



AMBULATORY SITE SURVEY FOR ONE CLINIC

Contact Information	
Medical Group Name:	Surveyor Name: Date of Survey:
Clinic Site Name & Address: Site Phone: Site Fax:	Medical Group Representative & Title: <i>(meets with HP surveyor and receives follow-up recommendations. Note if two different individuals.)</i> Phone: Fax: Email:
Medical Records Contact: Phone:	Quality Contact: Phone:
Accreditation (circle)	
Joint Commission NCQA Other (list)	Accreditation effective date:
<p><i>If clinic has accreditation, obtain a copy of the survey report that indicates the survey includes the physician's office and meets HealthPartners quality assessment criteria. If these qualifications are met, the rest of this document does not need to be completed.</i></p>	

Site Survey			
<i>External Access/Appearance</i>	Yes	No	N/A
1. Building is easily identified and accessible to persons with disabilities			
2. Practitioner's names are listed near entrance/reception area or printed information is available to patients (i.e, brochure, business cards)			
3. Hours of operation and after hours care are posted near entrance/reception area or printed information available to patients (i.e., brochure with hours)			
4. Adequate parking is available, including parking for persons with disabilities			
5. Parking areas and clinic entrance are well lit and well maintained			
<i>Internal Access/Appearance</i>	Yes	No	N/A
6. Adequate signs/directions to patient care, business office and administrative areas			
7. Reception/waiting areas are adequate to accommodate patient flow and volume			
8. Exam/treatment rooms are adequate to accommodate appointment scheduling, patient privacy, etc.			
9. Patient care areas accessible to persons with disabilities			
10. Reception/waiting areas and exam/treatment rooms are clean and well maintained			

General Safety Management	Yes	No	N/A
11. Fire safety procedures and systems are in place (i.e., unobstructed fire exits/doors, alarms, sprinkler systems)			
12. Supplies with potential for abuse are appropriately secured (i.e., are not in exam rooms - drugs, syringes, prescription pads)			
13. Hazardous waste containers and Sharps containers are present			
14. Sample medications are kept in a <u>locked area</u> and <u>logged out</u> when provided to patients and routinely <u>checked for expiration date</u> (circle if yes)			
15. Infection control procedures in compliance			
Access	Yes	No	N/A
16. Medical coverage is available 24-hours/day			
17. Written policy exists for appointment availability			
18. Preventive care appointments can be obtained within four weeks			
19. Non-Urgent, symptomatic appointments can be obtained within 48-72 hours			
20. Urgent Care appointments can be obtained within 24-36 hours			
21. Policy exists for answering and returning phone calls			
22. Compliance with answering and returning phone calls is monitored			
Medical Record-Keeping	Yes	No	N/A
23. Medical records are stored in a secure area that is inaccessible to unauthorized individuals. Area is locked or someone present at all times during open hours			
24. Written policies exist for confidentiality, release of information, and advanced directives			
25. Written policy exists for medical records standards. Compliance with medical record organization and documentation requirements is monitored			
26. Written policy exists for chart availability between practice sites			
27. Written policy exists for continuity & coordination of care with other practitioners and providers (i.e., hospitals, home cares, nursing homes, specialists)			
28. Review paper medical record or obtain a copy of a list (chart order) showing what is included in the medical record (i.e., problem list, immunizations, medication flow sheet).			
29. Has an electronic medical record (EMR) system been implemented? If yes, obtain either a copy of the policy and procedure manual's Table of Contents or a list of what is included (i.e., problem list, immunizations, medication flow sheet, advance directives).			
30. Clinic physicians participate in one or more of the NCQA Physician Recognition Programs (circle all that apply): 2) Diabetes 3) Heart/Stroke 5) Patient –Centered Medical Home 6)Government Recognition Initiative			

If you answered No to any of the above questions please explain/comment:



Physical Accessibility

External

1. Building is easily identified and accessible
2. Building is accessible to persons with disabilities
3. Adequate patient parking is available, including parking for persons with disabilities

Internal

1. Patient care areas are easily identified and accessible
2. Waiting rooms are accessible to persons with disabilities
3. Examining rooms are accessible to persons with disabilities
4. Restrooms are accessible to persons with disabilities

Physical Appearance/Conditions

1. Building is kept in good repair
2. Building signage is adequate to direct patients to appropriate departments
3. Parking areas and clinic entrance are well lit and well maintained
4. Reception/waiting areas are clean and well maintained
5. Exam/treatment rooms are clean and well maintained
6. Climate/environment is comfortable (e.g., air quality, lighting, safety)
7. Infection Control Procedures in place

Adequacy of Waiting-and Examining-Room Space

1. Waiting rooms are adequate to accommodate patient flow and volume
2. Waiting rooms provide adequate patient privacy
3. Exam/treatment rooms are adequate to accommodate patient care, patient privacy, etc.

Medical/Treatment Record-Keeping Criteria are addressed in QUI Policy: Medical Records Standards (QA 10)