

Division of Women's Health: Kentucky Women's Cancer Screening Program (KWCSP) and Family Planning Program Quality Assurance

The Division of Women's Health (DWH) Quality Assurance (QA) process focuses on the requirements of the DWH programs; the Kentucky Women's Cancer Screening Program (KWCSP) and the Family Planning (FP) program. QA is monitored through three components: internal audits, desk audits, and site reviews. In addition, DWH staff provides ongoing training and technical assistance to all clinic sites providing KWCSP and FP program services.

A. Internal Audits (Performed by Local Health Department (LHD) Staff):

- LHDs shall review KWCSP Minimum Data Element (MDE) reports and MDE Audit Reports monthly (1706, 1707, and 1709).
- LHDs shall perform internal QA audits of the KWCSP and FP program services provided by the agency at all clinic and subcontracted clinic sites every six months.
- LHDs that are providing KWCSP and/or FP program services indirectly at a subcontracted site are responsible for auditing those service sites every six months or as directed by the DWH. The language regarding this requirement shall be included in the contracts with those providers.
- The QA process shall include an assessment of the KWCSP and FP program services provided by the agency including a chart review of medical records.
- The staff performing QA may include: administrative, nursing, and clinic staff.
- The chart review should be completed at a minimum of every six months on 10 medical records from the KWCSP and 10 medical records from the FP program. The DWH has provided a tool to be used for the semi-annual audits. This tool can be found in the CCSG Forms section. The entire QA tool should be completed for each semi-annual audit, including both the tour/administrative review and the chart reviews. One audit will serve as an annual internal review and shall be kept on file at the LHD for five years. The other will be sent electronically to the DWH and will be used for the annual desk audit and site visits; it will be kept on file at the DWH for 5 years.
- The QI method of "Plan-Do-Check-Act" or a similar QI method must be implemented for any "Corrective Action Plan (CAP)". The findings, interventions implemented, and progress toward goal(s) shall be documented on an annual reporting tool provided by DWH. This completed tool shall be sent electronically to the DWH annually by December 31st. (DWH staff may also request copies of the chart audits at any time.)
- It is advisable for nursing staff to rotate program reviews and chart reviews so each staff member may become more acquainted with program requirements and documentation needs.
- LHDs with staffing issues should consider partnering with another LHD to assist in the internal auditing process.

Note: Medical records reviewed shall include *but not be limited to*:

- Cancer Screening – Pap tests and CBE/mammograms (including diagnostics and treatment referrals for abnormal follow up)
- Family Planning – Initial, annual, emergency contraception, pregnancy tests, various contraceptive methods, resupply visits, female and male patients

QA ensures patient care has been delivered according to the protocols, guidelines and policies set forth in the CCSG and AR.

QA for clinical practice should include assessing the following information at each six month review unless otherwise indicated:

- Protocols and Guidelines are met according to the CCSG;
- Nursing practice is consistent with the Kentucky Board of Nursing's Scope of Practice and Kentucky's Practice Laws;
- Follow-up of abnormal results and treatment referrals are provided per CCSG and specific program guidelines;
- Continuity of care, for the benefit of the patient and per program requirements, is met;
- Appropriate integration of health department services, for the patient and their families, is met;
- Informed consent is documented as appropriate and includes the patient or legal guardian signature and date;
- All laboratory reports are reviewed, initialed and dated by a nurse in an appropriate time period;
- Nursing documentation meets Evaluation and Management guidelines;
- All nursing documentation is legible and meets guidelines of the CCSG and the AR.

B. Desk QA Audits (Performed by DWH Staff):

In order for DWH staff to complete annual desk audits of each of the LHDs (individual or district) and subcontracted clinic sites (that have been done by the LHD), each LHD must submit, annually, to the Division of Women's Health:

- **Internal Audit Review** – LHD clinics and subcontracted sites shall submit one of their semi-annual Internal Audit Reviews to their assigned QA Nurse Consultant by *December 31st* of each year. The assigned QA Nurse Consultant or another WH staff shall complete a review of each submission and provide any needed feedback and/or corrective action plan.
- **FP Program Sterilization Reports** – A Sterilization Report shall be submitted to the FP Program Director *no later than June 30th* of each year. The report shall reflect the number of sterilizations provided with Title X funds through the fiscal year.
- **FP Information and Education (I&E) Committee Meeting and Community Participation Committee Minutes** – Minutes for these committee meetings shall be submitted to the FP Nurse Consultant in a timely manner, but *no later than June 30th* of each year.

C. QA Site Reviews (Performed by DWH Staff):

DWH staff shall complete targeted QA site reviews of each of the LHDs (individual or district) and subcontracted clinic sites as a result of the findings of the internal audits and desk audits as well as by request at least once every 2 years. The site review targets program requirements and may include an administrative review facility tour and a medical record review. The site review provides an opportunity for a question and answer session for both the clinic site and the reviewer. The data collected during the site review assists program staff in refining guidance, protocols, budgets, and trainings. The site visit will be followed by a site visit summary report with any guidance and compliance action plans (CAP). A CAP may be sent to LHDs for response regarding corrective actions, implementation dates and persons responsible. This site visit summary report will be sent to LHDs within 30 days of the site visit. When a CAP is received back from the LHD (within 30 days of receipt), it will be reviewed by DPH-DWH staff for approval.

QA Training and Technical Assistance:

DWH staff may provide training and technical assistance to LHD staff regarding KWCSP case management and DWH program issues through webinars and other communication mediums (e-mail, video trainings on TRAIN, conference calls, etc.).