

RHC POLICY & PROCEDURE MANUAL

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OBJECTIVES

- ▶ To understand the key components required in the policy/procedure manual.
 - ▶ To understand the yearly review, provider involvement and implementation of policies.
 - ▶ To understand the necessity of staff comprehension and utilization of the procedure manual.
 - ▶ What the surveyors look for in the manual.
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- ▶ J32
- ▶ § 491.7(a)(2) the organization's policies and its lines of authority and responsibilities are **clearly set forth in writing.**

- ▶ J47
 - ▶ § 491.8(b)(2) In conjunction with the physician's assistant and/or nurse practitioner member(s), the physician participates in developing, executing and periodically reviewing the clinic's written policies and the services provided to Federal program patients.
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- ▶ J55
- ▶ § 491.9(b)(1) The clinic's health care services are furnished in accordance with appropriate written policies, which are consistent with applicable State law.

- ▶ J56
- ▶ § 491.9(b)(2) 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 assistants or nurse practitioners. At least one member of the group is not a member of the clinic's staff.

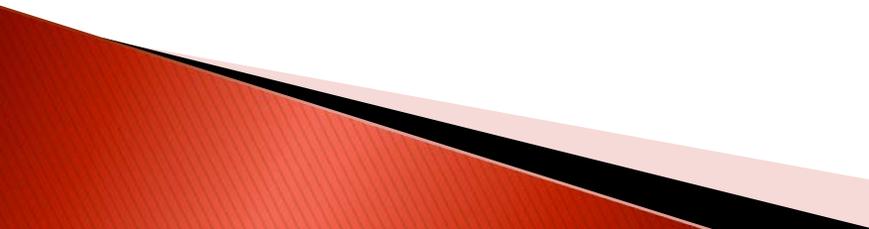
- ▶ J57
- ▶ § 491.9(b)(3) **The policies include:** (i) a description of the services the clinic furnishes directly and those furnished through agreement or arrangement; (ii) guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic; and (iii) rules for the storage, handling and administration of drugs and biologicals.

- ▶ J58
- ▶ § 491.9(b)(4) These **policies are reviewed at least annually** by the group of professional personnel required under (b)(2) above in this section, and reviewed as necessary by the clinic.

PROGRAM EVALUATION

- ▶ J81
- ▶ § 491.11(b)(3) the clinic's health care policies.
- ▶ J84
- ▶ § 491.11(c)(2) the established policies were followed; and

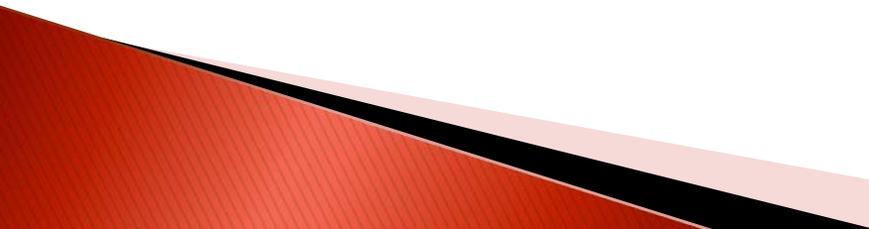
WHAT ARE POLICIES/PROCEDURES

- ▶ They are a set of documents that describe an organization's policies for operation and the procedures necessary to fulfill the policies.
 - ▶ In the RHC, policies/procedures are not only required for certification but are also directly related to the consistency and quality of care a patient receives.
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WHAT DOES A POLICY/PROCEDURE MANUAL DO?

- ▶ Saves time and effort
 - When issues arise the policy manual is checked.
 - Time spent reinventing or recreating policy is avoided.
 - ▶ Assists in new member recruitment
 - Policies inform people what you are all about.
 - ▶ Provides detailed job descriptions
 - ▶ Orients new members about their purpose, job standards and expectations.
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WHAT DOES A POLICY/PROCEDURE MANUAL DO?

- ▶ Provides continuity and consistency in decision making.
 - Ensures the clinic will stay on track even when there are staff changes (at all levels).
 - ▶ Sets a positive direction for the organization
 - Helps leaders take a proactive approach for the clinic functions.
 - ▶ Provides a way to review existing programs and services to ensure that needs are being met.
 - ▶ Helps avoid conflict and the potential for misunderstanding.
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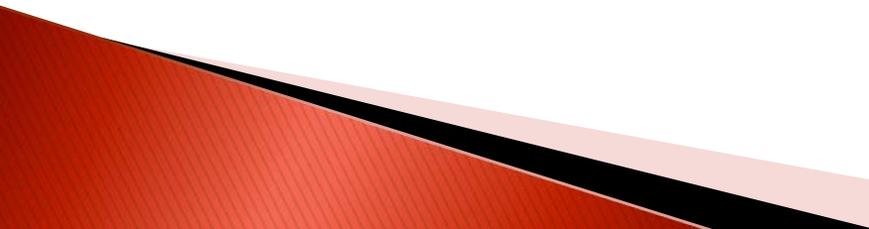
WHAT MAKES A GOOD POLICY?

- ▶ The Policy manual must be usable.
 - ▶ It is consistent with the guidelines/bylaws, etc
 - ▶ It reflects your clinic mission, goals and values.
 - ▶ It includes why the policy is needed, what are it's intentions, when it is affective and who it affects.
 - ▶ It is fact, not opinion.
 - ▶ It is proactive.
 - ▶ It is the general guide for decision-making.
 - ▶ It can have changes implemented following proper structure.
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WHY? WHAT? HOW?

- ▶ Policies should naturally flow from the by-laws of the clinic. The by-law give the overall framework and the policies provide the tools to run the programs, facilities and activities that take place within the clinic setting.
- ▶ RHC policies should naturally flow from the Federal Regulations as well as the main methods of practice within the RHC.
- ▶ **WHY?** Policies answer the organization's philosophy, mission and goals.
- ▶ **WHAT?** Policies answer what you want to show for programs, activities and services. Policies are the steps to put your goals into action.
- ▶ **HOW?** How you plan to carry out the objectives and details.

WHO SHOULD BE INVOLVED?

- ▶ 0047
 - ▶ 491.8(b)(1)(ii)
 - ▶ **The physician, in conjunction with the nurse practitioner and/or the physician assistant participates in developing, executing, and periodically reviewing the clinic's written policies and the services provided to Federal program patients.**
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WHO SHOULD BE INVOLVED?

- ▶ 0051
- ▶ 491.8(c)(1)
- ▶ **The physician's assistant and the nurse practitioner members of the clinic's staff MUST participate** in the development, execution, and periodic review of the written policies governing the services the clinic furnishes; provide services in accordance with those policies; arranges for services that cannot be provided at the clinic; assure that adequate patient health records are maintained and transferred as required; participate with a physician in a periodic review of the patient's health records.

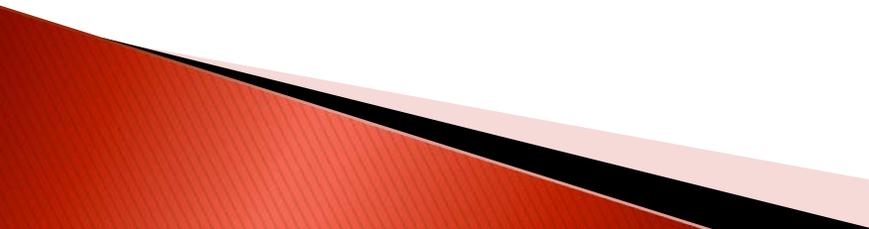
WHO SHOULD BE INVOLVED?

- ▶ 0056
- ▶ 491.9(b)(2)
- ▶ Patient care policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician's assistants or nurse practitioners. **At least one member of the group is not a member of the clinic staff.**

WHAT NEEDS TO BE COVERED?

- ▶ 0057
- ▶ 491.9(b)(3)
- ▶ **The patient care policies include a description of the services the clinic furnishes directly and those furnished through agreement or arrangement; 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; and rules for the storage, handling, and administration of biologicals.**

PUTTING IT ALL TOGETHER

- ▶ NAME OF ENTITY
 - ▶ MISSION/BYLAWS
 - ▶ (Lay the foundation for your existence)
 - ▶ GOALS AND OBJECTIVES
 - ▶ (What do you want to accomplish?)
 - ▶ POLICY
 - ▶ (Define why and what you are doing)
 - ▶ PROCEDURES
 - ▶ (Outline the details)
 - ▶ ACTION
 - ▶ (Implement)
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PUTTING IT ALL TOGETHER

- ▶ Sections of the J Tag regulations
 - Administration
 - Physical Plant and Safety
 - Human Resources and Organizational Structure
 - Clinical Guidelines to include lab and additional clinical policies
 - Medical Records
 - Program Evaluation
 - Additional services rendered in the clinic such as X-ray, etc

OVERVIEW

- ▶ POLICIES ask Why and What
- ▶ PROCEDURES tell how

WHAT CAN BE INCLUDED IN THE POLICY?

- ▶ Purpose
 - ▶ Persons affected
 - ▶ Scope
 - ▶ Policy Section
 - ▶ Definitions
 - ▶ Responsibilities
 - ▶ Procedures
 - ▶ Title
 - ▶ Effective Date
 - ▶ Revision Date
 - ▶ Approval Section
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HOW TO DEVELOP POLICIES AND PROCEDURES

- ▶ Identify Issues
 - ▶ Draft Policy
 - ▶ Approve Policy
 - ▶ Implement
 - ▶ Review and Evaluate
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SUGGESTED ORDER OF MANUAL

- ▶ Set policies in manual to follow CMS J Tag Guidelines.
 - Administration
 - Physical Plant and Safety
 - Human Resources/Organizational Structure
 - Patient Care Policies—Clinical Guidelines
 - Patient Care Policies—Laboratory Procedures
 - Patient Care Policies—Additional Clinical Procedures
 - Medical Records
 - Program Evaluation

ADMINISTRATION

- ▶ Health Services—List the services offered within the clinic setting. Include office hours and hospital and lab affiliation.
 - ▶ Patient Complaints
 - ▶ Patient Rights and Responsibilities
 - ▶ Office Schematic Floor Plan
 - ▶ Smoke Free Environment
 - ▶ Civil Rights—Provider Based Required. Independent is state based at this time.
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PHYSICAL PLANT AND SAFETY

- ▶ Threat and Disturbances
 - ▶ Cleaning
 - ▶ Emergency Evacuation Plan
 - ▶ Exposure Control Plan
 - ▶ Failure of Essential Services
 - ▶ Hazardous Materials–Right to Know
 - ▶ Inclement Weather
 - ▶ Medical Waste Management
 - ▶ Preventive Maintenance
 - ▶ Others that reflect the coverage of the physical structure and safety.
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HUMAN RESOURCES/ORGANIZATIONAL

- ▶ Method of credentialing providers
- ▶ Job Descriptions for **EACH** position
 - Include Medical Director
- ▶ Organizational Chart
 - Include Medical Director
 - Provider based RHC may have more than one page. Show the hospital chart to the clinic and then an individual page to the RHC.
- ▶ Licensing and Reporting procedures

PATIENT CARE POLICIES

▶ CLINICAL GUIDELINES

- These are the clinical symptoms and diagnosis that you treat within your clinic setting. You **MUST** have policies/guidelines to show the recommended process for handling the various presenting issues.
 - EX: Abdominal Pain, Chest Pain, Emergency Care, ...

▶ LABORATORY

- These are the steps conducted to provide the various laboratory tests rendered within the clinic setting. You must have policies and you will need logs for the various tests for compliance. The Six required labs tests are:
 - UA, HcG, Glucose, Stool Occult, Hgh/Hct and Culture transmittal.
 - You will want a policy on venipuncture to cover the process of handling blood draws.

▶ ADDITIONAL CLINICAL POLICIES

- These are policies that cover patient care issues not addressed in previous two categories. EX: Abbreviations and Symbols, Patient Referral, Refusal of Treatment, Sample Medications & Log, Handling/Storage/Maintenance and Disposal of Drugs and Biologicals.

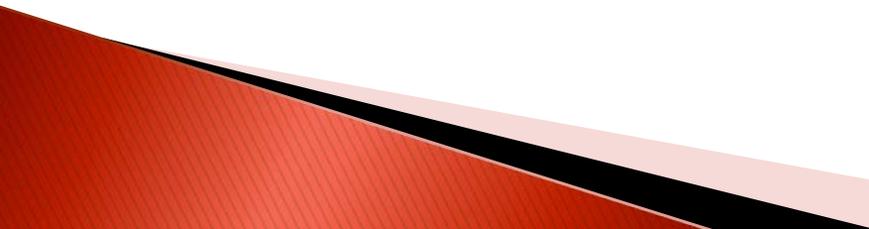
MEDICAL RECORDS

- ▶ This area shows how you handle the patient Medical Records. How the recorded is stored and protected on behalf of the patient to assure the security of information.
- ▶ EX: De Identification of PHI
 - Medical Record Audit Review
 - Patient Rights to Amend PHI
 - Notice of Privacy Practices
 - Security of Medical Records
 - Storage of Medical Records
 - Disposal of Medical Records
 - Faxing or transferring

PROGRAM EVALUATION

- ▶ This section describes how the clinic handles the yearly evaluation program and operations through the operational year.
 - ▶ EX: Advisory Committee
 - ▶ Compliance Plan
 - ▶ Patient Satisfaction
 - ▶ Policy Review
 - ▶ QAPI
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ANNUAL REVIEW OF POLICIES

