

Modified Industry Collaboration Effort (ICE) Site Visit Tool for Acupuncture

DHCS Site ID:	NPI:	Survey Date:	Reviewer Information
Name of Facility:		Site Visit Purpose:	
Acupuncture Provider(s):		<input type="checkbox"/> Credentialing Assessment	Name:
		<input type="checkbox"/> Recredentialing Assessment	Credential:
Address, City, ST, ZIP:		<input type="checkbox"/> Other	Health Plan:
Contact:		Total Number of on-site staff	
Phone:		N.D.(s)	MA(s)
Email:		L.Ac.(s)	Clerical
Medical Director:		RN(s)	Other
Administrator:		<small>ND = Doctorate of Naturopathic Medicine L.Ac. = Master of Science in Acupuncture</small>	

Scoring	Possible Points	Points Earned	NAs	Score	Facility Score:	Corrective Action Plan (CAP)
A. Administrative Services	3				Outcome <input type="checkbox"/> Exempted Pass ($\geq 90\%$) <input type="checkbox"/> Conditional Pass (80-89%) <input type="checkbox"/> Fail (79% and Below) $\frac{\text{Points Given}}{\text{Total Adjusted}} = \text{Decimal Score} \times 100 = \text{Compliance Rate} \%$	CAP Due Date:
B. Policies and Procedures	8					CAP Closed Date:
C. Personnel	3					CAP Follow-up Date:
D. Environment	7					Next Periodic Date:
E. Emergency Plan	3					
F. Infection Control	7					
Total:	31					

Scoring Criteria

	A. Administrative Services	
1.	Facility has local, state License/Certification as needed. Information is appropriately posted.	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
2.	There is an established organizational structure with defined functions and responsibilities. (This may be an organizational chart or other document.)	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
3.	There is access to interpreter services for patients with limited English proficiency and those with hearing impairments.	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
		Total:
B. Policies and Procedures (Evidence P/P reviewed, revised, and approved periodically)		
1.	Infection control and universal precautions	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
2.	Biohazardous waste handling	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
3.	Sharps Injury Treatment and Log	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
4.	Patient confidentiality (OSHA training; HIPAA requires organizations to provide training for all employees, new employees, and periodic (annual) refresher training)	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
5.	Grievance / Complaint procedure	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
6.	Patient Rights: This may include the right to give informed consent (in the appropriate language); the right to privacy and the privacy of personally identifiable healthcare information; and the right to report grievances, abuse or neglect.	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
7.	Consent for Treatment	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
8.	Medical Record keeping <input type="checkbox"/> Paper or <input type="checkbox"/> Electronic Health Record: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
		Total:
C. Personnel		
1.	Providers are credentialed and privileged according to policy and procedures.	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
2.	There is evidence that agency/contracted staff are appropriately reviewed.	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
3.	There is documentation of staff education and training (for all staff).	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA
		Total:
D. Environment		
1.	There are accessible exits which are clearly marked and emergency evacuation routes are posted.	<input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA

2.	There is evidence of sufficient fire protection equipment (smoke detectors, fire extinguishers, fire blankets, etc.) and a record of fire drills.	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
3.	Medical equipment is clean, in good working condition and inspected according to policy and procedures to assure safety.	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
4.	There is sufficient handicap parking, access and accommodations within the building.	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
5.	Biohazardous waste is handled appropriately and there is a contract for its regular disposal. Contractor: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
6.	The facility is clean and the waiting area is of sufficient size to accommodate patients comfortably and to assure privacy during registration.	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
7.	Medication or herbs refrigerator temperature trending logs are correct and complete per policy and procedure.	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
		Total:		
E. Emergency Plan				
1.	Procedures for <i>non-medical emergencies</i> : fire, earthquake, terrorist attacks, site evacuation	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
2.	Procedures for <i>medical emergencies</i> on site, minimally process to call 9-1-1	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
3.	Emergency phone numbers posted at front desk are current (local police, fire, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
		Total:		
F. Infection Control (IC) Practices				
1.	Does the facility follow infection control guidelines based on recognized standards?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
2.	Does the facility have a system to encourage vaccinations and prevent the spread of infections?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
3.	Do staff members receive infection control training?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
4.	Does staff perform good hand hygiene?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
5.	Does staff use good needle insertion practices?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
6.	Environmental cleaning is appropriate and staff receives training.	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
7.	Proper use of Personal Protective Equipment observed (gloves, gowns, masks, etc.).	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> NA
		Total:		
Notes:				