

BAYSIDE COMMUNITY HOSPITAL & CLINIC

QI REFERRAL / PHYSICIAN ADVISOR EVALUATION TOOL

PATIENT ACCOUNT #: _____

MEDICAL RECORD #: _____

ADMISSION DATE: _____

DISCHARGE DATE: _____

Performance Measure: _____

Referred To: _____ Date: _____ Signature: _____

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Comments of Reviewer/Corrective Action: _____

Loop Closure Validation Signatures:

X

X

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Physician's Review Only

- | | | |
|------------------------|-------|---|
| Reviewer's Response | _____ | 1. Predictable occurrence within standard of care |
| | _____ | 2. Unpredictable occurrence within standard of care |
| | _____ | 3. Occurrence related to marginal deviation from standard of care |
| | _____ | 4. Major deviation |
| Conclusion | _____ | 1. No deficiency identified |
| | _____ | 2. Return to attending physician for comments |
| | _____ | 3. Deficiency in Care |
| Recommendations | _____ | 1. No action required |
| | _____ | 2. Return to attending physician |
| | _____ | 3. Refer to Committee _____ |
| | _____ | 4. Committee Chair to contact attending physician |
| Committee Action Taken | _____ | 1. Letter to attending physician |
| | _____ | 2. Addition to file |
| | _____ | 3. Other _____ |
| Morbidity Class | _____ | 1. Delay in diagnosis |
| | _____ | 2. Error in diagnosis |
| | _____ | 3. Error in Judgement |
| | _____ | 4. Error in Technique |
| | _____ | 5. Patient disease |
| Mortality Class | _____ | 1. Non-Preventable Death |
| | _____ | 2. Potentially Preventable Death |
| | _____ | 3. Preventable Death |

Comments of Reviewer: _____

Reviewing Physician's Signature: _____ Date: _____

