



# Adult Quality Improvement Considerations

Community Care of Wake & Johnston Counties (www.ccwjc.com)

Patient Name \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Last Office Visit \_\_\_\_\_

Date of Birth \_\_\_\_\_  
MID #: \_\_\_\_\_

Reason for chart review:  Pre-existing appointment  CCNC Chart Review  Other

## DIABETES

Per ADA 2010 Guidelines:

Annual foot exam:  Yes, last date: \_\_\_\_\_  No  
 Dilated eye exam (within past 15 months):  Yes, last date: \_\_\_\_\_  No  
 Nephropathy detection or management:  Yes, last date: \_\_\_\_\_  No  
 Hemoglobin A1C:  Yes, last date: \_\_\_\_\_; last value: \_\_\_\_\_  No  
 Blood Pressure:  Yes, last date: \_\_\_\_\_; last value: \_\_\_\_\_  No  
 ACE/ARB therapy in patient with HTN:  Yes  No €N/A  
 Lipid Profile or Direct LDL:  Yes, last date: \_\_\_\_\_; last value: \_\_\_\_\_  No

## HEART FAILURE

Per ACC/AHA Guidelines:

Documentation of Left Ventricular Function:  Yes, last date: \_\_\_\_\_; last value: \_\_\_\_\_  No  
 Beta Blocker therapy in patient with ejection fraction < 40%:  Yes  No €N/A (EF > 40%)  
 ACEI or ARB therapy in patient with ejection fraction < 40%:  Yes  No €N/A (EF > 40%)

## ASTHMA

Per NIH Guidelines:

One Continued Care visit with symptom assessment (annually):  Yes, last date: \_\_\_\_\_  No  
 Assessment of environmental triggers:  Yes, last date: \_\_\_\_\_  No  
 Maintenance asthma medication for patient with poor asthma control (e.g. frequent asthma ED visits, exacerbations, steroid pulses or β-agonist overuse):  Yes  No €N/A  
 Written Asthma Management Plan (annually):  Yes, last date: \_\_\_\_\_  No

## ISCHEMIC VASCULAR DISEASE / CARDIOVASCULAR DISEASE

Per ACC/AHA Guidelines:

Blood Pressure:  Yes, last date: \_\_\_\_\_; last value: \_\_\_\_\_  No  
 Lipid Profile or Direct LDL  Yes, last date: \_\_\_\_\_; last value: \_\_\_\_\_  No  
 Aspirin Use:  Yes  No  N/A (contraindicated)

## PREVENTIVE SERVICES

Per Medicaid and USPSTF Recommendations:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_  
 Daily aspirin therapy, if applicable:  Yes  No  N/A  
 Tobacco use status determined:  Yes  No  
 Tobacco cessation counseling offered annually, if applicable:  Yes  No  N/A  
 Blood Pressure:  Yes, last date: \_\_\_\_\_; last value: \_\_\_\_\_  No HTN Diagnosis:  Yes  No  
 Influenza Vaccine (annually), adult 50+ or high risk:  Yes  No  N/A  
 Pneumococcal Vaccine, 65+ or high risk:  Yes  No  N/A  
 Pap smear within 3 years (ages 21-64):  Yes  No  N/A  
 Mammography within past 2 years (ages 40-69):  Yes  No  N/A  
 Colorectal Cancer screen (ages 50-75):  Yes  No  N/A

Comments: \_\_\_\_\_

Care Manager:  
QI Adult Form rev 11.10

Chart Review Date:

Phone: