



**Jump Business Solutions Limited**  
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## Assess your EPN Readiness

Business Plan	Yes	No	Unsure
Have you documented who owns the business plan, its purpose and how often it should be reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a clear vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you articulated your mission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you clearly described your business purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you defined your values?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your plan contain a history of your practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you described your service and how you will deliver those services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you defined your service population?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you listed your current service personnel and their roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you listed your business support personnel and their roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you listed staff meetings, who will attend and the frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you clearly defined the lines of communication and authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed a S.W.O.T. analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you described the legislative environment in which your practice must operate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified the risks your business faces and outlined mitigation strategies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified your key results, developed goals, actions plans and both quantitative and qualitative measures (KPI)s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an implementation calendar that outlines the key activities for the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Organisation and Management Systems	Yes	No	Unsure
Do you have the following policies?			
▪ Policy and Procedures Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Employment Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Training and Development Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Staff Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Privacy Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Financial Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Payment Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Communication Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Computer Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Petty Cash/Courier/Supplies Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Taxation Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have comprehensive procedures for employing staff and selecting contract physiotherapists?			
▪ Recruitment and Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Registration & Annual Practicing Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ledger of Staff Signatures/Abbreviations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Employment Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Job Descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following training and development procedures?			
▪ Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Continuing Professional Development (CPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Clinic In-service Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Care Plan Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Annual Performance Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following administration procedures?			
▪ Processing & Payment of Employee Wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Wage Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Processing of Physiotherapist Contractor Pays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ledger of Staff Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ PAYE & Student Loan Deductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personnel Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following privacy procedures?			
▪ Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Security & Storage of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Destruction Of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Computer Confidentially during Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have staff meeting attendance, Agenda & Minute procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Organisation and Management Systems	Yes	No	Unsure
Do you have procedures for the evaluation of statistics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following disciplinary/dismissal and grievance procedures?			
▪ Warning Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Notifying the Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Pre-meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The Disciplinary Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The Outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Natural Justice/Procedural Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Defamation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Qualified Privilege	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Forced Resignation/Constructive Dismissal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal Grievance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following computer procedures?			
▪ The Use of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ File Names & Storage of Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Back Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Restoring from Back Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following library procedures?			
▪ Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Library Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Journal & Newsletter List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following procedures?			
▪ photocopying - authority & procedure for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ using the video camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following banking & cash box procedures?			
▪ Handling of Cash & Security of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Petty Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Use of EFT-POS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Processing Banking & Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have procedures for the manual recording of incoming/outgoing cashflow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have procedures for the processing and payment of creditors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following accounts outgoing (debtors) procedures?			
▪ Client Invoicing & Debt Collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Following up Unpaid Amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Writing Off Bad Debts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Medical Fees: Schedule of Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Medical Fees: Processing Batches for Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Check that Treatments Processed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Organisation and Management Systems	Yes	No	Unsure
▪ Creating a Schedule or Batch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Resubmitting Claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Sending Batches Electronically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Checking That Claims Have Been Accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Reviewing and Following up On Hold Claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Funder Invoicing: ACC and Accredited Employer Medical Fees Processing Paid Schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Actioning Declined Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Sundry Debtors – Invoices Outside of Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hospital Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following fee procedures?			
▪ Schedule and Review of Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ No Credit Policy & Payment of Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Record of Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following funder procedures?			
▪ ACC: Communication with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ ACC: Physiotherapy Treatment Regulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following taxation procedures?			
▪ GST Returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Annual Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Office Filing of Related Accounts Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following postage & courier procedures?			
▪ Daily Postage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Courier Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following stock & supplies procedures?			
▪ Preferred Suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Review of suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ordering of Stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Stock Take & Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following procedures for communications coming into and going out of your clinic?			
▪ Directory of Relevant Addresses & Phone Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Incoming to Clinic: Processing & Filing of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Outgoing from Clinic: Limitations on Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following procedures for communication within your clinic?			
▪ Physiotherapist to Clerical requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Communication between Clerical Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following telephone procedures?			
▪ Answering and use of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Answer phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Patient Systems</b>	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
Do you have the following policies?			
▪ Informed Consent Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Appointment Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Treatment Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Infection Control Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Patient Rights Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Client Record Keeping Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Adverse Reaction Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Client Resource Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Cultural Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Referral Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following client consent procedures?			
▪ Informed Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ High School Student Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physiotherapy Student 'Under' or 'Post' - Graduate Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Disclosure of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following client treatment procedures?			
▪ Length of Wait for Treatment in Waiting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Home-Visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Weekend and Evening Call Outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Actioning Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following treatment guidelines?			
▪ Booking of First Appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Patients Arriving for an Appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Orientation of New Patients to Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Initial Appointment / Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Contraindications / Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Adverse Reaction to Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Length / Quantity of Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ ACC Treatment Profiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Reassessment / Review of Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ In House Patient Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Patient Systems	Yes	No	Unsure
▪ Activity-based Programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Organise and run ABP contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ ABP Referral/Typing/Sending Process:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Spinal Manipulative Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Women's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Heart Rate Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Alternative Healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Patient Communication During Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Patient's Ability to Monitor Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Outcome Measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Treatment of a Family Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Chaperones/Support Persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Biculturalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following infection control procedures?			
▪ Hygienic Treatment Principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Cleaning of Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following patient rights and protection guidelines?			
▪ Patient Rights and Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Prevention of Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Anti-Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Consumer Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Clinical Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have suggestion/comments box procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a complaints procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following client resources/aides procedures?			
▪ Clinic Information Pamphlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Client Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Loan of Books to Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Order & Supply of Stock / Aides to Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Loan Of Equipment to Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Loan Of Crutches to Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Patient Systems	Yes	No	Unsure
Do you have the following record keeping procedures?			
▪ Appointment Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Printing out Waiting Room Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Treatment Cards - Clerical details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Daily Processing of Treatment cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Initial Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Forms Pertaining to Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ ACC: Processing of Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Loading ACC45s into the Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Loading Accepted ACC32s into the Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ ACC: Physiotherapy Treatment Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Clinical Treatment / Progress Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Read Codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Processing of D.N.A.'s (Patient Fails to Keep Appointment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Patient Cancels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Discharge Summaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Retention of Client Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have procedures regarding the handling of referrals and outgoing correspondence about clients?			
▪ Notes Request from ACC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ With Referring Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Referral to Other Treatment Providers, Doctors and Specialists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do have procedures for the collation of statistics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Safety and Premises	Yes	No	Unsure
Do you have the following policies?			
▪ Health and Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Clinical Emergency Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Smoking Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Harassment Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Premises Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Equipment Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the following health and safety procedures:			
▪ Employee Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Health and Safety Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hazard Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Occurrence Reporting and Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have procedures that cover your premises:			
▪ Landlord and Lease Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other Tenants - (Communication and Shared Facilities) and Car Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Sundry Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Cleaning & General Tidying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal Belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have equipment procedures that cover the following:			
▪ Clinic Equipment Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Instructions and Servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Equipment - Service Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have disaster plans in place for all possible emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have safety plans and control measures in place for the following hazards:			
▪ Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Evacuation Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Electrocutation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Clinical Emergency Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ C.P.R. - Inservice Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hazards in the Work Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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Safety and Premises	Yes	No	Unsure
▪ Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Harassment and Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Plant and Equipment Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Mobile Phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Plaster Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hazardous Substances and Chemical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Storage & Handling of Hazardous Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Destruction of Body Products and Hazardous Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Infection Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Laundry/Soiled Linen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Latex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hazards Associated with Work Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Home Visits (Working Alone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Administrative Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hydrotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Electrotherapy Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Manual Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Cupping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Manipulation Grade 4 and Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>