

2450 Del Paso Road, Suite 105
Sacramento, CA 95834
(916) 575-7170, (916) 575-7292 Fax
www.optometry.ca.gov

To: CPC Committee Members

Date: March 23, 2018

From: Jessica Sieferman
Executive Officer

Telephone: (916) 575-7184

Subject: Agenda Item 5 – Update, Discussion and Possible Action Regarding Board Inspection Program

As requested during the last Consumer Protection Committee (CPC) meeting, staff distributed the attached Board-approved Monitoring Plan (Attachment 1). The CPC will use this as a starting point to develop the “tools” inspectors will use when performing inspections.

MONITORING PLAN

This Monitoring Plan (Plan) outlines the written protocols for monitoring the optometrist's worksite. The Plan details the expectations for conducting a monitoring visit of the optometrist's practice, randomly selecting and reviewing charts (if applicable), and reporting findings to the Probation Monitor.

If this Plan is accepted, the Worksite Monitor shall sign the Worksite Monitor Agreement.

Initial and Subsequent Site Visits:

Prior to the initial site visit, the Monitor should review the Board's Accusation and Disciplinary Decision, Worksite Monitor's Roles and Responsibilities, and sign the Worksite Monitor Agreement. In addition, the Monitor should review the "Worksite Monitor Pre-Visit Information" form that was completed by the probationer.

The Monitor will make an initial site audit at the beginning of the monitoring program and on an annual basis thereafter during the normal business hours (unless otherwise indicated below). The initial site audit involves an inspection of the optometrist's place of practice. After the initial site audit has been concluded, the Monitor will prepare a summary report of his/her findings and submit to the Board's Probation Monitor.

Subsequent visits to the optometrist's practice location will be made for the purpose of randomly selecting and reviewing charts, inspecting the sanitation and orderliness of the office, and/or meeting with the optometrist to discuss cases or other practice related issues. For infection control related issues, the Monitor will conduct six site visits during the first six months, three of which shall be unannounced. Thereafter, the monitor will conduct a minimum of four site visits every twelve months until the end of probation. For all other practice related issues, the Monitor shall conduct a minimum of twelve visits (each visit lasting up to a full day) per year for the entire term of probation.

If the optometrist has more than one practice location, the Monitor will make an initial site audit at each practice and make subsequent visits to each location.

The Monitor shall use the Site Evaluation Sheet when conducting each site visit.

Monitor Reports

The Monitor will submit a written report once each quarter to the Board's Probation Monitor summarizing the monthly site visits (using the site evaluation sheet) and review of patient records (if applicable). The reports shall be written on the Monitor's letterhead and bear the original signature of the Monitor.

The reports from the Monitor must contain at a minimum, the following:

1. the Probationer's name;
2. license number;
3. worksite monitor's name and signature;
4. worksite monitor's license number;
5. worksite location(s);
6. dates Probationer had face-to-face contact or correspondence (written and verbal) with monitor;
7. staff interviewed, if applicable;
8. attendance report;

9. any change in behavior and/or personal habits;
10. assessment of the Probationer's ability to practice safely;
11. recommendation dependant on Probationer's performance on whether to continue with current worksite monitor plan or modify the plan;
12. other relevant information deemed necessary by the worksite monitor or the Board.

In addition, the reports shall describe any identified problems or deficiencies in the quality of patient care, medical record keeping, billing practices, or other practice related issues.

The Monitor reports are due to the Board's Probation Monitor ***within 7 calendar days after the end of the preceding quarter.*** The quarterly reporting periods and due dates are as follows:

| Reporting Time Period | Due No Later Than |
|---------------------------------------|--------------------------|
| January 1 to March 31 (Quarter I) | April 7 th |
| April 1 to June 30 (Quarter II) | July 7 th |
| July 1 to September 30 (Quarter III) | October 7 th |
| October 1 to December 31 (Quarter IV) | January 7 th |

Additional Plan Requirements (If indicated):

Infection Control

In addition to the Site Visit Evaluation sheet, the Monitor shall use the Infection Control Guidelines Checklist provided by the Board during each site visit.

Staff Interview

The Monitor shall interview staff to determine what services are offered in the office and/or how patient referrals are being handled. The Monitor may re-interview staff at any site visit.

Patient Record Review¹

Professional Services – Competency Chart Review

Billing Chart Review

The Monitor shall review a minimum of 10% of the optometrist's patient records or 15 records (whichever is greater) in an eight hour day, at a minimum of twelve times per year. The Monitor will determine the method of random chart selection. This responsibility shall not be delegated to either the optometrist or the optometrist's staff. The random selection of charts should include charts that correlate to the patient care issues or other issues identified in the Board's Accusation and Decision which resulted in the optometrist being placed on probation. The optometrist is required to make all charts available for immediate inspection and copying by the Monitor at all times during business hours. The Monitor will immediately notify the Board's Probation Monitor if the optometrist fails or refuses to make the records available for inspection and/or copying.

If the optometrist is required to maintain patient records of all lens prescriptions dispensed or administered to patients, the Monitor will compare the patient records being audited to the entries in the file to ensure that all lens prescriptions are in the file, the optometrist conducted a comprehensive examination prior to prescribing and dispensing the lenses, and the visual impairment was medically indicated.

¹ The Patient Record Review does not need to be completed during office hours.

If the optometrist was placed on probation due, in part, to the optometrist failing to release the prescription to the patient when required, the Monitor shall look for verification that each patient received their prescription.

Patient Examination Evaluation

During the site visits, the Monitor shall observe all patients examinations during that day. The Monitor shall use the Patient Examination Evaluation Checklist provided by the Board. After the examinations, the Monitor shall review the patient records to ensure the examination was adequately and accurately documented.

If the Monitor observes the optometrist providing services beyond the scope of the optometrist's license, the Monitor shall instruct the optometrist to stop and inform the Board in writing within 24 hours from the time of occurrence.

Mental or Physical Evaluation

During the site visits, the Monitor shall observe the optometrist for possible mental or physical impairments. Of the minimum 12 visits per year, half of the visits shall be unannounced.

Attachments to this Plan

1. Worksite Monitor Roles and Responsibilities
2. Worksite Monitor Agreement
3. Worksite Monitor Pre-Visit Information
4. Worksite Monitor Site Visit Evaluation Sheet
5. Infection Control Guidelines Checklist
6. Professional Services – Competency Chart Review
7. Billing Chart Review
8. Patient Examination Evaluation Checklist

Worksite Monitor Roles and Responsibilities

Roles

The role of the Worksite Monitor (Monitor) is to ensure, to the extent possible, that the optometrist on probation will conduct his/her practice with safety to the public and in a competent manner. The Monitor is responsible for reporting to the Board any identified problems or deficiencies in the quality of the optometrist's patient care, billing practices, medical record keeping, and/or professional conduct. The Monitor also fulfills the role of an educator and advisor to the optometrist, with the goal of assisting the optometrist to improve clinical skills and gain insight into practices that led to the disciplinary action, so that learning and rehabilitation will occur.

Monitors are expected to render fair, objective, reliable, and unbiased reports to the Board's Probation Monitor. In order to do this, the Monitor cannot have any *prior or current* business, personal, or other relationship with the optometrist on probation.

The Monitor conducts an *initial* site audit with subsequent audits annually; if required, chart files are reviewed on a monthly basis at the optometrist's place of practice(s). A summary report is prepared quarterly and sent to the Board's Probation Monitor.

The Monitor will be required to: 1) complete an Agreement with the Board; 2) review the Pre-visit Information Sheet; 3) conduct an initial site audit with annual audits thereafter; 4) conduct chart reviews (if required) once a month; and 5) prepare quarterly reports.

Responsibilities

The Monitor's responsibilities include:

1. Reviewing all background information including the Accusation and Decision pertaining to the optometrist on probation.
2. Monitoring the optometrist for his/her entire probation period (unless otherwise stated in the Order) according to the Board's requirements.
3. Adhering to all HIPPA regulations and guidelines with respect to patient privacy.
4. Working together with the optometrist to ensure the Monitoring Plan is being followed as outlined.
5. Telephoning the optometrist as needed to discuss the results or concerns from the monthly chart reviews (if applicable).
6. Completing and providing written quarterly reports to the Board's Probation Monitor in accordance to the Monitoring Plan.
7. Communicating regularly with the Board regarding the optometrist's progression and any concerns he/she may have.

