

Chubb Healthcare  
Physician Office Practice  
Self-Assessment Tool

CHUBB®

As the delivery of healthcare continues to change and evolve, physician office practices are increasingly being acquired and integrated with hospitals and healthcare systems. According to the latest survey statistics from the American Hospital Association (AHA), hospitals employed 211,500 physicians in 2010, a 34% increase since 2000.<sup>1</sup>

Integrating physician practice risk management into an existing hospital risk management program can be challenging for even the most seasoned risk manager, who may be stretched in their current role and less experienced with the risks associated with physician practices or medical office settings.

To assist hospital risk managers and administrative leaders with incorporating new physician employees into their organization's risk management program, Chubb Healthcare has developed the following self-assessment tool to identify areas of actual and potential loss exposure.

The tool reviews critical physician office practices and procedures such as patient scheduling, telephone protocols, medical record documentation, billing and collection issues, coverage arrangements, informed consent, patient confidentiality, incident reporting, patient satisfaction, risk management operations and facility safety.

Before implementing comprehensive and proactive risk reduction strategies, organizations must honestly assess their operations, uncover areas of concern and evaluate solutions. This self-assessment tool will help identify opportunities for improvement and engage physicians while bringing them into compliance with the hospital's risk management program.

*1. Number of Physicians Employed by Hospitals Snowballing. Medscape. Jan 24, 2012.*

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Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Current Number of Physicians: \_\_\_\_\_

Medical Director: \_\_\_\_\_

Administrator: \_\_\_\_\_

Practice Manager: \_\_\_\_\_

I. Physician Office Procedures	Yes	No	N/A	Comments
Is there a written manual of office procedures for each physician practice?				
Does this manual include a written job description for each staff member?				
<b>Scheduling</b>				
Does the physician practice have a written policy on scheduling?				
Does this policy provide clear guidelines addressing:				
a. scheduling of initial visits (with extra time allocated to take an adequate medical history)?				
b. scheduling of routine appointments?				
c. scheduling of unexpected, urgent, and emergent visits?				
d. follow-up of missed or canceled appointments?				
Are staff members trained in handling emergency scheduling needs?				
Are emergencies immediately brought to the attention of a physician or nurse?				
When appointment delays occur, are patients told how long they can expect to wait in the office?				
Are patients given the option of rescheduling the appointment?				
Is a record maintained of missed, rescheduled, or canceled appointments?				
Are attempts to reschedule missed appointments documented?				
Does the practice manager periodically analyze appointment patterns and scheduling to identify areas of delay and possible solutions?				

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II. Telephone Procedures	Yes	No	N/A	Comments
Does the practice have a system for triaging telephone calls?				
Is this system based on written guidelines that have been developed with input from the medical staff?				
Is the telephone answered promptly (i.e., after no more than three rings)?				
Are callers allowed to speak before they are put on hold?				
If an automatic call distribution system is used, does it include an option for patients to speak to someone in the event of an emergency?				
Is this option offered first in the call distribution sequence?				
Are office staff instructed to use a courteous, helpful, and professional manner when speaking with patients over the telephone?				
Does the physician practice have a written policy on telephone advice protocols?				
Are these protocols reviewed and adapted by clinical personnel to meet the specific needs of the practice?				
Are these protocols in compliance with professional practice laws?				
Is a system in place to monitor staff compliance with these protocols?				
Do the nurses and other staff who give telephone advice have specific training, experience, and competence in telephone assessment techniques?				
Are staff instructed on situations when further telephone assessment may be inappropriate?				
Are staff instructed to consult a physician whenever they have doubts about proper instructions or advice?				
Does this documentation include:				
a. patient name?				
b. caller name (if different than patient)?				
c. physician name?				
d. date and time of call?				
f. important positive and negative feelings?				
g. advice given?				
h. follow-up, if applicable?				
i. initials or signature of staff member taking the call?				
Are physicians instructed to thoroughly document orders or instructions that they give over the telephone?				
Is a policy established for handling patient requests for prescription renewal?				
Is a policy established for handling phoned-in lab reports?				
Does this policy address how to relay “panic values” to the physician?				
Is an answering service used during off hours?				
If no, can messages be retrieved and addressed promptly at all times?				
If yes, are the service’s policies and procedures for answering physician office calls regularly reviewed?				
Is the caller immediately informed that he or she is dealing with an answering service?				
Does the service verify the caller’s name and telephone number?				

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Is the service provided with an emergency procedure in case the physician on call cannot be reached?				
Are written reports and logs compared with billings and message discrepancies?				
Are test calls placed periodically to assess performance of the answering service?				
<b>III. Medical Records</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Are physicians and other appropriate staff instructed in the importance of clear, concise, and accurate documentation?				
Does this instruction address, for example:				
a. what to document (e.g., patient assessments, interventions, outcomes, all care related conversations with the patient and other healthcare professionals, unsuccessful attempts to contact the patient?)				
b. how to document (e.g., write legibly, never erase or use correction fluid to correct a mistake, never attempt to change or update the record after notice of medical mishap of filing of a lawsuit)?				
c. the importance of using objective versus subjective language to describe observations?				
d. the importance of incident reports or other legally protected confidential documents never being filed in the patient's medical record?				
e. state record retention requirements?				
Is transcription kept up to date?				
Are all chart entries signed and dated?				
Does the practice manager periodically review a random selection of medical records, assessing them for illegibility, inaccuracies, omissions, alterations, or other red flags indicative of poor charting practices?				
Are policies and procedures in place governing release of medical records?				
Do these policies and procedures address responding to:				
a. routine requests for records from patients, physicians, and others?				
b. requests for records containing sensitive information (e.g., HIV status, psychiatric information)?				
c. requests from attorneys?				
d. subpoenaed records?				
Are appropriate staff members informed of these policies and procedures?				
Is there a mechanism in place to monitor compliance with these policies and procedures?				
Are medical records maintained securely and in a manner that reduces the likelihood of confidentiality breaches?				

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IV. Billing and Collection	Yes	No	N/A	Comments
Are policies and procedures in place governing billing and collection?				
Do these procedures allow for the identification of situations that require review and consideration for special payment arrangements?				
When a complication results from a physician's actions, do these procedures allow for a fee waiver or reduction?				
Is advice of legal counsel or the insurance carrier sought to avoid the appearance that a fee waiver or reduction is an admission of negligence?				
Are these procedures, whether performed by the hospital or the physician practice, carefully monitored?				
Before an overdue account is sent to a collection agency, is it first reviewed by the physician involved with the case?				
Is the billing area private enough to permit confidential discussions?				
V. Information Flow	Yes	No	N/A	Comments
Are policies and procedures in place to ensure efficient and appropriate processing and follow-up of clinical information?				
Is there a process for tracking lab results, consultation reports, and other pertinent documents to ensure their receipt by the practice site?				
Is there a mechanism to ensure that lab results, consultation reports, and other pertinent documents are reviewed, initialed, and dated by the physician before filing?				
Is there a mechanism for reporting urgent information to the physician immediately?				
Are patients notified of results before the documents are filed?				
Are patients told when test results are expected and to call in by a certain date if they do not hear from the office?				
Is there a mechanism to ensure that patients arrange for recommended consultations or tests in a timely fashion?				
If a patient chooses not to follow up on referrals or recommended tests, is the patient advised of the consequences of that decision?				
Is this discussion documented?				
Are medical records available to physicians when needed, especially when they are talking to patients on the telephone?				
Are follow-up and discharge instructions provided in writing to the patient/family?				

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VI. Coverage Arrangements	Yes	No	N/A	Comments
Are policies in place to govern practice coverage arrangements when physicians are unavailable?				
Do these policies ensure that the practice physician:				
a. informs the hospital and answering service of the dates of absence or unavailability?				
b. informs all hospitalized patients of the coverage arrangements?				
c. provides the covering physician with information on patients with anticipated problems and documents this information?				
d. provides the covering physicians with access to patients' medical records?				
Do these policies ensure that the covering physician:				
a. is of the same specialty?				
b. has privileges at the same hospital?				
c. has professional liability insurance with adequate coverage limits?				
d. advises the practice physician of the course of treatment during the coverage and documents this?				
VII. Confidentiality	Yes	No	N/A	Comments
Do all office staff who have access to patient information receive training on maintaining patient confidentiality?				
Does this training address:				
a. patient sign-in procedures?				
b. procedures for relaying test results to patients?				
c. procedures for facsimile (fax) transmission of patient information?				
d. procedures for sending patient information via electronic mail (e-mail)?				
e. other office protocols for maintaining patient confidentiality?				
Is office space allocated for holding private conversations with patients?				
VIII. Informed Consent	Yes	No	N/A	Comments
Are informed consent policies and forms used by physician practices consistent with hospital informed consent policies and with local, state, and federal laws and regulations?				
Are physicians and practice managers familiar with informed consent laws and regulations?				
Are non-physician staff members instructed never to obtain signatures on informed consent forms unless the physician has had an appropriate informed consent discussion with the patient?				
Are informed consent discussions documented by the physician in the patient's office medical record?				
Are patient decisions, including an informed refusal to undergo a recommended treatment or procedure documented?				
Are physicians instructed to obtain specific informed consent for HIV testing?				

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IX. Patient Satisfaction	Yes	No	N/A	Comments
Is there a mechanism in place for assessing patient/family satisfaction?				
Is there a mechanism in place for addressing any concerns raised by patients and families?				
Is there a policy in place regarding termination of the physician-patient relationship?				
Are physicians instructed on the proper procedure for withdrawing from a case and terminating a physician-patient relationship?				
Is the patient notified in writing by registered or certified mail?				
Does the termination letter clearly state the date on which termination will become effective?				
In the letter, does the physician offer to see the patient in cases of emergency within a stated period of time after termination?				
In the letter, does the physician offer to help the patient locate a new physician (referral to the local medical society is preferable to providing names of other physicians)?				
Does the letter indicate that records will be made available to the new physician upon receipt of the patient's authorization?				
Are a copy of the letter and the certified mail return receipt retained?				
Is the patient given adequate time to find an alternative location for receiving needed services before termination becomes effective?				
X. Risk Management Support Provided to Physician Practices	Yes	No	N/A	Comments
<b>Incident Reporting</b>				
Does the physician practice have an incident reporting system in place?				
Who reviews the incident reports? (provide title)				
What is the timeframe for review?				
Who is responsible for investigating incidents? (provide title)				
Who is responsible for developing a 'Plan of Correction' (provide title)				
Are incidents trended?				
Are incident reports kept confidential?				
Are incident reports retained?				
a. If yes, state the location				
b. How long are the incident reports retained?				
Are the incident reports photocopied?				
What is the approximate number of incident reports received monthly?				



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<b>Risk Management Support</b>				
Is the risk manager accessible to practice managers and staff?				
Are calls for help encouraged?				
Are inquiries answered promptly?				
Are other professionals within the healthcare facility (e.g., infection control practitioners, employee health nurses, safety and security personnel, environmental managers, clinical engineers) consulted as necessary to address physician practice risk management concerns?				
Are training sessions provided to educate practice managers about identifying and controlling typical risks encountered in the office setting?				
Do the practice managers, in turn, schedule training session for office staff?				
Is there a procedure in place for accepting service of legal papers?				
<b>XI. Fire and Life Safety</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
<b>Incident Reporting</b>				
Is the physician practice site in compliance with building and fire codes?				
Are fire drills conducted at least quarterly?				
Is a fire and emergency evacuation plan developed for each physician practice site?				
Is this plan posted at the site?				
Are fire extinguisher and emergency telephone numbers readily available at the site?				
Are extinguishers in good working order?				
Is the staff trained in emergency procedures in case of fire or other disaster?				
Is smoking prohibited?				
<b>XI. Fire and Life Safety</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Are floor coverings intact, clean and free of obstructions and hazards to pedestrians?				
Are electrical cords placed where they do not create a tripping hazard?				
Are step-ups and step-downs clearly marked?				
Is ventilation and lighting adequate?				
Is emergency lighting provided?				
Are cover plates present and intact for all switch and outlet boxes?				
Are extension cords used as a temporary measure only?				
Is furniture sturdy, easy to get in and out of, and in good repair?				
Is the parking lot adequately lighted and free of potential hazards?				

## Contact Us

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