

RHC Best Practices Presentation

Guide to using provided excel file tools

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Disclaimer

The tools and forms on this spreadsheet are provided as templates to use in your practice to assist you with compliance and RHC maintenance. While some of the data or processes are required for RHC's, the specific forms are not. These are being provided as an effective tool to monitor and maintain compliance, quality and patient safety. They should be reviewed and modified to meet your specific needs.

Tab 1 "rounding tool"

- This can be used as a monthly RHC quality safety and infection prevention rounding tool. We utilize the RHC deeming agency "The Compliance Team" for accreditation of our clinics and their standards are listed next to the measure if they are applicable.

Tab 2 "RHC rounding tool #2"

- This is a checklist that can also be used as a monthly rounding tool to monitor the practice. We have found it effective to assign to clinical staff to review these areas and provides accountability if issues are found.

Tab 3 "Evidence binder list"

- This is a list of documentation that is either required to be on site or documentation that your surveyor will ask for at the time of survey. We have found that creating an "evidence binder" with this documentation has been very effective and resulted in the survey process going smoothly and efficiently. It is much easier to have it all together and ready for review rather than trying to track it all down at time of survey. This also helps the practice managers track and monitor when items are due or ready to expire.

Tab 4 "housekeeping log"

- This is a log that our practices utilize for the housekeeping staff to mark their daily cleaning. You should have a housekeeping policy in your policy binder. This document is proof to the surveyor that you are following that policy and monitoring that it is completed as per your policy.

Tab 5 "exam room log"

- We place the log in each exam room. The clinical staff are asked to review either daily, weekly or monthly based on each practices needs. We have the clinical staff sign the sheet as well. We have found that there have been many times that the clinical staff person signs off that they have completed the room check, but expired items have been found. We can then use the tool for accountability and corrective action.

Tabs 6-9 are applicable to our chart review process. The information below in bold and italics outlines the RHC regulations as they pertain to complete charting of health care records. RHC regulations also require a chart review process for the supervising physician to review APP charts periodically to provide physician oversight.

During an RHC survey, the surveyor will complete a sample chart audit to review for the elements below regarding chart completion. We found that this was an area that we continued to have issue with at time of survey. So, we developed the chart review tool to tackle both the monitoring of the chart completion as well as the monthly physician/APP review. We also added additional quality measures from PCMH or best practice initiatives from our organization to measure and track each month. This process has been very successful for us. We were able to identify issues within our EMR and additional education and training opportunities for our clinical staff based on the results of the reviews. The practices pick measures each year that they would like to improve and develop an action plan. This is reviewed with staff throughout the year as well as summarized at the RHC advisory meeting.

The clinic ensures patient health care records are complete. (§491.10(a) (3))

EVIDENCE OF COMPLIANCE:

1. Complete patient health records include:

a. Identification and social data. (§491.10(a) (3) (i))

b. Evidence of consent forms. (§491.10(a) (3) (i))

c. Pertinent medical history. (§491.10(a) (3) (i))

d. Assessment of the health care status and health care needs of the patient. (§491.10(a) (3) (i))

e. Brief summary of the episode, disposition and instructions to the patient. (§491.10(a) (3) (i))

f. Reports of physical examinations, diagnostic and laboratory test results and consultative findings. (§491.10(a) (3) (ii))

g. All physicians' orders, reports of treatment and medications (including allergies), and other pertinent information necessary to monitor the patients progress. (§491.10(a) (3) (iii))

h. Signatures and dates of the physician or other healthcare professional. (§491.10(a) (3) (IV))

2. There is evidence the clinic periodically audits it's Patient Health Records for completeness and the results are documented at QI meetings. The number of records is identified in clinic policy. The leadership reviews and documents the chart review findings and takes corrective actions.

Tab 6 "chart review instructions"

- Is the process we follow for our monthly chart reviews

Tab 7 "chart review tool"

- This is the actual tool that we use for our monthly chart reviews

Tab 8 "measure clarifications"

- This provided additional information on each chart review element for the staff that complete the chart review. This helps them to understand what or where to look in the EMR.

Tab 9 "chart review dashboard"

- This is a sample of the dashboard that we use to track our chart reviews across our system. We have multiple RHC's and this allows us to monitor results and identify action plans across our clinics.