

# Clinical Team Performance & Quality Audit

Practitioner Name: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
Date of Audit: \_\_\_\_\_ Review Period: ☐ Monthly ☐ Quarterly

## Section 1: R.O.O.T.S. Method™ Quality Control

Use this checklist during weekly clinical rounds or random case audits to ensure the clinic's "Operating System" is being followed accurately.

- ☐ **REVEAL:** Does the intake timeline clearly identify Antecedents, Triggers, and Mediators (ATMs)?
- ☐ **REVEAL:** Is there evidence of "Clinical Empathy" and deep listening in the session notes?
- ☐ **ORGANIZE:** Is the Functional Medicine Matrix fully mapped and updated?
- ☐ **OPTIMIZE:** Was a foundational lifestyle protocol delivered before moving to advanced testing?
- ☐ **OPTIMIZE:** Is the client's "Readiness to Change" score documented and  $\geq 7$ ?
- ☐ **TARGET:** Is there a clear, documented rationale for every lab test ordered?
- ☐ **TARGET:** Are supplement protocols targeted specifically to Matrix gaps?

## Section 2: Clinical Performance KPIs

Track the practitioner's efficiency and efficacy over the last 30-90 days.

Metric	Goal	Current Score	Notes
Patient Retention Rate (PRR)	$\geq 85\%$	____%	% of clients completing 6-month protocol
Outcome Success Score (OSS)	$\geq 50\%$	____%	Avg. MSQ symptom reduction across cases
Billable Efficiency	$\geq 70\%$	____%	Ratio of billable hours to total hours

Metric	Goal	Current Score	Notes
Case Presentation	Weekly	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consistent attendance at Friday Rounds

### Section 3: Mentorship & Growth Reflection

**Current Ladder Level:** ☐ Level 1 (Associate) ☐ Level 2 (Practitioner) ☐ Level 3 (Senior)

**Clinical Strengths:**

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**Growth Opportunities (Knowledge gaps or efficiency bottlenecks):**

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**Mentorship Action Plan:** - ☐ Assigned specific research topic for next Grand Rounds. - ☐ Shadowing Lead Practitioner on complex "Target" phase cases. - ☐ Review of state-specific telehealth compliance/scope of practice.

### Section 4: Final Assessment

**Overall Performance Rating:** ☐ **Exceeds Standards** (Ready for Ladder advancement/Profit sharing) ☐ **Meets Standards** (Maintain current caseload) ☐ **Needs Improvement** (Requires 30-day intensive supervision)

**Next Review Date:** \_\_\_\_\_

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**Practitioner Signature:** \_\_\_\_\_ **Lead Signature:** \_\_\_\_\_

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