

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 and allows for data entry errors.

These instructions will guide you through completing a chart review on the paper form found on page 4.

If the provider is interested in measuring additional, optional maneuvers, and/or collecting data over the entire panel, please consult with your assigned TOP Improvement 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 (Non Fasting) 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 (removed from the 2016 maneuvers menu – now optional)			
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 page 4:

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

Blood Pressure Offered (1 year)	Yes	Yes	Yes	Yes
Plasma Lipid profile Offered (3 yrs)	No	No	No	No
Diabetes Screen Offered (5 yrs)	No	No	No	No
Height Offered (past age 18)	Yes	Yes	Yes	Yes
Weight Offered (3 yrs)	Yes	Yes	Yes	Yes

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

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

- 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.

Blood Pressure Offered (1 year)	Yes	Yes	Yes	Yes
	Y			
Plasma Lipid profile Offered (5 yrs)	No	No	No	No
	N			
Diabetes Screen Offered (5 yrs)	No	No	No	No
Height Offered (past age 18)	Yes	Yes	Yes	Yes
Weight Offered (3 yrs)	Yes	Yes	Yes	Yes

- 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:	Complete Demographics below Go																			
Patient	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Gender	<input type="text"/>																			
Age																				
Blood Pressure Offered (1 year)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plasma Lipid profile Offered (5 yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diabetes Screen Offered (5 yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Height Offered (past age 18)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Weight Offered (3 yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tobacco Use Assessment Offered (1 year)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pap Test Offered (3 yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mammography Offered (2 yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
FOBT/FIT Offered (2 yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Flex Sig Offered (5 yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Colonoscopy Offered (10 yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CV Risk Calculation Offered (5 yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Exercise Offered (1 year)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Flu Vaccination or Screen Offered (1 year)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Alcohol Use Assessment Offered (1 yr - opt)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes