MEDICAL RECORD REVIEW TOOL

HOSPITAL NAME :	<print name of hospital here>	Date Of Review :	<reviewer enters date of review here>

STD	DOCUMENTATION REQUIREMENT	Medical Record 1			Medical Record 2			Medical Record 3			Medical Record 4			Medical Record 5			TOTAL Y/N	
		#			#			#			#			#				
		DX:			DX:			DX:			DX:			DX:				
		Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N
CONSENTS																		
PFR.6.3	General consent																	
PFR.6.4	Surgical or invasive procedures consent																	
	Anesthesia and moderate and deep sedation consent																	
	Blood and blood products consent																	
	High-risk procedures and treatments consent																	
PFR.8	Clinical research, investigation, and trials consent																	
ASC.5.1	Risks, benefits, and alternatives of anesthesia																	
ASC.7.1	Risks, benefits, potential complications, and alternatives of surgery																	
ASSESSMENTS																		
AOP.1.3	Patient's medical needs																	
	Patient's nursing needs																	
AOP.1.4.1	Medical assessment in 24 hours; updated if more than 30 days old																	
	Nursing assessment in 24 hours																	
AOP.1.5	Assessment findings are documented within 24 hours of admission (medical & nursing)																	
AOP.1.5.1	Medical assessment documented prior to surgery																	
AOP.1.6	Nutritional and functional screening																	
AOP.1.11	Early screening for discharge planning																	

Form credit: Joint Commission International, 2010, Hospital Survey Process Guide (HSPG), 4th edn, JCI, USA (: Modified version by VIJAYAN RAGAVAN, Medical Records Pals Malaysia

MEDICAL RECORD REVIEW TOOL

HOSPITAL NAME :	<print name of hospital here>

Date Of Review :	<reviewer enters date of review here>

STD	DOCUMENTATION REQUIREMENT	Medical Record 1			Medical Record 2			Medical Record 3			Medical Record 4			Medical Record 5			TOTAL Y/N	
		#			#			#			#			#				
		DX:			DX:			DX:			DX:			DX:				
		Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N
AOP.1.7	Screening for pain on admission																	
AOP.1.9	Assessment and reassessment of dying patients																	
AOP.1.10	Modification of assessments for special needs																	
AOP.1.11	Early screening for discharge planning																	
AOP.2	Physician reassessment daily for acute patients																	
COP.2.1	Measurable goals from the planned care																	
PFE.2	Education needs assessment																	
ASC.3	Presedation assessment																	
	Monitoring during sedation																	
	Recovery criteria																	
ASC.4	Preanesthesia and preinduction assessments																	
OTHER																		
ASC.5	Anaesthesia Plan																	
ASC.6	Arrival and discharge times for postanesthesia care																	
ASC.7	Assessment information that supports the planned procedure																	
	Preoperative diagnosis																	
	Planned surgical procedure																	

Form credit: Joint Commission International, 2010, Hospital Survey Process Guide (HSPG), 4th edn, JCI, USA (: Modified version by VIJAYAN RAGAVAN, Medical Records Pals Malaysia

MEDICAL RECORD REVIEW TOOL

HOSPITAL NAME :	<print name of hospital here>

Date Of Review :	<reviewer enters date of review here>

STD	DOCUMENTATION REQUIREMENT	Medical Record 1			Medical Record 2			Medical Record 3			Medical Record 4			Medical Record 5			TOTAL Y/N	
		#			#			#			#			#				
		DX:			DX:			DX:			DX:			DX:				
		Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N
ASC.7.2	Written surgical report contains the following: • Postoperative diagnosis																	
	• Name of operative surgeon and assistants																	
	• Name of the procedure																	
	• Surgical specimens sent for examination																	
	• Specific mention of complications or the absence of complications during the procedure, including amount of blood loss																	
	• Date, time, and signature of responsible physician																	
ASC.7.4	The medical postsurgical plan																	
	The nursing postsurgical plan of care																	
	Postsurgical plan of care by “others” as appropriate																	
MMU.4	List of current medication taken prior to admission																	
MMU.4.3	Medications prescribed or ordered and administered are written in the patient’s record																	
MMU.7	Adverse effects																	
PFE.2.1	Assessment includes the following: • The patient’s and family’s beliefs and values																	
	• Their literacy, educational level, and language																	
	• Emotional barriers and motivations																	
	• Physical and cognitive limitations																	
	• The patient’s willingness to receive information																	

Form credit: Joint Commission International, 2010, Hospital Survey Process Guide (HSPG), 4th edn, JCI, USA (: Modified version by VIJAYAN RAGAVAN, Medical Records Pals Malaysia

MEDICAL RECORD REVIEW TOOL

HOSPITAL NAME :	<print name of hospital here>

Date Of Review :	<reviewer enters date of review here>

STD	DOCUMENTATION REQUIREMENT	Medical Record 1			Medical Record 2			Medical Record 3			Medical Record 4			Medical Record 5			TOTAL Y/N	
		#			#			#			#			#				
		DX:			DX:			DX:			DX:			DX:				
		Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N
MCI.19.3	The author, date and time (when required) of every entry																	
ACC.1.1.3	Any delay in treatment																	
ACC.2.1	Patient's plan of care																	
ACC.3.2.1	Discharge summary contains the following: • Reason for admission, diagnoses, and comorbidities																	
	• Significant physical and other findings																	
	• Diagnostic and therapeutic procedures performed																	
	• Significant medications, including discharge medications																	
	• The patient's condition/status at the time of discharge																	
	• Follow-up instructions																	
ACC.4.4	Record of transferred patients contains the following: • Name of the health care organization and the individual agreeing to receive the patient																	
	• The reason(s) for transfer																	
	• Any special conditions related to transfer																	
	• Any change of patient condition or status during transfer																	

MEDICAL RECORD REVIEW TOOL

HOSPITAL NAME :	<print name of hospital here>

Date Of Review :	<reviewer enters date of review here>

REMARKS:	

NAME OF REVIEWER:	

SIGNATURE OF REVIEWER:	

Form credit: Joint Commission International, 2010, Hospital Survey Process Guide (HSPG), 4th edn, JCI, USA (: Modified version by VIJAYAN RAGAVAN, Medical Records Pals Malaysia