

Improving the Quality of Chart Documentation: Findings from the Family PACT 2007 Medical Record Review

The Bixby Center for Global Reproductive Health at the University of California, San Francisco (UCSF) conducts a medical record review (MRR) every three to four years to assess the quality of clinical care in the Family PACT Program¹. The goal of this review is to assess whether the services provided were consistent with the Family PACT Program Standards, whether the quality of services delivered varied over time, and whether there are differences in scope and quality of services by client and provider characteristics. Medical records were assessed for documentation as an indicator of quality of care delivered. Several areas were identified where more complete documentation was needed:

- Contraceptive and Sexual History
- Clients with Primary Health Care Issues - Usual Source of Care
- Pregnancy Test Results and Options Counseling
- Documentation of Intrauterine Contraceptive (IUC) Types and Follow-up after Removal
- Preconception Care
- Education and Counseling Services
- Limited English Proficiency (LEP) clients

Contraceptive and Sexual History

The 2007 MRR indicated that while medical history checklists were found in 76% of female records and 70% of male records, only 77% of the female checklists and 70% of the male checklists included contraceptive and sexual histories.

Family PACT Standard F. Clinical and Preventive Services 1.a. requires “a comprehensive health history... including ...a complete family history, personal medical (history), sexual and contraceptive history...” Providers may want to consider using the Family PACT history form, which is available on the Family PACT website, to ensure that all required areas are addressed during the history.

Clients with Primary Health Care Issues-Usual Source of Care

In cases where the client presented with a primary care concern, the usual source of care was not documented in 38% of the charts. In most cases, the Family PACT provider was the usual source of care for non-reproductive concerns. The usual source of care must be noted in the chart, whether it is the Family PACT provider or another provider.

Pregnancy Test Results and Options Counseling

Although the vast majority of pregnancy tests had results and follow-up documented, the method of contraception at the beginning of the visit and the last menstrual period (LMP) frequently were not documented at the time of a pregnancy test. This indicates a lack of documented medical indication for performing the test, as defined in the program standards. As a quality of care issue, providers should document medical indication for testing.

Family PACT Standards state that positive pregnancy test results should be followed by options counseling that includes

This Issue

- *Improving the Quality of Chart Documentation*
- *Recommendations for improving quality of care*
- *Pre Printed Forms*
- *Tools and Resources*

information about prenatal care, adoption, and pregnancy termination services. Ninety percent (90%) of the charts demonstrated documentation of options counseling or referrals for positive test results. Less than 46% of these charts contained specific chart notations that comprehensive pregnancy options counseling was provided.

Documentation needs to clearly indicate that all three required topics were discussed with the client.

The number of charts lacking documented counseling after a positive test was higher in the group of LEP women who needed an interpreter to bridge the language gap.

Documentation of IUC Types and Follow-up after Removal

Nearly a third of IUC insertion visits did not contain information on the type of IUC and/or the lot number as stated in the Provider Responsibilities section of the Family PACT Policies, Procedures and Billing Instructions Manual (PPBI). Notations of a pre-insertion pelvic exam also were inconsistent. Improved record keeping during IUC insertion will facilitate appropriate follow-up counseling and management of side effects.

Reference:
 1. Thiel de Bocanegra, H., Rostovtseva, D., Menz, M., Karl, J., and Darney, P. *The 2007 Family PACT Medical Record Review: Assessing the Quality of Services*. Sacramento, CA: Bixby Center for Global Health. University of California, San Francisco. 2008

Similar to IUC insertions, IUC removal visits often did not contain information that would prove to be useful to continuity of care. Documentation of the type of IUC that was removed, length and experience with IUC use, and reasons for removal, including pregnancy intention and plans for contraception, facilitate a more accurate assessment of client preferences and better contraceptive counseling in future visits.

Preconception Care

Family PACT promotes optimal reproductive health among women who are planning families; therefore preconception counseling must be part of the Family PACT visit, when appropriate. Family PACT Standard G. Education and Counseling, items 1.a and 3.b. require that clients who desire to become pregnant receive preconception care counseling to optimize their health before and during pregnancy and to help them have a healthy baby. To explore how often preconception counseling was provided, the MRR looked for documentation suggestive of preconception care, such as folic acid use, or a general note that preconception counseling was provided. A total of 5% of the charts in the study had documentation of counseling on either preconception care, folic acid use or both. Of visits with education and counseling on folic acid use and/or preconception care, 70% included documentation that the client received health education materials.

Preconception care is a relatively new term. In order to integrate preconception care counseling into their practice, providers may want to consider the following: (1) start folate supplementation, (2) offer HIV serology for at risk or never screened women, and (3) in consultation with a Primary Care Provider, or by referral, seek glucose control in diabetes, and switch use of Food and Drug Administration category C and D drugs to category B. Keep in mind, however, that other than HIV testing, these suggestions are not covered benefits in the Family PACT Program. Providers may also find it helpful to refer to the Clinical Practice Alert on Preconception Care, which is available for downloading from the Family PACT website.

Education and Counseling Services

Over a quarter of the visits matched to a claim for education and counseling lacked chart documentation to justify reimbursement, suggesting the need for quality improvement intervention. Use of a form during education and counseling visits that lists expected topics and associated key details in accordance with Family PACT standards for education and counseling services would improve the quality of chart documentation.

Family PACT Standards do not require documentation of interpretation needs or of the strategies used to address them. Nevertheless, the MRR identified in a number of visits that either a staff interpreter was present at the visit or that the provider was bilingual. The MRR found several quality indicators to be compromised when interpreters were used in interactions with LEP clients compared to interactions in which providers spoke the clients' language. Specifically, clients who were assisted by an interpreter other than a bilingual provider were significantly less likely to have the following documentation in their charts:

- sexually transmitted infection (STI) risk assessment;
- counseling or referrals after a positive pregnancy test; or
- education and counseling services on reproductive health and other topics.

Providers are encouraged to document how they address the language interpretation needs of their clients. In order to provide quality Family PACT services to LEP clients, some suggestions are:

- a. Flag charts of LEP clients so you will know early enough to plan for an interpreter or bilingual staff
- b. Schedule LEP clients when interpreters or bilingual staff are available
- c. Document what language the visit was conducted in

Recommendations for Improving Quality of Care

In order to improve the quality of care you provide to your clients, include a brief discussion about your client's reproductive life plan and her intentions about pregnancy. This will help you target the counseling and care you give your clients and assist them in achieving their personal reproductive health goals. This too, should be documented in the client's chart. Below are examples to help guide you in your discussions:

(1) Reproductive Life Plan: Some questions to ask

- Do you wish to have any (more) children?
- How many children do you wish to have?
- How long do you plan to wait until you (next) become pregnant?
- How much time do you plan to have between your pregnancies?
- What are your plans about contraception until you are ready to become pregnant?
- What can I do today to help you achieve your plan?

(2) Pregnancy Intention: Suggestions for integration into a clinic visit

- Screen women for their intentions to become or not become pregnant in the short- and long-term and their risk of conceiving a pregnancy.
- Every woman should receive counseling about all methods of contraception and emergency contraception.
- Educate clients about how a reproductive life plan impacts contraceptive medical decision-making.

Pre-Printed Forms

Pre-printed forms and checklists can prompt the delivery of key program services and support the documentation of essential record keeping. They are superior to long-hand written forms which are less consistent in how they are used and are harder to read. Pre-printed forms standardize the content of the medical visit from one clinician to another, improve data collection and quality improvement auditing, and can facilitate on-the-spot Evaluation & Management computation. Additional advantages of pre-printed forms are that they: prompt the clinician for important elements for each visit, reduce the writing required, and improve legibility. Finally, they are a prelude to the electronic medical record (EMR).

One pre-printed form that is available to Family PACT providers is the English female version of the medical exam form, which is described below. There is also an English male medical exam form, as well as Spanish female and male medical history forms available from the Family PACT website.

Family PACT Pre-Printed Female Medical Exam Form

FEMALE MEDICAL EXAM

Name _____ Age _____ Date _____

ALLERGIES _____ NKDA

SUBJECTIVE
 Chief complaint/Purpose of visit _____
 G _____ P _____ TAB _____ SAB _____ Ectopic _____ LMP _____ LNMP _____
 Current RCM _____ Since _____ Date of last pill/injection _____
 Currently breast feeding? Yes No
 BCM desired _____
 Last unprotected intercourse (UPIIC) _____ EC used? _____
 STD risk factors (past 12 months or since last visit/risk assessment): None Not assessed
 Known/suspected exposure Inconsistent condom use (<100%)
 New or >1 partner Personal/partner IDU
 Possible non-monogamous partner Hx of STD diagnosis
 Staff signature: _____ Title: _____ Time: _____
 Present history: _____

OBJECTIVE
 Vital signs: WT _____ HT _____ BM _____ BP _____ T _____ P _____

PHYSICAL EXAM	NL	ABN	Not Done	Description
Neck/Thyroid				
Heart				
Lungs				
Breast <input type="checkbox"/> BSE reviewed				
Abdomen				
GYN: Ext. genitalia				
Urethral meatus				
Urethral/bladder				
Vagina				
Cervix				
Uterus				
Adnexae				
Anus/perineum				
Other: _____				

Physical exam not performed: Not indicated _____ Patient declines _____
 None elsewhere _____ Records request _____

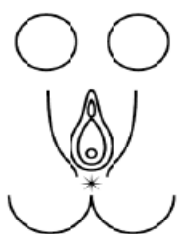
MEDICAL DECISION MAKING
 Assessment: _____

 Plan: BCM _____

 Referral/ Consultation _____ RTC _____ /PRN
 Rx dispensed _____
 >50% of visit was counseling/coordination of care. Clinician time: _____

Clinician signature: _____
 Print name: _____ Date/Time: _____

April 2008


Family PACT
Community Health Center of the Future
www.familypact.org

Family PACT History and Exam Forms:

In 2006, OFP developed and disseminated model reproductive history and exam forms for males and females to improve chart documentation.

The forms are downloadable from the Family PACT website and may be adapted and personalized by providers.

It is anticipated that the adoption of these standardized forms will facilitate more complete documentation of reproductive health history including contraceptive use among male clients, assessment of usual source of care, and STI risk assessment.

Tools and Resources

(1) Health Record Documentation Resources

- Improving the Quality of Chart Documentation: Findings from the 2007 Medical Record Review Webcast
<http://www.familypact.org/en/Providers/provider-training/family-pact-previously-recorded-webcasts/ImprovingTheQualityOfChartDocumentation.aspx>
- Medical Exam and History Forms
<http://www.familypact.org/en/Providers/provider-resources.aspx>
- Tips for Chart Documentation in Your Family PACT Practice
<http://www.familypact.org/en/Providers/provider-resources.aspx>
- 2007 Family PACT Medical Record Review
Thiel de Bocanegra, H., Rostovtseva, D., Menz, M., Karl, J., and Darney, P. *The 2007 Family PACT Medical Record Review: Assessing the Quality of Services*. Sacramento, CA: Bixby Center for Global Health. University of California, San Francisco. 2008

(2) Usual Source of Care and Referrals

- Medical History tool with question on usual source of care
- Primary Care Provider Listing
- Family PACT Referral
- Referral Network Sheet
- Tips for Referring and Rendering Providers
- Sending Family PACT Client Information to the Lab
- Sending Family PACT Client Information to the Pharmacy
 - Sample Letter to Pharmacy
<http://www.familypact.org/en/Providers/provider-resources.aspx>

(3) Pregnancy Testing and Preconception Care

- Preconception Care: New Guidelines, New Opportunities Webcast
<http://www.familypact.org/en/Providers/provider-training/family-pact-previously-recorded-webcasts/PreconceptionWebcast.aspx>
- Clinical Practice Alert: Urine Pregnancy Testing in the Office
<http://www.familypact.org/en/Providers/clinical-practice-alerts.aspx>
- Clinical Practice Alert: Preconception Care And Family Planning Services
<http://www.familypact.org/en/Providers/clinical-practice-alerts.aspx>

(5) IUC Insertion/Removal

- Mirena Product Information
<http://www.mirena-us.com/index.jsp>
- Paragard Product Information
<http://www.paragard.com/paragard/index.php>
- Clinical Practice Alert: Intrauterine Contraceptives
<http://www.familypact.org/en/Providers/clinical-practice-alerts.aspx>
- IUC Procedure Screening Notes
<http://www.familypact.org/en/Providers/provider-resources.aspx>

(4) Providing services to Limited English Proficient (LEP) Clients

- The California Endowment
<http://www.calendow.org/>
- Connecting Worlds Curriculum (interpreter training)
<http://www.palsforhealth.org/interptraining.htm>
- California Healthcare Interpreters Association
Provides an online copy of the “California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Intervention”
www.interpreterschia.org/index.htm
- Health Care Interpreter Training in the State of California (includes an analysis of trends and a compendium of training programs)
http://www.hablamosjuntos.org/pdf_files/HealthInterpreterTraining030703.pdf



Visit the Family PACT Website at www.familypact.org or call 1-877-FAMPACT

(1-877-326-7228) for information about the program.