

HIV Medical Record Review New Haven – Multiple Records

1	PROGRAM SITE:		CHART #s:	
2	REVIEWER(S):		AUDIT DATE:	

CHARTING & MONITORING		1	2	3	4	5	6	7	8	9	10
3	Recordkeeping Requirements Chart is properly stored & secure; chart is clearly organized; entries legible										
4	Accreditation or Licensure Documentation of accreditation or licensure of organization and staff										
5	Bill of Consent/Rights/Grievance Procedures Client signed consent, bill of rights, non-discrimination & grievance procedures										
6	Medical Record Release Forms Release forms (as necessary), current, & signed by client										
7	Confirmation of HIV Diagnosis HIV ab test/Western Blot, HIV RNA (Viral Load) or letter of diagnosis										
8	Client Demographics Age, ethnicity/race & gender clearly indicated										
9	Quality Improvement Activities Focused on HIV care Process Measures Presence of QI measures, ex: flow sheet, tracking logs, PCP clearly noted										
10	Missed Appointments Efforts documented to bring client with missed appointments into care										

MEDICAL CARE		1	2	3	4	5	6	7	8	9	10
11	Annual Comprehensive Medical History & Physical Exam Includes Oral Exam, Substance Abuse and Mental Health Histories										
12	Office Visits with HIV Medical Provider Clients are seen for offices visits every 3-6 months										
13	HIV Specialist Clients are managed or receive consultation by HIV Specialist when CD4<350										
14	Hepatitis C Labs Clients newly diagnosed with HCV with HCV viral load and genotype										
15	Hepatitis C Treatment All clients with HCV will be evaluated or referred for treatment suitability										
16	YEARLY LABORATORY	CD4 every 3-6 months									
17		HIV Viral Load (RNA PCR) every 3-6 months									
18		Lipid screens annually									
19		HAV screen: Hepatitis A status indicated in chart									
20		HBV screen: Hepatitis B status indicated in chart									
21		HCV screen: Hepatitis C serology indicated in chart									
22		RPR / VRDL									
23		TB Screen PPD read and documented; CXR referral if PPD+									
24	Pap Smear (female)										
25	Yearly Risk Behavior Assessment Assessed yearly &/or when risk factors identified; counseling provided										
26	PROPHYLAXIS	1	2	3	4	5	6	7	8	9	10
27	PCP prophylaxis If CD4<200, PCP prophylaxis recommended / initiated										
28	MAC prophylaxis If CD4<50, MAC prophylaxis recommended / initiated										

NC=Non-Compliant (cannot be determined from information in chart; or due to client transfer or non-compliance)

NA=Not Applicable (to patient or program/facility)

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IMMUNIZATIONS											
29	HAV / HBV initiated; indicate # of vaccinations received										
30	Influenza administered annually										
31	Pneumovax administered at least once; revaccination q 5 yrs										
32	HPV as appropriate										
ANTIRETROVIRAL THERAPY		1	2	3	4	5	6	7	8	9	10
Laboratory											
33	Clients who meet guidelines are offered/Rx'd ART										
34	CD4 & viral load test q3-4 months										
35	Resistance test ordered appropriately (@minimum for failing ARV treatment)										
36	Treatment adherence assessment minimum of twice a year										
37	Follow-up on adherence issue if identified										
ARV Therapy Strategy											
38	ARV regimen consistent with current guidelines										
39	ARV regimen appropriate for patient's CD4/VL										
40	ARV medications correctly combined and dosed										
41	Adverse drug reactions indicated / addressed										
42	Medications adjusted appropriately for side effects & toxicity										
43	Adherence assessment completed										
CONSULTATION / REFERRAL FOR SPECIALTY CARE		1	2	3	4	5	6	7	8	9	10
44	Dental Documented referral of oral health exam yearly										
45	Ophthalmology (Not part of SOC) If CD4<100, ophthalmology visit within last 12 months										
46	Other:										

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Verification medical provider staff is currently licensed/certified Yes No

At least 10 hours of HIV-specific training per year for each provider serving RW clients Yes No

Agency meets or exceed performance goals on at least two quality improvement activities annually Yes No