

CHART REVIEW FORM

DOCTOR #1

REVIEWER: Dr.

DATE: July 20, 2021

CHARTS REVIEWED:

Doctor #	Patient/Chart #	Year of Birth	Gender	Start/End Date of Visits
1	1	1946	f	Aug31/20- april6/21
Diagnosis:	copd			

Comments: SOAP format not followed- but also information that would be in soap is not all there- particularly subjective There is minimal data –relevant negatives need to be recorded as well as positives. The assessment should be stated along with the plan

Doctor #	Patient/Chart #	Year of Birth	Gender	Start/End Date of Visits
1	2	1931	f	Aug 23/19-april 6/21
Diagnosis:	A fib,anemia,dizziness			

Comments:

Little stated as patient subjective symptoms exam seems limited and relevant pos and neg not always documented.

Doctor #	Patient/Chart #	Year of Birth	Gender	Start/End Date of Visits
1	3	1992	f	July 6/20-april 6/21
Diagnosis:	Abd pain, pelvic pain			

Comments:

History is not well documented as to what symptoms present and what not. It is helpful that results are being tracked in the notes so as to be able to follow the course but a number of relevant questions were not asked .Also in exam notes, drawing of abd is show but not where tenderness is- relevance of diagram? Not stated if u/s showed Mirena or not- no discussion with patient about mirena- did she check it? have it removed? Need to document more details

LEGEND

Level of Concern	Definition
No/Minimal Concerns Reasonable care provided	No/minimal concerns, care provided is reasonable and adequate.
Opportunities for Improvement	Suggested changes or improvements to practice for self-directed implementation.
Required changes – Patient safety concern	Patient safety concerns or major practice changes needed and CPSM follow-up required.

OVERVIEW OF CHARTS Please complete this section taking into account all charts reviewed. See legend below for definition of categories.	No/Minimal Concerns Reasonable care provided	Opportunities for Improvement	Required changes - Patient safety concern
Medical Record Keeping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: needs improvement Few details are provided in patient history as well as the exam Flow sheets would help for tracking chronic disease management			
Medical Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: satisfactory			

OVERALL ASSESSMENT
Strengths
Comments: cumulative profile is helpful, documentation of reports in the notes is helpful
Opportunities for Improvement
Comments: lack of details recorded consider using SOAP format to ensure history and exam is adequate. Record important negatives as well as positives. Consider incorporating flow sheets for chronic disease management.



PRACTICE IMPROVEMENT RECOMMENDATIONS

Required Changes - Patient Safety Concerns

Comments: