1.8.4 TRIENNIAL SITE REVIEW

POLICY:

The ND FPP program director will schedule the dates of the site assessment with the subrecipient family planning director every third year. This review will address the administrative, financial, clinical and community involvement components of each agency and the compliance with Title X guidelines. Site reviews will occur in person at the subrecipient agency, virtually or a combination of both.

PROCEDURE:

At least 8 weeks prior to the planned review, the subrecipient family planning director will receive the following:

- Cover letter and/or email explaining the schedule and purpose of the site review
- Agenda with time frames for completion of the review
- Program Review Self-Assessment
- Chart Review Tool
- Clinician Review Form

Evaluation methods to be utilized during the site assessment include:

- OPA Program Review Tool with site review for compliance in all areas
- Chart review tool and direct clinician observation
- CVR submissions data

Following the site review, the subrecipient will be provided a listing of findings and recommendations for modifications to increase compliance with Title X requirements at both the exit interview and the site review report.

A final report will be sent to the subrecipient within 6-8 weeks following the site assessment. The final report components include a cover letter, finding(s), recommendation(s) and/or clarification(s) and summary of chart review finding(s).

Subrecipients must then submit a time-framed action plan within six weeks of receipt of its site assessment final report. Any requirement(s), recommendation(s) and suggestion(s) must be addressed in the report.

ND FPP will determine if the action plan is acceptable or if follow-up is needed. A revisit may be scheduled as appropriate to review any needed corrections.

Chart review:

As a component of the triennial site review, a range of 15-20 charts (depending on the number of clients seen at that agency) from the previous year will be reviewed by the program director, nurse consultant and contracted mid-level clinician using the Chart Review Tool.

The selection of charts will be chosen randomly from a data request report from Ahlers and may include preventative health visits, male visits, women > 50 years of age, pregnancy tests, STI visits, adolescent client visits, problem visits, insured clients, uninsured clients, and a variety of income levels.

A variety of charts from all clinical staff will be assessed. Telemedicine visits will be assessed if service sites provide this service.

Corresponding CVR forms from the above charts will also be reviewed.

Chart review will assess the completeness of documentation on all core components of the Title X program, the correlation of chart documentation with CVR entries, and that client care follows established policies, protocols, and recommendations from OPA, CDC and major medical associations.

Subrecipients will be provided with a listing of chart review findings and recommendations for modifications to increase compliance with Title X requirements at both the exit interview and the site review report.

Direct Clinician Observation:

As a component of the triennial site review, the CMC will directly observe client encounters by the agency clinicians. Ideally, these client encounters will include a variety of types of encounters.

Direct client observation includes the components of client-centered care, physical assessment, specimen collection, procedures, client counseling and education, use of appropriate protocols, and completed documentation of the visit.

The Clinician Review Form will be used for direct client observation visits.

After completion of the direct observations and the review form, the clinician and CMC will sign and date the form. The clinician, subrecipient family planning director and state nurse consultant will receive a copy of the form.