



Office Facility Inspection Checklist Episodic Care Physicians

1. Record-keeping

- a. a log (day sheet) is kept recording visits made by all patients each day Yes No

 - b. typical number of patients seen per hour (calculate from three typical ½-days) _____ / hour
(Ask a member of the physician's office staff if the three half-days you have chosen for this exercise are typical ones. Ask if the physician actually saw all of the patients listed. Ask how many hours would have been worked on each of these half-days. Divide the total number of patients seen by the total number of hours worked for the three half-days, and round to the nearest whole number.)

 - c. patient records contain identification of the patient, date of birth, sex, address, telephone number and ULI number Yes No

 - d. patient records contain the date of each visit Yes No

 - e. List examples of exemplary practice (e.g. system for recalling patients with a particular diagnosis; system for recalling patients for timed interventions; problem lists; medication lists):
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- 2. The office is easily accessed by patients with disabilities Yes No

- 3. The waiting area is sufficient (one chair per patient) Yes No

- 4. The office is clean and in good repair Yes No

- 5. The office layout protects privacy of conversations with patients Yes No

- 6. Patients' records are protected from unauthorized viewing Yes No

- 7. Examination rooms have:
 - a. adequate lighting Yes No N/A
 - b. an examination table Yes No N/A
 - c. lighting and space to perform gynecological examinations Yes No N/A
 - d. a sink available in each examining room Yes No N/A
 - e. privacy protected (sound and sight) Yes No N/A

- 8. Examination rooms can seat _____ persons (including the physician)

9. The clinic has the following equipment readily available:

- | | | | | |
|-----|---|------------------------------|-----------------------------|------------------------------|
| a. | stethoscope | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. | sphygmomanometer | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. | otoscope with clean tips | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. | ophthalmoscope | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. | reflex hammer | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| f. | measuring tape | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| g. | vaginal specula | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| h. | disposable gloves | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| i. | lubricant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 10. | Sharps and toxic products are properly stored and discarded | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 11. | Washrooms are easily accessible to patients | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 12. | Emergency equipment is appropriate to the location | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 13. | Adrenaline is available for anaphylactic reactions | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 14. | Drugs are stored appropriately and securely | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 15. | Drugs are dated and within expiry dates | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 16. | Prescription pads are stored securely | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 17. | An autoclave is available | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Please comment on significant features (including “great ideas”).

Practice Visit Number:
Practice Visitor: