Optional Self-Assessment for Primary Care Medical Home (PCMH) Certification for Ambulatory Health Care Centers

The following tool is a useful document that may be helpful to your ambulatory care practice as you pursue PCMH certification for your facilities. The tool assesses Elements of Performance (EPs) which are the actions, processes and structures that must be implemented to achieve the standard. These EPs are in addition to those required for your ambulatory care accreditation.

Survey Activity line below each explanation indicates which activity within the survey should be addressed.

If you would like to use this tool, you may find it most beneficial to consider all sites you are considering for PCMH certification.

✔ Check "yes" when your organization believes it is in compliance

✔ Check "no" when your organization is not in compliance

Based on your answers, your organization may be able to highlight areas where continued work needs to be completed in order to be in compliance with the standards.

I. OPERATIONAL CHARACTERISTIC: PATIENT-CENTEREDNESS

Providing Information to Patients: PCMH and Primary Care Clinician

1. The organization/site **provides information to the patient** about:
(indicate Yes or No to each item)

Yes No

☐ ☐ The mission, vision, and goals of the primary care medical home. *[RI.01.04.03/EP 1]*

> *Tip: Review flyers, brochures, posters, website, and other materials provided to patients. Look to see how they communicate a focus on patient-centered and team-based comprehensive and coordinated care, a systems-based approach to quality and safety, and enhanced patient access.*

☐ ☐ How the primary care medical home functions, its scope of care, and its types of services. *[RI.01.04.03/EP 2]*

☐ ☐ How the primary care medical home manages patient care, including the following: *[RI.01.04.03/EP 3]*

o Selection of a primary care clinician
o Involvement in his or her own treatment
   plan
o Management of referrals
   o Coordination of care
   o Collaboration with patient-selected clinicians who provide specialty care or
      second opinions
   o Communication with the primary care medical home about health care
      concerns/other information

☐ ☐ Patient responsibilities, including providing health history and current
medications and
      participating in self-management activities. *[RI.01.04.03/EP 5]*

☐ ☐ The patient's right to obtain care from other clinicians within the primary care
medical home, to seek a second opinion, and to seek specialty care. *[RI.01.04.03/EP
      6]*

☐ ☐ The credentials and educational background information of individuals serving in
the role of primary care clinician. *[RI.01.04.03/EP 7]*

YES at **all** sites_____ YES at **some** sites: _____ (list sites)   NO _____

[Explain any items above that are marked No]

Site Name(s) and Comments:

_____

_____
Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health centers only)

Patient-designated Primary Care Clinician

1. **Each patient has a designated primary care clinician.** *[PC.02.01.01/EP 16]*

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

    Site Name(s) and Comments:

    _____

    _____
    Survey Activity: Patient Tracer, Opening Conference/Org orientation

2. The organization **allows the patient to select his or her primary care clinician**.
    [RI.01.04.01/EP 7]

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

Site Name(s) and Comments:

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

Patient Involvement in His or Her Care Decisions

1. The organization **respects the patient's right to make decisions** about the management of his or her care. *[RI.01.02.01/EP 31]*

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

    Site Name(s) and Comments:

    _____

    _____

    Survey Activity: Patient Tracer, Opening Conference/Org orientation

2. The interdisciplinary team **involves the patient in the development of his or her treatment plan**. *[PC.02.04.05/EP 11]*

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

    Site Name(s) and Comments:

    _____

    _____

    Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

3. The interdisciplinary team **works in partnership with the patient** to achieve planned outcomes. *[PC.02.04.05/EP 9]*

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

    Site Name(s) and Comments:

    _____

    _____

    Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

4. The organization **respects the patient's right and provides the patient opportunity** to: *[RI.01.02.01/EP32]*

    This does not imply financial responsibility for any activities associated with these rights.

    Yes No

☐ ☐ Obtain care from other clinicians of the patient's choosing within the primary care medical home

Yes No

☐ ☐ Seek a second opinion from a clinician of the patient's choosing
☐ ☐ Seek specialty care

YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

[Explain any items above that are marked No]

Site Name(s) and Comments:
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported Health centers only)

Patient's Language & Communication Needs

1. The primary care clinician and the interdisciplinary team **identify the patient's oral and written communication needs**, including the patient's preferred language for discussing health care. *[PC.02.01.21/EP 1]*

   Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

2. The primary care clinician and the interdisciplinary team **communicate with the patient in a manner that meets the patient's oral and written communication needs**. *[PC.02.01.21/EP 2]*

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

3. The clinical **record contains the patient's communication needs**, including preferred language for discussing health care. *[RC.02.01.01/EP 27]*

> YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

Site Name(s) and Comments:
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The organization **provides language interpreting and translation services**. *[RI.01.01.03/EP 2]*

> *Language interpreting options may include trained bilingual staff, contract interpreting services, or employed language interpreters. These options may be provided in person, via telephone or video. The documents translated and languages into which they are translated are dependent on the patient population.*

> YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

Site Name(s) and Comments:
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported health centers only)

5. The patient's **clinical record contains the following:** *[RC.02.01.01 EP 25]*

Yes No

☐ ☐ Race and ethnicity
☐ ☐ Family history
☐ ☐ Work history (including any occupational risk factors or exposures)

Site Name(s) and Comments:
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

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Health Literacy & Self-Management goals

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1. The interdisciplinary team **identifies the patient's health literacy needs**. *[PC.02.03.01/EP 30]*

> *Health literacy is typically an interactive process, the goal of which is to ascertain the patients' capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.*

> YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

Site Name(s) and Comments:

_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

2. Patient **education is consistent with the patient's health literacy needs.**
   [PC.02.03.01/EP 31]

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:

   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

3. Patient **self-management goals** are **developed in partnership with patients, based on criteria established by the organization**, and incorporated into the patient's treatment plan. *[PC.01.03.01/EP 44]*

   Examples of criteria include the patient's disease process or condition and specific patient populations, such as those with multiple comorbidities or a chronic disease. It is not expected that self-management goals be developed for every patient.

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:

   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The primary care clinician and the interdisciplinary team **educate the patient on self-management tools and techniques** based on the patient's individual needs.
   [PC.02.03.01/EP 28]

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:

   _____
   _____

   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/Staff Leadership Session (for BPHC-supported Health centers only)

5. The clinical **record includes the patient's self-management goals and the patient's progress** toward achieving those goals. *[RC.02.01.01/EP 26]*

       YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

Site Name(s) and Comments:
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

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II. OPERATIONAL CHARACTERISTIC: COMPREHENSIVENESS

Expanded Scope of Responsibility

1. The organization manages transitions in care and **provides or facilitates patient access to:** *[PC.02.04.03/EP 1]*

   Some of these services may be obtained through the use of community resources as available,   or in collaboration with other organizations.

Yes	No		Yes	No			
☐	☐	Acute care	☐	☐	Substance abuse treatment		
☐	☐	Oral health care	☐	☐	Behavioral health needs		
☐	☐	Management of chronic care	☐	☐	Optical/eye health care	☐	☐
		Urgent and emergent care					
☐	☐	Preventive services that are age and gender-specific					
☐	☐	Rehabilitative services & equipment					

      YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   [Explain any items above that are marked No]

Site Name(s) and Comments:
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation; Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health centers only)

2. The organization provides care that **addresses various phases of a patient's lifespan,** including end-of-life care. *[PC.02.04.03/EP 2]*

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health centers only)

3. The organization **provides disease and chronic care management** services. *[PC.02.04.03/EP3]*

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation

4. The organization **provides population-based care** *[PC.02.04.03/EP 4]*

   Population-based care is the assessment, monitoring, and management of the health care needs and outcomes of identified groups of patients and communities, rather than individual patients. The goal is to improve the health of the population, increase awareness of behavior-related health risks, promote healthy lifestyles & patient self-management, and decrease health care inequities.

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation

Interdisciplinary Team Membership & Responsibilities

1. The organization **identifies the composition of the interdisciplinary team**. The team must include a Doctor of Medicine or osteopathy. [PC.02.04.05/EP 1]

   The intent of this requirement is that while a Doctor of Medicine or osteopathy is always available to be part of the interdisciplinary team, involvement in a patient's care would be determined by the needs of the patient.

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

Site Name(s) and Comments:

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

2.   The members of the interdisciplinary team **provide comprehensive and coordinated care** <u>and</u> **maintain the continuity of care**. *[PC.02.04.05/EP 2]*

   The provision of care may include making internal and external referrals.

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

3.   The primary care clinician and team members **provide care for a panel of patients**. *[PC.02.04.05/EP 4]*

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation

4.   The interdisciplinary team **participates in the development of the patient's treatment plan**. *[PC.02.04.05/EP 8]*

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/staff Leadership Session (for BPHC-supported centers only)

5.   The interdisciplinary team **assesses patients for health risk behaviors**. *[PC.02.04.05/EP 12]*

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:

_____
_____

6.   The interdisciplinary team **monitors the patient's progress** towards achieving treatment goals. *[PC.02.04.05/EP 10]*

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____

III.   OPERATIONAL CHARACTERISTIC: COORDINATED CARE

Care Coordination

1.   The primary care clinician is responsible for making certain that **the interdisciplinary team provides comprehensive and coordinated care and maintains the continuity of care**. *[PC.02.04.05/EP 5]*

   Coordination of care may include making internal and external referrals, developing and evaluating treatment plans, and resolving conflicts in the provision of care.

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____

2.   When a patient is referred internally or externally for care, treatment, or services, the interdisciplinary team reviews and tracks the care provided to the patient, and as needed, acts on recommendations for additional care, treatment, or services. *[PC.02.04.05/ EP 6]*

   Internal referrals include orders for laboratory tests and imaging.

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____

3. The interdisciplinary team **acts on recommendations from internal and external referrals** for additional care, treatment, or services. *[PC.02.04.05/EP 7]*

   __Tip__: Review a sample of clinical records to see whether there was follow-up on recommendations from specialists and other care providers

       YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care system tracer, Clinical/staff Leadership Sessions (for BPHC-supported Health centers only)

4. The **clinical record contains information that promotes continuity of care** among providers. *[RC.01.01.01/EP 5]*

   This requirement refers to care provided by both internal and external providers.

       YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation

IV.   OPERATIONAL CHARACTERISTIC: SUPERB ACCESS

Enhanced Access to Services

1. The organization provides patients with the **ability to do the following 24 hours/day, 7 days/week**: *[PC.02.04.01/EP1]*

   Access may be provided through different methods, such as via telephone, flexible hours, websites & portals.

   Yes No

   ☐ ☐ Contact the primary care medical home to obtain same or next day appointment
   ☐ ☐ Request prescription renewal
   ☐ ☐ Obtain clinical advice for urgent health needs
   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

       [Explain any items above that are marked No]

Site Name(s) and Comments:

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health centers only)

2. The organization **offers flexible scheduling** to accommodate patient care needs. *[PC.02.04.01/EP 2]*

    This may include open scheduling, same day appointments, expanded hours, and arrangements with other organizations.

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

    Site Name(s) and Comments:

    _____

    _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health centers only)

3. The organization has a **process to respond to patient urgent care needs 24 hours a day, 7 days a week.** *[PC.02.04.01/EP 3]*

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

    Site Name(s) and Comments:

    _____

    _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board and Clinical/staff Leadership Sessions (for BPHC-supported Health centers only)

4. Patients are provided **online access to their health information** within four business days after the information is available to the primary care clinician or interdisciplinary team. This information includes diagnostic test results, lab results, summary lists, and medication lists. *[PC.02.04.01/EP 4]*

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

    Site Name(s) and Comments:

    _____

    _____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Clinical/Staff Leadership Sessions (for BPHC-supported Health centers only)

5. The organization uses a **certified electronic health record to provide appointment reminders** to patients with two or more office visits in the last two years. *[PC.02.04.01/EP 5]*

*A **certified electronic health record** has the capability to support the documentation, sharing, and secure storage of patient data in a structured format, where information can be easily retrieved and transferred between settings of care and those participating in patient care. It meets criteria and complies with standards established by the Centers for Medicare & Medicaid Services & Office of the National Coordinator for Health Info Technology.*

YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

Site Name(s) and Comments:

_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org Orientation, Clinical/ Leadership Sessions (for BPHC-supported Health centers only)

V.   OPERATIONAL CHARACTERISTIC: SYSTEMS FOR QUALITY/SAFETY

Health information technology related

1. The organization **uses a certified electronic health record system** to do the following: *[PC.02.04.03/EP5]*

    Yes No
    ☐ ☐ Support the continuity of care, and provision of comprehensive and coordinated care
    ☐ ☐ Document and track care, treatment, or services
    ☐ ☐ Support disease management, including providing patient education
    ☐ ☐ Support preventive care treatment, or services
    ☐ ☐ Create reports for internal use
    ☐ ☐ Create & submit reports to external providers/orgs, public health agencies, disease-specific, immunization, other specialized registries
    ☐ ☐ Facilitate electronic exchange of information among providers
    ☐ ☐ Support performance improvement
    ☐ ☐ Identify & provide patient-specific education resources

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____
    [Explain any items above that are marked No]

    Site Name(s) and Comments:

    _____
    _____
    Survey Activity: Patient Tracer, Opening Conference/Org orientation, Continuity of Care system tracer

2. The organization **has an electronic prescribing** process *[MM.04.01.01/EP 21]*

    YES at **all** sites_____   YES at **some** sites: _____(list sites)   NO _____

    Site Name(s) and Comments:

_____
_____
_____
Survey Activity: Patient Tracer, Opening Conference/Org orientation, Medication Management System Tracer

3. The organization uses **clinical decision support tools** to guide decision making. *[PC.01.03.01/EP 45]*

   Clinical decision support is software designed to assist in clinical decision making. A clinical decision support system matches two or more characteristics of an individual patient to a computerized clinical knowledge base and provides patient-specific assessments or recommendations to the clinician. The clinician makes decisions based on clinical expertise, knowledge of the patient, and the information provided through the clinical decision support system. A clinical decision support system can be used at different points in the care process such as diagnosis, treatment, and post-treatment care, including the prediction of future events.

   YES at **all** sites_____   YES at **some** sites: _____(list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Medication Management System Tracer, Clinical/staff Leadership Session (for BPHC-supported Health centers only)

Performance improvement-related

1. The organization **collects data on: disease management outcomes.** *[PI.01.01.01/EP 28]*

   YES for **all** sites_____   YES for **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer

2. The organization **collects data on: patient access to care** within timeframes established by the organization. *[PI.01.01.01/EP 29]*

   YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

   Site Name(s) and Comments:
   _____
   _____
   Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer

3. The organization **collects data on the following:** *[PI.01.01.01/EP 30]*

Yes No

☐ ☐ Patient experience and satisfaction related to **access to care and communication**

☐ ☐ Patient perception of the **comprehensiveness** of care

☐ ☐ Patient perception of the **coordination** of care

☐ ☐ Patient perception of the **continuity** of care

YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____ Site Name(s) and Comments:

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer

4. The organization **uses the data it collects** on the patient's experience and satisfaction related to access to care and communication, and the patient's perception of the comprehensiveness, coordination, and continuity of care *[PI.03.01.01/EP 11]*

YES _____ (describe an example below)   NO _____

Site Name(s) and Comments:

_____

_____

_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management System Tracer, Governing Board Session (for BPHC-supported Health centers only)

5. Leaders use **qualitative data collection methods** to involve patients in performance improvement activities. *[LD.03.07.01/EP 21]*

Qualitative data collection methods are used to provide insight into patients' opinions, along with underlying reasons, and motivations. Examples of qualitative methods include focus groups, telephonic or in-person patient interviews or patient rounding, and patient participation on performance improvement committees.
.

YES _____ (describe how below)   NO _____

Site Name(s) and Comments:

_____

_____

6. The interdisciplinary **team actively participates in performance improvement** activities. *[LD.03.07.01/EP 4]*

    YES _____ (describe how below)   NO _____

    Site Name(s) and Comments:
    _____
    _____
    Survey Activity: Patient Tracer, Opening Conference/Org orientation, Data Management system tracer, Clinical/staff Leadership Session   (for BPHC-supported Health centers only)

7. The organization **evaluates how effectively** the primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services. *[LD.04.01.05/EP 11]*

    YES _____ (describe how below)   NO _____

    Site Name(s) and Comments:
    _____
    _____
    Survey Activity: Patient Tracer, Opening Conference/Org orientation, Governing Board Session (for BPHC-supported Health centers only)

Qualifications of Primary Care Clinician & Interdisciplinary Team

1. **Primary care clinicians have the educational background** and broad-based knowledge and experience necessary to handle most medical and other health care needs of the patients who selected them. This includes resolving conflicting recommendations for care. *[HR.03.01.01/EP 1]*

    A primary care clinician is a Doctor of Medicine or osteopathy, or an advanced practice nurse or physician assistant practicing in collaboration with a Doctor of Medicine or osteopathy. The term "collaboration" in this context means that health care providers work together to meet the needs of the patient. It is not the intent of this requirement to impose additional restrictions on the scope of practice of an advanced practice nurse, nor is it meant to preempt applicable state law.

    .

    YES at **all** sites_____   YES at **some** sites: _____ (list sites)   NO _____

    Site Name(s) and Comments:
    _____
    _____
    _____
    Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment, Clinical/staff Leadership Session (for BPHC-supported Health centers only)

2. The primary care clinician and the interdisciplinary team members **function within their scope** of practice and in accordance with privileges granted. *[HR.01.02.07/EP 3]*

YES at **all** sites_____   YES at **some** sites: _____(list sites)   NO _____

Site Name(s) and Comments:

_____
_____
_____

Survey Activity: Patient Tracer, Opening Conference/Org orientation, Competency Assessment

ADDITIONAL NOTES / COMMENTS

_____

_____

_____

Completed by: _____

Job title: _____

Date: _____