

Peer Review of Medical Records

FACILITY QUESTIONNAIRE

Name of Facility: _____

Name of Director/Owner: _____

Completing this questionnaire will help the College to match your facility with an appropriate Peer Reviewer. The information will provide a “snapshot” of your current practice, staff, and facility type.

1. Current Employee Data

Actual initials are important for paper records for the reviewer to identify the person who made the entry in the record.

Staff	Initials	Role(s) i.e. associate, locum, manager, etc.	Status i.e. full time or part time
Veterinarians			
1.			
2.			
3.			
4.			
5.			
6.			
Registered Veterinary Technicians (RVTs) or other Technicians			
1.			
2.			
3.			
4.			
5.			
6.			
Other Office Staff			
1.			
2.			
3.			
Total Number of Staff			

2. Patient Data

Species Type or Animal Population	✓	Details/Comments	Approximate # or % of Practice
Companion Animal			
Dog			
Cat			
Small Mammal			
Bird			
Reptile			
Other			
Food-Producing Animal			
Beef			
Dairy			
Swine			
Small Ruminant			
Poultry			
Equine			
Pleasure			
Breeding			
Performance, Racing			
Other			
Total Number of Patients			

3. Case Types and Conditions

Estimate the percentage of case types seen at your practice in a typical month:

Case Type	% of Case Load	Common Conditions Seen/Procedures Performed
Wellness		
Acute Medical		
Chronic Medical		
Elective Surgery		
Other Surgery		
Referral from another veterinarian		

4. Records System

a. System Type:

Paper

Electronic

Combination of electronic and paper

Name of software package: _____

b. Does the facility use any additional tools or resources to support record keeping (select all that apply):

Artificial Intelligence (AI) solutions

Dictation or voice recording software

Transcribing or note taking by support staff

Other

(please specify) _____

c. If your system is electronic, how are corrections or changes to the record managed and indicated?

d. Other comments regarding your records system:

5. What are your learning objectives for this Peer Review of Medical Records?

1.
2.
3.

6. Conflict of Interest

The information you provide on this questionnaire will assist us in matching your facility to an appropriate Peer Reviewer. Matches are made on the basis of similarities in scopes of practice and the absence of any potential, apparent, or real

conflict of interest. Below is a list of Peer Reviewers that may be matched to your facility. Using the checkbox beside each name, please indicate any Peer Reviewers with whom you may have a conflict of interest.

Conflict of Interest Indicate "Yes" if any potential, apparent, or real conflict of interest exists.		Peer Reviewer
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Pradeep Balaraju
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Audrey Chouinard
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Donna Chui
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Jacqueline Côté
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Caitlin Crain
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Marianna Ferrant
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Susan Kilborn
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Destiny Locking
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Alison Norwich
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Karen O'Keefe
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Emerald Saldanha
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Nicola Smith
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Natalie Soligo
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Tessa Spooner
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Jenny Tye
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Sophie Velianou
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Lara Zahra

Comments:

Please provide details regarding any Conflicts of Interest indicated above.

Name: _____

Signature: _____ Date: _____