

## COLLEGE OF PODIATRIC SURGEONS OF BRITISH COLUMBIA

### SELF-ASSESSMENT QUESTIONNAIRE

THIS SELF-ASSESSMENT IS A REQUIREMENT FOR REGISTRATION RENEWAL IN THE FULL CLASS

PLEASE ANSWER EVERY QUESTION AND SUBMIT COMPLETED FORM TO THE COLLEGE

#### 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 |
| Does your facility have a drained sink with hot and cold running water?  | Y | N |
| 3. Does your facility have the necessary supplies to provide for examination and treatment?                                  | Y | N |
| 4. 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 |
| 5. 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 |

THIS SELF ASSESSMENT IS DUE AS OF JANUARY 1, 2018 WITH YOUR ANNUAL RENEWAL OF REGISTRATION

### 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 to 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 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**

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|----|---|---|---|
| 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 medication 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 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 path 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 |