

Maternal/Fetal Levels of Service Classification Tool Implementation Audit

Date: _____

Hospital Name: _____

Variable	Value
Patient ID	
Admission Date	
LOS Classification Tool on Chart	YES
	NO
Form Completed By	RN
	RM
	MD
Level of Service Identified	NO
	Normal
	1
	2a
	2b
	3a
	3+
Indicator that determined level	ie: obesity > 38 BMI
Patient Required Transfer	YES – where?
	NO

Please review max of 10 charts for a one day period.

It is recommended to complete an audit: March 9th – 1 week, April 5th – 1 month, June 28th – 3 months. Please fax audits from the June collection to 604-872-1987 and PSBC will provide you a summary. This audit is a process to help you to address any barriers to completion early in the process. Consultation with Perinatal Services is available. Thank you for completing the audit.