

**CFHP
OB/GYN SPECIALTY MEDICAL RECORD AUDIT TOOL**

**Physician:
Provider Number:**

Nurse Reviewer:

**Date of Review:
Provider Type:**

A. Documentation _____	1	2	3	4	5	6	7	8	9	10	Y	N	Y +	N	S C O R E
B. Continuity of Care _____															
C. Preventive Health _____															
$\frac{Y}{Y+N} \times 100 =$ % compliance															
Plan -- Age-- _____															
A. DOCUMENTATION															
1. Patient identification on each page															
2. Personal/Biographical information															
3. Allergies prominently noted															
4. Problem List (pts w/3 or more visits)															
5. Medication List (pts w/3 or more visits)															
6. Entries legible															
7. All entries contain author identification															
8. All entries are dated															
9. Advance Directives (Medicaid 18 & older – OB/PCPs)															
B. Continuity of Care															
10. Past medical history (pts w/3 or more visits)															
11. Tobacco, alcohol, & other substances use assessed (12 & older)															
12. Chief complaint noted															
13. History & exam pertinent to complaint															
14. Working diagnosis consistent with findings															
15. Basic teaching provided															
16. Appropriate plan of treatment															
17. Appropriate use of consults															
18. Appropriate studies ordered															
19. Unresolved problems addressed															
20. Physician review on studies															
21. Results of consultations are reviewed & filed															
22. Date of next visit/instructions for follow-up															
23. ER and Hospital reports/records															
24. Patient is not placed at inappropriate risk															
25. Evaluation of Abuse/neglect or other socio environmental factors (Medicaid)															
VALIDATIONS - √ for compliance (not scored)															
26. Diagnosis Validation															
27. Claims Validation															

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PREVENTIVE CARE														
Plan-- Age														
PRENATAL CARE														
1. Comprehensive history documented														
2. Complete physical exam documented														
INITIAL LAB WORK														
3. Hematocrit or hemoglobin														
4. Urinalysis														
5. ABO/Rh typing & antibody screening														
6. Rubella screening														
7. VDRL, Gonorrhea* & Chlamydia* Screening (* = Optional)														
8. Cervical Cytology (as needed)														
9. Hepatitis B Surface Antigen														
10. HIV screening														
FOLLOW-UP OB VISITS														
11. Vital signs & weight														
12. Urine check for protein and glucose														
13. Fundal height measurement														
14. Edema check														
15. Signs & symptoms of preterm labor; or other risk factors														
16. Fetal heart tones noted														
17. Fetal movement noted														
FOLLOW-UP LABS														
18. Triple screen (8-20) weeks)														
19. Glucose challenge/H&H/Ab screen (24-28 weeks)														
20. Group B Strep/ H&H/ VDRL (35-37 weeks)														
POST PARTUM CARE														
21. Interim history & physical exam														
22. Evaluation of weight														
23. Vital signs														
24. Cervical Cytology (as needed)														
25. Family planning/contraceptive practices														
26. Education provided on STD prevention														
27. Assessment for postpartum depression														
GYN Preventive Care														
28. Pelvic & Pap Smear														
29. Mammogram (Every 1-2yrs for women 50 & older)														
30. Rubella Antibody Titer (High risk)														
31. Family planning/Contraceptive Practices														
32. Education provided on STD prevention														

X = Patient qualifies for screening but timeframe has not yet expires

