THE PCR UNDER THE MICROSCOPE

Ten Commandments of PCR Review

1	**Read the chart against the standard, not against the outcome.** A good outcome does not make a chart adequate, and a bad one does not make it negligent. Know the outcome, then set it aside.	CLINICAL
2	**Select charts by a written rule, never because one looks bad.** Systematic selection you can prove is worth more than any single chart you catch by instinct.	LEGAL
3	**Every intervention needs a reason before it and a reassessment after it.** If the chart cannot show why you acted and what happened next, the care is undocumented no matter how good it was.	CLINICAL
4	**Write every finding as though it will be read aloud.** No speculation, no editorializing, no conclusions about character. Finding, standard, gap, context, action — and stop.	LEGAL
5	**When the narrative and the data disagree, believe neither. Find out why.** An internal contradiction is not a typo. It is the thread a good expert — on either side — will pull.	CLINICAL
6	**Classify before you judge, and never start at reckless.** Human error, at-risk behavior, reckless conduct. Almost nothing you review belongs in the third category, and starting there ends your reporting culture.	LEGAL
7	**Review the documentation, not the clinician.** The chart is the object of the review. The person is the object of the conversation that follows — and those are two different things.	CLINICAL
8	**Name the system before you name the person.** Staffing, forms, protocols, training, and workload produced most of what you are about to write down. Say so in the finding.	LEGAL
9	**Missing is a finding, not a verdict. Ask before you conclude.** “Not documented” and “not done” are different sentences with different consequences. Only one of them is supported by the chart.	CLINICAL
10	**When it becomes a personnel matter, stop. It is no longer a review.** Protect the analysis, and know that the evidence was never yours to protect. Build the personnel case from source records, outside the Patient Safety Evaluation System.	LEGAL

AND ABOVE ALL

A finding without a fix is worse than no finding at all.

A binder full of unaddressed findings is not a quality program. It is a record of everything the district knew and did not do.

The PCR Under the Microscope — a workshop on clinical and legal quality review of EMS patient care reports.