Instructions for Monthly Chart Review

For questions contact:
Ruth S. Gubernick, MPH
Quality Improvement Advisor
Phone:  856/751-0115
Fax: 856/489-9035
Email: gubernrs@hln.com

Overview

Each month for the next 6 months, from June 1 through November 30, you will be asked to submit chart reviews for 3 sets of patients:

1. Selection of the first 10 patient charts of newborns seen for the first time in the practice during the appropriate previous review month (i.e., By June 30, selection of the first 10 patient charts of newborns seen for the first time in the practice during May).
2. All charts of infants identified as having an out-of-range newborn screening result during the appropriate previous review month (i.e., By June 30, all charts of infants identified as having an out-of-range newborn screening result during May).
3. All charts of infants given a diagnosis of a significant medical condition detected by newborn screening during the appropriate previous review month (i.e., By June 30, all charts of infants given a diagnosis of a significant medical condition detected by newborn screening during May).

Chart reviews will be done in Survey Monkey. A Web site is available each month (until the 15th day of the following month), which will take you directly to the Survey Monkey chart review forms for each of the 3 sets/categories of patients to be reviewed. You will need to complete the on-line chart review survey for each patient chart you review. You have the option of first completing a “hardcopy” survey of each chart reviewed, using the appropriate Data Collection Tool (provided in the Learning Session packet and posted on the Monthly Data Collection page of the Project Web site each month, for each set/category of patients to be reviewed), but you must then submit that data as described above using the appropriate on-line survey. You will be able to maintain a linkup list at your practice, using the Chart Review Log Sheet (provided in the Learning Session packet and posted on the Monthly Data Collection page on the Project Web site), so you can match participant names to their patient identification numbers. This Chart Review Log Sheet will remain at your practice and should not be sent to the Project Team.

Doing this data collection each month will help to maximize your teams’ learning during the 6-month Action Period following the Learning Session. The chart reviewer for the six month Action Period should be someone designated from your core improvement team. Below is a brief set of instructions to guide you in reviewing your charts:
• Select charts that meet one of the following criteria:

- Newborns seen for the first time in the practice during appropriate previous month (Select first 10 charts)
- Infants identified as having an out-of-range newborn screening result during the appropriate previous month (Select all charts)
- Infants given a diagnosis of a significant medical condition detected by newborn screening during the appropriate previous month (Select all charts)

• Locate the Chart Review Log Sheet that is in the Learning Session packet or on the Project Website’s Monthly Data Collection page: www.aap.org/qualityimprovement/quiin/workspaces/NewbornScreening/NBS_DataCollection.html (Username: nbs Password: n7b9s8)

• Record the Date of Submission as the “30th” of the month for which you are submitting.

• Record the child’s date of visit, name, your practice’s medical record number, and put a checkmark (√) to indicate if this is a newborn seen for the first time in the practice during the previous month or an infant identified as having an out-of-range newborn screening result during the previous month or an infant given a diagnosis of a significant medical condition detected by newborn screening during the previous month in the spaces provided on the Chart Review Log Sheet (NOTE: This form is for your office’s internal use only, to aid you in tracking your chart reviews. To protect patient confidentiality, please do not submit the Chart Review Log Sheet to us!).

• Locate the number to the left of the child’s name on the Chart Review Log Sheet. This is the Log Number and will be the Patient Code for this chart that you will enter in the Survey Monkey on-line survey and on the “hardcopy” Data Collection Tool, if you choose to use it.

• Locate the Monthly Data Collection page on the Project Website: www.aap.org/qualityimprovement/quiin/workspaces/NewbornScreening/NBS_DataCollection.html (Username: nbs Password: n7b9s8) for the appropriate month’s on-line survey link to use for each of the 3 sets of charts you will be reviewing.

• As an option, you may choose to first complete the appropriate “hardcopy” Data Collection Tool for each record of interest (newborn infant seen for first visit or infant with out-of-range NBS result or infant with diagnosis of significant medical condition detected by NBS) and then use these “hardcopy” forms to complete the appropriate on-line survey for each record.

• See specific question instructions on the next page for completing “hardcopy” Data Collection Tool and/or Survey Monkey on-line survey for each category of charts you are reviewing.
Newborn Screen Positive Infant ACTion Project
Chart Review Instructions

The purpose of the chart review is to help identify current performance and areas for improvement. Some information may not be clearly documented in the patient’s chart and may be inferred based on other information listed in the chart. While every attempt should be made to record data as accurately as possible, the goal in quality improvement data collection is **usefulness**, not perfection.

| Chart review for the first 10 newborns seen for the first time in the practice during the appropriate previous month. |

***Please select and complete a chart review for a total of 10 newborns meeting the criteria above***

REMEMBER…You may choose to use the *Data Collection Tool* to first gather the data from each chart and then enter each newborn record into the on-line survey or you can enter the data directly from the chart into the on-line survey without using the *Data Collection Tool* at all.

Use the *Data Collection Tool* and/or the on-line survey link for each of the **first 10 newborns seen for the first time in the practice during the appropriate previous review month** (i.e., For June, use the first 10 patient charts of newborns seen for the first time in the practice during May).

Enter the **Practice Code** which has been pre-assigned to your practice.

Enter the **Patient Code** that corresponds to the log number on the *Chart Review Log Sheet* (3 digit number).

Enter the **Month of Data Collection** (Note: This is only on the “hardcopy” *Data Collection Tool*) which will be, for example, “June 30,” for all charts you are reviewing for the first month’s chart review.

**Please review the newborn infant’s chart to collect the information needed** on the *Data Collection Tool* and/or the on-line survey link:

- **This newborn was seen for the first time between the first and last day of the previous month** (i.e., between May 1-31 for the June 30th submission)
  - Answer ‘yes’ if there is documentation that this newborn was seen during this specified time frame.
  - Otherwise, answer ‘no’ and you will stop any further review of this infant’s record (and when you click “Next,” you will be taken to the “Thank you” screen which is described below).

- **This patient was seen by a physician/PA/PNP participating in this QuIIN project**
  - Answer ‘yes’ if there is documentation that this patient was seen by a physician, physician assistant (PA) or pediatric nurse practitioner (PNP) who is participating in this project as a core team member or as a clinician working along with their core improvement team (Note: Otherwise, answer ‘no’).

- **This infant was assessed for completion of newborn screening at the first visit**
  - Answer ‘yes’ if there is documentation that this infant was assessed for completion of newborn screening at the first visit (Note: Otherwise, answer ‘no’).

- **Newborn screening was completed on this infant**
  - Answer ‘yes’ if there is documentation that this newborn was screened (Note: Otherwise, answer ‘no’).

Only if you answer ‘no’ to the previous question will you be directed to answer the following question and then you will stop any further review of this infant’s record:

**Chart is flagged because this newborn has not been screened**
- Answer ‘yes’ if there is evidence that the chart has been flagged because this newborn has not been screened (Note: Otherwise, answer ‘no’). If the reason that newborn screening was not completed...
requires no follow up action(s) and, therefore, flagging of the chart is not needed, answer ‘N/A’ (Note: parental/guardian refusal of newborn screening is not a reason to choose ‘N/A’).

Newborn screening results were received before the 2- to 4-week visit
Answer ‘yes’ if there is documentation that the newborn screening results for this patient were received before the 2- to 4-week visit (Note: Otherwise, answer ‘no’).

In-range newborn screening results are documented in the infant’s chart
Answer ‘yes’ if there is documentation that the in-range newborn screening results are in this infant’s chart (Note: Otherwise, answer ‘no’).

In-range newborn screening results were shared with parents
Answer ‘yes’ if there is documentation that the in-range newborn screening results were shared with the parents/guardians (Note: Otherwise, answer ‘no’).

When you get to the “Thank you” screen the medical record review for this patient is complete. To exit the medical record review, close this window (click on “X” in upper right corner of screen). If you have further medical record reviews to complete for this category, click “Done” and you will be directed to the beginning of a new medical record review.

**Chart review for all infants identified as having an out-of-range newborn screening result during the appropriate previous month.**

REMEMBER…You may choose to use the Data Collection Tool to first gather the data from each chart and then enter each infant record into the on-line survey or you can enter the data directly from the chart into the on-line survey without using the Data Collection Tool at all.

Use the Data Collection Tool and/or the on-line survey link for each infant identified as having an out-of-range newborn screening result during the appropriate previous review month (i.e., For June, all patient charts of infants identified as having an out-of-range newborn screening result during May).

Enter the Practice Code which has been pre-assigned to your practice.

Enter the Patient Code that corresponds to the log number on the Chart Review Log Sheet (3 digit number).

Enter the Month of Data Collection (Note: This is only on the “hardcopy” Data Collection Tool) which will be, for example, “June 30,” for all charts you are reviewing for the first month’s chart review.

Please review the infant’s chart to collect the information needed on the Data Collection Tool and/or the on-line survey link:

**Infant with an out-of-range Newborn Screening (NBS) result between the first and last day of the previous month** (i.e., between May 1-31 for the June 30th submission)
Answer ‘yes’ if there is documentation of this infant having an out-of-range newborn screening result during this specified time frame. Otherwise, answer ‘no’ and you will stop any further review of this infant’s record (and when you click “Next,” you will be taken to the “Thank you” screen which is described below).

**This patient was seen by a physician/PA/PNP participating in this QuIIN project**
Answer ‘yes’ if there is documentation that this patient was seen by a physician, physician assistant (PA) or pediatric nurse practitioner (PNP) who is participating in this project as a core team member or as a clinician working along with their core improvement team (Note: Otherwise, answer ‘no’).

**This infant was assessed for completion of newborn screening at the first visit**
Answer ‘yes’ if there is documentation that this infant was assessed for completion of newborn screening at the first visit (Note: Otherwise, answer ‘no’).
Newborn screening results were received before the 2- to 4-week visit
Answer ‘yes’ if there is documentation that the newborn screening results for this patient were received before the 2- to 4-week visit (Note: Otherwise, answer ‘no’).

Appropriate ACT sheet was reviewed by the provider
Answer ‘yes’ if there is documentation that the appropriate ACT sheet was reviewed by the provider (Note: Otherwise, answer ‘no’).

Parents and family received condition-specific information and support
Answer ‘yes’ if there is documentation that the parents and family received condition-specific information and support (Note: Otherwise, answer ‘no’).

Infant received confirmatory testing and/or definitive consultation with sub-specialists
Answer ‘yes’ if there is documentation that the infant received confirmatory testing and/or definitive consultation with sub-specialists. Answer ‘no’ if there is documentation that the infant has not yet received confirmatory testing and/or definitive consultation with sub-specialists (Note: Otherwise, answer ‘unknown’ if there is no documentation).

False out-of-range newborn screening results are documented in the chart and discussed with parents
Answer ‘yes’ if there is documentation of false out-of-range results which have been discussed with parents. Answer ‘no’ if there is evidence of false out-of-range results but no documentation that such results have been discussed with parents (Note: Otherwise, answer ‘N/A’ (Not Applicable) if there is no evidence of false out-of-range NBS results for this infant).

Findings of testing outcomes were reported to the state Newborn Screening program
Answer ‘yes’ if there is documentation that the confirmatory findings were reported to the state Newborn Screening program. Answer ‘no’ if this is necessary but there is no documentation that the confirmatory findings were reported to the state newborn screening program (Note: Otherwise, answer ‘N/A’ (Not Applicable) if it is not necessary to report these findings to the state NBS program).

Patient was referred to appropriate programs
Answer ‘yes’ if there is documentation that the patient was referred to appropriate programs (Note: Otherwise, answer ‘no’).

ACT sheet recommendations were followed and documented by the provider
Answer ‘yes’ if there is documentation that ACT sheet recommendations were followed (Note: Otherwise, answer ‘no’).

When you get to the “Thank you” screen the medical record review for this patient is complete. To exit the medical record review, close this window (click on “X” in upper right corner of screen). If you have further medical record reviews to complete for this category, click “Done” and you will be directed to the beginning of a new medical record review.

Please note: You may not have any charts for this category. If you do not, please indicate in the on-line survey that you have seen no infants identified as having an out-of-range newborn screening result for this defined time period by completing the following steps:
• Click on survey link for this category (on the Project Website)
• Enter the Practice Code which has been pre-assigned to your practice.
• Enter the Patient Code as “001”
• Choose “No” for the question asking if this is an infant with an out-of-range Newborn Screening (NBS) result between the first and last day of the previous month
• Select “Next” button
• When you get to the “Thank you” screen the medical record review is complete. To exit the medical record review, close this window (click on “X” in upper right corner of screen).
Chart review for all infants given a diagnosis of a significant medical condition detected by newborn screening during the appropriate previous month.

REMEMBER…You may choose to use the Data Collection Tool to first gather the data from each chart and then enter each infant record into the on-line survey or you can enter the data directly from the chart into the on-line survey without using the Data Collection Tool at all.

Use the Data Collection Tool and/or the on-line survey link for each infant given a diagnosis of a significant medical condition detected by newborn screening during the appropriate previous review month (i.e., For June, all patient charts of infants identified as having an out-of-range new born screening result during May).

Enter the Practice Code which has been pre-assigned to your practice.

Enter the Patient Code that corresponds to the log number on the Chart Review Log Sheet (3 digit number)

Enter the Month of Data Collection (Note: This is only on the “hardcopy” Data Collection Tool) which will be, for example, “June 30,” for all charts you are reviewing for the first month’s chart review.

Please review the infant’s chart to collect the information needed on the Data Collection Tool and/or the on-line survey link:

Infant given a diagnosis of a significant medical condition detected by newborn screening between the first and last day of the previous month (i.e., between May 1-31 for the June 30th submission)
Answer ‘yes’ if there is documentation of this infant receiving a diagnosis of a significant medical condition detected by newborn screening during this specified time frame. Otherwise, answer ‘no’ and you will stop any further review of this child’s record (and when you click “Next,” you will be taken to the “Thank you” screen which is described below).

This patient was seen by a physician/PA/PNP participating in this QuIIN project
Answer ‘yes’ if there is documentation that this patient was seen by a physician, physician assistant (PA) or pediatric nurse practitioner (PNP) who is participating in this project as a core team member or as a clinician working along with their core improvement team (Note: Otherwise, answer ‘no’).

Patient is identified as a child with special healthcare needs
Answer ‘yes’ if there is documentation that this patient has been identified as a child with special healthcare needs. Otherwise, answer ‘no’ and you will stop any further review of this child’s record (and when you click “Next,” you will be taken to the “Thank you” screen which is described below).

If you answer ‘yes’ to the previous question, you will be directed to check the following actions:
Entered into the children with special health care needs registry
Answer ‘yes’ if there is documentation that this patient has been entered into a practice registry for children with special healthcare needs which may be a spreadsheet, disease/chronic condition registry or electronic health record (EHR) or a state database application provided for identification and care coordination (Note: Otherwise, answer ‘no’).

Chronic condition management has been initiated
Answer ‘yes’ if there is documentation that chronic condition management has been initiated for this patient (Note: Otherwise, answer ‘no’).

When you get to the “Thank you” screen the medical record review for this patient is complete. To exit the medical record review, close this window (click on “X” in upper right corner of screen). If you have further medical record reviews to complete for this category, click “Done” and you will be directed to the beginning of a new medical record review.
Please note: You may not have any charts for this category. If you do not, please indicate in the on-line survey that you have seen no infants given a diagnosis of a significant medical condition detected by newborn screening for this defined time period by completing the following steps:

- Click on survey link for this category (on the Project Website)
- Enter the Practice Code which has been pre-assigned to your practice.
- Enter the Patient Code as “001”
- Choose “No” for the question asking if this is an infant given a diagnosis of a significant medical condition detected by newborn screening between the first and last day of the previous month
- Select “Next” button
- When you get to the “Thank you” screen the medical record review is complete. To exit the medical record review, close this window (click on “X” in upper right corner of screen).