Peer Assessment Committee
College of Physicians and Surgeons of New Brunswick

Common Office Observations & Deficiencies

Based on long-time experience, it is evident to assessors that some practice deficiencies appear repeatedly. They are not unique to type of practice, or to our region of the country, and in most cases, they are problems that, with a little attention, can be easily rectified. The following information is provided for your consideration:

.1 Deficiencies Which Directly Affect Patient Care

a) **Lack of an organized emergency tray**

It is suggested that the minimum emergency equipment present in an office-based practice should include an Ambu-bag or the equivalent, together with adult and child airways. Adrenalin and appropriate syringes for its administration should be on site. It is recommended that all this be kept in one tray or box in a location known - and readily available - to all personnel. Other equipment and drugs may be helpful depending on the type of practice and training of the physicians on site.

b) **Recording of phone prescriptions**

It is strongly recommended that all prescriptions given by phone to the druggist or repeated on the original prescription be recorded on the patient chart. This repeat should include the number and dosage and is essential for monitoring the patient or for future reference.

c) **Outdated drug supplies and samples**

All drugs and samples have an expiry date printed on them. For obvious reasons, they should not be used after this date. The office should have a system monitored by the doctor or his assistant for periodic review of all drugs on site, and the disposal and replacement of those drugs which are outdated.

d) **Allergy flagging**

The presence or absence of allergies to medication or other agents should be clearly and boldly evident on the medical record in an area where anyone who picks the chart up will immediately take note.

e) **Sterilization of instruments and supplies**

Sometimes the sterilization of instruments in practitioners' offices is variable and haphazard. If any invasive techniques are being performed in the office, it is imperative that adequate sterilization procedures be followed.

f) **Refrigeration of vaccines and drugs**

Some drugs need to be refrigerated, and all vaccines should be kept at a temperature between 2° - 8° C. These materials should be stored in the central location of a refrigerator, preferably in an insulated container. A record should be kept of refrigerator temperatures weekly. Food should not be stored in the same refrigerator as medications.

d) **Drugs left in examining room or elsewhere**

Drug names are confusing enough for health professionals, let alone patients, and should never be left in an area in which patients are alone. It is also important to ensure that no drugs or dangerous materials are within reach of children. Even when parents are present, children are not always supervised.

.2 **Office Management & Logistics**

a) **Narcotic security and log of narcotic use**

The *Controlled Drugs & Substances Act (S.C. 1996, c.19)* specifically states that when narcotics are given to a patient, they must be recorded in both the patient's chart and in a separate log retained with the narcotics container. This practice documents the amount dispensed to whom and when, and makes internal abuse (especially in a large office) more difficult.

b) **Referral letters**

It is recommended, at the time of referral, that a letter or note be sent to the receiving consultant outlining the reason. This is particularly important when the situation is complex and requires knowledge of previous history and medications. A copy of the note should be kept in the patient's chart.

c) **Forwarding patient charts to a new physician**

It is recommended that an original chart be retained by the original physician. If information is to be forwarded, it should either be extracted from the chart and a relevant summary sent; or the relevant portions of the chart should be photocopied and sent.

e) **Disposal of sharps**

With the increasing risk of AIDS and hepatitis, sharps should be discarded in an appropriate manner. It is recommended that an approved sealed plastic container be used, providing protection for office staff, along with disposal through a local hospital or appropriate agency.

f) **Prescription pads**

All prescription pads, either normal or triplicate, should be secured in a location in which patients do not have access to them. Careless use of these materials may result in their being used in a dangerous or inappropriate manner.

.3 **Observations Regarding Charting**

a) **Insufficient documentation in a chart**

This is the most common criticism noted in peer reviews. As a rule of thumb, a record should contain sufficient information to tell another physician why the patient came, what was found and what was done. The findings should indicate both positive and significant negative findings, without which the clinical situation cannot be understood.

b) **Insufficient database**

The patient record should contain, in a consistent and easily accessible place, a "snapshot" of the patient's health status. This sheet should provide information including: significant previous illness, allergies and drug sensitivities, familial or occupational health risks, chronic illness and medications. This information is referred to as a "CPP" or "Cumulative Patient Profile", and there are a number of forms available to record this data.

c) **Record of telephone advice**

If a patient receives specific advice by telephone, it should be noted briefly on the chart. This is important for future reference with respect to care, and also from a medico-legal perspective.

d) **Record of prescriptions**

When treatment is prescribed, it is important to note the drug, dosage, frequency and duration of the therapy. Again, this is important for both patient care, and legal protection.

e) **Legibility**

Frequently, office records cannot be deciphered by anyone except the writer, and sometimes he or she has difficulty. At a minimum it should be possible for another physician to read the record.

f) **Chart organization**

Often, assessors find that charts are so disorganized that essential data cannot be found. As a general rule, each patient deserves a separate file; each file should be organized in the same way. If you dropped three files at the top of the stairs, could you put them back together? Will you be sure the filing is accurate?

The above is not an all-encompassing list, nor will elimination of these problems guarantee quality patient care. It is, however, probable that correction of these deficiencies will make the provision of patient care easier, safer, and more enjoyable for all involved.