

## **SAMPLE Safety Certification in Outpatient Practice Excellence for Women's Health Application**

**Note: Applications should only be submitted if an office can show through the application that a minimum of 100% of the (C) critical elements and 80% of the remaining elements are met. Please submit all applications online at [www.scopeforwomenshealth.org](http://www.scopeforwomenshealth.org). Please contact [scope@acog.org](mailto:scope@acog.org) to request a full application.**

<b>Demographics</b>
<b>Practice name and office address:</b>
<b>Is this the only office site in your practice? (please answer yes or no)</b>
<b>How many total office sites are incorporated in your practice (including this one)?</b>
<b>Name of person primarily completing this application:</b>
<b>Title and position of person primarily completing the application:</b>
<b>How many physicians see patients at this office site?</b>
<b>Are certified nurse-midwives, nurse practitioners, physician assistants, or other collaborative providers (nutritionists, CRNAs, physical therapists, etc.) also a part of this office site? If so, how many? If this office site does not include a category of collaborative providers, please enter "0."</b>
<b>Certified nurse-midwives</b>
<b>Nurse practitioners</b>

Physician assistants  
Nutritionists  
CRNAs  
Physical therapists  
Other (please specify)

Excluding the physicians and collaborative providers indicated above, what is the total number of employees at this office site (i.e. RNs, technicians, office staff, etc.)?

Which best describes the location of this office site?

Rural  
Urban  
Suburban  
Military  
Other (please specify)

Is this office affiliated with a larger entity? (hospital, university, medical center, health plan, multispecialty group, etc.)

Does the office store patient's medical records?

Electronically (EMR)? YES or NO  
Paper? YES or NO  
Combination of EMR and paper? YES or NO

**Procedures**

Please provide a list of the procedures most frequently performed at this office site.

**Questionnaire**

**Supporting Documentation**

<p align="center"><b>Office Management and Administration (MA)</b></p> <p>Although many of these elements appear to be basic, they are fundamental to creating a patient safety culture within the office. Clinical and nonclinical staff must work together and commit to patient safety in the office.</p>	<p align="center"><b>(C) CRITICAL ELEMENTS</b></p>
<p>MA1. <b>(C)</b> Does the office have a designated medical director or quality assurance director responsible for patient safety issues? YES or NO</p>	<p><b>Provide position description for medical director and/or quality assurance director that details the position's role and responsibilities in the office.</b></p>
<p>MA2. <b>(C)</b> Does the office have a policies and procedures manual? YES or NO</p> <p>If yes, does the manual contain:</p> <ul style="list-style-type: none"> <li>• Emergency plans for complications related to each of the following: <ul style="list-style-type: none"> <li>Medications YES or NO</li> <li>Anesthetics YES or NO</li> <li>Procedure complications, including a plan for transfer to a hospital if necessary? YES or NO</li> </ul> </li> <li>• Procedures for office based surgery? YES, NO or N/A</li> </ul>	<p><b>Provide Policies and Procedures Manual's title page, table of contents, and any supporting documentation that applies to these questions.</b></p> <p><b>It is not required to submit the entire Policies and Procedures Manual, however, it will need to be available for the site reviewer.</b></p>
<p>MA3. Does the office allow staff to perform only those functions that fall within their scope of practice, and for which they are licensed, certified, or specifically trained?</p> <p align="center">Clinical Staff? YES or NO Nonclinical Staff? YES or NO</p>	<p>Describe the methods used to identify scope of practice for clinical and nonclinical staff members, the credentialing process and frequency of review. Identify who is responsible for reviewing credentials.</p>
<p>MA4. Does the office record successful completion of all required and necessary formal education, training, licensure, and board certification?</p> <p align="center">For clinical staff? YES or NO For nonclinical staff? YES or NO</p>	<p>Describe the process by which credentials are verified and the ongoing assessment of competency verification.</p>

<p style="text-align: center;"><b>Documentation and Reporting (DR)</b></p> <p>Electronic medical records (EMRs) make tracking and reminder systems easier to manage and allow offices to meet meaningful use standards more easily. However, an electronic medical record system is not necessary for Certification. Clinical and nonclinical staff must have a working system for communicating with patients and other care providers. Information exchange within the office and with other health care settings is the crux of safety in patient care coordination and care handoffs.</p>	<p style="text-align: center;"><b>(C) CRITICAL for CERTIFICATION</b></p>
<p>DR1. <b>(C)</b> Does the office have a system that tracks specimens collected during a procedure, imaging, laboratory orders and laboratory results? YES or NO</p> <p>Is the following list of items tracked?</p> <ul style="list-style-type: none"> <li>• Cervical screening test results and necessary follow-up YES or NO</li> <li>• Mammography referrals, results, and necessary follow-up YES or NO</li> <li>• All laboratory tests and radiologic studies YES or NO</li> <li>• Appropriate specimen labeling and documentation YES or NO and <b>Please provide example</b></li> <li>• Pathology reports YES or NO</li> <li>• Routine as well as special obstetric testing, such as multiple marker studies YES or NO or NA</li> <li>• After-hours and on-call emergencies, including follow-up on laboratory and radiologic studies ordered by the office or the hospital and emergency department (relevant to the office practice) YES or NO</li> <li>• Reporting of all results to patients YES or NO</li> </ul> <p>NOTE: Tracking includes: identification of specimen to lab, lab return of results, method of triaging and informing patients of results (positive and negative). Tracking includes reporting of all results to patients.</p>	<p style="text-align: center;"><b>Describe tracking system for each item listed (7).</b></p>
<p>DR2. Does the office communicate with patients electronically (email, patient portal, etc.)? YES or NO</p> <p>If yes, answer the following questions below: Does the office use a patient portal for communication? YES or NO</p> <p>When communicating with patients electronically, is a secure network with provisions for authentication and encryption in accordance with HIPAA and other guidelines relevant to patient privacy issues used? YES or NO</p>	<p>Describe security measures used to protect patient privacy when communicating with patients by email, patient portal, etc.</p>

