

BJC BEHAVIORAL HEALTH & BEHAVIORAL HEALTH PARTNERS

CONTRACT PROVIDER SITE VISIT REVIEW

REVIEW DATE:		REVIEWER:						
CLINICIAN:		PRACTICE:		LOCATION:				
CONTRACTED FOR: DMH <input type="checkbox"/> ASO <input type="checkbox"/>								
					YES	NO	N/A	NOTES
1. IS OFF-STREET PARKING AVAILABLE?								
2. IS OFF-STREET HANDICAPPED PARKING AVAILABLE?								
3. IS THE OFFICE ACCESSIBLE FOR HANDICAPPED CLIENTS? IF NOT ARE ACCOMMODATIONS MADE?								
4. IS THE BUILDING EXTERIOR IN GOOD REPAIR?								
5. ARE THE WAITING AREA AND CLINICIAN'S OFFICES CLEAN?								
6. ARE PASSAGEWAYS CLEAR?								
7. IS THERE A SIGN OR PLACARD IDENTIFYING THE PRACTICE OR CLINICIAN?								
8. ARE OFFICE HOURS POSTED IN OFFICE?								
9. DO CLIENTS HAVE ACCESS TO A CLEAN PROPERLY SUPPLIED BATHROOM?								
10. IS THERE A HANDICAPPED BATHROOM AVAILABLE?								
11. IS A PLAN FOR EVACUATION CLEARLY POSTED IN OBVIOUS AREAS OF THE BUILDING FOR ALL TO SEE?								
12. ARE FIRE EXTINGUISHERS PRESENT?								
13. ARE THE FIRE EXTINGUISHERS ROUTINELY CHECKED?								
14. ARE SMOKE DETECTORS PRESENT?								
15. ARE EXIT SIGNS VISIBLE AND WORKING?								
16. ARE CLIENT RIGHTS CLEARLY POSTED?								
17. DOES THE WAITING ROOM HAVE ADEQUATE AND COMFORTABLE SEATING FOR AT LEAST TWO (2) PEOPLE PER CLINICIAN?								
18. IS THE OFFICE WHERE THE CLINICIAN PROVIDES TREATMENT WELL LIGHTED AND PROVIDES FOR PRIVACY?								
19. IF A PHYSICIAN, DOES THE OFFICE HAVE THE FOLLOWING ITEMS READILY AVAILABLE: OTOSCOPE; OPHTHALMOSCOPE; BLOOD PRESSURE CUFF; SCALE; PENLIGHT.								
20. IS THERE A CONTAINER TO PROPERLY DISPOSE OF SHARPS?								
21. LENGTH OF TIME FROM REQUEST FOR SERVICES TO FIRST APPOINTMENT?								
22. AVERAGE LENGTH OF TIME ALLOCATED FOR A ROUTINE FOLLOW-UP APPOINTMENTS?								
23. AVERAGE LENGTH OF TIME ALLOCATED FOR INITIAL APPOINTMENT?								
24. AVERAGE LENGTH OF WAIT IF CLIENT IS ON TIME FOR APPOINTMENT?								
25. NUMBER OF DAYS A WEEK CLINICIAN(S) AVAILABLE AT THIS SITE?								

