



CVO
College of
Veterinarians
of Ontario

Peer Review of Medical Records

2022 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 that ensure optimal veterinary care. Trained Peer Reviewers assess medical records of randomly selected practices and for veterinarians or veterinary practices who wish to improve their record-keeping by volunteering for peer review.

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.

The 2022 aggregate report shares data from the first full year of the new PRMR process and highlights opportunities for all veterinarians to enhance their record-keeping practices.

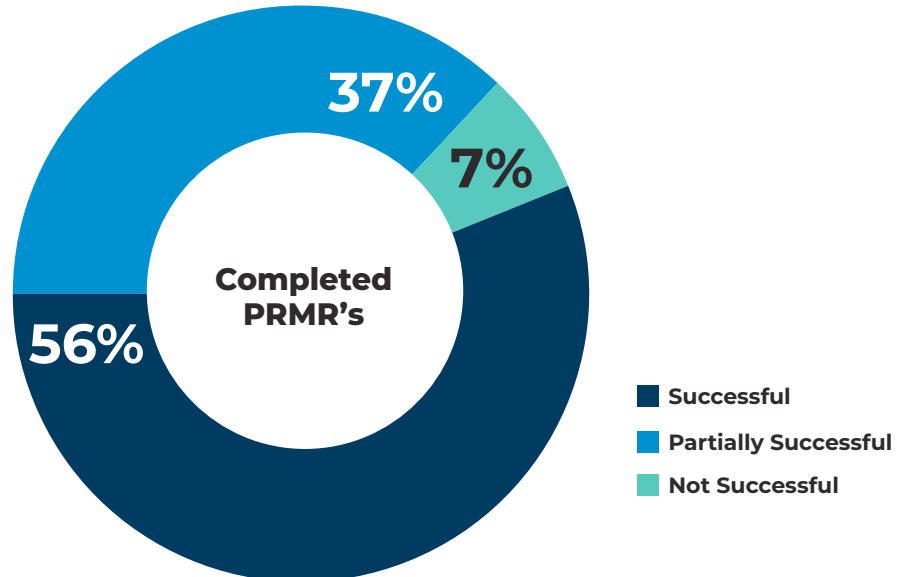
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Program Audit Results for Year 1

PRMR Outcomes: From April 2019 to March 2020, eighty-eight (88) practices completed a PRMR. Of these, eighty-four (84) practices were randomly selected, with the intention of selecting approximately 5% of all accredited practices annually. Four (4) practices volunteered to participate.

The chart below shows the distribution of scores for practices receiving a successful score, partially successful score, and not successful score. A practice is deemed successful in meeting standards in record keeping if they achieve a total score of >83%. A score of 69–83% is deemed partially successful. And a score of <69% indicates that the practice is deemed not successful in meeting the requirements.

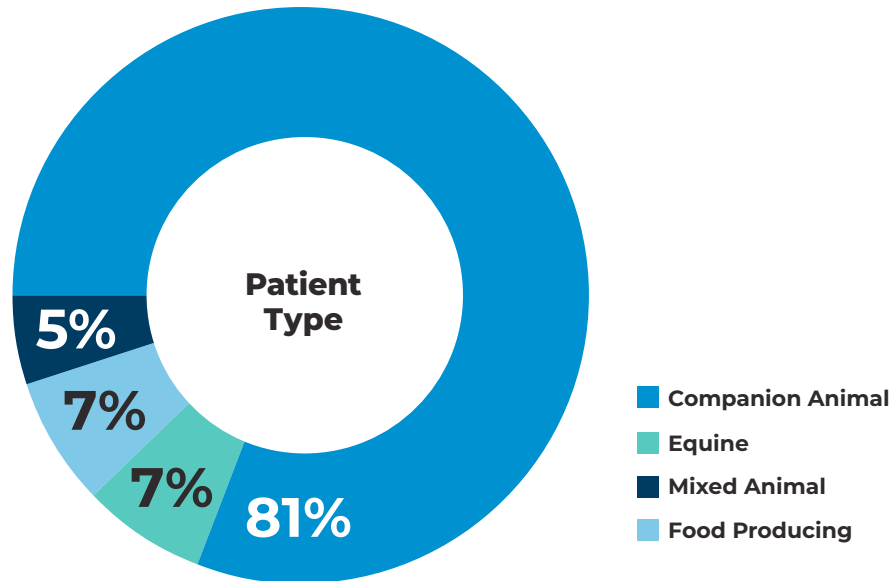


Companion animal practices had a higher rate of successful reviews (62%) when compared to equine (33%), food-producing animal (33%) and mixed animal practices (20%). Practices with electronic records had a higher rate of successful reviews (64%) when compared to a combination of paper/electronic records (53%) and paper only (50%). The four companion animal practices who volunteered to take part in a PRMR all received a successful score.

Multi-veterinarian practices tended to score slightly higher than solo practitioners, with an average score of 84% and 79% respectively.



Practice Composition: Most of the practices (81%) treated companion animal species with a few equine, food-producing, and mixed animal practices.



Practice Size: Forty-six (52%) practices have between 2-5 veterinarians, thirty-four (39%) have a solo-practitioner, six (7%) practices have between 6-10 veterinarians, and two (2%) have 11 or more veterinarians. Multi-veterinarian practices tended to score slightly higher than solo practitioners, with an average score of 84% and 79% respectively. It was noted that the higher the number of veterinary staff at a practice, the higher the average score received.

Section Scoring: Section scores refer to the record-keeping areas that are assessed in PRMR. 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 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 should consider focusing their learning opportunities to improve in their record-keeping.

4 Highest Section Scores:

- Patient Identification
- Date
- Client and Emergency Contact Information
- General Requirements

4 Lowest Section Scores:

- Assessment – Diagnosis
- Informed Client Consent
- History – Subjective Data
- Surgical Treatment and Anesthetic Notes

When breaking down the lowest scoring sections by species type, it is interesting to note that while “Assessment – Diagnosis” and “History – Subjective Data” are consistently in the lowest scoring for all species type, “Informed Client Consent” is actually one of the highest scoring sections for food producing animal practices. And when looking at the four highest scoring sections by species type, while “Date” is consistently in the highest scoring sections for all species types, both “Patient Identification” and “Client and Emergency Contact Information” are in the four lowest scoring sections for food producing animal practices. This is interesting to note, however with a small dataset there is not enough information to come to any conclusions regarding the differences in scoring between species types. We will continue to monitor this area to see if the trend continues into the second year of the program.

Annual Risk Issue – Written Prescriptions: Each year 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 identified as the first annual risk issue to be assessed through PRMR in 2019-2020.

Of the 88 practices completing the PRMR, 24 practices had written prescriptions (i.e., scripts) in the cases that were submitted. Of these, 16 (67%) had a score >83%, 3 (12%) had a score between 69-83%, and 5 (21%) had a score of <69%. The most common missing components of written prescriptions included the number of refills permitted (if any), the veterinarian’s signature and licence number, and the route of administration. 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 26 (30%) completed out of 88. The feedback was positive and indicates the report is clear, constructive, easy to understand, and educational, suggesting acceptance of the PRMR assessment tool.



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Opportunities

Lowest scoring sections

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 any 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 is presented with no health problems, such as for preventive healthcare, the assessment should still be documented to reflect this.

Informed Client Consent: Obtaining informed client consent is required every time a veterinarian offers veterinary services. Veterinarians are expected to indicate in the medical records that consent was obtained and, for interventions or courses of treatment that are of higher risk, obtains consent in writing where feasible. Practices may consider using a template to format record entries to include a section for client communications and consent. Consent form templates can also be used that are filled out during consent conversations and retained in the record. Practices with electronic or a combination of electronic/paper records scored lower in this section, so they may want to consider options that their records software can provide, or paper-based templates.

History – Subjective Data: A complete history must be recorded at each visit, including the presenting complaint and overall health history. The PRMR data showed that the overall health history is often not well-documented and missing relevant health information. Practices that consistently record complete health histories also tend to use a history template. Sample documents for species-specific record of examination templates that include examples of history templates are available at cvo.org.

Surgical Treatment and Anesthetic Notes: The following items contributed to the low scores of this section:

- Missing documentation of the strength, dose, and route of the pre-anesthetic and induction agents,
- Missing documentation of the endotracheal tube (ET) size and whether it was cuffed or not,
- 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.

General

The College supports the use of record-keeping systems in electronic, paper-based, or combination formats. Practices are responsible for maintaining standards for record-keeping regardless of which system is used. Practices can review the College's many sample documents at cvo.org. There are a variety of templates and protocols to help meet record requirements and create efficiencies and consistency in record-keeping. These may be adapted by a practice to use in their record-keeping systems.

It is interesting to note that 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 want to 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 available through the College's Peer Advisory Conversation.

Written prescriptions will remain as a risk issue for the second year of the PRMR program. Practices participating in PRMR will be asked to submit at least one case with a written prescription to better evaluate this in practice. The requirements for written prescriptions are found in the College's Professional Practice Standard: Prescribing a Drug. The College also has templates for written prescriptions found at cvo.org.

Practices are encouraged to review the resources the College has to assist with having complete medical records and a successful PRMR assessment.

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

Electronic records had a higher rate of successful reviews (64%) when compared to a combination of paper/electronic records (53%) and paper only (50%).



Summary

In the first year of the new PRMR process, PRMR participants did well with 56% of practices receiving a successful score and only 7% receiving a not successful score. It was projected that practices would score 42% partially successful and 30% not successful based on data from the previous PRMR program. The results of the first year of the new program have shown a much higher successful rate and much lower not successful rate than projected. Part of this may be due to new processes where practices now submit all necessary components, which leads to a more fulsome and accurate review.

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.

The College is still in the process of re-evaluating records from those practices that scored partially successful and not successful. Initial data is showing that there is improvement in scores in subsequent re-evaluation which demonstrates that the program is having a positive impact on record-keeping practices. The College will produce a report of the outcomes of the remaining re-evaluations from the first year of the new program.

The College will provide aggregate reports to the profession during the two-year evaluation phase of the new PRMR process. The reports serve 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 used to improve the program.

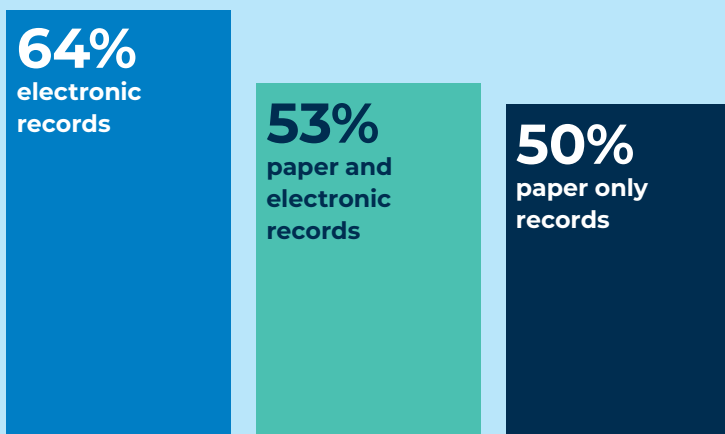


In the first year of the new PRMR process, PRMR participants did well with 56% of practices receiving a successful score.

Peer Review of Medical Records Findings



Electronic records had a **higher rate of successful reviews** (64%) when compared to a combination of paper/electronic records (53%) and paper only (50%).



3 Lowest

Section Scores:

- Assessment – Diagnosis
- Informed Client Consent
- History – Subjective Data



The most common missing components of written prescriptions included:

- the number of refills permitted (if any)
- the veterinarian's signature and licence number
- the route of administration



84%
Multi-veterinarian practices



79%
Solo practitioners

Multi-veterinarian practices tended to score slightly higher than solo practitioners, with an average score of 84% and 79% respectively.



This report was received by Council on September 28 & 29, 2022.

Public confidence in veterinary regulation.

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