

Contraceptive Care Room Study Tool

PURPOSE

Healthcare providers should ensure that steps in the delivery of care include offering patients contraceptive counseling and same-day contraception (using the Quick Start method) without requirement of unnecessary tests or subsequent visits. The Room Study Tool is intended to support health centers in examining how frequently eligible patients (patients who are not pregnant or seeking pregnancy) are being offered and provided contraceptive services. Information gathered from the assessment can be used to identify gaps in offering contraceptive counseling to eligible patients and in utilizing the Quick Start method to initiate contraception.

Instructions:

- ① Select a Room Study Coordinator. The responsibilities of the Coordinator will be to coordinate and provide oversight for all activities related to orienting staff, preparing materials, implementing study, and tracking and/or reviewing the Room Study Results.
- ② Select days and times to initiate and conclude the Room Study. The Room Study can be conducted over 1 day or over a period of days. Regardless of how long the study is conducted it should provide a good picture of current practice and provide enough information to assess the adequacy of current services and identify opportunities to improve.
- ③ Each Study Tool should be clipped on or placed within the patient's chart during the registration process. If you do not have paper charts, clip the Study Tool to a folder that can be passed from one staff member to another as they interact with the patient. Each site should determine when, how and who will place Study Tool on the patient's chart.
- ④ Each staff member that comes into contact with the patient should complete the section of the Study Tool relevant to the care they provide. For example: a nurse may assess pregnancy status of the patient and should complete that section of the tool, while the clinician prescribes and provides the patient with contraception and should complete that section of the tool.
- ⑤ Each health center should determine a process to collect the completed Study Tools throughout the day. To protect patient confidentiality please ensure the study tool cannot be accessed by patients.
- ⑥ Once logistics for completion of the Study have been determined, the Study Coordinator should provide an orientation to staff on purpose of Study and how to complete the Tool. **See "Room Study Tool Terminology."**
- ⑦ The Study Coordinator should be available at the beginning of the Study and occasionally throughout the day to ensure that the Study Tool is being completed by staff and to ensure Tools are not left in the patient chart or in the exam room.
- ⑧ At the end of the clinic session, the Study Coordinator should conduct a final review of all completed Study Tools to ensure that all data elements are completed. In instances where data is left blank attempts should be made to complete all data elements. This can be completed by asking the provider or by reviewing the chart utilizing the Patient Number.

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Room Study Tool Terminology

Provider Initials: First and Last Initial of provider who saw the patient

Patient Number: Patient Unique Identifier (provided by health center)

Age: Age of patient (example: 15)

Sex Assigned at Birth: M = Male F = Female I = Intersex

Gender: Write the patient's gender as defined by the patient and classified by your agency.

Sexually Active: If patient is 19 and older, circle YES if patient reports being currently sexually active, sexually active in the last three months or plans to be sexually active in the future. If patient is younger than 18, circle YES if patient reports being currently sexually active or EVER sexually active.

Visit Type: Select one of the listed options (preventive/well-exam, birth control, emergency contraception, pre-natal, post-partum, pregnancy testing, STD/HIV testing, Urgent/sick, other (please specify)).

Currently Pregnant: Patient is found to be pregnant at the time of the visit.

Currently Seeking Pregnancy: Patient is not pregnant at the time of the visit but reports seeking pregnancy and therefore does not want contraception.

Currently Using Any Method of Pregnancy Prevention: Patient is currently using prescribed contraception (e.g. LARC, Depo, Pill, Patch, Ring, Condoms, Withdrawal, etc.)

Counseled on all Available Contraceptive Methods: Patient is provided with accurate and unbiased information about all FDA-approved contraceptive methods available at the health center.

Provided Counseling on Contraceptive Methods: Patient is provided information on all available FDA-approved contraceptive methods.

Dispensed Contraceptive Method of Choice Today: Patient was provided FDA approved contraceptive method (either through Rx or dispensed on-site).

Quick Start: Patient was educated on ability to start contraception today and not wait for menses. Note on line 8 whether or not the patient decided to quick start. If you don't know, mark unsure.

Patient's Contraceptive Method at the Start of the Visit: Contraceptive method that the patient is using when presenting to the clinic for their visit.

Patient's Contraceptive Method at the End of the Visit: Contraceptive method that the patient is using when leaving the clinic as a result of the visit.

Comments: Share any comments relevant to services provided at the visit, such as the patient's reason for declining contraceptive counseling and why contraception was not dispensed or prescribed at the visit.

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Health Center Name: _____ Provider Initials: _____

Date: _____ Practice Setting (i.e. Ob/Gyn) _____

Patient Information			
Patient Number:			
Age:			
Sex Assigned at Birth:	Female	Male	Intersex
Gender:			
Sexually Active in the Past 3 Months (or Ever if Patient is 15-18 Years Old)		YES	NO (STOP here if NO)
Scheduled Visit Type: (circle one) <input type="radio"/> Preventive/well exam <input type="radio"/> Birth Control <input type="radio"/> Emergency Contraception <input type="radio"/> Pre-natal <input type="radio"/> Post-Partum <input type="radio"/> Pregnancy testing <input type="radio"/> STD/HIV Testing <input type="radio"/> Urgent/Sick <input type="radio"/> Other _____			
Visit Information		Circle One Response Below	
1. Currently Pregnant		YES	NO
2. Currently Seeking Pregnancy		YES (STOP here if YES)	NO
3. Currently Using any Method of Pregnancy Prevention (e.g. LARC, Depo, Pill, Patch, Ring, Condoms, Withdrawal, etc.)		YES	NO
4. Offered Counseling on all Available Contraceptive Methods		YES	NO
5. Provided Counseling on Contraceptive Methods		YES	NO (go to 9 and provide explanation in the Comments section)
6. Dispensed or Prescribed Contraceptive Method Today		YES	NO (go to 9 and provide explanation in the Comments section)
7. Patient Educated on Ability to Quick Start Method Today		YES	NO
8. Patient Decided to Quick Start Method of Contraception Today		UNSURE	YES
9. Patient's Contraceptive Method at the Start of the Visit: <input type="radio"/> IUD <input type="radio"/> Implant <input type="radio"/> Depo-Provera <input type="radio"/> Pill <input type="radio"/> Patch <input type="radio"/> Ring <input type="radio"/> None <input type="radio"/> Other _____		Patient's Contraceptive Method at the End of the Visit: <input type="radio"/> IUD <input type="radio"/> Implant <input type="radio"/> Depo-Provera <input type="radio"/> Pill <input type="radio"/> Patch <input type="radio"/> Ring <input type="radio"/> None <input type="radio"/> Other _____	
COMMENTS:			