

QUALITY ASSESSMENT INVENTORY DATA DISPLAY

TOTAL NUMBER OF QUALITY ASSESSMENTS COMPLETED EACH MONTH FOR FISCAL YEAR:

NAME OF ATC	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL

A. ASSESSMENT OF THE ACCURACY OF PATIENT ASSESSMENTS

ITEM 1: ABNORMAL PHYSICAL FINDINGS ADDRESSED IN ASSESSMENTS

RESPONSE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
YES													
NO													

ITEM 2: PSYCHOSOCIAL IMPAIRMENTS ADDRESSED IN ASSESSMENTS

RESPONSE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
YES													
NO													

ITEM 3: RECOMMENDATIONS IN ASSESSMENTS APPROPRIATELY INDIVIDUALIZED

RESPONSE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
YES													
NO													

B. ASSESSMENT OF EFFECTIVENESS OF TREATMENT

ITEM 1: IDENTIFIED PROBLEMS TREATED OR OTHERWISE ADDRESSED

RESPONSE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
YES													
NO													

ITEM 2: TREATMENT PLANS APPROPRIATELY INDIVIDUALIZED

RESPONSE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
YES													
NO													

ITEM 3: ADJUSTMENTS IN TREATMENT PLANS ADDRESS PERSISTENT CLINICAL PROBLEMS

RESPONSE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
YES													
NO													

ITEM 4: DOCUMENTATION OF REFERRAL OR CONSULTATION, WHEN INDICATED

RESPONSE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
YES													
NO													

ITEM 5: IF ANY INDICATION OF PREMATURE DISCHARGE, RESPONSE DOCUMENTED

RESPONSE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
YES													
NO													

ITEM 6: IF COMPLICATIONS IN TREATMENT, IMPLICATIONS CONSIDERED AND DOCUMENTED

RESPONSE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
YES													
NO													