

REGION X IPP/FAMILY PLANNING CHART AUDIT TOOL

Date: _____ Agency: _____ Project # _____ Site #: _____ Reviewer: _____
 Yes = _____, No = _____, NA = Not Applicable SC = See Comments

<i>Identification</i>	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
ID #/Chart #/ Identifier										
Client age or Birth Date										
Gender										
<i>IPP/FP Screening Criteria</i>										
Was testing done with last pelvic										
Did the client have UA/CT test										
Were screening criteria met										
Lab slip info same as chart info										
STD/HIV risk assessment done										
<i>Positive CT Timely Treatment</i>										
Attempt to notify client in 1 week										
Did client have Rx in 30 days										
IPP/CDC Rx Guideline followed										
Were condoms offered/dispensed										
<i>Partner Management (PM)</i>										
Charted that PM is discussed										
F/U charting about PM /Rx										
<i>Client Education Documented</i>										
About Chlamydia										
About Chlamydia Treatment										
About Risk Reduction										
<i>Rescreening (if service offered)</i>										
Was rescreening discussed										
Did client RTC for rescreening										
Did clinic track rescreening										
CT lab slip correct for rescreening										

Additional Comments to Charts Reviewed:

Chart #1	Chart #6
Chart #2	Chart #7
Chart #3	Chart #8
Chart #4	Chart #9
Chart #5	Chart #10

Additional Quality Assurance that clinic staff should monitor and document:

1. In-house regular chart audits/review of charts by management and staff.
2. Reporting of clients with positive results as required by state law.
3. Lab log documentation as required by CLIA.
4. The number of contacts to a + CT client is documented in the client medical record.
5. The clinic has current protocols for CT screening, Rx, and F/U that reflect current practice and meet Region X IPP Guidelines.
6. STD/HIV prevention counseling is included in client education plans and documented in medical records.