

DR. #4 - 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
		1993	F	7/28/21-3/14/22
Diagnosis:	Prenatal Care and Post Partum Care			

Comments:

- Healthy G3P2SA1- conscience prenatal charting. Accurate and thorough.
- Patient history of anxiety; no documentation of follow up on this issue antepartum or post partum.

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1988	F	5/26/21- 1/6/22
Diagnosis:	G2P2 – Prenatal Care and Post Partum Care			

Comments:

- Well documented PNR – conscience and accurate.
- Post partum visit – form being used.

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1988	F	7/28/21-1/27/22
Diagnosis:	G1P1 -Prenatal Care and Post Partum Care, HTN and Migraines			

Comments:

- 33-year-old with history of HTN and migraines.
- No questions / documentation of follow up on this issue throughout pregnancy.
- Anatomy scan done at FAU presumably for UA dopplers / essential HTN.
- Could this patient have been on ASA to prevent worsening HTN in pregnancy?

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1992	F	8/18/21-3/14/22
Diagnosis:	G3P3 - Prenatal Care and Post Partum Visit			

Comments:

- Healthy multip seen for prenatal care.
- Well documented conscience post partum visit.
- Conscience, accurate charting, easy to follow and interpret.

PHIN #	Patient Initials	Year of Birth	Gender	Start/End Date of Visits
		1989	F	6/21/21-2/23/22
Diagnosis:	G2P1NND1 – Prenatal Care and Post Partum Visit			

Comments:

- Well documented patient care including anxieties over previous loss.
- Close monitoring and frequent visits given history of IUFD.
- Charting suggests support given to patient given traumatic history.
- No mention of cause of IUFD / work up done after last pregnancy.
- If cause was unknown could ASA have been considered in this pregnancy?

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: -Documentation is complete, conscience and organized. -Potential for more documentation of patient questions/ discussions as opposed to 'NO CONCERNS'. -Potential for more follow up / questioning on patients' mental health.			
Medical Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: -Good use of office technology to enhance practice – Clarius scans. -Prenatal care is performed appropriately. -Consider reviewing indications for using ASA to prevent early fetal demise and gestational HTN.			

OVERALL ASSESSMENT
Strengths
Comments: -Complete and concise documentation. -Well organized charting – easy to follow and review. -Apparent genuine concern for patient well being. -Available to patients for virtual and in office care.
Opportunities for Improvement
Comments: -Minimal documentation of follow up on medical issues identified at the first prenatal visit such as hypertension and anxiety. -Consider more discussions with patients about their mental health intrapartum and postpartum -Consider more documentation of work up of medical issues such as intracranial hypertension and previous IUFD. -Review newer guidelines on preventing intrauterine fetal demise and hypertension in high-risk patients, such as the uses of ASA.

PRACTICE IMPROVEMENT RECOMMENDATIONS
Required Changes - Patient Safety Concerns
Comments:

Signature _____ Dr. _____ April 2022 _____
Reviewer Name Date