SUBJECT: Practitioner Office Site Quality

PURPOSE:
Office site visits are conducted for all new practice locations for Primary Care, OB/GYN, and Behavioral Health Care, or when the complaint threshold is triggered to ensure that Practitioners meet the University of Vermont Health Network Credentialing & Enrollment (“UVMHN C&E”) standards for the physical site and Medical/Treatment Record Keeping Practices.

POLICY STATEMENT:
UVMHN C&E sets Practitioner office site performance standards and thresholds for physical accessibility, physical appearance, adequacy of waiting and examining room space, adequacy of medical/treatment record keeping, office lab, and radiology/imaging room. UVMHN C&E uses these standards and thresholds when conducting practitioner quality office site visits.

UVMHN C&E conducts office site visits for practitioners if either of the following occurs: (i) new practice locations for Primary Care, OB/GYN, and Behavioral Health Care; or (ii) in any given 6 month period, there are at least three complaints against the practice related to physical accessibility, physical appearance and adequacy of waiting room space and office space; or (iii) if at any time a complaint is received about a practitioner’s physical site that is considered, in the UVMHN C&E departments sole discretion, to be a potential threat to Member care and/or safety, UVMHN C&E will conduct an office site visit based upon that complaint. The office site visit includes an assessment of the physical site and of the Medical/Treatment Record Keeping Practices of the Practitioner. Office site visits and the Medical/Treatment Record Keeping Practices are assessed against the UVMHN C&E standards.

PROCEDURE:
Site Visits initiated by complaint

1. The UVMHN C&E Department:
   1.1. Receives ongoing information about quality of practitioner office site member complaints.
   1.2. Maintains a rolling tracking record of all quality of practitioner office site member complaints including:
       1.2.1. The name of the Practitioner or the office location.
       1.2.2. The date of the complaint.
       1.2.3. The type of complaint.
       1.2.4. A brief description of the nature of the complaint.
       1.2.5. The resolution of the complaint.
1.3. Reviews:
   1.3.1. The type of complaint.
   1.3.2. The number of complaints in a specific category in a rolling six month period.
   1.3.3. Determines if an office site visit is needed.

1.4. Reports results of monitoring activities to the Credentialing Committee monthly.

2. When the practitioner office site member quality complaint threshold is triggered, Supervisor of Payor Services or designee notifies Credentialing & Enrollment Manager that an office site visit needs to be scheduled.

3. Supervisor of Payor Services or designee will schedule the office site visit:
   3.1. Within sixty (60) calendar days of the date of the third complaint.
   3.2. Within thirty (30) calendar days of a single complaint determined to be a potential threat to Member care or safety.

4. Supervisor of Payor Services, designee or Credentialing & Enrollment Manager conducts the site visit at the site to which the complaints were directed to assess compliance with The UVMHN C&E standards.

5. The following instrument is used to collect data about the site:
   5.1. UVMHN C&E Office Site Visit Tool.
   5.2. The site is reviewed for:
       5.2.1. Physical accessibility.
       5.2.2. Physical appearance.
       5.2.3. Adequacy of waiting and examining room space.
       5.2.4. General Office Requirements.
       5.2.5. Adequacy of medical/treatment record keeping.
       5.2.6. Office Lab.
       5.2.7. Radiology/Imaging Room.

6. The reviewer:
   6.1. Assesses and scores each of the elements on the data collection instruments.
   6.2. Determines the compliance percentage at the conclusion of the visit.
   6.3. Shares findings with the Practitioner or his or her representative at the conclusion of the review.
   6.4. Upon request, makes copies of the data collection instruments available to the Practitioner or his or her representative.

7. UVMHN C&E Office Site Visit Tool:
   7.1. Includes, but is not limited to, questions to assess the following elements:
       7.1.1. Physical appearance of the office.
       7.1.2. Physical accessibility of the office.
       7.1.3. Adequacy of patient space including the waiting area and treatment room(s).
       7.1.4. Adequacy of seating capacity.
       7.1.5. Adequacy of lighting in the waiting areas and the treatment and examination room(s).
7.1.6. Cleanliness of the waiting area and the treatment and examination room(s).

