Peer Review *of* Medical Records

2024 Aggregate Report

Introduction

To mitigate risks to the public, the Peer Review of Medical Records (PRMR) program supports veterinarians in meeting the standards for medical record-keeping. Through the PRMR, trained Peer Reviewers assess medical records of randomly selected practices and those who volunteer.

Participants in the PRMR gain insights into their record-keeping practices. The PRMR identifies areas for improvement and confirms effective record-keeping.

This aggregate report shares data from the first two years of the revised PRMR process and highlights opportunities for veterinarians to enhance their record-keeping.
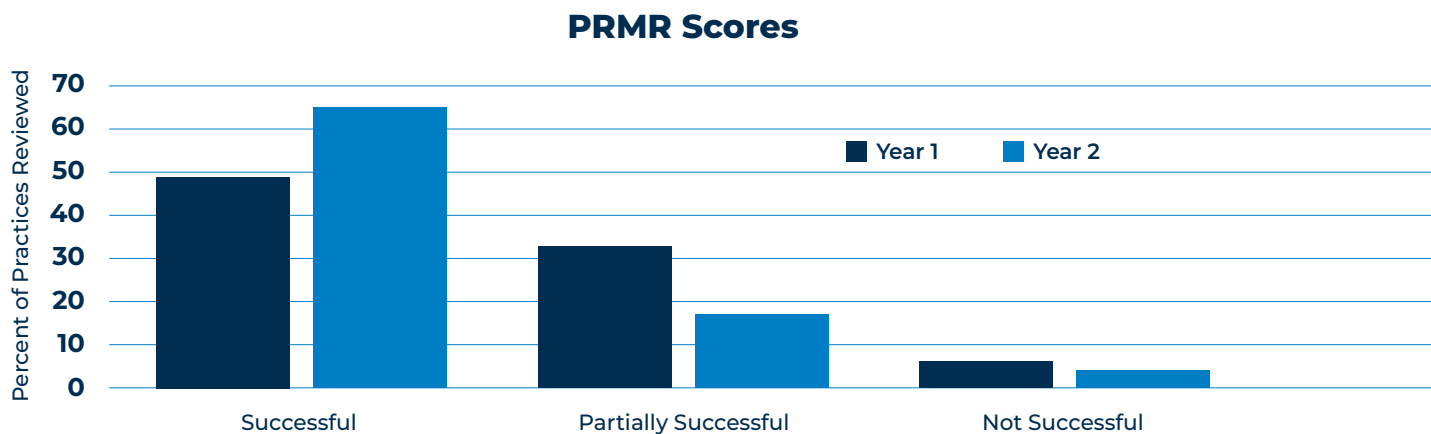
PRMR Program Audit Results

PRMR Outcomes

In the first two years of the PRMR program...

| **168**	**6**	**174**
practices were randomly selected	practices volunteered	total number of reviews conducted

The chart below shows the distribution of scores for practices receiving a successful score, partially successful score, and not successful score for the first and second years of the program.

PRMR Scores

Legend: Year 1, Year 2

Y-axis: Percent of Practices Reviewed (0, 10, 20, 30, 40, 50, 60, 70)

X-axis categories: Successful, Partially Successful, Not Successful
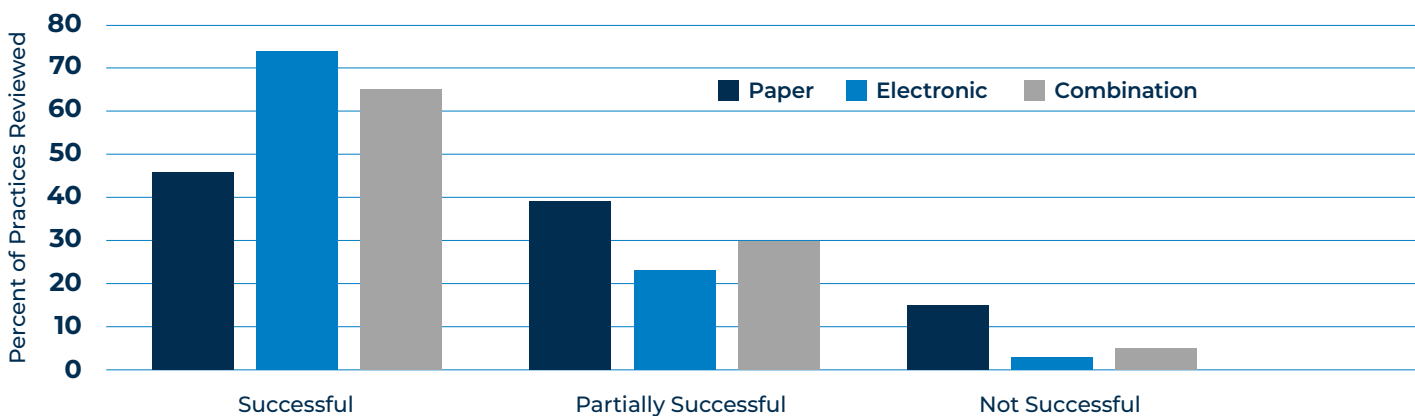
PRMR Program Audit Results continued

Species Type: The chart below breaks down the percentage of practices scoring successful, partially successful, and not successful by species type. A total of 174 assessments were completed. When separated by species type, there were 147 (84%) companion animal, 10 (6%) equine, nine (5%) mixed animal, and eight (5%) food-producing animal practices.

Scores by Species Type
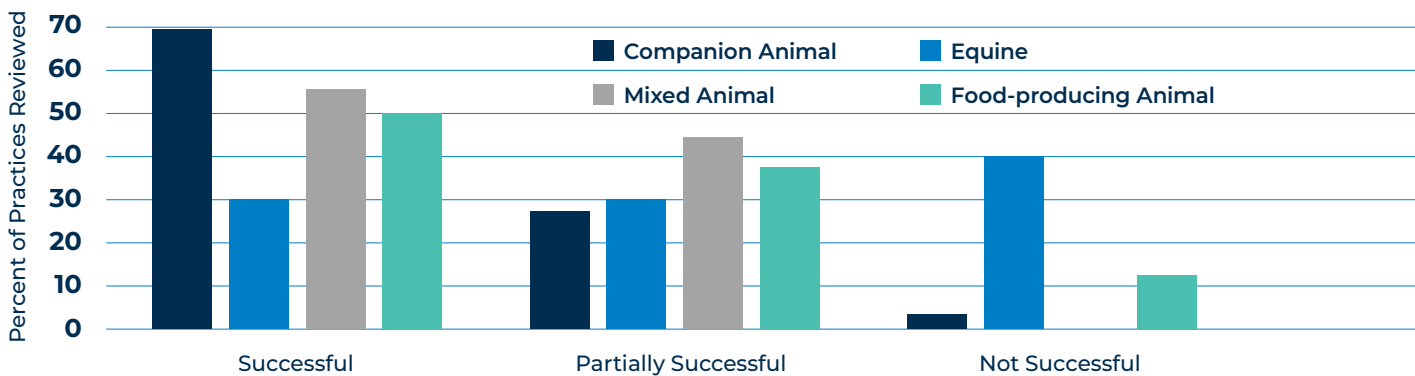
Record Type: Practices with electronic records or a combination of paper/electronic records had a higher rate of successful reviews than those with paper-only records. The chart below shows the percentage of practices scoring successful, partially successful, and not successful with each record type.

Scores by Record Type

PRMR Program Audit Results continued

Practice Size: 99 (57%) practices had between 2-5 veterinarians, 58 (33%) practices had a solo-practitioner, and 17 (10%) practices had six or more veterinarians. Multi-veterinarian practices tended to receive a successful score more often than solo practitioners, with 72% and 53% respectively. The higher the number of veterinarians at a practice, the higher the overall score of the assessment.

The chart below compares the percentage of practices receiving successful, partially successful, and not successful scores by practice size.

Scores by Practice Size
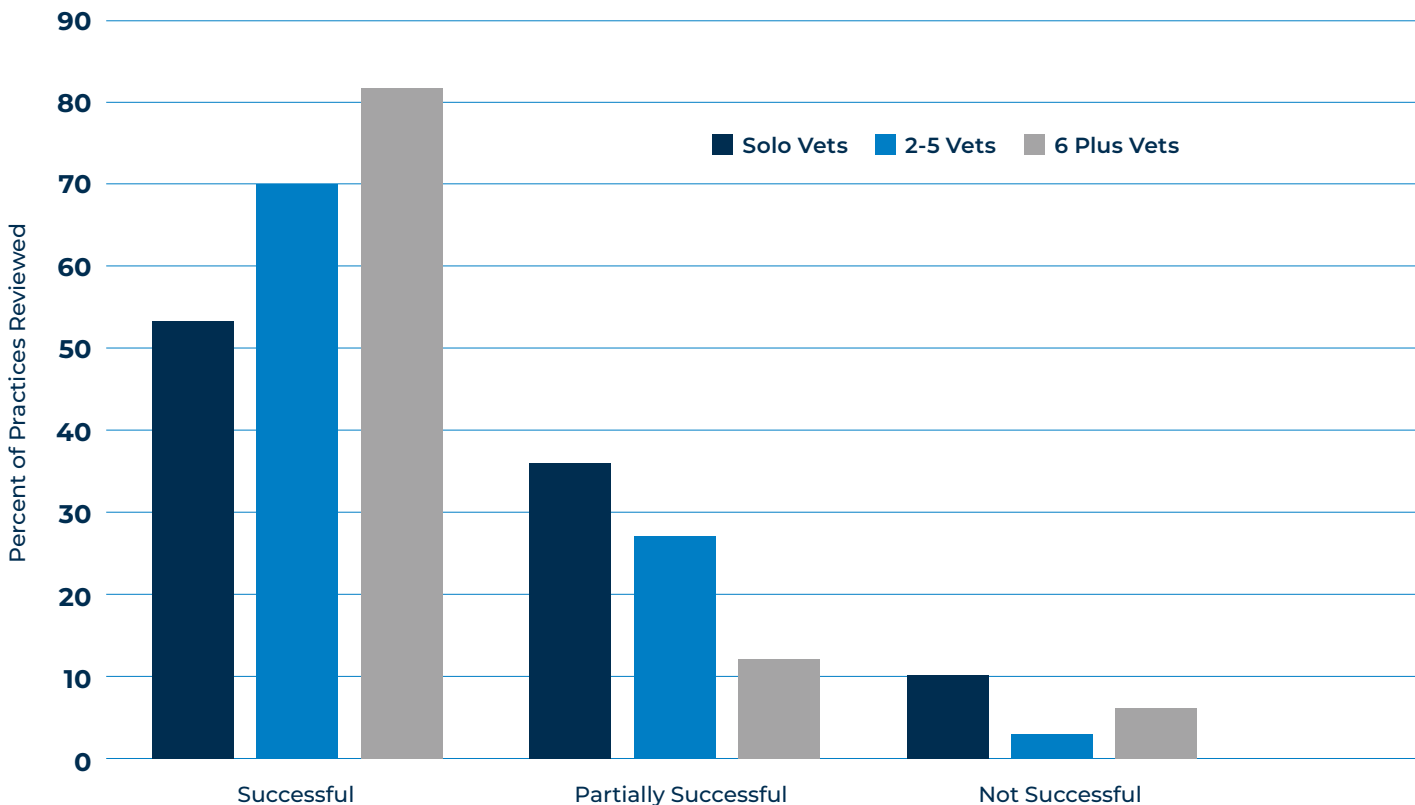
PRMR Program Audit Results continued

Section Scoring: Section scores refer to the record-keeping areas that are assessed in PRMR. The four highest scoring sections demonstrate where the majority of practices are meeting record-keeping standards. The four lowest scoring sections indicate the most common areas of record-keeping that did not meet the standard. This data can be useful in determining generally where veterinarians should focus their learning.

