

# 42nd Annual Oregon Rural Health Conference

October 1- 3, 2025

## **What's New in the World of RHC Compliance?**

**Kate Hill, The Compliance Team**



# What's New in the World of RHC Compliance?

*Because every patient deserves exemplary care.*

**The ComplianceTeam**  
Accreditation Organization

# Learning Objectives

**Identify and  
address  
common  
compliance  
challenges.**

**Develop  
sustainable  
compliance  
practices.**

**Connect  
compliance to  
broader  
organizational  
goals.**



# #1 Deficiency Across the Country

## Unsafe Drug Administration



# VIALS are the Problem

Do all staff members know how to handle single-dose vials vs multi-dose vials?

**Don't assume!**



## Single-Dose Vials

Ensure single-dose vials (SDVs) are never used for more than one patient.



## Multi-Dose Vials

Dated 28 days when opened.

April 25	May 23	May 25	June 22
April 26	May 24	May 26	June 23
April 27	May 25	May 27	June 24
April 28	May 26	May 28	June 25
April 29	May 27	May 29	June 26
April 30	May 28	May 30	June 27
		May 31	June 28

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# Drug Administration

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- Be certain proper use of single-dose and multi-dose vials are in your policy and taught during onboarding.
- Is there a policy on keeping all medications locked?
- What is your policy on keeping meds safe in a power outage?
- Is there a log for samples?
- Does your policy spell out how often you check for outdated meds and supplies?
- Does your med refrigerator have water bottles in the door?
- Are you using a dorm-style refrigerator?
- Is there a log for each controlled substance?

# Sample Medications

## Secured/Organized in Original Containers





# Medication Refrigerators

Water bottles used on doors and other empty spaces to stabilize the temperature.





# Dorm-Style Refrigerators

## No dorm-style refrigerators per the CDC

### Unstable temperatures

Dorm-style (or bar-style) refrigerators with one exterior door and passive evaporator plate inside, fail to maintain uniform temperatures throughout the unit, even for temporary storage.

### Risk of freezing

Often result in temperatures that are too low, potentially freezing and ruining the vaccines; can be even more damaging than high temperatures.

### Lack of necessary features

Unlike purpose-built medical units, dorm-style units typically lack essential features i.e., fans or advanced control mechanisms for maintaining temperature stability.



# AI and Pharmacy Questions: Beware!

## AI Overview

Opened vials of IPOL (inactivated poliovirus vaccine) may be stored for up to 28 days, but only if specific conditions for temperature and handling are strictly met. It is critical to note that the storage and handling requirements for eye drops differ significantly from those for a vaccine like IPOL, and the use-by date depends on the type of medication.

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CDC: Unused portions of a multi dose vial that is normal in appearance and stored properly can be used through the expiration date printed on the vial unless otherwise stated in the manufacturer's product information.

Sanofi: anofi Pasteur – IPOL Manufacturer ( Does not state BUD if multi-dose vial open)

## DOSAGE AND ADMINISTRATION

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. The vial and its packaging should be inspected prior to use for evidence of leakage or a faulty seal. If evidence of such defects are observed, the vaccine should not be used. Do not remove the vial stopper or the metal seal holding it in place.

## STORAGE

The vaccine is stable if stored in the refrigerator at 2°C to 8°C (35°F to 46°F). The vaccine must not be frozen.

# AI and Pharmacy Questions: Beware!

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Further one State has told the clinics that is they don't use the vial until expiration date, even after 28 days, they will have to pay for the vaccine.

“If you continue to discard Ipol after 28 days, you will be responsible for replacing each vial, at your cost. I sent out a mass email yesterday but please make sure all of your clinics are aware of this policy. Thank you and have a wonderful day!”

Xxxxxxxxxx, |Immunization Field Consultant  
Immunization Service | xxxxxx State Department of Health

# Signage

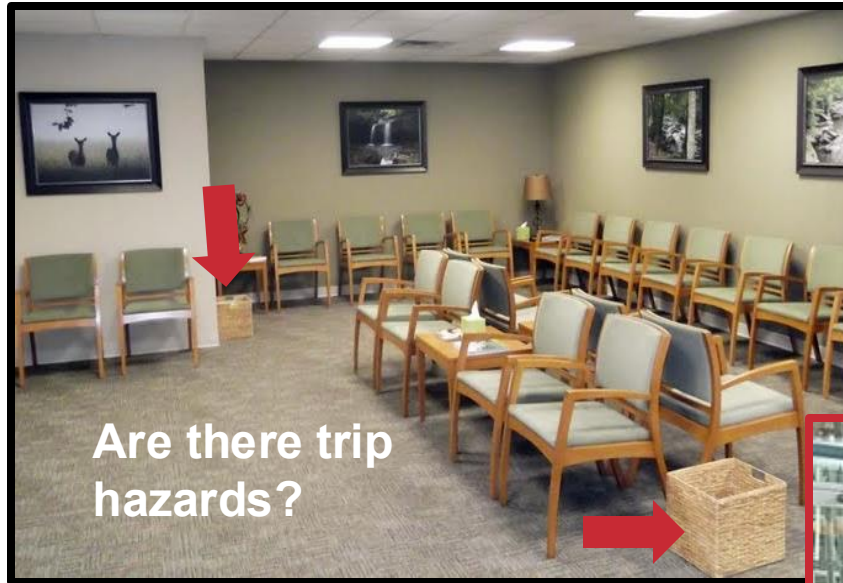
Does the sign on your door match what you registered with CMS?

Are your hours posted?





# Waiting Room



Can others hear the desk person calling out labs?



Can the toys be disinfected?



# Equipment

- Is all equipment in the clinic on a list?
- Do you know what needs an electrical safety check or calibration?
  - Has it all been checked annually?
- What do you have to show the surveyor that it's been done?



# Equipment: Calibration or Safety Check





# Infection Prevention

**Instruction to surveyors:** “Did you notice whether the nurse, NP, PA or physician washed their hands or used a cleaning gel before providing care?”

**Hand Washing: The single most effective way to prevent the spread of infection!!!!**

## **Your Policy:**

- Hand hygiene for staff having direct patient contact.
- Safe injection practices.
- Single-use devices, and, when applicable, high-level disinfection and sterilization.
- Safe use of point-of-care devices.
- Routine cleaning of environmental surfaces, carpeting, medical equipment and furniture.
- Disposal of waste, including medical waste.
- Pest control.
- Measures taken to maintain a clean and orderly environment during internal or external construction/renovation.





# Infection Prevention

If you have a tabletop sterilizer, compare your process to the manufacturer's instruction for use.



# Infection Prevention

Transporting dirty instruments to the hospital.

What is your process?

What do you expect back?



# Fire Safety

## Does the back door

- Open from inside without a key?
- Locked from the outside?



Has everyone been trained and know how to use “your clinic’s” fire extinguisher?



# Lab

- Is your CLIA current? Does it have the correct address?
- Are you checking the vacutainer tubes for expiration?
- Are you leaving sharps unsecured in the lab?
- Has the person doing the tests ever been trained on them?



## Four required tests

1. Chemical examinations of urine by stick or tablet method or both (including urine ketones).
2. Blood glucose
3. Pregnancy tests
4. Collection of patient specimens for transmittal to a certified laboratory for culturing.



# Lab: new in CLIA March 2026

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Beginning March 2026, CMS will transition the CLIA program to a fully paperless process.

Clinics who perform lab testing have until March 1, 2026 to switch to electronic fee coupons and electronic CLIA certificates.

After March 1, paper fee coupons and paper CLIA certificates will no longer be available.

Visit CMS CLIA program website for more information

# Medical Director

- **Licensed in the state where the clinic is located.**
- **On record with the state with a CMS29.**
  - Send to the state survey agency
- **Duties:**
  - Chart review
  - Collaboration
  - Sign off on policies
- **In Texas, NPs have reduced practice authority, requiring a physician delegation agreement.**
- **Number of charts reviewed is determined by the clinic policy.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0074

<b>VERIFICATION OF CLINIC DATA – RURAL HEALTH CLINIC PROGRAM</b>					CMS CERTIFICATION NO. <div>(RH1)</div>		
Medicare program must complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the Center for Medicare & Medicaid Services (CMS) regional office at <a href="http://www.cms.hhs.gov/RegionalOffices/">http://www.cms.hhs.gov/RegionalOffices/</a> . This form is also to be completed when the State agency surveys a participating RHC.					STATE/COUNTY <div>(RH2)</div>		
					STATE REGION <div>(RH3)</div>		
I. <b>IDENTIFYING INFORMATION</b> <small>(TO BE COMPLETED FOR EACH CLINIC SITE)</small>	NAME OF CLINIC			STREET ADDRESS			
	CITY, COUNTY AND STATE			ZIP CODE	TELEPHONE NO. <i>(Including Area Code)</i> <div>(RH4)</div>		
NAME AND ADDRESS OF CLINIC OWNER(S) <div>(RH5)</div>							
II. <b>MEDICAL DIRECTION</b>							
III. <b>CLINIC PERSONNEL</b> <small>(FULL TIME EQUIVALENTS)</small>	(A) PHYSICIAN <div>(RH6)</div>	(B) NURSE PRACTITIONER <div>(RH7)</div>	(C) PHYSICIAN ASSISTANT <div>(RH8)</div>	(D) OTHER <div>(RH9)</div>			
IV. <b>TYPE OF CONTROL</b> <small>(check one)</small>	1. PROFIT	A. INDIVIDUAL	B. CORPORATION	C. PARTNERSHIP	D. GOVERNMENT		
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	STATE	LOCAL	FEDERAL
	2. NON- PROFIT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. <input type="radio"/>	4. <input type="radio"/>	5. <input type="radio"/>
		Is the RHC a provider-based entity to a hospital or critical access hospital (CAH)? Yes <input type="radio"/> No <input type="radio"/> <div>(RH10)</div> <div>(check one)</div>					
If yes, please indicate the CMS Certification Number of the hospital/CAH _____ <div>(RH12)</div>							
I certify that this information is true, correct, and complete. I agree, if approval is granted, that all services rendered by the clinic shall be in conformity with Federal, State, and local laws. I further understand that a violation of such laws will constitute grounds for withdrawal of approval under the regulations. If any information within this application (or attachments thereto) constitutes a trade secret or privileged or confidential information (as such terms are interpreted under the Freedom of Information Act and applicable case law), or is of a highly sensitive personal nature such that disclosure would constitute a clearly unwarranted invasion of the personal privacy of one or more persons, then such information will be protected from release by CMS under 5 U.S.C. §§ 552(b)(4) and/or (b)(6), respectively.							
SIGNATURE OF AUTHORIZED OFFICIAL				TITLE		DATE <div>(RH13)</div>	

Form CMS-28 (11/11)

# Physician Oversight

- What does your policy say about physician chart review?
- What evidence do you have that shows the number of charts reviewed matches the policy?
- How do you document collaboration?
- Did the physician sign off on clinic policies?
- If your Medical Director has changed, have you reported the new name on a CMS29 to your state?



# Staffing 491.8

**Available to furnish patient care services at all times the clinic/ center operates.**

- Nurse practitioner
- Physician assistant
- Certified nurse-midwife
- Clinical social worker
- Clinical psychologist
- Marriage & family therapist or a mental health counselor



**Available to provide patient care services at least 50% of the time the RHC operates.**

- Nurse practitioner
- Physician assistant
- Certified nurse-midwife



# Staffing 491.8 Specialists

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1. You must provide some primary care!  
Is that 2 patients or 100?
2. You can have any specialist you wish in your clinic!  
  
**Please check with you billing advisor or consultant to be sure you can get paid under your AIR for whatever procedures they are doing.**
3. Reminder, clinics visits cannot be more than 49%  
Mental Health Patients.

# Emergency Services: Your 911 Policy

- The RHC ensures staff is available at all times the clinic operates to appropriately handle medical emergencies, as a first response to common life-threatening injuries and acute illnesses.
- What does your emergency service policy say about 911?
- **MUST HAVE A PORTABLE EMERGENCY DRUG BOX.**
  - Must supply a complete list of drugs and biologicals it stocks In the emergency drug box.
  - Does the content match your policy and process?
  - How did the RHC come to decide what is in that box?
  - Is the box checked regularly for outdates?

What is your emergency policy when a mental health provider is the only one seeing patients in the clinic?



# Expired Medications and Supplies in Box





# Postings


- State specific OSHA poster
- Patient Rights & Responsibilities
- Patient Privacy Notice



## PATIENT RIGHTS AND RESPONSIBILITIES

*We acknowledge that we live on Treaties 2, 4, 5, 6, 8, and 10 territories and the Homeland of the Métis. In the spirit of Truth and Reconciliation, recognizing this history is important to our future and our efforts to close the gaps in health outcomes between Indigenous and non-Indigenous peoples.*

### AS A PATIENT YOU CAN EXPECT THAT WE WILL:



- ✓ Treat you with respect, compassion, and consideration for your dignity, culture, and personal values.
- ✓ Provide care that is free from all forms of racism and discrimination.
- ✓ Explain things in understandable ways.

### AT OUR PRACTICE WE ASK THAT YOU:



- ✓ Treat physicians, staff, other patients, and families with respect.\*
- ✓ Treat everyone in a way that is free from all forms of racism and discrimination.\*
- ✓ Respect the privacy of other patients and families.



# Mobile Units: Is it a good fit?

- All mobile units must have a fixed set of locations at specified dates and times, adhere to that schedule, and make available to the public.
- Locations must meet rural and shortage area requirements.
- Hours and location can be adjusted with proper notifications in advance.
- The schedule must be posted on the unit but must also be publicized by other means such as website, libraries, etc.



# Patient Charts

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## Are they complete?

As applicable:

- Identification & social data
- Consent forms
- Medical history
- Assessment of patient health status & health care needs.
- Summary of the episode, disposition, and instructions.
- Labs

## Has the chart been signed off?

## What is your required sign-off timeline?

# Policies Required & Review Every 2 Years

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- Infection prevention
- Preventative maintenance
- Drug policy, including storage, handling, and administration
- Cleaning/housekeeping
- Staffing
- Patient care policies
- HIPAA
- Description of services provided and those referred
- Patient health records policy
- Emergency services
- Emergency preparedness

## Minimum three signatures on policy review:

- NP or PA
- MD or DO
- An outside person

# Program Evaluation

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## Required every two years:

- **Do you have a date on the calendar to remind you to get started?**
- **Have you been adding reviewed files to the folder throughout the two years?**
- **Have you included some closed patient records?**

### **A closed patient record is:**

- Deceased patient.
  - Patient asked for their records to move.
  - Patient has not been in the office for three years.
- **Have you analyzed data in your program evaluation?**
  - **Have you shared this information with the staff and have their signatures to prove it?**



# Emergency Preparedness



- Do you have a clinic and community-based risk assessment?
- Do you have a plan for each risk identified?
- Is your communication plan complete.
- Does it include phone numbers for each of the following:
  - All staff
  - Entities providing services
  - Another RHC or FQHC
  - Volunteers
  - Federal, State, Tribal, Regional and local emergency staff
- Have you listed an alternate means of communication if land lines are down?
- Have you trained the staff and have their signatures to prove it?
- Have you tested your plan once a year?
  - Event
  - Table-top exercise
  - Active drill



# Emergency Preparedness

## Written report analyzing the event or drill results

- Identify strengths to be maintained and built upon.
- Identify potential areas for further improvement.
- Support the development of corrective actions that will guide future emergency preparedness initiatives and advance overall emergency preparedness within your clinic.
- Report reviewed with staff, assignments given, attendance log at AAR meeting.



## Honoring Excellence in Rural Health Care

GET THE RECOGNITION YOU DESERVE



### Celebrating the Best

Showcase your facility's excellence in patient care. Quality of care happens close to home. Recognizing local excellence lets your community know the achievements of your facility in providing patient care and ensuring a healthy community.

National Rural Rating System (NRRS) calculates your existing patient satisfaction scores to give your rural facility the rating and recognition it deserves.



NRRS awards scores quarterly. A rolling year of data is evaluated and scored using a stringent formula adjusted for rural health care's smaller scale to award a star rating.

### Now Scoring

- HCAHPS
- Clinic Surveys (RHC and FQHC)

RuralRatings.us

# National Rural Rating System (NRRRS)

### Register Now

Sign up and upload your scores to our secure dashboard four times a year. We will then calculate your star rating and announce the results quarterly. Annually, we will recognize our **National Rural Honor Roll** highlighting our 4 and 5 star facilities.



### Why Sign Up?

1. BOOSTS YOUR FACILITY'S LOCAL PROFILE
2. INCREASES COMMUNITY VISIBILITY
3. BUILDS TRUST
4. STRENGTHENS BRAND LOYALTY
5. SEE AREAS FOR IMPROVEMENT

### How Do You Sign Up?

It's quick and easy to register your rural health care facility.

<b>Hospital</b> (PPS or CAH)	<b>\$250</b>
<b>Provider-Based Clinic Attached to Hospital</b>	<b>\$50</b> (each, additional to hospital base fee)
<b>RHC or FQHC</b>	<b>\$250</b>

Additional clinics to the \$250 base fee are \$50. Prices are annual subscriptions.



## JOIN NOW

For more information, visit [RuralRatings.us](https://RuralRatings.us) today!



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