- ▶ **YEARLY** the policies need to be reviewed and must include the involvement of the group of professional personnel.
 - ▶ If there are changes in personnel since the manual was developed, the staff, Especially providers, must have an in-depth knowledge of the policies.
 - ▶ Review policies to assure that they reflect what the clinic is doing and that the clinic is following the written policy. Changes may need to be completed and approved.
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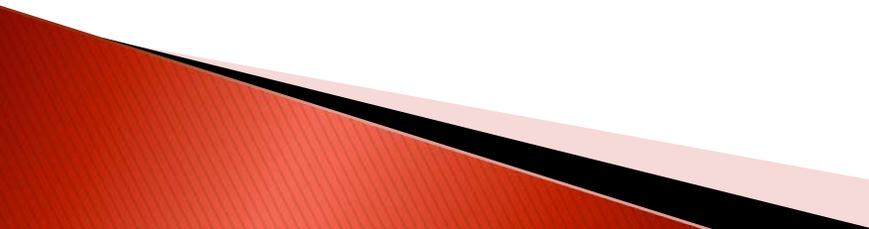
ANNUAL REVIEW OF POLICIES

- ▶ Policies need to have current signature reflecting yearly review.
 - ▶ Make sure that the policies are current.
 - ▶ Make sure that the organizational structure and job descriptions are current.
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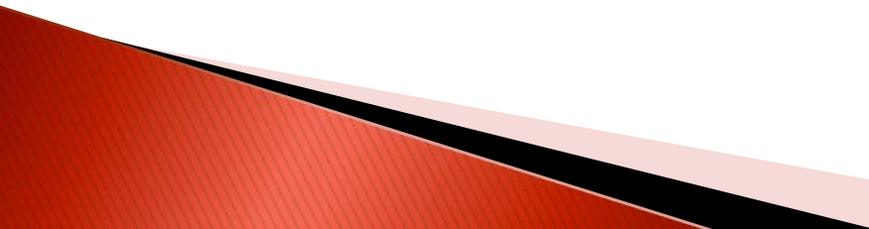
HOW DOES THIS AFFECT THE RHC?

- ▶ You **MUST** have a policy/procedure manual.
 - Staff need to know where it is and how to use it
 - Paper vs. Electronic
 - Typically you may have your policies in the intranet system for availability, but **MOST** surveyors/states require that you **ALSO** have a printed version of the key operation policies in print for use.
 - What if the system is down and you need to find a policy of operation for patient care?

HOW IS THIS USED IN SURVEY?

- ▶ 42 CFR 491.1 under the Code of Federal Regulations states the requirement for RHC's to have a policy/procedure **manual on the clinic premises** as a condition for RHC certification.
 - ▶ It is the book of the clinic that informs the State Surveyor what the clinic does, why and how the services are rendered.
 - ▶ If you do a service, you need a policy.
 - ▶ If you have a policy you need to follow it.
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MAIN POINTS

- ▶ Document what you do, Do what you document.
 - ▶ Complete a yearly review and include providers. Yearly signature of policies is needed.
 - ▶ If you have an electronic version only, have a current print version for staff in the event electronic system fails.
 - ▶ Follow the State Operations Manual Chapter 8–Standards and Certification.
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PROVIDER BASED HINTS

- ▶ You may “refer up” to policies that are fully administered through the main entity.
 - ▶ You will need to have the core operational policies on the premises.
 - ▶ The policies cannot look like hospital policies for the clinic. (only the ones that are referred to are acceptable to be actual hospital policies)
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▶ MEDICAL RECORDS

- ▶ J51
- ▶ § 491.8(c)(1) The physician's assistant and the nurse practitioner members of the clinic's staff:
 - (i) **participated in the development**, execution and periodic review of the written policies governing the services the clinic furnishes;
 - (ii) **provide services** in accordance with those policies;
 - (iii) **arrange for, or refer** patients to needed services that cannot be provided at the clinic;
 - (iv) assure that **adequate patient health records** are maintained and transferred as required when patients are referred; and
 - (v) participates with a physician in a **periodic review of the patient's health records**.

- ▶ J68
- ▶ § 491.10(a)(1) The clinic maintains a clinical record system in accordance with written policies and procedures.

- ▶ J69
- ▶ § 491.10(a)(2) A **designated member of the professional staff is responsible** for maintaining the records and for ensuring that they are completely and accurately documented, readily accessible and systemically organized.

▶ J70

- ▶ § 491.10(a)(3) For **each patient** receiving health care services, the clinic maintains a record that includes, as applicable: (i) **identification and social data, evidence of consent forms, pertinent medical history, assessment of 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.**

- ▶ J72
- ▶ § 491.10(b)(1) The clinic maintains the confidentiality of record information and provides safeguards against loss, destruction or unauthorized use.

- ▶ J73
 - ▶ § 491.10(b)(2) Written policies and procedures govern **the use and removal of records** from the clinic and the conditions for **release of information**.
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- ▶ J74
- ▶ § 491.10(b)(3) The patient's **written consent** is required for release of information not authorized by law.

- ▶ J75
- ▶ § 491.10(c) Retention of records.

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