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| **Overview of STD Process Initial Visit** |
| Step 1 | Patient calls the helpline |
| Step 2 | Patient schedules an appointment |
| Step 3 | Confirmation call to patient |
| Step 4 | Patient arrives and checks in for appointment |
| Step 5 | Consent forms and Health Questionnaire |
| Step 6 | Patient leaves urine sample |
| Step 7 | Perform pregnancy test |
| Step 8 | Deliver pregnancy test results |
| Step 9 | Physical exam and blood draw |
| Step 10 | STD results & education |
| Step 11 | STD treatment |
| Step 12 | PSA/Gospel presentation |
| Step 13 | Exit process |
| Step 14 | Check-out |
| Step 15 | Follow-up appointment |

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| Step:  | #1-Patient Calls the Helpline |
| Owner: | Patient |
| Location:  | N/A |
| Scripts: | See Step #2 for Helpline conversation |
| Forms: | N/A |
| Policies: | N/A |
| Add’l Print Materials: | * New Phone book ad includes information about STD testing/treatment
 |
| Notes: |  |

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| Step:  | #2-Patient Schedules Appointment (4-5 mins)* Patient asks initial question
* Determine pregnancy vs. STD appt
* If STD: Determine pt’s birthday (do not schedule if younger than 15)
* Determine previous visit
* Use database to obtain patient information, schedule appointment
* Confirm location (indicating new office address) and directions
* Use script to close conversation
* Enter appt information on Calendar
* Enter patient information in DB
 |
| Owner: | Helpliner |
| Location:  | N/A |
| Scripts: | * If patient calls with pregnancy/abortion question:
	+ Follow current OT script.
* If patient asks for STD testing, or does not specify:
* **“Do you think you may be pregnant?”**
	+ - If Yes, follow current OT script
		- If No, continue.
* **“How old are you? And what is your birth date?”**
	+ - Do not schedule for STD appt if patient is not yet 15y at date of appt.
* **“Have you ever been a patient at CompassCare before?**
	+ - If Yes, ask when and document in order to use current patient DB record, and to locate old chart in office
		- If No, continue.
* **“I’m happy to schedule an appointment for STD testing and treatment. We are also able to schedule an appointment for your partner or a friend at the same time as yours. Is there anyone you would like to bring with you?”**
	+ - If Yes:
			* **“We will place a 24-hour hold on your partner/friend’s appt, but he/she needs to call this number within 24 hours so we can get all the information we need to see him/her.”**
			* Enter appt on calendar as “HOLD FOR [name] UNTIL [next day’s date]”
		- If No, continue.
* **“Our next available appointment is [*date & time*].”**
	+ - Proceed to next question, but if patient has chosen an appt time that can not be double booked AND would like to bring a partner/friend, offer them the next available that can be double booked.
* **“Ok, I need some information in order to make your appointment.**
	+ - Enter information into DB stating “STD Testing” for *Reason for Call*, and using “N/A” for Intention to Carry.
		- Note that an STD appointment can not be made during a woman’s period, so schedule following current period if applicable.
		- When asking for permission to confirm:
			* **“We confirm all of our patients the business day before your appointment. How do you want us to reach you? We can call you, text you, or email you.**
		- If patient chooses call:
			* **“May we leave a voicemail at that number? And if another person answers, may we leave a message with them?**
	+ **“So, at your appointment on [**Date & Time**], You will meet with your nurse who will test for the most common STD’s. Some of your test results will be available immediately while others will take a few days. Your nurse will arrange treatment if needed. She will also answer any medical questions that you may have.**
* **Do you have health insurance? If yes please bring your insurance card. If no, we request a $20 administrative co-pay at the time of your appointment. Financial assistance is available. Your appointment should take no more than an hour and 15 minutes. If you need to change or cancel your appointment, please call us at least 24 hours in advance. We look forward to serving you on [Date & Time].”**
 |
| Forms: | Pt information to be entered directly into DB, including documenting that call was made and scheduled appt. No form required for this step. |
| Policies: | SERVICE TO MINORSCONFIDENTIALITY POLICY |
| Add’l Print Materials: | N/A |
| Notes: | Have Helpliners keep track of any questions that are asked outside of schedule questions, and monitor frequency of each question.  |

