

_____ (name of clinic)
Annual Program Evaluation Report

Date ____/____/____

Completed by: _____

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Rural Health Clinic Overview

Medical Practice Name:

Address:

City, State, Zip:

Phone:

Fax:

Patient Care Hours:

Office Hours:

Non-Rural Health Hours:

Disclosure of Ownership

(Facility Name) _____

Owner: _____

Listing of Physicians, Midlevel Providers and Other Staff

Physicians:

Midlevel Providers:

Other Staff:

Definitions used in the report

List any acronyms or other terms used within this report.

Clinic Records Review

Number of Clinical Records Reviewed: _____

Active Patients: _____

Closed Patients: _____

Noted Problems: _____

The medical record review must include the following components:

- 1) Patient Name appears on every page of the chart.
- 2) Current insurance information is included in the chart (i.e. copy of insurance card)
- 3) Vitals are included with notes from each visit.
- 4) Dictation is signed by the provider
- 5) Documentation is complete (i.e. use of SOAP notes)
- 6) Patient information is updated in both the chart and the computer
- 7) A consent to treat form is signed and located in the chart
- 8) Release of information forms are filed in the chart
- 9) HIPAA Notice is signed and filed in the chart
- 10) Medicare Lifetime Signature Form is signed and filed in the chart
- 11) Medicare Secondary Payer Form is completed and filed in the chart
- 12) Rx logs and Problem Lists are updated and filed in the chart
- 13) History form is current
- 14) Allergy information is in a prominent location on the chart
- 15) No shows are documented
- 16) ETC.

Type of Patients Seen

Review the type of patients seen for any trends.

What types of health care services are being furnished to the patients? (Number of Patients and Volume of services)

How many rural health visits vs. non rural health visits were seen?

How many were Medicare, Medicaid, other? Insert your count sheets here.

Services identified as being needed or not needed for patients being seen?

51% of patients seen are for treatment of acute or chronic medical problems?

The utilization of services was appropriate?

Review by Provider CPT Codes

Run a Service Transaction Report for the clinic.

Look at the number of units for each CPT code for healthcare services delivered.

Trend a bell curve or graph for services delivered. Attach those reports to the program evaluation.

Cost Analysis

Review the cost report. What is the average cost per visit?

If there are non-rural health hours, do they need to be increased or decreased?

Watch for trends.

Scope of Practice

List the services provided at the Rural Health Clinic.

Are services meeting the needs of the community?

Are there any services that could be expanded?

Review of Health Care Policies and Procedures

This review should be completed by the Practice Medical Director, Practice Manager, physicians, midlevel providers and one nonmember of the clinic’s staff. This review is to ensure that policies are current and accurate.

The following policies were updated in the Rural Health Policy and Procedure Manual:

- 1)
- 2)
- 3)
- 4)
- 5)

The following policies were added to the Rural Health Policy and Procedure Manual:

- 1)
- 2)
- 3)
- 4)
- 5)

The following policies were deleted from the Rural Health Policy and Procedure Manual:

- 1)
- 2)
- 3)
- 4)
- 5)

Where the established Policies being followed: Yes___ No:___ (if no explain below and changes made)

- 1)
- 2)
- 3)
- 4)
- 5)

Those Participating and Conducting the Annual Evaluation.

Practice Manager:

Medical Director:

Physicians:

Midlevel Providers:

Member from the Community:

Medical Clinic Staff:

Signatures Page for the Acceptance of Annual Evaluation.

Date

Practice Manager: _____

Medical Director: _____

Physicians: _____

Midlevel Providers: _____

Member from the Community/non clinical staff person: _____

Medical Clinic Staff: _____

Blank Page for Future Use

Mock Survey Walk Through and Review

The RHC Manager should perform a “Mock Survey”

- 1) Are medication logs kept and up to date?
- 2) Are multi use vials dated when they are opened?
- 3) Are there any out dated supplies or medications that need to be removed from the clinic?
- 4) Are all needles locked up?
- 5) Are all chemicals locked up?
- 6) Is the temperature of the refrigerator and freezer checked daily?
- 7) Is medical equipment cleaned according to the Policy and Procedure Manual?
- 8) Is the lab following protocols listed in the Policy and Procedure Manual?
- 9) Are all the reagents current and not expired?
- 10) Bio Medical annual checks of all patients' equipment tagged and dated?
- 11) Is the facility clean and uncluttered?
- 12) Exits Marked and clear.
- 13) Emergency battery backup lights functioning?
- 14) Etc.

Changes Needed/Improvements/Recommendations/ Timeline

Changes needed (Quality Assessment and Performance Improvement (QAPI)) from the Program Evaluation and the corrective action plan. Measureable goals and time line for follow up and completion of the changes needed.

Minutes of the Annual Program Evaluation Committee Meeting

Include a copy of the minutes taken during the Annual Program Evaluation Review Committee Meeting.

Include the date of the meeting.

The time the meeting started and adjourned.

Who were present at the meeting?

Is the Program Evaluation Localized and Facility Centered?