NIPA Wave 3 Monthly Chart Review Survey

[Instructions: Please complete this chart review for **8 patients (4 girls, 4 boys)** seen for any visit during the measurement period of ___________ for which the patient received a dose of HPV vaccine or was eligible to receive a dose of HPV vaccine.]

This monthly chart review should be completed and submitted via REDCap no later than the 5th day of the month following your Learning Collaborative schedule. Please use your Monthly Patient Tracking Log to note which patient charts you are entering into REDCap, and your Monthly Patient Tally Form to document both those NOT due for HPV vaccine as well as those who are DUE for HPV vaccine.

**Process:**

1) **GENERATE** a list of ALL 11-17 year old patient visits seen at the clinic during the measurement period.
   a. **Refer:** to the Monthly Randomization Scheme given to you by the NIPA Project Team to identify the starting patient for each measurement period.

2) **REVIEW** consecutive patients until you have captured 8 adolescents (4 female, 4 male) who were due for HPV vaccine at the beginning of the visit. If you get to the end of the measurement period and have not identified 8 eligible patients, go to the beginning of the measurement period to complete the review. If you are not able to identify 8 eligible patients in the measurement period, then stop review.
   a. **Refer:** to the Monthly Patient Tally Form to track your review. See tally form instructions.
   b. **Refer:** to the Monthly Patient Tracking Log to record your chart information. See Monthly Patient Tracking Log instructions.

**Exclusions:**

1) **DO NOT** select patients from a different measurement period.

2) **EXCLUDE** patients for whom gender identity is not available or clearly defined.

**NOTE:** Measurement Period is defined as 2 periods within a given calendar month,

- **Period A:** Days 1-14
- **Period B:** Days 15-31

**Your initials:** ____________

Which strategies are you implementing in your practice this month? Select all that apply.
- Provider Prompts
- Standing Orders
- Reminder-Recall

8/30/16
Was the patient eligible to receive HPV vaccine at this visit?

☐ Yes
☐ No
☐ No more eligible patients for this measurement period

[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

Age, in years, at visit: _________________

Gender:

☐ Male
☐ Female

Section B: Patient HPV Vaccine History

Enter the doses of HPV vaccine that the patient had received PRIOR TO THE START of the visit being reviewed.

Dose 1: Received?

☐ Yes
☐ No

Age, in years, of receipt of dose 1? ________

Was a 2\textsuperscript{nd} dose received?

☐ Yes
☐ No

Age, in years, of receipt of dose 2? ________

Was a 3\textsuperscript{rd} dose received?

☐ Yes
☐ No

[If YES: Are you sure this patient is eligible for chart review if they had completed the series prior to this visit?]

Age, in years, of receipt of dose 3? ________

Section C: Patient Visit

Visit Type:

☐ Well care
☐ Acute
☐ Chronic care
☐ Nurse only
Did the patient receive a dose of HPV vaccine at this visit?

☐ Yes
☐ No

[If NO – and Section B lists no doses: Prior to this visit, the patient received no doses. Are you sure they didn’t receive their 1st dose at this visit?]
[If NO – and Section B lists 1 dose: Prior to this visit, the patient received 1 dose. Are you sure they didn’t receive their 2nd dose at this visit?]
[If NO – and Section B lists 2 doses: Prior to this visit, the patient received 2 doses. Are you sure they didn’t receive their 3rd dose at this visit?]

If yes, which dose?

☐ 1st Dose
☐ 2nd Dose
☐ 3rd Dose

[If YES, 1st dose – which is already entered in Section B: Prior to this visit, the patient received 1 dose. Are you sure they didn’t receive their 2nd dose at this visit?]
[If YES, 2nd dose – which is already entered in Section B: Prior to this visit, the patient received 2 doses. Are you sure they didn’t receive their 3rd dose at this visit?]

If NO, reason the patient did not receive HPV vaccination at this 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
☐ Other (specify)_________________
☐ Not documented/unclear

[Provider Prompts strategy questions]

Was a vaccine prompt utilized at this visit?

☐ Yes
☐ No
☐ Don’t know/unclear
[Standing Orders strategy questions]

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 Standing Orders?

_____________________________________________________________________________________
_____________________________________________________________________________________

Section D: Chart Notes

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

_____________________________________________________________________________________
_____________________________________________________________________________________

[If Reminder Recall box is checked: Please fill out the separate Reminder-Recall Chart Review Survey.]