



**COUNTY BOARD OF HEALTH
POLICY # CL-225
FAMILY PLANNING RECORD REVIEW POLICY**

Approval:		<i>3-6-24</i>
	District Health Director	Date

1.0 PURPOSE

The purpose of this policy is to establish guidelines, procedures, and responsibilities for Family Planning Record Reviews.

2.0 AUTHORITY

The Family Planning Record Review Policy is published under the authority of the County Board of Health (CBOH) and in compliance with the following:

2.1 Family Planning Program Services Manual

3.0 SCOPE

This policy applies to all D2PH Health Departments and healthcare professionals providing Family Planning services.

4.0 POLICY

The policy of the CBOH ensures the review of clinical records for the purpose of maintaining and improving the quality of care by assuring services are provided in accordance with current nurse protocols for Women's Health and the recommendations of the CDC and the U.S. Office of Population Affairs.

5.0 DEFINITIONS

5.1 **APRN** – Advanced Practice Registered Nurse

5.2 **CBOH** - County Board of Health

5.3 **DHD** – District Health Director

5.4 **D2PH** - District 2 Public Health

5.5 **ERN** – Expanded Role Registered Nurse

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6.0 RESPONSIBILITIES

6.1 Women's Health Coordinator

- 6.1.1 Ensures that Family Planning Record Reviews are completed for each ERN/APRN as outlined in the current Family Planning Program Services manual.
- 6.1.2 Reviews all Family Planning record review findings and if applicable, the Record Review Improvement Plan is completed with recommendations.
- 6.1.3 Presents the record review findings to the District Health Director quarterly for review and signature of the record review tool.
- 6.1.4 Presents the Record Review Improvement Plan for review and signature to the District Nursing Director and Deputy Nursing Director.
- 6.1.5 Sends the Record Review reports and improvement plan to the APRN/ERN supervisor.
- 6.1.6 Maintains Record Review reports for review upon request.
- 6.1.7 Evaluates the Record Review process as needed.

6.2 Health Department

- 6.2.1 Ensures that Quarterly Clinical Record Reviews are completed by APRNs/ERNs working in Family Planning.
- 6.2.2 Submits Quarterly Clinical Record Reviews to the Women's Health Coordinator by the last day of the quarter (September 30, December 31, March 31, and June 30).
- 6.2.3 APRN/ERN supervisor or County Nurse Manager receives the Record Review Report and Improvement Plan from the Women's Health Coordinator and reviews with provider.
- 6.2.4 Returns Record Review Report and Improvement Plan following signature by provider to Women's Health Coordinator for storage.

6.3 District Health Director

- 6.3.1 Reviews and signs the record review tool on a minimum of two-family planning records annually for each ERN and APRN who provide family planning services. *The delegating MD must review all records chosen for review where protocol was not followed.*
- 6.3.2 May request additional clinical record reviews as needed.

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6.4 District Nursing Director and Deputy Nursing Director

- 6.4.1** Works with the Health Departments to ensure quarterly clinical record reviews are completed and submitted to the Women's Health Coordinator by the last day of the quarter.
- 6.4.2** Receives, reviews, and signs the Record Review Improvement Plan.
- 6.4.3** Works with the Women's Health Coordinator to develop corrective action when needed.
- 6.4.4** Works with Women's Health Coordinator, District Health Director, and County Nurse manager to oversee the implementation of the Corrective Action Plan.

7.0 PROCEDURES

7.1 Quarterly Clinical Record Reviews by Health Departments

A quarterly minimum of one (1) family planning record randomly selected per APRN/ERN consisting of:

- Initial/Annual
- Problem Visits
- LARC insertion and/or removals

Note: The auditing nurse cannot audit their own record, must have completed the Women's Health training, and be of similar or higher nursing provider level to the nurse being audited. For example, an ERN should not audit an APRN, but an APRN could audit an ERN. Similarly, an ERN who has not completed the Nexplanon insertion and removal preceptorship cannot audit a record related to Nexplanon insertion or removal.

7.2 Utilize the Family Planning Record Review Worksheet and review all findings.

7.3 Send completed worksheets to the Women's Health Coordinator via encrypted email by the last day of the quarter:

- First Quarter (July-September) by September 30
- Second Quarter (October-December) by December 31
- Third Quarter (January-March) by March 31
- Fourth Quarter (April-June) by June 30

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8.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	January 27, 2024	Initial Issue

9.0 RELATED FORMS

- Family Planning Record Review Worksheet*
- Family Planning Program Record Review Report*
- Family Planning Program Record Review Improvement Plan*

FAMILY PLANNING RECORD REVIEW WORKSHEET



COUNTY _____ APRN/ERN NAME: _____

VHN _____ AGE _____ DATE OF VISIT _____ VISIT TYPE _____

	MET	NOT MET	N/A	COMMENTS
ALLERGIES				
MEDICATIONS				
IMMUNIZATIONS				
VITAL SIGNS				
Height				
Weight				
Blood Pressure				
BMI				
REVIEW OF SYSTEMS				
Reason for visit				
Current contraceptive method				
Duration of method				
LMP				
Contraceptive symptoms documented and addressed				
HEALTH HISTORY REVIEWED				
PHYSICAL EXAM: all required components per protocol				
EDUCATION per Family Planning Program Manual				
Information on all contraceptive methods				
STD risk reduction counseling (013)				
Reproductive Health counseling (014)				
TEEN specific (abstinence, violence, promotion of parental communication)				
Other topics appropriate to visit				
LAB/TEST RESULTS				
ENCOUNTER: All Diagnoses, Program Details completed, Reproductive Life Plan, Education, Referrals				
General Consent: routing slip				
LARC CONSENT				
ASSESSMENT CONSISTENT WITH NURSE PROTOCOL				
TREATMENT, REFERRAL, AND/OR FOLLOW-UP CONSISTENT WITH PROTOCOL				
DOCUMENTATION: Progress note, contraceptive supplies/medications, referrals, abnormal findings documented and addressed, follow-up documented & as needed no use of unapproved abbreviations, pap result notification, return visit appointment				

Reviewer _____
 District Health Director _____

Date _____
 Date _____

FAMILY PLANNING RECORD REVIEW WORKSHEET



COUNTY _____ APRN/ERN NAME: _____

VHN _____ AGE _____ DATE OF VISIT _____ VISIT TYPE _____

	MET	NOT MET	N/A	COMMENTS
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DOCUMENTATION: Progress note, contraceptive supplies/medications, referrals, abnormal findings documented and addressed, follow-up documented & as needed no use of unapproved abbreviations, pap result notification, return visit appointment				

Reviewer _____ Date _____

District Health Director _____ Date _____



**DISTRICT 2 PUBLIC HEALTH
FAMILY PLANNING PROGRAM
RECORD REVIEW REPORT**

County Health Department: _____ Date: _____

FP Provider Name & Credentials: _____

Visit Date Reviewed: _____ Client ID # _____

Visit Date Reviewed: _____ Client ID # _____

Record Review:

Signature of person providing feedback: _____

District Nursing Director: _____

Deputy Nursing Director: _____

County Nurse Manager or Supervisor/date reviewed: _____

Clinician signature/date: _____

Comments:



**DISTRICT 2 PUBLIC HEALTH
FAMILY PLANNING PROGRAM
RECORD REVIEW IMPROVEMENT PLAN**

County Health Department: _____ Date: _____

FP Provider Name & Credentials: _____

Criteria not met: (Visit Date Reviewed: _____ Client ID # _____)

Recommendation(s)/plan for improvement:

Signature of person providing feedback: _____

District Nursing Director: _____

Deputy Nursing Director: _____

Clinician signature/date: _____

Comments: