A. PHYSICAL CONDITION

1) **Facility is clearly identifiable from the road.**
Department of Insurance & Financial Services (DIFS) requires patient accessibility to practitioner facilities. Office building signage clearly visible from the street.

2) **Adequate parking provided including handicapped spaces.**
DIFS requires parking accommodations at medical office buildings to be adequate to ensure patient accessibility, convenience and safety and compliance with Michigan Building Code. A public facility constructed after July 1975 shall meet the requirements of the barrier free design requirements in the Code. For every 1-25 parking spaces, at least one (1) clearly marked handicapped space should be provided. A van-accessible parking space with at least 96" wide access aisle must be provided for every 8 handicapped spaces.

3) **Handicapped access to: facility, examination rooms, restrooms and equipment.**
DIFS requires all MCO clinical settings to provide safe practice environments. Security to protect patient interests must be adequate to ensure safe entrance and exit to and from the facility. DIFS requires handicap facilities unless the facility was built prior to 1972. Medical facilities are to provide a public restroom that is accessible to disabled persons and appropriately signed and equipped with handrails and adequate internal space for wheelchair negotiation.
Reviewer to determine if building was built prior to 1972 and should examine site for presence of: ramp for entering building, elevator, handrails, accessible doorways, etc., for wheelchair and/or handicapped that would facilitate safety of handicapped patients. If elevator present, must be up to code with license for patient safety. Identify whether practitioner has owner rights of the building. Examine patient restrooms for presence of accessible doorway, grab bars, sink, and toilet that would facilitate safety of a handicapped patient including equipment, such as scales, exam tables and other equipment for treatment and diagnosis.

4) **Exits, corridors, & Hallways free of obstruction.**
DIFS requires that all exits be free from obstruction at all times. In case of fire, exits and hallways must be clear so that time is not lost in evacuating the building.
Reviewer should examine halls, passages, and exits for presence of any obstruction(s) that would hinder emergency evacuation or patient maneuverability.

5) **Adequate waiting area for each patient.**

DIFS requires adequate space shall be provided for reception and waiting in a freestanding outpatient setting. A minimum of 4 seats per practitioner per hour is the McLaren standard with a 90% threshold.

6) **Facility adequately illuminated.**
Lighting is appropriate to protect the safety and welfare of patients.

7) **Sanitary environment maintained in the facility.**
DIFS requires a safe and sanitary facility.
Reviewer should note cleanliness of floors, walls, entrance, doors, counter tops, cabinets, exam rooms, etc. Review for any hazards that may cause injury, broken steps, broken floor tiles, loose carpets.
Exam tables clean and good working condition.

B. EXAM ROOMS

1) **Adequate examination room space provided.**
The Michigan Barrier Free Design Act requires door width to be no less than 32" and interior space must permit wheelchair access and negotiation.
Reviewer should review to assure the size of the exam room is adequate for the type of service provided and that it provides visual privacy for the patient, e.g., exam table not facing doorway.

2) **Soap dispenser and paper towels provided.**
DIFS prohibits the use of bar soap to prevent cross- contamination.
Reviewer should review all sink areas to assure that bar soap and loose paper towels are not used. Soap and paper towels should be in dispensers.

3) **Exam table covering changed and/or table disinfected with an appropriate agent.**
DIFS requires all clinical environments to be preserved in a safe and sanitary manner to protect patient health and welfare. To prevent transmission of infection or disease, examination tables must be disinfected between patients with an appropriate solution or table paper must be replaced between patients.
Reviewer should review any exam rooms that have patient exam tables for presence of table paper; in absence of paper, query office staff as to use of disinfectant solution and how often the exam tables are wiped down.

4) **Only non-patient care items under sink or directly on floor.**
DIFS requires that medical facilities are safe and sanitary. To prevent contamination of patient supplies and injury due to accidents, patient care supplies are never to be stored directly on the floor. The items

must be far enough above the floor on shelving or pallets to be able to clean underneath.

