

**SASKATCHEWAN COLLEGE OF PODIATRISTS
QUALITY ASSURANCE COMMITTEE
PRACTICE ASSESSMENT**

Practitioner Name _____ Date _____

CHART REVIEW TOOL PAGE 1

Date

Total number of charts selected for review:

Date(s) chosen for chart review:

Assessor signature

Registrant signature

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Practitioner Name _____ Date _____

CHARTS REVIEW TOOL SECTION ONE: ORGANIZATION PAGE 2

- A - AGREE IN 90% OF CHARTS REVIEWED B - AGREE IN GREATER THAN 70% OF CHARTS REVIEWED
 C - AGREE LESS THAN 70% OF CHARTS REVIEWED D - AGREE LESS THAN 10% OF CHARTS REVIEWED
 N/A - NOT APPLICABLE

	A	B	C	D	n/a
Are patient records organized for easy retrieval?	_____				
Are the charts legible?	_____				
Written in permanent ink?	_____				
All corrections initialed	_____				
Presented in a clear and logical format.	_____				
A glossary available if abbreviations are used.	_____				
Identify the author.	_____				
A reference identifying the patient on each part.	_____				
Comments:	_____				

	A	B	C	D	n/a
Each chart must include the following:					
The patient's name and address.	_____				
The date of each of the patient's visits.	_____				
The name and address of the primary care physician.	_____				
The patient health record card number.	_____				
A copy of every written consent.	_____				
History of the patient is taken.	_____				
Current medications are documented.	_____				
Allergies are documented.	_____				
The primary complaint is documented.	_____				
Comment:	_____				

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CHARTS REVIEW TOOL SECTION TWO: CONTENT PAGE 3

A - AGREE IN 90% OF CHARTS REVIEWED B - AGREE IN GREATER THAN 70% OF CHARTS REVIEWED

C - AGREE LESS THAN 70% OF CHARTS REVIEWED D - AGREE LESS THAN 10% OF CHARTS REVIEWED

N/A - NOT APPLICABLE

Each chart must include the following:

A B C D n/a

Reasonable information about every examination performed. _____

Reasonable information about every positive clinical finding. _____

Reasonable information about every negative clinical finding. _____

Reasonable information about diagnosis and assessment. _____

Reasonable information about every referral of the patient _____

to another health professional, service or agency.

Written reports received for examinations, tests, consultations _____

or treatments performed by other health professionals.

Reasonable information about all significant advice given. _____

Comments:

A B C D n/a

Reasonable information about every controlled act performed. _____

Reasonable information about every controlled act delegated. _____

Reasonable information about every post-operative visit. _____

Reasonable information about every procedure that was commenced but not completed. _____

Prescription meds documented with dosage and duration. _____

Any radiographs taken. _____

Comments:
