National Immunization Partnership with the APA
Monthly Chart Audit Instructions

Instructions: Please complete this chart audit for 10 patients (5 boys, 5 girls) seen for any visit during each month for which the patient received a dose of HPV vaccine or was eligible to receive a dose of HPV vaccine. This chart selection is intended as a 'convenience sample' (vs. randomized); as such, we recommend selecting 5 female and 5 male charts from different weeks, days, and providers in order to gain the best sense of the impact and effectiveness of the intervention you are testing in your practice. For patients whose charts reflect multiple visits to your practice within the same month, please complete the audit for the most recent visit only. Please exclude patients for whom gender identity is not available or clearly defined.

Each month of the Learning Collaborative stage of the project, you will submit a convenience sample of 10 patient charts per month. The patients must be:
- Age 11 through 17
- Seen for any visit type during the month
- Eligible for any dose of the HPV vaccine

Chosen Strategy:
Which strategies are you implementing in your practice this month?: Select all strategies that apply to your practice for the month. If you select, 'Reminder-Recall', please refer to the NIPA Reminder/Recall Monthly Reporting Tool.

Patient Eligibility:
Was the patient eligible to receive HPV vaccine at this visit date?: Only patients who were due for a dose of HPV at the visit date should be reviewed in the monthly chart audit. If no, please exclude this patient and select the chart of a patient who is eligible for HPV vaccine to review.

Section A: Patient Demographics
Gender: Enter the patient’s gender.

Age, in years, at visit: Enter the patient’s age at visit.

Section B: Patient HPV Vaccine History
This section should be completed in relation to the patient’s history prior to the month of review. For example, if you are performing chart audits for the month of February, please indicate whether the patient has received any dose of the HPV vaccine prior to February, and patient’s age at the time they received any dose.

Section C: Patient’s Current Visit
Visit Type: Indicate whether the visit was a well care visit or other kind of visit.

Did patient receive a dose of HPV vaccine at this visit?: For each visit date documented in the month, record whether the patient was eligible for a dose of the HPV vaccine at that visit.

Reason the patient did not receive HPV vaccination at this visit (If patient did not receive dose at this visit): If, at the documented visit date, the patient was eligible for any dose of the HPV vaccine, but did not receive it, please enter any documented reason why. As refusals are often not noted on the immunization chart, please review the child’s visits during the month timeframe to see if a refusal/deferral was noted.
**Provider Prompts Strategy Questions (If provider prompts utilized at practice during month):**

**Was a vaccine prompt utilized at this visit?:** Indicate whether or not a provider was prompted that the patient was due for a vaccine.

**How was the provider prompted that patient was due for HPV vaccine?:** Please indicate the method of prompting the provider that patient was due for HPV vaccine utilized by your practice for this month. Check all that apply or specify the other method for the provider prompt.

Please document any communications/comments you have that you would like to convey to the study team. Any questions or confusing information can be noted here.

**Standing Orders Strategy Questions (If standing orders utilized at practice during the month):**

**Was a standing order used in this encounter?:** Indicate whether or not your practice utilized standing orders during the month.

Please document any communications/comments you have that you would like to convey to the study team. Any questions or confusing information can be noted here.