Health Care for the Homeless
INFORMATION RESOURCE CENTER
888/429-3300 • Fax 518/439-7612

#5 CHART REVIEW

Alcohol/substance abuse (*NOR 1*)
Behavioral risk assessment (*NOR 4*)
Breast/cervical cancer screening (*NOR 2*)
Case management (*NOR 10*)
Domestic violence screening/worksheet (*NOR 13*)
Family planning (*NOR 3*)
Geriatric risk assessment (*NOR 6*)
Immunization screening (*NOR 7*)
Medication reaction (*NOR 9*)
Pediatric growth and development (*NOR 8*)
Sexually transmitted disease screen (*NOR 5*)
TB screening (*NOR 11a*)

Policy Research Associates, Inc. • 345 Delaware Avenue, Delmar, New York 12054
Under contract to the Health Resources and Services Administration, Bureau of Primary Health Care

NOR 1

HEALTH CARE FOR THE HOMELESS
ADULT LIFECYCLE
ALCOHOL/SUBSTANCE ABUSE

Thousands of individuals remain homeless as a result of alcohol and substance abuse. Excessive use of alcohol and other drugs is the number one health problem of homeless people. In fact, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that at least 40% of homeless people have alcohol problems, and an additional 15-20% have problems with other drugs, such as crack cocaine or heroin. These problems can mask the host of other physical problems or mental health problems that afflict homeless individuals.

Definition: Addiction is a disease which is primary, chronic, progressive and potentially fatal. It is characterized by increased tolerance, pathological organ change and physical dependance. Through the progression of this disease individuals experience loss of control in their lives as the addiction takes over. Ultimately resulting in increased losses such as job, home, friends, family and loss of financial stability.

Objective: Performing an alcohol/substance abuse assessment assists in providing information about homeless people with alcohol and other drug problems in order to promote a better understanding of the total service needs of these individuals.

Structural Indicators: A provider has been identified to perform an alcohol and substance abuse assessment. The provider is adequately trained in this area.

Process Indicators: A provider has been identified to obtain an assessment to include:

*Do you drink and/or use drugs?
*What do you drink and/or use?
*Do you believe you have a problem with alcohol and/or drugs?
*Would you like assistance in receiving help for the drug and/or alcohol problem.
*Have you ever been in a treatment program before?
*If so, for how long?
*How long have been drinking/using for this time?
*The assessment includes any high risk behaviors.

Outcome(s): The individual has received screening for alcohol and substance abuse. The individual has received information regarding high risk behaviors and the spread of HIV and other diseases.

If the patient admits to having an alcohol and/or drug problem, a referral has been made for treatment.

A follow-up visit is in place, as needed.

Revised: November 1994, March 1995, November 1997.

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HEALTH CARE FOR THE HOMELESS

ADULT LIFECYCLE

ALCOHOL/SUBSTANCE ABUSE

Patient name:
Chart number:
Date reviewed:
Reviewer:

The medical record clearly documents the alcohol and substance abuse assessment that includes the following:

	YES		NO	N/A
1. Assessing if the individual drinks and/or uses drugs:	( )	( )	( )	
2. Assessment for any history of needle use:	( )	( )	( )	
3. If history of injection drug use (IDU), HIV testing offered:	( )	( )	( )	
4. Consent for assistance with problem:	( )	( )	( )	
Referral made:	( )	( )	( )	
5. Follow-up visit scheduled, as needed:	( )	( )	( )	

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NOR 2

HEALTH CARE FOR THE HOMELESS
ADULT LIFECYCLE
BREAST AND CERVICAL CANCER SCREENING

Cancer is the second leading cause of death, diagnosis at an early stage of disease greatly increases the likelihood of survival. Early detection is feasible for a number of common cancers through the use of cancer screening tests such as the Pap test, mammography, and clinical and breast self-examination.

Definition: A PAP smear is a simple, relatively painless and inexpensive method for detecting precancerous and cancerous conditions of the cervix. It is considered by many to be the best cancer-screening tool available. The PAP smear is a routine part of a gynecologic exam. In addition, BSE (breast self-examination) and mammography are the most common and useful techniques for finding breast cancer early.

Objective: Homeless women appear to be at a higher risk of reproductive cancer, due to the increased number of risk factors they encounter during homelessness. Performing a Pap test, mammograms and instructions on SBE on these women can assist in detecting potential problems so they can be diagnosed and treated early.

Structural Indicators: A provider has been identified to provide the reproductive/gynecological assessment and examination. This provider has been adequately trained in this area.

Process Indicators: The history obtained includes identification of the following risk factors:

*immunosuppression (decreased immune capability)
*smoking
*sexual activity at an early age
*multiple sex partners
*sexual partners with multiple partners
*exposure to sexually transmitted diseases
*date and result of last PAP smear
*date of last breast exam
*do they perform SBE on regular basis
*family history of gynecological cancer or breast cancer
*contraceptive method

Outcome(s): The patient has received the appropriate screening and testing for breast and cervical cancer. Appropriate information has been obtained to assist in the treatment and diagnosis. A follow-up visit is in place. Identified risks are accompanied by a management plan.

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HEALTH CARE FOR THE HOMELESS
ADULT LIFECYCLE
BREAST AND CERVICAL CANCER SCREENING

Patient name:
Chart number:
Date Reviewed: REVIEWER:

		YES	NO	N/A
1.	The history obtained includes assessment of risk factors (see identified risk factors under process indicators): A. Breast:	( )	( )	( )
	B. Cervical:	( )	( )	( )
2.	Documentation clearly indicates the date and result of last PAP smear:	( )	( )	( )
3.	Documentation clearly indicates that PAP smear was done, if due:	( )	( )	( )
4.	Documentation indicates method of contraception currently being used:	( )	( )	( )
5.	Documentation clearly indicates date of last breast exam:	( )	( )	( )
6.	Documentation clearly indicates that breast exam was done, if due:	( )	( )	( )
7.	Documentation clearly indicates date of last mammogram:	( )	( )	( )
8.	Documentation clearly indicates that mammogram was ordered, if due:	( )	( )	( )
9.	Documentation clearly indicates that patient was provided education (consistent with clinic protocol) regarding SBE (self breast exam):	( )	( )	( )
10.	A follow-up visit has been scheduled, as needed:	( )	( )	( )

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HEALTH CARE FOR THE HOMELESS

ADOLESCENT LIFECYCLE

BEHAVIORAL RISK ASSESSMENT

The major primary care issues in adolescents revolve around environmental and behavioral factors. Eighty percent of deaths in adolescents are due to suicide, homicide, or injury. Substance abuse and smoking statistics are also dramatically high; about 8 percent of all 15 to 19 year old girls become pregnant each year.

Definition: A well-adolescent assessment includes medical, psychosocial, and developmental evaluation as well anticipatory guidance. Issues of particular importance in adolescent behavioral risk assessment include substance abuse, sexual history, school performance, depression, and risk for physical injury.

Objective: Performing a behavioral risk assessment on adolescents (ages 12-18) aims to insure the well-being of the adolescent, and allows for intervention to deal with particular environmental and behavioral factors that may pose a risk to the individual and/or the community.

Structural Indicators: A provider has been identified to obtain an extensive history including the issues of particular importance listed above. The provider is adequately trained in the area of adolescent medicine and the psychosocial component involved.

Process Indicators: The history obtained includes a H.E.A.D.D.S.S. assessment.

H-Home assessment
E-Education
A-Activities
D-Depression
D-Drugs (client, lover, and family)
S-Sex (partners, use of condoms)
S-Suicide (any plans now)

Outcome(s): Identified risks are accompanied by a management plan. i.e. referrals initiated. A follow-up visit is scheduled as needed.

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HEALTH CARE FOR THE HOMELESS

ADOLESCENT LIFECYCLE

BEHAVIORAL RISK ASSESSMENT

Patient name:
Chart number:
Date reviewed:
Reviewer:

	Yes	No	N/A	
1. The history obtained includes a H.E.A.D.D.S.S. assessment:				
a. H-Home assessment	( )	( )	( )	
b. E-Education	( )	( )	( )	
c. A-Activities-you and your friends		( )	( )	( )
d. D-Depression-do you have someone you can really talk to:		( )	( )	( )
e. D-Drugs-yourself, friend, family:		( )	( )	( )
f. S-Sex-partners, use of condoms:		( )	( )	( )
g. S-Suicide-any plans now:		( )	( )	( )
2. Identified risks are accompanied by a management plan:		( )	( )	( )
3. A follow-up visit has been scheduled as needed:		( )	( )	( )

Revised: November 1994, March 1995, November 1997.

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CO-OPERATIVE HOMELESS HEALTH CARE PROJECT

CASE MANAGEMENT LEVEL 1

Definition: At level 1, case management services provide support in negotiating the sub-contracting site's internal processes including eligibility determination, preliminary assessment, routine tracking and recall.

Objective: At this level, case management services within the site will insure that clients have received area specific information about public assistance programs for health and social services to which they may be entitled, have received an assessment related to their health problem and a plan of care has been developed which provides for health and social problem follow-up as indicated.

STRUCTURAL INDICATORS

A case manager has been identified to deliver level 1 case management services.

PROCESS INDICATORS

The assessment elicits information about the client's sources of food, shelter, income, health care and transportation.

The assessment identifies the ability of the client to participate in the plan of care, and indicates environmental and client related obstacles to implementation.

The plan is clearly related to the assessment.

OUTCOME INDICATORS

A plan for client contact is in place.

JEM: 7/31/91 final revision accepted on 7/26/91

NOR 10-2

CO-OPERATIVE HOMELESS HEALTH CARE PROJECT

CASE MANAGEMENT LEVEL 2

Definition: Case management at level 2 consists of the services offered at level 1 plus routine referral for other services , including making the appointment and providing or arranging for transportation to the secondary site.

Objective: At this level, case management services will insure that necessary client services which are not available at the site where services are originally offered are provided at an outside referral site. Arranging for appointments and transportation to the outside referral site are responsibilities included in level 2 case management. This level of case management includes the verification that the secondary site is available and appropriate for referral.

STRUCTURAL INDICATORS

A level 2 case manager has been identified.

Communication and transportation mechanisms between primary and outside referral sites exist.

PROCESS INDICATORS

The problem requiring case management has been clearly identified.

The ability and willingness of the client to participate in the plan of care has been assessed.

The plan clearly identifies the referral site and transportation plan.

OUTCOME INDICATORS

A mechanism for the evaluation of the adequacy of the referral , appropriateness of the service to the client is in place.

NOR 10-3

CO-OPERATIVE HOMELESS HEALTH CARE PROJECT

LEVEL 3 CASE MANAGEMENT

Definition: Level 3 case management includes all the services of level 1 and level 2 plus assisting the client to complete forms , accompanying the client to the referral site to provide introductions and support as well as contacting the client to make additional appointments. Visits to the client's "hangout" or "squat" are included in level 3 case management.

Objective: This level of case management services insures that the client successfully negotiates the transition from the initial contact site to another service system. Total case management may be reserved for certain high risk clients who require special assistance to negotiate complex or highly structured health or social systems.

STRUCTURAL INDICATORS

A case manager to deliver level 3 services for this client has been identified.

The target group of clients to receive level 3 case management services has been identified.

PROCESS INDICATORS

Criteria exist to identify clients who lack the resources to independently negotiate the referral system.

The client participates in and approves of the plan.

The case manager advocates on behalf of the client within the outside referral system.

A plan for follow-up, continuing contact , and re-evaluation exists.

OUTCOME INDICATORS

The client accomplishes the activities for which the referral was made.

NOR 10-5

HEALTH CARE FOR THE HOMELESS
CHART REVIEW
CASE MANAGEMENT I,II,III

Patient Name:
Chart Number:
Date Reviewed:
Reviewer:

==========

(LEVEL ONE)	Y	N
1. The case management form/record has been signed by the case manager:	( )	( )
2. The case management form/record lists sources of food, shelter, income, health care, and transportation:	( )	( )
3. The case management form/record indicates the ability of the client to participate in the plan of care, and indicates obstacles to implementation:	( )	( )
4. The plan is clearly related to the assessment:	( )	( )
5. A plan to contact the patient is clearly documented on the case management form/record:	( )	( )
(LEVEL TWO)-If outside referral was made please complete # 6 and 7.		
6. The case management form/record indicates communication and transportation mechanisms between primary and outside referral sites exist:	( )	( )
7. The plan clearly identifies the referral site and transportation plan:	( )	( )
8. The case management form/record clearly identifies completion of the referral:	( )	( )
9. The case management form/record clearly indicates that referral service was recieved by patient:	( )	( )

NOR 10-6

HEALTH CARE FOR THE HOMELESS
CHART REVIEW
CASE MANAGEMENT I,11,111
(continued)

(LEVEL THREE)	Y	N
10. Criteria exist to identify that the patient lacks the resources to independantly negotiate the referral system:	( )	( )
11. The case manager advocates on behalf of the client within the outside referral system:	( )	( )
12. A plan for follow-up, continuing contact, and re-evaluation exists:	( )	( )

Please note: Numbers 8 & 9 are not mandatory as part of the chart review.

developed: June 1993 Revised: November 1995, November 1997.

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HEALTH CARE FOR THE HOMELESS

QUALITY IMPROVEMENT

DOMESTIC VIOLENCE

Definition: Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, that adults or adolescents use against their intimate partners. Without intervention, the violence usually escalates in both frequency and severity resulting in repeat visits to the healthcare system.

Objective: Screening for domestic violence in adolescents and adults aims in protecting the individual by providing early intervention to prevent the escalation and severity of the abuse.

Structural Indicators: An individual has been identified to elicit the relevant history, has been educated in the assessment and legal reporting procedures for domestic violence, is aware of the current resources available, and is able to make an appropriate referral.

Process Indicators: The history obtained includes a detailed assessment of the current relationship of the individual suspected of being abused, any domestic violence history, and an assessment of the individuals safety, i.e. are you afraid to go home?, have there been threats of homicide or suicide?, can you stay with family or friends?, do you need access to a shelter?, do you want police intervention? The documentation of the assessment must also include: patients own words regarding injury and abuse, documentation of all injuries using body map, and a Polaroid photo of injuries.

California law requires that health care providers report cases of physical injury resulting from assaultive or abusive conduct; and send a verbal and written report to law enforcement. **(Refer to Health and Safety Code 1233.5 and Health Care Law Consent Manual-Chapter 17).**

Outcome(s): The individual has received the appropriate screening and assessment for domestic violence. Appropriate information has been obtained to assist in treatment and referral. Required legal reporting and documentation has taken place. A follow-up visit is in place, as needed. Identified risks are accompanied by a management plan.

Developed: June 25, 1997 **Revised: November 19, 1997** **Approved: November 19, 1997**

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HEALTH CARE FOR THE HOMELESS

QUALITY IMPROVEMENT

DOMESTIC VIOLENCE WORKSHEET

Patient Name:
Chart Number:
Date Reviewed:
Reviewer:

	YES	NO	N/A	COMMENTS
1. The medical record reflects that a Domestic Violence screening/assessment has been performed.				
2. The safety assessment obtained includes: A. Are you afraid to go home? B. Have there been threats of homicide or suicide? C. Are there weapons present? D. Can you stay with family or friends? E. Do you need access to a shelter? F. Do you want police intervention? G. Are there any family members being abused, or at risk				
3. Use of patients own words regarding injury and abuse are clearly documented?				
4. A body map has been used to clearly identify and document all injuries?				
5. A polaroid photograph has been taken of the identified injuries?				
6. A social worker has been contacted, as needed?				
7. A list of shelters, resources and hotline numbers have been provided, as needed? National Domestic Hotline: (800) 799-SAFE.				
8. A follow-up appointment has been scheduled?				
9. A report has been filed-as per California law-reporting that physical injury has resulted from assaultive or abusive conduct?				

