# **MEDICAL CHART AUDIT - Template**

Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*place resident label here*

**REVIEW**

The audit of health records is an important component of quality medical care. These standards are informed by Island Health Medical Standards of Care and have been adopted by [facility name].

**Admission visits to resident** requiredwithin 7 days of admission to this facility:

complete     overdue       n/a Visit date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow up visit/note** required within 7 days following return from acute care:  n/a

complete        overdue Acute care discharge: \_\_\_\_\_\_\_\_\_\_ Visit date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proactive visit/note** required at least every 90 days, and more frequently as appropriate:

complete        overdue Most recent visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advance Care Plan:** physician and/or family/resident will review the end of life care plan at least annually.

MOST form complete  yes  no Date of completed MOST form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance at multidisciplinary care conference**:

Date of most recent care conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        attended       did not attend

**RECOMMENDATIONS**

No issues were noted. Thank you for attending your resident and completing the record in accordance with medical standards of care.

Please attend to the overdue item within 2 weeks of this letter.

Date rectified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact the Medical Coordinator/Director of Care if you have any questions. [Insert Contact information]