

# SELF SURVEY

## WHAT IS YOUR MALPRACTICE EXPOSURE?

### How To Use This Survey

Each practice has its own profile of malpractice vulnerability. Use this survey to help identify needs and/or weaknesses to recognize practice inadequacies and to identify potential areas of patient dissatisfaction.

### A. Effective Communication

How well does my office represent me?	YES	NO	N/A
1. I keep adequate office hours to see all scheduled patients.	_____	_____	_____
2. My patients generally perceive the reception area as pleasant.	_____	_____	_____
3. I provide current patient education literature that is pertinent for my patients.	_____	_____	_____
4. My receptionist makes a good impression – pleasant voice, smiles, cooperative, professional attire.	_____	_____	_____
5. Patients cannot hear office or telephone conversations while in the reception area.	_____	_____	_____
6. Personal conversations by the staff cannot be overheard in the reception area.	_____	_____	_____
7. Patients are notified and kept apprised of any schedule changes, including the fact that I may be delayed in seeing them.	_____	_____	_____
8. My patient's privacy is respected.	_____	_____	_____
9. I am informed immediately if a patient complains about their medical care or if a problem develops.	_____	_____	_____

### B. Access To Medical Care

Are appointments made and kept in a timely professional manner?	YES	NO	N/A
1. Patients are normally seen by appointment only, but I am able to see occasional walk-ins and/or emergency patients as necessary.	_____	_____	_____
2. Patients with an appointment usually spend less than 30 minutes in the reception area and examination room prior to my examination.	_____	_____	_____
3. On average, my schedule allows my patients to get an appointment in less than two weeks.	_____	_____	_____

## SELF SURVEY (CONTINUED)

	YES	NO	N/A
4. My after-hours message system relays how to get in touch with me.	_____	_____	_____
5. I provide my patients with reasonable written notice (30-90 days) regarding termination of our doctor/patient relationship.	_____	_____	_____
6. My calls can be transferred to me by pager.	_____	_____	_____

### C. Medical Records and Documentation

#### Do my records protect my patient, and me, if a problem develops?

	YES	NO	N/A
1. A health history form is completed for each new patient.	_____	_____	_____
2. Health history is updated annually and/or as indicated based on changes in the patient's medical status.	_____	_____	_____
3. Patients are specifically questioned about allergies and/or drug sensitivities at each visit. Allergies or "NKA" are entered in a prominent area of the patient's chart.	_____	_____	_____
4. Incoming medical reports from laboratories, consultants, etc., are reviewed and initialed by me prior to filing.	_____	_____	_____
5. I request necessary records or summaries when I see a patient in consults.	_____	_____	_____
6. A report is dictated for all x-rays read within the practice.	_____	_____	_____
7. If a patient refuses to follow my instructions, this non-compliance is fully documented in the medical chart.	_____	_____	_____
8. All telephone contacts with a patient are documented in the patient's chart.	_____	_____	_____
9. I provide written pre-operative and post-operative instructions to the patient and/or family members for specific procedures and conditions.	_____	_____	_____
10. Discussions of patient education/instruction are always documented.	_____	_____	_____
11. Informed consent is obtained within hours or days (not weeks or months) before a procedure.	_____	_____	_____
11a. Written informed consent is obtained. The patient is given an opportunity to ask questions about proposed procedures.	_____	_____	_____
11b. A specific consent form is used for frequently performed procedures.	_____	_____	_____
11c. A signed and dated consent form is placed in the patient's chart, and a copy is given to the patient.	_____	_____	_____
12. Reasons for the procedure are documented in the patient's chart.	_____	_____	_____

## SELF SURVEY (CONTINUED)

	YES	NO	N/A
13. I use dictated and transcribed medical records.	_____	_____	_____
14. My records are dictated, transcribed, reviewed, signed, and placed in the patient's medical chart within 48 hours of the patient's visit.	_____	_____	_____
15. My medical records are organized so that I can easily find a specific document.	_____	_____	_____
16. All entries in my medial records are in chronological order.	_____	_____	_____
17. All handwriting in the chart is legible.	_____	_____	_____
18. All entries are dated and initialed.	_____	_____	_____
19. Medical records are corrected properly, leaving no doubt as to what changes were made and corrected.	_____	_____	_____
20. I audit at least three charts per week for quality assurance reasons.	_____	_____	_____

### D. Office Procedures

Do my office procedures protect both my patients and me?	YES	NO	N/A
1. There is an established procedure for informing patients of all office and referenced lab results.	_____	_____	_____
2. I have a fail-safe follow-up system for tracking and reviewing diagnostic data and referrals.	_____	_____	_____
3. I have an efficient patient reminder/recall system for examinations or routine follow-ups.	_____	_____	_____
4. My credentials and training are equal to the physicians for whom I cover.	_____	_____	_____
5. I have the credentials and training to perform at my current scope of practice.	_____	_____	_____
6. The physicians who cover for me are qualified by training and experience.	_____	_____	_____
7. I provide 24-hour emergency coverage for my patients.	_____	_____	_____
8. Patients are informed as to who covers for me when I'm off.	_____	_____	_____
9. There is an established protocol for handling requests for records by the patient, the family, attorney, and/or insurance company.	_____	_____	_____
10. All biopsies that are taken in the office are sent to the laboratory for determination of pathology.	_____	_____	_____
11. When examining a patient, is a safe staff member present?	_____	_____	_____

# SELF SURVEY (CONTINUED)

## E. Medications/Pharmaceutical Supplies

Is my drug control adequate?	YES	NO	N/A
1. Prescription pads are not accessible to patients.	_____	_____	_____
2. Narcotics are not accessible to patients.	_____	_____	_____
3. Scheduled narcotics and other pharmaceuticals are locked up.	_____	_____	_____
4. Expired drugs are purged routinely.	_____	_____	_____
5. DEA records are maintained for all controlled substances.	_____	_____	_____
6. Prescriptions are faxed to the pharmacy.	_____	_____	_____
7. My staff does not renew prescriptions without my approval or prior written approval.	_____	_____	_____
8. I use a medication flow sheet for those patients receiving multiple medications.	_____	_____	_____
9. When handing out sample medications, I follow State and Federal Law.	_____	_____	_____

## F. Billing and Collections

Do my billing and collections procedures unnecessarily antagonize some patients or give them reason to be resentful?	YES	NO	N/A
1. The patient's chart is reviewed by the physician prior to sending to collection.	_____	_____	_____
2. If a patient questions my professional fees, I insist on being informed.	_____	_____	_____
3. Extensive and/or expensive treatment charges are discussed with my patients.	_____	_____	_____
4. Payment options are discussed with new patients.	_____	_____	_____
5. My billing and collection procedures have not caused unnecessary resentment.	_____	_____	_____

## G. Communications

When my patient calls, how is the call handled?	YES	NO	N/A
1. There are sufficient telephone lines in my office.	_____	_____	_____
2. The staff receives the caller's permission to place on "hold."	_____	_____	_____
3. The average "hold" time is less than three minutes.	_____	_____	_____

## SELF SURVEY (CONTINUED)

	YES	NO	N/A
4. My staff notifies me immediately of telephone calls from other physicians.	_____	_____	_____
5. I accept other calls when requested by staff.	_____	_____	_____

### H. Equipment and Supplies

#### Is my equipment safe, and is it used properly?

	YES	NO	N/A
1. My office equipment is checked and maintained as required by the manufacturer's specifications and sterilization, etc.	_____	_____	_____
2. Staff is properly trained to use biomedical equipment.	_____	_____	_____
3. New equipment and supplies are in-serviced with staff prior to implementation.	_____	_____	_____
4. Appropriate quality controls are performed and documented to ensure accuracy of results.	_____	_____	_____

### I. Personal protection

	YES	NO	N/A
1. Physician and staff have been immunized for Hepatitis B.	_____	_____	_____
2. Medical instruments are properly cleaned and sterilized after each patient.	_____	_____	_____
3. A current OSHA plan has been implemented.	_____	_____	_____

### J. Emergencies

#### Is my office equipped for an emergency?

	YES	NO	N/A
1. Appropriate emergency equipment is available.	_____	_____	_____
2. My staff is trained to use the emergency equipment.	_____	_____	_____
3. My staff and I maintain current certification in CPR.	_____	_____	_____
4. The contents and accessibility of my emergency kit is verified monthly to include replacement of expired medications.	_____	_____	_____

## SELF SURVEY (CONTINUED)

	YES	NO	N/A
5. My office is equipped with:			
a. Security system	_____	_____	_____
b. Fire extinguishers	_____	_____	_____
c. Sprinklers	_____	_____	_____
d. Smoke detectors	_____	_____	_____
6. My staff receives periodic fire training and can evacuate patients effectively.	_____	_____	_____

*If you did not score as well as you had hoped in a particular area, you may reference that section for additional information.*