

UnitedHealthcare Community Plan (UHCCP) Iowa

INDIVIDUAL CLINICIAN SITE AUDIT TOOL

Clinician Name: _____ License: _____

Reviewer Name: _____

Date of Review: _____

Rating Scale: Y = Yes N = No Y N NA

General Information

1	There are office policies available on site.	<input type="checkbox"/>	<input type="checkbox"/>	
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Comments: _____

Environment of Care

2	The office location is easily identifiable from the street.	<input type="checkbox"/>	<input type="checkbox"/>	
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Comments: _____

3	Member Rights and Responsibilities are posted in the waiting areas and/or the office area.	<input type="checkbox"/>	<input type="checkbox"/>	
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Comments: _____

4	There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshal.	<input type="checkbox"/>	<input type="checkbox"/>	
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Comments: _____

5	There are accessible and functional fire extinguishers in the office or there is a fire suppression system.	<input type="checkbox"/>	<input type="checkbox"/>	
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Comments:

6 The exits are well marked and free of obstruction.

Comments:

7 The office appearance is reasonably neat and clean.

Comments:

8 The waiting room is of adequate size and reasonably comfortable.

Comments:

9 The clinical offices are of adequate size and reasonably comfortable.

Comments:

10 The office furnishings and décor are appropriately professional.

Comments:

11 There are no culturally insensitive or offensive materials posted.

Comments:

12 **For providers with Electronic Health Records only:** The provider has a process to maintain a "back-up" copy of all electronic health records.

Comments:

13 There are appropriate levels of security and confidentiality of data. (locked cabinets, charts in secure areas, secure fax line, and secure computer systems).

Comments:

Access

14 There is a written protocol for accommodating members in a life threatening emergency.

Comments:

15 There is evidence of appointment availability for non-life threatening emergent care within 6 hours.

Comments:

16 There is evidence of appointment availability for urgent care within 48 hours.

Comments:

17 There is evidence of appointment availability for a routine office visit within 10 working days.

Comments:

18 The clinician makes arrangements for emergency coverage for all members 24 hours per day/7 days per week.
(review how coverage is provided)

Comments:

19 Information is provided to members which includes a description of services and goals of care.

Comments:

20 Information is provided to members which includes the hours during which care and services are available.

Comments:

21	Information is provided to members which includes the costs of care and services to be borne by the member.			
Comments:				
22	Information is provided to members which includes an explanation of the cancellation/no-show policy.			
Comments:				
23	Clinicians have a protocol for reviewing sentinel events to include identifying opportunities for improvement.			
	Sentinel events are defined as a serious, unexpected occurrence involving a member that is believed to represent a possible quality of care issue on the part of the practitioner/facility providing services, which has, or may have, deleterious effects on the member, including death or serious disability, that occurs during the course of a member receiving behavioral health treatment.			
Comments:				
Rights, Responsibilities and Ethics				
24	Members are informed that they have a right to refuse to participate in treatment.			
Comments:				
25	Members are informed that information about them and their families is protected and kept confidential.			
Comments:				
26	The computer screen locations do not violate confidentiality.			
Comments:				
27	The practice site has a process in place to ensure the availability of treatment records to the treating clinician.			

Comments:

28 The practice site has an organized system of filing information in the treatment records.

Comments:

29 The practice site has an established procedure to maintain the confidentiality and safety of treatment records in accordance with any applicable statutes and regulations.

Comments:

30 If records need to be transported to another service location, there is a protocol in place to maintain confidentiality of records throughout the transportation process.

Comments:

Administrative Issues

31 There is a protocol for dealing with complaints.

Comments:

32 The clinician documents that members and their families, when applicable, are informed of methods of resolving complaints.

Comments:

Handicap Accessibility

33 The office has parking for handicapped vehicles.

Comments:

34 The office has a ramp allowing entrance into the building.

Comments:

35	The office has wide doorways for wheelchair access.			
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Comments:

36	The office has a handicap accessible restroom.			
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Comments:

37	If the office is not handicap accessible, the clinician informs the member prior to the first appointment and provides referrals to other locations or clinicians.			
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Comments:

Member Safety

38	If the clinician has any animals in the office, the member is told in advance that there is/are an animal(s) in the office (N/A means the clinician has no animals in the office. If Q38 is N/A, then Q39 & Q40 will be N/A).			
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Comments:

39	Is/are the animal(s) certified pet therapy animal(s)?			
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Comments:

40	Is/are the animal(s) used as part of the therapeutic process?			
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Comments:

41	Are medications and samples stored in a locked cabinet in a secure area? (MD and ARPN's Only)			
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Comments:

Anti-Discrimination Practices

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The clinician has a policy and/or process in place to ensure that members are not discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.

Comments: