

Midlands Choice Office Site Review Criteria

Availability

Indicator	Met	Not Met
1. There are provisions for patient care coverage when the office is closed.	<p>Patient care coverage when the office is closed to include an answering service and a physician available by phone OR specific, clear, documented instructions to patients on how to receive after hours care.</p> <p>To comply with this criteria, both elements (answering service and physician available by phone) must be present OR the patient instructions regarding after hours care must be written in an office brochure/pamphlet/letter given or mailed to all patients or posted in a conspicuous patient care area that is clearly visible and easy to read, (the notice must be visible to the reviewer without direction from the office staff), OR instructions on an office answering machine message.</p>	<p>There are no provisions for patient coverage when the office is closed OR there are no specific, clear, and documented instructions to patients on how to receive after hours care. An entry into the local phone book does not satisfy the criteria.</p>
2. The office has a protocol for scheduling appointments within the guidelines established by Midlands Choice.	<p>Documentation/evidence of a method to triage patients and schedule appointments as follows:</p> <ul style="list-style-type: none"> • Emergency cases are seen immediately • Acute, symptomatic cases seen within 24 hours • Routine symptomatic cases seen within 3-7 days or referred appropriately. • Routine non-symptomatic cases seen within 6-8 weeks <p>To comply with this criterion, the provider's appointment scheduling protocol must be within the time frames outlined above.</p>	<p>There is no documentation/ evidence that an appointment triage system is in place, OR the protocol for scheduling appointments falls below the guidelines established by Midlands Choice.</p>

Midlands Choice Office Survey Criteria

Availability cont'd

Indicator	Met	Not Met
3. The office should be identified externally and office hours should be posted available for view.	There is a sign posted or the name of the practice is located on the door, or building. Office hours can be posted either in the waiting room, on the external entrance door, or in some informational source given to the patient.	The office does not have a sign or the name of the practice is not posted on the entrance door. Office hours are not readily accessible by location in the waiting room, external entrance door, or in an informational source.
4. The office should have protocol (written or verbal) for average waiting time to be less than one (1) hour.	There is an established waiting time to be less than one (1) hour. If the patient can not be seen in that time frame, the patient has been given the option of seeing another provider or re-scheduling.	The office does not have protocol (written or verbal) that patients are seen within an hour of waiting time. The patient is not given the option of seeing another provider or re-scheduling the visit.

Midlands Choice Office Survey Criteria

Physical Accessibility/Safety and Comfort

Indicator	Met	Not Met
1. The office is accessible to disabled patients.	<p>There are no architectural barriers limiting access to the office, exam rooms, and bathroom i.e. stairs. If architectural barriers are present, provisions have been made to accommodate handicapped/disabled patients, i.e. handicapped entrance ramp</p> <ul style="list-style-type: none"> • At least one entry to the office is of sufficient size to accommodate an adult wheelchair (32inches wide) • At least one exam room entry is of sufficient size to accommodate an adult wheelchair (32inches wide) • At least one bathroom is disabled accessible to include an entry of sufficient size to accommodate an adult wheel chair and safety bars 	<p>If there are no provisions for disabled patients as outlined under 'Met', the criteria is not satisfied.</p> <p>To fully comply with this criteria, all elements must be present. If some of the element are present, partial compliance is granted.</p>
2. There are designated parking spaces available for disabled patients.	A parking space indicated by standard disabled parking sign(s) is reserved for disabled patients.	There are no designated disabled parking spaces.
3. The office environment is safe and Hazard free.	Walkways, hallways, entrances, exam or treatment rooms, and patient waiting areas are free of any potentially hazardous obstructions that could result in patient or staff injury, i.e. extension cords, boxes, furniture, equipment, loose flooring.	Walkways, hallways, entrances, exam or treatment rooms, and patient waiting areas are obstructed and there is potential danger to patient and staff safety.
4. The office complies with OSHA Hazard Communication Standards.	The office complies with OSHA Hazard Communication Standards to make sure that all chemicals imported into, produced, or used in the workplace are evaluated and that this hazard information is transmitted to staff through training and appropriate labeling and MSD sheets.	The office does not comply with OSHA Hazard Communication Standards.
5. The office has a plan to address potential violence in the workplace.	The office has assessed the risk of violence in their facility and developed appropriate programs and policies to address the risk.	The office has not addressed workplace violence.
6. There is adequate waiting area seating.	Adequate seating is routinely available to accommodate everyone in the patient waiting area.	On a routine day, there is inadequate seating to accommodate everyone in the patient waiting area.

