STD Medical Record Audit Tool

AUDIT DATE: _____ **County: _____**
MONITOR: _____

Instructions:

- Obtain a copy of the billing sheet for the most recent STD visits within the past 4 weeks.
- If information should be present and is not, place "0" in the box
- If information is present place a "√" in the box
- If the information is not applicable place "NA" in the box

Chart Number	I	II	III	IV	V	VI	VII	VIII	IX	X
Primary Provider ID										
1. Legal Elements of Medical Record Documentation										
a. HIPAA consent is signed in accordance with agency policy										
b. Declination of service is signed if applicable per agency policy										
c. Pages have client ID on both sides										
d. Entries are legible										
e. Entries are dated										
f. Entries are recorded in chronological order										
2. Entries are signed with name and title of staff making entry:										
a. Interviewer, if not the clinician										
b. Clinician										
c. Treatment nurse, if not the clinician										
d. Health Educator										
e. Social Worker										
f. Others										
3. Specific Areas of Review Medical Record										
a. Telephone calls, letters, home visits, etc. are documented to reflect agency policy regarding client follow-up for additional therapy, test of cure, etc.										
b. Chart is organized per agency policy										
c. Allergies and adverse drug reactions are prominently noted										
d. Special service requirements are prominently noted										

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Epidemiology Section
Communicable Disease Branch
DHHS EPI STD Medical Record Audit Tool-Draft
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4. Chart Number	**I**	**II**	**III**	**IV**	**V**	**VI**	**VII**	**VIII**	**IX**	**X**
a. Provision of Care – Based upon the Current CDC and NC DPH Published Guidelines										
b. STD History is accurately documented on the Problem List										
c. Problem list is Up to Date										
d. Did the client receive appropriate care?										
e. Reason(s) for visit are documented										
f. History about current reason(s) for visit have been documented										
g. **Recent** antibiotics and **present** medications are documented by name and duration of use										
h. Vaccine history is documented if known										
i. HIV status and HIV testing history is documented if known										
j. Sexual Risk Assessment is complete										
k. "For Women" section is complete										
l. Details of symptom parameters and sexual risk assessment are described as comments when required for complete understanding										
5. Physical Examination is complete and documented										
a. Upper body										
b. Lower body										
6. Did the client receive testing appropriate to symptoms and clinical findings?										
a. Ordered lab procedures are checked and stat lab results are documented										
b. Clinical impression(s) are documented										
7. Did the client receive treatment appropriate to symptoms, clinical findings, and testing?										
a. Therapy corresponds with the clinical impression										
b. Prescriptions and refills are noted										
c. Notes section is used as needed to enhance continuity of care when the client may be seen by a different provider on future visits										
8. Prevention										
a. Control measures are documented										
b. Instructions and counseling correspond with clinical impression(s) and therapy										
c. Instructions include follow up plan if applicable										
d. Partner notification plan is documented										

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Chart Number	I	II	III	IV	V	VI	VII	VIII	IX	X
9. Evidence of Service Integration										
a. Family Planning										
b. Women's Health/Men's Health Clinic										
c. Immunizations										
d. DIS										
e. Social Service										
f. Community Support Group										
g. Medical Home										
h. Other										
10. Billing and Coding										
a. ERRN time is documented in minutes and units										
b. Billing Sheet reflects correct coding with ICD-9/ICD-10 and CPT codes										

MONITOR'S COMMENTS: Please list chart number before each comment.

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