

Risk Control Self-assessment Checklist

The following checklist is designed to serve as a starting point for physical therapy professionals seeking to assess and enhance their patient safety risk control practices. For additional risk control tools and information, visit www.cna.com and www.hpsso.com.

RISK CONTROL SELF-ASSESSMENT CHECKLIST

Scope of Practice

I read my physical therapy practice act at least annually to ensure that I understand the legal scope of practice in my state.

If a job description, contract, or set of policies and procedures appears to violate my state's laws and regulations, I bring this discrepancy to the organization's attention and refuse to practice in breach of these laws and regulations.

I decline to perform a requested service that is outside my legal, professional and personal scope of practice, and immediately notify my supervisor of the situation.

I contact the supervisor, risk management and/or legal department regarding patient and practice issues, if necessary.

If necessary, I contact the state board of physical therapy and request an interpretation, opinion or position statement on practice issues.

If necessary, I make use of the chain of command to resolve patient care or safety issues.

I am aware of the direct access laws in my state, including any restrictions or provisions relating to treatment absent a practitioner referral.

Yes	No	Actions needed to reduce risks

Supervision of Personnel

I direct support staff (e.g., physical therapist assistants, physical therapy aides, students, etc.) to perform only those tasks that are appropriate and within their training.

I provide clinical support and supervision for physical therapist assistants, aides and students in compliance with standards of practice for physical therapy.

I know the current scope of practice parameters for physical therapist assistants, aides and students, and I do not instruct them to provide services beyond their scope of practice.

I document and update the competencies of physical therapist assistants, aides and students as necessary.

I am aware of the levels of supervisory responsibility of a physical therapist and know when to exercise general or direct personal supervision of physical therapist assistants, aides and students.

Yes	No	Actions needed to reduce risks

Documentation	Yes	No	Actions needed to reduce risks
I am aware of my responsibility to authenticate patient examinations/evaluations, encounters, re-examinations, discharges and discontinuation summaries.			
I document every encounter with a patient.			
I document no-shows and cancellations.			
I correct my charting errors in accordance with my organization's policy and procedure.			
I document concurrently and make a late entry only if it is necessary for the safe continued care of the patient, ensuring that it is clearly labeled as a late entry.			
I refrain from documenting inappropriate subjective opinions, conclusions or derogatory statements about patients, colleagues or other members of the patient care team.			
<p>My documentation:</p> <ul style="list-style-type: none"> - Is consistent with treatment plans and includes skilled services that are medically necessary. - Justifies the services billed. - Reflects established coding procedures and billing codes. - Meets state and local law, as well as all applicable professional and ethical guidelines. 			
I contact my manager, risk manager or legal department/ counsel for assistance with documentation concerns or questions, especially if they may have liability or regulatory implications.			

Communication	Yes	No	Actions needed to reduce risks
I communicate in a professional manner with all staff, healthcare providers and patients, both verbally and in writing.			
I always consider what information to share with a staff member or patient, when to share it and how to share it (e.g., written versus spoken).			
At every visit, I inform the patient of goals and discuss expectations.			
I treat the patient as a partner when developing a plan of care and throughout the course of therapy.			
I refrain from using potentially insulting or inappropriate humor, sarcasm or idiomatic expressions (e.g., "No pain, no gain").			
I avoid the use of complex or overly technical medical terminology when speaking with a patient.			
I am sensitive to language barriers and use an interpreter when necessary.			
I respect a patient's right to have different cultural beliefs and am aware of my own cultural/unconscious biases and preconceptions.			
I refrain from sidebar conversations with other staff members when I am with a patient.			
I refrain from making or responding to personal telephone calls or text messages when I am with a patient.			
I refrain from discussing patient matters outside the clinical area (e.g., on elevators or in public areas) or on social media sites.			
I am cognizant of appointment times and respect the value of patients' time.			
I am prepared to spend extra time with patients who have special needs (e.g., hearing or sight impairments, minimal intellectual capacity, complex co-morbidities).			
I practice active listening skills and teach-back techniques to ensure that my patients understand my directions and instructions.			
I am attentive to a patient's non-verbal cues (e.g., grimacing or appearing cold, confused, nervous or uncomfortable).			
I have been trained in techniques for managing and de-escalating conflict.			
I encourage patients to voice concerns and encourage them to ask questions if clarification is needed.			