Freestanding Emergency Room Medical Director Monthly Chart Review Form

Facility: _____ Review month: _____ Reviewer: _____

Physician: _____ Date of service: _____ MRN / encounter: _____

Chief complaint: _____ Final diagnosis: _____

Disposition: ☐ Discharge ☐ Observation ☐ Transfer ☐ AMA ☐ LWBS/LBTC ☐ Other: _____

Page 1 Physician Chart Review Checklist and Scoring

2 = Meets Standard 1 = Partially Meets Standard 0 = Does Not Meet Standard N/A = Not Applicable

Select one response per row. Score required but undocumented elements as deficient; explain 0/1 scores on Page 2.

REVIEW ELEMENT	2	1	0	N/A
A. Initial Assessment				
Chief complaint and presentation clearly documented	☐	☐	☐	☐
Initial vital signs complete and appropriate	☐	☐	☐	☐
Allergies and medications addressed	☐	☐	☐	☐
Appropriate triage / acuity assessment	☐	☐	☐	☐
Medical screening examination documented	☐	☐	☐	☐
B. History & Physical				
HPI adequately describes presenting problem	☐	☐	☐	☐
Relevant positives and negatives documented	☐	☐	☐	☐
Relevant medical/surgical history considered	☐	☐	☐	☐
Appropriate focused physical examination documented	☐	☐	☐	☐
Findings correlate with clinical decision-making	☐	☐	☐	☐
C. Medical Decision-Making				
Differential diagnosis appropriate	☐	☐	☐	☐
Serious / time-sensitive diagnoses considered	☐	☐	☐	☐
Clinical reasoning adequately documented	☐	☐	☐	☐
Testing appropriate for presentation	☐	☐	☐	☐
Abnormal / critical results appropriately addressed	☐	☐	☐	☐
Final diagnosis supported by clinical findings	☐	☐	☐	☐
D. Medication / Treatment Safety				
Medication/treatment appropriate for diagnosis	☐	☐	☐	☐
Dose, route and timing appropriate	☐	☐	☐	☐
Contraindications/allergies considered	☐	☐	☐	☐
Response to treatment documented	☐	☐	☐	☐
E. Reassessment				
Repeat vital signs obtained when clinically indicated	☐	☐	☐	☐
Pain / symptoms reassessed after treatment	☐	☐	☐	☐
Change in condition recognized and addressed	☐	☐	☐	☐
Final clinical condition supports disposition	☐	☐	☐	☐
F. Disposition / Transfer / Discharge				
Disposition clinically appropriate	☐	☐	☐	☐
Transfer reason and acceptance documented if applicable	☐	☐	☐	☐
Appropriate stabilization prior to transfer	☐	☐	☐	☐
Discharge instructions appropriate	☐	☐	☐	☐
Follow-up plan documented	☐	☐	☐	☐
Diagnosis-specific return precautions provided	☐	☐	☐	☐
Pending / incidental results addressed when applicable	☐	☐	☐	☐
G. Documentation Quality				
Chart complete, coherent and internally consistent	☐	☐	☐	☐
Notes/orders appropriately dated, timed and authenticated	☐	☐	☐	☐
No significant copy-forward/template errors	☐	☐	☐	☐
Documentation supports level and complexity of care	☐	☐	☐	☐

Score: Earned ____ / Maximum applicable ____ × 100 = ____% N/A rows ____ | Maximum = 2 × (35 − N/A)

☐ 95–100% Excellent ☐ 90–<95% Meets Expectations ☐ 80–<90% Improvement ☐ <80% Follow-Up

Facility-defined benchmarks. If all rows are N/A, record not scorable. Serious safety concerns override the score.

Page 2 Medical Director Findings and Actions

Facility: _____ MRN / encounter: _____ Review date: _____

1 Overall Clinical Assessment

☐ Excellent ☐ Meets Standard ☐ Appropriate care; documentation improvement ☐ Clinical improvement opportunity
☐ Significant quality concern ☐ Formal peer review recommended

Diagnosis reasonable with information available? ☐ Yes ☐ No ☐ Unable to determine
Treatment appropriate? ☐ Yes ☐ No ☐ Partially Disposition appropriate? ☐ Yes ☐ No ☐ Questionable
Would a reasonable emergency physician manage similarly? ☐ Yes ☐ No ☐ Requires peer review

2 High Risk and Quality Triggers

☐ None identified ☐ 72-hour return with transfer/admission ☐ Deterioration ☐ Death ☐ Missed/delayed diagnosis
☐ STEMI/ACS ☐ Stroke/TIA ☐ Sepsis ☐ Medication error ☐ Procedure complication ☐ Abnormal discharge vitals
☐ Critical result ☐ Transfer delay ☐ Clinical complaint ☐ EMTALA/MSE concern ☐ Documentation ☐ Other: _____

Preventability: ☐ Not preventable ☐ Possibly ☐ Probably ☐ Preventable ☐ Unable to determine ☐ N/A

3 Primary Findings

Clinical: ☐ No concern ☐ Diagnostic reasoning ☐ Testing/imaging ☐ Treatment ☐ Medication safety
☐ Reassessment ☐ Recognition of deterioration ☐ Disposition ☐ Transfer management

Documentation: ☐ No concern ☐ HPI/exam ☐ MDM ☐ Reassessment ☐ Procedure ☐ Transfer
☐ Discharge instructions ☐ Return precautions ☐ Authentication/completion ☐ Template/copy-forward

System: ☐ None identified ☐ Staffing ☐ Communication ☐ Nursing ☐ Lab ☐ Imaging ☐ Pharmacy
☐ Transfer process ☐ Equipment ☐ EHR/workflow ☐ Policy/procedure ☐ Training/education

4 Medical Director Comments

What went well: _____
_____

Concern and supporting evidence: _____
_____

Recommended improvement: _____
_____

5 Peer Review and Physician Performance Disposition

☐ No further action ☐ Education only ☐ Collegial discussion ☐ Additional charts ☐ OPPE trend ☐ Focused review
☐ FPPE consideration ☐ Peer Review Committee ☐ Medical Executive Committee ☐ Immediate safety escalation

Notify physician? ☐ No ☐ Yes Sampling: ☐ None ☐ Next ___ charts ☐ ___ charts over ___ days
Target diagnosis/issue: _____

6 QAPI Action Plan

Classification: ☐ Individual physician ☐ Facility/system ☐ Both ☐ No action required
Action: ☐ Physician education ☐ Staff education ☐ Pathway review ☐ Policy revision ☐ Documentation
☐ EHR change ☐ Medication safety ☐ Transfer process ☐ Diagnostic process ☐ QAPI project ☐ Other: _____

Action item: _____
Owner: _____ Due date: _____ Follow-up / remeasurement: _____

Measure: ☐ Repeat chart review ☐ Additional sample ☐ Monthly metric ☐ Incident trend ☐ Returns
☐ Transfer times ☐ Complaints ☐ Other: _____ Result / closure: _____

7 Final Medical Director Disposition and Signature

☐ Pass ☐ Pass with education ☐ Monitor through OPPE ☐ Focused review ☐ Formal peer review / QAPI escalation

Final comments: _____
_____

Medical Director name: _____ Signature: _____ Date: _____