Reviewer should review site for location of supplies/patient care items. Only non-patient care supplies are to be stored under the sink. Table paper, latex gloves, paper towels, etc., are considered patient care supplies. The sink could leak and items would be contaminated. The area under the sink could be partitioned so that the pipes would be on one side of the dividing wall and the other side could be used for storage. (CAP required, if not passed)

5) **Proper cleaning used for otoscope covers.**
DIFS expects appropriate cleansing of non-disposable otoscope tips between patient uses should be cleaned with soap and water and then soaked in alcohol for at least 60 minutes. They should be then rinsed, dried and placed in a protected area (drawer, covered container). Reviewer should query office staff on cleaning method used.

6) **Oral and rectal thermometers cleaned properly and stored separately.**
Oral and rectal thermometers should never be cleaned or stored together. DIFS expects appropriate cleaning and storage of glass thermometers. They should be cleaned with soap and water, rinsed, soaked in sterilizing solution for 3- minutes, rinsed, dried and placed in a protected area.

Reviewer should determine what types of patient thermometers are used: glass, digital, tympanic or electronic. Reviewer should discourage the use of glass thermometers because of the mercury content. Even though disposable sheaths are used on glass thermometers they still need to be properly disinfected. Digital thermometers need to be washed and soaked in a proper disinfectant. The only thermometer that does not need to be soaked is an electronic thermometer with disposable hard sheaths.

7) **Medications, needles and syringes stored where they are not accessible to patients.**
DIFS and the Board of Pharmacy require appropriate medication storage and maintenance. For patient safety and risk management, medications should be inaccessible to patients. Unused syringes and needles must be stored where patients cannot access.

Reviewers should examine cabinets and drawers in the exam rooms for medications, needles and/or syringes. If staff insist that syringes and medications be stored in exam rooms, then the cabinets and drawers must be locked at all times and a daily inventory must be made to assure syringes and medications are all accounted for.

Locked sharps containers should be available and used for proper disposal of needles and/or syringes. (See section D.6. for more information.)

8) **Waste cans are covered and those containing medical waste have opaque/red plastic liners.**
DIFS requires that patients be protected from potentially harmful materials. Waste containers in areas accessible to the public must be covered and waste disposed of in opaque bags.

Reviewer should look at all wastebaskets and/or medical waste containers. If clear bags are used in the waste containers, query staff if these bags are then put into opaque bags for disposal.

C. MEDICATION

1) **Medications are labeled and stored in a central area or in the refrigerator if needed.**
Michigan Department of Health and Human Services (MDHHS) and the Board of Pharmacy require appropriate medication storage and maintenance. For patient safety and risk management, medications should be inaccessible to patients, sample medications cannot be repackaged into larger containers, nor can patient medications be re-dispensed to other patients. Medications requiring refrigeration must be stored in a refrigerator except for when they are removed for drawing up injections or pouring up a quantity of the medication. Medications requiring refrigeration MUST NEVER BE LEFT TO SET ON THE COUNTER DURING THE DAY and then refrigerated at night.

Reviewer should examine all areas where medication is stored to determine if all medications are labeled properly, in their original packages. (Some offices will remove individual pills and put them in bigger bottles for easier storage; the only entity that can repackage medications is the manufacturer.) If multiple packages are stored together, make sure they all contain the same lot number and expiration date. Reviewer should also check for individual medications. Some members will return their medication to their doctor because it does not work or it belonged to their spouse who has died. The physician must dispose of these; they cannot be dispensed as samples or given to other patients. (CAP required if not passed)

2) **Oral, injectable and external meds stored separately.**
DIFS and the Board of Pharmacy expect medical facilities to take appropriate precautions to store oral and injectable medications separately and to follow manufacturer instructions for storage. Risk is employees could potentially draw up an oral medication and

administer it as in injection. This could result in serious damage to the patient, and expose the physician to liability.

3) **Medications checked regularly for expiration; documentation present.**
DIFS requires that no outdated medications be maintained in the active inventory. All medical facilities should have a documented procedure to inspect drug inventories and purge outdated medications. Expired medications can be flushed down the toilet or placed in the hazardous medical waste containers (sharps container) and discarded with the medical waste.

Reviewer should ask staff how often medications are checked for expiration dates. They should be checked on a monthly basis and some type of log maintained. The log could be as simple as a calendar in the medication room with the date initialed by staff when medications are reviewed. All items in the facility with expiration dates should be checked on a monthly basis. (CAP required if not passed)

4) **Controlled substances (Class II-V) kept under double lock with access limited to appropriate staff; sign out log maintained.**
DIFS and the Board of Pharmacy require that all controlled substances maintained at a medical facility be stored separately from non-scheduled drugs. Controlled substances (II-V) are required by State and Federal law to be stored under lock and key at all times, with restricted access to keys. DIFS and the Board of Pharmacy accept the entrance door lock to the facility to be one, and the cupboard or safe or other locked and secured storage area to constitute the second lock.

If controlled substances are not visible, Reviewer should query staff if they have any controlled substances. A disposition log must be maintained on each Class II-V drug. The log must contain the name of the drug, lot number, expiration date, how much stated with, date, patient name, how much given, how much now on hand, and physician's signature. Reviewer should query staff as to who has access to the locked medications.

5) **Practitioner who dispenses meds maintains a drug control license.**
The Board of Pharmacy requires any practitioner who dispenses medications other than samples; to have a drug control license and that the medication be properly labeled and proper containers are used. Reviewer must query staff on physician's dispensing procedures. All pharmacy regulations must be followed. Containers must be child proof, labeled with patient name, prescribing doctor, name of medication, quantity, directions for usage, prescription number and

expiration date. Reviewer must see the physician's Drug Control License.

6) **Prescription pads are secured and have restricted access.**
DIFS requires medical facilities to maintain prescription pads in a secure manner to prevent patient abuse and reduce physician risk. They should never be pre-signed by a prescriber, preprinted with a drug name (other than vitamins) and should never be left unattended in exam or treatment rooms.

Reviewer should review site for storage of prescription pads and query staff. If pads are maintained in exam rooms, they must be in a locked drawer. (CAP required if not passed)

7) **Pharmacy Services are under the direction and control of a Licensed Pharmacist, as applicable to the facility**
The compounding or dispensing of prescription drugs or devices or both and the receiving of prescription orders must be under the direction of a licensed pharmacist

D. STORAGE

1) **Thermometer present in refrigerator and freezer with log maintained showing daily monitoring.**
DIFS recommends that the proper temperature for refrigerators housing medications be maintained at 36-46 degrees Fahrenheit. The freezer temperature should be maintained at –15 to – degrees Fahrenheit (Varivax must be frozen at –15 degrees Fahrenheit). A daily temperature check log must be maintained.

2) **Refrigerator and freezer are clean and food is not stored with medications/specimens.**
DIFS requires food cannot be stored in medication/specimen refrigerator to prevent cross contamination.
Reviewer should review all refrigerators/freezers that store patient items: medications, lab specimens, etc. Food cannot be stored in the same refrigerator/freezer with patient items. Refrigerator should be free of ice. (CAP required if not passed)

3) **Combustible/flammable materials stored away from heat sources.**
MDHHS and the Fire Marshall require that no combustible items can be stored within 6 feet of the furnace, water heater or any other source of heat.

4) **Hazardous/toxic materials stored away from treatment areas.**
MDHHS requires safe handling of hazardous materials to prevent public exposure to the risk of injury, infection or disease.

5) Cylindrical gas tanks stored in a secure manner.
DIFS requires that any pressurized tanks be securely stored on a stand appropriate for the size and weight of the tank when full, or that it be chained to a stationery wall or mounted on a well or door that will adequately support the tank.

Reviewer should examine site for presence of gas tanks (O2, N2O2, etc.) Full and empty gas tanks are to be secured to prevent them from falling and/or rolling. Can be secured with chain, tied, strapped, or in a carrying case. Compressed gases are very volatile and may explode if tipped over.

6) Syringes and needles are disposed of in a hard-sided container marked Biohazard.
DIFS requires the observance of the Universal Precautions and the Michigan Medical Waste Regulatory Act that demand the disposal of sharps in limited access, patient-protected, puncture-proof containers. Syringes, once used, must be disposed of in their entirety in the proper manner. Needles cannot be bent, broken, recapped or removed from the syringe in an unapproved manner. One-handed recapping or a mechanical recapping device is appropriate if staff is appropriately trained the technique and it is documented in the BloodBorne Exposure Plan. Syringes and needles must be stored where patients cannot access.

Reviewer should look into sharps container to assure Needles are not recapped. If recapped needles are found, query staff as to why. Assure Universal Precautions are followed. If containers are stored under sink, they must be made inaccessible to patients.

E. INFECTION CONTROL

1) There is a dirty to clean workflow area.
DIFS requires that medical facilities have work areas divided into "clean" and "dirty" areas, even if these areas are located on the same counter space to prevent potential for cross-contamination. Reviewer should examine work areas to make sure dirty instruments are not next to or in the designated clean areas.

2) Disposable instruments are not autoclaved or reused.
DIFS mandates that patient health, safety and welfare be protected at all times. DIFS prohibits re-use of disposable patient care items.

3) Non-disposable items properly sterilized.

DIFS requires medical facilities to observe processes to ensure patient care equipment is appropriately disinfected or sterilized between patients.

Reviewer should query staff as to what type of procedures are performed at the medical facility. All instruments used for invasive procedures must be sterilized. Other instruments might only need to be disinfected.

4) **Autoclaved supplies clearly marked with date of sterilization and/or date of expiration.**
DIFS requires that medical facilities utilizing autoclaves clearly label wrapped autoclaved items with the appropriate date of expiration. DIFS prefers the label contain both the processing date and the expiration date so that a quality control is appropriate to the type of packing media.

Reviewer should examine an autoclaved package for labeling and determine if there are any expired packets.

	Closed Cabinet	**Opened Cabinet**
Single-wrap muslin	1 week	2 days
Double-wrap muslin	7 weeks	3 weeks
Single-wrap 2 way crepe	8 week	3 weeks
Pima cotton over single-wrap muslin….		8 weeks
Two-way crepe over single wrap muslin….		10 weeks
Single-wrap muslin sealed in 3 mil polyethylene		9 months
Heat-seated, paper transparent plastic pouches		1 year

5) **Autoclave tested with steam indicators at every run; log maintained.**
DIFS requires the medical facility to utilize steam and heat-sensitive indicators in all autoclaved packages. A second-heat indicator should be placed in the load once a month. The second indicator, with the date the items were processed written on it, should be kept for one year (January to January or February to February, etc.)

Reviewer should query staff on autoclave procedure. Review log or notebook containing heat strip indicators.

6) **Live spore checks performed monthly; results retained.**
DIFS requires the medical facility to run a commercial preparation for spores at least annually. Can be done weekly, monthly, etc., dependent on how often the autoclave is used.

Reviewer should query staff on autoclave procedure. Review log containing spore test results. If autoclave is used daily, weekly autoclaves should be performed. If autoclave is only used a few times a month, monthly autoclave testing would be appropriate.

7) **Cold sterilization properly used.**
DIFS, to protect the public health and welfare, expects that the appropriate product manufacturer instructions for cold sterilization must be followed precisely for intended outcome.
Reviewer should query staff as to what cold sterilant is being used and the process used for cold sterilizing. Look at solution bottle to assure that it contains 2% Gluteraldehyde and timeframe for sterilization vs. disinfection.

8) **Cold sterilization boats labeled as sterilized or non-sterilized, solution name and date last changed.**
DIFS requires that all solution boats be labeled with the solution name, the date the solution was last changed and if they contain instruments that are ready to be used (sterilized) or are still soaking (non-sterilized).

Reviewer should examine sterilizing boats to assure they are labeled properly. Staff should be queried on the cold sterilizing process. Instruments should be washed and rinsed, then placed in a cold sterilizant for the manufacturer's recommended time for sterilizing (usually 8 hours). This container should be marked non-sterile then the instruments should be moved to a boat marked sterile. (CAP required if not passed)

9) **Evidence of annual OSHA training of employees maintained.**
MIOSHA requires medical offices to perform yearly Bloodborne Exposure Control training.

Reviewer should query staff as to when they were last OSHA trained. Any new employees must be OSHA trained for that facility prior to start date.

10) **Exposure control plan reviewed and updated annually.**
MIOSHA required medical offices to have a written Bloodborne Exposure Control Plan and it must be reviewed, signed and dated annually.

Reviewer should query staff as to where their Exposure Control plan is located. OSHA is for the employees and they should know where the written Bloodborne Exposure Control Plan is kept. Review the plan and make sure the plan is office specific; some facilities have generic plans from their hospitals, which are not specific for their

office. Make sure the Plan is reviewed annually; this means 365 days from the date the Plan was initiated or previously reviewed.

11) Medical Waste Plan on file
DIFS requires that all practice locations maintain a current written Medical Waste Plan.
Reviewer should query staff regarding the location of the Medical Waste Plan. The Plan should contain what types of medical waste the facility produces, name of the person responsible for the management of medical waste, measures used to minimize exposure of facility employees to infectious agents through the process of handling and disposing of medical waste, and who the medical waste disposal company is. The plan should be dated and signed by the responsible individual.

12) Procedure in place to report communicable diseases.
MDCH requires practitioners to report communicable diseases to the appropriate local public health agency.
Reviewer should query staff if they have an office policy or procedure regarding reporting communicable diseases to the State.

F. LAB/X-RAY

1) X-ray license is posted and current.
The Dept. of Radiologic Health must inspect radiology equipment On-site and license issued must be posted and current. RH-100 Ionizing rules are posted near the radiology equipment. All radiology technicians must wear monitoring badges.

2) Pregnancy warning posted (Radiation sign on door).
Signs alerting pregnant women to tell technicians if they are pregnant must be visibly posted.

3) Protective equipment (lead aprons, etc.) available.
Protective coverings and aprons are present in all radiology suites and are appropriately used with patients.

4) X-rays are interpreted by a board-certified or board eligible radiologist; off site interpretation is arranged where necessary.
DIFS requires diagnostic and therapeutic radiology services be provided under the direction of a licensed physician. Radiographic interpretation services shall be under the direction of a board-certified or board-eligible radiologist. DIFS permits MCOs to design a procedure for radiologist over-reads on a sampling basis.

Reviewer should ask staff who performs the over-reads for the physician and what films are sent to over-reads. (CAP required if not passed)

5) Current CLIA certificate present.

The federal Clinical Laboratory Improvement Act (CLIA) requires certification of any facility that performs laboratory testing. Typically a physician practice setting will have either a Certificate of Waiver or a Certificate of Provider-Performed Microscopy (PPM). Under PPM Certificate, waived tests are permitted to be performed by CLIA. Certificates of Registration, Compliance or Accreditation apply to laboratories that conduct moderate or high complexity tests, as defined by CLIA.

Review should review CLIA certificate to make sure it is up to date. Should be posted in the lab area.

G EMERGENCY PROCEDURES

1) Crash cart or emergency medication appropriate for facility maintained.

DIFS expects that medical offices are adequately equipped and prepared to intervene and management patient emergency episodes. Emergency kits appropriate for the facility, should be maintained and accessible to trained personnel.

Reviewers should ask if facility is equipped with emergency medications. Query staff regarding potential reactions to an allergy injection. Is the appropriate medication available? e.g., Susphren, Adrenalin.

2) At least one staff trained in CPR is present during all patient care hours.

It is the expectation that at least one employee other than the physician should be trained basic CPR in the event of a patient or public emergency in the absence of the physician.

Reviewer should query if a staff member is CPR certified and if certification is current.

3) Disaster plan maintained.

To ensure safe and orderly evacuation in the event of fire or other emergency, evaluation routes to exit the guiding should be posted in a sufficient number of locations that are clearly visible to the public.

Reviewer should review the patient evacuation plan in the event of external emergency and query staff to assure they are familiar with the plan.

4) **All exits are clearly marked.**
The Michigan Building Code and the Fire Marshall require that exits be clearly marked with signs to ensure safe exit from the facility, both routinely and in the event of fire or emergency condition.

5) **Fire extinguisher present, service tag current.**
The Fire Marshall requires public facilities to be adequately equipped to extinguish or control fire hazards. Fire extinguishers must be appropriately mounted or stored and available to office staff. Annual inspection tags shall be affixed to the extinguishers as evidence of professional review and maintenance.

Reviewers should query staff as to the location of all fire extinguishers. They should be affixed to a wall in a way that prevents them from tipping/falling over. Inspection tags should be located on the extinguisher indicating the month and year that the extinguisher was professionally inspected (needs to be done annually). Office can contact their local fire departments or companies to come and inspect the fire extinguishers.

H MEDICAL RECORDS

1) **Medical records maintained in a confidential manner.**
DIFS and NCQA require confidentiality of clinical patient information. Access to patient medical records is limited to authorized staff only and the access is protected during non-business hours.

Reviewer should assure that patient's medical records are maintained in an area that is an area that is monitored by office staff and are not freely accessible to patients.

2) **Staff confidentiality statement maintained on site.**
HIPAA & NCQA requires that each medical facility have a staff confidentiality policy/procedure on file and ongoing training, at least annually.

Reviewer should review office policy/procedures regarding confidentiality, which includes a signed statement by each staff member that has access to patient information.

3) **Mechanism for release of confidential information maintained.**

DIFS requires that patient information is treated confidentially and that release of information e restricted to individuals authorized by the patient as required by law. A release form signed and dated by the patient should be present in each record, if appropriate.
Reviewer should query staff regarding if there is a policy for the written release of medical records. The staff must be aware of this policy.

I APPOINTMENT AVAILABILITY

MCO monitors the practitioner network for accessibility and availability of services for patients. To meet MCO access and availability standards, the following services will be monitored.

EMERGENT OFFICE VISITS - Available 100% of the time.
A member with life-threatening emergent need(s) is seen immediately.
A member with non-life-threatening emergent need(s) has access to care within 6 hours.

URGENT OFFICE VISITS – Available within 2 DAYS 95% of the time.
Urgent care problems are not life threatening, but may require immediate attention. Examples of common urgent health problems include, but are not limited to: sore throats, sprains, headaches, earaches, minor cuts and bruises, rashes and fevers.

ROUTINE OFFICE VISITS – Available within 14 DAYS 90% of the time.
Examples of routine office visits include follow-up visits.

PREVENTIVE CARE APPOINTMENTS – Available within 45 DAYS 90% of the time.
Examples of Preventive Care appointments include health maintenance exams or "annual" physicals.

AFTER HOUR COVERAGE – Available 100% of the time.
Information/advice is given to patients when medical care is needed after regular office hours.

J. LICENSURE (for Behavioral Health facilities)

Appropriate licensure for each behavioral health program (i.e. Outpatient, drug rehabilitation, etc)

Facility Office Standards are available on MHP'S website and practitioners may request hard copy at any time.