



Group Practice Review Standards of Practice Clinic Survey

In preparation for your clinic's Group Practice Review, your responses to the following survey will assist us to better understand your clinic and processes. Links to relevant CPSA Standard of Practice (SOP) and other reference material is included at the end of each section in italics.

A summary of your responses will be made available to you for future reference.

CONTACT INFORMATION

Clinic Name: *

GPR Number: *

Date *

 

Month Day Year

Full Name: *

Full Name

Email: *

Phone Number *

Please enter a valid phone number.

If applicable, business owner name and contact information:

Saving Your Responses

Once the saved button is clicked on the bottom of this page, a window will put up, asking to create an account. At the bottom of the pop up click on the "**Skip Create an Account**". Once the link is clicked, the next window will appear to enter your email address to where you'd like the draft report to go to be able to continue later.

Your response is being saved every time you select "Next".

A link will be emailed directly to you with the option to "**Continue with Draft**" if unable to complete the report and submit.

Supporting Documentation and Photos

As part of this process, you will be required to attach/upload a number of PDF documents and/or photos in support of your responses

- relevant pages from the clinic's policy and procedure manual
- Privacy Impact Assessment (PIA) verification
- reception and waiting areas
- hand hygiene station
- medication fridge, thermometer and sample log
- list of uninsured services

CLINIC DETAILS

If applicable, name of the Primary Care Network (PCN) clinic physicians are members of:

How many years has the clinic been in operation?

[Empty box]

Comments:

[Empty box]

SERVICES & PATIENTS

What services are offered in the clinic? Please check all that apply. *

- Pre-natal (without delivery)
- Palliative care
- Long-term care/assisted living visits
- Hospital/emergency care
- Obstetrics (including deliveries)
- Home visits
- Teaching students and residents
- [Empty box]

Characteristics of the patients in this practice. Please check all that apply. *

- Comprehensive full spectrum family practice for attached patients
- Episodic practice for unattached patients
- Appointments and occasionally walk-in
- [Empty box]

Comments:

[Empty box]

CLINIC MEETINGS

1. The clinic has group/team meetings: *

Yes

Partial

No

a. How often are group/team meetings held? *

b. The following topics are discussed at meetings. Please check all that apply: *

- team function
- processes
- learning
- policies
- quality assurance
- business issues
-

Comments

SAMPLE

RESPONSIBILITY FOR A MEDICAL PRACTICE

The Responsibility for Medical Practice standard of practice recognizes the full scope of medical practice extends beyond the provision of patient care to the professional and administrative activities, which support that care. While some responsibilities may be delegated to a non-physician, CPSA will always hold physicians ultimately accountable for all aspects of medical practice (with the exception of administrative responsibilities that clearly fall under the jurisdiction of Alberta Health Services (AHS) or the provincial or federal government).

2. There is a Medical Director or a designate to represent the practice in interactions with the CPSA: *

3. All physicians hold a valid and active Alberta practice permit with the CPSA: *

Yes Partial No

4. There are identified individual(s) for issues related to:

	Yes	Partial	No
advertising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
escalation of problems with billing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
escalation of problems with medical records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Describe how the clinic advertises (e.g. website, social media, etc):

6. Care providers are clearly identified for patients and the public (e.g. name tags): *

Yes Partial No

7. Physicians' names, practice location, registration status and credentials are available to patients: *

Yes Partial No

Comments:

LINKS AND RESOURCES

[Responsibility for a Medical Practice](#)

PHYSICAL ENVIROMENT

8. The clinic shares a common reception with another business: *

- Yes No

9. The clinic is located within a retail facility (e.g. retail pharmacy, grocery store, etc): *

- Yes No

10. The physical environment is adequately maintained (e.g. surfaces and equipment clean and in good repair). *

- Yes Partial No

11. The reception area is set-up to ensure administrative staff cannot be overheard by patients in the waiting room discussing personal/confidential information: *

- Yes Partial No

12. The waiting rooms are set-up to ensure patients are unable to observe computer screens with patient identifiable information: *

- Yes Partial No

13. Examining rooms are adequately soundproofed: *

- Yes Partial No

Comments:

LINKS AND RESOURCES

[Code of Ethics and Professionalism](#)

INFECTION PREVENTION & CONTROL (IPAC)

14. The clinic has written infection prevention & control policies and procedures: *

Yes
 Partial
 No

15. The clinic has reviewed the CPSA General Infection Prevention & Control Standards: *

Yes
 Partial
 No

16. There is a designated individual responsible for infection prevention & control. *

Yes
 Partial
 No

17. Physicians in the clinic perform procedures that contact mucous membranes, non-intact skin, sterile tissues, or the vascular system. Refer to CPSA IPAC Program - Medical Device Reprocessing (MDR) for further information and definitions: *

Yes
 No

a. The clinic uses: *

Re-useable instruments
 Single-use (disposable) instruments
 Both

18. Washrooms are adequately maintained (clean, warm running water, plain liquid soap, and disposable paper towel dispenser available for handwashing) *

Yes
 Partial
 No

19. There are hand hygiene stations in each/all patient care areas:

	Yes	No	N/A
Facility entrances and exits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each patient care area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Staff lounges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food preparation areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean or sterile storage areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where personal protective equipment is donned or doffed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soiled or utility areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laboratory workstations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication preparation areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical device reprocessing area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Surface disinfectants hold a Health Canada DIN and have an achievable wet contact time: *

- Yes
 Partial
 No

21. Single-use sharps (e.g. needles) are discarded at point-of-use in a container that meets CSA requirements: *

- Yes
 Partial
 No

22. Sharp containers are replaced when the fill line is reached (or when ¾ full): *

- Yes
 Partial
 No

23. Needles and syringes are used only for one patient for one procedure: *

- Yes
 Partial
 No

24. Where are active drugs located? *

25. Active drugs are within their expiry date and beyond-use date: *

Yes

Partial

No

26. Where are drug samples located? *

27. Drug samples are within their expiry date and beyond-use date: *

Yes

Partial

No

28. Describe your process to ensure medications are within their expiry date and beyond-use date. *

29. Vaccine storage temperatures are monitored and recorded at least twice(2) per day: *

Yes

Partial

No

N/A

30. Medications requiring temperature control are monitored and recorded at least once (1) per day: *

Yes

Partial

No

Comments

LINKS AND RESOURCES

[CPSA IPAC Program - Medical Device Reprocessing \(MDR\).](#)
[CPSA General Infection Prevention & Control Standards](#)

[Medication & Vaccine Injection Safety](#)
[Standards of Practice - Infection Prevention & Control](#)
[Sample AHS Vaccine Refrigeration Temperature Record Log](#)

EMR

31. The clinic has an EMR: *

Yes No

a. When does the clinic anticipate implementing an EMR? *

a. Name of EMR provider: *

b. The following functions are used by the Electronic Medical Record (EMR):

	Yes	No	N/A
patient summary (problem and medication lists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
recall lists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
patient reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
third next available appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
panel size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Physicians can identify their panel patients: *

Yes No

d. A Privacy Impact Assessment (PIA) is in place for the EMR: *

Yes

No

e. Documented security measures are in place to prevent unauthorized access, loss or failure to the EMR systems: *

Yes

No

N/A

Comments

CLINIC PROCESSES & PROCEDURES

32. A current policy and procedure manual is in place: *

Yes

Partial

No

a. Describe the type of information contained in the manual (e.g. roles and responsibilities for staff members, etc): *

33. The clinic has a policy and procedure in place to manage disruptive behavior of a colleague or co-worker: *

Yes

No

Comments:

LINKS AND RESOURCES

[Sample Policy & Procedure Manual](#)

FORMAL AGREEMENT

34. There is a formal agreement in place between physicians and the clinic: *

Yes

Partial

No

a. The formal agreement includes:

	Yes	Partial	No
roles & responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ownership of patient records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
responsibilities of physicians leaving or retiring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

LINKS AND RESOURCES

[Sample Physician Agreement](#)

CONFIDENTIALITY AND SECURITY

35. The clinic has a process in place to identify privacy breaches: *

- Yes No N/A

36. The clinic is aware of the steps to report a privacy breach to the Office of the Information Privacy Commissions of Alberta (OPIC): *

- Yes No N/A

37. An Information Sharing Agreement (ISA) is in place: *

- Yes No N/A

38. Describe process to ensure patient privacy and confidentiality of personal health information is protected: *

[Empty text box for describing the process to ensure patient privacy and confidentiality of personal health information is protected.]

39. A current Privacy Impact Assessment (PIA) is in place: *

- Yes Partial No

40. Under what circumstances is the PIA updated? *

[Empty text box for describing circumstances under which the PIA is updated.]

41. Describe the process to regularly review and update the PIA: *

Comments:

LINKS AND RESOURCES

- [Alberta Medical Association Agreements](#)
- [Sample ISA Agreement](#)
- [OIPC Guidance on How to Report a Privacy Breach](#)
- [Physicians as Custodians of Patient Records](#)

UNINSURED SERVICES

42. Is there a charge to patients or Alberta Health for introductory appointments (meet and greet): *

- Yes
- Partial
- No

43. Patients are charged a fee in advance for a physician being available: *

- Yes
- Partial
- No

Comments:

UNINSURED SERVICES

44. Are there any uninsured services such as completing forms, providing sick notes, etc? *

Yes

Partial

No

a. Uninsured services are discussed with patients: *

Yes

No

b. A patient's ability to pay for uninsured services is considered: *

Yes

No

c. How can patients access the list of uninsured services? *

Text input area for question c.

Comments:

Text input area for comments.

LINKS AND RESOURCES

[Charging for Uninsured Services](#)

[Charging for Uninsured Services - Advice to the Profession](#)

BLOCK FEES

45. The clinic offers patients block fees: *



a. Block Fees:

Yes Partial No

the patient has the option of paying for each service individually

sufficient information is provided to the patient to make an informed choice

a copy of the CPSA Charging for Uninsured Services SOP is provided to the patient

Comments:

LINKS AND RESOURCES

[Charging for Uninsured Services](#)

[Charging for Uninsured Services - Advice to the Profession](#)

PHYSICIAN-PATIENT RELATIONSHIP

46. Describe the types of patients accepted and those that are not accepted: *

47. When terminating the physician-patient relationship:

Yes Partial No N/A

there are reasonable grounds for terminating a patient relationship

the reasons for terminating a patient are documented

the patient receives advanced written notice

the timeline given to a patient when terminating the relationship is commensurate with their continuing care needs

48. If there is a standard timeline provided to patients being terminated, please describe: *

Comments:

LINKS AND RESOURCES

- [Terminating the Physician-Patient Relationship in Office Based Settings](#)
- [Establishing the Physician-Patient Relationship](#)
- [Sample - Patient Termination Letter](#)

PRESCRIBING

49. When issuing or signing a prescription, by electronic or other means, a physician:

Yes Partial No

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| obtains a medical history and conducts an appropriate examination of the patient adequate to establish a diagnosis and identify underlying conditions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ensures there are no absolute contraindications to the treatment recommended or provided | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| has an appropriate, informed discussion to ensure the patient understands the risks, benefits and course of action if concerns are identified | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

50. How are prescriptions transmitted to a pharmacy? *

51. Describe the process to ensure a pharmacist can contact the prescriber directly and promptly to verify the prescription and answer any question: *

52. There is a process in place to access Netcare during patient visits: *

- Yes No

53. When prescribing drugs with potential for Misuse or Diversion, the clinic/physician regularly reviews the PIN/NetCare (Pharmaceutical Information Network):

	Yes	Partial	No
before initiating a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
before renewing a prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
minimally every 3 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. PIN/NetCare information is documented in the patient chart: *

- Yes Partial No

55. Where are prescription pads stored? *

56. Where are triplicate prescription pads stored? *

Comments:

LINKS AND RESOURCES

- [Prescribing: Administration](#)
- [Prescribing: Drugs Associated with Substance Use Disorders or Substance Related Harm](#)
- [CPSA TPP Guide](#)

PATIENT RECORDS

Patient records are foundations for good medical care. Whether in paper or electronic form, a patient's record must be a complete, accurate and legible account of their medical history, examinations, investigations, diagnoses and care provided.

57. Physicians document the following in the patient's chart:

	Yes	Partial	No
patient's history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
differential diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
follow-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

patient-related communications, including telemedicine communications in any format (e.g., email, telephone conversation, text message, social media exchange, videoconference, etc.).

58. A cumulative patient profile (CPP) contextual to the physician-patient relationship (the longer and more complex the relationship the more extensive should be the record) detailing:

	Yes	Partial	No
patient identification (name, address, phone number, personal health number, contact person in case of emergencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
current medications and treatments, including complementary and alternative therapies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
allergies and drug reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ongoing health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identified risk factors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
medical history, including family medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. Patient records are maintained a minimum of 10 years (or two years after a minor patient reaches age 18, whichever is longer): *

Yes Partial No

60. Patients who request access to their records are provided timely access: *

Yes Partial No

61. What is the process for patients who wish to access their medical records? *

a. If applicable, the clinic has a process in place to protect paper charts (e.g. secure and inaccessible to patients): *

Yes Partial No N/A

Comments:

LINKS AND RESOURCES

[Patient Record Retention](#)
[Patient Record Content](#)

CONTINUITY OF CARE

62. What hours is the clinic open? *

63. Describe instructions provided to patients if they require care after-hours: *

64. If patients are directed to a third-party such as the Emergency or HealthLink, there is an agreement in place: *

Yes Partial No N/A

65. The clinic has a process to deal with patient triage to ensure there is reasonable access to a clinic physician for urgent issues: *

Yes Partial No

66. There are documented processes in place to:

Yes Partial No

review investigation results and consultation reports in a timely manner

timely sharing of patient health information with other providers to support quality patient care.

to arrange and notify the patient of any necessary follow-up care

67. Describe your process to ensure timely follow-up care

68. Describe the process to review and follow-up on DI/lab results: *

69. Describe the process to review and follow-up on clinically significant investigation result DI/lab results after-hours: *

70. Physicians who order diagnostic tests explain the reason and implication(s) of the investigation to the patient, in accordance with the Patient Record Content standard of practice: *

Yes Partial No

a. Is this documented in the patient's chart? *

Yes Partial No

71. Describe the process to ensure the requesting physicians remains responsible for follow-up unless the healthcare provider/team to whom the copy is directed agrees to accept responsibility for follow-up care. *

72. What is the process for handover to the other healthcare provider who agrees to accept responsibility for follow-up care? *

73. During a temporary absence, physicians have a plan of coverage in place that allows other healthcare providers to communicate or request information pertaining to patients under their care during a temporary absence *

- Yes Partial No

74. Describe the process to inform a laboratory or diagnostic facility that an investigation was received in error? *

75. Do physicians order diagnostic tests or make referral requests in another health care provider's name? *

- Yes Partial No

76. Are patients referred for consultation? *

- Yes No

a. Written referrals for consultation include:

	Yes	Partial	No
patient's name, personal health number and contact information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
regulated member's name and contact information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
name and contact information of the consultant or consulting service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
date of referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
purpose of the referral, including but not limited to specifying if the referral is solely for the purpose of a third-party request;	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pertinent clinical information, including but not limited to the relevant investigation results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
expected consultation outcomes (e.g., medical opinion only, possible transfer of care, other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Describe the process for reviewing, tracking and following consultations: *

Comments:

LINKS AND RESOURCES

[Continuity of Care](#)

[Continuity of Care - Advice to the Profession](#)

[Referral Consultation](#)

[Referral Consultation - Advice to the Profession](#)

EPISODIC CARE

77. Physicians provide episodic care: *

- Yes Partial No

a. Patients are informed that episodic care is intended to address the patient's presenting concern(s), referred consultation or identified medical condition(s). *

- Yes Partial No

b. The limitations of the episodic medical care they are providing and the extent of any follow-up processes they will manage are explained to the patient *

- Yes Partial No

c. Clinic establishes whether the patient has a primary care provider. *

- Yes Partial No

d. Are the above documented in the patient's chart? *

- Yes Partial No

e. What is the process when copying another health care provider on lab/DI requisitions, performing a procedure, referrals, treatment follow-up, etc.? *

78. What is the process when another healthcare provider has agreed to accept responsibility for follow-up care, the transfer of care is documented in the patient's record *

Comments:

LINKS AND RESOURCES

- [Episodic Care](#)
- [Episodic Care - Advice to the Profession](#)

VIRTUAL CARE

79. Physicians provide virtual patient care: *

- Yes
- No

a. Describe the steps taken to confirm the identity and location of the patient during each virtual care encounter *

b. Describe the process when an alternative form of care to virtual is in the patient's best interest (e.g. office visit, referral): *

c. Patients are offered the opportunity for in-person care. *

- Yes Partial No

d. There is a plan to manage adverse events or emergencies and make patients aware of appropriate steps to take in these instances *

- Yes Partial No

Comments:

LINKS AND RESOURCES

- [Virtual Care](#)
- [Virtual Care - Advice to the Profession](#)

APPROVALS

80. The clinic uses Class 3B or 4 laser equipment: *

- Yes No

LINKS AND RESOURCES

- [Class 3B or 4 laser equipment](#)
- [Acupuncture](#)
- [Hair Transplantation](#)
- [CPSA Laser Equipment](#)

QUALITY IMPROVEMENT

81. The clinic follows the Patient's Medical Home model: *

- Yes Partial No

82. Physicians in the clinic utilize Health Quality Council of Alberta (HQCA) data: *

- Yes No

83. Physicians in the clinic utilize the CPSA MD Prescribing Snapshot data: *

- Yes No

84. The clinic has patient satisfaction initiatives: *

- Yes No

85. The clinic has been involved in the following initiatives that support quality in group practice. Please check all that apply: *

- Accreditation Canada
- Canadian Primary Care Sentinel Surveillance Network (CPCSSN)
- Alberta Screening and Prevention Program
- Choosing Wisely
- Accelerating Change Transformation Team (Previously AIM)
- Physician Learning Program
- None
-

Comments

LINKS AND RESOURCES

[Patient's Medical Home](#)
[Health Quality Council of Alberta](#)
[CPSA MD Prescribing Snapshot](#)

[Accreditation Canada](#)
[Canadian Primary Care Sentinel Surveillance Network \(CPCSSN\)](#)
[Alberta Screening and Prevention Program](#)
[Choosing Wisely](#)
[Accelerating Change Transformation Team \(Previously AIM\)](#)
[Physician Learning Program](#)

OPTIONAL - ADDITIONAL UPLOADS

NEXT STEPS

Once the responses to your survey have been received and reviewed, a member of our GPR team will schedule a date and time for a virtual clinic review. This review will be conducted via ZOOM, and require the use of a handheld mobile device like a tablet or cell phone with a camera and microphone. Instructions on connecting to Zoom will be provided.

During the virtual clinic review with the GPR nurse reviewer, the reviewer will:

- Connect with you one-on-one on Zoom
- Review the survey responses with you, confirm findings, and clarify any outstanding concerns
- Conduct a virtual clinic walk-through
- Review any questions which were unclear

Questions? Contact the CPSA GPR Program Manager at 780-969-5005 or Tanya.Northfield@cpsa.ab.ca

Thank you for taking the time to complete this survey. Please feel free to leave additional comments below.

Submit

Comments

SAMPLE