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# ASaP Chart Review Instructions - for EMR Based Charts

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## Overview

The purpose of the chart review is to:

- Provide feedback to providers on their offer of appropriate screens to their patients. The **baseline chart review** will be conducted prior to the start of the redesign period. The **follow-up chart review** will be conducted when the team has adopted changes and is ready to evaluate their progress. *Ideally the improvement process should be completed within 2 months of the baseline chart review and the follow-up chart review at 4 months after the baseline however your team may progress at a different rate. TOP will prompt you at 4 months after baseline to consider a follow-up chart review. **Sustain chart reviews** are encouraged (on a yearly basis), beginning 1 year after the follow-up (optional).*
- Provide information to Primary Care Networks and other primary care organizations on the impact of the redesign.
- Provide aggregate information on the effectiveness of the program.

Chart reviews are not being conducted for clinical judgment or a research purpose, but rather to provide feedback on improvement efforts and to determine the effectiveness of the program.

# What's New for 2017 Maneuvers Menu Update

With the release of the Revised Screening Maneuvers Menu for Adults 2017 there are a few updates to the chart review process.

- **Alcohol Use Assessment has been removed from the Maneuvers Menu.** This means that this maneuver is no longer recommended for primary care practices. New ASaP participants are encouraged to select “No” on the Super Form setup tab for this maneuver (this is the default selection). Current/ existing ASaP participants are not encouraged to continue measuring Alcohol Use Assessment. For current participants an opt-out option is available for those who decide to stop measuring this maneuver on the Super Form setup tab. Selecting this option will remove the maneuver from the chart review tab in provider’s Super Form ongoing. For those who wish to continue, keep inputting records of offers in the field as normal.
- **Pap screening age of initiation has been increased and NO screening in women 18-20 years is emphasized.** Pap screening is now recommended to begin at age 25 (or after commencement of sexual activity whichever is later), not age 21, and women between 21-24 years of age should be given a choice (optional). Additionally, there is a recommendation that providers DO NOT DO screening for pap on women between the ages of 18 and 20 (inclusive). As such, the Super Form will prompt the chart reviewer to examine the record for an offer of screening on women 18 – 20 and 25 – 69. Screening responses of “YES” if NOT offered to the 18 – 20 group will be added to the “YES” screening offered responses for the 25 -69 group to calculate a result indicating “Pap screening according to recommendations”.
- **Mammography age range has been increased to age 74.** The Super Form has been previously updated to allow chart reviewers to record offers of screening mammography up to age 74.
- **Cardiovascular Risk, Plasma Lipid Profile (Non-Fasting) and Diabetes screening have had their interval ranges increased from 3 years to 5 years.**

When reviewing a chart for offers of screening care for these maneuvers, look for evidence of offer in the previous 5 years. Age has been harmonized to 40.

- **Weight has had an interval range increase from annually to every 3 years.**

When reviewing a chart for offers of screening care for weight, look for evidence of offer in the previous 3 years.

## Chart Review Preparation

The ASaP Super Form can be downloaded from the ASaP website ([actt.albertadoctors.org/PMH/](http://actt.albertadoctors.org/PMH/)). This one file consists of all the forms related to a single provider's improvement journey - i.e., Provider Enrollment Form, Provider Assessment Form (baseline, follow up), Readiness Assessment Form, Chart Review Form (baseline, follow-up and sustain). The remainder of this document will focus on the Chart Review Forms. Please refer to the [ASaP Forms User Guide](#) for more information about the other program forms, how these forms have been built to assist you with this work and for general technical support.

When completing a chart review at the provider's clinic you will need to bring:

- a laptop with a Windows Operating system and Microsoft Excel
  - Mac and Open Office are both non-compatible platforms
- the latest version of the Super Form for the provider

If a laptop is absolutely unavailable, print out a copy of the [ASaP Paper Chart Review Instructions & Form](#) under the "Tools & Resources" section of the ASaP website ([actt.albertadoctors.org/PMH/](http://actt.albertadoctors.org/PMH/)). You will be responsible for transcribing the paper copies into the electronic ASaP Provider Super Form before submission.

Completed chart reviews in Excel must be submitted electronically to [asap@albertadoctors.org](mailto:asap@albertadoctors.org).

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### **IMPORTANT**

*Chart reviewers should not consider or rely on any knowledge of patient history or clinic processes not documented in the chart.*

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**Read all instructions before starting.**

## **One Week (Approx.) Before Baseline Chart Review:**

1. Confirm with the Primary Care Network or other organization:
  - a. the direction regarding privacy and confidentiality (e.g., does the Primary Care Network have a PIA, do you need to prepare an Affiliate Agreement, etc.).
  - b. that the number of charts to be reviewed (i.e., sample size) has been determined. Record this sample size.
2. Connect with the Improvement Facilitator:
  - a. to ensure that the provider has selected the maneuvers. Obtain a copy of the selection.
  - b. to ensure that the provider is able to generate a panel list (or a portion of the panel) and that the panel list contains more than enough charts to conduct the review.

*For example: if the number of charts to review is 20, ensure that the panel list contains 20 or more patients that fit criteria*
  - c. to obtain a copy of the Chart Review Forms that has the provider's information already entered.
  - d. to understand any special circumstances in preparation for the chart review.
3. Contact the Clinic:
  - a. to schedule a date and time to conduct the chart reviews.
  - b. to ensure that an appropriate person (may or may not be the provider) will be available to sign the Affiliate Agreement, if needed. The Agreement can be sent to the clinic ahead of time.

- c. to request that an EMR user account and terminal be available for the date of the chart reviews. Ideally the clinic would create a user account for you rather than log you in under an existing account. Ensure you have adequate permissions within the EMR to view patient records and generate a panel list.
  - d. to request that the clinic contact be available to assist you with accessing the EMR and/or navigating the patient record.
  - e. to confirm the maneuver selection. If there are any changes, confirm this with the Improvement Facilitator.
  - f. to confirm, if necessary, that there will be space for you to set up a laptop.
4. Be sure you have access to a laptop with Microsoft Office Excel (2007 and newer recommended) to take with you to the clinic to complete the chart review.

### One Day before Baseline Chart Review:

1. Contact the clinic to confirm the date and time of the chart reviews.
2. Confirm access to EMR terminal and login credentials.
3. If there will be no internet access at the clinic, generate a random letter by going to [www.randomlettergenerator.com](http://www.randomlettergenerator.com) and recording this letter before arriving onsite.
4. Be sure that you have a copy of each provider's Excel file to complete the chart review. Book a laptop to bring with you (if necessary).

### Day of Baseline Chart Review (At Clinic):

1. Meet the clinic contact, sign the Oath of Confidentiality, and/or sign the Affiliate Agreement if needed.
2. Determine who in the clinic may answer any questions about using the EMR.
3. Login to the EMR using your supplied credentials and ask the clinic contact for instructions and/or a demonstration of how to navigate the patient record.

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4. Ask the clinic contact or EMR support person where you would find documentation of screening. You may wish to refer to the specific chart review elements in the [Maneuver Table](#) section on page 28 of this manual.
  5. Ask who can assist you with questions should they arise during your chart review.

## Completing the Baseline Chart Review:

The Primary Care Network or other organization determines the number of charts to be reviewed. This number will be between 10 and 30 in increments of 5. If you are not sure what the Primary Care Network or other primary care organization has selected, the chart review form defaults to 20.

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### **IMPORTANT**

*All reviewed charts must meet the following criteria:*

- *Patient age 18 – 79 years old, as of the date of the chart review*
- *Documented attachment to the provider whose review is being conducted*

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If patients are paneled to the clinic and not to the provider, the number of charts to be reviewed remains the same per enrolled provider. That is, the sample size will be multiplied by the number of enrolled provider's in the clinic.

At any time, refer to the [ASaP Forms User Guide](#) for specific technical help on how to complete these forms, located on the ASaP website ([www.topalbertadoctors.org/asap](http://www.topalbertadoctors.org/asap)). At any time, refer to the [ASaP Glossary](#) for definition of terms and acronyms located on the ASaP website.



# Baseline Chart Review

The baseline chart review is the first review conducted, before the start of the redesign period. This should be completed once the provider has selected which screening maneuvers to include and after it has been established that the provider can generate a list of panel patients.

## How to Determine Which Charts to Review

Generate a list of all the patients attached to the provider who are 18 – 79 years old. Sort this list in alphabetical order by last name. The process to do this will differ by EMR. For assistance ask the EMR support person in the clinic how to do this or have him/her generate the list for you.

If you haven't already done so, go to [www.randomlettergenerator.com](http://www.randomlettergenerator.com) and record the letter that appears on the screen. In your list of patients, find the first patient record whose last name begins with the generated letter, or the next letter with a qualifying patient record. This will be the first chart to review.

Once the first patient record has been identified, continue to the next patient chart in order. For last names that appear more than once, use the one that appears first, and skip any others.

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### **IMPORTANT**

*For example, if the letter generated is "J", the records may look like this:*

*Jackson*

*Jacobs*

*Johnson, D*

*Johnson, S*

*Jones*

*Keith*

The chart review will include Jackson, Jacobs, Johnson D, skip Johnson S, continue with Jones and Keith.

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*Note: The letter generated is only the start point. There may not be enough patients in that letter to complete the chart review. Work through the list in order, continuing to the next letter(s) as needed.*

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We recommend that you identify the complete number of charts to be reviewed before starting the actual record review. This will ensure that you are able to complete the chart review.

If you are unable to identify the minimum number of charts that fit the inclusion criteria, contact your Improvement Facilitator and TOP Improvement Advisor. Do not proceed with the chart review.

## Conducting the Chart Review

Once you have identified the patient records that satisfy the number of charts needed, you can begin conducting the chart review.

In the Excel Chart Review Form you must indicate the maneuvers selected by the provider on the Set Up tab. You must select *Yes* or *No* next to each maneuver. A minimum of five maneuvers must be selected. Enter the Sample Size (number of charts to review) to the right of the table. Click the button “*Set Up Complete Activate Baseline Chart*” (indicated below). There will be a prompt asking you to confirm your choice. If you click “*Ok*”, your selections on the Set Up tab will be locked in. This will open the data entry form for the chart reviews.

**Chart Review Set Up and Maneuver Choices** [Read Instructions](#)

*This form customizes the information collected and reported through the baseline, follow-up, and sustain chart reviews. Responses to the options presented below will reflect agreement between the primary care provider and primary care organization on maneuvers selected, number of records reviewed, and any additional measures for this and subsequent chart reviews. Once selections are recorded press the "Set Up Complete Activate Pre-Charts" button to lock the customization and commence baseline chart review.*

The Chart Reviews will be done for:

PCN	
Clinic	0
Provider	
Improvement Facilitator	

Choose the maneuvers to be reviewed in each Chart Review:

			Required	Optional Measures		
			Offered	Logic	Value1	Value2
Blood Pressure	Yes		Yes	No	No	No
Plasma Lipid profile	Yes		Yes	No	No	No
Diabetes Screen	Yes		Yes	No	No	No
Height	Yes		Yes	No	No	No
Weight	Yes		Yes	No	No	No
Tobacco Use Assessment	Yes		Yes	No	No	No
Pap Test	Yes		Yes	No	No	No
Mammography	Yes		Yes	No	No	No
FOBT/FIT	Yes		Yes	No	No	No
Flex Sig	Yes		Yes	No	No	No
Colonoscopy	Yes		Yes	No	No	No
CV Risk Calculation	Yes		Yes	No	No	No
Exercise	Yes		Yes	No	No	No
Flu Vaccination or Screen	Yes		Yes	No	No	No
Alcohol Use Assessment	No	Opt Out	Yes	No	No	No

*A "Yes" means that the topic will be measured.*

**Sample Size**  
Number of Charts to Review in all Chart Reviews?  
20

**Whole Panel**  
Using EMR to generate data on the entire panel?  
No

**Set Up Complete Activate Baseline Charts**

**NOTE:**

- **Alcohol Use Assessment**
  - defaults “No” as per the 2017 Maneuvers Menu (use the dropdown to select “Yes” if provider chooses to include)
  - participants who choose to stop measuring this maneuver can use the **opt-out button** (doing so will remove it from Super Form chart review tabs ongoing)
- Height and Weight are considered one selection
- FOBT/FIT, Flex Sig, and Colonoscopy are considered one selection

Open the patient record and enter the patient gender and age at the top of the screen for the first patient record (red circle in the picture below).

Only maneuvers that are appropriate for that patient will be open for data entry.

Each maneuver has a unique interval period. This means that you will look back in the patient chart for different lengths of time depending on the maneuver. The length of time is recorded in the **Maneuver Table** section on page 28, and also on the PreChart tab (indicated by the red arrow).

	A	B	C
1	Chart Review for:		
2	Patient	1	2
3	Gender		
4	Age		
5	Blood Pressure	Yes	Yes
6	Offered (1 year)		
10	Plasma Lipid profile	No	No
11	Offered (5 yrs)		
15	Diabetes Screen	No	No
16	Offered (5 yrs)		
20	Height	Yes	Yes
21	Offered (past age 18)		
25	Weight	Yes	Yes
26	Offered (3 yrs)		
30	Tobacco Use Assessment	Yes	Yes
31	Offered (1 year)		
35	Pap Test	No	No
36	Offered (3 yrs)		
40	Mammography	No	No
41	Offered (2 yrs)		
45	FOBT/FIT	No	No
46	Offered (2 yrs)		
50	Flex Sig	No	No
51	Offered (5 yrs)		
55	Colonoscopy	No	No
56	Offered (10 yrs)		
60	CV Risk Calculation	No	No
61	Offered (5 yrs)		
65	Exercise	Yes	Yes
66	Offered (1 year)		
70	Flu Vaccination or Screen	Yes	Yes
71	Offered (1 year)		

**NOTE:** If Alcohol Use Assessment appears as a maneuver for measurement; confirm provider preference for including/excluding this measure.

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## **IMPORTANT**

The ASaP Program measures the offer of a screen regardless if that screen was completed or not.

Example 1: If a provider documents an offer to do a diabetes screen but the patient declines, you would record “Yes” for Diabetes Screen.

Example 2: If a provider documents that a patient is a non-smoker you would record “Yes” for Tobacco Use Assessment

If a patient does not qualify for a maneuver but this has been documented in the chart, record “Yes” for the screen.

Example 1: A patient meets gender and age requirements for a mammogram; However the provider indicates a mammogram does not apply because the patient has had a double mastectomy, record “Yes” for screen.

The exemption must be recorded in the chart for the screen to be a “Yes”. There is no need to search the entire chart for exemptions. Only search as far back as the maneuver interval. The exemption cannot be assumed; the provider must clearly indicate that a screen is not required or appropriate.

If the provider documents a note to not ask the patient about a maneuver, for any reason, record “Yes” for the screen.

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In your review of charts it is important that you review all areas of the chart that are not specific to a patient visit (e.g., the cover sheet of a paper record, complex care plans, the Goals section of the Med Access EMR, etc.).

After you have completed the chart reviews, please fill in the fields at the bottom of the Chart Review tab, as shown below.

131		
132	<b>Chart Review Demographics</b>	
133	<i>Please complete the section below prior to submission to TOP.</i>	
134	Date Chart Review done	<input type="text"/>
135	Chart Reviewer:	<input type="text"/>
136	Was I prepared?	<input type="text"/>
137		
138	<b>Provider panel size</b>	<input type="text"/> (Estimated is fine)
139		

We are interested in knowing if the training and information you received was helpful in preparing you to complete this chart review.

If possible, record the provider's estimated panel size.

Repeat this process until you have reviewed the number of charts required in your selection.

Repeat this process for each provider enrolled in ASaP.

Email completed Excel file(s) to [asap@albertadoctors.org](mailto:asap@albertadoctors.org).

## Follow-Up Chart Review (approximately Four Months after Baseline)

The **follow-up chart review** will be conducted when the team has adopted changes and is ready to evaluate their progress. *Ideally the improvement process should be completed within 2 months of the baseline chart review and the follow-up chart review at 4 months after the baseline however your team may progress at a different rate. TOP will prompt you at 4 months after baseline to consider a follow-up chart review.*

One week prior to the four month interval date, begin arrangements for the follow-up chart review. This review should be completed and submitted within two weeks of that date. In circumstances where the chart review may be longer, consult with the Improvement Facilitator.

Repeat the chart review preparation steps:

## One Week (Approx.) Before Follow-Up Chart Review:

1. Connect with the Improvement Facilitator:
  - a. to determine the strategies used by the provider during the redesign period (see below – *How to Determine Which Charts to Review* for details).
  - b. to obtain a copy of the Chart Review Forms that has provider’s information already entered.
  - c. to understand any special circumstances in preparation for the chart review.
2. Contact the Clinic:
  - a. to schedule a date and time to conduct the chart reviews.
  - b. if the provider used outreach strategies, determine if a list can be generated of those contacted by the outreach strategies. If this list cannot be generated, connect with your Improvement Facilitator.

Confirm that the number of patients reached using outreach strategies is enough to obtain the sample size. If it is not enough, consult with the Improvement Facilitator.
  - c. to request that an EMR user account and terminal be available for the date of the chart reviews.
  - d. to request that the clinic contact be available to assist you with accessing the EMR and/or navigating the patient record.
  - e. to confirm, if necessary, that there will be space for you to set up a laptop.

## One Day before Follow-Up Chart Review:

1. Contact the clinic to confirm the date and time of the chart reviews.
2. If there will be no internet access at the clinic, go to [www.randomlettergenerator.com](http://www.randomlettergenerator.com) and record **two** letters by recording the first letter on the screen, and the clicking on “*Generate another random letter*”, and record this letter as well.

## Day of Follow-Up Chart Review (at Clinic):

1. Ask the clinic contact or EMR support person where you would find documentation of screening. You may wish to refer to the specific chart review elements in the [Maneuver Table](#) on page 28.
2. Ask if someone can assist should you have questions during your chart review.

## How to Determine Which Charts to Review

Before conducting the follow-up chart review you must be familiar with how the provider implemented his/her improvement activities. There are three possible scenarios:

- The provider may have used **only outreach** strategies
- The provider may have used **only opportunistic** strategies
- The provider may have used **both outreach and opportunistic** strategies

The process for conducting the follow-up chart review depends on which strategies the provider used. The goal of the follow-up chart review is to forecast the improvement over the entire panel if the provider continued with his/her strategies over one year by targeting patients using both outreach and opportunistic methods. The follow-up chart review targets patients who do not typically self-present for screening.

In the following sections, two methods are outlined. Refer to the appropriate heading to guide your chart review.

### **Provider Used Both Strategies or Provider Used Outreach Only**

The first half of the charts to be reviewed will be drawn from patients who had appointments in the time between the baseline chart review and the follow-up chart review.

Generate a list of patients for the provider whose chart review is being conducted. This list should only contain patients who are aged 18 – 79 and who had appointments within the past two months prior to today's date (the date of the follow-



up chart review). This process will differ by EMR. Ask your clinic contact for assistance if needed or get him/her to generate the list for you.

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**IMPORTANT**

*Example: The Baseline Chart Review was completed on May 1<sup>st</sup>, 2013. The Follow-Up Chart Review should be conducted between September 1<sup>st</sup> and September 15<sup>th</sup> 2013. The generated patient list will include all patients aged 18 - 79, attached to the provider, who had appointments between July 1<sup>st</sup> 2013 and today (the date of the Follow-Up Chart review).*

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Once the list is generated, sort the list in alphabetical order by last name. If you have not already done so, go to [www.randomlettergenerator.com](http://www.randomlettergenerator.com) to determine where to start. Use the first letter that comes up.

Find the first patient record whose last name begins with the generated letter. This will be the first chart to review. Continue in order, skipping over any duplicate last names until you have identified half of the required number of charts to review. Refer to the example on Page 9 for how to select charts.

A patient chart should still be reviewed even if the patient came to an appointment for another provider, as long as there is confirmation that the patient is attached to the provider whose review is being conducted.

The second half of the charts to be reviewed will be drawn from the list that the provider used to reach out to patients who do not come in for appointments. You must be familiar with how the provider reached out to patients.

You must replicate the method used by the clinic.

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*Example 1: The provider uses alphabetized last name to contact patients, starting with Z. By the time of the follow-up chart review, the staff has made calls through to those whose last names begin with Th. To determine which charts to review generate a list of all*

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charts of patients whose last names begin with Z through to Th, are attached to the provider and who are age 18 – 79 as of today's date. Sort the list in alphabetical order, by last name. Use the second letter and start with the first patient whose last name matches that letter. Continue in order, skipping over any duplicate last names until you have identified half of the required number of charts to review. Refer to the example on Page 9 for how to select charts.

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Example 2: The provider uses alphabetized last name to contact patients, starting with K. By the time of the follow-up chart review, the staff has made calls through to those whose last names begin with P. To determine which charts to review generate a list of all charts of patients whose last names begin with K through to P, are attached to the provider and who are age 18 – 79 as of today's date. Sort the list in alphabetical order, by last name. Use the second letter and start with the first patient whose last name matches that letter. If the second letter is before K, then start at the first patient under K. If the second letter is after P, then start at the first patient under K. Continue in order, skipping over any duplicate last names until you have identified half of the required number of charts to review. Refer to the example on Page 9 for how to select charts.

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Example 3: The provider uses birth month to contact patients, starting with January. By the time of the follow-up chart review the staff has made calls through to those born in March. To determine which charts to review generate a list of all charts of patients born January – March, who are attached to the provider and who are aged 18 – 79 as of today's date. Sort the list in alphabetical order by

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*last name. Use the second letter generated and find the first patient whose last name begins with that letter. Review this chart and continue in order, skipping over any duplicate last names until you have identified half of the required number of charts to review. Refer to the example on Page 9 for how to select charts.*

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The key is that you must generate your list in the same way the provider generated a list to do outreach. You must generate the same list, in the same order and work through the same patients. Once the list is created, apply the same methods as above for any patient that was contacted.

The sample will consist of patients who fit the outreach criteria, regardless of whether or not contact was made from the clinic, and regardless of whether or not they were due for screening. Ensure that list does not exclude individuals who are up to date on screening.

Note that if the same chart appears twice, that is, it appears in both the opportunistic sample and in the outreach sample, skip that chart. The same chart should not be reviewed twice. Additionally, if the same last name appears in both samples, skip any duplicates as in previous samples.

Note that if the outreach strategy targeted a subpopulation instead of the whole panel, the method will be replicated but as applied to the entire panel.

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*Example: The provider produces a list that sorted by last name, and calls all patients aged 50 and above, starting with “A”. For the chart review, all patients whose last name begins with the letter “A” will be included, regardless of age.*

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We recommend that you identify the complete number of charts to be reviewed before starting the actual record review. This will ensure that you are able to complete the chart review.

Note that if an odd sample size is selected (e.g. 15), select the majority of the sample from the outreach method.

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*Example: The selected sample size is 15. Eight Charts will be pulled from the outreach list.*

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### Provider Used Opportunistic Strategies Only

The first half of the charts to be reviewed will be drawn from patients who had appointments in the time between the baseline chart review and the follow-up chart review.

Generate a list of patients for the provider whose chart review is being conducted. This list should only contain patients who are aged 18 – 79 and who had appointments within the past two months prior to today’s date (the date of the follow-up chart review). This process will differ by EMR. Ask your clinic contact for assistance if needed or get him/her to generate the list for you.

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#### **IMPORTANT**

*Example: The Baseline Chart Review was completed on May 1<sup>st</sup>, 2013. The Follow-Up Chart Review should be conducted between September 1<sup>st</sup> and September 15<sup>th</sup> 2013. The generated patient list will include all patients aged 18 - 79, attached to the provider, who had appointments between July 1<sup>st</sup> 2013 and today (the date of the Follow-Up Chart review).*

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Once the list is generated, sort the list in alphabetical order by last name. If you have not already done so, go to [www.randomlettergenerator.com](http://www.randomlettergenerator.com) to determine where to start. Use the first letter that comes up.

Find the first patient record whose last name begins with the generated letter. This will be the first chart to review. Continue in order, skipping over any duplicate last names until you have identified half of the required number of charts to review. Refer to the example on Page 9 for *How To Select Charts*.

A patient chart should still be reviewed even if the patient came to an appointment for another provider, as long as there is confirmation that the patient is attached to the provider whose review is being conducted.

The second half of the charts to be reviewed will be drawn from any patient meeting the inclusion criteria: age 18 – 79, and attachment to the provider whose chart review is being conducted. This replicates the method used for the baseline chart review.

Generate a list of all the patients attached to the provider in the specified age range (18 – 79). Sort this list in alphabetical order by last name. This process will differ by EMR. Ask your clinic contact for assistance if needed, or get him/her to generate the list for you.

Use the second letter generated. In your list of patients, go to the first patient whose last name begins with the second letter generated. This will be the first chart to review. Continue in order, skipping over any duplicate last names until you have identified half of the required number of charts to review. Refer to the example on Page 9 for *How To Select Charts*.

We recommend that you identify the complete number of charts to be reviewed before starting the actual record review. This will ensure that you are able to complete the chart review.

Note that if an odd sample size is selected (e.g. 15), select the majority of the sample from the outreach method.

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*Example: The selected sample size is 15. Eight Charts will be pulled from the outreach list, seven charts will be pulled from the opportunistic list.*

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## Sustainability Chart Review

The sustainability chart review is designed to measure the **sustained** rate of documented offers of screening care for the entire panel **against the baseline measurement**. The follow-up chart review methodology differs from baseline and sustain methodology because it attempts to predict the sustain measure assuming processes and activities will be maintained for a year. Comparing results of the sustainability chart review to the follow-up results would not be recommended, except to identify changes in processes contributing to differences in results.

*Sustain chart reviews are encouraged (on a yearly basis), beginning 1 year after the follow-up (optional).*

A sustainability chart review may be beneficial if the following indicators are present:

- Panel identification and maintenance processes have been sustained
- Standardization of documentation (offers of care) have been sustained
- Outreach strategy has been implemented (as appropriate)
- Full panel measurement using EMR is not feasible/desired*

*Please note: Full panel measurement and/or measurement requirements to support Schedule B of the PCN grant agreement will be distributed under separate documentation when available.*

If indicator(s) are not present please contact your TOP IMPROVEMENT ADVISOR to assess the appropriate method to understand current screening performance.

## How to Determine Which Charts to Review

Generate a list of all the patients attached to the provider who are 18 – 79 years old. Sort this list in alphabetical order by last name. The process to do this will differ by EMR. For assistance ask the EMR support person in the clinic how to do this or have him/her generate the list for you.

If you haven't already done so, go to [www.randomlettergenerator.com](http://www.randomlettergenerator.com) and record the letter that appears on the screen. In your list of patients, find the first patient record whose last name begins with the generated letter, or the next letter with a qualifying patient record. This will be the first chart to review.

Once the first patient record has been identified, continue to the next patient chart in order. For last names that appear more than once, use the one that appears first, and skip any others.

### IMPORTANT

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*For example, if the letter generated is "J", the records may look like this:*

*Jackson*

*Jacobs*

*Johnson, D*

*Johnson, S*

*Jones*

*Keith*

The chart review will include Jackson, Jacobs, Johnson D, skip Johnson S, continue with Jones and Keith.

*Note: The letter generated is only the start point. There may not be enough patients in that letter to complete the chart review. Work through the list in order, continuing to the next letter(s) as needed.*

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We recommend that you identify the complete number of charts to be reviewed before starting the actual record review. This will ensure that you are able to complete the chart review.

If you are unable to identify the minimum number of charts that fit the inclusion criteria, contact your Improvement Facilitator and TOP Improvement Advisor. Do not proceed with the chart review.

## Conducting the Chart Review

Once you have identified the patient records that satisfy the number of charts needed, you can begin conducting the chart review. The sample size and maneuver selection has been locked in and will remain the same as for the baseline and follow-up chart reviews.

Open the patient record and enter the patient gender and age at the top of the screen for the first patient record (red circle in the picture below).

Only maneuvers that are appropriate for that patient will be open for data entry.

Each maneuver has a unique interval period. This means that you will look back in the patient chart for different lengths of time depending on the maneuver. The length of time is recorded in the [Maneuver Table](#) section on page 28, and also on the ChartReview tab (indicated by the red arrow).

	A	B	C
1	Chart Review for:		
2	Patient	1	2
3	Gender		
4	Age		
5	Blood Pressure	Yes	Yes
6	Offered (1 year)		
10	Plasma Lipid profile	No	No
11	Offered (5 yrs)		
15	Diabetes Screen	No	No
16	Offered (5 yrs)		
20	Height	Yes	Yes
21	Offered (past age 18)		
25	Weight	Yes	Yes
26	Offered (3 yrs)		
30	Tobacco Use Assessment	Yes	Yes
31	Offered (1 year)		
35	Pap Test	No	No
36	Offered (3 yrs)		



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## **IMPORTANT**

The ASaP Program measures the offer of a screen regardless if that screen was completed or not.

Example 1: If a provider documents an offer to do a diabetes screen but the patient declines, you would record “Yes” for Diabetes Screen.

Example 2: If a provider documents that a patient is a non-smoker you would record “Yes” for Tobacco Use Assessment

If a patient does not qualify for a maneuver but this has been documented in the chart, record “Yes” for the screen.

Example 1: A patient meets gender and age requirements for a mammogram; However the provider indicates a mammogram does not apply because the patient has had a double mastectomy, record “Yes” for screen.

The exemption must be recorded in the chart for the screen to be a “Yes”. There is no need to search the entire chart for exemptions. Only search as far back as the maneuver interval. The exemption cannot be assumed; the provider must clearly indicate that a screen is not required or appropriate.

If the provider documents a note to not ask the patient about a maneuver, for any reason, record “Yes” for the screen.

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In your review of charts it is important that you review all areas of the chart that are not specific to a patient visit (e.g., the cover sheet of a paper record, complex care plans, the Goals section of the Med Access EMR, etc.). Repeat this process until you have reviewed the number of charts required in your selection.

After you have completed the chart reviews, please fill in the fields at the bottom of the ChartReview tab, as shown below.

131		
132	<b>Chart Review Demographics</b>	
133	<i>Please complete the section below prior to submission to TOP.</i>	
134	Date Chart Review done	<input type="text"/>
135	Chart Reviewer:	<input type="text"/>
136	Was I prepared?	<input type="text"/>
137		
138	<b>Provider panel size</b>	<input type="text"/> (Estimated is fine)
139		

Repeat this process for each provider enrolled in ASaP desiring a Sustainability Review.

## Maneuver Table

The following table outlines examples of when a chart reviewer should record a “Yes” for the offer of a screen. See [Revised Screening Maneuvers Menu for Adults 2017](#).

You may wish to consult with a clinic staff member to determine where in the EMR you are most likely to find the offer of a screen and record that information in the last column. At no time throughout the chart review should you be required to make assumptions or judgments.

You may want to ask the clinic:

- whether scanned documents are used for results for any of these maneuvers
- which risk calculator or screening tools they use, if any

Ask the clinic staff member if the EMR is set up with any rules that apply to the maneuver menu, particularly exemptions.

Example: The clinic has set up a rule that all patients with double mastectomies do not get reminders for mammograms. If this rule is set, a chart review with the double mastectomy would be a “Yes” for mammogram screening.

For each maneuver there are four possible chart notations:

- a record of offer (or ask)
- a result

- a record of patient decline
- a recorded exemption

Any of the four recorded in the chart will result in a “Yes” on the Chart Review Form. If none are found, record “No”. In general, the most common record of screening offer will be results and offers. Exemptions and declines, for most maneuvers, will be rare.

When reviewing charts, be sure that any narrative text is date stamped.

If the patient record does not go back as far as the maneuver interval (e.g., patient record is only 2 years old, and colonoscopy screens are every 10 years), continue to look for offer, decline, results or exemption. In addition, look for a note from the provider that the screen was performed before patient attachment to the current provider (i.e., screen was performed by a previous provider)



MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
Blood Pressure	18 - 79	1 year	All	<ul style="list-style-type: none"> <li>• Record of offer</li> <li>• Record of result (<i>most common</i>)               <ul style="list-style-type: none"> <li>○ Blood pressure results (systolic and diastolic)</li> </ul> </li> <li>• Record of patient decline</li> <li>• Recorded exemption</li> </ul>	<ul style="list-style-type: none"> <li>• may be recorded in SOAP notes or complex care plans</li> </ul>
Plasma Lipid Profile ( <b>Non-Fasting</b> )	40 - 74 years	<b>5 years</b>	Age has been harmonized to 40 for both men and women	<ul style="list-style-type: none"> <li>• Record of offer               <ul style="list-style-type: none"> <li>○ Lab requisition</li> </ul> </li> <li>• Record of result               <ul style="list-style-type: none"> <li>○ HDL, LDL, triglycerides</li> </ul> </li> <li>• Record of patient decline</li> <li>• Recorded exemption</li> </ul>	<ul style="list-style-type: none"> <li>• all three of HDL, LDL and triglycerides must be recorded to report “Yes” to the offer</li> <li>• total cholesterol does not count, this would be a “No” if no other information is available</li> <li>• may be in SOAP notes</li> <li>• 2014 Fasting for Plasma Lipid</li> </ul>

MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
					Profile no longer required <ul style="list-style-type: none"> <li>• <b>2016 interval lengthened from every 3 years to every 5 years.</b></li> </ul>
Diabetes Screen	40 - 79	<b>5 years</b>	All	<ul style="list-style-type: none"> <li>• Record of offer               <ul style="list-style-type: none"> <li>○ Lab requisition</li> </ul> </li> <li>• Record of result, at least one of:               <ul style="list-style-type: none"> <li>○ Fasting blood glucose (FBG)</li> <li>○ Hemoglobin A1c (HGbA1c)</li> <li>○ Use of a diabetic risk calculator (e.g. CANRISK, FINDRISC, etc.)</li> </ul> </li> <li>• Record of patient decline</li> <li>• Recorded exemption</li> </ul>	<ul style="list-style-type: none"> <li>• if a diagnosis of diabetic is noted, look for a blood result; a diagnosis alone does not count as a “Yes”</li> <li>• ask the clinic which risk calculator they may use</li> <li>• <b>2016 interval lengthened from every 3 years to every 5 years.</b></li> </ul>
Height and Weight	Height: 18 - 79	Height - At least once	All	<ul style="list-style-type: none"> <li>• Record of offer</li> <li>• Record of result               <ul style="list-style-type: none"> <li>○ BMI in the last year is as</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• may be in chart notes or a separate field</li> <li>• check for height in its own</li> </ul>

MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
	Weight: 18 - 79	Weight - 3 years		<p>a “Yes” to both</p> <ul style="list-style-type: none"> <li>Record of patient decline</li> <li>Recorded exemption</li> </ul>	<p>field, or at the last physical exam for the patient; if it is not found, record a “No”</p> <ul style="list-style-type: none"> <li><b>2016 interval lengthened from annual to every 3 years for weight.</b></li> </ul>
Tobacco Use Assessment	18 - 79	1 year	All	<ul style="list-style-type: none"> <li>Record of ask or counsel</li> <li>Record of result <ul style="list-style-type: none"> <li>For example: non-smoker, former smoker, use of cigarettes, cigars, chew, smokeless cigarettes, etc.</li> </ul> </li> <li>Record of patient decline</li> <li>Recorded exemption</li> </ul>	<ul style="list-style-type: none"> <li>mention of any tobacco use is a “Yes”; smoking of other substances is a “No”</li> <li>may be on problem list in EMR</li> <li>may be part of a complex care plan</li> <li>may be in social history, personal history or medical history → these must be dated to count as a “Yes”</li> </ul>

MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
Pap Test	<p>25 – 69 (do Pap test)</p> <p>21 – 24 - Pap test is optional</p> <p>*record of screen will not be measured</p> <p>18 – 20 (do NOT do Pap test)</p>	3 years	Women only	<ul style="list-style-type: none"> <li>• Record of offer               <ul style="list-style-type: none"> <li>○ Record of pap done elsewhere is a “Yes”</li> <li>○ Copy of requisition</li> </ul> </li> <li>• Record of result</li> <li>• Record of patient decline</li> <li>• Recorded exemption</li> </ul>	<ul style="list-style-type: none"> <li>• indication that “not enough cells were available to complete test” counts as a “Yes” for offer of screen</li> <li>• Not sexually active counts as a “Yes” for offer of screen (Documented exemption)</li> <li>• <b>2016 age of initiation for Pap test increased from 21 to 25 (or after commencement of sexual activity whichever is later)</b></li> <li>• <b>2016 women under age of 21 should NOT have Pap test</b></li> <li>• <b>Always record whether correct</b></li> </ul>

MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
					<p>offer was made: “Yes” when not offered to women 18-20 and “Yes’ when offered to women 25-69. The Super Form will prompt you.</p> <ul style="list-style-type: none"> <li>• 2016 - For recommended clinical behavior: - refer to the Maneuver Menu for practice points around the “Do not do” pap testing for those under the age of 21.</li> </ul>
Mammography	50 – 74	2 years	Women only	<ul style="list-style-type: none"> <li>• Record of offer <ul style="list-style-type: none"> <li>○ Copy of requisition</li> </ul> </li> <li>• Record of decline</li> </ul>	2014 age range for mammography increased from 50 – 69 to 50 -74.



MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
				<ul style="list-style-type: none"> <li>Record of results               <ul style="list-style-type: none"> <li>Imaging, x-ray report, etc.</li> </ul> </li> <li>Recorded exemption</li> </ul>	
Colorectal Cancer Screen	50 - 74	2 years (FIT)  5 years (Flex Sigmoidoscopy)  10 years (Colonoscopy)	All	<ul style="list-style-type: none"> <li>Record of offer               <ul style="list-style-type: none"> <li>Copy of requisition</li> <li>Letter of referral for colonoscopy or flex sigmoidoscopy</li> <li>FIT Test result</li> </ul> </li> <li>Record of decline</li> <li>Record of results               <ul style="list-style-type: none"> <li>Gastroenterologist report of sigmoidoscopy or colonoscopy</li> <li>Anatomical pathology report on colonoscopy</li> </ul> </li> <li>Recorded exemption</li> </ul>	<ul style="list-style-type: none"> <li>digital rectal exam (DRE), rigid sigmoid or barium enema do not count towards screening, they are a “No”</li> <li>also look for: Sigmoid, colon, scope, FIT</li> </ul>
Cardiovascular	40 - 74 years	5 years	Age has been	<ul style="list-style-type: none"> <li>Record of offer</li> <li>Record of decline</li> </ul>	<ul style="list-style-type: none"> <li><b>2016 interval lengthened from every 3 years to every 5</b></li> </ul>

MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
Risk Calculation			harmonized to 40 for both men and women	<ul style="list-style-type: none"> <li>• Record of results               <ul style="list-style-type: none"> <li>○ Record of use of a tool (e.g., Framingham, SCORE, Reynolds, etc.)</li> <li>○ Record of tool score</li> </ul> </li> <li>• Recorded exemption</li> </ul>	<b>years.</b>
Exercise Assessment	18 - 79	1 year	All	<ul style="list-style-type: none"> <li>• Record of ask</li> <li>• Record of decline</li> <li>• Record of results, for example:               <ul style="list-style-type: none"> <li>○ Frequency of exercise</li> <li>○ Balance improvement plan</li> <li>○ Recorded use of a screening tool</li> <li>○ Use of a pedometer</li> </ul> </li> <li>• Recorded exemption</li> </ul>	<ul style="list-style-type: none"> <li>• may be part of a complex care plan</li> <li>• may be in chart notes</li> <li>• may be in social history or personal history</li> </ul>
Influenza Vaccination	18 - 79	1 year	All	<ul style="list-style-type: none"> <li>• Record of offer or counsel</li> <li>• Record of decline</li> <li>• Record of results</li> </ul>	<ul style="list-style-type: none"> <li>• patient declines may be common</li> <li>• may be part of a complex care</li> </ul>

MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
				<ul style="list-style-type: none"> <li>○ Record of vaccine given</li> <li>• Recorded exemption</li> </ul>	plan
<i>Alcohol Use Assessment</i>  <b>No longer recommended</b>	18 - 79	3 years	All	<ul style="list-style-type: none"> <li>• <i>Record of ask or counsel</i></li> <li>• <i>Record of decline</i></li> <li>• <i>Record of results</i> <ul style="list-style-type: none"> <li>○ <i>Frequency of use, record of referral, recorded use of a screening tool (e.g., AUDIT, MAST, etc.)</i></li> </ul> </li> <li>• <i>Recorded exemption</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>may be in chart notes, complex care plan or social history</i></li> <li>• <b>2016 no longer recommended</b></li> </ul>