**GUIDELINES FOR FIT FOR RESIDENTS CHART REVIEW**

**GOAL:** To assess progress over the course of the year in providing care consistent with Expert Panel Guidelines and Fit for Residents (FFR) clinical practice goals.

**WHAT:** The chart review forms capture key processes for the prevention and treatment of childhood obesity during patient visits. De-identified information about patients is also collected.

A total of **15-20 charts** should be reviewed each month. Charts from **three** types of visits will be reviewed:

1. **10 charts from Well child visits, children aged 2-19 years old.**
   These charts can be at any actual age, not just at the “correct” CHDP ages for well child visits.

2. **5 charts from overweight OR obese patients** (these could be overweight/obese patients identified from well child visits, patients scheduled for weight checks, patients scheduled for discussion of nutrition/activity topics, or any visit where obesity and overweight is addressed.)

3. **5 charts from patients 6 months of age or younger,** being seen either for well child visit, jaundice, or weight check.

**WHERE:** Generally, at the one clinic where most of the residents will be practicing, and/or where the primary FFR faculty practices. Please discuss with the UCLA FFR faculty if you are not sure which clinic to use for your chart reviews. Over time, you may want to expand to other clinical sites, as will be discussed by the UCLA FFR faculty.

**HOW:** Charts should be reviewed once per month. Generally, patients should not have their chart reviewed more than once over the course of the year.

**If you are able to identify charts by getting a list by patient diagnosis and visit type:**
Charts with the above visit types/diagnoses could be pulled every month, on a day determined by the person reviewing the charts. To get a random sample of charts, you could make three lists, one with each of the visit types, then divide the list by either 10 (for well child visits 2-19) or 5 (for the other 2 categories), and count down the list picking each n<sup>th</sup> patient that is that number down. For example, if there are 30 patients aged 6 months or younger with the target visit type that month, then 30 / 5 = 6. The patients should be listed alphabetically, and every 6<sup>th</sup> patient chart should be reviewed, for a total of 5 patient charts in that visit type.

Alternative strategy for getting a list of patients:
Keep a list of patients with the target visit types/diagnoses (e.g. via a log of patient stickers). At the end of the month, select the charts to review using the same process described above.
If you are NOT able to obtain a list of patients seen per month by diagnosis or visit type:
Pick one day or one week per month (depending on pediatric clinic volume) and keep all of the charts for patients seen in that one day or week in a pile. Starting from the top or bottom of your pile, select and review those charts that match the target visit types/diagnoses, until you have sampled 20 charts total.

WHO: Chart review should be done by the FFR contact faculty member, or a designated nurse or resident. A trained research assistant could also do this, though they will need guidance on interpreting medical terminology. Those reviewing the charts should be oriented to the process by the FFR contact faculty member, and a few charts should be re-abstracted by the program faculty to check on quality of the review.

Comments on items to review:

1) The chart reviewer does not need to do any calculations. If the BMI calculation, or percentile, is not available from the chart, simply mark “no.”

2) Sufficient evidence as to whether the “provider assessed” or “counseled patient” can include checking off a designated box on a clinic note that addressed this issue or a short phrase such as “Discussed decrease in fast food.”

3) Information for items 27, 28, and 29 do not need to come from that day’s specific visit. The reviewer may need to look back at prior visits if the information is not available from that day’s visit (Example: the actual information for item 27 may not be found on that day’s visit but it will be important to look through the chart and note if there is evidence the family history of DM was asked about (yes/no)).