



## 1.8 QUALITY ASSURANCE / QUALITY IMPROVEMENT

### **POLICY:**

Develop and implement a quality improvement and quality assurance plan that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess patient satisfaction. (PA-FPH-22-001 NOFO)

Address oversight and service provision at the recipient level, the subrecipient level, and the service site level within their QI/QA plan. (PA-FPH-22-001 NOFO and FY 22 Notice of Award Special Terms and Requirements)

Submit a Family Planning Annual Report (FPAR). Recipients are expected to use the FPAR data to inform their QI/QA activities. (PA-FPH-22-001 NOFO and FY 22 Notice of Award Special Terms and Requirements)

Subrecipients are expected to participate in QA and QI activities related to Title X services.

### **PROCEDURE:**

The QA Committee, chaired by the state nurse consultant, comprises representatives from each subrecipient, contracted midlevel clinician, and the state program director. The committee convenes quarterly and as needed. Meeting minutes will be provided to all committee members and subrecipient directors following each QA Committee meeting.

During the final meeting of the year, a summary of the year's activities and findings will be presented. Committee members will be invited to identify any recurring themes or insights and to suggest potential quality improvement initiatives for the upcoming year.

Resulting QA/QI activities may be subrecipient-specific or they may engage several or all subrecipients as part of a network-wide improvement project.

A summary of the year's activities and findings may be determined through, but not limited to, any of the following:

- Subrecipient or recipient progress reports
- Subrecipient family planning director meetings
- Subrecipient 1:1 meetings
- Biannual Chart Review/Audit results
- Biannual Internal Medical Audit (IMA) results
- Annual clinician/physician peer reviews
- New provider orientation/direct observation
- Client Satisfaction Surveys
- Subrecipient triennial reviews with chart reviews and clinician observation

Effective Date: September 2025

Last Reviewed: August 2025, August 2024, July 2023

Next Scheduled Review: August 2026



- Areas of Improvement (AOI) determined during a federal review
- FPAR data

### **Framework for Program Evaluations**

The ND FPP follows the Recommendations for Providing Quality Family Planning (QFP) Services, which defines what services to provide and how to do so and thereby provides a framework by which program evaluation can be developed. The ND FPP also follows QFP that defines 'quality' care and describes how to conduct quality improvement processes so that performance is monitored and improved on an ongoing basis. Quality Improvement activities should be overseen by the state and occur at both the grantee and subrecipient level.

The ND FPP utilizes an established set of clinical, administrative, and programmatic standards:

- ND FPP Policy and Procedure Manual (reviewed annually)
- ND FPP Protocol Manual (reviewed annually)
- Office of Population Affairs (OPA) Program Review Tool (PRT)

The ND FPP maintains a written plan for monitoring the delivery of all services described in approved grant application and grant application work plan, including monitoring of subrecipients.

Subrecipients are required to submit monthly, quarterly, semi-annual, and annual reports to the state office as outlined in the ND FPP policies and procedures, protocols and subrecipient reporting schedule.

### **RESOURCES:**

ND FPP website:

<https://www.hhs.nd.gov/cfs/family-planning/grantees>

Subrecipient Reporting Schedule

<https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Family%20Planning/Grantees/References/Subrecipient%20Reporting%20Schedule%208.2024.pdf>

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