



RHC Direct Services

EXPERT RURAL HEALTH CONSULTANTS



Participants will:

- Review current requirements for direct services in the RHC
- Discuss policy support for current testing at the facility
- Discover proper documentation for staff providing the direct services

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491.2 Definitions

Direct services means services provided by the clinic's staff



491.9(c) Direct Services

(1) General. The clinic or center staff furnishes those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care delivery system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.

491.9(c) Direct Services

(2) Laboratory. These requirements apply to RHCs but not to FQHCs. The RHC provides laboratory services in accordance with part 493 of this chapter, which implements the provisions of section 353 of the Public Health Service Act. The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including:

- (i) Chemical examinations of urine by stick or tablet method or both (including urine ketones)
- (ii) Blood glucose
- (iii) Pregnancy tests
- (iv) Collection of patient specimens for transmittal to a certified laboratory for culturing.



WHAT DOES THIS MEAN?



RHC staff must be able to conduct the required laboratory tests in order for it to qualify as “direct services”




The clinic must have all equipment and supplies required to conduct the 4 required tests



Point of Care vs. Send Out



OUT WITH THE OLD!

- 
- Do you plan to remove hemoglobin/hematocrit and stool occult from your clinic?
 - If so, please review policies to support this change.
 - How do you retire policies?

CAUTIONS

1

Keep an eye on
inventory

2

Document staff
competency

3

Confirm clinic has
all required
documentation
necessary for
laboratory services

DOCUMENTATION NEEDS

Laboratory Services Policy

- List of tests available at the clinic
- Location patients can go for additional testing
- Documentation requirements within the patient record

DOCUMENTATION NEEDS

Policies to address HOW the clinic runs each test

- Considerations: calibration, testing procedure, storage/handling, collection, preparation, resulting, quality controls, and maintenance - As applicable for each test
- Defer to mfr. guidelines

STAFF COMPETENCY

Policy to address how the clinic conducts competency:

- Frequency
- Methods
- Documentation

CONTROL LOGS



Forms the clinics use per test



Defer to mfr. guidelines on what needs to be documented and frequency

Employee Name: _____ Employee ID: _____ Location: _____

Initial Training Annual Competency Assessment

Sample Competency Form

List of tests and/or instruments	Assess competency using at least TWO of the following methods:			
	Performance of a test on a blind specimen <i>(Specific test(s) / records reviewed-Reviewer date & initial when completed)</i>	Observation of routine work by the supervisor or qualified designee <i>(Reviewer date & initial when completed)</i>	Monitor quality control performance <i>(Specific test(s) / records reviewed-Reviewer date & initial when completed)</i>	Successful completion of written test specific to the method performed <i>(Attach completed test)</i>
Culture transmittal				
Glucose				
Hemoglobin/Hematocrit				
Stool occult				
Urinalysis				
Pregnancy HCG				
Competency has been satisfactorily demonstrated <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, document corrective action or additional training below)</i>				
Reviewer Comments:				
Corrective Actions:				
Employee Signature:			Date:	
Reviewer Signature:			Date:	
Medical Director Signature:			Date:	

491.9(c) Direct Services

(3) Emergency. The clinic or center provides medical emergency procedures as a first response to common life-threatening injuries and acute illness and has available the drugs and biologicals commonly used in life saving procedures, **such as** analgesics, anesthetics (local), antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids.

WHAT DOES THIS MEAN?



The emergency kit **MUST** be in the 4 walls of the certified facility for it to qualify as “direct services”



Categories must all be considered



Medical director/providers make final determination of kit contents

Based on patient demographics/clinical services

BEYOND THE KIT

Oxygen tank

- Must have at least one oxygen tank available at the clinic
- Concentrator does not qualify
- Keep supplies near the unit
- Masks needed based on patient population (peds/adults)
- Documentation (is pressure appropriate?)
- Secure to cart/wall
- Label and separate full/partial/empty
- Recommend identifying location of the tank on your floor plan


BEYOND THE KIT

Fire extinguishers

- Annual inspection
- Documentation - Monthly

AED

- Relevant supplies
- Pads appropriate to patient population (Peds/Adult)
- Expiration
- Documentation - Frequency



OUT WITH THE OLD!

- Did you update your emergency kit recently?
- Did the edits make it into your policy?
- Kit contents **MUST** match written policy.

CAUTIONS

01

Adding or removing contents from the kit without updating policy

02

Expiration dates in the kit

- Who's monitoring

03

Accessibility Vs. Security

04

Controlled medications

05

Temperature sensitive medications

DOCUMENTATION NEEDS

Emergency Care Policy

- Staff responsibilities
- Emergency kit:
 - Location of the kit
 - Who determined contents
 - Content list
- Emergency equipment
- Other considerations:
 - BLS, Burns, Bites, Poisoning, Choking



Questions:

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