



SITE SURVEY STANDARDS

CORE STANDARDS – The following criteria apply to ALL provider sites, regardless of the type of services provided:

CRITERIA	GUIDELINE
There is adequate parking/building access	The facility should be easily visible and accessible from main roads and bus lines, to include a reasonably short walk. There should be adequate parking available and include the required number of handicapped parking spaces.
Facility is handicapped/wheelchair accessible including one restroom	The facility should be equipped with a ramp access to the front door and at least one restroom with widened doorways to accommodate a wheelchair. Toilet rails must be present in handicapped designated restrooms.
The facility/organization provides adequate security for patients	There should be adequate security for the safety of both patients and staff. Doors not used by patients should stay locked from the outside. There should be adequate lighting outside and in hallways. A security system is beneficial.
Exit signs are visible in case of fire	Exits in the facility should be clearly marked with easy to find "EXIT" signs to facilitate prompt evacuation of patients and staff during an emergency. It is highly recommended that the exit signs be lit and on battery/generator backup, in fact, this is required in some localities.
There are provisions for emergency power and lighting	In the event of a power outage, the facility should have a plan for safe evacuation, no interruption in treatments/procedures/surgery and maintenance of refrigerated/frozen medications and vaccines. This is to include lit exit signs, battery operated equipment, a generator and/or flashlights in every exam/treatment room and bathrooms. There should also be a mechanism to routinely check battery levels and generators or other equipment for proper functioning.
Fire extinguishers are accessible or a sprinkler system is available	The entire facility should be equipped with an automated sprinkler system, which would trigger an alarm and activate itself in the event of a fire. In lieu of a sprinkler system , the facility must be equipped with fire extinguishers that are closely accessible and available at all times. All staff must be familiar with the location of the fire extinguisher and fire evacuation plan.
Fire extinguishers are maintained within past 12 months	Fire extinguishers should be maintained yearly according to manufacturer specifications and inspection dates documented on each fire extinguisher maintenance record. If there is no maintenance record, there must be documentation of a city/county fire inspection done within the past year.
Patient's rights and responsibilities are posted/distributed	All providers must post or make available Patient Rights and Responsibilities to all VPHP members. Providers may use their own Rights and Responsibilities or may post VPHP's Rights and Responsibilities.
The waiting room provides adequate seating/lighting	The waiting area must have a sufficient number of chairs to accommodate the size of the practice. The amount of lighting within the facility should foster comfort for both patients and staff.
There is no smoking within the facility	The amount of ventilation within the facility should foster comfort for both patients and staff. Smoking within the facility should be prohibited at all times. According to the Code of Virginia-15.2 "...post sign conspicuous to public view stating smoking permitted, or no smoking".
The facility/waiting area is clean	The entire facility should be clean. Corridors, corners, floors etc. should be clear and free from clutter, trash or

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loose/unsecured electrical cords to assure patient and staff safety.

Educational information is available to patients

Appropriate written health educational materials should be made available to patients at an easily understood reading level.

The exam/treatment/consult rooms are clean

The exam rooms should be free from clutter, trash or loose/unsecured electrical cords to assure patient and staff safety. Trays should be covered and equipment and sharps should be out of reach.

Privacy is maintained during exam/treatment/consult

Patient privacy should be a priority during all examinations/encounters with any provider or staff. Consultations/discussions about billing or other business issues must be conducted in a confidential manner.

Sinks and soap are available in the office

Clean running water and soap should be available in the facility to ensure compliance with handwashing/infection control guidelines. For exam rooms without sinks, there must be a waterless bacteriostatic hand cleaner/sanitizer available for use until staff can get to a sink.

There is a mechanism for staff to assist patients in life-threatening situations

Organizations that do not provide medical care should have a mechanism to assist patients during life-threatening situations. This includes a process for calling 911, isolation of the patient, provision of CPR, restraint methods, etc., where applicable.

The required Infection Control (OSHA) Plan is in place

Federal regulations require facilities to actively use the OSHA Exposure Control Plan (Infection Control) to ensure safety of staff and patients against blood and other bodily fluids.

There is a written Emergency Preparedness Plan

All staff should be aware of the organization's emergency/disaster evacuation plans. Discussions of these plans should be routinely incorporated in staff meetings to remind staff of their roles during an emergency or disaster. This should include documentation of building fire inspections and fire drills conducted annually.

There is documentation of annual fire drills

Fire drills should be incorporated into the overall emergency/disaster evacuation plan, done at least yearly and documented.

There are procedures for ancillary equipment calibration and test validation

Equipment requiring periodic calibration should be monitored and tested on a regular basis, with results documented.

There is a 24 hour answering machine/service instructing members how to obtain care

Patients needing to contact the provider should have access to care after hours. Answering machines should provide information on calling 911 for life-threatening situations. Return call to patients should not exceed 30 minutes from the time the patient called.

Coverage is provided 7 days/week, 24 hours/day

Providers are responsible for coverage arrangement with a VPHP credentialed provider. Patients should have access to the designated provider 24 hours per day, 7 days per week.

Office hours and after hours phone number are available

Office hours and after hours phone numbers may be posted on the entrance to the facility or any noticeable location, including such places as provider business cards or in the provider's handbook. Patients should be educated on office hours and accessing care before or after office hours.

There is a procedure to remind patients of their appointments

Staff reminder cards or appointment reminder phone calls will assist patients in keeping their appointments and promote punctuality.

There is a no-show policy to include follow up with members who missed appointments

To demonstrate pursuit of ongoing treatment plans, follow-up efforts should be made to determine the reason for a no-show and to determine the patient's desire to reschedule the appointment. Missed appointments should also be documented in the patient's record.

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There is a mechanism to provide interpretive services	In the event that a non-English speaking patient arrives for an appointment without an interpreter, the provider should have a mechanism to arrange for an interpreter. The provider may call VPHP member services or the Red Cross for interpretive resources.
Appt for assessment/consult	Scheduled within 30 days of request.
Routine primary (non-urgent) care for symptomatic conditions	Scheduled within 14 days of request.
Average wait time in provider office	No more than 30 minutes following appointment time.
Specialist appointment waiting time for non-urgent referral	Scheduled within 30 days of request.
Urgent appointments	Provided within 24 hours of request.
Emergent appointments	Immediately and/or referred to emergency facility.
Medical records are stored out of public access	To maintain the confidentiality of patient information, records must be stored away from areas accessible to non-employees. Policies and procedures should be in place to ensure that access to patient information is restricted to authorized individuals only. Providers should have specific policies on how records are transferred to other providers to ensure that confidentiality is maintained and consent has been obtained.
Written authorization is obtained for the release and transfer of medical records	Releasing, transferring or copying any patient information without a written consent must be strictly prohibited. Access to patient information should be monitored on a regular basis to avoid inappropriate use of patient information.
A confidentiality policy (HIPAA) is in place	All employees should strictly follow policies and procedures on patient confidentiality. Staff should sign confidentiality agreement outlining the organization's confidentiality policy.
There are p/p for retention and safeguarding of medical records	Policies and procedures delineating safeguarding records against loss, theft, destruction or inappropriate use should also include procedures on record retrieval.
Individual charts are maintained	The potential for confusing individual entries, consultations and reports of diagnostic testing increases when family members' records are maintained in one chart. Confusing medical information can lead to misdiagnoses or mismanagement and increases the chance of poor outcomes in patient care.
All pages contain patient ID	Individual pages can become lost, removed from the chart, misfiled or reproduced by copy machine or facsimile. When the patient's name or ID number is recorded on each page of the medical record, the potential for confusing medical information is reduced.
There is patient demographic/personal data	Complete personal and demographic data should be recorded on one central and uniform form to include: name, address, home and work phone numbers, occupation, employer, insurance information, marital status, date of birth, emergency contact phone numbers and consent to treatment. This information should be updated at each patient visit to ensure current data.
The medical record is organized and chronological	The medical record should be chronologically ordered and/or divided by type by type of information to facilitate retrieval of information.

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Past Medical History is noted

Information obtained during a complete history, such as: significant illnesses, surgery, accidents, hospitalization, family medical history and social history should be documented and updated periodically as appropriate. For Behavioral health, medical and psychiatric information for children and adolescents should include prenatal and peri-natal events and complete developmental history.

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Pages are fastened, not loose, or an electronic medical record (EMR) is used

Individual pages can become lost. When the pages of the chart are fastened with clips, the potential for losing medical information is reduced.

The medical record is legible

Handwritten records should be legible to a reader other than the author. A legible record ensures continuity of care and accurate interpretation of records by other professionals and clerical staff.

A problem list is maintained

A CURRENT problem list/diagnostic summary sheet should be maintained in each patient record to include significant illnesses and medical conditions. As changes or updates occur, they may be added and dated. In this way, a patient's major diagnoses, recurrent complaints and preventive care are available in a summarized format for quick review.

A medication list is maintained

Establishing and maintaining a CURRENT comprehensive listing of medications provides a quick reference to all prescription and over the counter drugs provided to the patient. It should include allergies, dates of initial prescriptions/refills and stop dates.

Allergies/adverse reactions or NKDA are prominently noted

Medication allergies, histories of adverse reactions or the absence of allergies should be prominently displayed in a consistent location in each patient chart. By choosing a consistent location in each chart (such as the front of the chart or on the medication list), practitioners and staff can quickly reference allergy status without reading through progress notes.

Immunization status/history is noted

There should be appropriate immunization histories documented for adults. Documentation should reflect adult and pediatric immunizations consistent with the recommended schedule per the Centers for Disease Control and Prevention (CDC). Because patients may be new to a provider and had immunizations elsewhere, it is important that the practitioner document communication with parents and other practitioners regarding immunization.

Smoking, ETOH and substance habits are noted

Lifestyle risk factors, such as smoking habits, alcohol use and substance abuse should be assessed and documented in the medical record for patients 10 years and older. Substance abuse should be assessed for patients seen 3 or more times. Assessment of risk factors can identify interventions to be incorporated into the patient's individual preventative health plan.

All entries into the medical record are signed.

All entries should be initialed or signed by the healthcare professional making the entry. For automated records the authorization may be electronic. A signature or initials authenticates the entry and proves that specific individuals have provided services to specific patients.

A process and appropriate documentation exist to ensure review of diagnostic and other reports.

All diagnostic reports should be initialed by the physician to indicate review. Labs and other diagnostic test orders should be tracked to ensure results have returned.



MEDICAL CARE STANDARDS – The following criteria apply to all providers who provide medical care and treatment, medication administration (oral or injectable), x-ray and/or lab services.

CRITERIA

GUIDELINE

A chaperone is available, offered and present during physical exams, treatments or procedures

Patients desiring a chaperone present during exams, treatments or procedures should be allowed to have a chaperone of their own choosing. The organization must have a procedure of offering chaperones to females undergoing gynecological exams. Patients may choose to decline a chaperone, however providers may require one as precautionary measure for certain circumstances.

Drape sheets or gowns are available in the office

Adequate drape sheets and/or gowns should be offered to patients during physical examinations.

Gloves are located in the exam/procedure rooms or patient care areas

Gloves should be easily accessible to promote universal precautions.

A needle disposal system is used/there is a procedure for disposal of biohazardous waste

Federal regulations (OSHA Exposure Control Plan) require providers to have a sharps and biohazard waste disposal system in place. The system should include needle boxes and red bags for biohazard waste disposal.

Basic emergency equipment is available: Ambu bag, age/size specific airways or a pocket mask

Organizations that provide medical care and treatments must carry basic emergency equipment consisting of an ambu bag, airways or a pocket mask. If pediatric medical care is provided, there must be appropriate sized equipment.

Oxygen is safely maintained out of patient access and stored upright

For providers choosing to provide oxygen, it must be safely maintained, to include storage away from public access in a non-tip holder and signs indicating the presence of oxygen.

OB providers must have a prenatal pack

In the event of an emergency delivery, OB providers must have available a prenatal pack consisting of a basin, towels, clamps, scissors, gloves, betadine, bulb syringe, umbilical clamp, blankets and a hat. These items should be assembled in one location and checked routinely when emergency equipment is checked.

There is a procedure for documenting emergency equipment checks

Organizations that provide medical care should have a procedure on routinely performing and documenting inspection of emergency equipment for functionality. This includes checking medications (if applicable) for expiration dates.

At least one CPR certified staff member is present during office hours

At least one CPR certified staff member should be present during office hours for facilities providing medical care.

Epinephrine 1:1000 SQ/IM/ Diphenhydramine (Benadryl) IM is available in crash cart/emergency box

Organizations that administer injections to patients should be prepared to treat anaphylaxis with IM or SQ Epinephrine and Benadryl using a standard anaphylaxis protocol.

All controlled drugs are stored in locked

Controlled substances are required by law to be stored in a secured place at all times. Dispensing of controlled substances must

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areas at all times

be appropriately tracked and documented.

There is a refrigerator for drugs only

Organizations that keep medications requiring refrigeration must have a separate refrigerator for those medications only. No lab specimens are to be kept in the same refrigerator. If there are medications that must be kept frozen, the refrigerator must have a freezer compartment capable of maintaining freezing temperatures.

The refrigerator's temperature is monitored with a refrigerator thermometer and checked daily

Refrigerators used for medication storage must be equipped with a thermometer to ensure that temperatures are kept between 36 and 46 degrees F. Temperatures must be documented daily and kept on or near the refrigerator.

The freezer's temperature is monitored with a freezer thermometer and checked daily

If there is medication requiring freezing, a separate thermometer must be kept in the freezer compartment (Varivax, a Varicella vaccine, must be kept at -15 degrees C). Temperatures must be documented daily and kept on or near the refrigerator.

There is documentation and procedures for sample drug distribution

Dispensing of sample medications must be appropriately tracked with lot number and expiration date and documented in the event of a recall. There must be a mechanism to contact patients who were administered a recalled medication.

There is a mechanism for handling expired medications

Providers must check expiration dates of medication prior to dispensing and administration and then routinely. There must be a mechanism of how medications are disposed of. Disposal of controlled substances should be witnessed by a second person and documented.

There are policies and procedures for use of patient restraints within federal guidelines

For offices utilizing restraints, HCFA regulations state that "Patient restraint may only be used in emergency situations if needed to ensure the patient's or others' physical safety when less restrictive alternatives have been determined ineffective." All other regulations involving restraint uses should be included in the organization's policies and procedures, and strictly adhered to.

Conscious sedation/anesthesia is done by providers certified to do so

JCAHO standards require that individuals administering moderate or deep anesthesia are qualified and have the appropriate credentials to manage patients at whatever level of sedation is achieved. Qualifications include competency-based education, training and experience.

There are written policies/procedures on conscious sedation/anesthesia

Organizations that perform procedures and administer conscious sedation should have policies and procedures for pre/post op care, sedation and/or anesthesia. The procedures should be specific to the level of sedation being used. Procedures require documentation to include an updated H&P immediately prior to the procedure, the procedure being performed, the anesthesia administered, patient monitoring during the procedure, pain control efforts and response, and condition upon discharge.

There is a CLIA certificate for offices performing laboratory testing

If laboratory certification or waiver is required, certifications or waivers should be current, appropriate to the type of testing being performed and available for review. Multiple office locations must have a certificate or waiver specific to each office.

There are procedures for lab equipment calibration and test validation

Laboratory equipment requiring periodic calibration should be monitored and tested on a regular basis, with results documented.

X-ray equipment license is current

Radiology equipment such as x-ray machines requires periodic (annual) inspection, preventive maintenance and annual licensure by the state. Facilities should ensure radiology equipment licensure and maintenance documents are available for review.

Radiation protective devices are in place

Radiation protective devices, to include shields, warning signs, pregnant women alerts and lead based walls, should be available in the office to protect patients and staff from unnecessary exposure to radiation. Warning signs for pregnant women should be prominently posted in several locations around the radiology area.

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Equipment is sterilized/maintained according to infection control policies

Equipment or reusable supplies should be sterilized and maintained in accordance with Health Department's infection control guidelines. Spore testing on autoclaves must be done according to manufacturer specifications.

There are practice guidelines and policies/procedures for ancillary services

There should be practice guidelines and policies/procedures for organizations that provide other services such as radiology and pharmacy.

Appt for health assessment, EPSDT screen, general physical, first exam (preventive care)

Scheduled within 30 days of request.

