



## Office Practice Risk Questionnaire

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

**Directions: Answer each question. If a question is not applicable to your practice or you wish to explain an answer, please indicate by responding "N/A" or providing an explanation in the comment section. A negative answer will not necessarily result in denial of membership.**

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

	Yes	No	Comment
4. Does the physician review the office medical record for quality concerns before:			
• A delinquent account is sent out for collection?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• A copy is sent to a requesting attorney?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Documentation and Health Care Records**

1. Is there a policy and procedure to address retention and destruction of healthcare records that conforms to state regulations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is there a policy and procedure that follows state and federal regulations regarding confidentiality of medical information?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are all record entries dated, time noted and authenticated?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is all educational material given to the patient documented?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Are allergies and current medications updated at each visit?	<input type="checkbox"/>	<input type="checkbox"/>	_____
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; and (c) detailed notes about "informed refusals"?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Environment of Care**

1. Is the office free of patient hazards and compliant with Americans with Disabilities Act (ADA) requirements?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is patient care equipment routinely maintained and calibrated to assure patient safety?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Is staff training on device use documented?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**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.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. If you are performing invasive procedures in the office setting, are there defined criteria for screening patients?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Do you have a compliance program that incorporates all regulatory requirements specific to your facility:			
• Coding for reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	_____
• OSHA	<input type="checkbox"/>	<input type="checkbox"/>	_____
• ADA	<input type="checkbox"/>	<input type="checkbox"/>	_____
• HIPAA	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_