



Self-Assessment Manual

This Self-Assessment Manual has been developed as a guide for health care organizations interested in seeking accreditation. The Self-Assessment Manual will assist an organization in realistically assessing its compliance with the standards outlined in the Accreditation Handbook of Urgent Care Centers. Results of the self-assessment review will point out areas needing improvement in the organization's overall provision of patient care.

The checklist format of this Self-Assessment Manual provides an easy mechanism to determine the current status of the organization regarding each of the applicable accreditation standards. There is space provided within each chapter for "Supporting and Summary Comments," indicating the results of the self-assessment review of each area. There is also space available for the specific "Actions Needed to Achieve Substantial Compliance" for each of the standards. The following terminology is used by the survey team in the Survey Report Form, and is also used in this Self-Assessment Manual.

SC — Substantial Compliance indicates that the organization's current operations are acceptable and meet the standards.

PC — Partial Compliance indicates that a portion of the item is acceptable, but other areas need to be addressed.

NC — Non-Compliance indicates that the organization's operations in the area do not meet the standards.

N/A — Not Applicable indicates that the standard does not apply to the organization.

Before initiating the self-assessment review process, it is important to ensure that key leadership in the organization is supportive of, and interested in, this effort. The chief medical and administrative officers, as well as members of the governing body, executive committee or other such groups, should be informed of activities in this area. In addition, it is advisable that health care practitioners and your staff be aware of the self-assessment review to ensure cooperation and support throughout all levels of the organization, both in terms of the assessment and in the corrective action phases of this process.

The organization may wish to appoint a “Self-Assessment Team” with the responsibility of coordinating the overall internal review. A “Self-Assessment Team Members” worksheet is enclosed with a “Tentative Review Timetable.” Some clinics find this approach beneficial.

It may be helpful to divide this Self-Assessment Manual into sections and have the appropriate personnel complete the relevant portions, i.e., the individual in charge of clinical records could complete the section on Pathology and Medical Laboratory Services, and so forth. A “Self-Assessment modified or substituted with different methods at Team Assignments” form is included in this Manual.

When the assessment of each section has been completed, it is suggested that the chief medical and administrative officers and other key individuals review the Self-Assessment Team’s findings regarding current levels of compliance. This will determine what actions are needed to bring areas into substantial compliance with the standards. Forms are included for the organization’s “Overall Plan to Achieve Compliance” with the standards.

A worksheet is also included for “Progress Notes” as the actions needed for substantial compliance are implemented by the organization. It is suggested that the organization establish a date by which corrective actions are expected to be implemented. The “Reassessment of Compliance after Corrective Actions” worksheet will assist in compiling this information. An “Accreditation Survey Checklist” is also included to assist the organization in maintaining its efforts to achieve accreditation.

Accreditation requires an ongoing commitment to self-evaluation and improvement. The organization should therefore periodically reassess its compliance with the standards both prior to and after accreditation has been awarded. This Self-Assessment Manual should assist in the organization’s efforts to provide the highest achievable level of care for its patients. On-site consultative surveys are available to interested organizations preparing for accreditation. The AAUCM staff is also available to answer telephone inquiries regarding the standards and survey process at the AAUCM offices, 407-521-5789.

Self-Assessment of the AAUCM Standards

The applicable portions of the core and adjunct standards will be evaluated based on the services the organization represents it provides.

Note: The forms in this Self-Assessment Manual have been developed as sample guides for the organization’s convenience.

Tentative Review Timetable

Task	Date Completed
Key Leadership Involvement	_____
Initial Discussion of Self-Assessment	_____
Assignment of Self-Assessment Team and Responsibilities	_____
Completion of Initial Assessment of Each Area	_____
Review by Self-Assessment Team	_____
Report to Key Leadership	_____
Implementation of Corrective Actions	_____
Review of Corrective Actions by Self-Assessment Team	_____
Report to Key Leadership	_____
Reassessment of Each Area	_____
Review of Reassessment by Self-Assessment Team	_____
Report to Key Leadership	_____

Self-Assessment Team Assignments

Indicate the name of the individual responsible for directing the review of each applicable area of the standards:

Standard	Name of Responsible Individual
1. Rights of Patients	_____
2. Governance	_____
3. Administration	_____
4. Quality of Care Provided	_____
5. Quality Management and Improvement	_____
6. Clinical Records and Health Information	_____
7. Professional Improvement	_____
8. Facilities and Environment	_____
9. Immediate/Urgent Care Services	_____
10. Pharmaceutical Services	_____
11. Pathology and Medical Laboratory Services	_____
12. Diagnostic Imaging Services	_____
13. Employee and Occupational Health Services	_____
14. Other Professional and Technical Services	_____
15. Teaching and Publication Activities	_____
16. Health Education and Wellness	_____

Accreditation Survey Checklist

Target Survey Date:

Task

Date Completed

Self-Assessment review completed

Corrective actions implemented

Reassessment review Complete

Application for Accreditation and application fee sent to the AAUCM

Date for survey scheduled

On-Site survey conducted

Receipt of Accreditation decision letter

Receipt of Accreditation Certificate

Marketing, use of Accreditation logo, etc.

1 Rights of Patients

Compliance
SC PC NC N/A

The organization recognizes the basic human rights of patients. Such an organization has the following characteristics.

- | | | | | | | |
|----|---|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A. | Patients are treated with respect, consideration, and dignity. | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Patients are provided appropriate privacy. | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Patient disclosures and records are treated confidentially, and, except when required by law, patients are given the opportunity to approve or refuse their release. | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person. | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons. | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Information is available to patients and staff concerning: | F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1. patient rights, including those specified in A, B, C, D, and B above | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2. patient conduct and responsibilities | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3. services available at the organization | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4. provisions for after-hours and emergency care | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 5. fees for services | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 6. payment policies | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7. patient's right to refuse to participate in experimental research | 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8. advance directives, as required by state or Federal law and regulations | 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9. provider credentialing. | 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | Patients are informed of their right to change primary or specialty physicians or dentists if other qualified physicians are available. | G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- H. Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients. H.
- I. Patients are provided with appropriate information regarding the absence of malpractice insurance coverage. I.
- J. Patients are informed about procedures for expressing suggestions to the organization and policies regarding grievance procedures and external appeals, as required by state and Federal law and regulations. A “Consumer Notice” should be posted in the waiting room. J.

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|--|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. determining a policy on the rights of patients | 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. approving and ensuring compliance of all major contracts or arrangements affecting the medical care provided under its auspices including, but not limited to, those concerning | 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. the employment or contracting of practitioners | a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. the provision of radiology services and pathology and medical laboratory services | b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. the use of external laboratories | c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. the provision of care by other health care organizations, such as hospitals. Governing bodies of health maintenance organizations (HMOs) and similar managed care plans are responsible for confirming that other health care organizations with which the HMO may contract (such as surgery centers, hospitals, home health agencies, nursing homes) have been reviewed and approved by a recognized accrediting body. If the health care delivery organization has not been approved by a recognized accrediting body, the HMO's governing body must develop and implement standards of participation | d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. the provision of education to students and postgraduate trainees | e. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. the provision of after-hours patient information or telephone triage services, including the review of protocols | f. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. the Centers for Medicare & Medicaid Services requirements, if the organization participates in the Medicare/Medicaid program | g. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. the policies/procedures related to utilization, quality improvement, credentialing, patients rights, etc., of a managed care organization, if the organization/provider has contracts with managed care delivery service organizations | h. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. the activities or services delegated to another entity. | i. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. formulating long-range plans in accordance with the mission, goals, and objectives of the organization | 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. operating the organization without limitation because of race, creed, sex, or national origin | 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. ensuring that all marketing and advertising concerning the organization do not imply that it provides care or services that it is not capable of providing | 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. developing a program of risk management appropriate to the organization | 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. determining a policy on continuing education for personnel and/or patient education for members/enrollees, if applicable | 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. developing policies that comply with all applicable occupational health and safety regulations for health care workers such as the Occupational Safety and Health Administration (OSHA) rules on Occupational Exposure to Bloodborne Pathogens (29 CFR Part 1910.1030) | 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. establishing a mechanism to fulfill all applicable obligations under local, state and Federal laws and regulations such as the Americans with Disabilities Act (ADA), Health Insurance Portability and Accountability Act (HIPAA), Fraud and Abuse, and Self-Referral | 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. operating the organization's facilities and environment in a safe manner | 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. adopting policies/procedures to resolve grievances and external appeals, as required by state and Federal law and regulations | 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. confirming that any contracted entities or facilities have been approved by a recognized accrediting body, or the governing body is required to develop and implement standards of participation for facilities, if the entity seeking accreditation is a managed care organization | 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. establishing processes for the identification, analysis, reporting, and prevention of adverse incidents and ensuring their consistent and effective implementation by developing a system that includes: | 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. definition of an adverse incident that, at a minimum, includes: | a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. an unexpected occurrence during a health care encounter involving patient death or serious physical or psychological injury or illness, including loss of limb or function, not related to the natural course of the patient's illness or underlying condition | i. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. any process variation for which a recurrence carries a significant chance of a serious adverse outcome | ii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Accredited organizations must notify the AAUCM within 30 days of any significant organizational changes including but not limited to mergers, change in majority interest, consolidation, name change, additional services or locations, death or incapacitation of physician in a solo physician organizations, changes in state license or federal certification or qualifying status, significant change in managed care enrollment, significant changes in the provider delivery system or staff membership, bankruptcy, or other significant change in the financial viability of the organization. 3.

D. The governing body meets at least annually and keeps such minutes or other records as may be necessary for the orderly conduct of the organization. D.

1. Items to be reviewed should include, but are not limited to, 1.
 a. rights of patients a.
 b. delegated administrative responsibilities b.
 c. quality of care c.
 d. the quality management and improvement program, policies and procedures, including the credentialing and privileging of providers d.
 e. compliance to all other applicable standards. e.

E. If the governing body elects, appoints, or employs officers and administrators to carry out its directives, the authority, responsibility, and functions of all such positions are defined. E.

Assignment of Credentials

F. The governing body, either directly or by delegation, makes (in a manner consistent with state law) initial appointment, reappointment, and assignment or curtailment of clinical privileges based on professional peer evaluation. This process shall have the following characteristics: F.

1. The governing body has specific criteria for the credentialing and recredentialing of practitioners 1.

2. Provisions are made for the expeditious processing of applications for clinical privileges. 2.

3a. On an application for initial privileges, the applicant is required to provide sufficient evidence of training, experience, and current competence in performance of the procedures for which privileges are requested. The following shall be included in the information provided for evaluation of the candidate: 3a.

i. education and training i.

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|---|------|--------------------------|--------------------------|--------------------------|--------------------------|
| ii. peer evaluation | ii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. current state license | iii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Drug Enforcement Administration (DEA) certification | iv. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. a description or list of privileges requested | v. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. only as may be required by federal law, information obtained from the National Practitioner Data Bank (Note: Organizations which conduct reviews of physicians before granting them privileges to perform surgery at the facilities are not required to register with the National Practitioner Data Bank (NPDB). They are not required to check with the NPDB before granting privileges; however, they are required to file reports to the NPDB.) | vi. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. other pertinent information which may include, but need not be limited to, professional liability claims history; information on licensure revocation, suspension, voluntary relinquishment, licensure probationary status, or other licensure conditions or limitations; complaints or adverse action reports filed against the applicant with a local, state, or national professional society or licensure board; refusal or cancellation of professional liability coverage; denial, suspension, limitation, termination, or nonrenewal of professional privileges at any clinic, hospital, health plan, or other institution; DEA license suspension or revocation; disclosure of any Medicare/Medicaid sanctions; conviction of a criminal offense (other than minor traffic violations); currently present physical, mental health, or chemical dependency problems that would interfere with applicant's ability to provide high-quality professional services; a signed statement releasing the organization from liability and attesting to the correctness and completeness of the submitted information. | vii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. On an application for reappointment, the applicant will provide evidence of present compliance with the above requirements. | 3b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Upon completion of the application, the credentials are verified according to procedures established in the bylaws, rules, and regulations. The organization has established procedures necessary to obtain, with respect to applicants for privileges, information necessary for primary or secondary source* verification of the application.

4.

* Primary Source Verification: Verification of a health care practitioner's credentials based upon evidence obtained from the issuing source of the credential, which include:

American Board of Podiatric Surgery
Chiropractic Colleges
Drug Enforcement Agency
Medical Schools
Nursing Schools
Physician Assistant Schools
Podiatry Schools
Residency Programs
State Licensing Agencies

These sources are for verification of Board Certification only, not education or training

* Secondary Source Verification: Verification of a health care practitioner's credentials based upon information obtained from an AAUCM-recognized authority, which includes:

American Association of Nurse Anesthetists
American Board of Medical Specialties
American College of Nurse-Midwives
American Medical Association Master Profile
American Nurses Credentialing Center (generalist, advanced practice, and clinical specialist)
American Osteopathic Association Physician Master Profile
Association of American Medical Colleges
National Commission on Certification of Physician Assistants

5. Provisions require that the applicant for privileges be required to divulge professional liability insurance information, if requested to do so by the ambulatory health care organization.

5.

6. Credentials files are maintained for each member of the health care organization to include the initial application, reapplication, verifications, privileges granted, and other pertinent information as required by the organization.

6.

7. Credentialing, recredentialing, and the privilege granting process and decisions are approved by the governing body.

7.

8. Clinical privileges are granted for a specified period of time. 8.

9. Mechanisms are in place for the organization to notify licensing and/or disciplinary bodies or other appropriate authorities when a health care provider's privileges are suspended or terminated, as required by state or Federal law and regulations. 9.

G. The governing body provides (in a manner consistent with state law and based on evidence of education, training, experience, and current competence) for the initial appointment, reappointment, and assignment or curtailment of privileges and practice for allied health care practitioners. G.

H. The organization has its own independent process of credentialing. Credentialing of a health care practitioner by another health care organization other than the organization, such as by a hospital, may be utilized as part of an overall independent process of credentialing by the organization, but is not relied upon exclusively. H.

3 Administration

Compliance
SC PC NC N/A

The organization is administered in a manner that ensures the provision of high-quality health services and that fulfills the organization’s mission, goals; and objectives. Such an organization has the following characteristics.

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|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>A. Administrative policies, procedures, and controls are established and implemented to assure the orderly and efficient management of the organization. Administrative responsibilities include, but are not limited to,</p> <ol style="list-style-type: none"> 1. enforcing policies delegated by the governing body 2. employing qualified management personnel 3. long-range and short-range planning for the needs of the organization, as determined by the governing body 4. taking all reasonable steps to comply with applicable laws and regulations 5. protecting the assets of the organization 6. implementing fiscal controls, including, but not limited to, <ol style="list-style-type: none"> a. authorization and record procedures that are adequate to provide accounting controls over assets, liabilities, revenues, and expenses b. policies and procedures for controlling accounts receivable and accounts payable and for handling cash and credit arrangements c. rates and charges for services provided by the organization 7. using methods of communicating and reporting designed to ensure the orderly flow of information within the organization 8. controlling the purchase, maintenance, and distribution of the equipment, materials, and facilities of the organization 9. establishing lines of authority, accountability, and supervision of personnel 10. establishing controls relating to the custody of the official documents of the organization 11. maintaining the confidentiality, security, and physical safety of data on patients and staff 12. maintaining a health information system that collects, integrates, analyzes and reports data as necessary to meet the needs of the organization. <ol style="list-style-type: none"> a. Characteristics of the system should include, but are not limited to: | <p>A. <input type="checkbox"/></p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/> 11. <input type="checkbox"/> 12. <input type="checkbox"/> a. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|---|------|--------------------------|--------------------------|--------------------------|--------------------------|
| i. meeting performance improvement/indicators study needs | i. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. maintaining appropriate data on patient/enrollees, health care providers and services provided to patient members, if the organization is a managed care professional services delivery organization | ii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. ensuring accurate, timely and complete data in a consistent manner as appropriate for the organization | iii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. maintaining collected data in a standardized format to the extent feasible and appropriate. | iv. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
B. Personnel policies are established and implemented to facilitate attainment of the mission, goals, and objectives of the organization. Personnel policies: | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. define and delineate functional responsibilities and authority | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. require the employment of personnel with qualifications commensurate with job responsibilities and authority, including appropriate licensure or certification | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. require periodic appraisal of each person's job performance, including current competence | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. describe incentives and rewards, if any exist | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. require periodic review of employee compensation | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. are made known to employees at the time of employment | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. comply with federal and state laws and regulations regarding the protection of the health of employees and provide for appropriate occupational health services for those employees. | 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
C. The organization periodically assesses patient satisfaction with services and facilities provided by the organization. The findings are reviewed by the governing body and when appropriate, corrective actions are taken. | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
D. When students and postgraduate trainees are present, their status is defined in the organization's personnel policies. | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
E. Personnel/Employee Files | | | | | |
| Ensure that all employee files are maintained in a secure, locked location. | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Contents of employee files should include (but not limited to): | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. application for employment | i. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. resume | ii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|-------|--|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| iii. | any tests (with scores) taken prior to hiring (MAs administering medication should take and pass a medication administration test, as well as any employee that is cross-trained to function in this capacity, including X-ray technicians, EMTs, etc. | iii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. | current licenses | iv. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. | current CPR card | v. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. | proof of PPD and/or pre-employment drug testing | vi. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. | copy of valid ID (such as drivers license, passport or state issued ID card) | vii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| viii. | copy of original social security card | viii. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ix. | copies of annual competency testing and scores | ix. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. | copies of annual employee evaluations | x. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xi. | copies of training provided including signature of trainer, trainer's title, and acknowledgment of understanding and completion with employee signature (training outline should include responsibilities that employee is assigned [for example, daily room sterilization, replenishing supplies daily, check in patients which consists of taking vitals, administering injections such as vaccines, medications, providing discharge instructions]) | xi. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | a. if employee is cross-trained to function in a different capacity and/or has added responsibilities, documentation of additional training should be completed with trainer's signature and employee's acknowledgement. | a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 Quality of Care Provided

Compliance
SC PC NC N/A

The organization provides high-quality health care services in accordance with the principles of professional practice and ethical conduct, and with concern for the costs of care and for improving the community’s health status. Such an organization has the following characteristics.

- | | | | | |
|--|------------------------------|--------------------------|--------------------------|--------------------------|
| A. All health care practitioners have the necessary and appropriate training and skills to deliver the services provided by the organization. | A. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Health care practitioners practice their professions in an ethical and legal manner. | B. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. All personnel assisting in the provision of health care services are appropriately trained, qualified, and supervised and are available in sufficient numbers for the care provided. | C. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. The provision of high-quality health care services is demonstrated by at least the following: | D. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. education of, and effective communication with, those served concerning the diagnosis and treatment of their conditions, appropriate preventive measures, and use of the health care system | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. accessible and available health services | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. appropriate and timely diagnosis based on findings of the initial assessment (history and physical examination) | 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. treatment that is consistent with clinical impression or working diagnosis | 4. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. appropriate and timely consultation | 5. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. absence of clinically unnecessary diagnostic or therapeutic procedures | 6. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. appropriate and timely referrals | 7. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. appropriate and timely follow-up of findings and tests | 8. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. patient cooperation | 9. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. continuity of care | 10. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. provision for services when the organization’s facilities are not open | 11. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. appropriate, accurate, and complete clinical record entries | 12. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | | | |
|---|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. adequate and timely transfer of information when patients are transferred to other health care providers | 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. patient satisfaction | 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. an increased likelihood of desired health outcomes through participation in quality improvement and performance measurement activities | 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. health services provided are consistent with current professional knowledge | 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. a mechanism to notify public health authorities of reportable conditions. | 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. When clinically indicated, patients are contacted as quickly as possible for follow-up regarding significant problems and/or abnormal laboratory or radiological findings that have been identified. | | | | | |
| | | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. When the need arises, patients are transferred from the care of one health care practitioner to another. | | | | | |
| | | F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Adequate specialty consultation services are available by prior arrangement. | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Referral to a health care practitioner is clearly outlined to the patient and arranged with the accepting health care practitioner prior to transfer. | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. When the need arises, reasonable attempts are made for health care practitioners and other staff to communicate with patients in the language or manner primarily used by them. | | | | | |
| | | G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

To assist your organization in assessing compliance with the standards of Quality of Care Provided and Clinical Records, it would be helpful to select a number of clinical records to review for the appropriate information contained in the standards.

1. Indicate how many records were reviewed:

2. Describe how the records were selected:

A copy of the Clinical Records Worksheet that will be used by AAUCM surveyors is found on the following page. You may wish to use this checklist as a guide to evaluation of your clinical records.

