PEER REVIEW OF MEDICAL RECORDS PROGRAM [Companion Animals]

Thank you for your interest in the voluntary Peer Review of Medical Records Program (a component of the Quality Assurance Program for members of the CVO), the goal of which is to provide a standardized peer review of your medical records and constructive feedback on areas for attention or improvement. This information sheet explains the process and answers some frequently asked questions about the program.

How does the program work?

Once you submit sample medical records cases to the QA Program Manager (see What do I need to submit? below), a trained peer reviewer will be assigned the cases for review against a standardized set of records requirements, using a check-list approach. The peer reviewer also makes constructive comments and provides a summary sheet with overall recommendations. The completed assessment will be sent to you (along with the documents you submitted) for your consideration.

Do the records need to be my own?

Submissions may be made either by an individual veterinarian or by a practice (with records kept by different veterinarians). Records for a practice must be submitted by the owner or accompanied by the practice owner's **permission to participate in the program.**

Do I need permission from my clients to submit their records to the CVO?

No, because the CVO is permitted by law to review medical records of members for the purpose of quality assurance. The CVO maintains a strict privacy policy regarding the management of all documents and their contents.

Who will know the results of the review?

The review results and summary document are 100% confidential and will not be shared with any CVO staff or committee. An anonymous copy of the documents will be kept by the Quality Assurance Program Manager for statistical purposes.

What do I need to submit?*

The records package submitted for review normally includes *6 sample cases.* Please include one each of the following types of cases in your package, and highlight or note **the case type** and **date of the visit(s)** to be reviewed:

1. A wellness examination or vaccination visit
2. A routine surgery (e.g. spay, castration)
3. A non-routine surgery
4. An acute medical case
5. A chronic medical case
6. A referral case

Each case submitted should contain **relevant components** of the overall medical record, including

1. Client/Patient identification form(s)
2. Client communications (*discharge instructions, homecare templates, discussion notes*)
3. Consent forms
4. Master Problem list or Cumulative Patient Profile
5. Protocols (*surgical or other*)
6. SOAP/DAP (*assessment*) forms or Progress Notes
7. Laboratory reports
8. Radiographs and ultrasounds
9. Monitoring forms
10. Logs (*Radiograph, Surgery/Anaesthetic, Drug*)
11. Referral letters
12. Invoices (*you may black out prices if you wish*)
13. Certificates (*vaccine, other)*

*** NOTES:**

- Please send **photocopies** of the records and **digital copies** of radiographs wherever possible.
- For **computerized records**, please send in **all relevant screen views** for the above components.

Who do I contact with any questions about this process or program?

Please call Karen Smythe, CVO's Policy and Quality Assurance Program Manager, at 1-800-424-2856 ext. 2237 or send an e-mail to: ksmythe@cvo.org