

Continuing Competence Program Practice Visit Report

Part 1 – Self Assessment

You must complete this self-assessment in its entirety prior to your on-site Practice Visit.

- The Alberta College of Optometrists (ACO) Continuing Competence Program was designed to measure, assess and enhance the knowledge, skill and judgment of practicing optometrists. Participation in the program is mandatory for all registered optometrists.
- Your behavior, competence, skill and knowledge will be assessed using the ACO Code of Ethics, Standards of Practice, Guidelines to the ACO Standards of Practice and the ACO Clinical Practice Guidelines.
- You are required to complete this entire booklet (Part 1 Self Assessment) yourself before the reviewer assigned to your Practice Visit presents to your office for the on-site portion of your Practice Visit.
- You and your reviewer will complete Part 2 Patient Chart Performance Assessment together following a review of an appropriate number of patient charts.

Practitioner		Practitioner ACO	
Name		Registration Number	
Office Name			
Office Address			
	Address	City	Postal Code
Office Phone			
Number			
Office Fax			
Number			
Name of			
Reviewer			
Date / Time of			
Review			

A. CLINIC INFORMATION (GL 1.1)

Does your facility have:	Yes	No
a) A posted list of all optometrists who provide services at that location?		
b) An Annual Practice Permit displayed?		
c) An Annual Professional Corporation (where applicable) or Limited Liability Partnership (where applicable) Permit displayed?		
d) Appropriate after-hours care?		
If no, please list deficient areas:		

Does your practice:	Yes	No
a) Dispense eyeglasses?		
b) Dispense contact lenses?		
Do you:	Yes	No
c) Provide low vision services?		
d) Provide vision therapy services?		
e) Independently diagnose and treat glaucoma?		

B. MARKETING & PROMOTION (GL 1.6)

Yes	No
Yes	No
Yes	No
Yes	No
	Yes

C. MINIMUM FACILITY EQUIPMENT (GL 1.1.4a)

Minimum Facility Equipment		ffice	Ren Loca	
	YES	NO	YES	NO
Visual acuity charts (both distance and near)				
Instrument to measure corneal curvature (manual keratometer, auto-keratometer, corneal topographer, etc.)				
Instrument to measure objective refraction (retinoscope and lens set, auto-refractor, etc.)				
Instrument to measure subjective refraction (phoropter, vision analyzer, refractometer, trial lenses and frame, etc)				
Instrument to measure the power of a lens (auto or manual lensometer, etc.)				
Variable, loose or bar prisms				
Stereo-acuity test				
Color vision test				
Instrument to view the posterior segment of the eye (direct or indirect ophthalmoscope, fundus camera, condensing lens and slit lamp, etc.)				
Penlight or transilluminator				
Slit lamp biomicroscope				
Gonioscopy lens				
Instrument to measure intraocular pressure (tonometer, etc.)				
Instrument to measure corneal thickness				
Retinal laser scan instrument (or the ability to refer patients to a facility with a retinal laser scan instrument)				
Computerized visual field device (or the ability to refer patients to a facility with a computerized visual field device)				

	Yes	No
Optometrist attests that all equipment is in good working order.		
Does the practitioner provide optometric services at remote locations such as schools, hospitals, senior's centers, patient's homes, etc.?		

D. MINIMUM FACILITY EQUIPMENT FOR CONTACT LENSES (GL 1.1.4d)

Minimum Facility Equipment for Contact Lenses	YES	NO	Comments
Access to diagnostic trial lenses			
Inventory upkeep and disposal of expired trial contact lenses			
Contact lens solutions and cases			

E. MINIMUM FACILITY EQUIPMENT FOR LOW VISION (GL 1.1.4e)

Minimum Facility Equipment for Low Vision	YES	NO	Comments
Distance and near low vision charts			
A minimum of three near diagnostic magnification aids			
A minimum of three distance diagnostic magnification aids			
An appropriate selection of tints and filters			

F. MINIMUM FACILITY EQUIPMENT FOR LACRIMAL SYSTEM AND MINOR OPTOMETRIC PROCEDURES (GL 1.1.4f)

Minimum Facility Equipment for Lacrimal System & Minor Optometric Procedures	YES	NO	Comments
Foreign body removal instruments			
Dilation and irrigation instruments			

G. INFECTION PREVENTION & CONTROL

Reference: ACO Infection Prevention and Control Clinical Practice Guideline

	Yes	No	
Practitioner has reviewed the ACO Infection Prevention and Control Clinical			
Practice Guidelines and attests that the office follows appropriate protocols.			

Does the practitione sterilization for the	er follow appropriate methods of infection control and following:	Yes	Νο
a) In-office sinks	?		
b) Appropriate h	and-washing protocols?		
c) Latex or vinyl	gloves?		
d) Face masks?			
e) Protective eye	ewear?		
f) Appropriate d	isposal of biomedical waste?		
g) Appropriate d	isposal of sharps?		
h) Appropriate d	isposal of single use instruments?		
 i) Appropriate d surfaces? 	isinfection / sterilization for multi-use instruments and other		
• ·	1 pharmaceuticals (drugs that require a prescription as a alle) stored appropriately?		
	, expired and / or contaminated pharmaceutical products		
I) Are tampered properly?	, expired and / or contaminated contact lenses disposed of		
m) Are prescription	on pads stored securely?		

H. Supervision

	Yes	No	Not Applicable
Does the optometrist render appropriate supervision of staff?			
Does the optometrist render appropriate, on-site supervision of student externs and interns?			

I. OFFICE DOCUMENTS & PRIVACY LEGISLATION

Reference: ACO Code of Ethics, ACO SOP, Guidelines to the ACO SOP, ACO Clinical Practice Guidelines and Privacy Legislation documents.

	Yes	No
Practitioner attests that they abide by the ACO Code of Ethics, the ACO Standards of Practice, the Guidelines to the ACO Standards of Practice and the ACO Clinical Practice Guidelines.		
The practitioner has completed an Internal Office Privacy Manual and posted an External Office Privacy Notice.		
The practitioner has signed a Patient Record Custodianship Agreement and (if required) an Information Sharing Agreement with all other optometrists working at this location.		

	Yes	No
The office has signed Confidentiality Oaths with all optometrists, staff, employed professional consultants (accountants, lawyers), and volunteers.		
The practitioner has signed a Vendor Information Management Agreement (for a company offering IT services) and a Generic Information Manager Agreement (for a person providing information technology or information management services) at their clinic.		
The practitioner has completed a Privacy Impact Assessment (PIA) and submitted to the Office of the Information and Privacy Commissioner.		

	Yes	No	Chosen not to participate
The practitioner has completed all required documentation to access Alberta NetCare.			
The practitioner attests that they access NetCare in an appropriate manner.			

	Paper	Electronic	Hybrid
Method of patient record storage and filing system?	-		-
Dractitioner attacts that they shide by all provisions of guidaline :	1.2 (notiont	Yes	No
Practitioner attests that they abide by all provisions of guideline 1.2 (patient records).			
		Yes	No
Are the patient files securely stored?			
How and when are patient records disposed of?		1 1	
Llow often and where are electronic files healed we?			
How often and where are electronic files backed up?			
How often and where are electronic files backed up?			
How often and where are electronic files backed up?			
· · ·	ade hy all n	atients each (dav?
What type of appointment book is kept to record the visits m	ade by all pa	atients, each o	day?
· · ·	ade by all pa		-
What type of appointment book is kept to record the visits m	ade by all pa	atients, each d Yes	day? No
· · ·	ade by all pa		-
What type of appointment book is kept to record the visits m Are examination areas private?			-
What type of appointment book is kept to record the visits m Are examination areas private? Are patient consent / release of information forms used		Yes	No
What type of appointment book is kept to record the visits m Are examination areas private?		Yes Yes	No
What type of appointment book is kept to record the visits m Are examination areas private? Are patient consent / release of information forms used Please attach a sample.		Yes	No
What type of appointment book is kept to record the visits m Are examination areas private? Are patient consent / release of information forms used		Yes Yes	No
What type of appointment book is kept to record the visits m Are examination areas private? Are patient consent / release of information forms used Please attach a sample.	1?	Yes Yes	No

What is your rationale and frequency of patient recall for regular recall and medically necessary or at-risk patient follow-up?

Practitioner attests that they bill Alberta Health in an appropriate manner as	Yes	No
per the negotiated AAO Fee Schedule.		
Practitioner attests that they bill Alberta Social Services in an appropriate manner as per the negotiated AAO Social Service Contract and Fee Schedule.		
Practitioner attests that they bill other insurance companies, like NIHB, Interim Federal Health Program, Veterans / RCMP, WCB, and private medical insurances, in an appropriate manner as per applicable rules and contracts.		

eneral Comments of the Practitioner	

I certify that the contents of this self-assessment are true.

Dated this _____ day of _____ 20____.

Signed: _____

[Practitioner Signature]