PATIENT RECORD AUDIT

Audit each patient record for the items listed under all patients. Audit for the additional requirements as it pertains to the services provided to the patient.

Date: ___________ Auditor: ____________________________________

CBPC	REQUIREMENTS	PATIENT INITIALS							SCORE	
	Start of Care Date:									
2-1A	Receipt of description of services								of	%
2-2A	Receipt of rights and responsibilities								of	%
2-4B	Receipt of compliant process								of	%
2-5A	Receipt of privacy notice (HIPAA)								of	%
2-6A	Advance Directive Information								of	%
2-6B	Information regarding palliative care program resuscitative guidelines								of	%
2-8A	Ethical concerns documented, if applicable								of	%
2-9A	Coordination and continuum of care								of	%
2-17A	Patient will receive effective pain and symptom management								of	%
3-3B	Information on financial responsibility								of	%
4-11B	BSW supervision, if applicable								of	%
5-1A	Identification data								of	%
5-1A	Names of family/legal guardian/emergency contact								of	%
5-1A	Name of primary caregiver(s)								of	%
5-1A	Source of referral								of	%

CBPC	REQUIREMENTS	PATIENT INITIALS							SCORE	
5-1A	Name of physician or independent practitioner (nurse practitioner [NP], clinical nurse specialist [CNS], physician assistant [PA]) responsible for care								of	%
5-1A	Diagnosis								of	%
5-1A	Physician or independent practitioner orders that include medications, dietary, treatment, and activity orders, (as appropriate to the level of care/service the patient is receiving)								of	%
5-1A	Signed release of information and other documents for Protected Health Information (PHI)								of	%
5-1A	Admission and informed consent documents								of	%
5-1A	Initial assessments								of	%
5-1A	Signed and dated clinical and progress notes								of	%
5-1A	Signed notice of receipt of Patient Rights and Responsibilities statement								of	%
5-1A	Initial plan of treatment								of	%
5-1A	Updated plan of treatment								of	%
5-1A	Evidence of coordination of care/service provided by the PCT members with others who may be providing care/service, if applicable								of	%
5-1A	Ongoing assessments, if applicable								of	%
5-1A	Assessment of the care setting								of	%
5-1B	Entries dated & signed, credentials								of	%
5-3B	Initial assessment within 72 hours by an RN, physician, NP, CNS, or PA								of	%
5-3C	Comprehensive assessment within 7 calendar days after initial visit								of	%
5-3D, 4A	Medication review/medication profile is current								of	%

Date: ____________________

CBPC	REQUIREMENTS	PATIENT INITIALS							SCORE	
5-3E	Referrals to outside health professionals								of	%
5-3F	Written plan of treatment								of	%
5-3H	Care delivered in accordance with the written plan of treatment								of	%
5-3I	Palliative plan of treatment reviewed at least every 60 days								of	%
5-6A, B	Proof of patient education								of	%
5-7A	Transfer summary, if applicable								of	%
5-7A	Discharge summary, if applicable								of	%
5-8B	First dose of medication in home								of	%
5-9A	Continuum of care with hospice								of	%
5-9B	Post-mortem care								of	%
7-1A, B	Infection control education								of	%
7-3C	Evidence of emergency preparedness education								of	%
7-3D	Power failure backup systems								of	%
7-10A	Experimental therapies/ investigational drugs								of	%
								Total	of	%

Date: ______________________

PERSONNEL FILE REVIEW

Please gather or flag the identified items for the following personnel/contracted individuals.

Compliance Date:

Standard	Item Required	Manager/Leader	Alternate Manager/ Leader	MD/PA/NP/APRN	RN/LPN	BSW/MSW	Spiritual Care	Bereavement	Pharmacy Services	Other
CBPC4-1B	Position application (N/A for contracted staff)									
CBPD4-1B	Dated and signed withholding statements (N/A for contracted staff)									
CBPC4-1B	I-9 Form (N/A for contracted staff)									
CBPC4-2A	Evidence that licensed staff credentials are current and verification that non-licensed staff are qualified									
CBPC4-2B	Evidence of initial and annual TB screening									
CBPC4-2C	Evidence of Hepatitis B vaccination received or signed declination statement									
CBPC4-2D	Signed job description or contract									
CBPC4-2E	Current driver's license and MVR check, if applicable									
CBPC4-2F	Criminal background check									
CBPC4-2F	Office of Inspector General Exclusion List check									
CBPC4-2F	National sex offender registry check, if applicable									
CBPC4-2G	Evidence of access to personnel policies (N/A for contracted staff)									
CBPC4-2H	Most recent annual performance evaluation									

Date: ____________________

Standard	Item Required	Manager/Leader	Alternate Manager/ Leader	MD/PA/NP/APRN	RN/LPN	BSW/MSW	Spiritual Care	Bereavement	Pharmacy Services	Other
CBPC4-1B	Position application (N/A for contracted staff)									
CBPC4-3A	Evidence of orientation									
CBPC4-4A	Initial and annual competency assessment									
CBPC4-5A	Evidence of annual education									
CBPC4-6A	Initial and annual on-site observation visit									
CBPC4-9A	Verification of additional education needed to administer pharmaceuticals or special treatments									
CBPC1-4A	Conflict of Interest Disclosure Form, if applicable									
CBPC2-5A	Signed confidentiality statement									
CBPC2-6B	Evidence of CPR training, if applicable									
Other state or program-specific requirements										

Date: ____________________

POTENTIAL STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

Question	Standard	Managers/Leaders	MD/PA/NP/ARPN	Nurses	Social Worker	Spiritual Care	Bereavement	QAPI Coordinator
Can you describe the care settings where palliative care is provided?	CBPC1-3A							
Can you describe the program's policies and procedures on conflict of interest and how it affects you?	CBPC1-4A							
Can you describe your duties and accountabilities?	CBPC1-5A, B							
Describe the primary services offered in the palliative care program?	CBPC1-6A							
What other professionals/services could be offered under the palliative care program in order to meet patient's needs?	CBPC1-6B							
What negative outcomes must you report to ACHC? Have you had any negative outcomes?	CBPC1-7A							
How do you provide information to patients and families regarding palliative care services?	CBPC2-1A							
List three to four patient rights.	CBPC2-2A							
To whom would you report any alleged violation involving mistreatment, neglect, or abuse to a patient and in what time frames?	CBPC2-3A							
To whom would you report verified violations to and in what time frame?	CBPC2-3A							
Describe the process for handling a patient grievance/complaint.	CBPC2-4A							
How are patients informed of their right to report a grievance or complaint?	CBPC2-4B							
How is patient information kept secure and confidential?	CBPC2-5A							
How do you provide information regarding Advance Directives to patients?	CBPC2-6A							
How would you provide care to patients/families of various cultural backgrounds, beliefs, and/or religions?	CBPC2-7B, C							
How often do you review and update your budget?	CBPC3-1A							

Date: ____________________

POTENTIAL STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

Question	Standard	Managers/Leaders	MD/PA/NP/ARPN	Nurses	Social Worker	Spiritual Care	Bereavement	QAPI Coordinator
How are patients informed of their financial responsibility?	CBPC3-3B							
How often do you have a performance evaluation? Is it shared with you?	CBPC4-2H							
Did you receive an orientation? Describe the orientation process.	CBPC4-3A							
Did you receive a competency assessment prior to performing your job duties? Describe the process.	CBPC4-4A							
Do you receive ongoing in-services during the year? What topics are discussed?	CBPC4-5A							
Who do you report to within the program when you are on-call?	CBPC4-7A							
What support care services are available to the palliative care team?	CBPC4-14A							
Who is responsible for maintaining the current medication profile and reviewing all patient medications?	CBPC5-3D							
How do you document the involvement of the patient in the plan of treatment?	CBPC5-3G							
How often is the plan of treatment reviewed?	CBPC5-3I							
What do you do if your program cannot meet the needs of a patient?	CBPC5-5A							
How do you ensure that patient education is focused on goal and outcome achievements as established in the plan of treatment?	CBPC5-6B							
How does the palliative care program coordinate with a hospice to provide a continuum of care for the patient and family through the transition of dying to the time of death and follow-up bereavement?	CBPC5-9A							
Describe the QAPI initiative your program is currently working on.	CBPC6-1A							
How are you involved in the QAPI program?	CBPC6-1C							
What type of infection control education do you provide to patients?	CBPC7-1B							
What type of education and/or training have you received in regard to safety related issues?	CBPC7-2A							
What type of safety issues do you address while in the patient home?	CBPC7-2B							

Date: ____________________

POTENTIAL STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

	Standard	Managers/Leaders	MD/PA/NP/ARPN	Nurses	Social Worker	Spiritual Care	Bereavement	QAPI Coordinator
Describe the accident/incident reporting process.	CBPC7-7A	N/A					N/A	
How do you maintain and repair the equipment used in the provision of care to the patient?	CBPC7-9A	N/A	N/A		N/A	N/A	N/A	N/A

Date: ____________________