STI Medical Record Audit Tool

Audit Date:__________________________ **County:**___________________________

Monitor Name:___________________________________

Instructions for monitor:

- Request copies of medical records for STI visits made within 8-12 weeks of the audit date.
- The collection of medical records should meet the following requirements:
  - At least 1 male and 1 female examination performed by each STI provider (Physician, APP, ERRN)
    - At least 2 of these records must include a positive chlamydia or gonorrhea results: these records should include the original STI visit notes as well as subsequent treatment visit notes
- If information should be present and is not, place "0" in the box
- If information is present place a "✓" in the box
- If the information is not applicable place a "N/A" in the box
- All sections and elements referenced on this tool originate from the DHHS 2808 form, available at https://epi.dph.ncdhhs.gov/cd/lhds/manuals/std/clinical/DHHS-2808-SexuallyTransmittedDiseases.pdf?ver=1.1

Chart Number	1	2	3	4	5	6	7	8	9	10
Medical Record Number, Date of Encounter, Sex (M/F genitalia)										
Payer Source for Client: M = Medicaid SP = Self Pay PI = Private Insurance										
Primary Provider (Initials)										
1. History and Risk Assessment										
a. Client's stated reason for visit										
b. Detailed symptom parameters										
c. Contact verification										
d. Prior STD/STI & date of diagnosis										
e. Recent antibiotics (name and last dose) and present medications										
f. Vaccine history (each vaccine individually addressed)										
g. HIV status and HIV testing history										
h. HBV status and HBV testing history										
i. HCV status and HCV testing history										
j. Complete Sexual Risk Assessment section										
k. Additional exposure history										
l. Alcohol and other substance use history										
m. "For Women" section is complete										
2. Physical Examination and Laboratory Specimen Collection										
a. Upper body										
b. Lower body										
c. All elements of the "Physical Examination" section are individually addressed										
d. If applicable, client refusal of full physical exam is documented										
e. Testing appropriate to sites of exposure, symptoms, and clinical findings										
f. Ordered lab procedures										
g. Stat lab results, if applicable										

STI Medical Record Audit Tool

Audit Date:__________________________ **County:**___________________________

Monitor Name:___________________________________

3.	**Assessment and Treatment**										
a.	Clinical impressions / diagnosis(es) are correctly documented										
b.	Appropriate treatment based on symptoms, clinical findings, and testing										
c.	Treatment follows most current CDC STI Treatment Guidelines										
d.	Prescriptions and refills are documented, if applicable										
4.	**Education, Counseling, Follow-up**										
a.	Services and tests performed are reviewed										
b.	Printed education, instructions, and counseling correspond with clinical impression(s) and therapy										
c.	Detailed abstinence instructions during and after therapy										
d.	Partner notification plan(s) and # of partner cards given to client										
e.	Risk reduction plan										
f.	Condoms and educational materials offered (per AA610)										
g.	Return to Clinic if symptoms persist or increase										
h.	Follow-up plan for test results										
i.	Instructions include 3 month rescreen or test of cure (if applicable)										
j.	HIV control measures, if applicable										
5.	**Evidence of Service Integration**										
a.	Family Planning / Women's Health										
b.	Immunizations										
c.	DIS										
d.	Other										
6.	**Billing and Coding**										
a.	STD ERRN time is documented in minutes and units										
b.	Billing sheet reflects correct coding with ICD-10 and CPT codes										
7.	**Select Elements of Medical Record Documentation**										
a.	Printed record should display all applicable elements of the 2808 form										
b.	Follow-up communication is documented to reflect agency policy on client follow-up for additional therapy, test of cure, or other needs. Agency follow-up policy should be available for review										
8.	**Entries signed with name and title of staff member**										
a.	Interviewer, if not clinician										
b.	STD ERRN										
c.	Medical provider (physician, APP)										
d.	Treatment nurse (if not clinician)										
e.	Interpreter										
f.	DIS										
g.	Others										

STI Medical Record Audit Tool

Audit Date:___________________________ **County:**____________________________

Monitor Name:____________________________________

Monitor's Comments: please list chart number before each comment.