

**SEARCH MOP - Section 18**  
**Medical Record Validation**  
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## 18. Medical Record Validation Study

### 18.1. OVERVIEW

The purpose of the Medical Record Validation Study is to compare a subset of the study visit responses made by participants to what is recorded in the participants' medical records. Each site is being asked to validate responses for 25 participants who complete a cohort visit. See Appendix A for a list of the questions that are being validated. These questions are taken from the Quality of Care survey and the Health questionnaire.

### 18.2. OBTAINING PARTICIPANT PERMISSION TO REVIEW RECORDS

1. At the time of the cohort visit, ask the participant/parent for permission to review his/her medical records to obtain information related to any type of outpatient healthcare received in the past 15 months. (This includes eye specialists, mental health providers, and dentists. It does not include Hospital admissions, Emergency room or Urgent care visits.)
2. If the participant/parent agrees, obtain written consent according to local protocol.
3. Ask the participant to tell you the name and location of all healthcare providers/facilities where seen in the past 15 months. You may use the "Medical Record Validation - List of Outpatient Visit in Past 15 Months" form to record each provider and their location.

### 18.3. REVIEW OF MEDICAL RECORDS

Study staff members will then review the medical records for the past 15 months for each of the providers by one of the following methods (listed in order of preference):

1. Review electronic copies of the chart
2. Request copies from the provider via fax or mail
3. Go to the provider's office and review hard copies of the chart.

#### Exceptions:

- a. Eye specialists - if a report from the eye specialist is found in another provider's records, it is not necessary to request a record for that visit from the eye specialist. Since the presence of the eye specialist report will be checked off on the Worksheet for the other provider's visit, it is not necessary to fill out a new Worksheet for the eye specialist visit.
- b. Mental health providers and dentists - as long as the provider is willing to confirm the dates of completed visits within the 15-month period prior to the cohort visit, it is not necessary to review a copy of the actual record. A worksheet for each mental health visit and dental visit should be completed. On these worksheets, write in the

participant's PID, name and location of facility, date of visit, and check off the appropriate box in Question 9.

#### 18.4. COMPLETION OF MEDICAL RECORD VALIDATION FACE SHEET

1. Record participant's PID
2. Record SEARCH visit date. Note that SEARCH visit date is defined as the date the Health Questionnaire was completed.
3. Record begin date for validation (SEARCH visit date minus 15 months).
4. Record end date for validation (SEARCH visit date)
5. Use the table on this form to record all lab tests performed within the 15-month window that are not associated with an outpatient visit. Date performed is defined as the date the specimen was collected.
6. Record the date completed in the grey box and your staff ID code.

**NOTE: Sites are to fill out a face sheet for MRV for the provider if it is the only provider they reported and all "0"'s should be entered on the worksheet indicating no information was found. The date of the visit would be "01/01/1800". (11/14)**

#### 18.5. COMPLETION OF MEDICAL RECORD VALIDATION WORKSHEETS

Use the worksheets to record all out-patient visits that occurred in the 15-month window.

**NOTE: Use a separate worksheet for each out-patient visit.**

**Page numbers can be written in on the bottom of the form.**

1. Record participant's PID
2. Record Date of Visit
3. Record name of Facility and Location

##### Question 1

- First look for a numerical result, found in lab report or provider's note. If found, check box in Column 1.
- If no result found, then look for provider note stating HgbA1c test was performed or ordered. If found, check the appropriate box in Column 2 or 3.
- If no information is found, check the appropriate box.

*NOTE: If date of specimen collections differs from date of visit, date of specimen collection should be entered on the Face sheet.*

##### Question 2

- Look for a B/P value. If found, check the box in Column 1.

- If not found, then look for provider note stating something about the B/P being normal or abnormal.
- If note is found about B/P measured at another time (if performed within the 15-month window), record the date of that measurement in the table on the Face sheet.
- If no information is found, check the appropriate box.

### Question 3

- First look for a report written by an eye specialist. If found, check box in Column 1.
- If not found, then look for provider note stating pt. was seen or needs to be seen by an eye specialist. If found, check the appropriate box in Column 2 or 3.
- If no information is found, check the appropriate box.

*NOTE: If date of specimen collections differs from date of visit, date of specimen collection should be entered on the Face sheet.*

### Question 4

- First look for a numerical result, found in lab report or provider's note. If found, check box in Column 1.
- If no result found, then look for provider note stating one of these urine tests was performed or ordered. If found, check the appropriate box in Column 2 or 3.
- If no information is found, check the appropriate box.

*NOTE: If date of specimen collections differs from date of visit, date of specimen collection should be entered on the Face sheet.*

### Question 5

- First look for a numerical result, found in lab report or provider's note. If found, check box in Column 1.
- If no result found, then look for provider note stating cholesterol or lipid test was performed or ordered. If found, check the appropriate box in Column 2 or 3.
- If no information is found, check the appropriate box.

*NOTE: If date of specimen collections differs from date of visit, date of specimen collection should be entered on the Face sheet.*

### Question 6

- First look for a note stating that a general foot exam was performed, which may include normal or abnormal findings. If found, check box in Column 1.
- Then look for a note describing sensation of the foot, which may include normal or abnormal findings. If found, check box in Column 2.

- If no information is found, check the appropriate box.

*NOTE: For this question, you may have boxes checked in both columns.*

Question 7

- First look for a note written by a diabetes nurse or educator. If found, check box in Column 1 and check the appropriate box in Question 9.
- If not found, then look for provider note stating pt. was seen or needs to be seen by a diabetes nurse or educator. If found, check the appropriate box in Column 2 or 3.
- If no information is found, check the appropriate box.

Question 8

- First look for a note written by a dietitian or nutritionist. If found, check box in Column 1 and check the appropriate box in Question 9.
- If not found, then look for provider note stating pt. was seen or needs to be seen by a dietitian or nutritionist. If found, check the appropriate box in Column 2 or 3.
- If no information is found, check the appropriate box.

Question 9

- Look for notes written by all providers; and check all boxes that apply.
- If no information is found, check the appropriate box.

If you are unsure about how to record information for a specific visit, comments may be recorded on the bottom of the Worksheet.

When the Face sheet and all Worksheets have been completed, staple all sheets together, enter the data, and complete the grey box on the bottom of the Face sheet.

APPENDIX A - QUESTIONS TO BE VALIDATED

1. **A test for hemoglobin A1C (“A one C”) measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor or other health provider checked your hemoglobin A1C?**

1  None  
2  Once  
3  Twice  
4  Three or more times  
5  Don't know/ Not sure  
(taken from Quality of Care Survey)

2. **During the past 12 months, how often has your blood pressure been checked during visits to your doctor's office?**

1  Every visit  
2  Most visits  
3  At least once  
4  Never  
5  Don't know/ Not sure  
(taken from Quality of Care Survey)

3. **When was the last time you had an eye exam by an eye specialist in which your pupils were dilated (drops in your eyes that make eyes temporarily sensitive to bright light) or a diabetes eye exam?**

1  In the past year  
2  More than a year but less than 2 years  
3  2 - 5 years  
4  More than 5 years  
5  Never  
6  Don't know/ Not sure  
(taken from Quality of Care Survey)

4. **When was the last time you had a urine test at the doctor's office to check on your kidney functioning?**

1  In the past year  
2  More than a year but less than 2 years  
3  2 - 5 years  
4  More than 5 years  
5  Never  
6  Don't know/ Not sure  
(taken from Quality of Care Survey)

**5. When was the last time your doctor took a sample of your blood to test for cholesterol or the amount of fat in your blood?**

- 1  In the past year
  - 2  More than a year but less than 2 years
  - 3  2 - 5 years
  - 4  More than 5 years
  - 5  Never
  - 6  Don't know/ Not sure
- (taken from Quality of Care Survey)

**6. When was the last time you took off your shoes and socks in your doctor's office to have your feet examined to check the feeling in your feet?**

- 1  In the past year
  - 2  More than a year but less than 2 years
  - 3  2 - 5 years
  - 4  More than 5 years
  - 5  Never
  - 6  Don't know/Not sure
- (taken from Quality of Care Survey)

**7. In the past 12 months have you met with a diabetes nurse or diabetes educator?**

- 1  Yes
  - 2  No
  - 3  Don't know
- (taken from Health Questionnaire)

**8. In the past 12 months have you met with a dietician or nutritionist, or talked to someone in detail about your diet?**

- 1  Yes
  - 2  No
  - 3  Don't know
- (taken from Health Questionnaire)

**9. Who provides medical care for you? (For each provider checked, indicate the number of visits the PATIENT had with this provider in the past 6 months.)**

9a.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Pediatric endocrinologist/ diabetologist (diabetes specialist)	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9b.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Pediatrician	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9c.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Family practice doctor	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9d.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	General practice doctor	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9e.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Adult endocrinologist/ diabetologist (diabetes specialist)	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9f.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Internist	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9g.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Nurse practitioner/physician's assistant	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9h.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Nurse diabetes educator	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9i.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Traditional medicine man, healer, or curandero/curandera	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9j.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Dietician	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9k.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Eye doctor (optometrist, ophthalmologist)	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9l.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Psychiatrist, psychologist, or mental health counselor	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months
9m.	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Other <table border="1" style="display: inline-table; width: 150px; height: 25px; vertical-align: middle;"></table> (specify)	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			# of visits in the last 6 months

(taken from Health Questionnaire)