COLLEGE OF
OPTOMETRISTS
OF ONTARIO

Quality Assurance Program

Practice Assessment Questionnaire

Dear College member:

As part of your practice assessment, please complete the attached Practice Review Questionnaire. The purpose of the questionnaire is twofold. First, it assists the Assessor in the interpretation of your records as well as gives the as giving the Assessor and the Quality Assurance Committee a snapshot of your practice in order to determine if you are meeting regulatory and professional standards.

In order to assist the Assessor and Committee in clearly understanding your answers to the questionnaire, when indicated, please provide typewritten answers to questions separately.

Please include this completed questionnaire in the package with your clinical records. If you have any questions about the questionnaire, please do not hesitate to contact me.

Thank you for your time and cooperation.

Sincerely,

Manager, Quality Assurance Program

COLLEGE OF **OPTOMETRISTS** OF ONTARIO

PRACTICE ASSESSMENT QUESTIONNAIRE

1. <u>**SERVICES PROVIDED**</u>
   Please indicate which of the following diagnostic/treatment services you provide:

   Oculovisual Assessment
   Refractive surgery co-management
   Glaucoma co-management
   Cataract surgery co-management
   Spectacle Therapy
   Contact Lens Therapy
   Binocular vision therapy / orthoptics
   Low Vision therapy

   Do you provide any additional services not listed above?   Yes ☐ No ☐

   If so, please describe:

   _____
   _____
   _____
   _____

   Do you limit your practice to a particular patient population?   Yes   No

   If yes, please describe:

   _____
   _____
   _____

2. ACRONYMS / ABBREVIATIONS & TEMPLATES

Please provide a typewritten response to this question by attaching a separate form clearly indicating the acronyms and abbreviations you commonly use in your clinical records.

In order to allow our assessors to properly interpret your notes, review the records you are submitting to ensure all acronyms and abbreviations that you have used appear on the list.

In addition, please provide a copy/copies of your template/blank patient record(s) for reference.

List attached: ☐
Blank patient record attached: ☐

3. REFERRALS

Please provide a typewritten response to this question. Describe your protocol for referral to and from other healthcare professionals.

![College of Optometrists of Ontario logo]

4. REQUIRED CLINICAL EQUIPMENT

Please provide a typewritten response to this question.

OPR 4.1 indicates that optometrists require access to certain instrumentation, pharmaceuticals and supplies. Please indicate what specific instrumentation, pharmaceuticals and supplies you use in your practice to:

- Measure distance visual acuity
- Measure near visual acuity
- Objectively determine refractive status of the eyes
- Subjectively determine refractive status of the eyes
- Measure corneal curvature
- Assess ocular motility and binocular function
- Examine external structures of the eye
- Examine internal structures of the eye
- Measure intraocular pressure
- Perform pupil dilation
- Perform cycloplegia
- Anesthetize the cornea
- Diagnostically stain external structures of the eye
- Measure parameters of spectacle lenses
- Measure parameters of contact lenses
- Assess the eye and ocular adnexa
- Treat common primary ocular emergencies
- Provide in-office infection control

5. PUPIL DILATION

Please provide a typewritten response to this question.
Describe your protocol for pupil dilation and how you determine which patients require internal ocular structure examination through a dilated pupil.

6. CYCLOPLEGIA

Please provide a typewritten response to this question.
Describe your protocol for cycloplegia and how you determine which patients require assessment using cycloplegia.

7. POSTERIOR SEGMENT EXAMINATION

Please provide a typewritten response to this question.
Describe your protocol for optic nerve head assessment and the grading system you use (e.g., C/D ratio).

8. DELEGATION AND ASSIGNMENT

Please provide a typewritten response to this question.

Review the College policy on Delegation and Assignment (OPR 4.3). Describe the tasks in your office that are delegated or assigned to staff. Describe your process for delegation and assignment or attach your office policy that includes:

- Education, ensuring the currency of the delegate's knowledge and skills
- Ensuring that the delegate maintains competence in the performance of the delegated act
- Documentation of procedures
- Supervision
- Ongoing quality assurance

9. IDENTIFICATION OF RECORDS

Is there more than one optometrist at your practice location?   Yes   No

If yes, a type written response is required for the following:

What method is used to identify the individual that makes entries in a patient record?

10. OCULAR URGENCIES AND EMERGENCIES

Do you have staff guidelines for identifying patients who require urgent care?

Yes   No

Please describe these guidelines or attach your office policy. If providing a description, a **typewritten** response is required.

11. **WELCOME SHEET**

Do you use electronic records in your office?   Yes   No

If yes, a type written response is required for the following:

Describe how your computer system manages:

- Recording date and time of each entry of information for each patient.

- Preserves the original content of the recorded information when changed or updated.
- Protection against unauthorized access.
- Backup and recovery of electronic data.

12. **WELCOME SHEET**

Do you use a "welcome" sheet for patients?   Yes   No

If yes, do you use the "welcome" sheet for each visit of
every patient?   Yes   No

In addition, please provide a copy of your template "welcome" sheet for reference.

13. **COVID-19**

Has the COVID-19 pandemic changed your routine practice?   Yes   No

If yes, a type written response is required for the following:

- Changes in clinical procedures that the QA Committee and QA Assessors should consider.
- Any additional infection control practices.