

Facility Standards for Practitioner Offices

Each provider office/facility must maintain compliance with the Facility Standards to provide a safe and confidential environment that is conducive to the delivery of effective patient care for members, as well as the protection of the office staff.

An on-site review may be performed in response to a pattern of member complaints or internal Blue Cross and Blue Shield of Nebraska (BCBSNE) concerns related to a practitioner's office/facility practices. The Quality Management Committee may also request an on-site visit in response to identified potential quality-of-care or service issues.

STANDARD	DETAIL
The office/facility is in compliance with applicable federal, state and local laws and regulations.	<p>Includes, but not limited to compliance with:</p> <ul style="list-style-type: none"> • Health Insurance Portability and Accountability Act (HIPAA) • Occupational Safety and Health Administration (OSHA) • Americans with Disabilities Act (ADA) • National Fire Protection Association (NFPA) • Equal Employment Opportunity Commission (EEOC) • Food and Drug Administration (FDA) • Centers for Disease Control (CDC) • World Health Organization (WHO) • Others as appropriate to setting
The office/facility provides appropriate access and availability of its services to patients.	<ul style="list-style-type: none"> • BCBSNE Appointment Access and Availability Standards are met. • The office has made efforts to accommodate individuals with disabilities, in compliance with the ADA. Examples include: <ul style="list-style-type: none"> - There is adequate designated parking available with appropriate signage. Entrances are accessible (ramps provided as needed). - Doorways are wide enough to accommodate wheelchairs (at least 36 inches wide for adult wheelchairs). - At least one restroom with safety bars and of sufficient size to accommodate a wheelchair and provide privacy. <p>Note: When minor alterations are "readily achievable" and not cost prohibitive and are accomplished, this standard is considered to be met. Other structural modifications could be made when major redesign or remodeling of the office/facility occurs.</p>

Patient examination, consultation and waiting areas are designed to ensure patient safety, comfort and privacy.

- Patient examination and consultation rooms are private rooms with doors that close and provide adequate space for patient examination.
- There is a waiting area separate from the patient examination area.
- There is at least one restricted access patient restroom.

Health care services are provided under the direction of a recognized health care professional who must accept responsibility for the health care provided by the organization and be licensed in accordance with applicable state laws.

- Health care services are provided under the direction of one of the following licensed health care professionals:
- Doctor of medicine or osteopathy (MD/DO)
 - Doctor of dental surgery or dental medicine (DDS/DMD)
 - Doctor of podiatric medicine (DPM)
 - Doctor of chiropractic (DC)
 - Advanced practice registered nurse (APRN) or Physician's Assistant (PA) practicing in compliance with state law and regulation.
 - Licensed clinical behavioral health professional in a behavioral health setting.

The basic human rights of individuals are recognized and maintained.

- Patients are treated with respect, consideration and dignity.
 - Patients are provided with appropriate privacy.
 - When the need arises, reasonable attempts are made to communicate in the language or manner primarily used by patients, so that patients can understand their diagnosis, treatment options, prognosis and treatment plan.
 - Patients (or legally authorized representatives) are provided, to the degree known, information concerning their diagnosis, evaluation, treatment and prognosis.
 - Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated, for medical reasons.
 - Information is available to patients and staff about the credentials of the healthcare professionals involved in their care, fees for services, payment policies and the right to refuse treatment or change providers.
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The office/facility is operated in a manner that ensures high quality health services.

- There is an individual or governing body designated to provide administrative and/or medical direction and oversight of the operations of the office/facility.
- The designated administrative individual or governing body addresses and is fully and legally responsible, either directly or by appropriate professional delegation, for the operation and performance of the office/facility.
- There is a written policy and procedure in place that requires review of the credentials of each employee and there is enough information to support that the health care practitioners have the necessary knowledge, training and licensure(s) to provide such care within the scope of their particular license.
- The office/facility has adequate oversight of all major contracts or arrangements affecting the patient care provided under its auspices and ensures that services are provided in a safe and effective manner.

The office/facility provides high-quality health care services in accordance with the principles of professional practice and ethical conduct.

- All personnel assisting in the provision of health care services are appropriately qualified and supervised and are available in sufficient numbers for the care provided.
 - Health care provided is consistent with current standards of care.
 - Medication reconciliation is performed.
 - The organization implements a process to identify the correct site and correct service that is to be performed and involves the patient in the process.
 - When clinically indicated, patients are contacted as quickly as possible for follow-up regarding significant problems and/or abnormal findings.
 - When the need arises, the organization assists patients with the transfer of their care from one health care professional to another.
 - There is adequate and timely transfer of information when patients are transferred to other health care professionals.
 - If applicable, the organization defines pediatric patients and has policies addressing the care provided and ensuring a safe environment through the provision of adequate space, equipment, supplies, medications and personnel.
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The office/facility maintains ongoing programs designed to prevent and control infections and communicable diseases and to provide a sanitary environment of care.

- The organization has a program for identifying and preventing infections, maintaining a sanitary environment and a mechanism for notifying appropriate health authorities of reportable conditions.
 - The infection prevention and control program include documentation that the organization has considered, selected and implemented nationally recognized infection control guidelines (CDC, WHO, OSHA).
 - The organization adheres to professionally accepted standards of practice, manufacturer's recommendations and state and federal guidelines, including, but not limited to, those related to the cleaning, disinfection and sterilization of instruments, equipment, supplies and implants.
 - A sharps injury prevention program must be present in the organization to include orientation, education and sharps disposal procedures.
 - A safe environment for treating patients, including adequate safeguards to protect the patient from cross-infection, is assured through the provision of adequate space, equipment, supplies and personnel.
 - Policies are in place for the isolation or immediate transfer of patients with a communicable disease.
 - Infectious materials are discarded separately in containers identified as "Bio- hazardous Materials". There is a procedure for appropriate end disposal of such Bio-hazardous waste.
 - Reprocessing of single-use devices must comply with FDA guidelines and the devices must have been cleared under the FDA 510(k) process.
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The office/facility has established policies and procedures to ensure a safe and secure environment of care and appropriate response to environment of care emergencies.

- The organization's safety program addresses the environment of care and the safety of patients, staff and others and meets or exceeds local, state, or federal safety requirements.
 - The office/facility is in compliance with local and state building codes, including NFPA Life Safety Code.
 - The organization has a comprehensive written emergency and disaster preparedness plan to address internal and external emergencies, including participating in community health emergency or disaster preparedness, when applicable. The written plan must include a provision for the safe evacuation of individuals during an emergency, especially individuals who are at greater risk.
 - Appropriate fire safety measures are in place, including a fire plan, evacuation route map, currently inspected and tagged fire extinguishers, clearly marked exits and a fire detection system.
 - There is an established Severe Weather Plan and designated shelter areas.
 - Policies and procedures exist to address manufacturer or regulatory agency recalls related to medications, medical equipment and devices and food products.
 - There are policies and procedures in place to address the safe handling of hazardous materials and management of spills or exposures.
 - There is a system in place for inspecting expiration dates on drugs and supplies and removal of those products from inventory and return to manufacturer or disposal, in accordance with local, state and federal guidelines.
 - Controlled drugs and substances are secured in a locked area with limited access and are accounted for with a documentation/logging system.
 - Prescription pads are secured and controlled to prevent unauthorized access. Pre-signed and/or postdated prescription pads are prohibited.
 - There is a system to secure all sample drugs and supplies. Samples are labeled and written instructions provided to the patient on how the sample product is to be used. There is documentation in the medical record to reflect samples dispensed to each patient.
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The office/facility has procedures and supplies to effectively manage medical emergencies.

- The facility has a written policy and procedure in place to evaluate and manage medical emergencies, including stabilization and transfer, if appropriate.
- As appropriate to practice and population served:
 - Staff are available on-site and qualified to provide Basic Life Support (BLS), during all hours of operation, as evidenced by current certifications.
 - A minimum of two staff persons must be on the premises, one of whom must be either a licensed physician or a licensed health care professional as long as a patient is present who has not been discharged from supervised care.
 - The following equipment and staff trained in its use, are available on-site during all hours of operation:
 - Oxygen, tubing and masks
 - Respiratory rescue equipment such as airways and/or Ambu-bag
 - Working telephone to call 911

Laboratory services meet the needs of the patients and are provided in accordance with ethical and professional practices, regulatory guidelines and legal requirements.

- The laboratory workspace is separate from the patient areas and waiting areas and there is enough space, equipment and supplies provided to perform the volume of work with optimal accuracy, precision, efficiency and safety.
 - The laboratory meets the requirements for waived tests under Clinical Laboratory Improvement Amendments (CLIA) (part 493 of Title 42 of the Code of Federal Regulations) if it performs its own laboratory services, performs only waived tests and has obtained a certificate of waiver and/or has procedures for obtaining laboratory services from a certified laboratory in accordance with CLIA if it does not perform its own laboratory services.
 - Staff performing tests have adequate training and competence to perform the tests.
 - The organization has a policy/process that ensures that test results are reviewed appropriately by the ordering physician or another privileged provider and results are documented in the clinical record.
 - Established procedures are followed in obtaining, identifying, storing and transporting specimens and for disposal of specimens after testing is completed.
 - Organizations that receive/store/issue blood and blood products for transfusion or human cells or tissues for transplantation must have written protocols for handling, maintenance and storage, consistent with those of a nationally recognized authority, such as the American Association of Tissue Banks or the FDA.
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Radiology/Imaging services are provided in accordance with ethical and professional practices, regulatory guidelines and legal requirements.

- There is current “state registration of radiation generating equipment” available for review.
 - There is evidence of routine inspection, calibration and maintenance of the imaging equipment, in compliance with manufacturer’s recommendations and regulatory guidelines.
 - The radiology space is separate from the patient areas and waiting areas and there is sufficient space, equipment and supplies provided to perform the volume of work with optimal accuracy, precision, efficiency and safety.
 - Policies that address the safety aspects of the imaging services include, but are not limited to:
 - Proper warning signs are in place, alerting the public and personnel to the presence of hazardous energy fields, emphasizing concern for particularly susceptible individuals, including pregnant females and precautions for metallic/magnetic substances for individuals undergoing MRI.
 - Regulation of the use, removal, handling and storage of potentially hazardous materials.
 - Precautions against electrical, mechanical, magnetic, ultrasonic, radiation and other potential hazards.
 - Proper shielding where radiation, magnetic field and other potentially hazardous energy sources are used.
 - Monitoring devices or processes to ensure the safety of all personnel who might be exposed to radiation, magnetic fields, or otherwise harmful energy; if radiation exposure is not monitored, documentation exists within the organization to support this decision.
 - Instructions to personnel in safety precautions and in dealing with accidental hazardous energy field exposure.
 - Health care professionals providing imaging services and/or interpreting results have appropriate training and credentials.
 - Authenticated, dated reports of all examinations performed are made a part of the patient’s clinical record and there is a policy that addresses storage and retention of diagnostic images.
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Any surgical and related services performed in the office/facility are provided in a safe manner by qualified providers.

- Surgical and related services include any method or technique that involves cutting, abrading, suturing, laser, or otherwise physically entering or changing body tissues and organs, including invasive pain management procedures.
- Practitioners performing surgical and other procedures are licensed and can perform such procedures under their scope of practice within the state in which the office/facility is located and have been approved to perform those procedures by the organization.
- Informed consent is obtained, to include the necessity or appropriateness of the proposed surgery, as well as risks and available alternative treatment techniques, discussed with the patient prior to scheduling for surgery.
- As appropriate, tissues removed during surgery are examined by a pathologist, whose signed report of the examination is made a part of the patient's clinical record.
- The findings and techniques of a procedure are accurately and completely documented immediately after the procedure by the health care professional who performed the procedure. This description is immediately available for patient care and becomes a part of the patient's clinical record.
- When special equipment or devices (such as lasers, lithotripsy, cautery, etc.) are used in procedures, there is evidence of the following:
 - Education and training of personnel, including a requirement for all personnel working with these devices to be adequately trained in the safety and use of each type of device utilized in patient care.
 - Written guidelines, adequate supplies and equipment to provide appropriate treatment in accordance with manufacturer's guidelines.
 - Maintenance logs are present that confirm the inspection and testing of these devices.
- The office/facility has guidelines regarding the procedures and treatments that are offered to patients, which include criteria for patient selection, the need for anesthesia support and post-procedural care.

Medical Records are maintained in a manner that ensures confidentiality and security and provides for appropriate access and continuity of care.

- BCBSNE Medical Records Standards are met.
 - There are policies and procedures in place that provide for confidential and secure storage, transport to and from multiple providers/sites in a secure manner and protection from flood, fire, theft or other destruction.
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