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| Step:  | #3-Confirmation Call to Patient (1 min)* Use calendar to identify patients to be called
* Confirm permission to contact using DB
* Contact each patient (phone, text, email) and confirm using script
* Document call and outcome in DB
 |
| Owner: | Helpliner |
| Location:  | N/A |
| Scripts: | * Helpliner will confirm appointment with patient or via message (phone, text or email) with permission to confirm documented in DB:
	+ **“This is (your name) from CompassCare. I’m confirming your appointment for (day, date and time of appointment). If you are unable to make this appointment, please call our Scheduling Helpline at (Helpline phone number) to reschedule. Thank you.”**
 |
| Forms: | Information to be entered directly into DB. |
| Policies: |  CONFIDENTIALITY |
| Add’l Print Materials: | N/A |
| Notes: | CONFIRMATION OF APPOINTMENTS (per OT)All patients will receive a confirmation call one business day prior to their scheduled appointment. Staff will use only the script outlined in the OT when confirming appointments (either in person or in a message), leaving no information about the nature of the appointment or specific services to be provided during the appointment. If a patient schedules within 24 hours of an appointment, no confirmation call will be made. |

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| Step:  | #4-Patient Arrives & Checks In for Appointment (7 mins)* + Greet patient and give clipboard with 2 forms:
	+ *Patient Information Form*
	+ *WCYE*
	+ Patient returns forms to Clinical Coordinator completed and signed
	+ Review form for completeness
	+ Assure that patient signed the bottom
	+ Copy insurance card front and back, 2 copies (1 for chart, 1 for CDD)
	+ OR (if no health insurance), Request admin donation from patient.
	+ Give patient a Waiting Room number card, and attach matching number card to chart.
	+ Notify Nurse that patient and chart are ready.
 |
| Owner: | Clinical Coordinator |
| Location:  | Reception area |
| Scripts: | * When new patient arrives and gives name to Clinical Coordinator, give patient the *Patient Information Form, WCYE*:
	+ **“Welcome to CompassCare. Please complete the information on this form (**indicate *Patient Information Form*)**. You do not need to fill in the first line, Pt ID Number. Please also read this form** (indicate WCYE**) so you’ll know what to expect during your visit, and sign the bottom. You can return both forms to me when you’re finished.”**
* When patient returns completed form with or without insurance card, give patient a number card:
	+ **“Do you have insurance that you would like to use for your labwork today?”**
		- If yes**, “May I make a copy of your insurance card.”**
		- If no**, “Ok, well as you heard when you called our Helpline, CompassCare is a non-profit agency, funded entirely by private donations. To help offset our administrative costs, we request a $20 donation from those without insurance that covers their lab costs.”**
		- If patient is unable to pay**, “We understand, and we are happy to serve you, regardless of your ability to pay. We have a limited number of service vouchers for patients who are unable to pay and do not have insurance. So, I will apply one of those to your visit today.”**
		- **“Thank you. This is your patient number, given for your privacy. Please have a seat and a nurse will call your number shortly.”**
 |
| Forms: | * *Patient Information Form*
* *What Can You Expect* *Form*
* *Service Vouchers*
 |
| Policies: | INSURANCE POLICY |
| Add’l Print Materials: | * Number cards (two sets, 1-20) to de-identify patients waiting in reception area (Nurses would call patients by number, rather than by name.)
 |
| Notes: | Need to add Clinical Coordinator to list of vol opportunities, and train on all aspects of checking in/out pts, scheduling pts, taking donations, data entry, helpline |

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| Step:  | #5- Consent form & Health Questionnaire, (12 mins)* + Call Patient by number and lead to Exam Room
	+ Review *STD Panel Form*
	+ Review *STD Consent Form*
	+ Perform HIV Pre-counseling using script
	+ Review *HIV Informed Consent Form,* Parts A & B
	+ Review *Authorization to Release Med HIV Info Form*
	+ Complete Health Questionnaire: RNs to use current scripts/process outlined in current OT
 |
| Owner: | Staff Nurse |
| Location:  | Waiting Room, Exam Room |
| Scripts: | * In waiting room, Nurse calls patient by number, not by name.
* Nurse introduces herself:
	+ **“Hello, my name is (name). I’m a registered nurse here at CompassCare. You and I will be working together today. I’m really glad you’re here. [Smile] Follow me to your exam room.”**
* Once in Exam Room, Nurse reviews services:
	+ **“I will answer any medical questions that you may have today, so please feel free to ask me questions at any time. I’m here to help you understand your risk for STDs and unplanned pregnancy, so that you can understand the results of your sexual health decisions.”**
	+ **“We will be screening you for these STDs. [***Show patient STD Panel Form, noting method of screening for each.*]
	+ **[**Female only:] **“We will also be performing a pregnancy test today. If your pregnancy test is negative, we will perform a limited physical exam to complete your screening. If your pregnancy test is positive, we will do Chlamydia and Gonorrhea testing and we will try to confirm your pregnancy through an ultrasound exam, if possible. But, we will refer you to an OB/GYN for more complete screening.”**
* Nurse, reviews STD Consent form:
	+ **“Let’s review this STD Consent Form.”** *[Read bold sections of the STD Consent Form, and have patient sign bottom.]*
* HIV Pre-Counseling:
	+ **“Now let’s talk about HIV Testing. There are a few things that we are required to discuss with you about HIV/AIDS Laboratory Testing**
		1. **Your results are totally confidential. We are not permitted to even tell someone that you have been tested. If another doctor requests results on your behalf, the consent form must include a specific release by you to allow us to send HIV results. The only exceptions are legal entities when the information is necessary for epidemic control and another doctor if he/she requires the information in order to treat another patient.**
		2. **HIV may not show up in a blood test for up to three months. So, a negative test means that you were not infected as of [**give date of three months ago]. **It is essential that you return in three months to have the test repeated, but remember that testing at that time won’t pick up infection contracted between now and then.**
		3. **A positive test means only that you have been infected by the HIV virus, and not that you have AIDS. Current treatment is able to hold off full-blown AIDS for a considerable time, however you are contagious and can pass the virus along to anyone who comes in contact with any of your fluids (blood, saliva, vaginal fluid, or semen).**
		4. **“Do you have any questions?”**
* Review and have patient sign *HIV Informed Consent Form*:
	+ **“In order to do an HIV test, I need to give you this document** [give Part A]**, and have you sign this consent form** [sign Part B]**.”**
* Review and have patient sign *Authorization to Release Med HIV Info*
	+ ***“*In case you want us to release information to another doctor, you need to sign this release form.”**
		1. Read first two sentences of form
	+ **“Please choose one of these three options, and sign in these three places.”**
		1. Have patient check one of the 3 boxes.
		2. Have patient sign bottom of all three pages.
* Introduce HQ:
	+ **“I’m going to ask you some medical questions now, including some questions about your partners, and your sexual activity with them. It’s important for you to know that you decrease your risk of STDs and unplanned pregnancy by decreasing the number of sexual partners you have and, if you have more than one partner, decreasing the number of times you have sex with all of them. We’ll talk more about reducing your risk later.”**
	+ Use *Initial Visit HQ* as script
 |
| Forms: | * *STD Panel Form*
* *STD Consent Form*
* *HIV Informed Consent Form*
* *Authorization to Release Med HIV Info*
* *Initial Visit HQ*
 |
| Policies: | STANDING ORDERS FOR STD TESTING AND TREATMENTSTANDING ORDERS FOR PREGNANCY TESTHIV COUNSELINGQUALIFYING HIV TESTSHIV CONFIDENTIALITY |
| Add’l Print Materials: | * Wall chart with STD panel info (CDC, NYS supplied)posted in each exam room
* HQ Breakdown available for nurse reference
 |
| Notes: | * Male patients: RN review only front side of HQ
* Female patients: RN reviews both sides, regardless of pregnancy test result
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| Step:  | #6-Patient leaves urine sample (3 mins)* + Walk patient to restroom
	+ Patient leaves urine cup in silver door
	+ Label all specimen tubes and prepare for shipment while patient leaves urine sample
	+ Patient returns to Exam Room
 |
| Owner: | Staff Nurse |
| Location:  | Restroom |
| Scripts: | * Nurse walks patient to restroom:
	+ **“Please leave your urine sample in this cup, put this top on the cup, and leave it behind the silver door in the wall. When you’re finished, you can return to your exam room. I will perform your pregnancy test, and will return after 4 minutes with those results. Then we can discuss your next steps.”**
 |
| Forms: | N/A |
| Policies: |  |
| Add’l Print Materials: | N/A |
| Notes: | Skip this step with male patients. |

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| Step:  | #7-Perform pregnancy test (4 mins)* + Use current scripts/processes outlined in current OT
 |
| Owner: | Staff Nurse |
| Location:  | Lab |
| Scripts: | N/A |
| Forms: | *Pregnancy Test Log* |
| Policies: | PREGNANCY TESTSSTANDING ORDER FOR PREGNANCY TEST |
| Add’l Print Materials: | N/A |
| Notes: | * + Skip this step with male patients
 |

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| Step:  | #8-Deliver pregnancy test results (2 mins)* + Use current scripts/process outlined in current OT
	+ Negative test patients: give Home Pregnancy Test
 |
| Owner: | Staff Nurse |
| Location:  | Exam room |
| Scripts: | * Negative pregnancy test:
	+ **“Your pregnancy test was negative today, meaning that there is not enough HCG, the pregnancy hormone, in your urine to turn a pregnancy test positive. Is that result a surprise to you? *[Allow patient to answer, and reflect back on her response.]*”**
	+ [Give pregnancy test to patient] **“This is a pregnancy test that you can take at home. If you think you may be pregnant, follow the instructions on the package. If you have a positive test at home, you can call our Scheduling Number to make another appointment for pregnancy services, including an ultrasound to find out how far along you are.”**
* Positive pregnancy test:
	+ **“Your pregnancy test was positive today. Is that result a surprise to you*? [Allow patient to answer, and reflect back on her response.]* How do you feel about hearing that news today? *[Allow patient to answer, and reflect back on her response.]*.”**
 |
| Forms: | N/A |
| Policies: | N/A |
| Add’l Print Materials: | N/A |
| Notes: | * + If pregnancy test is positive, switch to OT Pregnancy Platform beginning with step 6: Situational Assessment, Options Presentation. Skip OT Pregnancy Platform step 8, 10, 11
	+ Skip this step with male patients
 |

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| Step:  | #9- Physical Exam and Blood Draw (15 min)* + RN performs physical exam (using Male and Female Scripts)
	+ RN draws blood
	+ RN discusses risks of partner variation and frequency for STD and unplanned pregnancy (Education review)
	+ In-House labs performed by RN following PE (wet preps)
	+ Swabs prepared for shipment to CDD
 |
| Owner: | Staff Nurse |
| Location:  | Exam room (equipped with Ultrasound machine for pregnant patients as well as exam table and various supplies needed) |
| Scripts: | * Physical Exam:
* **“I will be obtaining several samples, including a swab of your cervix, your rectum and your throat** [state only those indicated during history]**. I will also be looking for other symptoms that may indicate a problem.”**
* **“I will step out, so you can get undressed from the waist down. You can cover up with this drape sheet. I’ll come back in when you’re ready."**PE script as determined by Dr. Davey, training
	+ - Script for abnormal PE:
* **“I’m not seeing what I would expect to see in your exam. Diagnosing abnormalities is outside the scope of my practice, so you need to be seen by a physician immediately.”**
* Transition to Blood Draw/Education “Quiz”
* **“I will step out so you can get dressed again. When I come back, I’ll do your blood draw.”**
* Education Review (during blood draw):
* **”I’ve got a little quiz for you. What are two ways you can decrease your risk for STDs and unplanned pregnancy?”** [*Answer: By decreasing your number of sexual partners, and if you have more than one partner, decreasing the number of times you have sex with all of them. This decreases the number of times you’re exposed to STDs.]*
* **Transition to lab work/Introduce Education:**
* **“I need to look at your samples under the microscope to see if you have any positive results that we can treat today. While I’m gone, you can think about these three questions and write down some answers if you’d like. We’ll talk more about that when I return with your results.”**
 |
| Forms: | *Physical Exam Report* |
| Policies: | PHYSICAL EXAMINATION POLICYEDUCATION POLICY |
| Add’l Print Materials: |  |
| Notes: | Male: Use Male PE guide |

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| Step:  | #10- STD Results & Education (10 mins)* + Review results of PE including any positive results (disease specific brochure based on diagnosis)
	+ Review Education Worksheet
	+ Discuss benefits and risks of current sexual health decisions in context of goals stated by patient
 |
| Owner: | Staff Nurse |
| Location:  | Exam room |
| Scripts: | * Review PE, wet prep results with patient:
	+ Negative results:
		- **“Our lab tests and physical exam did not detect any STDs today. But, there are still some STDs that can only be determined with blood work. You should not have any sexual contact with anyone until you receive those results. Those results will be available in about three business days. I’ll discuss how you can get your results in just a moment.”**
	+ Positive results:
		- **“Our lab tests [AND/OR] physical exam detected [STD]. [AND/OR] Your health history [also] indicates that you may have Chlamydia/Gonorrhea. You will receive treatment for that today. There are still some STDs that can only be determined with blood work. You should not have any sexual contact with anyone until you receive those results. Those results will be available in about three business days. I’ll discuss how you can get your results in just a moment.”**
* Brochures serve as scripts for Education
* Education Script:
	+ - **”Did you have a chance to think about some of your goals, and how your sexual health decisions are related to them?”**
			* Review patient’s responses, and engage patient with both positive aspects and negative aspects of sexual health decisions.
				+ **“What are some of your goals?”**
				+ **“How are your sexual health decisions helping you reach those goals?”**
				+ **“How are they hindering you from reaching your goals?”**
			* Identify one of the patient’s goals and discuss positive and negative results of their decision directly related with that goal.
			* If a patient states a positive aspect that is in fact not healthy or beneficial to him/her, redirect him/her to another positive point that you can then affirm with him/her.
			* You can suggest some of the following goals if patient does not have any**:**
				+ Get married
				+ Have children
				+ Finish school
				+ Start a career (What field?)
				+ Travel
			* You can suggest some of the following positives if patient does not have any**:**
				+ Looking for the right guy/girl
				+ Learning what I want in a relationship
				+ It’s fun
				+ Get to know someone better
			* You can suggest some of the following negatives if patient does not have any**:**
				+ Put yourself at risk for future reproductive health problems (i.e. PID, HIV)
				+ Many STDs have no cure
				+ You risk passing them on to another partner
				+ Symptoms are often difficult to deal with
				+ Unplanned pregnancy is a very difficult situation
			* **We have already talked about two ways you can decrease your risk of getting a STD or getting pregnant. First, only have sex with one person, who is also only having sex with you. Second, if you do have more than one partner, reduce the number of times you have sex with all of them. This reduces the number of times you are exposed to a STD.”** [Use *How At Risk Are You*]
			* **“It is important for your partners to get tested, even if all of your results are negative. You can give them this card, and we will make an appointment for them to have the same tests that you’ve had today.”** [Give Friend Referral Card]
 |
| Forms: |  |
| Policies: | REPORTING OF STD AND HIV TEST RESULTS TO PATIENTS AND PARTNERSSTD EDUCATIONSTANDING ORDERS FOR STD TESTING AND TREATMENT |
| Add’l Print Materials: | * Friend Referral card
* Pregnancy test given to negative test patients
* Partner Chart
 |
| Notes: |  |

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| Step:  | #11-STD Treatment (8 mins)* + RN explains disease specific treatment (using *Drug Fact Sheet*)
	+ RN administers treatment and documents on *STD Panel Form*
	+ RN has patient choose results notification method, and sign *Results Consent Form*
 |
| Owner: | Staff Nurse |
| Location:  | Exam room |
| Scripts: | * Choosing results notification method:
	+ **“We can email your test results to you, along with instructions for obtaining any necessary treatment or follow-up. If you don’t have an email address or you don’t want to provide it to us, you can also make an appointment to receive your results in person.”**
	+ RN will review *Results Consent* and have patient initial beside choice and sign.
	+ If patient needs to schedule a return appt before leaving, nurse will write timeframe on PSA and Clinical Coordinator will schedule at Check-out.
 |
| Forms: | * *Drug Fact Sheets*
* *Results Consent Form*
* *STD Panel Form*
 |
| Policies: | ALL DISEASE-SPECIFIC POLICIESMEDICATION STORAGE AND DISPENSATION POLICY |
| Add’l Print Materials: |  |
| Notes: |  |

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| Step:  | #12- PSA and Gospel Presentation (6 mins)* + RN reviews PSA
	+ RN presents gospel
	+ RN explains follow-up process
 |
| Owner: | Staff Nurse |
| Location:  | Exam room |
| Scripts: | * PSA:
	+ **“Let me review some of the referrals we talked about during your appointment today.”** [Review *PSA*, including a return visit timeframe, to be scheduled at Check Out.]
	+ **“We have a Nurseline that you can call with any non-emergency questions now that you’ve been seen in our office. You can leave a message on that line at any time and a nurse will get back to you. If you have a medical emergency, though, you should call your own doctor or go to the emergency department. If you have questions about scheduling an appointment, call our Helpline.”**
	+ **“You will receive instructions about follow-up care when you receive your results. It’s important that you follow those instructions, including coming back for more testing or for treatment if you have any positive results. If you have any questions in the meantime, please feel free to call us.”**
* Gospel Presentation:
	+ **“Sometimes it is hard to make changes in your personal life without outside help and a strong faith in God. Can I share with you a little bit about what the Bible has to say about how to know God?”** (Continue with OT script, same as Pregnancy Platform.)
 |
| Forms: | * *PSA*
* *Steps to Peace With God*
 |
| Policies: | FOLLOW-UP POLICYREFERRAL POLICY |
| Add’l Print Materials: |  |
| Notes: |  |

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| Step:  | #13 - Exit Process (2 mins)* + Nurse asks patient to complete Exit Survey then return to Clinical Coordinator at check-out
 |
| Owner: | Staff Nurse |
| Location:  | Exam room |
| Scripts: | * Ask patient to complete Exit Survey:
	+ **“Would you be willing to complete a short survey to let us know how we are doing?”**
	+ **“You can complete this survey here, and then return it to the Clinical Coordinator at the Check-Out window. She will also schedule you for your results appointment.”**
 |
| Forms: | * *Exit Survey*
 |
| Policies: | EXIT SURVEY POLICY |
| Add’l Print Materials: | * Clear signage throughout office indicating Exit, Check-Out window
 |
| Notes: |  |

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| Step:  | #14-Check-out, Schedule Return Appointment (4 mins)* + Patient delivers *Exit Survey* to Clinical Coordinator at Check-Out window
	+ Clinical Coordinator schedules results appointment as noted on *PSA*
 |
| Owner: | Clinical Coordinator |
| Location:  | Check-Out window/Reception area |
| Scripts: | * Return Visit Scheduling
* **“Your nurse wants you to come back in 2 weeks for a follow-up visit. Our next available appointment at that time is [*date & time*].”** Write date/time on PSA and on appointment card.
	+ - When asking for permission to confirm:
			* **“We confirm all of our patients the business day before your appointment. How do you want us to reach you? We can call you, text you, or email you.**
		- If patient chooses call:
			* **“May we leave a voicemail at that number? And if another person answers, may we leave a message with them?**
* **OR**
* **“You will receive follow-up instructions when you receive your results via email. If you have any questions, please feel free to call the numbers that your nurse reviewed with you.”**
 |
| Forms: | N/A |
| Policies: | N/A |
| Add’l Print Materials: | * Access to calendar required
 |
| Notes: |  |

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| Step:  | #15-Follow-Up Appointment (30 minutes total)* + See Follow-up Table for case-specific follow-up process
 |
| Owner: | Same as equivalent step in Initial Appt |
| Location:  | Same as equivalent step in Initial Appt |
| Scripts: | Same as equivalent step in Initial Appt |
| Forms: | Same as equivalent step in Initial Appt |
| Policies: |  |
| Add’l Print Materials: |  |
| Notes: |  |