

Better Birth Outcomes Chart Review Tool – FY21 Performance

Active & Terminated Clients

Agency Name		Site		X = Present O = Absent NA = Not Applicable
MCH Nurse Consultant				
Chart Review Date		Site Review Date:		

Cornerstone ID Number							TOTALS	
DOB / Age of Client							X	O
Client Status (Active = A or Terminated = T)								
Profile: PA02	Assigned Case Manager							
Enrollment: PA03	Primary Care Provider							
Program Information: PA15	BBO Initiation Date & History (F8)							
Prenatal								
Medical Screen: PA07	Initial Prenatal	EDC Date						
		Month Prenatal Care began						
		# of Prenatal visits prior to enrollment						
Assessments: AS01 Completed within 45 days of enrollment	707G: Presence of ≥ 2 risk factors & identify (if 1 RF, must include MCH Nurse Consultant approval)							
	700: 1-40 General							
	701: Other Service Barrier							
	703: Psychosocial Stress							
	704: Alcohol / Substance Abuse							
	705: Violence							
Service Entry: SV01	802: Prenatal Care							
	825: Depression screening ≥ 20wks							

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Cornerstone ID Number							TOTALS	
DOB / Age of Client							X	O
	918: Provision of or referral for parenting classes (or RF01)							
	922: Provision of or referral for childbirth education (or RF01)							
	941: Reproductive Life Plan for Prenatal							
	PEBF: Initiation of Breastfeeding Curriculum or referral to lactation specialist (or RF01)							
	PEWW: Well Women Education							
	Education modules delivered by timelines in the Prenatal Education Curriculum Guide (Service Codes for Delivery of Prenatal Education)							
Activity Entry: SV02	Face to Face visit documented for each month of client enrollment up to termination from BBO							
	Home visit documented for each trimester of pregnancy during client's enrollment period.							

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Cornerstone ID Number								TOTALS		
DOB / Age of Client								X	O	
	Completion of AS01:706 Home Assessment (chart review to assess quality of home visit and additional AS01: 706 if client moves)									
	Coordination of Care: Activity Entry (SV02) and/or Case Notes (CM04)									
Postpartum										
Medical Screen: PA10	Postpartum	# of Prenatal Medical visits								
		Length of Pregnancy in Weeks								
Service Entry: SV01 Completed within 42 postpartum days	PEWW: Well Women Education									
	942: Reproductive Life Plan for Postpartum									
	820: Postpartum Medical Follow-up Visit									
	825: Depression screening Postpartum									
	PEBF: Initiation of Breastfeeding Curriculum or referral to lactation specialist (RF01)									
Activity Entry: SV02	Face-to-Face documented in 42-day postpartum period									

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Cornerstone ID Number							TOTALS	
DOB / Age of Client							X	O
All Clients								
Service Provider Selection: RF01 (Referral)	Referrals made with reason for referral (RF01) with disposition of all referrals documented (i.e. completion or failure of referral)							
Care Plans: CM02 & CM03	Goals							
	Planned Services with updates on Dates							
Signed Consent forms present (Cornerstone, HIPAA, ROI)								
Comments								