

A3.5 – QUALITY ASSURANCE & QUALITY IMPROVEMENT

Purpose

The purpose of this policy is to describe Iowa HHS process for ensuring compliance (including SRs and service sites) with the expectation to develop and implement a Quality Assurance (QA)/ Quality Improvement (QI) 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).

Policy

The Iowa HHS Title X Program will ensure that there is a QA/QI plan in place 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.

Procedure

The Iowa HHS Title X Program will ensure that all contracted SRs and service sites follow the outlined QA/QI plan below at a minimum. Iowa HHS will review the QA/QI plan with SRs on an annual basis and share updates/changes as appropriate.

SRs are required to share the QA/QI plan with Title X staff and need to have in plan in place of how updates will be shared and how staff can access the policy. SRs are also allowed to add in additional projects and the following should be considered:

- Process for identifying QA/QI topics.
- The frequency with which each QA/QI topic is reviewed.
- How QA/QI outcomes are followed up on and/or monitored.
- Process for notifying staff about this policy.
- Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
- How staff are trained and updated on changes to this policy.
- How staff can access this policy (location of paper and/or electronic versions).

Goal	Activity	Timeline	Responsible
MONTHLY			
Monitor encounter level data and ensure it is accurately collected and reported	Demographics report will be ran monthly and shared out with SRs	April 1, 2024- March 31, 2025	SRs and Nafla
Review number of counts entered	Review screening data that SRs enter into IowaConnected on a monthly basis	April 1, 2024- March 31, 2025	SRs, Lindsey and Nafla
Each SR will implement and maintain a client satisfaction survey	Each SR will distribute the client satisfaction survey to each person that receives a service. This can be done electronically or paper form. Iowa HHS will provide quarterly data results.	April 1, 2024- March 31, 2025	SRs and Nafla
Quarterly			
Iowa HHS will monitor program data on STI testing rates	Iowa HHS will review the number of clients who were tested within a 12 month period and # of reported positive results	April 1, 2024- March 31, 2025	SRs, Sommer and Nafla
Iowa HHS will monitor program data on utilization of One Key Question during client encounters	Iowa HHS will compare the number of total agency visits to the number of reported encounters where OKQ was asked	April 1, 2024- March 31, 2025	SRs, Sommer and Nafla
Iowa HHS will monitor data entry for FPAR data elements	FPAR report will be ran quarterly and shared out with SRs	April 1, 2024- March 31, 2025	SRs and Nafla

ANNUAL			
SRs will increase the # of clients served by 3% from Year 2	Review screening data that SRs enter into IowaConnected on a monthly basis	April 1, 2024- March 31, 2025	SRs, Lindsey and Nafla
Each agency will have a clinical chart audit completed (internally or externally)	<p>Internal: Select agencies will be required to complete an internal chart audit on an annual basis. Agency will receive 60 days notice. A summary of findings is due after the internal chart audit to be uploaded to IowaGrants.</p> <p>External: Select agencies will be contacted about an external chart audit which will be part of the required site visit</p> <p>Iowa HHS chart audit tool will be used for both types of audits</p>	<p>April 1, 2024- March 31, 2025</p> <p>-RH June 17, 2024 (external chart audit)</p> <p>-NICA0 September 20 (external chart audit)</p> <p>-Internal chart audit guidance will be released in October and due December 31.</p>	SRs, Lindsey, Sommer and Nafla
Two out of the three new SRs will have an in-person site visit to assess program implementation	Title X federal review tool will be used to assess implementation of services for the new Title X agencies	June 1, 2024- November 15, 2024	SRs, Lindsey, Sommer and Nafla

Each SR will clean up any required data elements needed for final FPAR submission	Nafla will run a report to determine what data fields need cleaning	January 1, 2024-February 15, 2025	SRS, Nafla
As Needed			
Iowa HHS will update Title X Policies as needed	<p>Iowa HHS will update policies individually as needed and ensure the date of the policy is updated prior to updating the FP portal</p> <p>-Iowa HHS will send out an email to SRs to notify them of the change</p> <p>Iowa HHS will email the communications team to upload the new PDF file into the FP portal</p>	April 1, 2024-March 31, 2024	SRs, Lindsey and Sommer

Date Created	September 2024
References	<p>Title X Program Handbook, Section 3, Quality Improvement and Quality Assurance #3 https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=27) FY 22 Notice of Award Special Terms and Requirements</p> <p>FY 22 Notice of Award Special Terms and Requirements</p>
Additional Resources	