Central California Alliance for Health
Changes to the Facility Site Review and Medical Record Review Tool - Effective February 1, 2012

The Site Review Tool – Many of the changes to the FSR tool are clarifications of already existing requirements. The new requirements and/or clarifications include the following:

- Health care personnel must demonstrate that they can turn on the oxygen tank.
- Needles and/or syringes in the emergency kit must be safety engineered sharps.
- A “Notice to Consumers” showing that the MD on site is licensed and the Medical Board of California contact information must be posted or provided in writing, signed by the patient and documented in the medical record (not required for Osteopaths.)
- A “Notice to Consumers” showing that the PA on site is licensed and the Physician Assistant Committee contact information must be posted or provided in writing, signed by the patient and documented in the medical record (not required for Osteopaths.)
- Language clarified that “all medications including vaccines must be verified with (shown to) a licensed person prior to administration” and that “MAs cannot administer anesthetics, including local anesthetic agents (such as Rocephin hydrated with Xylocaine.)”
- The MD to PA ratio has been revised from 1:2 to 1:4.
- Missed and/or canceled appointments and contact attempts must be documented in the patient’s medical record. If refrigerator temperatures are out of range, site personnel must be able to verbalize what they are required to do. Contacting VFC or the manufacturer is acceptable.
- The vaccination names and information regarding storage in the refrigerator and/or freezer were updated.
- VIS requirements have been clarified.
- Audiometry guidelines were updated: “Offices that provide pediatric preventive services should have an audiometer available since audiometric testing is required at preventive health visits starting at 3 years of age. PCP offices (such as Family Practitioners or General Practitioners) with less than 15% of their patients that are pediatric, and that refer all members to another provider for audiometric testing, must have a system in place that clearly demonstrates that the PCP office verifies that audiometric testing has been completed and that those results are returned to the PCP for review.”
- The exceptions allowed for separate remote labs to operate under their main lab CLIA certificate are listed.
- Clarifications on requirements for Dexa scanners were added.
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- Regulated waste is defined as biohazardous waste and medical waste, with clear definitions of both included in the guidelines.

- The required information for the autoclave run log is listed.

- The required documentation for the autoclave maintenance is listed.

- 10% bleach solutions used for decontamination – Bleach must be an EPA registered solution (household bleach is no longer adequate due to changes made by the manufacturers). Manufacturer’s directions, specific to each bleach product, must be followed. The solution is still required to be changed/reconstituted every 24 hours.

The Medical Record Review Tool – There are many new requirements as well as some clarifications of already existing requirements in the new MRR Tool, which include the following:

- Clarification that a minor’s first emergency contact documented must be a parent or legal guardian.

- The definition of “invasive procedure” is added for clarification.

- There are now separate scores given for practitioner review of referrals and reports and for follow-up of referrals and reports.

Pediatric Preventive Section:

- Initial IHEBA/Staying Healthy Assessment for new members is scored separately from the subsequent periodic IHEBA.

- Well Child Visit: Previously the Well Child Visit was a single item with multiple parts, which meant that if any of the individual parts were missing, a point would be lost. Each part is now a separate criterion and scored as an individual point, so if a practice documents five of the criteria, five points can be given instead of a point being lost for the whole well visit. This also allows practices to assess what criteria are not being documented and what changes might be needed to address them. The new criteria for the Well Child Visit are:
  
  - Appropriate Frequency
  - Anthropometric measurements (Height and weight. Include head circumference up to 24 months.)
  - BMI percentile plotted on CDC growth chart
  - Developmental screening
  - Anticipatory guidance
  - STI screening on all sexually active adolescents including Chlamydia for females
  - Pap smear on sexually active females
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- Tuberculosis Screening: TB testing is administered to children identified at risk if there is no documented test in the previous year, rather than at specific age bands as previously

Immunizations (Pediatric and Adult)

Previously, immunizations have been a single item with several criteria. Missing one of the criteria meant the point was lost, regardless of whether the immunization was given or not. The new tool allows practitioners to get a point for each of the individual criteria, which are:

  o Given according to ACIP guidelines (refusal or contraindication documented)
  o Vaccine administration documentation (name, manufacturer, lot number)
  o Vaccine Information Statement (VIS) documentation (date VIS given or offered, publication date of VIS)

Adult Preventive Criteria

- Initial IHEBA/Staying Healthy Assessment for new members is scored separately from the subsequent periodic IHEBA.

- Obesity screening has been added. (weight and BMI)

- Tuberculosis Screening: Adults are screened for tuberculosis (TB) risk at periodic physical evaluations, as well as on enrollment. Adults already known to have HIV or who are significantly immunosuppressed require annual TB testing. Previously adult members only had to be screened on enrollment.

- Pap Smears/Cervical Cancer Screening: Pap smears should begin within 3 years of onset of sexual activity or age 21 (whichever comes first) and repeated at least every 1-3 years depending on individual risk factors. Previously Pap smears started with the onset of sexual activity.

- Colorectal Cancer Screening: This is a new requirement. All adults are screened for colorectal cancer beginning at age 50 years and continuing until age 75 years to include:

  o Annual screening with high-sensitivity fecal occult blood testing, or
  o Sigmoidoscopy every 5 years with high sensitivity fecal occult blood testing every 3 years, or
  o Screening colonoscopy every 10 years.

OB/CPSP Preventive Criteria

- Initial Comprehensive Prenatal Assessment

The biggest change is the expansion of the Initial Comprehensive Prenatal Assessment, which was a single point, but encompassed multiple criteria. The individual criteria are now scored separately; practices can receive a point for each criteria that is documented and identify those which are not, rather than losing the point altogether.
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The individual points are:

- Obstetrical and Medical History - health and obstetrical history (past/current), LMP, EDD
- Physical Exam - includes pelvic and breast exam
- Lab Tests - Hgb/Hct, UA, urine culture, ABO/RH/ rubella antibody titer, STI screen
- Nutrition - height/weight, dietary evaluation, prenatal vitamin/mineral supplementation
- Psychosocial - social/mental health history (past/current), substance use/abuse, support system/resources
- Health Education - language and education needs
- Screening for Hepatitis B Virus - during the first trimester or prenatal visit, whichever is first
- Screening for Chlamydia Infection - all pregnant women age 24 and younger, older pregnant women at increased risk are screened during the first prenatal visit

- Subsequent Comprehensive Reassessments

Previously, there was a single point for subsequent comprehensive reassessment (both second and third trimester). This has been broken out into individual points for the second and third trimester separately, allowing practices to get a point if one but not the other is documented, rather than losing the point if either one was not documented. Strep B screening was added as an individual point in the third trimester.

- Referral to WIC

Previously, all potentially eligible Plan members were required to be referred to the WIC program. The criteria was changed to all pregnant and breastfeeding members must be referred to WIC.