

ZIKA CONTRACEPTION ACCESS NETWORK PROVIDER-LEVEL PROCTORING CHECKLIST

Date: _____ / _____ / _____ (MM/DD/YYYY) Clinic Name: _____
 Proctor First Name: _____ Last Name: _____ Clinic ID: _____
 Provider First Name: _____ Last Name: _____ Provider ID: _____

Standards & Indicators	Satisfactory	Not Completed - Comments
PATIENT FLOW AND SAFETY		
Patient flagged for Z-CAN by staff, sticker placed on chart, and Z-CAN ID created.	<input type="checkbox"/>	
Pregnancy status assessed according to CDC guidelines and Z-CAN manual.	<input type="checkbox"/>	
Pregnancy intention assessed with one key question.	<input type="checkbox"/>	
Patients receive, either from a designated counselor or the provider, appropriate counseling that includes comprehensible information about the effectiveness, benefits, risks, and side effects, of any chosen modern method prior to receiving that method.	<input type="checkbox"/>	
Patients have access to a range of modern contraceptive methods or information on where to obtain such methods.	<input type="checkbox"/>	
Providers properly screen clients for service eligibility, according to the CDC Medical Eligibility Criteria for Contraceptive Use.	<input type="checkbox"/>	
Provider can explain procedures for administration of pills, patches, rings and injections.	<input type="checkbox"/>	
Providers identify all necessary supplies required for insertion.	<input type="checkbox"/>	
Provider performs IUD insertion safely (including bimanual exam, cleaning cervix, sounding, and insertion). (Circle all device observed)	<input type="checkbox"/>	
Provider performs implant insertion safely (including cleansing arm and inserting device at appropriate depth).	<input type="checkbox"/>	
Providers follow Z-CAN mandated procedures for handling and reporting adverse events so that appropriate and timely follow-up care can be provided to clients, if necessary.	<input type="checkbox"/>	
Z-CAN providers and program personnel are not subject to any targets or quotas for the number of family planning acceptors or acceptors of a particular method.	<input type="checkbox"/>	
Providers aware there are no incentives to Z-CAN patients in exchange for accepting particular method, or to program personnel for achieving targets or quotas for numbers of acceptors of a particular method.	<input type="checkbox"/>	
Z-CAN TRACKING AND PAPERWORK		
Z-CAN Initial Visit Patient Encounter Form fully completed and placed into chart.	<input type="checkbox"/>	
Provider and/or staff reviews IUD or Implant consent form with patient as indicated.	<input type="checkbox"/>	
Provider fills out IUD or Implant procedure note as indicated.	<input type="checkbox"/>	
Provider demonstrates awareness of and ability to fill out Z-CAN Adverse Event Form as indicated.	<input type="checkbox"/>	
PRIVACY & CONFIDENTIALITY		
All services performed in a setting that offers the client privacy (i.e. the setting is screened from view of others).	<input type="checkbox"/>	
Precautions taken to ensure that client records are stored securely and confidentially.	<input type="checkbox"/>	
CONTINUITY OF CARE		
The provider informs clients about post-insertion and follow-up care, including circumstances under which she should return to the clinic or referral site.	<input type="checkbox"/>	
The facility provides the client Z-CAN card with information on whom to call or where to go in case of emergency or if she has questions or concerns.	<input type="checkbox"/>	
If provider is not available or not qualified to provide appropriate follow-up care (as in case of an adverse event), client must be informed of one or more Z-CAN-approved referral sites for followup care.	<input type="checkbox"/>	

ZIKA CONTRACEPTION ACCESS NETWORK PROVIDER-LEVEL PROCTORING CHECKLIST

Proctor First Name: _____

Provider NPI: _____

Provider First Name: _____

Email Address: _____

PROCTORED DEVICES

Device	Date of Insertion	Proctor Name	Clinic Z-CAN ID	Competency Achieved?	Comments
Mirena of Skyla 1				<input type="checkbox"/>	
Mirena of Skyla 2				<input type="checkbox"/>	
Liletta 1				<input type="checkbox"/>	
Liletta 2				<input type="checkbox"/>	
Nexplanon 1				<input type="checkbox"/>	
Nexplanon 2				<input type="checkbox"/>	
Paragard 1				<input type="checkbox"/>	
Paragard 2				<input type="checkbox"/>	

Comments: