

**FAITH, HOPE
AND LOVE**



Hope Street Free Clinic (HSFC) Quarterly Risk Assessment Form

Assessment Period: Q1/Q2/Q3/Q4 - _____

Date of Assessment:

Conducted By:

Reviewed By:

1. Patient Safety & Care Quality

Are there any reported patient safety incidents? (Y/N)

- If yes, describe: _____

Are proper infection control measures in place? (Yes / No)

Are medical records being documented accurately and securely? (Yes / No)

Have there been any patient complaints or grievances? (Yes / No)

2. Compliance & Legal Considerations

Have all clinical personnel completed required training? (Yes / No)

Are HIPAA and confidentiality protocols being followed? (Yes / No)

3. Incident Reporting & Resolution

Have any adverse events or near-misses been reported? (Yes / No)

- If yes, describe: _____

Were incidents properly documented and addressed? (Yes / No)

Were corrective actions taken to prevent recurrence? (Yes / No)

4. Volunteer & Staff Performance

Are volunteers and staff following clinic policies and protocols? (Yes / No)

Are there any concerns regarding staff training or conduct? (Yes / No)