

PEF Review for CHA/P Documentation

CHA/P Name: _____

Village: _____

FY: _____

Quarter: _____

Reviewer Name: _____

Date: _____

NSHC Quarterly PEF Review completed

If not applicable, give total points.

KEY: Each line total must be ≥ 80%

0 = not documented
1 = needs improvement
2 = documented appropriately
N/A = 2 points

PATIENT'S AGE/SEX/FIN:									
PEF DATE & REVIEWER'S INITIALS:									
CHA/P ASSESSMENT(S):									
		1st PEF	2nd PEF	3rd PEF	4th PEF	5th PEF	Total Points Possible	Points Earned	Percentage
HISTORY									
H1	Chief Complaint						10	0	0%
H3	Launch Page HPI (if indicated)						10	0	0%
H4	Pain Assessment						10	0	0%
H5	Illnesses/Chronic Health Problems						10	0	0%
H6	Hospitalizations						10	0	0%
H7	Past Surgeries						10	0	0%
H8	Medicines listed (name, strength, amount, how often, why)						10	0	0%
H9	Allergies/ Reactions						10	0	0%
H10	Tobacco/Alcohol/Marijuana/Drugs						10	0	0%
H11	TB & PPD/Immunizations UTD/flu shot?						10	0	0%
H12	LMP/female questions						10	0	0%
H13	High Risk Health Conditions						10	0	0%
H14	Goes to appropriate CHAM section						10	0	0%
H15	Problem Specific HPI Questions						10	0	0%
H16	Past Health History Questions						10	0	0%
H17	Other History Questions						10	0	0%
H18	Explores Positive Findings						10	0	0%
H19	Imms hx with WCC visit						10	0	0%
Total Points Possible for History		36	36	36	36	36			
Points Earned		0	0	0	0	0			
Percentage		0%	0%	0%	0%	0%			
EXAM									
E1	General Appearance/LOC						10	0	0%
E2	Vital Signs, including SpO ₂						10	0	0%
E3	Measurements (include HC < 3 yo)						10	0	0%
E4	Appropriate exam per CHAM						10	0	0%
E5	Description of exam findings						10	0	0%
E6	Labs/test results						10	0	0%
E7	Addresses abnormal exam and lab findings						10	0	0%
Total Points Possible Exam		14	14	14	14	14			
Points Earned		0	0	0	0	0			
Percentage		0%	0%	0%	0%	0%			
ASSESSMENT(S)									
A1	Appropriate CHAM Assessment(s)						10	0	0%
A2	Immunization Assessment with WCC visit						10	0	0%
Total Points Possible for Assessment		4	4	4	4	4			
Points Earned		0	0	0	0	0			
Percentage		0%	0%	0%	0%	0%			
PLAN									
P1	Plan Title and #						10	0	0%
P2	Notes if reported or used MSO						10	0	0%
P3	Dr/MLP orders/plan						10	0	0%
P4	Actions taken in response to orders						10	0	0%
P5	Special Care or Procedures						10	0	0%
P6	Patient Ed title						10	0	0%
P7	Medicine info correct & complete						10	0	0%
P8	Med Handbook Patient Ed title						10	0	0%
P9	Additional Care per CHAM						10	0	0%
P10	Recheck Plan						10	0	0%
P11	CHA/P's name & level						10	0	0%
P12	Appropriate use of MSO						10	0	0%
P13	Complete charting of Immunizations						10	0	0%
Total Points Possible for Plan		26	26	26	26	26			
Points Earned		0	0	0	0	0			
Percentage		0%	0%	0%	0%	0%			
Overall Total Points Possible		80	80	80	80	80			
Overall Total Points Earned		0	0	0	0	0			
Overall Percentage		0%	0%	0%	0%	0%			

Comments: Student has been contacted via phone/Zoom/in person (circle one) on _____ (date),
by _____ (reviewer's name) to discuss PEF review.

Community Health Aide/Practitioner signature: _____ Date: _____

Reviewer signature: _____ Date: _____