

COLLEGE OF PODIATRIC SURGEONS OF BRITISH COLUMBIA

SELF-ASSESSMENT QUESTIONNAIRE

Examination and Treatment Areas

- | | | |
|---|---|---|
| 1. Does your exam and treatment area have auditory and visual barriers to allow for a quiet, private, and confidential exam ? | Y | N |
| 2. Are the surfaces in your exam area constructed of material that is amenable to disinfection ? | Y | N |
| 3. Does your facility have a drained sink with hot and cold running water ? | Y | N |
| 4. Does your facility have the necessary supplies to provide for examination and treatment ? | Y | N |
| 5. Does your facility have a properly working steam autoclave ? | Y | N |
| a. If so, does your autoclave have a cycle readout for temperature and cycle time ? | Y | N |
| 6. Do you perform spore testing for your autoclave, regularly and according to the College's relevant standards ? | Y | N |

Surgery Area

- | | | |
|--|---|---|
| 1. Are you performing any nail procedures ? | Y | N |
| 2. Do you have a dedicated surgical suite (ie. no other use) ? | Y | N |
| a. Are you doing any soft tissue surgery ? | Y | N |
| b. Are you doing any bone surgery ? | Y | N |
| 3. Do you re-use disposable instruments in surgery (k-wires, screws, burrs and saw blades) ? | Y | N |
| 4. Do you use a surgical assist for your surgeries ? | Y | N |

- | | | |
|---|---|---|
| 5. Is your staff trained in surgical sterile techniques ? | Y | N |
| 6. Do you have back-up of instruments, power and medications to complete an operation in case of failure of primary equipment ? | Y | N |

Diagnostic Imaging Area

- | | | |
|--|---|---|
| 1. Do you offer x-rays in your office ? | Y | N |
| a. If so, do you have appropriate protective devices for your staff and patients (ie. lead shield) ? | Y | N |
| b. If so, do you have radiation monitoring devices? | Y | N |
| c. Does the equipment have an updated certificate of safety ? | Y | N |
| 2. Do you have an ultrasound machine in your office ? | Y | N |
| 3. Do you have a C-arm or fluoroscopy in your office ? | Y | N |

Medication Storage Area

- | | | |
|---|---|---|
| 1. Does your facility have a refrigerator unit or other container capable of maintaining temperature sensitive drugs ? | Y | N |
| 2. Are all prescription pads kept in a secure area away from public access ? | Y | N |
| 3. In the event that narcotics are kept in your facility, are they stored in a secure and locked container ? | Y | N |
| 4. Is there a dedicated area to store expired medications ? | Y | N |
| 5. Are expired medications stored separately from other medications and/or supplies ? | Y | N |
| 6. Do your office policies restrict access to medications to only those staff who need the access in order to carry out their job functions ? | Y | N |

Facilities General

1. Do you have necessary library items printed out and/or readily accessible for staff :
 - a. Provincial Legislation ? Y N
 - b. College Bylaws ? Y N
 - c. Federal Legislation ? Y N
 - d. Federal Safety Codes ? Y N
 - e. Provincial Safety Codes ? Y N
2. Does your office have College practice policies (standards, guidelines, etc.) printed out and readily accessible for all staff ? Y N
 - a. Including the Practice Facility Standards ? Y N
 - b. Including the Instrument Sterility Standards ? Y N
3. Does your office have a written office protocol which requires that all staff be familiar with the policies ? Y N
4. Does your office have a system of monitoring that is used to ensure that staff are familiar with and using all practice policies ? Y N
7. Do you have access to a copy of the BC Drug Schedules in the office ? Y N
5. Have you reviewed the drug schedules within the past year ? Y N
6. Are copies of the worker safety policies as well as the forms for documenting and reporting of injury incidents, as required by WorkSafe BC, available in the office ? Y N
7. Are refrigerated medications kept separate from food storage ? Y N
8. Do you have puncture resistant sharps containers ? Y N
9. Do you have protocols posted for dealing with risky spilled materials such as chemical, anaesthetics, preservatives and solvents ? Y N
10. Do you have emergency lighting for use in the event of a power failure ? Y N

- | | | | |
|-----|--|---|---|
| 11. | Do you have compressed gas on site ? | Y | N |
| | a. If so, are the tanks physically secured upright and away from excessive heat and any potential open flames ? | Y | N |
| 12. | Do you have a telephone answering message that directs patients to an alternative service provider in the event of your absence from the practice ? | Y | N |
| 13. | Do you have facility policies and practices in place to prevent inappropriate access to patient files and other confidential information of either patients or staff ? | Y | N |
| 14. | Do you avoid guarantees of safety and efficacy of treatment in all of the marketing activity for your practice ? | Y | N |

Lasers

- | | | | |
|----|--|---|---|
| 1. | Does your practice utilize a laser for patient treatment? | Y | N |
| 2. | If so, | | |
| | a. Do you have a copy of the CPS-BC Laser Instrument and Safety Rules (LISR) in the facility ? | Y | N |
| | b. Do you follow the requirements of the LISR for the training of staff in of laser usage ? | Y | N |
| | c. Are the staff required to be familiar with the LISR ? | Y | N |
| | d. Do you follow the requirements of the LISR with respect to delegation of application of the laser ? | Y | N |

Complementary and Integrative Medicine

- | | | | |
|----|--|---|---|
| 1. | Do you offer all appropriate allopathic options to the patient and document those recommendations ? | Y | N |
| 2. | Do you educate your patients that usage of complementary medications is an adjunctive treatment that typically lacks evidence based research ? | Y | N |

- | | | |
|---|---|---|
| 3. Do you prescribe or recommend alternative or complementary medications in your office ? | Y | N |
| 4. Do you have familiarity with the evidence supporting your prescribed or recommended alternative medication ? | Y | N |
| 5. Do you prescribe or recommend a specific alternative medication based only on anecdotal evidence ? | Y | N |
| 6. Do you know the pharmacology of the alternative medication and its potential side effects or drug interactions ? | Y | N |

Medical Records

- | | | |
|---|---|---|
| 1. Do you consistently follow the SOAP format with your patient/medical records ? | Y | N |
| 2. Are you aware of the College rules and advice regarding the period of time for which patient records must be kept ? | Y | N |
| 3. Do you consistently document your diagnostic and treatment pathways, as well as follow-up assessment and issues ? | Y | N |
| 4. Would another practitioner be able to follow the diagnostic and treatment for each case based on the content of your medical records ? | Y | N |
| 5. Do you store patient records in a manner that protects their confidentiality and integrity ? | Y | N |
| 6. Do you update medical records on the same day that you see the patient ? | Y | N |
| 7. Do you have processes in place to have medical records readily available to patients to send to other practitioners if required ? | Y | N |