

HIV Community Services Program FY 2015-2016
LOCAL PUBLIC HEALTH AUTHORITY CHART REVIEW SUMMARY

All Chart Review Summary forms are due by October 31, 2015 via e-mail submission to:

DeAnna Kreidler, MS
Quality and Compliance Coordinator
deanna.p.kreidler@state.or.us

The client chart File review provides an opportunity for the local Public Health Departments to monitor their own performance and to make improvements based on their findings. While the review is required, at a minimum, annually, it is a process that benefits program quality when used consistently and regularly. Local programs are encouraged to integrate quality review activities into their agency quality improvement plan and to report these outcomes in their HIV Community Services Program Quarterly Progress Report Form.

INSTRUCTIONS FOR COMPLETING CHART REVIEW

- **Select a reviewer(s) who is not the HIV Case Manager(s).** A reviewer could be the program supervisor or anyone who does not document regularly in the client files. In the case of subcontractors, the reviewer must be from the contracting agency.
- **The reviewer will randomly select active client files to be reviewed.** Agencies must review a minimum of 10 HIV case management program client files or 25% of the total HIV Case Management program client files, whichever is more. Agencies with 10 or fewer clients in the HIV case management program will review all of their client files.
- **Use one “Chart Review Summary” form** for each client file you review.
- Submit all of the “Chart Review Summary” forms you complete to the HIV Community Services Program, DeAnna Kreidler via email (see above contact information).
- “Current” refers to the past 365 days (12 months) unless otherwise stated.
- Check "N/A" when the client is excluded from the documentation requirement. Check "No" only to designate when the file does not meet the compliance requirement.
- Hover over each section to identify if there is a link for a corresponding form related to the section.
- The following references have links that will access the documentation requirements:
 - HIV Case Management: [Standards of Service](#) (County Based Model)
 - CAREWare [User Guide](#)
 - County Based [Sub-Service Menu Quick Guide](#)

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AGENCY:

DATE OF REVIEW:

REVIEWER:

(Name and Title)

Client URN #

(Do not use client name)

	Yes	No	N/A	Comments
<u>INTAKE/ELIGIBILITY</u>				
Current Client Intake/Eligibility Review form completely filled out (every 6 months) – to include complete demographic data, residency, and insurance information. (Intake/Eligibility Review Form # 8395, Self-Attestation Form #8395a, Residency Verification Form #8485)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Income, verified every 6 months, and appropriate support documentation is in the file. (See Intake/Eligibility Review form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current LPHA Release of Information (ROI) form signed and dated. (Current per agency written policy on frequency of updating the ROI.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NEW CLIENTS ONLY (new to your program in the last 12 months)				
HIV status verified within 30 days of Intake. (Review chart documentation of verification and documentation on Intake/Eligibility Review Form, Pg. 2 & 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LPHA Client Rights & Responsibilities form is signed and dated by client and case manager. (Ensure Agency form complies with OAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LPHA Informed Consent form signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>PSYCHOSOCIAL AND ASSESSMENT</u> (all forms must be completed within 12 months of the last form, and be signed/dated)				
Psychosocial Screening form completed. (Psychosocial Screening Form #8401)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial template and/or charting in CAREWare chart note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial Screening Acuity form is in the chart or the CAREWare “Oregon County Acuity Worksheet” (under “Forms” tab) is completed, and date matches the last Psychosocial Screening. (Psychosocial Acuity (County) Form #8496)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Yes	No	N/A	Comments
Nurse Assessment form completed. (Nurse Assessment Form #8402)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment template and/or charting in CAREWare chart note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse Assessment Acuity form is in the chart or the CAREWare "Oregon County Acuity Worksheet" (under "Forms" tab) is completed and date matches the last Nurse Assessment. (RN Acuity (County) Form #8497)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acuity Level:
<u>CARE PLANNING</u>				
Care Plan form is completed, and updated every 6 months as documented in CAREWare chart note. (Care Plan (County) Form #8400)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identified Referrals from Care Plan and advocacy activities are documented in CAREWare chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEALTH OUTCOMES				
CD4/Viral Load Lab(s) completed within the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CAREWARE DATA QUALITY				
CW data is up to date and matches information from client file				
Full legal name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV/AIDS Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demographic information (address/phone/email, mail preference, race(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referral tab lists mandatory referrals and final status (w/in 6 mo). (Standards of Service, pg. 30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referral and advocacy, follow-up, and final status documented in CAREWare chart note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annual Review data—Annual Tab (CAREWare): Completed at Eligibility Review 12 months from last Annual Review, and needs to be up to date to match current client information				
a. Insurance (Primary & Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Household Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Household size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. HIV Primary Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Housing Arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acuity data—Encounter/Lab Tab (CAREWare): Due 12 months from last Acuity and date matches Psychosocial or Assessment (if form not in chart and "Acuity Worksheet" was completed in CAREWare, just verify worksheet is current)				
a. Acuity Level/Points is current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Adherence Acuity is current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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CHART NOTES
CAREWare data is up to date and matches information from client file

Randomly choose 5 CAREWare Service entries and compare them to the CAREWare chart notes

	Yes	No	N/A	Comments
1 st entry: Service date, service type, and units match chart note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 nd entry: Service date, service type, and units match chart note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 rd entry: Service date, service type, and units match chart note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 th entry: Service date, service type, and units match chart note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 th entry: Service date, service type, and units match chart note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS: