**(Model SOP)**

**United States Army**

**Name of the Clinic**

 **Occupational Health**

**(OFFICE SYMBOL) SOP No.\_\_\_\_\_\_\_\_\_**

 **Effective Date\_\_\_\_\_**

**Date Removed from Service\_\_\_\_\_**

# **Quality Assurance/Quality Improvement Program Procedures**

**1. PURPOSE**

To insure high quality patient care, medical surveillance and population health management through continuous monitoring and evaluation of the patient care and services provided by the Occupational Health Clinic.

**2. AUTHORITY AND REGULATORY COMPLIANCE**

AR 40-68 Clinical Quality Management provides the regulatory guidance for the development of Quality Assurance/Quality Improvement Program. All Army occupational health clinics (OHC) are required to perform the tasks outlined in AR 40-68. Regarding use and management of medical records during the review processes mentioned in this SOP, AR 40-66 Medical Record Administration and Health Care Documentation is applicable.

**3. REFERENCES**.

1. AR 40-68 Clinical Quality Management, 26 February 2004 (RAR: 22 May 2009)
2. AR 40-66 Medical Record Administration and Health Care Documentation, 17 June 2008 (RAR: 04 January 2010)

**4. ABBREVIATIONS / TERMS**

CEU – Continuing Education Unit

CME – Continuing Medical Education

HCP – Healthcare Provider

MEDCEN– Medical Center

MTF – Military Treatment Facility

NCCPA – National Commission on Certification of Physician Assistants

NP – Nurse Practitioner

OHC – Occupational Health Clinic

OHN – Occupational Health Nurses

PA – Physician Assistant

PMS – Preventative Medicine Services

QA/QI – Quality Assurance/Quality Improvement

**5. PROCEDURES**

1. Introduction
2. The principle components of a Quality Assurance/ Quality Improvement (QA/QI) program include credentials, peer review, indicators, continuing medical education, medication and immunization utilization, risk management, infection control, patient satisfaction, and utilization review.

1. The Quality Assurance (QA) Confidentiality Statute for the DOD is addressed in the The National Defense Authorization Act for fiscal year 1987 (PL99–661), as contained in 10 USC 1102. Details regarding this statute can be found in Appendix B of AR 60-68.
2. Monitoring and evaluation
3. The Chief, OHC will have overall responsibility for the QA/QI program in the OHC. It is the responsibility of all HCPs to ensure the actions required by this SOP are taken.
4. See Appendix A for delineation of the scope of care for each health care provider in the clinic.
5. Important Aspects of Care within the OHC deal with medical surveillance and evaluation and treatment of occupational illnesses and injuries. These are deemed Important Aspects of Care because of elements of the above result in large numbers of patients (HIGH VOLUME), that are at risk for serious consequences (HIGH RISK), they have historically caused problems for staff members or patients (PROBLEM PRONE), and/or they are costly to the military medical system (HIGH COST). See Appendix C for Important Aspects of Care.
6. Indicators and thresholds for evaluation have been identified for the Important Aspects of Care. The Chief, OHC will identify three indicators to be monitored in the OHC for a period of [\_\_months] and will keep the clinic’s next higher level QA/QI committee (PMS, MTF) informed regarding the current indicators in the OHC. (See Appendix C for the list of indicators and thresholds).
7. Data collection and organization, evaluating care, problem identification and resolution, follow-up to assess the actions and document improvements, and communicating relevant information to the PMS QA/QI Committee are also essential monitoring and evaluation elements.
8. Meetings and Reports
9. The Occupational Health Clinic QA/QI Committee will be composed of physicians, physician assistants (PA), nurse practitioners (NP) and occupational health nurses (OHN) assigned to the OHC. The committee will meet [time, frequency, place]*.*
10. Copies of the minutes of the OHC QA/QI committee meeting will be forwarded to the next higher level QA/QI committee.
11. Components of a Quality Assurance/ Quality Improvement (QA/QI) Program
12. Credentialing

Credential issues are addressed by the Facility Credentials Committee per AR 40-68 and MEDCEN Commander. The OHC only sees outpatients and is the subject of this SOP.

1. Peer Review [Suggested method, can be done other ways]
	1. Charts for peer review will be selected at random by the clinic medical clerk/secretary. Five percent (5%) of each provider’s charts (physician, PA, and NP) for each quarter are to be reviewed by the Chief, OHC. These selected charts will then be forwarded to the Assistant Chief, PMS or other designated next higher level reviewing authority for review. Five percent (5%) of each occupational health nurse (OHN) charts for each quarter will be forwarded to one of the other available OHNs for review.
	2. Review results will be recorded on the appropriate QA/QI review form (See Appendix B) and submitted to the Chief, OHC for review and filing. Each item on these forms will be recognized as present/acceptable or absent/unacceptable by checking the appropriate box. The forms address administrative issues, patient care and management issues.
	3. A chart is acceptable if it has no absent/unacceptable issues (defines as Code 1) or if it has only minor absent/unacceptable issues (defined as Code 2). Code 2 charts will be designated Code “2A” to indicate administrative error or Code “2B” to indicate management error.
	4. A chart is unacceptable if the reviewer identifies problems that indicate that the patient is at risk or the documentation would not support clinical or legal scrutiny. These charts will designated Code “3A” or “3B” indicating a major administrative or management error respectively. These charts will be returned to the provider along with the QA/QI Form. The provider will take appropriate corrective action and return the chart to the reviewer with a note indicating the corrective action that has been taken within five working days. If the chart remains unacceptable, the provider will be notified and a plan for corrective action formulated.
	5. A summary of the charts reviewed will be recorded on a summary form (See Appendix B) and entered into the OHC QA/QI minutes each month.
2. Continuing Medical Education / Continuing Education Units
3. All licensed/certified health care personnel are required to have continuing medical education (CME) to maintain their license/certification. All license/certification requirements for each provider are found in AR 40-68, Chapter 4. Occupational health specialties with specific continuing education requirements are as follows:
4. Physicians
5. In addition to the requirements for physician practice IAW AR 40- 68, physicians who are board certified in preventative medicine /

 occupational medicine are required to maintain CME requirements according to the standards set by the American Board of Preventative Medicine (ABMP), <http://www.theabpm.org/moc/moc_requirements.cfm>

1. Certified Occupational Health Nurses (COHN/COHN-S)
2. Maintain state license
3. COHNs are required to earn fifty (50) CNEs related to occupational health topics every 5 years in addition to maintaining their state Registered Nurse license

1. Medication and Immunization Utilization
2. The OHC may use a small number of medications that are relatively low in cost. Utilization reviews may be undertaken as an indicator. The OHC will conduct periodic reviews of the medications prescribed to determine if need has been established and this need is properly documented.
3. The OHC may also have immunizations on hand. If immunizations are given at the OHC, the OHC will conduct periodic reviews of the immunizations used to determine if need has been established and this need is properly documented.
4. Risk Management

All members of the OHC will ensure prompt notification of Chief, OHC of potentially adverse outcomes. A formal statement will be provided detailing the incident. The intent is corrective action and prevention of future recurrence.

Occurrence Screening. Occurrence screening will enable the OHC to react to specific high risk situations where there exists the possibility of significant personnel, system, or equipment failure when an incident occurs.

|  |  |
| --- | --- |
| Number | Occurrence |
|  1\* | Death occurring within the OHC  |
|  2\* | Death within 72 hours of an OHC visit |
| 3 | An emergency ambulance transfer from the OHC to XXXX or civilian ER. |
| 4 | All drug reactions of an anaphylactic nature (including those secondary to immunizations) |
| 5 | Any bodily injury to any person while in or on the grounds of the OHC. |
| 6 | Any occurrence with a failure of or a less than optimal performance of equipment. |
| 7 | Any human error occurrences that has led to an effect on a patient. |
|  8\* | Any OHN, NP, PA, or physician’s chart found to be unsatisfactory |

\* Requires notification of the Chief, Preventive Medicine Service within 24 hours of the occurrence.

1. Infection Control
2. The OHC will monitor XXXX employees for infectious diseases that may put employees and patients at risk. This will pertain to, but is not limited to, tuberculosis, varicella, rubeola, and bloodborne pathogens.
3. The OHC will participate in [Your Facility / Installation] programs that provide secondary preventive care for infections such as tuberculosis, rubeola, HIV, hepatitis B and C, and other infections.
4. Patient Satisfaction \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*
5. The OHC should distribute random patient satisfaction surveys on at least an [semi-annual, annual…] basis.
6. The results of these surveys will be reported under patient satisfaction and forwarded to the next higher level QA/QI committee. Any unfavorable survey results will be investigated to see if there is an identifiable and correctable problem.
7. Utilization Review
8. Utilization review will focus on outpatient access, patient flow, time management, and other issues relating to the activity of the OHC.
9. Issues of this nature will be addressed in the weekly OHC staff meetings and recorded in the minutes of that meeting.

1. Review

This document along with the appendices will be reviewed and updated on an annual basis or as needed.

 SIGNATURE BLOCK

 Chief, Occupational Health Clinic

Enclosures:

Appendix A, B, C

**APPENDIX A**

**EXAMPLE OCCUPATIONAL HEALTH CLINIC SCOPE OF CARE**

The following procedures may be performed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (Last, First, MI) RANK / RATE JOB TITLE

The above named individual, following training and evaluation, has demonstrated the ability to perform the procedures in the MAMC OHC, as indicated below:

1. Log and record information on patients being seen at clinic per AR 40-66 and AR 40-68.

2. Obtain and record chief complaint on SF 600.

3. Obtain blood pressure, pulse, respiration, weight, height and temperature.

4. Prepare and maintain technical reports.

5. Prepare and conduct in-services for OHC staff.

6. Serve as occupational health consultant to supervisors of civilian and military personnel.

7. Implement programs to identify employees or groups and to provide or coordinate required health services (Medical and pregnancy surveillance).

8. Perform occupational health nursing assessment to include medical history, occupational history, and health hazard inventory.

9. Provide health education for employees and supervisors.

10. Make work site visits to become familiar with work operations and monitor health and safety at the work site.

11. Identify employees at risk of developing diseases resulting from environmental hazards and initiate preventive and early treatment programs.

1. Coordinate with supervisors and medical staff to ensure the provision of appropriate

services for occupational illnesses/injuries.

13. Maintain the health record IAW AR 40-66.

14. Conduct in and out processing procedures for active duty military and civilian employees.

15. Give, record, and screen for immunizations IAW AR 40-562 and AR 40-26. Technique IAW TM 8-230.

16. Perform surgical prep for minor injuries including lacerations.

17. Ear/eye irrigation to remove foreign body when not imbedded.

18. Collect lab specimen; urine, blood as directed by the OH physician or pre-established protocol.

19. Ensure follow-up and referral of all employees with abnormal laboratory values or diagnostic studies (CXR, IPPD) with individualized letters to the employee.

20. Initiate treatment for shock.

21. Ensure civilian employees medical records and program files are initiated, maintained, and disposed of in accordance with AR 40-66.

22. Provide CPR IAW American Heart Association Standards.

23. Dressing changes upon approval of physician.

24. Suture removal upon approval of physician.

25. Establish/maintain a sterile field.

26. Airway management.

27. Special Procedures.

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommend Approval: Approving Authority:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisory OHN C, OHC

**Appendix B**

**EXAMPLE FORMS FOR THE QA/QI PLAN**

1. PURPOSE. To indicate the forms that will be used to conduct peer chart review, and summarize the findings for reporting.

2. REFERENCES.

 a. [Facility / Installation] Preventive Medicine / MTF Quality Assurance Plan

 b. [Facility / Installation] Occupational Health Clinic Quality Assurance/Quality

 Improvement Plan

3. GENERAL.

 a. QA Form 1 will be used for chart review of pre-placement physical examinations.

 b. QA Form 2 will be used for chart review of periodic physical examinations.

 c. QA Form 3 will be used for chart review of injury and illness assessment of case

 management.

 d. QA Form 4 will be used for respirator medical surveillance.

 e. QA Form 5 will be used for hearing conservation program review.

 f. QA Form 6 will be used for needlestick exposure program review.

 g. QA Form 7 will be used for tuberculosis evaluation review.

 h. QA Form 8 will be used for pregnancy surveillance examinations.

 g. QA Form 9 will be used for reporting monthly summaries of chart reviews.

