

Inland Empire Health Plan

Urgent Care Center Evaluation Tool

Review Date: _____ **Reviewer Name:** _____ **Reviewer Signature** _____

Provider Name/Address: _____ **Phone:** _____ **Fax:** _____

 _____ **Contact Person/Title:** _____

No. of staff on site: ___ Physician ___ NP ___ CNM ___ PA ___ RN ___ LVN ___ MA ___ Clerical ___ Other

Hours of Operation: _____ Evening Hrs

S	M	T	W	Th	F	Sat

 Saturday Hrs. _____ Sunday Hrs. _____ Holiday Hrs. _____

Visit Purpose	Site-Specific Certification(s)	
_____ Initial Full Scope _____ Follow Up _____ Focused Review _____ Other _____ (type)	Population Served: ___ 0-20yrs ___ 21-54yrs ___ 55 and above Special Services List:	
Site Scores	Scoring Procedures	Compliance Rate
I. Access/Safety ___/10 II. Personnel ___/14 III. Office Management ___/7 IV. Clinical Services ___/25 V. Required Equipment ___/25 VI. Required Medications ___/15 VII. Infection Control ___/11 VIII. Medical Record Review ___/35 Total ___/142	1.) Add points given in each section. 2.) Add total points given for all six sections 3.) Adjust score for "N/A" criteria (if needed). 4.) Subtract "N/A" points from total points possible. 5.) Divide total points given by 100 or by "adjusted" total points 6.) Multiply by 100 to get the compliance (percent) rate	_____ Exempted Pass: 90% or above (w/o) CE, Pharm, and/or IC deficit _____ Conditional Pass: 80-89%, or 90% or above (w/CE, Pharm, and/or IC deficit) _____ Not Pass: Below 80% _____ CAP required _____ Other follow-up Next review date: _____

I. Access / Safety

Site Access/Safety Survey Criteria					
	YES	NO	N/A	Wt.	Site Score
1. Waiting area is clean and adequate for patient volume				1	
2. Adequate fire safety- at least one type of fire fighting/protection equipment is accessible at all times				1	
3. Wheelchair access to building and office				1	
4. Office hours posted/visible from outside building				1	
5. Evacuation plan posted; exit signs clearly marked for emergency exit				1	
6. Emergency kit checked at least monthly and after each use. O2 system, Ambu-bag, oral airways, bulb syringe, and emergency meds (Benadryl, epinephrine) required.				1	
7. Medical equipment is clean, functioning properly, and maintained in operational condition with documentation to demonstrate appropriate maintenance according to manufacturer's guidelines				1	
8. Exam rooms are clean and safe and provide physical and auditory privacy for patients.				1	
9. Language services: members must have access to the following language service at all times (Telephonic and Video Remote Interpreting CASL only).				2	
Comments: Write comments for all "No" (0 points) and "N/A" scores					
TOTALS					

II. Personnel

Site Personnel Survey Criteria					
	YES	NO	N/A	Wt.	Site Score
1. A Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), or Nurse Practitioner (NP) is on site during hours of operation.				1	
2. MDs, DOs, PAs, and/or PAs must be credentialed with IEHP.				1	
3. NPs and/or PAs that prescribe controlled substances possess current and valid DEA registration number.				1	
4. All required Professional Licenses and Certifications are issued from the appropriate licensing/certification body.				1	
5. The scope of practice for NPs is defined and there are standardized procedures signed and dated by both the supervising physician and NP.				1	
6. There is a practice agreement signed by both the Physician's Assistant (PA) and supervising Physician that includes all provisions as described in SB 697 Section 5 (Section 3502.3 of Business and Professions Code)				1	
7. The proper ratio of physician to mid-level practitioners supervised is maintained at 1:4 NP, 1:3 CNM, 1:4 PA-C.				1	
8. Oversight of NP is evidenced by a minimum of 10% medical record review by supervising physician.				1	
9. Supervision of PA is included in the practice agreement.				1	
10. Oversight of PA is evidenced by a minimum of 10% medical record review by supervising physician.				1	
11. Supervising physician specialty must cover populations served.				1	

12. All health care personnel wear identification badges/tags printed with name & title.				1	
13. Personnel are trained in procedures/action plans to be carried out in case of medical & non-medical emergencies.				1	
14. Physician credentialed with IEHP or delegated contractor with the stated specialties (Family Practice, Internal Medicine or Pediatrics) is available for mid-level practitioners to contact for consultation during all hours of operation.				1	
Comments: Write comments for all “No” (0 points) and “N/A” scores					
TOTALS					

III. Office Management

RN/MD Review Only (#B)

Office Management Survey Criteria					
	YES	NO	N/A	Wt.	Site Score
1. Policy/Procedure: Patient triage. Only licensed medical personnel shall triage and handle phone triage/ advice (MD, DO, NP, RN, PA)				1	
2. Policy/Procedure: Transport of emergency patients to appropriate facility.				1	
3. Policy/Procedure: Patient confidentiality. Confidentiality is maintained according to HIPAA guidelines				1	
4. Policy/Procedure: Handling & disposing of biohazardous waste & blood borne pathogen exposure (Evidence of Staff Training)				1	
5. Patient rights posted. Evidence of system for handling complaints and grievances.				1	
6. Child/Elder/Domestic abuse reporting mandate, training and hotline numbers available.				1	
7. Interpreter services are in identified threshold languages; interpreter services phone numbers available to staff				1	
Comments: Write comments for all “No” (0 points) and “N/A” scores					
TOTALS					

IV.

V. Clinical Services

A. Clinical Services Survey Criteria					
	YES	NO	N/A	Wt.	Site Score
1. Refrigerator daily temperature logs maintained appropriately.				1	
2. Only qualified/trained personnel retrieve, prepare or administer medications.				2	
3. All medications, including samples and needles/syringes and prescription pads are secured & inaccessible to patients				1	
4. Controlled drugs are stored separately in a locked space. A dose-by-dose distribution log is kept.				1	
5. There are no expired drugs on site.				1	
6. Drugs are prepared in a clean area or "Designated clean" area if prepared in a multipurpose room.				1	
Comments: Write comments for all "No" (0 points) and "N/A" scores					
TOTALS					

B. Laboratory Services Survey Criteria

	YES	NO	N/A	Wt.	Site Score
1. Laboratory test procedures are performed according to current site-specific CLIA certificate.				1	
2. Laboratory services must be available on-site with ability to perform all minimum required tests.				1	
3. Minimum tests performed on site include: Urine HCG, hemoglobin or hematocrit, blood glucose & urine dipstick, Rapid Strep, STI collection materials. *off-site laboratory that can provide stat H & H results within 1-hour is acceptable				1	
4. Personnel performing clinical lab procedures have been trained.				1	
5. Lab supplies are inaccessible to unauthorized persons.				1	
6. Lab test supplies (e.g. vacutainers, culture swabs, test solutions) are not expired.				1	
7. Site has a procedure to dispose of expired lab supplies.				1	
Comments: Write comments for all “No” (0 points) and “N/A” scores					
TOTALS					

C. Radiology Services Survey Criteria

	YES	NO	N/A	Wt.	Site Score
1. Site has current CA Radiologic Health Branch Inspection Report, if there is radiological equipment on site.				1	
2. If no radiological equipment on site, immediate access to diagnostic radiology services (plain film x-rays) with urgent results made available to member and PCP a. Chest and Limb x-rays				1	
3. Current copy of Title 17 with a posted notice about availability of Title 17 and its location. (document must be posted on site.)				1	
4. "Radiation Safety Operating Procedures" posted in highly visible location.				1	
5. "Notice to Employees Poster" posted in highly visible location.				1	
6. "Caution, X-ray" sign posted on or next to door of each room that has X-ray equipment.				1	
7. Physician Supervisor/Operator certificate posted and within current expiration date.				1	
8. Technologist certificate posted <i>and</i> within current expiration date.				1	
The following radiological protective equipment is present on site: 9. Operator protection devices: radiological equipment operator must use lead apron or lead shield.				1	
10. Gonadal shield (0.5 mm or greater lead equivalent): for patient procedures in which gonads are in direct beam				1	
11. Urgent x-ray results are made available to the Member and PCP				1	
Comments: Write comments for all "No" (0 points) and "N/A" scores					
TOTALS					

VI. Minimum Required Equipment

Equipment Survey Criteria					
	YES	NO	N/A	Wt.	Site Score
1. Exam table and lights in proper working order				1	
2. Stethoscope and sphygmomanometer with various size cuffs (e.g. child, adult, obese/thigh).				1	
3. Thermometers: oral and/or tympanic/thermoscan with a numeric reading				1	
4. Scales: standing and infant scales.				1	
5. Basic exam equipment: percussion hammer, tongue blades, patient gowns.				1	
6. Ophthalmoscope				1	
7. Otoscope and adult and pediatric ear speculums				1	
8. EKG machine				1	
9. Nebulizer				1	
10. Splinting materials				1	
11. Suction machine and catheters (Recommended)				1	
12. NG tubes (Recommended)				1	
13. Wound irrigation supplies				1	
14. Eye and Ear irrigation supplies				1	
15. Eye tray				1	
16. Wood's lamp for dermatologic diagnosis (Recommended)				1	
17. Suture kits and materials				1	
18. Dressing supplies				1	
19. Eye charts literate and illiterate, and occluder for vision testing				1	
20. Pulse Oximetry				1	
21. Oxygen (Oxygen tank must be a minimum of ¾ full)				2	
22. Appropriate sizes of ESIP needles/syringes				2	
23. Alcohol wipes				1	
Comments: Write comments for all “No” (0 points) and “N/A” scores					
TOTALS					

VII. Minimum Required Medications

Medication Survey Criteria					
	YES	NO	N/A	Wt.	Site Score
1. Albuterol for inhalation or Nebulizer or metered dose inhaler				1	
2. Epinephrine 1:1,000 (Injectable) for anaphylaxis				1	
3. Benadryl 50 mg (injectable) or Benadryl 25 mg (oral)				1	
4. Burn dressing, i.e. Silvadene				1	
5. Tylenol & Motrin				1	
6. Anti-nausea medication				1	
7. Anti-diarrhea medication				1	
8. Injectable Antibiotics				1	
9. Tdap				1	
10. Xylocaine				1	
11. Fluorescein Strips				1	
12. Naloxone				1	
13. Chewable Aspirin				1	
14. Nitroglycerine spray/tablet				1	
15. Glucose				1	

<p>Comments: Write comments for all “No” (0 points) and “N/A” scores</p> <p style="text-align: right;">TOTALS</p>					
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VIII.

IX. Infection Control

Infection Control Survey Criteria					
	YES	NO	N/A	Wt.	Site Score
1. Personal Protective Equipment is readily available for staff use.				2	
2. Needlestick safety precautions are practiced on site.				2	
3. Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate <i>leak proof, labeled</i> containers for collection, handling, processing, storage, transport or shipping.				2	
4. Spore testing of autoclave/steam sterilizer with documented results (at least monthly).				2	
5. Cold chemical sterilization solutions used according to manufacturer's recommendations.				1	
6. Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material with an EPA approved disinfectant.				1	
7. Autoclave/steam sterilization performed by trained personnel.				1	
Comments: Write comments for all “No” (0 points) and “N/A” scores					
TOTALS					

X. Medical Record Review

Medical Record Survey Criteria					
	#1	#2	#3	#4	#5
1. Files are legible, organized, contents are securely fastened and maintained in a secure area					
2. Each page is dated and contains the patient's name.					
3. Medication allergies (or NKA) are noted.					
4. There is a signed consent for treatments/procedures.					
5. Documentation of a targeted physical assessment with vital signs.					
6. Documentation of after-care instructions acknowledged.					
7. Notification to primary care physician.					
Comments: Write comments for all “No” (0 points) and “N/A” scores	Total:	Total:	Total:	Total:	Total:
Combined totals: _____					

Urgent Care Site Review

Access / Safety	Personnel	Office Management	Clinical Services	Required Equipment	Required Medications	Infection Control	Medical Records	Total
10	14	7	25	25	15	11	35	Exempted Pass: 90-100% (w/o critical element, pharmacy and/or infection control deficiencies) Conditional Pass: 80-89%, or 90% & above (w/ critical element, pharmacy and/or infection control deficiencies) Not Pass: Below 80%
Access/Safety								
Personnel								
Office Management								
Medical Records								
Clinical Services								
Required Equipment								
Required Medication								
Infection Control								