

# AMBULATORY MEDICAL RISK MANAGEMENT ASSESSMENT

This document should not be construed as medical or legal advice. The facts applicable to your situation may vary, or the law applicable in your jurisdiction may differ. Contact your attorney or other professional advisors if you have questions related to your legal or medical obligations or rights; state or federal laws; contract interpretation; or other legal questions.

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FACILITY ACCESS	YES	NO	N/A	FINDINGS/COMMENTS
1. Is there adequate signage on and around the facility, and is the entrance is easily identifiable?				
2. Are office hours posted and easily identifiable?				
3. Are the building and facility accessible for people with health conditions or impairments?				
4. Is parking available and are handicap spaces designated?				
5. Is the parking lot in good repair with no potholes and appropriately marked and striped?				
6.				
7.				

ENVIRONMENT OF CARE	YES	NO	N/A	FINDINGS/COMMENTS
1. Does the general appearance of the facility provide an inviting organized professional environment?				
2. Are the grounds maintained and well kept?				
3. Is a smoke-free environment promoted and provided for patient and family members?				
4. Is there adequate reception room seating?				
5. Are the restrooms, reception area, hallways, and all patient care areas clean and free of safety hazards?				
6. Are there tripping hazards in traffic areas, such as equipment in hallways?				
7. Are safety rails in bathrooms and other areas secure?				
8. Are adjustable office chairs and wrist rests available at work areas with computers?				
9. Are keys available for unlocking bathrooms?				
10. Are staff is trained in thumbnail locks and other door release mechanisms?				
11. Are examination rooms free of excess clutter and cleaned between patients?				
12. Is there adequate space in the patient treatment areas?				
13. Is there a sink with soap available in or near exam rooms?				
14. Is hand sanitizer readily available?				
15.				
16.				

SECURITY AND INCIDENT MANAGEMENT	YES	NO	N/A	FINDINGS/COMMENTS
1. Are approved ID badges worn by all staff members?				
2. Are emergency telephone numbers posted by all phones?				
3. Are staff members aware of the procedure to follow if a patient goes missing?				
4. Are panic buttons or alarms utilized and tested periodically in high-risk areas?				
5. Can staff members identify the correct procedures to follow for an injured visitor?				
6. Is access to patient care areas restricted?				
7. Are carts (sterile processing, lab, radiology, surgery anesthesia, etc.) and drug rooms or pharmacies locked when staff is not present?				
8. Have staff members been trained in behavioral incident management, and can they respond per the policy?				
9. Can staff members define the correct procedure for reporting an incident?				
10.				
11.				

EMPLOYEE PERSONAL PROTECTIVE EQUIPMENT	YES	NO	N/A	FINDINGS/COMMENTS
1. Is PPE available in every patient room and utility room?				
2. Are latex-free gloves available for staff members and physicians?				
3. PPE being appropriately worn – including eyewear?				
4. Are lift-assist devices and equipment available?				
5. Are sharps containers easily accessible?				
6. Are sharps containers out of the reach of children?				
7. Are correct needle safety procedures being followed – including no re-sheathing?				
8. Are eye wash stations available?				
9. Are noise levels appropriate?				
10. Can employees define the procedure for reporting an injury?				
11.				
12.				

HOUSEKEEPING SAFETY	YES	NO	N/A	FINDINGS/COMMENTS
1. Are cleaning chemicals or cleaning cart locked, or under direct observations, at all times?				
2. Are clean and dirty equipment and linen appropriately separated?				
3. Are floors, carpets, walls and windows clean?				
4. Are signs used to indicate when floors are wet?				
5. Are shelves, light fixtures, and TVs dust free?				
6. Is cleaning water changed per protocol?				
7. Are all cleaning chemicals labeled and dated appropriately?				
8. Are entryways, halls, and stairwells clean and dry?				
9. Are all lights working?				
10.				
11.				

FIRE SAFETY	YES	NO	N/A	FINDINGS/COMMENTS
1. Are all fire exits clearly marked and free of obstructions?				
2. Are all fire exits unlocked from the inside?				
3. Are doors free of obstructions and not propped open?				
4. Do all fire doors close properly?				
5. Is the fire plan, including the emergency evacuation routes and maps, posted?				
6. Are fire extinguishers inspected per schedule?				
7. Does storage conform to the fire code: 18 inches below sprinkler heads and 12 inches below ceiling grade in non-sprinkled areas?				
8. Are oxygen and medical gas shut off valves clearly labeled?				
9. Do staff members understand and can they verbalize the procedure for emergency oxygen and medical gas shut off?				
10. Are oxygen tanks secured in storage?				
11. Is equipment is stored appropriately (i.e., not in stored in hallways)?				
12. Can staff members correctly identify and verbalize the RACE process? (RACE: Rescue, Alarm, Contain, Extinguish or Evacuate)				
13. Can staff members correctly identify and verbalize the PASS process? (PASS: Pull, Aim, Squeeze & Sweep)				
14. Is the building equipped with smoke detectors, pull stations, and fire extinguishers, and are they all checked and tagged within the last year?				
15.				
16.				

HAZARD CONTROL	YES	NO	N/A	FINDINGS/COMMENTS
1. Are material safety data sheet (MSDS) signs posted and is MSDS information available for each chemical used in the clinic or facility?				
2. Are ceiling tiles free from stains and discoloration?				
3. Are bio-medical stickers present on all equipment?				
4. Can staff members correctly identify the procedure for handling defective equipment or equipment involved in patient incidents?				
5. Are stocked products within their use date?				
6. Are stairwell doors closed, and are stairwells clean and free of debris?				
7. Are areas of construction or remodeling secured, and are appropriate barriers in place for infection control?				
8. Are surgical gases stored in a locked area?				
9. Is contaminated waste labeled BIOHAZARD or deposited in a red bag or appropriate container?				
10. Are all sterilized items labeled and dated?				
11. Are clean and dirty equipment kept in separate areas?				
12. Are all medical supplies audited and with their use date?				
13. Are disinfectant containers properly labeled?				
14. Is there a plan and procedure for biomedical waste disposal?				
15.				
16.				



EMERGENCY PREPAREDNESS	YES	NO	N/A	FINDINGS/COMMENTS
1. Has your practice identified primary and secondary methods for communicating with staff and patients during an environmental emergency (e.g., phone, email, text, website, social media, etc.)?				
2. Does your communication plan consider potential loss of critical services, such as internet or phone service?				
3. Does your emergency response plan specify who is responsible for internal and external communication activities, and are staff members aware of what steps they should take in the event of an emergency?				
4. Does your practice post and maintain an up-to-date staff contact list with home, mobile, and emergency contact information for all personnel?				
5. Does your practice post and maintain a current list of local and regional emergency contacts (e.g., local fire department, hospital, and emergency management agency)?				
6. Does your practice have contingency plans for managing loss of power and other utilities?				
7. Have you identified which systems should remain available during a power outage?				
8. Is the generator located in the safest area possible (e.g., a cool, dry location that will not be at risk for flooding)?				
9. Does your office have emergency lighting that will activate during a power outage, or does the office have ample natural light to ensure visibility during an outage?				
10. Will your emergency generator power all your systems or only critical systems?				

EMERGENCY PREPAREDNESS	YES	NO	N/A	FINDINGS/COMMENTS
11. Do you have protocols for managing other types of utility failures or hazards, such as natural gas leaks, sewage backups, loss of heating or air-conditioning, and water contamination?				
12. Does your emergency response plan stipulate the need to document all actions taken in relation to utility failures, including notification times and who was contacted?				
13. Has your practice developed protocols for managing computer system failures, loss of Internet connectivity, and loss of phone services?				
14. Has your practice assessed all its information technology (IT) applications, services, and data to identify the most critical?				
15. Is onsite IT equipment (e.g., servers, laptops, etc.) kept in the safest place possible within your practice?				
16. Are safeguards, such as surge protectors, in place to maintain and protect critical systems?				
17. Is a contingency plan in place for the continued provision of care, even if IT systems (such as electronic health records) are not available?				
18. Does your practice have a protocol for shutting down all systems or moving IT equipment offsite prior to an impending disaster?				
19. Does your practice consistently and frequently back up its electronic data?				

EMERGENCY PREPAREDNESS	YES	NO	N/A	FINDINGS/COMMENTS
20. Is backup data stored offsite or in multiple locations to prevent loss or destruction if the office is damaged?				
21. Does your practice maintain documentation for critical IT hardware and software (e.g., serial numbers, versions and models, lease information, suppliers, etc.)?				
22. Do your practice's IT vendors have emergency response plans, and do they offer emergency services as part of their contracts?				
23. Have you considered the types of emergency equipment and supplies your practice should maintain based on the most probable emergency scenarios?				
24. Does your practice have basic emergency supplies onsite, such as weather-related supplies (e.g., salt or sandbags), basic tools, flashlights, a first aid kit, fire extinguishers, a portable radio, extra batteries, water, and nonperishable food?				
25. Does your emergency response plan specify the need for periodic auditing of emergency supplies and routine testing of emergency equipment?				
26. Does your practice have clear policies for sheltering in place or evacuation based on the type of emergency?				
27. Have you identified a safe location to shelter in place? (Note: The safest place to seek shelter may vary based on the type of emergency.)				
28. Is clear signage in place to indicate the shelter location and all available routes to the location, including preferable routes for people who have limited mobility?				

EMERGENCY PREPAREDNESS	YES	NO	N/A	FINDINGS/COMMENTS
29. Is the shelter location conducive to communication (e.g., can you get television, radio, and internet reception?)				
30. Is the shelter location conducive to communication (e.g., can you get television, radio, and internet reception?)				
31. Have you considered your facility’s layout and accessibility when planning evacuation routes?				
32. Has a location been identified where evacuees should congregate for safety and a head count?				
33. Are emergency exit routes posted in visible locations throughout the practice, and do exit signs clearly indicate evacuation routes?				
34. Are staff members familiar with emergency exits and evacuations routes so they can direct patients and visitors?				
35. Does your practice have a contingency plan for relocating if the office is damaged or inaccessible?				
36. Does your plan specify what equipment, records, and files need to be moved and how they will be transported?				
37. Does your practice have a secondary mailing address and contact information?				
38. Is a protocol in place for communicating information about practice relocation to staff and patients?				
39.				
40.				

CREDENTIALING AND COMPETENCY	YES	NO	N/A	FINDINGS/COMMENTS
1. Does your practice have a formal credentialing and periodic re-credentialing process for all providers (i.e., physicians or other licensed independent or dependent practitioners)?				
2. Is there a mechanism for periodically re-assessing each provider’s and each employee’s clinical competence?				
3. Is there documentation of current clinical competence for all providers performing special or invasive procedures and all staff assisting with such procedures?				
4. Are current supervisory agreements available for Physician Assistants?				
5. Are current collaborative practice agreements available for Advanced Practice Nurses, when applicable?				
6. Does your practice maintain a copy of the current, valid licenses for all licensed personnel?				
7.				
8.				

SCHEDULING	YES	NO	N/A	FINDINGS/COMMENTS
1. Is there a system in place for reminding patients of appointments?				
2. Is there a procedure in place for documenting canceled, missed, or no-show appointments?				
3. Does a Nurse Practitioner or Physician’s Assistant review all no-show and cancelled appointments to determine which require a follow-up?				
4. Is there documentation in the patient’s medical record of follow-up efforts made on canceled, missed, or no-show appointments?				
5. Is there a recall system in place for patients who need to be seen on a regular basis?				
6. Is there a procedure in place to provide reminders for age, gender, and comorbidity-specific testing (pertinent to the specialty)?				
7. Is there a procedure in place for patients who consistently miss their appointments?				
8.				
9.				

PATIENT CONFIDENTIALITY	YES	NO	N/A	FINDINGS/COMMENTS
1. Are patient records stored and maintained in a way and in a place to protect confidentiality?				
2. Are daily patient schedules located in a place the public cannot view?				
3. Is there a private area available for confidential discussions with patients?				
4. Is patient privacy ensured in exam rooms and treatment areas?				
5. Are the minimum necessary access standard used when granting access to PHI?				
6. Is there a double entry phone number process in place to protect confidentiality when faxing patient information?				
7. When Faxing information, is there a confidentiality statement included on the front page or cover sheet?				
8. Is faxing patient information done at a minimum?				
9. Is a written notice of privacy practices available to all patients?				
10. Do patients sign an acknowledgement stating they received the notice of privacy practices?				
11. Are all staff members given education on HIPAA and HITECH privacy requirements at the time of their hire and annually thereafter?				
12. Are up-to-date and signed business associate agreements on file with all vendors who have access to patient information?				
13. When emailing PHI, is it sent via a secure email or through the patient portal?				
14.				
15.				

COMMUNICATION	YES	NO	N/A	FINDINGS/COMMENTS
1. Is there an effective way for patients to reach the providers in the practice after hours?				
2. Does the after-hours messaging clearly states what the patient should do in case they are experiencing an emergency?				
3. Do all practice staff members use active listening techniques?				
4. There are established protocols of communication between the front desk and treatment areas?				
5. Do front office employees and medical assistants comply with written protocols and processes approved by the provider when providing information?				
6. Are staff members instructed to consult with a provider whenever they doubt the information a patient gives them in response to a question?				
7. Are interpreters available for limited English proficiency (LEP) or hard of hearing patients when they are requested or necessary?				
8. Is communication via email done within a secure portal or via other secure means?				
9. Are emails to and from a patient kept in their medical record?				
10. Do physicians provide non-physician providers (NPPs) with constructive and specific feedback within a reasonable time frame?				
11. Is the method of communication between physicians and NPPs tailored to and appropriate for the interaction (e.g., complex cases or questions are in-person, and enough time is allowed for the interaction)?				
12. Does the practice have a code of conduct establishing employee expectations for professionalism, respect, and dignity for both patients and staff?				



COMMUNICATION	YES	NO	N/A	FINDINGS/COMMENTS
13. Does the practice support a culture of safety in which all members of the patient care team are encouraged to speak up about potential safety issues?				
14. Does the practice have well defined communication policies, including standards for written and verbal communication and protocols for specific scenarios, such as patient handoffs and referrals?				
15. Are all staff members asked and encouraged to provide feedback about the organization's communication processes?				
16.				
17.				

INFECTION CONTROL	YES	NO	N/A	FINDINGS/COMMENTS
1. Is there is a written infection control program for the practice?				
2. Does the practice have an environmental cleaning program that consists of written policies and procedures for routine cleaning and disinfection of environmental surfaces?				
3. Has a dedicated infection preventionist or another qualified individual been identified to support the environmental cleaning program?				
4. Are clinical staff involved in planning for and implementing the environmental cleaning program?				
5. Does the practice have clearly written expectations for health care employees on performing the cleaning tasks outlined in the environmental cleaning plan?				
6. Are procedure areas terminally cleaned after the last procedure of the day with a wet vacuum or single-use mop and an EPA-registered hospital-grade disinfectant?				
7. Are high-touch surfaces in patient care areas cleaned and disinfected with an EPA-registered disinfectant after each procedure in rooms where surgical or other invasive procedures are performed?				
8. Do practice employees who perform environmental cleaning wear appropriate personal protective equipment (e.g., gloves, gowns, masks, and eye protection) to prevent exposure to infectious agents and chemicals?				
9. Are sharps containers properly maintained, labeled and puncture resistant?				
10. Do staff members follow universal precautions and wash their hands or using alcohol-based products between patients?				
11. Are alcohol-based hand rubs available in-patient care areas?				

INFECTION CONTROL	YES	NO	N/A	FINDINGS/COMMENTS
12. Are biohazard bags readily available and used appropriately for handling and disposing of hazardous materials?				
13. Are linen carts covered or is the linen storage door closed at all times?				
14. Are specimens, medications, and food refrigerated per policy?				
15. Is the temperature of refrigerators and freezers checked daily?				
16. Are employees able to identify and describe the correct procedure for reporting blood-borne pathogen exposure?				
17.				
18.				

MEDICATION MANAGEMENT AND HANDLING	YES	NO	N/A	FINDINGS/COMMENTS
1. Has a staff member been assigned responsibility for ensuring the practice's medication and supply storage areas are organized and well maintained?				
2. Are medication and supply areas well-lit and temperature-controlled?				
3. Do medication and supply areas have adequate space to accommodate the inventory without being cramped?				
4. Are medications, vaccines, and products requiring refrigeration or freezing stored at the appropriate temperature per product labeling and housed in purpose-built storage units?				
5. Does the refrigerator or freezer housing medications, vaccines, or other products have a temperature log that's maintained and monitored daily?				
6. Does the practice have an emergency protocol and backup equipment in case a medication storage unit fails or requires maintenance, and are staff members trained on the emergency protocol?				
7. Are medication samples, controlled substances, high-alert drugs, and vaccines are kept separate from each other and the rest of the medication inventory?				
8. Are products in the inventory separated if they a) have similar sounding names; b) have similar packaging; or c) are the same product but have different routes of administration?				
9. As much as possible, are items shelved at eyelevel with their labels facing forward for easy identification?				
10. When new medications are added to the inventory, are they compared with the existing inventory to identify potential "look-alike, sound-alike" issues?				
11. Do storage trays, bins, and containers hold only one type of product each, and are the storage units clearly labeled?				

MEDICATION MANAGEMENT AND HANDLING	YES	NO	N/A	FINDINGS/COMMENTS
12. Does the practice’s method for storing medications consider which medications must be used first based on their expiration date?				
13. Has the practice established specific and measurable procedures to safeguard medications and medical supplies?				
14. Are all medication storage areas, including the cabinet or closet for samples, kept locked?				
15. Are controlled substances, high-alert medications, syringes, needles, and prescription pads secured in restricted areas?				
16. Is access to restricted areas limited to designated and appropriately trained and credentialed staff members?				
17. Do staff members take precautions to prevent the unauthorized use of discarded medications?				
18. Does the practice have detailed guidance and written policies for logging, storing, and monitoring medications (including samples) and medical supplies?				
19. Are medication storage unit temperatures documented according to the practice’s prescribed frequency?				
20. When medications and samples are received, administered, or dispensed is all pertinent information documented, either electronically or in a hard copy?				
21. Do health care providers document the provision of samples in patients’ health records?				
22. Are pediatric and adult versions of the same medication or vaccine labeled clearly to avoid confusion?				
23. When medications and samples are received, administered, or dispensed is all pertinent information documented, either electronically or in a hard copy?				

MEDICATION MANAGEMENT AND HANDLING	YES	NO	N/A	FINDINGS/COMMENTS
24. Does the practice maintain an accurate, current list of its high-alert drugs and medications with potential “look-alike, sound-alike” issues, and is this information communicated to the appropriate practitioners and staff members?				
25. Does the practice have a process for tracking patients on high-risk medications, including documenting their dosage, prescriptions, refills, and lab orders and results?				
26. Do all dispensed medications, including samples, have detailed labels that include the drug’s name, patient’s name, date, strength, dosage, frequency, quantity, and expiration date?				
27. Are warning or label enhancements used for medications with problematic names or packaging?				
28. Are multidose vials labeled with an open date, and are they properly discarded according to manufacturer requirements?				
29. Are procedures in place for interacting with pharmaceutical representatives and accepting sample medications?				
30. If your practice has a medication inventory management system, does it help detect low inventory levels for ordering purposes and to alert staff about possible medication and supply shortages?				
31. In the event of medication or supply shortages, is a process in place to identify the safest alternatives and to educate practitioners about the products?				
32. Does the practice have a designated staff member who routinely audits the medication and supply inventory for expired items, including medications and solutions kept in procedure and exam rooms?				
33. Are controlled substances routinely audited, and are staff members aware of the appropriate procedures for reporting loss or theft of drugs to the appropriate local, state, and federal authorities?				

MEDICATION MANAGEMENT AND HANDLING	YES	NO	N/A	FINDINGS/COMMENTS
34. Are Expired medications and products removed from the inventory, and are they disposed according to drug class and local, state, and federal regulations?				
35.				
36.				

INFORMED CONSENT	YES	NO	N/A	FINDINGS/COMMENTS
1. Are all staff aware that informed consent is not merely a signed form, but rather a process that involves discussing with patients the benefits and risks of procedures and treatments?				
2. Do all providers understand informed consent is a nondelegable duty that the treating health care provider must perform?				
3. Are staff members who participate in certain aspects of the informed consent process, such as general patient education, properly trained and credentialed?				
4. Are staff members knowledgeable about the statutes and regulations related to informed consent in Kansas?				
5. Are staff members aware of the laws governing informed consent for minors in Kansas when treating pediatric patients?				
6. Do informed consent forms adhere to applicable federal and state statutes and regulations concerning informed consent?				
7. Does the practice have a policy for managing situations that might complicate the informed consent process, such as treating a patient who has cognitive disabilities?				
8. Do the types of procedures or treatments and their relative complexity help inform the thoroughness and level of detail presented during the informed consent process?				
9. As part of the informed consent process, does the provider consider each patient's: <ul style="list-style-type: none"> <li>• Current understanding of their condition?</li> <li>• Overall capacity to understand the information provided, including any language or health literacy barriers?</li> <li>• Cultural, religious, socioeconomic, or ideological circumstances that might affect their decision-making process?</li> </ul>				



INFORMED CONSENT	YES	NO	N/A	FINDINGS/COMMENTS
10. Based on each patient’s specific condition and circumstances, are modifications to the informed consent process used, rather than a one-size-fits-all approach?				
11. Does the informed consent process and form (if applicable) include basic elements, such as the patient’s name, the procedure name, a description of the procedure, the benefits and risks of the procedure, alternative treatment options, the patient’s signature acknowledging understanding, and a witness signature?				
12. Do providers follow a process like informed consent when a patient refuses treatment (i.e., do they discuss the benefits and risks of not pursuing treatment and alternative options)?				
13. Are thorough and valid informed consent processes and forms are used for patients who participate in research or investigational procedures or treatments?				
14. Do providers use lay language and clear descriptions of treatments and procedures when conducting the informed consent process?				
15. Do providers avoid medical jargon and try to explain complex medical concepts in ways that aid patient comprehension when conducting the informed consent process (e.g., using visual aids)?				
16. Do written materials, including forms and patient educational pieces, adhere to the principles of plain language?				
17. Do providers avoid medical jargon and try to explain complex medical concepts in ways that aid patient comprehension when conducting the informed consent process (e.g., using visual aids)?				
18. Are interpreters and auxiliary aids used as part of the informed consent process for patients who have limited English proficiency or disabilities such as hearing impairment?				

INFORMED CONSENT	YES	NO	N/A	FINDINGS/COMMENTS
19. Is patient comprehension of the informed consent process assessed through such methods as the teach-back technique?				
20. Does the practice have a protocol for consistently documenting informed consent (or informed refusal) and patient education in patient records?				
21. Do providers document the informed consent or informed refusal process in each patient’s record, regardless of the complexity of the procedure?				
22. At a minimum, does informed consent or informed refusal documentation include: <ul style="list-style-type: none"> <li>• Information about the patient’s diagnosis?</li> <li>• The procedure or treatment being recommended to the patient and its purpose?</li> <li>• The benefits and risks of the procedure or treatment as discussed with the patient?</li> <li>• The patient’s acceptance or refusal of the treatment plan, including reason for refusal, if applicable?</li> <li>• Information about any patient education (written or verbal) provided?</li> </ul>				
23. Are signed informed consent forms included in patient records?				
24.				
25.				

OFFICE PROCEDURES	YES	NO	N/A	FINDINGS/COMMENTS
1. When required, are diagnostic and therapeutic procedures performed by licensed and certified personnel under the supervision of a qualified provider?				
2. When radiologic procedures are performed, do the personnel carrying out the procedure wear radiation monitoring devices?				
3. Are protective measures taken to avoid unnecessary radiation exposure for patients and staff members?				
4. Are processes in place to identify and properly handle patients who may be pregnant?				
5. Are signs posted in appropriate languages to warn pregnant patients about the dangers of radiation?				
6. Is there a system in place to follow-up with a patient when the results of an imaging study are not received within a defined time frame? (The system should not be dependent on a return appointment or holding the clinical record.)				
7. Is the patient identified and the site of the procedure verified before the start of any procedure?				
8. Are patients assessed and monitored according to medical need and the standard of practice before, during, and after office procedures?				
9. Are patients asked about their pregnancy status?				
10. If sedation or anesthesia is provided in the office setting, does a person licensed and trained in moderate sedation or anesthesia administer the sedative or anesthetic to patients?				
11. Is moderate sedation only administered when two qualified staff members are in attendance (one who performs the procedure and one who observes and monitors the patient)?				
12. Do staff members wait to begin sedation or anesthesia until after the provider sees the patient?				

OFFICE PROCEDURES	YES	NO	N/A	FINDINGS/COMMENTS
13. Are appropriate monitors and alarms used for patients receiving anesthesia and sedation?				
14. Are appropriate records kept for the administration of anesthesia and sedation?				
15. Do referrals indicate the reason for the consultation and who will be responsible for overall care, testing, treatment, and follow-up?				
16. Are all diagnostic study results, even those that are normal, provided to patients?				
17. Is there evidence that providers have reviewed the results from all diagnostic studies (i.e., initials, electronic signature, etc.)?				
18. Is there a process or protocol for handling urgent test results when the ordering practitioner is absent?				
19. Have staff members been trained not to file or scan study results and reports without first receiving evidence of practitioner review?				
20. When test results are abnormal, is a follow-up plan established with the patient, and is that follow-up plan documented, along with the patient's acquiescence or refusal to cooperate with the plan?				
21. Is there a process or protocol in place to determine the urgency or priority of test results as they come in throughout the day?				
22. Is there a process or protocol in place to give panic values or emergency results to the provider immediately?				
23.				
24.				

