

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES (DHS)

My Health LA Medical Record Review Audit Tool

Agency Name: #N/A

Site Name: _____

Site Address: #N/A

Lead Nurse Auditor: _____

Audit Date: _____

Fiscal Year 2021-22

		1	2	3	4	5	6	7	8	9	10
	Medical Record Number										
	Date of Birth (mm/dd/yy)										
	Age										
	Gender										
I. Format Criteria											
A.	Personal biographical information is documented and dated.										
B.	Emergency "contact" is identified.										
II. Cultural & Linguistic Service Criterion											
A.	Preferred written and spoken language of LEP and/or hearing-impaired members is captured.										
III. Documentation Criteria											
A.	Food and drug allergies are prominently noted.										
B.	History of chronic problems and conditions documented.										
C.	Current continuous medications are listed.										
D.	Signed informed consents are present when any invasive procedure is performed.										
E.	Advance health care directive information is offered.										
F.	Documentation of confidentiality of medical record (i.e. HIPAA)										
IV. Coordination/Continuity of Care Criteria											
A.	History of present illness and working diagnoses are documented and consistent with findings.										
B.	Treatment plans are consistent with diagnoses.										
C.	Instruction for follow-up care is documented.										
D.	Unresolved/continuing problems are addressed in subsequent visit(s) and/or results/reports of diagnostic tests, when appropriate.										
E.	There is evidence of practitioner review of consult/referral reports and/or diagnostic test results.										
F.	* There is evidence of follow-up of specialty referrals made, and/or results/reports.										
G.	Missed appointments and follow-up contacts/outreach efforts are noted.										
V. Adult Preventive Criteria											
A.	Intake assessment										
B.	* TB screening										
C.	Blood pressure screening										
D.	* Lipid screening										
E.	* Mammogram										
F.	* Cervical cancer screening										
G.	* Immunization										
H.	* Seasonal flu vaccine										
I.	* Colorectal cancer screening										
J.	Obesity screening										
K.	Tobacco screening										
L.	Alcohol and substances abuse screening										
M.	* Abuse/neglect assessment is documented										
VI. Diabetes Criteria											
A.	Hb A1C test results										
B.	* Diabetic retinal scan/ophthalmology referral										
C.	* Foot exam/podiatry referral										

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VII. Hypertension Criterion											
A.	Patient education on hypertension										
VIII. Dyslipidemia Criterion											
A.	Patient education on dyslipidemia										
IX. Medical Encounter Data											
A.	DHS visit data										
B.	Clinic visit data										
C.	DHS visit data match the clinic visit data										
D.	If not, enter missing visit date(s)										

* Please note that the CP will be subject to liquidated damages if score on any of the 11 DHS core elements (bolded) is below the Satisfactory Compliance of 90.0% pursuant to MHLA Contract, Statement of Work, Section III. N and Attachment II-B.