

CHART REVIEW FORM

Auditor:		Physician Audited:		
Date:	Location: Office _	_X Hospital	Other – specify	

	Patient Initials/PHIN	Gender	DOB	Visit Date	Diagnosis, comments re visit	Concerns (attach comment sheet for Yes)
1	KL	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.	resj
2	MN	F	13/10/54	08/05/18	Hypertension (also DM, hyperlipidemia). Encourage adding qualifier to assessment portion, ie, hypertension controlled.	
3	ОР	М	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	RS	М	20/04/40	23/04/18	CHF – no concerns. Allergy to ASA mentioned in note, not in Allergy band in EMR.	



					COPD – Should ask about	
					exercise tolerance as well as	
	TW	М	29/11/52	10/04/18	questions asked to assess	
5					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	Х		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:	□X 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 g	ood. Good use of primary care quality inc	licators.
Practice improvement R	ecommendations:	
Keep history of problem	m bands up to date.	
Use autoexpire on med	dications to help with identifying if patient	ts are taking meds as prescribed.
Record next of kin on o	harts (College requirement).	
Signature	Auditor Name	Date