Child Health and Disability Prevention (CHDP) Program
MEDICAL RECORD REVIEW TOOL

CHDP Provider Name: _____   Office Contact Name(s): _____

Site Address: _____   Reviewer Name: _____

_____   Date: _____

Clinician   1) _____   3) _____

2) _____   4) _____

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
1. Format Criteria														
A. An individual medical record is established for each child/youth.		2												
1) Child/Youth identification is on each page.		2												
2) Individual personal biographical information is documented.		1												
3) Emergency contact is identified.		1												
4) Each medical record is consistently organized.		1												
5) Chart contents are securely fastened.		1												
6) Each medical record has documentation that the parent/guardian of the child/youth has received a copy of the office's/clinic's notice of Privacy Practices.		1												

Comments:

Total Possible Per Chart	9	
Section 1 Total Possible per Chart	**9**	Section 1 Total:

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)			1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician	Wt.												
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
2. Documentation Criteria														
A.	Allergies and adverse reactions are prominently noted at each well-child visit.	2												
B.	Health-related conditions are identified (e.g., problem list).	1												
C.	Current continuous medications are listed.	1												
D.	Appropriate consents are present:														
	1) Consent for Treatment.	1												
	2) Release of Medical Information.	1												
	3) Informed Consent for specific procedure.	1												
E.	Errors are corrected according to legal medical documentation standards.	1												
F.	All entries are signed, co-signed if applicable, dated, and legible.	2												
G.	Copy of completed pre-enrollment application (DHCS 4073) in chart, if using Gateway.	2												
Comments: Total Possible Per Chart		12												
Section 2 Total Possible Per Chart		**12**										**Section 2 Total:**		

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
3. Coordination and Continuity of Care Criteria														
A. Comprehensive Health History.														
1) Past Medical History.		3												
2) Social History.		2												
3) Review of systems.		2												
4) Family History.		2												
B. **Treatment plans address identified conditions found during history and physical examination.**		**2**												□ Pass □ Fail
C. **Instructions of child/youth and/or primary caregiver for follow-up care are documented.**		**2**												□ Pass □ Fail
D. Unresolved and/or continuing problems are addressed and documented at the time of the subsequent visit.		2												
Comments: Total Possible Per Chart		15												□ Pass □ Fail

Section **Sub**-Total:

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
3. Coordination and Continuity of Care (Cont'd)														
E. Test results, reports, and referrals														
1)	Consultation, test results, diagnostic reports, and referrals have explicit notation of review in the medical record.	2												□ Pass □ Fail
2)	Test results, diagnostic reports, referrals, and consultation reports are discussed with parent(s), legal guardian, and/or child/youth with explicit notation in the medical record.	2												□ Pass □ Fail
3)	If Health Assessment Only Provider, referred child/youth to a medical and dental home. **Or** If Comprehensive Health Provider, referred child/youth to a dental home.	3												
4)	Age appropriate referral to WIC.	2												
F.	Missed appointments and follow-up contacts/outreach efforts are documented.	2												

Comments: Total Possible Per Chart **11**

Section 3 Total Possible Per Chart 26

Section **Sub**-Total: □ Pass □ Fail

Section 3 Total: □ Pass □ Fail

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
4. Pediatric Preventive Criteria														
A. Developmental Screening Completed. Tool Used:_____		2												
B. Behavioral Screening Completed. Tool Used:_____		2												
C. **Vision Screening (Snellen Test or equivalent) completed and documented.**		**2**												□ Pass □ Fail
D. **Hearing Screening completed and documented.**		**2**												□ Pass □ Fail
E. Fluoride use appropriate for age and location.		2												
F. CHDP lab work is present and documented.														
1) **Hb/Hct.**		**2**												□ Pass □ Fail
2) Other testing is completed as appropriate.		2												
3) Lead counseling, screening ordered, and results documented.		2												
G. TB risk assessment and/or tuberculin skin test (Mantoux) is completed.		2												
Comments: Total Possible Per Chart		18												□ Pass □ Fail

Section **Sub**-Total:

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
4. Pediatric Preventive Criteria (Cont'd)														
H. Childhood Immunizations (IZs):														
1) Immunization summary page is present and includes consolidation of IZs from other sources.		2												
2) **IZs were given by this provider when due (at the time of the visit), unless medically contraindicated or refused by the parent.**		**2**												□ Pass □ Fail
3) **For each vaccine, the administration site, manufacturer and lot number are recorded in the medical record.**		**2**												□ Pass □ Fail
4) For each vaccine, receipt of the Vaccine Information Statement (VIS) is documented including edition date.		2												
I. **Age-appropriate growth measurements are taken and plotted sequentially at each visit.**														
1) Head Circumference.		2												
2) Body Mass Index (BMI) Percentile.		3												
3) Weight.		2												
4) Length/Height (recumbent length/standing height) taken and plotted on appropriate growth chart.		2												
J. Vital Signs (TPR, BP) are measured at each visit appropriate for age.		2												
Comments:	Total Possible Per Chart	19												□ Pass □ Fail

