MEDICA®

Service Quality Evaluation Tool

(Onsite Tool)

Date of Review: ____/____/_____ Clinic Name: _____

Clinic System: _____

Address: _____

Phone: _____Follow-up ☐

STANDARD				
A. Safety Issues	**Yes**	**No**	**NA**	**COMMENTS**
1. **Controlled substances** are logged and stored in a locked area. *Weekly drug counts are done by at least two professional medical staff members. If controlled substance use is more frequent than weekly, drug counts are done more frequently to reflect use patterns. Need to see the log for evidence of compliance.*				
2. **Emergency medical equipment**/medications are checked at least annually or in accordance with the clinic's written policy and procedure. *Need to see the log for evidence of compliance. Check that medications are not expired.*				
B. Access	**Yes**	**No**		
3. Patient with a **life threatening situation** is told to dial 911, is seen immediately if in the office, or is sent to the ER.				
4. **Emergency health service** is available, 24 hours per day, seven days per week.				
5. The clinic has a process for serving patients needing **after hour care**.				*Explain your process for this standard*
6. **After-hours answering service** includes nurse triage capability. **Information only (this will not be included in the CAP scores)*				
7. **Urgent care visit** is available within 24 hours.				
7a. Open Day Access for #6 (Check Y/N)				
8. **Non-urgent visit** is available within 2 weeks.				
8a. Open Day Access for #7 (Check Y/N)				
9. **Annual Physical exam** is available within 9 weeks.				
9a.Open Day Access for #8 (Check Y/N)				
C. Policy	**Yes**	**No**		
10. There is a **signature log** containing printed full name, signature, initials and credentials for clinical staff (Providers, Nurses, CMAs, X-ray techs, lab techs, etc.) If using an EMR system, the clinic is able to produce documentation of the full name and credentials of any staff providing care to the member either via a signature log or an EMR policy to provide this evidence.				
11. If any providers prescribe narcotics, they refer to the state's **Narcotics Registry** before prescribing for new and existing patients.				
12. The clinic staff refers to the state's **Immunization Registry** when reviewing and updating a patient's immunization history.				

If 100% of the standards are not met, a Corrective Action Plan (CAP) is required for the unmet standard(s).

_____ ____/____/____ _____ ___/___/____

Clinical Reviewer/Credentials Date Clinic Manager/Administrator Date

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