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Facility Standards

All Provider Types

The following quality standards for the facilities of practices participating in our managed care programs have been adopted by Blue Cross and Blue Shield of North Carolina and endorsed by the Physician Advisory Group for use in assessing the environment in which health care is provided to our members.

1. PHYSICAL APPEARANCE – General appearance of the facility provides an inviting, organized and professional demeanor.

- a. The grounds are well kept and patient parking is adequate with easy traffic flow.
- b. The office name or address is clearly visible from the street and office hours are posted.
- c. Internal waiting area(s) and treatment rooms are clean, well lit, and smoke free.
- d. Exam and treatment rooms are clean and provide privacy for patients. (Conversations in the office/treatment area should be inaudible in the waiting area.)
- e. Halls, storage areas, and stairwells are neat, uncluttered and a safe environment is maintained.
- f. There is an emergency lighting source.

2. PHYSICAL ACCESSIBILITY – Office allows ease of entry into the building with appropriate accessibility within the building.

- a. There are clearly marked handicapped parking space(s) and handicapped access to the facility or documented process for assisting handicapped patients into the building.
- b. Designated toilet and bathing facilities are easily accessible and equipped for the handicapped (i.e. grab bars).
- c. The room is large enough to accommodate a 60 inch diameter wheelchair turn.
- d. Doors are sufficient width (28 inches) to accommodate EMS personnel and equipment.

***Exception:** Number 2(b), 2(c) and 2(d) above may be excluded from score [marked NA] if 1) the building is rented; 2) the owner refuses to upgrade the facility; and 3) the practice provides written documentation of attempts to have the owner upgrade.

3. ADEQUACY OF WAITING AND EXAM ROOM SPACE – The organization allows for the appropriate size and seating for waiting rooms.

- a. The exam room is a minimum of 10 ft x 10 ft or will accommodate 4 people comfortably.
- b. There is a minimum of 2 seating areas in the exam room to allow adequate seating for patients and family members.

4. ADEQUACY OF MEDICAL/TREATMENT RECORD KEEPING – Record keeping is orderly, secure, confidential and well documented.

- a. Controlled Substances are maintained in a locked container/cabinet. A record is maintained of use.
- b. There is a procedure for monitoring expiration dates of all medications in the office (i.e. medication logs).
- c. Controlled Substances are maintained in a locked container/cabinet. A record is maintained of use.
- d. Dedicated emergency kit is available which must include sufficient equipment/supplies to support life until patient can be moved to an acute care facility (minimum equipment should include ambu bag (adult, pediatric and infant, if applicable) and oxygen.)
- e. At least one staff member is certified in CPR or basic life support.
- f. Emergency procedures are in place and are reviewed with staff members at least annually. (Review must be documented.)
- g. Emergency medications are available. (Emergency medications should include at a minimum Aspirin (adults), Glucose gel/tablets, Epinephrine and Benadryl).
- h. Emergency supplies are routinely checked for expiration dates. A separate log is maintained documenting the routine checks.
- i. A written infection control policy/program is maintained by the practice. (There is a periodic review and staff in-service on infection control.)
- j. Sterilization procedures and equipment are available.
- k. There is an adequate tracking method in place to retrieve medical records. Practice must be able to retrieve all records when requested for review.
- l. A Quality Improvement committee meeting is held at least every six months and minutes are kept of the meeting.
- m. There is an adequate tracking method in place to retrieve medical records. Practice must be able to retrieve all records when requested for review.
- n. For non-physician clinics, clinical care protocols are available for review onsite reflecting physician oversight and approval that are updated at least annually (reviewer must see) (RC/CC clinics only).
- o. Medical Home follow-up care referral lists are available and updated at least quarterly (reviewer must see) (RC/CC clinics only).
- p. Written protocols are in place requiring medical records to be sent to the designated medical home provide for continuity of care purposes (reviewer must see) (RC/CC clinics only).
- q. Electronic health record is utilized and is capable of transferring information to medical home provider (RC/CC clinics only).

Goal 100% Compliance.

Developed 01/96, Reviewed 12/96, Reviewed 09/98, Reviewed 11/99, Reviewed 04/00, Revised 6/00, Revised 12/01, Revised 6/03, Revised 05/04, Revised 08/04, Revised 10/05, Revised 01/07, Revised 01/09, Revised 01/10, Revised 12/10, Revised 09/11, Revised 09/12; Revised (combined PCP/SBHC) 12/12, Revised 01/14, Reviewed 1/15, Revised 01/16 (Combined PCP/S/SBHC/UC/CC/HBPC)