

BLUE CROSS BLUE SHIELD OF NEBRASKA ON-SITE REVIEW PROGRAM FACILITY STANDARDS FOR PROVIDER OFFICES (MD/DO)

GOAL: Each provider office/facility shall maintain compliance with the Facility Standards in order to provide a safe and confidential environment that is conducive to the delivery of effective patient care for members as well as the protection of the office staff.

The standards are based on the National Committee for Quality Assurance (NCQA) "Guidelines for Facility Review." Each standard has a relative weight assigned to it. The standards and weight assignments have been approved by the Blue Cross Blue Shield of Nebraska Credentialing Committee and Quality Improvement Committee.

Facilities are reviewed against each applicable standard. A score is calculated based on the relative weight of each standard. **Blue Cross Blue Shield of Nebraska compliance score for facility review is 85%**

Effective date: January 1995

Revision Date: June 1997, October 1997, August 1998, October 1999, September 2000, December 2006

**BLUE CROSS BLUE SHIELD OF NEBRASKA OFFICE/FACILITY
ON-SITE REVIEW STANDARDS (MD/DO)**

OFFICE/FACILITY SAFETY AND ENVIRONMENT

GOAL: To ensure that patient care is delivered in a safe and hazard-free environment, and the office/facility provides both comfort and privacy to the patient. The following indicators reflect these characteristics.

INDICATORS	MET	NOT MET
1. The office shall be accessible to individuals with disabilities.	<p>The office is accessible to individuals with disabilities if all the following criteria are satisfied:</p> <p>(1) Designated parking available with appropriate sign/symbol in place.</p> <p>(2) An entrance ramp provided where needed.</p> <p>(3) Entryways wide enough to accommodate a wheelchair (at least 36 inches wide for adult wheelchair).</p> <p>(4) Bathroom(s) with safety bars and of sufficient size to accommodate a wheelchair and provide privacy.</p> <p>Note: When minor alterations are “readily achievable” and not cost prohibitive, and are accomplished, this indicator is considered to be met. Other structural modifications/alterations could be made when major redesign or remodeling of the office/facility occurs.</p>	<p>The office has made no provisions or no plan to accommodate individuals with disabilities as described in the “Met” column.</p> <p>The reviewer needs to use judgment in evaluating what efforts have been made with reference to the Americans with Disabilities Act (ADA).</p>
2. Patient examining rooms/consulting rooms shall be designed to ensure patient comfort and privacy.	All rooms used to see patients are private rooms with doors that close and provide adequate space for patient examination.	Rooms that are used to see patients have no doors that close and/or do not provide adequate space for patient examination.
3. The office shall assure that appropriate fire safety measures are in place. <ul style="list-style-type: none"> a. Evacuation Route Map available b. Fire Extinguisher Tags are current c. Clearly marked Exits 	<p>When the following conditions are satisfied:</p> <p>a. Fire/Disaster plan available/posted for all staff members. (This does not have to be an elaborate procedure manual, e.g., a map for evacuation, small notebook on bulletin board).</p> <p>b. Fire extinguishers present in the office, approximately every 75 feet, currently tagged (within past year).</p> <p>c. Clearly marked Exits.</p>	If the conditions in the “Met” column are not satisfied.

INDICATORS	MET	NOT MET
<p>4. The office shall have appropriate medical emergency procedures and supplies.</p> <ul style="list-style-type: none"> a. Emergency Procedure (Written or Verbal) b. Emergency Supplies appropriate for the Site c. CPR trained staff (current) 	<ul style="list-style-type: none"> a. When the following conditions are satisfied; evidence (i.e., staff interviews, written procedures, in-house education for staff, call 911), that the office staff are aware of what action is to be taken in a medical emergency involving a patient or a staff member, evidence that emergency supplies are available for the scope of practice. b. Examples of supplies are as follows: <ul style="list-style-type: none"> (1) Protective face masks (2) Oxygen (3) Ambu-bags (4) Airways c. At least one (1) staff member (other than the physician) is current regarding CPR course completion and available during patient care hours. 	<p>There is no evidence of emergency procedures/supplies as described in the "Met" column.</p> <p>There is no staff member available with current CPR training available during patient care hours as described in the "Met" column.</p>
<p>5. There should be a system for inspecting expiration dates on drugs and supplies.</p>	<p>There is a system (written or verbal) for inspecting expiration dates on drugs and supplies, e.g., evidenced by staff interview, written log, reviewer observation of expired dates on drugs and/or supplies.</p>	<p>There is no system for inspection of expiration dates on drugs and supplies as described in the "Met" column.</p> <p>Drugs and/or supplies have expired dates.</p>
<p>6. The following measures will be taken for all controlled drugs and substances (including scheduled sample medications).</p> <ul style="list-style-type: none"> a. All controlled drugs/substances shall be stored in a locked area with limited access. b. All controlled drugs/substances shall be logged. 	<ul style="list-style-type: none"> a. There is evidence that the key/combination to the locked area is limited to designated staff. All other staff are able to identify who has access. b. There is a sign-out log (i.e., name of drug and dosage, patient name, name of physician dispensing drug, date, quantity dispensed. and inventory completed on a regular basis of all controlled drugs, (all schedule II, III, IV and V drugs, e.g., narcotics, sleeping pills, pain medication, Tylenol with codeine, ASA with codeine, Valium, Ativan, Lomotil, etc.). <p>Not applicable if there are no controlled drugs/substances kept in the office.</p>	<ul style="list-style-type: none"> a. Scheduled II, III, IV, and/or V controlled drugs/substances are being stored are not being stored as described in the "Met" column. b. Controlled drugs/substances are not being accounted for as described in the "Met" column.

