**St. Luke Community Healthcare**

Peer Chart Review: Acute Care Facility

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CARE PLAN**Reviewed once per shift. Care plan elements appropriate for patient. Care plan supported by documentation.

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| --- | --- | --- |
| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented. |
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**PHYSICAL ASSESSMENT**Completed once per shift.

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| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented. |
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**BRADEN SCORE ASSESSMENT**Completed once per shift.

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| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented. |
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**FALL RISK ASSESSMENT**Completed once per shift.

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| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented. |
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**TREATMENT FLOW SHEET**Vital signs documented per treatment plan. Daily weight documented. Oxygen source documented. Patient rounding per policy documented.

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| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented. |
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**ADMISSIONS: PAST MEDICAL HISTORY**Completed once at admission.

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| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented. |
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**ADMISSIONS: LAY CAREGIVER ASSESSMENT**Completed once at admission.

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| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented. |
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**INFLUENZA VACCINATION ASSESSMENT**Completed at admission. Vaccine ordered and administered if indicated and not refused.

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| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented during shift. |
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**PNEUMONIA VACCINATION ASSESSMENT**Completed at admission. Vaccine ordered and administered if indicated and not refused.

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| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented. |
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**24 HOUR CHART CHECK**Completed once per 24-hour period.

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| 5 | All appropriate documentation completed accurately. | Rating |
| 4 | Minor documentation omissions but otherwise accurate. |
| 3 | Minor documentation omissions and/or minor inaccuracies. |
| 2 | Minimally documented or major inaccuracies. |
| 1 | Not documented. |
| N/A | Documented during an adjacent shift, documentation not needed. |
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**Total Ratings \_\_\_\_\_\_ / 10= \_\_\_\_\_\_\_ Overall Performance Rating\***

**\*Divide by 9 if score of N/A given for 24 HOUR CHART CHECK**

**Performance Rating Definitions**

**5 HIGH PERFORMER**

Outstanding performance that results in exemplary documentation and delivery of patient care.

**4 HIGH-MIDDLE PERFORMER**

Documentation quality consistently above what is expected of the position. Contributes in an above average manner to the department.

**3 MIDDLE PERFORMER**

Acceptable documentation with employee fulfilling all position requirements and may on occasion generate results above those expected of the position.

**2 LOW-MIDDLE PERFORMER**

Documentation leaves room for improvement. This performance level may be the result of new or inexperienced employee or an employee not responding favorably to instruction.

**1 LOW PERFORMER**

Lowest performance level which is clearly less than acceptable, and which is obviously well below minimum position requirements. Situation requires review and action.

**Additional Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Strengths:** What do you see as the employee’s greatest documentation strengths?

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**Improvement:** What areas could the employee focus on for improvement?

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**Goals:** What goals should the employee focus on through the next year?

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**Employee Goals/ Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Printed Name Signature Date

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Evaluating Employee Printed Name Signature Date

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Evaluating Manager Printed Name Signature Date