

COLLECTIVE QA REPORT: HYPERLIPIDEMIA

Review Period: ___ Weekly ___ Monthly ___ Quarterly Date of Review: _____

Total # of patients seen: _____ Adverse Outcomes: _____ Y _____ N

SUMMARY STATEMENT: On the above date, _____ (insert #) charts, identifiers listed below were chosen at random and reviewed for quality monitoring. The charts were reviewed for the following Hyperlipidemia indicators:

1. Documentation of personal history of heart disease: (HTN, CVA, A-Fib, MI etc)
2. Documentation of family and social history: (Smoking habits; family heart disease)
3. Were the following included in every visit: Weight, B/P, diet and exercise education
4. If established dx of hyperlipidemia were lipids ordered per office protocol
5. If established dx of hyperlipidemia on a Statin drug were LFTs ordered per office protocol

Chart #/Identifier			
Date of Service			
D=Discussed –noted changes which are needed √ = Appropriate NA=Not applicable	1. 2. 3. 4. 5.		

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MD/DO has reviewed / discussed all of the above with CRNP. All adverse events have been reviewed and *noted with the letter A.*

_____ MD/DO Date: _____

_____ CRNP Date: _____