

Date: _____

CHDP Facility Review

Reviewer(s): _____

Provider: _____

Ventura County Public Health - CHDP Program Electronic Facility Review		Revision			
01/12/2012					
1. Personnel		1. Site Personnel			Notes:
Site Personnel Survey Criteria			Wt.	Yes	
A.	Professional licenses and certifications are current for all health assessment providers at this provider site.	A.	CE		<i>Pass or Fail</i>
	Physician				
	Doctor of Osteopathy				
	Physician Assistant (PA)				
	Certified Nurse Midwife				
	Nurse Practitioner				
B.	Each staff member must be identified by:				
B.1	Wearing a badge with his/her name and professional title.	B. 1	1	1	
B.2	Prominent display of professional license.	B. 2	1	1	<i>Erase</i>
	Comments: (Write comments for all zero (0) scores.)	Subtotal	2	2	<i>Points if NOT in</i>
C.	Staff are qualified, trained and have access to information to ensure a safe office environment.		Wt.	Yes	<i>Compliance</i>
C. 1	Personnel on site are qualified for their responsibilities and adequately trained to function within their scope of work or job description.	C. 1	1	1	
C. 2	Non physician medical practitioners perform within their scope of practice and are supervised in accordance with Title 22, CCR, Sections 51240 and 51241.	C. 2	2	2	
C. 3	There are written policies and procedures or other written documentation on site to ensure staff have access to information on handling issues such as infection control, emergencies, fire prevention, safety, and abuse reporting, implementation of HIPAA requirements, sensitive services/minor's rights, consent for treatment.	C. 3	1	1	
C. 4	There is written documentation of annual training to ensure staff has basic knowledge of areas such as infection control, handling of emergencies, fire prevention and safety, and abuse reporting, implementation of HIPAA requirements, sensitive services/minor's rights, consent for treatment.	C. 4	1	1	
C. 5	Designated personnel have completed training in audiometric testing.	C. 5	1	1	
C. 6	Designated personnel have completed training in vision screening.	C. 6	1	1	
C. 7	There is written documentation of annual emergency staff training and participation in mock drills.	C. 7	1	1	
C. 8	Designated personnel have completed training in anthropometric measures, including obtaining Body Mass Index (BMI) percentile.	C. 8	1	1	
	Comments: (Write comments for all zero (0) scores.)	Subtotal	9	9	
		Section Total	11	11	
			1 CE		<i>Pass or Fail</i>
2. Office Management		2. Office Management			
Office Management Survey Criteria			Wt.	Yes	
A.	Physician coverage is available 24 hours a day, 7 days a week.				<i>Erase</i>

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A. 1	Current office hours are posted within the office or are readily available upon request.	A. 1	1	1	Points
A. 2	There is a written schedule for after-hours and on-call coverage is available.	A. 2	1	1	if NOT in
A. 3	There is a method of informing clients about coverage.	A. 3	1	1	Compliance
	Comments:				
		Subtotal	3	3	
B.	Readily available health care services are provided.		Wt.	Yes	
B. 1.	A telephone system is in place for managing telephone callers during and after office hours.	B. 1.	1	1	
B. 2	A system is in place to remind clients of scheduled appointments.	B. 2	1	1	Erase
B. 3	There is a system in place to follow up missed and cancelled appointments.	B. 3	2	2	Points
B. 4	There is a system in place to remind client when the next preventive visit is due.	B. 4	2	2	if NOT in
	Comments:				Compliance
		Subtotal	6	6	
C.	All Provider sites provide interpreter services for limited English proficient clients either through telephone language services or interpreters on-site.	C.	2	2	
	Comments:				
		Subtotal	2	2	
D.	Referral/consultative services are handled according to established site-specific procedures.		Wt.	Yes	
	Office systems and written procedures exist for:				
D. 1	There is a system in place for tracking of referrals and follow-up appointments.	D. 1	2	2	Erase
D. 2	Obtaining and reviewing consultant reports and diagnostic test results, including lab procedures referred to other providers, immunizations not performed on-site.	D. 2	2	2	Points
D. 3	Maintaining up-to-date resource materials related to the provision of CHDP services according to program standards.	D. 3	2	2	Compliance
	Comments:				
		Subtotal	6	6	
E.	Medical records are readily retrievable for the Provider at each scheduled client encounter.		Wt.	Yes	
E. 1	A system is in place and utilized by site personnel to ensure the availability of medical records at the time of the client visit. Refer to the CHDP Medical Record Review Tool (DHS 4492).	E. 1	1	1	Erase
E. 2	Medical records retention schedule is in place.	E. 2	1	1	Points
	Comments:				
		Subtotal	2	2	
F.	Client confidentiality and privacy are maintained.		Wt.	Yes	
F. 1	Exam rooms, dressing gowns are available to safeguard clients' right to privacy.	F. 1	1	1	Erase
F. 2	Site personnel follow office policy/procedures for maintaining confidentiality of patient information. Clients or their conditions are not discussed in front of other clients or visitors. Individual client information is not displayed or left unattended in reception and/or client flow areas.	F. 2	1	1	Points
F. 3	Privacy policies are given to new patients.	F. 3	1	1	if not in
	Comments:				Compliance
		Subtotal	3	3	
		Section Total	22	22	
3. Health Education Services		3. Health Education			

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Health Education Survey Criteria			Wt.	Yes	
A.	Health education services are available to clients.				
	Health education materials and resource information are:		Wt.	Yes	
A. 1	On site, electronic or hard copies are made available upon request.	A. 1	2	2	<i>Erase</i>
A. 2	Applicable to the practice and population served on site and include CHDP-provided health education materials.	A. 2	2	2	<i>Points</i>
A. 3	Available in threshold languages identified for county/area of site location.	A. 3	2	2	<i>if NOT in</i>
A. 4	Inclusive of a resource list for services/programs such as Healthy Families, WIC, and dental and mental health.	A. 4	2	2	<i>Compliance</i>
B.	Medi-Cal/Healthy Families applications are available in the office or electronically.	A. 5	2	2	
	Comments:				
		Subtotal	10	10	
		Section Total	10	10	
4. Site Access		4. Site Safety			
Site Safety Survey Criteria			Wt.	Yes	
A.	The provider site shows evidence of safety and fire precautions.				<i>Erase</i>
A. 1	Site is accessible and useable by persons with disabilities.	A. 1	1	1	<i>Points</i>
A. 2	There is fire fighting/protection equipment in an accessible location on site at all times.	A. 2	1	1	<i>if NOT in</i>
A. 3	Exit door(s), corridors, and stairs are clear and unobstructed; wall outlets and switches have cover plates.	A. 3	1	1	<i>Compliance</i>
	Comments:				
		Subtotal	3	3	
B.	The site ensures that the following are in place in order to provide emergency care during business hours until treatment is initiated by the Emergency Medical Services (EMS) system.		Wt.	Yes	
B. 1	Airway, breathing and circulatory management: Oxygen delivery system, bag-valve mask (pediatric and adult); suction device (tonsil tip, bulb syringe). Clear oxygen masks, breather and nonrebreather, with reservoirs (infant, child, adult) nebulizer (or metered-dose inhaler with spacer/mask); oropharyngeal airways (sizes 00-5); nasal Cannulas.	B. 1	CE		<i>Pass or Fail</i>
B. 2	Emergency medication and administration: Epinephrine 1:1000 (injectable subcutaneous or intramuscular); tuberculin syringes and needles; alcohol wipes; albuterol for inhalation (metered-dose inhaler with spacer or mask may be substituted).	B. 2	CE		<i>Pass or Fail</i>
B. 3	Equipment and supplies - splints and sterile dressings, cardiac arrest board/backboard or equivalent.	B. 3	CE		
B. 4	Written plan delineating the procedures followed for an <i>emergency medical condition</i> *, including activation of the local 911 EMS system.	B. 4	CE		
B. 5	Medication dosage chart (or other method for determining dosage) is kept with emergency medication(s).	B. 5	CE		
B. 6	Emergency equipment/supplies as listed in items 1 and 2 above are stored together and there are no obstructions (e.g., furniture, supplies) to their use.	B. 6	1	1	<i>Erase Points</i>
B. 7	There is written documentation that emergency equipment/supplies as listed in items 1 and 2 above are checked for expiration at least monthly and replaced/restocked as needed; emergency equipment is checked for operating status at least monthly.	B. 7	1	1	<i>if NOT in Compliance</i>
B. 8	At least one staff person has a current cardiopulmonary resuscitation (CPR) certificate and is on-site during business hours.	B. 8	1	1	
B. 9	Local poison control number is prominently posted and visible for staff.	B. 9	1	1	
	Comments:				

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		Subtotal	4	4	
		Section Total	7	7	
			3 CE		Pass or Fail
	5. Infection Control/Lab	5. Infection Control/Lab			
	Laboratory Survey Criteria		Wt.	Yes	
A.	The provider has a CLIA certificate that is current and site-specific.		CE		Pass or Fail
B.1	CHDP tests performed on site are appropriate to the CLIA Status. A process is in place for equipment maintenance and expiration of supplies.	A. 1	1	1	
B. 2	Has a process for maintenance of lab equipment. List of equipment on site:	A. 2	1	1	Erase
B. 3	Has a process to check expiration dates and dispose of expired laboratory test supplies, and no expired laboratory test supplies are present.	A. 3	1	1	Points if NOT in Compliance
B. 4	Maintains laboratory supplies/equipment clean and accessible only to staff responsible for their use.	A. 4	1	1	
	Comments:	Subtotal	4	4	
	Infection Control Survey Criteria		Wt.	Yes	
C	The site/provider must ensure that the following are present on-site to prevent transmission of infections among clients and staff:				
B. 1	Antiseptic hand cleaner and/or hot running water for hand washing are available in examining rooms and treatment areas.	B. 1	1	1	
B. 2	A waste disposal container is in each examining room, treatment area, and restroom, and is inaccessible to children.	B. 2	1	1	Erase
B. 3	A process is in place for isolating infectious clients.	B. 3	1	1	Points
B. 4	A disinfectant solution is labeled as approved by the Environmental Protection Agency (EPA).	B. 4	1	1	If not in Compliance
D.	The site/provider must ensure that the following are present on-site in order to decrease clients' and staffs' exposure to bloodborne pathogens:		Wt.	Yes	
D. 1	Personal protective equipment (e.g., gloves, gowns, eye/face protection) is available.	C. 1	1	1	
D. 2	Sharps containers are labeled and located in the areas where sharps are used and are accessible only to staff responsible for the use of sharps.	C. 2	1	1	
D. 3	Written documentation of sharp injury incidents is available.	C. 3	1	1	
D. 4	Biohazardous (non sharp) waste is contained in separate, labeled, covered, and leak-proof container(s).	C. 4	1	1	
	Comments:	Subtotal	8	8	
			1 CE		Pass or Fail
		Section Total	12	12	
	6. Clinical Services	6. Clinical Services			
	Pharmaceutical Services Survey Criteria		Wt.	Yes	
A.	The provider site participates in the Vaccines for Children (VFC) Program and meets all the following requirements:				Pass or Fail
A. 1	Has a process to check and dispose of expired immunizations, and no expired immunizations are present.	A. 1	CE		Pass or Fail
A. 2	Has a clean area for preparing immunizations.	A. 2	CE		Pass or Fail
A. 3	Has syringes and disposable needles in various sizes as needed.	A. 3	CE		Pass or Fail

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A. 4	Stores immunizations separate from food, lab specimens, cleaning supplies, and other items that may potentially cause contamination.	A. 4	CE		Pass or Fail
A. 5	Stores immunizations, needles and syringes, so that they are accessible only to staff responsible for their use.	A. 5	CE		Pass or Fail
A. 6	Has Vaccine Information Statement(s) (VISs), hard copy or electronic , for each immunization or immunization component administered and in threshold languages appropriate for the client population.	A. 6	CE		Pass or Fail
A. 7	Has current immunizations or combinations as recommended by ACIP	A. 7	CE		Pass or Fail
	4/1/2008				
1	DTaP				
2	DT Pediatric				
3	Td Adult (DECAVAC)				
4	Td Adult				
5	Tdap				
6	Hepatitis A				
7	HBIG				
8	Hepatitis B/Hib Combination				
9	Hepatitis B Lower Dose (Pediatric/Adolescent)				
10	Hepatitis B Higher Dose (Adult)				
11	Hepatitis B				
12	Hib				
13	Human Papilloma Virus (HPV) Vaccine				
14	Influenza				
15	Influenza Preservative Free				
16	FluMist				
17	MMR				
18	MMRV, if available.				
19	Measles				
20	Meningococcal Conjugate Vaccine (MCV4)				
21	Pediarix				
22	Polio - Inactivated				
23	Pneumococcal Polysaccharide (23PS)				
24	Pneumococcal, heptavalent (Prevnar)				
25	Rotavirus (RV) Vaccine				
26	Rubella				
27	Varicella				
28					
29					
A. 8	Immunizations are stored according to manufacturer requirements in the refrigerator at 2° to 8°C or 35° to 46°F and in the freezer at -15°C or 5°F or lower.	A. 8	CE		Pass or Fail
A. 9	Has a written plan for vaccine protection in case of power outage or malfunctioning of refrigerator or freezer.	A. 9	CE		Pass or Fail
A. 10	Has a written log documenting refrigerator and freezer temperatures twice a day.	A. 10	CE		Pass or Fail
A. 11	Has a freezer with its own external door separate from the refrigerator.	A. 11	CE		Pass or Fail
A. 12	Has purified protein derivative injectable tuberculin.	A. 12	CE		Pass or Fail

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A. 13	Stores and handles all drugs (other than immunizations) that are administered in the office/clinic according to manufacturer requirements.	A. 13	CE		<i>Pass or Fail</i>
	Comments:				
Section Total			13 CE		<i>Pass or Fail</i>
7. Pediatric Preventive Services			7. Pediatric Preventive Services		
Preventive Services Survey Criteria			Wt.	Yes	
A.	Pediatric preventive health care services and health appraisal examinations are provided on a periodic basis for the detection of asymptomatic diseases. Examination equipment appropriate for infants, children, and adolescents is available on-site and maintained according to manufacturer's guidelines:		Wt.	Yes	
A. 1	Exam tables and lights are in good repair and percussion hammer, tongue blades, paper for tables, and client gowns are available.	A. 1	CE		<i>Pass or Fail</i>
A. 2	Stethoscope and sphygmomanometer and various appropriate size cuffs.	A. 2	CE		<i>Pass or Fail</i>
A. 3	Thermometers	A. 3	CE		<i>Pass or Fail</i>
A. 4	Scales: adult and infant scales. If balance beam: Calibration date:	A. 4	CE		CALIB. DATE
A. 5	Measuring devices for stature (recumbent or standing with rigid right angle head and foot board block) measurement and head circumference measurement.	A. 5	CE		
A. 6	Vision screening charts (Snellen and illiterate or equivalent) and disposable, or process to clean, occluder for vision testing; location of vision screening chart in out-of-traffic areas and appropriate to a variety of children's heights; heel line at the appropriate 10- or 20-foot distance.	A. 6	CE		<i>Pass or Fail</i>
A. 7	Ophthalmoscope with working light.	A. 7	CE		<i>Pass or Fail</i>
A. 8	Otoscope with working light and adult and pediatric ear speculums.	A. 8	CE		<i>Pass or Fail</i>
A. 9	Puretone, air conduction audiometer, located in a quiet area, and response devices. Calibration date:	A. 9	CE		CALIB. DATE
	Comments:				
Section Total			9 CE		
Total CE Required			27		
Grand Total Possible			62		
Grand Total Provider				62	
PerCent Compliance				100%	
COMMENTS: (CEs out of Compliance, etc.)					