

**PRACTICE ASSESSMENT REPORT
LONG-TERM CARE**



CLINICAL PRACTICE

LONG-TERM CARE PATIENT MANAGEMENT

INSTRUCTIONS

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's actions in long-term care patient management.

LONG-TERM CARE PATIENT MANAGEMENT	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. In the event that more than one physician is making entries in the file, each physician is identifiable...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Documented evidence that care conferences/resident reviews are occurring involving team care givers and family representatives is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Incident reports come to the attention of the physician and are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical directives are used...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medical directives are periodically reviewed...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the event of an emergency, the nursing staff has ready access to the physician...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the event of an emergency the physician's response (e.g. attends the facility, transfers resident to ER, as medically required) is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The usual time taken by the physician or designate to certify death is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Discussions regarding privacy and consent are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Periodic assessments of the resident's cognitive status are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Medical orders for restraints are documented and are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The admission orders are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Communication with the substitute decision maker when significant changes are made is ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The interdisciplinary notes are ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Palliative care management is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Advance directives are documented...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. DNR orders are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
LONG TERM CARE PATIENT MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's actions in long-term care patient management.

No concerns/suggestions

DETAILS/COMMENTS:

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CLINICAL PRACTICE

NEW PRESENTATIONS/ACUTE CONDITION MANAGEMENT

INSTRUCTIONS

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's actions in dealing with new patients or known patients presenting a new complaint or condition. New presentations will often involve the formulation of a diagnosis and recommendation(s) for treatment.

NEW PRESENTATIONS/ACUTE CONDITION MANAGEMENT	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. The chief complaint(s) is/are clearly stated, the duration of symptoms noted, and a functional inquiry is performed...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Physical examinations performed with positive/negative physical findings are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In psychiatric illnesses, the presence of physical illness has been assessed to determine its influence, if any, on psychiatric symptoms...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The family and past history (including significant negative observations, psychiatric illnesses, etc.) are maintained...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The investigation of the complaint/condition is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Requested lab tests, x-rays and other diagnostic investigations are clinically indicated and...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The chief complaint, history, physical findings and investigations lead to an appropriate diagnosis or provisional diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The treatment plan is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Medications in type, dose and duration are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Discussions regarding medication side-effects are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Follow-up of acute conditions is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Follow-up of abnormal test results is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Requests for referrals are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Emergency problems are dealt with quickly and ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
NEW PRESENTATIONS/ACUTE CONDITION MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CLINICAL PRACTICE

NEW PRESENTATIONS/ACUTE CONDITION MANAGEMENT

INSTRUCTIONS

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's actions in dealing with new patients or known patients presenting a new complaint or condition. New presentations will often involve the formulation of a diagnosis and recommendation(s) for treatment.

No concerns/suggestions

DETAILS/COMMENTS:

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CLINICAL PRACTICE

MANAGEMENT OF PATIENTS WITH ONGOING/CHRONIC CONDITIONS

INSTRUCTIONS

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's actions in dealing with patients with chronic conditions. Conditions will usually require long-term monitoring.

MANAGEMENT OF PATIENTS WITH ONGOING/CHRONIC CONDITIONS	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. The patient history is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical examinations performed with positive/negative physical findings are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Requested lab tests, x-rays and other investigations are clinically indicated and...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Co-morbidities are evaluated and considered in the treatment plan...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Management/treatment plan are periodically reviewed and...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Long-term medications in type, dose and duration are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. All medications are periodically reviewed and monitored...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Discussions regarding medication side-effects are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Follow-up of patients suffering from chronic conditions is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Follow-up of abnormal test results is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Requests for referrals are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Narcotic addiction screening is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Narcotic addiction monitoring is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Medication diversion (i.e., distribution of medications to other individuals) monitoring is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Narcotic prescribing is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
MANAGEMENT OF PATIENTS WITH ONGOING/CHRONIC CONDITIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CLINICAL PRACTICE

MANAGEMENT OF PATIENTS WITH ONGOING/CHRONIC CONDITIONS

INSTRUCTIONS

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No concerns/suggestions

DETAILS/COMMENTS:

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CLINICAL PRACTICE

CONTINUITY OF CARE AND REFERRALS

INSTRUCTIONS

Please consider the evidence found in the records and, through your interview with the physician, the appropriateness of the physician's actions in dealing with patients who are referred for treatment, surgical procedures, diagnostic procedures or otherwise, to other physicians. The appropriateness of referral (i.e. including both indications for referral and choice of referral destination), appropriateness of follow-up and continuity of care should be evaluated.

