

PHYSICIAN OFFICE PRACTICE SELF-ASSESSMENT

Facility Name

Date of Assessment

COMMUNICATION & FOLLOW-UP PROCESS		MET/UNMET	RECOMMENDATION FOR IMPROVEMENT
MEDICATION SAFETY & SECURITY			
1.	Staff can describe identification of patient's before medication administration.		
2.	Multi-dose vials are labeled and used appropriately.		
3.	Single dose vials are being used for only one patient.		
4.	Controlled substances are behind double locks.		
5.	Access to controlled substances is secured.		
6.	Accurate narcotic logs are in place.		
7.	Medications only are stored in the refrigerator designated for medications.		
8.	All medications are secured.		
9.	Medication refrigerator log is up to date.		
10.	Medications are not expired.		
11.	Prescription pads are secured and not pre-signed.		
12.	Physician DEA number is not posted.		
13.	Sample medication log is in place and contains a way to track lot numbers to patients.		
14.	Sample medications are secured and access limited.		
15.	A medication security & storage policy is in place which is comprehensive and raises no concerns.		
16.	Vaccine policy is in place to address storage, safety, and monitoring.		
17.	A policy on handling of sample medications is in place and raises no concerns.		
18.	A policy indicates the process for prescription renewals, including who is authorized to renew prescriptions, information needed before renewing, and required documentation.		
19.	Medication administration in the medical record is appropriate and reflective of policy requirements.		
20.	Vaccination administration in the medical record is appropriate and reflective of policy requirements.		
21.	No other significant findings.		
COMMUNICATION			
1.	Call records to the answering service are maintained.		
2.	An after-hours recording is used to explain what to do in case of an emergency.		
3.	A policy for communication with the after-hours answering service about calls is in place.		
4.	Documentation is present to demonstrate follow up following a patient call with a medical need.		
5.	Other types of communication technology used in office that directly affects the care of the patient.		

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6.	No safety/privacy concerns were identified related to communication technology being used.		
7.	No other significant findings		
PATIENT COMPLAINTS			
1.	A system is in place to document patient complaints/grievances are handled.		
2.	Documentation is noted that follow-up of a patient complaint/grievance and includes information on how to appeal the final result.		
3.	A policy is in place to describe how complaints/grievances are handled and how the program is integrated with the health system (if applicable).		
4.	No other significant findings.		
PATIENT PRIVACY			
1.	PHI is protected through-out the clinic, including the waiting/reception area.		
2.	No other significant findings.		
RISK MANAGEMENT			
1.	Safety rounds are routinely made on a regular basis.		
2.	Staff are able to discuss the occurrence reporting process.		
3.	Staff are able to discuss how abuse/neglect suspicions or allegations are handled.		
4.	A written risk management plan is in place.		
5.	Occurrence reporting is addressed in the risk management plan.		
6.	Investigation of occurrences is addressed in the risk management plan.		
7.	Claims management is addressed in the risk management plan, including response to subpoenas, lawsuits, etc.		
8.	A policy on reporting of suspected or actual abuse/neglect is in place.		
9.	A formal tracking and trending process is in place to monitor adverse events and reporting is integrated with the health system (if applicable).		
10.	Types of trends or issues identified from Risk Management PI activity:		
11.	No other significant findings.		
MEDICAL EQUIPMENT & DEVICES			
1.	All medical equipment and devices have an up-to-date preventive maintenance tag.		
2.	A process is in place to follow-up product recall notifications.		
3.	New equipment is inspected for proper function by biomed before use on patients.		
4.	No other significant findings.		
INFECTION PREVENTION			

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1.	A process is in place for disposal of waste and linens.		
2.	Someone trained in infection prevention is either employed by the practice or readily available to the practice.		
3.	Regular infection control surveillance is conducted regularly.		
4.	Sufficient amounts of PPE is available to staff.		
5.	A written plan for infection prevention is in place and the program is integrated with the health system (if applicable).		
6.	A policy is in place for cleaning toys kept in the clinic.		
7.	A policy is in place for routine disinfection and cleaning of devices and environmental surfaces.		
8.	A process is in place to report mandatory reportable diseases.		
9.	Cardboard boxes are not used for storage.		
10.	A hand hygiene campaign is in place for staff which includes monitoring compliance.		
11.	No other significant findings.		
SOCIAL MEDIA			
1.	Staff are trained on appropriate use of practice-owned and personal technology devices and social media.		
2.	Signed acknowledgement of social media training is contained in the employee personnel files.		
3.	A stand-alone policy on social media is in place.		
4.	No other significant findings.		
EMERGENCY PREPAREDNESS			
1.	Emergency equipment is accessible.		
2.	Emergency drills are conducted and documentation is kept on-site.		
3.	Evacuation plan for building is defined and posted (wall maps, etc).		
4.	Fire exits are marked and have clear, unobstructed egress.		
5.	Processes are in place in the event of power failure, computer technology disruptions, phone disruptions, etc.		
6.	Staff have training in violence prevention.		
7.	A plan is in place for responding to deterioration of a patient's condition.		
8.	Other significant findings.		
INFORMED CONSENT			
1.	An informed consent policy is in place and lists what procedures require consent be obtained.		
2.	No other significant findings.		
TESTING & CONSULTATION			

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1.	A policy is in place describing how follow-up of tests and consultation reports are handled, communicated to physicians, and prioritized to the physician's attention.		
2.	A policy describes how critical values/tests and emergent situations are communicated to the physician.		
3.	Medical records demonstrate that a physician acknowledged testing results and that follow-up was done (if applicable).		
4.	If radiology testing is done in the clinic, a final reading by the Radiologist is in the medical record and has been reviewed / passed along to the physician and followed up as needed.		
5.	No other significant findings.		
TERMINATION OF PHYSICIAN-PATIENT RELATIONSHIP & PATIENT NON-COMPLIANCE			
1.	A process/policy is in place describing how a physician-patient relationship is terminated.		
2.	A policy sets forth how non-compliant patients are handled, including education, documentation in record, and offering assistive resources.		
3.	No other significant findings.		
STAFF EDUCATION			
1.	A staff orientation program is in place in which staff are oriented to the facility and area where care and services are provided.		
2.	Age specific care competency is in place for patient care staff which is specific to population served.		
3.	No other significant findings.		
OTHER SIGNIFICANT FINDINGS			
1.	Finding:		
2.	Finding:		
3.	Finding:		
4.	Finding:		
5.	Finding:		
6.	Finding:		
7.	Finding:		
8.	Finding:		