

**Unison Health Plan of OH**  
**FOCUSED ACCESS/SAFETY REVIEW**

Practice Name: \_\_\_\_\_  
Location of Facility Reviewed: \_\_\_\_\_  
County: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Audit By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Interview With: \_\_\_\_\_

Reviewer Comments: \_\_\_\_\_  
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Medical Director Comments: \_\_\_\_\_  
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**Score required to pass is 80% and above**

**\*Signature of Medical Director** \_\_\_\_\_

\*Signature is only needed if score is below 80%

# Unison Health Plan of OH

## FOCUSED ACCESS/SAFETY REVIEW

### 1. ACCESS MONITORING

		YES	NO	N/A	Weight	
1.1 Number of hours office is open per day: Mon__AM__PM Thur__AM__PM Tues__AM__PM Fri__AM__PM Wed__AM__PM Sat__AM__PM	Combined office hours should be at least 30 hours per week. PCP must be readily available to office staff if not present in office. Hours physician sees patients at this office.				<b>6</b>	
1.2 Physician has arranged for after hours and weekend coverage.	Practitioners must provide coverage to members twenty-four (24) hours on an emergency basis seven (7) days per week. An answering machine that directs the member to the ER is not acceptable. Answering machine must direct member to MD or service to get in touch with MD.				<b>16</b>	
1.3 Participating provider coverage	Note provider in the Comment section. Note N/A if physician is in an expansion area and explain in comment section.				<b>10</b>	
<b>Assess one of the following three areas</b>						
<b>1.4 Appointment Availability PCP Medicaid/Medicare</b>						
1.4.1 routine symptomatic	within 48 hours				<b>2</b>	
1.4.2 routine asymptomatic	within 6 weeks				<b>2</b>	
1.4.3 preventive	within 6 weeks				<b>2</b>	
1.4.4 urgent	within 24 hours				<b>3</b>	
1.4.5 emergency	immediately				<b>3</b>	
<b>1.5 Appointment Availability OB</b>						
1.5.1 Initial prenatal appointment	within 2 weeks				<b>2</b>	
1.5.2 1st trimester	within 10 days				<b>2</b>	
1.5.3 2nd trimester	within 5 days				<b>2</b>	
1.5.4 3rd trimester	within 4 days				<b>3</b>	
1.5.5 High risk pregnancy	within 1 week, unless urgent need then 24 hours				<b>3</b>	
<b>1.6 Appointment Availability HV Specialist</b>						
1.6.1 Routine	within 10 days				<b>4</b>	
1.6.2 urgent	within 24 hours				<b>4</b>	
1.6.3 emergency	immediately				<b>4</b>	
1.7 Average office waiting time	Is the average wait to see physician after scheduled appointment time 45 minutes or less?				<b>2</b>	
1.8 Average number of patients seen per day	Physicians should not be seeing more than 5 patients/ hour; Pediatricians 6/hour; OB/GYN 6/hour.				<b>2</b>	
Total Page 1						



Unison Health Plan of OH  
**Feedback Form**  
Score required to pass is 80% and above.

FACILITY \_\_\_\_\_

DATE \_\_\_\_\_

Focused Access/Safety Review Recommendations

**1. ACCESS MONITORING**

\_\_\_\_\_ 1.1 Combined office hours (all office locations) should be at least 30 hours per week. The PCP must be readily available to office staff, during office hours, if not present in office.

\_\_\_\_\_ 1.2 Practitioners must provide coverage to members twenty-four (24) hours a day, seven (7) days per week on an emergency basis. Answering service is acceptable. Answering machine must direct calls to an answering service, hospital switchboard, physician beeper or a direct line to a physician. Calls directed to or directing a member to the hospital emergency room or calls directing a member to call back during office hours is not acceptable.

\_\_\_\_\_ 1.3 Coverage arrangements should be with a participating provider to assure the standards of Unison Health Plan are being met. This shall be N/A if in an expansion area.

**1.4 Appointment Availability-PCP**

\_\_\_\_\_ 1.4.1 Routine symptomatic appointment availability must be within forty-eight (48) hours.

\_\_\_\_\_ 1.4.2 Routine asymptomatic appointment must be within six (6) weeks.

\_\_\_\_\_ 1.4.3 Preventive appointment availability must be within six (6) weeks.

\_\_\_\_\_ 1.4.4 Urgent appointment availability must be within twenty-four (24) hours.

\_\_\_\_\_ 1.4.5 Emergency appointment availability must be immediately.

**1.5 Appointment Availability-OB**

\_\_\_\_\_ 1.5.1 Initial prenatal appointments are accessible within 2 weeks

\_\_\_\_\_ 1.5.2 1<sup>ST</sup> trimester appointment within 10 business days.

\_\_\_\_\_ 1.5.3 2<sup>nd</sup> trimester appointment within 5 business days

\_\_\_\_\_ 1.5.4 3<sup>rd</sup> trimester appointment within 4 business days

\_\_\_\_\_ 1.5.5 High-risk pregnancy within one week, unless urgent need exists then within 24 hours

**1.6 Appointment Availability-High Volume Specialist**

\_\_\_\_\_ 1.6.1 Routine appointment availability must be within 10 business days.

\_\_\_\_\_ 1.6.2 Urgent appointment availability must be with in twenty-four (24) hours

\_\_\_\_\_ 1.6.3 Emergency appointment availability must be immediately

\_\_\_\_\_ 1.7 Average wait time to see a physician after a scheduled appointment should be 45 minutes or less.

\_\_\_\_\_ 1.8 Physicians should not be seeing more than five (5) patients per hour; pediatricians six (6) per hour; OB/GYN six (6) per hour.

**2. MEDICAL RECORDS/CONFIDENTIALITY**

\_\_\_\_\_ 2.1 Medical records should be stored in an area ensuring patient confidentiality. The charts can be kept in closed filing cabinets, behind the reception desk or in a separate room or office away from the public.

\_\_\_\_\_ 2.2 Office should have a written confidentiality policy in place. Staff should be able to explain what is stated in their policy for confidentiality.

\_\_\_\_\_ 2.3 Written consent for release of medical information must be in place when records are being released to another primary care provider.

FACILITY \_\_\_\_\_

DATE \_\_\_\_\_

**3. TREATMENT SAFETY**

\_\_\_\_\_ 3.1 Office must have the appropriate size airways and ambu bags to meet patient requirements. Resuscitation mouthpieces are acceptable in replacement of ambu bag. At least one person must be trained to use the equipment.

\_\_\_\_\_ 3.2 Office must have an oxygen tank with a nasal cannula or mask. The tank must also have a regulator valve on the tank. Oxygen must be immediately available.

\_\_\_\_\_ 3.3 At least one person must be CPR certified during active office hours.

\_\_\_\_\_ 3.4 A system should be in place for tracking of laboratory and imaging studies collected in the office or at an ancillary facility. Such acceptable tracking methods used can be a logbook; requisition form or keeping the medical record out until lab result is returned. If not tracking both laboratory and imaging studies performed both in office and at ancillary facilities the answer will be NO.

**4. MEDICATION SAFETY**

\_\_\_\_\_ 4.1 All drugs, including sample drugs and needles/syringes should be kept in a closed area. This area may be a closet, cabinet or room as long as it can be closed from the public. The doors to such a container need to be kept closed at all times. Control drugs are to be kept in a locked area such as a cabinet or drawer. Office must keep a log for dispensing of controlled substances.

\_\_\_\_\_ 4.2 A staff member should be responsible for checking expiration dates of all medications on a regular basis. Method for disposing of expired medications must also be in effect. Example of disposing medications is through biohazard waste. During a random sampling of sample medications or vaccinations we noted that there were expired medications present. A method for checking and disposing of expired drugs needs to be implemented.

\_\_\_\_\_ 4.3 Each office must have injectable Epinephrine/Adrenaline on site.

\_\_\_\_\_ 4.4 Prescription pads must not be accessible to patients and unauthorized persons.

\_\_\_\_\_ 4.5 A separate refrigerated area should be present for medications. No food should be stored in this area.

\_\_\_\_\_ 4.6 Refrigerator temperatures should be logged on a daily basis. Temperature should be maintained at 35 - 46 degrees Fahrenheit (2-8 degrees Celsius) .

Office will be referred to Provider Relations for education \_\_\_\_\_

Follow-up will be conducted by (date): \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
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\_\_\_\_\_  
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Reviewer: \_\_\_\_\_ Office Staff \_\_\_\_\_

Phone Number to call with Questions: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_