

Practice Assessment Tool

Member Name: _____

Practice Name and Address: _____

Assessor Name: _____

Assessment Date: _____

A. Administration - Patient Records

	YES	NO	N/A
A1. Is a patient scheduling system maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. Are patient records kept in a secure space at the site of practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Are records kept at an alternative site away from the Member's practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4. If YES, where are they kept?			
A5. Are patient records organized for easy retrieval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6. How long are patient records maintained?			
A7. How are patient records destroyed?			

Overall Summary for Patient Records

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B. Administration - Office

	YES	NO	N/A
B1. Is an office manual maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2. Does it include equipment safety and service logs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3. Does it include official clinic policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4. Does it include clinical procedures and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5. Does it include a Sharps Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6. Does it include a procedure to dispose of expired hazardous chemicals or medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7. Are WHMIS labels or documentation maintained and available? Such as for any material transferred from a large bottle into a smaller bottle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8. Are MSDS documentation maintained and readily available for cleaning /disinfecting products and materials found in large quantities? Such as 4L alcohol jugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9. Are College regulations and documents maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10. Are hazardous materials or prescription items securely stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11. Are hazardous materials maintained and labeled according to WHMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12. Are flammable materials stored in an approved storage cabinet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13. Are expiration dates current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Summary for Office Administration

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C. Administration - Related to Member

	YES	NO	N/A
C1. Is there proof of valid/current CPR Registration/Certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Is College Certificate of Registration displayed visibly to patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Does signage clearly present Member's name and title?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Do prescription pads clearly and accurately present Member's name, address, telephone, title?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. Are prescription pads kept secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6. Does billing clearly present Member's name, address, title, fee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7. Does letterhead clearly present Member's name, address, title?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8. Are fee schedules clearly presented or available on request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Summary for Administration - Related to Member

D. Clinical Areas - Reprocessing

	YES	NO	N/A
D1. Is there one-way workflow (dirty to clean) to prevent cross-contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. Is a surface disinfectant available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. Is there a sink or hand washing station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4. Is alcohol-based hand rub (ABHR) or liquid soap and water (for use if hands are visibly soiled) available and accessible at each point of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5. Is there an ultrasonic cleaner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6. Is steam sterilization available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7. Is there a system to verify sterilization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO	N/A
D8. If not built into the pouch/package, are Chemical Indicators (CIs) placed in (internal – minimum Type 4) and on (external – Type 1) each package?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9. Are sterilizer mechanical displays, print outs or USBs checked, verified and signed for each cycle by the person sterilizing the medical equipment/devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10. If the sterilizer does not have a printer, are Type 5 CIs placed in each package and are times and temperatures recorded at intervals during each cycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11. Sterilized medical equipment/devices are not used until the CIs are checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12. If a failed CI is found, are the contents of the package reprocessed again, before use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13. Are sterilizers tested with a Biological Indicator (BI) in a process challenge device (PCD) each day the sterilizer is used and with each type of cycle used that day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14. Is a Biological Indicator (BI) in a PCD included in every load containing implantable devices and these devices not released until the result of the BI is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D15. Are sterilized instruments kept in a non-contaminated area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D16. Are clean instruments kept secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D17. Are soiled instruments kept secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sterilization test logs/verification:</u>			
D18. Are contaminated medical equipment/devices kept separate from clean medical equipment/devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D19. Are packaged, sterilized critical medical equipment/devices stored securely in a manner that keeps them clean, dry and prevents contamination (e.g., not under a sink, kept away from potential splashing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D20. Load control label (sterilizer number, load number and date of sterilization)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D21. Chart/printout of physical parameters of the sterilization cycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D22. Load contents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D23. Person responsible for the sterilization cycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO	N/A
D24. Chemical Indicator (CI) monitoring results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D25. Biological Indicator (BI) monitoring results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Summary for Clinical Areas - Reprocessing

E. Clinical Areas - Patient Treatment Room(s)

	YES	NO	N/A
E1. Is there a clean treatment area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2. Is treatment area safe, private and confidential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E3. Is there adequate light source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E4. Is there an exam chair (plinth, gurney, table)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E5. Are facilities clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Summary for Clinical Areas - Patient Treatment Room(s)

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F. Clinical Areas - Treatment Area/Cleaning Procedures

	YES	NO	N/A
F1. Is there a procedure for daily routine cleaning of facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2. Is there a procedure for daily routine cleaning of treatment area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3. Are surfaces/items (e.g. exam/procedure table/chair) that come into direct contact with the patient, their blood and/or body fluids cleaned and disinfected between patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F4. Are sharps stored away from patient harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F5. Is there a procedure for disposal of sharps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F6. Are biohazardous materials appropriately stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F7. Is there a procedure for disposal of biohazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F8. Is waste disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F9. Do the facilities comply with the Healing Arts Radiation Protection Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Summary for Clinical Areas - Treatment Area/Cleaning Procedures

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G. Clinical Areas - Personal Protective Equipment

	YES	NO	N/A
G1. Are non-sterile exam gloves available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2. Are sterile procedural gloves available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3. Are treatment gowns/coats available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4. Are sterile surgical gowns available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G5. Are clean towels available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6. Are sterile towels available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G7. Are eye shields available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G8. Are face masks available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Summary for Clinical Areas - Personal Protective Equipment

H. Emergency Procedures

	YES	NO	N/A
H1. Is accessible oxygen available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Is accessible injectable adrenaline available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3. Is an eye wash station available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4. Is staff trained in emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5. Is an emergency policy and manual maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H6. Is a univalve mask available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Summary for Emergency Procedures

I. Orthotic Manufacture

	YES	NO	N/A
I1. Is orthotic manufacture area separate from treatment area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I2. Is there proper and separate ventilation of manufacture area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I3. Is a fume hood type device available as per specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I4. Are specified quality respirators in use at manufacture area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I5. Is specified quality eye protection in use at manufacture area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I6. Is separate protective clothing in use at manufacture area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I7. Are specified quality rubber gloves in use at manufacture area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I8. Is a fire extinguisher available in the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Summary for Orthotic Manufacture
