

**Alaska Community Health Aide Program  
Instructions for Patient Encounter Form (PEF) Review, Five PEFs**

**Introduction**

Use this form to document multiple reviews for one CHA/P.

This sample document may be incorporated into your Tribal Health Organization's policies and procedures. It describes the recommended procedure for reviewing Patient Encounter Forms from village clinics staffed by Community Health Aides (CHA) and Community Health Practitioners (CHP), collectively referred to as CHA/Ps. CHA/Ps record every patient visit on a Patient Encounter Form (PEF). The PEF is designed specifically for use by CHA/Ps to assist them with documentation, in conjunction with the Alaska Community Health Aide/Practitioner Manual (CHAM). Periodic review of Patient Encounter Forms is necessary to ensure proper training and on-going competent recording of patient visits; this review is part of Quality Assurance in each CHAP Program.

Each requirement (item) on the PEF Review Form has a point value assigned to it. CHA/P should receive full points even if items are completed with N/A (not applicable), none, etc.

Some of the items will not apply to every patient. For example: LMP/Pregnancy should say N/A for child or male patients. Some patients will not have Allergies or take Medicines regularly, or have chronic illnesses. These lines on the PEF should have an indication that the CHA/P did ask about these items. For example, CHA/P should use None, No, NKDA, NKA, or other approved abbreviation.

**Personnel to Review PEFs**

PEFs may be reviewed by a Community Health Practitioner (CHP), nurse practitioner, physician assistant, or physician familiar with the CHAP program. Reviewers should use the CHAM, as well as PEF Documentation Guidelines for CHAP Basic Training and Village Clinic Practice [available at [www.akchap.org/library](http://www.akchap.org/library)] when evaluating PEFs.

**Procedure for Reviewing PEFs**

The following procedure is suggested. To protect privacy, the reviewer must obliterate specific patient identifiers on the PEF at the completion of each review.

1. Review the PEF to ensure the CHA/P is charting according to the CHAM for a particular visit.  

For example, the CHAM does not require that an SpO<sub>2</sub> be obtained on patients with certain problems, including Musculoskeletal, Wounds, etc.; therefore the CHA/P should not be penalized for leaving that space on the PEF blank. However, if regional guidelines require that an SpO<sub>2</sub> be done on every patient, regardless of chief complaint, then that space must be filled in.
2. For CHAs in Basic Training (CHA-I to CHA-IV), review five PEFs per CHA per quarter.. (See CHAP Compliance Record, 9/14/06). PEFs should be selected at random, and include a variety of types of patient visits, such as: acute visits; recheck; chronic or elder visit; child visit (acute or well child); prenatal or women's health care visit. The type of PEF reviewed will depend on the CHA's level of training. For example, a CHA I will have acute and sick child visits only, since the CHA I has not had chronic, well child, prenatal or women's health care training; a CHA IV may have each type of visit listed above.
3. For CHPs, review five PEFs per CHP per quarter. Review a variety of patient types, including acute care, prenatal, well child, and chronic care.  

It is suggested that the reviewer write comments on the copy of the PEF being evaluated, to assist CHA/P in learning.
4. Complete a PEF Review Form for each CHA/P and tabulate the score. Provide feedback to the CHA/P, preferably in person, regarding strengths in charting, and areas that require improvement. As needed, develop a performance improvement plan for the CHA/P to ensure that critical information is consistently recorded.
5. If PEF review reflects problems with documentation, discuss with the referral physician to determine if he/she has found problems with PEFs during Medical Traffic.
6. Keep a copy of the PEF Review Form and the reviewed PEFs in the central CHAP office, following regional guidelines. It is recommended that these documents be kept for three years.

**Alaska Community Health Aide Program  
Patient Encounter Form (PEF) Review Form (Five Encounters)**

Sample: may be incorporated in your Tribal Health Corporation policies and procedures

CHA/P Name	Village
Reviewer Name	Review Date

If not applicable (NA, None) give full points Write PEF Type = acute, sick/well child, prenatal, chronic, recheck, etc	Points Possible	PEF Type <hr/> points	PEF Type <hr/> points	PEF Type <hr/> points	PEF Type <hr/> points	PEF Type <hr/> points
<b>HISTORY</b>						
Chief Complaint adequate	1					
History Present Illness (HPI) complete	10					
Pain Assessment 0-10	1					
Past Health History	2					
Medicines, current with dose, or None	2					
Allergies, with reaction or NKA (NKDA)	2					
Other History or None	1					
LMP / Pregnancy weeks (if female) or N/A	1					
Immunization & PPD status	2					
Tobacco & Habits	2					
<b>EXAM, per CHAM</b>						
General Appearance	4					
Vital Signs complete / Weight	5					
Exam complete for problem	5					
Exam description adequate	2					
Lab with results or None	2					
<b>ASSESSMENT</b>						
Assessment(s), supported by H & E	2					
<b>PLAN</b>						
Correct Plan for each Assessment	1					
Patient Ed page & chart # (s)	2					
Medicines complete (name, strength, dose, route, frequency, duration) or None	5					
Med Pt Ed given, pg # from Med book or N/A	1					
Recheck / Follow-up documented	1					
<b>Demographics</b>						
Provider code/initials (may be regional use)	1					
Date / Time of visit	2					
Patient ID (name, chart #, DOB)	3					
Age / Sex	2					
Visit Type (normal hours, after hours, home)	1					
Referral doctor name & date or Standing Order	1					
CHAM Plan page(s) #	1					
CHA/P signature & level	2					
Village	1					
ETOH-Related: Yes / No	1					
<b>Other Components</b>						
Legibility	2					
Spelling correct	2					
Unapproved abbreviations not used	2					
<b>Total Points (60 points = 80%)</b>	<b>75</b>					

Comments:

CHA/P signature \_\_\_\_\_

Date \_\_\_\_\_

Reviewer/Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_