



SEEK MOC Part 4/Performance Improvement: Self-Directed Activity Medical Records Evaluation Form Instructions

1. **Randomly** select 10-15 charts of children who had a well visit with a participating PCP in the past month. Pick visits that correspond to the ages that you'll administer SEEK. You could select the 1st or last chart from a PCP's session of a child whose age matches (e.g. 9-month visit, if that's one you plan to use the SEEK PQ-Re).
2. Enter data onto the SEEK Medical Records Evaluation Form. For each targeted problem, assess whether screening occurred, whether it was 'positive', whether an action was taken, and what it was. See example below.

SEEK MOC/PI Medical Records Evaluation Form

Patient 1	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity
Screen Done Y/N	Y	N	N	N	N	Y
Screen + Y/N	N					Y
Action Taken Y/N/NA	NA					Y
Type of Action(s)						3

Consider a screen to have occurred if the record "reasonably" shows screening for the problem.

1 – reassurance

3 – referred to community agency

2 – referred to in-house social work/behavioral health

4 – other

3. After you've completed reviewing the records, summarize the data in the top section of the form as in the example below.
4. Share the information with all involved and consider what tweaks may improve SEEK's implementation.

SEEK MOC/PI Medical Records Evaluation Form

Date: 12/2/22

Period Covered: 1/7/22-1/31/22

Cycle: 1 2 3

Total # of charts reviewed: 15

Your Name: Shelly Smith

Practice Name: Lakewood Pediatrics

	# Screened	# Positive	# With an Action Taken	Types of Action Taken
Depression	8	1	1	1 – 3 – 2 – 2 4 –
Major stress	6	2	2	1 – 1 3 – 2 – 1 4 –
Substance use	6	1	1	1 – 1 3 – 2 – 4 –
Partner violence	6	0		1 – 3 – 2 – 4 –
Discipline	6	2	1	1 – 3 – 2 – 4 – 1
Food Insecurity	8	2	2	1 – 3 – 2 – 2 4 –

1 – reassurance

3 – referred to community agency

2 – referred to in-house SW/behavioral health

4 – other

SEEK MOC 4/PI – Medical Records Evaluation Form

This tool helps gather data on how SEEK is working in your practice. For Baseline/Cycle 1, select a **random** sample of 10-15 children with checkups during a few months **prior** to implementing SEEK. Pick for example the 1st and last patient of the day. If the review covers multiple PCPs, it's important to include charts from each of them. And, if you're administering the SEEK Parent Questionnaire-Re (PQ-Re) at the 2, 9, 15, 24, 36, 48 and 60-month visits, collect data **only** from children with a visit at those ages. Cycle 2 involves the same process covering the first few weeks **after** implementing SEEK; Cycle 3 covers the **subsequent** few weeks. The data gathered should be recorded below, beginning with Patient 1.

You can choose to document only whether the problems were screened for. This could be based on documentation that reasonably indicates screening for a problem. "How have you been feeling?" is an acceptable screen for depression as is documentation that the PQ-Rr was completed. In the Depression column, enter 'Y' if screening occurred, 'N' if not. You could stop at this point; however, the more data you gather, the more you'll know about how SEEK is working. Based on documentation, you can check whether the screen was positive (see below), for each problem. And you can indicate whether an action was taken (Y/N/NA), as well as the specific action (code 1 – reassurance, 2 – referral to social work/behavioral health, 3 – referred to community agency, 4 – other).

When is the Screen Positive?

- Food Insecurity: A 'Yes' to **either** food related question.
- Harsh Punishment: A 'Yes' to the "slap or hit" question or "child is difficult."
- Child Behavior: A 'Yes' to wanting help with child's "feelings or behavior."
- Major Stress: A 'Yes' to "child is difficult," "more support" **or** "stress."
- Depression: A 'Yes' to "feeling down" **or** "little interest."
- Intimate Partner Violence: A 'Yes' to "fighting with spouse or partner."
- Substance Use: A 'Yes' to **either** question.
- Other Health-related Social Needs: smoke alarm, gun lock, transportation, etc. Interpretation is straight forward.

After reviewing 10-15 charts, please complete the Summary Table just below. For each problem, total how many were screened, how many of those were positive, and of those how many had an action taken, and finally the types of action taken. It's important to share the info with others in the practice and adjust your implementation if need be.

• Date:	Period Covered:	Cycle: 1 (Baseline) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Total # of charts reviewed:
• Your Name:	Practice Name:		

Summary Table	# Screened	# Positive	# With Action Taken	#s Types of Action Taken			
Depression				1-	2-	3-	4-
Major stress				1-	2-	3-	4-
Substance use				1-	2-	3-	4-
Partner violence				1-	2-	3-	4-
Discipline				1-	2-	3-	4-
Food insecurity				1-	2-	3-	4-
Child behavior				1-	2-	3-	4-
Other social needs				1-	2-	3-	4-

Patient 1	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Type(s) of Actions								
Patient 2	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Type of Action(s)								
Patient 3	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								

Screen + Y/N								
Action Taken Y/N/NA								
Types of Actions								
Patient 4	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Actions								
Patient 5	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Actions								
Patient 6	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Action(s)								
Patient 7	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Action(s)								

Patient 8	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Action(s)								
Patient 9	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Action(s)								
Patient 10	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Action(s)								
Patient 11	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Action(s)								
Patient 12	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								

Types of Actions								
Patient 13	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Action(s)								
Patient 14	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Action(s)								
Patient 15	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity	Child Behavior	Other Health-related Social Needs
Screen Done Y/N								
Screen + Y/N								
Action Taken Y/N/NA								
Types of Action(s)								