

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	Summary of Findings

Physician Recommendations for change (if indicated):

Dates reviewed with CRNP/CNM: _____

Physician Signature: _____

CRNP/CNM Signature: _____