

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 _____

--	--

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 Fecalysis ordered in chart	1 - Yes 3 - No 5 - Can't tell
G1.3 Fecalysis 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

Time Started

Time Finished

		:			AM PM	A4			AM PM
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A5 Supervisor's Name, Signature _____

A6 Date

m	m		d	d	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 -77 - No Data Available
- 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

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

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

A3 **Time Started**

		:			AM PM
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A4 **Time Finished**

		:			AM PM
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A5 Supervisor's Name, Signature _____

A6 Date

m	m		d	d		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

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

<input type="text"/>					
m	m	d	d	y	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

<input type="text"/>					
m	m	d	d	y	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

<input type="text"/>					
m	m	d	d	y	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

<input type="text"/>					
m	m	d	d	y	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

<input type="text"/>					
m	m	d	d	y	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

<input type="text"/>					
m	m	d	d	y	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

<input type="text"/>					
m	m	d	d	y	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

<input type="text"/>					
m	m	d	d	y	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

m	m

d	d

y	y	y	y

A3 Time Started :

AM	PM

A4 Time Finished :

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 _____

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

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

D.4.2.6 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