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# The Atlantic Provinces Medical Peer Review



## The Most Common Deficiencies

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In the peer review process, certain common problems or deficiencies appear repeatedly. They are not unique to type of practice, or to our region of the country, and in most cases they are problems that, with a little attention, can be easily rectified.

The following information is included for your consideration:

### 1. Deficiencies Which Directly Affect Patient Care

#### a) Lack of an organized emergency tray

It is suggested that the minimum emergency equipment present in any practitioner's office be an Ambu-bag or the equivalent, together with adult and child airways. Adrenalin and appropriate syringes for its administration should be on site. It is recommended that all this be kept in one tray or box in a location known - and readily available - to all personnel. Other equipment and drugs may be helpful depending on the type of practice and training of the physicians on site.

#### b) Recording of repeat prescriptions

It is strongly recommended that all repeat prescriptions given by phone to the druggist or repeated on the original prescription be recorded on the chart. This repeat should include the number and dosage, and is essential for monitoring the patient or for future reference.

#### c) Outdated drug supplies and samples

All drugs and samples have an expiry date printed on them. For obvious reasons, they should not be used after this date. The office should have a system monitored by the doctor or his/her assistant for periodic review of all drugs on site, and the disposal and replacement of those drugs which are outdated.

#### d) Allergy flagging

Patients who are allergic to specific medication or other agents should have that allergy displayed prominently in their chart. It should be flagged on the facing cover, the outside cover, or elsewhere prominent in the chart in order that those who pick up that chart are immediately aware of the specific allergy.

#### e) Sterilization of instruments and supplies

Sometimes the sterilization of instruments in practitioners' offices is variable and haphazard. If any invasive techniques are being performed in the office, it is imperative that adequate sterilization procedures be followed. There is a special booklet available on this subject from the College of Physicians and Surgeons of British Columbia, or through the APMPR office.

#### f) Refrigeration of vaccines and drugs

Some drugs need to be refrigerated, and all vaccines should be kept at a temperature between 2° - 8° C. These materials should be stored in the central location of a refrigerator, preferably in an insulated container. A record should be kept of refrigerator temperatures weekly.

## 2. Office Management & Logistics

### a) Narcotic security and log of narcotic use

The Federal Narcotic Control Agency specifically states that when narcotics are given to a patient, they must be recorded in both the patient's chart and in a separate log retained with the narcotics container. This practice documents the amount dispensed to whom and when, and makes internal abuse ( especially in a large office ) more difficult.

### b) Referral letters

It is recommended, at the time of referral, that a letter or note be sent to the receiving consultant outlining the reason. This is particularly important when the situation is complex and requires knowledge of previous history and medications. A copy of the note should be kept in the patient's chart.

### c) Forwarding patient chart to a new physician

It is recommended that an original chart be retained by the original physician. If information is to be forwarded, it should either be extracted from the chart and a relevant summary sent; or the relevant portions of the chart should be photocopied and sent.

### d) Drugs left in examining room or elsewhere

Drug names are confusing enough for health professionals, let alone patients, and should never be left in an area in which patients are alone. It is also important to ensure that no drugs or dangerous materials are within reach of children, even when parents are present, children are not always supervised.

### e) Disposal of sharps

With the increasing risk of AIDS and hepatitis, sharps should be discarded in an appropriate manner. It is recommended that an approved sealed plastic container be used, providing protection for office staff, along with disposal through a local hospital or appropriate agency.

### f) Prescription pads

All prescription pads, either normal or triplicate, should be secured in a location in which patients do not have access to them. Careless use of these materials may result in their being used in a dangerous or inappropriate manner.

## 3. Observations Regarding Charting

### a) Insufficient documentation in a chart

This is the most common criticism noted in office reviews. As a rule of thumb, a record should contain sufficient information to tell another physician why the patient came, what was found and what was done. The findings should indicate both positive and significant negative findings, without which the clinical situation cannot be understood.

### b) Insufficient database

The patient record should contain, in a consistent and easily accessible place, a "snapshot" of the patient's health status. This sheet should provide information including: significant previous illness, allergies and drug sensitivities, familial or occupational health risks, chronic illness and medications. This information

is referred to as a "CPP" or "Cumulative Patient Profile", and there are a number of forms available to record this data.

c) Record of telephone advice

If a patient receives specific advice by telephone, it should be noted briefly on the chart. This is important for future reference with respect to care, and also from a medico-legal perspective.

d) Record of prescriptions

When treatment is prescribed, it is important to note the drug, dosage, frequency and duration of the therapy. Again, this is important for both patient care, and legal protection.

e) Legibility

Frequently, office records cannot be deciphered by anyone except the writer, and sometimes he or she has difficulty. At a minimum it should be possible for another physician to read the record.

f) Chart organization

Often, assessors find that charts are so disorganized that essential data cannot be found. As a general rule, each patient deserves a separate file; each file should be organized in the same way. If you dropped three files at the top of the stairs, could you put them back together? Will you be sure the filing is accurate?

The above is not an all-encompassing list, nor will elimination of these problems guarantee quality patient care. It is probable, however, that correction of these deficiencies will make the provision of patient care easier, safer, and more enjoyable for all involved.