



Tips from Operational Site Visits (OSV) Between 2011 and 2016

February 2017

Preparation

- Identify a staff lead to ensure preparations remain on schedule, organizes all requested documents, and can serve as the key contact for the OSV consultants during the visit.
- Utilize the [BPHC Health Center Site Visit Guide](#) to understand what will be reviewed. The guide can also function as a gap analysis to identify documents and area of operations need to be reviewed and possibly updated prior to the OSV. Though not listed in the guide, [340B compliance will be tested too](#).
- Reach out to CCHN with any questions or needed resources, and review OSV resources available on [CCHN's Online Resource Center](#). CCHN can connect you with CHC peers had successful OSVs.
- Ensure staff are familiar with the portions of the Health Center Site Visit Guide that pertains to their work, including any referenced regulations, rules and resources.
- Schedule time during board meetings to educate the board about the Health Center Program Requirements and the OSV process. Also ensure there is time for the board to review, discuss and vote on any documents that needed to be updated in time for the OSV. A similar approach can be used for staff meetings.
- Ask for a pre-call with the OSV team if it is not offered. The benefit of this call is to learn if they want any documents prior to the OSV, if there are any specific items that need to be included in the introduction presentation on the first day of the OSV, and the general nature of the consultants before they are onsite.
- Some of the easiest parts of the Health Center Program Requirements are the ones that are overlooked in preparation for the OSV. These include:
 - Ensure that there is a patient majority on the board and all of these individuals have been to the CHC within the last 24 months. The consultants will ask for record of the visit to the CHC, such as a billing summary. The consultants will also look to see if the patient majority is representative of the patient population.
 - Make sure the board met every month in the previous year and there is clear record of review, discussion, and a vote (if needed) on items such as, though not limited to, grant applications, budgets, CEO evaluation, the updates on the Federal Poverty Guidelines (FPG) at the beginning of the year, credentialing and privileging of staff, and quality improvement initiatives.
 - Test out the afterhours procedure prior to the OSV and ensure that the access that is stated in grant applications is indeed the access patients have, including if it is culturally and linguistically appropriate. The OSV consultants will definitely test this.
 - Review Forms 5A, B and C and double check that they match what is happening at the CHC. If a service listed in Form 5A is provided by contract or MOU/MOA, ensure there is a copy of that document with all needed signatures and that it can be made available for review if requested.
 - Ensure there are visible signs in the waiting area that indicate patients will be seen regardless of ability to pay and the availability of financial screening for a sliding fee discount. There is an example at the end of the [National Health Service Corps sliding fee resource](#).

During the OSV

- Set the stage to make a positive impression: have a dedicated room that will be used for the entrance and exit meetings, and likely where the OSV consultants will work from. This room should be set up prior to the OSV with access to coffee, water, tea and some basic snacks. Identify other rooms that can

be used for more of the one-on-one or small group discussions with individual consultants. Note: the consultants will expect to pay for the cost of their meals.

- Starting in 2015, OSV consultants were allowed to let CHCs make needed changes during the OSV, though this was at the discretion of each consultant. This means that having staff available to modify documents and scheduling a board meeting during the OSV for approval of any documents, if needed, can be very helpful. A warning about the board meeting – it does make for a very long meeting for the board since the consultants will want to meet with the board, usually separately from CHC staff.
- For most OSV consultants, providing all documents they will review on a flash drive or in a program such as Drop Box will suit their purposes and they will request particular print outs if needed.
- Try to make the information easy to find – the longer it takes to figure out a document the less time there is to review all material thoroughly so there could be a finding because the consultant didn't see or understand a document. For instance, ensure file names for any documents are clear and put documents in folders associated with the area that will be reviewed, such as all sliding fee-related documents in a folder specific to that requirement. Creating a CHC-specific version of the site visit guide with hyperlinks to particular documents is another approach.
- A good internet connection will be requested since the OSV report is completed online.
- The consultants will want to share their wisdom – accept it humbly even if it doesn't fit the CHC.
- The consultants will be looking for best practices to highlight in the report and CHC staff should be willing to talk up great work that has been done.
- For CHCs with multiple sites, often it is only the clinical consultant who will want to see more than one site. The exception to this is if there are any sites that received NAP or capital funding in recent years. Though the consultants may drive themselves, planning ahead to identify who will do the driving will ensure time is not taken away from the review.
- Often the OSV consultants will want to schedule time with staff when they arrive, rather than doing a lot of pre-scheduling, though they will try to work within the constraints of the staff's schedules (e.g. if the CMO sees patients for part of the day, they will work with that schedule).
- Throughout the OSV, if a consultant indicates there is an unmet requirement, ask for details on how to meet the requirement (e.g. what types of changes might be needed to policy language). The benefits to this approach are: 1) if it is just that the consultant didn't see a document or misunderstood something, it can be cleared up immediately, 2) if it is possible to make the changes while they are onsite it reduces the likelihood of an unmet requirement finding, and 2) it makes completing work to meet any unmet requirements after the OSV easier.

After the OSV

- Fill out the evaluation of the consultants because the feedback is taken seriously.
- Ensure there is time for the board and staff to discuss the outcomes and ensure full understanding of what any findings mean. This could be a meeting scheduled for after the OSV exit meeting or something scheduled for a different day.
- Work with the Northwest Division (NWD) Support Center to understand how any findings will impact SAC applications and to ensure clarity on how to respond appropriately. If needed, speak to the NWD Support Center about any areas of clear disagreement with the OSV consultant findings.
- Be willing to share lessons learned and other tips with peers at other CHCs.