**Instructions for the use of the DWH-KWCSP Annual Tour and Administrative Review Tool**

1. The DWH-KWCSP Annual Tour and Administrative Review tool **(page 1)** is a mandatory tool that is used by LHDs or other sites as a clinical and administrative quality review.
2. The tool should be completed by the LHD designee (Lead Nurse, Nurse Case Manager or QA Nurse Coordinator) and signed and dated at the bottom of the tool. \*Nurse Leader signature always needed (even if form completed by other designee).
3. All questions originate directly from the KWCSP/CDC grant guidelines, CCSG guidelines or the AR and should be answered with a “yes” or “no” answer. Comments may also be typed in on the same line.
4. Any question that is answered with a “no” please make a comment on why it is a “no” or complete a Compliance Action Plan (CAP) on pages 8-9 of this form if needed.
5. The DWH-KWCSP Annual Tour and Administrative Review tool shall be completed semi-annually by the LHD for each site (Direct or Indirect); one will serve as an annual internal audit and the other will be sent electronically with a CAP (if indicated) to DPH-DWH by December 31st of each fiscal year. This will also be the Tool used by the DWH QA/QI Reviewers making site visits to LHDs.

**Instructions for the use of the DWH-KWCSP Cancer Screening Chart Review QA Tool**

1. The DWH-KWCSP Cancer Screening Chart Review QA Tool **(page 2)** is a tool that is used by LHDs or other sites as a chart review form for patients that have received a Cancer Screening service.
2. The tool should be completed by the LHD designee (Lead Nurse, Nurse Case Manager or QA Nurse Coordinator).
3. All questions originate directly from the KWCSP/CDC grant guidelines, CCSG guidelines or the AR and includes the minimal requirements for a Cancer Screening visit that is found on the matrix on p. 1 of the Cancer Screening Follow-up section of the CCSG.
4. The form should be used every 6 months to do a chart audit on 10 Cancer Screening charts.
5. The Mammogram and Pap logs should be used to pull charts with a good representation of different age of patients that have an abnormal clinical breast exam (CBE), abnormal mammogram, or abnormal pap.
6. All questions should be answered. Patients Initials, age and date of visit should be written in and all other questions should be answered with a “Y” for yes or “N” for no, or N/A if not applicable.
7. Add the total number of “Y” in each column and put that number in the “Yes” under the TOTAL section at the right.
8. Add the total number of charts reviewed and put that number in the “Total Applicable Charts” under the TOTAL section at the right.
9. Divide the total number of “Yes” by the “Total Applicable Charts” and put that number in the “% Compliance”. Example: total of “Yes” is 8 divided by “Total Applicable Charts” 10 would be 80 % Compliance.
10. A Compliance Action Plan (CAP) should be completed on pages 8-9 of this tool on any compliance issue that is found to be less than 80% or any patient safety issue that is found.
11. The DWH-KWCSP Cancer Screening Chart Review QA Tool shall be completed every six months by the LHD for each site (Direct or Indirect) that provides Cancer Screening services. One for each site should be submitted annually with the DWH-KWCSP Annual Tour and Administrative Review Tool and should be sent electronically with a CAP (if indicated) to DPH-DWH by December 31st of each year. This will also be the Tool used by the DWH QA/QI Reviewers making site visits to LHDs. DWH staff may also request copies of the every 6 month chart audits at any time and will review these at the LHD site visits.

**Instructions for the use of the DWH-KWCSP Abnormal Cancer Screening Chart Review QA Tool**

1. The DWH-KWCSP Abnormal Cancer Screening Chart Review QA Tool **(page 3)** is a tool that is used by LHDs or other sites as a chart review tool for patients that have received a Cancer Screening service and the findings reveal an abnormal clinical breast exam (CBE), abnormal mammogram, or abnormal pap results.
2. The tool should be completed by the LHD designee (Lead Nurse, Nurse Case Manager or QA Nurse Coordinator).
3. All questions originate directly from the KWCSP/CDC grant guidelines, CCSG guidelines or the AR and includes the minimal requirements for abnormal breast and cervical follow-up and case management. See Case Management found in the Cancer Screening Follow-up section of the CCSG.
4. The tool should be used every 6 months to do a chart audit on 10 abnormal Cancer Screening charts. Use the 10 charts pulled for Cancer Screening Chart Review (page 2).
5. The Mammogram and Pap logs should be used to pull charts with a good representation of different age of patients that have an abnormal clinical breast exam (CBE), mammogram, or pap. Use the 10 charts pulled for Cancer Screening Chart Review (page 2).
6. All questions should be answered. Patients Initials, age and dates when applicable should be written in and all other questions should be answered with a “Y” for yes or “N” for no, or N/A if not applicable.
7. Add the total number of “Y” in each column and put that number in the “Yes” under the TOTAL section at the right.
8. Add the total number of charts reviewed and put that number in the “Total Applicable Charts” under the TOTAL section at the right.
9. Divide the total number of “Yes” by the “Total Applicable Charts” and put that number in the “% Compliance” at the bottom. Example: total of “Yes” is 8 divided by “Total Applicable Charts” 10 would be 80 % Compliance.
10. A Compliance Action Plan (CAP) should be completed on pages 8-9 of this tool on any compliance issue that is found to be less than 80% or any patient safety issue that is found.
11. The DWH-KWCSP Abnormal Cancer Screening Chart Review QA Tool shall be completed every six months by the LHD for each site (Direct or Indirect) that provides Cancer Screening services. One for each site should be submitted annually with the DWH-KWCSP Annual Tour and Administrative Review form and should be sent electronically with a CAP (if indicated) to DPH-DWH by December 31st of each year. This will also be the Tool used by the DWH QA/QI Reviewers making site visits to LHDs. DWH staff may also request copies of the every 6 month chart audits at any time and will review these at the LHD site visits.

**Instructions for the use of the DWH-Family Planning (FP) Annual Tour and Administrative Review Tool**

1. The DWH-FP Annual Tour and Administrative Review tool **(pages 4 and 5)** is a mandatory tool that is used by LHDs or other sites as a clinical and administrative quality review.
2. The tool should be completed by the LHD designee (Lead Nurse, Nurse Case Manager, QA Nurse Coordinator or FP Nurse Coordinator) and signed and dated at the bottom of the form. \*Nurse Leader signature always needed (even if form completed by other designee).
3. All questions originate directly from the FP/Title X Program Guidelines For Family Planning Services, CCSG guidelines or the AR and should be answered with a “yes”, “no” or “N/A” answer. Comments may also be typed in on the same line.
4. Any question that is answered with a “no” please make a comment on why it is a “no” or complete a Compliance Action Plan (CAP) on pages 8-9 of this form if needed.
5. The DWH-FP Annual Tour and Administrative Review tool shall be completed semi-annually by the LHD for each site (Direct or Indirect); one will serve as an annual internal audit and the other will be sent electronically with a CAP (if indicated) to DPH-DWH by December 31st of each year. This will also be the Tool used by the DWH QA/QI Reviewers making site visits to LHDs.

**Instructions for the use of the DWH Family Planning (FP) Chart Review QA Tool**

1. The DWH-FP Chart Review QA Tool **(page 6)** is a tool that is used by LHDs or other sites as a chart review tool for patients that have received a FP service.
2. The tool should be completed by the LHD designee (Lead Nurse, Nurse Case Manager, QA Nurse Coordinator or FP Nurse Coordinator).
3. All questions originate directly from the FP/Title X Program Guidelines For Family Planning Services, CCSG guidelines or the AR and includes the minimal requirements for a Family Planning visit that is found on the matrix on pages 1, 2, and 3 of the Family Planning section of the CCSG.
4. The tool should be used every 6 months to do a chart audit on a minimum of 10 FP charts that represent various types of services with at least 2 Initials, 2 Annuals, 2 ECP’s, 2 Resupply visits, and 2 Pregnancy Test visits (See page 7 for Pregnancy Test audit tool).
5. Pull charts with a good representation of different age of patients and various contraceptive methods for female and male patients.
6. All questions should be answered. Patients Initials, age and dates when applicable should be written in and all other questions should be answered with a “Y” for yes or “N” for no, or N/A if not applicable.
7. Add the total number of “Y” in each column and put that number in the “Yes” under the TOTAL section at the right.
8. Add the total number of charts reviewed and put that number in the “Total Applicable Charts” under the TOTAL section at the right.
9. Divide the total number of “Yes” by the “Total Applicable Charts” and put that number in the “% Compliance” at the bottom. Example: total of “Yes” is 8 divided by “Total Applicable Charts” 10 would be 80 % Compliance.
10. A Compliance Action Plan (CAP) should be completed on pages 8-9 of this tool on any compliance issue that is found to be less than 80% or any patient safety issue found.
11. The DWH-FP Chart Review QA Tool shall be completed every 6 months by the LHD for each site (Direct or Indirect) that provides FP services. One for each site should be submitted annually with the DWH-FP Annual Tour and Administrative Review Tool and should be sent electronically with a CAP (if indicated) to DPH-DWH by December 31st of each year. This will also be the Tool used by the DWH QA/QI Reviewers making site visits to LHDs. DWH staff may also request copies of the every 6 month chart audits at any time and will review these at the LHD site visits.

**Instructions for the use of the DWH Family Planning (FP) Pregnancy Test Chart Review QA Tool**

1. The DWH-FP Pregnancy Test Chart Review QA Tool **(page 7)** is a tool that is used by LHDs or other sites as a chart review tool for patients that have received a FP Pregnancy Test service.
2. The tool should be completed by the LHD designee (Lead Nurse, Nurse Case Manager, QA Nurse Coordinator or FP Nurse Coordinator).
3. All questions originate directly from the FP/Title X Program Guidelines For FP Services, CCSG guidelines or the AR and includes the minimal requirements for a FP Pregnancy Test visit that is found on the matrix on pages 1, 2, and 3 of the Family Planning section of the CCSG.
4. The tool should be used every 6 months to do a chart audit on a minimum of 2 FP Pregnancy Test charts.
5. Pull charts using a minimum of one positive pregnancy test results and one chart with negative pregnancy test results.
6. All questions should be answered. Patients Initials, age and date of visit should be written in and all other questions should be answered with a “Y” for yes or “N” for no, or N/A if not applicable.
7. Add the total number of “Y” in each column and put that number in the “Yes” under the TOTAL section at the right.
8. Add the total number of charts reviewed and put that number in the “Total Applicable Charts” under the TOTAL section at the right.
9. Divide the total number of “Yes” by the “Total Applicable Charts” and put that number in the “% Compliance” at the bottom. Example: total of “Yes” is 8 divided by “Total Applicable Charts” 10 would be 80 % Compliance.
10. A Compliance Action Plan (CAP) should be completed on pages 8-9 of this tool on any compliance issue that is found to be less than 80% or any patient safety issue that is found.
11. The DWH-FP Pregnancy Test Chart Review QA Tool shall be completed every 6 months by the LHD for each site (Direct or Indirect) that provides FP services. One for each site should be submitted annually with the DWH-FP Annual Tour and Administrative Review Tool and should be sent electronically with a CAP (if indicated) to DPH-DWH by December 31st of each fiscal year. This will also be the Tool used by the DWH QA/QI Reviewers making site visits to LHDs. DWH staff may also request copies of the every 6 month chart audits at any time and will review these at the LHD site visits.