The highest/lowest section scores have been separated by species type as there are differences for record-keeping requirements. There are separate assessment forms for companion animal practices and equine & food-producing animal practices.

Highest Section Scores

**Companion Animal
Four Highest Section Scores:**

1. Patient Identification
2. Date
3. General Requirements
4. Medical Treatment

**Equine & Food-Producing
Four Highest Section Scores:**

1. Date
2. Reports, Invoices
3. Patient Identification
4. Assessment – Objective Data

Lowest Section Scores

**Companion Animal
Four Lowest Section Scores:**

1. Assessment – Diagnosis
2. Informed Client Consent
3. History – Subjective Data
4. Surgical Treatment and Anesthetic Notes

**Equine & Food-Producing
Four Lowest Section Scores:**

1. Assessment – Diagnosis
2. Patient Identification
3. Informed Client Consent
4. History Subjective Data

The lowest scoring sections are consistent with the first-year aggregate report. The small dataset for equine and food-producing assessments limits the ability to make conclusions. However, this information does identify trends in record-keeping and serves as a learning tool for practices to improve their record-keeping.

Annual Risk Issue

As part of the Annual Cycle for PRMR, a strategic risk issue is identified to be included in PRMR Assessments for one year. In the aggregate report, data on the risk issue is shared with the profession.

Requirements for preparing a prescription was the first risk issue to be assessed through PRMR in 2019 – 2020. Due to the small number of written prescriptions present among the records submitted, it remained a risk issue. Drug documentation was identified as the second annual risk issue to be assessed in the second year of the PRMR program.

Written Prescriptions: Of the 86 practices completing the PRMR in year two, 25 practices had written prescriptions (i.e., scripts) in the submitted cases compared to 24 practices in year one. The chart below compares the number of practices scoring successful, partially successful, and not successful in this section of the medical records.

The most common missing components of written prescriptions included the "number of refills permitted, if any, or expiry date, or total amount of drug prescribed", the "prescribed directions for use (route of administration, frequency, duration)", and the "veterinarian's licence number and signature".

Written Presciptions
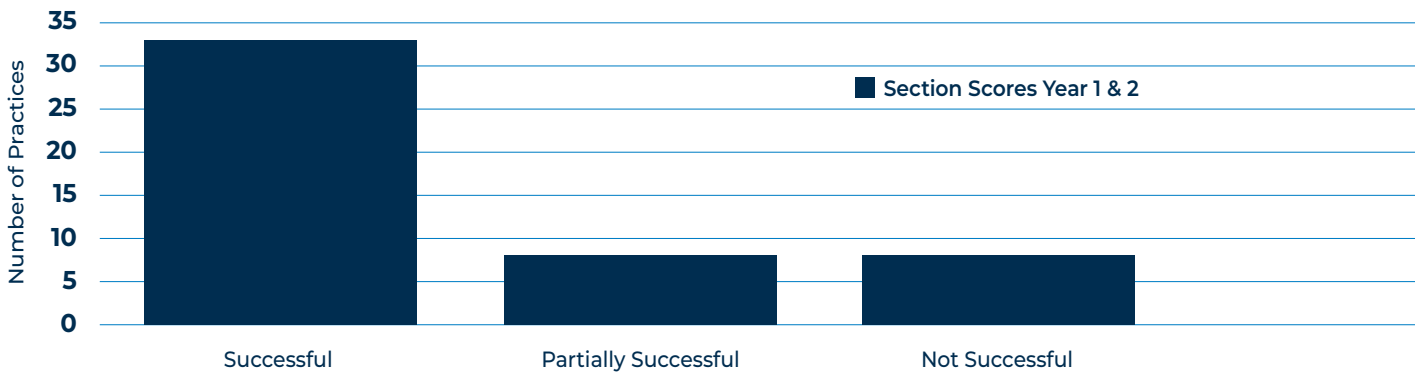
Drug Documentation: Of the 86 practices completing the PRMR in year two, 83 practices had drug documentation. Based on the cut-off scores, 58 (70%) practices received a successful score, 24 (29%) received a partially successful score, and one (1%) received a not successful score for drug documentation. Items that tend to be missing include:

• Strengths, doses, and routes of drugs that were administered by the veterinarian during the visit,

• Strengths, doses, and directions for use of drugs that were prescribed and dispensed to the client.
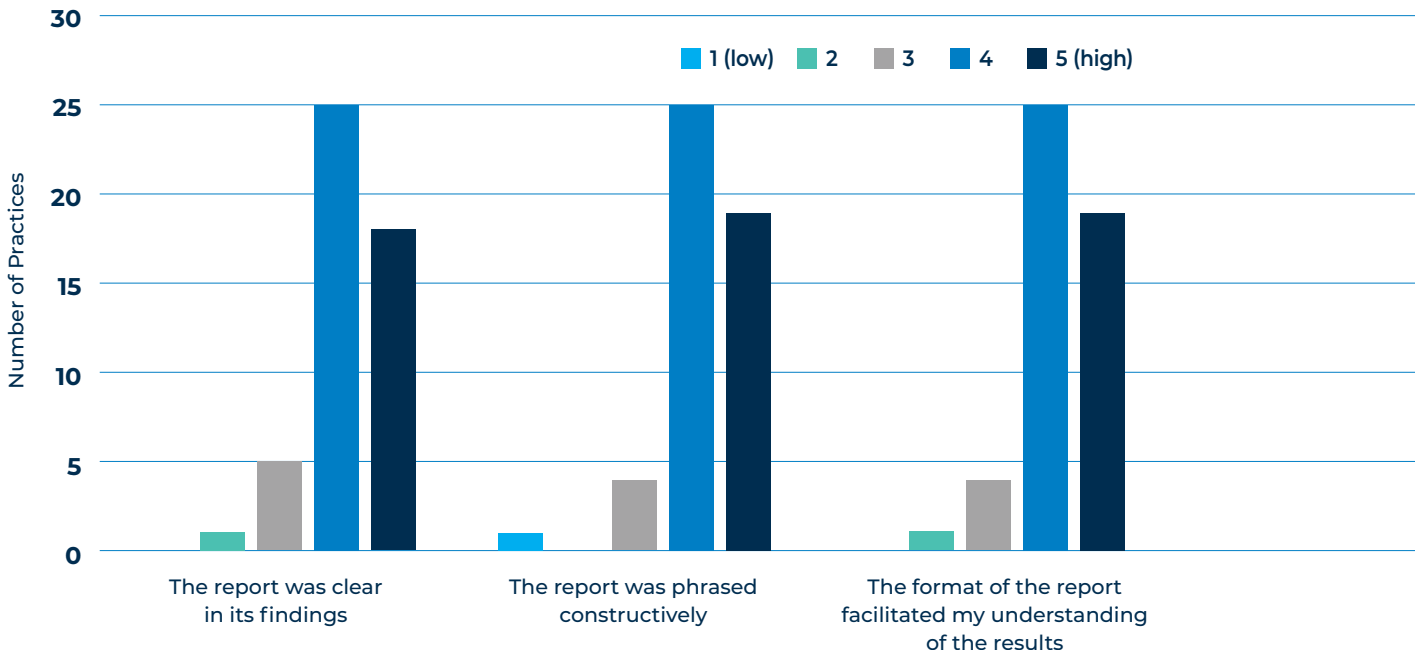
Program Feedback

When practices receive their report, they are invited to complete a survey. The response rate was 29% with 51 practices completing the survey.

The chart below shows survey feedback. The overall positive feedback suggests acceptance of the PRMR assessment tool.
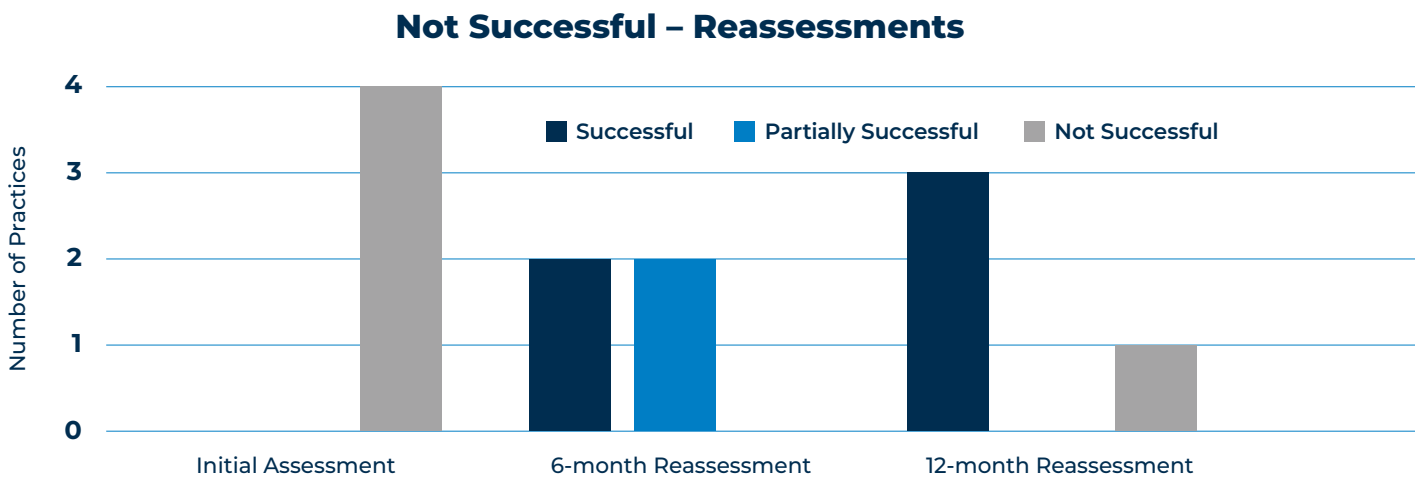
Final Report Feedback

Reassessment

Based on initial assessment scores, practices that do not receive a successful outcome are required to undergo a reassessment. Outcomes of the PRMR process include:

- 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 undergo re-evaluation in 12 months.

Thirty-four practices have undergone a reassessment, with 30 of those being from an initial assessment of partially successful, and four being from an initial assessment of not successful.

Of the four practices that received a not successful score on their initial assessment, all improved their score on the first reassessment. Three received a successful score on their second reassessment to complete the PRMR process. One practice improved their score to a partially successful on their first reassessment, however scored a not successful on their second reassessment due to many missing record components.

Not Successful – Reassessments

Legend: ■ Successful ■ Partially Successful ■ Not Successful

Y-axis: Number of Practices (0–4)

- Initial Assessment: Not Successful = 4
- 6-month Reassessment: Successful = 2, Partially Successful = 2
- 12-month Reassessment: Successful = 3, Not Successful = 1

