

CHART REVIEW QUESTIONNAIRE - GASTROENTERITIS

Instructions

1. Locate charts of 6 patients who most recently consulted for acute gastroenteritis.
2. Charts may be of Philhealth members or non-members.
3. Please fill up all entries completely and encircle the code/s whenever appropriate.

TOOL REVIEW

A1 Reviewer's Name, Signature _____

A2 Date

m	m	d	d	y	y	y	y

Time Started

Time Finished

A3

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^{AM}/_{PM} A4

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^{AM}/_{PM}

A5 Supervisor's Name, Signature _____

A6 Date

m	m	d	d	y	y	y	y

IDENTIFICATION

ID1 Survey ID Number

ID2 Region

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ID3 Province

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ID4 City/Municipality

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ID5 Name of Health Center _____

ID6 Chart is of a PhilHealth member?

1 - Yes

3 - No (Skip to ID9)

-77 - No Data Available (Skip to ID9)

ID7 If yes, what is the patient's PhilHealth Number? _____

-77 - No Data Available

ID8 If yes, what is the type of PhilHealth membership?

1 - Sponsored, NHTS

2 - Sponsored, Province or Municipality or City

3 - Organized Group

4 - Overseas Filipino Worker

5 - Department of Education DepEd) employee

6 - Employed (whether gov't or private, other than Dep Ed)

7 - Individually paying

8 - Life Member

-77 - No Data Available

ID9 Patient's Name _____

ID10 Patient's Age (as of last birthday)

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 years -77 - No Data Available

ID11 Patient's Sex 1 - Male 2 - Female -77 - No Data Available

ID12 Date of Most Recent Consultation

m	m	d	d	y	y	y	y

ID13 Pertinent chief complaint in seeking consultation _____

G0 **PROFILE. Check for the individual Health Profile**
(see sample in Annex E of the Enumerator's Manual) or equivalent.

G0.1 Is the Individual Health Profile Form attached to the chart?

- 1 - Yes (Skip to G0.3)
3 - No (Retrieve profile & include in the 24 profiles for encoding.)

G0.2 Is RHU/health center able to retrieve the patient's profile?

- 1 - Yes
3 - No (Skip to G1)

G0.3 If Individual Health Profile is attached or was retrieved, is the PhilHealth Individual Health Profile form (Annex A.1 or PCB Circular) used?

- 1 - Yes
3 - No

Clinical Practice Guidelines Compliance

G1 **DIAGNOSIS** Complete the checklist by encircling the appropriate answer
(based on chart for most recent consultation)

Clinical findings

Criterion accomplished

G1.1 Findings noted in chart

G1.1.1 Signs of dehydration

1 - Yes 3 - No 5 - Can't tell

G1.1.2 Changes in the frequency and
character of stool

1 - Yes 3 - No 5 - Can't tell

Diagnostic tests performed

Criterion accomplished

G1.2 Fecalalysis ordered in chart

1 - Yes 3 - No 5 - Can't tell

G1.3 Fecalalysis result indicated in chart

1 - Yes 3 - No 5 - Can't tell

G2 **TREATMENT** Complete the checklist by encircling which criterion was accomplished
(based on chart for most recent consultation)

Treatment plan

Criterion accomplished

G2.1 Oral Rehydration Solution plus zinc
supplement

1 - Yes 3 - No 5 - Can't tell

G2.2 "Am" with salt plus zinc supplement

1 - Yes 3 - No 5 - Can't tell

G2.3 Breastmilk plus zinc supplement

1 - Yes 3 - No 5 - Can't tell

-88 -Not applicable
(not being breastfed)

G2.4 Oral Rehydration Solution only

1 - Yes 3 - No 5 - Can't tell

G2.5 Others, specify

1 - Yes 3 - No 5 - Can't tell

CHART REVIEW QUESTIONNAIRE - ASTHMA

Instructions

1. Locate charts of 6 patients who most recently consulted for a suspected or diagnosed bronchial asthma.
2. Charts may be of PhilHealth members or non-members.
3. Please fill up all entries completely and encircle the code/s whenever appropriate.

TOOL REVIEW

A1 Reviewer's Name, Signature _____

A2 Date

m	m	d	d	y	y	y	y

Time Started

Time Finished

		:			:		
				AM PM			AM PM

A5 Supervisor's Name, Signature _____

A6 Date

m	m	d	d	y	y	y	y

IDENTIFICATION

ID1 Survey ID Number

ID2 Region _____

ID3 Province _____

ID4 City/Municipality _____

ID5 Name of Health Center _____

ID6 Chart is of a PhilHealth member?

1 - Yes

3 - No (Skip to ID9)

-77 - No Data Available (Skip to ID9)

ID7 If yes, what is the patient's PhilHealth Number? _____

-77 - No Data Available

ID8 If yes, what is the type of PhilHealth membership?

1 - Sponsored, NHTS

2 - Sponsored, Province or Municipality or City

3 - Organized Group

4 - Overseas Filipino Worker

5 - Department of Education DepEd employee

6 - Employed (whether gov't or private, other than Dep Ed)

7 - Individually paying

8 - Life Member

-77 - No Data Available

ID9 Patient's Name _____

ID10 Patient's Age (as of last birthday) _____ years -77 - No Data Available

ID11 Patient's Sex 1 - Male 2 - Female -77 - No Data Available

ID12 Date of Most Recent Consultation

m	m	d	d	y	y	y	y

ID13 Pertinent chief complaint in seeking consultation _____

A0 PROFILE. Check for the individual Health Profile

(see sample in Annex E of the Enumerator's Manual) or equivalent.

A0.1 Is the Individual Health Profile Form attached to the chart?

- 1 - Yes (Skip to A0.3)
 3 - No (Retrieve profile & include in the 24 profiles for encoding.)

A0.2 Is RHU/health center able to retrieve the patient's profile?

- 1 - Yes
 3 - No (Skip to A1)

A0.3 If Individual Health Profile is attached or was retrieved, is the PhilHealth Individual Health Profile form (Annex A.1 or PCB Circular) used?

- 1 - Yes
 3 - No

A1 DIAGNOSIS. Complete the checklist by encircling the appropriate answer based on data from consultations made from July 1, 2013 onwards.**A1.1 On the latest visit, what was the state of the patient's diagnosis**

- 1 - Diagnosed in this facility for the first time
 2 - Previously diagnosed in this facility
 3 - Previously diagnosed elsewhere
 4 - Cannot be determined
 -77 - No Data Available

Clinical Findings**Criterion accomplished**

- A1.2.1** Dyspnea and chest tightness 1 -Yes 3 -No 5 -Can't tell
A1.2.2 Wheezing 1 -Yes 3 -No 5 -Can't tell
A1.2.3 Family history of asthma 1 -Yes 3 -No 5 -Can't tell

Treatment plan**Criterion accomplished**

- A1.3.1** Peak expiratory flow meter testing ordered in chart 1 -Yes 3 -No 5 -Can't tell
A1.3.2 Peak expiratory flow meter results in chart 1 -Yes 3 -No 5 -Can't tell

Date of Results

m	m	d	d	y	y	y	y

-77 - No Data Available/No Date of Results

A2 TREATMENT. Complete the checklist by encircling which criterion was accomplished based on charts dated July 1, 2013 onwards.**Treatment plan****Criterion accomplished**

- A2.1** Nebulisation done with beta2 agonist e.g. salbutamol, terbutaline 1 -Yes 3 -No 5 -Can't tell
A2.2 Prescribed salbutamol or terbutaline 1 -Yes 3 -No 5 -Can't tell

A3 Additional treatment provided

- A3.1** ICS Inhaled Corticosteroid (e.g. beclomethasone or fluticasone prescribed) 1 -Yes 3 -No 5 -Can't tell

A.4 FOLLOW-UP

- A4.1** Was a follow-up visit ordered in any of the charts (charts dated July 1, 2013 or later) 1 -Yes 3 -No 5 -Can't tell

CHART REVIEW QUESTIONNAIRE - HYPERTENSION

Instructions

1. Locate charts of 6 patients 40 years or above who most recently consulted for suspected or diagnosed hypertension.
2. Charts may be of Philhealth members or non-members.
3. Please fill up all entries completely and encircle the code/s whenever appropriate.

TOOL REVIEW

A1 Reviewer's Name, Signature _____

A2 Date

m	m		d	d		y	y	y	y

Time Started

A3 : ^{AM}
_{PM}

Time Finished

A4 : ^{AM}
_{PM}

A5 Supervisor's Name, Signature _____

A6 Date

m	m		d	d		y	y	y	y

IDENTIFICATION

ID1 Survey ID Number

ID2 Region _____

ID3 Province _____

ID4 City/Municipality _____

ID5 Name of Health Center _____

ID6 Chart is of a PhilHealth member?

1 - Yes

3 - No (Skip to ID9)

-77 - No Data Available

ID7 If yes, what is the patient's PhilHealth Number? _____

-77 - No Data Available

ID8 If yes, what is the type of PhilHealth membership?

1 - Sponsored, NHTS

2 - Sponsored, Province or Municipality or City

-77 - No Data Available

3 - Organized Group

4 - Overseas Filipino Worker

5 - Department of Education DepEd employee

6 - Employed (whether gov't or private, other than Dep Ed)

7 - Individually paying

8 - Life Member

ID9 Patient's Name _____

ID10 Patient's Age (as of last birthday) years -77 - No Data Available

ID11 Patient's Sex 1 - Male 2 - Female -77 - No Data Available

ID12 Date of Most Recent Consultation

m	m		d	d		y	y	y	y

ID13 Pertinent chief complaint in seeking consultation _____

H0 PROFILE. Check for the individual Health Profile

(see sample in Annex E of the Enumerator's Manual) or equivalent.

H0.1 Is the Individual Health Profile Form attached to the chart?

- 1 - Yes **(Skip to H0.3)**
 3 - No (Retrieve profile & include in the 24 profiles for encoding.)

H0.2 Is RHU/health center able to retrieve the patient's profile?

- 1 - Yes
 3 - No **(Skip to H1)**

H0.3 If Individual Health Profile is attached or was retrieved, is the PhilHealth Individual Health Profile form (Annex A.1 or PCB Circular) used?

- 1 - Yes
 3 - No **(Skip to H1)**

H0.4 Was the NCD Risk Assessment and Screening Form (from DOH Administrative Order 2012-29) attached to the chart? (Check the sample in Annex K of the Manual if necessary)

- 1 - Yes : Use the answers in the form to answer questions starting from H2
 3 - No : Use information available in the patient's chart or profile (PCB form A.1) to answer subsequent questions

H1 DIAGNOSIS**H1.1 On the latest visit, what was the state of the patient's diagnosis**

- 1 - Diagnosed in this facility for the first time
 2 - Previously diagnosed in this facility
 3 - Previously diagnosed elsewhere
 4 - Cannot be determined

-77 - No Data Available

H1.2 BP readings on this consultation

H1.2.1 First reading _____ / _____ -77 - No Data Available/Not recorded

H1.2.2 Second reading _____ / _____ -77 - No Data Available/Not recorded

H2 COMPLIANCE TO PEN GUIDELINES**H2.1 Assessment for Common Risk Factors based on charts from July 1, 2013 onwards****Criterion accomplished**

H2.1.1	Family history for hypertension checked	1 -Yes	3-No	5-Can't tell
H2.1.2	Family history for diabetes checked	1 -Yes	3-No	5-Can't tell
H2.1.3	Weight/height or BMI checked	1 -Yes	3-No	5-Can't tell
H2.1.4	Smoking history checked	1 -Yes	3-No	5-Can't tell
H2.1.5	History of excessive alcohol intake checked	1 -Yes	3-No	5-Can't tell
H2.1.6	Frequent consumption of high fat and salty food checked	1 -Yes	3-No	5-Can't tell
H2.1.7	Infrequent consumption of vegetables and fruit checked	1 -Yes	3-No	5-Can't tell
H2.1.8	Physical activity/regular exercise checked	1 -Yes	3-No	5-Can't tell

H2.2 Risk Screening conducted from July 1, 2013 onwards**Diagnostic tests performed****Criterion accomplished****H2.2.1 Blood pressure measurements**

- 1 - BP \geq 140/90 on TWO separate measurements
 3 - Incomplete evidence

-77 - No data available

H2.2.2 Fasting or random glucose determination ordered? 1 -Yes 3 -No 5 -Can't tell

Date ordered

m	m

d	d

y	y	y	y

-77 - No Data Available/Date not indicated

H2.2.3 Fasting or random glucose determination done? 1 -Yes 3 -No 5 -Can't tell

Date of latest result

m	m

d	d

y	y	y	y

-77 - No Data Available/Date not indicated

H2.2.4 Urine ketones determination ordered? 1 -Yes 3 -No 5 -Can't tell

Date ordered

m	m

d	d

y	y	y	y

-77 - No Data Available/Date not indicated

H2.2.5 Urine ketones determination done? 1 -Yes 3 -No 5 -Can't tell

Date of latest result

m	m

d	d

y	y	y	y

-77 - No data available/Date not indicated

H2.2.6 Urine protein determination ordered? 1 -Yes 3 -No 5 -Can't tell

Date ordered

m	m

d	d

y	y	y	y

-77 - No Data Available/Date not indicated

H2.2.7 Urine protein determination done? 1 -Yes 3 -No 5 -Can't tell

Date of latest result

m	m

d	d

y	y	y	y

-77 - Missing Data/Date not indicated

H2.2.8 Total cholesterol determination ordered? 1 -Yes 3 -No 5 -Can't tell

Date ordered

m	m

d	d

y	y	y	y

-77 - No Data Available/Date not indicated

H2.2.9 Total cholesterol determination done? 1 -Yes 3 -No 5 -Can't tell

Date of latest result

m	m

d	d

y	y	y	y

-77 - No Data Available/Date not indicated

H2.3 RISK PREDICTION for cases seen from JULY 1, 2013**H2.3.1 Was risk stratification done using the WHO/ISH Risk Prediction Charts?**

- 1 - Yes
 3 - No
 -77 - No Data Available

H3 MANAGEMENT

H3.1 Was there any evidence that the following management were implemented (from July 1, 2013)?

H3.1.1	Prescribed hydrochlorothiazide diuretic	1 -Yes	3 -No	5 -Can't tell
H3.1.2	Prescribed beta blocker e.g. atenolol, metoprolol	1 -Yes	3 -No	5 -Can't tell
H3.1.3	Prescribed ACE inhibitor e.g. enalapril, captopril	1 -Yes	3 -No	5 -Can't tell
H3.1.4	Prescribed calcium channel blocker ex., amlodipine, nifedipine	1 -Yes	3 -No	5 -Can't tell
H3.1.5	Prescribed a combination of any of the above	1 -Yes	3 -No	5 -Can't tell
H3.1.6	Prescribed statins e.g. simvastatin	1 -Yes	3 -No	5 -Can't tell
H3.1.7	Counseled on diet, physical activity, smoking cessation	1 -Yes	3 -No	5 -Can't tell

H4 REFERRAL

H4.1 Was the patient ever referred for higher level care?

1 - Yes
3 - No (Skip to H5)
-77 - No Data available (Skip to H5)

H4.2 Possible reason for the referral:

H4.2.1	Uncontrolled hypertension	1 -Yes	3 -No	5 -Can't tell
H4.2.2	With co-morbidities that require further assessment	1 -Yes	3 -No	5 -Can't tell
H4.2.3	With complications e.g. angina, TIA; DM with severe infection;for eye exam	1 -Yes	3 -No	5 -Can't tell
H4.2.4	Abnormal labs e.g. proteinuria; newly diagnosed DM with urine ketones 2+	1 -Yes	3 -No	5 -Can't tell
H4.2.5	Uncontrolled DM despite maximal metformin with or without sulfonylurea	1 -Yes	3 -No	5 -Can't tell
H4.2.6	Others, specify _____	1 -Yes	3 -No	5 -Can't tell

H5 FOLLOW-UP

H5.1 Was a follow-up visit ordered in any of the consultations? (charts dated July 1, 2013 or later)? 1 -Yes 3 -No 5 -Can't tell

CHART REVIEW QUESTIONNAIRE - DIABETES

Instructions

1. Locate charts of 6 patients 40 years or above who most recently consulted for suspected or diagnosed diabetes.
2. Charts may be of Philhealth members or non-members.
3. Please fill up all entries completely and encircle the code/s whenever appropriate.

TOOL REVIEW

A1 Reviewer's Name, Signature _____

A2 Date

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m m d d y y y y

A3 Time Started :

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 AM
PM
A4 Time Finished :

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 AM
PM

A5 Supervisor's Name, Signature _____

A6 Date

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m m d d y y y y

IDENTIFICATION

ID1 Survey ID Number _____

ID2 Region _____

--	--

ID3 Province _____

--	--

ID4 City/Municipality _____

--	--

ID5 Name of Health Center _____

ID6 Chart is of a PhilHealth member?

- 1 - Yes
- 3 - No (Skip to ID9)
- 77 - No Data Available (Skip to ID9)

ID7 If yes, what is the patient's PhilHealth Number? _____

-77 - No Data Available

ID8 If yes, what is the type of PhilHealth membership?

- 1 - Sponsored, NHTS
- 2 - Sponsored, Province or Municipality or City
- 3 - Organized Group
- 4 - Overseas Filipino Worker
- 5 - Department of Education DepEd) employee
- 6 - Employed (whether gov't or private, other than Dep Ed)
- 7 - Individually paying
- 8 - Life Member
- 77 - No Data Available

ID9 Patient's Name _____

ID10 Patient's Age (as of last birthday)

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 years -77 - No Data Available

ID11 Patient's Sex 1 - Male 2 - Female -77 - No Data Available

ID12 Date of Most Recent Consultation

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m m d d y y y y

ID13 Pertinent chief complaint in seeking consultation _____**D0 PROFILE. Check for the individual Health Profile**

(see sample in Annex E of the Enumerator's Manual) or equivalent.

D0.1 Is the Individual Health Profile Form attached to the chart?

- 1 - Yes **(Skip to D0.3)**
 3 - No **(Retrieve profile & include in the 24 profiles for encoding.)**

D0.2 Is RHU/health center able to retrieve the patient's profile?

- 1 - Yes
 3 - No **(Skip to D1)**

D0.3 If Individual Health Profile is attached or was retrieved, is the PhilHealth Individual Health Profile form (Annex A.1 or PCB Circular) used?

- 1 - Yes
 3 - No **(Skip to D1)**

D0.4 Was the NCD Risk Assessment and Screening Form (from DOH Administrative Order 2012-29) attached to the chart? (Check the sample in Annex K of the Manual if necessary)

- 1 - Yes : Use the answers in the form to answer questions starting from D2
 3 - No : Use information available in the patient's chart or profile (PCB form A.1) to answer subsequent questions
 -77 - No Data Available

D1 DIAGNOSIS**D1.1 On the latest visit, what was the state of the patient's diagnosis**

- 1 - Diagnosed in this facility for the first time
 2 - Previously diagnosed in this facility
 3 - Previously diagnosed elsewhere
 4 - Cannot be determined
 -77 - No Data Available

D1.2 BP readings on this consultation

- H1.2.1 First reading _____ / _____ -77 - No Data Available/Not Recorded
 H1.2.2 Second reading _____ / _____ -77 - No Data Available/Not Recorded

D2 COMPLIANCE TO PEN GUIDELINES**D2.1 Assessment for Common Risk Factors conducted based on charts dated July 1, 2013 onwards****Criterion accomplished**

D2.1.1	Family history for hypertension checked	1 -Yes	3-No	5-Can't tell
D2.1.2	Family history for diabetes checked	1 -Yes	3-No	5-Can't tell
D2.1.3	Weight/height or BMI checked	1 -Yes	3-No	5-Can't tell
D2.1.4	Smoking history checked	1 -Yes	3-No	5-Can't tell
D2.1.5	History of excessive alcohol intake checked	1 -Yes	3-No	5-Can't tell
D2.1.6	Frequent consumption of high fat and salty food checked	1 -Yes	3-No	5-Can't tell
D2.1.7	Infrequent consumption of vegetables and fruit checked	1 -Yes	3-No	5-Can't tell
D2.1.8	Physical activity/regular exercise checked	1 -Yes	3-No	5-Can't tell

D2.2 Risk Screening conducted from July 1, 2013 onwards**Diagnostic tests performed****Criterion accomplished****D2.2.1 Blood pressure measurements**

- 1 - BP \geq 140/90 on TWO separate measurement
- 3 - Incomplete evidence
- 77 - No Data Available

D2.2.2 Fasting or random glucose determination ordered?

1 -Yes 3-No 5-Can't tell

Date ordered

m	m

d	d

y	y	y	y

-77 - No Data Available/No Date recorded

D2.2.3 Fasting or random glucose determination done?

1 -Yes 3-No 5-Can't tell

Date of latest result

m	m

d	d

y	y	y	y

-77 - No Data Available/No Date recorded

D2.2.4 Urine ketones determination ordered?

1 -Yes 3-No 5-Can't tell

Date ordered

m	m

d	d

y	y	y	y

-77 - No Data Available/No Date recorded

D2.2.5 Urine ketones determination done?

1 -Yes 3-No 5-Can't tell

Date of latest result

m	m

d	d

y	y	y	y

-77 - No Data Available/No Date recorded

D2.2.6 Urine protein determination ordered?

1 -Yes 3-No 5-Can't tell

Date ordered

m	m

d	d

y	y	y	y

-77 - No Data Available/No Date recorded

D2.2.7 Urine protein determination done?

1 -Yes 3-No 5-Can't tell

Date of latest result

m	m

d	d

y	y	y	y

-77 - No Data Available/No Date recorded

D2.2.8 Total cholesterol determination ordered?

1 -Yes 3-No 5-Can't tell

Date ordered

m	m

d	d

y	y	y	y

-77 - No Data Available/No Date recorded

D2.2.9 Total cholesterol determination done?

1 -Yes 3-No 5-Can't tell

Date of latest result

m	m

d	d

y	y	y	y

-77 - No Data Available/No Date recorded

Date of latest result

m	m

d	d

y	y	y	y

-77 - No Data Available/No Date recorded

D2.3 RISK PREDICTION for cases seen from JULY 1, 2013**D2.3.1 Was risk stratification done using the WHO/ISH Risk Prediction Charts?**

- 1 - Yes
- 3 - No
- 77 - No Data Available

D3 MANAGEMENT

D3.1 Was there any evidence that the following management were implemented (from July 1, 2013)?

D3.1.1 Prescribed metformin 1 -Yes 3-No 5-Can't tell

D3.1.2 Given advice on foot care 1 -Yes 3-No 5-Can't tell

D4 REFERRAL

D4.1 Was the patient ever referred for higher level care?

1 - Yes

3 - No (Skip to D5)

-77 - No Data Available (Skip to D5)

D4.2 Possible reason for the referral

D4.2.1 Uncontrolled hypertension 1 -Yes 3-No 5-Can't tell

D4.2.2 With co-morbidities that require further assessment 1 -Yes 3-No 5-Can't tell

D4.2.3 With complications e.g. angina, TIA;DM with severe infection; for eye exam 1 -Yes 3-No 5-Can't tell

D4.2.4 Abnormal labs e.g. proteinuria; newly diagnosed DM with urine ketones 2+ 1 -Yes 3-No 5-Can't tell

D4.2.5 Uncontrolled DM despite maximal metformin with or without sulfonylurea 1 -Yes 3-No 5-Can't tell

D4.2.6 Others, specify 1 -Yes 3-No 5-Can't tell

D5 FOLLOW-UP

D5.1 Was a follow-up visit ordered in any of the consultations? (charts dated July 1, 2013 or later)? 1 -Yes 3-No 5-Can't tell