4. Examples of chart ratings for deficiencies.

2A Minor Admin Error(s):

Missing time

Current med. not listed

Problem list not present/or updated

SOAP format not used

2B Minor Mgmt Error(s):

Chief complaint not clear

Vital signs not recorded

Diagnosis incomplete

Chronic problems not addressed

Incomplete documentation of treatment plan

Inadequate follow-up or RTW instructions given

3A Major Admin Error(s):

Date missing

Clinic name missing

Signature absent/illegible

3B Major Mgmt Error(s):

Diagnosis inaccurate

Treatment plan wrong

Follow-up inappropriate

Inappropriate referral

5. REVIEW.

 a. This document will be reviewed annually and updated as needed.

 Signature Block

 Chief, Occupational Health Clinic

Attachments

QA Forms 1, 2, 3, 4, 5, 6, 7, 8, 9

**QA FORM 1**

## Example Pre-placement Exam Chart Screening Form

**Client name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last, First SSN

|  |  |  |  |
| --- | --- | --- | --- |
| Elements of the QA/QI indicators | Present | Absent | N/A |
| **Medical Records Format/Completion**1. Date/time seen noted in chart |  |  |  |
| 2. Master Problem list completed |  |  |  |
| 3. Appropriate entries on MPL |  |  |  |
| 4. DD 2005 Privacy form completed |  |  |  |
| 5. Medical history completed |  |  |  |
| 6. Occ Health HX completed  |  |  |  |
| 7. Hazards listed  |  |  |  |
| 8. PPE use documented  |  |  |  |
| **Respirator wearer**9. PFT completed10.Respirator questionnaire complete |  |  |  |
| **Physical Exam**11. Vital signs BP & HR recorded12. Documented on SF78/SF600  |  |  |  |
| 13.All tests ordered: vision, labs, X-Ray, EKG, PFT, GXT(Circle tests ordered) |  |  |  |
| 14.Abnormal studies noted & follow-up documented |  |  |  |
| **Hearing conservation** program15. DD2215 baseline established16. DD2216 STS noted/baseline recalc17. Referral to audiology for STS |  |  |  |
| 18. Client info listed on all forms |  |  |  |
| 19. HCP info listed/all forms signed |  |  |  |
| 20. Chart layout correct, all medical record items filed properly (SF 66D) |  |  |  |

**Reviewer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**C, OHC Review** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**QA FORM 2**

**Example Periodic Surveillance Chart Screening Form**

**Client name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last, First SSN

|  |  |  |  |
| --- | --- | --- | --- |
| Elements of the QA/QI indicators | Present | Absent | N/A |
| **Medical Records Format/Completion**1. Date/time seen noted in chart |  |  |  |
| 2. Master Problem list updated |  |  |  |
| 3. Appropriate entries on MPL |  |  |  |
| 4. DD 2005 Privacy form completed |  |  |  |
| 5. Medical history completed |  |  |  |
| 6. Occ Health HX completed  |  |  |  |
| 7. Hazards listed  |  |  |  |
| 8. PPE use documented  |  |  |  |
| **Respirator wearer**9. PFT completed10.Respirator questionnaire complete |  |  |  |
| **Physical Exam**11. Vital signs BP & HR recorded12. Documented on SF78/SF600  |  |  |  |
| 13.All tests ordered: vision, labs, X-Ray, EKG, PFT, GXT(Circle tests ordered) |  |  |  |
| 14.Abnormal studies noted & follow-up documented |  |  |  |
| **Hearing conservation** program15. DD2215 baseline established16. DD2216 STS noted/baseline recalc17. Referral to audiology for STS |  |  |  |
| 18. Client info listed on all forms |  |  |  |
| 19. HCP info listed/all forms signed |  |  |  |
| 20. Chart layout correct, all medical record items filed properly (SF 66D) |  |  |  |

**Reviewer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**C, OHC Review** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**QA FORM 3**

## Example Illness/Injury Chart Screening Form

**Client name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last, First SSN

|  |  |  |  |
| --- | --- | --- | --- |
| Elements of the QA/QI indicators**Administrative/History:** | Present | Absent | N/A |
| 1. Date/time seen noted on SF600 |  |  |  |
| 2. SOAP Note format followed |  |  |  |
| 3. CC, SXS, Pain nature/character, aggravating & relieving factors, prior hx, injury, restricted ADLs |  |  |  |
| 4. Medical/surgical history noted |  |  |  |
| 5. Social/family history noted |  |  |  |
| 6. Current medications listed |  |  |  |
| 7. Allergy to meds documented |  |  |  |
| Physical Exam documented |  |  |  |
| 8. Vital signs recorded |  |  |  |
| 9. Inspection, Range of motion noted |  |  |  |
| 10.Palpation |  |  |  |
| 11.Strength, Reflexes, light touch |  |  |  |
| 12.Other: gait, special maneuvers |  |  |  |
| Assessment/Plan documented |  |  |  |
| 13. Appropriate diagnosis made. |  |  |  |
| 14. Treatment plan outlined, if appropriate  |  |  |  |
| 15. Patient referred to specialist or PMD |  |  |  |
| 16. Consult results on file/noted. |  |  |  |
| 17. Medical limitations noted on CA17 or HFL Form 1073  |  |  |  |
| 18. Care available to meet PT needs |  |  |  |
| 19.Care relevant to patient’s needs |  |  |  |
| 20.Actual outcome recorded. |  |  |  |
| 21. Laboratory, X-Ray, EKG studies appropriate for evaluation |  |  |  |
| 22. F/U of Abnl test documented.  |  |  |  |
| **Medical Record Documentation** |  |  |  |
| 23. CA1/CA2 signed by supervisor, if used |  |  |  |
| 24. CA16/20 used for FECA case, if used |  |  |  |
| 25. Patient info on all forms |  |  |  |
| 26. HCP printed name & signed forms |  |  |  |

**Reviewer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**C, OHC Review** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

 **QA FORM 4**

**Example Respirator Medical Surveillance Chart Review Form**

**Client name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last, First SSN

|  |  |  |  |
| --- | --- | --- | --- |
| Elements of the QA/QI indicators | Present | Absent | N/A |
| **Subjective** |  |  |  |
| 1. Medical history review done  |  |  |  |
| 2. Job Hazards noted  |  |  |  |
| 3. PPE use/respirator noted on SF 600 |  |  |  |
| 4.Respirator questionnaire complete |  |  |  |
| **OBJECTIVE** |  |  |  |
| 5. PFT completed |  |  |  |
| 6.Result met standards <5% variance |  |  |  |
| 7.Cardiopulmonary Risk Factor Present |  |  |  |
| 8.Positive responses referred to MD |  |  |  |
| **Physical Exam** |  |  |  |
| 9.Vital signs BP & HR recorded |  |  |  |
| 10.Cardio-pulmonary exam done |  |  |  |
| 11.PE noted on SF78/SF600  |  |  |  |
| 12.Disqualifying factors noted |  |  |  |
| 13.Functional use test indicated |  |  |  |
| 14.Use test met criteria <15% changein HR, BP and oxygen saturation |  |  |  |
| 15.F/U on Abnormal tests done |  |  |  |
| Assessment |  |  |  |
| 16.Clearance for respirator issued |  |  |  |
| 17.Client referred for GXT testing |  |  |  |
| 18.GXT results documented |  |  |  |
| **Plan:** |  |  |  |
| 19. Refer to designated personnel for fit testing |  |  |  |
| 20. Annual re-check scheduled |  |  |  |
| **Administrative Information** |  |  |  |
| 21. Date/time seen noted in chart |  |  |  |
| 22. Master Problem list updated |  |  |  |
| 23. Appropriate entries on MPL |  |  |  |
| 24. Client info listed on all forms |  |  |  |
| 25. HCP info listed/all forms signed |  |  |  |

**Reviewer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**C, OHC Review** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**QA FORM 5**

## Example Hearing Conservation Chart Screening Form

**Client name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last, First SSN

|  |  |  |  |
| --- | --- | --- | --- |
| Elements of the QA/QI indicators | Present | Absent | N/A |
| **Medical Records Format/Completion**1. Date/time seen noted in chart |  |  |  |
| 2. Master Problem list updated |  |  |  |
| 3. Appropriate entries on MPL |  |  |  |
| 4. Medical history completed |  |  |  |
| 5. Occ Health HX completed  |  |  |  |
| 6. Hazards listed on SF 600  |  |  |  |
| 7. PPE use documented on SF 600 |  |  |  |
| **Physical Exam**8. Vital signs BP & HR recorded9. Documented on SF78/SF60010. PE of the external & internal ear noted. |  |  |  |
| **Hearing conservation** program11. DD2215 baseline established12. DD2216 STS noted/baseline recalc.13. Abnormal studies noted & follow-up documented14. Referral to audiology for STS15. Document work related noise exposure with IH sampling |  |  |  |
| 16. Client info listed on all forms |  |  |  |
| 17. HCP info listed/all forms signed |  |  |  |
| 18. Chart layout correct, all medical record items filed properly |  |  |  |

**Reviewer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**C, OHC Review** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name B5 Date

**QA FORM 6**

## Example Needle Stick Chart Screening Form

**Client name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last, First SSN

|  |  |  |  |
| --- | --- | --- | --- |
| Elements of the QA/QI indicators | Present | Absent | N/A |
| **Administrative Information/History**1. Date/time seen noted in chart |  |  |  |
| 2. Master Problem list completed |  |  |  |
| 3. Appropriate entries on MPL |  |  |  |
| 4. PPE use documented on SF 600 |  |  |  |
| **Physical Examination** |  |  |  |
| 5. Vital signs BP & HR recorded |  |  |  |
| 6.Location, depth, fluid type, object/needle type (solid/hollow core) recorded SF600. |  |  |  |
| 7.EPINET Questionnaire completed. |  |  |  |
| Interventions  |  |  |  |
| 8. Treatment plan outlined. |  |  |  |
| 9. Baseline labs HIV, HBV, HCV, LFTrecorded on donor  |  |  |  |
| 10. Baseline labs HIV, HBV, HCV, LFTrecorded on client  |  |  |  |
| 11. Informed consent obtained.  |  |  |  |
| 12. F/U Letter sent at 3 months |  |  |  |
| 13. F/U labs at 3 months HIV,HBV,HCV recorded |  |  |  |
| 14. F/U Letter sent at 6 months |  |  |  |
| 15. F/U labs at 3 months HIV,HBV,HCV recorded. |  |  |  |
| 16. CA2 completed by supervisor, if indicated  |  |  |  |
| 17. CA20 completed by physician |  |  |  |
| 18. HCP info listed/all forms signed |  |  |  |
| 19. Client info listed on all forms |  |  |  |
| 20. Chart layout correct, all medical record items filed properly |  |  |  |

**Reviewer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**C, OHC Review** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**QA FORM 7**

## Example Tuberculosis Chart Screening Form

**Client name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last, First SSN

|  |  |  |  |
| --- | --- | --- | --- |
| Elements of the QA/QI indicators**Administrative/History:** | Present | Absent | N/A |
| 1. Date/time seen noted on SF600 |  |  |  |
| 2. CC, SXS of active TB addressed, Prior hx of exp to active case, foreign travel, last neg IPPD noted  |  |  |  |
| 3. Prior INH therapy completed |  |  |  |
| 5. Medical/surgical history noted |  |  |  |
| 6. Work Exposures, ETOH/drugs, Liver toxins |  |  |  |
| 8. Current meds, allergies listed |  |  |  |
| Physical Exam documented |  |  |  |
| 10.Documented IPPD conversion |  |  |  |
| 11.Vital signs recorded |  |  |  |
| 12.Inspect, Palpate, ascultate lungs and abdomen |  |  |  |
| Assessment/Plan documented |  |  |  |
| 14. Treatment plan outlined.  |  |  |  |
| 15. Consult chest clinic/results  |  |  |  |
| 16. Medical limitations: no patient contact till evaluated by physician  |  |  |  |
| 17. Referral guides met (2 weeks) |  |  |  |
| 18. Care relevant to patient’s needs |  |  |  |
| 19. Disposition recorded(i.e. started on INH/no IHN and reason) |  |  |  |
| 20. LFT and X-Ray results documented |  |  |  |
| 21. F/U of Abnl test documented.  |  |  |  |
| **Medical Record Documentation** |  |  |  |
| 22. CA2 signed by supervisor, if indicated  |  |  |  |
| 23. CA20 used for FECA case |  |  |  |
| 24. Safety Officer notified of conversion for OSHA 200 log. |  |  |  |
| 25. Patient info on all forms |  |  |  |
| 26. HCP printed name & signed forms |  |  |  |

**Reviewer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**C, OHC Review** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**QA FORM 8**

## Example Reproductive Hazards Chart Screening Form

**Client name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last, First SSN

|  |  |  |  |
| --- | --- | --- | --- |
| Elements of the QA/QI indicators**Administrative/History:** | Present | Absent | N/A |
| 1. Date/time seen noted on SF600 |  |  |  |
| 2. SOAP Note format followed |  |  |  |
| 3. Hx of exposure to feto-toxic agents addressed, work activities documented.  |  |  |  |
| 5. Medical/surgical history noted |  |  |  |
| 6. Habits, ETOH/drugs, hobbies |  |  |  |
| 8. Current medications & allergies |  |  |  |
| Physical Exam documented |  |  |  |
| 10.PE noted on SF78/MAMC Form 1079 |  |  |  |
| 11.Vital signs recorded |  |  |  |
| Assessment/Plan documented |  |  |  |
| 12. Workplace hazards addressed |  |  |  |
| 13. Worksite visit necessary/done |  |  |  |
| 14. Medical limitations documented |  |  |  |
| 15. Referral guides met (2 weeks) |  |  |  |
| 16. Pregnancy outcome noted |  |  |  |
| 17. Patient info on all forms |  |  |  |
| 18. HCP printed name & signed forms |  |  |  |

**Reviewer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**C, OHC Review** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Name Date

**QA FORM 9**

**Example Summary QA/QI Chart Review Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month/YR | Total recordsaudited | Records Acceptable | Minor Errors  | Records Unacceptable |
| JAN  |  |  |  |  |
| FEB  |  |  |  |  |
| MAR  |  |  |  |  |
| APR  |  |  |  |  |
| MAY  |  |  |  |  |
| JUN  |  |  |  |  |
| JUL  |  |  |  |  |
| AUG  |  |  |  |  |
| SEP  |  |  |  |  |
| OCT  |  |  |  |  |
| NOV  |  |  |  |  |
| DEC  |  |  |  |  |

**APPENDIX C**

**IMPORTANT ASPECTS OF CARE FOR THE QA/QI PROGRAM**

1. PURPOSE. To identify important aspects of care within the OHC.

2. REFERENCES.

 a. Occupational Health Clinic Quality Assurance/Quality Improvement Plan

3. GENERAL.

 a. Important Aspects of Care within the OHC deal with medical surveillance, evaluation and treatment of occupational illnesses and injuries, and population

 based preventive programs. These are deemed “Important Aspects of Care”

 because elements of the above result in large numbers of patients (High Volume),

 patients that are at risk for serious consequences (High Risk), and/or they have

 historically caused problems for staff members or patients (Problem Prone).

 b. Aspects of Care are shown on the next page.

 c. The Aspects of Care will be utilized to develop indicators to monitor and evaluate care.

4. REVIEW.

 a. This document will be reviewed annually and updated as needed.

 Signature Block

 Chief, Occupational Health Clinic

**Aspects of Care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Diagnosis, Procedure, or Process | HighVolume | High Risk | Problem Prone | HighCost |
| In-processing Assessment | X |  |  |  |
| Immunization Status Determination | X |  |  |  |
| Immunizations | X |  |  |  |
| Asthma, Acute Exacerbation |  | X |  |  |
| PPD Placement & Readings | X |  | X |  |
| F/U of PPD Converter |  |  | X |  |
| Chest Pain, Acute |  | X |  |  |
| Diabetes, Acute (Hypoglycemia, DKA)  |  | X |  |  |
| Audiograms  | X |  |  |  |
| Bloodborne Pathogen Exposure | X |  | X |  |
| Shoulder Injuries | X |  | X |  |
| Knee Injuries | X |  |  | X |
| RTD Medical Examination | X |  |  |  |
| Headaches, Acute |  |  | X |  |
| Ankle Injuries | X |  |  |  |
| Hypertensive Urgency/Emergency  | X |  | X |  |
| Back Injuries | X |  | X | X |
| Asbestos Surveillance |  | X |  | X |
| Occupational Injuries & Illnesses |  | X |  |  |
| Medical Surveillance | X |  | X | X |
| Workers Compensation | X | X | X | X |
| Worksite Visit | X |  | X |  |
| Infections, Upper respiratory | X |  | X |  |
| Stress | X | X | X | X |
| Cumulative Trauma Disorder |  | X | X | X |
| Trauma, Ocular |  |  | X |  |
| Inhalation Exposures |  | X | X |  |
| Violence in the Workplace |  | X | X | X |
| Dermatitis, Acute |  |  | X |  |
| Patient Flow | X |  | X |  |
| Psychiatric Disorders Other Than Stress |  | X | X |  |