



## North Dakota Family Planning Program

### Triennial Site Review Chart Audit Tool

**Delegate Agency** \_\_\_\_\_

- |    |  |                          |     |                          |    |             |
|----|--|--------------------------|-----|--------------------------|----|-------------|
| 1. | Agency has policy regarding chart order                | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | Obtain copy |
| 2. | Agency has a signature sheet for providers             | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | Review copy |
| 3. | Agency has an approved list of abbreviations           | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | Review copy |
| 4. | Agency has a policy regarding location of prescription | <input type="checkbox"/> | yes | <input type="checkbox"/> | no | Obtain copy |

Charts of twenty active clients are reviewed during the triennial site assessment.

Charts of ten active clients are reviewed during the annual site assessment.

During the review, these symbols will be utilized:

- |   |   |              |  |
|---|---|--------------|--|
| √ | = | Yes.         | A piece of information has been found in the chart and is appropriate.   |
| N | = | No.          | A piece of information has not been found and that is appropriate.   |
| ? | = | Questionable | Item was either found or not found and reviewers are puzzled by either its absence or presence since documentation is missing to justify it. Comments will be written for each?. |

Items shaded or in yellow are those which are required by the Regional Quality Indicators Project [RQIP} and will be reported to a central database in Denver which is being maintained by JSI Research & Training Institute. Where numbers are offered to indicate the appropriate option, use the number in the cell for the particular chart. If the answer to the item is a Yes, No or Not Applicable, use Y, N or N/A.

↓ Requirement → Chart Number																			
1. Client information/description 10.3																			
2. Where and how to contact 10.3																			
3. Complete medical history obtained at initial visit/updated at subsequent visits 8.3, 10.3																			
4. History includes documentation of (female/male): 8.3, 10.3 Significant illnesses; hospitalizations; surgery; exposure to blood products; chronic or acute medical conditions																			
Current use of all medications																			
Use of tobacco, alcohol, drugs																			
Immunization/Rubella status																			
Review of systems																			
Pertinent family history																			
Partner(s) history (injectible drug use, multiple partners, STD/HIV risk history, bisexuality)																			
5. Reproductive history (female) 8.3 Contraceptive use past/present																			
Menstrual, sexual, OB, gyn history																			
STD, including HIV and HBV																			

↓ Requirement → Chart Number																				
Pap Smear history																				
DES, if applicable																				
6. Reproductive History (male) 8.3 Sexual history																				
STD, including HIV and HBV																				
Urological history																				
7. Physical Exam (female) should include: height, weight, exam of thyroid, heart lungs, extremities, breast, abdomen, pelvis and rectum; BP evaluation, pelvic exam, pap smear. 8.3, 10.3																				
8. Physical exam (male) should include: height, weight, exam of thyroid, heart, lungs, breasts, abdomen, extremities, genitals and rectum; should also include palpation of the prostate, as appropriate and instruction in self-exam of testes. 8.3, 10.3																				
9. Laboratory tests orders, results, follow-up 8.3, 10.3 - Anemia assessment - Cholesterol and lipids - Colo-rectal cancer screening for those over 40 - Diabetes testing																				



↓ Requirement → Chart Number																				
3. choosing abstinence 4. already has a method																				
Does the chart have documentation that the client received a Chlamydia screen? [Y, N, N/A]																				
If yes, was the Chlamydia screen ordered based on any of the following reasons? 1. client was symptomatic 2. client was experiencing no symptoms – routine exam 3. client was exposed to Chlamydia/NGU 4. client was exposed to other STD 5. client has risk history 6. client has clinical signs 7. client requested test 8. no reason 9. not in record																				
What was the result of the Chlamydia test? [P, N]																				
Is there documentation of follow-up of positive test results for Chlamydia? [Y, N, N/A]																				
If yes, what type of follow-up? 1. client contacted and notified of																				

↓ Requirement → Chart Number																				
results 2. treated 3. counseled on partner notification																				
Does the chart have documentation that a Pap test has been provided according to current protocol? [Y, N, N/A]																				
If yes, please indicate how the Pap test was provide. 1. performed at the visit 2. records provided from other health care provider																				
What were the results of the Pap test? 1. ASCUS, ASC-H, LSIL, HSIL 2. AGC 3. NIL 4. Other 5. Not in Record																				
Does the chart indicate that follow-up of abnormal Pap tests were performed per protocol? [Y, N, N/A]																				
If yes, how was follow-up conducted? 1. by a visit 2. by telephone																				



<b>↓ Requirement → Chart Number</b>																				
including abstinence																				
Assured confidentiality																				
Counseling – family participation																				
Counseling – sexual coercion																				
24. Sterilization counseling, consent 8.4																				
25. Infertility counseling, exam, referral 8.5																				
26. Pregnancy diagnosis and counseling 8.6																				
27. Charts assembled in consistent order																				
28. Client’s name/id on each page																				
29. Other:																				

Comments: