

ChiroCare Centers of Excellence: Clinic Self-Assessment Tool

Instructions:

Complete each of the following questions based on what is currently practiced in your clinic. ChiroCare Centers of Excellence designations are awarded at a clinic level so be sure to answer these questions based on how the *entire* clinic practices, not just the practices of an individual.

The specific answers for each question are for your own reflection. Fulcrum will request your aggregate score should you choose to apply to become a ChiroCare Center of Excellence. If you are unsure of the scope for any question on this self-assessment, please refer to the additional information listed on ChiroCare.com or contact Dr. Vivi-Ann Fischer at v.fischer@fulcrumhealthinc.org.

Core questions	Yes	No	Score
1) Are you a member of the ChiroCare network?	1	0	
2) Does your clinic use SOAP format for patient charts	1	0	
3) Does your clinic regularly use functional measurement tools? (Oswestry, Bournemouth, Roland Morris, etc.)	1	0	
4) Have you or your been in the network for more than 1 (one) year?	1	0	
Total Score for Core questions			

If you were able to answer “YES” to all of the Core questions, please continue to Section A.

If you were unable to answer “YES” to all four of the Core questions, your clinic likely isn’t ready to apply for a ChiroCare Centers of Excellence designation at this time. We encourage you to incorporate the core requirements of the Attributes of Excellence into your practice and then consider applying again in the future.

Section A: Basic Clinic Information	Yes	No	Score
1) Does your clinic currently use an Electronic Medical Record System?	1	0	
2) Does your clinic keep Informed Consent documents on file?	1	0	
Total score for section A			
Section B: Patient Intake and Assessment	Yes	No	Score
3) Does your clinic regularly use pain measurement scales? (NRS, VAS, etc.)	1	0	
4) Does your clinic regularly use predictive modeling tools to identify potential risks for delayed recovery? (Keele STarT Back)	1	0	
5) Does your clinic regularly screen for depression and/or psychological assessments? (PHQ2 or 9, etc.)	1	0	
Total score for section B			
Section C: Patient-Centered Care Planning	Yes	No	Score
6) Does your clinic complete a comprehensive review of patient history for determining a treatment plan?	1	0	

7) Does your report of findings engage the patient in conversation to identify their expectations and discuss options for treatment?	1	0	
8) Does your clinic clearly document the frequency and duration of care, and goals in the treatment plan?	1	0	
9) Does your clinic use measurable goals in your treatment plan? (Orthopedic and neurological test, measured change of a goal or ADL's, changes in degrees of movement, etc.)	1	0	
10) Does your clinic document gains towards measurable goals to show progress?	1	0	
11) Does your clinic apply conservative imaging in absence of red flags?	1	0	
12) Is your clinic equipped with knowledge and tools to identify a patient with yellow flags? (E.g. fear-avoidance behaviors, catastrophizing, secondary gains/dependency, etc.)	1	0	
13) Does your clinic document re-exams and reassessments?	1	0	
14) Does your clinic modify treatment plans based on re-exams and disability outcomes; and document these changes in your clinic records?	1	0	
Total score for section C			
Section D: Case Management			
	Yes	No	Score
15) Does your clinic validate the patient's engagement and compliance with their care plan? (Compliance with active care exercises, following up on missed appointments, etc.)	1	0	
16) Do you communicate patient's condition with their primary care physician?	1	0	
Total score for section D			
Section E: Care Coordination			
	Yes	No	Score
17) Does your clinic have established referral list and procedures?	1	0	
18) Does your clinic provide updates to primary care physicians who have referred a patient to you?	1	0	
19) Does your clinic's referral procedure include protocols to ensure the patient has successfully reached the referred professional?	1	0	
Total score for section E			
Section F: Patient involvement and Education			
	Yes	No	Score
20) Does your clinic provide education to aid in the patient's recovery? (Sitting, bending, posture, ergonomics, ice/heat, etc.)	1	0	
21) Does your clinic clearly document Active Care in clinic notes? (What, how, why, and duration)	1	0	
22) Does your clinic provide patient education on wellness and healthy lifestyle? (Smoking cessation, healthy diet, physical activity, etc.)	1	0	
Total score for section F			

Instructions for scoring:

Please total the scores for each section and add them together to get your clinic’s complete assessment score. Place the clinic assessment score in the appropriate box above. The chart below defines the minimum scores to move on the application process to become a ChiroCare Center of Excellence.

If your section total scores meet or exceed the minimum section scores, your clinic should consider applying to become a ChiroCare Center of Excellence. There is a possibility that your current practices align with the Attributes of Excellence that define a ChiroCare Center of Excellence. Be sure to retain your Clinic Assessment Score for inclusion on the ChiroCare Center of Excellence Application.

If your section total scores do not meet the minimum section scores please review the corresponding education materials posted on ChiroCare.com to learn how you can advance your clinic practices to become a ChiroCare Center of Excellence.

Section	Minimum passing section scores	Your clinic score
A: Basic Clinic Requirements	1	
B: Patient intake and assessment	2	
C: Patient centered care planning	7	
D: Case management	1	
E: Care coordination	1	
F: Patient involvement and education	1	
		Total Score /22