

# 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)	_____ Monitoring _____ Ed/TA Population Served: ___ 0-20yrs ___ 21-54yrs ___ 55 and above Special Services List:
<b>Site Scores</b>	<b>Scoring Procedures</b>
<b>Compliance Rate</b>	

<p><b>I. Access/Safety</b>                    ___/11</p> <p><b>II. Personnel</b>                        ___/13</p> <p><b>III. Office Management</b>           ___/10</p> <p><b>IV. Clinical Services</b>               ___/29</p> <p><b>V. Required Equipment</b>           ___/25</p> <p><b>VI. Required Medications</b>       ___/15</p> <p><b>VII. Infection Control</b>            ___/12</p> <p><b>VIII. Medical Record Review</b>   ___/40</p> <p style="text-align: right;"><b>Total</b>     /155</p>	<ol style="list-style-type: none"> <li>1.) Add points given in each section.</li> <li>2.) Add total points given for all six sections</li> <li>3.) Adjust score for “N/A” criteria (if needed).</li> <li>4.) Subtract “N/A” points from total points possible.</li> <li>5.) Divide total points given by 100 or by “adjusted” total points</li> <li>6.) Multiply by 100 to get the compliance (percent) rate</li> </ol>	<p>___ <b>Exempted Pass:</b> 90% or above (w/o) CE, Pharm, and/or IC deficit</p> <p>___ <b>Conditional Pass:</b> 80-89%, or 90% or above (w/CE, Pharm, and/or IC deficit</p> <p>___ <b>Not Pass:</b> Below 80%</p> <p>___ <b>CAP required</b></p> <p>___ <b>Other follow-up</b></p> <p><b>Next review date:</b> _____</p>
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# 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, Ambubag, oral airways, bulb syringe, and emergency meds (Benadryl, epinephrine) required and is stored in an easily accessible place				1	
7. Medication dosage chart for all medications included with emergency equipment is kept with the emergency medications.				1	
8.. Medical equipment is clean, functioning properly, and maintained in operational condition with documentation to demonstrate appropriate maintenance according to manufacturer's guidelines				1	
9.. Exam rooms are clean and safe and provide physical and auditory privacy for patients.				1	
<b>10. Language services: members must have access to the following language service at all times (Telephonic and Video Remote Interpreting CASL only).</b>				<b>2</b>	
<b>Comments:</b> Write comments for all "No" (0 points) and "N/A" scores					
<b>TOTALS</b>					

## 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 NPss 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 5% 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 5% 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. 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	
<p><b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores</p> <p style="text-align: right;"><b>TOTALS</b></p>					

# III. Office Management

RN/MD Review Only (#B)

<b>Office Management Survey Criteria</b>					
<b>Please provide a Policy/Procedure and Evidence of staff training for the following:</b>	YES	NO	N/A	Wt.	Site Score
1. Patient triage. Only appropriate licensed medical personnel shall triage and handle phone triage/ advice (MD, DO, NP, RN, PA)				1	
2. Transport of emergency patients to appropriate facility. There is evidence staff has received safety training and/or has information available on emergency non-medical and emergency medical procedures.				1	
3.: Patient confidentiality. Confidentiality is maintained according to HIPAA guidelines				1	
4. Handling & disposing of biohazardous waste & blood borne pathogen exposure				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. Informed Consent				1	
8. Cultural Linguistics & Disability Rights and provider obligations				1	
9. Site utilizes California Immunization Registry (CAIR) or most current version.				1	
10. Interpreter services are in identified threshold languages; interpreter services phone numbers available to staff				1	

<b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores					
<b>TOTALS</b>					

## IV. Clinical Services

### A. Clinical Services Survey Criteria

	YES	NO	N/A	Wt.	Site Score
1. Refrigerator daily temperature logs maintained appropriately.				1	
<b>2. Only qualified/trained personnel retrieve, prepare or administer medications. Site has a procedure in place for confirming correct patient/medication/vaccine dosage prior to administration.</b>				<b>2</b>	
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. Site has a procedure to check expiration date of all drugs (including vaccines and samples)				1	
6. Refrigerator thermometer temperature is 35-46 Farenheit or 2-8 Centigrade (at the time of the visit)				1	
7. Site utilizes drug/vaccine storage units that are able to maintain required temperature.				1	
8. Drugs and vaccines are stored separately from test reagents, germicides, disinfectants, and other household substances.				1	
9. Drugs are prepared in a clean area or "Designated clean" area if prepared in a multipurpose room.				1	
<b>Comments:</b> Write comments for all "No" (0 points) and "N/A" scores					
<b>TOTALS</b>					



## 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 check all expiration dates of lab supplies.				1	
8. Site has a procedure to dispose of expired lab supplies and/or hazardous waste.				1	
<b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores					
<b>TOTALS</b>					

## 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	
<b>Comments:</b> Write comments for all "No" (0 points) and "N/A" scores					
<b>TOTALS</b>					

# V. 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	
<b>21. Oxygen (Oxygen tank must be a minimum of ¾ full) and have a back-up system in place.</b>				<b>2</b>	
<b>22. Appropriate sizes of ESIP needles/syringes</b>				<b>2</b>	
23. Alcohol wipes				1	
<b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores					
<b>TOTALS</b>					

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

# VII. 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). Staff demonstrate and/or verbalize process for management of positive mechanical, chemical, and/or biological indicators of the sterilization process				2	
5. Cold chemical sterilization solutions used according to manufacturer's recommendations.				1	
6. Site has a procedure for effectively isolating infectious patients with potential communicable conditions.				1	
7. Equipment and work surfaces are appropriately cleaned and decontaminated after contact with blood or other potentially infectious material with an EPA approved disinfectant and is effective in killing HIV/HBV/TB				1	
8. Autoclave/steam sterilization performed by trained personnel.- Staff demonstrate/verbalize necessary steps/process to ensure sterility and/or high level disinfection to ensure sterility /disinfection equipment.				1	

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

<b>Medical Record Survey Criteria</b>					
	#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. All entries are signed, dated, and legible. Signature includes the first initial, last name, and title of health care personnel providing care, including medical assistants.					
8. Notification to primary care physician.					
<b>Comments:</b> Write comments for all “No” (0 points) and “N/A” scores	Total:	Total:	Total:	Total:	Total:
<b>Combined totals:</b> _____					



# Urgent Care Site Review

Access / Safety	Personnel	Office Management	Clinical Services	Required Equipment	Required Medications	Infection Control	Medical Records	Total
11	13	10	29	25	15	12	40	<b>Exempted Pass: 90-100%</b> (w/o critical element, pharmacy and/or infection control deficiencies) <b>Conditional Pass: 80-89%, or 90% &amp; above</b> (w/ critical element, pharmacy and/or infection control deficiencies) <b>Not Pass: Below 80%</b>
<b>Access/Safety</b>								
<b>Personnel</b>								
<b>Office Management</b>								
<b>Medical Records</b>								
<b>Clinical Services</b>								
<b>Required Equipment</b>								
<b>Required Medication</b>								
<b>Infection Control</b>								