

**Documentation Checklist**

**Your Name:**

**Date:** *(mm/dd/yyyy)*

 **Identify your record:**

Do not include the patient’s name but include enough details that you could locate the record again.

## Instructions:

* **Yes (ü)** – the listed item is present in your patient’s record (Great!)
* **No** **(x)** – the listed item is not present in your patient’s record (That’s okay, no one is perfect. Now you know where you need to improve. Make a note about what you plan to do to fix the problem)
* **Not applicable (NA)** – the listed item does not apply to the record you selected; if you are not sure, check the Documentation Standard and Resources, reach out to a PT colleague, a co-worker, or contact the practice advisory service for help.

If the record you are reviewing is a multidisciplinary record, you only need to review notes related to the physiotherapy care.

| **Documentation Checklist** | **Yes, No or Not Applicable (NA)** | **Comments** (If No, describe your plans to address the issue. If NA, add brief explanation) |
| --- | --- | --- |
| **General Expectations** |
| 1 | Records are clear and easy to read in either English or French. |  |  |
| 2 | Patient’s demographic information (at minimum, must have the patient’s full name, date of birth and contact information), and if applicable, relevant information about the substitute decision-maker. |  |  |
| 3 | Notations are respectful and non-judgmental. |  |  |
| **Details of Clinical Care** |
| Clinical record includes: |
| 4 | At a minimum, one unique way to identify the patient (e.g., name and date of birth, unique patient number, etc.) on each page of a printed patient record. |  |  |
| 5 | If the person making the entry is different from the person providing care, they are also identified by name and job title, or by unique identifier. |  |  |
| 6 | The individual delivering physiotherapy services is clearly and uniquely identified. |  |  |
| 7 | An indication of whether the session was provided virtually or in-person. |  |  |
| 8 | The reason for the patient’s attendance. |  |  |
| 9 | The patient’s relevant health, family, and social history. |  |  |
| 10 | Date of each treatment session or professional interaction including declined, missed or cancelled appointments, telephone or electronic contact.  |  |  |
| 11 | Date of chart entry if different from date of treatment session or professional interaction. |  |  |
| 12 | Details of assessment findings, including outcome measures. |  |  |
| 13 | Clinical impression and physiotherapy diagnosis. |  |  |
| 14 | Treatment plan, including parameters, and treatment goals. |  |  |
| 15 | Results of tests, investigations, or measures, and an analysis of the collected data. |  |  |
| 16 | Documentation of the informed consent conversation and relevant details of the consent process. |  |  |
| 17 | Details of treatment provided and the patient’s response to treatment, including results of reassessments, and the patient’s progress towards goals. |  |  |
| 18 | Any updated information about the patient’s condition or relevant new information received. |  |  |
| 19 | Details of treatment assigned to physiotherapist assistants. |  |  |
| 20 | Details of relevant patient education, advice provided, and communication with or regarding the patient, including any reports received about the patient’s care.  |  |  |
| 21 | Instances where the patient refuses care. |  |  |
| 22 | Referrals and transfers of care to another health provider, including any reports sent regarding the patient’s care. |  |  |
| 23 | Discharge summaries including reassessment findings, reason for discharge, and other recommendations. |  |  |
| 24 | Patient safety incidents, including near misses. |  |  |
| 25 | If following a set care pathway or protocol, retains or ensures access to copies of the pathway(s) or protocol(s). |  |  |
| **Financial Records** |
| Records related to fees charged for physiotherapy services and sales of products include: |
| 26 | Name of the patient. |  |  |
| 27 | Name and title of the PT, PTA, PT student, and others who provided care under the PT’s supervision.  |  |  |
| 28 | The name of the organization (for example, a physiotherapy clinic, corporation, hospital, or healthcare centre), the date of service, and the physiotherapy service or product provided.  |  |  |
| 29 | Whether the care being billed for was provided virtually. |  |  |
| 30 | Fee for a physiotherapy service or product, including any interest charges or discounts provided. |  |  |
| 31 | Method of payment, date payment was received, and identity of the payor. |  |  |
| 32 | Any balance owing. |  |  |
| **Quality of Documentation** |
| Quality documentation practices include: |
| 33 | If applicable, may reference rather than duplicate information collected by another health provider that the PT has verified as current and accurate. |  |  |
| 34 | Uses terms, abbreviations, acronyms, and diagrams that are defined or described, ensuring the definitions are available and easily retrievable. |  |  |
| 35 | Changes, additions, or late entries made to the record, identifying who made the change and the date of the change, and ensures the original entry remains legible. |  |  |

**Privacy Requirements**

If you are completing this checklist for a Quality Assurance Screening Interview, you are not required to complete this section.

Physiotherapists must comply with all legislation that protects the confidentiality of personal information and personal health information.

**Here are some things physiotherapists must know related to privacy:**

[ ]  I know who the Health Information Custodian is for my patient’s records.

[ ]  I understand my duties as either the Health Information Custodian or an agent of the Health Information Custodian (for example, by reviewing the College’s privacy resources).

[ ]  I have/follow policies and practices that protect patient confidentiality in the course of collecting, storing, using, transmitting and disposing of personal health information.

[ ]  My patients are aware of who has custody and control of their personal health information (i.e. who is the Health Information Custodian) and how their personal health information will be managed.

[ ]  I obtain explicit consent from patients before disclosing their personal health information to someone who is not a health provider involved in their care.

[ ]  I know how to respond to a request to access a patient’s health records (for example, by reviewing information from the Information and Privacy Commissioner).