

Practice Facility Assessment Form:

Information requested in this assessment will assist you in

- Compliance: A facilities log is a required part of the HIPAA security manual (refer to PSA, page 4, Physician's Role).
- EHR implementation - For optimal implementation and optimal use of EHR, we need to make sure you have a stable, reliable electrical supply, internet access, and connectivity to the office and within each room. We also need to ensure that there is enough adequate physical space for the hardware you will be utilizing in the exam rooms, workstations or staff offices.
- Improving your Return on Investment - The space you currently use to store charts can be converted from an area that consumes income into one that produces income (ie: exam rooms), or converted into additional workspace for your office staff to improve their efficiency and quality of practice life

Practice Name: _____ **Address:** _____

Person Filling Out: _____

Instructions: Please enter the appropriate information in the fields below. To enter text into a field, click on the field and begin typing. To check a box, simply click on it using your mouse. When you have completed the form, please save a copy and email it to servicebureau@mcms.org.

If you find it easier to fill out by hand, please print the form and fax or mail the hard copy to the Service Bureau.

(We recommend the office manager or practice owner fill out this form.)

Number of locations _____

If your practice has more than one location, please copy this form and complete a set for each location

I. Physical Layout

If you have a blueprint for your office, please forward a copy to the Service Bureau.

A. Overall Office

- Total square footage of office:
- Rent If rented, please specify rate per square foot:
- Own Square footage valuation (value of building/square footage)

B. Within Office:

- Number of exam rooms:
- Chart room or file space (square footage):
- How many work areas in the following areas
 Front desk
 Provider offices
 Billing
 Nursing/triage

iv. Does each anticipated work area have room for:

- | | | |
|---------|------------------------------|-----------------------------|
| PC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laptop | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Printer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

II. Electrical

A. Overall Office

- i. How often do you experience power outages?
- ii. Do you have a generator?

B. At each exam room or work area, do you have adequate electrical outlets?

III. Network

A. Overall Office

i. Do you have internet access to your building with any of the following?

- | | | |
|---------|------------------------------|-----------------------------|
| Cable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DSL | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| T1 line | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How reliable is the internet connectivity?

ii. Within the office:

- Is each room hard-wired? Yes No
 Has the office been tested for wireless capability Yes No

If yes, is the internet connection used by the staff daily? Yes No

If yes, what are the primary uses for the Internet connection? (Check all that apply)

- Medical charts
- Health plan reports
- E-mail
- E-prescribing
- Electronic claims submission
- E-labs
- Pub Med (or other online peer reviewed resource)
- Hospital / Medical Center (data transfer)
- Transcription
- Referral request submission
- Don't know
- Other (please specify)

- iii. Are there any interfaces or electronic connectivity between the practice and hospitals, labs, radiology, nursing home, and ancillary providers? Yes No
(This is part of your HIPAA security manual network configuration documentation.)

Network Topology

Are your computers connected to a network within the office? (local area network) Yes No
(This is part of your HIPAA security manual network configuration documentation.)

Are your computers connected to a network outside the office? (wide area network) Yes No
(This is part of your HIPAA security manual network configuration documentation.)

Do you communicate within your practice using e-mail? Yes No

Do any physicians communicate via e-mail with patients? Yes No

Which staff members have direct access to a computer/terminal? (Check all that apply)
(This is part of your HIPAA security manual roles and responsibilities documentation.)

- Physicians
 Clinicians (e.g., NP, PA, RN)
 Administrative staff
 Other

IV. Security (This information should be documented in your HIPAA security manual facility log)

A. Overall Office

- i. Do you have a security system? Yes No

B. Within the office

- i. Number of Exits/Entrances:

Doors:

Lock types:

Windows:

Locks on windows?

- ii. Who has keys?

iii. Do you engrave your equipment? Yes No

iv. Do you have a hardware and equipment log? Yes No

V. Information Technology

Please indicate level of IT Support; (which most accurately describes IT Support to practice - who you call when things break).

- Full Time IT Staff
- Part Time IT Staff
- Contracted IT Staff - WHO
- No IT Staff (someone in the office handles)

Do you currently have any patient information in an electronic form? (i.e. Practice Management System)

Is there a disaster recovery plan? Yes No
(This should be outlined in your HIPAA security manual.)

What is the back up plan?

Has it been TESTED?

Hardware Inventory:

(This is part of your HIPAA security manual inventory attachment.)

C. Is your Practice Management System (PMS)/billing system capable of providing interfaces to Electronic Health Record? Yes No

Questions or comments? Enter them in the field below.

Thank you for completing this form.