Section **Sub**-Total:

Criteria met: Give full points. Criteria not met: 0 points. Criteria not applicable: N/A (Give full points)		Wt.	1	2	3	4	5	6	7	8	9	10	Score	Pass Fail
[ ] Electronic	Clinician													
[ ] Paper	Child ID													
[ ] Hybrid	Age/Gender													
4. Pediatric Preventive Criteria (Cont'd)														
K. Initial and Periodic Health Assessments are completed.														
1) History and Physical Exam.		2												□ Pass □ Fail
2) Dental assessment.		2												□ Pass □ Fail
3) Nutritional assessment.		2												□ Pass □ Fail
4) Health education/anticipatory guidance.		2												□ Pass □ Fail
5) Developmental/Behavioral assessment.		2												□ Pass □ Fail
6) Tobacco assessment.		2												□ Pass □ Fail
L. Health assessment results submitted for billing/reporting are consistent with documentation in the medical record.		4												□ Pass □ Fail

Comments: Total Possible Per Chart: **16**

Section 4 Total Possible Per Chart: 53

Section **Sub**-Total: ___   □ Pass □ Fail

Section 4 Total: ___   □ Pass □ Fail

Child Health and Disability Prevention (CHDP) Program
MEDICAL RECORD REVIEW TOOL SCORING INSTRUCTIONS AND REVIEWER GUIDELINES

General Guidelines for Review of a Paper or Electronic Medical Record
- All sites, including mobile van, satellite centers, and school-based clinics must be reviewed using the Medical Record Review Tool (DHCS 4492) in conjunction with the CHDP Facility Review Tool (DHCS 4493) during an on-site visit to a provider.
- Local CHDP Programs enrolling a **new** provider should request a pediatric chart(s) with equivalent services.
- On subsequent reviews, request <u>current</u> CHDP records.
- This form may not be used for more than one provider.

Directions for Scoring
- Every item is weighted.
- Total possible points = 100 (per record reviewed).
- Review a minimum of **five** randomly selected medical records per provider site.
- Score full weighted points for each criterion that is met. Do not score partial points for any criterion.
- Score zero points if criterion is not met.
- Not applicable (N/A) applies to any criterion that does not apply to the medical record being reviewed. Score N/A with the full weighted points (1 or 4 as designated) for that criterion.
- Add the category scores for each record reviewed to determine to total points of the review score.
- Multiply the number of records reviewed by the total possible points per record to score the total possible points. (100 X number of records reviewed)
- Calculate the percent score by dividing the Review score points by the total possible point. For example,

	Review Score Points Awarded	Total Score Points Possible	Percent Score Calculation
Five Records	450	500	450 ÷ 500 X 100 = 90%

- Round percentages to the next smaller percentage if < 0.5 or to the next larger percentage if 0.5 or >. For example, if the score for five records was 74.8%, would be reported as 75%.
- Determine the degree of successful completion by the provider for the Medical Record Review using the following thresholds.

Line Items: Optional per local county determination
- Line item components are identified in **_Bold_** and, if used, must be met in addition to the overall score. If 50% or more of the medical records are deficient in a particular line item, the criteria is not met (e.g. failed). Criteria will be reassessed at a follow-up visit and Conditional Approval may be warranted if line item components are still deficient.

FULL APPROVAL 88% through 100%   **CONDITIONAL APPROVAL 70% through 87%**   **NOT APPROVED less than 70%**
with line items passed   **with line items failed**

Child Health and Disability Prevention (CHDP) Program
Medical Record Review Scoring Summary Sheet

Instructions:
- Transfer point totals from the Medical Record Review Tool (DHCS 4492) for each Criteria Section into the Total Points Given column. Add up Total Points Given.
- Enter the number of Total Records Reviewed. Multiply the Total Records Reviewed by the Maximum Points Possible for Each Record Reviewed to determine the Maximum Points Possible for All Records Reviewed. Add up Maximum Points Possible for All Records Reviewed.
- To determine the percentage, calculate: (Total Points Given ÷ (Maximum Point for All Records Reviewed) X 100 = Percentage. Then follow the instructions for scoring the Medical Record Review Tool.

Optional: Line Items
- Enter the number of line items passed and/or failed for each criteria section into the line item passed/failed columns.
- The provider is placed on Conditional Approval if any lines items are failed, regardless of the total numeric score.

Medical Record Criteria	Total Points Given	Maximum Points Possible			Line Items	
		Total Records Reviewed	For *Each* Record Reviewed	For *All* Records Reviewed	# passed	# failed
1. Format			9			
2. Documentation			12			
3. Coordination and Continuity of Care			26			
4. Pediatric Preventive Care			53			
Total Score			100		□ pass	□ fail

Approval Status: □ Full Approval with line items passed 88% through 100%   □ Conditional Approval with line items failed 70% through 87%   □ Not Approved less than 70%