Worksite Monitor Agreement

I, _____, O.D. /OMD, agree to serve as a worksite monitor for _____, O.D.

_____ 1. I have received, reviewed, and understand the materials provided to me describing the worksite monitor roles and responsibilities. Any questions regarding my obligations as a worksite monitor have been discussed with and fully addressed by the California State Board of Optometry (Board) Probation Monitor. I clearly understand the role of a Monitor and what is expected of me.

_____ 2. I have received and have read a copy of the Board's Accusation and Decision filed against Dr. _____, O.D. The Board charged Dr. _____, O.D. with (insert violation cited such as gross negligence or repeated negligent acts or incompetence, etc.) because he/she failed to (insert explanation from the summary paragraphs which describe the omission or departure.)

OR (to be used with Proposed Decisions)

_____ 2. I have received and have read a copy of the Board's Accusation and Decision filed against Dr. _____, O.D. The Board found Dr. _____, O.D. was (insert violation(s) the ALJ identified as ones confirmed or proven such as gross negligence or repeated negligent acts or incompetence, etc.) because he/she failed to (insert explanation/findings that were proven or confirmed during the hearing – DO NOT INCLUDE THOSE FINDINGS OR VIOLATIONS THAT WERE NOT PROVEN.)

_____ 3. (If applicable) I understand that, as the approved worksite monitor, I am required to randomly select patient charts on a monthly basis for review. I understand that I must review a minimum of 10% of the optometrist's patient records or 15 records (whichever is greater) in an eight hour day, at a minimum of twelve times per year.

_____ 4. Should Dr. _____'s optometric practice change in either the location(s) or the volume of patients being seen, this agreement may be amended. If I believe an amendment is indicated, I can submit a proposed revision to the Board's Probation Monitor for approval. I do understand that any changes to the Monitoring Plan must be approved by the Board.

_____ 5. I agree to conduct an initial site audit at Dr. _____'s place of practice and subsequent site audits annually. I understand that if Dr. _____ has multiple locations, I am to conduct a site audit at each location. I will prepare a written report to the Board's Probation Monitor of my findings.

_____ 6. I agree to submit written reports quarterly to the Board's Probation Monitor regarding my review of Dr. _____'s practice. I understand that the failure to submit quarterly reports in a timely manner may result in the Dr. _____ being charged with a violation of probation.

_____ 7. I have no prior or current business, personal or other relationship with Dr. _____ that could reasonably be expected to compromise my ability to render fair and unbiased reports to the Board.

_____ 8. I understand that Dr. _____, O.D. is responsible for all costs associated with the monitoring of his/her practice, and that these costs are not set by the Board. I am not being compensated for my services by any form of bartering arrangement.

_____ 9. If I am no longer able or willing to continue to monitor Dr. _____, 's practice, I agree to immediately notify both Dr. _____ and the Board's Probation Monitor by telephone at (916) 575-7184 and submit a written explanation by email or regular mail within 5 business days.

_____ 10. If I am unable to contact or meet with Dr. _____, O.D. in order to fulfill my obligations as a worksite monitor, I will notify the Board's Probation Monitor at (916) 575-7184 within two weeks of my failed attempts to contact Dr. _____ O.D.

_____ 11. I have reviewed the Monitoring Plan and agree to monitor Dr. _____, O.D. as specified.

I understand that my reports will be available for inspection and review by the Board staff or the Attorney General's Office at any time. I agree that my report and findings shall not be privileged in any way to these agencies and/or their designees.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed on _____, 20____.

Monitor (Print Name)

Signature

Worksite Monitor Pre-Visit Information
(To be completed by Probationer)

Instructions: Please complete all sections below. If you have more than one practice location, please submit a separate form for each location. If you change your practice location, you must submit a new form.

| | | | |
|---|--------|---|-------------------|
| Name | | | |
| List name exactly as it appears on your current license/registration. | | | |
| Last | | Middle I. | First |
| Practice Address | | Home Phone Number | |
| Number | Street | State | |
| | | Mobile Phone Number | |
| | | | |
| Business Name | | Office Phone Number | Fax Number |
| | | | |
| Email Address | | Malpractice Insurance Provider | |
| | | | |
| Office Hours | | | |
| Monday | - | Friday | - |
| Tuesday | - | Saturday | - |
| Wednesday | - | Sunday | - |
| Thursday | - | Number of Hours Present at this location: | |
| | | | |
| Patient Volume | | | |
| Average number of patients seen <i>per month</i> : | | | |
| Office Staff | | | |
| Number of Optometrists in the practice: _____ | | | |
| License No: _____ | | | |
| Number of Assistants in the practice: | | | |
| Number of other support staff: | | | |
| Do you instruct office personnel on: | | | |
| Communicating with patients? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Cleaning and sterilization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Patient billing and coding? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Practice Policies | | | |
| What procedure is employed in your practice for handling patient referrals to appropriate physicians? | | | |
| What procedure is employed in your practice for ensuring the patient receives his/her prescription(s)? | | | |
| How are patients' records stored? | | | |
| Do you prescribe codeine with compounds and/or hydrocodone with compounds? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, what is your DEA #? | | | |

Preferred Times for Site Visits

Site Visits will be conducted by the Worksite Monitor. The Monitor may be in your office for a minimum of four hours per visit. Please indicate three options for your preferred time(s) for the site visits (some visits may be unannounced).

| | | | |
|-----------|---|----------|---|
| Monday | - | Friday | - |
| Tuesday | - | Saturday | - |
| Wednesday | - | Sunday | - |
| Thursday | - | | |

Worksite Monitor Site Visit Evaluation Sheet

Date:
Probationer Name:
Practice Site Location:

Site Visit Date:
Length of Site Visit:

Practice Assessment and Evaluation

Observe the following areas and provide an assessment on:

- General practice/office hygiene and organization
- Waiting room/area
- Exam rooms
- Office policies
- Office safety
- Business office area
- Patient education materials
- Method used for scheduling patient appointments
- Average time allowed in schedule for (a) new patients, (b) return/follow-up visits, and (c) complete examination

Practice Structure

Assess the following areas of practice and provide a summary of how each are handled:

- Telephone, fax, or email (if applicable) messages
- Maintaining security/confidentiality of medical data
- Ensuring messages are routed to optometrist timely
- Communication with other optometrists, ophthalmologists, or other physicians
- Method for documenting patient referrals
- Method of ensuring referrals are completed timely
- Emergency and urgent messages

Maintenance of Medical Records

Observe and provide a description of the following:

- The method used for charting/medical record keeping
- Storage of data electronically or through the use of an electronic health record
- The system on how records are stored or filed
- How long medical records are stored
- Identification of records to ensure attention to drug allergies or other major medical concern

License and Notice Posting

Describe where each license/notice is posted in the office (if applicable):

- Optometrist License & renewal indication
- Branch Office License
- Statement of Licensure
- Fictitious Name Permit
- Consumer Notice

Ophthalmic Equipment

Observe and provide an assessment on the following equipment:

- Retinoscope
- Keratometer/ophthalmometer or equivalent
- Ophthalmoscope
- Tonometer
- Biomicroscope
- Phoropter
- Visual Acuity Device/Method
- Other appropriate equipment necessary

Prescriptions

Verify the following information is on Rx pad:

- Provider's name, address, telephone number, license number, and signature
- Issue and expiration date
- Patient's name

Worksite Monitor
Infection Control Guidelines Checklist

These guidelines are pursuant to California Code of Regulations, §1520. The Worksite Monitor is directed to go through each section and verify the optometrist on probation and the staff, which includes assistants, are complying with all the applicable Standard Precautions.

Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucus membranes may contain transmissible infectious agents. All contact with these substances is treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis, and other transmissible infectious agents. Standard Precautions are also intended to protect patients by ensuring that optometric staff do not carry infectious agents to patients on their hands or via equipment used when providing optometric services. Standard Precautions must be used in the care of all patients, regardless of suspected or confirmed infection status, and in all settings wherein optometric services are provided. Standard Precautions include:

| Proper Hand Hygiene | | |
|---|------------------------------|-----------------------------|
| Hand Washing Facility | | |
| The office has a hand washing facility that is entirely within the confines of the premises or space occupied by the office and not elsewhere, and is for the exclusive use of the optometrist or optometrists practicing in the office and his/her or their assistants and patients and is not be used by other persons. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The hand washing facility, at a minimum, has the following: | | |
| A wash basin or sink with hot and cold running water which complies with Title24, California Administrative Code, Part 5 (commencing with Section P100). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Liquid hand washing detergent in a dispensing device. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Single service sanitary towels in a dispensing device or a sanitary hot-air blower hand drying apparatus. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The hand washing facilities is maintained in a condition of cleanliness and good repair. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hand Hygiene | | |
| The optometrists and staff maintain at all times a high standard of cleanliness and personal hygiene in order to ensure proper patient care. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The optometrists and staff avoid unnecessary touching of face, nose, and surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces, when providing optometric services. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| When hands are visibly soiled, hands are washed with soap and water for a 20-second scrub and 10-second rinse or an antimicrobial hand wash. If hands are not visibly soiled, an acceptable alternative of hand decontamination is with an alcohol-based hand rub (except in cases of spores, as described below). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hands are washed or decontaminated as follows: | | |
| Before having direct contact with any patient, immediately after a procedure (such as eye examinations or other procedures involving contact with tears), and in between patients. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| After removing gloves, ensure that hands will not carry potential infectious material that might have penetrated through unrecognized cuts or lacerations in the gloves, or that could contaminate the hands during glove removal. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Artificial fingernails or extenders are not worn when duties include direct contact with patients at high risk for infection and associated adverse outcomes. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| After each patient session ends, hands are washed with soap and water or an antimicrobial hand wash if contact with spores (including but not limited to C.difficileorBacillus anthracis) is likely to have occurred. The physical action of washing and rinsing hands in such circumstances is required because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If an optometrist or staff member has exudative lesions or weeping dermatitis of the hand, direct patient care and the handling of patient care equipment by the person with the condition is stopped until the condition resolves. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Use of Personal Protective Equipment | | |

| | | |
|--|------------------------------|-----------------------------|
| The optometrists and staff routinely use gloves to prevent skin exposure when anticipating direct contact with blood or body fluids, mucous membranes, nonintact skin, and other potentially infectious material or surfaces soiled with such fluids. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The optometrists and staff discard gloves after contact with each patient to prevent transmission of infectious material. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The optometrists and staff change gloves if patient interaction involves touching portable computer keyboards or other mobile equipment that is transported from room to room. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The optometrists and staff do not reuse gloves. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The optometrists and staff wear masks, gloves and protective eye wear in situations where blood, respiratory secretions, or contaminated fluids may be sprayed or splashed into the eyes of an optometrist or staff member. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| The optometrists and staff wear masks, gloves and protective eye wear when the optometrist, staff or patient is known or suspected to have a pathogen, which can be transmitted by airborne, contact or droplet routes. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If an optometrist or staff member is infected with a pulmonary or other disease that is transmitted by airborne, contact or droplet routes, then that optometrist or staff member wears a mask, gloves and protective eyewear to protect the patient. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Protective eyewear is washed and disinfected between each patient or when visibly soiled. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Handling of Sharp Instruments | | |
| Precautions are taken in order to prevent injuries caused by needles, scalpels, and other sharp instruments or devices when: | | |
| Performing procedures, including but not limited to venipuncture | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Cleaning used instruments | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Disposing of used needles | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Handling sharp instruments after procedures | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| To prevent needle stick injuries, optometrists and staff are instructed in the proper handling of needles, including but not limited to when needles must not be recapped, or purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Optometrists and staff are instructed to place disposable syringes and needles, scalpel blades and other sharp items in puncture resistant containers following their use. Puncture resistant containers shall be provided and shall be located as close as practical to the area where needles and syringes are in use. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Pursuant to Cal/OSHA's Bloodborne Pathogens Standard, Title 8, Cal. Code Regs., Section 5193, employers governed by this rule establish, maintain, review and update at least annually and whenever necessary their Exposure Control Plan to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens, and establish and maintain a Sharps Injury Log. This rule applies to all employers with employees who have occupational exposure to blood or other potentially infectious materials. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Optometrists and staff shall adhere to all federal and state requirements for handling of sharp instruments (including but not limited to the Medical Waste Management Act, California Health and Safety Code sections 117600-118360). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Disinfection Requirements | | |
| Germicides and/or disinfectants are used in order to eliminate most of all pathogenic microorganisms from inanimate objects, such as medical devices or equipment. Optional: If there are questions on how to disinfect a particular medical device, the office may contact the manufacturer of the product. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Contact lenses and carrying cases used in trial and follow-up fittings are handled in the following manner: | | |
| Trial contact lenses are discarded (inapplicable to rigid gas permeable and non-disposable hydrogel trial contact lenses). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Disinfecting between each fitting is done by one of the following regimens: U.S. Food and Drug Administration (FDA) approved chemical disinfection system appropriate for the contact lens type. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| Heat disinfection. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|
| When using eye drops, optometrists and assistants do not permit the bottle tip to come into direct contact with the patient's tears or conjunctiva. If the tip touches the patient, the bottle is discarded. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Optometrists and staff follow employer-established policies and procedures for routine and targeted cleaning of environmental surfaces as indicated by the service-delivery setting, the level of patient contact, and degree of soiling. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Optometrists and staff clean and disinfect surfaces that are likely to be contaminated with pathogens, especially those in close proximity to the patient and frequently touched surfaces in the patient care environment. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Optometrists and staff comply with all minimum standards for infection control practices issued by local, state, and federal governmental agencies in response to emergency health and safety situations. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| BILLING CHART REVIEW | RECORD # | | | | | | | | | | | | | | | | | | | |
|------------------------------------|----------|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | BILLING METHOD USED: _____. | | | | | | | | | | | | | | | | | | |
| EXAMINATION RECORD | | | | | | | | | | | | | | | | | | | | |
| Legible | | | | | | | | | | | | | | | | | | | | |
| No visible whiteout or erasers | | | | | | | | | | | | | | | | | | | | |
| INVOICE | | | | | | | | | | | | | | | | | | | | |
| Services match medical record | | | | | | | | | | | | | | | | | | | | |
| Billing | | | | | | | | | | | | | | | | | | | | |
| Correct Coding | | | | | | | | | | | | | | | | | | | | |
| Correct Service Date | | | | | | | | | | | | | | | | | | | | |
| Materials | | | | | | | | | | | | | | | | | | | | |
| Billed for correct materials | | | | | | | | | | | | | | | | | | | | |
| Patient received materials* | | | | | | | | | | | | | | | | | | | | |
| Lab records match billed materials | | | | | | | | | | | | | | | | | | | | |

**P" for "pending" may be used for materials that are ordered, but have not been delivered. During the next audit review, the auditor must verify any previously pending materials to ensure they were delivered.

Patient Examination Evaluation Checklist

| Case History | | | | | | | | | | | | |
|--|---|-----------------------------|---|---|--|--|---|--|-------------------------------------|--|---|--|
| Date of patient's last eye examination is captured. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| The patient's ocular and visual health history is discussed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| The patient's family medical and ocular history is discussed. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| The patient's general health status (e.g., medications or existing chronic or acute conditions) is discussed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| Examination | | | | | | | | | | | | |
| Examination focuses on the problem or complaint presented by the patient | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| Refractive status was captured by doing the following: <ul style="list-style-type: none"> <input type="checkbox"/> Monocular entering visual acuity with habitual correction. <input type="checkbox"/> Manifest or Subjective Refraction. <input type="checkbox"/> Monocular Best Corrected Visual Acuities (BCVA). | | | | | | | | | | | | |
| Binocular Status was captured by doing any of the following, as appropriate: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Cover test (objective)</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Level /grade of binocularity</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Phorias and/or fixation</td> <td style="padding: 2px;"><input type="checkbox"/> Fixation disparity (subjective)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Near Point of Convergence, (NPC)</td> <td style="padding: 2px;"><input type="checkbox"/> Prism reflex test</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Stereopsis</td> <td style="padding: 2px;"><input type="checkbox"/> Hirshberg/Angle Kappa</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Fusional ranges and vergence testing</td> </tr> </table> | | | <input type="checkbox"/> Cover test (objective) | <input type="checkbox"/> Level /grade of binocularity | <input type="checkbox"/> Phorias and/or fixation | <input type="checkbox"/> Fixation disparity (subjective) | <input type="checkbox"/> Near Point of Convergence, (NPC) | <input type="checkbox"/> Prism reflex test | <input type="checkbox"/> Stereopsis | <input type="checkbox"/> Hirshberg/Angle Kappa | <input type="checkbox"/> Fusional ranges and vergence testing | |
| <input type="checkbox"/> Cover test (objective) | <input type="checkbox"/> Level /grade of binocularity | | | | | | | | | | | |
| <input type="checkbox"/> Phorias and/or fixation | <input type="checkbox"/> Fixation disparity (subjective) | | | | | | | | | | | |
| <input type="checkbox"/> Near Point of Convergence, (NPC) | <input type="checkbox"/> Prism reflex test | | | | | | | | | | | |
| <input type="checkbox"/> Stereopsis | <input type="checkbox"/> Hirshberg/Angle Kappa | | | | | | | | | | | |
| <input type="checkbox"/> Fusional ranges and vergence testing | | | | | | | | | | | | |
| Ocular health status was captured by doing any of the following, as appropriate: <ul style="list-style-type: none"> <input type="checkbox"/> Direct and/or indirect ophthalmoscopy (Complete Dilated Fundus Examinations) <input type="checkbox"/> Neurological integrity – pupillary reflexes and extraocular muscle (motility) evaluations <input type="checkbox"/> External examination/biomicroscopy <input type="checkbox"/> Intraocular pressure/tonometry <input type="checkbox"/> Visual fields screening | | | | | | | | | | | | |
| Diagnosis and Treatment Plan | | | | | | | | | | | | |
| Communicated diagnosis with patient | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| Explained treatment plan to patient | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| If medications were prescribed, the patient was told the strength, dosage, quantity and instructions for use. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| If medically indicated, patient received proper referral timely. Conditions for referral may include: vision loss, ocular discomfort or pain, double vision, diplopia, swollen lids, red eyes, ocular foreign body sensation, flashes or floaters, pain in or around eyes, etc , | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| Dilated Fundus Examinations* | | | | | | | | | | | | |
| Dilated Fundus examinations (DFEs) may be appropriate when certain signs, symptoms or pre-existing systemic and ocular conditions are present such as: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"> <ul style="list-style-type: none"> • Diabetes mellitus • High myopia • Transient or sudden loss of vision • Flashes and/or floaters </td> <td style="width: 50%; padding: 2px;"> <ul style="list-style-type: none"> • Any instance deemed necessary within professionally recognized standard of care </td> </tr> </table> | | | <ul style="list-style-type: none"> • Diabetes mellitus • High myopia • Transient or sudden loss of vision • Flashes and/or floaters | <ul style="list-style-type: none"> • Any instance deemed necessary within professionally recognized standard of care | | | | | | | | |
| <ul style="list-style-type: none"> • Diabetes mellitus • High myopia • Transient or sudden loss of vision • Flashes and/or floaters | <ul style="list-style-type: none"> • Any instance deemed necessary within professionally recognized standard of care | | | | | | | | | | | |

Optometrists who are not certified and authorized to use Diagnostic Pharmaceutical Agents (DPAs) are required to coordinate the referral of the patient to an optometrist or an ophthalmologist that is qualified to use DPAs.

*If the Dilated Fundus Examination was not completed, please provide an explanation below,
