

Reviewer's Conclusions/Recommendations:	
Conclusions: <input type="checkbox"/> No Quality of Care Concern Identified	<input type="checkbox"/> Further Information is Needed
<input type="checkbox"/> Opportunity for Improvement Noted	<input type="checkbox"/> Further Departmental Review Needed
Recommendations / Action:	
Reviewer:	Date:

Departmental Review Findings:	
Conclusions: <input type="checkbox"/> No Quality of Care Concern Identified	<input type="checkbox"/> Further Information Needed
<input type="checkbox"/> Opportunity for Improvement Noted	
Recommendations / Action:	
Chairman:	Date:

<i>Please Assign a Quality Concern Level Number From the Evaluation Key below for each Concern Identified:</i>	
Concern #1	Quality Concern Level Assigned:
Concern #2	Quality Concern Level Assigned:
Concern #3	Quality Concern Level Assigned:

Quality Concern Evaluation Key:	
0	Care cannot be evaluated from chart documentation
1	Acceptable Medical Care
2	Acceptable medical care although complication(s) developed
3	Medical Care/Event which had or could have had an adverse effect on the patient's well being, but was not life threatening
4	Medical care which resulted in temporary loss of major physical function of the patient
5	Medical care which resulted in a life-threatening situation, permanent loss to the patient of a major physical function, or which resulted in the patient's death.
Physician Reviewer:	Date:

