



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF OPERATIONS SUPPORT
BUREAU OF LEGAL SERVICES

Nicholas A. Toumpas
Commissioner

Mary P. Castelli
Senior Division Director

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4599 1-800-852-3345 Ext. 4599
FAX: 603-271-5590 TDD Access: 1-800-735-2964

Transmitted via email only: mtierney@wadleighlaw.com

July 30, 2015

Michael J. Tierney, Esq.
Wadleigh, Starr & Peters, PLLC
95 Market Street
Manchester, NH 03101

RE: Public Document Request

Dear Attorney Tierney,

I am writing in response to your second Right to Know request that you sent via email on July 16, 2015.

You asked me to verify that DPHS does not have any inspections from 2011-2015 for Joan Lovering Center, Concord Feminist Health Center and Planned Parenthood of Northern New England (all 6 locations). I have verified that we do not have any completed reviews for the aforementioned family planning clinics for that time period.

For the Fiscal Year 2015 (July 1, 2014 to June 30, 2015), the above facilities continued their contract in good standing. DPHS was not able to conduct on-site reviews at these facilities due to our limited resources. Since these health centers did not receive any federal Title X funding, annual site visits were not required.

On January 29, 2014, the entities listed above became vendors for DPHS. However, since federal Title X funds were not received, annual site visits were not required and limited resources prevented any visits.

For Fiscal Years 2012 and 2013, DPHS did not have a contractual relationship with any of the three health centers.

For the Fiscal Year 2011 (July 1, 2010 thru June 30, 2011), DPHS did have a contract with PPNNE. Pursuant to federal Title X requirements, DPHS performed site visits at their



Americans
United
for Life

clinics in Keene (August 10, 2010), Derry (August 11, 2010) and Manchester (August 16, 2010) (see attached).

For the Fiscal Year 2010, DPHS performed site visits at PPNNE on January 19 and 20, 2010 in Exeter, Claremont and Keene (see attached).

For the Fiscal Year 2009, DPHS performed site visits at PPNNE on August 6 and 7, 2008 in Exeter and Portsmouth (see attached).

I have provided the reports as attached and have redacted clinic staff names due to privacy concerns. Please also note that although the inspection reports may reference "abortions," the state has never been involved in any funding for those services.

Very sincerely yours,

A handwritten signature in blue ink, appearing to read 'Elizabeth Maynard', with a long horizontal flourish extending to the right.

Elizabeth Maynard, Esq.
Counsel for Public Health

Attachments

cc: Patricia Tilley, Bureau Chief



Americans
**United
for Life**



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4531 1-800-852-3345 Ext. 4531
Fax: 603-271-3827 TDD Access: 1-800-735-2964



August 27, 2010

Kelly Dougherty
Director of Government Grants
Planned Parenthood of Northern New England
183 Talcott Rd.
Suite 101
Williston, VT 05495

Dear Kelly:

This is the report of the recent site visits made to three of PPNNE's sites Keene on August 10, Derry on August 11 and Manchester on August 16, 2010 to review family planning records. As you are aware, site visits are made to validate that an agency is operating in compliance with federal and state requirements. Most reports do contain a series of required actions and recommendations. Required actions must be followed. Recommendations are made in the interest of good clinical practice. Please respond to these by September 17, 2010.

As always, the staff was welcoming and cooperative to make our review comfortable and productive.

Sincerely,

Beverly B. McGuire, CHCC, MS, BSN
QA Clinical Consultant
Maternal and Child Health Section

cc: Patricia Tilley
Michelle Ricco



Americans
**United
for Life**

PPNNE
FP SVRs
Keene, Derry, Manchester
August 2010

State of New Hampshire
Department of Health and Human Services
Division of Public Health Services
Bureau of Population and Community Services
Maternal and Child Health Section (MCH)

Site Visit Reports

Planned Parenthood of Northern New England (PPNNE)

Keene
August 10, 2010

State staff:

Beverly McGuire
Michelle Ricco

Agency staff:

This visit was scheduled to review clinical records for the Family Planning Program annual review. PPNNE has been in this location for eight years. Discussion was held first to ascertain any changes, challenges, etc. that have occurred since our previous site visit.

Discussion

· This site is now using open access for the scheduling of visits. Staff reports that this process is working well. The call center, located in Barre, Vermont, handles calls and makes appointments at all sites.

· Having clients sign a method specific consent has been a priority for staff since the finding on the federal Title X site visit in March 2009.

· PPNNE has a new CEO who is in the process of restructuring the organization for better efficiency. The regional manager positions are now eliminated as well as the community outreach workers (marketing) and other positions.

· The goal has been set to “rebrand” the agency with which they will try to target their core population, the 15-25 year old age group.

· There is a new healthcare associate at the front desk in this location that is now undergoing training for the position.

· This site has been performing medical abortions on site since April 2009, now serving 2-4 clients each week. Each client is prescribed a birth control method. All functions are reportedly entirely separated from the Title X services, including billing and scheduling.

· The Easy Scripts Program (ESP) provides three months of birth control supplies (pills and patches by mail). The program has a manager who is now overseeing the State of NH. Supplies are prescribed for three months until the client is due for her annual physical exam.



Americans
**United
for Life**

PPNNE
FP SVRs
Keene, Derry, Manchester
August 2010

Clinical Record Review

FPER Consistency

State staff was unable to perform the review because the FPERs were not printed or prepared in advance of the visit. This review will be conducted during a future site visit.

Pregnancy Test Audit

Fifteen (15) clinical records were reviewed to see documentation of appropriate education/counseling for women scheduled for a pregnancy test whether she was seeking pregnancy or not. Nine of the fifteen had not been seen in the clinic previously. Nine of the fifteen either declined or were not offered a chlamydia test.

Required action: Reinforce with staff the requirement of an annual chlamydia test. The pregnancy test visit is an opportunity to reinforce this test. Since so many clients are declining the test, perhaps a firmer approach to the offer of the test would have more women agreeing to the test.

Documentation of education and counseling for those who were unsure or did not desire pregnancy at this time was present. Preconception counseling for those who were seeking pregnancy was not present in every record. In no case was an ectopic pregnancy suspected. Referrals for prenatal care were given. STD testing was ordered for appropriate clients.

Required action: Reinforce with staff the need to provide preconception counseling: importance of early prenatal care, proper nutrition including folic acid, and perinatal transmission of HIV and treatments to decrease transmission.

Clinical Records

Fourteen clinical records were reviewed of women ages 14-33 years. PPNNE traditionally has had thorough and detailed examination forms. As with other sites, the providers do not take advantage of the forms. Details about why the client is at the clinic are written. Method specific consents were present in every record. (*The ten records from the prior site visit that did not contain method specific consents have been set aside. Not one of those clients has since returned to the clinic. Those records are tagged for the clients' next visit.) Appropriate physical exam items on annual exams were documented. One record included the client's BMI. The BMI is not required by Title X but we encourage agencies to document this. Problem lists, allergies, family and past medical histories, and partners were all documented. No client reviewed was of the age to refer for mammography or colo-rectal screening. PAP test and the lab results were present. Abuse and sexual coercion were documented.

DERRY
August 11, 2010

State staff
Beverly McGuire
Michelle Ricco

Agency staff



**Americans
United
for Life**

The second visit was made to the Derry site. They, too, are using an open access system for appointments that reportedly has been working smoothly. One APRN works here who has the history of being employed at

PPNNE
FP SVRs
Keene, Derry, Manchester
August 2010

PPNNE for 32 years. Staffing has been an issue with the challenge of hiring the right health care associate. Clients have access to ESP with medications being mailed from Keene.

Pregnancy Test Audit

Nine client records were reviewed. All but 3 were current clients of the clinic. Five of the tests were positive. In several instances, a chlamydia test was either not offered or declined. No reason for the declination was documented. Two clients chose termination. One 20-year old client in her fourth pregnancy had no history of a chlamydia test. In that same record the two dates on the HOPE form were different years. In general, the documentation for pregnancy test visits was good (especially for counseling issues).

Required action: Reinforce the need to document the offer of a chlamydia test for appropriate clients. The reason for a declination is not required but since that happens frequently, consider documenting the reason why.

FPER Consistency

Ten records were reviewed. MCH requires that the accuracy rate of FPER information recorded be at 95%. The accuracy rate determined on this review was 92%. The majority of incorrect entries were in the client's current income.

Required action: A client's income assessment must be recorded on an annual basis.

Record Review

Sixteen client records of women ages 16-49 years were reviewed. The practitioner documents well in very legible handwriting. Diet and exercise is always part of the education process. The emergency contraception form is exemplary including age appropriate partner and consensual relations. Immunizations were recorded in most but not all records. Chlamydia tests were not always recorded as offered, given or declined with no reason for the refusal (see above recommendation to document the reason for the declination). The client's current annual income was not present in all records (see required action above). General consents were present in all records but the method specific consents were not.

Required action: Method specific consents must be present in every record when a birth control method is prescribed.

MANCHESTER
August 16, 2010

State staff
Beverly McGuire

Agency staff



Discussion

· Open access is available at this site and has been working well for the staff and clients.

· Manchester is planning to be a pilot site for the upcoming income verification project that will start later this month. The client will be told what documentation to have on hand for her/his visit. The goal is to have more accurate and appropriate billings and to assure that Title X dollars are spent on appropriate clients.

**Americans
United
for Life**

- Medical and surgical abortions are performed here. The call center, located in Barre Vermont handles all the scheduling. The procedures are done on a single day when no other clients are scheduled. The goal is to be able to provide 28 procedures in a day. All supplies, staff, etc. are coded separately or billing and not mixed with any Title X processes.
- The demand for services in the Manchester area has increased, leading the organization to seek additional nurse practitioner time so that 2 providers are on site every day.
- Clinical staff is dressed in scrubs that are left on-site at the end of the day. Practitioners have the choice of a lab coat or scrubs. This process is advantageous for infection control and a professional look.
- The pharmacy license is posted in the lab area.
- Medical records are all on paper and are locked at the end of the day.
- The pharmacy supply room was found open.

Required action: Pharmacy regs require limited access to pharmacy supplies for selected personnel. Doors must be locked with only identified staff having access to the key.

Pregnancy Test Audit

Eight clinical records of clients seeking a pregnancy test were reviewed. All but one test was positive. The reactions to the pregnancy were varied, seeking abortion, undecided and desire to carry to term. The counseling and education provided were individualized. Those opting for an abortion were given advice about early prenatal care in case her decision changed. Proper diet and nutrition addressed. Referrals were provided where appropriate. Emergency contraception and a method are provided to clients as they leave.

FPER Consistency

The Family Planning Encounter Records for twenty charts were reviewed. Auditors look for consistency between what is recorded on the FPER and what is documented in the record. Since the data that is in the record is what should be reported on the FPER a 95% accuracy rate is the standard for the state's Title X agencies.

Of the 20 records compared, the result was 86%. No documentation was found for race and ethnicity. The initial and after visit birth control method did not agree in three records. In another 3 records, the procedures on the FPER did not agree to what was in the record (PAP, pelvic, chlamydia test).

Required action: Reinforce with staff members the necessity for being accurate on the data reported on the FPER. This data has an effect on the state's ability to show how much and what kinds of care are provided. To some extent, funding to the state is based on the data reported.

Clinical Record Review

Twenty-four clinical records were reviewed of clients between the ages of 13 and 30 years. All clients had an appropriate physical exam. Chlamydia testing was offered and provided. Only one client declined the test with no notation of her reason. Each record included counseling about diet and exercise. One nurse practitioner's handwriting was illegible, including the signature. It was reported that this practitioner was no longer employed.



PPNNE

FP SVRs

Keene, Derry, Manchester

August 2010

here. Another practitioner wrote exceptionally thorough and legible documentation with each record providing a complete story of the client's visit.

Several records were of concern and reported to the site manager to discuss with the nurse practitioner for the client's next visit. No method specific consent was found in one record. Two clients have been receiving extended prescriptions for birth control when their most recent physical exam was in 2008.

Required action: Make note of record identified and have client sign a method specific consent.

Required action: Make note of records identified. Do not provide any extensions of birth control prescriptions beyond one year without a physical exam.



Americans
**United
for Life**

State of New Hampshire
Department of Health and Human Services
Division of Public Health Services
Maternal and Child Health Section

Site Visits
January 19 and 20, 2010

Family Planning Program

Planned Parenthood of Northern New England (PPNNE)

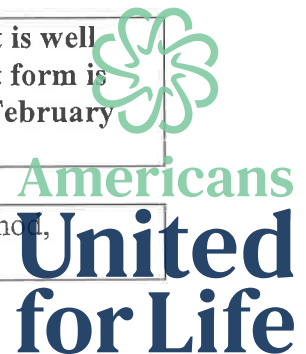
These visits were selected and scheduled as a follow-up to the Title X Federal Family Planning Program visits conducted in March, 2009. PPNNE currently has six sites in the state. The Grantee selected three sites to be reviewed: Exeter, Claremont and Keene. There were three findings in the federal report:

- (1) The Keene site should have an additional exit sign outside the staff lounge leading into the patient waiting area (by children's toys). RESOLVED
- (2) (a) The grantee must work with PPNNE to assure that method specific consent is signed by all clients at the time a contraceptive method is provided. Documentation to assure that this has been communicated clearly to the delegate should be part of the response to this review. In addition, NH DHHS should conduct a chart audit focusing on deferred exams at one or more PPNNE sites by the end of the calendar year to assure that all clients are signing method specific consents. The issue of deferred exams is being addressed by updates in the grantee's clinical guidelines.
(b) The grantee must discuss the requirement for signed informed method specific consent with the delegates to assure that the appropriate consent is obtained in all cases.
- (3) zero category in the fee scale (agency has a plan is in place to address issue that will be reviewed on a later site visit).

For all PPNNE sites:

Required action: The agency must develop a system to assure that a client is well informed about a variety of methods and that the method specific consent form is signed. Submit a report to the Grantee about the new system by Friday, February 12, 2010.

Recommendation: When presenting a client with written material about a method, provider should document the date on the handout.



Exeter

A total of twenty (20) clinical records were reviewed to determine if each and every client is properly informed and signs the method specific consent form. The records were of clients in a wide range of ages and included the methods of: oral contraceptives; Nuva ring; diaphragm; and DMPA. Several records addressed a change in method with a new consent being signed. Every record included a consent form, signed and dated. Included was the date of the handout information presented to the client.

Claremont

A total of twenty (20) clinical records were reviewed to determine if each and every client is properly informed and signs the method specific consent form. The options chosen by clients in these records included: IUD; tubal ligation; oral contraceptives; DEPO; and the patch. Three of the records were of clients who changed methods, either oral contraceptives to DEPO or DEPO to the Nuva ring. These three records did not include a consent form for the change in method. Each record had documentation that the client was educated about a range of methods. Some, but not all, included the date of the method handout. That date would alert the provider in the future to present any updated information to the client.

Keene

A total of twenty (20) clinical records were reviewed to determine if each and every client is properly informed and signs the method specific consent form. The options chosen by clients in these records included: IUD, oral contraceptives, DEPO, condoms, and Nuva ring. Unfortunately, it appeared that the site staff were not aware of the report findings from the Federal site visit made in March, 2009 and, as a result, no changes had been made. Ten of the twenty records reviewed did not contain a method specific consent form. This result is unacceptable. The site manager offered to contact other PPNNE sites for ideas and promised to develop a system to correct this omission.



Americans
**United
for Life**



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



Nicholas A. Toumpas
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4531 1-800-852-3345 Ext. 4531
Fax: 603-271-3827 TDD Access: 1-800-735-2964

José Thier Montero
Director

August 15, 2008

Kelly Dougherty
PPNNE
183 Talcott Road, Suite #1
Williston, VT 05495

Dear Kelly:

This is the report of the family planning site visit made to your Exeter New Hampshire facility made on August 7, 2008. As you are aware, site visits are made to assure that an agency is operating in compliance with state and federal expectations.

Most site visit reports include required actions and recommendations. Required actions must be followed. Recommendations are made in the interest of good clinical care. Please respond in writing to this report by September 12, 2008.

It was a pleasure to visit your facility, meet your staff, and observe an exemplary practice for family planning services. We thank you and your staff for the warm and helpful reception provided to us so that our visit was productive.

Sincerely,

Beverly B. McGuire, CHCC, MS, BSN
QA Clinical Consultant
Maternal & Child Health Section

BM/jf

cc:

Patricia Tilley



Americans
United
for Life

State of New Hampshire
Department of Health and Human Services
Department of Public Health Services
Maternal & Child Health Section

Site Visit
Family Planning Program

Planned Parenthood of Northern New England
Exeter, NH

August 7, 2008

State staff:
Beverly McGuire
Joanie Foss

Agency staff:

This site visit was scheduled to review the clinical records. The agency is located in an old Victorian home and has been updated with painting and carpeting. The facility is warm, inviting and comfortable.

Discussion with the staff included what is new or different about the services provided. The staff works closely with the local DCYF office for appropriate issues. Referrals to specialty services are made frequently and are accepted easily even for those with Medicaid coverage. Referrals are more of a challenge for the uninsured. A printed referral list is given to clients for primary care, breast and cancer screening, domestic violence, Medicaid, legal advice and STD clinics, to name a few. Another list of resources is available for those who need assistance with prescriptions. Many of the clients seeking services are males. Walk-in hours are available. Staff reported that there is frequent communication among local providers and the nearby school systems. This nurse practitioner makes it obvious that she enjoys working with clients. She provides care to some clients who are developmentally and/or emotionally delayed. She also is available to work with nurse and nurse practitioner students seeking clinical experiences.

Staff education with PPNNE is an ongoing activity, available with regular meetings among the practitioners, web casts, and in-services. In addition, it was reported that the Medical Director, Dr. Cheryl Gibson, is easily available for concerns and consultations frequently.

Environment Rounds

The site is very efficiently organized. Three exam rooms are stocked in a similar manner. All equipment has been calibrated recently with the exception of the oxygen tank (dated 2002). Staff reported having never needed the tank. If this is considered an essential piece of equipment for emergencies, a new tank is needed.

Required action: Remove or replace the oxygen tank if it is considered necessary for emergencies.



Federal authorities require that family planning clinics offer services based on one's ability to pay. A notice of such availability must be evident for clients to read. From discussion, it was clear that clients are offered services based on this requirement but no notice was seen in the facility. At the same time, donations may be made to support services for those particular clients in need.

Required action: Post a clear notice for clients to see that states the provision of services regardless of ability to pay. It must include the fact that services will not be denied if one cannot afford them.

The pharmacy log is maintained. The pharmacy and CLIA licenses are current. Pharmacy supplies are neatly organized and the room is kept locked. Red medical waste containers are available in the exam rooms and the lab. The bag in the lab is in the main collection box that was open. Smaller bags are added to this for disposal. All medical waste bags must be available in appropriate rooms. Once full, they are to be sealed and placed in the main hard-sided box that is then sealed for removal. In all cases, the main disposal box must be kept covered and separated from anything else in the facility.

Required action: As discussed during the visit, the main medical waste box must be kept separate and covered.

Clinical record review

Fifteen clinical records were reviewed for appropriate documentation. These records were a mixture of initial and annual visits of clients, aged 16-35 years. It was clear from the review that the agency serves clients over a long period of time. The documentation showed that clients present with a myriad of complaints and concerns, many not of a family planning nature. The nurse practitioner takes time to address as much as she can and offers a multitude of printed information and referrals as needed, as well as common sense advice. It is apparent that teens favor this facility and are offered information about life skills to benefit their growing up years.

Emergency Physical exams were thorough. Education and counseling about birth control methods were also thorough. In addition, physical activity, psychosocial histories, client and family medical histories were complete.

Pregnancy Test Audit

This audit is conducted to review the counseling provided for clients whose services include a pregnancy test. For those who do not seek pregnancy and the test is positive, clients need specific counseling regarding healthy choices, an ectopic referral if suspected and requested options, including counseling for the undecided. In addition, for those who seek pregnancy and the test was negative, other counseling is appropriate. Eight pregnancy records were reviewed and were found to have thorough documentation. Contraception is distributed to all clients, especially to those who cannot afford to purchase it. The headache questionnaire is presented to clients as needed. Staff is reminded that some education about anatomy and physiology is to be documented. In addition, a client's income is to be assessed annually. The initial teen history is an exceptional document that provides a multitude of discussion points for the provider to discuss with a client. State staff would appreciate a copy of this form.

The documentation was complete and thorough. The forms are extensive and this provider uses them completely. Client education and counseling are targeted to individual needs. All screenings were documented. Nutritional considerations were addressed in every record, including folic acid. Follow-up appointment suggestions were recorded.

FPER Consistency

This audit is performed to confirm the information on the FPER is identical to the documentation in the record. This is an effort to make sure the agency is getting credit for the services it does provide and reports to the regional family planning office. The goal for NH agencies is a 95% consistency rate.

Thirteen records were reviewed for consistency. In almost all the records the documentation matched the FPER. Two records showed race and/or ethnicity discrepancies. These may have been on an older form and the client did not complete it. In another instance, a chlamydia and PAP test were reversed between the FPER and the record. In all, the audit showed a 96% consistency, above the state goal.



Americans
**United
for Life**



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



Nicholas A. Toumpas
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4531 1-800-852-3345 Ext. 4531
Fax: 603-271-3827 TDD Access: 1-800-735-2964

José Thier Montero
Director

August 15, 2008

Kelly Dougherty
PPNNE
183 Talcott Road, Suite #1
Williston, VT 05495

Dear Kelly:

This is the report of the family planning site visit made to your Portsmouth New Hampshire facility made on August 6, 2008. As you are aware, site visits are made to assure that an agency is operating in compliance with state and federal expectations.

Most site visit reports include required actions and recommendations. Required actions must be followed. Recommendations are made in the interest of good clinical care. Please respond in writing to this report by September 12, 2008.

We thank you and your staff for the warm and helpful reception provided to us so that our visit was productive.

Sincerely,

Beverly B. McGuire, CHCC, MS, BSN
QA Clinical Consultant
Maternal & Child Health Section

BM/jf

cc:

Patricia Tilley



Americans
**United
for Life**

State of New Hampshire
Department of Health & Human Services
Department of Public Health Services
Maternal & Child Health Section

Site Visit Report

Planned Parenthood of Northern New England

Portsmouth, NH
August 6, 2008

State staff:

Beverly McGuire
Karen Grzelak

Agency Staff:

This visit was scheduled to review medical records. The tour revealed compact space with a pleasant reception area and two exam rooms. The facility has been renovated in the last few years to allow for additional space.

Environmental rounds

Hours at this site have been reduced somewhat and is now open from noon to 6:00 pm on Monday and Wednesday and 9:30 am to 3:00 pm on Friday. These hours include walk-in appointments on Wednesday afternoon. In addition, culposcopy services are available once or twice each month. Staff reported that they have no contact with the local high school. Students would benefit from education and are a good resource for future clients. Staff reported that the numbers of clients served has been declining, resulting in fewer clinic hours. No reason was offered for this decline. Staff reported that clients do a lot of "site hopping". The computer system is available to check when this occurs.

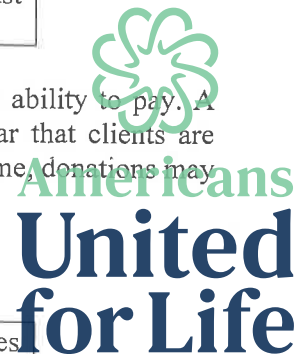
The reception area is comfortable and pleasant. Many written materials are available for clients. Free condoms are offered. The CLIA and pharmacy licenses are posted. The equipment has been calibrated recently. The exam rooms are small but adequate. The pharmacy log is maintained appropriately. Emergency exit directions were posted. The pharmacy closet was unlocked. Red medical waste bags were accumulated in the back hall. There was no medical waste box available for packaging and removal.

Required action: In order to discourage inappropriate divergence, pharmacy supplies must be locked at all times with keys available only to appropriate persons.

Required action: Red medical waste bags must be available. Once at capacity, they may be stored in a larger labeled heavy cardboard box in preparation for removal. This storage box must be kept in an area with nothing else.

Federal authorities require that family planning clinics offer services based on one's ability to pay. A notice of such availability must be evident for clients to read. From discussion, it was clear that clients are offered services based on this requirement but no notice was seen in the facility. At the same time, donations may be made to support services for those particular clients in need.

Required action: Post a clear notice for clients to see that states the provision of services.



regardless of ability to pay. It must include the fact that services will not be denied if one cannot afford them.

Clinical record review

Twenty-two client records were reviewed. These records were a mixture of annual and initial visits of clients ranging between 19 and 31 years of age. What may be the result of the random record pull, most clients were very short-term clients, coming to the clinic for the first time, and making an appointment for a particular problem. Only two records were of longer standing clients. The documentation forms are complex but very complete, offering the provider opportunity to record all aspects of care. In many instances it was noted that the forms are not completely used and notes are written. This may be the preference of the provider. Most items sought were documented but some were not. Immunizations were not recorded in many records other than what a few clients completed on the initial visit. Gardasil vaccine is being offered to appropriate clients.

Required action: Immunizations need to be recorded. The agency is not required to provide the immunizations but clients should be questioned and referred elsewhere if some are needed. This would be easier if the client does have a primary care provider and that person is documented.

In six of the records no follow-up appointment was documented. Clients need to be told and it should be documented when they need to return.

The exam form includes an area to document if a client's parent is aware of the appointment and the encouragement of parental involvement. In most cases, this was not documented. Reviewers believe that clients are encouraged to involve their parents but that needs to be documented.

Required action: Document the discussion between the provider and the client to encourage parental involvement.

FPER Consistency Audit

Eighteen client records were reviewed. This review is completed to verify that the data on the FPER completed for a family planning visit is consistent with the data in the client record for the same visit. The following items were identified as being out of compliance.

- 50% of the records did not include documentation of Ethnicity – the question was on the collection form; clients completed language and race but half did not complete ethnicity.

- 33% of the income data cited on the FPER did not match the income documented by the client in the client record. One included monthly income information and not converted to weekly on the FPER.

Required action: Staff should review the forms completed by the client and make sure all of the information is included and clearly documented.

Pregnancy Test Audit

Nine client records were reviewed. This review is completed to verify the information provided to clients who requested pregnancy tests. The agency form "Pregnancy Evaluation Medical Record Form" is complete and provides the necessary documentation.

Family Planning Client Fee Scale Documentation

A total of twenty-five client records were reviewed for documentation of income/documentation of family size/ following Title X teen income policies/verification of income/fee scale determination/fee scale charged. The agency is following the Title X teen income policies in general. One client record included



documentation that between the first and second visit, the clinic the client had informed her parents. This fact should have changed the fee scale. The information on the "Self-Pay Patient Information Form – 17 Years and Younger" includes all of the required information. For all other clients, the documentation is available to verify the information.

Required action: It is unclear as to why fee scale codes 31 and 32 are used (staff were unaware). Apparently these are actually fee scale categories 1 and 2. The clients coded fee scales 31 and 32 should be reviewed and a new fee scale category assigned to them.



Americans
**United
for Life**

State of New Hampshire
Department of Health and Human Services
Division of Public Health Services
Maternal and Child Health Section

Family Planning Site Visit Report

Agency: Concord Feminist Health Center, Family Planning Program

Date of Visit: April 14, 2016

Date of Report: June 23, 2016

State Staff:

Felicia Fielding

Joanie Foss

Anne Marie Mercuri

Agency Staff:



I. Agency Update:

Strengths:

- Well established non-profit health care facility with strong community ties (established 1974)
- Dedicated staff: Providers, Counselors, Outreach Coordinator (visits to area schools and the Manchester Boys & Girls Club, work with local support groups and gay-straight alliance organizations at area colleges), Laboratory Consultant (1 day per week) and support staff
- Staff demonstrate high level of cultural sensitivity
- Training site for physicians and students
- Respectful environment for all - including teens and LGBTQ; handouts are gender neutral, intake questionnaire asks open-ended questions (i.e. how do you identify in terms of sexual orientation?)
- Record review indicates staff get to know their patients quite well, staff establish trusting relationship where patients are more likely to feel safe disclosing sensitive information
- Loyal patients who return to clinic as needed
- On-site supply of family planning related pharmaceuticals and contraceptive methods: Family Planning clients can receive oral contraceptive pills, Depo-Provera 3 month injection, male condoms, and Emergency Contraception on the same day of their clinic visit
- Receptive to feedback from patients/community: Re-branding agency
- Safety: Locked building w/ intercom system to gain entry, bomb threat protocol posted at phone, internal emergency call button in procedure room
- Physical environment is a pleasant atmosphere for employees and patients (staff is friendly and welcoming, common areas display personal notes from patients)

Barriers/Challenges:

- Agency is new to Title X: learning reporting/data requirements, revising processes to ensure compliance with Title X regulations (how to ensure separation of abortion services)
- Paper charts: susceptible to form version control issues and documentation omissions (no electronic prompts), data collection must be done by hand



Americans
**United
for Life**

Opportunities:

- Rebranding efforts include: increasing community awareness of services and understanding that agency provides equitable services to all (inclusion of patients who do not identify themselves as being "Feminist")
- Planning EMR conversion

II. Administrative and Environmental Reviews:

The administrative and environmental reviews are based upon observations during the site visit and the MCH Administrative and Environmental Review Tools that agency staff completed prior to the site visit.

- Administrative & Environmental Review: Pending Review upon MCH receipt
- The Concord Feminist Health Center is currently in compliance with Family Planning & MCH service contract reporting requirements
- 2015 *Family Planning Clinical Services Guidelines* signature page is on file with MCH and will be due to update 2016
- The facility is clean and well maintained
- Clinic flow is designed to protect patient privacy and confidentiality

III. Accessibility:

Confidential Phone Line: 8:30 AM to 5:30 PM Monday through Thursday and 8:30 AM to 4:30 PM on Friday.

Family Planning Hours:

Mondays: noon to 8pm

Wednesdays & Thursdays: 8:45am to 4:30pm

Fridays: Surgical services only, no Title X Family Planning

Concord Feminist Health Center offers a full range of reproductive health services including: Family Planning, pregnancy testing and pregnancy results counseling, breast and cervical cancer screening, STD/STI Testing & Treatment, and physical exams as needed. Note: abortion care services are offered by the agency. These services are maintained as separate and distinct from Title X services.)

IV. Clinic Record Review:

FPER:

9 records were reviewed for FPER and EMR documentation consistency of the following: DOB, family size, race, ethnicity, language, income, reimbursement, provider type, clinical service and birth control method.

- 0/9 records had no documentation of language
- 9/9 records provided consistent documentation of DOB, family size, race, ethnicity, income, reimbursement, provider type, clinical service and birth control method

Pregnancy Testing:

9 records were reviewed: 2/9 clients were <18 years of age

- 9/9 records documented focused health history
- 4/9 records documented counseling regarding STD/HIV risk reduction
- 0/9 records documented HIV status or declination of HIV test
- 4/7 records of women recommended to be tested for Chlamydia had documentation of Chlamydia test or declination
- 9/9 records of women with negative pregnancy test who were not seeking pregnancy had documentation of being given birth control or appointment for birth control
- 0/9 records of women with negative pregnancy test who were not seeking pregnancy had documentation of being given emergency contraception or information on emergency contraception



Americans
United
for Life

- There were no records reviewed of women with positive pregnancy test
- 0/2 records of minors <18 years of age had documented counseling related to abstinence, parental involvement and ways to resist sexual coercion

Family Planning Visit:

10 records were reviewed: 2/10 clients were <18+ years of age, 2/10 clients were male

- 6/10 records documented problem list (3/4 charts without documented problem list had patient reported history per intake questionnaire)
- 8/10 records documented allergies
- 7/10 records documented medication list (2/3 charts without documented medication list had patient reported medications per intake questionnaire)
- 5/10 records documented medical history (2/4 charts without documented medical history had patient reported medical history per intake questionnaire)
- 10/10 records documented social and family history (Note: social history was quite comprehensive. This demonstrates: 1) how well staff get to know clients, and 2) how important it is for staff to communicate this information to others)
- 9/10 records documented sexual history (ie. Past partners Male/Female/Both, prior STD's)
- 0/10 records documented number of partners or partner history (STD, HIV) if available
- 6/8 records of female clients documented reproductive history
- 0/2 records of male clients documented urologic history
- 10/10 records documented screening for alcohol, tobacco, and other substance use
- 10/10 records documented screening for domestic violence and sexual coercion per intake questionnaire
- 3/3 female patients ≥ 21 years of age had a recent PAP test & results in the chart
- 8/9 records of patients recommended to be tested for Chlamydia and Gonorrhea had documentation of Chlamydia and Gonorrhea test or declination
- 3/10 records had documentation of HIV status
- 0/10 records had documentation of HepB, Rubella, Tdap, HPV or annual influenza vaccination or vaccination refusal documented
- 0/10 records documented BMI (10/10 records documented Height and Weight)
- 0/2 records of minors <18 years of age had documented counseling related to abstinence, parental involvement and ways to resist sexual coercion

Required Actions (per 42 CFR CH. I (10-1-00 Edition) §59.5):

- I. Concord Feminist Health Center is required to ensure that no funds appropriated under Title X of the Public Health Service Act be used in programs in which abortion is a method of family planning as follows:
 - Title X projects must:
 - Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: Prenatal care and delivery; Infant care, foster care, or adoption; and Pregnancy termination.
 - Provide (if requested) neutral, factual information and nondirective, unbiased counseling on each of the options, and referral on request, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling
 - Not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the patient.

- Non-Title X abortion activities must be separate and distinct from Title X project activities (for more information refer to <http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/documents-and-tools/provision-of-abortion-related-services.html>, accessed 6/6/16).

Recommended Actions:

1. Ensure language is documented for FPER and record consistency
2. Ensure version control of paper forms as this seems to have contributed to documentation omissions
3. Ensure forms are fully completed (do not leave blank sections): i.e. problem list, medication list, medical history, allergies, history, reproductive history and annual update date
4. Ensure adolescent records document: promotion of parental involvement, abstinence as an option, and ways to resist sexual coercion
5. Routinely document partner history, partner STD/HIV status or “unknown”
6. Routinely document provision of STD risk education
7. Routinely screen for HIV in accordance with CDC HIV testing guidelines; opt out screening is recommended
8. Ensure documentation for contraception includes: contraceptive method selected, reviewed correct use & method specific risks and level of patient understanding
9. Routinely screen for immunization status in accordance with CDC’s Advisory Committee on Immunization Practices and offer vaccination, as indicated, or provide referrals to community providers for immunization
10. Routinely calculate BMI to screen and refer for obesity if indicated



Americans
**United
for Life**