7.1.7. Availability of appointments for members with routine, urgent and emergency needs.

7.2. Requires that the site meet UVMHN C&E performance expectations as defined on the tool.

8. UVMHN C&E thresholds for offices and for medical/treatment record keeping are:

8.1. Physical accessibility, 80%.

8.2. Physical appearance, 80%.

8.3. Adequacy of waiting room space and office space, 80%.

8.4. General office requirements, 80%.

8.5. Adequacy of medical/treatment record keeping, 80%.

8.6. Office Lab, 80%.

8.7. Radiology/Imaging Room, 100%.

9. When the site visit identifies performance in one or more areas that is below the UVMHN C&E performance goals, letters are sent to the Practitioner:

9.1. Describing the deficiencies.

9.2. Identifying the target areas for improvement.

9.3. Explaining any corrective action that is required, the format for presenting additional information and the Supervisor of Payor Services or designee to whom questions or responses should be directed.

10. Supervisor of Payor Services or designee places a copy of the office site visit results in a file maintained per location in the UVMHN C&E Department.

Site Visits initiated by a New Primary Care, OB/GYN or Behavioral Health Office Location

1. The UVMHN C&E Department:

1.1. Receives information about new practice locations.

1.2. Reviews:

1.2.1. The type of specialty provided.

2. Supervisor of Payor Services or designee schedules the office site visit:

2.1. Prior to Enrollment.

3. Enrollment Specialist conducts the site visit to assess compliance with UVMHN C&E standards.

4. The following instrument is used to collect data about the site:

4.1. UVMHN C&E Office Site Visit Tool.

4.2. The site is reviewed for:

4.2.1. Physical accessibility.

4.2.2. Physical appearance.

4.2.3. Adequacy of waiting and examining room space.

4.2.4. General Office Requirements.

4.2.5. Adequacy of medical/treatment record keeping.

4.2.6. Office Lab.
4.2.7. Radiology/Imaging Room.

5. The reviewer:
   5.1. Assesses and scores each of the elements on the data collection instruments.
   5.2. Determines the compliance percentage at the conclusion of the visit.
   5.3. Shares findings with the Practitioner or his or her representative at the conclusion of the review.
   5.4. Upon request, makes copies of the data collection instruments available to the Practitioner or his or her representative.

6. UVMHN C&E Office Site Visit Tool:
   6.1. Includes, but is not limited to, questions to assess the following elements:
      6.1.1. Physical appearance of the office.
      6.1.2. Physical accessibility of the office.
      6.1.3. Adequacy of patient space including the waiting area and treatment room(s).
      6.1.4. Adequacy of seating capacity.
      6.1.5. Adequacy of lighting in the waiting areas and the treatment and examination room(s).
      6.1.6. Cleanliness of the waiting area and the treatment and examination room(s).
      6.1.7. Availability of appointments for members with routine, urgent and emergency needs.
   6.2. Requires that the site meet UVMHN C&E performance expectations as defined on the tool.

7. UVMHN C&E thresholds for offices and for medical/treatment record keeping, must be met prior to Enrollment, and are:
   7.1. Physical accessibility, 80%.
   7.2. Physical appearance, 80%.
   7.3. Adequacy of waiting room space and office space, 80%.
   7.4. General office requirements, 80%.
   7.5. Adequacy of medical/treatment record keeping, 80%.
   7.6. Office Lab, 80%.
   7.7. Radiology/Imaging Room, 100%.

8. When the site visit identifies performance in one or more areas that is below the UVMHN C&E performance goals, letters are sent to the Practitioner:
   8.1. Describing the deficiencies.
   8.2. Identifying the target areas for improvement.
   8.3. Explaining any corrective action that is required, the format for presenting additional information and the Supervisor of Payor Services or designee to whom questions or responses should be directed.

9. Supervisor of Payor Services or designee places a copy of the office site visit results in a file maintained per location in the UVMHN C&E Department.
Follow-Up and Corrective Action Procedure

1. A corrective action plan is developed for any office site that does not meet the UVMHN C&E performance goals.

2. The site visit reviewer submits the review forms to the UVMHN C&E Department for review.
   2.1 The Credentialing & Enrollment Manager:
      2.1.1 Reviews all site visit and medical/treatment record-keeping practices reviews and sends the Practitioner a letter identifying the results and actions needed, if any.
      2.2 Collaborates with the Practitioner or Practitioner representative to develop an action plan.
      2.2.1 The lower the office site review score the more intensive the action plan.
      2.2.2 The corrective action plan must be submitted to the Credentialing & Enrollment Manager within ten (10) business days after the date of the site visit.

3. Action plans must be implemented within six (6) months of the initial site visit, sooner if the nature of the deficiencies warrants.

4. The effectiveness of the actions taken to comply with standards will be evaluated at least every six (6) months.
   4.1 Follow-up will occur at least every six (6) months, until deficient office sites meet UVMHN C&E thresholds, if visual inspection is necessary to confirm corrections have been made appropriately.
   4.2 If the Credentialing & Enrollment Manager determines that adequate documentation has been submitted to provide evidence of correction, a follow-up office site visit may not be conducted.

5. Documentation of the initial office site visit, subsequent follow-up site visits, the corrective action plan and all related correspondence will be placed in a file maintained per location in the UVMHN C&E Department.

6. The Credentialing Committee reviews and approves action plans and monitors subsequent data on performance.
   6.1 If after a reasonable period of time, considering the nature of the deficiency(s) not to exceed one (1) year, there has not been adequate correction, UVMHN C&E reserves the right to terminate the site from the network.

7. If the office site meets the complaint threshold subsequent to correcting deficiencies a follow-up visit will be conducted within sixty (60) calendar days of meeting the threshold.
   7.1 A full assessment must be completed for the initial complaint.
   7.2 If the subsequent complaint pertains to the same standard as the one causing the initial site visit, a full assessment is not needed. Follow-up may be limited to the specific complaint.
   7.3 A corrective action plan must be implemented as described above.

8. If the office site meets the complaint threshold subsequent to correcting deficiencies and the complaint pertains to a different standard:
   8.1 A site visit is required but only for the specific standard pertaining to the complaint.
   8.2 A corrective action plan is developed as appropriate and as described above.

MONITORING PLAN: Policy will be monitored in accordance with Policy C&E 6 Ongoing Monitoring.
RELATED POLICIES:
C&E 1 Credentials Plan
C&E 4 Corrective Action & Appeals
C&E 7 Informing Practitioners

REFERENCES:
Vermont Rule H-2009-03

| Date Reviewed/Revised/Approved: | Restated/Reformatted from Credentials Plan approved: 2/13/2012, 11/26/2012, 4/19/2013, 10/3/2013, 8/1/2014, 9/21/2015, 6/20/2016, 01/20/2017, 03/16/2018 |

REVIEWERS: Patricia Fisher, M.D., Medical Director
Holly Turner, Manager Credentialing and Enrollment
Katarina Tomin, Manager Medical Staff Services
Carmone Austin, Director Contracting & Revenue Strategy

OWNER'S NAME: Holly Turner, Manager Credentialing and Enrollment

APPROVING OFFICIAL'S NAME: Patricia Fisher, M.D., Medical Director
### Office Site Visit Tool

<table>
<thead>
<tr>
<th>Group Name:</th>
<th>Survey Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers at location:</td>
<td></td>
</tr>
</tbody>
</table>

#### Physical Accessibility

<table>
<thead>
<tr>
<th>Feature</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office sign easily identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handicapped parking available</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Adequate parking available</td>
<td></td>
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<tr>
<td>Building handicapped accessible (ramp or elevator for all level changes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office interior handicapped accessible</td>
<td></td>
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<tr>
<td>If building/office is not handicapped accessible there is a plan to accommodate.</td>
<td></td>
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<tr>
<td>There is adequate emergency exits (2)</td>
<td></td>
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</tr>
</tbody>
</table>

#### Compliance Determination

**Goal 80%**

1. Total "Yes"
2. Total "No"
3. Total of "Yes" and "No"
4. Divide line 1 by line 3
5. Multiply line 4 by 100 to determine compliance percentage

#### Adequacy of Treatment/Examination and Waiting Space

<table>
<thead>
<tr>
<th>Feature</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment/exam room(s) is clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment/exam room(s) is well lit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment/exam room(s) is free of clutter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment/exam room(s) are of adequate space</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Prescription forms in the treatment/exam room(s) are in a secure location</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Needle disposal receptacles in/near areas of use and not overfilled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syringes in treatment/exam room(s) are not patient accessible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception/waiting area is clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception/waiting area is well lit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception/waiting area is free of clutter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception/waiting area has adequate seating (3 chairs per # of providers per day)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Compliance Determination

**Goal 80%**

1. Total "Yes"
2. Total "No"
3. Total of "Yes" and "No"
4. Divide line 1 by line 3
5. Multiply line 4 by 100 to determine compliance percentage
### Physical Appearance

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building is clean and in good repair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building is well lit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallways are free of obstruction and clutter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Extinguishers are present and accessible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Extinguishers are inspected annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire escape routes posted</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Compliance Determination

**Goal 80%**

1. Total “Yes”
2. Total “No”
3. Total of “Yes” and “No”
4. Divide line 1 by line 3
5. Multiply line 4 by 100 to determine compliance percentage

### General Office Requirements

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written policy regarding confidentiality of patient</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Documentation of employee training and confidentiality</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Emergency kit available (including mask for ventilation and EPI &amp; Oral dextrose)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Urgent appt within 24 hours</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Non-urgent (sick) appt within 72 hours</td>
<td></td>
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<tr>
<td>Preventive appt within 30 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure for after hour provider contact exist and patients are informed</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Prescription forms are in a secure location</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>At least 1 staff member during office hours has CPR training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye wash capability exists (sites with caustic chemicals-Only) check w/John Berino</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous waste clearly marked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous waste properly stored and disposed</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Compliance Determination

**Goal 80%**

1. Total “Yes”
2. Total “No”
3. Total of “Yes” and “No”
4. Divide line 1 by line 3
5. Multiply line 4 by 100 to determine compliance percentage
<table>
<thead>
<tr>
<th>Office Lab</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIA certificate displayed and current</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimens stored in designated labeled containers in lab refrigerator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab refrigerator contains back up thermometer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab refrigerator does not contain food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyewash capability mandatory in lab area</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Compliance Determination**  
Goal 80%  
1. Total “Yes”  
2. Total “No”  
3. Total of “Yes” and “No”  
4. Divide line 1 by line 3  
5. Multiply line 4 by 100 to determine compliance percentage

<table>
<thead>
<tr>
<th>Radiology/Imaging room</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current license displayed</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Compliance Determination**  
Goal 100%  
1. Total “Yes”  
2. Total “No”  
3. Total of “Yes” and “No”  
4. Divide line 1 by line 3  
5. Multiply line 4 by 100 to determine compliance percentage

**Adequacy of Medical/Treatment Record-keeping**  
Goal 80%  
1. Total “Yes”  
2. Total “No”  
3. Total of “Yes” and “No”  
4. Divide line 1 by line 3  
5. Multiply line 4 by 100 to determine compliance percentage

<table>
<thead>
<tr>
<th>Adequacy of Medical/Treatment Record-keeping</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient files (paper) are maintained in locked cabinets or locked area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient files (paper) are organized and contain legible file tabs</td>
<td></td>
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</tr>
<tr>
<td>Patient files (electronic) are stored on a secure system</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Patient files are available to authorized staff only</td>
<td></td>
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</tr>
<tr>
<td>Each patient has an individual record</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer screens with patient info are removed from view</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Compliance Determination**  
Goal 80%  
1. Total “Yes”  
2. Total “No”  
3. Total of “Yes” and “No”  
4. Divide line 1 by line 3  
5. Multiply line 4 by 100 to determine compliance percentage

**Action Plan**
Approved by UVMHN C&E (VMC) Credentials Committee: 5/15/15