Text

Description automatically generated with medium confidence

**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](mailto:advice@collegept.org) 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).