CONTINUITY OF CARE AND REFERRALS	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. Referrals and indications and choice of referral destination are (i.e. all patients that need to be referred have been)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Acute conditions that were treated through referral are followed-up...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Operative notes are followed-up...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hospital discharge recommendations are followed-up...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pathology reports are followed-up...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Evidence exists that communication with the consulting/referring physician to maintain continuity of patient care (e.g. new medication(s) and/or changes to the patient's medication regimen) is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
CONTINUITY OF CARE AND REFERRALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CONTINUITY OF CARE AND REFERRALS

INSTRUCTIONS

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No concerns/suggestions

DETAILS/COMMENTS:

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MEDICAL RECORDS

RECORD KEEPING AND PATIENT MANAGEMENT TOOLS

PLEASE NOTE:

The following criteria have been identified as effective physician management tools.

RECORD KEEPING AND PATIENT MANAGEMENT TOOLS	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. The record system that allows for ready retrieval of an individual patient file is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The mechanism that notifies the physician when consultant reports and/or laboratory reports have been received is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The mechanism that ensures that all investigation, consultation and laboratory reports have been reviewed, with appropriate action taken (if required), is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The record is organized...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Documentation of the consultation record to the referring doctor is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Patient Summary Sheet(s) (e.g. Cumulative Patient Profile) is/are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the event that more than one physician is making entries in the patient chart, each physician is identified...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Growth charts are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Antenatal Charts (e.g. Ontario Antenatal Charts) are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Psychiatric forms (i.e. form 1, etc.) are used ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Allergies are identified...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Immunization records are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Flow sheets for chronic conditions are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Flow sheets for health maintenance are...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
RECORD KEEPING AND PATIENT MANAGEMENT TOOLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MEDICAL RECORDS

REQUIRED MEDICAL RECORD COMPONENTS

PLEASE NOTE:

The listed medical record components have been derived from Ontario Regulation 114/94, Section 18 made under the *Medicine Act*, 1991.

REQUIRED MEDICAL RECORD COMPONENTS	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS	N/A
1. The legibility of the record to the assessor is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Documentation of the patient's name, sex, telephone number, address and date of birth is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Documentation of the patient's Health Card number (if the patient has a Health card) is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. For a consultation, documentation of the name of the primary care physician and of any health professional who referred the patient is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The date of each professional encounter with the patient is documented...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. *The start and stop times for psychotherapy and counselling encounters are recorded...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Patient histories are recorded...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Functional inquiries are recorded...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Diagnoses are recorded...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Investigations are recorded...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Results are recorded...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Each treatment prescribed or administered by the physician (dose, duration, quantity) is recorded...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Notation of professional advice given by the physician is recorded...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Notation of particulars of any referral made by the physician is recorded...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
REQUIRED MEDICAL RECORD COMPONENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Not part of the Medicine Act, however, is a suggested practice.

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MEDICAL RECORDS

REQUIRED ELECTRONIC MEDICAL RECORD COMPONENTS

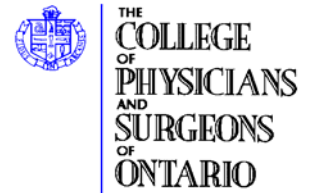
PLEASE NOTE:

The medical record components have been derived from Ontario Regulation 114/94, Section 20 made under the *Medicine Act*, 1991. A system should also have the following audit trail: a password and a back-up system.

REQUIRED ELECTRONIC MEDICAL RECORD COMPONENTS	APPROPRIATE(LY)	APPROPRIATE(LY) WITH SUGGESTIONS	CONCERNS
1. The system provides a visual display of the recorded information...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The system provides a means of access to the record of each patient by the patient's name and, if the patient has an Ontario health number, by the health number...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The system is capable of printing the recorded information promptly and...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The system is capable of visually displaying and printing the recorded information for each patient in chronological order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Confidentiality is maintained...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION RECOMMENDATION:	APPROPRIATE	APPROPRIATE WITH SUGGESTIONS	CONCERNS
REQUIRED ELECTRONIC MEDICAL RECORD COMPONENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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MEDICAL RECORDS

MEDICAL RECORD COMPONENTS

INSTRUCTIONS

Please list any comments that you have on the medical record components.

No concerns/suggestions

DETAILS/COMMENTS:

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FACILITY COMMENTS

INSTRUCTIONS

Please list any comments that you have regarding the facility.

No concerns/suggestions

DETAILS/COMMENTS:

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GENERAL COMMENTS

INSTRUCTIONS

Please list any additional or general comments that you have regarding this assessment.

No concerns/suggestions

DETAILS/COMMENTS: