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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02924 (03/2022) | | **STATE OF WISCONSIN** |
| **CLINICAL CHART REVIEW TOOL** | | |
| Clinic/Agency Name | | |
| **Purpose** | | |
| Clinical Chart Reviews are an essential component of ensuring that family planning services are delivered in compliance with Wisconsin Department of Health Services (DHS) Reproductive Health Family Planning (RHFP) program requirements, [Title X program regulations](https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6)[[1]](#footnote-1) and consistent with U.S. Office of Population Affairs (OPA) [Title X Statutes and Legislative Mandates](https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates)[[2]](#footnote-2), and [Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w)[[3]](#footnote-3).  The Clinical Chart Review tool provides a mechanism for service delivery quality assurance and inspires quality improvement initiatives. The quality indicators are representative of program requirements, should not be considered exhaustive, and are subject to modification and future updates. | | |
| **Organization** | | |
| The Clinical Chart Review Tool provides space for the reviewer to evaluate whether evidence of the quality indicator is “Met” or “Not Met”. The clinician under review as well as the reviewer are encouraged to insert comments to enhance understanding of clinical processes.  Quality indicators are organized as follows: | | |
|  | Quality indicators that demonstrate compliance with Wisconsin Family Planning Services State Statutes [253.07](https://docs.legis.wisconsin.gov/statutes/statutes/253/07) and [253.075](https://docs.legis.wisconsin.gov/statutes/statutes/253/075) and Administrative Codes [105.36](https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/36) and [107.21](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%20107.21)[[4]](#footnote-4) are highlighted in the green section. | |
|  | Quality indicators that demonstrate compliance with Title X program requirements derived from [42 CFR 59.5](https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15)[[5]](#footnote-5) are highlighted in the orange section. | |
|  | Quality indicators that demonstrate compliance with the program recommendations outlined in [QFP](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w#Tab2) are highlighted in the blue section. | |
| **How to use** | | |
| Use this tool to evaluate an individual chart for compliance with quality indicators. With the exception of the first section, which is relevant for all clients, this tool is organized in sections by client characteristics and service provided. *For example,* while reviewing the chart for a 16-year-old female encounter for birth control, a reviewer may utilize multiple sections of this review tool: all family planning clients, adolescent, pregnancy test (negative or positive), and female-specific screening. Thus, not all sections will need to be completed for each client. **The review should focus on measures that are relevant to the specific client encounter.** | | |
| **Instructions for chart audits** | | |
| **For clinic staff during ongoing operations** | | |
| * Insert clinic/agency name and other details where indicated. * Use the tool to review at least five charts to ensure review of at least one chart in each of the following categories: adolescent client, female client, male client, positive pregnancy test and negative pregnancy test. **Note:** [this tool](https://www.surveysystem.com/sscalc.htm?_sm_au_=iVV4sZ7VQZ5N5M4NBLQtvK7BJGKjp) may be used to determine sample size needed to attain target confidence levels. Review charts from various providers. * Subrecipient clinic staffshould complete on an ongoing basis. Use these opportunities to identify patterns indicating systemic concerns or individual situations that need to be addressed. This provides a chance for the site/agency to identify areas of improvement. | | |
| **In preparation for an annual site visit with Wisconsin DHS RHFP Nurse Consultant** | | |
| You will be asked to complete the above process and submit five representative charts to the WI DHS RHFP Nurse Consultant. The RN Consultant will familiarize herself with your chart reviews prior to the annual site review. The site review will serve as an opportunity to discuss chart review findings as well as provide training and technical assistance. | | |

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| Unique client identifier (i.e., medical record number): | Encounter Date: |
| Encounter details:  All  Adolescent/Minor  Positive Pregnancy Test  Negative Pregnancy Test  Female  Male | |
| **All Family Planning Clients** | |

| **Quality indicator** | **Met** | **Not Met** | **N/A** | **Comments** |
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| Wisconsin RHFP Criteria | | | | |
| Documentation Practices: | | | | |
| All pages/screens of the medical record contain: | | | | |
| 1. Clinic/Agency Name and Address |  |  | - |  |
| 1. Client information (Name, DOB, client identifier) |  |  | - |  |
| “No Contact” or confidential client records are clearly documented on the medical record, including client’s preferred methods of contact |  |  |  |  |
| Documentation of client demographics includes: | | | | |
| 1. Age |  |  | - |  |
| 1. Sex assigned at birth |  |  | - |  |
| 1. Race |  |  | - |  |
| 1. Ethnicity |  |  | - |  |
| 1. Income Level |  |  | - |  |
| 1. Principal Health Insurance Coverage Status |  |  | - |  |
| 1. Limited English Proficiency (LEP) |  |  | - |  |
| Is there a signed and dated HIPPA Consent? |  |  | - |  |
| Is there a signed and dated Consent for Services form in the chart? |  |  | - |  |
| Are results from all laboratory tests performed documented in the chart? |  |  |  |  |
| If the client received any reproductive health family planning care from another provider, does documentation show that records were requested and reviewed? |  |  |  |  |
| Are all encounters and medical record forms signed and dated by provider and patient where necessary? |  |  |  |  |
| The Distribution Log documents all supplies, with prescription numbers, that were distributed? |  |  |  |  |
| Clinical Care and Services |  |  |  |  |
| Is there a completed health history in the record? |  |  |  |  |
| Were the following history/assessment/education/anticipatory guidance completed and documented, when indicated? | | | | |
| Medical/Family/Social/Sexual health history |  |  |  |  |
| Height, weight, blood pressure and BMI (Body Mass Index) |  |  |  |  |
| After hours ER instructions |  |  |  |  |
| Reproductive Coercion screening |  |  |  |  |
| Intimate partner violence screening |  |  |  |  |
| Nutrition |  |  |  |  |
| Smoking/Drug/Alcohol Use |  |  |  |  |
| Depression/Social Support |  |  |  |  |
| Immunizations (HPV) |  |  |  |  |
| Method-specific instructions |  |  |  |  |
| Zika screening (with appropriate referral made if necessary) |  |  |  |  |
| Was the client assessed using Selective Screening Criteria (SSC)[[6]](#footnote-6) for Chlamydia/Gonorrhea testing? | | | | |
| ***If the client met one or more SSC for Chlamydia/Gonorrhea,*** were they tested at the visit? |  |  |  |  |
| Was special age criteria used on the WSLH test requisition for Chlamydia/Gonorrhea? |  |  |  |  |
| If additional STD services are indicated, were all [CDC guidelines](https://www.cdc.gov/std/tg2015/default.htm)[[7]](#footnote-7) followed? |  |  |  |  |
| Was client a NEW patient? | | | | |
| ***If Yes:*** Did the new client receive the standard dual protection kit? |  |  |  |  |
| Was client an ESTABLISHED patient? | | | | |
| ***If Yes:*** Was the client ‘s need for the following supplies assessed at the encounter? | | | | |
| 1. Emergency Contraception (EC) |  |  |  |  |
| 1. External (male) condoms |  |  |  |  |
| 1. Internal (female) condoms |  |  |  |  |
| Clinical services aligned with approved protocols |  |  |  |  |
| Is a completed Education/Counseling/Coordination of Care form in the record? |  |  |  |  |
| Is there documentation for education/counseling interventions? |  |  |  |  |
| Is the face-to-face time and education/counseling time documented? |  |  |  |  |
| Are all desired outcomes clearly documented in the “Comments/Action Plan” area of the Coordination of Care forms? |  |  |  |  |
| Client was provided referrals when medically indicated |  |  |  |  |
| Referrals were made based on documented specific conditions/issues |  |  |  |  |
| Had this client received services beyond the first 12 months? | | | | |
| ***If Yes*:** Did the client receive an Annual Health Assessment Visit within the past 12 months? |  |  |  |  |
| Payment for services | | | | |
| If the client **was not** previously enrolled in Badgercare/FPOS (Family Planning Only Services): | | | | |
| Was the client screened for eligibility for FPOS? |  |  | - |  |
| If eligible, was the client temporarily enrolled (TE)? |  |  |  |  |
| Did the clinic submit continuous enrollment (CE) application for the client? |  |  |  |  |
| Did the clinic submit documentation for the client? |  |  |  |  |
| Did the client obtain continuous enrollment (CE)? |  |  |  |  |
| If the client **was** already enrolled in Badgercare/FPOS, was the client advised of impending expiration/deadlines? |  |  |  |  |
| By the end of the visit, did the client have a pay source (e.g. BadgerCare/FPOS, Private Insurance/Sliding Fee Scale/FPL<100%)? |  |  | - |  |
| Billing | | | | |
| 1. Does the client chart provide adequate documentation to assign correct billing codes for supplies, services and the office visit? |  |  | - |  |
| 1. Did the client receive a copy/receipt of the charges? |  |  |  |  |
| 1. Is the pay source documented on the billing sheet? |  |  |  |  |
| 1. Is documentation for the health professional shortage area (AQ modifier) on the billing sheet? |  |  |  |  |
| **Link to QFP** *These criteria will be assessed via observation of counseling process when possible, with staff interviews and review of educational materials as an alternative when direct observation is not possible. Reviewers should note method for determining compliance with the principles of the QFP.* | | | | |
| [Providing Quality Counseling:](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a4.htm#AppendixC)[[8]](#footnote-8) | | | | |
| Establish and maintain rapport with the client |  |  |  |  |
| Assess the client’s need and personalize the discussions accordingly |  |  |  |  |
| Work with the client interactively to establish a plan |  |  |  |  |
| Provide information that can be understood and retained by the client |  |  |  |  |
| Confirm client understanding |  |  |  |  |
| Was client assessed for current method(s) of birth control? |  |  |  |  |
| Was the client’s reproductive plan assessed appropriately, utilizing Reproductive Life plan, Client-centered counseling, [Person-Centered Contraceptive Counseling (PCCC)](https://pcccmeasure.ucsf.edu/)[[9]](#footnote-9) or other appropriate screening? |  |  |  |  |
| **Title X General Criteria** | | | | |
| Client has signed a general consent form stating that receipt of family planning services is: | | | | |
| Provided on a voluntary basis |  |  |  |  |
| Confidential |  |  |  |  |
| Not a prerequisite to receipt of any other services offered |  |  |  |  |
| Client offered a broad range of acceptable and effective family planning methods and services |  |  |  |  |
| Clinic has documented policy, patient bill of rights, or public statement that client will not be denied services or be subject to any variation in quality of services because of inability to pay |  |  |  |  |
| Clinic has a documented procedure ensuring that reasonable efforts to collect charges without jeopardizing client confidentiality must be made |  |  |  |  |

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| **Adolescent/Minor Clients** | | | | |
| **Quality Indicator** | **Met** | **Not Met** | **N/A** | **Comments** |
| **Wisconsin RHFP Criteria** | | | | |
| Sexual Assault/Abuse Screening for reportable conditions under Wisconsin Law [48.981(2m)](https://docs.legis.wisconsin.gov/statutes/statutes/48/xxi/981/2m)[[10]](#footnote-10) are documented |  |  |  |  |
| Link to QFP *These criteria will be assessed via observation of counseling process when possible, with staff interviews and review of educational materials as an alternative when direct observation is not possible. Reviewers should note method for determining compliance with the principles of the QFP.* | | | | |
| Review of medical record confirms that adolescents have been counseled about: | | | | |
| 1. abstinence |  |  |  |  |
| 1. use of condoms |  |  |  |  |
| 1. contraceptive methods including LARCs |  |  |  |  |
| Service provided in [“youth friendly” manner](https://rhntc.org/resources/promoting-youth-friendly-environments-family-planning-clinics-webinar)[[11]](#footnote-11) (accessible, acceptable, appropriate, comprehensive, effective, and efficient) |  |  |  |  |
| Title X General Criteria | | | | |
| Adolescent was encouraged to involve family in their decision to seek family planning services |  |  |  |  |
| Counseling on how to resist attempts to being coerced into engaging in sexual activities documented |  |  |  |  |

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| **Positive Pregnancy Test** |

| **Quality Indicator** | **Met** | **Not Met** | **N/A** | **Comments** |
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| **Wisconsin RHFP Criteria** | | | | |
| Is the pregnancy test result documented? |  |  | - |  |
| Was the client offered proof of pregnancy? |  |  | - |  |
| Was the client screened for pregnancy desires? |  |  | - |  |
| Did the client receive a referral for follow up care? |  |  |  |  |
| Was the [Prenatal Care Coordination (PNCC) Pregnancy Questionnaire](https://www.forwardhealth.wi.gov/kw/html/PNCCPregnancyQuestionnaire.html)[[12]](#footnote-12) (Form F1104) completed at the visit? |  |  |  |  |
| Did the client receive a formal referral for PNCC services? |  |  |  |  |
| Was there follow-up to determine status of PNCC referral? |  |  |  |  |
| Did the client receive education/anticipatory guidance on the following: | | | | |
| Test validity? |  |  |  |  |
| Information on all options? |  |  |  |  |
| Pregnancy danger signs? |  |  |  |  |
| Ectopic pregnancy signs? |  |  |  |  |
| Prenatal vitamins? |  |  |  |  |
| Postpartum condom and EC use? |  |  |  |  |
| Documentation that the client was given prenatal vitamins, or a prescription for prenatal vitamins? |  |  |  |  |
| **Prior to the visit**, did the client have (i.e., come to the visit with) pregnancy coverage (pay source)? | | | | |
| ***If no,*** was the client screened for eligibility for express enrollment (EE) in BadgerCare Plus for pregnant women? |  |  |  |  |
| Was express enrollment done at the time of the pregnancy test, when applicable? |  |  |  |  |
| Was the client informed about BadgerCare Plus enrollment? |  |  |  |  |
| **By the end of visit**, did client have a pay source (e.g. BadgerCare/FPOS or Private Insurance)? |  |  |  |  |
| Did the PNCC client receive a 3rd trimester intervention consultation through the clinic? |  |  |  |  |
| Did the client return to the clinic for contraceptive supplies post pregnancy? |  |  |  |  |
| Link to QFP *These criteria will be assessed via observation of counseling process when possible, with staff interviews and review of educational materials as an alternative when direct observation is not possible. Reviewers should note method for determining compliance with the principles of the QFP.* | | | | |
| Review of medical record demonstrates that client received appropriate counseling and are assessed regarding their social support |  |  |  |  |
| Title X General Criteria | | | | |
| Pregnant clients should be offered the opportunity to be provided information and counseling regarding pregnancy options. |  |  |  |  |
| If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling. |  |  |  |  |

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| **Negative Pregnancy Test** | | | | |
| **Quality Indicator** | **Met** | **Not Met** | **N/A** | **Comments** |
| **Wisconsin RHFP Criteria** | | | | |
| Is there documentation indicating the pregnancy test was needed? |  |  |  |  |
| Was the client screened for pregnancy desires? |  |  |  |  |
| Did the client receive education/anticipatory guidance on the following: |  |  |  |  |
| Test validity? |  |  |  |  |
| Preconception Planning? |  |  |  |  |
| Reproductive Life Plan/client-centered counseling |  |  |  |  |
| Was the client currently using a method of birth control at the time of the pregnancy test? | | | | |
| ***If no,*** did the client receive a birth control method of their choice at the time of the pregnancy test (same-day contraception)? |  |  |  |  |
| ***If no,*** *w*as Quick Start used to start birth control? |  |  |  |  |
| Link to QFP *These criteria will be assessed via observation of counseling process when possible, with staff interviews and review of educational materials as an alternative when direct observation is not possible. Reviewers should note method for determining compliance with the principles of the QFP.* | | | | |
| Please see above criteria | | | | |
| Title X General Criteria | | | | |
| Please see above criteria | | | | |

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| **Checklist of Family Planning and Related Preventive Health Services for Female** | | | | |
| **Quality Indicator** | **Met** | **Not Met** | **N/A** | **Comments** |
| **Wisconsin RHFP Criteria** | | | | |
| Per the [ASCCP Risk-Based Management Consensus Guidelines](https://app.asccp.org/?token=278686f1-9e62-49ac-9e15-618c8c2ab816#p4),[[13]](#footnote-13) did the client require a pap? | | | | |
| ***If Yes****,* was a pap done? |  |  |  |  |
| Is a completed Education/Counseling/Coordination of Care form in the record? |  |  |  |  |
| If indicated, was Quick Start used to start birth control? |  |  |  |  |
| If indicated, a prescription number & order is in the chart for: | | | | |
| Emergency contraception |  |  |  |  |
| External (male) condoms |  |  |  |  |
| Internal (female) condoms |  |  |  |  |
| Birth control method of patient choosing, unless medically contraindicated [US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016](https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html) [[14]](#footnote-14) |  |  |  |  |
| Were the following female-specific history/assessment/education/anticipatory guidance completed and documented, when necessary? | | | | |
| ACHES (Nursing Screening for patients on OCs: Abdominal pain, Chest pain, Headache, Eye problems, Severe calf or thigh pain) |  |  |  |  |
| Package insert provided for method of birth control |  |  |  |  |
| Link to QFP *These criteria will be assessed via observation of counseling process when possible, with staff interviews and review of educational materials as an alternative when direct observation is not possible. Reviewers should note method for determining compliance with the principles of the QFP.* | | | | |
| Screenings, lab tests, physical exams, and assessments (whether comprehensive or focused), were provided as necessary according to clinical need and indication.  The services noted above should be provided in accordance with the appropriate clinical recommendation, considering purpose of visit: Contraceptive services, pregnancy testing and counseling, basic infertility services, preconception health services, STD services, and/or related preventive health services.  These recommendations can be found in [QFP Table 1](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w#Tab1)[[15]](#footnote-15) (exams and lab tests indicated for visits to initiate a new method of reversible contraception) and [QFP Table 2](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w#Tab2) [[16]](#footnote-16)(Checklist of Family Planning Related Preventive Health Services).  A summary of the checklist can also be found [here](https://rhntc.org/sites/default/files/resources/fpntc_fp_prvhlth_checklist.pdf).[[17]](#footnote-17) |  |  | - |  |
| Title X General Criteria | | | | |
| Please see above criteria | | | | |
| **Checklist of Family Planning and Related Preventive Health Services for Male** | | | | |
| **Quality Indicator** | **Met** | **Not Met** | **N/A** | **Comments** |
| **Wisconsin RHFP Criteria** | | | | |
| Is a completed Education/Counseling/Coordination of Care form in the record? |  |  |  |  |
| A prescription number & order is in the chart for: |  |  |  |  |
| External (male) condoms |  |  |  |  |
| Internal (female) condoms |  |  |  |  |
| Were the following male-specific history/assessment/education/anticipatory guidance completed and documented? | | | | |
| Self-testicular exam information |  |  |  |  |
| Link to QFP *These criteria will be assessed via observation of counseling process when possible, with staff interviews and review of educational materials as an alternative when direct observation is not possible. Reviewers should note method for determining compliance with the principles of the QFP.* | | | | |
| Physical exams, and assessments (whether comprehensive or focused), as well as lab tests, were provided as necessary according to clinical need and indication.  The services noted above should be provided in accordance with the appropriate clinical recommendation, considering purpose of visit: Contraceptive services, pregnancy testing and counseling, basic infertility services, preconception health services, STD services, and/or related preventive health services.  Note: clinical indication for exams and assessments derive from [QFP Table 3](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w#Tab3)[[18]](#footnote-18) (Checklist of Family Planning Related Preventive Health Services).  A summary of the checklist can also be found [here](https://rhntc.org/sites/default/files/resources/fpntc_fp_prvhlth_checklist.pdf). |  |  | - |  |
| Title X General Criteria | | | | |
| Please see above criteria | | | | |

1. Electronic Code of Federal Regulations: [www.ecfr.gov](http://www.ecfr.gov) Title 42 🡪 Chapter I 🡪 Subchapter D 🡪 Part **§**59.5 (other subparts as applicable may be referenced) [↑](#footnote-ref-1)
2. Title X Statutes: [www.opa.hhs.gov](http://www.opa.hhs.gov) Grant programs 🡪 Title X Service Grants 🡪 Title X Statutes, Regulations, and Legislative Mandates [↑](#footnote-ref-2)
3. Quality Family Planning Recommendations: [www.cdc.gov/reproductivehealth/contraception/qfp.htm](http://www.cdc.gov/reproductivehealth/contraception/qfp.htm) [↑](#footnote-ref-3)
4. Wisconsin State Statutes and Administrative Codes <https://legis.wisconsin.gov/> (other subparts as applicable may be referenced) [↑](#footnote-ref-4)
5. Electronic Code of Federal Regulations: [www.ecfr.gov](http://www.ecfr.gov) Title 42 🡪 Chapter I 🡪 Subchapter D 🡪 Part **§**59.5 (other subparts as applicable may be referenced) [↑](#footnote-ref-5)
6. For SSC guidelines, please see Wisconsin State Laboratory of Hygiene (WSLH) Family Planning Form 3280, available via [www.slh.wisc.edu/clinical/diseases/forms/](http://www.slh.wisc.edu/clinical/diseases/forms/) [↑](#footnote-ref-6)
7. CDC STD Treatment Guidelines: [www.cdc.gov/std/tg2015](http://www.cdc.gov/std/tg2015) [↑](#footnote-ref-7)
8. CDC principles for providing quality counseling: [www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a4.htm#AppendixC](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a4.htm#AppendixC) [↑](#footnote-ref-8)
9. Person-Centered Contraceptive Counseling framework: [www.pcccmeasure.ucsf.edu](http://www.pcccmeasure.ucsf.edu) [↑](#footnote-ref-9)
10. [Wisconsin State Statute on Mandatory Reporting Requirements: https://docs.legis.wisconsin.gov/statutes/statutes/48/xxi/981/2m](file:///C:\Users\WiedeLM\AppData\Roaming\Microsoft\Word\Wisconsin%20State%20Statute%20on%20Mandatory%20Reporting%20Requirements:%20https:\docs.legis.wisconsin.gov\statutes\statutes\48\xxi\981\2m) [↑](#footnote-ref-10)
11. RHNTC Webinar on Promoting Youth Friendly Environments: <https://rhntc.org/resources/promoting-youth-friendly-environments-family-planning-clinics-webinar> [↑](#footnote-ref-11)
12. Prenatal Care Coordination Pregnancy Questionnaire: <https://www.forwardhealth.wi.gov/kw/html/PNCCPregnancyQuestionnaire.html> [↑](#footnote-ref-12)
13. ASCCP Risk-Based Management Consensus Guidelines: [www.asccp.org/mobile-app](http://www.asccp.org/mobile-app) [↑](#footnote-ref-13)
14. US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016: <https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html> [↑](#footnote-ref-14)
15. Quality Family Planning Recommendations: [www.cdc.gov/mmwr/pdf/rr/rr6304.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf), page 12 [↑](#footnote-ref-15)
16. Quality Family Planning Recommendations: [www.cdc.gov/mmwr/pdf/rr/rr6304.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf), page 22 [↑](#footnote-ref-16)
17. Checklist, Family planning and related preventive health services: [www.rhntc.org/sites/default/files/resources/fpntc\_fp\_prvhlth\_checklist.pdf](http://www.rhntc.org/sites/default/files/resources/fpntc_fp_prvhlth_checklist.pdf) [↑](#footnote-ref-17)
18. [www.cdc.gov/mmwr/pdf/rr/rr6304.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf), page 23 [↑](#footnote-ref-18)