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Evaluating the Impact of the Peer Review of Medical Records Program

Prepared for the College of Veterinarians of Ontario

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Executive Summary

The Peer Review of Medical Records (**PRMR**) program is a core component of the College of Veterinarians of Ontario's (**CVO**) Quality Assurance framework and is designed to promote high-quality veterinary medical record-keeping through peer assessment, feedback, remediation, and continuous improvement. Following implementation of the revised PRMR framework in 2019, the current evaluation was undertaken to assess the effectiveness, performance, and ongoing relevance of the program. This evaluation was recommended as part of the original redevelopment process completed in 2018.

The evaluation included a review of program documentation, analysis of peer review outcomes and reassessment data from 2019 to 2024, assessment of reviewer consistency, review of participant survey data, interviews with participating veterinarians, and a focus group with peer reviewers.

Overall, the findings suggest that the PRMR program is achieving its intended objectives. Across the first three cycles, most veterinary practices achieved a Successful outcome on their initial assessment, while practices requiring remediation frequently demonstrated improvement following reassessment. Among clinics receiving Partially Successful or Not Successful outcomes, the majority progressed to improved outcomes following corrective action, educational remediation, and reassessment. These findings support the value of the PRMR framework as a quality improvement tool rather than solely a compliance exercise.

Analysis of assessment results identified several recurring areas where deficiencies continue to occur. The most common challenges related to assessment and diagnosis documentation, informed client consent, subjective history documentation, and selected record management practices. Importantly, these same areas were consistently identified by peer reviewers as common opportunities for improvement across veterinary practices. Despite these challenges, overall performance across many sections of the review remained strong, particularly for patient identification, dating of records, general requirements, and medical treatment documentation.

Feedback from participating practices was overwhelmingly positive. Most respondents reported that the information provided by the College was clear and helpful, that the review process had educational value, and that participation assisted them in identifying learning needs and opportunities for improvement. Participants frequently reported making changes to informed consent procedures, templates, logs, and documentation practices

because of the review process. Peer reviewers similarly described the program as a valuable mechanism for improving awareness of record-keeping standards and supporting quality improvement across the profession.

The evaluation also found evidence that the revised program structure is functioning as intended. The use of defined assessment thresholds, corrective action planning, educational remediation, and reassessment pathways appears to support meaningful improvements in medical record quality while maintaining a constructive and educational approach. Reviewer feedback highlighted the importance of continued calibration and training to maintain consistency across assessments and ensure ongoing confidence in the process.

In summary, the findings indicate that the PRMR program is contributing to improved veterinary medical record-keeping and is providing value to both participating practices and the profession. The program appears to be achieving its primary objectives of identifying deficiencies, supporting corrective action, promoting professional learning, and encouraging continuous improvement. Future refinement should focus on maintaining reviewer consistency, strengthening educational resources in commonly deficient areas, and continuing to monitor program outcomes as additional reassessment data become available.

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Introduction

The College of Veterinarians of Ontario (**CVO**) Peer Review of Medical Records (**PRMR**) program is a core component of the College's Quality Assurance framework and is intended to support veterinarians in meeting professional standards for medical record-keeping. Medical records are foundational to continuity of care, clinical decision-making, communication among veterinary professionals, and protection of the public. Complete and accurate records help ensure that veterinary care can be appropriately understood, continued, and evaluated over time. As a result, medical record-keeping has been identified by the CVO as an important area of professional and public risk.

The PRMR process involves trained peer reviewers assessing medical records from randomly selected and volunteer veterinary facilities across Ontario. Records are evaluated against legislative requirements, accreditation standards, and College guidance documents. Following assessment, facilities receive one of three outcomes: Successful, Partially Successful, Not Successful.

The process is structured as a progressive quality improvement framework. Practices achieving successful outcomes are exempt from reassessment for five years, while practices receiving partially successful or not successful outcomes undergo reassessment and are encouraged to engage in corrective action planning, educational activities, and peer mentorship to support improvement. More details on process are described below.

Between 2019 and 2024, the revised PRMR program completed 259 assessments, including 252 randomly selected facilities and seven volunteer facilities. Recent aggregate reporting by the CVO has demonstrated encouraging trends within the program, including increasing proportions of successful assessments over time and evidence that reassessment and corrective action processes are associated with improvements in record-keeping performance. The program has also generated important data regarding recurring areas of deficiency, including informed client consent, assessment and diagnosis documentation, and subjective history.

The current PRMR framework emerged from substantial earlier development work undertaken by the CVO in collaboration with ACER Consulting. In 2018, ACER Consulting conducted a qualitative evaluation of the existing PRMR process and tools to support redevelopment of the program toward a revised cut-score assessment framework. That work included document review, stakeholder consultation, peer reviewer engagement, and analysis of historical PRMR scoring data. The resulting report identified several key opportunities for improvement, including:

- strengthening reviewer training and calibration,
- improving consistency and reliability across reviewers,
- establishing evidence-informed scoring thresholds,
- implementing a structured successful/partially successful/not successful framework,
- enhancing educational and preparatory resources for participating practices,
- and strengthening corrective action and reassessment pathways.

Importantly, the 2018 work was intended as a foundational developmental exercise to support implementation of the revised PRMR program. A final recommendation from that work was the need for future evaluation once the revised framework had been implemented and enough outcome data had been collected.

This report represents the results of the recommended evaluation. The purpose is to assess the effectiveness and performance of the PRMR program following the completion of its first three operational cycles under the revised framework. More specifically, this evaluation was designed to:

- determine whether the PRMR program is contributing to measurable improvements in the quality and completeness of veterinary medical records,
- evaluate trends in outcomes and the effectiveness of corrective action processes,
- assess consistency and reliability across peer reviewers,
- identify operational trends and strategic opportunities for refinement,
- and provide evidence-informed recommendations to support future development of the program.

To achieve these objectives, the evaluation incorporates quantitative analysis of PRMR assessment and reassessment data, review of scoring and program trends, analysis of stakeholder feedback, and qualitative consultation with peer reviewers and participating veterinary practices. Findings from this evaluation are intended to support continuous improvement of the PRMR process and inform future decision-making about the College's Quality Assurance framework.

Overview of the PRMR Process

A scoring rubric is used by peer reviewers when assessing each relevant section of a practice's records. They determine whether the records include sufficient detail to meet the expectations of each section. The result is a percentage from 0% (the record does not include any of the necessary information) to 100% (all expected elements are satisfactorily included in the records reviewed) for each section.

In 2018, an evaluation rubric was created based on data collected at that time, to facilitate the development of a consistent and evidence-based categorization of practices into the

Successful, Partially Successful, and Not Successful categories, for each section of the review (**Table 1**).

Table 1 | Scoring rubric used to categorize each clinic as Successful (green), Partially Successful (Yellow), or Not Successful (Red)

Record Review Section	Not Successful	Partially Successful	Successful
Patient Identification	0-97%	98-99%	100%
Client and Emergency Contact Information	0-56%	57-78%	>78%
Date	0-86%	87-99%	100%
History - Subjective Data	0-71%	72-96%	>96%
Assessments - Subjective Data	0-76%	77-99%	100%
Assessments - Diagnosis	0-66%	67-99%	100%
Medical Treatment	0-54%	55-82%	>82%
Surgical Treatment and Anesthetic Notes	0-58%	59-93%	>93%
Informed Consent	0-67%	68-99%	100%
Advice and Communication	0-55%	56-99%	100%
Reports, Invoices	0-49%	50-99%	100%
Radiographic Logs	0-59%	60-99%	100%
Controlled Drug Logs	0-51%	52-99%	100%
Anesthetic and Surgical Logs	0-44%	45-99%	100%
General Requirements	0-59%	60-83%	>83%
Total Score	0-68%	69-83%	>83%

This approach allows CVO to provide structured feedback to each practice on where their performance stands with respect to the benchmarks established from an initial base of reviews. Importantly, the Total Score is then used to ultimately determine the final outcome

and corresponding follow up actions expected by the College; each of which are described in further detail below.

Successful Outcome

A Successful outcome indicates that the practice met the required standards for medical record-keeping and is considered compliant with the College's expectations. Practices achieving this outcome are exempt from random selection for PRMR reassessment for five years, receive feedback for continued improvement where applicable, and are not required to complete formal remediation activities. This outcome reflects confidence in the practice's record systems, documentation practices, and overall compliance.

Partially Successful Outcome

A Partially Successful outcome indicates that the practice met some requirements but demonstrated deficiencies significant enough to require reassessment and additional improvement efforts. This category functions as a monitored improvement pathway where the College continues to identify material deficiencies requiring correction.

For practices receiving an initial Partially Successful result, reassessment is generally required within one year. In preparation, the College recommends practices use peer mentors, corrective action plans, educational resources, self-assessment activities, and review the published standards.

The process becomes more structured when deficiencies persist across reassessments. Practices receiving repeated Partially Successful outcomes may experience increased involvement from College staff, and/or direct support in developing corrective action plans. There is also the potential escalation to the Registrar if sufficient progress is not demonstrated.

Not Successful Outcome

A Not Successful outcome represents the most serious PRMR classification and indicates that the practice failed to meet required standards for medical record-keeping, which require immediate and measurable improvement.

Practices receiving a Not Successful result undergo reassessment at both six and twelve months, are expected to implement structured remediation activities, and are strongly encouraged to work with peer mentors and corrective action plans.

Recommended remediation activities may include completion of online educational modules, review of professional standards and guidance documents, self-assessment exercises, and/or mentorship and observation of record-keeping practices. If reassessment

does not demonstrate satisfactory improvement, the matter may be referred to the Registrar for further review.

Corrective Action Plans and Educational Remediation

Corrective action planning is a key feature of the PRMR process for practices receiving Partially Successful or Not Successful outcomes. The objective is to support sustainable improvements in record-keeping practices and prepare the practice for reassessment. The process is intended not only to address technical deficiencies, but also to improve consistency, accountability, and overall practice systems related to medical record management.

Corrective action plans may include:

- participation in CVO educational modules,
- review of Professional Practice Standards and guidance documents,
- self-reflection and self-assessment exercises,
- peer mentor feedback and observation,
- implementation of revised record-keeping workflows or procedures.

Methods

A mixed-methods program evaluation was conducted to assess the effectiveness and performance of the PRMR program following completion of its first three cycles. The evaluation combined quantitative analysis of program data with qualitative feedback from program participants and peer reviewers.

A background review was first conducted of the PRMR program, including historical reports, assessment tools, scoring frameworks, reviewer resources, and related program documentation. Quantitative analyses were then completed using assessment and reassessment data collected between 2019 and 2024. This included analysis of overall assessment outcomes, performance by review section, reassessment outcomes, and trends across program years. Repeatability and consistency data were also reviewed to assess the reliability of scoring between peer reviewers.

To capture participant perspectives, feedback survey data collected by the CVO from practices participating in the PRMR program were reviewed and summarized. Survey data

included both quantitative ratings and qualitative comments regarding preparation, educational value, communication, and perceived impact of the review process.

Qualitative feedback was also collected directly from key stakeholder groups. A virtual focus group was conducted with 12 peer reviewers during the annual peer reviewer training session. The focus group was facilitated by ACER Consulting and explored perceptions of program effectiveness, common areas of deficiency, reviewer experiences, and opportunities for improvement. In addition, interviews were offered to veterinarians and practices that had participated in the PRMR process to better understand their experiences and perspectives regarding the program.

Limitations

Several limitations should be considered when interpreting the findings of this evaluation. First, the available participant data were heavily weighted toward companion animal practices, with insufficient representation from other practice types and species groups to support meaningful subgroup analyses. As a result, differences in outcomes or experiences across practice sectors could not be reliably evaluated.

Second, despite efforts to recruit between three and five participants for interviews with previously reviewed practices, only one individual volunteered to participate. While the interview provided useful contextual insights, the findings should be interpreted cautiously and are not necessarily representative of the broader population of practices participating in the PRMR program.

Finally, some reassessment processes remained ongoing at the time of analysis, particularly for practices reviewed in later program years. Consequently, some long-term outcomes and improvement trajectories may not yet be fully reflected in the available data.

Results

Peer Review Results

Initial Assessment Outcomes

Table 2 summarizes the outcomes of practices that participated in the PRMR process across the first three cycles. Across all cycles, most practices received a Successful (**S**) outcome at their initial review, while a smaller proportion were assigned either a Partially Successful (**PS**) or Not Successful (**NS**) rating and subsequently entered the reassessment process. Practices receiving a PS or NS outcome were required to participate in a reassessment process intended to support improvement and demonstrate compliance with the standards.

Table 2 | Outcome (Not Successful, Partially Successful, Successful) for selected and volunteer practices participating in the PRMR process in years 1, 2, and 3.

Cycle	Selected Practices (N)	Volunteer Practices (N)	Not Successful % (N)	Partially Successful % (N)	Successful % (N)
Year 1 (Apr 2019-Mar 2020)	84	4	7% (6)	37% (33)	56% (49)
Year 2 (Jan 2022-Dec 2022)	84	2	5% (4)	20% (17)	76% (65)
Year 3 (Jan 2023-Apr 2024)	84	1	3% (3)	21% (18)	75% (64)

Year 1

During the first selection cycle (**Year 1**), 54% (18/33) of practices that initially received a PS rating achieved a successful outcome following reassessment. A further 9 practices (27%) required a second reassessment, 6 of which achieved a successful outcome, while the remaining 3 received a further PS rating and were granted a final reassessment opportunity. Among the 6 practices that initially received an NS rating, 50% (3/6) achieved a successful outcome following their six- and twelve-month reassessments, while 1 (17%) received PS ratings at both reassessments and required a further review. In addition, 8 practices, including 6 PS practices and 2 NS practices, closed before reassessment could be completed.

Despite being the first year of implementation, these findings suggest that reassessment was effective in supporting improvement among many practices. More than half of practices receiving an initial PS rating ultimately achieved a successful outcome following reassessment, while several practices requiring multiple reassessments were also able to demonstrate improvement. The relatively high number of practices requiring ongoing reassessment or exiting the process through closure likely reflects the challenges associated with implementing a new program and establishing expectations during the inaugural cycle.

Year 2

During the second selection cycle, 71% (12/17) of practices that initially received a PS rating achieved a successful outcome following reassessment. Two practices (12%) required a second reassessment, while the remaining 3 practices (18%) were still progressing through the reassessment process at the time of reporting. Of the 4 practices initially receiving an NS rating, 2 (50%) improved to a PS rating following their six-month reassessment. Of the remaining 2 NS practices, records were available for only 1, and reassessment of the final practice had been postponed.

The second cycle demonstrated substantially stronger reassessment performance than the first. The proportion of PS practices successfully achieving a successful outcome following reassessment increased from 55% in Year 1 to 71% in Year 2. At the same time, the proportion of practices receiving an initial PS or NS rating decreased from 44% to 25%, suggesting that both baseline compliance and responsiveness to the reassessment process improved over time. These findings may reflect increasing familiarity with the PRMR process, clearer understanding of expectations, and greater alignment with program standards among participating practices.

Year 3

For the third selection cycle, reassessment activities were ongoing at the time of analysis. Fourteen of the 18 practices initially receiving a PS rating had successfully completed reassessment, with 93% (13/14) achieving a successful outcome and 7% (1/14) receiving a further PS rating and an additional chance for reassessment. The remaining 4 cases initially receiving a PS rating are still progress or closed as of the writing of this report. All 3 practices that initially received an NS rating demonstrated improvement following their six-month reassessment.

Although reassessment data for the third cycle remain incomplete, the available evidence is encouraging. Notably, all practices that initially received an NS rating demonstrated

improvement at reassessment, suggesting that the feedback and corrective action process is effective in motivating and supporting change, even among practices with the most significant deficiencies.

All Program Years

Across the three selection cycles, 178 of 259 practices (69%) achieved a successful outcome at their initial review and did not require reassessment. The remaining 81 practices (31%) received an initial PS (n = 68) or NS (n = 13) rating and entered the reassessment process. Among PS practices with completed reassessment outcomes (n = 50), 60% subsequently achieved a successful outcome, with the proportion improving from 54% in Year 1 to 71% in Year 2. Among NS practices with available reassessment data, improvement was also commonly observed, including all three NS practices in Year 3 demonstrating improvement at their six-month reassessment.

While several reassessments remained ongoing and some practices closed before reassessment could be completed, the available evidence suggests that reassessment frequently resulted in measurable improvements in performance. These findings indicate that the PRMR program is functioning as both a quality assurance and quality improvement mechanism. While most practices demonstrate compliance during their initial review, the reassessment process provides a structured pathway for practices with identified deficiencies to implement corrective actions, improve performance, and progress toward compliance with professional standards.

Initial Assessment Outcomes by Section

Table 3 summarizes practice performance across all years by peer review section. As mentioned in the previous section, practices performed well, with 69% (179) of reviews achieving a successful outcome at their initial assessment. These findings suggest that most practices met expectations across most peer review criteria, although several sections consistently demonstrated opportunities for improvement.

When reviewing individual peer review sections, the strongest performance was observed in foundational record-keeping elements. Patient Identification achieved a successful outcome in 71% (185) of reviews, while Date achieved a successful outcome in 74% (192) of reviews. General Requirements also demonstrated strong performance, with 55% (143) of practices rated successful and only 10% (27) rated NS. Medical Treatment records were similarly strong, with nearly half of practices (48%; 125) receiving a successful outcome and only 5% (14) receiving NS. These findings suggest that practices generally maintain adequate documentation of basic patient information and treatment activities.

Several sections demonstrated moderate performance, characterized by a large proportion of practices falling in the PS category. Client and Emergency Contact Information, Advice and Communication, Reports and Invoices, Controlled Drug Logs, and Anesthetic and Surgical Logs all had approximately half of practices receiving a PS outcome. This pattern suggests that while serious deficiencies were relatively uncommon, documentation protocols in these areas frequently fell short of fully meeting program expectations and may benefit from targeted education and clarification of standards.

The weakest performance was observed in the assessment and clinical reasoning components of the medical record. History - Subjective Data, Assessment - Objective Data, and Assessment - Diagnosis had some of the lowest proportions of successful outcomes and the highest concentrations of PS and NS outcomes. Assessment - Diagnosis had the highest NS outcomes of any section, with 28% (73) of practices receiving a NS outcome and only 16% (41) achieving a successful outcome. Similarly, Informed Client Consent demonstrated notable challenges, with 28% (72) of practices receiving NS and only 29% (76) receiving a successful outcome. These findings suggest that documenting the clinical thought process, diagnostic conclusions, and informed consent discussions remains a significant area for improvement across participating practices.

Several sections also had substantial proportions of "Not Applicable" responses, most notably Annual Risk - Written Rx (68%; 176), Radiographic Logs (34%; 88), Anesthetic and Surgical Logs (18%; 46), and Surgical Treatment and Anesthetic Notes (14%; 37). These findings likely reflect differences in the services offered by the practice and case mix rather than deficiencies in performance and should therefore be interpreted with caution.

The results suggest that practices are generally successful in documenting basic patient information, treatment records, and administrative requirements. However, greater challenges exist in documenting clinical reasoning, diagnostic decision-making, informed consent, and aspects of client communication. These areas represent the most meaningful opportunities for future educational initiatives and quality improvement efforts within the PRMR program.

One additional observation worth highlighting is that the weakest-performing sections are not primarily administrative tasks. They are the sections that require veterinarians to document their professional judgment and decision-making process. That pattern suggests the issue may be less about record-keeping compliance and more about translating clinical reasoning and client interactions into sufficiently detailed medical records. This difference is important because it has implications for how future training, guidance documents, and reassessment activities should be designed.

Table 3 | Practice performance (Not Successful, Partially Successful, Successful) on initial assessment across all years, by peer review section.

All Years	Not Successful % (N)	Partially Successful % (N)	Successful % (N)	Not Applicable % (N)
1. Patient Identification	20% (52)	8% (22)	71% (185)	0% (0)
2. Client and Emergency Contact Information	6% (16)	49% (116)	49% (127)	0% (0)
3. Date	13% (33)	13% (34)	74% (192)	0% (0)
4. History - Subjective Data	20% (51)	54% (140)	26% (68)	0% (0)
5. Assessment - Objective Data	12% (32)	55% (142)	32% (84)	0% (1)
6. Assessment - Diagnosis	28% (73)	56% (144)	16% (41)	0% (1)
7. Medical Treatment (Section 7a & 7b)	5 (14)	46% (120)	48% (125)	0% (0)
8. Surgical Treatment and Anesthetic Notes	11% (28)	52% (135)	23% (59)	14% (37)
9. Informed Client Consent	28% (72)	42% (108)	29% (76)	1% (3)
10. Advice and Communication	7% (18)	55% (142)	37% (97)	1% (2)
11. Reports, Invoices	2% (5)	59% (153)	39% (100)	0% (1)
12. Radiographic Logs	6% (15)	25% (64)	36% (92)	34% (88)
13. Controlled Drug Logs	5% (12)	49% (127)	36% (92)	11% (28)
14. Anesthetic and Surgical Logs	5% (13)	48% (125)	29% (75)	18% (46)
15. General Requirements	10% (27)	34% (89)	55% (143)	0% (0)
Total	5% (13)	26% (67)	69% (179)	0% (0)
16. Annual Risk - Written Rx	5% (12)	6% (15)	22% (56)	68% (176)
7b. Annual Risk Issue: Drug Documentation *	2% (5)	19% (49)	44% (114)	1% (3)

* *Question included starting in Year 2 (denominator = 171 clinics)*

Table 4 summarizes the distribution of section scores across all initial assessments using the 25th percentile, median, and 75th percentile. Overall, practice performance was strong, with a median total score of 86% and an interquartile range of 80% to 90%. This indicates that at least half of all practices achieved scores of 86% or greater, while even practices in the lower-performing quartile generally achieved scores of 80% or higher.

Consistent with the findings from the analysis above, the strongest performance was observed in fundamental record-keeping requirements. Patient Identification and Date achieved median scores of 100%, with 25th percentile scores of 98% and 96%, respectively, indicating consistently high performance across nearly all practices. Radiographic Logs also demonstrated strong performance, with both the median and 75th percentile reaching 100%. These findings suggest that core administrative and documentation requirements are well established within participating practices.

Several sections demonstrated strong but somewhat more variable performance. Assessment - Objective Data, Advice and Communication, Reports and Invoices, Controlled Drug Logs, and Anesthetic and Surgical Logs all achieved median scores above 90%, indicating that most practices perform well in these areas. However, lower 25th percentile scores suggest that a subset of practices continue to experience challenges meeting all documentation requirements consistently.

The weakest performance was observed in Assessment - Diagnosis and Informed Client Consent. Both sections had the lowest 25th percentile scores (65%), indicating that one-quarter of practices scored below this level. Assessment - Diagnosis also had a median score of only 83%, while Informed Client Consent achieved a median score of 79%. These findings reinforce the results of the previous analysis and suggest that documenting diagnostic reasoning and informed consent discussions remain among the most challenging aspects of medical record keeping.

The spread between the 25th and 75th percentiles observed in several sections highlights substantial variability across practices. For example, Informed Client Consent ranged from 65% at the 25th percentile to 100% at the 75th percentile, while Assessment - Diagnosis ranged from 65% to 93%. This suggests that deficiencies are concentrated among a subset of practices rather than being a profession-wide issue. Importantly, the fact that many practices achieve near-perfect scores in these sections demonstrates that high performance is both achievable and already occurring within the profession.

The annual risk focus areas (Questions 16 and 7b) also demonstrated strong performance. Written Prescriptions achieved a median score of 90%, while Drug Documentation achieved

a median score of 89%. Although these measures are not included in the overall score calculation, the findings indicate generally strong compliance with these targeted risk-management requirements.

Table 4 | Distribution of section scores across all initial assessments, presented as the 25th percentile, median, and 75th percentile. Red highlights indicated a Not Successful result, yellow indicates Partially Successful, and Green indicates Successful.

Section	25th Percentile	Median	75th Percentile
1. Patient Identification	98%	100%	100%
2. Client and Emergency Contact Information	67%	78%	88%
3. Date	96%	100%	100%
4. History - Subjective Data	75%	88%	96%
5. Assessment - Objective Data	86%	94%	100%
6. Assessment - Diagnosis	65%	83%	93%
7. Medical Treatment	71%	82%	91%
8. Surgical Treatment and Anesthetic Notes	74%	82%	94%
9. Informed Client Consent	65%	79%	100%
10. Advice and Communication	79%	92%	100%
11. Reports, Invoices	83%	95%	100%
12. Radiographic Logs	83%	100%	100%
13. Controlled Drug Logs	80%	93%	100%
14. Anesthetic and Surgical Logs	80%	91%	100%
15. General Requirements	73%	83%	93%
Total	80%	86%	90%
16. Annual Risk Issue: Written Prescriptions*	80%	90%	100%
7b. Annual Risk Issue: Drug Documentation*	78%	89%	95%

** Sections 7b and 16 are not included in the calculation of the total score and have previously had set cut-offs, so colour-coding is not applicable.*

Reassessment Outcomes

Table 5 summarizes practice performance across all reassessments by peer review section. Overall, reassessment outcomes were positive, with 71% (60) of practices achieving a successful outcome and the remaining 29% (24) achieving a partially successful outcome. Notably, no practices received an overall not successful outcome at reassessment, indicating that practices were generally able to address identified deficiencies following feedback and corrective action.

As observed during the initial assessments, the strongest performance at reassessment was seen in foundational documentation requirements. Date, Patient Identification, Client and Emergency Contact Information, and General Requirements all achieved successful outcomes in more than 60% of reassessed clinics. These findings suggest that deficiencies related to basic record-keeping requirements are generally remediable through the reassessment process.

Comparison with the initial assessment results reveals that some sections improved substantially following reassessment. For example, Client and Emergency Contact Information increased from 49% of clinics achieving a successful outcome at initial assessment to 68% achieving a successful outcome at reassessment. Similarly, General Requirements increased from 55% successful at initial assessment to 61% successful at reassessment. These findings suggest that clinics are responsive to feedback and capable of addressing many documentation deficiencies once identified.

However, the reassessment results also demonstrate that some challenges persist despite corrective action. Consistent with the initial assessment findings, the weakest-performing sections remained History - Subjective Data, Assessment - Diagnosis, and Informed Client Consent. Assessment - Diagnosis achieved a successful outcome in only 17% (14) of reassessments, while 62% (52) remained partially successful. Informed Client Consent remained the most challenging area, with only 26% (22) of clinics achieving a successful outcome and 39% (33) remaining not successful at reassessment. These findings mirror the lower initial assessment scores observed in these sections and suggest that deficiencies related to documenting clinical reasoning, diagnostic conclusions, and informed consent are more difficult to remediate than administrative record-keeping issues.

Overall, the reassessment findings reinforce the patterns observed during the initial assessments. Clinics generally perform well, and often improve further, in areas related to administrative documentation and procedural requirements. In contrast, the most persistent deficiencies continue to occur in sections requiring veterinarians to document their clinical judgment, decision-making processes, and client interactions.

Table 5 | Clinic performance (Not Successful, Partially Successful, Successful) on reassessment across all years, by peer review section. Note that multiple reassessments from the same clinic are included.

All Years	Not Successful % (N)	Partially Successful % (N)	Successful % (N)	Not Applicable % (N)
1. Patient Identification	13% (11)	12% (10)	75% (63)	0% (0)
2. Client and Emergency Contact Information	1% (1)	31% (26)	68% (57)	0% (0)
3. Date	6% (5)	10% (8)	85% (71)	0% (0)
4. History - Subjective Data	25% (21)	51% (43)	24% (20)	0% (0)
5. Assessment - Objective Data	11% (9)	48% (40)	42% (35)	0% (0)
6. Assessment - Diagnosis	21% (18)	62% (52)	17% (14)	0% (0)
7. Medical Treatment (Section 7a & 7b)	2% (2)	50% (42)	46% (39)	1% (1)
8. Surgical Treatment and Anesthetic Notes	2% (20	56% (47)	30% (25)	12% (10)
9. Informed Client Consent	39% (33)	35% (29)	26% (22)	0% (0)
10. Advice and Communication	4% (3)	60% (50)	36% (30)	1% (1)
11. Reports, Invoices	2% (2)	67% (56)	30% (25)	1% (1)
12. Radiographic Logs	5% (4)	18% (15)	42% (35)	36% (30)
13. Controlled Drug Logs	5% (4)	51% (43)	31% (26)	13% (11)
14. Anesthetic and Surgical Logs	0% (0)	52% (44)	29% (24)	19% (16)
15. General Requirements	1% (1)	38% (32)	61% (51)	0% (0)
Total	0% (0)	29% (24)	71% (60)	0% (0)
16. Annual Risk - Written Rx	1% (0)	2% (2)	12% (10)	85% (71)
7b. Annual Risk Issue: Drug Documentation *	0% (0)	26% (22)	46% (39)	4% (3)

* *Question included starting in Year 2 (denominator = 171 clinics)*

Table 6 summarizes the change in section scores between the initial assessment and first reassessment for clinics that initially received a Partially Successful or Not Successful outcome. Positive values indicate improvement, while negative values indicate a decline in score between assessments.

Overall, reassessment was associated with measurable improvement across clinics. The median total score increased by 11%, with an interquartile range of 6% to 17%. This indicates that at least half of reassessed clinics improved their overall score by 11% or more, while the middle 50% of clinics improved between 6% and 17%. These findings provide evidence that the reassessment process is effective in promoting meaningful improvements in medical record quality.

The greatest improvements were observed in sections that also demonstrated some of the weakest performance during initial assessments. Assessment - Diagnosis showed the largest median improvement (+20%), with an interquartile range of 6% to 37%. History - Subjective Data (+11%), Advice and Communication (+13%), Client and Emergency Contact Information (+13%), General Requirements (+13%), Surgical Treatment and Anesthetic Notes (+15%), and Medical Treatment (+12%) also demonstrated substantial gains following reassessment. These findings suggest that clinics were generally responsive to feedback and able to address deficiencies in these areas.

Several sections showed little or no median improvement, including Patient Identification, Date, Radiographic Logs, Controlled Drug Logs, and Anesthetic and Surgical Logs. However, these findings should not necessarily be interpreted as a lack of effectiveness of reassessment. Rather, these sections were among the highest-performing areas during the initial assessment, leaving limited opportunity for improvement. For example, Patient Identification and Date both demonstrated near-perfect performance at baseline, with median initial assessment scores of 100%.

The variability in improvement across clinics is also noteworthy. For many sections, the 75th percentile improvements were substantially larger than the median improvements. Assessment - Diagnosis improved by as much as 37% among higher-improving clinics, while History - Subjective Data improved by up to 27% and Surgical Treatment and Anesthetic Notes by up to 26%. This suggests that although not all clinics improved to the same degree, some clinics were able to achieve substantial gains following reassessment.

Two sections, Informed Client Consent and Reports, Invoices, demonstrated slightly negative 25th percentile values (-6%), indicating that a small subset of clinics performed worse at reassessment than during their initial assessment. However, both sections still

demonstrated positive median improvements (+6% and +4%, respectively), suggesting that overall improvement was more common than decline.

Table 6 | Median and interquartile range of the change in section scores between the initial assessment and first reassessment for clinics that initially received a Partially Successful or Not Successful outcome.

Section	25th Percentile	Median	75th Percentile
1. Patient Identification	0%	0%	2%
2. Client and Emergency Contact Information	2%	13%	25%
3. Date	0%	0%	13%
4. History - Subjective Data	1%	11%	27%
5. Assessment - Objective Data	0%	7%	15%
6. Assessment - Diagnosis	6%	20%	37%
7. Medical Treatment	4%	12%	22%
8. Surgical Treatment and Anesthetic Notes	3%	15%	26%
9. Informed Client Consent	-6%	6%	20%
10. Advice and Communication	0%	13%	25%
11. Reports, Invoices	-6%	4%	18%
12. Radiographic Logs	0%	0%	16%
13. Controlled Drug Logs	0%	0%	14%
14. Anesthetic and Surgical Logs	0%	0%	18%
15. General Requirements	4%	13%	25%
Total	6%	11%	17%

** Sections 7b and 16 are not included as a comparator was often not available from early initial assessments in Year 1*

Participant Feedback

Throughout the implementation of the PRMR program survey data was collected from practices after participation in the peer review process. The survey was changed in 2024. The first iteration of the survey received 52 responses, and the second iteration has received 18 responses. Data collection is ongoing.

Shared Survey Data

The first question that appeared in both versions of the survey was regarding the nature of the respondent's participation in the program. Approximately 93% (65/70) were randomly selected, while 6% (4/70) of respondents were completing a reassessment, and 1 respondent had participated voluntarily. Both surveys also asked respondents to rate the quality of information provided by the college in preparation for the review. Most participants rated the information to be 5/5 or "High" in quality (42%; 27/65) or 4/5 in quality (35%; 23/65). Respondents were also asked what college resources they reviewed if any, the responses are summarized in **Table 7** below.

Resource	Responses % (#)
Online learning modules	9% (6)
Professional Practice Standard: Medical Records	52% (33)
Sample Documents	39% (25)
Self-Assessment Form	36% (23)
None	39% (25)
Other Professional Practice Standards, College Policy, and College Resources (please specify):	5% (3)
CVO Staff	
AAHA Standards	
CVO Website	
Total	**64**

When asked about their level of agreement around statements regarding the report's clarity, constructive language, and format facilitating understanding, over 90% of responses were in some level of agreement (strongly agree + agree) for each statement.

Across both surveys participants unanimously declined additional resources or supports to assist in their understanding of the issued report.

Most participants across both survey versions rated the educational value of the review including preparation and the final report to be 5/5 or "High" in quality (38%; 25/65 responses) or 4/5 in quality (48%; 31/65).

The last question that was asked across both surveys was whether participation in the program assisted in identifying learning needs. The question could be answered in a simple yes or no but also featured a write in option where respondents could elaborate on a yes response to detail what changes they did or will make. Majority of responses (82%; 53/65) answered yes or wrote in an answer in the "if yes..." option. Written responses mainly focused on improving documentation of informed consent, use of templates, logs for radiology and anesthesia, and ensuring overall consistency.

The second iteration of the survey has received less than half the number of responses of the first survey and has not yet been open for a comparable amount of time so comparing the progression of responses contains potential for error but initial trends suggest that more recent responses (those filling out the second survey) rated the information provided, in preparation for the review and in the report, higher than those in the first survey.

Older Survey Data

Time for preparation of the records ranged from 1 to 48 hours with the average being 9.7 hours and the most common response being 4 hours. The records were most often prepared by the practice owner (59%; 29/49). Most respondents felt that the process of preparing the records took as much time as expected (58%; 28/48). Comments regarding the process were largely that the process took time and was in some cases tedious. Locating and assembling the record components was identified as the aspect that took the most time by majority of the respondents (63%; 29/46). A majority of the respondents indicated that their score was in line with what they expected (57%; 26/46). Most respondents indicated that they had identified learning objectives on their questionnaire (65%; 30/46). A large majority indicated that their learning goals had been achieved (91%; 40/44). Most participants indicated their preferred approach to the peer review process was the current paper-based approach (76%; 36/47). When asked what factors contributed to the type of peer assessment preferred most responses concerned the time required and pace of paper-based review being more forgiving and convenient, and that the paper-based system provided a reference that could be reviewed and reflected on at a slower pace or a later date. Other approaches were seen as potentially providing more clarification and discussion and removing the potential for clinics to selectively choose what was submitted, but requiring more time, stress, and scheduling. Strengths of the program were seen to be the constructive feedback from peers, the preventative nature (spotting and correcting problems with record keeping before they become an issue), the randomization, the thoroughness of the approach, and how the program ensures consistency and high standards across the profession. Finally, additional comments for the program included that

the timeline was at times tight on the veterinarians/clinics being reviewed, the timeline for the results was long, greater discussion of results and best practices would be appreciated, and that the format and provided materials were helpful.

Newer Survey Data

The newer survey asked participants to identify what patient groups they serve, majority indicated companion animal (88%; 15/17), other responses included mixed practice (6%; 1/17) and other (12%; 2/17) which was specified to mean zoo animals and pocket pets. Majority of the respondents indicated that they shared the final report with all the members of the veterinary team (76%; 13/17) with the remainder selecting N/A. Participants were also asked, based on their interactions with College staff, their level of agreement with statements regarding staff listening to them, informing them about timelines, providing changes to timelines, supporting reasonable accommodations, and answering questions. In all cases most responses (greater than 57%) indicated that they either strongly agreed or agreed with the statements. Participants were similarly asked based on their interactions and communications with College staff, as well as their access to College resources, materials and information, their level of agreement with statements regarding the role of the college, their rights and responsibilities, ease in identifying staff to contact, the college's approachability and knowledge, and the opportunity to provide honest feedback. In all cases most responses (greater than 74%) indicated that they either strongly agreed or agreed with the statements. Two additional comments were received, the first noted that some feedback is out of the reviewee's control because of software. The second comment noted that some recommendations and comments for their large animal mobile practice seemed unrealistic as an expectation and were geared more to clinic services. Finally, participants were asked about the CVO website and their level of agreement with statements regarding the ease of finding information, usability of the website and clarity/accuracy of the information on the website. In all cases most responses (greater than 87%) indicated that they either strongly agreed or agreed with the statements.

Participant Interview

Other participant feedback was collected through a phone interview. Participant feedback centered around experiences with receiving failing scores on services they did not provide and equipment they did not stock, rather than those sections being excluded from the final score. The participant felt that despite efforts to share the specific limitations of their type of practice, as a specialty practice, and how it fit into the larger continuation of care the patients received, the evaluation process seemed to lack a mechanism to account for this. Further compounding this issue, the reviewer did not seem to have experience with a scope of practice that differed from standard small animal practice. As a result, the participant reported a lack of actionable feedback which contributed to their frustration with the experience. Overall, a desire for greater specificity in the process was identified, so

that reviewers and rubrics matched the type of practice being reviewed. Further suggestions included the opportunity to request feedback in certain areas specifically and more deliberate enrollment of practices that have gaps in record keeping identified during accreditation rather than simple random selection is suggested. Finally, further clarification about what aspects of the program are mandatory or voluntary is desired for future communications.

Peer Reviewer Outcomes

Consistency

To assess the repeatability of the PRMR process, seven independent comparison exercises were conducted using the same set of medical records. Comparisons were made between the original assessment and a repeat assessment conducted by the same reviewer several years later (**Same)**, between the original assessment and an assessment conducted by a different reviewer (**Different**), and directly between the same-reviewer and different-reviewer reassessments.

Overall, reviewer agreement was high (**Table 8**). When the same reviewer reassessed a record set, the average difference in total score was only +1% (SD = 6%), with scores ranging from -13% to +7% relative to the original assessment. Similarly, when a different reviewer assessed the same records, the average difference was -1% (SD = 8%), with scores ranging from -8% to +14%. Direct comparison between the same-reviewer and different-reviewer assessments demonstrated virtually no difference in overall scoring, with an average difference of 0% (SD = 3%) and a range of -5% to +6%.

These findings suggest little evidence of systematic reviewer bias. On average, neither the original reviewer nor a different reviewer consistently assigned higher or lower scores when evaluating the same records. Furthermore, the relatively small differences observed between reviewers indicate that assessment outcomes are largely reproducible regardless of who conducts the review.

While some variability is expected in any assessment process involving professional judgment, the results suggest that reviewer-related variation contributes minimally to overall assessment outcomes. The slightly larger variability observed when comparing different reviewers to the original assessment (SD = 8%) compared with repeat assessments by the same reviewer (SD = 6%) is consistent with normal differences in interpretation between assessors. However, the direct comparison between same-reviewer and different-reviewer assessments (SD = 3%) indicates that these differences are generally small and unlikely to materially affect overall conclusions.

Table 7 | Overall repeatability of total score between the same and a different reviewer when reassessing an original record set.

Comparison	Mean Difference	SD	Min	Max
Same Reviewer vs Original	1%	6%	-13%	7%
Different Reviewer vs Original	-1%	8%	-8%	14%
Same Reviewer vs Different Reviewer	0%	3%	-5%	6%

At the section level, reviewer agreement remained generally strong, although greater variability was observed in some areas than at the overall assessment level (**Table 8**). For most sections, average differences between assessments were small, suggesting that reviewers generally reached similar conclusions when evaluating the same records. This was true whether assessments were repeated by the same reviewer or conducted by a different reviewer.

The greatest variability was observed in sections requiring more subjective interpretation, including Assessment - Diagnosis, Surgical Treatment and Anesthetic Notes, and routine procedural record-keeping like Controlled Drug Logs, and Anesthetic and Surgical Logs. In contrast, sections focused on more objective or administrative documentation requirements, such as Patient Identification, Date, and Radiographic Logs, demonstrated relatively consistent scoring across reviewers.

Importantly, despite some section-level variation, there was little evidence of systematic scoring differences between reviewers. Average differences were generally small and often centered around zero, suggesting that reviewers were neither consistently more lenient nor more stringent than their peers. These findings indicate that while some sections may benefit from additional calibration and guidance, the PRMR assessment framework is generally applied consistently across reviewers and over time.

Table 8 | Repeatability by section and total score between the same and a different reviewer when reassessing an original record set.

