

1 **Policy:** **Office Facility Standards – Nutrition Services**
2 **Addendum**

3
4 **Date of Implementation:** **December 16, 2010**

5
6 **Product:** **Specialty**
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9 The standards for a professional office facility have been established and approved by
10 American Specialty Health – Specialty’s (ASH) peer review committees. These
11 committees are comprised of practicing clinicians who participate in ASH
12 multidisciplinary practitioner networks. Each facility in which the practitioner intends to
13 see members must meet the facility standards, including site appearance, office policies,
14 emergency procedures, access to treatment/services, safety, privacy, confidentiality,
15 medical record components and storage, and ability to meet expectations for the delivery
16 of safe, professional, quality treatment/services and care.

17
18 The following facility criteria are **required** by ASH. Additional requirements for home or
19 alternate facility locations are available online at:

- 20 • <https://www.ashlink.com/ASH/public/Providers/CQM/PracticeResource.aspx>.

21
22 The following facility and medical record standards are required of any facility in which a
23 contracted practitioner intends to treat ASH members. If a facility is found to be non-
24 compliant with any of these standards, ASH will work with the practitioner to come into
25 compliance; however, those marked with an asterisk (*) are standards that can preclude a
26 facility from being a part of the network.

27
28 **Office Appearance Requirements**

- 29 • The interior and exterior of the facility and surrounding area are clean, neat, well
30 maintained, and of professional appearance.
- 31 • The facility location and the entrance to the facility are easy to locate, including
32 either a visible sign noting the practitioner’s name, clinic name, and/or specialty,
33 or the address numbers on the building are clearly visible from the street and the
34 appropriate entrance is easily located.
- 35 • The entrance and facility are handicapped accessible.
- 36 • *The waiting room/area is an appropriate size, well-lit and has adequate seating
37 capacity based on one (1) seat per patient visit per hour for each treating practitioner
38 within the office.

1 **Required for Client Privacy and Confidentiality**

- 2 • *At least one room in the office must provide for complete physical and auditory
 3 client privacy and confidentiality. At a minimum, this includes that the room has a
 4 door, is limited to interview/assessment/counseling of one client at a time.
 5 Confidential documents such as medical records are secured and not accessible to
 6 anyone other than the practitioner/staff.
 7 • *Telephone and fax lines are limited to use by the practitioners and staff only.
 8 • Patient files (medical records, billing records, etc.) are filed in an organized manner,
 9 readily accessible to the practitioner/staff, and not accessible to the public.

10
 11 **Required Appointment Availability**

- 12 • The average in-office waiting time is thirty (30) minutes or less from the time of
 13 the client’s appointment.
 14 • An ASH member must be able to schedule a non-urgent appointment within seven
 15 (7) calendar days of a client’s first contact with the office.

16
 17 **Office Operations and Safety Procedure Requirements**

- 18 • Office/clinic exits are clearly marked (e.g., exit sign over each exit door).
 19 • There are smoke detectors or sprinklers in the office or fire alarms in the building.
 20 • A fire extinguisher is readily available within the office space; visible; and
 21 depending on the type of fire extinguisher, either the gauge indicates it is adequately
 22 charged or the expiration date is in the future.
 23 • There is a method for the practitioner/staff to disinfect their hands between patients.
 24 • There is a written evacuation plan in the form of a policy and/or a posted map
 25 showing available exit routes, and staff is trained in evacuation procedures.
 26 • There is a written policy/procedure for medical emergencies (e.g., call 911).
 27 • There is a written policy/procedure for client non-compliance with health care
 28 advice.
 29 • There is a written policy/procedure for confidentiality of medical records.
 30 • There is a written policy/procedure regarding the safety of children (12 and under)
 31 in the office.
 32 • If the practitioner does anthropometric measures that require a client to fully or
 33 partially undress, clean gowns are available for individual client use.
 34 • If anthropometric measures are performed, the equipment is safe, sanitary and in
 35 good working order.
 36 • *If sharps (e.g., needles, lancets) are used in the practice, bio-hazardous sharps
 37 waste containers are available in each treatment room.
 38 • *Only single-use sharps (e.g., needles, lancets) are used.

