



NEW SITE OR PRACTICE OFFICE EVALUATION

Practice Name: _____

Practice Site: _____

Group Practice: Yes No Type of Practice: PCP Specialist Specialty: _____

Date of Visit: _____ Review Type: CREDENTIAL- RECREC – REVISIT

Review Person (s) _____

Note: This document is part of the quality assessment activities of TriState PHO and, as such, is a confidential document not subject to discover pursuant to Ohio Revised Code Section 2305.25 and 2305.251. All Committees involved in the review of this document, as well as those individuals preparing and submitting information to such Committees, claim all the privileges and protection afforded by ORC 2305.25, 2305.51 and 2305.28 and any subsequent litigation.

STANDARDS	Yes	No	NA	COMMENTS
BUILDING/FACILITY				
1. Office clearly marked				
2. Adequate parking with spaces for disabled (Please see next criteria)				
3. Disabled accessible (parking, curb ramps, entrance)				
4. Aisles and hallways clear. Facility clean				Re-evaluation in 3-6 months after opening. Then 2 years per policy.
5. Waiting room seating is adequate				
6. Exits are clearly marked <u>and</u> clear of obstruction.				Re-evaluation to be completed in 3-6 months for obstructions. Then in 2 years per policy.
7. Restroom available for patients <u>and</u> handicap accessible				
BACK OFFICE/EXAM ROOMS				
8. Adequate number of clean exam rooms (2/Practitioner) for efficient patient flow.				
9. Equipment used for diagnostic or Therapeutic intervention is clean, inspected on a regular basis, personnel trained in usage				Re-evaluation to be completed in 3-6 months to monitor usage of equipment and cleanliness. Then in 2 years per policy.
10. Items stored (supplies) in a clean and secure location				
11. Hand washing facilities in patient care areas for washing hands between patients				
12. Prescription pad or Syringes are not accessible to public				Re-evaluation to be completed in 3-6 months to observe if prescription pads available to patient and syringe disposal is proper. Then in 2 years per policy.
SAFETY				
13. Hazardous Waste disposal system in place				
14. Procedure for medical emergencies. Staff can articulate the procedures followed and describe the roles and responsibilities of clinical and non-clinical staff.				
15. Sites performing minor surgical or diagnostic procedures using IV sedation have basic Emergency Kit available (O2, Abu bag with facemask, suction, IV Fluids/supplies, adrenaline, atropine) If no IV sedation then epinephrine only. <i>Minor surgical/diagnostic procedures include allergy testing.</i>				

STANDARDS	Yes	No	NA	COMMENTS
16. Needles/Syringes disposed of in sharps Containers and incinerated or collected by medical waste company				
17. Procedure for checking Emergency Kit supplies/crash cart and outdates of it. Equipment pediatric size.				
18. Fire extinguisher visible and inspected annually. Smoke detector/fire alarm?				
19. Staff trained on usage of fire extinguisher				
20. Evacuation Plan posted (if 10 or more Employees)				
INFECTION CONTROL				
21. Sites performing equipment sterilization must have written procedure consistent with directions of the manufacturer				
22. System in place for monitoring expiration dates of sterilized equipment				Re-evaluation to be done in 3-6 months to observe compliance of keeping log. Then in 2 years per policy.
23. Written policy for obtaining and handling of blood and body fluids, including a procedure to follow if exposed				
24. Procedure in common place for handling of exposure to or spill of body fluids.				
PHARMACY/MEDICATIONS				
25. Medications are kept in secure area, not accessible to the public				Re-evaluation to be done in 3-6 months to see if compliant. Then in 2 years per policy.
26. System for monitoring all pharmaceuticals Written policy for disposing of outdated medications				
27. Controlled drugs are locked, counted daily				
28. Log showing when controlled drugs dispensed/wasted				
29. Drugs requiring refrigeration kept in separate refrigerator or on separate shelf				Re-evaluation to be done in 3-6 months to monitor compliance with keeping log. Then in 2 years per policy.
30. Temperature monitored/logged regularly (35-46°F) Varicella kept @ 15° or less				
STAFF				
31. CPR Certification current for at least one staff member during patient hours (check card or other documentation)				
32. Current licensure kept in personnel record				
LABORATORY				
33. Sites with laboratory facilities have current CLIA accreditation (Waived certificate if office does dipstick urine.)				
34. Specimen refrigerator = no meds or food				Re-evaluation to be done in 3-6 months after office open. Then in 2 years per policy.
ACCESS				
35. Telephone response time (within 10 rings/caller on hold no longer than 2 minutes/caller given time to state that being on hold is acceptable)				Re-evaluation to be done in 3-6 months as new office calls would be fewer. Then in 2 years per policy.
36. Number of appts./physician/hour (4 new Patients)				
37. Average waiting time/Waiting room and Exam room (not to exceed 30 minutes)				Evaluation in 3-6 months of initial evaluation as patient population may be increased. Then in 2 years per policy.
38. PCP available to see patients 20 hours per week				
39. 24 hour accessibility (call coverage) After hours coverage (telephone service/pager/machine) Answering machine message(does not direct to ER)				HOW: WHO: Service/Pager/Answering Machine
40. Non-urgent/Routine - w/in 10 working Days				Re-evaluation to be done in 3-6 months as practice patters not yet established. Then in 2 years per policy.

STANDARDS	Yes	No	NA	COMMENTS
REVIEW NEXT TWO APPOINTMENTS AVAILABLE FOR EACH CATATORY:				Office accepting new patients? Yes - No Comment:
41. Non-urgent/symptomatic appointment W/in 24 hours				Re-evaluation to be done in 3-6 months to evaluate appointment book as new book on initial evaluation. Then in 2 years per policy.
42. Urgent appointment – same day or direct to appropriate urgent care facility				
43. Emergency – immediate or direct to ED				
44. Physical Exam – within 30 working days				Re-evaluation to be done in 3-6 months as appointment book too new on initial evaluation. Then in 2 years per policy.
45. Specialist – referral within 2 weeks for first time non-urgent visit				
MEDICAL RECORD KEEPING				
46. Written medical record confidentiality policy in place				
47. Organized filing system for medical records				Re-evaluation to be done in 3-6 months as new practice with limited to no patient records. Then in 2 years per policy.
48. System for storage/disposal of old records				
49. Medical records maintained on site and protected from unauthorized access				
50. Records retained for six years after the last patient encounter and 6 years past the age of majority for minors				
51. Records are kept in jackets labeled with name /number of patient				Evaluate or re-evaluate in 3-6 months as patient records limited at initial evaluation of new office. Then in 2 years per policy.
52. Uniform content and format of records				
Other				
53. Pediatric specific equipment (Family practice or Specialists)				

Other: _____

Total possible for office review = 53

Number of Not applicable (NA) = (_____)

Net Possible = _____ (Total Possible minus NA)

Net Possible times 85% = **Passing Score Minimum Requirement** _____

Total office review yes or score = _____

PASS (Office review meets or exceeds required minimum)

FAIL (Office review did not meet required minimum)