

## Johns Hopkins Health Plans Practitioner Office Site Evaluation Form

Initial Credentialing: \_\_\_\_\_ Recredentialing: \_\_\_\_\_ New Location: \_\_\_\_\_ C&G: \_\_\_\_\_

Date of review: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ Vistar ID# \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax# \_\_\_\_\_ Email: \_\_\_\_\_

Names and specialties of other providers in practice:

Name	Specialty

Medical Director: \_\_\_\_\_

Professional Staff (indicate total #): \_\_\_\_\_

P.A. \_\_\_\_\_ N.P. \_\_\_\_\_ R.N. \_\_\_\_\_ M.A. \_\_\_\_\_ Administrative \_\_\_\_\_

Office Hours:

Date of Next Available Appointment:

Monday		New Pt. H&P	
Tuesday		Est. Pt. Routine	
Wednesday		Non-Urgent Care	
Thursday		Urgent Care	
Friday			
Saturday			
Sunday			

Answering Service: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name and phone number of answering service: \_\_\_\_\_ (\_\_\_\_)

Office Contact Person: \_\_\_\_\_

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<b>Accessibility</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1. Are handicapped parking spaces identified as such? (Parking areas should have marked spaces for disabled persons with handicapped van accessibility. There should be at least 1 space)			-	1.0
2. Do wheelchairs have easy access to the building and office? (There should be an unobstructed route to the building entrance, with access including a ramp, a door wide enough, and/or automatic doors or door handles that are easy to grasp and use)			-	1.0
3. Can wheelchairs move freely within the office and exam room? (Wheelchair mobility should not be obstructed or difficult)			-	1.0
4. Can the elevator be operated from a wheelchair? (If present, should be equipped for use by those in wheelchairs)				1.0
5. Are public restrooms handicapped accessible and do they have handrails? (Restrooms should be located in a reasonable area for access and equipped for a patient in a wheelchair)			-	1.0
<b>Facility</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1. Does it appear as though housekeeping has been performed on the inside of the office? (The inside of the office should be well maintained and in a safe condition)			-	1.0
2. Are office hours posted?			-	1.0
3. Is there adequate waiting room space for volume of patients (at minimum 1-2 chairs per exam room)? (Enough space & chairs to comfortably accommodate the volume of patients, must meet fire codes, and have adequate space for a wheelchairs)			-	1.0
4. Is the waiting area clean, well lit & ventilated appropriately? (Lighting should be adequate for reading, room should be well ventilated with functioning HVAC)			-	1.0
5. Are floors slip/trip free surfaces?			-	1.0
6. Is there at least one exam room per physician?			-	1.0
7. Are all exam rooms designed for privacy?			-	1.0
8. Are all exam rooms clean and orderly?			-	1.0
9. Are hand washing facilities and supplies in close proximity to the exam room?			-	1.0
10. Is the exam table paper changed between patients?			-	1.0
11. Are patients furnished with drapes/gowns?			-	1.0
12. Is the exam room equipment clean and in working order (i.e.: thermometer, BP cuffs, and sphygmomanometers, dressing trays, otoscopes etc.)			-	1.0
13. Does it appear as though routine maintenance has been performed on the outside of the office?			-	1.0
<b>Facility Technology</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1. If there is onsite radiology is there a Maryland state license of equipment posted? <i>Last inspection date:</i>				1.0
2. If there is mammography on site, is there a license posted for the equipment? <i>Last inspection date:</i>				1.0
3. Is the CLIA license or state of Maryland lab license displayed or available for an auditor? <i>Expiration Date or date of last audit:</i>				1.0

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<b>Emergency</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1. If emergency kit is present, is it accessible, checked and initialized? (A first aid kit is highly recommended)			-	1.0
2. Is at least one emergency trained (CPR, etc) personnel member on site during hours of operation?			-	1.0
<b>Pharmaceuticals</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1. Are prescription pads kept in a secure area away from patients? (Should be kept secure with limited access to authorized persons)				1.0
2. Are drugs, including samples, stored in a lockable cabinet or room? (All drugs should be kept in a secure location with limited access)				1.0
3. Is there a mechanism in place for checking drug expiration dates on a monthly basis?				1.0
4. Multidose injectable medication vials are discarded according to the expiration date on the vials. (Multiple use vials are discarded within one month of open date or documentation exists that medication is viable)				1.0
<b>Infection Control</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1. Do all waste cans have liners?			-	1.0
2. Is there evidence of procedure for safe, tamper-proof disposition of syringes and needles? (The office has procedures for the disposition of syringes and needles in accordance with OSHA standards and state regulations)				1.0
3. Is the evidence of proper biohazardous material disposal? (Biohazardous medical waste must be disposed of properly in accordance with OSHA standards and state regulations) <b>Name of Biohazardous Waste Hauler?</b> _____ <b>If they do not utilize one, how do they dispose? (i.e.: take to local hospital? Cannot throw into the dumpster.)</b>			-	1.0
<b>Safety</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1. Are exit signs visible? (Exit signs should be clearly marked)			-	1.0
2. Are fire extinguisher(s) easily accessible and there is evidence that they have been checked? <b>Expiration Date:</b>			-	1.0
<b>Appointment Accessibility</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1. Are emergent needs immediately assessed/referred/treated?			-	1.0
2. Is urgent care assessed/referred/treated within 24 hours?			-	1.0
3. Is non-urgent care (symptomatic) within 7 calendar days?			-	1.0
4. Are routine health assessments (symptomatic) within 90 days?			-	1.0
5. Are histories and physical exams within 90 calendar days?			-	1.0
6. Is there a written policy for urgent and non-urgent telephone response times? <b>If not written, explain policy:</b>			-	1.0
7. Is there a written policy for patient waiting time for schedule appointments? <b>If not written, explain policy:</b>			-	1.0
8. Is there a procedure addressing physician coverage including after-hours and emergency coverage?			-	1.0

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<b>Patient Rights</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1. Does staff maintain a courteous and professional manner?			-	1.0
2. Is there a policy in place which addresses patient complaints/concerns? <i>Explain:</i>			-	1.0
3. Are there provisions for non-English speaking patients? (Does the office provider interpreting services, or do they require an interpreter be brought by the patient)			-	1.0
4. Are there provisions for visually and/or hearing impaired patients? (The office can accommodate and service visually and/or hearing impaired persons in accordance with the Americans with Disabilities Act.)			-	1.0

**(A) Paper Chart \_\_\_\_\_ (B) EMR (Electronic Medical Record) \_\_\_\_\_**

<b>A. Medical Record Keeping-Paper Chart</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1A. Is there a process in place which provides patient confidentiality and medical record security?			-	1.0
2A. Are medical records easily retrievable at the time of patient encounter and for administrative purposes?			-	1.0
3A. Do all pages contain patient name or ID#?			-	1.0
4A. Is there one patient in each chart?			-	1.0
5A. Is the patient's address present?			-	1.0
6A. Is the patient's home phone number present?			-	1.0
7A. Is the patient's or parent/guardian work phone number present?			-	1.0
8A. Are the patient's age, sex, and marital status present?			-	1.0
9A. Is the patient's or parent/guardian employer name present?			-	1.0
10A. Is there author identification on each entry? (Every entry must contain handwritten initials or signatures, which are legible. Includes chart notes, nurses notes, vital signs, medications, etc.)			-	1.0
11A. Are all the entries dated? Is the file in chronological order? (All entries in the chart must be dated)			-	1.0
12A. Is the record legible?			-	1.0
13A. Are medical records organized, permitting effective patient care and quality review? (Records must be uniform, detailed, current, organized, and must permit effective patient care and quality review.)			-	1.0
14A. Are all documents medical record securely attached in chart? (There should be no loose pages in the record. If a post-it is used, it must be secured in the chart)			-	1.0
15A. Is there a completed problem list, which states significant illness and medical conditions? (Significant medical conditions are indicated on a problem list. This provides the patients' health at a glance. If the patient has no significant illness, then "healthy male or female" could be documented to indicate that the patient was evaluated. Could also document "health maintenance" if only in for a complete medical exam. Documentation of			-	1.0

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<b>A. Medical Record Keeping-Paper Chart</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
each patient encounter should include the reason for the encounter and relevant history, the physical exam findings, prior diagnostic tests results, an assessment, clinical impression or diagnosis, and the plan for care. The person recording the patient's vital signs should record the Chief Complaint as a concise statement describing the symptoms, problems, conditions, diagnosis, physician-recommended return, or other factor that is the reason for the encounter.)				
16A. Are allergies and adverse reactions to medications, or the lack thereof (NKA), prominently displayed? (Medication allergies and adverse reactions as well as "NKA" or "NKDA" should be prominently noted in the chart)			-	1.0

<b>B. Medical Record Keeping-EMR</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
1B. Is the EMR password protected, and there is a Firewall/Security System in place, and patient information is not left unattended on the computer screen? (screensaver should be utilized)			-	1.0
2B. In the event of a power failure, does provider have a backup paper chart? How often is all data backed up?  _____			-	1.0
How specialists are consult reports/results stored if paperless? Is it scanned or a separate paper chart is kept?				
3B. Is the patient's address present?			-	1.0
4B. Is the patient's home phone number present?			-	1.0
5B. Is the patient's or parent/guardian work phone number present?			-	1.0
6B. Are the patient's age, sex, and marital status present?			-	1.0
7B. Is the patient's or parent/guardian employer name present?			-	1.0
8B. Is the author identified in an EMR record, if so, how? <b>Explain:</b>			-	1.0
9B. Are all the entries dated and in chronological order?			-	1.0
10B. Are medical records organized, permitting effective patient care and quality review? (Records must be uniform, detailed, current, organized, and must permit effective patient care and quality review.)			-	1.0
11B. Is there a completed problem list, which states significant illness and medical conditions? (Significant medical conditions are indicated on a problem list. This provides the patients' health at a glance. If the patient has no significant illness, then "healthy male or female" could be documented to indicate that the patient was evaluated. Could also document "health maintenance" if only in for a complete medical exam. Documentation of each patient encounter should include the reason for the encounter and relevant history, the physical exam findings, prior diagnostic tests results, an assessment, clinical impression or diagnosis, and the plan for care. The person recording the patient's vital signs should record the Chief Complaint as a concise statement describing the symptoms, problems, conditions, diagnosis, physician-recommended return, or other factor that is the reason for the encounter.)			-	1.0
12B. Are allergies and adverse reactions to medications, or the lack thereof (NKA), prominently displayed? (Medication allergies and adverse reactions as well as "NKA" or "NKDA" should be prominently noted in the chart)			-	1.0

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<b>B. Medical Record Keeping-EMR</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Weight</b>
13B. Health Information and Data: Does the practice have immediate access to key information-such as patients' diagnosis, allergies, lab test results, and medications (this would improve caregivers' ability to make sound clinical decisions in a timely manner)			-	1.0
14B. Result Management: Does the practice have the ability for all providers participating in the care of a patient in multiple settings to quickly access new and past test results that would increase patient safety and the effectiveness of care?			-	1.0
15B. Order Management: Does the practice have the ability to enter and store orders for prescriptions, tests, and other services which would enhance legibility, reduce duplication, and improve the speed with which orders are executed?			-	1.0
16B. Decision Support: Does the practice use reminders, prompts, and alerts to help improve compliance with best clinical practices, ensure regular screenings and other preventive practices, identify possible drug interactions, and facilitate diagnosis and treatment?			-	1.0
17B. Electronic Communication and Connectivity: Is the EMR efficient, secure, and a readily accessible point of communication between providers and improves patient continuity of care, increase the timeliness of diagnosis and treatments and reduce the frequency of adverse events?			-	1.0
18B. Patient Support: Does the EMR provide tools that providers can give to patients to access their health records, provider interactive patient education, and help them carry out home monitoring and self-testing which can improve control of chronic conditions, such as diabetes?			-	1.0

#Yes=\_\_\_ #No=\_\_\_ #N/A=\_\_\_ Total (Y+N+N/A) = \_\_\_\_\_

Scoring Methodology: Divide the number of questions answered "Yes" and "N/A" by the total number of questions and multiply by 100. (X)/ (60 if paper chart) and (62 if EMR) x 100%.

Pass: \_\_\_\_\_ (80-100%) Fail: \_\_\_\_\_ (79% or below)

Corrective Action Plan Required if Failed.

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Johns Hopkins Health Plans Practitioner Office Site Evaluation Form

Site Review

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of  
Provider/Individual

Assisting with Review: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of

Sr. Dir. Provider Relations: \_\_\_\_\_ Date: \_\_\_\_\_

- (1) Original to Network Manager to be scanned into VISTAR & placed in provider file
- (1) Copy to be returned to provider