

Appendix A-1

Manual Chart Review Sheet

Report Date: July 1, 2011 – June 30, 2012

Audit Date/Auditor Initials _____ Chart Number _____

Date of Birth ____/____/____ (MM/DD/YYYY) Age _____ Sex _____ (M/F)

***Note:** *Population sections (e.g. Active Diabetic Population) should be used to track population counts for each measure; these values do not need to be entered for each patient. Please see Clinical Reporting System v12.0 Manual for additional measure details.*

<i>All Groups</i>	YES	NO
Diabetes Diagnosed: Has this patient been diagnosed w/ Diabetes at any time before the end of the Report period?		

<i>Diabetes Group (if applicable)</i>	YES	NO
Documented A1c: Does the patient have a documented A1c during the Report period, regardless of result?		
Poor Glycemic Control: Does the patient have an A1c value greater than (>) 9.5, during the Report period?		
Ideal Glycemic Control: Does the patient have and A1c value less than (<) 7.0, during the Report period?		
Controlled BP: Does the patient have controlled blood pressure (mean systolic <130 and mean diastolic <80), during the Report period?		
LDL Assessed: Does the patient have a completed LDL, regardless of result, during the Report period?		
Nephropathy Assessed: Does the patient have an estimated GFR AND a quantitative urinary protein assessment (changed from positive urine protein or any microalbuminuria) during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period?		
Active Diabetic Population _____		

<i>Adult Immunizations Group (if applicable)</i>	YES	NO
Influenza 65+: Has the patient had Influenza vaccination documented during the Report period?		
Pneumovax 65+: Has the patient had Pneumococcal vaccination documented at any time before the end of the Report period?		
Active Clinical Population 65+ _____		
<i>Childhood Immunization Group (if applicable)</i>	YES	NO
Childhood Immunizations: Has the patient received the 4:3:1:3:3:1:4 combination (4 DTap, 3 Polio, 1MMR, 3 HiB, 3 HepB, 1 Varicella, 4 Pneumococcal), during the Report period?		
Active Clinical Population 19-35 months _____		

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<i>Cervical Cancer Screening Group (if applicable)</i>	YES	NO
Pap Smear: Has the patient had a Pap smear documented in the past 3 years?		
Active Female Clinical Population 21-64 _____		
<i>Breast Cancer Screening Group (if applicable)</i>	YES	NO
Mammogram: Has the patient had a Mammogram documented in the past 2 years?		
Active Female Clinical Population 52-64 _____		
<i>Colorectal Cancer Screening (if applicable)</i>	YES	NO
Colorectal: Has the patient received any of the following colorectal cancer screenings: Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) within in the past year; Flexible Sigmoidoscopy or Double Contrast Barium Enema within the past five years, Colonoscopy within the last ten years?		
Active Clinical Population 51-80 _____		
<i>Tobacco Cessation Group (if applicable)</i>	YES	NO
Tobacco Cessation: Has the patient received tobacco cessation counseling during the Report period?		
Active Clinical Population identified as a tobacco user _____		

<i>Alcohol Screening Group (if applicable)</i>	YES	NO
Alcohol Screening: Has the patient been screened for alcohol use, have alcohol-related diagnoses, or have received alcohol-related education or counseling during the Report period?		
Active Female Clinical Population 15-44 _____		

<i>DV/IPV Screening Group (if applicable)</i>	YES	NO
DV/IPV Screening: Has the patient been screened for or diagnosed with intimate partner (domestic) violence at any time during the Report period?		
Active Female Clinical Population 15-40 _____		

<i>Depression Screening Group (if applicable)</i>	YES	NO
Depression Screening: Has the patient been screened for depression or diagnosed with mood disorder at any time during the Report period?		
Active Clinical Population 18+ _____		

<i>HIV Screening (if applicable)</i>	YES	NO
Prenatal HIV: Has the patient received HIV testing during the last 20 months?		
Pregnant Active Clinical Population _____		

<i>Childhood Weight Control Group (if applicable)</i>	YES	NO
CWC: Does the patient have a BMI > or = 95 th percentile?		
Active Clinical Population 2-5 _____		

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Keep all chart audits so that these documents are reproducible in the audit review process.