

**VA DOCUMENTATION OF FOCUSED REVIEW
AMBULATORY CARE CLINICAL PERTINENCE REVIEW**

Confidential and Privileged / Do Not place in patients charts

Provider: _____

Clinic _____

Chart ____ - ____ (Initial of last name & last 4 SSN)

Date of Progress Note(s): _____

Yes No NA

1. Was progress note entered and signed on the same day as the patient visit?
2. Is progress note edited appropriately, without **inappropriate cutting or pasting**?
3. Is there an Allergy entry on the cover sheet?(*No Allergy Information is NOT acceptable*).
4. Does the progress note comply with the “**non-approved abbreviations**” policy?
5. PACT Plan of Care Note completed within the past 12 months?

Yes No NA

1. Is subjective information adequate?
2. Is examination and objective information adequate?
3. Is the treatment plan and follow-up plan documented and appropriate?
4. Are consultations appropriate & documented?
5. Is “Hand Off Communication” documented per JAH HPM 11-74?
6. Was the electronic Problem List updated as appropriate?
7. Was opioid management appropriate? (i.e. UDS, naloxone, PDMP, opioid agreement)
8. Was Medication Reconciliation documented using the clinical reminder?
9. Was the patient notified of test results within 14 days? (VHA Directive 2009-019)

Conclusion of Review

Yes No

1. Is the documentation satisfactory?
2. Are medical care issues treated appropriately?
3. How could documentation and/or patient care be improved?

Yes No

4. **Approved as clinically pertinent/appropriate?**
(If deficiencies in medical treatment are present, the Reviewer should discuss with the provider who authored the progress note and add a comment below).

Reviewer's Signature / Date

Second Reviewer's Signature / Date