AAUCM Clinical Patient Chart Worksheet

Organization

Location

Date

Instructions:

Check each box as:

Adequate +

Inadequate -

Not Applicable (N/A)

Write all comments on back of record

	Chart Number									
The record is legible to clinical personnel with or without assistance.										
The history and physical are adequate based on the chief complaint and other entries in the chart and include a current list of medications and dosages.										
The diagnoses are appropriate based on the diagnosis.										
Treatment is consistent with the working diagnosis.										
Consultation and referrals are appropriate and timely.										
Appropriate follow-up is provided.										
When indicated, diagnostic summaries are present and used appropriately.										
The presence or absence of allergies and drug sensitivities are clearly and consistently recorded in a prominent place.										
Documentation of follow-up for missed and cancelled appointments is present.										
Laboratory reports, radiology reports, and other pertinent information are recorded adequately.										
Significant advice given by telephone is recorded.										
When indicated, operative reports are present and adequate for the procedure.										
Medication changes or requests are documented and signed completely and legibly by staff.										

All entries on patients' records must include (but not limited to) date, name of provider, clinical staff, etc. professional status (for example, MD, RN, MA, BMO, RT, etc.).

5 Quality Management and Improvement

Compliance
SC PC NC N/A

In striving to improve the quality of care and to promote more effective and efficient utilization of facilities and services, an organization maintains an active, integrated, organized, peer-based program of quality management and improvement that links peer review, quality improvement activities, and risk management in an organized, systematic way. Such an organization has the following characteristics.

Subchapter I - Peer Review: The organization maintains an active, integrated, and organized process of peer review as a part of its peer-based quality management and improvement program as evidenced by the following characteristics:

- | | | | | | |
|--|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A. The professional and administrative staff understands, supports, and participates in programs of quality management and improvement, through organized mechanisms responsible to the governing body. | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. At least two physicians are involved in quality improvement activities in order to provide peer-based review. (In solo physician or, independent practice associations, an outside physician is involved in quality assurance activities to provide peer-based review.) | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. The organization provides ongoing monitoring of important aspects of the care provided. | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Health care practitioners participate in the development and application of the criteria used to evaluate the care they provide. | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Data related to established criteria are collected in an ongoing manner. | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Collected data are periodically evaluated to identify unacceptable or unexpected trends or occurrences that influence patient outcomes (results of care). | F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. The results of peer review are used as part of the basis for granting continuation of clinical privileges. | G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Subchapter II - Quality Improvement Program: An organization maintains an active, integrated, organized, peer-based quality improvement (QI) program as evidenced by the following characteristics:

- | | |
|---|---|
| <p>A. The quality improvement program addresses clinical, administrative, and cost-of-care issues, as well as actual patient outcomes (results of care). Exclusive concentration on administrative or cost-of-care issues does not fulfill this requirement.</p> | <p>A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>B. Quality improvement activities, conducted by specific clinical disciplines within the organization (individual medical specialties, nursing, and so forth) are consistent with the characteristics of the organization’s overall quality improvement program.</p> | <p>B. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>C. Findings of quality improvement activities are incorporated into the organization’s educational activities.</p> | <p>C. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>D. Appropriate records of quality improvement activities are maintained.</p> | <p>D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>E. Organizations will have a process in place to review key indicators in comparison with other similar organizations. This comparison could be a “report card” detailing performance or outcome measures appropriate to the organization. The organization will utilize standardized minimum data sets to facilitate comparison of data and information within and among organizations.</p> | <p>E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>1. The organization’s performance improvement system should include, but is not limited to:</p> | <p>1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>a. use of selected indicators based on systematic, ongoing collection and analysis of reliable data</p> | <p>a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>b. measurement of changes in performance related to the measures/indicators</p> | <p>b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>c. use of collected data that reflects performance of practitioners/providers who serve the enrollees/patients and reflect the care requirements of the patients served</p> | <p>c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>d. capacity to demonstrate and sustain significant improvement</p> | <p>d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>e. use of benchmarks that are based on state, local or national standards</p> | <p>e. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>f. reduction in gaps over time from benchmark norms</p> | <p>f. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |

Quality Improvement Study Analysis

Instructions

These five questions outline in simplified form the requirements of the AAUCM's Quality Improvement standards. Those organizations that wish to demonstrate compliance with the "five steps of closing the QI loop" should be prepared to answer these five questions for each quality improvement study completed by the organization. This information may be maintained in a set of QI Committee minutes, or in a narrative or summary form for each topic studied. For further information, please contact the AAUCM office.

1. What important problem or concern in the care of patients was identified?

2. How were the frequency, severity, and source of suspected problems or concerns evaluated?

3. What corrective measures were implemented to resolve the problem?

4. How was the problem reevaluated to determine whether corrective measures were successful? If the problem remained after the initial corrective measures, what alternative measures were taken to resolve the problem?

5. How were the results reported to appropriate personnel, the chief executive officer, and the governing body?

Subchapter III - Risk Management: The organization develops and maintains a program of risk management, appropriate to the organization, designed to protect the life and welfare of an organization's patients and employees. Such an organization has the following characteristics

- | | |
|--|---|
| A. There is a person or committee responsible for the risk management program. | A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| B. Elements of a risk management program address important issues, which may include the following: | B. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 1. consistent application of the risk management program throughout the organization, including all departments and all service locations | 1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2. methods by which a patient may be dismissed from care or refused care | 2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3. methods of collection of unpaid accounts should be reviewed before referral to a collection agency with consideration of such factors as outcome. | 3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4. reporting, reviewing and appropriate analysis of all adverse incidents, as defined in Standard 2-B-22, reported by employees, visitors, or patients, providers and others | 4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 5. periodic review of all litigation involving the organization and its staff and health care practitioners | 5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 6. review of all deaths, trauma, and other adverse incidents, as defined in Standard 2-B-22, including reactions to drugs and materials | 6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7. review of patient complaints | 7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 8. communications with the professional liability insurance carrier | 8. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 9. methods of dealing with inquiries from governmental agencies, attorneys, consumer advocate groups, reporters, and the media | 9. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10. methods for addressing the relationships with competing health care organizations so as to avoid antitrust and restraint of trade concerns | 10. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 11. providing for managing a situation in which a physician becomes incapacitated during a medical or surgical procedure | 11. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 12. the impaired health care provider | 12. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13. methods for complying with all applicable government regulations | 13. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 14. methods for complying with contractual agreements | 14. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

- | | | | | | |
|---|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. establishment and documentation of coverage after normal working hours | 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. methods for prevention of unauthorized prescribing. | 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. The risk management program conducts a periodic review of clinical records and clinical record policies. | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Education in risk management activities is provided to all staff within the organization. | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6 Clinical Records and Health Information

Compliance
SC PC NC N/A

The organization maintains clinical records and a health information system from which information can be retrieved promptly. Clinical records are legible, documented accurately in a timely manner, and readily accessible to health care practitioners. Such an organization has the following characteristics.