- 1 • The office disposes of sharps waste containers by:
 - 2 ○ Disposal company pick-up service; or
 - 3 ○ Mail-In service; or
 - 4 ○ Chemical hardener prior to proper disposal; or
 - 5 ○ Transport to appropriate disposal site in accordance with local and/or state laws.
- 6 • Nutritional supplements are kept out of reach of clients and children. Acceptable
 - 7 options are:
 - 8 ○ In a locked cabinet; or
 - 9 ○ With a physical barrier separating the area where supplements are stored from
 - 10 areas of the clinic in which patients have access (e.g., behind the receptionist’s
 - 11 counter, in a storage closet/cabinet, or the practitioner’s private office); or
 - 12 ○ Empty “display” bottles may be placed in public areas as long as the actual
 - 13 bottles with supplements inside are stored in one of the above locations.

14
15 **Child Safety**

16 (Children within the context of this document are defined as aged 12 and under)

- 17 • Children are supervised by an adult other than the patient when mechanical tables
 - 18 or similar devices are being utilized.
- 19 • Children are not left to wander unsupervised within the facility.
- 20 • Bio-hazardous sharps waste containers and small objects are removed from spaces
 - 21 easily reachable by a child.
- 22 • Unused electrical outlets are covered with a safety plug.
- 23 • Water dispensers that have both hot and cold features should have a safety feature.
- 24 • Wires and/or cords are not within reach of children.
- 25 • All equipment is routinely validated to ensure it is operating properly.
- 26 • Bookshelves and other large pieces of furniture are secured and protected against
 - 27 toppling over.
- 28 • Children are not left on a treatment table unattended.
- 29 • Warning signs are posted about the potential dangers to children of touching
 - 30 equipment.

31
32 **Medical Record Documentation**

33 ASH requires that a medical record file be limited to one patient and, at a minimum, adheres
34 to the following criteria:

- 35 • If the client benefit plan requires a referral, a copy of the referral must be kept
 - 36 within the medical record.
- 37 • Each entry clearly identifies the practitioner providing the evaluation or procedure
 - 38 by either initials, unique electronic identifier, or handwritten signature (even when
 - 39 they are the only practitioner in the office).

- 1 • Each page in the medical record contains the patient’s name and/or identification
2 number.
- 3 • The record must include the patient name, age or date of birth, address or telephone
4 number, and employer and marital status.
- 5 • The date for each visit is documented.
- 6 • Past medical history must be documented.
- 7 • Documentation by the practitioner must be legible to another clinician reviewing
8 the records.
- 9 • The chief complaint(s) or a problem list must be present. Significant illnesses and
10 medical conditions are also indicated on the problem list.
- 11 • Medications, allergies and adverse reactions are promptly noted in the record. If the
12 patient has no known allergies, or history of adverse reactions, this is appropriately
13 noted in the record.
- 14 • There must be documentation of history and physical examination pertinent to the
15 chief complaint(s) and health history.
- 16 • Contraindications to care, if applicable, must be documented.
- 17 • There must be evidence of coordination of care with other health care practitioners,
18 if applicable.
- 19 • If a consultation is requested, there is a note from the consultant in the record and
20 documentation supporting the medical necessity of the consultation, as well as a
21 review of the report.
- 22 • Any instructions provided to the patient related to the treatment plan must be
23 documented.

24
25 Daily notes must also include the following in a manner that is clear to another clinician:

- 26 • Description of subjective and objective findings.
- 27 • Working diagnosis or symptom description.
- 28 • Therapeutic interventions(s) and education provided.
- 29 • Response to therapeutic interventions(s) and/or education provided.
- 30 • Plans (e.g., discharge, follow-up plan, return in one [1] month).

31
32 Medical records must either be documented in English, or translated to English prior to
33 providing ASH or any other requesting party (clinician, insurance carrier, state board, etc.)
34 with a copy of the medical records.

35
36 ASH may request that a practitioner send a copy of member(s) medical records at any time.
37 When medical records are requested, the medical records will be audited against the above
38 criteria.

1 Please see the *Medical Record Maintenance and Documentation Practices (CPG 110 – S)*
2 clinical practice guideline online at
3 <https://www.ashlink.com/ASH/public/Providers/CQM/techniqueprocedurecpgs.aspx> for
4 qualitative documentation criteria. These criteria were developed by clinical peers based
5 upon the professional standards documented in the references noted at the end of the CPG.

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