

# RHC POLICY AND PROCEDURE MANUAL

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*Promoting Access to Health Care*

# OBJECTIVES

- Understand the key components and requirements
- Understand the annual review process, provider involvement and implementation
- Discuss staff comprehension and utilization of the procedure manual
- Understand what the surveyors look for in the manual



# WHAT ARE POLICIES/PROCEDURES

- 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.



# 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.



# 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.



# WHAT DOES A POLICY/PROCEDURE MANUAL DO?

- Policies and Procedures are for internal control.
- They are only controls if they are properly designed and actually followed.



# WHAT DOES A POLICY/PROCEDURE MANUAL DO?

- Policies and Procedures provide decision-makers with limits, alternatives and general guidelines.
- They allow management to operate without constant intervention. Once established, enable others to work within that framework.



## WHAT MAKES A GOOD POLICY?

- Policies should naturally flow from the by-laws of the clinic. The by-laws 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.





# WHAT MAKES A GOOD POLICY?

- Usable
- Consistent with the guidelines/bylaws, etc
- Reflects your clinic mission, goals and values



# WHAT MAKES A GOOD POLICY?

- **Answers the WHY, WHAT and HOW:**
- **WHY?** Why is this policy needed?
- **WHAT?** What do 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.



# WHAT MAKES A GOOD POLICY?

- It is fact, not opinion.
- It is proactive.
- It is the general guide for decision-making.
- It can have changes implemented following proper structure.



# OVERVIEW

- POLICIES ask Why and What
- PROCEDURES tell How



# DO WE NEED THIS POLICY?

- First ask yourself:
  - Why the policy is needed,
  - What are it's intentions,
  - When it is effective and to whom it applies.



# WHAT CAN BE INCLUDED IN THE POLICY?

- Purpose
- Persons affected
- Scope
- Policy Section
- Definitions
- Responsibilities
- Procedures
- Title
- Effective Date
- Revision Date
- Approval Section



# HOW TO DEVELOP POLICIES AND PROCEDURES

- Identify Issues
- Draft Policy
- Approve Policy
- Implement
- Review and Evaluate



# WHO SHOULD BE INVOLVED?

- 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.





# WHO SHOULD BE INVOLVED?

- 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?

- 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?

- 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)



# 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
  - Emergency Preparedness
  - Additional services rendered in the clinic such as X-ray, etc.



# 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.



# 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.





# 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, ...



# PATIENT CARE POLICIES

## ○ 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.



# PATIENT CARE POLICIES

## ○ 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.



# MEDICAL RECORDS

## ○ Examples include:

- 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



# 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.





# 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.



# 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, must **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.



# 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)



## 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.



# POINTS OF REFLECTION

- Based on survey feedback:
  - **Emergency Kit (grab and go?)** Do contents match what is documented in the policy?  
Anesthetics, Antibiotics, Anticonvulsants, Antidotes, Emetics\*\*, Serums, Toxoids Do you have something to address each item within the emergency kit?



# POINTS OF REFLECTION

- Patient Complaints/Rights and Responsibilities
  - Do your wall postings and policies include contact for your deeming entity?



# POINTS OF REFLECTION

## ○ Drugs and Biologicals

- What is your procedure in a power outage?
- How do you monitor medication temps after hours?
- How do you transport medications and to where during a power outage?
- How do you maintain viability?





# POINTS OF REFLECTION

## ○ Personnel Files

- Application/Resume/CV, I-9, W-4, OIG Exclusions, Signed Job Descriptions, Signed Standard of Conduct, Trainings and Competencies, Current License/Certifications, Performance Evaluation, Background Check, HEP B status (titre) or declination, TB test results



# POINTS OF REFLECTION

- RHC Required Postings
  - Ownership, patient care hours, license/permits, OSHA, etc.



# POINTS OF REFLECTION

- Staff Requirements and Training
  - Fraud, Waste and Abuse, HIPAA, Non-Discrimination, Corporate Compliance Plan, EP, etc.



# POINTS OF REFLECTION

- Medical Management

- Creating a policy as an umbrella for carrying out patient care by listing reference books, on-line resources, etc.



# POINTS OF REFLECTION

- Lab policies
  - Policy for EACH individual test performed within the clinic



# POINTS OF REFLECTION

- Patient Referral System
  - Close the loop
  - Follow up within the system



