

CPSP QUALITY ASSURANCE INDICATORS

Site Evaluation Indicators	Yes	Partially	No
1. Is the supervising MD actively involved in the practice?			
2. Is the procedure for MD oversight of CPSP documented in protocol?			
3. Is there an OB/GYN readily available for consultation (if different from the supervising physician)?			
4. Are the CPSP protocols signed by MD and qualified discipline consultants?			
5. Are the CPSP protocols available to all CPSP staff?			
6. If the clinic does group classes, are there lesson plans on file?			
7. Does the clinic have a current copy of the CPSP Provider Handbook, Steps to Take Guidelines, and know how to access Medi-Cal bulletins online?			
8. Can the CPHWs demonstrate how to use the CPSP Protocols and Steps to Take Guidelines?			
9. Are all of the CPSP practitioners qualified, approved, and documented on the original provider application or a staff update form?			
10. Are approved forms being used (assessment and Individualized Care Plan forms)?			
11. Has CPSP staff been to training recently?			
12. Is the Individualized Care Plan (ICP) developed face-to-face with the client?			
13. Are all entries signed and dated with at least first initial, last name, and CPSP title?			
14. Is time documented correctly in minutes?			
15. Are Managed Care clients receiving the full scope of CPSP services?			

Chart Review Indicators	Yes	Partially	No
1. Case Coordinator Identified: Name and title of case coordinator appears on the Initial Combined Assessment (ICA), Individualized Care Plan (ICP) or elsewhere on each patient record.			
2. Physician Oversight: The way the MD supervises CPSP services must match what your protocol says or be documented on the “ Protocol Addendum: Physician Oversight ” form. For example, many clinics have a protocol that says the doctor (or another clinician like an NP or PA) will review and sign each ICP.			
3. Delivery Record: A copy of either the dictated delivery summary or the actual delivery room record (must be legible) should be in the chart and should include the infant’s weight, Apgar scores, the type of delivery, and any complications.			
4. Prenatal Assessment/Reassessments & Postpartum Assessment Completed: All questions on the prenatal assessment/reassessments and postpartum assessment are thoroughly completed. Document “refused” if the client refuses to answer a question.			
5. Client Strengths: For each problem/risk, list at least one specific strength and/or source of support the client has to help her in resolving that problem.			
6. Risks/Problems Addressed on Care Plan: All problems (shaded areas on assessment) need to be documented and addressed on the ICP, problem list, or directly on the assessment form(s).			
7. Interventions Per Protocol: Interventions should match site protocols and be appropriate for the individual client and problem being addressed.			
8. Goals: The goal is the outcome that the patient should achieve after the interventions are completed per protocol.			
9. Time frame: Period of time or date when interventions will happen.			
10. Referrals and Outcomes: All referrals are made based on clinic protocols. Documentation should include the person/agency where the client was referred (with a phone number or address) and the outcome of the referral, including whether the appointment was kept/broken, and any follow-up needed.			
11. ICP Updated Each Trimester & Postpartum: Problems/risks and interventions documented from previous assessments are evaluated and updated at least once each trimester (high risk problems may require more frequent follow-up). New problems identified on reassessments and postpartum assessment are added to ICP. Problems from the pregnancy are re-evaluated and updated as needed.			
12. Client Orientation Documented: Client orientation must be documented using a checklist or other method to show review of all required orientation topics.			
13. Weight Grid Plotted: The patient’s weight is plotted at every OB visit on the correct weight gain grid (Underweight, Normal, Overweight, or Obese) as determined by pre-pregnancy BMI.			
14. Diet Intake: Either a Perinatal Food Group Recall (PFGR), Perinatal Food Frequency Questionnaire (PFFQ), 24-hour food recall, or other appropriate diet record should be completed at least each trimester and postpartum.			
15. Tdap: Documentation that Tdap was received or declined.			

All forms and instructions are located on the CPSP Website:

http://www.publichealth.lacounty.gov/mch/cpsp/CPSPwebpages/cpspforms_rev.htm