



CHART REVIEW FORM

Auditor: _____ **Physician Audited:** _____

Date: _____ **Location:** Office Hospital _____ Other – specify _____

	Patient Initials/PHIN	Gender	DOB	Visit Date	Diagnosis, comments re visit	Concerns (attach comment sheet for Yes)
1	OK	M	19/02/59	28/02/18	Diabetes mgmt. Generally care appears good. Last urine alb/creat ration sl high 2016 - ?not redone since. Lab results noted possible hemoglobinopathy which could affect A1C - ?followed up.	
2	MK	F	13/10/54	08/05/18	Hypertension (also DM, hyperlipidemia). Encourage adding qualifier to assessment portion, ie, hypertension controlled.	
3	CS	M	27/11/65	28/02/18	Chronic pain. Rx for nabilone. Note mentions on tyl 3 – unclear who prescribes. Did they check eChart for other rxs? Note flashes up on opening chart re pt is demanding. Need to be careful about these comments.	
4	GG	M	20/04/40	23/04/18	CHF – no concerns. Allergy to ASA mentioned in note, not in Allergy band in EMR.	

5	RR	M	29/11/52	10/04/18	COPD – Should ask about exercise tolerance as well as questions asked to assess COPD control. Problems missing in history of problems. ?GERD, depression – meds for these issues noted.	
---	----	---	----------	----------	---	--

OVERVIEW OF CHARTS

Please complete this section taking into account all charts reviewed.

	Satisfactory	Needs Improvement	Comments
Medical Record Keeping	X		No next of kin noted. Not all active problems in problem list. Consider using autoexpire function in EMR to keep track of when meds should run out. Helps to assess compliance with meds and/or misunderstanding of how they should be taken.
Chronic Disease Management	X		Management generally seems good. Using PC quality indicators function well.

OVERALL ASSESSMENT

Meets standards of care: Yes No

Comments:

In general is providing good care. Some issues were noted that perhaps need a little more documentation. (eg, ?hemoglobinopathy)



Use of EMR overall is good. Good use of primary care quality indicators.

Practice improvement Recommendations:

Keep history of problem bands up to date.
Use autoexpire on medications to help with identifying if patients are taking meds as prescribed.
Record next of kin on charts (College requirement).

Signature _____ Auditor Name _____ Date _____