



ASaP Chart Review Instructions - for Paper Based Charts

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Overview

The chart review data will be used 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 aggregate information to Primary Care Networks or other primary care organizations on the impact of the intervention.
- Provide aggregate information on the effectiveness of the program.

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

What's New for 2016 Maneuvers Menu Update

With the release of a new maneuvers menu in May 2016 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.

- **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 (www.topalbertadoctors.org/asap). 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 (www.topalbertadoctors.org/asap). 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@topalbertadoctors.org.

IMPORTANT

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

Read all instructions before starting.

Before Baseline Chart Review:

1. Confirm with the Primary Care Network or other organization (e.g., Family Care Clinic, Community Health Centre, etc.) 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.).
2. Connect with the Improvement Facilitator (in many cases, the Improvement Facilitator may conduct the Chart Reviews):
 - a. to ensure that the provider is able to generate a panel list of confirmed patients 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
 - b. to obtain a copy of the ASaP Provider Super Form that has the provider's information already entered, this should include the selected sample size and selected maneuvers.
 - c. 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. if the clinic has multiple providers you may wish to consult with a TOP Improvement Advisor for guidance. Using a printout list of each provider's panel may be useful.
 - d. to request that the clinic contact be available to assist you with navigating the patient record.

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- e. 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.
 5. Generate a random letter by going to www.randomlettergenerator.com and record this letter before arriving onsite.

If you are conducting a chart review for more than one provider, generate a new letter for each provider.

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. Ask the clinic contact 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 27.
3. Ask who can assist you with questions should they arise during your chart review.

Completing the Baseline Chart Review:

The number of charts to be reviewed should be selected before beginning the chart review. This number will be between 10 and 30 in increments of 5. If you are not sure what has been selected, the ASaP Provider Super Form defaults to 20.

IMPORTANT

All reviewed charts must meet the following criteria:

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

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). At any time, refer to the [ASaP Glossary](#) for definition of terms and acronyms located on the ASaP website.

Baseline Chart Review

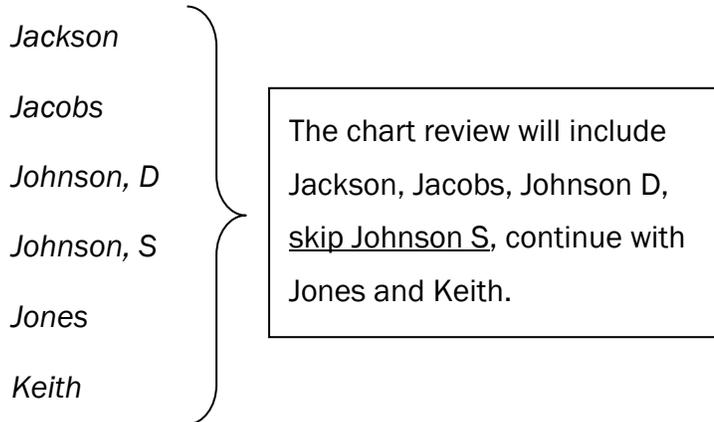
The baseline chart review is the first review conducted, before the start of the intervention period. This should be completed once the provider has selected which screening maneuvers to include and after it has been established that the provider can generate a list of panel patients.

How to Determine Which Charts to Review

- Using the recorded letter from www.randomlettergenerator.com, find the chart for the first patient whose last name begins with the generated letter.
 - You will need to open each chart to determine the patient's age and determine if the patient has documented attachment to the provider whose review is being conducted. If the charts are organized by provider, only the age will need to be verified.
- 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

For example, if the letter generated is “J”, the records may look like this:



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.*

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 ASaP Provider Super Form:

- Macros must be enabled.
- 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.

