**Facility Site Review**

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **A. ACCESSIBILITY** | **OBSERVATIONS** |
|  | 1. Access for physically challenged | To include: parking spaces near entrance clearly marked, ramps and elevators (if office not on first floor), restroom in close proximity that allows wheelchair access and has grab bars.  (504 compliance) |
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|  | 2. Hours of service available to patients | Posting on wall, pamphlets, phone recording |
|  | 3. Appointments are available: | Access for appointments is available based on medical need. Check appointment scheduler. (NCQA) The goals are as follows: |
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|  | a. Urgent appointments within \_\_\_\_\_days | 24 hours |
|  | b. Non- urgent symptomatic appointment within \_\_\_\_days | 4 days |
|  | c. Routine appointments within \_\_\_\_\_\_days | 14 days |
|  | d. Comprehensive exam within \_\_\_\_\_\_days | 28 days |
|  | e. Evening hours available \_\_\_\_\_days/week | 2 days/week |
|  | f. Weekend hours available \_\_\_\_\_times/month | 2 times/month |
|  | 4. Documentation of patient telephone calls | All patient telephone calls regarding clinical matters are to be documented with date and time of call, action taken, and in notes of the EMR. (NCQA)  Is there a documented policy of how AFTER-HOUR calls are handled? (who responds and how calls are documented) |
|  | 5. Triage system present | Staff able to define protocol for how patient calls are processed per medical necessity. Decision makers clarified. (NCQA)  Does the policy/process include: Who may take the calls, How calls are documented (and become part of the medical record), and How calls are communicated to the Provider. |
|  | 6. Missed appointment system in place | Staff able to verbalize procedure used when a patient misses an appt. |
|  | **B. APPEARANCE** | **OBSERVATION (USE BEST JUDGMENT)** |
|  | 1. Patient use areas are clean and maintained | Waiting room, exam and treatment rooms and restrooms are neat and clean. (NCQA) |
|  | 2. Adequate space in waiting room | Adequate seating/space available to all patients waiting to be seen by provider. (NCQA) |
|  | 3. Adequate number of exam rooms | The number of exam rooms present to accommodate patient flow/volume. (NCQA) |
|  | 4. Name badges worn by all staff | Each staff member and his/her title are clearly identifiable to the patient, and indicate professional title, i.e. RN, NA, MA, MN (Rights/Responsibilities) |
|  | **C. MEDICAL RECORDS** | **OBSERVATIONS** |
|  | 1. The integrity of the medical record is maintained at all times. | Medical records are located out of direct patient/visitor access to protect confidentiality. (NCQA) Designated Confidential Bins are used to dispose of papers with Protected Health Information. Blue Recycle Bins do not contain any papers with PHI. |
|  | 2. Release of medical records | Medical records released by written signature of patient/guardian or legal authority only in keeping with state and HIPAA confidentiality practices.  Requests for copies of records are maintained  Policy/process for release of medical records includes that original copies never leave facility  Is there a documented policy within the office containing all requirements? |
|  | 3. Medical recordkeeping practices | Medical records are organized in a consistent format to allow information to be easily retrievable. (NCQA)  Proper record-retention is adhered to, as required by law  A process for correcting documentation errors and late entries is documented  Transcription and filing are kept up-to-date.  Is there a documented policy within the office containing all requirements? |
|  | **D. HAZARDOUS CHEMICAL PROGRAM** | **OBSERVATIONS** |
|  | 1. MSDS are current and **accessible** for each hazardous chemical stored at site. | All staffs have access and received training for MSDS online. (OSHA) |
|  | 2. Chemicals are labeled with hazardous chemical stickers | All chemicals are appropriately labeled. (OSHA) |
|  | 3. Hazardous chemicals are stored out of direct patient/visitor access. | The public is protected from access to hazardous chemicals. |
|  | 4. There is visible evidence of a Hazcom program | A wall chart describing labeling is present in each site. (OSHA) |
|  | 5. Spill clean up plan | A spill clean up plan has been identified for each chemical and the materials to do the clean up are available at the site. (OSHA) |
|  | 6. Protective equipment available | Recommended protective equipment (goggles, aprons, masks, etc.) are available to all associates for use as needed. (OSHA) |
|  | **E. BLOODBORNE PATHOGEN PROGRAM** | **OBSERVATIONS** |
|  | 1. Appropriate medical waste management program | Each site has disposal containers for needles/syringes/sharps which are puncture proof, leak proof and are color coded in red or labeled with florescent orange “biohazard” warning symbol. Containers should be in good condition and not over filled. Sharp containers should be mounted in a safe location and at a level where the top of container is visible to user. Disposable supplies and other regulated waste must be placed in containers that are closed, leak proof and are labeled with the “biohazard” warning label. Red bags are available in all exam/treatment rooms. Disposal of medical waste to be carried out by a licensed waste management company. (OSHA) |
|  | 2. All sharps are securely stored. | Stock supplies of all sharps are securely stored and inaccessible to patients/visitors. Cabinets/drawers locked when office is closed. (OSHA) |
|  | 3. Personal protective equipment available | Necessary personal protective equipment/supplies appropriate for body fluid exposures are available to all staff. (OSHA) |
|  | 4. Anti-microbial soap is available in pump bottles | Soap is available in non bar form for all associates. (OSHA) |
|  | 5. Laundry stored appropriately | Dirty and clean laundries are stored separately. |
|  | 6. Standard precautions | Standard precautions are used whenever there is contact with blood or other potentially infectious material. (OSHA) |
|  | **F. LABORATORY** | **OBSERVATIONS** |
|  | 1. CLIA certificate posted. | Current CLIA certificate posted in lab area. |
|  | 2. Laboratory refrigerator for blood/body fluids | There is a separate refrigerator for blood and body fluids that has a “biohazard” sticker. No food or medications are to be kept in this same refrigerator. (OSHA, Dept of Health) |
|  | 3. Refrigerator/freezer temperature log | There is a written log documenting the temperature of laboratory refrigerators/freezers. (Dept of Health) |
|  | 4. Point of Care Labeling | Every time a specimen that is going to be tested at the point of care is collected, it is expected to be labeled with the patient’s first and last name and date of birth/M/F number at minimum.   Specimens that will be forwarded to the lab for additional testing must also have date, time of collection, and initials of individual collecting the specimen. |
|  | **G. MEDICATIONS** | **OBSERVATIONS** |
|  | 1. Prescription pads are securely stored | Prescription pads are stored in a locked drawer or cabinet and inaccessible to patients/visitors. |
|  | 2. Medications, including samples, are securely stored | All medications kept on site must be securely stored and inaccessible to patients/visitors. |
|  | 3. Controlled substances are stored in a locked cabinet | Any controlled substances must be stored in a double-locked cabinet. |
|  | 4. Expiration dates are checked and logged. | Expiration dates are checked and logged on a monthly basis for all medications. |
|  | 5. Separate medication refrigerator | There is a separate medication refrigerator that contains no food or bodily fluids. |
|  | 6. Refrigerator/freezer temperature log | There is a written log documenting the daily temperature of medication refrigerators/freezers. |
|  | 7. Multidose vials are dated when opened | A random check of multi-dose vials reveals a date when opened-opened vials to be discarded 28 days from date opened. Exceptions: most immunizations are good until the mfg. exp. date. Also, some expire in *less than*  28 days and those must follow the less-than expiration date. |
|  | 8. Sample drugs | Sample drugs are logged in when received and logged out when dispensed with pt name, medication name, dose, number received, lot number and expiration date  Sample meds are added to the list of medications the patient is currently taking and reconciled by the physician  The patient receives written instructions regarding the use of dispensed sample meds. Instructions are written in a style the patient can understand.  There is a process in place for drug recalls and notification of patients  Controlled substances are not part of the sample medication inventories  There is a periodic audit of medications appropriate for the patient population  There is a list of accepted sample medications for the practice |
|  | 9. Adult meds vs. Pediatric meds | Are stored separately |
|  | 10. Refills | All medication refill requests are approved by the Provider  All refill requests are documented in the patient’s medical record  Patient was seen within the past year for medication refill approvals |
|  | 11. Observation after Medication Given | The patient that receives medication in the office is observed or monitored for a reasonable period of time  There is a process in place to identify medications that REQUIRE monitoring (i.e. Coumadin – PT/INR, Gentamicin – Peak & Trough). |
|  | **H. INFECTION CONTROL** | **OBSERVATIONS** |
|  | 1. Disinfection of patient care areas | Sani Cloth Plus wipes are available in all exam rooms and lab for use in the disinfection of patient care areas. Those practices with “toys” shall have a procedure for routine disinfection. |
|  | 2. Sterilization activities are appropriately monitored | There is evidence that sterilization activities are monitored by biological indicators (spore testing), chemical indicator strips, and instrument log documentation. |
|  | 3. Gluteraldehyde (Cidex) monitoring | Daily gluteraldahyde monitoring for efficacy is performed and logged. Annual environmental monitoring is performed and logged. Appropriate personal protective equipment is available including heavy duty gloves resistant to organic chemicals. (OSHA) |
|  | **I. EMERGENCY PREPAREDNESS** | **OBSERVATIONS** |
|  | 1. Medical emergency procedure posted | All staffs have access and received training to view the medial emergency procedures online |
|  | 2. Epinephrine present | Each office that administers any injectable medication is to have epinephrine available for emergency situations. |
|  | 3. CPR requirements met | All clinical staff should be current on CPR certification-every two years. |
|  | 4. Crash/emergency carts and equipment | All crash/emergency carts secured and have evidence of monthly checks.  If facility has a crash cart, there is at least one ACLS nurse and Provider on duty.  If facility has an AED, all staff is trained on its use. |
|  | 5. CPR mask available | CPR mask available for staff to use to initiate resuscitative breathing. |
|  | 6. Fire extinguisher(s) are accessible and location is marked | Fire extinguisher(s) to be present, on every floor, in office with location clearly marked.  Fire extinguishers are the correct type according to the type of fire (Class A, B, C)  Fire extinguishers are checked monthly to ensure in working order and not expired.  Clinic/Office has at least one fire drill, annually  (National Fire Code) |
|  | 7. Smoke alarm present | Each office is to have at a minimum 1 smoke alarm on each side of a fire door and on each level.  If battery-operated, batteries are changed regularly/checked monthly |
|  | 8. Sprinklers present | Each office is to have automatic sprinklers as **required by their municipality**. (National Fire Code) |
|  | 9. Hallways and emergency exits are unobstructed | Hallways and exits must remain clear, uncluttered and unobstructed. (National Fire Code)  Lighted EXIT signs are in working order  Maps, showing routes of EXIT, is posted  There is more than one EXIT out of facility |
|  | 10. Access to hot water heater | The access to the hot water heater must remain clear, uncluttered and unobstructed. (National Fire Code) |
|  | 11. Safety/fire hazards not present | There is no evidence of overt safety/fire hazards. Examples: frayed electrical cords, loose carpeting/flooring, sharp containers within reach of children etc., play areas with appropriate toys. Fire drills are documented at least yearly. |
|  | 12. Emergency Numbers | All emergency numbers are posted by telephones (Poison Cntrl, Fire, Police, Amb, etc) |
|  | 13. Bathroom Doors | If bathroom doors lock from the inside, a key is readily available to unlock the door from the outside in case of an emergency. |
|  | **J. LICENSURE/CERTIFICATION** | **OBSERVATION** |
|  | 1. Valid licenses and certificates are present for all physicians and staff | All professional licenses and certificates are present on site and available for viewing. |
|  | 2. Skill verification check lists current | There is a skill verification check list for every staff member per policy. (Clinical + lab) |
|  | **K. MISCELLANEOUS** | **OBSERVATION** |
|  | 1. Instruction manuals available for all equipment | Staff is able to readily obtain instruction manual for any piece of equipment to promote safe usage. |
|  | 2. Patient education material available | Immunization and other patient education material available to patients. (CDC) |
|  | 3. Occurrence reporting system in place | Blank occurrence reports are available on site. Staff able to verbalize correct utilization of reports for safety, quality, and risk management issues. |
|  | 4. Medical equipment preventive maintenance performed. | Site has ability to demonstrate compliance with frequency (annual) of electrical and biomedical preventive maintenance. |
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|  | **L. PT SATISFACTION/RIGHTS** | OBSERVATIONS |
|  | 1. System in place to handle complaints | Staff is able to discuss how complaints are handled and when the physician is notified.  This process/policy includes documentation of resolution. |
|  | 2. Procedure in place for terminating physician-patient relationship | Sample termination letter is available; patient is given a minimum of 30 days notice; referral source is provided to pt; letter indicates a copy of medical record will be sent to new physician at no charge with patient’s authorization; copy of the letter and return receipt kept in patient’s record; letter is sent certified |
|  | 3. Billing and Collection practices | Before an account is sent to collections, is it reviewed by the physician? When complications arise, is there a system in place to consider waiving charges? Is Risk Management notified? |
|  | 4. Confidentiality | Has staff received training in confidentiality &HIPAA? Are patient sign-in procedures, relaying test results per telephone, email and fax communications confidential? |
|  | 5. Notice of Privacy Practices and Patient Rights | Is the Notice of Privacy and Patient Rights posted & given to pts? |
|  | 6. Consent Policy | Policy includes a general Consent to Treat, an appropriate consent for minors and a list of invasive office procedures not covered under general Consent to Treat. |
|  | 7. AIDS/HIV Testing Policy | Written consent is required by AIDS Confidentiality Act – was this obtained? |
|  | 8. Same-Sex Staff Member Present | Is there a listing of all exams/procedures which require a same-sex staff member be present? |
|  | **M. TEST TRACKING/LAB RESULTS** | **OBSERVATIONS** |
|  | 1. System for tracking test results | Are all lab results, radiology results, pathology results and consultation reports tracked to insure they are received by the office? Is there a system to insure the physician reviews and initials these result? |
|  | 2. Notification of patients | Are all patients notified of test results? Is this documented? Is there a system to document patient follow-up on test recommendations? Is there a system to document (and follow) patient’s preference of delivery method of test results? (fax, e-mail, etc) |
|  | 3. Noncompliant patients | Is there a system to document patient refusal to follow up on recommendations? |
|  | 4. Point of Care | Clinic performs a “point of care” labeling |
|  | **N. RADIOLOGY – IF APPLICABLE IN LOCATION** | **OBSERVATIONS** |
|  | 1. Pregnancy | The patient was questioned about the possibility of pregnancy prior to x-rays |
|  | 1. Over-Reads | There is a process in place for over-reads, including how to resolve discrepancies |

Copy of Survey Given to: \_\_\_\_\_site manager

\_\_\_\_\_director

\_\_\_\_\_risk management

\_\_\_\_\_safety

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