COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

Specialist Chart Review – CPSA Reviewer

Patient Record Review

1. Does the Patient chart have an acknowledgement of request to the referring healthcare provider?
2. Is the acknowledgement to the referring healthcare provider dated within 7 days of receipt of request?
3. Does the Patient Record contain the decision to accept or deny a request of the referring healthcare provider?
4. Is the decision communicated within 14 days after the request was received?
5. The written consultation report was sent back to the referring Physician within 30 days from the date of consult? (please note that posting the consultation letter to Netcare or Connect Care does not constitute fulfillment of this requirement).

The Consultation Report includes:

1. Identity of the Consultant
2. Identity of the Patient
3. Identity of the Patient's primary care Physician or referring provider if different
4. Date of the consultation
5. Purpose of the referral as understood by the Consultant
6. Past and current medical history
7. Medication list
8. Allergies
9. Physical exam
10. Treatment/investigations initiated
11. Mediations prescribed or changed
12. Recommendations for follow-up by the referring healthcare provider
13. Recommendations for the continuing care by the consultant
14. Recommendations for referral to other consultants (secondary consultations)
15. Advice given to Patient
16. Indicates Patient is aware of follow-up management plan

Specialist Chart Review – Peer Reviewer

Health Context

1. Health context information is complete and updated regularly including: family, social, past medical history, allergies and identified risk factors (smoking, ETOH, drug use/abuse etc.)?
2. Patient information is accessible/readily available (easily retrievable)?
3. Was the response time to this consult request commensurate with the urgency of the referral?

Assessment

1. The main problem(s) is/are clearly stated including the duration of symptoms?
2. History of the problems(s) is/are complete (history is reasonable and adequate, includes pertinent positives/negatives)?
3. Physical exam is performed, and findings noted including pertinent positives and negatives?

Differential

1. There is appropriate exploration of differential diagnostic possibilities when indicated?
2. There is an appropriate working diagnosis?
3. Investigation of the problem is appropriate including lab and DI test requests?

Management

1. Management plan is appropriate including drug, non-drug and next steps.
2. Medication choices are appropriate including dose, quantity, education, and monitoring (including opioid agreements where applicable).
3. Request for referrals/consultation is appropriate.
4. Referral requests identify the purpose and the salient clinical features.
5. Use of health care resources is appropriate.
6. Lifestyle factors are considered in determining management.

Follow-Up

1. Follow-up plan is appropriate and clearly documented.
2. Warnings about recognizing adverse changes and what to do.
3. Was there appropriate recognition and response to all aspects of assessment/investigation (clinical cues?): History, Physical Exam and investigations. Did the clinical process perform adequately/appropriately?