5.1A SITE VISIT FORM TEMPLATE

SITE VISIT FORM TEMPLATE

Date: (MM/DD/YEAR) __ __ /__ __ / __ __ __ __

(INSERT PROGRAM NAME) **Clinic ID:** _____

Site visitor(s): Name: _____ Name: _____

Reason for visit: ☐Routine visit ☐Charge follow-up ☐High-volume site ☐Low-volume site ☐Clinic request ☐Adverse event follow-up ☐Inventory/reordering concern ☐Other_____

(INSERT PROGRAM NAME) Physician Information – Record names of all (INSERT PROGRAM NAME) physicians currently practicing at the clinic (If a (INSERT PROGRAM NAME) physician is no longer practicing at the clinic, please provide details in the comment section below.)

(INSERT PROGRAM NAME) Physician Name	(INSERT PROGRAM NAME) Provider ID	Prompted Visit?
		☐
		☐
		☐
		☐
		☐

(INSERT PROGRAM NAME) Staff Information – Need to document staff turnover (Compare notes from the Database to info obtained during visit and describe any changes below.)

Staff Name	Phone Number	E-mail	(INSERT PROGRAM NAME) Trained?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Main point of contact for (INSERT PROGRAM NAME) Program

Name: _____

Phone Number: _____ E-mail: _____

Comments (summary observations):

Describe the clinic's approach to scheduling (INSERT PROGRAM NAME) **patients**:

OB/GYN service days? ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat

Does your clinic have specific days that (INSERT PROGRAM NAME) services are offered? ☐Yes ☐No
If yes, which days? ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat

Does your clinic accept walk-in appointments? ☐Yes ☐No

How far out are visits being scheduled? (i.e., if a patient calls for an appointment today, when will the next appointment be available?) ☐Within 1 week ☐In 2-3 weeks ☐In 4 weeks or more
☐ other; specify_____ (Describe if there is any difference depending on method type):
_____
_____

Does your clinic provide specific appointment times or are appointments scheduled in blocks, e.g., morning/afternoon, hourly?

☐ Specific appointment times ☐ How much time is allocated? ☐ 15 minutes ☐ 30 minutes ☐ other; specify _____

☐ blocks ☐morning/afternoon ☐hourly ☐other, specify _____

Are patients seeking (INSERT PROGRAM NAME) services provided with specific information different from non (INSERT PROGRAM NAME) patients? ☐ Yes ☐ No

If yes, please describe briefly:
_____
_____

Describe any other aspects of the scheduling process that are important to note:

Describe the flow through clinic for initial (INSERT PROGRAM NAME) **visit:** (e.g., check in, assigning ID, counseling, who fills out/initiates program forms)

Document the name of the staff member who performs the following procedures and provide comments, if any:

-Checks patient in:_____

-Determines if patient is a (INSERT PROGRAM NAME) patient: _____

-Explains the charges: _____

-Assigns the ID: _____

-Provides patient with (INSERT PROGRAM NAME) ID card with contact number: _____
_____

-Provides patient with Patient Education Brochure: _____

-Collects the information for the Master Patient (INSERT PROGRAM NAME) ID list): _____
_____

-Provides contraceptive counseling: _____
_____

-Fills out the patient encounter forms: _____
_____

-Fills out the inventory tracking documents: _____
_____

-Checks patient out: _____
_____

☐ How long does it take to see a (INSERT PROGRAM NAME) patient on average – from check-in to check-out?
○30 minutes or less ○more than 30 minutes but less than 1 hour ○1-2 hours ○3-4 hours ○more than 4 hours

☐ How often do patients come for (INSERT PROGRAM NAME) services and decide they want other services and receive them the same day? ○never ○sometimes ○often ○always

☐ About how many women of reproductive age who do not desire pregnancy and are not currently on an effective method of contraception does your clinic see each week? _____

What % of them are offered (INSERT PROGRAM NAME) services?_____

How often do patients come for other services but are identified as (INSERT PROGRAM NAME) patients during the visit and receive (INSERT PROGRAM NAME) services that day?

☐ never ☐ sometimes ☐ often ☐ always

Does your clinic require follow-up visits for LARC methods? Yes No If yes, describe reason _____ Does your clinic require ultrasounds for IUD insertions? Yes No
If yes, please check all that apply on next page

☐At insertion for all ☐At insertion if provider having difficulty placing IUD ☐At a routine follow-up visit
☐For suspected adverse event (i.e., perforation, displacement, expulsion)

Are follow-up visits routinely scheduled for non-LARC method provision refills? ☐Yes ☐No
Are all patients given a (INSERT PROGRAM NAME) ID card with contact number? ☐Yes ☐No

Describe any other aspects of the clinic flow for the initial visit that are important to note:

Describe general administrative procedures:
How do you ensure that blank (INSERT PROGRAM NAME) documents are always available?
☐ Copy blank hard copy ☐Print electronic copy ☐Complete as electronic form ☐other; describe
_____

Who orders (INSERT PROGRAM NAME) contraceptive methods? _____

Have you determined what your PAR level is? ☐Yes ☐No
If yes, describe PAR level: _____

Who submits patient forms to the (INSERT PROGRAM NAME) program? _____

When are forms submitted? ☐day of visit ☐within 7 days of visit ☐by end of month ☐other; _____

Who calls/will call the (INSERT PROGRAM NAME) program when a Severe Adverse Event is noted?
_____

When is/will the call be made to the (INSERT PROGRAM NAME) program for a Severe Adverse event?
☐ within 24 hours ☐within 7 days ☐other; _____

When are/will Adverse Event Forms be submitted?
☐ within 24 hours ☐within 7 days ☐other; _____

Are there any necessary supplies for LARC insertion and removal that you have difficulty obtaining or keeping in stock? _____

Describe any other aspects of the general administrative procedures that are important to note: _____
_____

Describe any challenges to (INSERT PROGRAM NAME) implementation in this clinic:
Are you seeing fewer (INSERT PROGRAM NAME) patients than you expected to see?
☐Yes ☐No

If yes, describe what the possible barriers are:

Does implementing the (INSERT PROGRAM NAME) program disrupt the normal clinic flow? ☐ Yes ☐ No
If yes, describe _____

How does your clinic manage the flow of paperwork? (Mark all that apply)(INSERT PROGRAM NAME) documents are: ☐incorporated into the medical charts ☐stored separately ☐other; describe

_____

Has the clinic experienced any difficulty with availability of sterilized equipment during (INSERT PROGRAM NAME) visits? ☐ Yes ☐No
If yes, describe _____

Has your clinic experienced any delays in receiving contraceptive methods? ☐ Yes ☐No
If yes, which methods? _____
Re-visit ordering practices (Describe the process and set expectations.

How much storage space is available for product storage? _____

How does your clinic handle patients who have questions or complaints about the method they were provided?

_____

How does your clinic handle patients who report adverse events (if none, reported, what plan is in place)?

_____

Have you experienced any delays in receiving reimbursement checks? ☐Yes ☐No
If yes, describe? _____
Review the process and set expectations.

Who do you call or e-mail when you have questions? _____

_____

Describe any other aspects of challenges to implementation that are important to note:

Describe successes or unique approaches to (INSERT PROGRAM NAME) implementation in this clinic: Does your clinic have signs or fliers? ☐Yes ☐No

Does your clinic staff systematically approach women of reproductive age who come in for other services? ☐Yes ☐No

Describe any other aspects of successes or unique approaches to implementation that are important to note:

Does your clinic want to increase the number of (INSERT PROGRAM NAME) patients? ☐Yes ☐No

If yes, what ideas do you have? Is there anything the (INSERT PROGRAM NAME) program can do to support you?

Standards & Indicators	Satisfactory	Comments
Explanation of (INSERT PROGRAM NAME) policies, procedures and billing		
Front desk and scheduling staff understand and have a plan for scheduling (INSERT PROGRAM NAME) patients	☐	
Front desk and scheduling staff understand appropriate and inappropriate charges for (INSERT PROGRAM NAME)	☐	
Medical assistant and nurses understand appropriate and inappropriate charges for (INSERT PROGRAM NAME)	☐	
Providers understand appropriate and inappropriate charges for (INSERT PROGRAM NAME)	☐	
Clinic Procedures and Supplies		
Clinic performs services according to the (INSERT PROGRAM NAME) procedure manual (location of manual known)	☐	
(INSERT PROGRAM NAME) clinics are not subject to any targets or quotas for the volume of (INSERT PROGRAM NAME) patients or number of specific methods provided to (INSERT PROGRAM NAME) patients	☐	
Facility has locked area to keep (INSERT PROGRAM NAME) contraceptives separate	☐	
(INSERT PROGRAM NAME) Tracking		
Clinic demonstrates ability to complete Master (INSERT PROGRAM NAME) ID Patient List with required data elements, follows protocol for privacy	☐	
Clinic demonstrates plan for secure transmission of (INSERT PROGRAM NAME) data collection forms	☐	
Clinic demonstrates plan for logging supplies used and demonstrates understanding of how to re-order supplies	☐	
Clinic demonstrates plan for when to re-order supplies including discussion of PAR levels and understands that orders should cover them for at least a one-month supply of contraceptives	☐	
Privacy & Confidentiality		
All services are performed in a setting that offers the client privacy.	☐	
Precautions are taken to ensure that client records are stored securely and confidentially	☐	

Methods Available to Patients at Clinic TODAY (select all that apply):	
Withdrawal	*Not Applicable*
Fertility Awareness	*Not Applicable*
Diaphragm	☐
Mirena IUD	☐
Skyla IUD	☐
Liletta IUD	☐
Paragard IUD	☐
Implant (Nexplanon)	☐
Shot (Depo Provera)	☐
Combined hormonal pills	☐
Progestin-only pills	☐
Ring (NuvaRing)	☐
Patch (Xulane)	☐
Condoms	☐

Is the clinic using any of the following (INSERT PROGRAM NAME) materials? (select all that apply):	
(INSERT PROGRAM NAME) ID labels	☐
(INSERT PROGRAM NAME) ID cards	☐
(INSERT PROGRAM NAME) buttons	☐
(INSERT PROGRAM NAME) poster up in clinic?	☐
(INSERT PROGRAM NAME) bags	☐
(INSERT PROGRAM NAME) patient brochures	☐
Facebook	☐

Comments about use of or need for (INSERT PROGRAM NAME) materials:

Describe any other details observed at the site visit:

Describe action steps developed as a result of the site visit: