

Criteria for Compliance	Compliant		Comments / Documentation / Explanation/ Timelines
	YES	NO	
<p>B.3.b, c. Facility(s) meets ADA, local building codes, OSHA, and any other state or federal requirements for occupancy and use.</p> <p>a. Medical sponsor verifies meeting medical space requirements__</p> <p>b. Waiting and exam rooms are comfortable, well-lit and well-ventilated__</p> <p>c. Clean environment with floors, wall and ceiling intact__</p> <p>d. Exits are clearly marked with escape routes posted__</p> <p>e. Passages, corridors, doorways and other means of exit are kept clear and unobstructed__</p> <p>f. Emergency instructions, including telephone numbers, are posted __</p> <p>g. Medical waste is clearly marked and disposed properly__</p> <p>h. Operational toilet and hand washing facilities present__</p> <p>i. No safety hazards present (chemical, choking hazards, etc)__</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>B.3.d. Facility(s) meet space requirements</p> <p>a. Waiting room / reception area__</p> <p>b. Exam rooms with sinks__</p> <p>c. Access to ADA compliant bathroom in center__</p> <p>d. Office area__</p> <p>e. Secure storage area for medication and lab supplies__</p> <p>f. Confidential telephone and fax machine (SBHC staff only)__</p> <p>g. Secure records storage (OAR 333-505-0050(16), 166-020-0015, 45 CFR 164.530 (c))__</p>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>in comments section)</p> <p>2. All staff have been trained__</p> <p>d. Consent for medical, mental health and AOD services (parent and/or client) (ORS 109.610 – 109.697)__</p> <p>e. Immunization records (ORS 433.090 – 433.102)__</p> <p>f. Student rights and responsibilities__</p> <p>g. Release of information and access to medical records (45 CFR parts 160 & 164) (ORS 192.518(a))__</p> <p>h. Data management__</p> <p>i. Electronic data agreements as necessary__</p> <p>j. Schedule of standard charges (if any) for services rendered __</p> <p>k. Method of transmitting billing and other fiscal information to agencies as appropriate, including the handling of explanation of benefits (EOB) statements for confidential patient visits __</p> <p>l. Emergency procedures (disaster/fire/school violence)__</p> <p>m. Reporting of child abuse and maltreatment (ORS 419B.005 – 419B.050)__</p> <p>n. SBHC staff job descriptions with qualifications, responsibilities, supervision, evaluation (CLHO Minimum Standards 8.2)__</p> <p>o. Staff vacation and sick leave policies__</p> <p>p. Quality assurance process__</p> <p>q. Complaint and incident review__</p> <p>r. Parental involvement __</p> <p>s. Coordination of care</p> <p>t. HIV treatment and records management (ORS 433.045-433.080)__</p>			

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u. Information sharing policy between school nurse and SBHC staff__ v. Operations policy__ w. Referral system__ x. Medication dispensing, storage, security and accountability (OAR 855-043-0130(4)(c), 855-043-0130(4)(a), OAR 855-043-0139(5(a)(A-D))__ y. Laboratory testing policies__ z. Equipment monitoring procedures__			
STAFFING:			
C.5.a. Centers must meet minimum staffing requirements a. Support staff 15 hours/week__ b. PCP (10 hours/week, 2 days/week)__ c. medical or mental health provider 10 hours/week__	<input type="checkbox"/>	<input type="checkbox"/>	
C.5.a. At least one licensed medical professional or one qualified mental health professional is available each day the center is open for clinical services	<input type="checkbox"/>	<input type="checkbox"/>	
C.5.b. Mental health provider and AOD assessment capacity meets on-site or referral requirement	<input type="checkbox"/>	<input type="checkbox"/>	
C.5.c. Each center has a designated site coordinator	<input type="checkbox"/>	<input type="checkbox"/>	
C.5.d. Each center has access to the designated medical director a. Medical director reviews records__	<input type="checkbox"/>	<input type="checkbox"/>	

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b. Medical director provides clinical oversight __ C.5.g, h. PCP is Medicaid eligible. C.5.g,h. PCP is enrolled in the Vaccines for Children (VFC) program and immunization coordinator has been designated	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Section D: Laboratory / Pharmacy			
D.1.a. Lab space is clearly defined and has clearly labeled clean and dirty sinks / areas	<input type="checkbox"/>	<input type="checkbox"/>	
D.2.a. Level of laboratory licensure: <input type="checkbox"/> Waived <input type="checkbox"/> PPM <input type="checkbox"/> Moderate complexity <input type="checkbox"/> High complexity	<input type="checkbox"/>	<input type="checkbox"/>	
D.2.a. Current, valid CLIA certificate is posted	<input type="checkbox"/>	<input type="checkbox"/>	
D.2.a. Tests performed are within the scope of the certificate	<input type="checkbox"/>	<input type="checkbox"/>	
D.2.a. A clinical laboratory director is designated	<input type="checkbox"/>	<input type="checkbox"/>	
D.3.a, b. Laboratory policies and procedure manual has been developed, with each policy and procedure approved, signed and dated by the laboratory director annually	<input type="checkbox"/>	<input type="checkbox"/>	
D.3.a, b. Products currently used are matched to those in procedure manual	<input type="checkbox"/>	<input type="checkbox"/>	

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D.3.a, b. Reference manual, from any reference laboratory used, is kept in the laboratory	<input type="checkbox"/>	<input type="checkbox"/>	
D.3.a, b. Annual personnel competency testing is documented for all individuals performing laboratory tests, including physicians and mid-level practitioners	<input type="checkbox"/>	<input type="checkbox"/>	
D.3.a, b. Proficiency testing is done every 6 months for staff hired within the last year	<input type="checkbox"/>	<input type="checkbox"/>	
D.3.a, b. A written quality assurance plan exists	<input type="checkbox"/>	<input type="checkbox"/>	
D.3.a, b. Plan includes chart reviews for pre- and post-analytic phases of laboratory testing (i.e., there is a written order for test, results were documented and signed off by provider)	<input type="checkbox"/>	<input type="checkbox"/>	
D.4.a. A system is in place to identify and track all laboratory tests, including pap tests and those sent to a reference laboratory	<input type="checkbox"/>	<input type="checkbox"/>	
a. Confidentiality of results is assured__			
b. Test results are received only by the practitioner that ordered the test (ORS 438.430)__			
D.4.a. A list of “critical values” for all tests performed on-site and tests sent to reference laboratories is established.	<input type="checkbox"/>	<input type="checkbox"/>	
a. A written policy outlines what action is to be taken, by whom, in the event of critical values__			
b. The critical value list is posted in a conspicuous place__			

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<p>D.6.a, b. Protocols for equipment monitoring and calibration are in laboratory manual, and written records of these procedures are available</p> <p>a. Temperature of refrigerators, freezers and rooms (daily)___</p> <p>b. Microscopes (annually at a minimum)___</p> <p>c. Centrifuges (annually at a minimum)___</p> <p>d. Hemocue & glucose meters (daily or manufacturer guidelines)___</p> <p>(Local Health Department Regulatory Information, Clinical Laboratory Improvement Amendments)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
D.5.a. Center offers required diagnostic services by grade level on-site or by referral (See Certification Standards)	<input type="checkbox"/>	<input type="checkbox"/>	
E.3.a-e. Drug cabinet or room is locked in the absence of the provider, medical director or RN. Only these persons shall have a key (OAR 855-043-0130(4)(a))	<input type="checkbox"/>	<input type="checkbox"/>	
E.3.a-e. Drugs which are outdated or damaged shall be quarantined and physically separated from the other drugs until they are destroyed or returned to supplier (OAR 855-043-0130(4)(c))	<input type="checkbox"/>	<input type="checkbox"/>	
a. Emergency kit is adequately stocked and current___	<input type="checkbox"/>	<input type="checkbox"/>	
E.3.a-e. Drug dispensing record is maintained separately from the patient chart and kept for a minimum of three years. Record shall include the name of patient, name of drug, date, and initials of the person dispensing (OAR 855-043-0130(5) (a) (A-D))	<input type="checkbox"/>	<input type="checkbox"/>	

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E.3.c, e. A system must be in place to assure ability to identify affected patients in the event of a medication recall	<input type="checkbox"/>	<input type="checkbox"/>	
E.3.a-e. Current pharmacy license is posted at all sites (ORS 689.615 (1))	<input type="checkbox"/>	<input type="checkbox"/>	
Section E: Services			
E.1.a-j. Centers provide all required services in accordance with grade levels (See Certification Standards)	<input type="checkbox"/>	<input type="checkbox"/>	
E.2.a, b, c. Centers meet all equipment requirements	<input type="checkbox"/>	<input type="checkbox"/>	
E.4.a. Centers have reviewed DMAP Preventive Health Services guidelines	<input type="checkbox"/>	<input type="checkbox"/>	
E.5.a. Centers have compiled and reviewed a list of social service resources for referral	<input type="checkbox"/>	<input type="checkbox"/>	
*Immunizations:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Review 3 mos of temperature logs for excursion__			
b. Review Vaccine Management plan, if not OIP collect copy to be turned in with report__			
c. Record thermometer type_____			
d. Thermometer certified by NIST__			
e. Thermometer calibrated in past 12 months__			
f. Do Not Unplug stickers visible__			
g. Does SBHC submit immunization data to ALERT?__			

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Section F: Data			
F.1.a, F.2.a, F.3.a. Centers meet all electronic data collection requirements and agree to collect and export required variables:	<input type="checkbox"/>	<input type="checkbox"/>	
Section G: Quality Assurance			
G.1.a. Center has a designated quality assurance coordinator at systems level or one for each individual center	<input type="checkbox"/>	<input type="checkbox"/>	
G.1.a. Center has a defined quality assurance (QA) or continuous quality improvement (CQI) process in place that includes written goals and a timeline	<input type="checkbox"/>	<input type="checkbox"/>	
G.1.b Center shall complete an annual chart review based on SPO-required key performance measures (KPM), to be submitted to the SPO annually	<input type="checkbox"/>	<input type="checkbox"/>	
G.1.c. Center agrees to annual QA review with SBHC state program office	<input type="checkbox"/>	<input type="checkbox"/>	

*SPO additions

Revised 7/09 C.Opheikens