) vials – 28 days!
- Fridge is medical grade (not dorm room-style)
- Temperature management
  - Power outage process
- Nothing in the doors!
- Sample medication process
- Controlled substances – includes Testosterone
- Patient medications (allergy shots)

Instruments – Sterilization - Management

- Sterilization process
  - Who does this?
  - Policy and practice (walk the process)
- Instruments in open position during sterilization
- Contract/agreement with local hospital
- Disposables best practice

The Laboratory

- Six Required Tests
- Controls and control log books (and within date)
- Clean vs Dirty areas marked
- Eye Wash station (typically found in lab)
- Spill kit available
- Expired supplies
- Posted CLIA has correct name on certificate with lab director

Urinalysis
Pregnancy
Blood Glucose
Hemoglobin/Hematocrit
Occult blood in stool
Primary culturing swabs

Your Emergency Services Capability (Kit)

- Policy that determines drugs/biologicals in your emergency kit

- Medical Director & NP approve and documented per policy

- To provide emergency procedures to common life-threatening situations/injuries/illness that are common to your practice

- Your kit: labeled with drugs/biologicals, quantity and suggest expiration date

Drugs commonly used:
Analgesics
Local anesthetics
Antibiotics
Anticonvulsants
Antidotes, emetics, serums & toxoids

Let's Talk Staffing

Physician

- Reviews and signs policy & procedure at least every two years (In collaboration with PA/NP)
- Reviews in collaboration with PA/NP, clinic records, medical orders and services provided
- 50 charts/year (15/quarter or 5/month)

Physician Assistant / Nurse Practitioner

- At least one employed
- Able to furnish services at least 50% of the time
- Participates in P&P reviews and signs
- Participates in quality review and physician chart reviews
- Collaborative agreement in their employee file

HR File Review

- Application
- I-9 and W-4
- OIG Exclusion https://exclusions.oig.hhs.gov/
- Background checks as required
- <u>Signed</u> job description
- Onboarding requirements: Code of Conduct, HIPAA etc.
- Training/competency and performance evaluations

HR File Review Cont.

- License or Certification current
- DEA for providers
- BLS current
- TB Screening (on hire and per policy)
- Hep B (depending on policy but minimum with patient care employees)

HR File Review: Licensed Staff

Provider Name				
License Verification w expiration				
DEA w expiration				
If PA/NP, collaboration agreement on file				
If PA/NP, MD reviews records and communicates with practitioner				
Participates in Policy & Procedure review				
If PA/NP, scheduled at least 50% of time				
PA/NP Employed with W-2				
Job Description				
Other				

HR File Review

Employee Name				
Application				
Job Description				
I-9 & W-4				
BLS if req. w/expiration				
License/Certificate Exp Date				
OIG Exclusion				
Background Check				
Orientation				
Competency				
Performance Eval List Type: 30-60-90/Annual				
Emergency Training Fire, Tornado, etc.				
Emergency Plan Participation				
Other / Notes				

Questions to ask:
- Policy for BLS
- Organization Chart
- Can staff speak to education, emergency training and org chart?

Vaccine Mandate

- August 2022: https://www.hrsa.gov/coronavirus/rural-health-clinics

- Original 2-2022 (https://www.cms.gov/files/document/qso-22-07-all-attachment-m-rhcfqhc.pdf) noted does not apply to Montana currently

- Goals and Objectives
- What was reviewed
- Who participated in review, at minimum:
  - Medical Director
  - PA/NP
  - Office Manager/Director
  - Community Member
- Utilization and Services
- Active and Closed Medical Charts
- Policy Review
- Demographics (not required but nice to have)
- Conclusion

Think about the review as "Telling Your Story"
Should paint a picture of what your clinic provides and how well it provides it and to who it provides for
Identifies problem areas/opportunities for improvement and goals to fix
Did you have any lessons learned and achievements!

FORMAL REPORT

Professional Advisory Group Signs the Report

The Program Evaluation should be reviewed and signed by (at minimum):

Medical Director,

Nurse Practitioner and/or Physician Assistant,

Non-member/Community Representative

Advisory Board *

Clinic Manager *

Conclusion

The Program evaluation committee evaluated the services of ABC Clinic in Rural, Indiana 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

A review of the policies and procedures

A walk though of the clinic to determine any compliance issues

What to Expect on Survey Day

Kickoff meeting (have a place to sit)

Have your evidence binder ready!

Walkthrough of facility (interview staff along the way)
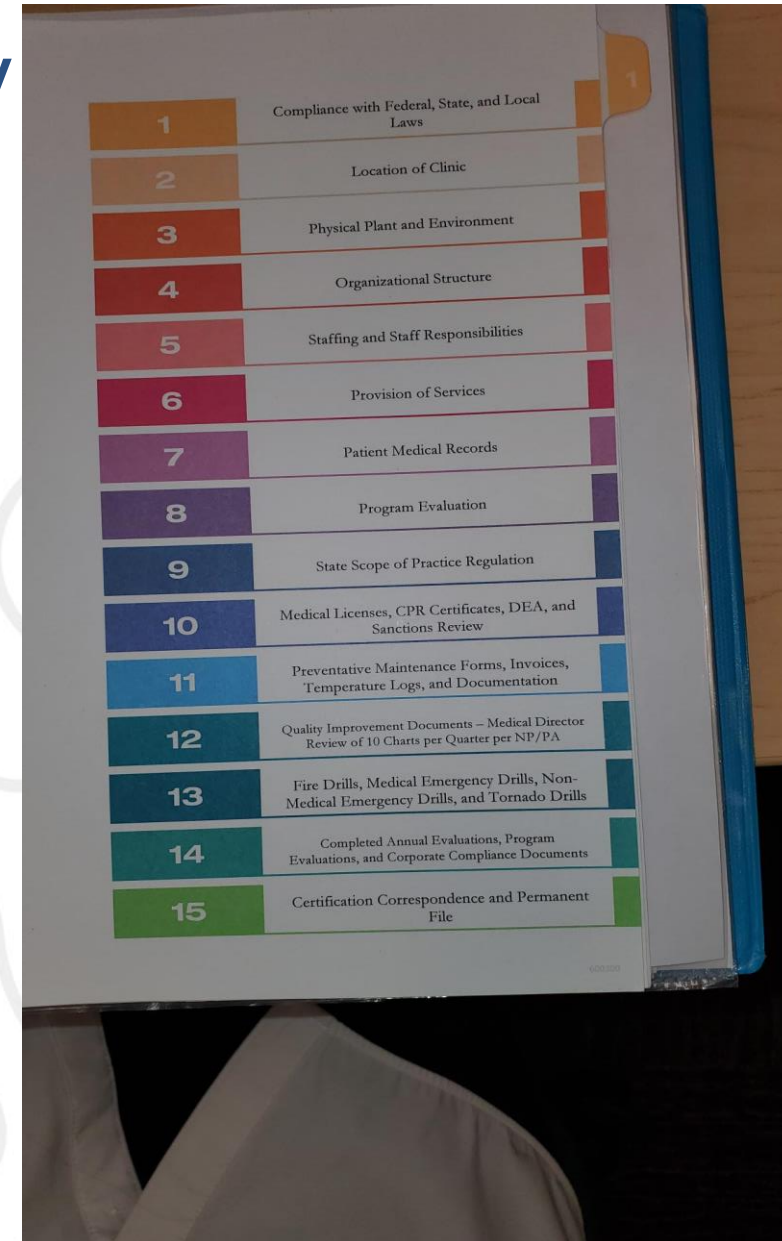
Review of paper work/HR/Chart Reviews

Review of Policy & Procedure

Review of Program Evaluation

Review of Emergency Preparedness (if provider-based are you individualized or identified specifically on hospital policy)

Exit session

Questions / Answers / Help