

Monthly Audit

Practice Name _____

Month/Year _____

Name of person(s) attending conf. call _____

Randomly select 5 charts that meet the following criteria:

- Age 12 to 36 months
- Has had a well child visit in the past month

Screening				
Chart	Screening tool completed (Y/N)	Score indicated need for additional intervention (Y/N)	Intervention provided in the medical office (Y/N)	Referred to non-PCP for further intervention (Y/N/NA)
1				
2				
3				
4				
5				

Randomly select 5 different charts that meet the following criteria:

- Age 12 to 36 months
- Has had a well child care visit in the past that resulted in referral for assessment or other services

Treatment				
Charts	Report of assessment received from non-PCP (Y/N/NA)	Report indicated child not eligible for services (Y/N/NA)	Child Receiving ongoing services from non-PCP (Y/N/NA)	Report of intervention result received (Y/N/NA)
1				
2				
3				
4				
5				

When you provide a referral, what conditions, suspected developmental delays, or other needs generated the referral? Please mark all that apply:

- Acute illness
- Speech delays
- Financial needs
- Developmental delay
- Behavioral difficulties
- Other chronic medical conditions

When you provide a referral, to which professionals or agencies do you generally refer? Please mark all that apply:

- Community Mental Health Center (e.g., Valley Mental Health)**
- Early Intervention**
- Children with Special Health Care Needs**
- Private family therapist or social worker**
- Private psychiatrist or psychologist**
- Primary Children's Medical Center**
- Other (please specify):** _____

Monthly PDSA Activity

How have you been focusing your PDSA cycles this month? Do you see an area that needs further refinement and intervention with PDSA cycles?

What other quality improvements have you made since the initial learning collaborative?

What else could UPIQ do to help you be even more successful in implementing the screening tools or improving the quality of your practice?

Thank You!

**Please fax the completed audit to
Jenifer Lloyd at (801) 581-3899
by the second Wednesday of the month.**