REGIONAL PRIMARY CARE QUALITY TEAM - CRITICAL RESULT FOLLOW-UP AUDIT

Please place an "X" beside
the period being audited

January 1 thru June 30
July 1 thru December 31

Date Audit Performed: _____

Audit performed by: _____

Site: _____

Send completed audit to PCstatistics@wrha.mb.ca and a copy to kmozdzen@wrha.mb.ca

	Client Initials	CRITICAL RESULT FOLLOW-UP			Type of Critical Result (INR, Hemoglobin, or Other)	Comments
		Date "Critical Result Follow-Up" Task Assigned	Date "Critical Result Follow-Up" Task Completed	Number of Days to Completion (lowest value = 1 day)		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Effective April 1, 2018 this audit will be completed semi-annually (instead of quarterly)

Audit Completion Instructions

"Critical Result Follow-Up" Audit

1. For the specified period, select a maximum of 10 records to audit either manually or electronically

2. Critical Results that could be audited are **"INR"** and **"Hemoglobin**" or any that are deemed critical by lab

3. Clinic site-specific reporting of the Task type is available from the prebuilt reports in EMR (see below)

4. Select those Primary Care Providers/Clinicians on which you wish to report on (based on site specific workflow)

5. Select date range relevant to the period being audited

6. On the audit template, record the client initials for each record audited (full name not required)

7. Enter the dates the **"Critical Result Follow-Up"** task was assigned and completed for each patient record

8. As this is a patient perspective measurement, complete calendar days including weekends and statutory holidays are to be included in the count. Example: Task was assigned on a Thursday and completed the following Monday, therefore number of days until completion = 5 days (Thursday, Friday, Saturday, Sunday, and Monday).

9. For each line audited, identify the type of Critical Result in the allocated column. Choices include **INR, Hemoglobin, or Other**.

Select those Primary Care Providers / Clinicians on which you wish to report

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the period being audited

January 1 thru June 30
July 1 thru December 31

Date Audit Performed: **5-Jul-14**
Audit performed by: **Mickey Mouse**
Site: **Disney Clinic**

SAMPLE

Send completed audit to PCstatistics@wrha.mb.ca and a copy to kmozdzen@wrha.mb.ca

	Client Initials	CRITICAL RESULT FOLLOW-UP				Comments
		Date "Critical Result Follow-Up" Task Assigned	Date "Critical Result Follow-Up" Task Completed	Number of Days to Completion (lowest value = 1 day)	Type of Critical Result (INR, Hemoglobin, or Other)	
1	AH	April 10, 2014	April 11, 2014	2	INR	
2	DL	April 27, 2014	April 27, 2014	1	INR	
3	MM	April 28, 2014	April 30, 2014	3	Hemoglobin	
4	GH	May 1, 2014	May 12, 2014	12	INR	
5	KM	May 10, 2014	May 17, 2014	7	Hemoglobin	
6	JK	May 11, 2014	May 11, 2014	1	INR	
7	LZ	May 28, 2014	May 30, 2014	3	INR	
8	AW	June 10, 2014	June 11, 2014	2	INR	
9	CV	June 10, 2014	June 23, 2014	14	Hemoglobin	Patient away on vacation
10	CJ	June 17, 2014	June 22, 2014	6	Other	

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