Initial health screen for new members under EPSDT regulations (preventive care)

Scheduled within 30 days of request and completed within 3 months of enrollment date.

Appointments for 1st trimester OB members

Scheduled within 14 days of request

Appointments for 2nd trimester OB members

Scheduled within 7 days of request

Appointments for 3rd trimester OB members

Scheduled within 3 business days of request



HOME CARE/HME STANDARDS – The following criteria apply to Home Health Agencies and/or facilities providing DME/HME in addition to the standards above:

CRITERIA	GUIDELINE
“No Smoking” signs are posted outside and inside facilities storing oxygen	Due to the highly combustible nature of oxygen, “No Smoking” and presence of oxygen signs must be posted both outside and inside facilities that store oxygen.
Dirty and clean areas and equipment within the facility and in transport vehicles are labeled appropriately	Organizations providing DME’s should identify and appropriately label clean and dirty areas and equipment. This includes any vehicles used for transporting/delivering equipment and supplies.
DME’s are cleaned/disinfected with FDA approved infection control product before/after dispensing	All DME must be cleaned and disinfected with an FDA approved infection control product prior to dispensing and/or upon return.
There is documented patient education on oxygen for handling, usage, administration and safety	The organization should have a process of how patients are educated to the handling, usage, administration and safety of oxygen and it should be documented that patients have received information.
There is a current license/certification to dispense oxygen if applicable	Oxygen must be maintained and dispensed in accordance with OSHA, the Board of Pharmacy and the FDA.
There are policies/procedures for receiving/storage of equipment/supplies	There must be policies and procedures on how and where equipment and supplies are received and stored.
There are policies/procedures for routine equipment maintenance	There should be policies and procedures that describe the type of equipment maintenance to be performed, the specific equipment to be maintained and schedule of maintenance, both for routine and preventive equipment maintenance.
There are policies/procedures for preventive equipment maintenance	There should be policies and procedures that describe the type of equipment maintenance to be performed, the specific equipment to be maintained and schedule of maintenance, both for routine and preventive equipment maintenance
There are policies/procedures for tracking equipment/supplies in the event of a recall	Equipment and supplies should have serial numbers, batch numbers and/or lot numbers. Tracking should be done on a log for all equipment to ensure patients could be contacted in the event of a recall.

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There are policies/procedures for transport of equipment/supplies to and from patient homes

There should be policies and procedures on how supplies and equipment is transported, safety precautions for drivers and where within the vehicle clean and dirty equipment is stored

There are policies/procedures for oxygen handling and transport within FDA and DOT guidelines

There must be policies and procedures on how oxygen is handled and transported within FDA and Department of Transportation guidelines. Safety precautions for drivers should be included, as well as how the vehicle is labeled from the outside.

Oxygen tanks are stored upright and in secured areas at all times

Oxygen tanks should be kept in a locked area and stored upright in racks to keep them from falling over.

There is an MSDS record on site and in delivery vehicles

Material Safety Data Sheets should be available for all substances that staff or patients would come in contact with that could pose a potential hazard. MSDS should include office supplies such as whiteout and copier toner, disinfectants and oxygen. MSDS information may be obtained by calling the manufacturer or they can be obtained on the internet.

Employee Orientation Program

Employee orientation programs or processes for employee orientation should be in place. Orientation should include information on job descriptions, performance evaluations, continuing education and miscellaneous information pertinent to the position.

Performance Evaluation Program

There must be a performance evaluation program. This includes review of performance standards specific to the position upon hire and periodic (at least annually) review of performance thereafter.

Job descriptions for all staff or categories of staff

There should be job descriptions, reviewed and signed by all staff, to include specific job duties, educational and/or experience required and lifting requirements.

Inservice records and/or CME/CE activities for staff

Inservice and/or CME records should be kept for all staff. It is recommended that yearly inservices be conducted for infection control and safety.

There is evidence of training for staff operation and handling of DME's/supplies

Documentation of staff training on equipment operation should be available for review.

There are policies/procedures for assessing/maintaining staff competence

There must be a process on regular competency skills testing to ensure that clinical and rehabilitation employees are capable of performing the skills to independently care for patients to which they are assigned.