Facility Site Review (FSR)

April 2022

New Site Review Tools

DHCS released All Plan Letter (APL) 20-006, which significantly affects the site review content and process. PHC felt it was important to let our provider network know that DHCS released a new site review tool that becomes effective **July 1, 2022**.

There are four major drivers for the new changes:

1. The results of an audit from the State Auditor on DHCS' oversight of preventive care for children.
2. Threatened CMS sanctions if DHCS does not make progress on reporting accurate data for the Affordable Care Act-mandated Core Measure Set.
3. Legislative and consumer advocate pressure to increase stringency of oversight of quality of care associated with Medi-Cal managed care.
4. Change in government and Gov. Gavin Newsom's directive to focus special energy on improving pediatric health care.

Facility Site Review (FSR)

The FSR is an assessment of the facility's physical site, policies, practices, and staff education. This assessment is conducted at the time of initial credentialing and at a maximum of every three years. Certified Site Review (CSR) nurses conduct this audit with the site staff.

The FSR changes with the new 2022 tool are relatively moderate and listed below:

<u>Access/Safety standards</u>

- Clearly diagrammed "Evacuation Routes" for emergencies need to be visibly posted at all elevators, stairs, exits, and high traffic areas.
- There must be an operational employee alarm system. If the site has 10 or less employees, then a direct voice communication system is acceptable.
- For airway management, there is the addition of a bulb syringe, also the removal of oral airways.
- The emergency kit medication requirements used to consist of Epinephrine and Benadryl, to treat anaphylaxis. The new requirements add Naloxone, chewable aspirin 81 mg, nitroglycerin spray/tablet, bronchodilator medication (solution for nebulizer or metered dose inhaler), and any kind of glucose that is at least 15 grams.
    - The typical adult strength to address cardiac emergencies is 325 mg (four doses of 81mg chewable aspirin or one dose of 325 non-enteric coated aspirin).
    - If the site is seeing adults, the appropriate number of chewable aspirin tablets of 81 mg needs to be available (at least 4 tablets).

Personnel standards

- Staff completion of **cultural and linguistic training.**
- Staff receives more in depth education and/or training on patient **disability rights and provider obligations**[1].

Office management standards

- Complaint forms and a copy of the grievance procedure need to be readily available to be provided to members promptly upon request.
- These forms need to include phone numbers for The Department of Managed Health Care Help Center 1-888-466-2219 and Ombudsman 1-888-452-8609.

Clinical services-pharmaceutical standards

- Measures should be in place to ensure that vaccine storage units are not accidentally physically disconnected from the power supply, such as “Do Not Disconnect” labels and not plugging units into surge protectors with an on/off switch.
- Use of a digital data logger (DDL) that is calibrated at least every 2 years, to monitor vaccine storage unit temperatures.
- At least one back-up DDL device should be readily available for emergency vaccine transport or when primary DDL is sent in for calibration.
- A written plan for vaccine protection in case of a power outage.
- The site has a procedure in place for confirming correct patient/medication/vaccine dosage prior to administration.
- Vaccines are prepared and drawn up only prior to administration (with the exception of a flu clinic).
- Utilization of California Immunization Registry (CAIR).

Infection control standards

- For **cold chemical sterilization**, confirmation from manufacturer that item(s) is/are heat sensitive, process to ensure sterility of equipment, an exposure plan, and appropriate PPE available in the event of a spill.
- For **autoclave/steam sterilization**, site must have a plan for the management of positive mechanical, chemical, and/or biological indicators of the sterilization process.
- If instruments/equipment are transported off-site for sterilization, equipment handling, and transport, procedures need to be available on site to staff.
- If instruments are transported, site must have documentation of instruments transported and include the name of the person transporting.
- Sterilized package labels now need to also include initials of staff member in addition to date of sterilization, load run ID information, and general contents e.g. suture set. Each item in a sterile package need not be listed on the label if a master list of package contents is available elsewhere on site.

All of the above criteria is **required when the updated tools go into effect July 1, 2022**.

[1] https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf
https://www.hhs.gov/sites/default/files/section-1557-final-rule-faqs.pdf

If you have any questions, please contact our Northern Region Patient Safety Team at fsr@partnershiphp.org.

References:

APL 20-011:
http://www.dhcs.ca.gov/Documents/COVID-19/APL-20-011-EO-Revision.pdf
APL 20-004:
https://www.dhcs.ca.gov/formsandpubs/documents/mmcdaplsandpolicyletters/apl2020/apl20-004-revised.pdf

APL 20-006:
https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-006.pdf
PHC Website:
http://www.partnershiphp.org/Pages/PHC.aspx

EDUCATION OPPORTUNITY

To better help you understand the changes made to the new site review tools, PHC is offering site education sessions. If you have any questions, comments, concerns, or wish to schedule a site review education session, please contact our Northern Region Patient Safety Team at fsr@partnershiphp.org. You can also contact Tegan at (530) 999-6828 or Tami at (530) 999-6813.