

Advance Care Planning Team Process Improvement Project

Chart Audit of ACP/GCD Documentation for Inpatients

SAMPLE



Date of Chart Review: _____ Date of Admission: _____

Date of Discharge: _____ Primary Diagnosis: _____

Age: _____ Admitted under (specialty of physician for hospitalized patients): _____

Green Sleeve

Green Sleeve on the chart	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 electronic health record 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"/> Same Facility		
	<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 _____	
Documented ACP GCD discussion that corresponds with the most recent GCD order:		
Location: (Check all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last entry: _____
	<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	
Other ACP written document :		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last entry: _____

Other discrepancies: Yes No

Notes:

