**Quality Assessment**

Score Sheet

|  |  |
| --- | --- |
| HDS Name |  |
| Job # |  |
| Author |  |
| Work Type |  |
| Auditor |  |
| Date of Review |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF ERROR** | **ERROR VALUE** | **NUMBER OF OCCURRENCES** | **FINAL DEDUCTION** |
| **Critical Errors** |  |  |  |
| 1. Patient demographics | -3 |  |  |
| 2. Wrong work type, template, provider information | -3 |  |  |
| 3. Terminology misuse; wrong lab value | -3 |  |  |
| 4. Wrong medication, wrong dose/dosage | -3 |  |  |
| 5. Unapproved abbreviations | -3 |  |  |
| 6. Incomplete or missing text, inserted/omitted text | -3 |  |  |
| 7. Incorrect side/site; unauthorized substitution | -3 |  |  |
| 8. Failure to edit; failure to flag | -3 |  |  |
| 9. Failure to follow author instructions | -3 |  |  |
| 10. Inconsistency/discrepancy | -3 |  |  |
| **Noncritical Errors** |  |  |  |
| 1. Misspelled medication, terminology, names | -1 |  |  |
| 2. Transposition of proper names | -1 |  |  |
| 3. Incorrect word form | -1 |  |  |
| 4. Incorrect, inserted or omitted text | -1 |  |  |
| 5. Nonsense text; punctuation; failure to flag | -1 |  |  |
| 6. Sound alikes; protocol failure | -1 |  |  |
|  |  |  |  |
| **TOTAL DEDUCTIONS** |  |  |  |

**ERROR TOTAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINAL SCORE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the same error is repeated throughout the document, it is only counted once. Score of 98 is considered passing.

COMMENTS: