2026 Oregon Rural Health Conference Presentation Slides



Putting Compliance into Action: Regulations to Results

Kate Hill, VP Rural Health

Because every patient deserves exemplary care.

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Survey Preparation

Key Documents

Is everyone aware of the location of key documents?

Checklist Complete

Have you answered “Yes” to all the questions on your checklist?

Staff Readiness

Is the entire staff up to date on the survey process?

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Tip: Deficiencies

Turn your deficiencies into a prevention program.

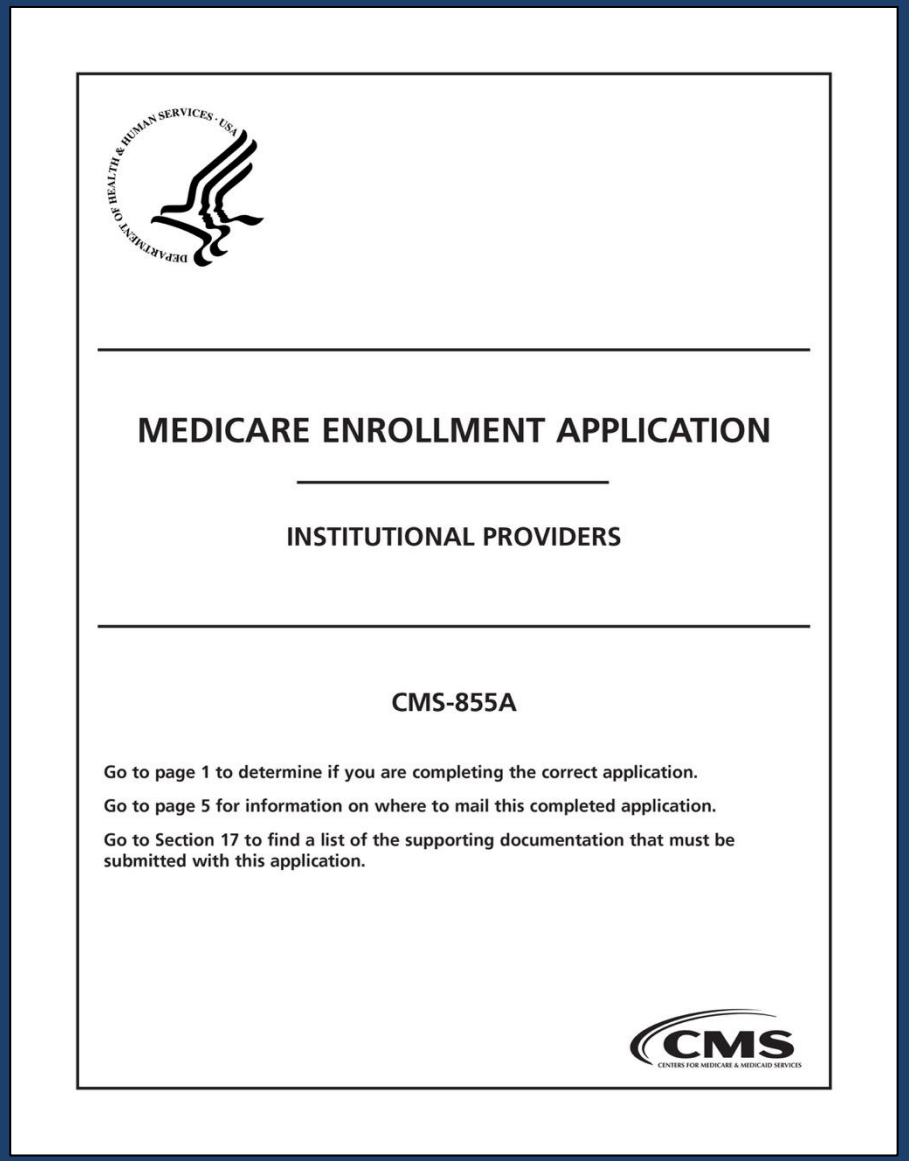
Find the Risk
Use deficiency trends, internal data, complaints, incidents, and staff feedback.
Test the Process
Conduct tracers, observations, interviews, record reviews, and mock surveys.
Fix the System
Identify root causes, assign accountability, and implement sustainable corrective action.
Prove the Improvement
Reaudit the issue and monitor results



Name Consistency

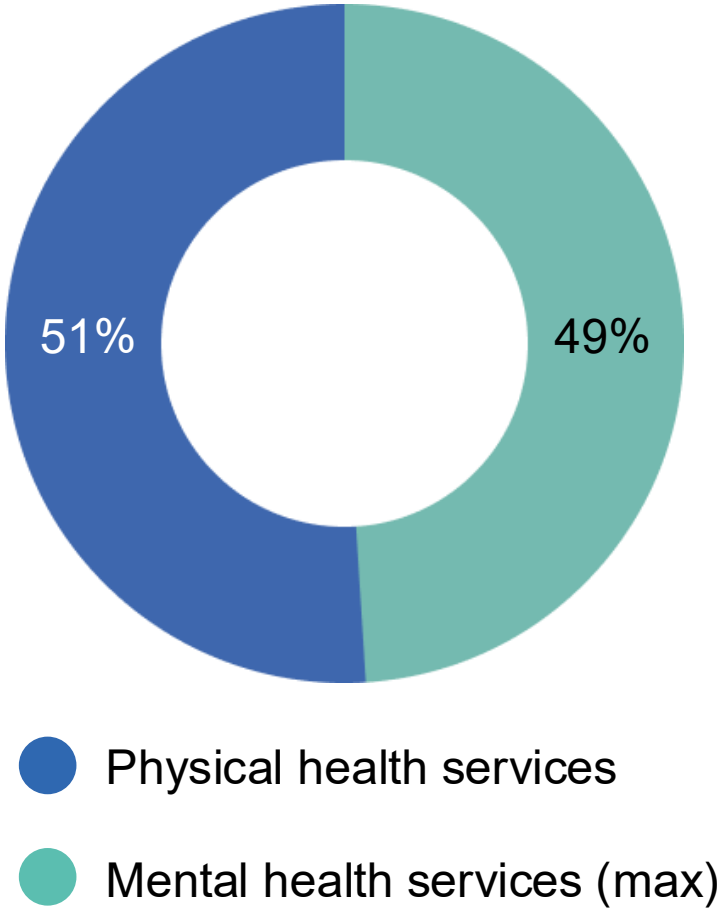
Does your name match what is on the 855a?

- ✓ DBA or Legal name
- ✓ Check it at Qcorp https://qcor.cms.gov/main.jsp



Federal Mental Health Requirements

No more than 49% of services may be mental health services.



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Non-Physician Provider Staff

An NP, PA, or Certified Nurse-Midwife must be available to furnish patient care at least 50% of the clinic operating hours.

Non-physician staff hours

Total Clinic Operating Hours

What counts toward the 50%?

- Clinic hours
- Patient Home Care
- Swing bed rounds
- SNF/TLC

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Tip: Provider Coverage & Staffing

Audit actual coverage—not just the planned schedule.

Verify Coverage

Match operating hours to provider availability and staffing schedules.

Check the 50% Requirement

An NP, PA, or CNM must be available for patient care at least 50% of RHC operating time.

Count Hours Correctly

Use actual covered hours. Count overlapping NP/PA/CNM coverage only once.