- | | |
|---|--|
| <p>A. The organization develops and maintains a system for the collection, processing, maintenance, storage, retrieval, and distribution of patient records.</p> | <p>A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>B. An individual clinical record is established for each person receiving care. Each record includes, but is not limited to:</p> <ol style="list-style-type: none"> 1. name 2. identification number (if appropriate) 3. date of birth 4. sex 5. responsible party, if applicable. | <p>B. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>C. All clinical information relevant to a patient is readily available to authorized health care practitioners anytime the organization is open to patients.</p> | <p>C. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>D. Except when otherwise required by law, any record that contains clinical, social, financial, or other data on a patient is treated as strictly confidential and is protected from loss, tampering, alteration, destruction, and unauthorized or inadvertent disclosure.</p> | <p>D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>E. There is a person designated in charge of clinical records whose responsibilities include, but are not limited to,</p> <ol style="list-style-type: none"> 1. the confidentiality, security, and physical safety of records 2. the timely retrieval of individual records upon request 3. the unique identification of each patient's record 4. the supervision of the collection, processing, maintenance, storage, retrieval, and distribution of records 5. the maintenance of a predetermined secured and organized record format | <p>E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>F. Policies concerning clinical records address, but are not limited to,</p> | <p>F. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |

- | | | | | | |
|---|----|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. retention of active records | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. the retirement of inactive records | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. the timely entry of data in records | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. the release of information contained in records. | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
G. Except when otherwise required by , the content and format of clinical records, including the sequence of information, are uniform. Records are organized in a consistent manner that facilitates continuity of care. | G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
H. Reports, histories and physicals, progress notes, and other patient information (such as laboratory reports, x-ray readings, operative reports, anesthesia records, and consultations) are reviewed and incorporated into the record in a timely manner. | H. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
I. If a patient's clinical record is complex and lengthy, a summary of past surgical procedures as well as past and current diagnoses or problems is documented in that patient's record to facilitate the ongoing provision of rational care. | I. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
J. The presence or absence of allergies and untoward reactions to drugs and materials is recorded in a prominent and uniform location in all patient charts on a current basis. | J. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
K. Entries in a patient's record for each visit include, but are not limited to, | K. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. date, department (if departmentalized), and provider name and professional status (for example, PT, MD, RN, and so forth) | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. chief complaint or purpose of visit | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. clinical findings | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. diagnosis or impression | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. studies ordered, such as laboratory or x-ray studies | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. therapies administered | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. disposition, recommendations, and instructions given to the patient | 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. authentication and verification of contents by practitioner | 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. missed and cancelled appointments should have follow-up and documentation. | 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- L. Significant medical advice given to a patient by telephone is entered in the patient's record and appropriately signed or initialed, including medical advice provided by after-hours telephone patient information or triage telephone services. L.
- M. Entries in patient's clinical records are legible to the clinical personnel in the organization. M.
- N. Any notation in a patient's clinical record indicating diagnostic or therapeutic intervention as part of clinical research is clearly contrasted with entries regarding the provision of non-research related care. N.
- O. When necessary for ensuring the continuity of care, summaries or records of a patient who was treated elsewhere (such as by another physician, hospital, ambulatory surgical service, nursing home, or consultant) are obtained. O.
- P. When necessary for ensuring continuity of care, summaries of the patient's records are transferred to the health care practitioner to whom the patient was transferred and, if appropriate, to the organization where future care will be rendered. P.
- Q. Discussions with the patient concerning the necessity, appropriateness, and risks of proposed surgery, as well as discussions of treatment alternatives, are incorporated into the patient's medical record. Q.

7 Professional Improvement

Compliance
SC PC NC N/A

The organization strives to improve the professional competence and skill, as well as the quality of performance, of the health care practitioners and other professional personnel it employs. Such an organization has the following characteristics.

- | | | | | | |
|--|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A. The organization provides for convenient access to library services that include materials pertinent to the clinical, educational, administrative, and research services offered by the organization. | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. The organization provides adequate orientation and training to familiarize all personnel with the organization's policies, procedures, and facilities. | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. The organization encourages participation in seminars, workshops, and other educational activities pertinent to its mission, goals, and objectives. | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. When attendance at educational activities is required of professional personnel, the organization accepts evidence of participation in relevant external educational programs. | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. The organization provides a monitoring function to ensure the continued maintenance of licensure and/or certification of professional personnel. | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8 Facilities and Environment

Compliance
SC PC NC N/A

The organization provides a functionally safe and sanitary environment for its patients, personnel, and visitors. Such an organization has the following characteristics.

- | | | | | | |
|---|----|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>A. The organization ensures that its facilities:</p> | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. comply with applicable state and local building codes and regulations | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. comply with applicable state and local fire prevention regulations (The <i>NFPA 101® Life Safety Code</i> published by the National Fire Protection Association, Inc., is a commonly accepted guideline among states and localities*.) | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. comply with applicable Federal regulations | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. are inspected at least annually by the local or state fire control agency, if this service is available in the community | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. contain fire-fighting equipment to control a limited fire, including appropriately maintained and placed fire extinguishers of the proper type | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. have prominently displayed illuminated signs with emergency power capability at all exits from each floor or hall | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. have emergency lighting, as appropriate to the facility, to provide adequate evacuation of patients and staff, in case of an emergency | 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. have stairwells protected by fire doors. | 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. The organization has the necessary personnel, equipment, and procedures to handle medical and other emergencies that may arise in connection with services sought or provided. At a minimum, the organization provides: | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. documented quarterly instruction of all personnel in the proper use of safety, emergency, and fire-extinguishing equipment | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. a comprehensive emergency plan to address internal and external emergencies, including | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. a provision for the safe evacuation of patients during an internal emergency, especially patients who have difficulty walking | a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a provision for the most efficient use of available facilities and services during an external emergency | b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | |
|--|--|
| <ul style="list-style-type: none"> c. a requirement for at least four drills a year of the internal emergency plan | <ul style="list-style-type: none"> c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> 3. personnel trained in cardiopulmonary resuscitation and the use of cardiac emergency equipment present in the facility providing patient care during hours of operation. Periodic resuscitation technique drills are performed and documented. | <ul style="list-style-type: none"> 3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> C. Smoking is prohibited in such areas as operating rooms, anesthetizing locations, rooms where oxygen and other volatile gases are administered or stored, and other hazardous areas. Smoking is permitted only in designated areas. | <ul style="list-style-type: none"> C. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> D. Hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma are eliminated. | <ul style="list-style-type: none"> D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> E. Reception areas, toilets, and telephones are provided in accordance with patient and visitor volume. | <ul style="list-style-type: none"> E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> F. When appropriate, adequately marked patient and visitor parking is provided. | <ul style="list-style-type: none"> F. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> G. Provisions are made to reasonably accommodate disabled individuals. | <ul style="list-style-type: none"> G. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> H. All examination rooms, dressing rooms, and reception areas are constructed and maintained in a manner that ensures patient privacy during interviews, examinations, treatment, and consultation. | <ul style="list-style-type: none"> H. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> I. Adequate lighting and ventilation are provided in all areas. | <ul style="list-style-type: none"> I. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> J. Facilities are clean and properly maintained. | <ul style="list-style-type: none"> J. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> K. Food snack services and refreshments provided to patients meet their clinical needs and are prepared, stored, served, and disposed of in compliance with local health department requirements. | <ul style="list-style-type: none"> K. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none"> L. Procedures should be available to minimize the sources and transmission of infections, including adequate surveillance techniques. | <ul style="list-style-type: none"> L. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

- M. A system exists for the proper identification, management, handling, transport, treatment, and disposal of hazardous materials and wastes whether solid, liquid, or gas. M.
1. The system includes, but is not limited to, infectious, radioactive, chemical, and physical hazards. 1.
 2. The system provides for the protection of patients, staff, and the environment. 2.
- N. The space allocated for a particular function or service is adequate for the activities performed therein, including space allocated for pathology and medical laboratory services, radiology services, pharmaceutical services, examination and treatment rooms, offices, operating rooms, recovery areas, storage rooms, reception areas, clinical records, and other special function areas. N.
- O. Appropriate emergency equipment and supplies are maintained and readily accessible to all areas of each patient care service site. O.
- P. Equipment is properly maintained and periodically tested. (including bio-medical equipment) P.
- Q. Alternate power, adequate for the protection of the life and safety of patients and staff, is available. Special attention is given to Q.
1. operative and recovery areas for surgical services 1.
 2. treatment areas where emergency services are provided. 2.

