

**SASKATCHEWAN COLLEGE OF PODIATRISTS
QUALITY ASSURANCE COMMITTEE
PRACTICE ASSESSMENT**

Practitioner Name _____ Date _____

PRACTICE ASSESSMENT TOOL PAGE 1

Practitioner Name & Registration no:

Practice Address _____

Assessment date & time

Assessor

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**PRACTICE ASSESSMENT TOOL SECTION ONE: ADMINISTRATION PAGE 2
PATIENT RECORDS**

	YES	NO	N/A
Are patient records kept in a secure space at your site of practice?	_____	_____	_____
Are records kept at an alternate site away from your practice? Where? _____	_____	_____	_____
Are patient records organized for easy retrieval?	_____	_____	_____
How long are patient records maintained? _____	_____	_____	_____
How are patients records destroyed? _____	_____	_____	_____

	YES	NO	N/A
Is a patient scheduling system maintained?	_____	_____	_____

OFFICE ADMINISTRATION

Is an office manual maintained?	_____
Does it include equipment safety and service logs?	_____
Does it include official clinic policies?	_____
Does it include clinical procedures and practices?	_____
Does it include a Sharps policy?	_____
Does it include a procedure to dispose of expired hazardous chemicals or medications?	_____

Are WHMIS documentation or label maintained and available (such as for any material transferred from a large bottle into a smaller bottle)?	_____
Are MSDS documentation maintained and available for materials found in large quantities (such as 4L alcohol jugs)?	_____
Are College regulations and documents maintained?	_____

ADMINISTRATION RELATED TO PRACTITIONER

Does it include annual CPR registration certification?	_____
Is College certificate of registration displayed visibly to patients?	_____

Comments:

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PRACTICE ASSESSMENT TOOL SECTION ONE: ADMINISTRATION PAGE 3

YES NO N/A

Does signage clearly present practitioner's name and title? _____

Do prescription pads clearly and accurately present practitioner's name? _____

Does billing clearly present practitioner's name, address, title, fee? _____

Does letterhead clearly present practitioner's name, address, title? _____

Are fee schedules clearly presented or available on request? _____

Comments:

YES NO N/A

Are hazardous materials or prescription items securely stored? _____

Are hazardous materials maintained according to WHMIS? _____

Are flammable materials stored in an approved storage cabinet? _____

Are expiration dates current? _____

Comments:

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PRACTICE ASSESSMENT TOOL SECTION TWO: CLINICAL AREAS PAGE 4

	YES	NO	N/A
Is there a clean treatment area?	_____	_____	_____
Is a surface disinfectant available?	_____	_____	_____
Is there a sink or hand washing station?	_____	_____	_____
Is there an ultrasonic cleaner?	_____	_____	_____
Is steam sterilization available?	_____	_____	_____
Is there a system to verify sterilization?	_____	_____	_____
Are sterilized instruments kept in a non-contaminated area?	_____	_____	_____
Is treatment area safe, private and confidential?	_____	_____	_____
Is there an exam chair (plinth, gurney, table)?	_____	_____	_____
Is there adequate light source?	_____	_____	_____
Are facilities clean?	_____	_____	_____
Comments:	_____		

	YES	NO	N/A
Is there a procedure for daily routine cleaning of facilities?	_____	_____	_____
Is there a procedure for daily routine cleaning of treatment area?	_____	_____	_____
Are sharps stored away from patient harm?	_____	_____	_____
Is there a procedure for disposal of sharps?	_____	_____	_____
Are bio-hazardous materials appropriately stored?	_____	_____	_____
Is there a procedure for disposal of biohazards?	_____	_____	_____
Comments:	_____		

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PRACTICE ASSESSMENT TOOL SECTION TWO: CLINICAL AREAS PAGE 5

	YES	NO	N/A
Are non-sterile exam gloves available?	_____	_____	_____
Are sterile procedural gloves available?	_____	_____	_____
Are treatment gowns/coats available?	_____	_____	_____
Are sterile surgical gowns available?	_____	_____	_____
Are clean towels available?	_____	_____	_____
Are sterile towels available?	_____	_____	_____
Are eye shields available?	_____	_____	_____
Are face masks available?	_____	_____	_____
Are clean instruments kept secure?	_____	_____	_____
Are soiled instruments kept secure?	_____	_____	_____
Are prescription pads kept secure?	_____	_____	_____
Comments:	_____		

SECTION THREE: EMERGENCY PROCEDURES

	YES	NO	N/A
Is accessible oxygen available?	_____	_____	_____
Is accessible injectable adrenalin available?	_____	_____	_____
Is an eye wash station available?	_____	_____	_____
Is staff trained in emergency procedures?	_____	_____	_____
Is an emergency policy and manual maintained?	_____	_____	_____
Is a univalve mask available?	_____	_____	_____
Comments:	_____		

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PRACTICE ASSESSMENT TOOL SECTION FOUR: ORTHOTIC MANUFACTURE PAGE 6

	YES NO N/A
Is orthotic manufacture area separate from treatment area?	_____
Is there proper and separate ventilation of manufacture area?	_____
Is a fume hood type device available as per specifications?	_____
Are specified quality respirators in use at manufacture area?	_____
Is specified quality eye protection in use at manufacture area?	_____
Is separate protective clothing in use at manufacture area?	_____
Are specified quality rubber gloves in use at manufacture area?	_____
Is a fire extinguisher available in the building?	_____

Comments:
