



MEADOWLARK HOSPICE

709 Liberty, Clay Center KS 67432
Phone: (785) 632-2225 Fax: (785) 632-3557

Closed Medical Record Audit

Patient	Patient No.	Date of discharge / death / revocation
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- Notification Check List** (placed in left pocket until chart closed)
- DNR, Living Will, Advance Directives, etc.** (placed before Admission tab)

ADMISSION RECORDS

- ___1. Data Base / Patient Log
- ___2. Informed Consent
- ___3. Bill of Rights
- ___4. Assignment of Benefits
- ___5. Release of Information
- ___6. Referral notes
- ___7. Financial Assessment
- ___8. Plan for Primary Caregiver Services (if applicable)

HISTORY AND PHYSICAL

- ___1. Copy of letter sent to physician requesting patient records (if applicable)
 - Copies from physician's office a/o hospital:
 - “ “ Last hospital Discharge Summary
 - “ “ Most recent History and Physical
 - “ “ Clinical indicators related to the terminal illness
 - “ “ Lab results pertaining to terminal illness
 - “ “ Radiologist reports pertaining to the terminal illness

PHYSICIAN ORDERS (all order forms listed must be signed by physician)

- ___1. General Guidelines
- ___2. Routine Admit Orders
- ___3. Certification for Hospice Benefit (Referral/Initial Interdisciplinary Plan of Care)
- ___4. Medications on Admission to Hospice
- ___5. Re-Certification for Hospice Benefit (90, 90, & indefinite 60 day periods)
- ___6. Medications on Re-Certification to Hospice
- ___7. Physician telephone orders

PLAN OF CARE (File in permanent patient chart after death/discharge/revoke)

- ___1. Palliative Care Plan
- ___2. Weekly IDT Progress Reports
- ___3. Plan of Care Signature / Initial Sheet

MEDICATION AND TREATMENT

- ___1. Current Medication List(s)

NURSING NOTES

- ___1. Admission Assessment
- ___2. Skilled Nursing Visitation Notes / IDT Patient Education
- ___3. IDT Progress Notes
- ___4. Change in Level of Care (if applicable)



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HOME HEALTH AIDE

- 1. HHA Assignment (if applicable)
- 2. HHA Visits
- 3. HHA Evaluation

LAB

- 1. Laboratory reports (after admission H&P reports)

VOLUNTEER

- 1. Initial Volunteer Support Assessment
- 2. Monthly volunteer reports
- 3. Subsequent request (if applicable)

PSYCHOSOCIAL

- 1. Psychosocial Assessment
- 2. IDT Progress Notes

SPIRITUAL

- 1. Initial Spiritual Care Assessment
- 2. IDT Progress Notes

BEREAVEMENT

- 1. Bereavement Assessment
- 2. Bereavement Follow-Up

MISCELLANEOUS

- 1. Equipment List
- 2. Patient Education Materials
- 3. Rehab/Therapy reports (if applicable)
- 4. Miscellaneous r/t patient: fax sheets, handwritten notes, etc. (if applicable)

DISCHARGE

- 1. Closed Medical Record Audit
- 2. Transfer Summary (if applicable)
- 3. Drug Disposal Report
- 4. Discharge letter to physician from hospice primary nurse
- 5. Discharge Summary
- 6. Nursing Home Discharge Summary (if applicable)

NOTES: _____

Chart closed by: _____

Date: _____