

Regional Quality Indicators Project

User Guide

Guidance for Implementing RQIP Data Collection Tools

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Introduction

The Region VIII Regional Quality Indicators Project (RQIP) was developed to assist Region VIII Title X family planning clinics with the collection of quality assurance data for the purpose of improving the services offered by the clinics. RQIP utilizes a defined set of common indicators to evaluate the quality of care provided in Region VIII Title X family planning clinics. For the needs of the RQIP process, the focus is on quality indicators related to reproductive health. The goal of the project is to enable the family planning clinics to monitor and ultimately improve the quality of care they provide by implementing performance measurement and quality assurance systems. The purpose of the project is to enable the Title X programs to communicate the quality of the services provided by their clinics.

The goal of performance measurement is to measure and analyze data from the system in which care is delivered in an effort to:

- Monitor the quality of care provided;
- Define possible causes of system problems; and
- Make the changes necessary to ensure that a larger proportion of clients receive the appropriate clinical interventions.

RQIP will provide Region VIII Title X family planning clinics with a performance measurement system specifically tailored to their needs. Performance measurement/quality assurance data will be collected from Title X family planning clinics across Region VIII and incorporated into a regional database. The data will be analyzed, and reports based on the data will be provided to the clinics to utilize for performance improvement.

This guide provides instructions regarding the collection of the performance measurement/quality assurance data for submission to the regional database. It is designed to assist Region VIII Title X Grantees, Area Coordinators, Clinic Managers, and other key staff with implementation of the RQIP quality assurance and performance measurement tools. The User Guide reviews the three tools that will be used to collect the required data. Definitions, roles/responsibilities, sampling methods and other pertinent information regarding the data collection process are discussed. Subsequent to the instructions regarding the data collection, additional information regarding RQIP, including the history of the project, is presented in the Appendix.

Tool Review and Instructions

Three survey tools will be used to address various aspects of the quality of services provided in the family planning clinics: the Facility Audit, the Chart Audit, and the Client Survey (English and Spanish versions). Each tool has been designed to measure specific quality indicators related to service delivery.

Facility Audit Tool

The Facility Audit tool is used to determine the readiness of each facility to serve the client, and the facility's mechanisms to promote continuation of services. One Facility Audit tool should be completed per clinic visited during the data collection time period, which is a calendar year. Clinic is defined as the main office and the satellite clinics under the main office.

The individual items within the Facility Audit tool address: 1) client provided with method of choice; 2) mechanisms to promote continuation of services; 3) access; and 4) information given to clients.

Specific items include:

- full range of methods available
- referrals provided to other sites for methods that are unavailable
- follow-up at appropriate intervals for annual exam
- follow-up of missed appointments
- follow-up at appropriate intervals for OC and Depo-Provera
- hours of operation
- waiting time between contact and appointment
- how various types of service needs are addressed [such as walk-in services being available for emergency contraception, STD testing, or contraceptive supplies, etc]
- clinic policies are communicated in an effective and consistent manner [e.g., payment policies, hours of clinic, and what to do for an emergency during after hours]
- program undertakes community information campaign and outreach

Instructions

At the top of the form, enter the date of the site assessment, and the Agency ID Number using the number from your RQIP Master Agency List. *Contact Mary McCrimmon at JSI if you need assistance: 303-262-4305, or mmccrimmon@jsi.com.*

Question 1: Matrix of methods

- Complete all lines.
- Indicate whether each contraceptive is provided onsite or not.
- For each contraceptive that is not available onsite, indicate whether they are provided as a referral.
- For those that are provided as a referral, indicate whether the referral is paid for by the clinic/agency/program regardless of whether the cost is assessed to the client as a charge for a service or supply.

- For any method listed as other, indicate the name of the method.

Question 2: Matrix of types of reminders for various service types: [upcoming appointments, missed appointments, annual appointments, or Depo-Provera shot]

Are any of the following used to remind clients of up-coming visits? Check all that apply.

- Check *Mailed Reminder* regardless of whether a postcard or a letter is sent.
- Check *Telephone Reminder* if client contact by telephone.
- Check *None* if no attempts are made to remind clients about appointments.
- Check *Email, Text Message* if client is contacted by email or text message.
- Check *Other* if other methods are used, and complete the blank line by indicating what that method is.

Question 3: Are there established hours of operation?

- Check *Yes* if there are established clinic hours at which the clients may receive medical and supply services. Include in this category if the hours of service vary from week to week or month to month.
- Check *No* if there are no established clinic hours at which the clients may receive medical and supply services.

If yes, are the clients made aware of the hours? Check all that apply.

- Check *By posting them within the clinic* if the hours of operation are posted in the waiting room, in the exam rooms or other rooms within the clinic.
- Check *By posting on the clinic door* if the hours of operation are posted on the outside door to the clinic.
- Check *By calling the clinic* if information about hours of operation may be obtained by talking with a receptionist or for after hours, on holidays or weekends there is a recorded message that outlines the hours of operation.
- Check *Other* if information about hours of operation is provided by another method, and complete the blank line by indicating what that method is.

Question 4: : Matrix of waiting times for various service types: [first time clients, annual visits, contraceptive follow-up visit, STD/HIV follow-up visit, or abnormal pap follow-up visit]

How long is the current waiting time from when a client calls until they can have an appointment for?

For each of the visit types, indicate the amount of time the client must wait between the time they call for an appointment and the first available appointment in the clinic system.

Question 5: Does the clinic accept walk-in clients?

- Check *Yes* if the clinic and the appointment system allow for walk-in clients regardless if it is limited in nature.
- Check *No* if the clinic and the appointment system does not allow for walk-in clients. Mark no even if you accept an occasional walk-in but the incidence is so rare that it is negligible.

If yes, for what services?

- Check *Pregnancy Test* if that is the sole reason for the visit and is not part of a more comprehensive service.
- Check *Emergency Contraception* if that is the sole reason for the visit and is not part of a

more comprehensive service.

- Check *STD or HIV Testing* if that is the sole reason for the visit and is not part of a more comprehensive service.
- Check *Medical Visits* if the reason for the visit is a medical problem, follow-up of an abnormal result, repeat of a test, headache, urinary tract infection, etc.
- Check *Annual Exam* if that is the reason for the visit regardless of what may include after review of history and physical assessment.
- Check *Initial Exam* if that is the reason for the visit regardless of whether initial history, counseling and education may be included.

Question 6: *When can clients pick up contraceptive supplies?*

- Check *Requires appointment* if the clinic and the appointment system require that a client make an appointment to obtain their contraceptive supplies.
- Check *Anytime walk-in* if no restrictions of any kind are placed on when the client may present at the clinic to pick up contraceptive supplies.
- Check *Special walk-in times* if the clinic sets certain days or parts of days when clients may present at the clinic to pick up supplies.
- Check *Other* if the clinic has another time requirement not outlined above for the client to present at the clinic to pick up contraceptive supplies, and complete the blank line by indicating what that method is (e.g., *client must call ahead for supplies and later come to the clinic to pick them up*).

Question 7: *How can clients obtain contraceptive supplies?*

- Check *In the clinic* if the clients may pick up contraceptive supplies at the clinic.
- Check *By mail* if the client may contact the clinic and request that contraceptive supplies be mailed to them.
- Check *Online ordering* if the client may complete a request online and either pick up the supplies or have them mailed to them.
- Check *Other* if there is another method not outlined above by which the client may receive contraceptive supplies, and complete the blank line by indicating what that method is.

Question 8: *Are instructions for after hours/emergency care posted?*

- Check *Yes* if instructions are posted anywhere within the clinic—waiting room, exam rooms, counseling rooms, etc. —where clients are likely to see and read them.
- Check *No* if instructions are not posted anywhere within the clinic—waiting room, exam rooms, counseling rooms, etc. —where clients are likely to see and read them.

Question 9: *If a client has an urgent need, how is that client accommodated? Check all that apply.*

Examples of urgent need could include: STD or urinary symptoms, recent unprotected sex, EC or contraceptive complications.

- Check *Walk-in* if a client may walk in to the clinic and be worked into the schedule
- Check *Immediate appointment* if the client calls ahead and is told to come to the clinic whether there is an open appointment slot or not. The clinic would work the client into the schedule as soon as she/he arrived.

- Check *Next available appointment* if the clinic would provide the client with the next available appointment slot in the schedule.
- Check *Referral to urgent care* if the client is referred to urgent care whether it is within the same clinic or another provider
- Check *Referral to primary care* if the client is referred to their primary health care provider and the service is not provided through the Title X clinic.

Question 10: *Are the payment/cost policies posted?*

(i.e., *Services are voluntary and no one is denied services based on their ability to pay*)

- Check *Yes* if the payment/cost principles are posted anywhere within the clinic where clients may see and read the information.
- Check *No* if the payment/cost principles are not posted anywhere within the clinic where clients may see and read the information.

10a) If yes, are the policies clearly visible to the client at check-in?

- Check *Yes* if the policies are clearly visible to the client at check-in.
- Check *No* if the policies are not clearly visible to the client at check-in.

Question 11: *How many community education sessions were conducted in the calendar year?*

Check the number that most closely reflects the number of community education sessions, regardless of place of presentation, within the calendar year, or portion thereof, prior to the date of the clinic assessment.

Question 12: *Has clinic participated in the Patient Visit Redesign (PVR) program (a/k/a Clinic Efficiencies program)?*

- Check *Yes* if the clinic has participated in the Patient Visit Redesign. If *Yes*, also indicate the month and year that the clinic participated in the Patient Visit Redesign.
- Check *No* if the clinic has not participated in the Patient Visit Redesign.

12a) Has the clinic made changes based on PVR?

- Check *Yes* if the clinic has made changes according to the plan developed during Patient Visit Redesign.
- Check *No* if the clinic has not made changes according to the plan developed during Patient Visit Redesign.

Question 13: *Has clinic received HIV Integration funds?*

- Check *Yes* if the clinic has received HIV Integration funds.
- Check *No* if the clinic has not received HIV Integration funds.

Question 14: *Has clinic received Male Services funds?*

- Check *Yes* if the clinic has received Male Services funds.
- Check *No* if the clinic has not received Male Services funds.

Question 15: *How are new guidelines and protocols introduced to providers at the clinic?*

Check the description that most closely reflects how the new guidelines and protocols introduced to providers at the clinic.

Question 16: *Are clinicians trained to perform male exams?*

- Check *Yes* if clinicians are trained to perform male exams.
- Check *No* if clinicians are not trained to perform male exams.

Question 17: *Is the waiting area welcoming to males, e.g., educational materials, magazines, artwork, colors, etc.?*

- Check *Yes* if the waiting area is welcoming to males with things like educational materials, magazines, artwork, colors, etc.
- Check *No* if the waiting area is not welcoming to males with things like educational materials, magazines, artwork, colors, etc.

Chart Audit Tool

The Chart Audit tool measures and evaluates whether clients are receiving appropriate services and follow-up that encourage clients to continue using the particular clinic and service. The individual items within this tool address: 1) mechanisms to promote continuation of services; 2) appropriateness and acceptability of services; and 3) technical competence.

Specific items include:

- follow-up on negative pregnancy tests;
- appropriate screening for Chlamydia and gonorrhea;
- appropriate follow-up of positive screens for Chlamydia and gonorrhea;
- appropriate provision of Pap test;
- appropriate follow-up of positive screens for Pap test;

Instructions

At the top of the form, enter the date of the chart audit, and the Agency ID Number using the number from your RQIP Master Agency List. *Contact Mary McCrimmon at JSI if you need assistance: 303-262-4305, or mmccrimmon@jsi.com.*

State Grantee: Check the box next to your state.

Type of Visit: Check whether visit was an Annual or Initial exam visit, or a Pregnancy Test visit (*check only one*).

- Annual or Initial Visits are defined as initial or annual clients *whose visits entail either an initial or an annual evaluation for contraception*, for the most recent annual or initial visit, within one year of the date of this audit. This definition addresses the deferred-exam client (<19 years).
- Randomly select a group of charts for the annual or initial visit type. For these charts, **complete all Questions 1-15.**
- Pregnancy Test Visits are defined as clients whose primary reason for service is to determine their pregnancy status, for the most recent pregnancy test visit, within one year of the date of this audit.
- Randomly select a group of charts for the pregnancy test visit type. For these charts, **complete only Questions 1-10—do not complete Questions 11-15.**
- Specifically for the Chart Audit (for both the Annual/Initial Visit Chart Audit, as well as the Pregnancy Test Visit Chart Audit), the information reviewed will be the most recent initial or annual visit, or the most recent pregnancy test visit, as the case may be (i.e., within one year of the date of the audit).
- The pregnancy test questions are in the domain of Mechanisms to Promote Continuation of Services and are measured through data collected by the chart audit—essentially it is meant to be one indicator of continuity of method use/maintenance of contraceptive use.
- *Mechanisms for encouraging continuity and follow up:* encouraging continuity of use through well-informed users/formal program mechanisms such as follow-up to negative pregnancy tests.

Chart Number: Enter the chart number.

Question 1: *Is the client using a contraceptive method?*

- *Yes* and *No* are self-explanatory.
- Check *Not applicable* in the case of a client who is not sexually active.

Question 2.a: *If client is NOT using a contraceptive method, does the chart have documentation that a pregnancy test was performed?*

- *Yes* and *No* are self-explanatory.
- Check *Not applicable* in the case of a client who is not sexually active.

Question 2.b: *If client is using a contraceptive method but requests a pregnancy test, please indicate why a pregnancy test was performed:*

- Check *Symptoms* if client has symptom/s of pregnancy.
- Check *Late Depo-Provera Shot* if client received the shot beyond the time frame recommended by the guidelines.
- Check *Method Failure* if either the provider believes or the client believes the contraceptive method failed.
- Check *Not in Record* if the record does not indicate why the pregnancy test was performed.

Question 3: *Please indicate the results of the pregnancy test:*

- *Positive* and *Negative* are self-explanatory.
- Check *Not applicable* if a pregnancy test was not done.
- Check *Not in Record* if no documentation of the result can be found either on standard forms or lab slips.

Question 4: *Was a contraceptive method provided if pregnancy test was negative?*

- Check *Yes* if the chart has documentation that the client was offered the wide range of methods (includes barrier and hormonal methods, male and female methods).
- Check *No* if no method was provided even if plan was discussed.
- Check *Not Applicable* if either a pregnancy test was not done or the result of the pregnancy test was positive.
- Check *Not in Record* if provision of a contraceptive is not documented in the chart.

Question 5: *If no contraceptive method was provided, why not?*

- Check *Client Declined* if client declines all options offered.
- Check *Seeking Pregnancy* if the client is actively seeking to be pregnant.
- Check *Choosing Abstinence* if the client asserts that she is planning to be abstinent.
- Check *Already Has a Method* if the client is currently using a prescription or over-the-counter method.
- Check *Not in Record* if a reason is not documented in the record.

Question 6: Does the chart have documentation that the client received a Chlamydia/gonorrhea test?

A Chlamydia/gonorrhea test may be indicated by medical services protocol, product package inserts, clinician judgment, or client request.

- Check *Yes* if the chart has documentation that a Chlamydia screen was provided.
- Check *No* if the chart does not have documentation that a Chlamydia test was provided.
- Check *Not Applicable* if there is no documentation that a Chlamydia test was provided and that is appropriate based on current medical services protocol.

Question 7: If client received a Chlamydia test, for which of the following reasons was the test ordered? (check all that apply)

- Check *Met Screening Criteria* if the client met one or more of the screening criteria: Grantees must evaluate this indicator against the standard being used for protocol development as outlined in the Region VIII Infertility Prevention Project Guidelines:¹
The regional set of Chlamydia screening criteria are given below.
 1. All sexually active women age 24 and younger
 2. Women age 25 and older with one or more of the following:
 - (a) New sex partner in the last 60 days.
 - (b) Multiple sex partners in the last 60 days.
 - (c) MPC
 - (d) Cervical friability
 - (d) PID
 - (e) Positive for Chlamydia in the last 3 months
- Check *IUD Insertion* if the client had an IUD inserted.
- Check *Symptomatic* if the client had any of these clinical signs of Chlamydia:
 - cervical friability - easily induced bleeding with the initial swab
 - mucopus - yellow or green mucopurulent discharge from the cervix
 - pelvic inflammatory disease (PID)
 - urethritis - refers to urethral discharge or dysuria
- Check *Client Requested Test* if the client requested the test be done though stated history or symptoms do not indicate a need.
- Check *Exposure to STD* if the client indicated having sexual intercourse with a partner that is believed to have or has been confirmed as having an STD other than Chlamydia or non-gonococcal urethritis.

¹ The USPTF recommended screening criteria is pasted below for your reference:

The US Preventive Services Task Force (USPTF) recommends screening for Chlamydia infection for all sexually active non-pregnant young women age 24 and younger, and for older non-pregnant women who are at increased risk. The USPSTF recommends screening for Chlamydia infection for all pregnant women aged 24 and younger, and for older pregnant women who are at increased risk. The USPSTF recommends against routinely providing screening for Chlamydia infection for women age 25 and older, whether or not they are pregnant, if they are not at increased risk.

- Check *No Reason Documented* if a test was ordered but there is no reason for test indicated in chart.
- Check *Pregnancy Test* if the client received a Chlamydia test in conjunction with a pregnancy test.

Question 8: *What was the result of the Chlamydia screen?*

- *Positive* and *Negative* are self-explanatory.
- Check *Not in record* if no documentation of the result can be found either on standard forms or lab slips.

Question 9: *Is there documentation of follow-up of positive results for Chlamydia?*

- *Yes* and *No* are self-explanatory.
- Check *Not Applicable* if the client was treated presumptively and follow-up is not required.

Question 10: *If there is documentation of follow-up to positive Chlamydia results, what type of follow-up was conducted?*

- Check *Client was contacted and notified of results* if the client was contacted and notified of results, regardless of the means for contact – mail, telephone, email.
- Check *Client was treated* if the client was either presumptively treated or came back to the clinic for treatment after receiving notification of the test results.
- Check *Client was counseled on partner notification* if client was counseled about the need for her/his partner to be screened and/or treated.

Question 11: *Does the chart have documentation that a Pap test was or was not provided according to current nationally-endorsed standards?*

Grantees must evaluate this indicator against the standard being used for protocol development for the clinic/delegate agency being assessed as outlined in OPA Program Instruction Series, OPA 03-01: Screening for Cervical and Colorectal Cancer and Sexually Transmitted Diseases (STD). Individual agency protocols should note the specific standard of care being utilized in the development of said protocols, as well as the date the protocols were revised. Specifics regarding initiating screening and screening intervals for cervical and colorectal cancer should be noted in the protocol. Clinical protocols should continue to take into account individual client risks, use of specific methods of contraception, as well as current national standards of care. The three standards endorsed in the instruction series are: 1) American College of Obstetricians and Gynecologists (ACOG); 2) American Cancer Society (ACS); and 3) U.S. Preventive Services Task Force (USPSTF).²

- Check *Yes* if there is documentation that a Pap test was provided at that visit or records from another facility were transferred that indicate that a Pap test was performed; **OR** if the client did not receive a Pap test and exclusion of the Pap test was in accordance with current nationally-endorsed standards.

² 1 - American Cancer Society: Guideline for the Early Detection of Cervical Neoplasia and Cancer, Saslow et al.; CA A Cancer Journal for Clinicians, Vol. 52:6, November/December 2002.

2 - ACOG Practice Bulletin Number 45, Cervical Cytology Screening, August 2003.

3 - U.S. Preventive Services Task Force (USPSTF-January 2003): Cervical Cancer - Screening.

4 - U.S. Preventive Services Task Force (USPSTF- July 2002): Colorectal Cancer - Screening.

- Check *No* if there is no documentation that a Pap test was provided at that visit but protocols indicate that one should have been.
- Check *Not applicable* if there is no documentation that a Pap test was provided at that visit and according to protocols that is appropriate. Physical examination and related prevention services may also be deferred up to 3 months but not beyond 6 months after the initial visit without compelling reasons for extending the deferral. All deferrals, including the reasons for deferral, must be documented in the chart.

Question 12: *If there is documentation that a Pap test was provided, please indicate how the Pap test was provided.*

- Check *Performed at the visit* if the Pap test was performed at that visit at the Title X clinic site
- Check *Records provided from other health care provider* if the Pap test was performed by an outside health care provider according to Title X guidelines and protocols, and the records are attached to the client medical record
- Check *Not in record* if the record doesn't indicate how the Pap test was provided.

Question 13: *If Pap test was provided, what were the results of the Pap test?*

Mark the appropriate test result received:

- *ASC-US, ASC-H, LSIL, HSIL:*
 - ASC-US (Atypical Squamous Cells of Undetermined Significance): some abnormal cells
 - ASC-H (Atypical Squamous Cells-High): atypical cells at higher risk of association with pre-cancer
 - LSIL (Low-grade Squamous Intraepithelial Lesions): mild dysplasia and cellular changes associated with HPV
 - HSIL (High-grade Squamous Intraepithelial Lesions): moderate to severe dysplasia, precancerous lesions, and carcinoma in-situ
- *AGC:* atypical glandular cells that favor neoplastic
- *Normal, NIL* (Negative for Intraepithelial Lesion or malignancy): negative or normal result
- *Not in record:* test result is not documented in record
- *Other—please specify:* general categorization, see interpretation/result; reactive cellular changes associated with inflammation, radiation, and intrauterine contraceptive device; glandular cells status post hysterectomy; atrophy

Question 14: *Does the chart indicate that follow-up of abnormal Pap test was performed per protocol?*

- Check *Yes* if there is documentation that follow-up of abnormal Pap test was provided at that visit or records from another facility were transferred in indicating that follow-up of abnormal Pap test was performed.
- Check *No* if there is no documentation that follow-up of a Pap test was provided at that visit but protocols indicate that one should have been.

Question 15: If the chart indicates there was follow-up, how was the follow-up conducted?

- Check *By visit* if the client returned to the clinic for follow-up services.
- Check *By telephone* if the client was contacted by telephone and a plan for follow-up was developed.
- Check *By mail* if the client was contacted with the test results and recommendations for follow-up were provided through the mail.
- Check *Not in the record* if there is no documentation of follow-up activities.

Client Survey Tool

The Client Survey tool collects information about the client's experience at a given health facility. This tool is particularly important because it provides information about the quality of services received from the client's perspective. The individual items within the tool address: 1) access; 2) client/provider interaction; 3) appropriateness and acceptability of services; 4) client provided with method of choice; and 5) information given to client.

Specific items include:

- Waiting time between contact and appointment
- Hours of clinic
- Client is treated with respect
- Client's privacy is respected
- Client is aware of what she/he has been screened for
- Client receives chosen contraceptive method
- Client receives alternative acceptable contraceptive method
- Client receives verbal information on contraceptive method use
- Client receives verbal information on side effects of contraceptive method
- Client receives verbal information on HIV/AIDS prevention

How the Client Survey sampling goal is determined:

The client survey sample is based on the total number of annual/initial exam visit that was established for you as the grantee. The sampling goal is established on the most recent FPAR number. This number is expected per site [i.e., if the grantee sample goal is 52-68, then this number is sampled at each site—they are not divided among the sites that are getting a site assessment as the chart audits are].

Guidelines for determining which clients are surveyed:

The clinic site will distribute the survey to eligible clients to complete. During a discussion in June 2010, the RQIP Advisory Group redefined "eligible clients" to address the deferred-exam client (those women under age 19). The new definition of eligible clients is "*those clients whose visits entail either an initial or an annual evaluation for contraception.*"

As determined by the RQIP Advisory Group, the best and easiest way for clinic staff to identify which eligible clients will receive the survey is to make the determination at the time the client checks out at the front desk. This method takes into account the common situation of the client visit turning out to be something other than what was initially scheduled.

Guidelines for determining the Client Survey sampling period:

In order to get a more meaningful picture of the clinic site's client satisfaction, it's important that the survey period encompass the clinic site's varying staff schedules, business hours, and client visit patterns.

- Choose a multiple-week period in which to conduct the survey—a minimum of 15 weeks would be ideal. In particular, this length of time would help the smaller clinic sites to collect more surveys than they have in the past. You may also choose a period longer than 15 weeks.

- During the chosen period, alternate the days of the week; so, conduct surveys on Monday of Weeks 1-3, Tuesdays of Weeks 4-6, and so on.
- The surveys will be completed at each clinic site for which a site assessment is conducted during the current RQIP data collection year, which is a calendar year. The Grantee will distribute a supply of Client Survey forms to the clinic sites. The clinic sites will collect client surveys according to the survey collection period as defined by the Grantee. The period can range from 1-12 weeks, depending on the volume of the clinic and the time needed to reach the sample goal.
- The Grantee may choose to over-sample (i.e., collect more than the minimum number of Client Surveys), by either conducting surveys at clinic sites in addition to those for which a site assessment is conducted, or by collecting more than the minimum number of surveys at each clinic. *If the Grantee chooses to over-sample, please provide documentation of this to JSI.*
- The survey will be completed by the client while in the clinic, at the end of the visit.
- The clinic will provide a confidential place for the clients to put their completed survey, such as a slotted drop-box (requires the least resources), or an individual envelope that the client can seal (requires the most resources).

Steps:

- **Grantee:** Define the survey collection period for each clinic. (*see guidelines above*)
- **Grantee:** Provide instructions to clinic staff on the client survey process, including:
 - the minimum number of Client Surveys to collect,
 - the appropriate method of collection,
 - the defined survey collection period, and
 - the date and location for sending the completed surveys back to the Grantee
- **Grantee:** Provide a supply of Client Survey forms to clinic staff. Make sure that the forms all have the appropriate Agency ID number on them. The easiest way to do this is to write the number on a master copy, then make copies from that master.
- **Clinic Staff:** Collect Client Surveys during defined survey collection period. **NOTE:** The clinic site is responsible for assuring that the minimum number of clients complete the survey as required by the sample size.
- **Designated Clinic Staff Member:** At the end of the designated survey collection period, send all of the completed surveys to the Grantee.
- **Grantee:** Send the completed surveys to JSI. **NOTE:** If over-sampling, please include a note when sending the completed surveys to JSI.

Roles/Responsibilities

For each of the tools, the Grantee will determine the appropriate staff responsible for collecting the required information. All data will be collected via the three collection tools (Facility Audit, Chart Audit, and Client Survey). The Grantee will compile the data and submit it to JSI.

Facility Audit: The Grantee and/or other designated staff from the Grantee's office will administer the tool to collect information about the types of services provided, the types of supplies in stock, the condition of the facility, and the types of records kept.

Client Survey: A designated clinic staff person will distribute the survey to appropriate clients and provide a mechanism that assures client confidentiality. All completed surveys are packaged and forwarded to the Grantee for transmission to JSI.

Chart Audit: The Grantee and/or other designated staff will administer the tool. Administering the tool requires a person with clinical training to review the chart and evaluate the technical competence and appropriateness of the services provided as well as methods of promoting continuation of services.

JSI will input the data from the data collection tools, clean, and aggregate the data. JSI will summarize the data and provide a written report back to the Grantees.

Sample Method and Size

As previously explained, a data collection period is defined as a calendar year. At the beginning of each data collection period, JSI calculates the sample numbers for each Grantee, using the most recent available FPAR data.

In order for the data to be meaningful, useful, and valid, the sample size used for the Chart Audit and the Client Survey tools must be representative of the relevant population. Three factors are taken into consideration in determining the number of charts to review and number of clients to survey to fully assess the indicators measured by the tools. Those three factors are:

1. Expected level of performance;
2. Level of certainty, or statistical confidence, that the results reflect “actual” performance within a specific range or margin of error, e.g. +/-5%; and
3. Size of the sampling frame for the measure.

Using the Chart Audit as an example, the sample should provide 95% certainty or statistical confidence that findings reflect actual level of performance. In addition, the proposed sample size should have a +/- 5% margin of error. A +/-5% margin of error means that actual performance falls within a range of +/-5% of chart review findings. For instance, if it is found that attempts were made to contact 94% of female clients with abnormal Pap tests to inform them of their results, then there is 95% certainty that the actual level of performance falls between 89%-99%.

The sample size for the Chart Audit (both for Initial/Annual Visits and for Pregnancy Test Visits) and the Client Survey will be based on the Grantee’s total number of eligible charts or clients.

- Clinic is defined as the main office plus the satellite clinics under the main office.
- Eligible Initial/Annual client charts are defined as initial or annual clients *whose visits entail either an initial or an annual evaluation for contraception.*
- Eligible Pregnancy Test charts are defined as clients *whose primary reason for service is to determine their pregnancy status.*
- Specifically for the Chart Audit (for both the Initial/Annual Visit Chart Audit, as well as the Pregnancy Test Visit Chart Audit), the information reviewed will be the most recent initial or annual visit, or the most recent pregnancy test visit, as the case may be (i.e., within one year of the date of the audit).

The process used to establish the number required for the sample is based on reviewing the state’s FPAR data from the previous year. For example, if a state saw 300 or more clients over the course of a previous year that were identified as eligible cases, based on the Sample Table (below), the reviewer would need to sample and review between 80-100 charts and obtain 80-100 Client Surveys. This number would be divided among the clinics which are scheduled for an assessment for that calendar year. Grantees have the option of dividing their sample number in whatever manner makes sense for their programs. Please note that whatever method the Grantee uses to divide the sample number should be maintained throughout the RQIP 3-year

cycle. For example, if the Grantee has 10 clinics scheduled for a site review in Year 1 of the 3-year cycle, then the sample of 80-100 would be divided among those 10 clinics. If the Grantee decides to divide the sample number evenly among the 10 clinics, then 8-10 Chart Audits and 8-10 Client Surveys per clinic would be conducted. This process will be followed for each of the 3 years, ending with a complete picture of the quality or performance for the Grantee at the end of the 3-year assessment cycle.

Sample Table <small>Rev 03/2009</small>		
Eligible Population	Minimum Total Records	Charts to Pull
Up to 20	All	All
21-30	24	31
31-40	30	39
41-50	35	46
51-60	39	51
61-70	43	56
71-80	46	60
81-90	49	64
91-100	52	68
101-119	57	74
120-139	61	79
140-159	64	83
160-179	67	87
180-199	70	91
200-249	75	98
250-299	79	103
300-349	82	107
350-399	85	111
400-449	87	113
450-499	88	114
500-749	94	122
750-999	97	126
1000-1249	105	137
1250-1549	107	139
1550-1800	110	142
1801-2051	113	145
2052 or more	116	150

Selecting a Random Sample

One of the basic principles of sampling is that every participant has to have an equal chance of being selected in the sample. This means that the sample needs to be selected randomly. Otherwise the sampling methodology can be set up to best fit your needs. JSI requests that you document your sampling methodology and submit the documentation with your data so that these methodologies can be captured in the data summary and reports.

For the Chart Audit:

By following the steps below, a representative set of charts can be assembled to measure the indicators assessed by the Chart Audit tool.

1. Create a sampling frame or list of all Initial/Annual clients, or Pregnancy Test clients, as the case may be;
2. Determine how large the sample, or number of charts, needs to be based on the sample table; then,
3. Randomly select a set of charts from the sampling frame/client list to review.

An easy way of selecting a random sample is to use the systematic random sample: divide your sample number into the total number of persons in your eligible population and use the result (n) to sample every (nth) chart. For example, if you decide you need a sample of 25 and you have 101 participants: $101/25=4.04$. This means you select every 4th chart or person in your list to be in your sample.

For the Client Survey:

A sampling strategy is also needed to define which clients are eligible for the Client Surveys during a specified time period. For clinics with a larger volume of clients, it would be best to take a sample of women seen at the clinic on any given day. This would eliminate the influence of day-to-day variability in the provision of care at the clinic. It is also important to identify women appropriate for the sample, as the performance indicators to be obtained from the surveys draw heavily on method choice, procedures performed, and information provided to the client about methods and procedures. Here, the clients of interest are primarily women who attend the clinic as new clients, and clients returning for an annual visit. For example, if a sample of 19 clients is needed and there are 50 eligible clients, divide the number of eligible clients by the sample size needed: $50/19=2.6$. This means you select every 3rd person in your appointment list who has an appointment for an Initial/Annual Visit, to receive the Client Survey.

There is also a useful web-based tool for the generation of random numbers at:

www.randomizer.org

If you use this site, here are the steps to follow:

1. Click on the “Randomizer” button
2. Fill out the form as indicated below to get a random number set for annual/initial exam clients:

Q: “How many sets of numbers do you want to generate?”

A: 1

Q: “How many numbers per set?”

A: The minimum annual/initial exam records needed

Q: “Number Range – From?”

A: 1

Q: “Number Range – To?”

A: The total eligible annual/initial exam population

Q: “Do you wish each number in a set to remain unique?”

A: Yes

Q: “Do you wish to sort your outputted numbers?”

A: No

Q: “How do you wish to view your outputted numbers?”

A: Place Markers Off

3. Print the results and label this “random number set for annual/initial exam”
4. Close the results form and repeat steps 1 through 3 for pregnancy test only patients, labeling the resulting series “random number set for PT results”.

To apply the random numbers, circle the corresponding patients on each list. For example, if the random number set for annual/initial starts with 5, 17, 11, begin by choosing the 5th, 17th, and 11th charts on the annual/initial list for review or patients for the client surveys.

Data Collection and Reporting

The data collection and reporting periods will be based on a calendar year (January through December). A complete data cycle is defined as a 3-year period. Within each 3-year data cycle, each Grantee will complete site assessments at all of their clinic sites, with 1/3 of them being conducted each year. (Note: Because Utah conducts site assessments for all sites on a yearly basis, they will submit data for only 1/3 of their clinics annually.)

Data Submission Schedule from Grantees:

At a minimum, Grantees will submit data to JSI quarterly on the following schedule:

Quarter	Data Period	Data Due to JSI By
1 st Quarter	January to March	April 30
2 nd Quarter	April to June	July 31
3 rd Quarter	July to September	October 31
4 th Quarter	October to December	January 31

Grantees may submit data more frequently if they choose.

Data Reporting Schedule from JSI:

From the data received, JSI will generate summary reports for each clinic, each state, and for the region. The clinic report will summarize the data for each specific clinic. The state report will summarize by Grantee the data collected for that year's sample of clinics. This annual data, however, will not be statistically valid and should not be used to make any assumptions regarding the 3-year data cycle. The regional report will be provided as an aggregate summary for the region and will include all clinic sites aggregated at the regional level.

JSI will provide data reports to each Grantee on the following schedule:

Report Type	Frequency/Date
Clinic-level Summary	Quarterly, or within 6 weeks of the date that complete data is received for each clinic
State Year-end Summary	Annually, by April 15 following year-end
Regional Summary	Tri-annually, by May 15 following end of 3-year data cycle

Appendices

Background and History

Quality of Care Frameworks

Data collection tools:

Chart Audit Form

Facility Audit Form

Client Survey Form (English and Spanish versions)

Background and History

The Regional Quality Improvement Project (RQIP) was developed by the Region VIII Title X Family Planning Training Center in conjunction with the Region VIII Title X service Grantees. The focus of RQIP is to enable family planning clinics in Region VIII to monitor, and ultimately improve, the quality of care they provide by implementing performance measurement and quality improvement systems. The following summary documents and describes the planning and pilot phases of this project.

The goal of performance measurement is to measure and analyze data from the system in which care is delivered in order to: (1) monitor the quality of care provided; (2) define possible causes of system problems; and (3) make changes necessary to ensure that a larger proportion of clients receives the appropriate clinical interventions. In the past, the measurement of clinical quality in family planning clinics has focused on assessing the immediate impact of service provision. In an era of shorter client visits and increased demands for productivity, however, a system for routine performance measurement is critical in order to obtain a realistic assessment of the long-term impact of program outcomes. Designating a specific set of criteria to evaluate the quality of care provided at family planning clinics will lead to better and more consistent analysis of the effectiveness of Title X Family Planning Programs, and as a result allow for long-term impact assessment.

The necessity to shift to a performance measurement system that would track long-term outcomes formed the basis for the RQIP. The initial project began during the fall/winter of 1998 and ended in March 2003, and was divided into two phases: a planning and pilot phase.

The planning phase included key stakeholders from Region VIII's Office of the Regional Health Administrator (ORHA) Title X Grantees, and JSI Research & Training Institute (JSI) staff. Consultants from the Women's and Children Health Policy Center at Johns Hopkins University (JHU) were instrumental in the development of a specific performance measurement/quality assurance approach and framework. During the pilot phase, the recommendations and goals derived from the planning phase were implemented.

In the winter of 1998, JHU was awarded the contract to develop a model for an approach to performance measurement in Region VIII's family planning clinics. Following literature reviews on current systems of measurement of quality in family planning clinics, research meetings and conference calls with Region VIII's Grantees, the JHU consultants produced a report *Approaches and Indicators of Measuring Quality in Region VIII Family Planning Programming*. The report presented a review of the literature on performance measures of the quality of family planning services; suggested a set of performance indicators in collaboration with state family planning professionals in Region VIII; and provided guidance and a work plan to collect data for measuring the agreed-upon family planning performance indicators. The report also suggested sampling methods and data collection procedures.

Upon completion of the report, Region VIII's Grantees were charged with implementing a responsive plan. As a first step, the Grantees agreed to name the project the *Regional Quality Indicators Project (RQIP)* and determined that the overall purpose of the project would be "*To utilize common criteria to evaluate the quality of care provided in Region VIII Title X family planning clinics.*" The Grantees also agreed to the following implementation strategies:

- ❖ All Grantees would be encouraged to participate in RQIP.
- ❖ RQIP would be a regional priority, at least through the pilot phase.
- ❖ As recommended by JHU, the performance measurements would include eight region-wide performance domains:
 - (1) choice of methods;
 - (2) information given to clients;
 - (3) technical competence;
 - (4) client-provider interaction;
 - (5) mechanism to promote continuation of services;
 - (6) appropriateness and acceptability of services;
 - (7) access; and
 - (8) outcome measures.

Additionally, four data collection instruments would be used to measure quality:

- (1) clinic surveys/Facility Audit;
- (2) medical records;
- (3) client exit interviews; and
- (4) client follow-up surveys.

However, during the pilot phase, the outcome measures (eighth domain) and the client follow-up survey data collection instrument would not be implemented.

These implementation strategies formed the basis for the pilot phase of the project. It is important to note that the pilot phase was not an effort to compare the quality of services across Grantees; rather, it was conducted to: (1) determine how specific indicators perform in different settings; (2) determine the need for one set of data collection tools across sites; and (3) draw inferences regarding quality in those service delivery systems.

Three of the four recommended instruments (medical record abstraction, client exit interviews and clinic surveys/facility audits) were chosen to collect data for the pilot phase. When used together, all three instruments measured each of the recommended domains, with the exception of the eighth domain: outcome measures.

Results from the Pilot Project

Data were obtained and analyzed for 123 charts, using a sample of 5 clinics across 3 states. Overall, all the clinics scored well (in the 90 percentile) on two of the indicators representing Appropriateness and Acceptability of Services. They did not score as well (almost in the 60 percentile) on one indicator representing Mechanisms to Promote Continuation of Services; only one of the two indicators in this domain, however, could be assessed.

Data for client exit interviews were collected for 175 clients in 4 states, using a sample of 11 clinics. Overall, all the clinics scored well (in the 90 percentile) for Choice of Method. Regarding Information Given to Clients, the clinics' scores ranged from 85.7% to 87.4%. Similarly, the clinics scored an average of 87.4% for the indicators representing Client-Provider

Interaction. The clinics also scored in the 90 percentile for Appropriateness and Acceptability of Services, Access, and Client Satisfaction.

Quality of Care Frameworks

Frameworks for assessing the quality of family planning services have been heavily influenced by the pioneering work of Avedis Donabedian for assessing the quality of medical care. In this framework, Donabedian identified three major aspects of quality of care that can be evaluated: the structure of the care delivery system, the process by which care is delivered, and the outcomes of the care. The structure of the care delivery systems includes community, individual, and provider characteristics associated with the likelihood of providing high quality care. The process of care focuses on the content and method by which health providers deliver services. Most are based on practice guidelines which delineate the components of high quality care. The final aspect is outcomes of the care, which can include clinical status, functional status, and satisfaction with care. Evaluation of this element is more difficult to assess, as many factors other than service quality can influence outcomes.

Donabedian emphasized two main components of quality of care: 1) technical quality of care and 2) the interpersonal relationship. Aided by Donabedian's work, considerable progress had been made in the field of medicine in defining technical standards of care. However, as Donabedian himself recognized, the interpersonal relationship has until recently been largely overlooked, owing to the absence of well developed standards and the difficulty in measurement. Building upon the work of Donabedian, a decade ago, Judith Bruce developed a framework specifically for assessing the quality of family planning care. Bruce-Jain's framework remains highly relevant to service programs today, and has emerged as the central framework from which family planning programs are evaluated. The Bruce-Jain's framework attempts to incorporate both technical and interpersonal aspects of care in measuring the quality of care provided in family planning programs.

The Bruce quality of care approach is the central framework guiding our work in the present evaluation project. The Bruce-Jain framework has at least four main advantages over other efforts to evaluate the quality of family planning care. First, in contrast to other quality of medical care frameworks (e.g., Donabedian and others), Bruce-Jain's framework is tailored specifically to family planning. Second, the Bruce framework provides a comprehensive framework for evaluating the interpersonal dimension of quality of care and for developing appropriate indicators, a perspective that has been lacking in most other quality frameworks. Third, the Bruce framework focuses attention on the actual process of service provision, as opposed to a primary focus upon service structure (e.g., staffing, equipment) or service outputs (e.g., number of contraceptive users, number of unintended pregnancies). Finally, the Bruce-Jain quality framework takes as a central focus the perspectives and direct experiences of clients themselves with the service process.

Approach to Quality Improvement

The work of RQIP in quality improvement is guided primarily by the Bruce-Jain framework, which identified six elements of quality improvement that balance technical competence with clients' rights. In addition to these elements, RQIP also believes that quality encompasses access to services (as the quality of services is undermined if clients must travel long distances) as well as outcome measures.

Bruce-Jain Model Elements	RQIP Elements
Choice of methods	Access to services
Information given to clients	Outcome measures
Technical competence of providers	
Client-Provider interaction	
Mechanism to promote continuation of services	
Appropriateness and acceptability of services	

As a framework in which to implement the Bruce-Jain model, RQIP views quality as having two key facets:

- ❖ Quality in fact, which entails performance according to up-to-date program guidelines, clinical protocols, and policies.
- ❖ Quality in perception, which entails recognizing client's needs, expectations, and level of satisfaction with services.

Selecting a quality of care indicator

A quality of care indicator is an aspect of client care that is measured to evaluate the extent to which a facility provides or achieves a particular element of care. Performance measurement does not require that you measure your entire system of care. You need only measure those aspects that will help you determine how a particular care element is delivered to your clients.

Identifying possible indicators

Identify aspects of care for performance measurement, keeping in mind three main criteria:

Relevance—Does the indicator relate to a condition that occurs frequently or have a great impact on the clients at your facility?

Measurability—Can the indicator realistically and efficiently be measured given the facility's finite resources?

Improvability—Can the performance rate associated with the indicator realistically be improved given the limitations of your clinical services and client population?

If you answer “no” to any of these questions, the indicator—while still relevant to client care—is either too difficult to measure or is less than critical to client care. On the other hand, if you answer “yes” to all of the questions, you have most likely found a viable indicator that will give you the most benefit for your limited measurement resources. Other criteria for selecting

indicators are the strength of evidence that supports the efficacy of the intervention that they measure, whether they reflect standards of care, or whether they measure aspects of care that are linked to desirable client outcomes.

Examples:

Element (domain) of FP Care:

- ❖ Appropriateness and acceptability of services
- ❖ Mechanisms to promote continuation of services

Quality of Care Indicators:

- ❖ Appropriate screening for Chlamydia/gonorrhea
- ❖ Follow-up on negative pregnancy tests