



Office Practice Risk Questionnaire

To be considered for membership in the PA Healthcare Providers Insurance Exchange, this questionnaire must be completed and accompany your application.

Directions: Answer each question. If a question is not applicable (N/A) to your practice or you wish to explain an answer, place the information in the comment section. A negative answer does not necessarily result in denial of membership.

	Yes	No	Comment
Employment Management/Credentialing:			
1. Do you verify license renewal & credentials for professional staff?	_____	_____	
2. Do you conduct annual evaluations of staff competency and performance?	_____	_____	
3. If PAs, CRNAs, CNMs or NPs are employed, are there written protocols that define their scope of practice?	_____	_____	
Office Systems			
1. Do you have a process for follow-up regarding diagnostic test results and consultants?	_____	_____	
• Does it require:			
√ physician review/initial of all results?	_____	_____	
√ on-chart documentation of patient notification?	_____	_____	
2. Does your scheduling process provide access for patients with urgent needs?	_____	_____	
3. Is there a system for documentation of telephone calls/messages?	_____	_____	
• Does it address:			
√ triage of calls requiring immediate attention?	_____	_____	
√ documentation of “after hours” calls?	_____	_____	
4. Is there a policy & procedure for documenting “no shows”?	_____	_____	
• Are all attempts to reschedule documented?	_____	_____	
5. Are there written guidelines for properly terminating the physician-patient relationship?	_____	_____	
Performance Improvement			
1. Is there an “early warning” incident reporting system?	_____	_____	
2. Is information collected via patient surveys?	_____	_____	
3. Is there a defined process to address patient complaints and grievances?	_____	_____	
4. Does the physician review the office medical record for quality concerns before:			
• A delinquent account is sent out for collection?	_____	_____	
• A copy is sent to a requesting attorney?	_____	_____	

Yes No Comment

Documentation & Health Care Records:

- 1. Is there a policy & procedure that addresses retention and destruction of healthcare records that conforms to PA DOH regulations? _____
- 2. Is there a policy & procedure that follows state and federal regulations regarding confidentiality of medical information? _____
- 3. Are all record entries dated, time noted and authenticated? _____
- 4. Is all educational material given to the patient documented? _____
- 5. Are allergies & current medications updated at each visit? _____
- 6. Does your informed consent process include documentation of all of the following elements: a) notes by the treating physician of the discussion with the patient; b) use of a consent form with patient signature; c) detailed notes about "informed refusals"? _____

Environment of Care

- 1. Is the office free of patient hazards and compliant with Americans with Disabilities Act (ADA) requirements? _____
- 2. Is patient care equipment routinely maintained and calibrated to assure patient safety? _____
 - Is staff training on device use documented? _____

Emergency Preparedness

- 1. Do you have a process for handling medical emergencies, e.g., staff certified in basic life support, appropriate equipment available, periodic staff "drills," etc? _____
- 2. If you are performing invasive procedures in the office setting, are there defined criteria for screening patients? _____
- 3. Do you have a compliance program that incorporates all regulatory requirements specific to your facility:
 - Coding for reimbursement _____
 - OSHA _____
 - ADA _____
 - HIPAA _____

I certify that the above information is correct and true to the best of my knowledge:

Physician Signature _____ Date: _____