INSTRUCTIONS FOR COMPLETING
DIHS Ambulatory Care Evaluation Worksheet
and
Reporting Form
DIHS QMD 005

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 meet 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 of the criteria, 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

1. This criteria is met only if onset, location, nature, duration, and prior treatment are **all** located within the progress note being evaluated. They all must be present.
2. The subjective data is data collected from the patient. In other words, it is the historical information taken by the provider and is found under the "S" in the SOAP format. In order for this criteria to be met, the information collected from the patient has to be reflective of the chief complaint and the history initially described by the patient.
3. In order for this criteria to be met, the physical exam performed by the provider has to relative to the history and chief complaint. For example, if the patient came to the provider complaining of ear pain and there is no description of an ear exam, then this criteria would not be met even though the provider examined everything else.
4. This criteria is met only if the diagnosis is supported by the history and physical exam. For example, if the patient complained of ear pain and the

provider documented an abnormal looking ear on the physical exam, but diagnosed constipation, then this criteria was not met.

5. This criteria is met only when diagnostic tests are supported by the clinical and historical data documented.
6. In order for this criteria to be met, both items in this criteria need to be fulfilled. The treatment/interventions need to be appropriate for the diagnosis made **and** they need to be within the scope of practice of the provider. For example, if the provider decided on an appropriate medication for the diagnosis, but that medication is not within the scope of practice for that provider, then the criteria was not met.
7. In order for this criteria to be met, all chronic or ongoing problems, including allergies, need to be documented on the patient's problem list in the chart.
8. In order for this criteria to be met, there needs to be some type of documentation that describes the patient's understanding of the education and/or treatment.
9. This criteria is met only if the referral made was appropriate for the diagnosis **and** the services were not available on site.
10. This criteria is met only if there is documentation in the chart of follow-up. If no follow-up was indicated, then this criteria would not apply to the entry being evaluated.

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 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%.