

# Quality Assurance Review Monitoring Tool for Collaborative Practice

Name of Practice Group: \_\_\_\_\_

Physician: \_\_\_\_\_

CRNP/CNM: \_\_\_\_\_

Dates reviewed with CRNP/CNM: \_\_\_\_\_

Patient Population: (Utilize one sheet for each diagnostic group): \_\_\_\_\_

QA reviewer Name/Title: \_\_\_\_\_

Diagnostic group (DRG) and Sample size	Patient Identification Number	Quality Indicators: Labs, treatment plan, medications prescribed, office revisits, and appropriateness of referrals	Patient Outcome	Adverse Event (N/A if not applicable)	Summary of Findings

Physician Recommendations for change (if indicated):

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Dates reviewed with CRNP/CNM: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

CRNP/CNM Signature: \_\_\_\_\_