

Optum Idaho

CLINICIAN SITE AUDIT TOOL

Clinician Name: License:

Evaluation Date:

Reviewer Name:

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

General Information

| | | | | |
|-----------|---|--|--|--|
| 1 | There are Office Policies available on site. | | | |
| Comments: | | | | |
| 2 | Information is provided to members which includes a description of services and goals of care. | | | |
| Comments: | | | | |
| 3 | Information is provided to members which includes the hours during which care and services are available. | | | |
| Comments: | | | | |
| 4 | Information is provided to members which includes the costs of care and services to be borne by the member. | | | |
| Comments: | | | | |
| 5 | Information is provided to members which includes an explanation of the cancellation/no-show policy. | | | |
| Comments: | | | | |
| 6 | Clinicians have a protocol for reviewing critical incidents to include reporting any incidents to Optum Idaho as well as identifying opportunities for improvement and implementing corrective action when indicated. | | | |

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| Comments: | | | |
| Environment of Care | | | |
| 7 | The office location is easily identifiable from the street. | | |
| Comments: | | | |
| 8 | Member Rights and Responsibilities are posted in the waiting areas and/or the office area. | | |
| Comments: | | | |
| 9 | There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshal (when applicable). | | |
| Comments: | | | |
| 10 | There are accessible and functional fire extinguishers in the office or there is a fire suppression system. | | |
| Comments: | | | |
| 11 | The exits are well marked and free of obstruction. | | |
| Comments: | | | |
| 12 | The office appearance is reasonably neat and clean. | | |
| Comments: | | | |
| 13 | The waiting room is of adequate size and reasonably comfortable. If there is not a waiting room, the clinician has a process in place to ensure that client confidentiality and privacy is maintained. | | |
| Comments: | | | |
| 14 | The clinical offices are of adequate size and reasonably comfortable. | | |
| Comments: | | | |

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|--|--|--|--|--|
| 15 | The office furnishings and décor are appropriately professional. | | | |
| Comments: | | | | |
| 16 | There are no culturally insensitive or offensive materials posted. | | | |
| Comments: | | | | |
| 17 | There are appropriate levels of security and confidentiality of data (locked cabinets, charts in secure areas, secure fax line, secure email and secure computer systems.) | | | |
| Comments: | | | | |
| Access to Care | | | | |
| 18 | There is a written protocol for accommodating members in a life threatening emergency. | | | |
| Comments: | | | | |
| 19 | There is evidence of appointment availability for non-life threatening emergent care within 6 hours. | | | |
| Comments: | Date and time: | | | |
| 20 | There is evidence of appointment availability for urgent care within 48 hours. | | | |
| Comments: | Date and time: | | | |
| 21 | There is evidence of appointment availability for a routine office visit within 10 working days. | | | |
| Comments: | Date and time: | | | |
| 22 | The clinician makes arrangements for emergency coverage for all members 24 hours per day/7 days per week. (review how coverage is provided) | | | |
| Comments: | | | | |
| Rights, Responsibilities and Ethics | | | | |

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| | 23 Members are informed that they have a right to refuse to participate in treatment. | | | |
| Comments: | | | | |
| | 24 Members are informed that information about them and their families is protected and kept confidential. | | | |
| Comments: | | | | |
| | 25 The computer screen locations do not violate confidentiality. | | | |
| Comments: | | | | |
| | 26 The practice site has a process in place to ensure the availability of treatment records to the treating clinician. | | | |
| Comments: | | | | |
| | 27 The practice site has an organized system of filing information in the treatment records. | | | |
| Comments: | | | | |
| | 28 The practice site has an established procedure to maintain the confidentiality of treatment records in accordance with any applicable statutes and regulations. | | | |
| Comments: | | | | |
| | 29 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 - Complaints | | | | |
| | 30 There is a protocol for dealing with complaints. | | | |
| Comments: | | | | |
| | 31 The clinician documents that members/families are informed of methods of resolving complaints. | | | |

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| Comments: | | | |
| Handicap Accessibility | | | |
| 32 | The office has parking for handicapped vehicles. | | |
| Comments: | | | |
| 33 | The office has a ramp allowing entrance into the building. | | |
| Comments: | | | |
| 34 | The office has wide doorways for wheelchair access. | | |
| Comments: | | | |
| 35 | The office has a handicap accessible restroom. | | |
| Comments: | | | |
| 36 | If the office is not handicap accessible, does the clinician screen for handicap needs prior to the first session and provide in home services or services in an alternative setting or refer members out as needed? | | |
| Comments: | | | |
| Safety | | | |
| 37 | If the clinician has any animals in the office, are the members 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 Q37 is N/A, then Q38 & Q39 will be N/A). | | |
| Comments: | | | |
| Rating Scale: Y = Yes N = No | | Y | NA |
| 38 | Is/are the animal(s) certified pet therapy animal(s)? | | |
| Comments: | | | |

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| | 39 Is/are the animal(s) used as part of the therapeutic process? | | | |
| Comments: | | | | |
| | 40 Are medications and samples stored in a locked cabinet in a secure area? (MD and ARPN's Only) | | | |
| Comments: | | | | |
| <i>Anti-Discrimination Practices (All States)</i> | | | | |
| 41 | The office 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: | | | | |