



Preparing for the Standard of Practice: Record Keeping – Record Audit

The attached audit sheets provide a framework for denturists to complete an audit of their existing medical records and practices against the requirements outlined in the Standard of Practice: Record Keeping. The information obtained from your audit will identify those areas where your record keeping practices currently meet the Standard as well as highlight those areas where current practices can be modified to meet the Standard.

Conducting a Self-Audit:

- 1. Randomly select 10 patient records.**
- 2. For each selected record, identify the presence or absence of items that are listed in the audit sheet.**
- 3. Develop an action plan for modifying your record keeping processes that will provide for changes that bring your practices in line with the Standard.**
- 4. To qualify for the 13 Continuing Professional Development credits associated with this exercise, submit a copy of this Audit Record along with your answers to the Self-Directed Learning questions that have been provided to you.**
- 5. Submissions can be made to the College in any format: scanned electronic copy, fax, or mail.**



Preparing for Standard of Practice: Record Keeping – Effective January 1, 2017

| Denturist: | Please indicate if the requirement has been met for each record. | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|----|
| | Patient Record | | | | | | | | | |
| Date of Review: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Standard Statement: Documentation is accurate, clear, concise and presents a comprehensive picture of provided services | | | | | | | | | | |
| Maintains records in organized, logical and systematic fashion to support ease of retrieval of information | | | | | | | | | | |
| Ensures documentation is legible and written in either English or French | | | | | | | | | | |
| Ensures the patient health record contains the following: | | | | | | | | | | |
| a. The patient's name, address and date of birth | | | | | | | | | | |
| b. Dental and relevant medical history | | | | | | | | | | |
| c. Name of emergency contact person and contact information | | | | | | | | | | |
| d. Name of the primary-care physician and any referring health professional | | | | | | | | | | |
| e. Medical and supplement use | | | | | | | | | | |
| f. Information obtained during the examination performed by the Denturist | | | | | | | | | | |
| g. Clinical findings and professional opinions of the Denturist | | | | | | | | | | |
| h. When a Denturist either refers a patient or accepts a referral, the records include the reason for the referral, and the name of the professional accepting or referring | | | | | | | | | | |
| i. Information about advice provided an patient education that occurred | | | | | | | | | | |



COLLEGE OF DENTURISTS OF ONTARIO

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|
| j. The date and nature of all patient's interactions, including patient services related to any repairs and/or adjustments made | | | | | | | | | | |
| k. Information about any procedure that was commenced but not completed and the reason for the non-completion | | | | | | | | | | |
| l. Documentation of a refund and the reason for the refund | | | | | | | | | | |
| m. A unique identifier on every part (or page) of the patient record | | | | | | | | | | |
| n. A copy of the external laboratory design prescription | | | | | | | | | | |
| o. A notation documenting the informed consent process according to the Standards for Consent; and | | | | | | | | | | |
| p. A copy of the signed consent form, if obtained | | | | | | | | | | |
| Clearly notes the unique identifier and date on all multi-media data | | | | | | | | | | |
| Maintains a master signature list if initials are used to attest to the records | | | | | | | | | | |
| Documents in a timely manner and completes documentation soon after the services or event | | | | | | | | | | |
| Corrects and initials errors while ensuring the original information is visible or retrievable | | | | | | | | | | |
| Patient requests for a change in the record are documented, including rationale and outcome | | | | | | | | | | |
| Standard Statement: Records maintained in electronic form meet the Standard of Practice, regulations and legislation | | | | | | | | | | |
| Ensures individual patient records are easily retrievable | | | | | | | | | | |



COLLEGE OF DENTURISTS OF ONTARIO

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|
| Takes steps to ensure that records maintained in electronic form are secure from loss, tampering, interference or unauthorized use or access | | | | | | | | | | |
| Confirms the system maintains an audit trail that, at a minimum, records the date and time of each entry of each patient, shows any changes in the record, and preserves the original content when a record is changed, updated or corrected | | | | | | | | | | |
| Ensures regular off-site back-up and/or automatic back-up for file recovery to protect records from loss or damage | | | | | | | | | | |
| If documents are scanned and maintained in an electronic form, the original paper copy may be securely destroyed | | | | | | | | | | |
| Standard Statement: Records are collected, maintained, shared and disclosed in a secure and confidential manner in accordance with the applicable legislation and regulations. | | | | | | | | | | |
| Denturists who act as the custodian: a. Ensure physical security of all records and personal information | | | | | | | | | | |
| b. Display or provide a copy of the privacy and confidentiality policy | | | | | | | | | | |
| c. Notify patients whose personal health information has been compromised | | | | | | | | | | |
| Take reasonable steps to transfer patient records before resigning as a member or selling practice in accordance with Standards for Professional Communications | | | | | | | | | | |
| Denturist: a. Collects and stores only necessary information that pertains to the services provided | | | | | | | | | | |



COLLEGE OF DENTURISTS OF ONTARIO

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|
| b. Obtains and documents patients' informed consent prior to the collection, use, storage and release of information including multi-media data, according to the Standards of Confidentiality and Privacy | | | | | | | | | | |
| c. Retains patient records for a period of 7 years from the date of the last entry | | | | | | | | | | |
| d. Maintains draft notes as a component of the patient record until such time as the notes are transcribed into the record and ensures all data is captured in the record before destruction of the notes | | | | | | | | | | |
| e. Ensures maintenance of multi-media data comply with the same collection, retention, use and disclosure legislation and standards as paper notes | | | | | | | | | | |
| f. Maintains daily appointment record which sets out the name of each patient seen by the Denturist | | | | | | | | | | |
| g. Shares information and/or allows access to the patient record as per the Standards of Record Keeping | | | | | | | | | | |
| h. Facilitates right of patients and/or substitute decision makers to access, inspect, and/or obtain a copy of the patient record, unless there is a serious risk of harm | | | | | | | | | | |
| i. Provides a report or certificate relating to an examination or treatment performed within 30 days of the request | | | | | | | | | | |



COLLEGE OF DENTURISTS OF ONTARIO

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|
| j. Provides patient records to the patient within a reasonable time on request | | | | | | | | | | |
| k. Takes measures to ensure all information is kept secure and access is limited to authorized personnel only | | | | | | | | | | |
| l. Respects patient requests to withhold information in the record | | | | | | | | | | |
| m. Notifies the patient of a breach of security via unauthorized access, loss or theft of information | | | | | | | | | | |
| n. Obtains patient's informed consent before communicating by email and/or sending information electronically | | | | | | | | | | |
| o. Ensures intended recipient of a facsimile is named on the document and places a confidentiality statement on the bottom | | | | | | | | | | |
| p. Ensures security of information when transporting patient records or information | | | | | | | | | | |
| Standard Statement: Records eligible for destruction are destroyed in a secure and confidential manner | | | | | | | | | | |
| Ensures all information is permanently destroyed or erased in a irreversible manner making sure the record cannot be reconstructed | | | | | | | | | | |
| Maintains a copy of the destruction date and the names of the individuals whose records were destroyed | | | | | | | | | | |
| Seeks consultation on the secure destruction of multi-media and computer files from a field expert | | | | | | | | | | |
| Standard Statement: Financial Records are kept as part of the patient record or linked by the unique identifier | | | | | | | | | | |



COLLEGE OF DENTURISTS OF ONTARIO

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--|---|---|---|---|---|---|---|---|---|----|
| Maintains an account of all charges for services, which accurately reflects services provided | | | | | | | | | | |
| Issues an invoice which includes: | | | | | | | | | | |
| a. The Denturist's company name, address and phone number | | | | | | | | | | |
| b. The patient's/recipient's name and address | | | | | | | | | | |
| c. The cost of the item/services | | | | | | | | | | |
| d. The date and method of payment received | | | | | | | | | | |
| e. Balance due or owing; and | | | | | | | | | | |
| f. The fees charged by commercial laboratory, if applicable | | | | | | | | | | |
| Issues a receipt for all payments received and a credit receipt for all refunds | | | | | | | | | | |
| Ensures a process is in place to provide an itemized account of fees charged for professional services | | | | | | | | | | |
| Standard Statement: All services to, maintenance for and inspection of equipment and/or instruments are tracked | | | | | | | | | | |
| Maintains an up-to-date record of service to and maintenance for equipment and/or instruments | | | | | | | | | | |
| Maintains equipment records for a minimum of 7 years from the date of last entry, even if the item has been discarded | | | | | | | | | | |
| Standard Statement: Takes reasonable steps when closing the clinic and/or resigning registration to ensure patients have access to their records | | | | | | | | | | |
| Makes appropriate arrangements with the patient for the transfer of the patient's records when the member ceases practice, or when the patient requests the transfer | | | | | | | | | | |
| Makes reasonable efforts to notify patients before transferring records to a new custodian, or as soon as possible | | | | | | | | | | |