	A	B	C	D	E	F	G	H	I	J
1	Chart Review Set Up and Maneuver Choices									
	Read Instructions									
2	<i>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.</i>									
3	The Chart Reviews will be done for:									
4	PCN									
5	Clinic	0								
6	Provider									
7	Improvement Facilitator									
8										
9	Choose the maneuvers to be reviewed in each Chart Review:		Required	Optional Measures						
10			Offered	Logic	Value1	Value2				
11	Blood Pressure	Yes	Yes	No	No	No				
12	Plasma Lipid profile	Yes	Yes	No	No	No				
13	Diabetes Screen	Yes	Yes	No	No	No				
14	Height	Yes	Yes	No	No	No				
15	Weight	Yes	Yes	No	No	No				
16	Tobacco Use Assessment	Yes	Yes	No	No	No				
17	Pap Test	Yes	Yes	No	No	No				
18	Mammography	Yes	Yes	No	No	No				
19	FOBT/FIT	Yes	Yes	No	No	No				
20	Flex Sig	Yes	Yes	No	No	No				
21	Colonoscopy	Yes	Yes	No	No	No				
22	CV Risk Calculation	Yes	Yes	No	No	No				
23	Exercise	Yes	Yes	No	No	No				
24	Flu Vaccination or Screen	Yes	Yes	No	No	No				
25	Alcohol Use Assessment	No	Opt Out	Yes	No	No	No			
26										

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

Whole Panel
Using EMR to generate data on the entire panel?

Set Up Complete Activate Baseline Charts

NOTE:

- **Alcohol Use Assessment**
 - defaults “No” as per the 2016 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)
- Note that Height and Weight are considered one selection.

- Note that 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** on page 27, and also on the Chart Review 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.

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 has a documented exemption in the chart for a particular maneuver, 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.

Example 2: A patient meets gender and age requirements for CV Risk Calculation; however, there is clear evidence of the introduction of a statin, or a previous CV event. 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.

Reminder: if no information about a maneuver is found, the screen is recorded as a “No”. Please do not leave cells blank

In your review of charts it is important that you review all areas of the chart that are not specific to a patient visit. This may include:

- the cover sheet of a paper record
- complex care plans
- history (hx)
- scanned documents
- problem list
- chart notes from other providers

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 Chart Review tab, as shown below.

131	
132	Chart Review Demographics
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	Provider panel size <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. “Was I prepared?” asks you to rate from “Strongly Disagree” to “Strongly Agree” your level of preparedness to complete the chart reviews based on the training and information that you had received.

If possible record the provider’s estimated panel size.

Repeat this process for each provider enrolled in ASaP. Generate a new random letter for each provider.

E-mail completed Excel file(s) to asap@topalbertadoctors.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.*

This review should be completed and submitted within two weeks of the four month interval date. In circumstances where the chart review may be delayed, consult with the Improvement Facilitator or Improvement Advisor.

The goal of the follow-up chart review is to forecast the improvement over the entire panel if the provider continued with his/her methods 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.

Repeat the chart review preparation steps:

Before Follow-Up Chart Review:

1. Connect with the Improvement Facilitator:
 - a. to determine the methods used by the provider during the intervention period (see below – *How to Determine Which Charts to Review* for details).
 - b. to obtain a copy of the ASaP Provider Super Form that has the 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 methods, determine if a list can be generated of those contacted by the outreach method. If this list cannot be generated, connect with your Improvement Facilitator.

Confirm that the number of patients reached using outreach methods is enough to obtain the sample size (e.g., 5, 10 or 15). If it is not enough, consult with the Improvement Facilitator.

- c. to request that the clinic contact be available to assist you with navigating the patient record.
 - d. to confirm, if necessary, that there will be space for you to set up a laptop.
3. Go to www.randomlettergenerator.com and record the letter that appears.

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

1. Ask the clinic contact where you would find documentation of screening. You may wish to refer to the specific chart review elements in the [Maneuver Table](#) on page 27.
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** methods
- The provider may have used **only opportunistic** methods
- The provider may have used **both outreach and opportunistic** methods

The process for conducting the follow-up chart review depends on which methods the provider used.

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

Provider Used Both Methods or Provider Used Outreach Only

The total number of charts to be reviewed will be cut in half. Each half will follow a different method.

The first half of the charts to be reviewed will be drawn from patients who had appointments in the two months prior to the follow-up chart review.

- Use the clinic scheduler to determine which patients had appointments in the last two months.
- From today's date (the date of the follow-up chart review), move two months back in the scheduler.
- Move forward in time, selecting two patients for each date that the provider was in the clinic.
 - The two patients should be selected from a mid-morning appointment (e.g., 10:00 am) and a mid-afternoon appointment (e.g. 2:00 pm). If only one is available, only pick one for that day.

IMPORTANT

Example: The Baseline Chart Review was completed on May 1st, 2013. The Follow-Up Chart Review should be conducted between September 1st and September 15th 2013. Today is September 5th, 2013. In the schedule, go to July 5th, 2013. Select two patients who fit the inclusion criteria, one from a 10:00 am appointment and the other from a 2:00 pm appointment. Move to July 6th and select two more patients who fit the inclusion criteria. Continue moving forward in time until the sample size is filled.

If selecting two patients per day will not provide enough charts to review to fill the sample size, select four patients per day (at roughly 10:00 am, 11:00 am, 2:00 pm and 3:00 pm).

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 still attached to the provider whose the 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.

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 patients:

- *whose last names begin with Z through to Th,*
- *are attached to the provider, and*
- *who are aged 18 – 79 as of today’s date.*

Sort the list in alphabetical order by last name. Use the random letter generated and start with the first patient whose last name begins with the generated 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 7 for how to select charts.

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.

Example 2: 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.

Note that if the outreach strategy focused on one particular maneuver, you must determine if the provider intends to address the other maneuvers sequentially or to stop outreach.

Example 4: The provider produces a list of all women overdue for mammograms, and calls all the women in alphabetical order. By the time of the follow-up chart review, all women on the list have been called. This is the first of the 11 maneuvers the provider intends to do outreach for. For the chart reviews, replicate the list of women overdue for mammograms, use the random letter generated and start with the first patient whose last name matches that letter.

Example 5: The provider produces a list of all women overdue for mammograms, and calls all the women in alphabetical order. By the time of the follow-up chart review, all women on the list have been called. There is no plan to continue this process with another screening maneuver. For the chart reviews, generate a list of all patients, regardless of age, gender or mammogram status. Use the random letter generated and start with the first patient whose last name matches that letter.

In all scenarios, the sample will consist of patients who fit the outreach criteria, regardless of whether or not contact was made from the clinic. Ensure that list does not exclude individuals who are up to date on screening.

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.

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.

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.

Provider Used Opportunistic Methods Only

The total number of charts to be reviewed will be cut in half. Each half will follow a different method.

The first half of the charts to be reviewed will be drawn from patients who had appointments in the two months prior to the date of the follow-up chart review.

- Use the clinic scheduler to determine which patients had appointments in the last two months.
- From today's date (the date of the follow-up chart review), move two months back in the scheduler.
- Move forward in time, selecting two patients for each date that the provider was in the clinic.
 - The two patients should be selected from a mid-morning appointment (e.g., 10:00 am) and a mid-afternoon appointment (e.g. 2:00 pm). If only one is available, only pick one for that day.

IMPORTANT

Example: The first improvement team meeting was completed on May 1st, 2013. The Follow-Up Chart Review should be conducted between September 1st and September 15th 2013. Today is September 5th, 2013. In the schedule, go to July 5th, 2013. Select two patients who fit the inclusion criteria, one from a 10:00 am

appointment and the other from a 2:00 pm appointment. Move to July 6th and select two more patients who fit the inclusion criteria. Continue moving forward in time until the sample size is filled.

If selecting two patients per day will not provide enough charts to review to fill the sample size, select four patients per day (at roughly 10:00 am, 11:00 am, 2:00 pm and 3:00 pm).

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 still attached to the provider whose the review is being conducted.

The second half of the charts to be reviewed will be drawn from:

- any patient meeting the inclusion criteria: aged 18 – 79, and
- attachment to the provider whose chart review is being conducted.

This replicates the method used for the baseline chart review.

- Use the random letter generated. In your list of patients, go to the first patient whose last name begins with that letter.
 - In paper charts you will need to open each record to determine the patient's age and determine if the patient has documented attachment to the provider whose review is being conducted. If the charts are organized by provider, only the age will need to be verified.
- 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 7 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 full panel (i.e., baseline method).

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

Note that if the same chart appears twice, that is, it appears in both the opportunistic sample and in the full panel 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.

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.

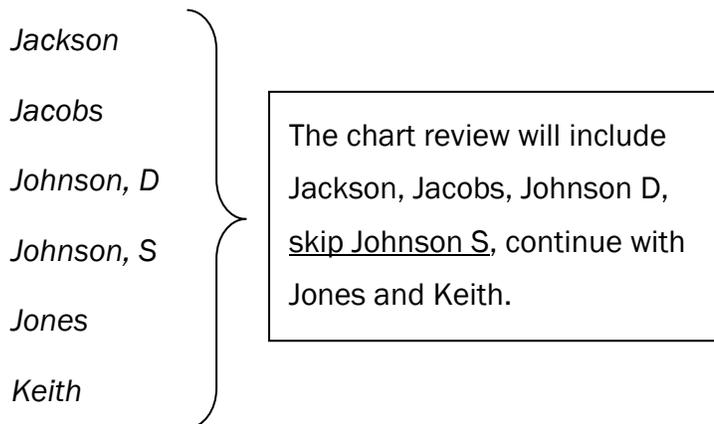
If indicator(s) are not present please contact your TOP IMPROVEMENT ADVISOR to assess the appropriate method to understand current screening performance.

How to Determine Which Charts to Review

- Using the recorded letter from www.randomlettergenerator.com, find the chart for the first patient whose last name begins with the generated letter.
 - You will need to open each chart to determine the patient's age and determine if the patient has documented attachment to the provider whose review is being conducted. If the charts are organized by provider, only the age will need to be verified.
- 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

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



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.*

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 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.

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** on page 27, and also on the Chart Review tab (indicated by the red arrow) Discrepancies between the Super Form and **Maneuver Table** indicate the Super Form is out of date and the **Maneuver Table** should be used.

	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)		

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 has a documented exemption in the chart for a particular maneuver, 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.

Example 2: A patient meets gender and age requirements for CV Risk Calculation; however, there is clear evidence of the introduction of a statin, or a previous CV event. 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.

Reminder: if no information about a maneuver is found, the screen is recorded as a “No”. Please do not leave cells blank

In your review of charts it is important that you review all areas of the chart that are not specific to a patient visit. This may include:

- the cover sheet of a paper record
- complex care plans
- history (hx)

- scanned documents
- problem list
- chart notes from other providers

Repeat this process until you have reviewed the number of charts required in your selection. Repeat this process for each provider enrolled in ASaP. Generate a new random letter for each provider.

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	Chart Review Demographics
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	Provider panel size <input type="text"/> (Estimated is fine)
139	

E-mail completed Excel file(s) to asap@topalbertadoctors.org.

Maneuver Table

The following table outlines examples of when a chart reviewer should record a “Yes” for the offer of a screen.

You may wish to consult with a clinic staff member to determine where in the paper chart 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 which risk calculator or screening tools they use, if any.

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 tab of the ASaP Provider Super 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"> • Record of offer • Record of result (<i>most common</i>) <ul style="list-style-type: none"> ○ Blood pressure results (systolic and diastolic) • Record of patient decline • Recorded exemption 	<ul style="list-style-type: none"> • may be recorded in SOAP notes or complex care plans
Plasma Lipid Profile (Non-Fasting)	40 - 74 years (men) 50 - 74 years (women)	5 years	Age ranges differ by gender	<ul style="list-style-type: none"> • Record of offer <ul style="list-style-type: none"> ○ Lab requisition • Record of result <ul style="list-style-type: none"> ○ HDL, LDL, triglycerides • Record of patient decline • Recorded exemption 	<ul style="list-style-type: none"> • all three of HDL, LDL and triglycerides must be recorded to report "Yes" to the offer • total cholesterol does not count, this would be a "No" if no other information is available • may be in SOAP notes • 2014 Fasting for Plasma Lipid Profile no longer required

MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
					<ul style="list-style-type: none"> • 2016 interval lengthened from every 3 years to every 5 years.
Diabetes Screen	40 – 79	5 years	All	<ul style="list-style-type: none"> • Record of offer <ul style="list-style-type: none"> ○ Lab requisition • Record of result, at least one of: <ul style="list-style-type: none"> ○ Fasting blood glucose (FBG) ○ Hemoglobin A1c (HGbA1c) ○ Use of a diabetic risk calculator (e.g. CANRISK, FINDRISC, etc.) • Record of patient decline • Recorded exemption 	<ul style="list-style-type: none"> • if a diagnosis of diabetic is noted, look for a blood result; a diagnosis alone does not count as a “Yes” • ask the clinic which risk calculator they may use • 2016 interval lengthened from every 3 years to every 5 years.
Height and Weight	Height: 18 - 79 Weight:	Height - At least once Weight – 3 years	All	<ul style="list-style-type: none"> • Record of offer • Record of result <ul style="list-style-type: none"> ○ BMI in the last year is as a “Yes” to both 	<ul style="list-style-type: none"> • may be in chart notes or a separate field • check for height in its own field, or at the last physical

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

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"> • Record of offer <ul style="list-style-type: none"> ○ Record of pap done elsewhere is a “Yes” ○ Copy of requisition • Record of result • Record of patient decline • Recorded exemption 	<ul style="list-style-type: none"> • indication that “not enough cells were available to complete test” counts as a “Yes” for offer of screen • Not sexually active counts as a “Yes” for offer of screen (Documented exemption) • 2016 age of initiation for Pap test increased from 21 to 25 (or after commencement of sexual activity whichever is later) • 2016 women under age of 21 should NOT have Pap test • Always record whether correct

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"> • 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.
Mammography	50 – 74	2 years	Women only	<ul style="list-style-type: none"> • Record of offer <ul style="list-style-type: none"> ○ Copy of requisition • Record of decline 	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"> Record of results <ul style="list-style-type: none"> Imaging, x-ray report, etc. Recorded exemption 	
Colorectal Cancer Screen	50 - 74	2 years (FIT) 5 years (Flex Sigmoidoscopy) 10 years (Colonoscopy)	All	<ul style="list-style-type: none"> Record of offer <ul style="list-style-type: none"> Copy of requisition Letter of referral for colonoscopy or flex sigmoidoscopy FIT Test result Record of decline Record of results <ul style="list-style-type: none"> Gastroenterologist report of sigmoidoscopy or colonoscopy Anatomical pathology report on colonoscopy Recorded exemption 	<ul style="list-style-type: none"> digital rectal exam (DRE), rigid sigmoid or barium enema do not count towards screening, they are a “No” also look for: Sigmoid, colon, scope, FIT
Cardiovascular	40 - 74 years	5 years	Age ranges differ by	<ul style="list-style-type: none"> Record of offer Record of decline 	<ul style="list-style-type: none"> 2016 interval lengthened from every 3 years to every 5

MANEUVER	AGE RANGE	TIME PERIOD	GENDER	LOOK FOR	TIPS, NOTES and HISTORY
Risk Calculation	(men) 50 - 74 years (women)		gender	<ul style="list-style-type: none"> • Record of results <ul style="list-style-type: none"> ○ Record of use of a tool (e.g., Framingham, SCORE, Reynolds, etc.) ○ Record of tool score • Recorded exemption 	years.
Exercise Assessment	18 - 79	1 year	All	<ul style="list-style-type: none"> • Record of ask • Record of decline • Record of results, for example: <ul style="list-style-type: none"> ○ Frequency of exercise ○ Balance improvement plan ○ Recorded use of a screening tool ○ Use of a pedometer • Recorded exemption 	<ul style="list-style-type: none"> • may be part of a complex care plan • may be in chart notes • may be in social history or personal history
Influenza Vaccination	18 - 79	1 year	All	<ul style="list-style-type: none"> • Record of offer or counsel • Record of decline • Record of results 	<ul style="list-style-type: none"> • patient declines may be common • may be part of a complex care

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