**Department of Human Services**

**Bureau of Maternal and infant Health**

**FY18 Better Birth Outcomes Clinical Review**

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| --- | --- | --- | --- |
| Agency Name: |  | Review Date: |  |
| MCH Nurse Consultant: |  | Agency Contact: |  |

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| Number of Active Charts Randomly Selected for Review: | |  | Assigned Caseload = | |  | | Active Caseload = | | |  | | |
| **BBO Indicator** | | | **# of Charts**  **Reviewed** | Number **Expected** | | **# Done** | | **% Compliance** | **Performance Report Quarter** | | **Quarterly Data from Cornerstone Report %** | Performance **Standard** |
| Started BBO 1st Trimester: PA15 | | |  |  | |  | |  |  | |  | 75% |
| Face-to-Face (1/month): SV02 | | |  |  | |  | |  |  | 80% |
| Other Contact Percent: SV02 | | |  |  | |  | |  |  | 100% |
| Home Visit each trimester: SV02 | | |  |  | |  | |  |  | 75% |
| First Trimester Enrollment in Prenatal Care: PA07 | | |  |  | |  | |  |  | |  | 75% |
| PNC Visits: Adequacy of Prenatal Care: (Kotelchuch) SV01;802 | | |  |  | |  | |  |  | 90% |
| Reproductive Live Plan/Last Trimester | | |  |  | |  | |  |  |  |
| Reproductive Life Plan/Post Partum | | |  |  | |  | |  |  | 95% |
| PEWW/Well Women Education | | |  |  | |  | |  |  | 95% |
| Number of women receiving SNAP benefits who received documented discussion related to employment at the newborn visit. ( SV01:913) Job Training/Employment Counsel | | |  |  | |  | |  |  | |  | 90% |
| Risk Assessment: AS01:707G | | |  |  | |  | |  |  | | | 100% |
| Assessments: AS01:700, 701, 703, 704, 705, 706, 707D | | |  |  | |  | |  |  | | | 90% |
| Primary Care Provider/ Medical home: PA03 | | |  |  | |  | |  |  | | | 100% |
| Depression Screening: SV01:825 | Prenatal | |  |  | |  | |  |  | | | 100% |
| Postpartum | |  |  | |  | |  |  | | | 100% |
| Individual Care Plan: CM02-03 | | |  |  | |  | |  |  | | | 90% |
| Referred or enrolled in WIC: PA15, RF01 or 707D | | |  |  | |  | |  |  | | | 100% |
| Referrals documented: RF01 | | |  |  | |  | |  |  | | | 100% |
| F/U to documented: RF01 | | |  |  | |  | |  |  | | | 100% |
| Demonstrates evidence of care coordination. | | |  |  | |  | |  |  | | | 100% |
| March of Dimes “Becoming a Mom” Curriculum delivered | | |  |  | |  | |  |  | | | 100% |

| Agency Name: |  | | | | Review Date: | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MCH Nurse Consultant: |  | | | | Agency Contact: | | |  |
| Evaluation Element | | Citation | Evaluation  Mechanism | Met | Not Met | N/A | Findings | |
| 1. The agency has an outreach policy and procedure in place that demonstrates outreach activities that will identify and recruit high-risk, hard-to-engage women during their 1st trimester of pregnancy. | | BBO Contract Exhibit C | Review of local agency policy and procedure |  |  |  |  | |
| 1. The agency has a written quality assurance process with internal policies and practices specific to quality improvement. | | BBO Contract Exhibit B | Review of local agency QA process |  |  |  |  | |
| 3. Risk factor eligibility for BBO is determined by administration of 707G assessment prior to enrollment. | | BBO Contract Exhibit B | Case manager observation; chart review |  |  |  |  | |
| 4. Agency is required to give written notification to BBO clients’ medical care provider: name of BBO agency; name and contact information of BBO case manager. | | BBO Contract Exhibit B | Chart review; local agency policy and procedure |  |  |  |  | |
| 1. Each BBO client has an individualized plan of care developed within 45 days of enrollment for all BBO clients; agency demonstrates evidence of client participation in development of care plan. | | BBO Contract Exhibit B | Chart review; case manager observation |  |  |  |  | |
| 1. The agency is required to discuss importance of early initiation of prenatal care with BBO clients.   ***To fully meet this indicator:***  Reviewer observed all BBO case managers routinely discussing with clients | | BBO Contract Exhibit D | Case manager observation |  |  |  |  | |
| 1. The agency is required to discuss importance of adequate prenatal care with BBO clients.   ***To fully meet this indicator:***  Reviewer observed all BBO case managers routinely discussing with clients | | BBO Contract Exhibit D | Case manager observation |  |  |  |  | |
| 1. The agency is required to educate BBO clients on the importance of the post-partum medical visit.   ***To fully meet this indicator:***  Reviewer observed all BBO case managers routinely discussing with clients | | BBO Contract Exhibit D | Case manager observation |  |  |  |  | |
| 1. The agency is required to conduct a home visit each trimester of pregnancy during client’s enrollment period. | | BBO Contract Exhibits B and D | Performance Report |  |  |  |  | |
| 1. The agency is required to complete a minimum of one face-to-face visit and one other contact each month of client’s enrollment period. | | BBO Contract Exhibits B and D | Performance  Report |  |  |  |  | |
| 1. Case managers utilize Motivational Interviewing techniques in interactions with BBO clients. | |  | Case manager observation |  |  |  |  | |
| 1. The agency is required to arrange transportation services for health-related appointments as indicated by client need. | | BBO Contract Exhibit B | Chart review; case manager observation |  |  |  |  | |
| 1. All BBO case managers complete required assessments within 45 days of client enrollment in BBO (700, 701, 703, 704, 705, 707D]).   Agency to complete a minimum of one 706 assessment during enrollment. | | BBO Contract Exhibit B | Chart review; case manager observation |  |  |  |  | |
| 1. Case managers develop care plans with client goals and planned services that correlate to assessment results; goals reflect client’s highest priority needs. | | MCH Code | Chart review; case manager observation |  |  |  |  | |
| 1. Services provided or scheduled at agency reflect highest priority and are appropriate to needs identified by assessment(s). | | MCH Code | Chart review; case manager observation |  |  |  |  | |
| 16.Referrals made reflect highest priority and are appropriate to needs identified by assessment(s); clients receive copies of referrals. | | MCH Code | Chart review; case manager observation |  |  |  |  | |
| 1. Disposition of all referrals is documented; i.e. completion or failure to follow through on referral. | | BBO Contract Exhibit B | Chart review |  |  |  |  | |
| 1. Case manager communication with clients’ prenatal care provider occurs monthly. | | BBO Exhibit B | Chart review; local agency policy and procedure |  |  |  |  | |
| **C. Delivery of Prenatal Education** | | | | | | | | |
| 17. All case managers deliver the standardized Prenatal Education curriculum in accordance with the *BBO Prenatal Education Curriculum Guide*.  ***To fully meet this indicator:***  a) Clients self-select topics/modules within the timeline parameters of the *Curriculum Guide*  b) Case managers demonstrate knowledge of the topics delivered; deliver information clearly and concisely  c) Education is adapted as needed to meet clients’ cultural needs and to reflect clients’ level of comprehension and understanding  d) All case managers document delivery of prenatal education in accordance with the *Curriculum Guide* and *BBO Service Codes for Delivery of Prenatal Education FY15* | | BBO Contract Exhibit B | Case manager observation; chart review |  |  |  |  | |
| 18. All case managers deliver education topics specific to clients’ eligibility risk factors. | | BBO Contract Exhibit B | Case manager observation; chart review |  |  |  |  | |
| 19.The agency is required to provide Well Woman’s Health Education to each BBO client.  PEWW  ***To fully meet this indicator, education includes:***  a) Importance of interconception health care and a healthy lifestyle and habits  b) Optimal pregnancy intervals and spacing  c) Contraceptive education and family planning methods | | BBO Contract Exhibit B | Case manager observation; chart review  Performance Report |  |  |  |  | |
| **D. Provision of Required Services** | | | | | | | | |
| 20. The agency is required to provide BBO clients assistance in accessing prenatal care services. | | BBO Contract Exhibit B | Chart review; case manager observation |  |  |  | . | |
| 21. The agency is required to provide BBO clients assistance in accessing all needed services based upon results of screening and assessment and medical-social history. | | BBO Contract Exhibit B | Chart review; case manager observation |  |  |  |  | |
| 22. The agency is required to provide BBO clients assistance in accessing contraceptive services. | | BBO Contract Exhibit B | Chart review; case manager observation |  |  |  |  | |
| 23. The agency is required to provide or refer BBO clients for childbirth education. | | BBO Contract Exhibit B | Chart review; case manager observation |  |  |  |  | |
| 24. The agency is required to provide or refer BBO clients for parenting classes. | | BBO Contract Exhibit B | Chart review; case manager observation |  |  |  |  | |
| 25. The agency is required to assist BBO clients in the development of a Reproductive Life Plan | | BBO Contract Exhibit B | Chart review; case manager observation  Performance Report |  |  |  |  | |
| 26. The agency is required to educate BBO clients on the importance of prenatal care medical visits and track prenatal care visits.  Adequacy of prenatal care visit. | | BBO Contract Exhibit B | Quarterly Performance Report |  |  |  |  | |
| 27. The agency is required to discuss with women receiving SNAP benefits plans, intentions and barriers to employment at the newborn visit. (SV01, code 913) | | BBO Contract Exhibit E | Chart review case manager observation |  |  |  |  | |
| 28. The agency documentation demonstrates evidence of care coordination. (CM04, RF01, SV01) | | BBO Contract Exhibit F | Chart review |  |  |  |  | |
| NOTE: All “not met” elements require an explanation in Findings. | | | | | | | | | |
| Agency Updates | | | | | | | | | |
| A. Program Model – BBO/FCM B. BBO Service Delivery Model  C. Staffing Patterns and Changes  D. Barriers to Program Delivery  E. Other | | | | | | | | | |
| Correction Action Plan | | | | | | | | | |
| Please respond by 30 days after receipt to at using the Summary of Findings and CAP form. | | | | | | | | | |