



45271



Cedars-Sinai Medical Center

AMBULATORY SITES MEDICAL RECORD AUDIT TOOL

Shade circles like this: ●

Please carefully fill in bubbles with #2 pencil or blue/black ink.

Not like this:



UNIT

MRN

- | | |
|--|---|
| <input type="radio"/> 310 Surgery Center | <input type="radio"/> Infant Progress |
| <input type="radio"/> Ambulatory Care Center | <input type="radio"/> Liver Transplant Hepatology |
| <input type="radio"/> Antenatal Testing | <input type="radio"/> Lung Center |
| <input type="radio"/> Behavioral Health Clinics | <input type="radio"/> Medical Genetics |
| <input type="radio"/> Blood Donor | <input type="radio"/> Nephrology Clinic Peds |
| <input type="radio"/> Bronchoscopy Lab | <input type="radio"/> Neurofunctional Surgery |
| <input type="radio"/> CDOP/Diabetes Clinic/Weight Clinic | <input type="radio"/> Neurology Specialty Clinic |
| <input type="radio"/> COACH | <input type="radio"/> Neurosurgical Institute |
| <input type="radio"/> Comprehensive Cancer Center | <input type="radio"/> Neurophysiology Lab |
| <input type="radio"/> Dental Clinic | <input type="radio"/> Non-invasive cardiology (EKG) |
| <input type="radio"/> Early Childhood Center | <input type="radio"/> Outpatient Dialysis |
| <input type="radio"/> ECT | <input type="radio"/> Outpatient Rehab (Robertson) |
| <input type="radio"/> Ellis Eye Clinic | <input type="radio"/> Pain Center |
| <input type="radio"/> Emergency Department | <input type="radio"/> Pituitary |
| <input type="radio"/> Employee Health | <input type="radio"/> PRCC (Cardiac Rehab) |
| <input type="radio"/> Endocrinology Clinic/Bone Center | <input type="radio"/> Prenatal Diagnosis |
| <input type="radio"/> Endourology Stone Center | <input type="radio"/> Procedure Center |
| <input type="radio"/> General Clinical Research Center | <input type="radio"/> Pulmonary Clinic Peds |
| <input type="radio"/> GI Lab | <input type="radio"/> Pulmonary Function Lab |
| <input type="radio"/> G.I. Motility | <input type="radio"/> Pulmonary Rehab |
| <input type="radio"/> IBD | <input type="radio"/> Skull Base Institute |
| <input type="radio"/> Imaging | <input type="radio"/> Tay Sachs Clinic |
| | <input type="radio"/> Vascular Lab |

1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0	0

MONTH

YEAR

<input type="radio"/> JAN	<input type="radio"/> MAY	<input type="radio"/> SEP	<input type="radio"/> 1999
<input type="radio"/> FEB	<input type="radio"/> JUN	<input type="radio"/> OCT	<input type="radio"/> 2000
<input type="radio"/> MAR	<input type="radio"/> JUL	<input type="radio"/> NOV	<input type="radio"/> 2001
<input type="radio"/> APR	<input type="radio"/> AUG	<input type="radio"/> DEC	<input type="radio"/> 2002

Y N N/A

- | | | | |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record contains patient's name. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record contains patient's medical record number. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record contains patient's date of birth. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record contains patient's legal representation. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record contains patient's sex. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record contains patient's marital status. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record contains patient's religious preference. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record contains date and time of arrival/departure. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record includes medical history. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Record immunization record. |





Y	N	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Record includes allergy record.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Record includes nutritional evaluation (include neonatal hx for pediatric patients).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Record includes physical exam.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diagnosis(es) or diagnostic statements: when appropriate, initial.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diagnosis(es) or diagnostic statements: when appropriate, final.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Treatment plan and diet instructions (if applicable).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Treatment plan and prescription instructions (if applicable).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Treatment plan & self care instructions documented.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Documentation of treatments, diagnostic tests, and/or procedures performed.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Appropriate informed consent forms (operative/procedure consent not included here).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Problem list is developed by the 3rd visit.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Includes list of known significant diagnoses/conditions.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Includes surgical history.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Includes medications and drug allergies.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	All verbal orders authenticated within 24 hours.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Every medical record entry is dated, it's author identified, and when necessary, authenticated. Physician orders contain MD ID#.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pre-procedure Nursing Assessment completed.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nursing Procedure record completed.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post-procedure Nursing record completed.
Y	N	N/A	NON-CONSCIOUS SEDATION PROCEDURES PERFORMED IN CLINIC (if patient had conscious sedation, complete conscious sedation tool)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Record contains evaluation/indications for surgery.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written record of pre-op instructions.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Evidence that physician has given informed consent (discussion of risks, benefits and alternatives to procedure) in H&P or progress note.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Signed consent form in record.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Record contains written or dictated report of procedure including pre and post-procedure diagnosis, specimens removed, if any.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post-op documentation includes vital signs.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post-op documentation includes patient's response to procedure, post-op





Y	N	N/A	NON-CONSCIOUS SEDATION PROCEDURES PERFORMED IN CLINIC - continued
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written discharge instructions given to patient.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	When appropriate, patient educated about medications, limitations of activity, diet and follow-up.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If specimens removed, pathology report in record.
Y	N	N/A	OTHER
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patient's learning needs, abilities, preferences and readiness to learn is assessed.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	As appropriate, assessment considers: cultural beliefs, religious beliefs, and barriers to learning (emotional, physical and cognitive.).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	When appropriate, patient is educated about safe/effective medication use.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	When appropriate, patient is educated about safe/effective use of medical equipment.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	When appropriate, patient educated about diet and nutrition including potential food-drug interactions
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	When appropriate, patient is educated about available community resources.
Y	N	N/A	PEDIATRIC CARE RECORD (Ages 0 through 14)
			As appropriate the assessment of infants, children and adolescents includes:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Developmental age (through adolescence).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Length/height.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Head circumference (up to age 2).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weight.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consideration of the patient's education needs and daily activities.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Immunization status.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family/guardian expectations for, and involvement in the assessment, initial treatment and continuing care of the patient are documented.
Y	N	N/A	RESEARCH, CLINICAL TRIALS AND EXPERIMENTATION
			All patients asked to participate in a research project are given:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Description of benefits to be expected.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Description of potential discomforts and risks.
			Description of alternative services:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Full explanation of procedures to be followed.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assurance of right to refuse to participate.





45271

Y	N	N/A	RESEARCH, CLINICAL TRIALS AND EXPERIMENTATION - continued
			All consent forms related to research, experimentation and/or clinical trials indicate:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Name of person who supplied prospective participant with information.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Date form was signed.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Address participant's right to privacy, confidentiality and safety.
Y	N	N/A	EMPLOYEE HEALTH SERVICES
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Current annual health evaluation and clearance on file.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Were annual health questionnaire positive answered questions addressed by the EHS nurse?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Current skin test or TB symptom review on file if skin test positive.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chest X-Ray report on file for patients with positive PPD.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Documented immunity titers or physician's notation if employee does not have immunity titer and cannot take vaccine.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Signed hepatitis B immunization form:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If employee signed to take vaccine, did employee start?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If series started, was the series completed?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Work related first seen in the E.D., is there a first report on file in the EHS charts?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Does work related evaluation have supervisor's report at time of visit?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Was work related evaluation delayed to obtain the supervisor's report?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Work clearance or off duty form copy in file.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	





45271

Y	N	N/A	OUTPATIENT REHAB
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical record contains discharge summary.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical record contains monthly summary.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Evaluation goals are measurable.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Evaluation goals are functional.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Evaluation goals include time frames.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Daily documentation demonstrates progress towards goals.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Each treatment is covered by MD order.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Each treatment is authorized by insurer.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical record contains therapy report.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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