Plan for Gaps

Review PTO, call-outs, vacancies, and schedule changes. Document backup coverage.



TIP: Build a coverage cushion above 50% and retain your calculations.

Location Specifics

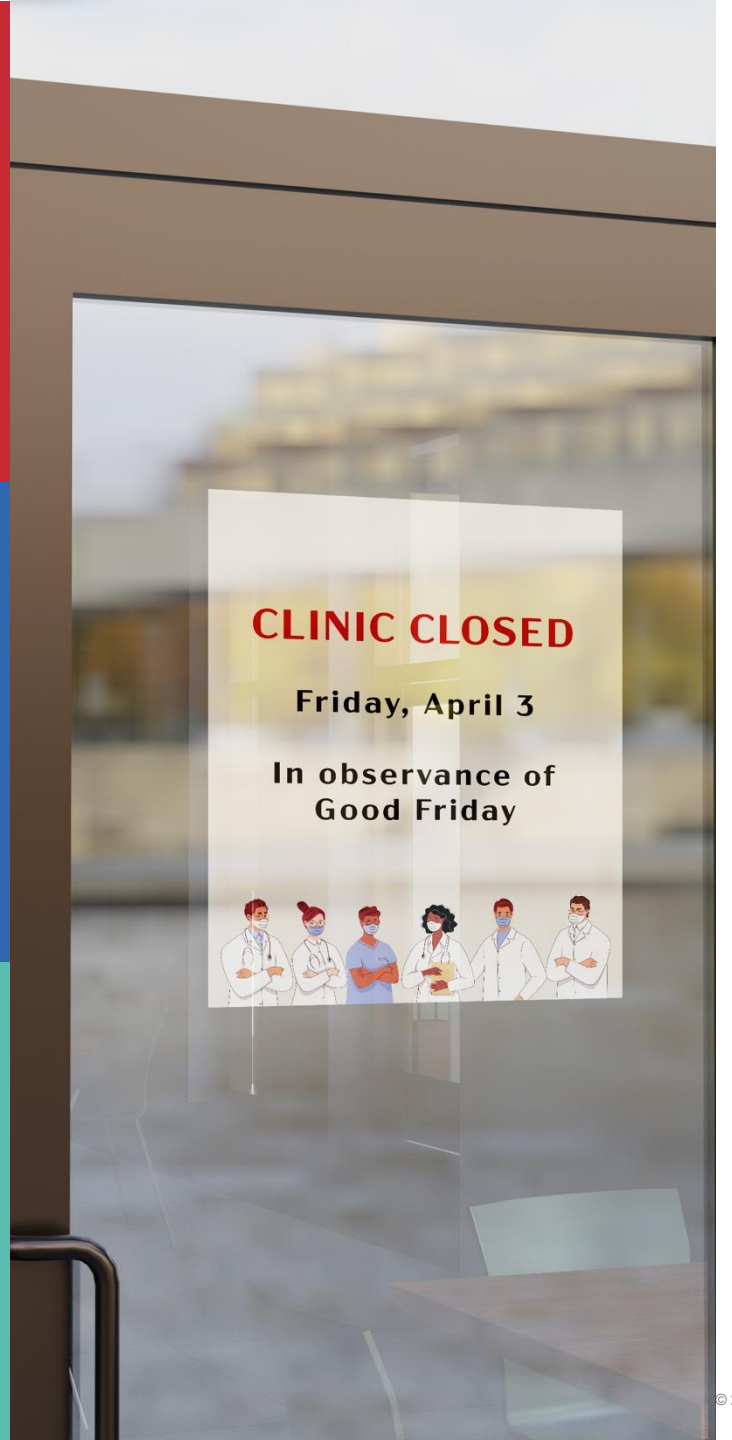


Required Clinic Postings

- OSHA/Labor Law
- Privacy Statement
- Hours on or near the door



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Tip: Closing Your Clinic

What is your procedure when you need to close the clinic?

- ☐ Sign on door
- ☐ Posted on social media
- ☐ Website
- ☐ Message on your answering machine

⚠ For extended closures, you must notify the State

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The Waiting Room

- **Safe**
- **Clean**
- **Secure**
- **HIPAA Compliant**

  Can I hear the receptionist calling out labs etc.? Gathering patient information?

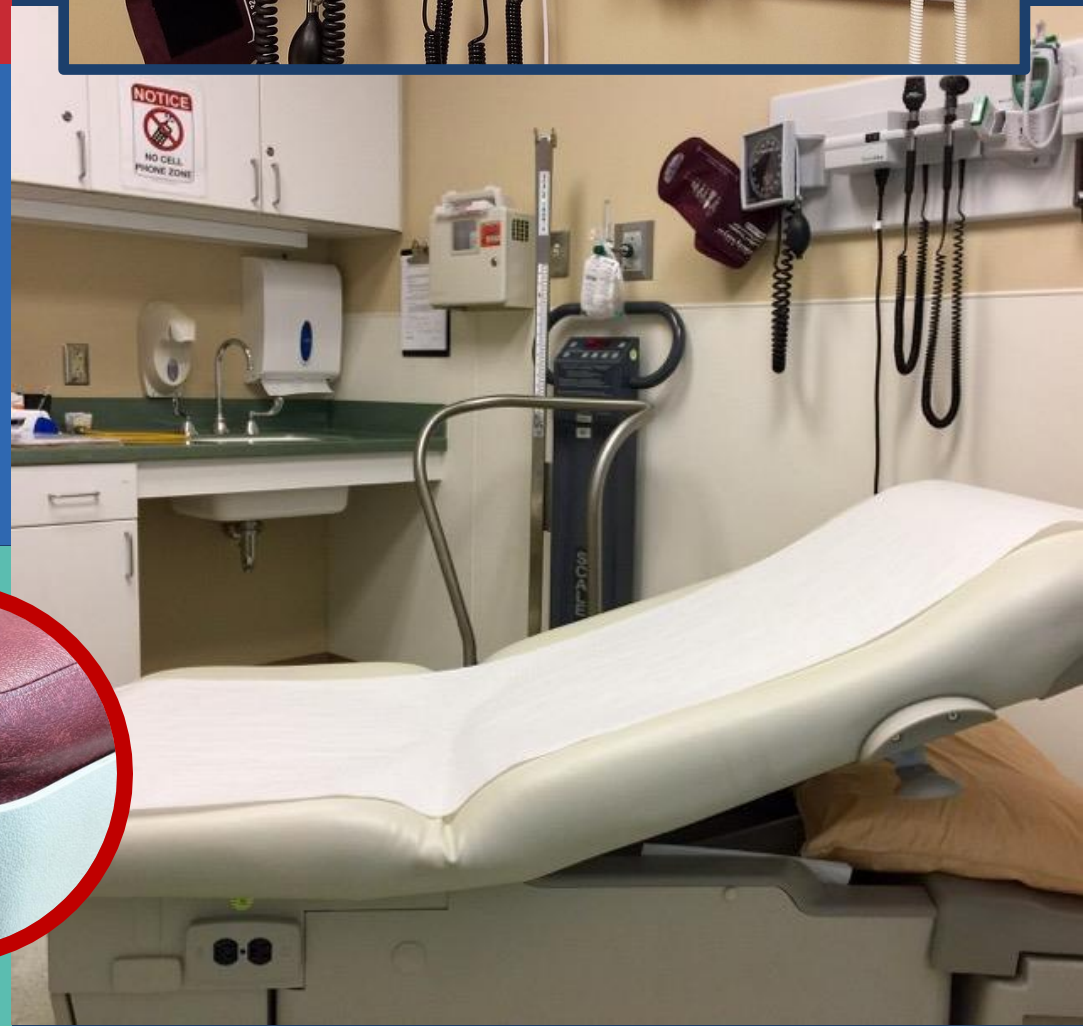




Exam Rooms

- **Table Cleaning**
  How is the table cleaned? What is the wet time?
- **Scale Calibration**
  Has the scale been calibrated?
- **Equipment Inventory**
  Is all equipment on a documented list?
- **Sharps Container**
  Is the sharps container locked?







