
Practitioner Office Survey Standards

Environment

A.

Access

1. The practitioner's office must be adequately marked and easily identified from the street.

Score Yes:	The building and/or office is identified with a prominently displayed sign. The entrance is easily identified. If the office is in a building, the practitioner's name is on the building directory. Two of these three requirements must be met to receive a score of yes.
Score No:	The building and/or office is <u>not</u> identified with a prominently displayed sign; the entrance is <u>not</u> easily identified; the practitioner's office is in a building and the practitioner's name is <u>not</u> on the building directory. Meets none or only one of the three requirements.

2. Parking must be available and designated.

Score Yes:	Parking may be in a garage or surface parking. A single practitioner may have three or more spaces, while a larger practice will require more spaces. (This is usually a function of office complex management.) Handicap spaces must be designated.
Score No:	The parking was <u>not</u> adequate as indicated above.
Score N/A:	Office is located in a metro-downtown area (e.g. NYC, Boston, San Francisco. Designation at the discretion of the Quality Improvement/Care Coordination Committee).

3. Buildings must have appropriate access and accommodations for the handicapped.

Score Yes:	Handicapped building access is easily identified. An access ramp is available. Handicap access is available to rest rooms. Two of these three requirements must be met to receive a score of yes.
Score No:	Handicapped building access is <u>not</u> easily identified; there is no access ramp available; there are no handicapped accommodations. Meets none or only one of the three requirements.

B. Lobby/Office

1. Office hours must be posted and easily identifiable.

Score Yes:	There is information regarding access to health care services during office hours. This information is available to all patients. The informational instructions can be in the form of a brochure, sign, appointment card, or text of a recording. If the information is in a form of a brochure, the reviewer must know the procedure used to ensure all patients receive this information.
Score No:	There is <u>no</u> information regarding access to health care services during office hours; office hours are <u>not</u> posted. No procedure is in place to ensure all patients receive this information.

2. Seating must be adequate and proportional to the size and type of practice.

Score Yes:	Observe the seating arrangements while in the waiting room. Note if patients are required to stand. Family members, not patients, may be required to stand.
Score No:	Seating is inadequate.

3. The lobby/office/rest rooms must be clean, orderly and well maintained.

Score Yes:	The area is neat and clean. This area is cleaned regularly and is free of excess clutter. If toys are available, they are clean and in good repair.
Score No:	The areas are <u>not</u> clean, orderly and well maintained. This area does <u>not</u> appear to have been cleaned regularly and is <u>not</u> free from excess clutter.

4. The exits must be adequately marked and in keeping with local requirements and fire codes.

Score Yes:	The exits are adequately marked and in keeping with the local requirements and fire codes. The building or office complex management is generally responsible for meeting this standard.
Score No:	The exits are <u>not</u> marked.

5. There is a no-smoking policy in effect for patients and office staff.

Score Yes:	A no-smoking policy is in effect for the entire office (including the waiting room, examining room and other staff areas and offices) with "no smoking" signs posted
Score No:	A no-smoking policy is not in place or not enforced for the entire facility or there is no signage.

C. Examination Room(s)

1. The examination rooms must be clean and orderly with adequate spacing.

Score Yes:	The examination rooms are neat and clean. These areas are cleaned regularly and are free of excess clutter. Medical supplies from prior patients have been removed.
Score No:	The examination rooms are <u>not</u> clean, orderly and well maintained. These areas do <u>not</u> appear to have been cleaned regularly and are not free from excess clutter. Medical supplies from the previous patient have been left in the room.

2. All supplies stored above floor level. No patient supplies stored under sink (MDCH requirement).

Score Yes:	All patient care supplies should be kept above floor level and should not be stored under sinks.
Score No:	Patient care supplies are placed directly on the floor or are located under sinks.

Administrative

A. Policies and Procedures

1. Practitioner Office Internal Policies and Procedures:
- a. All patient files and appointment books must be kept confidential.

Score 1 or 2	<ul style="list-style-type: none">The patient files and appointment books are maintained in an area that is monitored by the office staff and are not freely accessible to patients. (Medical records are generally kept behind the receptionist's desk or counter.) Medical records are kept locked during non-business hours.There must be a written confidentiality policy that includes a signed statement by each staff member that has access to medical records. Score 2 if both criteria are present Score 1 if only one is present
Score No:	The patient files are freely accessible; confidentiality is not maintained. No written policy available and no signed statements from staff.

- b. There must be a procedure for follow-up of missed appointments.

Score Yes:	The practitioner has a procedure for follow-up of missed appointments. Procedure is known by office staff.
Score No:	The practitioner does <u>not</u> have a procedure for follow-up of missed appointments.

- c. There must be a procedure for recording received and requested referrals.

Score Yes:	The practitioner's office has a method for the recording of received and requested referrals. These must be recorded in the patient's chart or on a log.
Score No:	The practitioner's office does <u>not</u> record referrals.

- d. There must be a procedure for the delivery of patient education material, including preventive health information.

Score Yes:	The practitioner has a procedure for the delivery of patient education material including preventive health information. The staff must be aware of these procedures.
Score No:	The practitioner does <u>not</u> have a procedure for ensuring the delivery of patient education material including preventive health information.

- e. Medical records must be maintained in a consistent, organized manner.

Score Yes:	The practitioner has a medical record keeping system that allows for each medical record to be maintained in an organized and consistent manner. An actual record must be reviewed. To maintain confidentiality, a dummy record may be reviewed.
Score No:	The practitioner does not have a method for assuring consistency and organization within the medical record.

- f. There is an electronic medical record keeping system in place. (Note: This measure is reviewed for tracking purposes only. No score will be given for this measure.)

Indicate Yes	Medical record keeping is contained on an electronic system.
Indicate No	Medical record keeping is not contained on an electronic system.

- g. There must be a procedure allowing for the prompt retrieval of medical records.

Score Yes:	The practitioner has a procedure in place that allows for the prompt retrieval of medical records. The staff is aware of this policy and can state where medical records could be found at any given time.
Score No:	The practitioner has no procedure in place; the staff is unaware of the policy.

- h. There must be a procedure for the protection and release of medical records and Protected Health Information (PHI) in order to maintain patient confidentiality.

Score Yes:	<p>The practitioner has a policy to protect the privacy of medical records and PHI. As of April 14, 2003, this policy should include:</p> <ul style="list-style-type: none"> • A written notice of privacy practice • A procedure for confidential telephone conversations • A procedure for releasing PHI and medical record content for other than treatment, payment and health care operations that includes a signed release that complies with legal and regulatory requirements and a copy retained in the medical record • Procedures in place appropriate to the business practices and workforce that reasonably minimizes the amount of PHI used or disclosed, conditions under which it can be used and those persons needing access to carry out work duties <p>The staff must be aware of this policy. All of these requirements must be met to receive a score of yes.</p>
Score No:	The practitioner does <u>not</u> have a policy, or if the practitioner has a policy, the staff is unaware of that policy.

- i. There must be a policy for the storage of inactive medical records.

Score Yes:	The practitioner has a policy in place for the storage of inactive records. Records should be maintained for a minimum of 6 years (or the time required by State and Federal law).
Score No:	The practitioner has no policy in place or records are not maintained for a minimum of 6 years.

- j. If laboratory or radiology services are provided, the appropriate license/certificate must be displayed.

Score Yes:	<p>The practitioner maintains on-premise equipment with appropriate documentation.</p> <p>X-ray Hazard and Pregnancy Warning signs (RH-100) are posted, as appropriate. X-ray equipment meets MDCH (Michigan Department of Community Health) standards as evidenced by certificate (Radiation Machine Registration Certificate). Patients and staff are provided with lead gloves and aprons, as appropriate.</p> <p>Laboratory work performed in the office is described and meets CLIA (Clinical Laboratory Improvement Amendments) standards as evidenced by certificate.</p> <p>All of these standards must be met in order to receive a score of yes.</p>
Score No:	The practitioner does <u>not</u> meet all of the above standards.
Score N/A:	If practitioner does not perform these services, score "not applicable."

- k. Standards for storage of drugs, needles and prescription pads should be documented, or clearly practiced when viewing storage and patient care areas.

(1) Limited Secure Access.

Score 1 or 2	<ul style="list-style-type: none"> • Inspection of the practitioner's office demonstrates proper storage of drugs; medication and other patient care items that prevent misuse, contamination or accidents. • All patient care supplies should be kept above floor level. • All controlled substances are maintained in a secure/locked area. All of these standards must be met to receive a score of 2. <p>Score 2 if all 3 criteria are met Score 1 if 2 of the 3 criteria are met</p>
Score No:	The practitioner meets only one or none of the above standards.
Score N/A:	If the practitioner does not maintain a supply of medications or prescription pads, score "not applicable."

(2) Dated Supplies – medications are dispensed before the expiration date.

Score Yes:	No drugs and medicines on the premises, including samples, have an <u>expired</u> expiration date. The reviewer should spot check stock medication and samples.
Score No:	Out-of-date medication was found.
Score N/A:	If the practitioner does not maintain medications in the office for dispensing, score "not applicable."

(3) Controlled substance logs are maintained for a five-year period or as regulated by state law.

Score Yes:	The practitioner's office has a five-year controlled substance log.
Score No:	The practitioner's office does <u>not</u> maintain a controlled substance log or has <u>not</u> maintained the log for an adequate time period.
Score N/A:	If the practitioner does not maintain controlled substances, score "not applicable."

- (4) Open Vials Dated. Date monitoring of drugs, medications and open multiple-dose vials must be maintained, and responsibility assigned for this function.

Score Yes:	<p>Inspection of the practitioner's office demonstrates date-monitoring of drugs, medications and open multiple dose vials.</p> <p>The reviewer must note the date the vial was opened.</p> <p>It is generally recommended that vials be discarded before the expiration date, or when contamination is suspected or apparent. It is recommended vials be discarded after 30 days from the date the vial was opened. Opened vials of vaccines (e.g., DTP, DtaP, Td, DT, Hepatitis B, Hepatitis A, IPV, influenza, pneumococcal vaccine and the Hib vaccine HibTITER) can be kept (under appropriate refrigeration) until all doses have been used, or until the expiration date on the vial, whichever comes first.</p> <p>All of the above standards must be met to receive a score of yes.</p>
Score No:	The practitioner's office does <u>not</u> meet all of the above standards.
Score N/A:	If the practitioner does not utilize vials, score "not applicable."

- (5) Medication must be properly stored. If refrigeration is required, there must be a refrigerator or freezer used strictly for medical purposes.

Score Yes:	<p>The practitioner's office maintains medications that require refrigeration in a separate refrigerator. Medications may not be stored with soft drinks and lunches or biological specimens. The reviewer should inspect refrigerator and freezer for contents and note that the refrigerator temperature reflects between 36 – 46 degrees Fahrenheit and the freezer temp is at 32 degrees Fahrenheit or below for OPV vaccine; below 5 degrees Fahrenheit for varicella vaccine. A log is kept.</p>
Score No:	Refrigerated medications are kept with lunches and soft drinks or biological specimens. Incorrect temperature reading or no log.
Score N/A:	If the practitioner's office does not have medications that require refrigeration, score "not applicable."

- (6a) (If seeking JCAHO accreditation) A log is kept of all sample medications dispensed.
- (6b) (If seeking NCQA accreditation) A log is kept or documentation is present in the medical record documenting medication samples dispensed and instruction in the use of it.

Score Yes	For 6a, Log is kept with patient name, drug name, lot number, manufacturer, and date of dispensing. For 6b, Documentation is entered in a log or the patient chart regarding dispensed medication samples.
Score No	For 6a – No log of dispensed samples is kept For 6b – No record of dispensed samples is kept either in a log, or in patient charts.
Score N/A	No sample drugs are dispensed

I. Infection Control:

- (1) There must be appropriate identification and proper disposal of used needles and non-reusable items.

Score Yes:	The practitioner's office has proper identification and disposal containers for needles and non-reusable items. Used needles and syringes should be stored in a puncture-proof container.
Score No:	The practitioner's office does <u>not</u> have proper containers for needles and non-reusable items.

- (2) There must be appropriate identification and proper disposal of all hazardous materials.

Score Yes:	The practitioner's office has a procedure in place that ensures proper management and disposal of hazardous materials. The staff must be aware of these procedures. (The reviewer should note if office has a red box for needles disposal. A box of gloves and waste receptacles utilized for hazardous waste are clearly identified.) A Certificate of Registration for a facility producing Medical Waste and a Medical Waste Management Plan is present. This plan must be present to receive a score of Yes in this category.
Score No:	The practitioner's office does <u>not</u> have a procedure or office staff is <u>not</u> aware of the procedure.

- (3) There must be a hand washing sink and soap available.

Score Yes:	The practitioner's office has a hand washing sink and soap available for staff use. Ideally, soap dispensers, or pump bottles of liquid soap, should be provided at each sink to prevent cross-contamination. If bar soap is used, it must never be left to lie in water. Disposable paper towels should be used at all sinks.
Score No:	The above standards are <u>not</u> met.

- (4) Practitioner's office has a procedure for handling patients with potentially contagious illnesses.

Score Yes:	Practitioner's office has a procedure for handling patients with potentially contagious illnesses, e.g. separate waiting room, separate entrance.
Score No:	Practitioner's office does not have a procedure for handling patients with potentially contagious illnesses.

- (5) There must be a procedure for the handling and sterilization of reusable equipment and supplies.

Score Yes:	<p>The practitioner's staff must demonstrate maintenance and knowledge of these standards. Personal protective equipment, such as gloves, should be made available.</p> <p>The reviewer should:</p> <ul style="list-style-type: none"> ♦ Determine methods used; ♦ Note whether disinfectant containers are labeled with the type of solution and if the solution is clean or dirty; ♦ Identify whether the date for the next change of solution is clearly marked on the containers. (Are they following their standards or those recommended by the manufacturer of the solution?); ♦ Note-sterilized items are considered sterile until some event causes it to become contaminated (e.g., tear in packaging, packaging becomes wet or is dropped on a contaminated surface such as the floor). <p>All of the above standards must be met to receive a score of yes.</p>
Score No:	The practitioner's staff is <u>not</u> aware of, nor do they practice, these standards.
Score N/A:	Note if only disposable equipment is utilized.

- (6) All patient care areas must be clean and disinfected.

Score 1 or 2:	<ul style="list-style-type: none"> • The practitioner has a procedure to ensure the cleanliness of the patient care areas. The staff should be aware of these procedures. These include universal precaution procedures to minimize transmission of infection, sterilization maintenance logs, knowing how to disinfect a room used by a patient with an infectious disease and routine cleaning procedures. • Blood Pathogen Exposure Control Plan must be written to score 2 in this category and updated annually. <p>Score 2 if both criteria are met Score 1 if only one is present</p>
Score No:	The practitioner does <u>not</u> have a procedure in place or the office staff is not aware of the procedure.

- (7) There must be periodic testing of the autoclave.

Score Yes:	The practitioner has a procedure for periodic testing of the autoclave. Documentation to support weekly live spore testing (biologic indicator testing).
Score No:	The practitioner does <u>not</u> have a procedure in place for testing the autoclave.
Score N/A:	If the practitioner does not have an autoclave, score "not applicable."

- (8) There must be a procedure for the handling the disposal of non-reusable items.

Score Yes:	The practitioner's office should have containers clearly marked "Not Reusable." Regulated or contaminated waste, such as contaminated sharps containers or laundry should be labeled with a fluorescent orange or orange-red "Biohazard" label, or disposed of in a red container or bag. All of the above standards must be met to receive a score of yes.
Score No:	Containers are <u>not</u> clearly marked.

- (9) Assess if a practice office has a process in place to report communicable diseases and other health indicators.

Score Yes:	The practitioner's office has a process in place to report communicable diseases and other health indicators.
Score No:	The office does not have a process in place to report communicable disease and other health indicators.

- (10) Assess if a practitioner's office participates in the Vaccines for Children (VFC) program (for those offices administering childhood immunizations).

Score Yes:	The practitioner's office participates in VFC program
Score No:	The office administers childhood immunizations but does not participate in the VFC program
Score N/A:	The office does not administer childhood immunizations.

m. Emergency Procedures

- (1) The office has procedures for evacuation in the event of external emergency such as fire, tornado, bomb threat.

Score Yes:	There must be a patient evacuation plan as designed by the office staff or from the building management available. Staff is familiar with the plan.
Score No:	There is no plan and/or staff not familiar with procedure.

- (2) The office has procedures and equipment for patient emergency events.

Score Yes:	The practitioner has appropriate emergency equipment and procedures available. Procedures should address emergencies such as respiratory arrest, trauma and patient reaction to medications or procedures. If a practitioner performs minor office procedures, (s)he should have emergency equipment available. If there are no emergency supplies available, document reasons in the comments section and submit for Medical Director review. A common list of required medications, supplies and equipment are: oxygen, ambubag, airway and emergency drugs (e.g., Epinephrine, Lidocaine, and Dextrose).
Score No:	The practitioner does <u>not</u> have appropriate emergency equipment or procedures to address medical emergencies.

- (3) One staff member and the practitioner, trained and certified in emergency measures such as CPR. (Note: This measure is reviewed for tracking purposes only. No score will be given for this measure.)

Score Yes:	Practitioner and one staff member CPR trained and certified..
Score No:	Practitioner or staff member not trained or certified.

- n. There must be evidence that the office maintains a log indicating that regular inspection and maintenance has occurred on all equipment such as oxygen, radiology and lab equipment; fire extinguisher and/or other equipment.

Score Yes:	The practitioner's office has a written quality control policy on equipment maintenance. The office follows the written plan. This would include routine maintenance of fire extinguishers, defibrillator, crash cart and any other equipment in the office. Review the maintenance schedule.
Score No:	The office does <u>not</u> have a written quality control policy on equipment maintenance, or if the office has a written plan, it does <u>not</u> utilize the plan.

B. Intake System

1. All calls must be routed to the appropriate staff member.

Score Yes:	The practitioner has a call triage procedure to ensure calls are routed to the appropriate staff member and telephone appointment lines are answered within 30 seconds during business hours. (Both must be present to score yes in this category.)
Score No:	There is <u>no</u> procedure or calls are not answered within 30 seconds during business hours.

2. Regular office hours must be scheduled to provide optimal availability of the practitioner. The maximum scheduled waiting time for an appointment for the following types of care must be.

PCP's

Initial Appointment with PCP	Within 8 weeks
Routine, non-symptomatic	Within 4 weeks
Non-Urgent, symptomatic	Within 5 days
Urgent Problem	Within 24 hours
Emergency Care	Immediately seen in the office or referral to ER as appropriate
In office wait time	No more than 30 minutes

Appointment procedures are known and understood by appropriate staff members. For example, the person responsible for scheduling appointments knows the definition and procedure for routine office visits, emergency and urgent care. The reviewer may question staff as to various situations and how they would handle them.

- a. **Initial Appointment** - The frequency of physical exams is at the practitioner's discretion. Timeframe for initial Prenatal visit should be completed to allow for practitioner appointment to occur within the 1st trimester.
- b. **Routine (Non-Symptomatic) Appointment** - A non-problem related visit (e.g., well baby care, pap smear, family planning services, routine re-check of blood pressure. May include initial prenatal visit if it would allow the patient to be seen within the first trimester).
- c. **Non-Urgent (Symptomatic)** - Problem related, however, condition is not urgent.
- d. **Urgent Care** - Symptoms of recent onset, and/or increasing in severity, which prevents normal work or school activities.
- e. **Emergency Care** - New/persistent bleeding, injury resulting in persistent pain/disability, new/severe pain onset within 24 hours, and new/increasing difficulty breathing.
- f. **In Office Wait Time**- Ideally, should be less than 15 minutes and no more than 30 minutes.

Score Yes	Appointment procedures are known and understood by appropriate staff members and scheduling falls within specified time frames. Review appointment book to assess for adequate appointment availability to meet criteria. Review spacing of appointments as a flag to indicate long waiting times. Wait times are measured from the beginning scheduled appointment time until the patient is seen by the practitioner. This time should be within 15 minutes but no more than 30 minutes. The wait time for ten patients should be measured and fall within the specified time frame.
Score No:	Appointment scheduling does not fall within specified time frames.
Score N/A	Practitioner does not schedule that type of appointment.

3. There should be provisions for 24-hour, 7-day-a-week care.
- a. Provisions and instructions for seeking 24-hour care.

Score Yes	The practitioner has provisions for 24-hour, 7- day-a week care. After office hours, the practitioner has either a well-informed answering service or a detailed answering machine message that provides instructions for access to after-hours coverage and emergency care.
Score No	The practitioner does <u>not</u> have 24-hour coverage or adequate arrangements and instructions for after-hours care. A recording to go to the emergency room after hours is not acceptable.