

Food Security Chart Audit Summary Report (2)

Date of Audit:

The 4 Villages CHC, Monday, January 14th, 2008 (18 charts audited)
 EY2 Team Meeting, Monday, January 14th, 2008 (18 charts audited (9 EY2 & 9 shared with FV))

Indicator	Yes (4V)	Yes (EY2)	No (4V)	No (EY2)	N/A (4V)	N/A (EY2)
General Questions						
Is there a socio-demographic form completed with income and # of people living on this income?	50 %	83 %	50 %	11 %		
Is there any notation on the CPP of low income?	6 %	89 %	94 %	11 %		
Is there notation on the CPP of number of persons living on this income?	83 %	89 %	17 %	11 %		
Is there notation on the CPP of contributing factors for food insecurity (i.e. people who rent, new immigrant or refugee or no status, job (low paying), social network, education level)?	44 %	94 %	56 %	6 %		
If a person is identified as food insecure, is that noted on the CPP?	5 %	12 %	95 %	88 %		
In the initial interview with the client is there indication that food security has been discussed with them?	17 %	61 %	83 %	39 %		
If identified as food insecure, is there evidence of referral to internal or external resources to assist with their needs?	17 %	67 %	83 %	33 %		
Is there evidence of discussion of intake of food?	78%	83 %	22%	17 %		
Is there evidence on subsequent visits of follow-up of the problems, ie case conference, review of referrals and what has been done through these agencies or services?	6 %	72 %	94 %	18 %		
Indicator						
Adults						
Does the CPX form have notation of food security or the determinants of health? <i>CPX forms not part of EY2 cts (no NP of FMD on team).</i>	33%	17%	27%	22 %	40%	61 %
If newly diagnosed with HBP, diabetes, high cholesterol or obesity, is there evidence of referral to a dietitian?	75 %	80 %	25 %	20 %		

	Yes (4V)	Yes (EY2)	No (4V)	No (EY2)	N/A (4V)	N/A (EY2)
Is there evidence of discussion about facilities to cook and ability to cook and refrigerate food?	15 %	67 %	85 %	33 %		
If a home visit client is there evidence that food security in its broad definition is assessed in the initial or subsequent visits?		100 % (5 cts)	100% (2 cts)			
Is there evidence on the chart of dental hygiene, ability to chew?	27 %	22 %	66 %	27%	7 %	50 %
Indicator						
Prenatals						
Is there any indication that food security is discussed at the onset of pregnancy?	83 %	86 %	17 %	14 %		
If identified food insecurity noted on the prenatal form under “identified risk factors”?	25 %	33 %	75 %	67 %		
Is there any indication that when excessive weight gain or low weight gain noted in a pregnancy, that food security is discussed with the client?	0%	100 %	100%	0 %		
If identified as food insecure is there evidence of appropriate internal/external referrals to nutrition programs or services?	25 %	100 %	75 %	0 %		
Is there follow up noted in the chart or form re: the food security issues? Difficult to comprehend	25 %	67 %	75 %	33 %		
Indicator						
Infants & Children (1 child in EY2, but sees Paediatrician outside CHC)						
Are hemoglobins routinely checked on children especially if food intake is an issue?	33%		67 %			100%
Is there evidence that food security is discussed with parents of children who are diagnosed or suspected of having: <ul style="list-style-type: none"> • ADD • Learning difficulties • Behaviour problems inside and out of school • Allergies • Obesity/underweight 					100 %	100%
Are growth charts routinely kept on all children at least up to the age of 18 years?	100 %					100%
If there is a fall in the growth percentile curve is there evidence that food security is discussed with the family?			33%		67%	100%

