2026 Oregon Rural Health Conference Presentation Slides

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Blueprint for Confidence: The RHC Evidence Binder

Presented by,

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Executive Director, Compliance and Education



Objectives

Participants will:

- Review recommended contents for an RHC Evidence Binder
- Discuss how to develop an internal compliance program
- Discover helpful tools to maintain compliance at the facility

RURAL HEALTH CLINIC EVIDENCE BINDER

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Can you locate requested information quickly?





RHC Evidence Binder

Purpose:

- This binder allows you to keep all requested information available for quick access.
- Be sure to keep it in a safe location as it may contain confidential information.



RHC Evidence Binder

Manual Set-up:

- Format and organize the binder in a manner that works best for you
- Create sections that are labeled for quick reference



RHC Evidence Binder

Manual Set-up:

- Review the binder quarterly to identify items that expire or need to be updated
- Make sure key staff know where to find the binder

Manager's Survival Kit

INSERT CLINIC LOGO

RHC Evidence Binder

Table of Contents

I. Certification ..... Tab 1
- A. HPSA Designation
- B. Final Tie-in Notice
- C. Most recent survey results
- D. Copy of CLIA

II. Physical Plant ..... Tab 2
- E. Equipment Inspection Log
- F. Clinic Floor Plan
- G. Fire/Tornado Drill Reports
- H. Cleaning Logs
- I. AED, Oxygen, and Fire Extinguisher Logs
- J. Environmental Rounding Logs

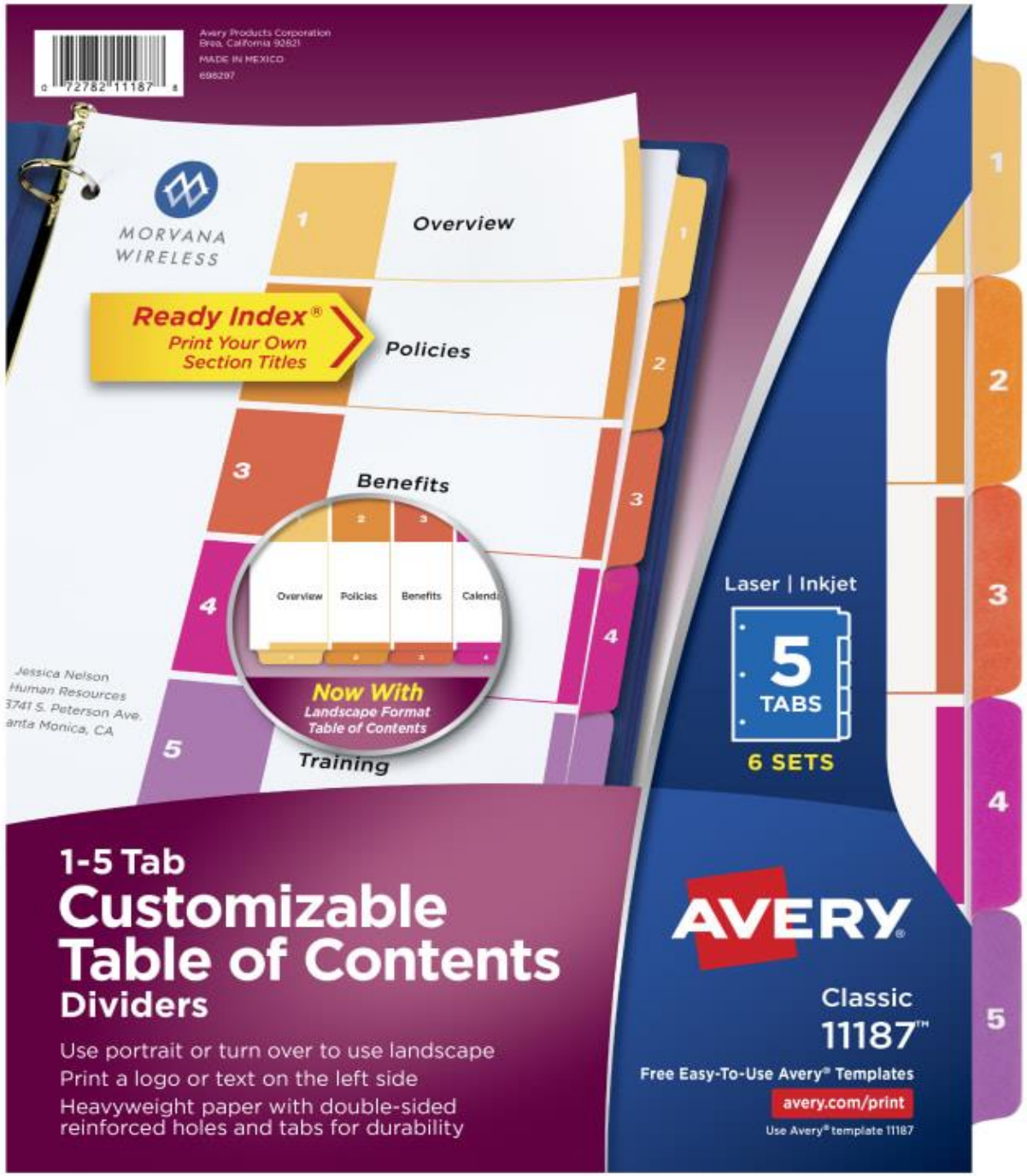
III. Chart Audits ..... Tab 3
- K. Quarterly Collaborative Chart Audits
- L. Administrative Chart Audits

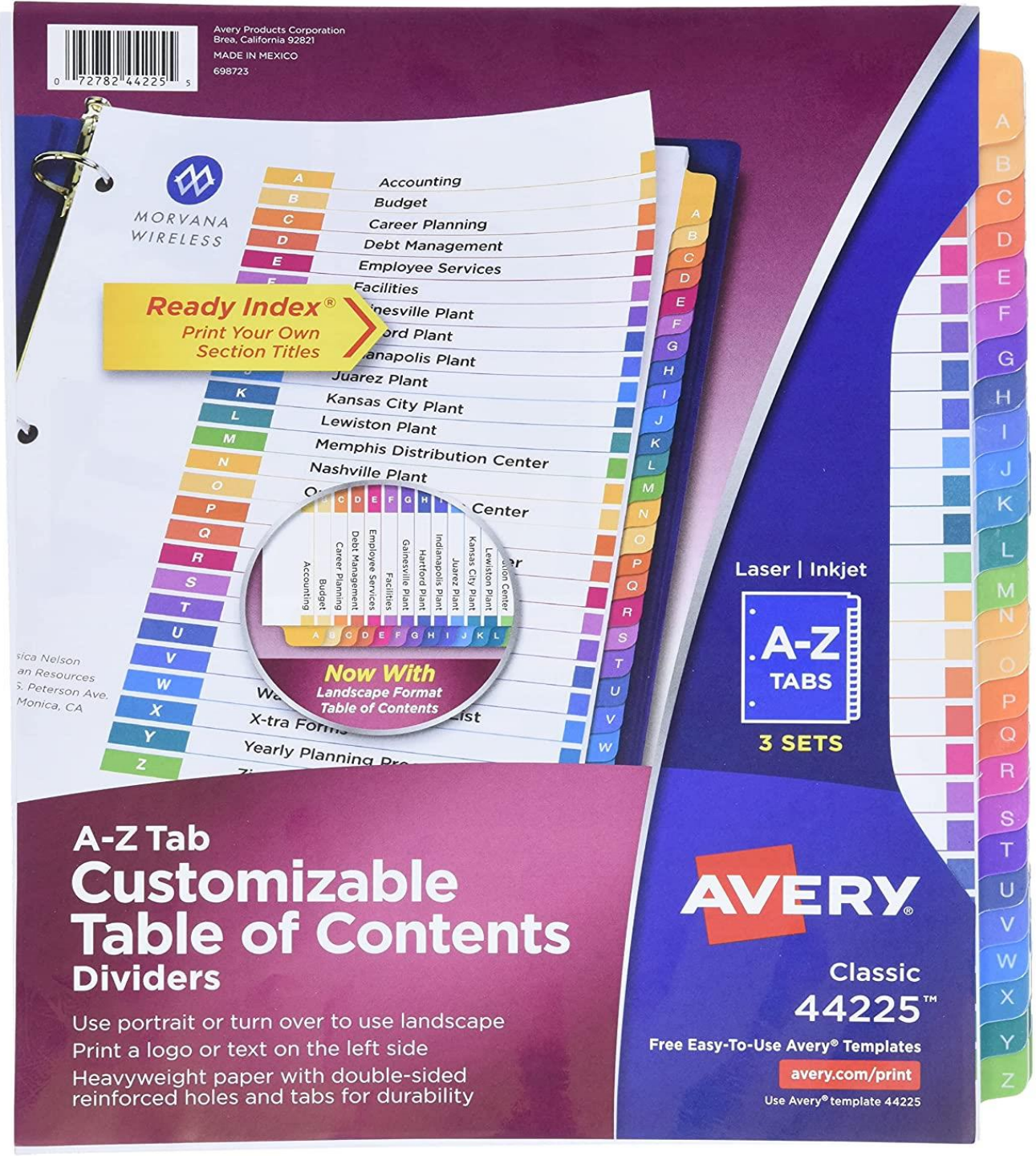
IV. Program Evaluation ..... Tab 4
- M. Meeting Minutes

V. Staff Information ..... Tab 5
- N. Organizational Chart
- O. Roster of Staff with FTE Status
- P. Non-Physician Practitioner Schedule
- Q. Provider CV, License, DEA, and BLS
- R. Clinical Staff Certification and BLS

Additional Binder Locations

Policy Manual	INSERT LOCATION
Emergency Plan	INSERT LOCATION
Sample Medication Logs	INSERT LOCATION
SDS Sheets	INSERT LOCATION
Lab Control Logs	INSERT LOCATION


Avery Products Corporation
Brea, California 92821
MADE IN MEXICO
698297
MORVANA WIRELESS
Ready Index®
Print Your Own Section Titles
1 Overview
Policies
3 Benefits
4
5 Training
Now With
Landscape Format
Table of Contents
Laser | Inkjet
5 TABS
6 SETS
AVERY
Classic
11187™
Free Easy-To-Use Avery® Templates
avery.com/print
Use Avery® template 11187
1-5 Tab
Customizable
Table of Contents
Dividers
Use portrait or turn over to use landscape
Print a logo or text on the left side
Heavyweight paper with double-sided reinforced holes and tabs for durability


Avery Products Corporation
Brea, California 92821
MADE IN MEXICO
698723
MORVANA WIRELESS
Ready Index®
Print Your Own Section Titles
Accounting
Budget
Career Planning
Debt Management
Employee Services
Facilities
Juarez Plant
Kansas City Plant
Lewiston Plant
Memphis Distribution Center
Nashville Plant
Now With
Landscape Format
Table of Contents
Laser | Inkjet
A-Z TABS
3 SETS
AVERY
Classic
44225™
Free Easy-To-Use Avery® Templates
avery.com/print
Use Avery® template 44225
A-Z Tab
Customizable
Table of Contents
Dividers
Use portrait or turn over to use landscape
Print a logo or text on the left side
Heavyweight paper with double-sided reinforced holes and tabs for durability



RHC Evidence Binder

Certification:

- HPSA designation
- Final tie-in notice
- Most recent survey results
- Copy of CLIA
- Agreements for hospitalization, referrals, and specialized tests



RHC Evidence Binder

Physical Plant:

- Equipment inspection log
- Clinic floor plan
- Drill reports
- Cleaning logs

RHC Evidence Binder

Physical Plant (cont.):

- Fire/AED/Oxygen logs
- Environmental rounding logs
- If clinic has onsite any diagnostic imaging equipment, please provide:
    - A copy of any recent inspections by Radiation Protection Services
    - Licenses for diagnostic imaging equipment and personnel



RHC Evidence Binder

Chart Audits:

- Collaborative audit results
- Administrative audit results

RHC Evidence Binder

Program Evaluation:

- Copy of meeting minutes
- Data reports
- Signature page



RHC Evidence Binder

Staff information:

- Organizational chart
- Roster of staff with FTE status
- Non-physician practitioner schedule
- Provider CV, License, DEA, BLS
- Clinical staff certification and BLS

RHC Evidence Binder

Additional Binders:

- Policy manual
- Emergency plan
- Medication logs (sample/control)
- SDS sheets
- Lab controls

CREATING AN INTERNAL COMPLIANCE PROGRAM

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Are you ready for your next survey?

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Compliance Tasks

Purpose:

- The clinic is required to maintain 100% compliance to continue participating in the RHC program
- Surveys are unannounced!

Compliance Tasks

Know your standards:

- State
- The Compliance Team
- Quad A
- The Joint Commission



Compliance Tasks

Recommendations:

- Delegate tasks
- Set reminders
- Obtain proof of completion
- Break tasks down into smaller increments

Compliance Tasks

Daily/Weekly:

- Temperature checks (2x meds vs. 1x labs)
- Cleaning
- Environmental rounding

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Tools:

Refrigerator & Freezer Temperature Log

Month/Year_____

Refrigerator needs to be at +36° to 46° F (2° to 8° C) **+40° F is the ideal temperature.**
Freezer needs to be at **+5° F (-15° C) or colder** **0° F or colder** is ideal.

Record the Time, Temperatures & Initials two times (2) each business day, upon arrival (morning) and when closing the office at the end of the day (evening).
Circle the F or C below to identify whether temperatures are taken in Fahrenheit or Celsius

DAY	TIME	REFRIG	FREEZER	INITIALS	DAY	TIME	REFRIG	FREEZER	INITIALS
1st	am	°F °C	°F °C		17th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
2nd	am	°F °C	°F °C		18th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
3rd	am	°F °C	°F °C		19th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
4th	am	°F °C	°F °C		20th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
5th	am	°F °C	°F °C		21st	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
6th	am	°F °C	°F °C		22nd	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
7th	am	°F °C	°F °C		23rd	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
8th	am	°F °C	°F °C		24th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
9th	am	°F °C	°F °C		25th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
10th	am	°F °C	°F °C		26th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
11th	am	°F °C	°F °C		27th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
12th	am	°F °C	°F °C		28th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
13th	am	°F °C	°F °C		29th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
14th	am	°F °C	°F °C		30th	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
15th	am	°F °C	°F °C		31st	am	°F °C	°F °C	
	pm	°F °C	°F °C			pm	°F °C	°F °C	
16th	am	°F °C	°F °C						
	pm	°F °C	°F °C						

April 2008

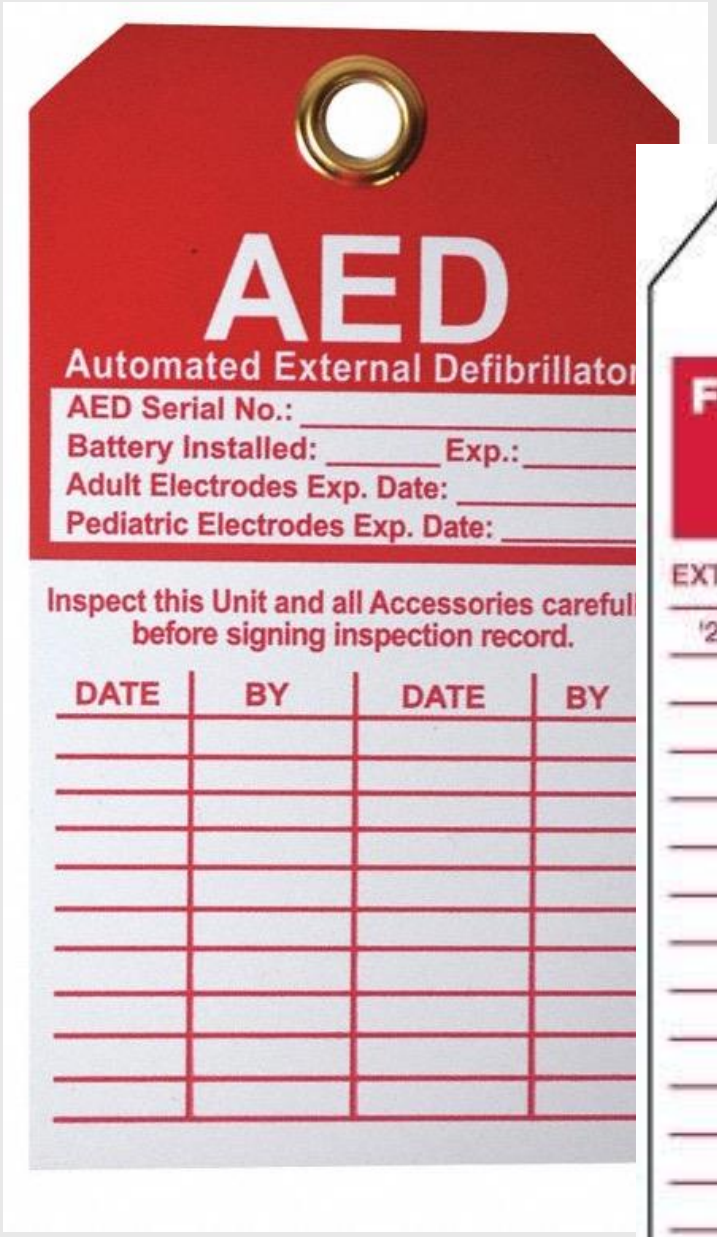
Compliance Tasks

Monthly:

- AED
- Fire extinguisher
- Oxygen Tank

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Tools:


AED
Automated External Defibrillator
AED Serial No.:
Battery Installed: Exp.:
Adult Electrodes Exp. Date:
Pediatric Electrodes Exp. Date:
Inspect this Unit and all Accessories careful
before signing inspection record.
DATE BY DATE BY


FIRE EXTINGUISHER
INSPECTION
RECORD
EXTINGUISHER NO.
'21 '22 '23 '24
JAN.
FEB.
MAR.
APR.
MAY
JUNE
JULY
AUG.
SEPT.
OCT.
NOV.
DEC.

Tools:

Oxygen Tank Log

Daily Oxygen Tank Pressure Check

Date	Time	Pressure Check	Signature	Notes

Compliance Tasks

Quarterly:

- Collaborative chart audit
- Administrative chart audit
- Patient satisfaction surveys (if applicable)

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Medical Record Review Tool

For the Month of _____ Year_____

Physician:_____ Advanced Practice Provider:_____

If there is a concern place N and respond in Notes.

Pt ID	DOS	H & P	ROS	Meds	Plan/Treatment	Education	Tests Ordered	Notes:

Physician Signature:_____ Date:_____

Advanced Practice Provider is required to respond to EACH notation from Physician.

Pt ID	DOS	Notes/Feedback & Response:

Advanced Practice Provider Signature:_____ Date:_____

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Patient Chart Audit
Name of Clinic:
Date Reviewed:

Prepared by:
Reviewer:

Practitioner	Date of Service	Account Number	Chief Complaint	Consent	Social Data	H&P	Provider Signature	Labs Signed	Treatment Reports	Instructions to Patients	Evidence of Follow-up	Med. List	Allergies	Comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

1

2

3

4

5

6

Compliance Tasks

Annually:

- HR audit
- Employee Training
- Equipment inspection
- Cost Report (5 months from fiscal year end)
- Emergency exercise
- Fire Drill

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Tools:

RHC Waived Test Competency Record

Employee Name: _____ Employee ID: _____ Location: _____

☐ Initial Training ☐ Annual Competency Assessment

List of tests and/or instruments	Assess competency using at least TWO of the following methods:			
	Performance of a test on a blind specimen *(Specific test(s) / records reviewed-Reviewer date & initial when completed)*	**Observation of routine work by the supervisor or qualified designee** *(Reviewer date & initial when completed)*	**Monitor quality control performance** *(Specific test(s) / records reviewed-Reviewer date & initial when completed)*	**Successful completion of written test specific to the method performed** *(Attach completed test)*
Flu A & B BD Veritor				
Group A Strep BD Veritor				
RSV BD Veritor				
Hemoccult SENSA Beckman Coulter				
Urine Pregnancy (hCG) Beckman Coulter Icon 25				
Urine Dipstick 10SG Bayer				
Hemoglobin Test HemoCue Hb 801				
Glucose Test Nova Stat Strip Express 2				
Covid BD Veritor				

Competency has been satisfactorily demonstrated ☐ Yes ☐ No *(If No, document corrective action or additional training below)*

Reviewer Comments:

Corrective Actions:

Employee Signature: Date:

Reviewer Signature: Date:

Medical Director Signature: Date:

Compliance Tasks

Biennially:

- Policy Review
- Emergency Plan Review
- Program Evaluation

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Tools:

INSERT LOGO

REVIEWED AND APPROVED BY:_____
Medical Director

_____
Advanced Practice Provider

_____
Non-Staff Member

DATE:_____

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Tools:

Program Evaluation Meeting Agenda

I. Review the mission and purpose of the advisory council
II. Review utilization of services
  A. Volume
    - Top diagnosis codes
    - Number of patients seen in each clinic by insurance
    - Number of patients seen by age
    - Number of patients seen by gender
    - Number of in house lab services performed
    - Number of in house x-ray performed (if applicable)
    - Number of diagnostic referrals
  B. Care of acute and chronic conditions
  C. Patient safety
  D. Coordination of care
  E. Convenience and timeliness of available services
  F. Patient satisfaction
III. Review Performance Improvement projects
  A. What project is the clinic reviewing
  B. How is the project going
  C. What is the clinic's next area of focus
IV. Updates to overall program:
  A. Review what went well
  B. Review changes that have been implemented
  C. Review improvements needed
  D. Review clinic hours of operations
  E. Review staffing levels
V. Medical record review
  A. Review audit analysis
VI. Review policies and procedures and emergency plan
  A. Review change recommendations
  B. Give final approval
  C. Timeline for implementation
  D. Determine if policies were followed
VII. Conclusion
  A. Set future clinic goals
  B. Next steps
  C. Set date for next meeting

Compliance Tasks

Miscellaneous:

- Control logs
- Organizational chart
- CLIA
- Sample med logs
- Control med logs
- Autoclave batch log and spore checks

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Tools:

SAMPLE MEDICATION LOG

DATE	PATIENT NAME	MEDICATION	LOT NO.	DOSE	# of SAMPLES GIVEN	EXP. DATE	SIGNATURE

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Tools:

CONTROLLED SUBSTANCE LEDGER

CONTROLLED SUBSTANCE (MEDICATION NAME) _____ Strength _____ Lot number _____ Exp _____

NOTE: Use one ledger sheet for each individual vial/package of controlled substance medication with same strength, lot and expiration.

DATE	ACTION		AMT RECEIVED (new stock)	AMOUNT USED			BALANCE/ COUNT	PATIENT NAME AND MRN	STAFF NAME (PRINT)		NOTES
	CHECK ONE	FOR AUDIT, CHECK ONE	QUANTITY (tablets, vials, pre-filled syringes)	UNITS ADMINISTERED		UNITS WASTED	QUANTITY REMAINING (tablets, vials, pre-filled syringes)		1st PERSON	WITNESS / 2nd PERSON	
				Dose in units	Volume if applicable	(volume/ tablets)					
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		
	☐ Receive ☐ Dispense ☐ Audit	☐ AM ☐ PM							1st: 2nd:		

Inventory of this controlled substance MUST be completed twice daily by two authorized personnel and kept on file in hard-copy for 11 years.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

Revalidations

- Medicare Part A Revalidation (RHC)
- Medicare Part B Revalidation (Group)
- Medicaid RHC Revalidation

ADDITIONAL NOTES



Reportable Changes

Medical Director Change

Change in Location

Change in Ownership

Name Change



Organization

- Create binders or electronic files to organize information
- Keep documentation for EVERYTHING
- Make calendar reminders of upcoming tasks



Questions?

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