

PRACTICE MONITOR NOMINATION

Monitor Selection

Nominate at least three licensed physician and surgeons to be your Practice Monitor (Monitor) who have no open complaints or past or pending disciplinary action with the Medical Board. The Monitor cannot have any prior or current business, personal or other relationship with you. You are responsible for any costs associated with monitoring your practice.

Monitor Resignation

If the Monitor is no longer able to monitor your practice you are required to notify your assigned inspector and re-submit this form to the Board within **5 calendar days** of the resignation or unavailability. Submit the name and qualifications of a replacement Monitor who will assume the responsibilities within **15 calendar days**. If you fail to obtain approval of a replacement Monitor within **60 days** of the resignation or unavailability of a Monitor, *you will be suspended from the practice of medicine until a replacement is approved and prepared to assume the immediate role as your Monitor.*

Probation Case #

Name:	Phone Number:
Address:	
Physician and Surgeon's License Number:	Practice Specialty or Subspecialty:
Name :	Phone Number:
Address:	
Physician and Surgeon's License Number:	Practice Specialty or Subspecialty:
Name :	Phone Number:
Address:	
Physician and Surgeon's License Number:	Practice Specialty or Subspecialty:

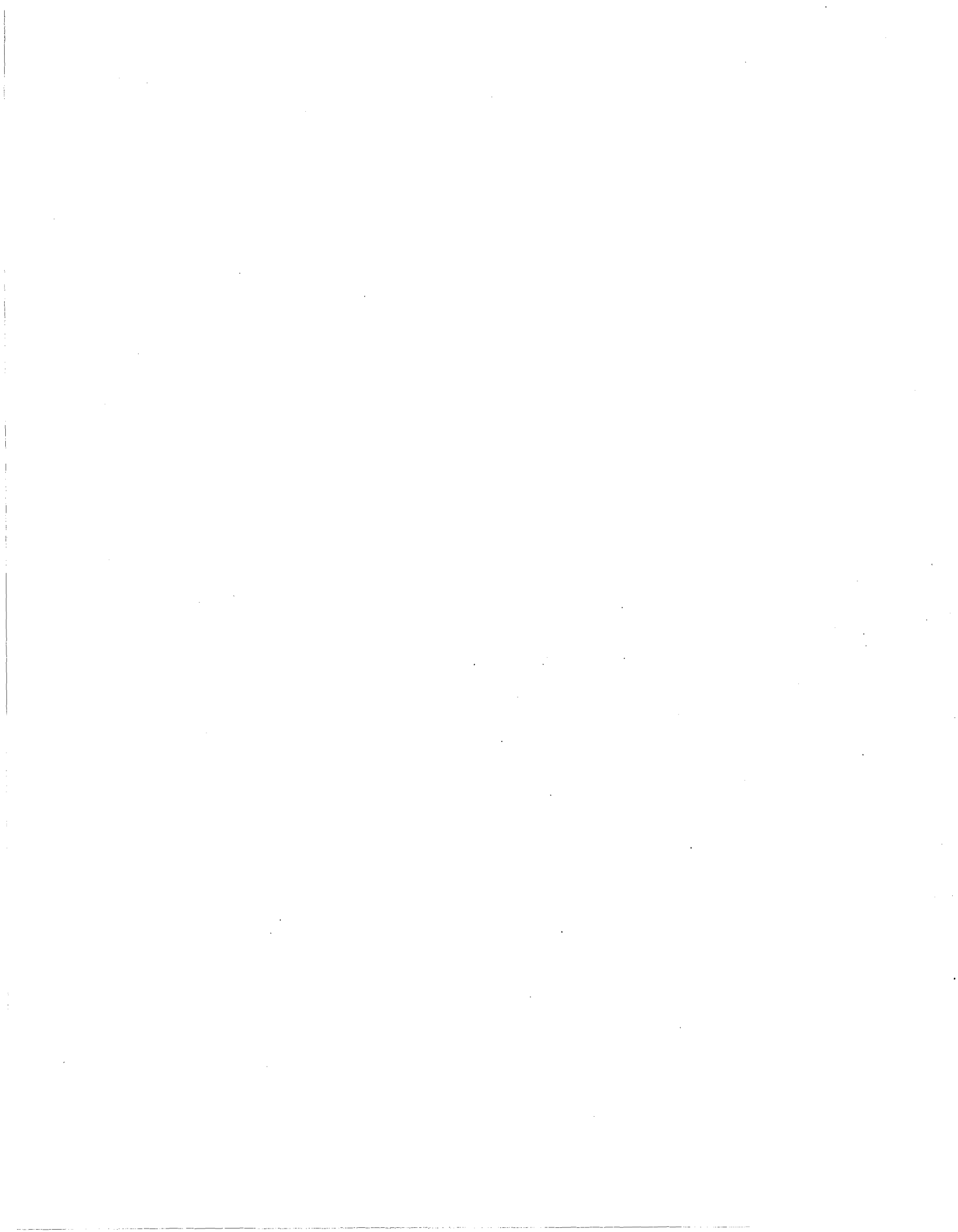
By my signature below, I acknowledge that I understand the selection and replacement criteria for the practice monitor. I understand that information about my participation with the practice monitor will be available for inspection and review by the Medical Board of California and/or its designees at any time. I agree to hold harmless the Practice Monitor; the State of California, Medical Board of California, its officers, agents and employees from any liability resulting from or arising in connection with this requirement.

I understand that this is a nomination form and does not guarantee approval of the nominee(s).

Executed on _____, 20_____.

 Probationer (Print Name)

 Signature



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

Instructions: Complete all sections below. Any items that do not apply enter N/A. If you change employers or place of practice you must submit a new Pre-Visit form. Please type or print clearly.

Practice Criteria

Practice address: _____		
Business phone: _____	Business fax: _____	Practice/Clinic hours of operation: _____
Average number of patients seen <i>per day</i> : Practice/Clinic _____ Hospital _____		Average number of patients seen <i>per week</i> : Practice/Clinic _____ Hospital _____
Average number of patients seen <i>per month</i> : Practice/Clinic _____ Hospital _____		Years of practice in present discipline at current level: _____
Briefly describe the nature of your practice: Discipline: _____		
Select the structural setting of your practice:		
<input type="checkbox"/> Rural	<input type="checkbox"/> Family practice	
<input type="checkbox"/> Community Clinic	<input type="checkbox"/> Public hospital	
<input type="checkbox"/> Urgent care center/ER	<input type="checkbox"/> Military/government	
<input type="checkbox"/> Private hospital	<input type="checkbox"/> Multispecialty group practice	
<input type="checkbox"/> Industrial	<input type="checkbox"/> University or teaching program	
<input type="checkbox"/> Solo practice	<input type="checkbox"/> Other Explain: _____	
Indicate which language(s) is spoken at your practice by the staff or physicians. For each selection, identify in the space provided if it is their first or second language:		
<input type="checkbox"/> English _____	<input type="checkbox"/> Portuguese _____	<input type="checkbox"/> Korean _____
<input type="checkbox"/> Spanish _____	<input type="checkbox"/> Japanese _____	<input type="checkbox"/> Tagalog _____
<input type="checkbox"/> French _____	<input type="checkbox"/> Mandarin _____	<input type="checkbox"/> Farsi _____
<input type="checkbox"/> Italian _____	<input type="checkbox"/> Cantonese _____	<input type="checkbox"/> Russian _____
<input type="checkbox"/> German _____	<input type="checkbox"/> Vietnamese _____	<input type="checkbox"/> Other _____
Do you currently deliver babies? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have hospital privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For a typical full week's worth of practice estimate the average number of patients you personally handled for: (circle the amount)		
Inpatient/Outpatient visits:	0 1-50 51-100 101-150 151-200 >200	
Hospital inpatients:	0 1-7 8-14 15-21 22-28 >28	
Estimate the percentage of patient population by ethnic background:		
African-American _____%	Hispanic _____%	
Asian/Pacific Islander _____%	White (non-Hispanic) _____%	
American Indian _____%	Other ethnicity, specify _____%	
List the types of surgical procedures performed in your office/clinic/outpatient facility: 		

Office Staff

Number of physicians you work with in the practice _____

Enter the number for each that assists you in your practice:

RNs _____ LVNs _____ MAs _____ PAs _____ administrators _____

receptionists _____ secretarial personnel _____

Do you instruct office personnel on:

Communicating with patients? Yes No

Cleaning and sterilization? Yes No

Measuring blood pressure? Yes No

Performing other clinical tasks, if yes, please list: Yes No

Practice Policies

Average length of time for patients in your waiting room?

