

POST QUALITY IMPROVEMENT [QI] – Outcomes Chart Review

- 1 Study case identification number [CASEID] _____
- 2 Facility of Origin [FACILITY] [circle one]
- 1 A
 - 2 B
 - 3 C
 - 4 D
 - 5 E
 - 6 F
 - 7 G
- 3 Chart Review [REVIEW 1]
- ___ 1 Initial
 - ___ 2 Follow-up
- 4 Medical Record Number [MRNUM] _____
- 5 Date of Review [REVDATE] [mm/dd/yy] _____
- 6 Date POST Form completed [COMDATE] [mm/dd/yy] _____
- 7 Status Review #1 [STATUS1] [check one]
- ___ 1 Active
 - ___ 2 Died in facility where chart review being performed
 - ___ 3 Discharged and died at another location
 - ___ 4 Discharged and receiving care at another location
 - ___ 5 Discharged – status unknown after discharge
- 8 Is the form filled out correctly? [CORRECT1]
- ___ 1 Yes [Skip to #10]
 - ___ 2 No
- 9 If the form is NOT filled out correctly, what are the errors?
[Check all that apply]
- ___ 1 Incompletely filled out – orders not marked [CORRECT2]
 - ___ 2 Signatures missing [CORRECT3]
 - ___ 3 Form not dated [CORRECT4]
 - ___ 4 No indication orders discussed with patient/authorized representative [CORRECT5]
 - ___ 5 Other [CORRECT6]
Please specify [ERROR] _____
- 10 POST form is in correct chart location [LOCATION1]
- ___ 1 Yes
 - ___ 2 No
- 11 Is preparer of the form a certified ACP Facilitator? [ACP]
- ___ 1 Yes
 - ___ 2 No
 - ___ 3 N/A
- 12 Were POST orders followed? [FOLLOW1]
- ___ 1 Yes
 - ___ 2 No
 - ___ 3 N/A

- 13 If POST orders NOT followed, describe *resuscitation* [FOLLOW2]**
☐ 1 Received CPR when did not want
☐ 2 Did not receive CPR when did want
☐ 3 N/A
- 14 If POST orders NOT followed, describe *medical intervention* [FOLLOW3]
[Check 1]**
☐ 1 Transferred to hospital when not indicated
☐ 2 Requested Limited Additional Interventions [LAI] and received Comfort Measures [CM] only
☐ 3 Requested Limited Additional Interventions and received Full Interventions [FI]
☐ 4 Requested Full Interventions and received Limited Interventions or Comfort Measures only
☐ 5 Requested other instructions, but instructions not honored
☐ 6 N/A
- 15 If POST orders NOT followed, describe *artificial nutrition activity* [FOLLOW6]**
☐ 1 Did not receive artificial nutrition but requested it
☐ 2 Received artificial nutrition but did not want it
☐ 3 N/A
- 16 Was patient sent to another care setting during period when POST orders were Active [HOSPITAL]**
☐ 1 Yes
☐ 2 No [Skip to #21]
☐ 3 N/A [Skip to #21]
- 17 Check the care setting[s] to which the patient was transferred.**
☐ 1 Assisted living facility [TRANSFER1]
☐ 2 Nursing care facility [TRANSFER2]
☐ 3 Emergency department [TRANSFER3]
☐ 4 Hospital inpatient [TRANSFER4]
☐ 5 Home [TRANSFER5]
☐ 6 Other [TRANSFER6]
Comment _____ [TRANSOTHR]
☐ 7 Do not know location of transfer [TRANSFER7]
- 18 For each care setting listed below, list the number of times the patient was transferred with active POST orders.**
☐ 1 Assisted living facility [TRANNUM1]
☐ 2 Nursing care facility [TRANNUM2]
☐ 3 Emergency department [TRANNUM3]
☐ 4 Hospital inpatient [TRANNUM4]
☐ 5 Home [TRANNUM5]
☐ 6 Other [TRANNUM6]
☐ 7 Do not know [TRANNUM7]
- 19 Did patient die during period POST orders were active? [DEATH1]**
☐ 1 Yes
☐ 2 No
☐ 3 Do not know

20 If yes, place of death [DEATH2]

- ☐ 1 Emergency room
- ☐ 2 Hospital
- ☐ 3 Facility
- ☐ 4 Home
- ☐ 5 Other
- ☐ 6 N/A

21 If yes, date of death [DEATH3] [mm/dd/yy] _____

22 If follow up chart review is done after initial POST chart review [REVIEW2]

- ☐ 1 No change
- ☐ 2 Patient died – patient’s wishes not honored
- ☐ 3 Patient died – patient’s wishes honored
- ☐ 4 Patient died – do not know POST outcome

23 Length of time [months] since initial POST chart review [REVIEW3] _____

24 Other comments regarding POST process and outcome [COMMENT]

25 Sex [SEX]

- ☐ 1 Male
- ☐ 2 Female

26 Age [AGE] _____ years

27 Terminal illness or condition [TERMINAL] _____

SAMPLE