

**HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP
ALL TITLES PRIMARY CARE CLINICAL SITE VISIT FORM**

Care for people with HIV disease should reflect competence and experience on both primary care and therapeutics known to be effective in the treatment of HIV infection

On-Site Review of the following:

- I. Manuals, Publications, Guidelines
- II. Clinical Program Management
- III. Clinical Policies and Procedures
- IV. Medical Records Review
- V. HIV Clinical Services
- VI. Comprehensive Systems of Care/Community Linkages
- VII. Individual Medical Chart Audit

Standards

A *standard* is a consensus among experts in HIV/AIDS services where the practice or technique is essential to effective and efficient program operation. In this evaluation, a standard will be reviewed as:

- | | | |
|---|-----------|-----------|
| Yes – meets requirement completely | OR | Always |
| No – does not meet the requirement at all | | Sometimes |
| Partly – meets the requirement only part of the time | | Never |
| N/A -- does not apply in this situation or not reviewed | | Partly |

Subgrantee:
Location:
Date of Review:
Reviewer's Signature:

Abbreviations/ Short Terms Used in the Clinical Review

CDC	Center for Disease Control
CQI	Continuous Quality Improvement
DHHS	Department of Health and Human Services
EPA	Environmental Protection Agency
Grant	General Provisions for Grant Agreements (between Grantee and SubGrantee) Ryan White Titles II/SS, III, and IV
Guidelines	A policy or rule to give practical guidance
HRSA	Health Resources & Services Administration
OSHA	Occupational Safety and Health Act
PCAT	HRSA's Primary Care Assessment Tool
QM	Quality Management
Standards of Care	The Resource Group Medical/Case Management Standards of Care based on TDH, CDC, and HRSA guidelines
Standing Orders	Physicians instructions designed for patient populations with specific diseases, disorders, health problems, or sets of symptoms that are written, dated, and signed by the medical supervisor for use by the registered nurse, licensed vocational nurse, or any other staff members who function under these orders.
TDH	Texas Department of Health Evaluation Tool for Title II/SS
TRG	The Resource Group, Inc.

Section II. Clinical Program Management

2.0. For Title III Subgrantees	Yes	No	N/A	Reference
2.0.1. Active membership in Title III Primary Care Network (required)				TDH
a. Does the Title III agency representative/alternate attend 75% of the Title III Community/Consumer Advisory Board (CAB) meetings, i.e. 3 out of 4?				TDH
b. Does the Title III agency representative/alternate bring/send at least two consumers to each CAB meeting?				TRG
c. Does the Title III clinical provider/alternate attend 75% of the Title III Clinical Staff meetings, i.e., 3 out of 4?				TRG
2.1. For Title IV Subgrantees				
2.1.1. Does the Title IV agency representative/alternate regularly attend the Title IV Advisory Board Meetings?				None
2.1.2. Does the Title IV agency regularly send at least two consumers to the Title IV Quarterly Consumer Advisory Board meeting?				

Section III. Clinic Policies and Procedures

3.0. Clinical Policies and Procedures	Yes	No	Partly	N/A	Reference
Are there approved Clinical Policies/Procedures/Protocols (guidelines and/or a listing of steps to perform and/or deliver a clinical service) for:					PCAT.II.C. TDH
3.0.1. Clinical Services –					
a. A description of who can be served at the facility (adults, adolescents, infants and children, pregnant females)					PCAT.I.B.
b. Eligibility requirements (except for HIV counseling and testing): Proof of HIV Status Geographic inclusions/exclusion Financial requirements					PCAT.I.B. TDH.
c. Identify who will be providing direct patient care					TDH
d. Rights and responsibilities of client and providers including standards of conduct					PCAT.II.A.3a. TRG
3.0.2. Consents and Confidentiality Issues					PCAT.II.A.5. TDH
3.0.3. Medical Services provided					PCAT.II.A.6.
3.0.4. Emergencies, Walk-ins, Telephone Triage					PCAT.II.A.8.9. TDH
3.0.5. Routine tests and procedures					PCAT.II.c.1a. TDH
3.0.6. HIV Risk assessment (for testing centers) and on-going risk assessment after HIV+ diagnosis					PCAT.II.R.1.
3.0.7. Medical Record Documentation					PCAT.V.B.1 TDH.
3.0.9. Dental care					PCAT.II.A.12.
3.0.10. Referrals and a Method of Follow-up for:					PCAT.II.A.12
a. Dermatology					
b. Case management					
c. Gastroenterology					
d. Mental Health Counseling/ Treatment/Therapy Neurology					
e. Neurology					
f. Nutrition assessment, education, counseling, and nutritional supplements					
g. Ophthalmology					
h. Physical, Occupational and Rehabilitation Therapy					
i. Substance abuse counseling and treatment					
j. Other ancillary services					

Section III. Clinic Policies and Procedures (cont'd)

3.0.11. Written policy for the use of language/sign interpreters.					TDH
3.0.12. The agency maintains formal linkages with other agencies and providers that can assist in meeting the needs of HIV infected clients? (Letters of agreement, collaboration, MOUs, etc.)					PCAT.VI.B. TDH
3.1. Clinic Schedules/ Patient Flow	Yes	No	Partly	N/A	Reference
3.1.1. Clinic Flow					
a. Clinic physical site is geographically accessible. If <i>NO</i> , is transportation available or are transportation arrangements made for the clients?					TDH TRG
b. Exterior signs are clearly visible					
c. There is an appointment system.					PCAT.II.A. TDH
3.1.2. Clinic Schedules					
a. Hours of operation are prominently posted.					TDH
b. Provisions are made for evening hours and/or weekend hours (if included in grantee protocols)					PCAT.II.A.10. & 11.
c. Routine (non-acute or non-emergency) appointments can be scheduled in less than two (2) weeks.					TDH
d. There is a system to handle clients on a walk-in basis.					PCAT.OO.A.8 TDH
e. There is a client sign-in procedure with space for changes in address, phone, insurance that maintains client confidentiality?					TRG
f. Initial Medical Visits from check-in to exit are completed in less than two and ½ hours.					TDH
g. Routine/Follow-up appointments are completed in less than one (1) hour.					TDH
h. There is a policy for tracking of clients to prevent "loss to follow-up, missed clinic and/or referral appointments and documentation in the medical record.					PCAT.II.A.13a TDH
3.2. Client Registration, Eligibility, Consents, Confidentiality, and Privacy Procedures	Yes	No	Partly	N/A	Reference
3.2.1. Service Eligibility (see 3.0.1.b.)					PCAT.I.B.
3.2.1. Patient and Family Identifiers					PCAT.V.B.7.
3.2.2. Client is HIV+					PCAT.V.C.11.
Verification of HIV+ status includes:					"
a. Date of Initial positive HIV test					"
b. Laboratory documentation in chart					"
c. Initial or most recent CD4 and Viral Load counts					"
d. Laboratory documentation in client record					"
e. Verified and signed by medical provider					"
f. Standard Status Verification form is used and in the chart					"
g. Client is given the original HIV Status form and a copy kept in the chart					"
h. Document Mode of HIV Transmission					"
3.2.7. Consents					PCAT.V.B.8.& 9.
a. Signed consents for treatment. Consents are dated, witnessed. Original in client record.					"
b. Consents for Release of Information are signed by patients for each referral made (Except Title IV). Dated and witnessed.					"
3.2.8. Patient Bill of Rights – specifically addresses confidentiality issues.					TDH
3.2.9. Patient Grievance Procedure					PCAT.IV.C.1. & 2.
3.2.10. In languages other than English					"

Section III. Clinic Policies and Procedures (cont'd)

3.2. Client Eligibility, Consents, Confidentiality, and Privacy Procedures	Yes	No	Partly	N/A	Reference
3.2.11. Patient Privacy					TDH
a. Private room(s) or area is provided for interviews, consultations, examinations					TDH
b. Client's full name is not used when a staff member addresses the client.					TRG

Section IV. Medical Records Review

4.0. Medical Record Maintenance	Yes	No	Partly	N/A	Reference
4.0.1. Medical Records Supervision					PCAT.V.A.
a. Is there an individual responsible for the overall direction and supervision of the medical records system?					"
If YES, is the responsible person qualified either by education, experience, or both?					"
4.0.2. The following records management procedures/practices meet requirements:					PCAT.V.F.
a. Measures to maintain records safe and secure Describe:					"
b. Measures for protection of confidentiality					"
c. Procedures for release of information					"
d. Quick accessibility of patient records					"
e. A system to incorporate all pertinent patient care information in the medical record.					"
4.0.3. Medical Record Organization					"
a. Uniform format and logical flow of information					"
b. Format is consistent in all client records					"
4.0.4. One record per client					PCAT/TDH/
a. Client name is on the medical records and on all papers within					"
b. Medical record is legible					"
c. Primary Care Provider is identified					"
4.0.5. Standing Delegation Orders (if used) are in record as indicated.					TDH
a. Standing Delegation Orders, if used, (physician instructions designed for patient populations with specific diseases, disorders, health problems, or sets of symptoms written, dated, and signed by the medical supervisor for the registered nurse, licensed vocational nurse, or any other staff members who function under these orders).					TDH
b. Those who carry out these orders must sign and date the orders on the date the medical services were provided.					TDH
4.0.6. Problem-oriented record (chart) includes:					PCAT.V.B. 6. – 18.
a. Documentation of reason for every visit					"
b. Past and present medical histories					"
c. Findings of physical exam					"
d. Documentation of requests for special studies					"
e. Documentation of clinical assessments and/or diagnoses					"
f. Documentation of referrals and consults					"
g. Treatment plans (return appointments, drug therapy, referrals, etc.)					"
h. Provider signature is provided on all forms where indicated. on all lab/test results and consultation reports.					"
i. Conspicuous listing of drug allergies and reaction					"

Section IV. Medical Records Review (cont'd)

4.0. Medical Record Maintenance	Yes	No	Partly	N/A	Reference
j. Patient education activities are documented					"
k. Evidence of screening or referral of patients at risk for TB, hepatitis or STD infection					"
l. Evidence of health care maintenance, including immunizations, or for referral for same					"
i. Is there an Immunization Record in the chart?					"
m. Evidence of case management					"
4.0.7. Documentation of missed appointments, attempts to reschedule in medical record.					TDH
a. Show/No show data collection					PCAT-CQI
4.0.8. Documentation of telephone calls where a service is delivered to a client, on behalf of a client, where referral to another agency or other service provider is made.					TRG
4.0.9. Current Information Indicate the extent to which the following are current in the records reviewed:					PCAT.V.C. 1. - 11
a. Central "Problems List" , separate from the progress notes, that clearly prioritizes problems for primary care management					"
b. Medication lists					"
c. Flow sheets					"
d. Lab reports					"
e. Special study reports (non-routine xrays, CT, MRI, etc)					"
f. Consultation reports					"
g. Hospital discharge summaries					"
h. Immunizations					"
i. Risk reduction assessments					"
j. Patient identifiers (e.g., patient number)					"
k. Verification of HIV Status					"
4.0.10. Records of Health Maintenance Indicate whether medical records show evidence of the following:					PCAT.V.D. 1. – 11.
a. Influenza Vaccine					"
b. Tetanus/diphtheria update					"
c. Pneumovax					"
d. Pap screening					"
e. Hepatitis: Screening:					"
Vaccine:					"
f. TB screening					"
g. Family planning					"
h. Education on transmission behaviors					"
i. Education on food safety					"
j. Education on nutrition					"
k. Education on transmission behaviors (risk reduction)					"
l. Harm reduction for alcohol and drug abuse					"

Section V. HIV Clinical Services

5.0. Initial Medical Evaluation	Always	Sometimes	Never	N/A	Reference
5.0.1. A comprehensive medical evaluation that contains a history/physical exam and the following documentation:					Standards of Care
a. Baseline body weight and vital signs					“
b. Confirmation of HIV infection by laboratory means					“
c. History of TB testing, exposure and/or prophylaxis					“
d. PPD test results for those without a history of a positive test within the past year.					“
e. For all females, a detailed reproductive history including history of menses, sexual frequency, possible exposure to STDs, contraception, pregnancy, childbirths, breast exams and previous PAP smear results; a pelvis examination with PAP smear, gonorrhea and chlamydia tests, and a breast exam. If patient refuses any test, document refusal.					“
f. For all males: a detailed history of sexual behaviors including possible exposures to STDs, and testing for gonorrhea and chlamydia. Document refusals. For men 40 years and older, and/or all who are receiving testosterone supplementation: a prostate exam shall be performed. If patient refuses such, document refusal.					“
g. Mental status examination (orientation x 3)					“
h. Basic neurological examination					“
i. Laboratory data that includes recent CBC with platelets, chemistry panel, CD4, measurement of viral load, syphilis serology, and toxoplasmosis IgG, CMV serology, hepatitis diagnostic panel.					“
j. Obtain written consent for prior records, if any.					“
5.1. Follow-up Visits					Standards of Care
5.1.1. Routine (for all)					Standards of Care
a. Temperature, vital signs, and weight					“
b. Problems list status and updates					“
c. Evaluate educational needs and address as necessary					“
d. Discuss lab values and beginning or changing of therapy.					“
e. CDC Clinical Category Classification update					“
f. Compliance issues – patient medication/adherence education as needed					“
g. Documentation of referrals to appropriate medical and mental health resources when indicated					“
h. Repeat assessments of CD4 and HIV viral load on at least every 3-4 months					“
i. The provision of at least bi-annual HIV risk reduction information, including perinatal risk reduction					“
j. Nutritional History (schedule nutritional screening with nutritionist as appropriate)					“
k. Obtain history of immunizations and screenings as applicable.					“
l. Documentation of client’s CDC Stage of Illness					“

Section V. HIV Clinical Services (cont'd)

5.1. Client Medical Records Review (cont'd)	Always		N/A	Reference
5.1.2. Follow-up Visits (for all):				Standards of Care
l. TB screening <ul style="list-style-type: none"> • CD4 over 200: annual PPD or chest xray if known PPD reactive • CD4 200 or less: annual chest x-ray • Prophylaxis with recommended agents or documentation that appropriate prophylaxis regimens have been completed 				“
m. Pneumovax vaccine every 5 years				“
n. Influenza vaccine yearly				“
o. Hepatitis A and B vaccine (if unexposed)				Standards of Care
5.1.3. For all females				“
At least annual PAP smear or pelvic exam, referral or further evaluation as per published guidelines or as indicated. At least annual STD assessment and testing. If patient refuses, document refusal.				“
5.1.4. For all males: At least annual STD assessment and testing For males 40 years and older or any who are receiving supplemental testosterone: At least an annual prostate exam Document any refusals.				
5.2. Guidelines for the Treatment of HIV Infection Does a review of client medical records reflect the following guidelines?				Standards of Care
5.3. Client/Patient Education	Yes	No	N/A	Reference
5.3.1. Evidence of patient education on the following:				PCAT.VII.B. TDH
a. HIV/AIDS Infection (HIV 101)				
<ul style="list-style-type: none"> • Definitions/descriptions 				TRG
<ul style="list-style-type: none"> • Transmission 				TRG
<ul style="list-style-type: none"> • Risk behaviors and secondary transmission 				
<ul style="list-style-type: none"> • Re-infection and disease progression 				
<ul style="list-style-type: none"> • Primary HIV Prevention 				
b. Stages of illness				“
c. Opportunistic Infections				“
<ul style="list-style-type: none"> • Definition 				
<ul style="list-style-type: none"> • Listing of OI's (may be done as client becomes at greater risk or when prophylaxis is indicated) 				
<ul style="list-style-type: none"> • Etiology 				
<ul style="list-style-type: none"> • Prevention 				
<ul style="list-style-type: none"> • Treatment 				
d. HIV/AIDS Treatments/Therapy				“
e. Medication education and adherence issues				PCAT/TRG
<ul style="list-style-type: none"> • drug name(s) 				“
<ul style="list-style-type: none"> • dosage/strength 				“
<ul style="list-style-type: none"> • dosing times 				“
<ul style="list-style-type: none"> • expected effects 				“
<ul style="list-style-type: none"> • possible side effects 				“

Section V. HIV Clinical Services (cont'd)

5.3. Client/Patient Education	Yes	No	N/A	Reference
f. Is medication adherence discussed?				PCAT/TDH
Are written educational materials on HIV medications available/given to patients?				"
If yes, are the materials culturally and linguistically appropriate and written for the reading level of most of the clients?				"
g. Is there a contract with the patient agreeing to comply with the regimen obtained?				"
h. Are adherence facilitators used/distributed to patients? _____ Pill boxes _____ Beepers _____ Medication logs Other (please specify):				"
i. Who is responsible for providing education on HIV disease, medications, and adherence issues? _____ M.D./ Other Primary Care Provider _____ HIV Educator _____ Peer Educator _____ HIV Counselor _____ Case Manager _____ Social Worker _____ Other (please specify):				"
5.4. Care of Chronic and Acute Diseases	Yes	No	N/A	Reference
5.4.1. Is there documentation of the treatment of each of the following diseases/conditions? Do referrals/consults seem appropriate, if used?				PCAT.VII.F.1. TDH
a. Asthma				"
b. Depression				"
c. Diabetes				"
d. Hypertension				"
e. Vaginal infections/STDs				"
f. Hepatitis B/C				"
5.4.2. Are all the above listed clinical services available and appropriate for the following populations:				PCAT.VII.G.
a. Infants and children (0-12)				"
b. Adolescents (13-19)				"
c. Young adults (20-24)				"
d. Pregnant adolescents and adults (13+)				"
e. Females (25+)				"
f. Males (25+)				"

Section VI. Comprehensive Systems of Care/Community Linkages

6.0 Clinical Trials/Research (*access to clinical trials is defined as having information and facilitating referrals)	Yes	No	Partly	N/A	Reference
6.0.1. Access to Clinical Trials and/or other types of clinical research Is there a policy regarding education and referral to clinical studies?					PCAT.VII.C. 1. – 8.
a. Is access to clinical trials/research available to all clients infected with HIV including: Pregnant women Pediatric patients					"
b. Are protocols established and documented for the co-management of patients, referrals and sharing of information?					"

Section VI. Comprehensive Systems of Care/Community Linkages (cont'd)

6.0 Clinical Trials/Research (*access to clinical trials is defined as having information and facilitating referrals)	Yes	No	Partly	N/A	Reference
c. Is there a process in place to inform staff about new clinical trials/research opportunities, including inclusion/exclusion criteria for entering the trials/research?					“
d. Are there patient education materials about clinical trials/research available in the community? a. Culturally sensitive? b. Available in languages other than English?					“
e. What percentage of patients are enrolled in clinical trials/research _____ %					“
6.1. Oral Health Care/Dental Care Procedures and Practices	Yes	No	Partly	N/A	Reference
6.1.1. Are procedures in place to ensure:					PCAT.VII.D.
a. Routine oral screening of medical patients by medical staff for HIV-related lesions Oral cancer					“
b. Oral health education by medical staff					“
c. Referral to dentists and dental specialists					“
6.1.2. Are oral health treatment services available for HIV positive patients?	On-site Off-site				“
6.1. Oral Health Care/Dental Care Procedures and Practices	Yes	No	N/A	Reference	
6.1.3. Is oral health education provided to the patients on the following topics:					PCAT.VII.D.
a. Oral hygiene (tooth brushing and flossing instructions)					
b. Diet education (as pertains to dental health)					
c. Tobacco hazard education					
d. Instructions on oral self-exam					
e. HIV dental health resources in the community					
<i>❖ Note: If Dental Health Services are provided on-site, complete Supplemental Dental Services Review Form</i>					
6.2. Nutrition Services	Yes	No	Reference		
6.2.1. Is nutrition assessment and counseling available?	_____ On-site _____ Off-site _____ Referral				
a. If YES, are services provided by a licensed/registered dietician?					
b. Are there written policies and procedures for the referral of patients: • For nutritional assessment and counseling services • For nutritional supplements					
c. Are nutritional consult notes maintained and included in the patient's medical record?				“	
d. Are patient education materials about nutrition and HIV available? Routinely distributed? Culturally sensitive? In languages other than English?				“	

Section VI. Comprehensive Systems of Care/Community Linkages (cont'd)

6.4. Other Services	Yes	No	Contract	Referral	Reference
6.4.1. Pediatric Primary Care <i>(If on-site, complete Pediatric Evaluation Forms)</i>	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				PCAT.VI.A.,C.,E.,F.,G.,H.
6.4.2. Adolescent Primary Care	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site <input type="checkbox"/> Referral				"
6.4.3. OB-GYN/Prenatal care (all)	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				PCAT.VI.A.,C.,E.,F.,G.,H.
a. Obstetrical care only	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				"
b. Routine Gynecological care	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				"
c. Comprehensive Gynecological care	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				"
d. Is the waiting period between referral and appointment reasonable?					"
e. Are providers satisfied with the quality and timeliness (including posting of consult notes in the medical record) of these services?					"
6.4.4. Mammography	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				"
a. If services are on-site, are these services accredited by a federally approved private or state accrediting body?					"
i. Is an FDA certificate attesting to accreditation of the site prominently displayed?					"
b. Are the services readily accessible by patients?					"
c. Is the waiting period between referral and appointment time reasonable?					"
d. Are clinicians satisfied with the quality and timeliness of services?					"
6.4.5. Substance abuse treatment	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				"
6.4.6. Mental Health services	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				"
a. Psychiatric services	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				
b. Professional counseling services	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				
6.4.7. Pharmacy	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				"
a. Are pharmacy services readily accessible to patients?	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site				

Section VI. Comprehensive Systems of Care/Community Linkages (cont'd)

6.4. Other Services	Yes	No	Contract	Referral	Reference
6.4.7. Pharmacy (cont'd)					
b. Are there arrangements that allow written prescriptions to be filled for all patients (e.g., affordability, access and convenience, use of sliding scale)?					"
c. Are patients able to have their prescription filled after-hours or on weekends?					"
d. Is the waiting time for patients to have prescriptions filled reasonable?					"
e. Does the sub-grantee have a linkage with the state ADAP program?					"
f. Are there mechanisms in place to access non-ADAP formulary medications?					"
g. Is there documentation that reflects whether the sub-grantee has an expanded access program?					"
h. Are all FDA-approved HIV medications, including pediatric formulations, available to all patients?					"
6.4.8. Radiology	_____ On-site _____ Off-site				"
a. Are these services easily accessible by patients?					"
b. Is the waiting period between referral and appointment date reasonable?					"
c. Are providers satisfied with quality and timeliness of services?					"
6.4.9. Laboratory	_____ On-site _____ Off-site				"
a. Are laboratory service available to all patients?					"
b. Are services easily accessible by patients?					"
c. Is the waiting period for lab results reasonable?					"
d. Are the clinicians satisfied with the quality and timeliness of the services?					"
6.4.10. Gastroenterology	_____ On-site _____ Off-site				"
6.4.11. Ophthalmology	_____ On-site _____ Off-site				"
6.4.12. Case management	_____ On-site _____ Off-site				PCAT (as above) TDH
6.4.13. Transportation	_____ On-site _____ Off-site				"
6.4.14. Other (specify):	_____ On-site _____ Off-site				"
a. _____	_____ On-site _____ Off-site				"
b. _____	_____ On-site _____ Off-site				"

Section VI. Comprehensive Systems of Care/Community Linkages (cont'd)

6.5. Community Linkages	Yes	No	Partly	Reference
6.5.1. For services provided through contract, do these agreements include/address the following: a. Descriptions of services to be provided by each organization				PCAT.VI.B. 1. – 3. TDH
b. Fees, if any, to be paid by the organization or the patient				“
c. Restriction on any services to be provided				“
d. Expectations and safeguards regarding client confidentiality				“
e. Procedures related to sharing client information				“
f. Contact person for service issues and tracking of referrals				“
g. Specific time frame for the agreement				“
h. Reporting requirement and documents to be produced				“
i. Participation in network meetings and/or activities				“
j. Participation in monitoring activities				“
k. Other (specify):				“
6.5.2. For services not provided on-site, do mechanisms exist to: a. Track referrals and document in patient’s record if patient followed-up with the referral?				“
b. Ensure the timely exchange of information between the sub-grantee and the referral site, including follow-up reports and summaries of services rendered?				“
c. Monitor quality of services provided?				“
d. Monitor compliance with sliding fee requirements of the Ryan White Care Act?				“
6.5.3. Do patients have adequate access to hospital care?				“
a. Is there a mechanism for referring patients for hospital care?				“
b. Do inpatient services include continuity of care (e.g., discharge planning, timely transfer of patient records, post-hospital follow-up and discharge summaries				“

Section VII. Individual Medical Chart Audit (PCAT) Adults and Adolescents

Client Record Number:	
Client's Age:	Gender:
Date of Audit:	
Most recent CD4 Count:	Date:
Baseline* CD4 Count:	Date:
Most recent Viral Load (HIV RNA):	Date:
Baseline* Viral Load (HIV RNA):	Date:

* Baseline – 1st lab result after January 1, 2000

Assessments/Lab Tests	Yes	No		Therapy/Interventions	Yes	No
Initial History & Physical examination				Immunizations offered		
Physical examination and history update every 6 months or less				Immunizations provided (per protocols) Influenza Tetanus/diphtheria Pneumovax Other:		
CBC every 3-6months or less				HAART offered		
Chemistry Panel every 6 months or less				On HAART		
CD4 every 3-4 months or less				HAART consistent with PHS guidelines		
Viral Load (HIV RNA) q 3-4 months or less				PCP prophylaxis offered (if CD4 < 200)		
TB Skin Test annually Date:				On PCP prophylaxis (if CD4 < 200)		
TB Skin Test Read Date: Result:				MAC prophylaxis offered (if CD4 < 50)		
Toxo Antibody Titer Date:				On MAC prophylaxis (if CD4 < 50)		
STD Testing & Counseling Gonorrhea Date: _____ Chlamydia Date: _____ VDRL/RPR Date: _____				Oral exam at each visit Oral Health Referral Neurologic Exam Ophthalmology Exam/ Referral		
Pap/GYN Exam at least annually or per protocol if abnormal Dates: _____ Appropriate follow-up?				Patient Education Adherence Risk Reduction Clinical Trials		
Fasting Lipid Profile (monitor every 3-4 months for patients taking a PI or NNRTI)				Nutrition Referral or Nutritional Assessment/Care		
CMV Serology Date: _____				Mental Health Assessment/Referral and/or Mental Health Care on-site		
Hepatitis Diagnostic Panel (A, B, C) Date: _____				Substance Abuse and Risk Assessment		
Date: Chest x-ray Baseline Date: _____				Referral for Substance Abuse _____ 12 Step Program		
Special Studies: MRI of _____ Date: CT of _____ Date:				Tobacco Use Assessment Pregnancy Exam (as applicable) Pap & Pelvic AZT Treatment or other approved therapy		