NIPA Monthly Retrospective Chart Audit
Monthly Chart Review Questions

Instructions: Please complete this chart audit for 10 patients (5 girls, 5 boys) seen for any visit during [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 to be 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 [month], please complete the audit for the most recent visit only. Please exclude patients for whom gender identity is not available or clearly defined.

Which strategies are you implementing in your practice this month? Select all that apply.

☐ ProviderPrompts
☐ StandingOrders
☐ ReminderRecall
[month]: Patient 1

Your initials: __________________________________

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)
- Yes
- No

Please exclude this patient and select the chart of a patient who is eligible for HPV vaccine to review. (If no)

Section A: Patient Demographics

Gender: Male Female

Age, in Years, at visit: ____________________________

Section B: Patient HPV Vaccine History

Dose 1 Received?
- Yes
- No

Age, in years, of receipt of dose 1? (If Dose 1 received) ____________________________

Have two months or more elapsed since dose 1 of HPV vaccine was administered? (If Dose 1 received)
- Yes
- No

Dose 2 Received? (If Dose 1 received)
- Yes
- No

Age, in years, of receipt of dose 2? (If Dose 2 received) ____________________________

Dose 3 Received? (If Dose 2 received)
- Yes
- No

Age, in years, of receipt of dose 3? (If Dose 3 received) ____________________________

Section C: Patient Visit

Visit Type:
- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?
- Yes
- No

Reason the patient did not receive HPV vaccination at this visit: (If patient did not receive dose at visit)

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine: ____________________________________________
Provider Prompts strategy questions  (If provider prompts utilized at practice during the month)

Was a vaccine prompt utilized at this visit?  
- Yes  
- No

How was the provider prompted that patient was due for HPV vaccine? (Check all that apply):
- Use of a VIS sheet
- Sticky note placed in paper chart
- Notation in a paper chart
- Notation in the EHR system
- Other
- Could not identify prompt at time of review

Please specify the other method for the provider prompt:

Any additional comments/concerns that you would like to convey about this patient?

Standing Orders strategy questions  (If standing orders utilized at practice during the month)

Was a standing order used in this encounter?  
- Yes  
- No  
- Don't Know/unclear

Any additional comments/concerns that you would like to convey about this patient?