CareFirst
Family of health care plans

Practitioner Office Standards and Performance Measures

Performance Goals: Practitioner offices are required to meet all practitioner office site quality standards and performance measures. An office site review is initiated upon reaching the threshold of quality of care complaints. The office site review requires 100% compliance.

Standard	Performance Measures
Safety/Privacy	
1. Reasonable accommodations have been made to allow access to office for people with disabilities.	▪ Where people with disabilities require assistance to access an office, staff is able to describe how they accommodate these patients. Some examples are: an entrance ramp is provided where there are steps; elevators are available in multiple story buildings
2. Privacy and confidentiality are maintained for each patient and their health information.	▪ Exam rooms, rest rooms and consultation areas have doors. Treatment bays have curtains to screen patients ▪ Gowns and drapes are available for patient use ▪ Patient interviews and staff discussions that occur outside exam areas are conducted in a manner that ensures confidentiality ▪ All PHI and PII are securely maintained
3. Passageways, reception and patient care areas are safe, clean, clear of hazards, and of adequate size for the practice.	▪ The environment is smoke free ▪ Waiting and patient care areas are adequate for the practice ▪ A rest room, which includes a toilet and handwashing facilities and supplies, is provided for patient use. Preferably, at least one rest room allows access for people with disabilities ▪ Entry to office and passageways are clear of obstacles and adequate for movement of patients and equipment ▪ Supplies are not stacked in a manner that could fall over or be pulled over on patients. Consider curiosity of children in pediatric practices ▪ Facility and equipment appear in good repair ▪ Syringes and needles are stored in cabinets or other locations that deter unauthorized access by patients ▪ Trash is not overflowing receptacles. Separate containers are available for hazardous waste and regular trash
4. There are established procedures for cleaning/disinfecting reusable equipment	▪ Staff is able to describe established procedures for cleaning surfaces in the office and disinfecting or sterilizing reusable equipment ▪ Biological monitoring of all autoclaves is performed and logged weekly ▪ There is a written procedure for handling positive biological monitors ▪ An integrator/indicator is placed inside each item autoclaved to verify steam penetration

Standard	Performance Measures
Emergency Preparedness	
5. The office is equipped with fire-fighting equipment and emergency plan in case of fire or other hazard.	■ Staff is able to describe an evacuation plan which demonstrates knowledge of emergency exit(s) and provisions for movement of patients to safety ■ For a large office with more than 10 staff members, a plan is written and posted ■ Door(s) that exit the office are marked by exit signs above or on the back of the door. Exit signs may be lighted or printed signs ■ There are directional arrows or other exit instructions in patient care areas when the direction of travel to exit is not immediately apparent ■ Office must be equipped with either an overhead sprinkler system or a fire extinguisher located in the office suite ■ Where portable fire extinguishers have been provided for staff use, an educational program is provided to familiarize staff with the general principles of extinguisher use and the hazards involved with fire-fighting ■ Extinguishers must have current tags documenting annual inspection by qualified fire equipment inspector or receipt showing purchase within one year
6. Medical emergency supplies are appropriate for specialty and scope of practice and are checked periodically for availability and expiration.	■ All primary care practices and specialty practices that administer injectable medications with a high potential for anaphylactic reaction must maintain adrenaline or epinephrine, and an appropriate means and qualified staff to administer ventilation ■ Staff is able to describe who is responsible and the frequency with which emergency supplies are checked for availability and expiration ■ For offices that have a defibrillator, staff is able to produce a record showing appropriate defibrillator checks and is able to verbalize that staff has been trained on proper use of equipment ■ At least one staff member, other than the physician, maintains current CPR certification
Pharmaceuticals	
7. All drugs and other pharmaceutical supplies are stored and monitored as appropriate.	■ Drug samples and other medications utilized in the office are stored in cabinets or other locations that deny unauthorized access by patients (e.g., drugs should not be observed on countertops or on open shelves in patient care areas) ■ Staff is able to describe who is responsible and the frequency with which drug samples are checked for expiration. Checking samples for expiration should be a routine office procedure, rather than optional or random in nature. At minimum, there should be documentation of quarterly inspection ■ Schedule II, III, IV and V narcotics (controlled substances) are stored in a locked location; access is restricted to a limited number of staff. (Controlled substances are identified by a "C" and Roman numeral on the packaging. Schedule II examples include codeine, Dilaudid, Demerol, Morphine, Percocet/Percodan. Schedule III, IV and V examples include Ativan, Halcion, phenobarbital, Restoril, Valium, Xanax and Buprenex.) ■ A periodic count of controlled substances is recorded ■ Staff is able to describe the steps taken to destroy outdated or unusable narcotics. Required documentation of these steps includes the signatures of two witnesses who are licensed staff members ■ Prescription pads are stored during office hours in a location that denies unauthorized access, such as kept with the physician or stored in a cabinet or drawer that is not in a patient care area ■ The temperature is monitored daily and recorded for the refrigerator and/or freezer designated for pharmaceuticals and biological materials ■ Staff is able to identify appropriate temperature range of refrigerator and freezer (if applicable). Refrigerator temperature should be maintained between 2 and 8 degrees Centigrade, or 36 and 41 degrees Fahrenheit; freezer temperature (if applicable) should be maintained per pharmaceutical guidelines ■ Pharmaceuticals and biological products are not refrigerated with food or beverages

Standard	Performance Measures
Laboratory	
8. A tracking system is utilized to monitor laboratory specimens and receipt of reports.	■ Staff is able to describe how laboratory specimens are tracked from acquisition to receipt of final reports. Patient name, date, specimen obtained, the laboratory tests requested and receipt of corresponding test results are monitored to ensure completion of intended laboratory tests. Office maintains a computerized or manual log. Another system may be employed if it accomplishes the intent in a consistent and accurate manner
9. Office has appropriate provisions for storage and removal of contaminated medical waste.	■ Sharps containers are closable, puncture resistant, leak-proof, and color-coded or labeled as biohazardous. Containers for other contaminated waste are closable, constructed to contain all contents and prevent leakage, and labeled or color-coded. Large sharps containers may be utilized for small volumes of other contaminated waste in lieu of separate containers ■ Sharps containers are stored out of immediate or accidental patient reach (i.e., sharps containers are wall mounted, located on countertops, or stored in a closed cabinet). Containers should not be stored on the floor or on exam tables where patients sit or lie ■ Staff is able to identify the hazardous waste hauler with which the office contracts to remove medical waste or describe disposal by the physician to an appropriate intermediate site such as a hospital ■ A large volume of full sharps containers or multiple large boxes or bags of other medical waste are not stored in the office; removal of waste should occur regularly
Office Operations	
10. Patient care is supervised by a physician or licensed professional during hours of operation.	■ Patient care is performed by a physician or licensed professionals or is performed by unlicensed staff under direct professional supervision. Services such as injections, in particular, are not performed by medical technicians or other unlicensed staff unless under direct physician supervision. Non-invasive services such as blood pressure testing may be performed as long as a physician is available by telephone to coordinate care if needed
11. All staff is referred to with the correct professional designation	■ Staff displays name tag or ID badge which identifies their position or professional title
Appointments/Accessibility	
12. There is a system for scheduling appointments, new patients, special problems and emergencies.	■ Practitioner has established procedures for staff members regarding how to prioritize and process calls from patients. Staff is trained or provided a written procedure ■ The intent is to ensure that patients are handled consistently and scheduled for appointments in a manner that recognizes the urgency of their complaints ■ Phone system is set up so that callers are able to reach a person and are not sent directly to voicemail ■ The staff is able to verbalize the wait time for appointments for the categories of non- symptomatic, urgent, and symptomatic non-urgent visits. (Preferred times are non- symptomatic in 30 days; urgent visits in 24 hours; symptomatic non-urgent visits within 14 days) ■ Patents who have an emergency are seen by a practitioner immediately or referred to an appropriate alternative medical facility
13. The practitioner or a covering practitioner is available/on call after office hours.	■ The practitioner or a designated covering practitioner may be contacted 24 hours per day through an answering service or directly by telephone and/or pager and responds within 30 minutes ■ Practitioner office answering machines need to be used in conjunction with a pager ■ It is not acceptable for a practitioner to direct all patients who call after office hours to a hospital emergency department

Standard	Performance Measures
Medical Record Evaluation	
14. Medical records are set up one per patient, organized in a consistent manner, kept confidential and are easily retrieved by appropriate office staff	■ Medical records do not contain information for other patients. Exception: Family members in one record must be clearly separated ■ Each medical record must be well organized and allow for documentation of: history and physical, allergies and adverse reactions (or "none" or "NKA"), problem list, visit notes for each visit, medications, preventive services/risk screening ■ Patient records are stored in a location that denies unauthorized access. Records are not stored in patient exam rooms unless files are locked during patient care hours ■ Records are stored and handled in a way that ensures confidentiality. The office staff is able to describe the process to preserve patient confidentiality and the appropriate release of medical information ■ Copy of the medical record release form is available for review in the office ■ Records are easily retrieved by appropriate office staff ■ If applicable, electronic medical records systems are designed to maintain information privacy, confidentiality, security, and data integrity. If systems were severely interrupted, there is a plan for maintaining continuity of information. The plan can be verbalized and includes an alternative means of processing data, provides for recovery of data and the return to normal operations as soon as possible

References

APhA	American Pharmacists Association
TJC	The Joint Commission
CMS	Centers for Medicare and Medicaid Services
COMAR	Code of Maryland Related Regulations
Federal Dispensing Regulation	(DEA) Drug Enforcement Administration (FDA) Food and Drug Administration
MCHIP	Commonwealth of Virginia Regulation for the Certification of Managed Care Health Insurance Plan Licensees
NFPA	National Fire Protection Association
OSHA	Occupational Safety and Health Administration

Approved by the Quality Improvement Council September 2018.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). ® Registered trademark of the Blue Cross and Blue Shield Association.