

Guidelines for Using Monitoring Tool #1 Standardized Chart Audit

When used for restricted licensees:

- Two formal chart audits are completed each week over the first four weeks.
- If charting expectations are not met, further formal chart audits should be completed at the discretion of the supervisor.
- When charting skill expectations are met, formal chart audits are not required to continue after the first four weeks, but routine chart monitoring is recommended to ensure charting skills for all practice situations are assessed and skills maintained.

When used for conditional licensees because of a shortage of hours:

- Will be used for a minimum of three months or until the registrant becomes fully licensed.
- The tool should be done a minimum of two times per week for the first four weeks, followed by two times every two weeks for the next eight weeks if no concerns are identified in the initial four week period.

When used for conditional licensees as a result of disciplinary action:

- In using this Monitoring Tool 1, there may be some questions that would be more heavily weighted according to the complaint or the infraction.

Some things to consider when using the chart audit as a result of disciplinary action include:

1. **Sample Size:** Depending on the clinical setting there may be a more rapid turn over of clients, or clients may be attending treatment for a longer period (e.g. musculoskeletal vs neurological).
2. **Length of time in the Practice Setting:** If the clinician has not been practicing in a particular area for a long time, a longer sample time may be considered (e.g. every three months for 18 months vs. every two months for 12 months).
3. **Type of infraction:** If the infraction in question was specific then the audit should target the client population (e.g. consent for spinal manipulation).
4. **Timing** you may choose to audit charts both before and after the infraction.
5. This monitoring tool must be kept **confidential** until such time as the individual becomes fully licensed, at which time this becomes the property of the fully licensed therapist.

Monitoring Tool #1 – Standardized Chart Audit Template

	YES	NO
1. Medical Legal Standards		
a) Client name, DOB, date	<input type="checkbox"/>	<input type="checkbox"/>
b) Signed entries	<input type="checkbox"/>	<input type="checkbox"/>
2) Assessment		
a) Consent received for assessment (written or verbal noted)	<input type="checkbox"/>	<input type="checkbox"/>
b) Subjective complete (client concerns, pertinent medical history, mechanism of injury)	<input type="checkbox"/>	<input type="checkbox"/>
c) Objective tests presented and charted (safety tests, red flags)	<input type="checkbox"/>	<input type="checkbox"/>
d) Analysis (diagnosis, goals)	<input type="checkbox"/>	<input type="checkbox"/>
e) Plan (prescribed treatment techniques, education, appropriate referrals initiated, treatment frequency and duration)	<input type="checkbox"/>	<input type="checkbox"/>
3) Treatment		
a) Evidence of patient knowledge of treatment technique	<input type="checkbox"/>	<input type="checkbox"/>
b) Evidence of verbal or implied consent to treatment session	<input type="checkbox"/>	<input type="checkbox"/>
c) Evidence of ongoing assessment	<input type="checkbox"/>	<input type="checkbox"/>
d) Treatment techniques are documented in specific detail (location, type or name of technique)	<input type="checkbox"/>	<input type="checkbox"/>
e) Modalities and devices used in treatment are documented in significant detail	<input type="checkbox"/>	<input type="checkbox"/>
f) Patient response to treatment noted	<input type="checkbox"/>	<input type="checkbox"/>
g) Treatment altered if desired response not obtained	<input type="checkbox"/>	<input type="checkbox"/>
4) Generalized Review		
a) The chart showed continued knowledge of consent	<input type="checkbox"/>	<input type="checkbox"/>
b) Treatment is progressed/altered according to goals and treatment response	<input type="checkbox"/>	<input type="checkbox"/>
c) Treatments applied are within the scope of physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>
d) Frequency of charting is appropriate to condition or facility guideline	<input type="checkbox"/>	<input type="checkbox"/>

Please provide comment for any items answered NO: Click or tap here to enter text.

Additional Comments: Click or tap here to enter text.

Date: Click or tap to enter a date. **Registrant's Name:** Click or tap here to enter text.

Evaluator (print): Click or tap here to enter text. **Signature:** _____