

Site Number

Enrollment Number

Advance Care Planning Team Process Improvement Project

Chart Audit of ACP/GCD Documentation for Outpatients, Home Care, and Primary Care Patients



© 2017 by the Advance Care Planning Collaborative Research and Innovations Opportunities (ACP CRIO) Research Program. The Advance Care Planning Team Process Improvement Project Chart Audit of ACP/GCD Documentation for Outpatients, Home Care, and Primary Care Patients is licensed under the Creative Commons Attribution 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

Site Number

Enrollment Number

Date of Chart Review: _____

Primary Diagnosis: _____

Age: _____

Green Sleeve

Green Sleeve on the chart	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------	------------------------------	-----------------------------

Goals of Care Designation Order

GCD Order:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of most current: _____
GCD Designation:	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3
	<input type="checkbox"/> M1	<input type="checkbox"/> M2	
	<input type="checkbox"/> C1	<input type="checkbox"/> C2	
	<input type="checkbox"/> NA		
Location of Order: (Check all that apply)	<input type="checkbox"/> Electronic chart		
	<input type="checkbox"/> Green Sleeve		
	<input type="checkbox"/> Elsewhere in chart		
	<input type="checkbox"/> In Identified Location _____		
Green Sleeve and SCM match:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GCD: _____ <input type="checkbox"/> N/A
Involvement of patient or ADM: (Check all that apply)	<input type="checkbox"/> Patient		
	<input type="checkbox"/> ADM		
	<input type="checkbox"/> Interim Order		
	<input type="checkbox"/> Dispute Resolution		
	<input type="checkbox"/> Not recorded		
Is this GCD order:	<input type="checkbox"/> First ever order		
	<input type="checkbox"/> Revised order		
	<input type="checkbox"/> Continued		
	<input type="checkbox"/> Don't Know		
Location signed: (Check all that apply)	<input type="checkbox"/> Same Unit		
	<input type="checkbox"/> Different unit: _____ (Example: ED)		
	<input type="checkbox"/> Don't know		

ACP Tracking Record

Completed ACP Tracking record:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last entry: _____
Location: (Check all that apply)	<input type="checkbox"/> Electronic chart <input type="checkbox"/> Green Sleeve <input type="checkbox"/> Elsewhere in chart _____	
<hr/>		
Documented GOC discussion that corresponds with the most recent GCD order:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last entry: _____
Location: (Check all that apply)	<input type="checkbox"/> Electronic chart <input type="checkbox"/> Green Sleeve <input type="checkbox"/> Elsewhere in chart	

Personal Directive

Signed PD:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last entry: _____
Location: (Check all that apply)	<input type="checkbox"/> Electronic chart <input type="checkbox"/> Green Sleeve <input type="checkbox"/> Elsewhere in chart	
<hr/>		
My Voice or any other ACP written document :	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last entry: _____

Other discrepancies: Yes No

--

Notes: