

## Peer Review of Medical Records October 2019

### 1.0 Introduction

To mitigate risks to the public, the Peer Review of Medical Records program supports veterinarians in meeting the standards for medical record keeping that ensure optimal veterinary care can be continued. Trained Peer Reviewers assess medical records of practices that are randomly selected to participate in a Peer Review of Medical Records, and for veterinarians or veterinary practices who wish to improve their record keeping by volunteering for peer review.

In March 2018, Council formally established Peer Review of Medical Records (PRMR) as a mandatory component of the College's Quality Assurance Program. Participation is mandatory under section 50 of Ontario Regulation 1093.

The PRMR process resumed as of April 2019 and is being evaluated after two years. Changes to the PRMR process include revised selection criteria, measures for determining a successful assessment (Figure 1), and re-evaluation of records for practices that do not achieve a successful result in their assessment.

Practices participating in PRMR gain insights into their record-keeping practices. Not only does PRMR help a practice to identify areas of record-keeping to improve, but it also confirms when a practice is doing well in meeting record standards.

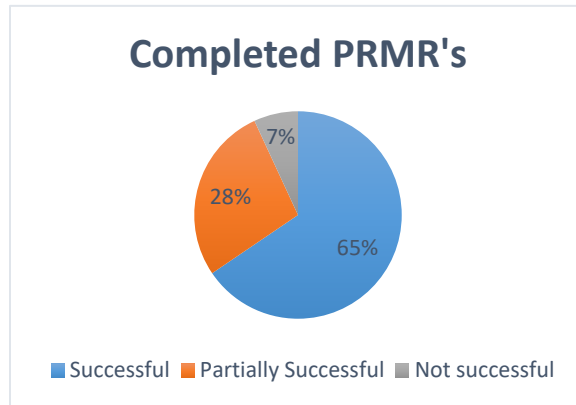
### 2.0 Program Audit

Staff are to provide an aggregate report to the profession quarterly. This data is to be used as an educational resource to support veterinarians in their record-keeping. Practices randomly selected for PRMR are asked to complete a survey on the process after receiving their final report. Feedback from the survey is to be used to improve the program.

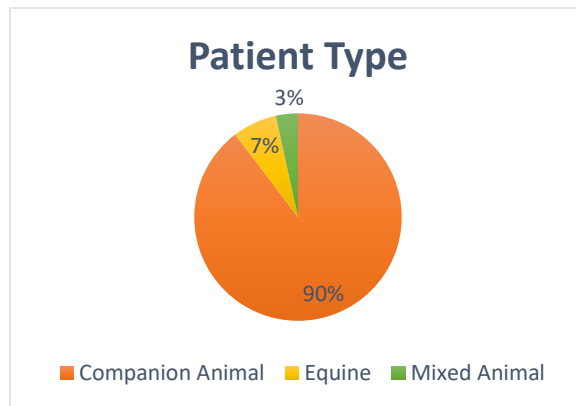
### 3.0 Program Audit Results

**PRMR Outcomes:** Twenty-nine practices randomly selected for PRMR in the period of April to September 2019 completed their PRMR. The average total score of practices was 83% with scores ranging from 59% to 98%. Note that a practice is deemed successful in meeting standards in record keeping if they achieve a total score of > 83%.

The pie-chart below shows the % of practices receiving a successful score, partially successful score, and not successful score.



**Practice composition:** Most of the practices treated companion animal species (90%) with a few equine and mixed animal practices. The majority of practices were single-facility practices (89%) compared to multiple facilities (11%). Solo practitioners made up 45% of the practices reviewed, with 48% of practices having between 2-5 veterinarians on staff.



**Section Scoring:** Section scores refer to the record-keeping areas that are assessed in PRMR. Figure 2 in the Appendix shows the number of practices scoring in each category (not successful, partially successful, and successful) for each section. The four highest scoring sections among practices shown below demonstrate where the majority of practices are meeting record-keeping standards. The four lowest scoring sections among practices shown below indicate the most common areas of record-keeping that did not meet the standard. This data can be useful to the profession in determining generally where veterinarians need to focus their learning opportunities to improve in their record keeping.

#### Four Highest Section Scores:

1. Patient Identification
2. Radiology Logs
3. Date
4. Controlled Drug Logs

#### Four Lowest Section Scores:

1. Advice and Communication
2. Assessment – Objective Data
3. Surgical Treatment and Anesthetic Notes
4. Assessment - Diagnosis

**Annual Risk Issue: Written Prescriptions:** As part of the Annual Cycle for PRMR, each year a strategic risk issue will be identified to be included in PRMR Assessments for one year. In the aggregate report, data on the risk issue will be shared with the profession.

Requirements for preparing a prescription was identified as the first annual risk issue to be assessed through PRMR in 2019.

Of the 29 practices completing the PRMR, 8 practices had written prescriptions (i.e., scripts) in the cases that were submitted. Of these, the most common missing components of written prescriptions included the number of refills permitted (if any), the veterinarian's signature and license number. The small number of written prescriptions present among the records submitted by practices is likely reflective of the tendency of these practices to dispense the drugs that they are prescribing.

**Program Feedback:** When practices receive their completed report, they are invited to complete a survey. There is a low response rate to the survey with only 5 (18%) completed out of 27 invitations sent. The feedback received from the post-PRMR surveys has been positive and states that the report is clear, constructive, easy to understand, and educational. This suggests acceptance of the PRMR assessment tool.

**Review process:** The overall time for the Peer Reviewer and College Staff to review the records package from the date of receipt ranged from 3 to 17 weeks with an average of 9 weeks. The long timeframe is generally due to requests for additional components that were missing from the records package from the practices.

#### 4.0 Summary

Overall, the new PRMR program is off to a good start with 65.5% of practices receiving a successful score and only 7% receiving a not successful score. Practices receiving a successful score are exempted from random selection for PRMR for a 5-year period. A practice receiving a not successful score is advised to take corrective actions to improve record keeping and must undergo re-evaluation of their medical records in 6 months and in 12 months. Practices that score partially successful will undergo re-evaluation in 12 months.

**Opportunities:**

Record components that were often missing from records packages of practices included surgical/anesthetic logs, controlled drug logs, radiology logs, informed consent documentation (i.e., consent forms), Certificates of Immunization for Rabies vaccination, and estimates and invoices.

Radiology logs and controlled drug logs must be submitted to ensure a complete record is assessed if a case has involved radiographs or administration of controlled drugs. Written consent (i.e., consent forms) is required for companion animal surgeries.

While College staff review submissions and ask for any missing components, this can create delays in the process and longer timeframes for practices to receive their PRMR assessment report. Practices are reminded to review the information package and the case cover sheets as these provide guidance on what components are required to be submitted for each case type. By ensuring that they are submitting all required components for cases in their records package, as well as College staff implementing improvements into the report turnaround time once it is submitted by the Peer Reviewers, the time taken for the complete review process can be improved.

Some practices indicated that the anesthetic monitoring form was the anesthetic log. This resulted in the practice being scored deficient for the anesthetic log. The Minimum Standards for Veterinary Facilities in Ontario (MSVFO) requires an anesthetic log and an anesthetic monitoring form and they are listed as separate items. The anesthetic log is a quick chronological reference to the general anesthetic procedures that are performed at the practice including the drugs that are used and the patient outcomes. The anesthetic monitoring form records the details of the general anesthetic for an individual patient, including the drugs administered and a time-based record of parameters that were monitored. College staff will review these items to determine opportunities to assist practices with documenting anesthetic information completely and efficiently.

Practices may wish to be proactive and review the many resources the College has to assist with having complete medical records and a successful PRMR assessment. Please visit the following link to these resources: <http://www.cvo.org/medicalrecordkeeping>

Participating in learning modules, self-assessment tools and reading College publications can be logged as continuing professional development.

The College will continue to track data and feedback for the Peer Review of Medical Records program and implement any improvements that are identified as being needed.

This report was received by Council on December 5 & 6, 2019.

## Appendix

**Figure 1**

The table below presents the cut-off zones for each assessment section and for total score.

<b>Record Review Section</b>	<b>Not Successful</b>	<b>Partially Successful</b>	<b>Successful</b>
1. Patient Identification	< 98%	98-99%	> 99%
2. Client and Emergency Contact Information	< 57%	57-78%	> 78%
3. Date	< 87%	87-99%	> 99%
4. History - Subjective Data	< 72%	72-96%	> 96%
5. Assessment - Objective Data	< 77%	77-99%	> 99%
6. Assessment - Diagnosis	< 67%	67-99%	> 99%
7. Medical Treatment	< 55%	55-82%	> 82%
8. Surgical Treatment and Anesthetic Notes	< 59%	59-93%	> 93%
9. Informed Client Consent	< 68%	68-99%	> 99%
10. Advice and Communication	< 56%	56-99%	> 99%
11. Reports, Invoices	< 50%	50-99%	> 99%
12. Radiographic Logs	< 60%	60-99%	> 99%
13. Controlled Drug Logs	< 52%	52-99%	> 99%
14. Anesthetic and Surgical Logs	< 45%	45-99%	> 99%
15. General Requirements	< 60%	60-82%	> 82%
<b>Total Score:</b>	<b>&lt; 69%</b>	<b>69-83%</b>	<b>&gt; 83%</b>

**Figure 2**

**Section Scores Showing Number of Practices in Each Category**

	<b>Not Successful</b>	<b>Partially Successful</b>	<b>Successful</b>
1. Patient Identification	4	2	23
12. Radiographic Logs	2	5	22
3. Date	6	2	21
13. Controlled Drug Logs	4	9	16
9. Informed Client Consent	4	10	15
2. Client and Emergency Contact Information	1	14	14
15. General Requirements	4	11	14
7. Medical Treatment	1	15	13
4. History - Subjective Data	4	13	12
14. Anesthetic and Surgical Logs	5	12	12
11. Reports, Invoices	1	17	11
10. Advice and Communication	5	14	10
5. Assessment - Objective Data	5	15	9
8. Surgical Treatment and Anesthetic Notes	6	16	7
6. Assessment - Diagnosis	11	13	5