Date:__/__/____ Time:_____

Setting:_____ Unique ID:_____ Entered By:_____

Reason for Audit:

* Indicates that an answer is required.

HIM Physician Documentation Audit

Physician Documentation	Answer	Comments
1. History & physical examination dated & timed: within 24 hours after registration/admission OR within 30 days prior to surgery or a procedure requiring anesthesia services *Standards:* **PC.01.02.03, RC.01.01.01, RC.01.03.01, CMS 482.24.(c), CMS 482.51.(b)**	___ Yes | ___ No | ___ NA	
2. H&P content includes: • Complaint • History of present illness • Past medical history • Family and social history • Review of systems • Physical examination *Standards:* **MS.01.01.01**	___ Yes | ___ No | ___ NA	
3. Physician signature identifiable on H&P Signature is legible OR if not legible, physician printed name or wrote dictation number *Standards:* **RC.01.01.01, RC.01.02.01, CMS 482.24.(c)**	___ Yes | ___ No | ___ NA	
4. H&P update dated and timed: within 24 hours after registration or inpatient admission and prior to surgery/procedure (if H&P completed within 30 days prior to surgery/procedure) *Standards:* **PC.01.02.03, RC.01.01.01, RC.01.03.01, CMS 482.24.(c), CMS 482.51.(b)**	___ Yes | ___ No | ___ NA	
5. H&P update content includes: • Physician reviewed the H&P, • Examined the patient, AND • Noted either "no changes" in patient's condition OR changes to patient's condition are documented *Standards:* **PC.01.02.03, CMS 482.24.(c), CMS 482.51.(b)**	___ Yes | ___ No | ___ NA	
6. Physician signature identifiable on update to H&P Signature is legible OR if not legible, physician printed name or wrote dictation number *Standards:* **RC.01.01.01, RC.01.02.01, CMS 482.24.(c)**	___ Yes | ___ No | ___ NA	
7. Informed consent dated & timed by physician prior to procedure being performed *Standards:* **RC.01.01.01, RI.01.03.01, CMS 482.24.(c), CMS 482.51.(b)**	___ Yes | ___ No | ___ NA	
8. Physician signature identifiable on informed consent Signature is legible OR if not legible, physician printed name or wrote dictation number *Standards:* **RC.01.01.01, RC.01.02.01, CMS 482.24.(c)**	___ Yes | ___ No | ___ NA	
9. Postoperative Note (immediate) or powernote operative report dated and timed prior to the patient going to the next level of care *Standards:* **RC.01.01.01, RC.02.01.03**	___ Yes | ___ No | ___ NA	

10. Postoperative note (immediate) content includes:
  • Name(s) of surgeon(s), assistant(s)
  • Procedure performed
  • Description of procedure
  • Findings of procedure
  • Estimated blood loss
  • List of specimens
  • Postoperative diagnosis
 	
Standards:
RC.02.01.03
	___ Yes | ___ No | ___ NA	

11. Postoperative Note (immediate) contains estimated blood loss *Standards:* **RC.02.01.03**	___ Yes | ___ No | ___ NA	
12. Physician signature identifiable on Postoperative Note Signature is legible OR if not legible, physician printed name or wrote dictation number *Standards:* **RC.01.01.01, RC.01.02.01, CMS 482.24.(c)**	___ Yes | ___ No | ___ NA	