

Local Health Department Family Planning Tour

Please follow the directions in the FP Annual Review Instructions.

Clinic Site:	Date:			
Completed by:	A Compliance Action Plan (CAP) must be submitted for any area out of compliance (a 'No' response)			
Indicate how Family Planning Services are provided <i>Please leave blank if not provided at all</i>	On Site	Contract Provider	Per pt. request	Comment
Pregnancy Testing				
STD Testing				
Emergency Contraception				
IUD				
Implant				
Depo Provera				
Oral Contraceptives				
Contraceptive Patch				
Vaginal Ring				
Diaphragm, cervical cap				
Female Condom				
Male Condom				
Spermicides				
Fertility Awareness Method- Provide an assistive device (e.g. cycle beads)				
Preconception Counseling				
Related preventive health services (Pap testing, CBE, etc.)				
Clinic Environment	Yes	No	Comment	
HIPAA Notice of Privacy Practices posted in the lobby.				
LEP/Interpretation Services posted at each registration desk and in a variety of languages.				
Interpretation Services: <input type="checkbox"/> Staff interpreter <input type="checkbox"/> Language Line	Other:			
Privacy of patient is assured in all clinic locations.				
Clinic areas are free from obvious structural barriers that would prevent disabled individuals from accessing services (ADA compliant) and/or pose a safety concern.				
Clinic environment demonstrates that it is welcoming (i.e. cleanliness of exam rooms, ease of access, areas are decluttered).				
Surveys provided to clients during this reporting period document that at least 75% of the clients perceive providers and other clinic staff to be respectful.				
Clients are able to obtain the following services during any clinic hours: Preg. Testing, ECP, STD testing, contraceptive resupply and deferred exam				

Policies and Procedures	Yes	No	
HIPAA Policy and Medical Records Release Policy is current			
Notice of Privacy Policy and Practices are current			
AR and CSG utilized by staff is up-to-date and signed annually by medical director.			
Clinic staff verbalize where they access the AR and CSG. List the name(s) of staff interviewed in Comments section			
Contraceptive administration protocols reviewed and signed by MD annually			
Post conception referral list, if available, provides a comprehensive list of providers that does not identify which providers perform abortion services.			
The clinic does not have any available publications or messaging on their website or social media that supports, encourages or promotes abortion.			
Medications	Yes	No	
Medication inventory demonstrates no contraceptive method routinely offered was out-of-stock in the past six (6) months.			
Medications purchased through 340B are stored in a separate secure location and inventoried separately from non-340B medications.			
Contraceptive stock reflects the methods provided on site.			
Training	Yes	No	
Staff training logs are current and available for review.			
Staff have reviewed policies and/or received training on HIPPA, Interpretation Services standards, IT/Computer Safety and Security, Patient Rights, Civil Rights, ADA.			
All new clinic staff have completed the required FP orientation trainings.			
All clinic staff have completed the required annual trainings on adolescents, cultural competency and mandatory reporting.			
All clinic staff have completed the FP trainings required every 3 years.			
Staff	Yes	No	
APRN clinic hours:			
# of RN's working in the clinic:			
# of RN's with CRET certification:			
Current professional license validation on file for licensed clinic staff.			
Community Outreach	Yes	No	
I&E Committee and Community Participation Committee (CPC) combined?			
Date of last I&E/CPC meeting: Minutes submitted to FPP?			

Approved 8/20

Local Health Department Family Planning Discussion Questions

Clinic Site:	Date:	Completed by:
DISCUSSION QUESTIONS: <i>Please respond to the questions below in the RESPONSE column to the right</i>	Response	
Referral Information		
How does your LHD provide effective referrals to relevant agencies, providers, including providers of services (reproductive and medical) not provided on site, HIV/AIDS care and treatment, social service agencies, substance use disorder care and treatment.		
How does your LHD provide effective referrals for post-conception care, including prenatal care, social services, WIC, HANDS, etc.		
Please list the providers or agencies you have signed, written collaborative agreements (contracts) or assurances for family planning-related services.		
Clinic Efficiencies		
Please provide an estimate as to the average number of family planning clients seen in a clinic day or week.	Day _____ Week _____	
Does your clinic(s) offer extended hours? If so, please describe.		
Community Outreach		
Please list any collaborations with agencies or community partners related to reproductive health.		
List outreach activities utilized to provide community education and promote community participation in reproductive health initiatives.		
Technical Assistance/Training Needs		
Do you need technical assistance/training related to coding and billing? If so, please describe need.		
Do you or your staff need clarification of family planning policy in the AR or CSG or federal Title X FP guidelines?		
Please list any trainings or technical assistance needed to help your agency provide quality family planning services.		

Local Health Department Family Planning Client Care Observation

Clinic Site: _____	Date: _____	Completed by: _____
---------------------------	--------------------	----------------------------

Client Initials _____ Reason for visit _____

Client Care Indicators	Yes, Definitely -3	Yes, Somewhat - 2	Not really - 1	Score*	Comments
Registration & Check Out					
The behavior and words of the registration clerk were respectful, supportive and friendly.	All the words and actions were respectful and supportive. The client did not appear to be put off or offended.	Frustration or annoyance with the registration process was shown. Some of the words of the clerk were harsh or sarcastic or the clerk did not address the client's frustration.	The clerk's words and actions were excessively harsh and/or negative. The client was visibly upset.		
The registration clerk demonstrated a "values neutral" approach that respected the client.	The clerk demonstrated an accepting and culturally sensitive approach to the client. There was no commentary by the clerk on client values or health practices.	The clerk's values stances were evident/expressed during registration. A particular belief system was presented to the client. The client may have interpreted this as a criticism.	The clerk's values were very evident during registration. Client values and behaviors were strongly criticized.		
Privacy was maintained.	The clerk ensured client privacy during registration was maintained by speaking in a soft voice, registration was provided in a private location to keep conversations out of earshot of other client's, etc. Clerk assured client they are receiving confidential care. No home contact status was assessed, when indicated.	Patient privacy may have been compromised. One of the following occurred: -The clerk spoke in a loud voice and others could hear. - The registration process was out in the open and could be heard in earshot of other client's. - Client was not assured they are receiving confidential care and/or no home contact was not assessed.	Patient privacy compromised. The clerk spoke in a loud voice and registration was in earshot of other clients. Client was not assured of confidential care and no home contact was not assessed, even though indicated by client.		
Client questions were answered appropriately.	Yes	Somewhat. Some misinformation given or inappropriate health information was provided.	Inaccurate/inappropriate information provided that should have been referred to healthcare staff.		

Approved 7/20

Client Care Indicators	Yes, Definitely 3	Yes, Somewhat 2	Not really 1	Score*	Comments
Clinic Visit					
The behavior and words of the healthcare staff were respectful, supportive and friendly.	All the words and actions were respectful and supportive. The client did not appear to be put off or offended.	Frustration or annoyance with the registration process was shown. Some of the words of the clerk were harsh or sarcastic or the clerk did not address the client's frustration.	The clerk's words and actions were excessively harsh and/or negative. The client was visibly upset.		
The healthcare staff demonstrated a "values neutral" approach that respected the client.	Staff demonstrated an accepting and culturally sensitive approach to the client. There was no commentary by the staff on client or staff values, belief system or health practices.	The values/beliefs of the staff were somewhat evident/expressed during the visit. A particular belief system was presented to the client The client may have interpreted this as a criticism.	The values of the staff member were very evident. Client values and behaviors were strongly criticized.		
Client-centered care. The client's physical, mental, and social needs are assessed. Care and teaching is personalized to the client, including providing the client with information on multiple contraception options and providing referrals, as appropriate	Client care was based on client history and interaction. Client was able to choose from multiple contraception options. Client education and counseling was personalized to those needs. Appropriate referrals were provided.	Some of the indicators for this area are present but not all.	Client care was nonspecific and did not focus on client's history or needs. Client was not given multiple options for contraception. Client questions or needs were not considered. Appropriate referrals were not provided.		
The client is interactively included to establish a plan of care.	The client's input was directly utilized to establish the plan of care.	The client's input was considered but a plan of care was established did not completely include the client's input.	The client had little or no input into the plan of care.		
Counseling and education is appropriate, culturally sensitive, age-appropriate, and presented in a way that is easily understood.	Client education/ counseling is presented in a way that emphasizes essential points (limits the amount of information appropriately).Provides information that is cultural and age appropriate and reflects the clients beliefs, ethnic background and cultural practices.	Some of the indicators for this area are present but not all.	Patient is provided teaching sheets that are not centered on patient needs. No client-centered counseling is provided.		

Client Care Indicators	Yes, Definitely 3	Yes, Somewhat 2	Not really 1	Score*	Comments
Clinic Visit					
Client confirms understanding of education/counseling and is provided the opportunity to ask questions.	Client verbalized understands and asks appropriate questions	Some of the indicators for this area are present but not all.	Client is not asked to verbalize understanding and is not given the opportunity to ask questions.		

*See QA Tool Instructions for CAP requirements for Client Care Observation

Approved 7/20

Local Health Department Family Planning Chart Reviews

Clinic Site:

Directions for Chart Review: Chart reviews are required annually. These reviews can be completed all at once or may be spaced out during the year. Please allow three months to pass from the last annual program review to begin chart reviews. All chart reviews will include the client's initials/age, the reviewer's initials/date of review and the date of the visit being reviewed. Chart reviews will be required for the following categories: Family Planning Visit, STD Visit and Pregnancy Test visit. ~ LHDs receiving funds to just provide STD testing, pregnancy testing, etc. DO NOT have to complete the Family Planning Visit category of chart reviews.~ **A CAP must be provided for any area < 75% compliance.** See the Annual Review Tool Instructions for specific information for each category and compliance scoring instructions..

Family Planning Visit <i>females</i> Review 5 charts- must be a variety of visit reasons and include at least two adolescent (minor) charts.	*C-contraceptive start	A-annual exam	D-deferred exam	R-resupply	%	% of charts in compliance	Comments
Client Initials/Age							
Reviewer Initials/Date							
Primary reason for visit (C,A,D or R)*							
Date of visit							
Income level, insurance and applied sliding scale documented							
Consent for treatment completed and signed							
No home contact indicated on the chart							
Appropriate medical history complete without blanks							
Immunization status documented							
Height, weight, BMI documented							
Blood pressure documented							
Reproductive Life Plan assessed							
Tobacco/vaping assessed & appropriate counseling provided							
Alcohol & substance use assessed with appropriate counseling							
Risk of abuse, neglect, violence, exploitation assessed							
Pelvic exam completed (if applicable)							
Cervical cancer screening completed (if applicable)							
Appropriate STD/HIV testing and counseling							
Chlamydia test if under aged 25 or as indicated if ≥ age 25							
Minor: Age of partner documented							
Minor: Counsel on parent/trusted adult involvement documented							
Minor: Counsel on consent and coercion documented							
Minor: Documented counseling on abstinence, condom use, and a variety of contraceptive methods, including LARCs							
Appropriate client education and resources provided							
Appropriate referrals were made for services not provided at clinic. Indicate which referrals were made using referral codes(see page 2)							
PEF was completed correctly							

STD Testing Visit <i>female or males</i> Review 4 charts Must include at least one male chart and one adolescent (minor) chart.						% of charts in compliance	Comments
Client Initials/Age/Gender							
Reviewer Initials/Date							
Date of visit							
Income level, insurance and applied sliding scale documented							
Consent for treatment completed and signed							
No home contact indicated on the chart							
Appropriate STD-1 complete without blanks							
Reproductive Life Plan assessed							
Partner history assessed							
Tobacco/vaping assessed & appropriate counseling provided							
Alcohol & substance use assessed & appropriate counseling provided							
Risk of abuse, neglect, violence, exploitation assessed							
Appropriate STD/HIV, other testing							
Chlamydia test if under aged 25 or as indicated if ≥ age 25							
Appropriate STD counseling provided							
Minor: Age of partner documented							
Minor: Counseled on parent/trusted adult involvement							
Minor: Counseled on consent and coercion							
Minor: Documented counseling on abstinence, condom use, and a variety of contraceptive methods, including LARCs							
Appropriate referrals were made for services not provided at clinic.							
Indicate which referrals were made using referral codes**							
PEF was completed correctly							

****Referral codes:**
C- provider for contraceptive service,
GYN- provider for reproductive health issues,
M- provider for other medical treatment(s),
SS- social services for financial and social assistance,
SUD- alcohol/drug rehab assistance
T- tobacco cessation,
HIV- HIV counseling/.treatment ,
O- other

Pregnancy Test Visit <i>any age</i> At least one adolescent (minor)	negative test results					% of charts in compliance	Comments
	Neg. Result	Pos. result					
Test Result							
Client Initials/Age							
Reviewer Initials/Date							
Date of visit							
Income level, insurance and applied sliding scale documented							
Consent for treatment completed and signed							
No home contact indicated on the chart							
Appropriate PT-1 complete without blanks							
Reproductive Life Plan assessed							
Tobacco/vaping assessed & appropriate counseling provided							
Alcohol & substance use assessed & appropriate counseling provided							
Risk of abuse, neglect, violence, exploitation assessed							
Minor: Age of partner							
Minor: Counseled on parent/trusted adult involvement							
Minor: Counseled on consent and coercion							
PEF was completed correctly							
Negative Pregnancy Test							
Contraceptive counseling provided.			X	X			
Quick start method provided			X	X			
Appropriate referrals were made for services not provided at clinic.			X	X			
Minor: Documented counseling on abstinence, condom use, and a variety of contraceptive methods, including LARCs			X	X			
Indicate which referrals were made using referral codes**			X	X			
Positive Pregnancy Test							
Appropriate referrals were made for prenatal care, social services (WIC, HANDS, etc.) and other needed services.	X	X					
Non-directive, client-centered counseling was provided by APRN or MD only. RN did not provide specific counseling.	X	X					
Medical record indicates that abortion was not promoted and, if a client was referred for an abortion, it was in the case of a medical emergency or in the case of rape/incest.	X	X					

Local Health Department Family Planning Compliance Action Plan (CAP)

Clinic:	Date:	Completed by:
----------------	--------------	----------------------

A Compliance Action Plan (CAP) needs to be submitted within 30 days of the annual review date for any area out of compliance. The CAP should address each area out of compliance and include a corrective action plan for each area, including person(s) responsible and implementation date. If no compliance issues are identified, please put "NONE IDENTIFIED" in the first Compliance Issue box.

Approved 7/20

Please use the following area codes for the area section. **FP**- Family Planning Tour **CCO**- Client Care Observation **CR**- Chart Review

Area	Compliance Issue	Corrective Action	Person(s) Responsible	Implementation Date

Add more rows as necessary