

Kentucky Family Planning Quality Assurance

Please complete the following Quality Assurance section of the Program Review Tool.

Clinic Site

Completed by (enter Email)

Are you a Local Health Department?

- Yes
 No

AGENCY POLICIES

Please confirm agency adherence to the policies below:

	Yes	No
Availability and Referral of Family Planning Social Services	<input type="radio"/>	<input type="radio"/>
Abortion Prohibition (Staff may not provide transportation, assist in scheduling, or help a patient obtain an abortion.)	<input type="radio"/>	<input type="radio"/>
Confidentiality (Any family planning client may request no home contact.)	<input type="radio"/>	<input type="radio"/>
Confidential Billing (Information is not sent to the home of a client who is flagged as no home contact.)	<input type="radio"/>	<input type="radio"/>
Durational Residency/Physician Referral (Family planning services are provided regardless of where clients live and without a physician referral.)	<input type="radio"/>	<input type="radio"/>
HIPAA	<input type="radio"/>	<input type="radio"/>
Non-Coercive Services	<input type="radio"/>	<input type="radio"/>
Provision of Social and Medical Services Related to Family Planning	<input type="radio"/>	<input type="radio"/>
Quality Improvement Plan	<input type="radio"/>	<input type="radio"/>
Sliding Scale	<input type="radio"/>	<input type="radio"/>

Resource: Title X Policy Templates

Comments

CLINIC ENVIRONMENT

	Yes	No
Effective July 1, 2023, all clients have access to "The Kentucky Family Planning Bill of Rights," either posted in clinic or provided directly to clients.	<input type="radio"/>	<input type="radio"/>
Third party billing is required when applicable, and processed in a manner that does not breach client confidentiality.	<input type="radio"/>	<input type="radio"/>
Does your agency comply with all 340B requirements? 340B entities are subject to audits from HRSA for compliance.	<input type="radio"/>	<input type="radio"/>
Is there a reasonable effort to verify income on every family planning client? Educational Note: May rely on self-report after reasonable attempts to verify income prior to collection of co-payment. Teens seeking confidential care should be considered on the basis of their own income (no home contact or unemancipated).	<input type="radio"/>	<input type="radio"/>
Does your agency have contracts with providers of services, in accordance with established rates and method of payment for medical care?	<input type="radio"/>	<input type="radio"/>

Comments

HIGH QUALITY FAMILY PLANNING SERVICES

	Yes	No
Staff training logs demonstrate compliance with KFP Training Calendar.	<input type="radio"/>	<input type="radio"/>
Does your agency have a written referral process for clients to obtain services related to reproductive health that your agency does not provide? In addition, appropriate follow-up should be provided while linking the client to a primary care provider, if applicable.	<input type="radio"/>	<input type="radio"/>
Does your agency adhere to CDC recommendations for standards of care for annual STI testing for sexually active women < 25 years of age, or those identified as high-risk?	<input type="radio"/>	<input type="radio"/>
Does your agency Patient Satisfaction Survey demonstrate 90% positive results?	<input type="radio"/>	<input type="radio"/>
Does your agency provide family planning services to a client that lives outside of the county where the clinic is located?	<input type="radio"/>	<input type="radio"/>
Does your agency provide family planning services to clients without a referral from another provider?	<input type="radio"/>	<input type="radio"/>
Effective January 1, 2024, does your agency participate in the statewide I&E Advisory Committee?	<input type="radio"/>	<input type="radio"/>
Effective January 1, 2024, does your agency conduct an I&E Advisory Committee at the local level?	<input type="radio"/>	<input type="radio"/>

Any material made available for family planning clients has been approved by an I&E Advisory Committee and documented on the Materials Inventory Log.

Does the I&E/CPEP committee roster include at least five members broadly representative of the community who are not employees or board members?

Does your agency have a plan to promote family planning services and educate the community about services that are available?

Does your agency provide the opportunity for community members to have input on the implementation and development of the family planning program?

Comments

Discussion

How does your agency improve access of services to low income, including adolescent clients? For example, some strategies may include accessibility to the public transportation route, offer expanded clinic hours or telehealth, adolescent-friendly services and interpretation services. _____

How does your agency deliver services that are responsive to the diverse needs of clients and communities served? For example, some strategies may include use of workplan, protocols, language line/interpreter or CPEP. _____

Does your staff need any clarifications of the family planning program including clinical service guidelines, or Title X expectations, or standards of care outlined in MMWR Providing Quality Family Planning Services? _____

List any suggestions for the Kentucky Family Planning program you would like to see implemented. _____

Kentucky Family Planning Chart Review

Please complete the form below.

DISCUSSION

CHART REVIEWS

Chart Reviews can be completed all at once or spaced out during the year. A total of 10 charts will be reviewed and should include one of the following visit types, if applicable.

Initial Contraceptive

Resupply Contraceptive Annual

Emergency Contraceptive Pill (ECP)

Sexually Transmitted Infection (STI)

Positive Pregnancy Test Visit

Negative Pregnancy Test Visit

Adolescent Visit

Male Visit

CHART _____ - Please select all that apply

- Contraceptive - Initial Contraceptive -
- Resupply
- Annual
- ECP - Emergency Contraceptive Pill STI -
- Sexually Transmitted Infection
- Positive Pregnancy Test
- Negative Pregnancy Test
- Adolescent (< 18 years of age)
- Male

CHART

_____ Reviewer Initials/Date
_____ Client Initials and Record Number
_____ Client Age
_____ Date of Visit

Yes / No No Home Contact
Female / Male Gender
Yes / No Sexually Active

Comments

- Yes / No** Documented income level, insurance and applied sliding scale
- Yes / No** Consent for treatment completed and signed
- Yes / No** Documented immunization status
- Yes / No** Documented medical history or conditions
- Yes / No** Documented height, weight and BMI
- Yes / No** Documented blood pressure
- Yes / No** Documented reproductive life plan
- Yes / No** Screened for tobacco/vaping with appropriate cessation counseling/referral
- Yes / No** Screened for alcohol & substance use with appropriate counseling/referral
- Yes / No** Documented risk of abuse, neglect, violence, exploitation
- Yes / No** Documented assessment of general appearance
- Yes / No** Documented appropriate client education and resources provided
- Yes / No** Documented contraception counseling and ways to prevent STIs, as applicable
- Yes / No** Billing documents completed (PEF for LHDs)
- Yes / No** Documented appropriate STI/HIV testing and counseling, as applicable
- Yes / No** Appropriate clinical referrals made to obtain services not available at this clinic
- Yes / No** Appropriate social referrals made for prenatal care, social services, WIC, HANDS, or other services
- Yes / No** Documented partner history
- Yes / No** Documented counseling on family/trusted adult involvement
- Yes / No** Documented counseling on consent and ways to prevent coercion
- Yes / No** Documented counseling on abstinence, and ways to prevent STIs
- Yes / No** Documented age of partner
- Yes / No** Documented chlamydia test results in chart within past one year of this visit or tested at this visit
- Yes / No** Documented reproductive health (LMP, regular cycle, amount of bleeding, problems with periods, etc.)
- Yes / No** Quick start method offered or initiated, as applicable. This would include a patient's refusal.
- Yes / No** Documented the opportunity for patient to discuss non-directive, client centered pregnancy options counseling: prenatal care and delivery; infant care, foster care or adoption; and pregnancy termination to the extent permitted by state law

What referrals were made?
(Check all that apply)

- Alcohol/drug treatment
- Community Based Health Worker
- Dental
- Dietitian
- HANDS
- HIV counseling/treatment
- Medical Emergency
- Mental Health
- Pregnancy Resources
- Prenatal care
- Presumptive Eligibility
- Provider for contraceptive service
- Provider for reproductive health issues
- Provider for other medical treatment(s)
- Safety
- Social services for financial and social assistance
- TBL/TBI
- Tobacco cessation
- WIC
- Other _____