**Overview**
Maternal health chart audits are required by maternal health agencies providing direct medical and oral health care services. All health care services provided for women under the Maternal Health program must be entered into WHIS. Documentation of the clinical detail for direct health care services must be maintained in a client chart. Documentation of services must comply with generally accepted principles for maintaining health care records and with Medicaid requirements established by the Iowa Department of Human Services in Iowa Administrative Code 641 Chapter 79.3 found at [https://www.legis.iowa.gov/docs/iac/rule/01-06-2016.441.79.3.pdf](https://www.legis.iowa.gov/docs/iac/rule/01-06-2016.441.79.3.pdf). (See also Iowa’s Title V Administrative Manual for Community Based Programs at [http://idph.iowa.gov/Portals/1/userfiles/88/2017%20FINALAdminMan_FULL.pdf](http://idph.iowa.gov/Portals/1/userfiles/88/2017%20FINALAdminMan_FULL.pdf).) WHIS entries for each service will also be reviewed.

Completing chart audits is a quality improvement activity. The intent is to evaluate current practices within your agency and identify areas for corrective action to improve quality of service delivery. This audit applies to all direct care clinical services provided through your agency’s maternal health program regardless of payer source. Direct care services include the following services as defined in the Maternal Health Center Provider Manual found at [http://dhs.iowa.gov/policy-manuals/medicaid-provider](http://dhs.iowa.gov/policy-manuals/medicaid-provider):

- Prenatal Risk Assessment
- Health Education
- Nutrition Services
- Counseling for obesity
- Psychosocial Services
- Home visit for Social Workers
- Home Visits by Registered Nurse
- Listening Visits in a home or clinical setting
- Evaluation and Management
- Nursing Assessment
- Injections
- Administration of medication: oral, intramuscular, or subcutaneous (for progesterone)
- Vaccine administration and counseling
- Interpretation services
- Transportation services
- Depression screening
- Domestic violence screening
- Annual alcohol screening & Alcohol and/or drug screening
- Alcohol and substance abuse screening with brief intervention
- Counseling for alcohol misuse
- Preventive medicine counseling - related to testing for chlamydia and/or gonorrhea
- Initial and periodic oral screening
- Oral health risk assessments
- Oral prophylaxis (adult or child)
- Topical fluoride varnish
- Sealant application, per tooth
- Dental radiographs
- Nutritional counseling for the control and prevention of oral disease
- Tobacco counseling for the control and prevention of oral disease
- Oral hygiene instruction
**Frequency of audits and composition of audit team**

**Internal Chart Audit**
For contractors providing direct care clinical services, at least one self-conducted chart audit (internal chart audit) must be completed every other year. The agency’s audit committee shall consist of a multidisciplinary team of at least two professionals. This team must include representatives of the disciplines providing the direct care clinical services. For example, include at least one nurse for review of maternal health direct services including review of oral health direct services and a social worker if one is employed by your agency to provide psychosocial services. Subcontractor staff members are encouraged to participate in the audit process. All staff assigned to the team must be fully oriented to the audit process prior to assuming responsibility for an audit. It is recommended that the committee jointly review one sample record to establish consistency for the audit. Following the internal chart audit, the agency is required to submit completed review tools and a Maternal Health Chart Audit Summary form, complete with plans for quality improvement based upon the audit findings.

**Joint Chart Audit**
In the alternate year, the agency is required to have an audit conducted by a joint review team comprised of agency staff and state staff from the Bureau of Family Health and Oral Health Center. This team must include representatives of the disciplines providing direct care clinical services. Subcontractor staff members are encouraged to participate in the audit process. Team members will identify strengths and recommendations for improvement. Following the joint chart audit, the agency is required to develop and submit their plans for quality improvement based upon the audit findings.

**Number of charts to be reviewed**
For each audit, agencies are required to conduct a review of a minimum of ten maternal health records for direct care clinical services delivered over the 12 months prior to the audit. The records should be closed at the time of the audit. At least one record should include a postpartum home visit.

**Process for random selection**
Charts to be audited must be randomly selected. For example, every fifth record could be reviewed. For programs with multiple locations (e.g. county subcontractors or school sites), a representative sampling of records from each site should be reviewed. Additionally, if different staff members provide the services, a representative sampling from different providers should be reviewed. A sampling of each direct care clinical service provided by the agency must be included in the audit.

**Maternal Health Chart Audit Tool & Summary Forms**
Attached are the following:
- Maternal Health Chart Audit Tool (one form for reviewing each client chart) and
- Maternal Health Chart Audit Summary (one form for the entire audit process)
Due date and process for submission

Internal Chart Audit results are due to the Bureau of Family Health no later than Friday, April 14, 2017. Hard copies of the completed Maternal Health Chart Audit Tools and the Maternal Health Chart Audit Summary are to be sent to the following address:

Attn: (Your Regional Consultant)
Iowa Department of Public Health
Bureau of Family Health
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319

Maternal Health Chart Audit Tool

Complete one Maternal Health Chart Audit Tool for each client record.

- For all charts reviewed, complete the section entitled “General Record Elements”.
- Then complete any section(s) that pertain to the direct care clinical services provided to the maternal health client by your agency staff over the past 12 months.

For each line item within the tool, mark (X) in the box for “Y” if documentation is present, “N” if documentation is not present, or “N/A” if not applicable. If using “N/A”, include a brief explanation. Include under ‘comments’ any notes that pertain to the review of this client’s individual record.

Maternal Health Chart Audit Summary

Complete one Maternal Health Chart Audit Summary for the entire audit process. Areas to be addressed include:

- Method of random chart selection
  - Describe the process used to obtain a random selection of records to be audited.
- Strengths
  - Summarize strengths identified through the chart audit process. These may pertain to program implementation and/or documentation.
- Recommendations for Improvement
  - Identify recommendations for improving program implementation and/or documentation.
- Plans for Quality Improvement
  - Identify actions to be initiated in response to findings of this review. Include how results will be shared with staff to improve practice and enhance program development. Specify the person responsible and the projected date of completion for each activity.

Provide adequate narrative to fully describe your assessment and plan for quality improvement. The notation boxes in the electronic file can be expanded to provide as much space as needed.