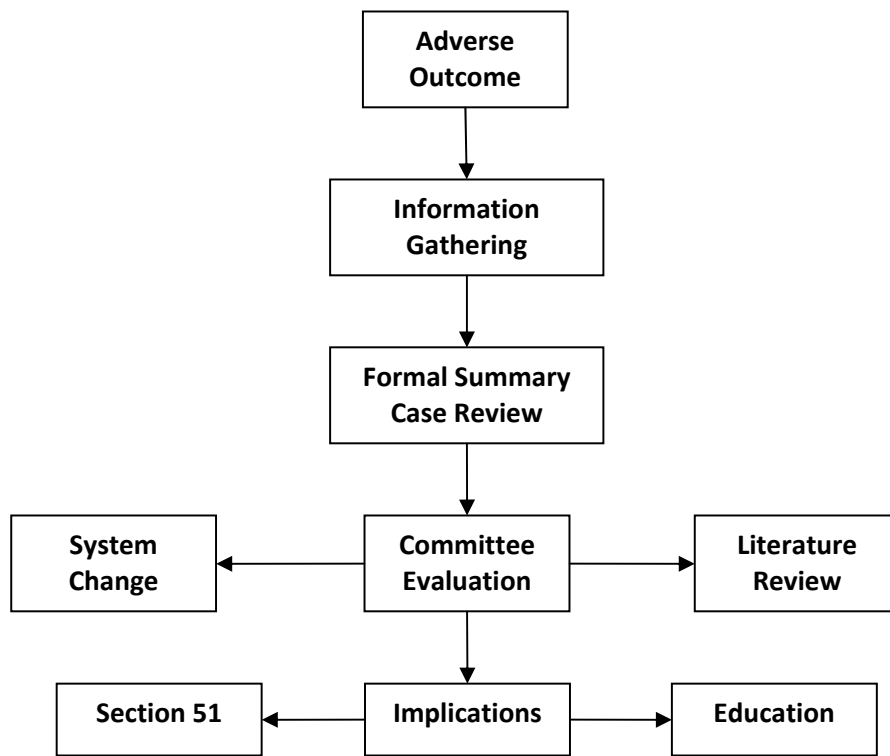


**Specially Requested Chart Review**

OBJECTIVE: To determine the cause and manner of adverse outcomes by recognizing risk factors, and summarizing data to identify quality improvement changes or implications for change in systems policy, education, and procedure.



**Review**

Name of Reporter: \_\_\_\_\_ Date of Review: \_\_\_\_\_  
 Name of Reviewer: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Basis of Review (adverse outcome):

**PHC Specially Requested Chart Review**

<b>Basic Information</b>	
Patient Name: _____ <i>Last First</i>	DOB: _____ <i>dd/mm/yyyy</i>
Chart #: _____	Date of Adverse Outcome: _____ <i>dd/mm/yyyy</i>
Department Involved:	<input type="checkbox"/> SCN <input type="checkbox"/> Maternity <input type="checkbox"/> Prenatal Program <input type="checkbox"/> Fetal Monitoring <input type="checkbox"/> Assessment Room <input type="checkbox"/> Other:

**History**

Prenatal History:

Time of Arrival: \_\_\_\_\_ Condition Upon Arrival:

Assessment Note:

Course of Events in Hospital:

**History (cont'd...)**

Course of Events in Hospital (cont'd...):

Condition Upon Discharge:

**Findings**

Pathological Finding:

Cause of Adverse Event:

Issues, Problems Identified, and Implications:

Recommendations and Follow-up Suggestions:

**PHC Specially Requested Chart Review**

<b>Follow-up</b>		
Recommendations:	Quality Improvement Changes Involved:	
1.		Person Responsible: _____ Completion Due Date: _____ Status Report Due Date: _____
2.		Person Responsible: _____ Completion Due Date: _____ Status Report Due Date: _____
3.		Person Responsible: _____ Completion Due Date: _____ Status Report Due Date: _____

*Department of Midwifery Quality Improvement and Assurance Committee reviews  
are protected under Section 51 of the British Columbia Evidence Act*