

Facilities providing primary care and obstetric and gynecological services must meet Neighborhood Health Plan of Rhode Island's (Neighborhood) facility requirements. Please review the requirements below and respond to whether/not your facility meets the condition. You may comment on your processes and/or attach applicable policies for each requirement.

Neighborhood retains the right to conduct a quality on onsite assessment prior to the facility joining the Neighborhood network (initial credentialing), or in response to a complaint received from a member pertaining to the facility.

Ability to Handle Medical Emergencies in the Facility	Yes	No	N/A
Facility has the ability to manage unexpected medical emergencies and maintains in good we	orking order	equipr	nent
needed to manage emergencies, including:		1	-
Severe allergic reaction			
Comments:			
Cardio-pulmonary arrest			
Comments:			
Staff is trained and facility ensures that training is current			
Comments:			
Facility has a process for transferring patients to an emergency room			
Comments:			
Physical Accessibility and Maintenance	Yes	No	N/A
Office is handicapped accessible (including restrooms)			
Comments:			
Process for disposal of needle/syringes (if injectable medication is administered)			
Comments:			
Containers are out of reach of children			
Comments:			
Narcotics secured in double-locked storage (if narcotics are administered)			
Comments:			
Process for checking narcotics validation is in place			
Comments:			
Process in place for discarding narcotics			
Comments:			
Internal Policies and Procedures:	Yes	No	N/A
Facility has documented processes for handling:			
Patient grievances			
Comments:			
Employee training			
Comments:			
Hospitalization for patients needing inpatient care			1
Comments:			
Practitioner coverage is available 24 hours per day 7 days per week			
Comments:			

Medical Records Keeping and Confidentiality	Yes	No	N/A
Facility has policies and procedures regarding adequacy of medical record keeping (paper/elect which includes:	tronic/bot	:h)	
The patient record is secured and accessible to authorized personnel only			
Comments:			
Record is legible			
Comments:			
There is a written medical record policy that addresses security and confidentiality of the record			
Comments:			
There is a process for retention of active and inactive files			
Comments:			
There is a process regarding release of information requests			
Comments:			
Records are available to covering practitioners			
Comments:			
Consent or refusal of treatment is documented in the record			
Comments:			
All employees sign a confidentiality agreement and receive instruction regarding HIPAA			
Comments:			

By signing below, I attest that this Facility has the capability to handle the key areas specified above:

Printed Name:

Signature*:

 ${}^{*}\!Attestation\ must\ be\ signed\ by\ the\ Medical\ Director,\ Practice\ Manager,\ or\ Chief\ Nursing\ Officer$

Facility Information

Practice Name:				
Address:				
Phone:	Fax:			
Site Liaison / Contact:	Contact Email:			
Service: Primary Care Obstetrics & Gynecology Both				
Medical Director:				

Title:

Date: