

THE COLLEGE OF CHIROPODISTS OF ONTARIO

Practice Assessment Tool

1.0 Administration - Patient Records

		Yes	No	N/A
1.1	Is a patient scheduling system maintained?			
1.2	Are patient records organized and kept in a secure space at the site of practice?			
1.3	If NO, where are they kept?			
1.4	Are patient records retained according to College Standards? (LINK)			
1.5	Are patients' records destroyed appropriately?			
1.6	If using EMR, is appropriate security/password protection in place?			

ADDITIONAL COMMENTS/INFORMATION:

2.0 Administration - Office

		Yes	No	N/A
2.1	Does the office manual include:			
a	Clinical policies and procedures according to College Standards?			
b	Equipment safety and service logs?			
c	Sharps policy and safe handling?			
d	A procedure to dispose of expired biohazardous chemicals or medications?			
2.2	Are WHIMIS labels for hazardous materials maintained?			
2.3	Is MSDS documentation maintained?			
2.4	Are hazardous materials or prescription items securely stored when not in use?			
2.5	Are expiration dates current?			

ADDITIONAL COMMENTS/INFORMATION:

3.0 Administration - Member Documents/Forms

		Yes	No	N/A
3.1	Does signage and office stationery clearly present member's name, credentials, and designation?			
3.2	Do prescription pads accurately present member's name, address, telephone, credentials, and designation?			
3.3	Are prescription pads kept outside of patient treatment area?			
3.4	Are fee schedules clearly presented or available on request?			

ADDITIONAL COMMENTS/INFORMATION:

4.0 Clinical Areas - Reprocessing

		Yes	No	N/A
4.1	In the reprocessing area, is there a dirty-to-clean workflow?			
4.2	Is a surface disinfectant available?			
4.3	Is there a sink in/near the reprocessing area?			
4.4	Is steam sterilization available?			
a	If NOT, how are instruments sterilized?			
4.5	Is there a system to verify sterilization?			
4.6	If not built into package/pouch, are Chemical Indicators (CIs) placed in and on each package			
4.7	Are sterilizer displays, print outs or USBs checked and signed for by person processing the load?			
4.8	Are the CIs checked prior to using the contents of the sterilized package?			
4.9	If a failed CI is noted, is the package reprocessed?			
4.10	Are sterilizers tested with Biological Indicators (BIs) in a process challenge device (PCD) each day the sterilizer is used?			
4.11	Are sterilized packages stored in a clean, dry area?			
4.12	Does the sterilization log include:			
a	load control label (sterilizer number, load number, date)?			
b	parameters of the sterilization cycle?			
c	load contents?			

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d	person responsible for the sterilization cycle?			
e	CI and BI monitoring results?			

ADDITIONAL COMMENTS/INFORMATION:

5.0 Clinical Areas - Treatment Rooms

		Yes	No	N/A
5.1	Is the office and treatment area clean, safe, and private?			
5.2	Is there an exam chair/table with adequate lighting?			
5.3	Is hand sanitizer or sink accessible near the treatment areas?			
5.4	If surgical procedures done onsite, is the suite/room cleaned and disinfected prior to each procedure?			
5.5	If surgical procedures done onsite, is proper sterile technique used when gowning and gloving and while performing the procedure(s)?			
5.6	If surgical procedures done onsite, is hair cover and mask worn while performing the procedure(s)?			

ADDITIONAL COMMENTS/INFORMATION:

6.0 Clinical Areas - Treatment/Facility Cleaning Procedures

		Yes	No	N/A
6.1	Is there a procedure for daily cleaning of treatment areas and facility?			
6.2	Are surfaces/items that come into direct contact with the patient disinfected between patients?			
6.3	Are sharps stored away from patient reach?			
6.4	Is waste disposed of in accordance with provincial regulations and local bylaws?			
6.5	If the member has X-Ray facilities onsite, do the facilities comply with HARP?			

HARP (Healing Arts Radiation Protection Act) "A member of the College of Chiropractors of Ontario who has been continuously registered as a chiropractor under the Chiropractic Act and the Chiropractic Act, 1992 since before November 1, 1980 or who is a graduate of a four-year course of instruction in chiropractic."

ADDITIONAL COMMENTS/INFORMATION:

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7.0 Clinical Areas - Personal Protective Equipment

		Yes	No	N/A
7.1	Are the following items available in the office:			
a	sterile and non-sterile gloves?			
b	sterile and non-sterile gowns?			
c	towels?			
d	eye protection?			
e	face masks/shields?			

ADDITIONAL COMMENTS/INFORMATION:

8.0 Emergency Preparedness

		Yes	No	N/A
8.1	Is oxygen available?			
8.2	Are the emergency medications available in accordance with the Emergency Standard?			
8.3	Is an eye wash station available?			
8.4	Is a univalve mask available?			
8.5	Is a fire extinguisher available?			
8.6	Is an emergency manual maintained?			
8.7	Are staff members trained in emergency procedures?			

ADDITIONAL COMMENTS/INFORMATION:

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9.0 Chart Review - Organization & Content

		Yes	No	N/A
9.1	Are the charts presented in a logical format?			
9.2	Are charts legibly written in ink/computerized, corrected appropriately, and signed?			
9.3	Does the chart include:			
a	the patient's name, address, and date of visit?			
b	the patient's health card number (podiatry members)?			
c	consent forms?			
d	patient history?			
e	medications & allergies?			
9.4	Do the Objective findings include:			
a	information regarding pertinent systems (dermatological, vascular, neurological, musculoskeletal)?			
b	information regarding diagnosis/assessment?			
c	reports from other health care professionals or services?			
9.5	Does the Plan include:			
a	detailed information about controlled acts or procedures performed?			
b	documented prescriptions with dosage and duration?			
c	appropriate treatment for the primary complaint?			
d	periodic re-assessment of patient?			

ADDITIONAL COMMENTS/INFORMATION: