## SAMPLE HHA CLINICAL RECORD REVIEW

Medical Record Number:	
Date:	
[AHHIF note: look for brackets and modify]	1
CDITEDIA	

IHIF note: look for brackets and modify] CRITERIA		YES N	NO	N/A	COMMENTS						
					RN	PT	OT	ST	MSW	ННА	Diet.
A. A	dmission										
1.	Patient admitted to service on date requested.										
2.	Assessment of patient's needs appropriate; included appropriate initial referrals for service.										
3.	Required forms completed correctly										
4.	Diagnosis appropriate for [care path][POT]										
5.	Consent forms signed for all services rendered										
6.	Was referral form completed correctly?										
7.	[Other step] (e.g. Braden scale, if used, etc.)										
B. Pl	hysician Orders (all disciplines)										
1.	POT signed and dated by the physician.										
2.	Predictable endpoint of daily visits specified (if applicable).										
3.	**										
4.	Services delivered as ordered (frequency)										
5.	Labs ordered are present										
6.	Interim orders have been obtained/signed for all changes (treatment, increased frequency of visits).										
C. Se	ervice Delivery										
1.	POT reflects patient's needs.										
2.	Medication Profile is on the record and reflects any changes which took place.										
3.	Progress notes/documentation reflect involvement of the patient and/or family in the planning process and care.										
4.	Progress notes reflect coordination among services.										
5.	Supervisory visits completed per policy and regulation.										
6.	Home health aide assignment sheet on file and signatures as appropriate.										
7.	11 1										
8.	Visit notes identify supplies used during each visit.										
9.	Documentation supports that all medical supplies have a diagnostic or therapeutic use.										

CRITERIA	YES	NO	N/A	COMMENTS					
10. Physician has been informed of changes in patient needs									
or status.									
11. Evaluation/measurement of progress of patient toward									
anticipated goals documented.									
12. If outcomes were not met by patient within the									
appropriate time frames, reason(s) are documented.									
13. Patient and/or family participated in planning the									
discharge from home health services.									
14. Discharge was appropriate and appropriate referrals for									
follow up were made.									
D. OASIS Compliance:									
1. OASIS forms completed within specified timeframes as									
per regulation and policy.									
2. Is the SOC date on the 485 the same as the date in the									
SOC OASIS M0030?									
<ul><li>3. Diagnoses listed on the OASIS form match the 485.</li><li>4. The answer to M0825 matches visits rendered.</li></ul>									
5. Answers to the MOO items 690 and 700 address the									
patient's status regarding transfer and walking as									
documented in the progress notes?									
E. Reviewer's decision on relationship of care plan and									
amount and kind of service as related to patient's									
condition.									
Record reflects service to be appropriate in amount and type									
of service provided.									
2. Record reflects inappropriate utilization of service related									
to:									
a. Overutilization									
b. Underutilization									
Follow-up action required:									
SIGNATURE/TITLE OF REVIEWER:									
DIGINITORE/TITLE OF REVIEWER.									
REVIEW DATE:									