Partially Successful – Reassessments
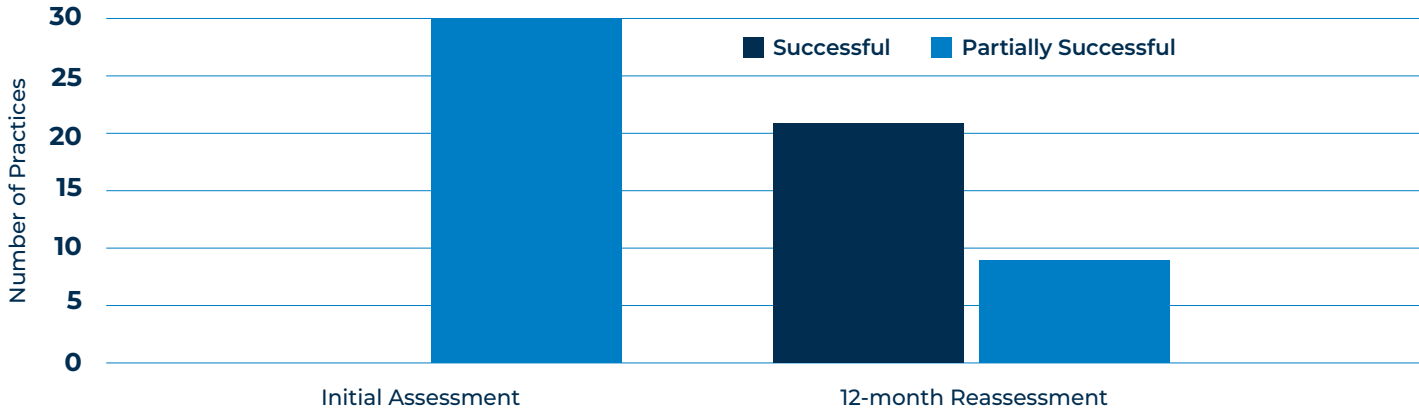
Of the 30 practices that received a partially successful score on their initial assessment, 21 received a successful score on their first reassessment. The remaining nine practices received another partially successful score with six improving their score, and three lowering their score but remaining partially successful. Practices receiving a partially successful score will complete a subsequent reassessment in 12 months.

Reassessment Section Scores

Four Highest Section Scores:

1. Date
2. Patient Identification
3. Client and Emergency Contact Information
4. General Requirements

Four Lowest Section Scores:

1. History Subjective Data
2. Informed Client Consent
3. Assessment – Diagnosis
4. Assessment – Objective Data

The lowest scoring sections in reassessments were similar to the initial assessments with the exception of "Assessment – Objective Data" being in the lowest scoring sections for reassessment. This indicates that "History – Subjective Data", "Informed Client Consent", and "Assessment – Diagnosis" continue to be problematic. The items in these three sections that scored poorly were the same as those that scored poorly in initial assessments. The item that was commonly missing for "Assessment – Objective Data" was physical examination details (in progress notes, template, or protocol).

Opportunities

Lowest Scoring Sections of Record-Keeping

The lowest scoring sections in record-keeping present a learning opportunity for all veterinary practices. Highlighted below are areas that commonly score poorly, and tips to improve in these areas.

Informed Client Consent: Obtaining informed client consent is required when a veterinarian recommends veterinary services. Signed consent for surgical procedures tends to score well in this section. Often missing is consent for non-surgical treatments when the client provides verbal consent. Also commonly missing is documentation that the client received information about the costs of the treatment. Practices may consider using a template to format record entries that prompts documentation of client consent discussions inclusive of costs and verbal client consent. Consent form templates can also be used.

Assessment: Diagnosis: An assessment of the animal or group of animals includes a problem list, differential diagnoses, a tentative, or final diagnosis, and interpretation of test results. Using a structured format such as SOAP or DAP can assist with ensuring the assessment ("A") is included in the record entry for each visit. Where an animal has no health problems, such as for preventive healthcare, the assessment should still be documented.

History: Subjective Data: A complete history must be recorded at each visit, including the presenting complaint and overall health history. The PRMR data showed the overall health history is often not well-documented and missing relevant information such as recent health status (in progress notes, template, or protocol) and a vaccine record (in progress notes, cumulative patient profile, or summary view). Practices that consistently record complete health histories tend to use a history template. Find species-specific record of examination templates including history templates at cvo.org/sample.

Surgical Treatment and Anesthetic Notes: This was among the lowest scoring sections for companion animal practices. The following items contributed to the low scores:

- Missing documentation of the strength of the pre-anesthetic and induction agents,
- Missing documentation of whether the endotracheal tube (ET) was cuffed or not,
- Missing documentation of the delivery method of the maintenance agent,
- Missing documentation of the start time and/or finish time of the anesthetic.

Practices that completely documented these items tended to use anesthetic monitoring form templates organized into sections and used checklists and other prompts to fill in the form. Practices can find a sample anesthetic monitoring form template at cvo.org/sample.

Patient Identification: This was among the lowest scoring for equine and food-producing animal practices. Breed and species were commonly missing and are important to document to prevent misidentification, which could lead to gaps in care. Find species-specific client registration and identification templates on the College's Sample Documents page at cvo.org/sample.

Opportunities continued

Peer Reviewer Tips

While some sections do not score in the lowest four, there are specific items that show a trend of scoring poorly. Peer Reviewers have valuable insight into these areas, and provided tips to improve record-keeping:

Emergency Contact Information: It is not uncommon for reviewers to note emergency contact information is missing. Emergency contact information is required when a patient is left at the facility without the client. The name and contact information of a person who is authorized to make financial and care decisions on the client's behalf must be documented. This includes the person's name, contact information, and the authority given by the client. Practices can find a sample client/patient identification form template at cvo.org/sample.

Master Problem List and Legibility: Although the "General Requirements" section is among the highest scoring sections for companion animal practices, there are items that show a trend of scoring poorly. A master problem list or cumulative patient profile is commonly missing. This is a useful tool, and a sample can be found at cvo.org/sample. Among hand-written records, legibility is also a concern. Legibility ensures continuity of care for patients. Practices with hand-written records may consider the use of pre-printed stickers or templates, and/or inserting printed copies of Rx labels to ensure all drug information is legible.

Additional Learning Opportunities

Multi-veterinarian practices participating in PRMR tended to score higher than solo-veterinarian practices. This may demonstrate the value of having peers provide input on medical record-keeping. Solo-veterinarian practices may consider input from a colleague on their records, including participating in PRMR. Another opportunity to talk to a peer and review cases and records is through the College's Peer Advisory Conversation.

Written prescriptions will continue to be monitored through the PRMR program to collect data on this important component of record-keeping. Drug documentation will also continue to be scored and monitored in the PRMR process. The annual risk issue selected for the third year of the program is informed client consent and will be evaluated through 2024.

Practices are encouraged to review College resources to assist with complete medical records and a successful PRMR assessment. Please visit the link to these resources: cvo.org/medicalrecordkeeping

Participating in the College's learning modules on medical records, using the self-assessment tools and reading College publications can be logged as continuing professional development.

Summary

75%

of practices receive
a successful score

**The goal of the
PRMR program:**

- To improve the quality
of medical records
among veterinary
practices in Ontario

**Improved
medical records:**

- Support quality care

- Benefit both
veterinarians and
the public

In the second year of the new PRMR process, PRMR participants did well with 75% of practices receiving a successful score and only 5% receiving a not successful score.

There was an increase in the number of successful scores from the first to the second year of the program. This may be partly due to enhanced processes that encourage practices to submit a complete records package to reduce the incidence of missing record components. Practices who initially submitted a complete records package with all components benefited from a reduced process time and a fulsome and complete review by the Peer Reviewer. Learnings from the first aggregate report may also have been implemented to ensure records meet the standards.

The goal of the PRMR program is to improve the quality of medical records among veterinary practices in Ontario. Improved medical records support quality care and benefit both veterinarians and the public.

The College will continue to process the reassessments of practices that scored partially successful and not successful. The early data shows an improvement in scores in subsequent re-evaluation which demonstrates the program is having a positive impact on record-keeping. The College will continue to provide aggregate reports, as an educational resource to support veterinarians in their record-keeping.

This report was received by Legacy Council on September 23, 2024.