PCPCH Site Visit Readiness Checklist

Are you actually ready—or just hoping you are?

Quality Improvement (2.D) - Show Me It's Real

☐ QI team at each clinic site meets regularly

☐ Agendas + notes documented and accessible

☐ Active QI projects with clear aims and measures

☐ PDSA cycles documented

☐ Staff beyond leadership can describe QI priorities

Audit reality: If only one person understands your QI work, it's a red flag.

Staff Vitality (2.F) - Beyond the Survey

☐ Wellness survey completed in the last year (all staff & providers)

☐ Results summarized and shared internally

☐ Documented actions taken based on survey results

☐ Staff can name at least one change that's been made as a result of your survey

Audit reality: A survey without follow-up is not enough.

Access & Performance Data (1.A, 2.A) - Use It or Lose It

☐ Access reports run regularly

☐ Performance data reviewed consistently

☐ Data tied to decisions or QI

☐ Reports are recent and available

Audit reality: Generating reports does not equal using data to improve timely access to care.

Complex Care & Risk Stratification (5.A, 5.C, 5.E) - It All Has to Connect

☐ Criteria for identifying high risk patients are documented and understood

☐ Risk stratification process is clearly defined and consistently applied

☐ Patient lists (high, medium, low and rising-risk) are current and actionable

☐ Care management workflows are defined (who does what, when, and how)

This checklist is intended to guide preparation for key areas of focus—but it is not comprehensive. PCPCH site visits assess the full scope of standards, and success depends on how well your systems are integrated across your entire practice.

Creach Consulting Group

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☐ Evidence of outreach, care planning, and follow-up is documented

☐ Behavioral health and social needs are integrated into care planning

☐ Data, workflows, and care management activities are aligned across the team

👉 *Audit reality:* Misalignment is the biggest risk here—if your risk stratification, patient lists, and care management activities don't match, it will show quickly.

Workflows - Can Your Team Explain Them?

☐ Key workflows documented, including who is responsible for what

☐ Staff can explain workflows without documents

☐ Processes consistent across staff

☐ Structured onboarding for new staff

Audit reality: Inconsistent answers signal weak systems.

Documentation - Keep It Current

☐ Documentation reflects current practice

☐ Evidence from last 3–6 months

☐ Files organized by PCPCH standard and easy to access

☐ Avoid over-documentation

Audit reality: They want what's real, not what's polished.

Final Gut Check

- Could multiple staff explain your systems and processes?
- Do documents match real workflows?
- Can you produce data and evidence quickly?

Bottom Line: PCPCH site visits are no longer about proving you have processes. They're about proving those processes are alive, embedded, and working.

👉Need help preparing for a PCPCH site visit or strengthening your systems?
Let's talk.

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