College of Physicians & Surgeons of Alberta

Group Practice Review (GPR) Pre-Questionnaire

This questionnaire is a working document that will help the nurse reviewers and physician facilitators to understand the nature of your clinic. Some questions may refer to mandatory CPSA Standards of Practice while others may allow for constructive feedback on features that support quality in practice. Please consider all physicians in the clinic when completing the questionnaire.

Clinic Name: _____
GPR ID: _____
Date: _____

1. Name and contact information for the Designated Physician in this clinic:
   _____
2. Clinic/Office Manager name and contact information:
   _____
3. If applicable, business owner name and contact information:
   _____
4. Office hours:
   _____
5. How many years has the clinic been in operation?
   _____
6. Confirm the following physicians are currently practising in the clinic:

Physician (First Name, Last Name)	Active/No Longer Active

List any additional physicians currently practising in the clinic:

Physician (First Name, Last Name)

7. How many physicians work full-time in the clinic (greater than 6 half-day clinics per week):
   _____

8. Is the clinic a member of a Primary Care Network (PCN)? No ☐ Yes ☐ *If yes, name of PCN:*

_____

9. Is the clinic co-located within a retail facility (e.g. retail pharmacy, grocery store, etc)? No ☐ Yes ☐
If yes, does the clinic have an agreement with the retailor? No ☐ Yes ☐
If yes, can it be provided upon request? No ☐ Yes ☐

10. Does the clinic share a common reception with another business(s)? No ☐ Yes ☐
If yes, does the clinic have an agreement with the other business(s)? No ☐ Yes ☐
If yes, can it be provided upon request? No ☐ Yes ☐

11. Does the clinic have an EMR?

No ☐ *If no, when does the clinic anticipate implementing an EMR?*

_____

Yes ☐ *If yes: EMR Name:* _____

Does the clinic have a Privacy Impact Assessment (PIA) in place for an EMR? No ☐ Yes ☐

Which Electronic Medical Record (EMR) functions are used by the clinic?

	Yes	*No*	*Not Applicable*
• *Patient summary (problem and medication lists)*	☐	☐	☐
• *Recall lists*	☐	☐	☐
• *Patient reminders*	☐	☐	☐
• *Third Next Available appointment*	☐	☐	☐
• *Panel size*	☐	☐	☐

Comments (additional features or challenges):

_____

_____

12. Can physicians in the clinic identify their panel patients?
No ☐ Yes ☐ Unsure ☐
If yes, do physicians in the clinic use the panel to inform quality improvement in clinic? No ☐ Yes ☐

13. Please describe how your clinic's recorded message informs patients how to access the after-hours care as per the CPSA's Continuity of Care standard of practice. Please mark all that apply.

☐ Direct patients to a physician on call
☐ Direct patients to another healthcare provider or service
☐ Other (please describe)

_____

_____

14. Is there a process in place to access Netcare during patient visits?
    No ☐ Yes ☐

15. Do physicians in the clinic perform procedures that contact mucous membranes, non-intact skin, sterile tissues, or the vascular system? (Refer to CPSA IPAC website for further information and definitions.)

    No ☐
    Yes ☐ *If yes, does the clinic use: Re-Useable Instruments* ☐ */ Single-Use (Disposable) Instruments* ☐

16. Does the clinic have written infection prevention & control policies and procedures?
    No ☐ Yes ☐

17. Has the clinic reviewed the CPSA General Infection Prevention & Control Standards ?
    No ☐ Yes ☐

18. Does the clinic have a policy and procedure in place to manage disruptive behavior of a colleague or co-worker?
    No ☐ Yes ☐

19. What services are offered in the clinic? Please mark all that apply.

☐ Pre-natal (without delivery)	☐ Obstetrics (including deliveries)
☐ Palliative care	☐ Home visits
☐ Long-term care/assisted living visits	☐ Teaching students and residents
☐ Hospital/emergency care	☐ Use of Class 3B or 4 laser equipment (CPSA FAQs)

Other:

_____

_____

20. Please indicate Registrar Approvals are offered at the clinic. Please mark all that apply.

☐ Acupuncture
☐ Hair Transplantation
☐ Complementary and Alternative Medicine
☐ Other Services Offered (please describe):

_____

_____

21. Characteristics of the patients in this practice. Please mark all that apply.

☐ Comprehensive full spectrum family practice for attached patients
☐ Episodic practice for unattached patients
☐ Appointments and occasionally walk-in
☐ Special interest/Other (please describe):

_____

_____

Comments:

22. Does the clinic have group/team meetings?

No ☐ Yes ☐ *If yes, how often?* _____

What topics are discussed at meetings? Please mark all that apply.

- ☐ team function
- ☐ processes
- ☐ learning
- ☐ policies
- ☐ quality assurance
- ☐ business issues
- ☐ other – please describe: _____

23. What initiatives has your clinic been involved in that support quality in group practice? Please mark all that apply.

- ☐ Access Improvement Measures (AIM)
- ☐ Alberta Screening & Prevention Program (ASaP)
- ☐ Choosing Wisely
- ☐ Physician Learning Program (PLP)
- ☐ Toward Optimized Practice (TOP)
- ☐ None
- ☐ Other – please describe:

24. Does the clinic follow the Patient's Medical Home model?
No ☐ Yes ☐

25. Do physicians in the clinic utilize Health Quality Council of Alberta (HQCA) data?
No ☐ Yes ☐ Unsure ☐
If yes, please describe how the clinic utilizes HQCA data:

26. Do physicians in the clinic utilize the CPSA MD Prescribing Snapshot data?
No ☐ Yes ☐
If yes, please describe how the clinic utilizes prescribing data:

27. Is your clinic involved in any patient satisfaction initiatives?
No ☐ Yes ☐ *If yes, please describe.*

28. Describe examples of exceptional clinic performance and/or success stories that may be useful for the facilitators to be aware of:

29. Describe challenges your clinic faces that may be useful for the facilitators to be aware of:

30. Additional comments:

Continuing Competence Department, College of Physician & Surgeons of Alberta
T: 780-969-4987| 1-800-561-3899 ext. 4987
F: 780-420-0651