

Chart signed by physician	100%	None	Monthly review of 100% of charts	Nurse Supervisor

Figure 2: Sample quality assurance report form

Figure 2: Sample quality assurance report form				
AREA _____				
Date _____				
Criteria	Standard	Compliance		Comment
Chart signed by examining physician	100% of all charts signed by examining physician	Yes	No	

Figure 3: Sample quality assurance followup action form

Figure 3: Sample quality assurance followup action form				
AREA _____				
Problem description	Criteria	Followup date/status	Followup date/status	Followup date/status
Chart not signed by examining physician	100% of all charts signed by examining physician	1/4/93: chart signed on 12/27/92	2/4/93: chart signed on 1/26/93	