

**LAC+USC Risk Management Review Activities**

Case Name: \_\_\_\_\_

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Initiate upon opening of the case file and place in the case folder/file. When complete, scan and place in the electronic file.

**Review of Medical Records:**

<b>Affinity</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>Affinity Clinic Transactions</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Centricity-Anesthesia</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>Centricity - OB</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>CAIR</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>CCIS</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Wellsoft</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>Photographs</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Hand Written Notes</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>Other:</b> (See Documentation Guide) _____	<input type="checkbox"/> N/A <input type="checkbox"/> Yes

**Identification of Imaging/Graphs/Recordings:**

<b>Xcelera(Cardiac Cath/Echo/Vasc)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>Muse (EKG)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Centricity (Fetal Monitoring)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>Olympus/Cori (GI)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Sunquest (Lab)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>BioLogic (Newborn Hearing)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Care Fusion (EEG/EMG)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>Nihon Kohden (Evoked Potential)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Sandman (Sleep Study)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>Synapse (Radiology)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
<b>Pen Rad (Mammo)</b>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes	<b>Other:</b> _____	<input type="checkbox"/> N/A <input type="checkbox"/> Yes

**Involved Staff/Witness Log:**  N/A     Yes (see attached)

Quality Improvement Activity:  N/A  Yes

Department	Activity	Comments

Interviews:  N/A  Yes

Name	Date	Findings/Comments

Applicable Contracts:  N/A  Yes

Contract	Responsible Administrator	Copy (Y/N)	Comments

Relevant Policies and Procedures:  N/A  Yes

Policy Procedure	Responsible Administrator	Copy (Y/N)	Comments

Equipment/Supplies: Manufacturer/Model//Serial Number/Sequestration/Location:  N/A  Yes

Equipment/Supply	Manufacturer/Model/Serial #	Location	Sequestered Y/N

**RIALA's/Corrective Actions:**

Department	Corrective Actions
	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, support doc's to file
	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, support doc's to file
	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, support doc's to file
	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, support doc's to file

**Area File Reviews:**

Name	Corrective Actions
	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
	<input type="checkbox"/> N/A <input type="checkbox"/> Yes
	<input type="checkbox"/> N/A <input type="checkbox"/> Yes

**Human Resources Referral:**       N/A           Yes          **Date referred:** \_\_\_\_\_

**Actions:**       N/A           Yes          **Date review received:** \_\_\_\_\_

**Credential File Referral:**       N/A           Yes          **Date referred:** \_\_\_\_\_

**Actions:**       N/A           Yes          **Date review received:** \_\_\_\_\_

