

INTERIM MONITORING REVIEW

Facility Name		DHCS ID	
Address		Site NPI	

INSTRUCTIONS: Please complete the self-assessment for each Critical Element (CE)

Critical Element	Yes	No	Comments
1. Exit doors and aisles are unobstructed and egress (escape) accessible.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Airway management: oxygen delivery system, nasal cannula or mask, bulb syringe and Ambu bag.	<input type="checkbox"/>	<input type="checkbox"/>	Name of person checking supplies:
3. Emergency medicine such as asthma, chest pain, hypoglycemia and anaphylactic reaction management: Epinephrine 1mg/ml (injectable) and Diphenhydramine (Benadryl) 25 mg (oral) or Diphenhydramine (Benadryl) 50 mg/ml (injectable), Naloxone, chewable Aspirin 81 mg, Nitroglycerine spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose (any type of glucose containing at least 15 grams). Appropriate sizes of ESIP needles/syringes and alcohol wipes.	<input type="checkbox"/>	<input type="checkbox"/>	Name of person checking supplies:
4. Only qualified/trained personnel retrieve, prepare or administer medications.	<input type="checkbox"/>	<input type="checkbox"/>	Name of MD/NURSE checking MA administered meds:
5. Office practice procedures allow timely provision and tracking of: Physician Review and follow-up of referral/consultation reports and diagnostic test results.	<input type="checkbox"/>	<input type="checkbox"/>	Name of person tracking referrals:
6. Only lawfully authorized persons dispense drugs to patients.	<input type="checkbox"/>	<input type="checkbox"/>	Name of MD/NURSE dispensing drugs:
7. Drugs and Vaccines are prepared and drawn only prior to administration.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Personal Protective Equipment (PPE) for Standard Precautions is readily available for staff use.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Blood, other potentially infectious materials, and Regulated Wastes are placed in appropriate leak proof, labeled containers for collection, handling, processing, storage, transport, or shipping.	<input type="checkbox"/>	<input type="checkbox"/>	Name of contracted waste hauler:
10. Needlestick safety precautions are practiced on site.	<input type="checkbox"/>	<input type="checkbox"/>	

SELECT NA AND SKIP CE 11-14 IF NO COLD CHEMICAL STERILIZATION OR AUTOCLAVE NA

Critical Element	Yes	No	Comments
11. Staff demonstrate/verbalize necessary steps/process to ensure sterility and/or high-level disinfection of equipment.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Appropriate PPE is available, exposure control plan, Material Safety Data Sheets and clean up instructions in the event of a cold chemical sterilant spill.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Spore testing of autoclave/steam sterilizer with documented results (at least monthly).	<input type="checkbox"/>	<input type="checkbox"/>	Date of last spore test:
14. Management of positive mechanical, chemical, and/or biological indicators of the sterilization process.	<input type="checkbox"/>	<input type="checkbox"/>	

"I attest that these statements of compliance are accurate."

PCP or Representative Signature & Title

Date

HEALTH PLAN USE ONLY	
Interim Monitoring Review Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	CE CAP Due:
Verification Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification Date:
Nurse Reviewer Comments:	
Nurse Reviewer Signature:	Approval Date: