

NC Department of Health and Human Services/Division of Public Health
Family Planning and Reproductive Health Unit
Program Review Tool: Record Audit/ Female Tool (8/16 Revised)
FY 2016-17

Health Department: _____ Date: _____

Reviewers: _____

The family planning service sites to be visited should make available the following types of medical records for the clinical consultant to review. Medical records should be for recent visits (i.e., clients seen within the last year, with all lab results in the chart). A minimum of **ten** charts will be reviewed.

- **Family Planning Preventive Visit patients (New, Established, Adolescents)**
- **Male Family Planning Patients (if applicable) (See male record audit tool.)**
- **Problem visit patients (i.e., abnormal Pap follow-up, method problems, vaginal discharge, etc.). Use table #10 in record audit tool.**
- **Postpartum patients (if applicable). Use table #11 in the record audit tool.**
- **Pregnancy test only patients. Use table #12 in the record audit tool. Review a minimum of one positive and one negative pregnancy test record.**

**Program Review Tool: Record Audit/ Female tool
FY 2016-17 (Revised)**

Patient Identifier

CODE

✓ = Present
0 = Absent

KEY

(R) Required
(I) As indicated by history, physical, method, or previous lab test
(Rec) Recommended

NA = Not Applicable

--	--	--	--	--	--	--	--	--	--	--

1. History

	1	2	3	4	5	6	7	8	9	10
Significant illnesses (i.e., hospitalizations, surgery, blood transfusion or exposure, chronic/ acute medical conditions) R										
Allergies R										
Documentation regarding Primary Care Provider R										
Current use of prescription/OTC meds R										
Extent of use of tobacco, alcohol, and other drugs R										
Review of systems R										
Pertinent history of immediate family members R										
Partner history (i.e., injectable drug use, multiple partners, risk history for STDs and HIV, bisexuality, etc.) R										
Contraceptive use past/present (including adverse effects) R										
Menstrual History R										
Sexual History and social history R										
Depression screening when staff-assisted depression care supports are in place R										
Screen for Intimate Partner Violence and provide or refer women who screen positive R										
Obstetrical History R										
Gynecological conditions R										
Sexually transmitted diseases including HBV & HCV if indicated R										
HIV R										
Pap test history (i.e., date of last pap, abnormal pap, treatment, etc.) R										
For continuing comprehensive visits, evaluation of birth control and opportunity to change methods if indicated R										
Record Compliant?										

Comments:

**Program Review Tool: Record Audit/ Female tool
FY 2016-17 (Revised)**

2. Physical Assessment

	1	2	3	4	5	6	7	8	9	10
Height R										
Weight R										
Body Mass Index (BMI) R										
Blood pressure evaluation R										
Breast exam I										
Pelvic exam I										
Pap test I										
Thyroid I										
Heart/Lungs/Extremities I										
Abdomen I										
Rectum I										
Record Compliant?										

Comments:

3. Labs

	1	2	3	4	5	6	7	8	9	10
Gonorrhea I (required if <26 of age and as indicated for those 26 and older per IPP guidelines and/or with IUC insertion only if required per CDC STD Screening Guidelines)										
Chlamydia I (required if <26 of age and as indicated for those 26 and older per IPP guidelines and/or with IUC insertion only if required per CDC STD Screening Guidelines)										
Syphilis serology I (CDC recommends screening MSM, commercial sex workers, persons who exchange sex for drugs, those in adult correctional facilities and those living in communities with high prevalence)										
HIV testing I (CDC recommends all clients 13-64 be screened routinely and all persons likely to be at high risk for HIV be rescreened at least annually: IDU and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, MSM or heterosexual person who themselves or sex partners have had more than one sex partner since their most recent HIV test)										
Diabetes testing I (USPSTF recommendation to screen for type 2 diabetes in asymptomatic adults with sustained BP [either treated or untreated] >135/80 mmHg and in adults 40-70 years who are overweight or obese)										
Discussed recommendation for Hepatitis C screening if at high risk for infection or if born between 1945-1965. This requirement will start in FY 2017-2018.										
Record Compliant?										

Comments:

**Program Review Tool: Record Audit/ Female tool
FY 2016-17 (Revised)**

4. Immunity Assessment

1 2 3 4 5 6 7 8 9 10

Immunization history is assessed, and the source of immunization history documentation is indicated in the record. R										
Client referral for age-appropriate immunization services is documented in record. R										
Record Compliant?										

Comments:

5. Client Method Counseling

1 2 3 4 5 6 7 8 9 10

Results of physical assessment and labs (if performed) R										
Provide Emergency Contraception counseling R										
Method education using tiered counseling approach R										
How to use contraception consistently and correctly and efficacy (typical use rates) R										
Protection from STDs R										
Possible side effects/complications R										
How to d/c method selected and information on back up method used R										
Planned return schedule (when to return to clinic) R										
Emergency 24 hour number R										
Location where emergency services can be obtained R										
Record Compliant?										

Comments:

**Program Review Tool: Record Audit/ Female tool
FY 2016-17 (Revised)**

6. Client Education and Counseling

1 2 3 4 5 6 7 8 9 10

Client education must be documented in the record and must provide clients with info needed to:

Make informed decision about family planning R										
Provide preconception counseling R										
Provide achieving pregnancy counseling I										
Provide basic infertility counseling I										
Use specific methods of contraception and identify adverse effects R										
Reduce risk of transmission of STDs and HIV (based on sexual risk assessment) R										
Understand BMI greater than 25 and less than 18.5 is a health risk (weight management educational materials to be provided to clients with a BMI of >25 or < 18.5 if requested by client) R										
Stop tobacco use, implementing the 5A counseling approach R										
Promote daily consumption of multi-vitamin (with folic acid) to those capable of conceiving R										
Provide reproductive health life planning counseling R										
Encourage mammogram for clients based on clinical guidelines I										
Adolescents must be told that services are confidential and informed about exceptions to confidentiality, familial involvement is encouraged, and resisting sexual coercion is discussed R										
Adolescents should be provided intervention to prevent initiation of tobacco use R										
Record Compliant?										

Comments:

**Program Review Tool: Record Audit/ Female tool
FY 2016-17 (Revised)**

7. Consent Forms

	1	2	3	4	5	6	7	8	9	10
General consent form to receive services reviewed, dated & signed by client. General consent must include language that services are provided on a voluntary basis and that receipt of family planning services is not a prerequisite to receiving any other services offered by the site. R										
Method specific consent form dated and signed by client at initial order. A new method specific consent is required for any method change. R										
If "Teach Back" method of consent is used, does the chart have a check box or written statement to document this use in place of method specific consent? R										
Record Compliant?										

Comments:

8. Screening, Diagnosis, Treatment and Follow Up Services

	1	2	3	4	5	6	7	8	9	10
Significant problems identified/documented/ discussed with client and referrals made as needed, including referrals to primary or specialty care providers R										
Medications &/or supplies provided as needed; necessary clinical procedures performed, discussed with client, and appropriately addressed R										
Record Compliant?										

Comments:

9. Provider Qualifications**

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

***The appropriate level provider of care on all initial and annual visits for contraceptive methods was a physician, physician extender (nurse practitioner, CNM, or physician assistant) or nurse trained to function in the enhanced role following established program policy. Every third annual assessment or if client requests / requires a method change, client must be seen by a physician or physician extender.*

Comments:

**Program Review Tool: Record Audit/ Female tool
FY 2016-17 (Revised)**

10. FP Problem Visit (Use this section only to monitor problem visit charts.)

	1	2	3	4	5	6	7	8	9	10
Chief compliant/Problem Identified										
Clinical Assessment (i.e., wt., B/P, exam as indicated) with documentation by provider										
Labs as indicated by referral										
New method consent signed or documentation to support Teach Back method of consent in chart if indicated										
Education/Counseling as indicated										
Referral/Return visit as indicated										
Record Compliant?										

Comments:

11. Postpartum Visits (Use this section only to monitor postpartum visit charts.)

	1	2	3	4	5	6	7	8	9	10
Provide the 5A's counseling for tobacco cessation and refer to the NC Tobacco Use Quit Line as indicated R										
Depression screening completed, referral if indicated R										
IPV screening completed, referral if indicated R										
Provide screening for alcohol, tobacco and other drug use R										
Provide follow-up testing for GDM patient I										
Provide counseling regarding delaying a future pregnancy for 18 months R										
Provide reproductive life planning counseling R										
Referral to primary care provider (PCP) as indicated R										
Record Compliant?										

Comments:

**Program Review Tool: Record Audit/ Female tool
FY 2016-17 (Revised)**

12. Pregnancy Test Only Visit (Use this section only to monitor a pregnancy test only chart)

	1	2	3	4	5	6	7	8	9	10
Pregnancy diagnosis and counseling is provided to all clients in need of these services										
Pregnancy diagnosis includes: 1) history 2) pregnancy test 3) physical assessment (if indicated) R										
Non-directional options counseling provided to clients with a positive pregnancy test (prenatal care and delivery, infant care, foster care, or adoption, pregnancy termination) R										
Counseling for clients with a positive pregnancy test is provided as neutral, factual information and nondirective on each of the options and referral upon request, except with respect to any option(s) she does not wish to receive such information and counseling R										
Clients with a positive pregnancy test are advised on the signs/symptoms of an ectopic pregnancy REC										
Clients with a positive test and electing to continue their pregnancy are provided information on good health practices during early pregnancy (e.g., good nutrition, avoidance of smoking, drugs, alcohol, x-rays) REC										
Referrals requested by the client with a positive pregnancy test are made R										
Clients with a positive pregnancy test are assessed with regard to social support R										
Clients with a negative test who wish to become pregnant are provided achieving pregnancy counseling and are given information about the availability of infertility services, as appropriate REC										
Clients with a negative test who do not desire pregnancy are offered Emergency Contraception (if they have had unprotected sex in the past five days) and Quick Start services, as appropriate, and are scheduled for follow-up in Family Planning clinic R										
Clients with a negative test are provided preconception counseling. R										
Clients with a negative test are engaged in a discussion of Reproductive Life Planning. R										
Record Compliant?										

Comments: