

PEER ASSESSOR REPORT FORM PPA1.0 2023 CYCLE

Name: _____

Registration No.: _____

Assessor: _____

Assessment Conducted: On Site Virtual/Remote

At the time of the assessment, the member was found to be ***Satisfactory or Needs Improvement*** in the following areas:

	Satisfactory	Needs Improvement
Chiropractic Scope of Practice	<input type="checkbox"/>	<input type="checkbox"/>
Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
Professional Portfolio	<input type="checkbox"/>	<input type="checkbox"/>
Reporting of Designated Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic Adjustment or Manipulation	<input type="checkbox"/>	<input type="checkbox"/>
Ordering, Taking and Interpreting Radiographs	<input type="checkbox"/>	<input type="checkbox"/>
Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone	<input type="checkbox"/>	<input type="checkbox"/>
Communicating a Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic Care of Animals	<input type="checkbox"/>	<input type="checkbox"/>
Members of More Than One Health Profession	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics	<input type="checkbox"/>	<input type="checkbox"/>
Consent to Examination	<input type="checkbox"/>	<input type="checkbox"/>
Consent to Care or Plan of Care	<input type="checkbox"/>	<input type="checkbox"/>
Prohibition of a Sexual Relationship with a Patient	<input type="checkbox"/>	<input type="checkbox"/>
Advertising	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
Third-Party Independent Chiropractic Evaluations	<input type="checkbox"/>	<input type="checkbox"/>
Conflict of Interest in Commercial Ventures	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation and Communication with CCO	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Devices	<input type="checkbox"/>	<input type="checkbox"/>
Business Practices	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory and Permissive Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Classes of Registration	<input type="checkbox"/>	<input type="checkbox"/>
Guidelines for Members Concerning Office Staff	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation of Human Rights and Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Use of Social Media	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement
Chiropractic Assessments	<input type="checkbox"/>	<input type="checkbox"/>
Delegation, Assignment and Referral of Care	<input type="checkbox"/>	<input type="checkbox"/>
Partnership of Care / Partenariat de soins de santé	<input type="checkbox"/>	<input type="checkbox"/>
Professional Misconduct	<input type="checkbox"/>	<input type="checkbox"/>

Based on the assessment, the member should make improvements in the following areas:

Record Keeping / Patient Health Record:

- patient's name
- patient's address
- patient's birth date
- date of each of patient's visits to member
- name of treating chiropractor (on each separate page, when printed)
- address of treating chiropractor (on each separate page, when printed)
- names of primary care practitioners and the referring health profession (when applicable)
- patient's chief complaint(s) and supporting data, with doctor's comments as applicable
- relevant past health history with doctor's comments as applicable
- family and social history when indicated by presenting complaint(s) with doctor's comments as applicable
- reasonable information about every examination, assessment and clinical finding that accurately reflects all examinations and assessments, including positive, negative and qualitative findings of tests conducted
- reasonable information about every radiographic examination, including reasons and reports with evidence the member reviewed all reports provided by other facilities
- reasonable information about every order made by the member for examinations (including x-ray examinations, other diagnostic imaging, tests, consultations or treatments to be performed by any other person)
- every written report received by member with respect to examinations, other diagnostic imaging, tests, consultations or treatments performed by other health professionals with evidence the member reviewed all reports provided by other facilities
- reasonable information concerning diagnosis or clinical impression including appropriate language sufficient to describe the type, location, chronicity and other relevant elements of the diagnosis
- reasonable information about all advice given by member to patient in written form, including detailed plan of management/care after the initial examination and any subsequent re-assessments including prognosis, plan of management/care, expected outcomes of care
- record of consent that is up-to-date and reflective of the patient's current condition and presentation for: **(please check all that apply)**

Examination

**Care or
Plan of Care**

Acupuncture

**Modalities used as
adjunctive therapies**

Orthotics

- moving the joints of the spine including level of spine contacted and specific type of adjustment or treatment delivered; indications and contraindications to the application of adjustment/manipulation;
- putting a finger beyond the anal verge for the purpose of manipulating the tailbone
- reasonable information about who provided the care and the location where the care was delivered which should include the identity of the person who made the entry, and the date

CONFIRMATION OF REVIEW

- Assessor and member discussed the information contained in this report.

- Member assessed will implement the changes recommended by the assessor.

- Assessor advised member that the QA Committee will review the record keeping and peer assessment checklists and report form and provide a disposition.

Assessor's Signature

Member's Signature

Date

<p>Please provide a copy of this report to the member.</p>
