



# Rural Health Clinic Accreditation

Organization  
Survey Activity Guide

2024

Rural Health Clinic (RHC)  
Organization Survey Activity Guide (SAG)

Table of Contents

How to Use this Guide..... 3  
BEFORE THE SURVEY ..... 4

# How to Use this Guide

This guide contains:

- Information to help you prepare for survey
- A description of each survey activity that includes objectives, an overview of the topics that will be covered, logistical issues, and suggested participants
- Activities are listed in the general order that they are conducted.

The Survey Activity List includes suggested duration and scheduling guidelines for each of the activities. At the beginning of the

# BEFORE THE SURVEY



# Survey Readiness Guide

Actions to take when the  
surveyor arrives



	o Policies for the storage, handling, and administration of drugs and biologicals	
15	Documentation of RHC program evaluation	
16	Name and extension of key contacts who can assist surveyor in planning tracer selection	
<p>Documents Related to Emergency Management  Note: Documents listed below may be included in the emergency preparedness plan.</p>		
17	Emergency preparedness plan	
18	Emergency preparedness risk assessment	
19	Emergency preparedness policies and procedures	
20	Emergency preparedness continuity of operations plan	
21	Emergency preparedness education and training program	
22	Emergency preparedness exercises and testing program	

23 Emergency preparedness plan evaluation (after-action/improvement) Q 49.



## Rural Health Clinic Survey Activities

Activity Name	Suggested Duration of Activity	Suggested Scheduling of Activity	Notes
Surveyor Arrival and Preliminary Planning	15 minutes	Upon arrival	
Opening Conference/ Orientation to Organization	30 minutes	As early as possible	
Individual Tracer / Medication Management	120 - 180 minutes	Individual tracer activity occurs throughout the survey and will include an assessment of medication management.	
Environment of Care and Emergency Management	60 minutes	After some individual tracer activity has occurred	
Leadership and Data Use Session	30 minutes	After some individual tracer activity has occurred. Leadership will also be discussed.	
Lunch	30 minutes	At a time negotiated with the RHC	
Infection Control / Additional Individual Tracer Activity			

## Rural Health Clinic -- Sample Survey Agenda

Time	Activity
8:00 – 8:15 a.m.	Surveyor Arrival and Preliminary Planning Session <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Brief review of agenda</li> <li>• Obtain and review appointment schedule for the day</li> </ul>
8:15 – 8:45 a.m.	OpenipeniO Open2Body870 103.801 53.16 re W n BT /TT2 1 Tf -0.002 Tc 0.007





should respond if your safety plans are implemented while they are on site. Situations to cover include:

-

# Opening Conference and Orientation to the Organization

## Participants

Suggested participants include leadership, medical director, and other designated staff. Attendees should be able to address leadership's responsibilities for planning, resource allocation, management, oversight, performance improvement, and support in carrying out your organization's mission and strategic objectives.

## Duration

The duration of this session is approximately 30 minutes.

## Overview

During this session, the surveyor will:

- Describe the structure of the survey
- Answer questions your organization has about the survey
- Review your organization's expectations for the survey
- Become acquainted with your organization. They learn how your organization is operated and explore your organization's performance improvement process.

The surveyor will introduce themselves and describe each component of the survey agenda. The surveyor will describe the System Tracers they will conduct. It is important for you to discuss and review your organization's expectations for the onsite survey with the surveyor. Questions about the onsite visit, schedule of activities, availability of documents or people, and any other related topics should be raised at this time.

Discussion topics may include:

- The services the RHC provides, including specialty services and services provided through contracts or agreements, as well as the hours that these services are available.
- Leadership oversight and monitoring of contract services and contract individuals.
- Agreements or arrangements with one or more providers or suppliers participating under Medicare or Medicaid to furnish other services to its patients, including the following:
  - Inpatient hospital care
  - Physician services (whether furnished in a hospital, an office, the patient's home, a skilled nursing facility, or elsewhere)
  - Additional and specialized diagnostic and laboratory services that are not available at the clinic
- The RHC's mission, vision, goals, and strategic initiatives
- The medical direction of the RHC and staffing by physicians and other mid-level providers
- Process for patient care policy development and review

Note: When a situation is identified that could be a threat to health and safety, surveyors will contact The Joint Commission administrative team. The Joint Commission will either send a

different surveyor to investigate the issue or the surveyor on site will be assigned to investigate. Investigations include interviews; observations of care, treatment, and service delivery; and document review. Your cooperation is an important part of this process. Surveyors will discuss the findings with The Joint Commission administrative team and outcomes will be communicated to your organization when a decision is reached.





The surveyor may use multiple patient records during an individual tracer. The record helps the surveyor follow the care, treatment, or services provided by the organization to the patient.

The surveyor may arrive in the clinical area and need to wait for staff to become available. If this happens, the surveyor will use this time to evaluate environment of care issues or observe the care, treatment, or services being provided.

During the individual tracer, the surveyor will observe the following at a minimum:

- Care, treatment, or services being provided to patients by clinicians, including physicians and other licensed practitioners
- The medication process (e.g., preparation, dispensing, administration, storage, control of medications)
- Infection control topics (e.g., techniques for hand hygiene, sterilization of equipment, disinfection, and housekeeping)
- The process for planning care, treatment, or services
- The environment as it relates to the safety of patients and staff

During the individual tracer, the surveyor will interview staff about:

- Communication for the coordination of care, treatment, or services.
- The use of data in the care of patients, and for improving organization performance; their awareness and involvement in performance improvement projects
- Patient flow through the organization
- Patient education
- Staff orientation, education, and competency
- Awareness of roles and responsibilities related to the Environment of Care, including prevention of, and response to incidents and reporting of events that occurred
- The information management systems used for care, treatment, and services (paper, fully electronic or a combination of the two) and any procedures they must take to protect the confidentiality and integrity of the health information they collect including the following:
  - Back up procedures they have been instructed to use if the primary system is unavailable
  - Electronic system access procedures (passwords, authentication, etc.), confidentiality measures, and instructions on down-time procedures
  - Risk awareness, detection and/or response to potential cyber emergencies
- Organization processes that support or may pose a barrier to patient care, treatment, or services

During the individual tracer, the surveyor will interview patients and their families about:

- Coordination and timeliness of services provided
- Education received
- Response time when warranted by care, treatment, or services
- Perception of care, treatment, or services
- Whether they observe staff washing their hands
- Whether staff verified the patient's identity





# Environment of Care and Emergency Management Session

## Participants

Individuals familiar with the management of the environment of care and emergency management. This may include the safety officer, security management coordinator, facility manager, IT representative, and the person responsible for emergency management.

Dura-6.6 (c)10.6 (-0.002 TcTc 0 Tw 3.833 0 4.098)Tj EMC /P <</MCID 4 >>BDC 6/TT0 1 Tf -0.002 Tc 0.007 T

- Address a means to shelter-in-place
- Include a system of medical documentation that protects patient information and maintains the availability of records
- Address the use of volunteers or other emergency staffing strategies
- The communications plan to verify that it meets the following requirements:
  - Includes contact information for staff and organizations/entities
  - Includes a primary and alternate means of communicating with staff and organizations/entities
  - Addresses how information about patients will be provided
  - Addresses how the clinic will provide information about its needs
- The training and testing program documentation to verify that the program:
  - Is reviewed and updated every two years
  - Includes training initially, every two years, and as needed
  - Includes annual testing program that meets the following:
    - ✓ Includes a sr6t81nr26yies (f)-6.6

(at)lou2

- What areas for improvement were identified and how were they incorporated into plans, policies, and procedures?

# Competence Assessment and Credentialing and Privileging

## Participants

Staff responsible for the human resources processes for tracking and documenting staff orientation, education, competencies; and physician and other licensed practitioner competencies, credentialing, and privileging.

## Duration

The duration for this session is 75 minutes.

## Overview

During this session, the surveyor will:

- Learn about your organization's competence assessment process for staff, physicians, and other licensed practitioners
- Learn about your organization's orientation, education, and training processes as they relate to staff, physicians, and other licensed practitioners

During this session:

Inform the surveyor of your process for maintaining competency records. The review of files is not the primary focus of this session; however, the surveyor verifies process-related information through documentation in staff or credential files. The surveyor will identify specific staff, physicians, and other licensed practitioners whose files they would like to review.

The surveyor will discuss the following topics:

- Internal processes for determining compliance with policies and procedures, applicable law and regulation, and Joint Commission standards
- Methods used to determine staffing adequacy, frequency of measurement, and what has been done with the results
- Performance improvement initiatives related to competency assessment for staff, physicians, and other licensed practitioners
- Orientation of staff, physicians, and other licensed practitioners to your organization, and/or job responsibilities
- Experience, education, and abilities assessment
- Ongoing education and training
- Competency assessment, maintenance, and improvement
- Competency assessment process for contracted staff, as applicable
- Process for granting of privileges to physicians and other licensed practitioners
- Other topics and issues discovered during the tracer activity
- Employee health screening and health requirements (e.g., vaccinations, immunizations) for working in the organization; ask about the process for monitoring compliance with such requirements.

The surveyor will review personnel/credentialing files of selected physicians, licensed practitioners, and staff for their qualifications and competency assessments related to assigned duties

# Leadership and Data Use Session

## Participants

Organization leadership, the individual who manages your organization's information management system, quality managers, and other key staff.

## Duration

The duration for this activity is 30 minutes.

## Overview

During this session, the surveyor will explore leadership's responsibility for creating and maintaining your organization's systems, infrastructure, and key processes which contribute to the quality and safety of care, treatment, and services. The surveyor will also learn about how your organization uses data to evaluate the safety and quality of care being provided to patients. They will also assess your organization's performance improvement processes including the management and use of data.

## Leadership

The surveyor will discuss the following:

- Leadership commitment to improvement of quality and safety and oversight of RHC services
- Creating a culture of safety
- The review and evaluation of your RHC program every two years including any actions taken related to the following:
  - Utilization of clinic services, including the number of patients served and the volume of services
  - A representative sample of active and closed records
  - The clinic's health care policies

## Data Use

The surveyor will review your organization's data and performance improvement projects during planning activity to discuss the following topics:

- Data collection process
- Performance being monitored for patterns or trends
- Any changes made because of performance improvement activities
- Use of data analysis in the identification and implementation of process improvements
- Process for identifying and implementing changes to reduce the risk of sentinel events
- Evaluation of performance improvement changes to ensure that they achieve the expected results
- Process for taking appropriate actions when planned improvements are not achieved or sustained
- Changes in PI activities to accommodate urgent events such as staffing effectiveness and patient health outcomes, high-volume, high-risk, or problem prone processes, significant changes in the internal or external environment
- Proactive activities for identifying and reducing unanticipated adverse events and safety risks to patients



# Special Issue Resolution

## Participants

Surveyor and requested staff

## Duration

The duration is approximately 15 minutes and is scheduled toward the end of the day.

## Overview

This time is available for the surveyor to explore any issues that may have surfaced during the survey and could not be addressed at the time they were identified (for example, staff were unavailable for interview, policy review, additional personnel file review required).

Depending on the circumstances, this may involve:

- The review of certain policies and procedures
- The review of additional patient records to validate findings
- Discussions with staff to obtain additional information or clarification
- Review of staff and credentials files
- Review of data, such as performance improvement projects and results
- Other issues requiring more discussion

# Surveyor Report Preparation

# Organization Exit Conference

## Participants

CEO/Administrator (or designee), senior leaders, and staff as identified by the CEO/Administrator (or designee).

## Duration

The duration of this session is 30 minutes.

## Overview

The Summary of Survey Findings Report will be sent to your extranet site. You may provide copies for all exit conference participants, if desired.

During this session, the surveyor will review the following:

- The Summary of Survey Findings Report
- Your SAFER™ matrix,
- Any Requirements for Improvement
- The clarification process
- Post-survey follow-up processes such as Evidence of Standard Compliance (ESC) and ESC submission

# FOLLOWING THE SURVEY

## After Your Joint Commission Survey

Your on-site survey is an important part of the accreditation decision-making process. During the on-site survey, your surveyor uses the tracer methodology and other survey techniques to identify and document areas of noncompliance with Joint Commission standards. The summary of survey findings report provided to you at the conclusion of your on-site survey is confidential and does not contain an accreditation decision. Your final accreditation decision is not reached until the conclusion of the post-survey activities described in this document.

### Post-Survey Activities

- The surveyor will submit a preliminary Summary of Survey Findings Report. This preliminary report will appear under the “Notification of Scheduled Events” section of your extranet site.
  
- The surveyor is not able to determine your organization’s accreditation decision. The accreditation decision is not made until all of your organization’s post-survey activities are completed.
  
- Your organization’s Summary of Survey Findings Report may require further review by /P <</MC2.6 (t1.3 d