Are all tests reviewed by the physician who requested each test? Yes No

Are patients notified of all abnormal results? Yes No

What procedure is employed in your practice to ensure review of all test/consultation/investigation results before they are filed in the patient's record?

When performing sensitive examinations (e.g., breast, genital) is a third person present? Yes No

How are the patients' records stored?

A Site Visit will be conducted by the Practice Monitor. The Monitor will be in your office for approximately four hours. Please indicate three options for your preferred time(s) for the Site Visit.

MON	TUES	WED	THURS	FRI	SAT	SUN

Preferred a.m. times:
8:00 a.m. - 12:00 p.m.
9:00 a.m. - 1:00 p.m.

Preferred p.m. times:
12:00 p.m. - 4:00 p.m.
1:00 p.m. - 5:00 p.m.

(Est. 3/2011)



PRACTICE MONITOR ROLES AND RESPONSIBILITIES

Roles

The role of the Practice Monitor (Monitor) is to ensure, to the extent possible, that the physician 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 physician'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 physician, with the goal of assisting the physician to improve clinical skills and gain insight into practices that led to disciplinary action, so that learning and rehabilitation will occur.

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

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

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 once a month chart reviews; and 5) prepare quarterly reports.

Responsibilities

The Monitor's responsibilities include:

1. Reviewing all background information including the Accusation and Decision pertaining to the physician on probation.
2. Monitoring the physician for his/her entire probation period (unless otherwise stated in the Order) according to the Board's requirements.
3. Adhering to all HIPAA regulations and guidelines with respect to patient privacy.
4. Making all site visits to the physician's practice(s) following the Board's program guidelines and instruments for: timeliness, completion of questionnaires, chart reviews, and submission of reports.
5. Working together with the physician to ensure the Monitoring Plan is being followed as outlined.
6. Telephoning the physician as needed to discuss results or concerns from the monthly chart reviews.
7. Completing and providing written quarterly reports to the assigned Inspector within the Board's Probation Unit in accordance with the Monitoring Plan.

MONITORING PLAN

This Monitoring Plan (Plan) outlines the written protocols for monitoring the physician's practice. The Plan details the expectations for visiting the physician's practice; randomly selecting and reviewing charts; and reporting findings to the Probation Unit.

Initial and Subsequent Site Visits:

Prior to the *initial site visit*, the Monitor should review the physician's Curriculum Vitae and the Board's administrative Accusation and Decision. In addition, the Monitor should review the "Practice Monitor Pre-Visit Information" form that was completed by the physician.

The Monitor will make an *initial site audit* at the beginning of the monitoring program and on an annual basis thereafter during normal business hours. The *initial site audit* involves a detailed inspection of the physician's place of practice. A list of items to observe at the practice will be provided to the Monitor. After the *initial site audit* has been concluded, the Monitor will prepare a summary report of their findings and submit it to the assigned Inspector.

Subsequent visits to the physician's practice location will be made **once each month** for the purpose of randomly selecting and reviewing charts, inspecting the sanitation and orderliness of the office, and meeting with the physician to discuss cases or other practice related issues, such as the proper storage of controlled substances and required record keeping.

If the physician has more than one practice location, the Monitor will make an initial site audit at each practice and make subsequent monthly visits to each location on a rotating basis.

Chart Review

The *total number* of randomly selected patient charts to be reviewed by the Monitor on a **quarterly basis** is dependent on the size of the physician's practice and should be as follows:

Average Number of Patients Seen per Month	Percentage of Chart Review
1-20	50%
21-40	40%
40 and higher	30%

The Monitor will determine the method of random chart selection. This responsibility shall not be delegated to either the physician or the physician's staff. The random selection of charts should include charts that correlate to the patient care issues identified in the Board's accusation and decision which resulted in the physician being

placed on probation. The physician 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 assigned Inspector if the physician fails or refuses to make the charts available for inspection and/or copying.

If the physician is required to keep a log of all medications prescribed, dispensed or administered to patients, the Monitor will periodically compare the entries in the log with the corresponding patient records, to ensure that all controlled substances are documented in the log; the physician conducted a good faith examination prior to prescribing, dispensing or administering the medication; and the medication was medically indicated.

The charts reviewed at inpatient facilities should include any cases with complications or other quality of care issues identified by the quality assurance department or through the peer review process.

Please note: Under the federal Health Insurance Portability and Accountability Act (HIPAA) the Medical Board of California (Board) is deemed a "health oversight agency" (see 45 CFR section 164.501). With regards to patient information that is being requested by and provided to the Board, 45 CFR 164.512(d) provides that a covered entity may disclose protected health information without the written authorization of the individual to a health oversight agency for oversight activities authorized by law, which are deemed to include licensure over disciplinary activities.

Since the role of the Monitor is to oversee the practice of the physician and to report the findings to the Board, the Monitor is therefore exempt from HIPAA mandates.

Monitor Reports

The Monitor will submit a written report **once each quarter** to the assigned Inspector summarizing the monthly site visits and review of the physician's patient records. The Monitor will be provided with a chart audit form to be used for individual chart audits or another form to be used when there are multiple charts to be reviewed. The reports shall be written on the Monitor's letterhead, will bear the original signature of the Monitor, and will have as a cover sheet "Practice Monitor Report Checklist."

The Monitor reports are due at the assigned Inspector's office **within 10 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 10 th
April 1 to June 30 (Quarter II)	July 10 th
July 1 to September 30 (Quarter III)	October 10 th
October 1 to December 31 (Quarter IV)	January 10 th

The reports from the Monitor must contain *at a minimum*, the dates and location(s) of site visits; the chart number or patient name of the charts reviewed per visit; and whether the physician is practicing medicine safely and within the standard of care. 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 (refer to sample report attached).

Medical Marijuana Practices

As the Monitor for a physician that makes recommendations for medical marijuana to their patients, the accepted standards are the same as those for any reasonable and prudent physician when recommending or approving any other medication. In reviewing the patient charts they must include the following:

- History and appropriate examination of the patient.
- Development of a treatment plan with objectives.
- Provision of informed consent including discussion of side effects.
- Periodic review of the treatment's efficacy.
- Consultant, as necessary.
- Proper record keeping that supports the decision to recommend the use of medical marijuana.

Attachments to this Plan

1. Practice Monitor Pre-Visit Information.
2. Practice Monitor Site Visit Evaluation Sheet.
3. Individual Chart Audit form.
4. Multiple Chart Audits form.
5. Practice Monitor Report Checklist.
6. Sample Practice Monitor Report.

(Est. 3/2011)

PRACTICE MONITOR AGREEMENT

I, _____ M.D., agree to serve as a practice monitor for (insert name), M.D.

- _____ 1. I have received, reviewed, and understand the materials provided to me describing the practice monitor roles and responsibilities. Any questions regarding my obligations as a practice monitor have been discussed with and fully addressed by the Board's Probation Inspector. 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 Medical Board's Accusation and Decision filed against Dr. _____. The Board charged Dr. _____ 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 Medical Board's Accusation and Decision filed against Dr. _____. The Board found Dr. _____ was (insert violation(s) the ALJ identified as ones confirmed or proven (i.e., 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. I understand that, as the approved practice monitor, I am required to randomly select patient charts on a monthly basis for review. Based on the information provided by Dr. _____, an average of ___ patients per month are seen, therefore, I understand that I must review (insert percentage) or approximately (number of charts to be reviewed) each quarter.
- _____ 4. Should Dr. _____'s medical practice change in either the medical setting, discipline or specialty being practiced, an increase/decrease in office location(s) being covered or in the volume of patients being seen, this monitoring agreement may be amended. If I believe an amendment is indicated, I can submit a proposed revision to the assigned Inspector 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 Unit of my findings.

- _____ 6. I agree to submit written reports quarterly to the assigned Inspector regarding my review of Dr. _____'s practice. I understand that the failure to submit quarterly reports in a timely manner may result in 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. _____ 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 (insert assigned Inspector's name and contact info).
- _____ 10. If I am unable contact or meet with Dr. _____ in order to fulfill my obligations as a practice monitor, I will notify (insert assigned Inspector's name and contact info) within two weeks of my failed attempts to contact Dr. _____.
- _____ 11. I have reviewed the Monitoring Plan and agree to monitor Dr. _____ as specified.

I understand that my reports will be available for inspection and review by Medical 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 foregoing is true and correct.

Executed on _____, 20____, at

California

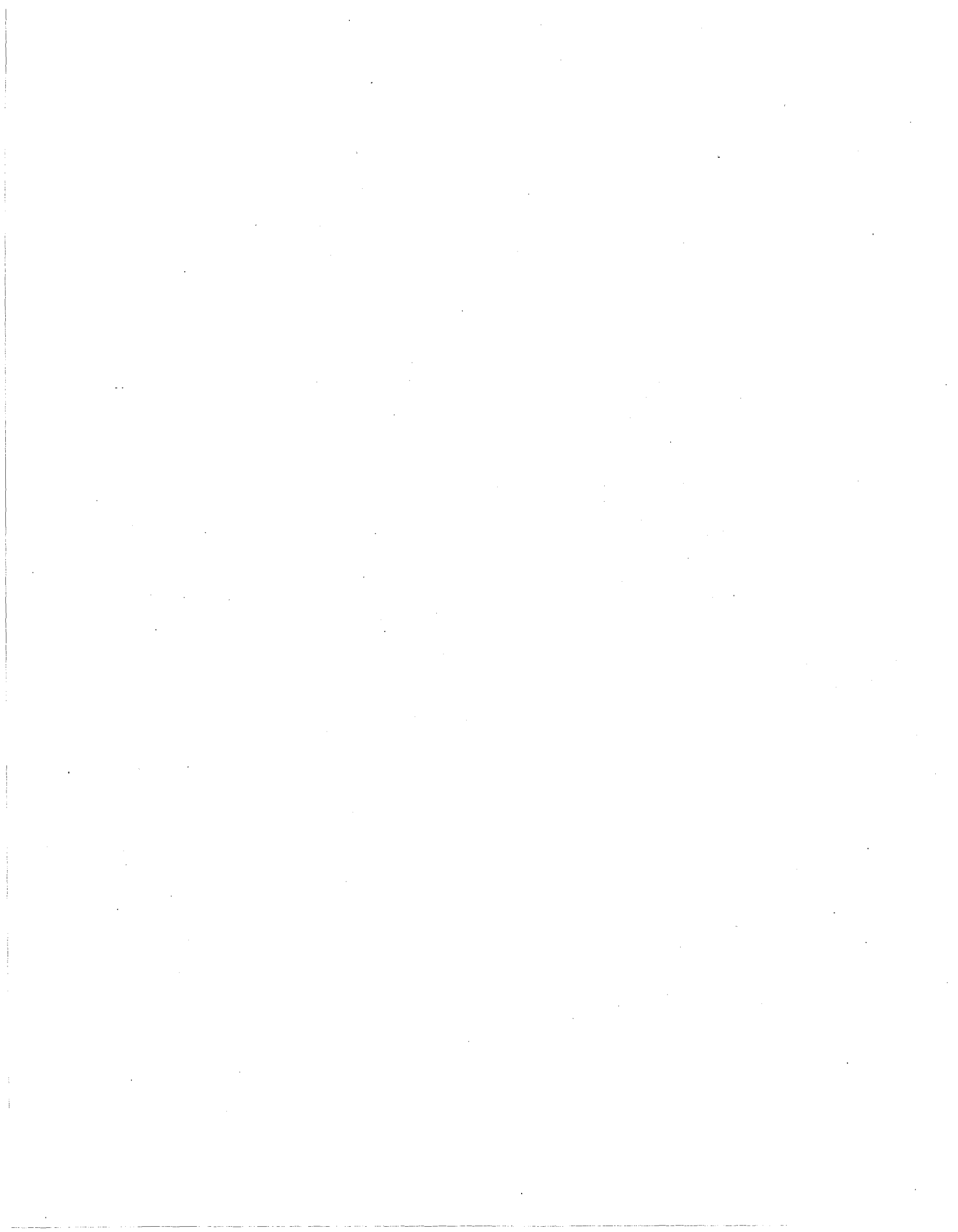
(City)

(County)

Monitor (Print Name)

Signature

Witnessed by: _____
Probation Inspector



PRACTICE MONITOR SITE VISIT EVALUATION SHEET

Date: _____

Probationer: _____

Practice Site Location: _____

Date Monitor made Site Visit to Probationer's practice: _____

Length of Time Spent on 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
- Business office area
- Bathrooms, including ease of access
- Handling and storage of drugs, including samples
- Lab and handling of specimens (if applicable)
- Management of patients with disabilities
- Office/clinic safety
- Patient education materials
- Scheduling/appointments
- Handling of hazardous wastes
- Are there *sharps* containers
- Office policies
- How sterility of instruments are insured if procedures are performed

Appointments

- Method used for scheduled patient appointments
- Average time allowed in schedule for (a) new patients, (b) return/follow-up visits, and, (c) complete examination
- Standard wait time for appointments
- Average wait time in waiting room per patient

Practice Structure

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

- Telephone, fax, or e-mail (if applicable) messages

- Maintaining security/confidentiality of clinical data
- Emergency and urgent messages
- On-site clinic emergencies (e.g., oxygen, suction, airway management, other emergency equipment)
- Estimated time for emergency personnel to reach the clinic in the event of a 911 emergency
- Physician access issues including on-call, after hours, weekend, and vacation coverage
- Insuring that messages routed to the physician are timely
- Receipt of lab, x-ray, and other studies
- Timely response to lab data, consultations, and imaging studies
- Management of inpatient care/hospitalization
- Communication from other physicians
- Communication on clinical data relayed to the appropriate physician in a confidential and reliable method
- Abnormal findings/reports/lab data communicated to the patient in a timely manner

Drug Assessment

- Onsite controlled substances, how is the use monitored (if applicable)
- All drugs, including samples, are they kept in a secure area
- Controlled substances, are they locked in a secure area
- Controlled substances, is an inventory kept
- Is an inventory kept for all drugs
- Method for insuring that all drugs in the practice have not expired
- Temperature-sensitive drugs (e.g. vaccines) are they kept onsite
- Temperature-sensitive drugs are they stored in a refrigerator onsite
- Cleanliness, safety, functionality of refrigerator
- Monitoring of the temperature in the refrigerator? If yes, how is it monitored
- Requests from patients for prescription refills
- Request from pharmacists for prescription refills

Maintenance of Medical Records

- Describe method used for charting/medical record keeping
- Storage of data electronically or through the use of an electronic health record
- Describe the system on how records are stored or filed
- How long are medical records stored
- Criteria used to determine when medical records are to be destroyed or stored off-site
- Identification of records to insure attention to drug allergies or other major clinical concerns
- What system is used (tickler file, flow sheets, reminder system) to insure preventive health care, appropriate management of patients with diabetes, etc.



**MEDICAL BOARD OF CALIFORNIA
PROBATION UNIT
INDIVIDUAL CHART AUDIT
(To be used for 1-20 patients)**

Date: _____ Location: _____

Probationer: _____ Patient/Chart #: _____ Monitor: _____

CHART REVIEW

Yes No Comments

	Yes	No	Comments
Patient name and medical number on each page			
Legible (1=illegible, 8=highly legible)			
Progress notes organized			
Lab work documented			
Problem list present			
Problem list up-to-date			
Medication list present and updated			
Medication allergies indicated			
Medication record completed			
SOAP format utilized			

PATIENT CARE

Yes No Comments

	Yes	No	Comments
Adult or Pediatric Health Questionnaire present and complete (or, is the same information – PMH, FHx, ROS, PSH, etc. recorded in another format)			
Inquiry re: use of alcohol, tobacco, substance abuse			
Physical exam documented for breast			
Physical exam documented for genital			
Physical exam documented for rectal			
Physical exam performed within recommended time frame for age group			
Evidence lab tests/imaging studies/pap smears, etc. have been noted by the provider (e.g. initialed)			
Immunizations up-to-date and noted in chart			
Preventive services offered and/or obtained in accordance with a reasonable set of preventive practice guidelines			

Choose a single problem or recent clinic note: Yes No Comments

	Yes	No	Comments
Does the history provide sufficient pertinent information to elucidate the presenting complaint?			
Is the physical examination sufficient and appropriate for the problem?			
If diagnostic studies were ordered, are they appropriate given the data in the clinic note?			
Is the differential diagnosis clearly stated, and is it appropriate given the data in the clinic note?			
Is there evidence of underutilization or overutilization of diagnostics, consultants, etc.?			

Provide suggestions for improving the quality of the chart that was reviewed:

Provide suggestions for improving the quality of this Probationer's clinical practice:

Chart score (circle the appropriate letter):

- (A) Excellent – no significant deficiencies found
- (B) Acceptable – the following deficiencies were noted:

- (C) Unacceptable – the following deficiencies made these charts fall below the standards for acceptable charting: