

FORM W - METABOLIC SYNDROME STUDY INSTRUCTIONS

The client sample will be those who have a first Medical Services Encounter date between January 1, 2007 and August 31, 2007. DSHS will post the worksheets, instructions, and client samples for this study to each LMHA's QMMH folder on the File Transfer Process (FTP) server by **September 28, 2007**. Each LMHA must complete and submit the worksheet by **November 30, 2007** to their QMMH folder on the FTP server. All phases of this study must reflect the active participation of medical leadership (obtaining results and developing improvement strategies). Each LMHA's quality management plan must include the Metabolic Syndrome Study processes and recommendations for quality improvement.

For this study, a maximum of 3 clinical records for clients diagnosed with Schizophrenia and who are on antipsychotic medication will be sampled for each employed or contracted prescribing provider (physician, physician's assistant, or advanced practice nurse). For each client sampled, a maximum of 3 encounter dates will be reviewed. The client sample and encounter dates will be selected by DSHS Quality Management Unit. Instructions for completing the worksheet are as follows:

COLUMN	COMPONENT	DESCRIPTION
A	Component Code and Name of LMHA	Information will be entered by DSHS
B	Prescribing Provider Server Code	Information will be entered by DSHS
C	Prescribing Provider Name	Information will be entered by DSHS if it is available in the Data Warehouse, otherwise this will be blank. If it is blank, enter the name of the provider in the field.
D	Case Number	The client's local case number will be selected and entered by DSHS.
E	Last Name	The client's last name will be entered by DSHS.
F	First Name	The client's first name will be entered by DSHS.
G	Baseline Weight	Enter the client's first available weight in pounds. Ideally this information would be obtained at the first doctor's visit however, if the weight was not obtained at the first visit then enter the next available documented weight. Please note that the Baseline Weight heading is highlighted in pink and is information that may be independent of the Encounter Date and Encounter Weight; however the weight must be repeated for each of the sample's three encounters (rows).
H	Baseline Height (in inches)	Enter the client's first available height in inches, the height must be repeated for each of the sample's three encounters (rows).
I	Baseline BMI	BMI information will auto-fill when Baseline Weight and Baseline Height are entered.
J	Encounter Date	The dates of client visits will be selected and entered by DSHS.
K	Encounter Weight	Enter the client's weight that was taken on the corresponding Encounter Date. (Note: If the client is a new admit, the baseline weight and the first encounter weight will more than likely be the same.)
L	Encounter BMI	BMI information will auto-fill when Encounter Weight is entered.
M	BMI Change	BMI information will auto-fill when Encounter BMI is auto-filled.
N	Fasting Glucose Level, or Hemoglobin A1c Obtained?	Possible answers are Yes (Y), No (N), and Not Applicable (N/A). Answer "Y" if a fasting glucose level or Hemoglobin A1c was obtained on or about the encounter date. Answer "N" if a Fasting Glucose level or Hemoglobin A1c was ordered but not obtained or if there are no Fasting Glucose or Hemoglobin A1c lab results available in the chart prior to the encounter date. Answer "N/A" if a fasting glucose or Hemoglobin A1c was not needed because there are prior lab results in the chart. Please Note: Establishing a baseline Fasting Glucose is an important part of monitoring for Metabolic Syndrome. For clients who do not have a prior Fasting Glucose or Hemoglobin A1c one will need to be obtained.