Chart Spot Check Form



Example of how the form is completed in response to review of a patient chart:

You find the following in the patient's chart:

- 1) At the initial OB visit, GA 12 weeks the chart contained a completed screener.
- 2) Although the patient came for multiple visits in the second half of her pregnancy, the chart did not contain a completed screener for the second half of pregnancy.
- 3) The patient did not come for a postpartum visit.

You would fill out Part I of the extraction form as follows:

| | Yes Place a check in the boxes below for each Yes response | No Place a check in the boxes below for each No response | N/A Place a check in the boxes below for each not applicable response | | |
|--|--|---|---|--|--|
| PART I - DETECTION | | | | | |
| I-A. Detection of Depression | | | | | |
| Early pregnancy screening (0-20 weeks GA) | | | | | |
| Are there depression screening results in the patient medical record (i.e., scanned EPDS, PHQ-2, PHQ-9 form, or documented score?) | V | | | | |
| Late pregnancy screening (21 weeks or more GA) | • | | | | |
| Are there depression screening results in the patient medical record (i.e., scanned EPDS, PHQ-2, PHQ-9 form, or documented score? | | V | | | |
| Early postpartum screening (0-3 months pp) | | | | | |
| Are there depression screening results in the patient medical record (i.e., scanned EPDS, PHQ-2, PHQ-9 form, or documented score? | | | V | | |



Chart Spot Check Form:

Perinatal Mental Health Screening, Assessment and Treatment

Using the questions below, extract data from **10-20** charts of perinatal individuals who are at least 3 months (12 weeks) postpartum.

| Date | Chart number | Initial Visit Gestat | weeks | | | | |
|---|--|--|---|---|--|--|--|
| | | Yes Place a check in the boxes below for each Yes response | No Place a check in the boxes below for each No response | N/A Place a check in the boxes below for each not applicable response | | | |
| PART I - DETECTION | | | | | | | |
| I-A. Detection of D | Depression | | | | | | |
| Early pregnancy scre | ening (0-20 weeks GA) | | | | | | |
| • | reening results in the patient medical record (i.e., scanned m, or documented score?) | | | | | | |
| Late pregnancy scree | ening (21 weeks or more GA) | | | | | | |
| | reening results in the patient medical record (i.e., scanned m, or documented score? | | | | | | |
| Early postpartum scr | reening (0-3 months pp | | | | | | |
| • | reening results in the patient medical record (i.e., scanned m, or documented score? | | | | | | |
| I-B. Detection of A | Anxiety | | | | | | |
| Early pregnancy scre | ening (0-20 weeks GA) | | | | | | |
| - | ning results in the patient medical record (i.e., scanned form or documented score)? | | | | | | |
| Late pregnancy scree | ening (21 weeks or more GA) | | | | | | |
| - | ning results in the patient medical record (i.e., scanned form or documented score)? | | | | | | |
| | reening (0-3 months pp | | | | | | |
| · | ning results in the patient medical record (i.e., scanned form or documented score)? | | | | | | |
| I-C. Detection of P | TSD | | | | | | |
| Early pregnancy scre | ening (0-20 weeks GA) | | | | | | |
| Are there PTSD screenin PTSD or PCL-C form or d | g results in the patient medical record (i.e., scanned PC-ocumented score)? | | | | | | |
| | ening (21 weeks or more GA) | | | | | | |
| Are there PTSD screenin PTSD or PCL-C form or de | g results in the patient medical record (i.e., scanned PC-ocumented score)? | | | | | | |
| | reening (0-3 months pp) | | | T | | | |
| Are there PTSD screenin PTSD or PCL-C form or d | g results in the patient medical record (i.e., scanned PC-ocumented score)? | | | | | | |
| I-D. Detection of E | Bipolar Disorder | | | | | | |
| | er screening results in the patient medical record (i.e., rm or documented score) at any time point? | | | | | | |
| | ressant medications prescribed for mood or anxiety s, SNRIs, NDRIs), is there a completed bipolar screen e before prescribing? | | | | | | |



| PART II - ASSESSMENT | | | | | | |
|---|--|--|--|--|--|--|
| | Yes Place a check in the boxes below for each Yes response | No Place a check in the boxes below for each No response | N/A Place a check in the boxes below for each not applicable response | | | |
| If any perinatal mental health condition (e.g., EPDS, GAD, MDQ) screen was positive was the positive screen assessed by a licensed independent practitioner (e.g., Ob/Gyn NP, midwife) as noted in the progress notes (e.g., documentation of symptoms, SIGECAPS, presence/absence of SI/HI, etc.) or on the screening instrument (e.g., signature/date on the instrument)? | e at any time point: | | | | | |
| did the obstetric care clinician check any labs to <i>rule out medical causes of</i> the condition (e.g., TSH, B12, folate, etc.)? | | | | | | |
| Is there documentation of asking about whether the patient had a prior history of psychiatric illness and/or treatment? | | | | | | |
| If yes, is there documentation that the obstetric care clinician addressed this or gave psychoeducation? | | | | | | |
| PART III - TREATN | 1ENT | | | | | |
| If any perinatal mental health condition (e.g., EPDS, GAD, MDQ) screen was positive | e at any time point: | | | | | |
| is willingness to engage in treatment noted at any time point? | | | | | | |
| is there documentation of current therapy or offering a referral to therapy at any time point? | | | | | | |
| is there documentation of current medication treatment or medication treatment offered at any time point? | | | | | | |
| is there documentation about providing psychoeducation at any time point? | | | | | | |
| PART IV – FOLLOW-UP & N | MONITORING | | | | | |
| If any perinatal mental health condition (e.g., EPDS, GAD, MDQ) screen was positive | e at any time point: | | | | | |
| was the positive screen(s) addressed by obstetric care clinician during follow- up visits (e.g., mention of symptoms or illness in progress note, notes indicating that symptoms were re-assessed, SIGECAPS, presence/absence of SI/HI, screening tool re-administered to assess changing severity)? | | | | | | |
| is there any documentation of a repeat screen after a positive screen? | | | | | | |
| PART V – ONGOING CARE | | | | | | |
| V-A/B/C. Ongoing care for perinatal mental health conditions | | | | | | |
| If any perinatal mental health condition screen was positive at any time point, is the positive screen(s) noted in the treatment plan at the comprehensive postpartum visit? | | | | | | |
| Was medication for any perinatal mental health condition prescribed by an obstetric care clinician at any point in this pregnancy or postpartum period? | | | | | | |
| If yes, was prescription(s) continued after care was complete to help the patient avoid gaps in medication treatment? | | | | | | |
| If the screener for any perinatal mental health condition is still positive at the | | | | | | |
| postpartum visit, was follow-up care with another health care provider noted | | | | | | |
| (e.g., psychiatrist, therapist, PCP, other OB, etc.) AND/OR was it noted that the | | | | | | |
| obstetric care clinician plans to continue care until transfer to another provider could be arranged? | | | | | | |
| - | | | | | | |
| V-D. Ongoing care specific to bipolar disorder If bipolar disorder screen is positive at any time point, is there documentation of | | | | | | |
| referral to or consultation with a psychiatrist for further evaluation and treatment, | | | | | | |
| if the patient is not already under the care of a psychiatrist? | | | | | | |

Now that you have completed this form, enter the results in the Tool to Schedule Implementation Meetings and Create Practice Goals