Healthcare Services Group

Clinic Self-Survey

June 2016

FACILITY OVERVIEW

Please fill in the appropriate responses on this form and return completed copy to HSG consultant for review.

Facility: _____   Completed by: _____

Office Manager: _____   No. years as office manager: _____

Practice model:

      Solo practitioner: _____

      Group practice: _____   Number of physicians: _____

      Private practice: _____   Health system/hospital owned: _____

      Single site: _____   Multiple sites: _____ # sites: _____

Number of exam rooms: _____   Average no. patients/day: _____

Increase or decrease in number of patient visits anticipated: _____

Liability Insurance:

Are all staff physicians and non-physician providers, including contract providers, required to carry professional liability insurance from an authorized insurance company?

☐ Yes   ☐ No

Limit of liability required by health system, medical staff bylaws, or terms of employment: _____

$_____ per medical incident $_____ per aggregate limit

Written risk management plan?   ☐ Yes   ☐ No

Do you have a designated patient representative, or other administrative staff identified as a resource for patient information, patient complaints, or problem solving? _____
What is their position and title_____

Do you have a designated person responsible for clinic risk management and/or patient safety initiatives? _____
What is their position and title? _____

CLINIC ADMINISTRATION, ORGANIZATION & SERVICES

Ambulatory Services (Outpatient) *Please check all that apply*

- ☐ Cancer Center
- ☐ CT
  - ☐ On site
  - ☐ Mobile
- ☐ Mammography
  - ☐ On site
  - ☐ Mobile
- ☐ Diagnostic Imaging
  - ☐ On site
  - ☐ Mobile

- ☐ Behavioral/Mental Health
- ☐ Cancer Center
- ☐ MRI
  - ☐ On site
  - ☐ Mobile
- ☐ Teleradiology
- ☐ Outpatient surgery center
  - ☐ # endoscopies per mo. _____
  - ☐ # procedures per mo._____

1. List physicians working in the clinic(s) _____
   _____

2. List non-physician providers working in the clinic(s) *(APRNs, PAs)*
   _____
   _____

3. Total number of non-physician staff (all sites) _____

Physician Assistants	_____
Nurse Practitioners	_____
Certified Nurse Midwives	_____
RNs	_____
LPNs	_____
Medical Assistants	_____
Physical/Rehabilitation Therapists	_____
Laboratory Technicians	_____
Radiology Technologists/Ultrasonographers	_____
Receptionists/Transcriptionist/Clerical	_____

4. Please check any of the following services that are provided at the clinic:

Moderate/Conscious Sedation	_____	Endoscopy	_____
P.T./Rehab	_____	Laparoscopy	_____
Laboratory	_____	Biopsy	_____
Radiology	_____	Laser	_____
Ultrasound	_____	IV therapy	_____
OB Ultrasound	_____	Chemotherapy	_____
Pharmacy	_____	Urgent care	_____
Surgery	_____	Obstetrical Services	_____
IUD insertion	_____	Pediatric Services	_____
Stress tests	_____	Adult Services	_____
Colposcopy	_____	Behavioral Health Services	_____

5. List any surgical or invasive procedures not identified above that are performed in your office/clinic setting(s): _____

_____

6. If anesthesia is provided at the clinic, who administers the anesthesia?

_____

7. Do your physicians interpret Radiology/Ultrasound studies? _____

Who over-reads the x-rays/ultrasounds? _____
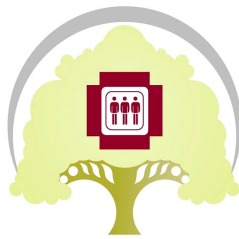
Healthcare Services Group

Clinic Name _____

Name of person completing survey _____

Title _____   Phone Number ___ _____

Effective systems and processes may improve quality of care and patient safety and reduce the risk of professional claims. Clinic managers can face many challenges in controlling risk in the non-hospital setting, such as geographically and specialty diverse practice settings, minimal staff resources and differing levels of knowledge and experience regarding patient safety, risk management and quality improvement resources. This self-survey is intended to help administrators, managers, healthcare providers, and staff to identify potential risks in the office setting. Different staff members may have special knowledge of particular office processes. Consider involving key staff members in completing this questionnaire. This allows them to share their knowledge of office processes and to see firsthand the results of their efforts and areas where improvement would be helpful.

Once the self-survey is completed, administrators, managers, healthcare providers and staff can use the information to determine if and where process improvements may benefit the practice's patient safety and risk management programs.

How to use this self-survey:

1. Be honest, objective and self-critical. The questionnaire is designed to help you identify and begin correcting risk management weaknesses in your systems, policies and procedures. It will be only as effective as you allow it to be. Analyze your systems carefully and respond accurately.

2. Many areas/departments discover that although there are policies in place, compliance is low. If you are unsure whether an established policy is effective, check with staff members most directly responsible for its implementation.

3. This self-survey addresses risk management issues seen in professional and general liability claims. However, it does not cover all possible problems that could lead to patient injuries and lawsuits.

4. This self-survey does not evaluate clinical quality of care issues. These should be monitored through the appropriate quality assurance mechanisms.

5. Once the self-survey is completed, you may choose to target areas for process improvement. Your HSG Risk Management Consultants are available to answer your questions at 1-800-234-2297.

Table of Contents

Instructions: Check the appropriate box in response to the question. Check **N/A** if the question is not applicable to your practice setting. If a question requires a narrative answer, please place the answer in the comment section.

I.   Facility and Environment

A. Cleaning and Safety	Y	N	N/A	Comments
1. Does the clinic present a professional appearance both inside and out?				
2. Is the clinic clean and free of clutter?				
3. Are floor coverings clean and free of tripping hazards?				
4. Are step-ups and step-downs clearly marked?				
5. If there is a play area in the waiting room:				
a. Are toys in a contained area and not in the pattern of traffic?				
b. Are toys disinfected daily and when contaminated?				
6. Is emergency lighting available and working?				
7. Is the parking lot adequately lighted and marked for patients and staff?				
8. Is furniture sturdy and in good repair?				
9. Is furniture easy to access and get into and out of?				
10. Is office equipment in good repair?				
11. Does the equipment used in the clinic meet appropriate safety standards and undergo regular maintenance checks?				
12. Is equipment maintenance documented?				
13. Does staff know what to do if equipment malfunctions?				
14. Are temperature checks done on refrigerators where medications are kept, readings documented in daily logs, and action taken when temperatures are not within the established range?				
15. Are waste receptacles covered and not over-filled?				
16. Are appropriate signs regarding pregnancy posted in radiology areas?				
17. Is a system in place to monitor employees' possible exposure to radiation?				
18. Have security audits been done to identify potentially violent situations that may occur?				
19. Have steps been taken to protect staff from disruptive patients?				
a. doors to clinic are access controlled?				
b. front desk is behind safety glass?				
c. front desk is behind wide counter?				
d. front desk is behind high counter?				
e. panic buttons are installed?				
20. Has office staff been trained to recognize risk factors for violence and how to implement de-escalation strategies?				
21. Is there a no tolerance policy for violence in place?				
22. Is the clinic in compliance with federal, state, and local biohazard and other waste management requirements?				
23. Is the clinic a tobacco-free, non-smoking area?				

	Y	N	N/A	Comments
24. Does employee training include:				
a. proper work practices and the use of personal protective equipment?				
b. recognition of hazardous materials?				
c. identification of spills requiring specialized equipment, training and clean-up?				
d. notification of appropriate authorities to initiate an emergency response to a hazardous chemical spill?				
e. information on appropriate first aid, emergency procedures and likely symptoms of overexposure to hazardous materials?				

II.   Healthcare Provider Practice

A. All Office Personnel	Y	N	N/A	Comments
1. Are written job descriptions in place for both licensed and unlicensed personnel?				
2. Are performance evaluations, including measurements of competency, conducted annually?				
3. Is there a process for periodic re-assessment of physician and clinical staff clinical competencies?				
4. Do unlicensed assistive personnel function under the direction/supervision of a licensed healthcare professional?				
5. Is there an orientation program for new employees?				
6. Is there a re-orientation/office update program for employees who have been on an extended leave of absence (greater than three months)?				
7. Is there documentation of current clinical competence for all providers performing special or invasive procedures, and for staff assisting with such procedures?				
8. Are all clinic personnel provided education in mandated areas, such as that required by HIPAA, OSHA, CLIA, and ADA?				
9. Are all non-clinical staff provided education in risk management (such as event reporting, teamwork, communication and patient safety)?				
B. Physicians/APRN/PA	Y	N	N/A	Comments
1. Are physicians, APRNs, and PAs credentialed and privileged to practice in this healthcare setting?				
2. Are physicians, APRNs and PAs re-credentialed at appropriate intervals in compliance with their recognized credentialing body?				
3. Do you have current collaborative practice agreements for APRNs and supervision agreements for PAs in place?				
4. Do you have written policies and procedures in place that are consistent with the requirements of the APRN collaborative practice and PA supervision agreements?				

	Y	N	N/A	Comments
5. If an APRN/PA provides care in your clinic, is signage posted notifying patients of their right to request to see a physician?				
6. Are written policies in place regarding practice coverage when a physician is unavailable?				
7. Are covering physicians within the same specialty with a comparable scope of practice?				

C. Clinical Decision-Making	Y	N	N/A	Comments
1. Do healthcare providers have access to current, pertinent evidence based clinical information and guidelines?				
2. Does the practice use clinical practice guidelines that are based either on evidence from recognized sources, or current professional knowledge of board-certified/eligible providers?				

III. Patient Relations

A. Patient Satisfaction	Y	N	N/A	Comments
1. Are patients greeted promptly and professionally?				
2. Is the waiting area visible to the receptionist to allow for patient and activity monitoring?				
a. are there blind spots that have been addressed?				
3. Are personal conversations among staff conducted where they cannot be heard by patients?				
4. Do you conduct periodic patient surveys to determine the level of patient satisfaction with services?				

B. Patient Complaints	Y	N	N/A	Comments
1. Does the clinic have a patient complaint procedure that includes mechanisms for documenting, resolving, and monitoring patient complaints?				
2. Are physicians, APRNs and PAs notified of treatment-related patient complaints?				
3. Are the number and type of patient complaints tracked in order to identify and correct recurring problems?				

C. Patient Information	Y	N	N/A	Comments
1. Does the clinic have written materials available to patients in the reception area explaining clinic operations, specifically:				
a. specialty and type of service offered				
b. location address(es)				
c. clinic hours				
d. appointment scheduling policy				
e. payment, insurance and billing policy				
f. emergency/answering service numbers				
g. prescription refill policy				

D. Waiting Time	Y	N	N/A	Comments
1. Does the clinic conduct periodic time studies to monitor waiting times?				
a. What is the average wait time to obtain an appointment?				
b. What is the average wait time in the reception area before patient is taken to the exam room?				
c. What is the average wait time in the exam room before a physician, APRN or PA sees the patient?				
2. Is there a written policy on handling appointment delays?				
3. If the physician, APRN, or PA is running late, are patients informed and given the opportunity to reschedule?				
4. Are there written policies and procedures in place regarding appointment cancellations by the patient and follow-up actions?				
5. Are there written policies and procedures in place regarding appointment cancellation by the clinic and follow-up actions?				
6. Are there written guidelines to determine the amount of time necessary to schedule for specific appointment types or particular physicians, APRNs or PAs?				
E. Telephone Contact	Y	N	N/A	Comments
1. If you have an automated call distribution system, does it have an option for patients to immediately speak to a live person in the event of an emergency?				
2. Does the clinic have an adequate number of telephone lines to allow the patient to contact the clinic without delay?				
3. Are calls answered within three rings?				
4. Does staff answer phones in a professional manner?				
5. Are callers allowed to speak prior to being placed on hold?				
6. Are callers told when they are being transferred to another extension in order to avoid confusion as to whether the call had been terminated or disconnected?				
7. Are phone calls documented in a call log and the patient chart?				
8. Are callers told approximately when the physician, APRN, PA or office nurse will return their call if it is not handled immediately?				
9. Does the clinic have a decision grid/triage procedure for routing phone calls regarding patient care or treatment?				
10. Are after-hours calls referred to an answering service?				
F. Billing and Collections	Y	N	N/A	Comments
1. Are written corporate compliance policies and procedures related to billing and collections in place?				
2. Is there a designated corporate compliance officer?				
3. Is there ongoing auditing and monitoring?				
4. Are billing policies explained to patients before services are provided?				

	Y	N	N/A	Comments
5. Are mechanisms in place to allow for special payment arrangements if necessary?				
6. Is the patient's physician informed and given the opportunity to review the patient's medical record before an account is turned over to a collection agency?				
7. Is the physician notified when a patient complains in response to a bill or collection letter?				
G. Protecting Patient Privacy and Confidentiality	**Y**	**N**	**N/A**	**Comments**
1. Are telephone conversations with or about patients held in a private area where they cannot be overheard?				
2. Are messages for patients left on answering machines or with another person who may answer the patient's phone?				
a. If yes, has patient permission been obtained and documented in the medical record?				
3. Are medical questions, including the patient's reason for the visit, discussed in a private area where they cannot be overheard?				
4. Are billing matters discussed with patients in a private area where they cannot be overheard?				
5. Are computer terminal screens non-visible to the public?				
6. Is clinic staff careful not to disclose patient information to anyone other than the patient without the patient's written consent?				
7. Are staff members informed and educated that maintaining confidentiality of patient information is a job requirement?				
8. Is access to patient information limited only to personnel who require the information to perform their job?				
H. Terminating the Physician/Patient Relationship	**Y**	**N**	**N/A**	**Comments**
1. Does the clinic have a written policy regarding termination of services?				
2. Are letters of termination sent by certified mail, return receipt requested?				
3. Does the termination letter state the reason(s) why termination is necessary?				
4. Is a copy of the termination letter kept in the patient's medical record?				
5. Is the mail receipt maintained in the medical record?				
6. Does the termination letter include notice of physician availability for a minimum of 30 days for care, or longer if availability of alternative care is questionable and the patient has a serious medical condition?				
7. Does the termination letter clearly state the date on which termination will become effective?				
8. Does the letter include notice that, with appropriate written authorization, a copy of the patient's record will be transferred to a physician of the patient's choice?				
9. Does the letter include an "authorization for release of medical records" form?				
10. If the reason for termination is non-payment, is the patient notified before services are terminated?				

IV. Communication and Follow-Up

A. Within the Clinic	Y	N	N/A	Comments
1. Does the clinic have a process for identification and resolution of patient care and administrative problems?				
2. Has the clinic established uniform, written policies and procedures regarding communication of patient-related information that are used in all clinic departments and sites?				
3. Has the clinic established uniform, written policies and procedures regarding documentation that are used in all clinic departments and sites?				
4. Are clinic policies and procedures periodically reviewed and updated? If so, how often?				
5. Are policy and procedure updates included in new employee orientation and regular staff meetings?				
6. Are regularly scheduled staff meetings held?				
7. Is a written policy in place regarding professional behavior and communication between all healthcare providers and clinic staff, regardless of position?				
B. With Patients	Y	N	N/A	Comments
1. Does clinic staff have medical staff approved written protocols for giving telephone advice?				
a. Is advice only given by the physician or licensed staff?				
2. Is the patient's medical record reviewed prior to any telephone advice or communication with the patient?				
3. Is a written policy and procedure in place regarding electronic communication with patients?				
4. Is multilingual capability available through on-site interpreters or the use of language lines?				
C. Provider-to-Provider Communication	Y	N	N/A	Comments
1. Is a written policy and procedure in place regarding how referrals are made to other healthcare providers, physicians, clinics, or diagnostic centers?				
2. Is a written policy and procedure in place regarding electronic communication with other healthcare providers?				
D. Follow-Up Systems	Y	N	N/A	Comments
1. Is a tracking system in place to monitor orders and receipts of diagnostic test results, consultation reports, x-ray results, and other critical information?				
2. Is a "tickler" system in place for identifying the need for follow-up of appointments, consults, labs and other tests?				
3. Are test results received, reviewed and initialed by a physician before they are placed in the medical record?				
4. Are patients notified of test results whether normal or abnormal?				

	Y	N	N/A	Comments
5. Is a process in place for notifying the ordering physician, APRN, or PA of critical or abnormal test results?				
6. In the absence of the patient's primary physician, is there a system in place to assure timely review of test results by a covering physician, APRN, or PA?				

E. Hospital Admission and Discharge	Y	N	N/A	Comments
1. Is the office medical record readily available when a patient is admitted to the hospital?				
2. Is the office medical record or a summary of pertinent medical information sent to the hospital prior to a planned admission (i.e., prenatal records)?				
3. Is the patient given a copy of critical medical information to be taken to the hospital on admission (i.e., critical lab test results)?				
4. When a clinic patient is admitted to the hospital, is the care managed by one of the clinic physicians?				
5. When a clinic patient is admitted to the hospital is the care managed by a hospitalist?				
a. if yes, does the clinic staff tell the patient and family that care will be provided by the hospitalist?				
6. If inpatient care is managed by a hospitalist, is the clinic physician kept informed of the patient's status, treatment plan and date of discharge?				
7. Is the patient's current medication list available to the hospital upon admission?				
8. Does the clinic receive the patient's discharge summary prior to first clinic visit after discharge?				
9. Is there a mechanism for obtaining outstanding lab and diagnostic testing results post discharge?				
10. Is there a policy and procedure in place regarding medication reconciliation at the first office visit after discharge from a hospital?				

V. Medical Records

A. Completeness of Documentation	Y	N	N/A	Comments
1. Do physicians, APRNs, and PAs completely document patient care, including:				
a. stated purpose of visit				
b. diagnostic tests ordered				
c. diagnostic impression				
d. treatment plan				
e. patient education and instructions				
f. follow-up plan				

	Y	N	N/A	Comments
2. Do patient medical records include an up-to-date patient history form that addresses:				
a. family medical/behavioral health history				
b. patient medical/behavioral health history				
c. alcohol, tobacco and other drug use				
d. allergies				
e. changes in personal or family health status since last visit				
f. other clinically pertinent information				
3. Do patient medical records include a problem list to quickly identify diagnosis and follow-up?				
a. Is the problem list updated at each visit?				
4. Do patient medical records include a medication list that identifies the patient's current medications, including:				
a. medications prescribed by healthcare providers at this clinic				
b. medications prescribed by other healthcare providers outside of this clinic				
c. over-the-counter medications				
d. herbs, dietary supplements, homeopathic drugs				
e. Is the medication list updated at each visit?				
5. Are patient allergies/lack of known allergies conspicuously noted in a consistent place in the medical record?				
6. Is allergy information updated and documented at each patient visit?				
7. Are symptom and treatment related phone calls received during "regular office hours" documented in the medical record?				
8. Does documentation of symptom/treatment related calls include recommended interventions and advice?				
9. Are failed or cancelled appointments documented in the medical record?				
a. Is there follow-up with the patient to identify cause of cancellation and set up new appointment?				
10. Is patient notification of test results documented in the medical record?				
11. Is documentation made in the medical record of the date, time, and name of staff member making follow-up/test notification call(s) to the patient?				
12. Are unsuccessful attempts to contact the patient documented in the medical record?				
13. Are diagnostic study results performed at another location maintained in the medical record?				
14. Are patient decisions not to follow medical advice documented in the medical record?				
15. Does documentation include discussion with the patient of treatment alternatives and consequences of refusing the recommended treatment or therapy?				
16. If a healthcare provider takes after-hours calls, are patient interactions documented in the patient's medical record?				

B. Professionalism of Documentation	Y	N	N/A	Comments
1. Has the practice standardized abbreviations, acronyms, and symbols for use throughout the office and adopted a list of abbreviations, acronyms and symbols that should not be used?				
2. Is documentation completed at the time care is rendered or at least on same day of care?				
3. Are all medical record entries signed and dated?				
4. Are entries in the medical record objective?				
5. Is jousting, such as criticism of other healthcare providers, sarcasm, grievances or other negative behavior kept out of the medical record?				
6. Are periodic reviews of medical records conducted to ensure that documentation is consistent, complete, legible, accurate, timely and objective?				
C. Availability of Medical Records	**Y**	**N**	**N/A**	**Comments**
1. Are records maintained in a secure area?				
2. Is there a written policy as to which staff is authorized to access medical records?				
D. Release of Medical Records	**Y**	**N**	**N/A**	**Comments**
1. Is a written policy and procedure in place for release of medical records?				
2. Is there a policy in place designating a specific person(s) responsible for handling requests for release of medical records?				
3. Are staff members who are responsible for release of medical records trained in reviewing authorizations and releasing only that information specifically authorized by the patient?				
4. Is there a process in place to protect access to sensitive information such as psychotherapy notes requiring separate medical record release requests?				
5. Is the patient's physician, APRN and/or PA notified when an authorization is received for the release of records that relate to a potential malpractice claim?				
6. Is there a written policy and procedure that requires copying and sequestering a medical record that may be used in a lawsuit?				
E. Retention of Medical Records	**Y**	**N**	**N/A**	**Comments**
1. Is there a written policy regarding retention of medical records?				
2. Is there a written policy regarding destruction of medical records?				
3. Is there a written policy outlining the processes to be followed in the event that the clinic is closed permanently?				

VI.   Patient Safety

A. Safety Culture	Y	N	N/A	Comments
1. Has a culture of safety survey been conducted to assess the current culture status?				
2. Have results been discussed and actions taken to improve the culture?				
3. Has team training (such as TeamSTEPPS) occurred to improve the clinics efficiency, patient safety and communication?				
B. Medication Safety	**Y**	**N**	**N/A**	**Comments**
1. Are prescriptions, including medication name, dose, frequency, number to be dispensed, and number of authorized refills documented in the medical record?				
2. Are prescription refills documented in the medical record?				
3. If sample medications are dispensed to patients, is:				
a. drug name, lot number, dose, frequency and number dispensed documented in the medical record?				
b. are sample medications labeled with the name of the medication, strength, dose, frequency, lot number, expiration date, and quantity of medication documented, along with the patient's name, date dispensed, and prescriber information?				
4. Are patient instructions for taking prescribed medications documented in the medical record?				
5. Are physicians, APRNs, or PAs available in the clinic when medications are administered?				
6. Are patients asked if they have experienced side effects from their current medications during office visits?				
7. Is a system in place for tracking patients receiving Warfarin therapy that includes notices to patients for periodic laboratory testing of INR and documentation of INR results before prescription renewals are approved?				
8. Do practitioners who prescribe, dispense, administer, and provide patient education on medications have access to current drug information?				
9. Do females of childbearing age have documented negative pregnancy tests before medications known to be teratogenic are prescribed?				
10. Are multiple dose vials of injectable medications labeled with the date opened and the discard date, which is no more than 30 days from date of opening?				
11. Are patient identities confirmed before administering medications in the clinic?				
12. If a medication or prescribed dose is contraindicated in the literature, is the reason for off-label use documented in the medical record?				
13. Is counseling/patient education related to prescribed medication documented in the medical record?				
14. Is a process in place to prompt persons taking a verbal or phone medication order to read back the complete order to ensure correctness?				
15. Do you utilize electronic prescribing?				

	Y	N	N/A	Comments
16. Are drug samples, medications, syringes and prescription pads kept in an area that is inaccessible to patients and visitors?				
17. Are controlled substances double locked?				
18. Is a log kept of controlled substances that are administered or dispensed to patients?				
19. Are controlled substances that are administered or dispensed to patients by clinic healthcare providers documented in the medical record?				
20. Are expiration dates checked and outdated drugs purged on a regular basis?				
21. Are surgical preparation products labeled "For external use only" if taken out of original container/packaging?				
22. Do clinic policies prohibit the use of presigned and/or post-dated prescription forms?				

C. Health Literacy	Y	N	N/A	Comments
1. Is a process in place to prompt patients to verbalize understanding of health-related information?				
2. Is a process in place to assess patient's understanding of health-related instructions?				
3. Is a process in place to assess a patient's ability to read simple written instructions, such as medication dosage and administration?				
4. Do healthcare providers use lay language, rather than medical jargon, in their communications with patients and families?				
5. Are patient education materials written at a sixth grade reading level?				
6. Are patient education materials culturally appropriate for the population served?				

D. Infection Prevention	Y	N	N/A	Comments
1. Are written infection prevention policies and procedures in place?				
2. Are hand washing facilities and hand sanitizers readily available in patient care areas?				
3. Do all staff wear gloves when there is the potential to come in contact with bodily fluids (i.e. urine dips)?				
4. Do all staff wear gloves when performing laboratory or microscopy procedures?				
5. Does staff wash their hands before and after patient contact?				
6. Is there a written procedure for cleaning patient rooms in between patients?				
7. Is a procedure in place for rotation of supplies that includes replacing expired sterile supplies?				
8. Is equipment cleaned/sterilized and maintained according to manufacturer specifications and CDC recommendations?				
9. Are written policies in place to ensure compliance with OSHA's blood borne pathogens standards?				
10. Does the clinic have a written procedure that defines how to handle patients with airborne diseases?				
11. Does the clinic have an employee hepatitis B vaccine requirement?				

VII. Emergency Protocols	Y	N	N/A	Comments
1. Is a physician, APRN, or PA available during regular clinic hours?				
2. Does the clinic have written policies and procedures to address medical emergencies?				
3. Are physicians, APRNs, PAs and all other clinical staff CPR certified?				
4. Are physicians, APRNs, PAs and all other clinical staff trained in AED use, if applicable?				
5. Are emergency phone numbers posted and easily accessible near the telephone?				
6. Is emergency equipment readily available?				
7. Are regular maintenance checks of emergency equipment and supplies conducted and recorded?				
8. Are practice-appropriate emergency medications readily available?				
9. Are emergency medications and supplies checked regularly for expiration dates and integrity of packaging?				
10. Is staff trained in the use of emergency equipment and supplies?				
11. Is staff trained in emergency procedures and competency assessed and documented annually?				
12. Does the clinic have a written internal and external disaster plan?				
13. Is the clinic in compliance with local building and fire codes?				
14. Are fire drills conducted?				
15. Are fire extinguishers readily available?				

VIII.   Legal Issues

A. Informed Consent	Y	N	N/A	Comments
1. Is informed consent obtained by the physician or APRN/PA and documented for all invasive procedures/ treatments associated with more than a minimal amount of risk?				
2. Is a consent form signed prior to treatment or procedure?				
3. Do clinic healthcare providers and staff document informed consent discussions with patients about current or proposed treatments in the medical record?				
a. Are potential known risks documented?				
b. Are benefits of treatment documented?				
c. Are discussions about treatment alternatives documented?				
d. Are risks of not having treatment documented?				
4. Does the clinic have a written policy on consent for treatment of minors that is consistent with state law?				
5. Does the clinic have a written billing policy that addresses consent for treatment of minors and bill payment?				
6. Is a chaperone available during intimate patient examinations?				

B. Confidentiality				
1. Are policies and procedures in place regarding confidentiality of patient information?				
2. Are all healthcare providers and staff employed by or associated with the clinic required to review the confidentiality policy at regular intervals?				
3. Are written policies and procedures in place addressing confidentiality of care delivered to minors?				

IX.   Regulations and Standards

A. Mandatory Reporting	Y	N	N/A	Comments
1. Are policies and procedures in place for required reporting of:				
a. communicable diseases?				
b. child abuse and neglect?				
c. elder abuse and neglect?				
B. Health Information Privacy and Security	Y	N	N/A	Comments
1. Has the clinic implemented procedures to comply with the health information security and privacy rule under HIPAA?				
2. Does the clinic provide all patients with a notice of privacy practices and an authorization form describing the uses and disclosures of protected health information (PHI) the clinic may make, patient rights and provider responsibilities with respect to PHI, and attempt to obtain patient's signature acknowledging receipt of such notice before care is provided?				
3. Does the clinic have a process for keeping records of documented PHI disclosures?				
4. Does the clinic have policies and procedures in place regarding security of individually identifiable protected health information that is stored or transmitted electronically?				
5. Does the clinic have a security plan that includes administrative, physical and technical safeguards for PHI that is collected, maintained, used or transmitted, including remote access to information via personal computers and PDAs?				
6. Does each healthcare provider and clinic staff member authorized to access office information systems have a unique password that is changed periodically?				
7. Are electronic data systems and medical records backed up nightly to avoid loss of information?				
C. ADA Compliance	Y	N	N/A	Comments
1. Are disabled parking spaces clearly labeled and provided close to the front door?				
2. Are clearly marked, wheelchair accessible entrances to the building available?				
3. Is the clinic, including exam rooms, wheelchair accessible?				
4. Are exam rooms, equipment and supplies (including emergency supplies) appropriate to safely care for clientele (for instance, obese patients)?				

D. Cultural Competence	Y	N	N/A	Comments
1. Has the clinic made available pertinent education regarding cultural competence to all clinic healthcare providers and staff?				

E. Clinical Trials	Y	N	N/A	Comments
1. Is the clinic/office conducting clinical trials*?				
2. If yes, are policies and procedures in place that apply to the conduct of research?				
3. Is the organization's compliance officer involved to ensure billing meets regulatory requirements?				
4. Does the informed consent include all the requirements of 21CFR50.25?				

X.   Risk Management

A. General	Y	N	N/A	Comments
1. Does the clinic have a written risk management plan?				
2. Does the clinic have a process in place to conduct a proactive risk assessment of high risk processes (i.e., follow-up of diagnostic tests)?				
3. Are identified process failures re-designed and tested for effectiveness in reducing errors or potential errors?				

B. Reporting Errors, Near Misses and Events	Y	N	N/A	Comments
1. Is an event tracking system in place?				
2. Is an event reporting form available to clinic healthcare providers and staff?				
3. Are events tracked and trended over a period of time to identify areas in need of improvement?				
4. Is a written policy and procedure in place regarding disclosure of adverse events?				
5. Are adverse events disclosed to patients/families?				
6. Is a system in place to investigate errors, near misses, and events?				

C. Claim Handling	Y	N	N/A	Comments
1. Is there a protocol in place for reporting lawsuits, claims, and events that have potential to develop into claims to the risk manager and/or Healthcare Services Group?				
2. Is a person designated to accept service of summons and complaints, subpoenas or other legal documents?				
3. Is there a written policy in place describing how legal documents and correspondence are handled?				
4. Is communication with Healthcare Services Group and defense attorneys kept in a separate correspondence file – not the patient's medical record?				

* Research studies in which one or more human subjects are assigned to one or more interventions to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.