INSTRUCTIONS FOR COMPLETING
DIHS Health Record Analysis Worksheet
and
Reporting Form
DIHS QMD 004

This form can be used either as a data collection tool or as a reporting form. If you are using this form for a worksheet, simply circle the "Y" if the criteria were met or an "N" if the criteria are not met. If you are using this form as a reporting form, indicate the percent compliance of all the charts evaluated for each of the ten specific criteria.

Your facility should have in place some type of mechanism to pull charts for evaluation in a random fashion. The more random you pull charts for evaluation, the better your overall data is going to be with regards to documentation. Once a chart is pulled, an entry should be chosen. Again, it would be helpful if there was a process to randomly choose an entry. While it may seem beneficial to scan a chart and look for an entry that probably meets all the criteria, prior to a critical review, in the long run it only lowers clinic standards and potentially harms patients. **Once an entry is chosen then that entry will be evaluated against all the criteria. You do not choose a different entry for each criterion**.

The top section of this form which is indicated by the **A#**, **Provider**, **Encounter date** and **Diagnosis** is only filled out if you are using this form as a data collection worksheet. The **A#** is the alien number of the detainee from which chart you are collecting data. The **Provider** is the provider seeing the detainee for that particular entry you are evaluating. The **Encounter date** is that date the detainee saw the provider, and the **Diagnosis** is the diagnosis assigned to the detainee by the provider.

CRITERIA

> **RECORD SET-UP**: This section looks at the chart itself and makes an evaluation if the chart is in accordance to DIHS policy.
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> 1. This criterion is met only if the chart is labeled and numbered according to policy. According to DIHS policy "All health records will be identified and filed using the detainee's alien number (A#) assigned by the INS. In addition, the only labels, if applicable, that require placement on the front of the health record include the following:
>
>   - 'Allergic to:_____' (centered beneath DIHS heading
>   - 'Advance Directive on File' (centered below DIHS heading and allergy label, if applicable).

Multiple volumes of a health record will be marked with a white adhesive label located on the front of the health record in the right upper corner horizontal with the label containing identifying information. Example: Volume I of II.

2. This criterion is met only if the A#, name of the detainee, and facility are on all forms. If some forms are missing this information, yet the majority of forms have the information, the criterion is still not met. The above information must be on all forms.

3. This criterion is met only if the order of the chart is in compliance with DIHS policy. Please see the Medical Records Chapter in the DIHS Policy and Procedure Manual for the exact policy.

4. This criteria is met only if both items within the criteria are fulfilled. If the patient has a drug allergy, the allergy must be identified on both the problem list inside the chart **and** on the red allergy sticker on the outside of the chart. If the drug allergy is missing from either one of those places the criteria is not met.

5. This criterion is met only if it is identified on the patient's problem list, inside the chart, that the patient does not have any drug allergies. If it is documented in a progress note but not identified on the problem list that the patient does not have any drug allergies, then the criterion is still not met.

6. This criterion is met only if the initial Medical Consent Form (DIHS 793) is signed by the detainee, dated, and witnessed. In addition, if there are additional consent forms in the medical record, (i.e. consent for psychotropic meds or a medical procedure), those forms must meet the same criteria established above. If the initial medical consent form is signed, dated, and witnessed, but subsequent consent forms are not, then the chart does not met this particular criteria.

7. This criterion is met if only approved DIHS forms are located in medical records. For all approved DIHS forms please see the Health Records Chapter in the DIHS Policy and Procedure Manual.

DOCUMENTATION: This section further evaluates whether entries within the medical record are within the standards described by the DIHS Policy and Procedure Manual.

1. This criterion is met only if **all** the entries in the progress notes are in the SOAP format. (SOAP—Subjective, Objective, Assessment and Plan)

2. This criterion is met only if **all** the entries are dated and the time of the encounter documented in military time. If the entry is dated but no time is designated, then the criterion is not met. If the entry is dated, and the time of the encounter is not in military time (i.e. 1:00 p.m. instead of 1300) then the criterion is not met.

3. This criterion is met only if **all** the entries in the chart are in black ink and legible. If entries are not legible then the criterion is not met.

4. This criterion is met only if the providers seeing the patient sign their entries and their last name are either stamped or neatly printed for identification.

5. This criterion is met only if **all** the abbreviations used in the chart are from the approved DIHS abbreviation list.
6. This criterion is met only if **all** charting errors are corrected in accordance to established policy. Policy states "Corrections of recorded data in the health record must me made properly. <u>At no time should incorrect information be obliterated from the record so that it cannot be read</u>: this suggests tampering with the record. A neat line should be drawn through the incorrect information, an explanatory note (i.e. error, wrong chart), and the date of correction and initials added to the correct data."
7. This criterion is met only if there are no spaces between individual entries.
8. This criterion is met only if **all** x-ray, labs, and consults are initialed and dated by either the physician or their designee. If all the x-ray reports, labs, and consults are signed except for one the criterion still has not been met.

Threshold: This is where you would put the threshold that you are placing on your criteria. For the most part, the threshold should always be 100%. However, there are those times when you might set a lower particular threshold and it would be here that you would document this and to which criteria it pertains.

Percent compliance with all criteria: This is where you would document your overall compliance with all ten of the criteria in all the charts that you evaluated. For example, if you set your threshold to be 100% and you are 100% on all ten criteria, then your over-all compliance with all the criteria would be 100%.