Low Exam Table Drawers



Tip: No medications or hazardous material

EXAMPLE: ThinPrep, a preservative with the following warnings

Inhaled

May cause CNS depression: weakness, nausea, drowsiness, and possibly blindness.

Skin Contact

May cause irritation and/or dermatitis.

Ingested

May cause intoxication, CNS depression, nausea, dizziness. May damage liver, kidneys, and nervous system.

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What's under the sink?!

Tip: Surveyors will check under sinks for improper storage. Make sure nothing is stored under sinks that shouldn't be there.



TIP: Make Accountability Actionable

Every compliance task needs an owner, a deadline, and verification.

- **Assign an owner:** Name the responsible person and a backup.
- **Define the task:** Specify what to check, where, and how often.
- **Document completion:** Use a simple checklist or tracking log.
- **Verify effectiveness:** Spot-check results and address recurring gaps.

Example: Expired supplies
Assign supply checks by area, remove expired items, flag items nearing expiration, and verify completion.

“Assign it. Support it. Verify it.”

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Medication Information



TIP: Medication Safety-Go Beyond “Be More Careful”

Use errors and near misses to strengthen the process.

- **Encourage reporting**
  Make it easy for staff to report errors and near misses.
- **Find contributing factors**
  Look at packaging, storage, orders, interruptions, and workflow.
- **Strengthen safeguards**
  Standardize storage and address the conditions that allowed the error.
- **Verify competency**
  Have staff demonstrate the process and explain key safety checks.

A near miss is an opportunity to prevent the next error.

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Tip: Lock it up!

All medications, chemicals, sharps and biohazards must be secured









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Refrigerated Medications

- **Water Bottles**
  Are there water bottles in the door of the medication refrigerator?
- **Food Storage**
  Is there food in your medication refrigerator?
- **Lab Samples**
  Are there lab samples in your medication refrigerator?
  Where are they located?
- **Temperature Monitoring**
  How do you monitor the temperature of this fridge?
- **Expired Medications**
  Are expired patient meds, labeled as expired?
  What is your process?

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Emergency Medication

- **Supply Inventory**
  Does the list in the policy match the contents of the box?

- **Expiration Dates**
  Is everything within date?

- **BLS Certification**
  Do all licensed and certified personnel have at least BLS?

- **Mental Health Protocol**
  What is your emergency policy if a mental health provider is the only one seeing patients in the clinic and there is a medical emergency?



Tip: Sample Medications

- Keep samples secured
- All samples should be in Original Containers
- Develop a system to easily identify expired samples.
- Maintain a sample log



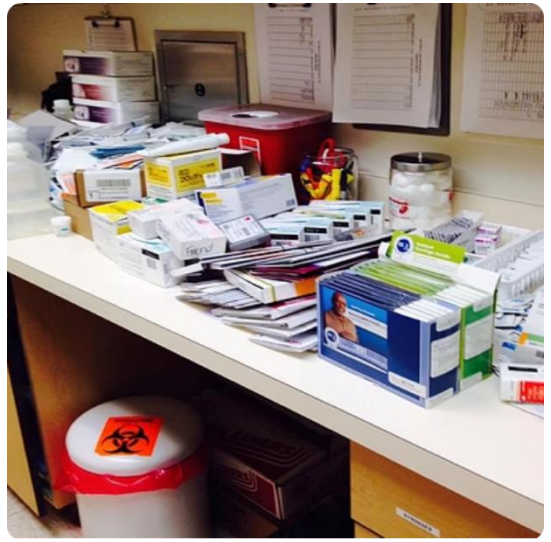


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Tip: Expired Supplies & Drugs

- Check everything with a date
  Telfa, gloves, peroxide, electrodes, needles, Iodoform gauze, etc.
- Ensure sharps containers are secured
- Any expired item must be removed from service immediately







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Tip: Injection Safety

Single Dose Vial (SDV)

- Approved for a **SINGLE** patient procedure or injection.
- **SDVs lack an antimicrobial preservative.** Do not save leftover medication from these vials. Harmful bacteria can grow and cause infection.
- **DISCARD after every use!**

Multi-Dose Vial (MDV)

- Recognized by its FDA-approved label.
- Although MDVs can be used for more than one patient when aseptic technique is followed, ideally even MDVs are used for only one patient.
- Discard MDVs when beyond-use date (BUD) is reached, when doses are drawn in a patient treatment area, or any time sterility of the vial is in question!
- **Ensure MDV is labled with open and BUD**

⚠ **Do not assume** a vial is an SDV or MDV based on size or volume of medication. **ALWAYS check the label!**

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Injection Safety

Before the Procedure

Carefully **read the vial label**.

- If *single-dose* and has already been accessed (e.g. needle-punctured), **throw it away.**
- If *multi-dose*, **double-check the expiration date and beyond-use date** if previously opened. Visually inspect to ensure no visible contamination.

⚠ **When in doubt, throw it out!**

During the Procedure

Use aseptic technique.

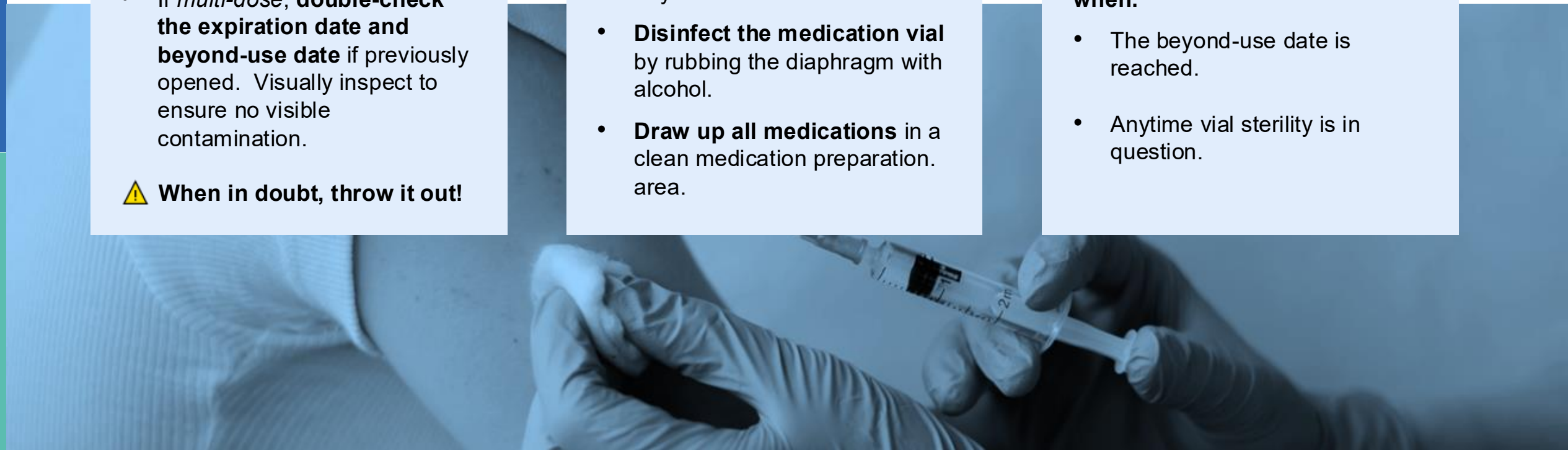
- **Use a new needle and syringe** for every injection.
- **Clean your hands immediately** before handling any medication.
- **Disinfect the medication vial** by rubbing the diaphragm with alcohol.
- **Draw up all medications** in a clean medication preparation. area.

After the Procedure

Discard all used needles, syringes, and SDVs after the procedure is over.

MDVs should be discarded when:

- The beyond-use date is reached.
- Anytime vial sterility is in question.



MDV 28-Day Reminder

- **Date It**
  Label every multi-dose vial with the date it was first opened
- **Track It**
  Monitor the 28-day window for each vial in use
- **Discard It**
  Dispose of any vial that has reached or exceeded 28 days

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

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Medication Checklist

Review item	Yes	No
Is there a comprehensive medication management policy?	☐	☐
Are all medications secured in the clinic?	☐	☐
Does the policy address proper handling of single-dose and multi-dose vials?	☐	☐
Are medications stored according to manufacturer instructions?	☐	☐
Are all medications administered in the clinic properly documented in the EMR?	☐	☐
Are lot numbers documented in the EMR for injected medications?	☐	☐
Are staff who handle medications trained in proper vial handling?	☐	☐
Are staff who prepare or administer injections trained in safe injection practices?	☐	☐
Are the receipt and disposition of controlled substances properly recorded?	☐	☐
Is there a policy for handling and protecting medications during a power outage?	☐	☐

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Evaluations



Healthcare Policies

Tip: Close the Gap Between Policy and Practice
Don't just review the policy. Test it.

- **Read it:** Are responsibilities, steps, and timeframes clear?
- **Walk it:** Ask staff to show how the process actually works.
- **Compare it:** Do observations and documentation match the policy?
- **Close the gap:** Update the policy, correct the workflow, or retrain staff—then verify the change.

A policy is only effective when staff can find it, understand it, and follow it.

Practical RHC Example

Your policy says: Every test result is communicated to the patient and documented.

Your audit finds: Abnormal results are called, but normal results are handled inconsistently.

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Policy Reviews

Tip: These policies must be reviewed:

1. By a MD/DO, NP/PA and an outside person
2. Before the initial survey then every 2 years

- Corporate Compliance
- Medical Records
- Hiring, Training, Orienting
- Infection Prevention
- Pharmaceuticals
- Equipment Management
- Scope of Services Provided & Referred
- Policy for Policy Review
- HIPPA
- Quality Improvement
- Patient Services (incl. reference)
- Emergency Preparedness
- Complaints

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Record Reviews

Physician oversight review

Ensures that non-physician providers are providing care according to clinic policies.

Conducted by an MD or DO

Quality review

10 charts per quarter reviewed for completeness.

Conducted by anyone



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TIP: Follow the Patient Journey

For quality review, trace the patient's experience from check-in through follow-up—not just the visit.

Review each step, including wait times, medications, test results, and referrals.

At each step, ask:

- **Timeliness:** Was care or follow-up completed when needed?
- **Communication:** Did the patient and care team receive clear information?
- **Documentation:** Does the record show what happened and what comes next?
- **Completion:** Were results addressed, referrals tracked, and outstanding needs resolved?

Don't stop at "ordered" or "sent." Verify what happened next.

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Chart Review

Completeness

Are all required fields documented in every chart?

Authentication

Are charts properly signed off by the provider?

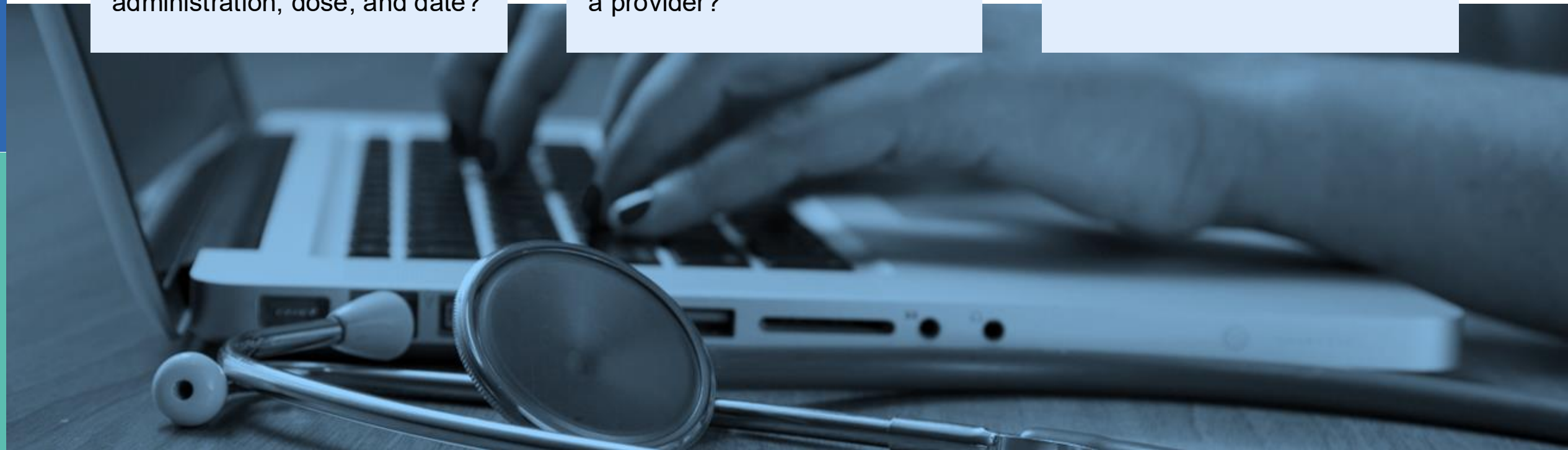
Timeliness

Are charts completed within your clinic's required timeframe?

Medical Record Audit Tool Insert "Y" (YES) if evidence is found, "N" (NO) if evidence of is missing, or "NA" if not applicable. Insert an "M" next the patient number if the patient is a minor child.									
Patient	Patient ID & Social Data	Written Consent to Treat	Medical History	Health Status & Patient Health Needs	Summary & Patient Instructions	Labs Diagnostics & Consult Info	Physicians' Orders & Treatments & Medications (includes allergies)	Signature of Provider & Date	Comments
1									
2									
3									

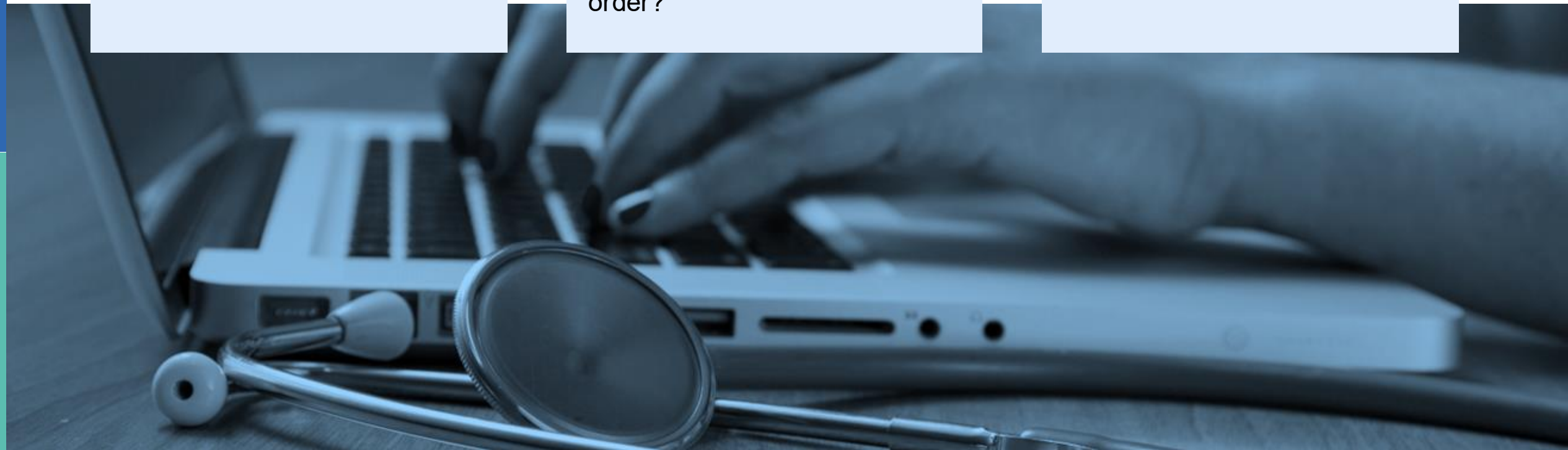
Patient Records

Medications	Abnormal Labs	Sign Off
Is the EMR capturing the medication, lot number, route of administration, dose, and date?	Are findings and test reports appropriately authenticated by a provider?	How long do your providers have to sign off on charts?



Patient Records

Templates	Standing Orders	AI
Are you editing the template for each patient.	Is the care for this patient different than your standing order?	Are you reading the AI note? Is it accurate?



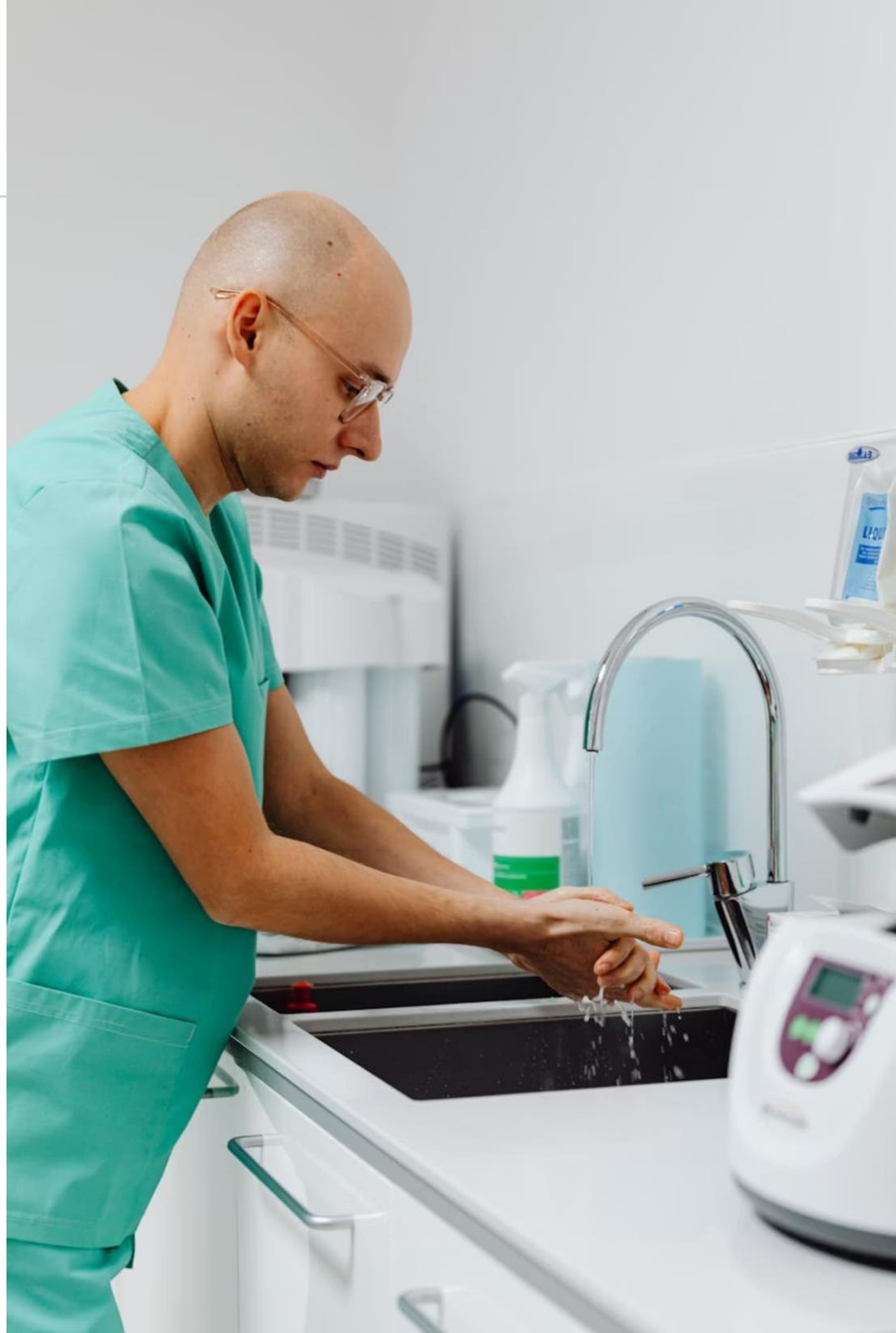
Biosafety Standards



Infection Prevention

How does the clinic prevent the spread of infection?

- Hand Hygiene
- Single-Use Devices
- Surface Cleaning
- Instrument Sterilization
- Medical Waste
- Pest Control
- Clean/Dirty Separation
- Housekeeping Monitoring
- Housekeeping Schedule



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Clinic Sterilization

Tip: Your instrument sterilization policy should match the manufacturers instruction for use.





Hospital Sterilization

- **Clean and transport**
  How do you clean and transport dirty instruments?

- **Know the policy**
  Do you know the hospital's sterilization policy?

- **Accept or reject?**
  Do you know what to accept or reject?

⚠ Always refer to the manufacture's instructions for use





The Lab

Clinic must have the ability to do all four required tests.



Urinalysis
Chemical examination of urine by stick or tablet



Blood Glucose



Specimen Collection
For transmittal to a certified laboratory for culturing



Pregnancy

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Tip: The Lab

- **Within Date**

  All reagents, strips, controls, etc., must be within date

- **CLIA Certification**

  CLIA Certificate must be current and posted

- **Electronic Renewals**

  Renewals are done electronically as of March 2026

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Blood Glucose

Read the manufacturer's instructions for the Glucometer to be certain it's:

✔ **For multi-patient use**

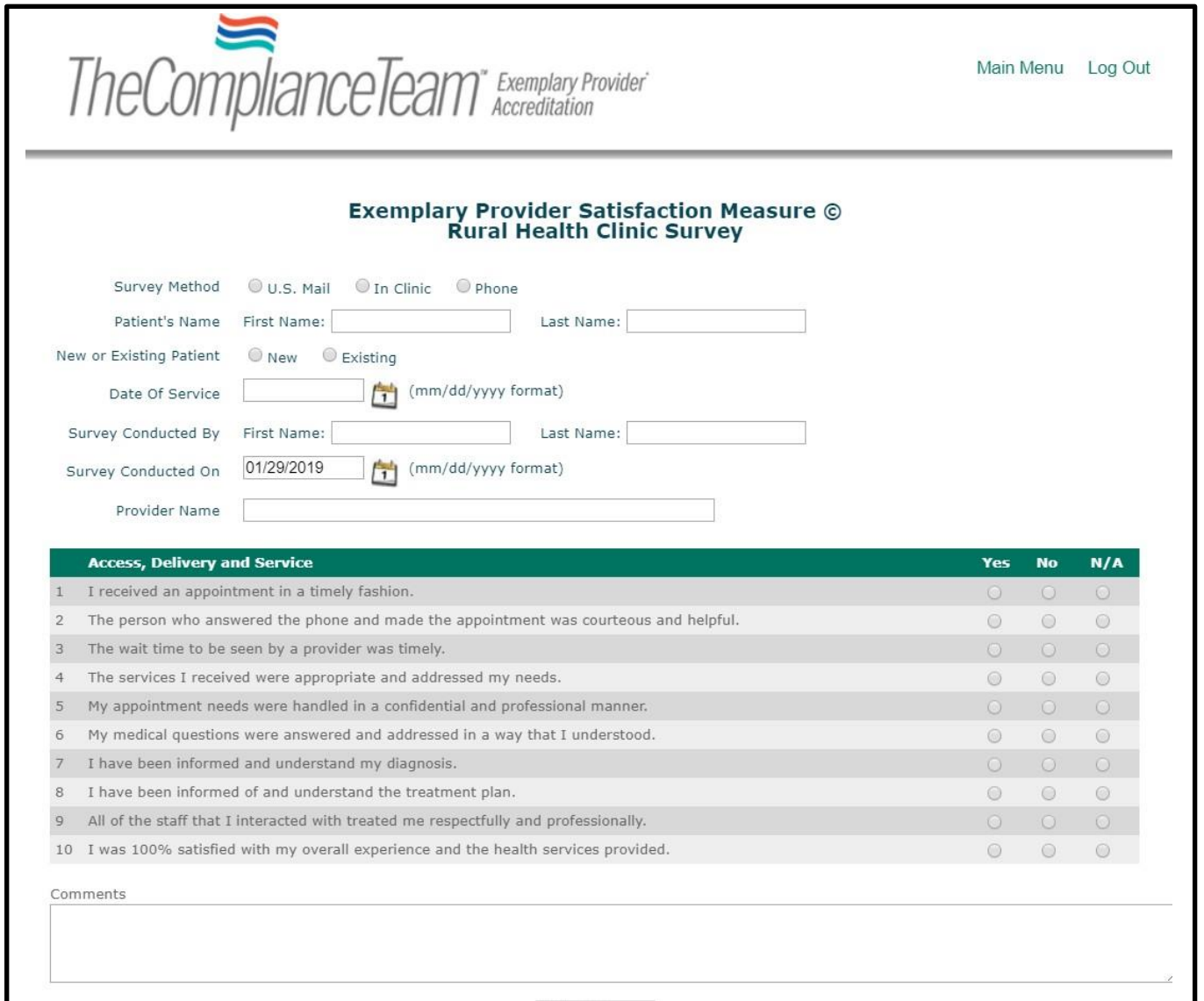
✘ **Not for home use**







Patient Satisfaction Surveys



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Main Menu Log Out

Exemplary Provider Satisfaction Measure ©
Rural Health Clinic Survey

Survey Method ○ U.S. Mail ○ In Clinic ○ Phone

Patient's Name First Name: _____ Last Name: _____

New or Existing Patient ○ New ○ Existing

Date Of Service _____ (mm/dd/yyyy format)

Survey Conducted By First Name: _____ Last Name: _____

Survey Conducted On 01/29/2019 (mm/dd/yyyy format)

Provider Name _____

	Access, Delivery and Service	Yes	No	N/A
1	I received an appointment in a timely fashion.	○	○	○
2	The person who answered the phone and made the appointment was courteous and helpful.	○	○	○
3	The wait time to be seen by a provider was timely.	○	○	○
4	The services I received were appropriate and addressed my needs.	○	○	○
5	My appointment needs were handled in a confidential and professional manner.	○	○	○
6	My medical questions were answered and addressed in a way that I understood.	○	○	○
7	I have been informed and understand my diagnosis.	○	○	○
8	I have been informed of and understand the treatment plan.	○	○	○
9	All of the staff that I interacted with treated me respectfully and professionally.	○	○	○
10	I was 100% satisfied with my overall experience and the health services provided.	○	○	○

Comments

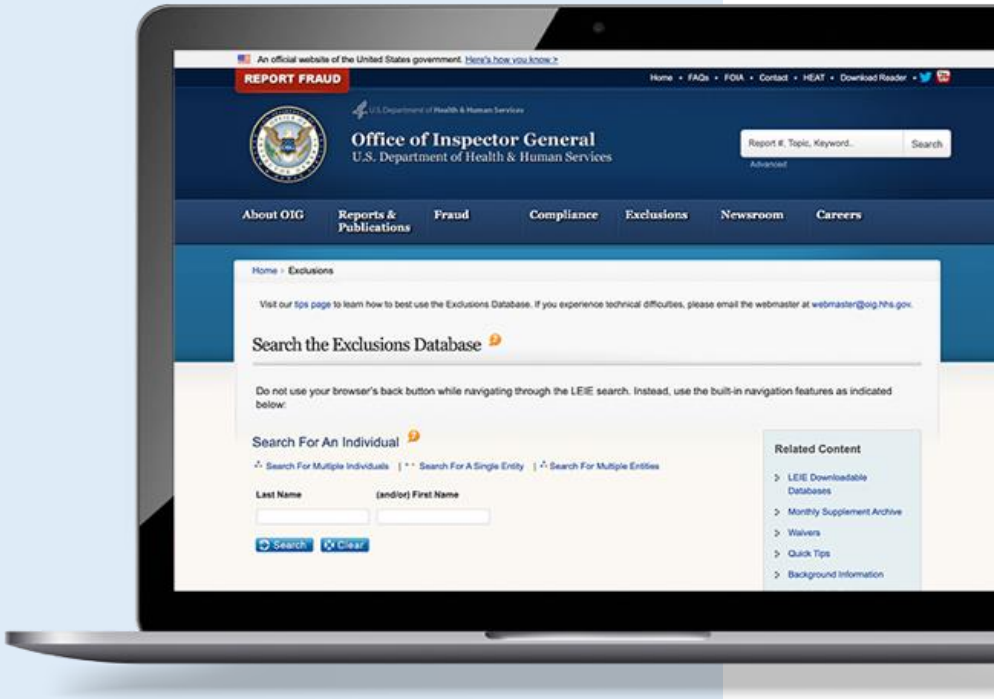
i Available in Spanish!

i Utilize QR codes:
They do an amazing job at collecting a lot of surveys!

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Personnel File Review

- ✓ Application
- ✓ I-9
- ✓ W-4
- ✓ OIG Exclusion
- ✓ Signed Job Description
- ✓ Standards of Conduct
- ✓ Performance evaluations (according to your clinic schedule)
- ✓ Annual Training
- ✓ Competency
- ✓ Background checks (as appropriate)
- ✓ TB screening (upon hire)
- ✓ Hep B (for those who work with patients)



https://exclusions.oig.hhs.gov/

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TIP: Biennial Program Evaluation

The biennial program evaluation should summarize ongoing work—not start it.

- **Collect throughout the year**
  Keep utilization data, record-review findings, and policy-review notes in one place.
- **Document what you learn**
  Identify trends, gaps, and opportunities—not just the activities completed.
- **Track what you change**
  Record actions, responsible staff, deadlines, and follow-up results.
- **Connect it in the formal evaluation**
  Summarize findings, assess effectiveness, and identify next steps.



Collect continuously. Evaluate meaningfully. Follow through.

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Biennial Program Evaluation

Required with CCN

Must be completed every two years — no exceptions

No Waivers

There is no waiver for this requirement

Check the date

Verify the date of the last evaluation. Cannot be more than two years old

Closed Records

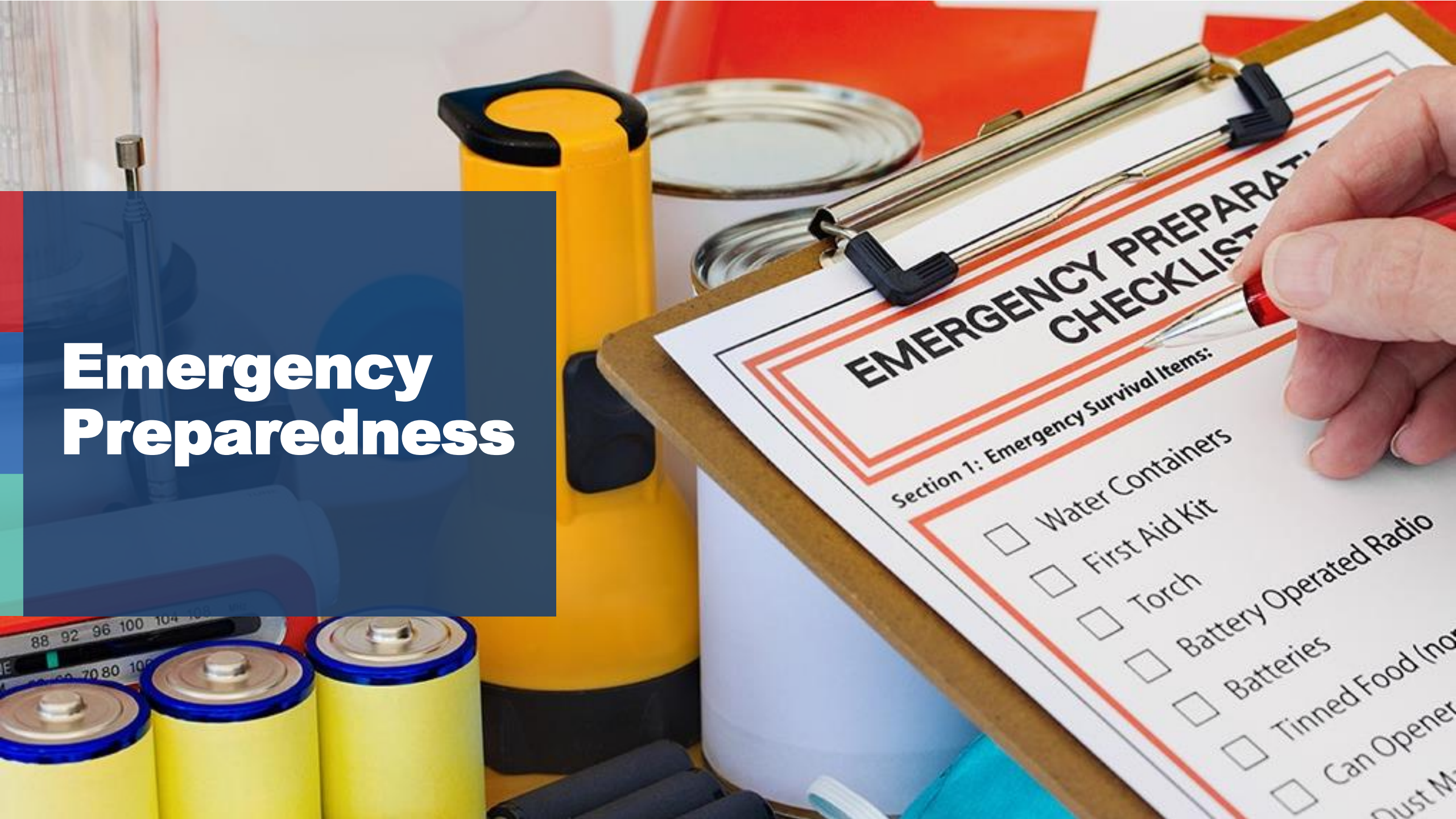
Have you included some closed records in the review?

⚠ Failure to complete the Biennial Program Evaluation is an automatic failed survey



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Emergency Preparedness



Emergency Preparedness Basics

Risk Assessment

Identify and assess all potential hazards

Written Plan

A written plan must exist for each identified risk

Communications

Includes policy on not utilizing volunteers

Training

Is there a signature log documenting staff training?

Testing

Is there a documented analysis of exercises and drills?



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Emergency Preparedness: Communication

Tip: Communication plan must include the following:

Names and Contact Information for:

- Staff
- Entities providing services under arrangement.
- Patients' physicians
- Other RHCs or FQHCs
- Volunteers

Emergency Services Contact Information

- Federal, State, tribal, regional, and local emergency preparedness staff
- Other sources of assistance

Primary & Alternate Communication Info

- RHC/FQHC staff
- Federal, State, tribal, regional, and local emergency management agencies

Patient Status

- A means of providing information about the general condition and location of patients under the facility's care

Facility Needs

- A means of communicating the RHC/FQHC's needs and ability to provide assistance to the authority having jurisdiction or Incident Command Center

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Emergency Preparedness: Training

- **Initial Training**
  All new staff must be trained upon hire as well as individuals providing services under arrangement, and volunteers, consistent with their expected roles

- **Biennial Training**
  Training must be repeated at least every 2 years

- **Signature Log**
  A signature log must document that all staff have completed training

- **Major Updates**
  If Emergency Preparedness policies and procedures are significantly updated, the RHC must conduct training on the updated policies & procedures



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TIP: Training– Go Beyond the Sign-In Sheet

Training isn't complete when attendance is recorded. Verify staff can apply what they learned.

- **Ask practical questions**
  Use "What would you do if…?" scenarios tied to each staff member's role.
- **Have staff demonstrate**
  Observe key tasks and ask staff to locate the supplies, policies, or resources they need.
- **Practice real situations**
  Use brief, safely coordinated drills to test communication, responsibilities, and response.
- **Close the learning loop**
  Debrief, address gaps, and repeat the exercise to verify improvement.

Don't just document attendance. Demonstrate readiness.



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Tip: Testing-Turn Practice into Preparedness

Exercises must be conducted to test the emergency plan at least annually.

- **Full-Scale Exercise**
  Participate in a community-based full-scale exercise every two years
- **Additional Exercise**
  Conduct an additional exercise every two years, opposite the full-scale year: full-scale, mock disaster drill, or tabletop exercise
- **Facility-Based Exercise**
  If community-based is not accessible, conduct an individual facility-based functional exercise every two years
- **Documentation & Analysis**
  Analyze RHC response and maintain documentation of all drills, tabletop exercises, and emergency events. Revise the plan as needed

Real Emergency Exemption: If an actual emergency activates the plan, the RHC is exempt from the next full-scale exercise

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Emergency Preparedness: Provider- Based RHC

Even if you're included in the hospital's Emergency Preparedness Plan, you must demonstrate the clinic actively participated in the development of the unified and integrated Emergency Preparedness Program, by:

- **Program Compliance**
  Demonstrate each clinic is capable of actively using the unified/integrated EP Program and is compliant
- **Facility Risk Assessment**
  Each clinic has a documented individual facility-based risk assessment
- **Community Risk Assessment**
  Each clinic has a documented community-based risk assessment
- **Staff Training**
  Each clinic staff member has been trained on EP policies every two years

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After Action Report (AAR)

The purpose of this report is to improve future emergency preparedness.

Analyze Results
Analyze the results of the event, drill, or exercise

Identify Strengths
Identify strengths to maintain and build upon

Improvement Areas
Identify potential areas for further improvement

Corrective Actions
Support development of corrective actions to advance overall preparedness

Staff Review
Report reviewed with all staff

Attendance Log
Attendance log maintained for the AAR meeting



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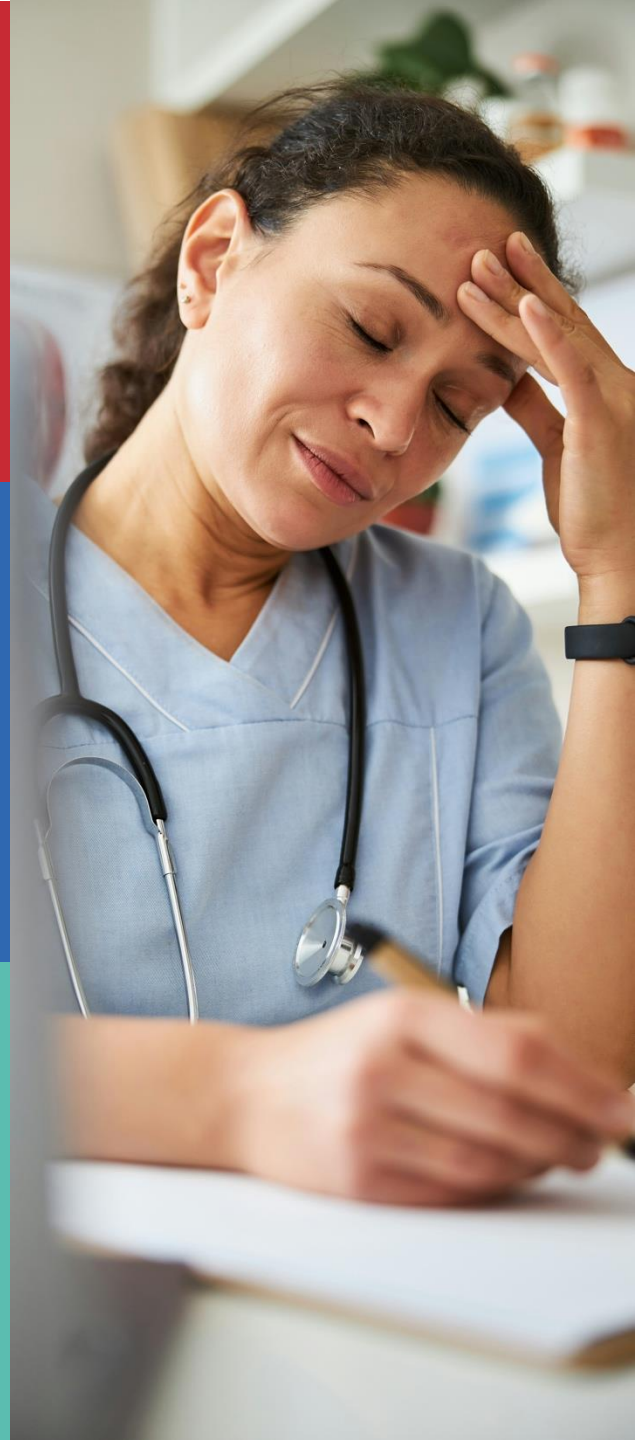
Tip: Survey Day

⚠ **RHC surveys are unannounced! Be prepared.**

- **Share Knowledge**
  Managers, share your knowledge with staff before and during the survey
- **Access to records**
  To allows the surveyor to proceed without delay, have easy access to policies, personnel records, and medical records
- **Plan for 6-8 hours**
  Most surveys take between 6 to 8 hours per clinic, depending on rooms and staff
- **Exit Interview**
  Once complete, the surveyor will conduct an exit interview to discuss findings

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Top 10 Survey Deficiencies

1. Vials, single-dose dated.
2. Drugs not secured.
3. NP/PA not signing off on policies.
4. No analysis of an emergency event or exercise.
5. Not having all contact information in your Exemplary Provider binder.
6. No documentation of chart review.
7. No outside person signing off on policies.
8. Not abiding by the wet time of your disinfectant.
9. Signage not matching the name you told CMS you were called.
10. Expired supplies in the clinic i.e., iodoform, gloves, blood glucose supplies, vacutainers, etc.

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What Will You Do Differently?

Before you leave, choose three commitments for your clinic.

01

One process to test.

Where will you look beyond the checklist?

02

One gap to address.

What will you change—and who will own it?

03

One way to verify improvement.

What evidence will show the change is working?

Write it down. Assign an owner. Set a follow-up date.

Why Surveys Matter



Benefits of Surveys

- Ensures quality patient care
- Monitors clinical outcomes
- Compliance with State & Local Regulations
- Meets non-federal legal requirements
- Helps to avoid penalties and sanctions
- Prevents losing billing number on an audit
- Enhances clinic reputation
- Promotes continuous improvement



Risks of Skipping Surveys

- ⓧ Increased patient safety risks
- ⓧ Missed detection of health hazards
- ⓧ Delayed response to quality issues
- ⓧ Loss of funding and financial support
- ⓧ Impact on insurance reimbursements
- ⓧ Reduced eligibility for grants and subsidies
- ⓧ Reduced community trust
- ⓧ Challenges in data collection and reporting
- ⓧ Loss of standardized data metrics

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Questions?

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