Note: Unless otherwise required by federal programs (such as Medicare) or state requirement (such as licensing requirements), organizations are encouraged to construct new facilities or remodel existing facilities in compliance with the most recent edition of the *Life Safety Code*®. Organizations should consult their architects, engineers, and state licensing agencies for current requirements.

** Life Safety Code and NFPA 101 are registered trademarks of the National Fire Protection Association, Inc., Quincy, Massachusetts. For those organizations desiring assistance in reviewing applicable NFPA 101 code, a suitable reference is the Physical Environment Checklist for Ambulatory Surgical Centers, available from AAUCM.*

9 Immediate/Urgent Care Services

Compliance
SC PC NC N/A

If the organization implies by its activities, advertising, or practice that it provides medical care of an urgent or immediate nature on a routine or regular basis such care meets the needs of the patients and is provided in accordance with ethical and professional practices and legal requirements. Such an organization has the following characteristics.

- | | | | | | |
|--|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A. The range of services offered by the organization and its hours of operation are clearly defined and communicated to the public and relevant organizations. | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Such organizations, unless they also provide emergency services, do not solicit patients with life-threatening conditions. | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Patients seeking immediate/urgent care services are seen without prior appointments. | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Immediate/urgent care services are performed only by health care practitioners who are licensed to perform such procedures within the state in which the organization is located and who have been granted privileges to perform those procedures by the governing body of the organization, upon the recommendations of qualified medical personnel and after medical review of the practitioner's documented education, training, experience, and current competence. | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. During hours of operation, at least one qualified physician is present or immediately available. | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. The organization is prepared in terms of personnel, equipment, and procedures to evaluate, stabilize, and transfer medical emergencies that may present themselves or arise in conjunction with services provided by the organization. | F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Equipment, drugs, and other agents necessary to provide immediate/urgent care services are available. | G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Communications are maintained with local police departments, fire departments, community social service agencies, ambulance services, poison control centers, and hospitals as needed to ensure high-quality patient care. | H. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- I. Laboratory and radiology services available to meet the needs of patients receiving immediate/urgent care. I.
- J. Arrangement have been made to assure that adequate specialty consultation services are available. J.
- K. Health care practitioners who maintain skills in cardiac and trauma life support are present in the facility at all times. K.

10 Pharmaceutical Services

Compliance
SC PC NC N/A

Pharmaceutical services provided or made available by the organization meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements. Such an organization has the following characteristics.

- | | | | | |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| A. Pharmaceutical services provided or made available are appropriate to the needs of the patients and adequately support the organization’s clinical capabilities. | A. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Pharmaceutical services are provided in accordance with ethical and professional practice and applicable federal and state laws. | B. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Staff demonstrates knowledge of applicable state pharmaceutical laws. | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Records and security are maintained to assure the control and safe dispensing of drugs in compliance with federal and state laws. | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Staff informs patients concerning safe and effective use of medications consistent with legal requirements and patient needs. | 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Measures have been implemented to ensure prescription pads are controlled and secured from unauthorized patient access, and pre-signed and/or postdated prescription pads are prohibited. | 4. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. All medications, including vaccines and samples, are checked for expiration dates on a regular basis, and expired items are disposed of in a manner that prevents unauthorized access and protects safety. | 5. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Pharmaceutical services provided by the organization are supervised by a licensed pharmacist or, when appropriate, by a physician or dentist who is qualified to assume professional, organizational, and administrative responsibility for the quality of services rendered. | C. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. A pharmacy owned or operated by the organization is supervised by a licensed pharmacist. | D. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- E. Pharmaceutical services made available by the organization through a contractual agreement are provided in accordance with the same ethical and professional practices and legal requirements that would be required if such services were provided directly by the organization. E.
- F. Patients are not required to use a pharmacy owned or operated by the organization. F.
- G. Adverse reactions are reported to the physician responsible for the patient and are documented in the record. G.
- H. Blood and blood products are administered only by physicians or registered nurses. H.
- I. Orders given orally for drugs and biologicals are followed by a written order, signed by the prescribing physician. I.
- J. Ensure that all narcotics are secured in a double-locked cabinet. J.
- K. A daily medication count log must be maintained and signed by two witnesses. K.

Note: This chapter applies to any organization that administers or dispenses drugs (including samples) or pharmaceutical supplies, irrespective of the presence or absence of an on-site pharmacy.

11 Pathology and Medical Laboratory Services

Compliance
SC PC NC N/A

Pathology and medical laboratory services provided or made available by the organization meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements. Such an organization has the following characteristics.

- | | | | | | |
|---|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A. The organization requiring laboratory services | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. meets the requirement of the Clinical Laboratory Improvement Act (CLIA)(part 493 of Title 42 of the code of federal regulations) if it provides its own laboratory services. | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. has procedures for obtaining routine and emergency laboratory services from a certified 1a in accordance with CLIA. if it does not provide its own laboratory services. | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Pathology and medical laboratory services provided or made available are appropriate to the needs of the patients and adequately support the organization’s clinical capabilities. | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Pathology and medical laboratory services include, but are not limited to, | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. conducting laboratory procedures that are appropriate to the needs of the patients | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. performing tests in a timely manner | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. distributing test results within 24 hours after completion of a test and maintaining a copy of the results in the laboratory | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. performing and documenting appropriate quality assurance procedures, including, but not limited to, calibrating equipment periodically and validating test results through use of standardized control specimens or laboratories. | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Dated reports of all examinations performed are made a part of the patient’s medical record. | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Pathology and medical laboratory services provided by the organization are directed by a pathologist or another physician who is qualified to assume professional, organizational, and administrative responsibility for the quality of services rendered. | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- F. Sufficient adequately trained and experienced personnel are available to supervise and conduct the work of the laboratory. F
- G. Established procedures are followed in obtaining, identifying, storing, and transporting specimens. G. LI LI LI LI
- H. Complete descriptions are available of each test procedure performed by the laboratory, including sources of reagents, standards, and calibration procedures, and information concerning the basis for the listed “normal” ranges is also available. H.
- I. Sufficient space, equipment, and supplies are provided to perform the volume of work with optimal accuracy, precision, efficiency, and safety. I.
- J. Meets requirement of the Department of Health and Human Services(HHS) certification for medical review officer drug testing if the lab is testing for Department of Transportation (DOT) regulated industries or federal agency employees. J.

12 Diagnostic Imaging Services

Compliance
SC PC NC N/A

Diagnostic imaging services provided or made available by the organization meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements. Such an organization has the following characteristics.

- | | | | | | |
|--|----|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>A. Diagnostic imaging services provided or made available by the organization are appropriate to the needs of the patient and adequately support the organization’s capabilities.</p> | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>B. Diagnostic imaging services include, but are not limited to,</p> <p style="margin-left: 20px;">1. providing radiographic, fluoroscopic, or other diagnostic imaging services that are appropriate to the organization’s function</p> <p style="margin-left: 20px;">2. interpreting diagnostic images and other visual diagnostic documents and supplying reports in a timely manner</p> <p style="margin-left: 20px;">3. maintaining records, reports of services, and diagnostic images in a readily accessible location for the time required by applicable laws and policies of the organization.</p> | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>C. A radiologist authenticates all examination reports, except reports of specific procedures that may be authenticated by specialist physicians or dentists who have been granted privileges by the governing body or its designee to authenticate such reports.</p> | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>D. Authenticated, dated reports of all examinations performed are made a part of the patient’s clinical record.</p> | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>E. Diagnostic imaging services provided by the organization are directed by a physician or dentist who is qualified to assume professional, organizational, and administrative responsibility for the quality of the services rendered.</p> | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>F. Sufficient adequately trained and experienced, licensed personnel are available to supervise and conduct the work of the diagnostic imaging service.</p> | F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>G. Policies that address the quality aspects of the imaging services include, but are not limited to,</p> | G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | | | |
|--|----|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. performing imaging services only upon the order of a health care practitioner (such orders are accompanied by a concise statement of the reason for the examination) | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. limiting the use of radioactive or other potentially harmful material to physicians or dentists who have been granted privileges for such use on the basis of their education, training, experience, and current competence. | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Policies that address the safety aspects of the imaging services include, but are not limited to, | H. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. regulation of the use, removal, handling, and storage of potentially hazardous materials | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. precautions against electrical, mechanical, magnetic, ultrasonic, radiation, and other potential hazards | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. proper shielding where radiation, magnetic field, and other potentially hazardous energy sources are used | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. acceptable monitoring devices for all personnel who might be exposed to radiation, magnetic fields, or otherwise harmful energy (such monitoring devices are to be worn by personnel in any area with a potentially hazardous energy field) | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. maintenance of personnel exposure records | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. instructions to personnel in safety precautions and in dealing with emergency hazardous energy field exposure | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. periodic evaluation by qualified personnel of energy sources and of all safety measures followed, including calibration of equipment, in compliance with federal, state, and local laws and regulations. | 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Adequate space, equipment, and supplies are provided to perform the volume of work with optimum accuracy, precision, efficiency, and safety. | I. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. A policy addresses the retention of diagnostic images. | J. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. 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 | K. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. pregnant females | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. in cases of magnetic resonance imaging, | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- a. patients with metal implantations, including surgical clips for cerebral and abdominal aneurysm repair where appropriate
- b. patients or personnel with magnetically inscribed credit cards where appropriate
- c. patients or personnel wearing metallic objects capable of potentially dangerous motion
- d. patients with pacemakers.

a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13 Employee and Occupational Health Services

Compliance
SC PC NC N/A

Occupational health services provided by The organization are organized to ensure a safe and healthy workplace for employees and patients through the recognition, evaluation, and control of illness and injury in or from the workplace, and to meet the needs of the individuals served. These services are provided in accordance with ethical and professional practices and legal requirements. Such an organization has the following characteristics.

Subchapter I-Employee Health in Health Care Settings: This subchapter applies to health care organizations which a) only provide services to its health care workers and b) limit such services to those listed in this subchapter.

Such an organization maintains a focused employee health program for its health care employees that minimizes risks of occupational injury and illness and complies with occupational health statutes. Such an organization has the following characteristics:

- | | | | | | |
|--|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Health care workers are protected from biologic hazards, consistent with state, federal and CDC guidelines through: | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. an effective program addressing bloodborne pathogens including: | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. exposure control plan designed to eliminate or minimize employee exposures | a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hepatitis B vaccination program | b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. post-exposure evaluation and treatment | c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. proper communication of hazards to employees | d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. appropriate record keeping and management. | e. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. an immunization program for other infectious agents of risk to health care workers and their patients | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. a tuberculosis respiratory protection program | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. programs addressing other relevant biological hazards as needed for employee safety and health, such as bioterrorism. | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. A program is maintained to assess and reduce risks associated with occupational chemical exposures including: | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. hazard assessment of chemicals used in the workplace | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. engineering measures to reduce the risk of chemical exposure | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. worker training programs. | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. A program is maintained to assess, and where necessary, reduce risks associated with physical hazards.

Consideration may be given to:

1. ergonomic exposures
2. violence at the workplace
3. external physical threats such as terrorism.

C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Records of work injuries or illnesses are maintained, consistent with reporting requirements, and employee health records are managed appropriately.

D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Subchapter II-Occupational Health Services: This subchapter applies to organizations which provide services beyond those noted in subchapter I or provide services to individuals who are not their employees.

Such an organization provides extended occupational health services for employees and patients that minimize risks of occupational and environmental injury and illness, promote health, treat injury and occupational illness if it occurs and comply with relevant health statutes. Such an organization has the following characteristics:

A. Individuals who agree to laboratory testing or medical examinations at the request of their employer are afforded the rights noted in Chapter 1. In addition, they are informed of:

1. the purpose and scope of the evaluation and the role of the examiner
2. confidentiality protections and information which may be conveyed to the employer
3. whether medical follow-up is necessary.

A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Occupational health services are accurately portrayed to patients, employees and purchasers of the services.

B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. Occupational health services are provided by personnel who:

1. have access to and utilize, as appropriate, consultative services associated with evaluating workplace hazards such as industrial hygiene, ergonomics, toxicology, occupational health nursing, epidemiology, and boarded occupational medicine physicians