CLINICAL RECORDS	YES	NO	N/A	FINDINGS/COMMENTS
1. Is the clinical record organized in a standard and consistent manner?				
2. Is there an individual record for each patient?				
3. Does each new patient complete a patient history questionnaire?				
4. Are active medical records stored in a way that is accessible for staff but not accessible to patients and the public?				
5. Are records maintained in active status for at least two years?				
6. Are records with an inactive status maintained in a location where they are accessible within 24 hours?				
7. Is the patient's history questionnaire reviewed by the provider?				
8. Is the patient's history questionnaire periodically updated by the patient?				
9. Does medication reconciliation occur at every visit?				
10. Is patient notification of diagnostic test results documented in the medical record?				
11. When the practice receives panic values or emergency results, is there documentation in the medical record outlining the next step instructions provided to the patient?				
12. When the practice receives abnormal test results but cannot reach the patient by phone, is the patient notified via another method (i.e., mail, email, personal contact), and are those attempts, and their outcomes, documented?				
13. Is the patient's allergy status checked before prescribing?				

CLINICAL RECORDS	YES	NO	N/A	FINDINGS/COMMENTS
14. When patients are prescribed a high-risk medication (e.g., warfarin), is there a system in place to provide notice to the patient for periodic testing and a review of results before the prescription is renewed?				
15. Are there clear protocols for handling prescription refill requests?				
16. Is there a standard protocol and format for charting phone calls?				
17. Does your organization have written documentation policies that include standards and guidance specific to electronic documentation?				
18. Do documentation policies support and enforce a consistent approach to electronic documentation among health care providers and staff members?				
19. Do your practice documentation policies include information related to copying and pasting, or “cloning,” data in EHRs, and does the guidance specifically outline when copying and pasting is prohibited and when it can be used with extreme care?				
20. Are health care providers required to carefully review and sign off on any copied and pasted information in EHRs?				
21. Are EHR entries periodically audited to check for errors that may have resulted from copying and pasting information?				
22. During each patient encounter, are providers required to review EHR data fields that default to “normal” to ensure clinical data are not misrepresented?				
23. Are providers encouraged to perform a final quality assurance review of all data entered into data fields and check boxes?				

CLINICAL RECORDS	YES	NO	N/A	FINDINGS/COMMENTS
24. Has your organization updated its documentation policies related to amending or altering records to reflect the use of EHRs, and do these policies outline how to appropriately amend a record and offer guidance for when alteration is prohibited?				
25. In addition to using data entry fields and check boxes, are providers encouraged to enter patient-specific notes and comments in EHRs as appropriate?				
26. Are records periodically printed out to ensure that print versions are logical and accurately reflect patient care?				
27. Has your organization adjusted its documentation policies to account for potential issues that metadata may present, including issues related to the timing of care and amendments to records?				
28. Do organizational and documentation policies include guidance and requirements for the use of scribes (if applicable)?				
29. Are health care providers and staff members educated about the organization’s EHR system, including its functionality, capabilities, and any nonstandard features or modifications?				
30. Are health care providers and staff members educated about the organization’s general and electronic documentation policies?				
31. Are health care providers and staff members educated about the risks and consequences of EHR documentation shortcuts, such as misinformed treatment decisions and fraudulent billing allegations?				
32. Are health care providers and staff members educated about the concept of metadata, how the EHR system collects metadata, and what types of data are collected?				
33. Are health care providers and staff members educated about state and federal laws or rules related to e-discovery?				

CLINICAL RECORDS	YES	NO	N/A	FINDINGS/COMMENTS
34. Does EHR training occur during orientation, as part of in-service training, when policies change, and when new technology is implemented?				
35.				
36.				



RISK MANAGEMENT	YES	NO	N/A	FINDINGS/COMMENTS
1. Does the practice have an incident reporting system?				
2. Are all incidents investigated?				
3. Are action plans on incidents put in place?				
4. Is a peer review process in place?				
5. Is there a reporting process in place per Kansas statutes and regulations to licensing boards?				
6. Are patient complaint and grievance processes in place?				
7. Do patients receive acknowledgement of their complaint or grievance, and is the resulting action plan communicated back to them as well?				
8. Is KAMMCO notified of all demands, claims, or potential claims?				
9. Is there a process for terminating the provider – patient relationship?				
10.				
11.				