



CAH Case Review “For-Cause” Report

(To be completed by Physician Reviewer)

Format for cases being reviewed because of an identified problem.

CACHR Case #:

Date:

Diagnosis:

Procedure:

Reason for Referral:

Specialty for review:

1. Please review the attached case and indicate your conclusions:

Please comment on the practitioners care in all applicable categories and briefly explain your opinion about the practitioner’s care and whether any deficiencies in care contributed to patient harm. Attach additional explanation if needed.

A. Diagnosis including appropriate timeliness of diagnosis, choice of tests, timely performance of testing, addressing results of tests and appropriateness of diagnosis to results of evaluation.

B. Clinical judgment/decision-making

C. Appropriateness of treatment to condition



D. Technique/skills

E. Communication/responsiveness

F. Knowledge

G. Planning

H. Follow-up and follow through

I. Policy Compliance

J. Supervision of others (residents, students, allied health professionals, etc.)

This information is privileged and confidential under ORS 41.675, and is neither discoverable nor usable as evidence in legal proceedings except pursuant to court order entered under Oregon state law.



K. Other

2. **Opportunity to improve care may be recognized by reviewing process/system for:**

3. **Was the documentation sufficient to assess the care?** Please indicate specific documentation concerns:

No documentation concerns

A. Documentation does not substantiate clinical course/treatment. Please specify:

B. Documentation was not timely to communication with other caregivers. Please specify:

C. Documentation is unreadable. Please specify:

D. Documentation is missing*. Please specify:

* Missing documentation might be retrievable. Please have your site's case review coordinator investigate this possibility.

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E. Other documentation issues:

F. Nursing documentation concerns:

G. Ancillary service documentation concerns:

4. Summary of Findings: Answer the question(s) posed for the review if you have not addressed them above. Please specify whether the care is expected practice, questionable or variance from expected practice. See attachment for definitions. Please explain why you chose your rating.

5. Areas/Recommendations for Improving Care:



Please sign and return along with entire medical record to your site's case review coordinator no later than 14 days after date of receipt. Please do not make any review notes on this page.

Signature of Reviewer: _____

Date: _____

Print Name: _____