



## GUIDELINES FOR PRACTITIONER SITE EVALUATION

*\*Indicates critical items that will result in an action plan and follow-up visit if not met.*

### Accessibility/Availability

1. Is parking convenient?

Yes: Parking can be in a garage or surface parking. It should be easily identified, easily negotiated and ample enough to accommodate the offices it serves.

No: The parking is not well identified, in poor shape, difficult to enter or not large enough to accommodate the customers.

2. Is the site handicap accessible?

Yes: Handicap parking is easily identified and adequate for the volume. An access ramp is available. Office setup is accessible to handicap patients. Appropriate measures for handicap access are available.

No: There is no handicap parking; handicap parking is not easily identified and is not adequate; there is no access ramp available; or office setup is not accessible to handicapped patients. Practitioner does not have any plan to accommodate handicap clients.

3. Is the entrance identified?

Yes: The building and/or office are identified with a prominently displayed sign. The entrance is easily identified. If office is in a building, the practitioner's name is on the building directory.

No: The building and/or office are not identified with a prominently displayed sign; the entrance is **not** easily

identified; the practitioner's office is in a building but the practitioner's name is **not** on the building directory.

4. Are hours of service communicated to patient?

Yes: There is communication with patients regarding access to services during office hours either in writing, on the door or on the voice message.

No: There is **no** evidence of office hours being communicated to the patients.

5. Is the office able to schedule a new & established appointment within 7-10 days?

Yes: The office is able to offer an appointment for routine care within 7-10 days.

No: The office is **unable** to offer an appointment for routine care within 10 days.

6. Is the office able to schedule a new and established urgent appointment within 48 hours?

Yes: The office is able to offer an urgent care (acute) care appointment within 48 hours.  
(Review of appointment book/schedule may be beneficial.)

No: The office is **unable** to offer an urgent (acute) care appointment within 48 hours.

7. Are you accessible for a non life-threatening emergency appointment within six hours for established patients?

Yes: In an emergency, the practitioner sees the patient the same day, or talks to the patient in person, triages and refers patient to an appropriate colleague or crisis facility.

No: The practitioner is **unable** to see the patient the same day or talk to the patient in person and refer patient to an appropriate colleague or crisis facility.

**Emergency Coverage (Directions only to call 911 or go to the nearest ER are not Acceptable)**

\*8. Explain your After-Hour Emergency coverage:

Yes: There is information regarding access to a treating practitioner or back-up practitioner for an after-hour emergency situation. This information is available to all patients. A recording to go to the emergency room or call 911 after hours is not acceptable.

.No: There is **no** information regarding access to mental health services after office hours or in an emergency situation. There are **no** arrangements for on-call coverage. There is a recording to go to the emergency room or call 911 after hours instead of a number for an on-call practitioner.

\*9. Explain your coverage when unavailable due to illness/time off:

Yes: There is information regarding access to a treating practitioner or back -up practitioner when practitioner is either ill or planning to take time off. This information is available to all patients. A recording to go to the emergency room is not acceptable.

No: There is no information regarding access to a treating or back-up practitioner when practitioner is either ill or has taken time off. There is a recording to go to the emergency room during this timeframe instead of a number for an on-call practitioner.

## Waiting Area/Office Environment

10. Is the office clean and unobstructed?

Yes: The waiting area and the offices are neat and clean. These areas appear to be cleaned regularly and are free of excessive clutter. For example, the trash can is not overflowing.

No: The waiting area and/or the offices are **not** neat and clean. These areas do **not** appear to be cleaned regularly and are **not** free of excessive clutter.

11. Is there adequate waiting room space with comfortable seating?

Yes: There is an adequate and comfortable waiting room and seating space.

No: There is **not** an adequate and comfortable waiting room and seating space.

12. Are there current multipurpose OSHA approved fire extinguishers?

Yes: There is a Category C (Multipurpose) fire extinguisher that is checked annually.

No: There is no fire extinguisher, it is not a multi-purpose extinguisher, or it has not been checked within the last year.

13. Are the fire exits identified?

Yes: Practitioner's office has fire exit signs that are visible.

No: Practitioner's office **does not** have fire exit signs that are visible.

14. Are smoke detectors present?

Yes: Practitioner's office has a smoke detector that is in operation. (Batteries should not be dead)

No: Practitioner's office **does not** have a smoke detector or one that is in operation. (Batteries are dead)

### **Patient Risk Minimization**

\*15. Is there a mechanism for tracking cancellations and no shows for ensuring patient safety?

Yes: The office has a procedure for tracking cancellation and no shows for ensuring patient safety.

No: The office **does not** have a procedure for tracking cancellation and no shows for ensuring patient safety.

\*16. Is the office set up to maintain patient confidentiality, i.e., telephone conversations with patients are private?

Yes: Office is set up to maintain patient confidentiality. Telephone conversations are kept private and patient names are not used around non-office staff.

No: Office **is not** set up to maintain patient confidentiality. Telephone conversations can be overheard, and patient names are used around non-office staff.

\*17. Does the procedure for release of medical information meet state guidelines?

Yes: Practitioner's office has and uses a release form that meets state guidelines regarding sending or obtaining medical records to/from another provider, the specific information being exchanged, and an expiration date for the consent.

No: Practitioner's office **does not** have a form or the form does not meet state guidelines regarding the above requirements.

\*18. Are medical records stored in a secured place?

Yes: Practitioner's office has a secured place for the storage of medical records.

No: Practitioner's office **does not** have a secured place for the storage of medical records.

\*19. Is there communication with other treating professionals as appropriate?

Yes: Practitioner's office has a process to communicate with other treating professionals.

No: Practitioner's office **does not** have a process to communicate with other treating professionals.

\*20. Is there a confidentiality statement that all employees, including billing assistants, sign?

Yes: Practitioner's office has a written confidentiality statement and the staff is aware of the policy.

No: Practitioner's office **does not** have a written confidentiality statement and the staff is **not** aware of the policy.

NA: There is no staff. The clinician is the only one in the office; schedules his/her own appointments and does his/her own billing.

\*21. Are sample drugs locked (if applicable)?

Yes: All sample drugs are locked and accessible only to appropriate office personal.

No: Sample drugs **are not** locked. They are easily accessible to others.

NA: The office has no sample drugs.

\*22. Are narcotics double locked (if applicable)?

Yes: All controlled substances (narcotics) are clearly labeled and double locked.

No: All controlled substances (narcotics) **are not** clearly labeled and double locked.

NA: The office does not have any controlled substances (narcotics). (Controlled substances include Tylenol #3, Valium, Morphine, etc.)

\*23. Are drugs inaccessible to the patient population?

Yes: Drugs are kept in a locked cabinet with no patient access.

No: Drugs **are not** kept in a locked cabinet and/or patients may have access to these drugs as they are not in a secured location.

NA: The office has no sample drugs.

\*24. Is there a system in place for documenting the patient name, the drugs dispensed, amount dispensed, the lot number, the date of dispensing, and name of person dispensing?

Yes: There is a system in place indicating the patient name, the drug dispensed, amount dispensed, the lot number, the date of dispensing, and the name of person dispensing.

No: There is **not** a system in place indicating drug dispensed, amount dispensed, date of dispensing and the name of the person dispensing.

NA: The office does not have any drugs to dispense.

\*25. Are prescription pads secured, not pre-signed or pre-stamped?

Yes: Prescription pads are inaccessible to patients (not left in the open for one to pocket). Pads are not pre-signed or pre-stamped.

No: Prescription pads are accessible to patients; they are left in the open. Pads are pre-signed or pre-stamped.

NA: The office does not have any prescription pads.

\*26. If injections are given or blood drawn in the office, are OSHA standards for disposal of needles and syringes and blood-borne pathogens met?

Yes: Practitioner's office has a proper method for the disposal of needles and syringes and uses Universal Precautions.

No: Practitioner's office **does not** have a proper method for the disposal of needles and syringes and does not use Universal Precautions.

NA: Practitioner's office does not use needles or syringes. Policy and procedures for blood-borne pathogens do not apply.

\*27. If injections are given or blood drawn in the office, do you have a policy and procedure regarding the control of Blood-borne pathogens?

Yes: Practitioner's office has a proper method for the disposal of needles and syringes, and the office has policies and procedures for blood-borne pathogens.

No: Practitioner's office **does not** have a proper method for the disposal of needles and syringes and does not have policies and procedure for blood-borne pathogens.

NA: Practitioner's office does not use needles or syringes. Policy and procedures for blood-borne pathogens do not apply.

### **SCORING GUIDELINES**

Every numbered question must have a response. N=27

Subtract the number of NA's from total possible score of 27: \_\_\_\_\_

Count up the number of YES responses: \_\_\_\_\_

Divide the number of YES responses by the total number of applicable questions:

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Convert score to a percent

Mark form as "P" or "F" depending upon the score; 85% and up = Passing

### **ACTION PLANS:**

Offices failing the site visit will receive a notification indicating the deficiencies. They will be asked to submit evidence of correction once complete.

Items with an asterisk (\*) that do not have a "yes" or "NA" answer may require an action plan and possibly a follow-up visit in six months. The practitioner may receive a letter notifying him/her what deficiencies need addressing in the action plan. The plan must be submitted in writing to Network Services within 30 days.

A follow-up visit may be scheduled within six months to verify that the deficiency(s) has been corrected. If the practitioner does not pass the site visit the second time, he/she will be notified in writing of a failing score and withdrawn from the network.