

Instructions for Completing a Chart Review on Paper



It is highly recommended that you use a laptop, whenever possible, to complete the chart reviews. Completing a chart review on paper may require more time.

If you are completing the chart review on paper this form provides you guidance.

If the provider is interested in collecting additional optional measures, and/or collecting data over the entire panel, please consult with your assigned TOP Clinical Process Advisor.

PCN/FCC Name: _____

Clinic Name: _____

Provider Name: _____

Improvement Facilitator Name: _____

Date: _____

Step 1: Chart Review Setup

Complete the following:

Maneuvers Menu for Adults (check all the maneuvers the provider has selected)				
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Mammography			
<input type="checkbox"/> Plasma Lipid Profile	<input type="checkbox"/> Colorectal Cancer Screen (FOBT/FIT, Flex Sig, Colonoscopy)			
<input type="checkbox"/> Diabetes Screen	<input type="checkbox"/> CV Risk Calculation			
<input type="checkbox"/> Height and Weight	<input type="checkbox"/> Exercise			
<input type="checkbox"/> Tobacco Use Assessment	<input type="checkbox"/> Influenza/Vaccination Screen			
<input type="checkbox"/> Pap Test	<input type="checkbox"/> Alcohol Use Assessment			
Sample Size (check the number of charts to be reviewed for <u>all</u> chart reviews – i.e. baseline, follow up and sustain)				
<input type="checkbox"/> 10	<input type="checkbox"/> 15	<input type="checkbox"/> 20	<input type="checkbox"/> 25	<input type="checkbox"/> 30

Step 2: Complete the Chart Review

Using the form on the following page:

1. Cross out maneuvers that are not selected by the physician.

Chart Review for:	1	2	3	4
Patient				
Gender				
Age				
Blood Pressure	Yes	Yes	Yes	Yes
Offered (1 year)				
Plasma Lipid profile	Yes	Yes	Yes	Yes
Offered (3 yrs)				
Diabetes Screen	Yes	Yes	Yes	Yes
Offered (3 yrs)				

2. Enter the patient gender and age in the numbered columns.

Chart Review for:	1	2	3	4
Patient				
Gender	M			
Age	39			
Blood Pressure	Yes	Yes	Yes	Yes
Offered (1 year)				
Plasma Lipid profile	Yes	Yes	Yes	Yes

3. Record a Y or N in each field below the word "Yes" to indicate if a maneuver was offered. The timeframe for each maneuver is indicated in brackets in the left most column.

Chart Review for:	1	2	3	4
Patient				
Gender				
Age				
Blood Pressure	Yes	Yes	Yes	Yes
Offered (1 year)	Y			
Plasma Lipid profile	Yes	Yes	Yes	Yes
Offered (3 yrs)	N			
Diabetes Screen	Yes	Yes	Yes	Yes
Offered (3 yrs)				

4. Completed paper forms **MUST** be transcribed into the provider's ASaP Provider Super Form before submission to asap@topalbertadoctors.org. Be careful to ensure no data entry errors are made.

The Excel form has built-in functionality to assess whether a screen was needed based on age/gender. During transcription of your data, there may be a black box where you have data recorded manually. You may skip this data and move to the next open box.

If you are reviewing more than 10 charts, bring multiple copies of this form.

Chart Review for:										
Patient	1	2	3	4	5	6	7	8	9	10
Gender										
Age										
Blood Pressure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (1 year)										
Plasma Lipid profile	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (3 yrs)										
Diabetes Screen	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (3 yrs)										
Height	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (past age 18)										
Weight	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (1 year)										
Tobacco Use Assessment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (1 year)										
Pap Test	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (3 yrs)										
Mammography	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (2 yrs)										
FOBT/FIT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (2 yrs)										
Flex Sig	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (5 yrs)										
Colonoscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (10 yrs)										
CV Risk Calculation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (3 yrs)										
Exercise	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (1 year)										
Flu Vaccination or Screen	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (1 year)										
Alcohol Use Assessment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Offered (1 year)										