FTCA Health Center Program Site Visit Document Review

Health Center uploads to Citrix ShareFile <u>2-4 weeks prior</u> to visit.

Site Visit Document Review List		
Risk Management		
	Patient Satisfaction Policy and Procedure, and Survey Results	
	Medical Record Documentation and Completeness Standards	
	Written policies & standards	
	Actual medical record walk-through	
	Medical Record Archiving Procedures	
	Written policies & procedures	
	Risk Management Plan and/or policies and procedures that establish the Risk Management Program	
	Annual Risk Management Goals and Objectives, Results, and Actions	
	Annual Risk Management Report to the governing board	
	Risk Manager position description	
	Quarterly Risk Management Assessment Policy and/or Procedures/Processes	
	Quarterly Risk Management Assessments (within the past 12) - most recent four quarters	
	Minutes of Risk Management meetings (within the past 12 months)	
	Staffing HIPAA (Privacy) Policy	
	Medical Records Retention Policy	
	Infection Control Policies and Procedures, Logs, and Staff Training Records	
	Hand Hygiene Policies and Procedures, Logs, and Staff Training Logs	
	Sterilization Policies and Procedures, Logs, and Staff Training Records	
	Adverse Occurrence Policy or Incident Management Policy and Logs	
	Patient Complaint Policy and Procedure and Logs	
	If applicable, active, and resolve patient complaints	
	Medication Control and Management Policies/Procedures, Logs, and Staff Training	
	Safety Protocols Policy and Procedures (i.e., Sharps use/disposal procedures and Emergency plans, etc…)	
	Reportable Communicable Diseases Policy and Procedures and Chain of Internal and External Communication	
	Pharmacy Policies and Procedures- if applicable	

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	Dental Policies and Procedures, if applicable to include amalgam disposal, water quality dental unit(s)/lines, and time-out policies and procedures, logs, and staff training logs
	Point of Care policy and procedures (EKG, CLIA-waived testing, ultrasound, etc…), QA testing logs, and staff training logs
	On-site Laboratory policies and procedures, staff training logs
	Preventative Maintenance (Medical Devices and Instruments) Plan and Most Recent Report
	Vaccine policy and procedures, logs, and staff training
	Informed Consent policy and procedure and sample form
Risk Management Training	
	Risk Manager Risk Management Training Logs
	Risk Management Training Plan
	Risk Management Training documentation (Including but not limited to training plans, policies and procedures, Sign-in sheets or other tracking documentation)
	Record of governing board risk management training (within the past 12 months)
	Record of staff risk management and safety training (within the past 12 months)
	Safety training records includes PPE, safe injections, sharps handling, autoclave, biological spore testing, eye wash, etc…
Tracking – Medical, Dental and Behavioral Health	
	Walk-in Patients Policy
	Specialty Referral Tracking Policy
	Specialist Referral Tracking Log (or other means to demonstrate referral tracking and follow-up)
	Hospitalization Tracking Policy
	ER Tracking Policy
	Hospital and ER Referral Tracking Logs (or other means to demonstrate tracking and follow-up demonstrating closing the loop of patient lab results from the health center back to the patient
	Diagnostic Tracking Log or other means to demonstrate tracking and follow-up regarding closing the loop of patient lab results from health center back to the patient
	No Show Appointments Policy and Procedure and Follow-up Procedures and Logs
	Phone Triage Policy
	Urgent Care Visit Triage Policy and Procedure and Logs
Quality Improvement and Quality Assurance (QI/QA)	

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	QI/QA Plan and/or policy(ies) that establish the QI/QA program
	QI/QA calendar
	QI/QA Director, Manager, Administrator, CMO Job Description (Individuals responsible for QI/QA program)
	QI/QA Committee Meeting Minutes (within the last 12 months)
	Board Minutes (six most current governing board minutes)
	Health center bylaws
	Governing board roster
	Clinical guidelines and references used to develop guidelines /protocols, (i.e., UpToDate.com specialty guidelines, Academy of Pediatrics, American College of Obstetrics, Gynecology, Academy of Family Practitioners, etc.)
	Listing of written Clinical Protocols
	Sample quarterly clinical performance reports presented to the QI/QA Committee(s) and Board (most recent) including peer review
	Minutes of provider staff meetings (within the past 6 months)
Credentialing and Privileging	
	List of clinical staff members with indicated professional designation including (but not limited to) relevant credentialing/privileging information such as name, title, specialty, date of hire, most recent credentialing and privileging date, FTE status, and service location
	Provider Contracts, Agreements and Sub-recipient Arrangements (if applicable based on service delivery methods on Form 5A)
	Credentialing and Privileging Policies and Procedures
	Credentialing and Privileging files available uploaded in Citrix FileShare (specific files to be pulled by health center will be determined by consultant team)
	If applicable, contract or agreement with Credentialing Verification Organization (CVO) or other entity if used to perform credentialing functions, such as primary source verification, on behalf of the health center
	Quarterly peer review procedures or other applicable mechanism(s) (If on-site, detailed results to be available)
	Documentation the governing board or designee has approved the staff members who are credentialed or re-credentialed and privileged
	Health center organizational chart(s) with name of key management staff
Claims Management	
	Policies and procedures for internal handling, analyzing, and tracking claims or potential claims
	Document(s) showing evidence the health center informs patients, using plain language, it is a deemed federal Public Health

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	Service employees via its website, promotional materials, and/or within area(s) of the health center visible to patients
	Process for securing or deactivating records of all involved clinical providers and clinic operating procedures
	Claims summary for all closed claims
	Claims manager or designee position description

* All documents requested must be uploaded in Citrix Fileshare **<u>no later than 2-4 weeks before the start of the site visit</u>**

* No documents will be accepted after day 1, 12 noon

* Additional documents may also be requested throughout the site visit process based on the site visit team assessment.