

PROMISES Project CHART REVIEW INSTRUMENT

The PROMISES (*Proactive Reduction of Outpatient Malpractice: Improving Safety, Efficiency, and Satisfaction*) Project was an AHRQ-funded initiative to improve patient safety and reduce malpractice risk by redesigning systems and care processes to prevent, minimize, and mitigate medical errors and malpractice suits in small to medium-sized adult ambulatory practices.

Reviewing patient medical charts is a valuable activity to assess reliability of test result follow-up and identify any patient safety risks. Fortunately, findings of patient safety risks are generally rare. This means that one would typically have to review hundreds of charts to find a potential event causing a patient safety risk.

Chart review can be a labor intensive process. The PROMISES Project chart review process uses an innovative strategy aimed at using resources efficiently by selectively sampling a cohort of charts that will allow evaluation of practice capabilities for follow-up. Our chart review tool uses the following five common outpatient diagnostic laboratory tests as “triggers” to identify an enriched sample of high-risk patient charts:

- Cr (>1.8)
- K⁺ (>5.4)
- TSH (>10)
- INR (>4)
- PSA (>5)

These tests were selected for the PROMISES Project because abnormal values may indicate underlying conditions (e.g., hypothyroidism, prostate cancer, renal failure) that present serious malpractice risks if not properly followed-up. Many of these tests could also be easily queried with help from practices’ lab vendors. Once the medical charts were opened, we searched for any additional critical tests that had not been followed up. We also targeted six types of high-risk referrals and assessed medication safety for patients with renal disease or anti-coagulation.

We found practices’ lab vendors to be key in facilitating the identification of charts to be reviewed based on our trigger parameters. We are currently working with some major lab vendors to help expedite this process for primary care practices moving forward.

The chart review instrument enables an exploration of practice variation and failures in referral management, test result documentation and medication management. Results from the chart review evaluation enable the identification of improvement areas and has the potential to highlight potentially adverse events that may otherwise have gone unnoticed.

How should I use the PROMISES chart review instrument to evaluate my practice?

The PROMISES chart review instrument is not designed to be comprehensive in nature. The diagnostic laboratory tests, high-risk referral types and medication screenings included in the tool can be easily adapted to the varying needs of your practice and its patient population.

For our more rigorous research purposes, the PROMISES Project aimed to capture up to 100 charts per PROMSIES intervention practice, with a minimum of 20 per physician and lab type. Sampled

charts were retrospectively reviewed for a one year period, both in the pre- and post-intervention phases of the study. However for routine quality improvement efforts, smaller sample sizes are acceptable, as your practice may not have as many abnormal lab results to review.

Your practice can use the tool in a similar fashion to the PROMISES project to understand the impact of any improvement activities around test result documentation in your medical records. However, your practice also has the ability to use the instrument as a regular monitoring tool. For example, the tool can be used on a monthly basis to assure that the appropriate communication, referral and medication management measures are taken for all patients with recent abnormal diagnostic test results.

You will find the PROMISES chart review tool in the following pages of this packet.

For more information about the PROMISES project and additional resources, please visit:

<http://www.brighamandwomens.org/pbrn/promises>

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CHART REVIEW TOOL

**PROMISES Project
CHART REVIEW INSTRUMENT**

Site ID# _____
 Patient Study ID# _____
 Paper _____ Electronic _____
 Age (if < 89) _____

I. Abnormal Test/Results

a) Check test that flagged chart for review and list test value

Test flagged chart	Test	Test value
<input type="radio"/>	PSA	
<input type="radio"/>	TSH	
<input type="radio"/>	INR	
<input type="radio"/>	K+	
<input type="radio"/>	Cr	

Answer each of the following questions:

Questions	No	Yes	# days from test date
1. Is the abnormal test result in the chart (<i>paper or electronic</i>)?	<input type="radio"/>	<input type="radio"/>	
2. Is the abnormality noted/acknowledged by responsible provider?	<input type="radio"/>	<input type="radio"/>	
3. Is there an action or referral plan documented?	<input type="radio"/>	<input type="radio"/>	
4. Is notification of patient documented?	<input type="radio"/>	<input type="radio"/>	
5. Is there evidence that treatment/plan was completed (<i>referral consult back, medication changed</i>)? "Patient Deferred/Refused" (<i>refusal must be documented</i>) – could be included in the comments	<input type="radio"/>	<input type="radio"/>	

* For any INR > 4.5: Result _____ Time to performance of follow-up INR _____ days

b) Are there additional abnormal test results for any of the following found in the chart during the past 14 months (*all results must be 2 months back, so we will look at a one year period beyond the two most recent months*)? (check any that were found)

Test found	Test
<input type="radio"/>	+ stool guaiac
<input type="radio"/>	Abnormal Mammogram
<input type="radio"/>	Abnormal Pap smear
<input type="radio"/>	Pulmonary nodule on chest x-ray or CT
<input type="radio"/>	Incidental mass on abdominal CT
<input type="radio"/>	Abnormal colonoscopy report

For any that were found (*use extra page if multiple*) answer each of following questions:

Questions	No	Yes	# days from test date
1. Is the abnormal test result in the chart (<i>paper or electronic</i>)?	<input type="radio"/>	<input type="radio"/>	
2. Is the abnormality noted/acknowledged by responsible provider?	<input type="radio"/>	<input type="radio"/>	
3. Is there an action or referral plan documented?	<input type="radio"/>	<input type="radio"/>	
4. Is notification of patient documented?	<input type="radio"/>	<input type="radio"/>	
5. Is there evidence that treatment/plan was completed (<i>referral consult back, medication changed</i>)? "Patient Deferred/Refused" (<i>refusal must be documented</i>) – could be included in the comments	<input type="radio"/>	<input type="radio"/>	

Comments

II. High Risk Referrals

Are any of the following referrals noted in the chart?

Referral Noted	Referral
<input type="radio"/>	Urology (<i>prostate cancer/mass/PSA</i>)
<input type="radio"/>	Interventional radiologist/oncologist (<i>breast cancer/mass/breast surgeon,/women's health center</i>)
<input type="radio"/>	GI/colorectal (<i>colon cancer, rectal bleeding</i>)
<input type="radio"/>	Gynecology (<i>abnormal PAP, post menopausal bleeding/women's health center/ GYN</i>)
<input type="radio"/>	Dermatologist (<i>lesion suspicious for cancer</i>)
<input type="radio"/>	Cardiology (<i>for chest pain, arrhythmia</i>)

For any that were found (*use extra page if multiple*) answer the following questions:

1. What is the referral: specialty _____ reason _____

Answer the remaining questions:

Questions	No	Yes	# days from test date
2. Is the returned consultation in the chart or EMR ?	<input type="radio"/>	<input type="radio"/>	
3. Is there evidence that the referring (or responsible) clinician noted/acknowledged consultation/recommendations?	<input type="radio"/>	<input type="radio"/>	
4. Is there evidence of action on recommendations? Describe: (<i>to capture further testing</i>)	<input type="radio"/>	<input type="radio"/>	

Comments

III. Medication Safety

1. Allergy information: record for all charts (*note in comments if allergy information is up-to-date*)

a) ___ Recorded allergy ___ Recorded (or “No known Allergy”) ___ Absent

2. Anticoagulation Safety: Is patient on Warfarin? ___Y ___N

If yes:

a) Is the patient being managed by a dedicated Anticoagulation Clinic/Service/Nurse/Pharmacist?
___Y ___N ___ Unknown

b) While on chronic anticoagulation, is patient receiving INR monitoring at a minimum every 4 weeks.
___Y ___N ___ Unknown

c) While on chronic anticoagulation, is patient receiving INR monitoring at a minimum every 4 weeks.
___Y ___N trimethoprim/sulfamethoxazole
___Y ___N NSAID (other than daily aspirin)

3. Renal drug - contraindication/dosing adjustment:

a) Is patient’s Cr > 1.8 (any result past 6 mos; exclude dialysis patients) If yes:

Cr Clearance ____

Calculated using the formula:

$$\text{CrCl} = \frac{(140 - \text{age}) \times (\text{pt's wgt in kg})}{72 \times \text{serum Cr in mg/dl}} \quad \times .85 \text{ if female}$$

Weight and sex calculation inputs will not be stored.

b) Is patient receiving any of the following contraindicated drugs?

Drugs	No	Yes
Metformin	<input type="radio"/>	<input type="radio"/>
Gadolinium	<input type="radio"/>	<input type="radio"/>
Enoxaparin	<input type="radio"/>	<input type="radio"/>

c) Is patient receiving any of the following drugs requiring renal dosing adjustments?

- If yes, is dose appropriately adjusted downward (see appendix for dosing)?

Drug	Taking Drug		Safe Dosing Adjustment	
	Y	N	Y	N
Allopurinol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colchicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ciprofloxacin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Levofloxacin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digoxin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluconazole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gabapentin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glyburide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lithium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methotrexate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please refer to Nepros Renal dose guideline to evaluate safe dosing adjustment.

Comments