

Attachment #6

Provider Site Evaluation Form

Initial Credentialing: _____ Recredentialing: _____ New Location: _____ C&G: _____

Date of review: ____/____/____

Provider Name: _____

Practice Name: _____

Tax ID#: _____ Vistar ID# _____

Address: _____

Phone #: _____ Fax# _____ Email: _____

Names and specialties of other providers in practice:

Name	Specialty

Practice Medical Director: _____

Professional Staff (indicate total #): _____

P.A. _____ N.P. _____ R.N. _____ M.A. _____ Administrative _____

Office Hours:

Date of Next Available Appointment:

Monday		New Pt. H&P	
Tuesday		Est. Pt. Routine	
Wednesday		Non-Urgent Care	
Thursday		Urgent Care	
Friday			
Saturday			
Sunday			

Answering Service: Yes ____ No ____ If yes, name and phone number of answering service: _____ (____)

Office Contact Person: _____

Provider Site Evaluation Form

Accessibility	Yes	No	N/A	Weight
1. Are handicapped parking spaces identified as such? (Parking areas should have marked spaces for disabled persons with handicapped van accessibility. There should be at least 1 space)				1.0
2. Do wheelchairs have easy access to the building and office? (There should be an unobstructed route to the building entrance, with access including a ramp, a door wide enough, and/or automatic doors or door handles that are easy to grasp and use)				1.0
3. Can wheelchairs move freely within the office and exam room? (Wheelchair mobility should not be obstructed or difficult)				1.0
4. Can the elevator be operated from a wheelchair? (If present, should be equipped for use by those in wheelchairs)				1.0
5. Are public restrooms handicapped accessible and do they have handrails? (Restrooms should be located in a reasonable area for access and equipped for a patient in a wheelchair)				1.0
Facility	Yes	No	N/A	Weight
1. Does it appear as though housekeeping as been performed on the inside of the office? (The inside of the office should be well maintained and in a safe condition)				1.0
2. Is there adequate waiting room space for volume of patients? (Enough space & chairs to comfortably accommodate the volume of patients)				1.0
3. Is the waiting area clean? (Lighting should be adequate for reading, room should be well ventilated with functioning HVAC)				1.0
4. Are floors slip/trip free surfaces?				1.0
5. Is there at least one exam room per physician?				1.0
6. Are all exam rooms designed for privacy?				1.0
7. Are all exam rooms clean and orderly?				1.0
8. Are hand washing facilities and supplies in close proximity to the exam room?				1.0
9. Is the exam table paper changed between patients?				1.0
10. Are patients furnished with drapes/gowns?				1.0
11. Is the exam room equipment clean and in working order (i.e.: thermometer, BP cuffs, and sphygmomanometers, dressing trays, otoscopes etc.)				1.0
12. Does it appear as though routine maintenance has been performed on the outside of the office?				1.0
Facility Technology	Yes	No	N/A	Weight
1. If there is onsite radiology is there a Maryland state license of equipment posted? <i>Last inspection date:</i>				1.0
2. If there is mammography on site, is there a license posted for the equipment? <i>Last inspection date:</i>				1.0
3. Is the CLIA license or state of Maryland lab license displayed or available for an auditor? <i>Expiration Date or date of last audit:</i>				1.0

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Emergency	Yes	No	N/A	Weight
1. If emergency kit is present, is it accessible, checked and initialized? (A first aid kit is highly recommended)				1.0
2. Is at least one emergency trained (CPR, etc) personnel member on site during hours of operation?				1.0
Pharmaceuticals	Yes	No	N/A	Weight
1. Are prescription pads kept in a secure area away from patients? (Should be kept secure with limited access to authorized persons)				1.0
2. Are drugs, including samples, stored in a lockable cabinet or room? (All drugs should be kept in a secure location with limited access)				1.0
3. Is there a mechanism in place for checking drug expiration dates on a monthly basis?				1.0
4. Multidose injectable medication vials are discarded according to the expiration date on the vials. (Multiple use vials are discarded within one month of open date or documentation exists that medication is viable)				1.0
Infection Control	Yes	No	N/A	Weight
1. Do all waste cans have liners?				1.0
2. Is there evidence of procedure for safe, tamper-proof disposition of syringes and needles? (The office has procedures for the disposition of syringes and needles in accordance with OSHA standards and state regulations)				1.0
3. Is the evidence of proper biohazardous material disposal? (Biohazardous medical waste must be disposed of properly in accordance with OSHA standards and state regulations) Name of Biohazardous Waste Hauler? _____ If they do not utilize one, how do they dispose? (i.e.: take to local hospital? Cannot throw into the dumpster.)				1.0
Safety	Yes	No	N/A	Weight
1. Are exit signs visible? (Exit signs should be clearly marked)				1.0
2. Are fire extinguisher(s) easily accessible and there is evidence that they have been checked?				1.0
Expiration Date:				
Appointment Accessibility	Yes	No	N/A	Weight
1. Are emergent needs immediately assessed/referred/treated?				1.0
2. Is urgent care assessed/referred/treated within 24 hours?				1.0
3. Is non-urgent care (symptomatic) within 7 calendar days?				1.0
4. Are routine health assessments (symptomatic) within 90 days?				1.0
5. Are histories and physical exams within 90 calendar days?				1.0
6. Is there a written policy for urgent and non-urgent telephone response times? If not written, explain policy:				1.0
7. Is there a written policy for patient waiting time for scheduled appointments? If not written, explain policy:				1.0
8. Is there a procedure addressing physician coverage including after-hours and emergency coverage?				1.0

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Patient Rights	Yes	No	N/A	Weight
1. Does staff maintain a courteous and professional manner?				1.0
2. Is there a policy in place which addresses patient complaints/concerns? <i>Explain:</i>				1.0
3. Are there provisions for non-English speaking patients? (Does the office provide interpreting services, or do they require an interpreter be brought by the patient)				1.0
4. Are there provisions for visually and/or hearing impaired patients? (The office can accommodate and service visually and/or hearing impaired persons in accordance with the Americans with Disabilities Act.)				1.0

(A) Paper Chart _____ (B) EMR (Electronic Medical Record) _____

Medical Record Keeping	Yes	No	N/A	Weight
1a. Is there a process in place which provides patient confidentiality and medical record security?				1.0
1b. Is the EMR password protected, and there is a Firewall/Security System in place, and patient information is not left unattended on the computer screen? (Screensaver should be utilized)				
2a. Are medical records easily retrievable at the time of patient encounter and for administrative purposes?				1.0
2b. In the event of a power failure, does provider have a backup paper chart? How often is all data backed up? _____ How are specialists consult reports/results stored if paperless? Is it scanned or a separate paper chart is kept?				
3. Do all pages contain patient name or ID#?				1.0
4a. Is there one patient in each chart?				1.0
5. Is the patient's address present?				1.0
6. Is the patient's home phone number present?				1.0
7. Is the patient's work phone number present?				1.0
8. Are the patient's age, sex, and marital status present?				1.0
9. Is the patient's employer name present?				1.0
10a. Is there author identification on each entry? (Every entry must contain handwritten initials or signatures, which are legible. Includes chart notes, nurses notes, vital signs, medications, etc.)				1.0
10b. Is the author identified in an EMR record, if so, how? <i>Explain:</i>				
11. Are all the entries dated? Is the file in chronological order? (All entries in the chart must be dated)				1.0
12a. Is the record legible?				1.0
13. Are medical records organized, permitting effective patient care and quality review? (Records must be uniform, detailed, current, organized, and must permit effective patient care and quality review.)				1.0
14a. Are all documents medical record securely attached in				1.0

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Medical Record Keeping	Yes	No	N/A	Weight
chart? (There should be no loose pages in the record. If a post-it is used, it must be secured in the chart)				
15. Is there a completed problem list, which states significant illness and medical conditions? (Significant medical conditions are indicated on a problem list. This provides the patients health at a glance. If the patient has no significant illness, then "healthy male or female" could be documented to indicate that the patient was evaluated. Could also document "health maintenance" if only in for a complete medical exam. Documentation of each patient encounter should include the reason for the encounter and relevant history, the physical exam findings, prior diagnostic tests results, an assessment, clinical impression or diagnosis, and the plan for care. The person recording the patient's vital signs should record the Chief Complaint as a concise statement describing the symptoms, problems, conditions, diagnosis, physician-recommended return, or other factor that is the reason for the encounter.)				1.0
16. Are allergies and adverse reactions to medications, or the lack thereof (NKA), prominently displayed? (Medication allergies and adverse reactions as well as "NKA" or "NKDA" should be prominently noted in the chart)				1.0

Yes= _____ # No= _____ Total (Y +N) = _____ Total Score (# Yes/Total x 100) = _____

Pass: _____ (80-100%) Fail: _____ (79% or below)

Corrective Action Plan Required if Failed.

Describe: _____

Site Review

Completed by: _____ Date: _____

Signature of
 Provider/Individual

Assisting with Review: _____ Date: _____

Signature of

Dir. Provider Relations: _____ Date: _____