



WINDSOR

HEALTH PLAN, INC.

Windsor Health Plan Practitioner Site Review Tool

Purpose: New Other _____

List name of Group Practice if applicable:	List each Provider (s) full name, title, and speciality who are to be credentialed: _____ _____	Date of Audit: _____	
		Office Phone: () _____	
Address of Site (Include full address with zip code) Being reviewed:	Address 1: _____ Address 2: _____ City: _____ State _____ Zip: _____	Audit Score: _____ (80 % compliance is required)	Fax Number: () _____
		County: _____	

If an area is **SHADED**, the answer must be either a Yes or NO.

A. Facility & Environment

		Yes	No	N/A
1. Element: Parking is near office.	Definition: Accessing the agency from the parking lot does not place undue hardship on the member.	_____	_____	
2. Office and at least one restroom are handicap accessible.	A path exists from the parking lot to facility that is flat or has gently sloping ramps. Doorways are wide enough for wheelchair access. Bathroom(s) has handrails and adequate space to accommodate equipment.	_____	_____	
3. Office has adequate waiting area & seating (5 per physician).	Waiting areas have seating appropriate to size of practice. 5 seats per physician.	_____	_____	
4. Waiting area/reception is clean, quiet, organized and well maintained (determined if s/he is a pt.).	The reviewer determines as if s/he is a patient. No excess trash lying around and unnecessary noise is eliminated. No repairs are needed that could pose a safety issue to patients or their children.	_____	_____	
5. Procedure rooms are private and clean. (determined by reviewer as if s/he is a pt.).	The reviewer determines as if s/he is a patient. Rooms provide privacy i.e.: door, curtains, shades. Evidence that exam table is cleaned between patients, no excess trash, waste or linens present in exam rooms.	_____	_____	



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|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--|
| 6. Procedure rooms are equipped with appropriate equipment. (otoscope, ophthalmoscope, B/P cuff, etc). | Equipment in room is appropriate to service provided. Equipment may include stethoscope, ophthalmoscope, B/P Cuff, otoscope. If provider carries equipment on person, that is sufficient. | _____ | _____ | |
| 7. Exits are clearly marked and unobstructed. | Exits are marked with well-lighted signs. If appropriate, directions are posted to and from office. | _____ | _____ | |
| 8. Fire extinguishers are available, not expired, and inspected (check inspection tag). | Fire extinguishers are readily visible with documentation of up to date inspection. Assure fire extinguisher is not expired. | _____ | _____ | |

Applicable Points: _____

Points Given / Subtotal: _____

Comments: _____

B. Supplies & Equipment

Element:

Definition:

Yes No N/A

- | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|--|
| 1. There is adequate space and storage area for equipment and supplies. | Storage area allows for adequate air circulation and retrieval of equipment. Equipment is stored in a safe manner and out of exit pathways. | _____ | _____ | |
| 2. Log & procedures exist for initial & ongoing maintenance of equipment to ensure safety, durability and infection control. Equipment is inspected periodically for operational efficiency and integrity. | Log is easily accessible and complete, and procedures are documented for that equipment which requires periodic inspection. Someone must inspect equipment regularly and/or there must be access to a repairperson in a timely fashion. (Inspection sticker may be present.) | _____ | _____ | |
| 3. Office has emergency equipment: <input type="checkbox"/> Airway <input type="checkbox"/> Ambu bag <input type="checkbox"/> Emergency Drugs <input type="checkbox"/> Uses code team

(If uses the hospital code team, they MUST have a signed statement from hospital assuming liability). | Emergency equipment present and expiration dates checked routinely. (Visualize log).
If the office uses the hospital code team, they <u>must</u> have a <u>signed statement</u> from the hospital indicating that the hospital assumes liability for any patients treated. | _____ | _____ | |

4. If there are emergency drugs, there are established inventory control and inspection systems.
 (If no meds or injections are administered in the office INDICATE HERE: _____.)

Emergency medications are labeled and not expired, method in place to monitor need for restocking used and destroying expired medications.

Applicable Points: _____
Points Given / Subtotal: _____

Comments _____

C. Clinical Services & Management

Element:	Definition:	Yes	No	N/A
1. Provides access to care after normal working hours (5 p.m. to 9 a.m.) for those urgent medical events that require attention.	If using a recorded message, listen to message. The following are among the acceptable methods: 1) sending patients directly to the ER, 2) referring patients to the physician's home phone number.	_____	_____	
2. Office staff is professional/courteous (determined by reviewer as if s/he is a pt.).	Determined by reviewer as if s/he is a patient.	_____	_____	
3. Nurse Practitioners or Physician Assistants are certified and/or credentialed.	Review documentation of certification and/or credentialing. MUST BE current. (If Nurse Practitioner MUST complete section on page 8 of this form)	_____	_____	_____
4. Residents and/or students are supervised.	Policy for supervision in place. All notes or orders are co-signed by licensed personnel.	_____	_____	_____
5. At least one staff member in addition to MD is CPR certified.	At least one CPR certified staff member is in the office during office hours.	_____	_____	



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Element:	Definition:	Yes	No	N/A
6. If radiology services are provided:	If radiology services are not provided, mark “no” and “N/A” for a, b, and c.	_____	_____	
a. Only certified staff is operating radiology equipment and interpreting tests (certificates posted).	Review documentation of certification of staff that operates radiology equipment. These certificates must be posted in a location visible to all patients. (State law). Review qualifications of those who interpret tests. A licensed physician must supervise clinical Bone Scanning. (State law).	_____	_____	_____
b. Radiology staff has radiology badges (observe exposure rate report).	Observe exposure rate report.	_____	_____	_____
c. Radiology equipment is inspected yearly (view inspection records).	View inspection records of equipment.	_____	_____	_____
7. Advance directive forms, or the place to obtain forms, are available to members and Primary Provider discusses.	The Primary Provider has advance directive forms or the place in which to obtain the forms, available to each member and the physician discusses advance directives with members. (42 CFR 422.112(a)(6)(iii); 422.128; Manual Ch 4 - Section 160; NCQA MA 4)	_____	_____	
8. Urgent and non-life-threatening emergent care within 24 hrs.	System in place for seeing urgent and non-life-threatening emergent care within 24 hrs. (Sending member to Emergency Room is not appropriate unless life-threatening). Physically look at office schedule to verify (42 CFR 422.112(a)(6)(i) and (a)(7); Manual Ch.4 – Section120.2; NCQA:QI 5)	_____	_____	
9. Non-urgent but in need of attention within one week	System in place for seeing non-urgent but in need of attention/care within one (1) week. Physically look at office schedule to verify. (42 CFR 422.112(a)(6)(i) and (a)(7); Manual Ch.4 – Section120.2; NCQA:QI 5)	_____	_____	
10. There is access to a routine and preventive office visit within 30 days.	The practitioner can see a patient within 30 days of a patient’s request. (Look at schedule to see when next available appointment is to verify.) (42 CFR 422.112(a)(6)(i) and (a)(7); Manual Ch.4 – Section120.2; NCQA:QI 5)	_____	_____	

11. Written policy for emergency transports exist.

Written policy in place for handling the transport of a patient in an emergency situation. EMS number easily accessible to staff or code team responds from nearby hospital.
Must have documentation that the hospital code team will respond to the practitioner's office if that is the case.

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Applicable Points: _____
Points Given / Subtotal: _____

Comments: _____

D. Pharmacy Services

Element:	Definition:	Yes	No	N/A
1. Appropriate, up-to-date pharmaceutical information is readily accessible to staff.	Current information readily accessible to staff. PDR, drug book, or computer with web site always called up. Note in comments if reference book is more than 5 years old.	_____	_____	
2. Drugs are stored under proper conditions of sanitation, temperature, moisture, light, ventilation, segregation and security.	Thermometer in refrigerator with documentation that it is monitored, storage areas clean and dry. Medication is clearly labeled, organized, and not expired. Medications are in a secure location away from direct patient/child access. Medication refrigerator does not contain any food.	_____	_____	
3. Controlled drugs present in the office are secured and recorded when dispensed.	Controlled drugs must be locked and signed in/out on a log.	_____	_____	
4. There is an established inventory control system for expired medications, including samples	Review documentation of monitoring for expired medications and protocol for destroying and reordering.	_____	_____	
5. Physician supervises the prescribing and dispensing of all medications.	Review process with staff. Does physician give verbal orders that are later co-signed? Does physician write prescriptions personally or are written orders given?	_____	_____	

Applicable Points: _____
Points Given / Subtotal: _____

Comments: _____



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E. Laboratory Services

Element:	Definition:	Yes	No	N/A
1. Laboratory services are registered as required by CLIA.	<p>View registration and <u>document</u> which of the following categories the office is registered to perform and expiration date of registration:</p> <p><u>Waived Tests</u>- Very simple tests.</p> <p>Dipstick or tablet reagent urinalysis for bilirubin, glucose hemoglobin, ketone, leukocyte, nitrite, pH, protein, urobilinogen and specific gravity, Ovulation tests, Urine pregnancy test, Erthrocyte sedimentation rate, Hemoglobin (by copper sulfate), Fecal occult blood, Spun hematocrit, Blood glucose.</p> <p><u>Physician performed microscopy</u>- a small number of microscopic tests, which must be performed by the physician in the context of the patient visit.</p> <p><u>Moderately complex</u>-</p> <p>Cholesterol Screen, Culture, Hemoglobin, White Blood Cell Count, Red Blood Cell Count, Hematocrit, Urea Nitrogen (BUN), Creatinine, Uric Acid, Glucose, Direct Strep.</p> <p><u>Highly complex</u>- Any test not listed on the waived or moderately complex list.</p>			
Category: _____ (Waived Tests, Physician performed microscopy, Moderately complex or Highly complex)	Expires: _____			

Applicable Points: _____
Points Given / Subtotal: _____

Comments: _____

F. Client Records

Element:	Definition:	Yes	No	N/A
1. Written policy on confidentiality of medical records. (ALL employees must sign agreement).	Written policy on confidentiality of patient information, including guidelines for release of information is in place. Confidentiality policy <u>must</u> require <u>all</u> employees to sign a confidentiality agreement.			
2. Written policy and procedure for a no show/canceled appointment is in place.	Written policy and procedures for no show /canceled appointments are in place.			
3. Written policy and procedure for handling normal and abnormal test results including informing the patient of results, exists.	Written policy and procedures for handling both normal and abnormal test results, including informing the patient of results, are in place.			

Originated: 2/95
 Revised: 7/25/07;7/21/06, 10/02,10/01, 6/00, 10/99, 10/97, 5/96
 Reviewed: 12/05,1/05



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<p>4. Written policy and procedure for tracking tests, referrals, and telephone calls exists.</p>	<p>Written policy and procedures for tracking tests (includes physician review and sign off), referrals (completed in a timely manner), and phone calls to the member (order of returned calls based on severity of call) are in place.</p>	<p>_____</p>	<p>_____</p>	
<p>5. Filing system for patient charts allows for quick retrieval within the office and between office sites.</p>	<p>Filing system is in place that allows quick retrieval within the office and between office sites.</p>	<p>_____</p>	<p>_____</p>	
<p>6. Each patient or family member has an individual record.</p>	<p>Does each person receiving care have a separate record? Multiple files within a medical record are acceptable, IF there are separate sections for each member.</p>	<p>_____</p>	<p>_____</p>	
<p>7. Medical records are stored in a secure/locked location.</p>	<p>Medical records are stored in a secure/locked location. If records are in an open area, the cabinets are locked.</p>	<p>_____</p>	<p>_____</p>	
<p>8. Medical records are organized (review blank or blinded record-indicate if blinded).</p>	<p>Assess for organization of chart. Sample information sheet should contain patient information such as phone number, address, etc.</p>	<p>_____</p>	<p>_____</p>	
		<p>Applicable Points: _____</p> <p>Points Given / Subtotal: _____</p>		
<p>Comments _____</p>				

G. Quality Management				
Element:	Definition:	Yes	No	N/A
<p>1. Evidence of identifying quality/problem issues exists.</p>	<p>Is there a system in place to identify quality problems? What problem areas have you identified in your office? What actions have been taken? Was the situation reevaluated?</p>	<p>_____</p>	<p>_____</p>	
<p>2. Complaint and Grievance system is in place and monitored for trends.</p>	<p>A systematic method to review and address complaints including communication to the patient. Is it monitored for trends?</p>	<p>_____</p>	<p>_____</p>	
		<p>Applicable Points: _____</p> <p>Points Given / Subtotal: _____</p>		
<p>Comments _____</p>				



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SECTION SCORING:

Add total applicable points (do not count N/A's) and document on the "Applicable Points" line. Place on the "Points Given / Subtotal" line, the total number of "YES" responses.

TOTAL TOOL SCORING:

Add the "Applicable Points" from each section and place on the "Total Applicable Points" line. Add the "Points Given / Subtotal" from each section and place the result on the "Total Points Given" line.

Then compute the following equation: Number of "Total Points Given" divided by the number of "Total Applicable Points" multiplied by 100 = _____ Compliance Percentage Score.

EXAMPLE: Total Applicable Points: 41
 Total Points Given: 38
 Compliance % Score: 93%

TOTALS:

Total Applicable Points: _____

Total Points Given: _____

Compliance % Score: _____

The following requirements apply only if the Nurse Practitioner is reviewed as a **Primary Provider** and **all** must be in place:

Nurse Practitioners

Element:	Definition:	Yes	No
1. Supervising physician and nurse practitioner possess the same clinical skills.	The supervising physician has experience and/or expertise in the same area of medicine as the certified Nurse Practitioner. (State law)	_____	_____
2. There are written, physician approved, clinical protocols in place and updated at least every 2 years.	There are written clinical protocols that were developed by the supervising physician and nurse practitioner, they are dated and signed, are reviewed and updated at least biennially and are available at the site. (State law)	_____	_____
3. The physician supervisor, or covering physician, is available 24 hours per day, seven days per week.	The physician supervisor or covering physician is available 24 hours per day, 7 days per week. (By phone is okay). (State law)	_____	_____
4. The Nurse Practitioner's supervising Primary Provider provides or arranges inpatient care of his/her patients.	The Nurse Practitioner has a supervising Primary Care Physician who provides or arranges for inpatient care of the Nurse Practitioner's patients.	_____	_____

Comments _____

Proposed changes: List any proposed changes discussed with staff, whom it was discussed with, and the target date for completion. (i.e.: office is adding staff, adding another location, hiring person to write policies, conduct quality assurance tasks, etc.)

Services: _____

Staff: _____

Location: _____

Other: _____

Education given: List education given to staff regarding any of the above topics, improvements needed or any other topic and whom it was given to.

Review Conducted with: Print Name: _____ Signature: _____

Provider Relations Staff: _____ Review Date: _____
(name)

Quality Improvement Staff: _____ Review Date: _____
(name)