

DR. - CHART REVIEW FORM

REVIEWER: Dr.

DATE: April 2022

PREAMBLE: Initial Quality Improvement Program chart review.

CHARTS REVIEWED:

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1963	F	Nov. 23/21-Mar 3/22
Diagnosis:	Cholelithiasis with previous cholecystitis and pancreatitis			

Comments:

Was referred on Nov 18/21 for a previous bout of cholecystitis and pancreatitis; presented to ER on Nov 9/21; required in hospital treatment with IV followed by oral antibiotics; lipase was also elevated. Her condition improved and she was discharged home and appointment for outpatient consult to Dr. #3 was arranged.

She was seen and a lap chole was carried out and the patient recovered well.

Only area of concern is regarding the lack of documentation and investigation regarding her bout of pancreatitis and elevated lipase on presentation. This would suggest that the patient had possible choledocholithiasis at the time of her presentation in ER. This would need further assessment with fu lipase and LFT's to determine if she might need a MRCP or ERCP (to rule out common duct stones) prior to proceeding with her lap chole; There is no mention of this possibility on her pre-op assessment or in the pre-op discussion with the patient. As it appears the patient did well post-op and so it is likely that the previous common duct stone causing her pancreatitis may have passed spontaneously.

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1954	M	Nov 12/21-Mar3/22
Diagnosis:	SBO from crohn's disease			

Comments:

Was seen as an urgent consult from fam. Dr. for recurrent SBO from crohn's disease; Was seen 1wk earlier by GI medicine who suggested surgery to remove a crohn's stricture causing subacute on chronic SBO; History of remote colon resection for crohn's; Had colonoscopy pre op by Dr. #3 on Dec 9/21 confirming narrowing of the terminal ileum; no active inflammation of biopsies. Was seen on Jan 13/22 post scope to arrange for surgery; Weight loss and malnutrition noted. Surgery was done on Feb 3/22—Lap ileocolic resection. Had PE post op noted by episode of tachycardia and placed on anticoagulation with good effect. Pathology consistent with pre op expectations; post op recovery otherwise unremarkable and fu on March 3/22 virtually informed him he was doing well; Fu for PE and fu with GI for further management of crohn's recommended.

Some observations of possible concern was the length of time required for surgery in this malnourished gentleman with significant wt. loss; He was referred urgently on Nov. 12/21 and had surgery 11 weeks later on Feb 3/22.

The other concern was whether his post-op pulmonary embolism may have been mitigated by the use of pre-op DVT prophylaxis (no documentation as to whether this was given in the notes reviewed). His age and malnutrition would put him at a higher risk for perioperative DVT and PE.

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1965	M	Mar 19/21-Jun 14/21
Diagnosis:	Sigmoid colon cancer			

Comments:

Referred for FOBT positive testing on March 12/21 was seen March 19/21; Had colonoscopy by April 9/21; sigmoid cancer diagnosed; unable to see rest of colon due to tumor narrowing; had lap colon resection May 12/21; uneventful recovery; post op chemo; rest of colon to be assessed by Jan /22;

No areas of concern; reasonable wait times for consultation, endoscopy, and surgery. Appropriate fu colonoscopy arranged to assess rest of colon which could not be seen pre-op;

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1993	M	Mar 1/21-Jan 10/22
Diagnosis:	Umbilical hernia			

Comments:

Consulted for repair of umbilical hernia; No issues with assessment, treatment or documentation. There was a slight documentation error noted in the OR note; the procedure was recorded as a “umbilical hernia repair with mesh” but no mesh was used; a suture repair was carried out and confirmed in the dictated OR note and post op visit note.

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1982	M	Mar 8/21-Nov 29/21
Diagnosis:	Right inguinal hernia			

Comments:

Consult for RIH; no issues with assessment, treatment or documentation.

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1941	F	Jan 28/22- Mar 3/22
Diagnosis:	Adhesive SBO			

Comments:

ER consult for acute SBO; underwent surgery with release of adhesive SBO; pt. did well; No issues concerning assessment, treatment, or documentation.

OVERVIEW OF CHARTS

Please complete this section taking into account all charts reviewed.

MEDICAL RECORD KEEPING: Satisfactory Needs Improvement

Comments: Overall very good record keeping; However, including pertinent negative findings in records would be recommended. (i.e. with possible choledocholithiasis, documentation of pre op lipase or liver function tests and possible need for subsequent MRCP or ERCP should be included in the pre op notes and pre op assessment.)

MEDICAL MANAGEMENT: Satisfactory Needs Improvement

Comments: Overall no significant concerns regarding medical management.

Some concerns noted:

1. See comments above re: work up for possible CBD stones;
2. Recommendations for pre-op DVT prophylaxis should be reviewed.

OVERALL ASSESSMENT

STRENGTHS: Overall good notes, treatment and follow-up; no major concerns.

CONCERNS: As noted above

PRACTICE IMPROVEMENT RECOMMENDATIONS:

Review pre op DVT prophylaxis recommendations.

FOR INTERNAL USE ONLY: (Practice improvement recommendations to be categorized below)

SUGGESTED PRACTICE CHANGES:

Review pre op DVT prophylaxis recommendations.

REQUIRED PRACTICE CHANGES:

None

Signature

Dr. _____
Reviewer Name

April 2022 _____
Date