Section	Same vs Original Mean (SD)	Different vs Original Mean (SD)	Same vs Different Mean (SD)
1. Patient Identification	-1% (2%)	2% (4%)	-1% (2%)
2. Client and Emergency Contact Information	0% (7%)	-4% (8%)	4% (5%)
3. Date	17% (24%)	-16% (24%)	-1% (2%)
4. History - Subjective Data	5% (11%)	0% (25%)	-5% (18%)
5. Assessment - Objective Data	-1% (7%)	-3% (5%)	4% (5%)
6. Assessment - Diagnosis	13% (20%)	-16% (22%)	4% (11%)

Section	Same vs Original Mean (SD)	Different vs Original Mean (SD)	Same vs Different Mean (SD)
7. Medical Treatment	2% (10%)	2% (16%)	-3% (8%)
8. Surgical Treatment and Anesthetic Notes	-7% (23%)	2% (12%)	5% (27%)
9. Informed Client Consent	-4% (11%)	5% (13%)	-1% (17%)
10. Advice and Communication	-2% (5%)	-1% (4%)	3% (7%)
11. Reports, Invoices	3% (21%)	-6% (14%)	3% (16%)
12. Radiographic Logs	3% (7%)	-3% (10%)	-1% (2%)
13. Controlled Drug Logs	-10% (12%)	4% (17%)	6% (18%)
14. Anesthetic and Surgical Logs	4% (9%)	-16% (28%)	9% (28%)
15. General Requirements	3% (9%)	2% (12%)	-6% (9%)
Total Score	**1% (6%)**	**-1% (8%)**	**0% (3%)**
16. Annual Risk Issue: Written Prescriptions	0% (0%)	-3% (5%)	2% (4%)
7b. Annual Risk Issue: Drug Documentation	1% (1%)	4% (16%)	-5% (9%)

Peer Reviewer Feedback

Many participants reflected on how being a peer reviewer had improved their own record keeping practices and highlighted the importance of documentation for things like informed consent. When discussing the impact of the peer review program, participants noted that some of their repeated reviews saw improvements with the utilization of strategies and templates, and others made the same mistakes again. Reviewers also discussed how awareness of the components of good record keeping seemed low at times, potentially starting from a lack of training in school based on interactions with students and new graduates. One reviewer noted that additional communication between the reviewers and the practices might help to convey more specific best practices and strategies for the clinic to improve. Another noted that without additional communication sometimes the feedback given as part of the review can be taken critically, even when a clinic is doing well. Equine practice was noted to be very different from small animal, with different needs for support and templates. The peer review program helped to demonstrate that documentation is important for all clinics even when some aspects are very different between small animal and equine practice. Finally, reviewers noted that standardization is a concern, with requests for regular calibration to ensure they are reviewing in line with other reviewers.

Trends in areas that were regularly flagged in the reviewing process were: informed consent, costs, emergency contact information, who is present in the appointment, and thoroughness in history.

Conclusions and Recommendations

The findings of this evaluation suggest that the current PRMR framework is functioning as intended and is achieving its primary objectives. Across the first three cycles, most practices achieved a Successful outcome at their initial assessment, and the majority of practices requiring reassessment demonstrated measurable improvement over time. Collectively, these findings support the value of the PRMR process as a quality improvement initiative focused on strengthening medical record-keeping practices across the profession.

The assessment data identified several recurring areas of challenge, including informed client consent, assessment and diagnosis documentation, and subjective history. Importantly, these areas remained consistent across both quantitative findings and participant feedback, suggesting that the program is successfully identifying meaningful and recurring documentation risks that warrant continued attention.

Reassessment outcomes provide evidence that corrective action planning, educational resources, and follow-up review are associated with improvement in record-keeping performance. While not all practices achieved immediate success, the proportion of clinics achieving successful outcomes increased substantially following reassessment, and overall performance improved across most sections of the review.

The evaluation also found evidence that the assessment process is being applied consistently. Reviewer repeatability analyses demonstrated minimal differences in overall scores when assessments were repeated by the same reviewer or completed by different reviewers, supporting the reliability and credibility of the PRMR framework.

Feedback from both participating practices and peer reviewers was largely positive. Participants reported that the process helped identify learning needs, encouraged practice improvements, and provided constructive feedback. Peer reviewers similarly viewed the program as an effective mechanism for improving documentation standards and promoting awareness of professional obligations related to medical records.

Overall, the evidence suggests that the PRMR program is contributing to measurable improvements in veterinary medical record-keeping, providing educational value to participants, and functioning as a credible and reliable component of the CVO Quality Assurance Program.

Recommendations

1. Establish formal scoring thresholds for Section 16 (Written Prescriptions)

The Annual Risk Issue section for Written Prescriptions currently operates outside the primary scoring framework. Given the accumulation of assessment data over multiple years, sufficient information now exists to develop evidence-informed thresholds for Successful, Partially Successful, and Not Successful performance and integrate this section more formally into the PRMR framework. Updating scoring thresholds to new targets based on the data collected to date could also be considered at this time.

2. Continue investment in reviewer calibration and consistency exercises

Although reviewer repeatability was found to be strong, both the quantitative analysis and peer reviewer feedback support the value of ongoing calibration activities. Regular review of scoring scenarios and discussion of challenging cases will help maintain consistency as reviewer teams evolve over time.

3. Develop targeted educational resources for recurring areas of deficiency

Several documentation elements were repeatedly identified as areas of challenge, including informed client consent, assessment and diagnosis documentation, and subjective history. Developing practical guidance, templates, examples, and continuing education resources focused on these topics may improve performance and reduce the need for reassessment.

4. Enhance communication of best practices and improvement strategies

Both participants and peer reviewers identified value in understanding how other practices successfully address documentation challenges. Consider opportunities to share anonymized examples, common findings, and practical improvement strategies to strengthen the educational impact of the program.

5. Continue monitoring program outcomes and reassessment effectiveness

The results of this evaluation provide strong evidence that the revised framework is functioning effectively. Ongoing monitoring of assessment outcomes, reassessment trends, participant feedback, and reviewer consistency should continue to ensure the program remains evidence-based and responsive to emerging professional risks.