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Fire/Disaster Planning

Indicator	Met	Not Met
1. The office has a written fire/disaster plan.	<p>A written fire/disaster plan that is documented. This can include the following:</p> <p>Written policy/protocol in an office policy and procedure manual, OR a written memo to staff, OR, a map/diagram posted to indicate fire/disaster escape routes and exits.</p>	There is no evidence of a fire/disaster plan OR the staff is unaware of fire/disaster plan.
2. There is access to a functioning fire extinguisher.	A fire extinguisher is readily available to office personnel (no more than 75 feet from the office), AND , the fire extinguisher has a current inspection tag (within the past year), AND , the office staff can demonstrate knowledge of where the fire extinguisher is located.	There is no fire extinguisher with a current inspection tag available, or the staff cannot demonstrate knowledge of where the extinguisher is located.
3. Exits are marked.	Exits are clearly marked with standard exit signs. Exit signs must be visible to the reviewer without direction from the office staff. Doors that could be confused with an exit are clearly marked "Not An Exit".	Exits are not marked OR they are not marked clearly with standard exit signs OR the exit signs are not clearly visible to the reviewer. Doors that can be confused with an exit are not clearly marked "Not An Exit".
4. Staff is trained on fire/disaster plan.	There is evidence/documentation that office personnel are trained on the fire/disaster plan when hired and receive follow up training on a yearly basis.	There is no evidence that training is done when office personnel are hired or on a yearly basis thereafter.

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Infection Control

Indicator	Met	Not Met
1. Hand washing facilities are readily available to patients and staff.	<p>Each examining room contains or has ready access to facilities that allow convenient hand washing between patients. This would include a sink, running water, antibacterial soap, and paper towels.</p> <p>Each bathroom contains a sink, running water, soap, and paper towels.</p>	<p>The exam rooms do not contain a sink, running water, antibacterial soap, and paper towels nor is there ready access for the staff to conveniently wash their hands between patients.</p> <p>Each bathroom does not contain a sink, running water, soap, and paper towels.</p>
3. Non-sterile patient care articles are clean.	Used patient care articles such as examination and pillow covers, patient gowns, etc. are discarded or sanitized between patient use.	Used patient care articles are not discarded or sanitized between patient use.
4. Infectious materials are handled safely.	Office staff can demonstrate or explain how infectious materials contaminated with blood/body fluids are discarded separately, bagged, and identified as 'Hazardous Waste'. And, staff can locate personal protective equipment, i.e., gloves, gown, goggles, etc.	<p>The reviewer does not receive an explanation of how infectious materials are separated from other trash, bagged, and labeled. Or, staff can not demonstrate that they know where personal protective items are found.</p> <p>To be fully compliant with this criteria, all elements under 'Met' must be present. If some of the elements are present, partial compliance is granted.</p>
5. Needles are disposed of in a safe manner.	Evidence that needles are not bent, broken or removed from syringes before disposal AND evidence that needles are disposed in a rigid, labeled, color-coded, leak proof container that can't be punctured, and the container is sealed before being discarded.	Office staff is not able to verbally confirm or demonstrate that needles are disposed of without being bent, broken, or removed from syringes, nor is there a labeled, color-coded, leak proof, rigid, and sealed container for disposal of needles and syringes.
6. Invasive medical equipment is sterilized.	Evidence that invasive medical devices/equipment used for patient treatment/diagnosis are either individually disposable, routinely autoclaved, or chemically sterilized before use.	No evidence that invasive medical devices/equipment used for patient treatment/diagnosis are either individually disposable, routinely autoclaved, or chemically sterilized before use.
7. Non-invasive medical equipment is cleaned.	Evidence that non-invasive medical devices/equipment (reflex hammer, stethoscope) used for patient treatment/diagnosis are cleansed with a detergent or as recommended by the manufacturer.	No evidence that non-invasive medical devices/equipment used for patient treatment/diagnosis are cleansed with a detergent or as recommended by the manufacturer.

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Infection Control cont'd

<p>8. The office has documented infection control policies/procedures.</p>	<p>There are written infection control policies/procedures to include Universal Precautions' concepts and OSHA Guidelines. AND, the policies/procedures are reviewed and updated annually.</p>	<p>There are no documented infection control policies/procedures including the Universal Precautions' concepts and OSHA Guidelines or they are not updated and reviewed annually.</p> <p>To fully comply with this criteria, all elements under 'Met' must be present. If some of the elements are present, partial compliance is granted.</p>
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Medication Control

Indicator	Met	Not Met
1. Controlled substances (Schedule I-V) administered to patients are logged.	<p>A log tracking the administration of controlled substances to patients is maintained in a complete and accurate manner to include:</p> <ul style="list-style-type: none"> * Name of drug * Dosage * Unique patient identifier * Name of person dispensing the drug * Date drug dispensed * Quantity dispensed 	<p>A log tracking the administration of controlled substances to patients is not maintained.</p> <p>To fully comply with this criteria, all elements under 'Met' must be present. If some of the elements are present, partial compliance is granted.</p>
2. There is a procedure for periodically accounting for controlled substances.	Evidence that controlled substances are periodically counted or otherwise reconciled with the controlled substance log.	There are no provisions for accounting or reconciling controlled substances.
3. Controlled substances are secured.	Controlled substances are kept in a locked drawer or cabinet. Access to the locked drawer or cabinet is restricted to authorized staff, i.e. a narcotic key assigned to one (1) authorized person who carries the key at all times.	Controlled substances are not kept in a locked drawer or cabinet, OR access to the locked drawer or cabinet is not restricted to authorized staff, OR individuals not authorized to have access to the locked cabinet can easily obtain access (key hanging next to locked drawer).
4. Sample drugs are current.	A random review of sample medications (a maximum of 10) in the office does not reveal an expired date on any medication. The sample drugs are to be checked at least quarterly (every 3 months) for expiration.	<p>A random review of sample medications (a maximum of 10) in the office reveals an expired date on a medication. The sample drugs are checked for expiration dates > every quarter (every 3 months.)</p> <p>Not applicable if the office does not store sample medications.</p>

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Medical Emergency Procedure and Supplies

Indicator	Met	Not Met
1. The office has a policy and procedure regarding medical emergencies involving a patient or staff member.	There is evidence of a written policy and procedure for handling a medical emergency which includes the initiation of CPR and a process to obtain medical emergency assistance.	There is no written evidence that a policy or procedure exists for handling a medical emergency or the procedure does not include initiation of CPR and a process to obtain medical emergency assistance.
2. Office staff is CPR certified.	There is at least one staff member available during patient care office hours that has a current CPR certification.	A staff member with current CPR certification is not available during patient care office hours.
3. The office has basic medical emergency supplies.	<p>Medical emergency supplies are available to include oxygen, an ambubag, and/or protective CPR devices for adults, children, and infants. The supplies should be readily available and kept in a safe manner. (If the clinic is located within the hospital then oxygen is not required in the clinic if it is available through the hospital.)</p> <p>Oxygen is stored securely fastened in an upright position and clinic staff should be aware of where it is stored.</p> <p>If the office has a defibrillator/AED, there is a procedure to routinely conduct scheduled and preventive maintenance checks according to the manufacturer's recommendations.</p>	<p>Medical emergency supplies do not include oxygen, ambubag or infant, adult/pediatric protective CPR devices.</p> <p>This criteria is not met if the office has emergency supplies, however, they are not readily available to the staff.</p> <p>And oxygen is not stored safely, i.e., secured in an upright position.</p> <p>There is no policy/procedure for checking defibrillator/AED on a routine basis.</p>
4. Office staff is educated on medical emergency policies and procedures.	There is evidence/documentation that office personnel are trained on the medical emergency policies and procedures when hired and receive follow up training on a yearly basis.	There is no evidence/documentation that office personnel are trained on the medical emergency policies and procedures when hired and receive follow up training on a yearly basis.
5. Medical emergency supplies and drugs are current.	A random review of emergency drugs or supplies (a maximum of ten will be reviewed overall) does not reveal an expired date on any emergency drug or supply.	<p>A random review of emergency drugs or supplies (a maximum of ten will be reviewed overall) does reveal an expired date on any emergency drug or supply.</p> <p>Not applicable if the office does not have emergency drugs or supplies.</p>

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Laboratory Service Department

Indicator	Met	Not Met
1. Laboratory has a specific work space.	The laboratory work space is separate from the patient waiting area and exam/treatment rooms. The laboratory is clean with no obvious specimen spills.	The laboratory work space is not separate from the patient waiting area and exam/treatment rooms and/or there is evidence of specimen spills.
2. The laboratory has written policies and procedures.	There is a written laboratory policy and procedure manual. The manual may include policies and procedures for tests conducted by the laboratory such as collecting, labeling, preserving and preparing the specimens; STAT specimens; instrument calibration, infection control, and testing for accuracy.	There is no written policy and procedure manual.
3. Equipment is cleaned, calibrated, and checked on a routine basis.	There is a procedure for cleaning, checking, and calibrating equipment on a regular basis.	Equipment is not cleaned, checked or calibrated on a regular basis.
4. There is a separate refrigerator for specimens and medications.	There are separate refrigerators for specimens and medications, and staff has a separate refrigerator for food items.	There are not separate refrigerators for specimens and medications and staff food items.
5. The lab/medication refrigerator is monitored to assure that the temperatures remain in appropriate range.	There is evidence that the refrigerator is monitored for temperature.	There is no evidence that the refrigerator is monitored for temperature.
6. The laboratory has complied with CLIA requirements.	<p>Each laboratory must provide evidence of one of the following:</p> <p>*A CLIA Certificate of Waiver, <u>OR</u></p> <p>*CLIA Certificate of Compliance or Accreditation from the Health Care Financing Administration (HCFA), <u>OR</u></p> <p>*Application having been made for a Clinical Laboratory Improvement Amendment (CLIA) registration certificate.</p>	The office staff is unable to produce evidence of a CLIA Certificate of Waiver, or a CLIA Certificate of Compliance or Accreditation from the Health Care Financing Administration (HCFA), or an application having been made for a Clinical Laboratory Improvement Amendment (CLIA) registration certificate.

Midlands Choice Office Survey Criteria

Radiology Service Department

Indicators	Met	Not Met
1. The radiology service area has a specific work space.	The radiology service area is separated from the patient waiting area(s) and exam/treatment rooms.	The radiology service area is not separated from the patient waiting area(s) and exam/treatment rooms.
2. A current license/certificate is posted.	A current license/certificate of registration from the State is posted or available.	A current license/certificate of registration from the State is not posted or available.
3. The radiology equipment has a current State inspection that shows no deficiencies.	Evidence that a State inspection of the radiology equipment has been performed within the prior two (2) years and no deficiencies have been found. This standard is not applicable if an inspection has not been conducted.	The State has inspected the equipment within the past two years and deficiencies were noted.
4. Radiology equipment is maintained in proper working order.	Documentation of inspection and maintenance of radiology equipment in compliance with the manufacturers written recommendations.	There is no evidence of inspection and maintenance of radiology equipment in compliance with the manufacturers written recommendations.
5. Radiology staff is qualified to provide x-ray services.	X-ray system operators or technicians will provide evidence of a State license or certificate.	X-ray system operators or technicians cannot provide evidence of a State license or certificate.
6. Warning signs are posted.	A posted warning sign cautioning pregnant women. The sign must be clearly visible to the reviewer without direction from the staff.	There is no posted warning sign cautioning pregnant women or the posted warning sign is not clearly visible.

Midlands Choice Office Survey Criteria

Medical Record Keeping

Indicator	Met	Not Met
1. Each patient has an individual medical record.	<p>An individual medical record, separate from any other patient's record, (progress notes and all supporting documentation) is present for each patient.</p> <p>One folder for a family is acceptable if progress notes and all supporting documentation for each family member is separated and clearly marked within the folder.</p>	Each patient does not have an individual medical record, i.e. his/her progress notes and supporting documentation is combined with other patient's records.
2. Individual medical records are organized and secure within a folder.	Individual medical records are organized to provide efficient, consistent, and accurate access to patient information. For example, patient folders contain dividers, tabs, clips, etc. separating progress notes, diagnostic testing results, problem list, etc. AND medical records are secured within the folder to prevent loss.	There is no method to organize Individual medical records in a consistent manner, OR medical records are not secured.
3. Medical records contain consistent and standard documentation.	<p>The office staff is able to demonstrate that the following is consistently documented in all patient medical records:</p> <p>*Problem List, AND</p> <p>*Patient registration and demographics, AND</p> <p>*Allergies and adverse reactions</p>	The office staff is not able to demonstrate that a problem list, patient registration and demographics, and allergies/adverse reactions are consistently documented.
4. Medical records are kept in an organized and systematic manner.	The office staff can demonstrate that medical records are filed and stored in a systematic manner. This would include alphabetical order, color coded, numerical order based on medical record numbers, or computerized medical record keeping.	The office staff cannot demonstrate a systematic method for medical record keeping.
5. Medical records are secure and accessible only to authorized staff.	<p>*Stored in an area separate from the patient waiting, treatment, and exam areas, OR</p> <p>*Stored in an area that can be locked, or stored in locked cabinets.</p>	Medical records are not secured in an area separate from the patient waiting, treatment, and exam areas OR are not stored in an area that can be locked or in locked cabinets.