

**West Virginia Mutual Insurance Company
Risk Service Self-Assessment**

Physician Name:		
	First Name	Last Name
Group Name:		
City:		
Website:		E-mail Address:
Demographics		
Type of Practice: <input type="checkbox"/> Solo Practice <input type="checkbox"/> Group Practice		
Size of Group: <input type="checkbox"/> <5 <input type="checkbox"/> 5-20 <input type="checkbox"/> 21-80 <input type="checkbox"/> >80 physicians		
Please check your (or your group's) specialty		
<input type="checkbox"/> Gen. Surgery	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Urology
<input type="checkbox"/> Thoracic Surgery	<input type="checkbox"/> GYN	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> CV Surgery	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Pathology
<input type="checkbox"/> Neuro Surgery	<input type="checkbox"/> Neonatology	<input type="checkbox"/> Bariatrics
<input type="checkbox"/> Neurology	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Anesthesia
<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Ear, Nose & Throat	<input type="checkbox"/> Oncology	<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Interventional Cardiology
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Trauma Surgery	<input type="checkbox"/> Radiology
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Other
Average number of visits per individual physician per week		
<input type="checkbox"/> 0-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-75 <input type="checkbox"/> 76-100 <input type="checkbox"/> > 100		
Does your practice include:		If yes then how many:
Residents	<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Physician Assistants	<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Nurse Practitioners	<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Certified Nurse Midwives	<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Certified Nurse Anesthetists	<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Students	<input type="checkbox"/> Yes <input type="checkbox"/> No	#

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Patient Follow-up Tracking Systems	System/Process is in place	Would like risk service/advice
A tracking and reminder system is in place to track patients who must return for follow-up reasons, including patients who are discharged from the hospital with instructions to return for an office consultation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
A test and report tracking system is in place to ensure all screening/diagnostic tests and/or reports are ordered and completed. * Attach an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
All lab/imaging/test reports, consultations, and other pertinent documents are reviewed and initialed by the ordering physician.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
A communication system is in place that ensures patients are notified of test results, if further follow-up is needed, and then documented in the chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the Practice has converted to an electronic record, the software system is used for tracking of tests ordered, reviewing of reports, and documenting notification of the patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed Consent		
The process of informed consent (shared decision making) is documented in the medical record by either a consent form or a detailed progress note.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is informed consent prior to the administration of immunizations and vaccinations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refusal of treatment, referral and/or refusal to proceed is documented in the patient's chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Communications		
All telephone communications are documented in the medical record; specific documentation for prescribing or changing medication, making a diagnosis, directing treatment, or referring to another provider or facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone calls from patients after hours are documented to include the date and time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation includes purpose of the call, advice or instructions given, person receiving the call, date & time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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The physician handles all clinically related calls. When staff responds to telephone calls, they follow written protocols designed to direct their response. * Attach a copy of the process.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation/Medical Records	System/Process is in place	Would like risk service/advice
There is a record retention policy defining how long the medical records should be kept for both adults and children, as applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a policy and procedure on safeguarding of electronic medical record data, including access controls.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternate methods (other than handwritten entries) are being used to create a more legible, defensible medical record, such as dictated notes, electronic records and direct order entry.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies and adverse reactions are clearly documented on the outside of the medical record or are immediately visible on a problem list easily located inside the paper chart and/or electronic record. The allergy information is reviewed and updated with each patient encounter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
A formal medication list, including all current prescribed medications, over-the-counter and herbal supplements, is maintained in a prominent location in the paper or electronic charts of all patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical records are free of any questionable alterations such as use of white out, black markers, notes in the margin, writing between the lines, and erasures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
The patient's chart includes documentation of: missed appointments, prescription refills, medical history, problem list, appropriate vital signs, referral correspondence, immunization status, and tobacco/alcohol/drug use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
The patient's chart should have his or her name on each component, it should also have a progress note for each encounter dated and initialed by the physician indicating the reason for the visit, review of any test results or reports, working diagnosis consistent with findings, treatment plans and follow-up care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patients receive written copies of any instructions given.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies of federal or state medical reports (mandatory or voluntary) are included with the patient's medical record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Appointments/Scheduling/Access to Care	System/Process is in place	Would like risk service/advice
Scheduling delays are explained to the patient, wait times monitored and no-shows documented. *Attach the policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your appointment schedule allows sufficient time to see patients with emergency problems on the same day.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
When a patient misses an appointment, the office staff will follow up with either a phone call or letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice Coverage		
There is 24-hour practice coverage and patients are told how to reach their physician after hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
If using an after-hours answering service, it provides your practice with phone logs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
On-call coverage is provided by a physician of the same specialty.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
On-call coverage physicians have access to the patient's record.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Management		
All medications (including samples) are checked for expiration dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription refills, done either in the office or by phone, are authorized only by a physician or someone designated by the physician with specific protocols in place. * Attach the protocols, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing of sample drugs is documented to include the patient's name, dosage and quantity given.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
The patient is given specific <u>written instructions</u> on how to take sample drugs, name of drug, dosage, when to take, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Only licensed or certified staff administer medications.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Patient Communications and Satisfaction	System/Process is in place	Would like risk service/advice
A practice information brochure is provided to all patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a formal process to follow when patient complaints are received.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
A certified letter is sent to the patient when you need to terminate care and a copy is placed in their chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
A patient satisfaction survey is being offered and results reviewed for quality improvement. * Attach an example of the survey being used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wait times are monitored as part of quality improvement.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can patients e-mail the Practice for appointments or with questions? If so, are print outs of the e-mail retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patients are informed of billing and collection practices and notified before collection agencies are involved.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Management		
The office is equipped with emergency equipment and supplies such as AEDs, crash cart kits, as appropriate for the practice.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff is trained in the use of any emergency equipment, when applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff is trained on basic life support (CPR).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are disaster plans in place for weather, local or national emergencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Confidentiality/ HIPAA	System/Process is in place	Would like risk service/advice
Medical records are maintained in a confidential location protected from public access.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information from the patient care records is only released or faxed after written HIPAA authorization.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patients give written permission to leave messages on their home or work answering machines.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety & Risk Management/Infection Control/Security		
Every exam room is equipped with wash basins and proper hand washing agents in accordance with CDC guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Universal precautions are used in accordance with CDC guidelines, including appropriate sharp containers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical or hazardous wastes are labeled and disposed of separately from general waste.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quality control and preventive maintenance measures are in place for medical equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infection control policies and procedures are defined in writing, including those related to surgical procedures when applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is spore testing of the autoclave machine and a log maintained of the test results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a method in place for verification of current licenses and/or certificates.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-physician practitioners practice within their scope of responsibilities and in accordance with State Law.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
The practice has implemented the 2008 National Patient Safety Goals for Ambulatory Care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Annual safety inspections are performed by staff to ensure compliance with all state and local guidelines and codes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee and patient safety education is provided as part of orientation and training.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a system to report and follow up on any patient incidents/accidents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
The parking lot is well lit after dark.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory		
On-site laboratory services are CLIA certified.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is evidence of competency-based training of staff that performs phlebotomies or use lab equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a written policy and procedure requiring two identifiers of the patient be used prior to the lab procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a written policy and procedure for handling and labeling of lab specimens. *Attach a copy of the policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnostic Imaging		
If diagnostic imaging is performed in your office, there is a written interpretation by a radiologist and it is included in the patient's chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a written policy and procedure requiring two identifiers of the patient be used prior to the x-ray procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
A radiation physicist provides quality control services, with documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is posting of staff training/registration/certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are visible signs to alert females of childbearing age.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Endoscopy Services	System/Process is in place	Would like risk service/advice
There is a policy on informed consent for both the procedure and IV sedation, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
There are procedures for patient discharge post sedation/procedure that include written instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
The procedure team includes an ACLS certified professional, and there is emergency equipment available in the procedure room.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written policies and procedures for cleaning and sterilization of equipment are in accordance with current CDC Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obstetrical Practice		
Are office records sent to Labor and Delivery by 36 weeks? And for each subsequent prenatal visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any member of the Practice attend home deliveries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you always available for stress testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have remote access to monitoring of the fetal heart rate for patients who present in questionable labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all phone calls from doctor to nurse and advice given documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you follow the College of American Pathologists Guidelines for the examination of the placenta?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cord blood drawn at each delivery and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there documented informed consent for the following procedures: Vaginal birth after cesarean; instrument-assisted vaginal delivery; cesarean delivery, external cephalic versions, vaginal delivery for singleton breech, use of tocolytic drugs, abortion, tubal ligation, anesthesia/analgesia, and medical circumcision. Reference: AAP/ACOG Guidelines for Perinatal Care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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For patients with limited English proficiency, are informed consent discussions conducted in a language that is understood by the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital(s) you service have protocols for high risk and shoulder dystocia deliveries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
When shoulder dystocia occurs, are all maneuvers that are used to free the shoulders documented? Reference: ACOG Practice Bulletin on Shoulder Dystocia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all specifics of birth to include time, presentation, APGAR score, infant condition at birth, episiotomy and any difficulty during the birth process documented, and the nurse's notes reviewed by the physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any minor surgery procedures done in your office; and if so, is there documentation of informed consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a reminder and tracking system in place for pap smears and mammograms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