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HEALTH CARE FOR THE HOMELESS

REPRODUCTIVE LIFECYCLE

FAMILY PLANNING COUNSELING

The philosophy of Family Planning is to provide quality family planning services to individuals and couples in such a way that it considers an individual's goals and adds to his/her overall health and well-being. An individual's ability to voluntarily decide whether and when to have children is an important human right and a key health measure.

Definition: Family planning counseling refers to any counseling done before, or at the time of, receiving any family planning method.

Objective: To enable the individual and/or couple to freely choose the number and spacing of their children, if desired.

Structural Indicators: A provider has been identified to provide family planning counseling to the identified individual and/or couple. This provider has been adequately trained in this area.

Process Indicators: The history obtained includes family planning method selected by the patient, a discussion of efficacy, use, and side effects of the method, discussion of full range of alternative methods, discussion of prevention of HIV and STD infection, with counseling/testing for HIV as appropriate, and a return visit scheduled.

Outcome(s): The individual/couple has received the desired method of family planning, and has adequate knowledge regarding its use, risks, and side effects.

A follow-up visit is in place.

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HEALTH CARE FOR THE HOMELESS

REPRODUCTIVE LIFECYCLE

FAMILY PLANNING

Patient name:
Chart number:
Date reviewed:
Reviewer:

		YES	NO	N/A
1.	The medical record indicates assessment of family planning needs:	( )	( )	( )
2.	The medical record indicates the family planning method selected by the patient:	( )	( )	( )
3.	There is clear documentation regarding the following:			
	a. the counseling and efficacy of the method:	( )	( )	( )
	b. proper use of the method:	( )	( )	( )
	c. side effects:	( )	( )	( )
	d. alternative methods:	( )	( )	( )
	e. contraindications, assessment of:	( )	( )	( )
4.	The medical record includes documentation of informed consent:	( )	( )	( )
5.	Documentation includes education regarding HIV and STD prevention:	( )	( )	( )
6.	A follow-up visit has been scheduled:	( )	( )	( )

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NOR 6

HEALTH CARE FOR THE HOMELESS
GERIATRIC LIFECYCLE
GERIATRIC RISK ASSESSMENT

The major primary care issues in the homeless geriatric population revolve around the ability of one to care for themself and access health care.

Definition: A geriatric risk assessment includes a medical, psychosocial and environmental evaluation. Issues of particular importance in a geriatric risk assessment include housing status, ability to obtain food, clothing and basic living necessities, as well as access to receive medical care.

Objective: Performing a geriatric risk assessment (ages 65 and older) aims to insure the well-being of the geriatric patient, and allows for intervention do deal with particular factors that may pose a risk to the individual and/or the community.

Structural Indicators: A provider has been identified to obtain a history including issues of particular importance listed above. The provider is adequately trained in the area of geriatric medicine and homelessness.

Process Indicators: The history obtained includes assessment of the following:

A. individuals current housing status,
B. ability of the individual to obtain food,
C. ability of the individual to obtain clothing,
D. individuals support system,
E. transportation
F. vision
G. individuals medical and social benefits
H. assessment of alcohol/substance abuse

Assessment also includes immunization status, medication history and documentation in the medical record as well as documentation of patient allergies.

Outcome(s): Identified risks are accompanied by a management plan. A follow-up visit is scheduled as needed.

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HEALTH CARE FOR THE HOMELESS
GERIATRIC LIFECYCLE
GERIATRIC RISK ASSESSMENT

Patient name:
Chart number:
Date reviewed: Reviewer:

		YES	NO	N/A
1.	The history obtained includes assessment of the following:			
	A. assessment of individuals current housing status	( )	( )	( )
	B. ability of the individual to obtain food	( )	( )	( )
	C. assessment of the individuals mental status	( )	( )	( )
	E. transportation to access any of the above	( )	( )	( )
	F. vision screening assessment	( )	( )	( )
	G. assessment of the individuals medical and social benefits	( )	( )	( )
	H. assessment of alcohol/substance abuse:	( )	( )	( )
2.	Are the following immunizations up to date according to protocol:			
	A. Influenza	( )	( )	( )
	B. Pneumococcal Pneumonia	( )	( )	( )
	C. Tetanus	( )	( )	( )
3.	Was the medication sheet updated at the most recent medical visit	( )	( )	( )
4.	Was the individual assessed for taking medications not prescribed by the provider	( )	( )	( )
5.	Are allergies listed on the medication sheet	( )	( )	( )
6.	Are allergies appropriately flagged	( )	( )	( )

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HEALTH CARE FOR THE HOMELESS

PEDIATRIC LIFECYCLE

IMMUNIZATION SCREENING

The vaccination of children against infectious diseases is critical to a quality primary care program. A successful immunization program stresses parent education, especially during the prenatal period, continuing education of clinicians, and an effective tracking and appointment system.

Definition: A child immunized on schedule has received immunizations following the schedule recommended by the American Academy of Pediatrics (AAP) or the CDC's Immunization Practices Advisory Committee (ACIP). This includes DPT, OPV, MMR, and HIB vaccines given according to the standard schedule (see attached) for children who start immunizations at age 2 months or the AAP modified schedule for children who start immunizations later. **Recommended Immunization Schedule is attached.**

Objective: Screening for immmunizations in children aims to protect the children as well as the community against infectious diseases.

Structural Indicators: A provider has been identified to elicit the relevant history, administer the immunization, and refer the client appropriately for future immunizations as per the **Recommended Immunization Schedule.** The provider who administers the immunization has been instructed and evaluated in the correct techniques of administration.

Process Indicators: The history obtained includes information regarding the client's age, immunizations received up to this point and any reactions from previous immunizations, and should be **clearly** documented in the medical record. Although not a vaccine, the medical record should also **clearly** document the date and result of PPD screening as outlined in the C/MHC protocol.

As recommended by the **National Childhood Vaccine Injury Act**, an informed consent, the recording in the patient's permanent medical record, the date the vaccine was given, manufacturer and lot number, and the name, and title of the person who gave the vaccine. The site and route of administration should also be recorded in the patient's record.

Outcome(s): A plan for future immunizations, as per the **Recommended Immunization Schedule** is in place.

Education has been provided about the major benefits of vaccination for children and the community as well as the risks of the vaccination.

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HEALTH CARE FOR THE HOMELESS
PEDIATRIC LIFECYCLE
IMMUNIZATION SCREENING

Patient name:
Chart number:
Date reviewed:
Reviewer:

	Y	N	N/A
1. Patients name and age are clearly documented:	( )	( )	( )
2. Immunizations received up to this age are clearly assessed and documented:	( )	( )	( )
3. Any reactions from previous immunizations are clearly assessed and documented:	( )	( )	( )
4. The date of the last PPD screening is assessed and documented:	( )	( )	( )
5. The results of the last PPD are clearly assessed and documented:	( )	( )	( )
6. An informed consent has been signed by the patient's guardian:	( )	( )	( )
7. The following information is documented regarding the vaccine: a. date vaccine given:	( )	( )	( )
b. manufacturer and lot number:	( )	( )	( )
c. name of person administering vaccine:	( )	( )	( )
8. The site and route of administration is clearly documented:	( )	( )	( )

PLEASE NOTE RECORDS AUDITED FOR THIS CRITERIA SHOULD INCLUDE BOTH WELL-CHILD AND EPISODIC CARE.)

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CO-OPERATIVE HOMELESS HEALTH CARE PROJECT

Medication Reaction Audit Criteria

Penicillin and penicillin related drugs such as amoxicillin, ampicillin, and the cephalosporins are among the most frequently prescribed medications. Reactions to these drugs occur in more than 1 out of 20 patients. Although anaphylactic reactions to these medications are most apt to occur with intramuscular injection, very anaphylaxis to oral forms has been documented.

STRUCTURE CRITERIA
All outreach teams dispensing medications have the equipment, qualified staff and medications to treat anaphylaxis during the interim between the call for and the arrival of paramedic assistance.

PROCESS CRITERIA
Within the outreach team an anaphylaxis management group has been identified and their functons, including director of operations, have been identified.

A protocol for the management of anaphylaxis exists.

All patients receiving penicillin or penicillin related drugs will have documented, in a prominent place in their chart, an allergy and drug reaction history.

All providers, when penicillin or penicillin related drugs are prescribed, will record in the chart the presence or agbsence of previous penicillin reaction.

All providers dispensing intramuscular drugs will supervise the initial IM medication dose and observe patients for signs of anaphlyaxis for 20 minutes after the dose.

All patients will receive education about the signs and symptoms of penicillin or penicillin related drug reactions, and procedures to obtain necessary care.

OUTCOME CRITERIA

No penicillin or penicillin related drug will be given to a patient with a history of reaction to these drugs.

Penicillin and penicillin related drug reactions will occur in not more than 5% of patients seen.

Patients will understand the education received.

The anaphylaxis protocol will be appropriately instituted.

JEM:7/31/91 final revision as accepted 7/26/91

CHART REVIEW
MEDICATION REACTION

Patient Name:
Chart Number:
Date Reviewed:
Reviewer:

	YES	NO
1. Allergies listed in progress note:	( )	( )
2. Allergies listed on problem list:	( )	( )
3. Anaphylaxis kit readily available:	( )	( )
4. Documentation present regarding presence or absence of previous penicillin reaction:	( )	( )
5. Written order for IM injection present:	( )	( )
6. IM injection given:	( )	( )
7. Education re: signs and symptoms of penicillin or penicillin related drug reactions and procedures to obtain necessary care clearly documented:	( )	( )

random chart( ) reaction chart( )

Developed: July 1991 Revised: November 1995, November 1997.

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NOR 8

HEALTH CARE FOR THE HOMELESS
PEDIATRIC LIFECYCLE
GROWTH AND DEVELOPMENT

Growth and development issues are fundamental to providing primary care to children. The foundation of the assessment of growth and development rests on routine and appropriate spaced visits over time, and understanding of the particular child and family in cultural and socio-economic context, a strong relationship between the health care team, child and family, and skills and knowledge of child development, growth, and behavioral issues.

Definition: Growth and Nutrition. When evaluating growth and nutrition medical records must have an up to date growth chart that includes head circumference, and a screening for anemia. Growth charts are considered up to date if height, weight and, for infants during the first year of life, head circumference are recorded for each scheduled well child visit. The periodicity for anemia screening should be based on the C/MHC protocol.

Developmental Milestones. Medical records must have documented assessment of developmental milestones that are both age appropriate and that conform to the C/MHC protocol. Developmental milestone protocols must include an assessment of gross motor, fine motor, language and social development.

Objective: Screening for growth and development insures the early diagnosis and management of any developmental delays.

Structural Indicators: A provider has been identified to elicit the relevant history, has been educated in the assessment of growth and development in the pediatric lifecycle, and aware of the current resources available, and refer appropriately.

Process Indicators: The history obtains information regarding the childs growth and development, any changes or questions that the parents/caregivers may have regarding the development of the child.

Outcome(s): A plan for follow-up well child visits is in place. Education has been provided to the parent/caregiver regarding growth and development, and safety issues specific for the childs developmental level.

ORAL HEALTH MEASURES

The prevention of oral diseases is a responsibility for all our health care providers. The health care team plays a vital role in this endeavor since most of our users will be seeking medical care on a more regular basis than dental care. The two preventive oral health strategies which are easily incorporated into a regular visit to avoid Baby Bottle Tooth Decay (BBTD).

Revised: November 1994, March 1995, November 1997.

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HEALTH CARE FOR THE HOMELESS
PEDIATRIC LIFECYCLE
GROWTH AND DEVELOPMENT

Patient name:
Chart number:
Date reviewed:
Reviewer:

	YES	NO	N/A
1. The history obtained includes head circumference on each well child visit for children under the age of one year:	( )	( )	( )
2. Height and weight are clearly			
A. recorded during each visit:	( )	( )	( )
B. graphed on growth chart:	( )	( )	( )
3. Screening for anemia is done once by the age of 15 months:	( )	( )	( )
4. Screening for anemia is done once during the period of 15 months to 4 years:	( )	( )	( )
5. Assessment includes information regarding each of the following:			
a. gross motor development	( )	( )	( )
b. fine motor development	( )	( )	( )
c. language development	( )	( )	( )
d. social development	( )	( )	( )
6. Screening for lead has been done no less than once between the ages of 1 to 5 years:	( )	( )	( )
7. The medical record includes documentation regarding education on Baby Bottle Tooth Decay and dental hygeine:	( )	( )	( )

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HEALTH CARE FOR THE HOMELESS

SEXUAL ACTIVITY

SEXUALLY TRANSMITTED DISEASE EDUCATION/PREVENTION

One person in twenty will contract an STD (Sexually Transmitted Disease) this year. One person in four will contract one between the ages of 15 and 55. Aquired Immune Deficiency Syndrome has killed 160,000 Americans-3 times as many as died in the Vietnam War.

Definition: **STD**'s are a group of infections, including HIV, that spread from one person to another through sexual contact. This includes any sexual contact that involves the mouth, sex organs or anus, some STD's are transmitted in other ways.

Sexually Active-is defined as any activity that includes contact with the reproductive organs.

Objective: The objective of screening for STD's is early detection and treatment. The ultimate goal is prevention, this is accomplished through education on safer sex practices. The primary objective of screening for HIV/AIDS infection is early detection and the prevention of the spread of the disease. There is no known cure for the AIDS virus. There are various medications that prevent or delay damage to the immune system.

Structural Indicators: A provider has been identified to elicit the relevant history, diagnose and treat the infection. In addition, the provider and/or health educator has provided information regarding the infection and the future prevention of sexually transmitted diseases. Those individuals identified with HIV infection have been paired with a counselor or physician to develop a long-range health plan, or referred appropriately.

Process Indicators: The history obtained includes information regarding the patients sexual history, history of STD's and assessment of risk behaviors. This information should be clearly documented in the medical record.

Outcome(s): A plan for treatment is in place. Education has been provided about the prevention and spread of STD's and HIV/AIDS infections, and information regarding HIV testing.

A plan for follow-up has been scheduled.

Revised: November 1994, March 1995, November 1997.

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HEALTH CARE FOR THE HOMELESS

SEXUALLY ACTIVE LIFECYCLE

SEXUALLY TRANSMITTED DISEASE EDUCATION/PREVENTION

Patient name:
Chart number:
Date reviewed:
Reviewer:

The medical record clearly documents the complete sexual history to include the following:

		YES	NO	N/A
1.	Is the individual currently sexually active:	( )	( )	( )
2.	Are safer sex practices being utilized:	( )	( )	( )
3.	Education has been provided on the practices of safer sex and the risk of HIV infection:	( )	( )	( )
4.	Risk factors for HIV infection have been assessed:	( )	( )	( )
5.	A follow-up visit has been scheduled:	( )	( )	( )

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NOR 11a

HEALTH CARE FOR THE HOMELESS

CHART REVIEW

TB SCREENING

Patient Name:
Chart Number:
Date Reviewed:
Reviewer:

		yes	no
1.	Documentation regarding at least one of the following: a. age <35 years:	( )	( )
	b. HIV positive	( )	( )
	c. recent PPD converter	( )	( )
	d. history of diabetes mellitus	( )	( )
	e. prolonged shelter residence	( )	( )
	f. symptomatic (see below)	( )	( )
2.	Documentation for symptomatic patients to include: a. cough for 1 week or more:	( )	( )
	b. recent weight loss	( )	( )
	c. night sweats	( )	( )
	d. fever	( )	( )
3.	History obtained includes: a. exposure to TB	( )	( )
	b. date of last PPD	( )	( )
	c. reaction to last PPD	( )	( )
4.	Plan for assessing the result of the PPD is in place:	( )	( )
5.	Plan for case management of clients with positive PPD is in place:	( )	( )
6.	Documentation that actual case management has been iniated:	( )	( )
7.	Documentation that actual referral was made:	( )	( )
8.	Documentation present regarding the outcome of the referral-i.e. is patient receiving follow-up?	( )	( )
9.	Documentation present regarding patients transportation status to and from the referral site:	( )	( )

Please note-Numbers 2-5 are mandatory for the chart audit.

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