

## DPHMP Workplace Monitor Safe Practice Report

Delaware Professionals' Health Monitoring Program (DPHMP) requires the following safe practice report form be completed by the workplace monitor and that the form be sent directly to IBH. **This form must be submitted on a monthly basis in order for the Licensee to be in compliance with his/her monitoring agreement. Please either mail or fax (877-730-5113) this form to IBH by the close of business on the 5<sup>th</sup> day of each month. If in between the reporting time period there is any evidence of unsafe job performance or any concerns please contact IBH immediately at 1-855-575-9350. This is a confidential document and only should be viewed by staff with a need to know.**

Licensee Name or account#: \_\_\_\_\_ Evaluation From: \_\_\_\_\_ To: \_\_\_\_\_

**Employment Setting:**

Name of Employer: \_\_\_\_\_ Workplace setting: \_\_\_\_\_

Name of Workplace Monitor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Confidential fax \_\_\_\_\_ Email address: \_\_\_\_\_

**Job Specifications:**

Has there been a change in the licensee's position or job description since the last report? (Check One) yes no

Current Position Title: \_\_\_\_\_ Start date if new position: \_\_\_\_\_

Work Hours/Shift: \_\_\_\_\_

Frequency of contact w/ Licensee: (Check One) daily, twice a week, weekly, every other week, monthly

<b>Physical performance</b> <ul style="list-style-type: none"> <li>• Balance</li> <li>• Manual coordination/tremor</li> <li>• Speech patterns</li> <li>• Gait/stance</li> </ul>	<b>Within acceptable limits for workplace</b>  <b>Yes or No</b>
<b>Cognitive performance</b> <ul style="list-style-type: none"> <li>• Mental alertness/concentration</li> <li>• Memory</li> <li>• Accuracy of documentation</li> </ul>	<b>Within acceptable limits for workplace</b>  <b>Yes or No</b>
<b>Communication performance</b> <ul style="list-style-type: none"> <li>• Emotional tone with co-workers and patients</li> <li>• Response to feedback on performance</li> <li>• Maintenance of clear professional boundaries</li> </ul>	<b>Meets Worksite Standard</b>  <b>Yes or No</b>
<b>Attendance</b> <ul style="list-style-type: none"> <li>• Consistent attendance without change in pattern</li> <li>• No unexplained absences</li> </ul>	<b>Meets Worksite Standard</b>  <b>Yes or No</b>
<b>Management of Worksite Medications, if applicable</b> <ul style="list-style-type: none"> <li>• Medication administration/documentation consistency</li> <li>• Adherence to narcotic disposal policy</li> <li>• Authorized access to controlled medication</li> </ul>	<b>Meets Worksite Standard</b>  <b>Yes or No or NA</b>

**Please describe any behavioral changes since last report:**

**Comments including any concerns expressed by others pertaining to the licensee's practice:**

**Would you like to speak with the licensee's agreement monitor? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Signature of Workplace Monitor: \_\_\_\_\_ Date: \_\_\_\_\_**

**Print Name: \_\_\_\_\_ Title: \_\_\_\_\_**

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.