<p style="text-align: center;"><b>Medication Safety (MS)</b></p> <p>Medication ordering errors are the leading cause of adverse drug events. Medication safety is a cornerstone of creating a culture of safety in any health care setting. In offices with less experience in patient safety initiatives, medication safety is the easiest area in which both clinical and nonclinical staff can improve patient safety.</p>	<p style="text-align: center;"><b>(C) CRITICAL ELEMENTS</b></p>
<p>MS1. <b>(C)</b> Do all patient records include a medication list of over-the-counter and prescribed medications taken, as well as vitamins and herbal supplements? YES or NO</p> <p>Is the medication list reviewed and, if necessary, updated with patients at each office visit? YES or NO</p>	<p style="text-align: center;"><b>Provide a copy of the questions asked of patients during the intake process.</b></p>
<p>MS2. <b>(C)</b> Does the office have a system in place for reviewing the patient's known allergies to medication? YES or NO</p> <p>Does the office have a system of documenting identified medically-relevant allergies? YES or NO</p> <p>Are allergies documented at each office visit? YES or NO</p>	<p style="text-align: center;"><b>Describe the system for identifying and documenting allergies to medications.</b></p>
<p>MS3. Does the office have a system to check for contraindications before prescribing medications? YES or NO</p>	<p>Describe the system to identify contraindications.</p>

<p style="text-align: center;"><b>Office-Based Surgical Procedures (SP)</b></p> <p>As surgical procedures move from the inpatient to the outpatient setting, vigilance continues to be a key element in upholding patient safety. This includes all the safety measures used for inpatient procedures such as consents, preoperative review, time outs, emergency equipment and drills, among other safety techniques. (Please consult attached list).</p>	<p style="text-align: right;"><b>(C) CRITICAL ELEMENTS</b></p>
<p>SP1. Does the office have a policy that <u>only</u> patients that fulfill the American Society of Anesthesiologists' (ASA) classification for patient selection criteria as ASA Physical Status I (a normal, healthy patient) or medically controlled ASA Physical Status II (a patient with mild systemic disease that does not limit physical activity) or similar criteria are candidates for performing office-based surgical procedures? YES, NO, or N/A</p>	<p>Provide policy for patient selection criteria for office-based surgical procedures.</p>
<p>SP2. <b>(C)</b> Does the office have a policy requiring that written preoperative and postoperative care instructions are discussed with and provided to all patients? YES or NO</p> <p>Do written postoperative care instructions that are discussed with and provided to all patients contain instructions for how to recognize an emergency situation, and the steps to follow in the event of an emergency? YES or NO</p> <p>Are preoperative and postoperative care instructions available in the most common languages used by patients in the office? YES or NO</p>	<p><b>Provide representative instructional materials for two (2) procedures.</b></p>
<p>SP3. For procedures requiring more than minimal sedation according to ASA classification, does the office have a policy and procedures for health professionals trained and credentialed for more than minimal sedation? YES or NO or N/A</p>	<p>Provide policy for patient selection criteria for office-based surgical procedures.</p> <p>Provide policies and procedures that pertain to their evaluation of patients preoperatively and postoperatively.</p>

<p style="text-align: center;"><b>Equipment (EQ)</b></p> <p>Equipment safety is a crucial component of overall patient safety in the office setting. Medical equipment should be well maintained, tested on a regular basis and operated only by properly trained and qualified personnel.</p>	<p style="text-align: center;"><b>(C) CRITICAL ELEMENTS</b></p>
<p>EQ1. Does the office test and inspect its equipment for function and safety according to the equipment manufacturer's current recommendations? YES or NO</p> <p>Are tests and inspections documented? YES or NO</p>	<p>Provide copy of log for:</p> <ol style="list-style-type: none"> <li>1. Autoclave</li> <li>2. LEEP machines (If applicable)</li> <li>3. Fire extinguishers</li> </ol>
<p>EQ2. <b>(C)</b> Does the office train clinical and nonclinical staff on the proper use of all equipment necessary to the successful performance of their duties?</p> <p>Training provided to clinical staff? YES or NO</p> <p>Training provided to nonclinical staff? YES or NO</p>	<p><b>Provide training materials for equipment listed above (3) and training schedule.</b></p>
<p>EQ3. Does the office train appropriate staff on the proper cleansing and sterilization of reusable, non-disposable equipment according to the equipment manufacturer's current recommendations (i.e., speculum, biopsy punch, and tenaculum)? YES or NO</p>	<p>Provide training materials and training schedule.</p>
<p>EQ4. Does the office train clinical staff to rapidly access and use emergency medical supplies and equipment? YES or NO</p>	<p>Provide training materials and training schedule.</p>
<p>EQ5. <b>(C)</b> Does the office have an emergency cart or box and cardiopulmonary support equipment available? YES or NO</p>	<p><b>Describe the cart (or box) and equipment available.</b></p>

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