

**SARATOV / ENGELS – BEMIDJI AIHA PARTNERSHIP
ASSESSMENT OF HIV/AIDS Care - Adults**

*HIV/AIDS Care and Outcomes Chart Audit for
Quality Assurance and Quality Improvement*

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Saratov – Bemidji AIHA Partnership

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Quick Start Directions:

1. Review the audit form, definitions and criteria with all chart reviewers (pg 7-10)
2. Select in random fashion the appropriate number of charts to review (pg 5-6).
3. Perform the chart reviews.

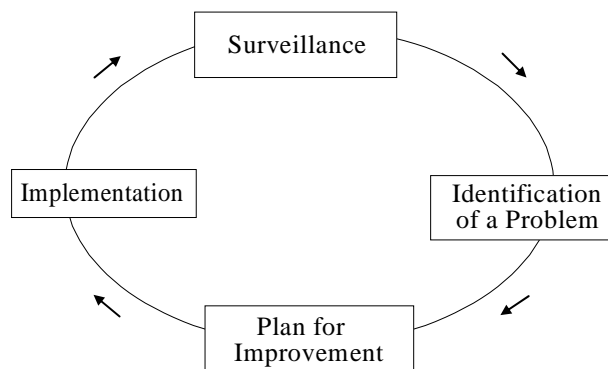
Instructions for the IHS HIV/AIDS Care and Outcomes Chart Audit 2003

1. INTRODUCTION

The instructions that follow describe a standardized method for assessing HIV/AIDS care and the health status of HIV/AIDS patients at your partnership facility. Using a uniform process and standardized definitions provides consistency as you monitor patient care patterns over time. It allows valid comparison of your facility with other facilities. The indicators in this audit were selected by a group of HIV/AIDS experts from the Saratov/Engels – Bemidji AIHA partnership, and are consistent with *World Health Organization* HIV/AIDS guidelines. Instructions for sample size calculations, selecting charts for the audit, and standard definitions for each item are given on the next few pages. Additional assistance, if necessary, can be obtained from your AIHA partners and Quality Improvement consultants.

2. CHART AUDITS FOR QUALITY ASSESSMENT AND IMPROVEMENT ACTIVITIES

For any facility to provide quality HIV/AIDS, on-going self-assessment and improvement activities are necessary. A number of techniques or methods to pursue improvement may be employed. A central feature of each of these systems is some form of an improvement cycle:



With respect to HIV/AIDS, the basic questions to be answered are straightforward: "Are we doing those things that we agreed were important for maximizing the health of our patients with HIV/AIDS?" and "Are there ways that we could do better?" Getting accurate and reliable answers is more complex, of course, but this HIV/AIDS audit process is designed to make it easier to do just that.

The Saratov/Engels – Bemidji AIHA HIV/AIDS partnership recommends an annual medical record review to monitor care patterns and changes over time at your facility. You should select in a random manner a large enough sample of medical records so that you can be reasonably certain that observed changes are significant and not just due to chance (see sections 5 and 6). All of the indicators on the audit form, which reflect compliance with the *WHO 3X5 Guidelines*, should be completed as outlined in section 7.

The staff at your facility may be asked to participate in the audit process. While this process

may seem tedious at first, many providers have found that participating in the chart audit provides a review of the standards of care for HIV/AIDS and identifies trends in HIV/AIDS care at their facility. Through the audit, the providers often have a better idea of what changes they can make to improve the outcome for people who suffer from this potentially devastating disease.

Once the chart audit is complete, the data may be entered into an electronic database, from which you can easily print a summary report. The report shows the percentage of charts having documentation of compliance with each of the indicators. Your AIHA partnership can assist you in obtaining reports and comparison data. In addition, your AIHA partnership can assist you in identifying program strengths and deficiencies. Facilities are encouraged to review the recommendations in a team setting, establish priorities together, and develop an action plan with a timetable for re-evaluation.

Table 1 - Sample Size Calculations (see next page for explanation)

Sample size needed to be 90% or 95% certain that the rate you find is within 10% or within 5% of the true rate, for populations up to 3000.

<u>Population</u> (# of HIV/AIDS Patients)	90% Certainty		95% Certainty	
	<u>Within 10%</u>	<u>Within 5%</u>	<u>Within 10%</u>	<u>Within 5%</u>
<30	all	all	all	all
30	21	27	23	28
40	25	35	28	36
50	29	42	33	44
60	32	49	37	52
70	34	56	40	59
80	37	62	44	66
90	39	68	46	73
100	40	73	49	79
110	42	78	51	86
120	43	83	53	91
130	44	88	55	97
140	46	92	57	103
150	47	96	59	108
160	48	101	60	113
170	48	104	61	118
180	49	108	63	123
190	50	112	64	127
200	51	115	65	132
220	52	121	67	140
240	53	127	69	148
260	54	133	70	155
280	54	138	72	162
300	55	142	73	168
320	56	147	74	175
340	56	151	75	180
360	57	154	76	186
380	57	158	77	191
400	58	161	77	196
420	58	165	78	201
440	59	168	79	205
460	59	170	79	209
480	59	173	80	213
500	60	176	81	217
525	60	179	81	222
550	60	181	82	226
575	61	184	82	230
600	61	186	83	234
650	61	191	84	241
700	62	195	84	248
750	62	199	85	254
800	62	202	86	260
900	62	208	87	269
1000	63	213	88	278
2000	65	238	92	322
3000	67	248	93	341

▲
Minimum
Number of Charts
Recommended

3. SAMPLE SIZE CALCULATIONS

The number of charts you will need to select depends on the number of patients with HIV/AIDS who receive their HIV/AIDS care at your clinic. These patients should be listed in a registry. Table 1 on the previous page outlines the minimum number of charts you will need to audit to be reasonably sure (90% confident) that a 10% difference noted from a previous or subsequent audit is a real change and not just due to chance. If, for example, your facility has 1000 active patients with HIV/AIDS, you will need to audit a total of 63 charts (see Table 1).

The HIV/AIDS register will often include people who are not considered active patients of the clinic and thus do not need to be audited. These charts should be identified early in the audit process and excluded. Table 2 outlines the charts which are to be included and excluded.

Table 2 Patients to Include and Exclude in the Chart Audit
<p><u>Include patients who:</u></p> <ul style="list-style-type: none">• Attend regular clinics or HIV/AIDS clinics.• Refuse care or have special motivational problems (e.g., alcoholism, Injection Drug Use).• Are not attending clinic, but you do not know if they have moved or have found another source of care. <p><u>Exclude patients who:</u></p> <ul style="list-style-type: none">• Have not had at least one visit during the past 12 months.• Live in a jail, and receive care in jail and not at your clinic.• You are unable to contact, defined as 3 tries in 12 months (should be documented in the chart).• Have died.

Keep in mind that unless your HIV/AIDS register is frequently updated, up to 10% of the people in the HIV/AIDS registry may not qualify to be included in the audit. To make sure you have an adequate sample at the end of the audit, **increase the chart sample by at least 10%**. In the example of 63 charts used above, this would mean an additional 6 charts, or a total of 69, would need to be pulled for the audit.

4. CHART SELECTION

The systematic random sampling technique will provide the best representative sample for audit. This is done in the following fashion: Suppose you need to select 69 charts from a registry list of 1000 patients. First, divide 1000 by 69, which yields the number 14.4. You now know that you must select one chart out of fourteen. However, don't automatically start with the first person. Use any method of random chance to determine which one of the first 14 people on the list should be selected. Use your imagination Number 14 pieces of paper with 1 through 14 and have someone draw one, or simply ask someone to pick a number between 1 and 14. Then use that number to select your first name for chart audit. Proceed through the entire list, selecting every 14th person on the list. **Please note that it is important to track down the charts which are missing from Medical Records as these are likely to belong to patients who have been seen recently and have high compliance with the Standards of Care.**

5. COMPLETING THE AUDIT FORM

Using the instructions that follow, review the medical record to see if each of the indicators are satisfied. If you cannot find a result in the chart, then *for the purposes of the audit*, apply the old dictum,

"If it is not documented, it did not happen."

Finally, please remember that all medical records are confidential documents and need to be handled accordingly.

6. QUALITY ASSESSMENT OF HIV/AIDS CARE, ITEM DESCRIPTION

CLINIC NAME: The name of the clinic/facility being audited

AUDIT DATE: Enter the day of the audit, day/month/year

Clinic Type: check off the type of clinic or facility: AIDS Center or other.

NUMBER OF PATIETS WITH HIV/AIDS IN CLINIC: Enter the number of living patients with the diagnosis of HIV or AIDS who have received care at least once in your clinic in the past 2 years. If you do not know the exact number, please make your best estimate of the number of patients with HIV or AIDS served by the clinic.

REVIEWER: Enter the initials of the person conducting the audit.

CHART NUMBER: Enter the medical chart number or identifier. This is helpful to check for accidental duplicate audits.

DATE OF BIRTH: Enter day/month/year.

SEX: Self-explanatory

EXPOSURE CATEGORY:

Select all that apply:

- 1 IDU –*injection drug user*
- 2 Heterosexual, *includes commercial sex workers and other heterosexual transmission*
- 3 Transfusions, *patients who have had blood product transfusions, including for hemophilia.*
- 4 Perinatal, *maternal to child transmission*
- 5 Other, includes men who have sex with men, bisexual individuals
- 6 Unknown

HIV/AIDS STAGE:

Check the current stage of HIV disease according to the Russian Health Ministry classification

Stage Criteria Documented

Has the provider documented the criteria for the stage?

DATE of HIV/AIDS Diagnosis: Enter day/month/year that the diagnosis of HIV infection was confirmed by laboratory testing. If only the year of diagnosis is stated, enter "07/01" of that year. If only the month and year are stated, enter the 15th of that month. Leave blank if date is unknown.

CURRENT ART THERAPY

Review the chart for the current anti-retroviral drugs that are *prescribed*. Check all of the medications that apply.

Select all that apply

NRTI (Nucleoside Reverse Transcriptase Inhibitors)

Abbreviation Generic Name Trade Name

<input type="checkbox"/> 1	dT4	Stavudine	Zerit
<input type="checkbox"/> 2	ZDV or AZT	Zidovudine	Retrovir
<input type="checkbox"/> 3	3TC	Lamivudine	Epivir
<input type="checkbox"/> 4	ddI	Didanosine	Videx
<input type="checkbox"/> 5	ABC	Abacavir	Ziagen
<input type="checkbox"/> 6	TDF	Tenofovir	Viread

NNRTI (Non-Nucleoside Reverse Transcriptase Inhibitors)

#	Abbreviation	Generic Name	Trade Name
<input type="checkbox"/> 1	NVP	Nevirapine	Viramune
<input type="checkbox"/> 2	EFV	Efavirenz	Sustiva

PI (Protease Inhibitors)

#	Abbreviation	Generic Name	Trade Name
<input type="checkbox"/> 1	IDV/r	Indinavir/Retonavir	
<input type="checkbox"/> 2	LPV/r	Lopinavir/Retonavir	Kalera
<input type="checkbox"/> 3	NFV	Nelfinavir	Viracept
<input type="checkbox"/> 4	SQV/r	Saquinavir/Retonavir	Fortovase

Other

- 1 Fusion Inhibitor Enfuvirtide Fuzeon
- 2 Other - list abbreviation(s) of other medication(s) not listed above

Date current regimen started: Enter the day/month/year the current treatment regimen was prescribed. If a new medication was added to an existing regimen, enter the date the new medication was added. If one of multiple medications prescribed was changed, enter the date of this change.

Not On Any Therapy: Check this box if the patient is not prescribed any antiretroviral therapy. Then, check the box indicating the reason why it is not prescribed.

- 1 not indicated –for example, Asymptomatic HIV infection, undetectable viral loads
- 2 contra-indicated – for example, documented no adherence and at high risk for developing resistance, failed treatment and end-stage disease, severe adverse drug reactions
- 3 refused – patient has been offered but refused therapy.
- 4 Other – For example, patient can not afford cost of medication or medication is not available

LABORATORY

Enter the value of the most recent CD4 Count and the date it was obtained. Then enter the next most recent CD4 (or ALC) Count and the date it was obtained.

Enter the value of the most recent viral load and the date it was obtained. Then enter the next most recent viral load and the date it was obtained.

COEXISTANT INFECTION SCREENING

Tuberculosis Status

Was the patient screened for tuberculosis in past year? This could be done by chest radiograph, sputum culture, or PPD administration. If the patient screened positive, is there documentation of appropriate treatment? Enter yes if treatment is documented, no if it is documented that the patient was not treated, refused if treatment is offered but patient refusal is documented, or unknown if treatment status is not documented.

Hepatitis C Screening in the past year

Was the patient tested for hepatitis C in the past year? If yes, enter the result.

Syphilis Screening in the past year

Was the patient tested for syphilis in the past year?

Prophylaxis for Opportunistic Infections

Pneumocystis Prophylaxis

Indicate if patient is currently receiving prophylactic therapy for pneumocystis carinii

Indicate if patient is currently receiving prophylactic therapy for cryptococcosis

Indicate if patient is currently receiving prophylactic therapy for mycobacteriosis

Patient Education

Is there documentation that the following educational topics have been addressed with the patient in the past year:

Medication Adherence – If the patient is on anti-retroviral medication, is there documentation that the patient was counseled on the importance of medication adherence at each visit during the past year?

Transmission Risk – Is there documentation that the patient was counseled on how to reduce risk of HIV transmission in the past 6 months. Examples include counseling on not sharing needles, (for injection drug users) and condom use.

Assessments and Referrals

Psycho-social Assessment – Has the patient had an assessment of mental health social barriers to care in the past year.

Alcohol Assessment – Has alcohol use been assessed in the past year? If a problem has been identified, has the patient been referred to treatment in the past 6 months?

Drug Abuse Assessment

Has drug abuse been assessed in the past year? If a problem has been identified, has the patient been referred to treatment in the past 6 months?

Pregnancy Status

Was pregnancy status assessed in women of childbearing age 14-50 years? This could be done by either documentation of last menstrual period or pregnancy test.

Clinic utilization past year

Enter the date of the last visit: day/month/year

Enter the number of documented visits past year for HIV/AIDS related care

Has the patient been seen by a HIV Specialist in past year?

Has the patient been seen by a Case Manager in care in past year?

ASSESSMENT OF HIV/AIDS CARE IN ADULTS
SARATOV / ENGELS – BEMIDJI AIHA PARTNERSHIP

CLINIC NAME: _____ AUDIT DATE: ____/____/_____
Clinic Type: 1 AIDS Center 2 Other _____ Number of patients with HIV in Clinic: _____
REVIEWER'S INITIALS: _____
CHART NUMBER : _____
DATE OF BIRTH: ____/____/_____

SEX: 1 Male 2 Female

EXPOSURE CATEGORY:

Select all that apply:

- 1 Injection Drug Use
- 2 Sexual
- 3 Transfusion
- 4 Maternal-Child
- 5 Other _____
- 6 Unknown

HIV/AIDS STAGE:

- 1 Stage 1
- 2 Stage 2A
- 3 Stage 2B
- 4 Stage 2C
- 5 Stage 3A
- 6 Stage 3B
- 7 Stage 3C
- 8 Stage 4

Stage Criteria Documented

- 1 Yes
- 2 No

DATE of HIV Diagnosis: _____
____/____/_____

CURRENT ART THERAPY

Select all that apply

- | | |
|--------------------------------|----------------------------------|
| NRTI | PI |
| <input type="checkbox"/> 1 dT4 | <input type="checkbox"/> 1 IDV/r |
| <input type="checkbox"/> 2 ZDV | <input type="checkbox"/> 2 LPV/r |
| <input type="checkbox"/> 3 3TC | <input type="checkbox"/> 3 NFV |
| <input type="checkbox"/> 4 ddI | <input type="checkbox"/> 4 SQV/r |
| <input type="checkbox"/> 5 ABC | |
| <input type="checkbox"/> 6 TDF | |

- | | |
|--------------------------------|---|
| NNRTI | Other |
| <input type="checkbox"/> 1 NVP | <input type="checkbox"/> 1 Fusion Inhibitor |
| <input type="checkbox"/> 2 EFV | <input type="checkbox"/> 2 Other _____ |

Date current regimen started: _____
____/____/_____

- Not On Any Therapy**
- 1 not indicated
 - 2 contra-indicated
 - 3 refused
 - 4 other

LABORATORY

CD4 Count (most recent): _____
Date: ____/____/_____

CD4 Count (next most recent): _____
Date: ____/____/_____

Viral Load (most recent): _____
Date: ____/____/_____

Viral Load (next most recent): _____
Date: ____/____/_____

COEXISTANT INFECTION SCREENING

TB Screening in Past Year:

- 1 Yes
 - 2 No
- TB Screening Positive
- 1 Yes
 - 2 No
 - 3 Unknown
- TB Treated:
- 1 Yes
 - 2 No
 - 3 Refused
 - 4 Unknown

Hepatitis C Screening in past year

- 1 Yes
 - 2 No
- Result
- 1 Positive
 - 2 Negative
 - 3 Unknown

Syphilis Screening past year:

- 1 Yes
- 2 No

Opportunistic Infection Prophylaxis

Pneumocystis Prophylaxis

- 1 Yes
- 2 No
- 3 Refused

Cryptococcosis

- 1 Yes 3 Refused
- 2 No

Mycobacteriosis

- 1 Yes 3 Refused
- 2 No

PATIENT EDUCATION

Transmission Risk, past 6 months

- 1 Yes
- 2 No

Medication Adherence, each visit:

- 1 Yes
- 2 No
- 3 Not on Treatment

ASSESSMENTS & REFERRALS

Psychology Assessment in past year

- 1 Yes
- 2 No

Alcohol Assessment in past year

- 1 Yes
- 2 No

→ Was an alcohol problem identified?

- 1 Yes
- 2 No

→ Treatment referral made?

- 1 Yes
- 2 No

Drug Abuse Assessment in past year

- 1 Yes
- 2 No

→ Was a drug problem identified?

- 1 Yes
- 2 No

→ Treatment referral made?

- 1 Yes
- 2 No

Pregnancy Status (females)

- 1 Pregnant
- 2 Not Pregnant
- 3 Unknown

CLINIC UTILIZATION

Date last visit: ____/____/_____

Number of visits past year _____

HIV Specialist care in past year?

- 1 Yes
- 2 No

Seen by Case Manager in past year

- 1 Yes
- 2 No