

BCBSOK/BlueLincs HMO
Health Delivery Organization (HDO) Site Survey
Hospital/Ambulatory Surgery Center

PHYSICAL SETTING AND SAFETY STANDARDS

1. Facility is accessible to the disabled, parking, entrance, restrooms, hallways, elevators
2. Department of health license is current
3. Hallways and floors clear and adequate for movement
4. Exit Signs visible
5. Patient rights posted where likely to be noticed by patients or surrogate
6. Visible, charged fire extinguishers (A,B,C)
7. Fire/disaster evacuation routes posted
8. Emergency carts/kits are up to date/log maintained; drugs, equipment, O2, etc.
9. Controlled drugs are properly handled; locked cabinet, log maintained
10. Evidence of sterilization /re-use process standards (logbooks maintained)
11. Provisions for appropriate disposal of bio-hazardous materials/waste-signs posted
12. Evidence of mechanical and electrical equipment is regularly inspected and tested.
13. Evidence of safety and plant management program. (logbooks maintained)

LAB

14. Current CLIA certificate is displayed or certificate of waiver available
15. Written policies and procedures
16. Equipment maintenance log available

PHARMACY

17. Registered pharmacist oversees the pharmacy
18. If no registered pharmacist, written policy/procedure or process for oversight

RADIOLOGY

19. Current Oklahoma state radiation certificate is available.
20. Written policy and procedures
21. Safety badges visible
22. Lead protective shields available
23. Pregnancy notices posted

QUALITY PROGRAM REVIEW

24. Mission Statement
25. Written plan, policy, and procedures
26. Evidence of data driven monitoring of problems and/or trends with analysis and actions.
27. Evidence of coordination/monitoring of activities throughout the facility; examples include:
Infection control, safety/maintenance, and pharmacy.
28. QA/QI Committee meets regularly, and contemporaneous minutes are signed/dated.

INFECTION CONTROL PLAN

29. Written plan, policies, and procedures.
30. Evidence of monitoring of infection trends, analysis, and actions.

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DISASTER PLAN

- 31. Written disaster preparedness plan to provide for emergency care of patients, staff, others in the facility in event of fire, national disaster, or equipment failure.
- 32. Evidence of disaster drill at least annually with assessment and corrections if indicated.

BIO-HAZARD AND WASTE MANAGEMENT

- 33. Written plan, policy, and procedures

SAFETY AND PLANT MANAGEMENT PROGRAM

- 34. Written plan, policy, and procedures

IMMEDIATE TRANSFER PROCEDURE (FREESTANDING ASC)

- 35. Written policy and procedure for immediate transfer/communication with receiving hospital

EMPLOYEE REVIEW

Medical Staff Bylaws

- 36. Written plan of medical staff responsibility, training, and scope with annual review.

Medical Staff Credentialing Plan

- 37. Written plan, policy, and procedure.

Professional Staff

- 38. Written plan, policy, and procedures
- 39. Nursing service directed under leadership of RN
- 40. RN with specialized emergency training available whenever there is a patient in ASC.
- 41. Documented monitoring of license renewals
- 42. Documented monitoring of continued education, CPR, and competency.

Nonprofessional Staff

- 43. Written policy for non-professional staff oversight.
- 44. Documented monitoring of certifications/education as required.

Orientation

- 45. Written orientation with includes confidentiality and privacy training

MEDICAL RECORDS REVIEW

- 46. Confidentiality and security of medical information assured
- 47. Record includes PMH, physical exam, allergies, consent, and advanced directive.
- 48. Release of information documents signed.
- 49. Pre-operative, surgical time out, discharge protocols available
- 50. Patient safety policies, procedures; fall risk, skin breakdown.