Adult Quality Improvement Considerations

Community Care of Wake & Johnston Counties (www.ccwjc.com)

Patient Name_____ **Date of Birth**_____
Practice Name_____ **MID #:** _____
Last Office Visit _____
Reason for chart review: ☐ Pre-existing appointment ☐ CCNC Chart Review ☐ Other

☐ DIABETES

Per ADA 2010 Guidelines:

Annual foot exam: ☐ Yes, last date: _____ ☐ No
Dilated eye exam (within past 15 months): ☐ Yes, last date: _____ ☐ No
Nephropathy detection or management: ☐ Yes, last date: _____ ☐ No
Hemoglobin A1C: ☐ Yes, last date: _____; last value: _____ ☐ No
Blood Pressure: ☐ Yes, last date: _____; last value: _____ ☐ No
ACE/ARB therapy in patient with HTN: ☐ Yes ☐ No ☐ N/A
Lipid Profile or Direct LDL: ☐ Yes, last date: _____; last value: _____ ☐ No

☐ HEART FAILURE

Per ACC/AHA Guidelines:

Documentation of Left Ventricular Function: ☐ Yes, last date: _____; last value: _____ ☐ No
Beta Blocker therapy in patient with ejection fraction < 40%: ☐ Yes ☐ No ☐ N/A (EF > 40%)
ACEI or ARB therapy in patient with ejection fraction < 40%: ☐ Yes ☐ No ☐ N/A (EF > 40%)

☐ ASTHMA

Per NIH Guidelines:

One Continued Care visit with symptom assessment (annually): ☐ Yes, last date: _____ ☐ No
Assessment of environmental triggers: ☐ Yes, last date: _____ ☐ No
Maintenance asthma medication for patient with poor asthma control (e.g. frequent asthma ED visits, exacerbations, steroid pulses or ß-agonist overuse): ☐ Yes ☐ No ☐ N/A
Written Asthma Management Plan (annually): ☐ Yes, last date: _____ ☐ No

☐ ISCHEMIC VASCULAR DISEASE / CARDIOVASCULAR DISEASE

Per ACC/AHA Guidelines:

Blood Pressure: ☐ Yes, last date: _____; last value: _____ ☐ No
Lipid Profile or Direct LDL ☐ Yes, last date: _____; last value: _____ ☐ No
Aspirin Use: ☐ Yes ☐ No ☐ N/A (contraindicated)

☐ PREVENTIVE SERVICES

Per Medicaid and USPSTF Recommendations:

Height: _____ Weight: _____ BMI: _____
Daily aspirin therapy, if applicable: ☐ Yes ☐ No ☐ N/A
Tobacco use status determined: ☐ Yes ☐ No
Tobacco cessation counseling offered annually, if applicable: ☐ Yes ☐ No ☐ N/A
Blood Pressure: ☐ Yes, last date: _____; last value: _____ ☐ No HTN Diagnosis: ☐ Yes ☐ No
Influenza Vaccine (annually), adult 50+ or high risk: ☐ Yes ☐ No ☐ N/A
Pneumococcal Vaccine, 65+ or high risk: ☐ Yes ☐ No ☐ N/A
Pap smear within 3 years (ages 21-64): ☐ Yes ☐ No ☐ N/A
Mammography within past 2 years (ages 40-69): ☐ Yes ☐ No ☐ N/A
Colorectal Cancer screen (ages 50-75): ☐ Yes ☐ No ☐ N/A

Comments: _____
_____

Care Manager: _____ **Chart Review Date:** _____ **Phone:** _____