## My Health LA Annual Clinical Audits



Guidance for Improved Outcomes on the Medical Record Review



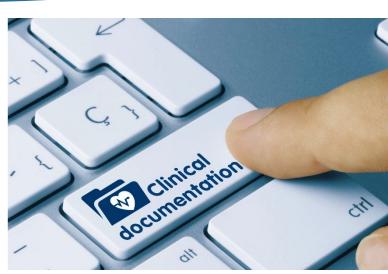
### Learning Objectives

- At the end of this webinar, our goal is that you will know more about:
- ▶1. The objectives of the Medical Record Review (MRR).
- ▶2. 11 Core Elements with a focus on the top five deficiencies in FY 20-21.
- ▶ 3. MHLA participants and DHS specialty care services.
- ▶ 4. Corrective Action Plans (CAP).



### All MHLA Annual Audits

- ► Medical Record Review (MRR)
- Dental Record Review (DRR)
- Dental Site Review (DSR)
- ► Facility Site Review (FSR)
- Note: We are focusing on the MRR but can answer some questions about the other audits at the end.



### Medical Record Review(MRR)

### **Objectives**

- ► To measure, assess, and improve quality of medical record documentation.
- ► To support effective patient care, information confidentiality and quality review processes.

### **Process**

- Scheduling/preparation.
- Virtual platforms.
- ► Entrance conference.
- Medical record sampling.
- ▶ The 8/30 rule.
- Exit conference.

### 11 Core Elements

1. Evidence of follow up of specialty referrals

2. TB Screening

3. Lipid Screening

4. Mammogram

5. CervicalCancerScreening

6. Immunization

7. Seasonal Flu Vaccine

8. Colorectal Cancer Screening

9. Abuse/Neglect assessment is documented

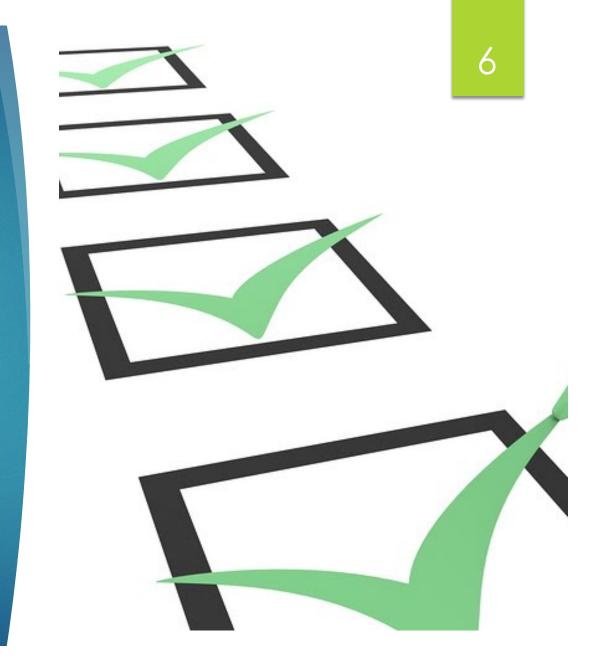
10. Diabetic Retinal Scan/Ophthalmology Referral

11. Foot Exam/Podiatry Referral

#### Performance in FY 2020-21

- Audit team conducted 213 MRRs.
- Corrective Action Plans were required for 53 sites.
- There were 176 deficiencies identified.

Note: If a site has 5+ of the same repeat core element deficiencies during each of three consecutive fiscal years and doesn't show improvement, liquidated damages may be assessed.



### Most Frequent Deficiencies

### Lack of documentation of:

- ► Foot Exam/Podiatry Referral.
- ►TB Screening.
- Immunizations.
- Diabetic retinal scan/ophthalmology referral.
- Seasonal Flu Vaccine.



### Foot exam/Podiatry referral

- Primary care providers to assess and perform a comprehensive foot exam.
- Clinicians should review American Diabetes Association requirements.
- **Exam must include monofilaments.**
- Abnormal findings to be referred to podiatry.
- Preparation for foot screening.
- Review diabetic patient's charts prior to appointments.
- Patient education.

### **TB Screening**

- ▶ TB Screening to be done upon first visit.
- Assess & document TB Risk Assessment questionnaire on an annual basis.
- ▶ TST/PPD with results or QuantiFERON Gold results.
- Review charts prior to appointments.
- ▶ Inputting TB questionnaire in EHR progress notes.





Interpretation criteria for the QuantiFERON-TB Gold In-Tube assay (QFT-GIT)			
Result	IFN-γ concentration (International Units per ml, IU/ml)		
	M. tuberculosis antigens	Nil	PHA nil
Positive	$\geq$ 0.35 IU/ml and $\geq$ 25% over nil	≤ 8.0 IU/ml	Any
Negative	< 0.35 IU/ml or < 25% over nil	≤ 8.0 IU/ml	≥ 0.5 IU/ml
Indeterminate	<0.35 IU/ml or < 25% over nil	≤ 8.0 IU/ml	< 0.5 IU/ml
	Any	> 8.0 IU/ml	Any

M. tuberculosis antigens: mixture of peptides representing the entire amino acid sequences of ESAT-6 and CFP-10, and partially TB7.7; negative control (i.e. nil), positive control (phytohemagglutinin A, PHA).

## Immunizations & Seasonal Flu Vaccine



- Administer flu vaccine/Immunization based on most recent guidelines for adults by Centers for Disease Control and Prevention (CDC).
- Review EHR record prior to appointment.
- Assess immunization status at every visit.
- Document refusal or declination on progress notes.
- Reminders to get flu vaccine.
- Recommendations for patients.



# Diabetic retinal scan/ophthalmology referral

- Primary care providers to assess/refer for annual retinal scan
- Refer patient to Optometrist/Ophthalmologist
- Individuals with Type one Diabetes
- Individuals with Type two Diabetes
- Additional acceptable documentation





### DHS Specialty Care/eConsult

- MHLA primary care provider and DHS specialist dialogue.
- Primary care provider, in consultation with the specialist, can provide recommended treatment at the patient's medical home.

In some cases, a face-to-face visit <u>or</u> telehealth visit may be scheduled.

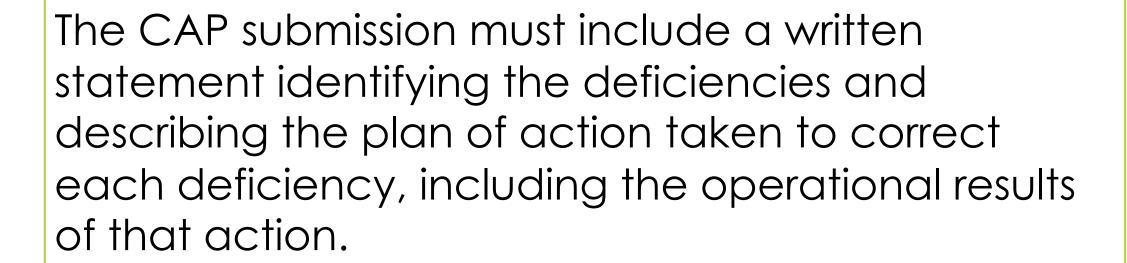


### eConsult Specialty Referral Follow-up Documentation

- Documentation attempts to obtain specialty referral information will be accepted.
- All referrals and consults should have explicit notation in patients' medical record:
  - Return office visits- note follow up on specialty referrals
  - Missed/broken appointments
  - Attempts to contact patient
  - Documentation of patients' response



### Corrective Action Plan (CAP)



# Preparing a Corrective Action Plan (CAP)



DEFICIENCY/FINDING (DESCRIPTION).



THE CORRECTIVE ACTION PLANNED.



SUPPORTING
DOCUMENTATION
THAT WILL BE OR
WERE USED AS
PART OF THE
CORRECTIVE
ACTION PLAN
TRAINING.



IMPLEMENTATION
DATE
(ANTICIPATED OR
COMPLETED).



MONITORING
PROCESS &
FREQUENCY (TO
PREVENT
RECURRENCE).



NAME OF THE PERSON RESPONSIBLE FOR CORRECTIVE ACTION.

### Your team!

#### MHLA Clinical Nurse Auditors:

- Veronica Christian RN,BSN,PHN vchristian@dhs.lacounty.gov (626)525-5351
- Lorena Mendez RN,BSN <u>LMendez2@dhs.lacounty.gov</u> (626)525-5297
- ► Teresita Aquino, RN <u>teaquino@dhs.lacounty.gov</u> (626) 525-5773
- MHLA Clinical Nurse Audit Team Supervisor: Diane Snowden, RN SSNI <u>dsnowden@dhs.lacounty.gov</u>

### Additional numbers/contacts:

- MHLA Member Services Phone number: (844) 744-6452 Mon Fri 7:30 AM to 5:30 PM
- DHS Office of Patient Access (OPA) Specialty Care Unit (855) 521-1718
- MHLA Main Administrative Number: (626) 525-5789

# Questions

### WE THANK YOU FOR PARTICIPATING IN THIS TRAINING

We are here to answer your questions. Before, during, and after the clinical MRR.