C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | | | |
|--|--|----|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. | have ready access to appropriate reference materials in occupational health and participate in occupational health continuing medical education. | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. The provision of high quality occupational health services is demonstrated by the following as appropriate: | | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. | an understanding of the specific workplace hazards for each employee/patient served | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | an understanding of the relationship of the condition or finding to workplace conditions and exposures | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | determination of whether the individual is able to perform essential functions of the job and whether accommodations are needed | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | preventive counsel concerning measures to reduce occupational exposures and hazards including use of protective equipment | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | compliance with occupational regulations such as the Occupational Safety and Health Act (OSHA), Americans with Disabilities Act (ADA), and state Workers' Compensation statutes concerning the organization's: | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. | personnel, their training and credentials | a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | policies, procedures and forms | b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | equipment including calibration and maintenance | c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | medical records and record management. | d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Entries in a patient's record for each visit include as appropriate: | | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. | an occupational and exposure history including essential job functions, conditions of work and hazards of the job | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | the individual's current functional abilities | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | whether the individual is able to perform essential job functions and suggestions for accommodations or restrictions | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | the relationship of medical conditions or abnormal findings to workplace conditions and exposures | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | preventive counsel concerning reduction of workplace exposures and use of personal protective equipment | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | relevant communications concerning the patient, work activities or exposures including those with employers, insurance carriers, union representatives and attorneys. | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- F. Medical management of injury or illness minimizes disability and promotes functional recovery directing special attention to cases where:
- | | | | | |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|
| 1. recovery has been delayed | F. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. functional abilities have decreased during treatment | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. injury or illness is recurrent | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. there is permanent impairment, disability or restrictions. | 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- G. Work placement evaluations such as preplacement, transfer or fitness for duty examinations assess current health and ability to perform the job as well as the extent and duration of recent health changes affecting job performance.
- | | | | | |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| | G. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
- H. Organizations providing medical surveillance evaluations of employees to identify adverse effects from exposure to workplace hazards will assure:
- | | | | | |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|
| 1. that the health professionals performing or interpreting these evaluations have specific knowledge about the hazardous agent including its effects, permissible and actual exposure levels, biologic monitoring, and regulatory requirements | H. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. that whenever possible, surveillance data is statistically analyzed for health trends and effects of exposure | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. the results of workplace data for similar workers with similar exposures are considered for the evaluation of the employee. | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- I. Organizations providing certification examinations* mandated under state or federal statutes will assure that:
- | | | | | |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| 1. the health care professional performing the evaluation has access to the standard and related materials | I. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. the professional understands the statute as it relates to the exam. | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- J. Organizations providing occupational health testing and ancillary service programs such as urine collection for drugs of abuse, breath alcohol testing, blood lead determinations, audiograms, or chest x-rays will assure that these programs are administered under appropriate written protocols which are:
- | | | | | |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| | J. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|

- | | | | | |
|--|---------------------------------|------------------------------|------------------------------|------------------------------|
| 1. specific to the service provided addressing all relevant topics such as specimen collection, handling, transportation, receipt and report of results, record management, equipment, equipment calibration and maintenance | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. under the supervision of a licensed physician or, if allowed, other health care provider | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. reviewed and updated periodically. | 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
K. Organizations providing consulting services will assure there is a clear definition of the role and responsibilities of the consultant. |
K. <input type="checkbox"/> |
<input type="checkbox"/> |
<input type="checkbox"/> |
<input type="checkbox"/> |
|
L. Organizations providing training and educational programs will assure that the program |
L. <input type="checkbox"/> |
<input type="checkbox"/> |
<input type="checkbox"/> |
<input type="checkbox"/> |
| 1. has written objectives | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. is tailored to the specific worker population and work conditions | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. includes an evaluation process and uses the results to improve program quality. | 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
M. If the organization is responsible for emergency and/or community preparedness planning, it will assure that: |
M. <input type="checkbox"/> |
<input type="checkbox"/> |
<input type="checkbox"/> |
<input type="checkbox"/> |
| 1. there is a documented disaster plan | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. includes likely worksite scenarios for disasters estimating potential morbidity and mortality | a. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. includes appropriate plans for medical segregation, decontamination, evacuation and transportation in collaboration with Local Emergency Planning Committees. | b. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. the toxicologic exposure plan | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. provides counsel on the identification, decontamination and evacuation of potentially exposed individuals or communities | a. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. assures appropriate emergency treatment protocols for the potentially acute exposures to toxic agents handled by employees | b. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. provides appropriate medical expertise for the case management of individual acute toxic exposures | c. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. provides sufficient training and exercises to assure the plan will be effective. | d. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Examples of certification examinations include, but are not limited to:

- Department of Transportation/Federal Highway Administration (DOT/FHWA) driver examinations or medical evaluations for respirator use
- Federal Aviation Administration (FAA) certification exams
- Nuclear Regulatory Commission (NRC) exams
- State mandated driver license exams

14 Other Professional and Technical Services

Compliance
SC PC NC N/A

Professional and technical services provided or made available by the organization meet the needs of the patients and are provided in accordance with ethical and professional practices and legal requirements. Such an organization has the following characteristics.

- | | | | | | |
|---|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Such services may include, but are not limited to various medical specialties, audiology, nursing, nutrition, occupational therapy, optical services, physical therapy, psychology, social work, and speech therapy. | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Such services provided or made available are appropriate to the needs of the patients and adequately support the organization's clinical capabilities. | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Such services are provided by personnel who have been selected in accordance with Standard 2.G. | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Such services are provided in accordance with ethical and professional practices and applicable federal and state laws and regulations. | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15 Teaching and Publication Activities

Compliance
SC PC NC N/A

If staff are involved in teaching or publishing, an organization has policies governing those activities that are consistent with its mission, goals, and objectives. Such an organization has the following characteristics.

- | | | | | | |
|---|--------|------------------------------|------------------------------|------------------------------|------------------------------|
| A. Policies concerning teaching activities address: | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. the terms and conditions of reimbursement or other compensation | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. the reasonableness of the time spent away from direct patient care and administrative activities | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. the training of all students and postgraduate trainees, including the extent of their involvement in patient care activities. | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|
B. The policy concerning the provision of health care by personnel in any student or postgraduate trainee status provides for close and adequate supervision and for informing the patient of the status of the provider. |
B. |
<input type="checkbox"/> |
<input type="checkbox"/> |
<input type="checkbox"/> |
<input type="checkbox"/> |
| C. Policies concerning publishing activities address: | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. the need for governing body approval when the views, policies, and procedures expressed in the publication are attributed to the organization | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. the terms and conditions of compensation from publication and the cost of publication. | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16 Health Education and Wellness Standards

Compliance
SC PC NC N/A

The AAUCM encourages all health care organizations to provide or make available health education and wellness services to meet the needs of the population served. These services should be provided in accordance with ethical and professional practices and legal requirements. Such an organization has the following characteristics.

- | | | | | | |
|---|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Services provided or made available by the organization are appropriate to the needs of the population served. | A. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Health education and wellness services are provided by personnel that: | B. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. have necessary and appropriate training, education, credentials, and skills to carry out their responsibilities | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. have access to and utilize, as appropriate, consultative services | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. have ready access to appropriate reference materials in health education and wellness | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. participate in continuing professional education in health education and wellness. | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Health education and wellness programs should include, but may not be limited to: | C. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. needs assessments for targeted populations, including disease screening programs | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. clearly defined educational goals and objectives | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. evaluation of whether the goals or objectives have been met. | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. The organization should have adequate resources for the health education and wellness services available. | D. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Marketing or advertising regarding the health education and wellness services accurately reflects the services provided by the organization. | E. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Policies and procedures are established to periodically assess satisfaction with the health education and wellness services. | F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. When appropriate, health education and wellness services, whether they occur within the context of a clinical visit or not, should be referenced or documented in the patient's clinical record. | G. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H. The organization assists in providing educational opportunities for populations served in lifestyle and behavior that acknowledge a holistic approach, that may include, physical, psychological, cultural, spiritual and social health. Such educational opportunities may include, but not be limited, to the following:

1. substance abuse prevention and education, including alcohol, tobacco and other drugs
2. promotion of healthy eating
3. promotion of physical fitness
4. healthy sexuality education, including reproductive health, contraception, disease prevention, and skill building for healthy relationships
5. sexual, physical and emotional violence prevention
6. promotion of and education about stress management and relaxation.

H.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

