

**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
<b>Diagnosis:</b>	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
<b>Diagnosis:</b>	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
<b>Diagnosis:</b>	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
<b>Diagnosis:</b>	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
<b>Diagnosis:</b>	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?

**OVERVIEW OF CHARTS**

Please complete this section taking into account all charts reviewed.

**MEDICAL RECORD KEEPING:**                     Satisfactory                     Needs Improvement

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:**                     Satisfactory                     Needs Improvement

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:**

- 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.

**CONCERNS:**

- Minimal documentation of follow up on medical issues identified at the first prenatal visit such as hypertension and anxiety.

**PRACTICE IMPROVEMENT RECOMMENDATIONS:**

- 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.

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

**SUGGESTED PRACTICE CHANGES:**

- More discussion/ documentation of intrapartum and post partum mental health especially in patients with a history of anxiety/ depression.
- Consider more documentation of work up of medical history such as intracranial hypertension and previous IUFD.
- Review guidelines on preventing intrauterine fetal demise and hypertension in high-risk patients, such as the uses of ASA.

**REQUIRED PRACTICE CHANGES:**

None

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Signature

Dr. \_\_\_\_\_  
Reviewer Name

April 2022  
Date