



**Tri State Child Health Services, Inc. Quality Improvement Program
PRACTITIONER OFFICE EVALUATION
Psychiatry/Psychology**

Practice Name: _____

Practice Site: _____

Group Practice: Yes No Type of Practice: Psychiatry Psychology

Date of Visit: _____ Time of Visit: _____ Review Type: CRED - 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 site clearly marked				
2. Adequate parking with spaces for disabled (Also see next)				
3. Disabled accessible (curb ramps, entrance, hallways)				
4. Facility clean				
5. Waiting room seating is adequate				
6. Exits are clearly marked <u>and</u> clear of obstruction.				
7. Restroom available for patients <u>and</u> handicap accessible				
SAFETY				
8. Prescription pads are not accessible to the public. (Psychiatry Only)				
9. Fire Safety available: <ul style="list-style-type: none"> • Fire extinguisher • Smoke detector • Fire alarm 				
10. Evacuation Plan posted (if 10 or more Employees)				
PHARMACY/MEDICATIONS (Psychiatry)				
11. Medications are kept in secure area, not accessible to the public				
12. Controlled drugs are locked, counted daily				
13. Log showing when controlled drugs dispensed/wasted				
ACCESS				
14. 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)				
15. Average waiting time does not exceed 30 Minutes				
16. 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
17. Non-urgent/Routine appointment - offered w/in 5 working days				

Practice Name:				Date:
STANDARDS	Yes	No	NA	COMMENTS
18. Emergent appointment – offered appointment within 4 hours of call.				
19. Referral accepted for children, adolescent, family counseling.				
20. Referral accepted for medication consultation. (Psychiatry Only)				
21. Referral accepted for psychological Testing. (Psychology Only)				
MEDICAL RECORD KEEPING				
22. Written medical record confidentiality policy in place				
23. Organized filing system for medical records				
24. System for storage/disposal of old records				
25. Medical records maintained on site and protected from unauthorized access				
26. Records retained for six years after the last patient encounter and 6 years past the age of majority for minors				
27. Records are kept in jackets labeled with name /number of patient				
28. Uniform content and format of records				

Other: _____

Total possible for office review = 28

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)