INDICATORS	MET	NOT MET
<p>7. There shall be a satisfactory process of infection control.</p> <p>a. Infectious materials are discarded separately, bagged and identified as "Biohazardous Materials".</p> <p>b. Instruments that come into contact with patients are either discarded appropriately or sterilized by an autoclave or gas sterilization procedure after each sterile procedure. Instruments used for non-sterile procedures are cleaned and soaked appropriately.</p>	<p>a. The office has evidence that OSHA Requirements for Blood Borne Pathogens are being followed for infection control, i.e., infectious materials (needles, dressings, etc.) are discarded appropriately, bagged and identified as "Biohazardous Materials".</p> <p>b. Instruments coming in contact with patients are either discarded appropriately, sterilized by an autoclave or gas sterilization process after each sterile procedure. Instruments used for clean (non-sterile) procedures are cleaned properly and soaked in appropriate cold sterilizing solutions. There are procedures known to the staff for the cleaning of the "flexible sigmoidoscope" and "endoscope" with appropriate protective clothing available where needed. (The reviewer will evaluate by observation or by staff interview).</p>	<p>There is no evidence that there is a satisfactory process for infection control as described in the "Met" column.</p>
LABORATORY SERVICES (WHERE APPLICABLE)		
INDICATORS	MET	NOT MET
<p>8.</p> <p>a. The laboratory work space shall be separate from the patient waiting area(s)/exam room(s).</p> <p>b. The CLIA certificate or certificate of waiver is current.</p>	<p>a. The laboratory work space is separate from the patient areas.</p> <p>b. The CLIA certificate/waiver is observed by the reviewer to be current.</p>	<p>There is no separate laboratory work space that is separate from the patient areas.</p> <p>The CLIA certificate/waiver available is not current as described in the "Met" column. If a copy of the CLIA certificate/waiver can be located and faxed/sent to the reviewer before reports are completed, this indicator is considered to be met.</p>
<p>9. The radiology service area shall be separate from the patient waiting areas and exam rooms with nothing that would obstruct the safety of patient travel or examination.</p>	<p>The radiology service area is separate from the patient waiting areas and exam rooms. There is no clutter that would obstruct the safety of patient travel or examination.</p>	<p>The radiology service area is not separated from the patient waiting areas or exam rooms and/or there is clutter in the area that would obstruct patient safety as described in the "Met" column.</p>

INDICATORS	MET	NOT MET
10. There shall be a current “state registration of radiation generating equipment” available for review.	The reviewer observes the “state registration of radiation generating equipment” and verifies that it is current within the past year.	The reviewer does not observe the “state registration of radiation generating equipment”, dated within the past year. If a copy of the registration can be located and faxed/sent to the reviewer before reports are completed, this indicator is considered to be met.
11. There shall be routine maintenance of the radiology equipment conforming to the manufacturer’s recommendation.	There is evidence (verbal/written log) that the radiology equipment has been inspected, conforming to the manufacturer’s recommendations for maintenance, by outside agencies.	There is no evidence (verbal or written) that the radiology equipment has been inspected as described in the “Met” column.
12. There shall be a warning sign for pregnant women prominently displayed in the radiology service area.	There is a warning sign for pregnant women prominently displayed in the radiology area. Reviewer must observe. This sign is a warning for women who are pregnant, or have reason to suspect they may be pregnant, to inform the radiology staff prior to any x-ray procedure.	The reviewer does not observe a warning sign prominently displayed in the radiology service area.
13. There shall be protective shields (for staff and patient use) available in the radiology area.	The reviewer observes protective shields (e.g.: apron) for patient and staff use in the radiology area.	The reviewer does not observe protective shields available for patient as well as staff use.
ADMINISTRATIVE		
INDICATORS	MET	NOT MET
14. There shall be evidence that the confidentiality of the medical records is secured.	The confidentiality of the medical records is secured when the following elements are met: <ul style="list-style-type: none"> • Policies/procedures (written or verbal) for authorization of record release. • Storage of medical records away from public access. • Policies/procedures (written or verbal) for transporting medical records to and from multiple clinic sites (if applicable) that address how confidentiality of the medical record is secured during the transportation process. 	The office/facility has made no provisions to meet the standard as described in the “Met” column.

INDICATORS	MET	NOT MET
15. There shall be evidence that the medical records are physically safe.	<p>The medical records are considered physically safe when stored in an area that is reasonably protected from floods, fires and/or theft.</p> <p>Policies/procedures (written or verbal) for transporting medical records to and from multiple clinic sites (if applicable) that address physical safety of the medical record being transported.</p>	The office has made no provisions to meet the standard as described in the "Met" column.

Effective Date: January 1995

Revision Date: June 1997, October 1997, August 1998, October 1999, September 2000, December 2006