**Clinical Chart Review Tool**

**Purpose:** Clinical chart reviews are an essential component of ensuring that family planning services are delivered in compliance with Title X program requirements and consistent with U.S. Office of Population Affairs (OPA) policy and [Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)](https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf). This Clinical Chart Review Tool identifies quality indicators that demonstrate compliance with the Title X program requirements, OPA policy, and QFP. The tool provides a mechanism for service delivery quality assurance and improvement. The indicators should not be considered an exhaustive list of requirements.

**Organization:** Quality indicators that demonstrate compliance with Title X program requirements, OPA policy, and QFP are listed. The tool provides a space for the reviewer to evaluate whether quality indicators were “Met” or “Not Met” and whether evidence of the quality indicator is in place—“Yes” or “No.” The reviewer may insert comments as necessary.

**How to use:** Use this tool to evaluate an individual chart for compliance with quality indicators. With the exception of the first section, which is relevant for all clients, this tool is organized in sections based on QFP recommendations by client characteristics and services provided. For example, there are separate sections for male and female clients, adolescents/minors, clients who received pregnancy tests, etc. Thus, not all sections will need to be completed for each client. The reviewer should focus on measures that are relevant to a specific client.

**Step 1**: Insert the grantee’s name and logo, subrecipient information, and other details where indicated. Add or delete items as necessary.

**Step 2:** Determine the number of records to review to ensure a mix of charts for adolescents, adult females, males, positive and negative pregnancy tests, and abnormal lab results. Grantees should review charts from various providers.

**Step 3:** Complete the chart reviews involving the subrecipient clinical staff to the fullest extent possible to use the experience as both an assessment and an opportunity to provide training and technical assistance.

**Step 4**: Review the results of the individual chart audits and look for patterns from all charts reviewed. If there are patterns that indicate systemic concerns or individual situations that need to be addressed, grantees should appropriate action items to the Onboarding Work Plan.

**Clinical Chart Review Tool**

*[Insert* ***Grantee Name/Logo****]*

*[Insert* ***Grantee Contact Name and Contact Information****]*

*[Insert* ***Subrecipient Agency Name****]*

*[Insert* ***Subrecipient Contact’s Name and Contact Information****]*

Unique client identifier (i.e., medical record number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Quality Indicators for the All Records Checklist derive from 42 CFR 59.5.*

| ***ALL RECORDS*** |  |  |
| --- | --- | --- |
| ***QUALITY INDICATOR*** | ***ASSESSMENT*** | ***COMMENTS*** |
| Client has signed a general consent form stating receipt of family planning services is not a prerequisite to receipt of any other services offered | □ Met □ Not Met |  |
| Referrals were made based on documented specific conditions/issues | □ Met □ Not Met □ N/A |  |
| Clinical services align with approved protocols | □ Met □ Not Met |  |
| Client provided referrals when medically indicated | □ Met □ Not Met □ N/A |  |
| Client offered a broad range of acceptable and effective family planning methods and services | □ Met □ Not Met □ N/A |  |

*Quality Indicators for the Adolescents/Minors Checklist derive from 42 CFR 59.5.*

| ***ADOLESCENTS/MINORS*** |  |  |
| --- | --- | --- |
| ***QUALITY INDICATOR*** | ***ASSESSMENT*** | ***COMMENTS*** |
| Counseled about abstinence | □ Yes □ No |  |
| Counseled about condoms | □ Yes □ No |  |
| Counseled on a range of contraceptive methods, including LARCs | □ Yes □ No |  |
| Encouraged family participation in their decision to seek family planning services documented | □ Met □ Not Met □ N/A |  |
| In instances where a minor has not been encouraged to include their family in family planning decisions, the reasons for not having done so are documented | □ Met □ Not Met □ N/A |  |
| Counseled on how to resist attempts to being coerced into engaging in sexual activities documented | □ Met □ Not Met |  |

*Quality Indicators for the Clients with Positive Pregnancy Test Checklist derive from 42 CFR 59.14*

| ***CLIENTS WITH POSITIVE PREGNANCY TEST*** |  |  |
| --- | --- | --- |
| ***QUALITY INDICATOR*** | ***ASSESSMENT*** | ***COMMENTS*** |
| If offered, nondirective pregnancy counseling was provided by a physician or advanced practice provider | □ Met □ Not Met □ N/A |  |
| Referral for medically necessary prenatal care made | □ Met □ Not Met □ N/A |  |
| Abortion referral occurred only in the case of a medical emergency, incest, or rape | □ Met □ Not Met □ N/A |  |
| Social support assessed | □ Met □ Not Met |  |

*Quality Indicators for the Clients with Negative Pregnancy Tests Checklist derive from 42 CFR 59.14*

| ***CLIENTS WITH NEGATIVE PREGNANCY TEST*** |  |  |
| --- | --- | --- |
| ***QUALITY INDICATOR*** | ***ASSESSMENT*** | ***COMMENTS*** |
| Offered same day contraception, if appropriate | □ Met □ Not Met |  |

**Checklist of Family Planning and Related Preventive Health Services for Women**

Screening Components for the Checklist of Family Planning and Related Preventive Health Services for Women derive from QFP Table 2 – Checklist   
of family planning and related preventive health services for women.

| ***SCREENING COMPONENT*** | ***QUALITY INDICATOR PRESENT?*** | ***COMMENTS*** |
| --- | --- | --- |
| ***Contraceptive Services*** |  |  |
| Reproductive life plan | □ Yes □ No |  |
| Medical history | □ Yes □ No |  |
| Current pregnancy status | □ Yes □ No |  |
| Sexual health assessment | □ Yes □ No |  |
| Tobacco use (combined methods for clients aged ≥ 35 years) | □ Yes □ No □ N/A |  |
| Height, weight, and BMI (hormonal methods)†† | □ Yes □ No □ N/A |  |
| Blood pressure (combined hormonal methods) | □ Yes □ No □ N/A |  |
| Pelvic exam (initiating diaphragm or IUD) | □ Yes □ No □ N/A |  |
| Pregnancy test (if clinically indicated) | □ Yes □ No □ N/A |  |
| Chlamydia testing¶¶ | □ Yes □ No □ N/A |  |
| Gonorrhea testing¶¶ | □ Yes □ No □ N/A |  |
| ***Pregnancy Testing and Counseling*** |  |  |
| Reproductive life plan | □ Yes □ No |  |
| Medical history | □ Yes □ No |  |
| Pelvic exam (if clinically indicated) | □ Yes □ No □ N/A |  |
| Pregnancy test | □ Yes □ No |  |
| ***Basic Infertility Services*** |  |  |
| Reproductive life plan | □ Yes □ No |  |
| Medical history | □ Yes □ No |  |
| Sexual health assessment | □ Yes □ No |  |
| Height, weight, and BMI | □ Yes □ No |  |
| Clinical breast exam | □ Yes □ No |  |
| Pelvic exam | □ Yes □ No |  |
| Signs of androgen excess | □ Yes □ No |  |
| Thyroid exam | □ Yes □ No |  |
| ***Preconception Health Services*** |  |  |
| Reproductive life plan | □ Yes □ No |  |
| Medical history | □ Yes □ No |  |
| Sexual health assessment | □ Yes □ No |  |
| Intimate partner violence | □ Yes □ No |  |
| Alcohol and other drug use | □ Yes □ No |  |
| Tobacco use | □ Yes □ No |  |
| Immunizations | □ Yes □ No |  |
| Depression | □ Yes □ No |  |
| Folic acid | □ Yes □ No |  |
| Height, weight, and BMI | □ Yes □ No |  |
| Blood pressure§§ | □ Yes □ No |  |
| Diabetes§,¶ | □ Yes □ No |  |
| ***STD Services***† |  |  |
| Reproductive life plan | □ Yes □ No |  |
| Medical history | □ Yes □ No |  |
| Sexual health assessment | □ Yes □ No |  |
| Screen for HPV and HBV immunizations§§ | □ Yes □ No |  |
| Chlamydia§§ | □ Yes □ No |  |
| Gonorrhea§§ | □ Yes □ No |  |
| Syphilis§§ | □ Yes □ No |  |
| HIV/AIDS§§ | □ Yes □ No |  |
| Hepatitis C§§ | □ Yes □ No |  |
| ***Related Preventive Health Services*** |  |  |
| Medical history | □ Yes □ No |  |
| Clinical breast exam§§ | □ Yes □ No □ N/A |  |
| Cervical cytology§§ | □ Yes □ No □ N/A |  |
| Mammography§§ | □ Yes □ No □ N/A |  |

**Checklist of Family Planning and Related Preventive Health Services for Men**

Screening Components for the Checklist of Family Planning and Related Preventive Health Services for Men are derived from QFP Table 3 – Checklist   
of family planning and related preventive health services for men.

| ***SCREENING COMPONENT*** | ***QUALITY INDICATOR PRESENT?*** | ***COMMENTS*** |
| --- | --- | --- |
| ***Contraceptive Services*** |  |  |
| Reproductive life plan | □ Yes □ No |  |
| Medical history | □ Yes □ No |  |
| Sexual health assessment | □ Yes □ No |  |
| ***Basic Infertility Services*** |  |  |
| Reproductive life plan | □ Yes □ No |  |
| Medical history | □ Yes □ No |  |
| Sexual health assessment | □ Yes □ No |  |
| Genital exam (if clinically indicated) | □ Yes □ No □ N/A |  |
| ***Preconception Health Services*** |  |  |
| Reproductive life plan | □ Yes □ No |  |
| Medical history | □ Yes □ No |  |
| Sexual health assessment | □ Yes □ No |  |
| Alcohol and other drug use | □ Yes □ No |  |
| Tobacco use | □ Yes □ No |  |
| Immunizations | □ Yes □ No |  |
| Depression | □ Yes □ No |  |
| Height, weight, and BMI | □ Yes □ No |  |
| Blood pressure§§ | □ Yes □ No |  |
| Diabetes§§ | □ Yes □ No |  |
| ***STD Services*** |  |  |
| Reproductive life plan | □ Yes □ No |  |
| Medical history | □ Yes □ No |  |
| Sexual health assessment | □ Yes □ No |  |
| Screen for HPV and HBV immunizations§§ | □ Yes □ No |  |
| Genital exam (if clinically indicated) | □ Yes □ No |  |
| Chlamydia§§ | □ Yes □ No |  |
| Gonorrhea§§ | □ Yes □ No |  |
| Syphilis§§ | □ Yes □ No |  |
| HIV/AIDS§§ | □ Yes □ No |  |
| Hepatitis C§§ | □ Yes □ No |  |
| ***Related Preventive Health Services*** |  |  |
| Genital exam§§ | □ Yes □ No □ N/A |  |

†† Not needed to determine medical eligibility for any methods of contraception; might be helpful for monitoring changes and counseling.

¶¶ Per guidelines. See CDC. STD treatment guidelines. Atlanta, GA: US Department of Health and Human Services, CDC; 2013. Available at http://www.cdc.gov/std/treatment. CDC. Sexually transmitted diseases treatment guidelines, 2010. MMWR 2010;59[No. RR-12]) and CDC. US medical eligibility criteria for contraceptive use 2010. MMWR 2010;59[No. RR-4]).

§§ Screening is suggested only for those persons at highest risk or for a specific subpopulation with high prevalence of an infection or condition.

† The services listed in this column are for women without symptoms suggestive of an STD.