2011 VA Emergency Services for Women (ESW) Survey

Thank you for filling in this survey on your ED's readiness to care for women Veterans. The results will be used to provide data to improve the care for women Veterans throughout VHA. A final report will be disseminated to you once results are analyzed and reviewed.

Completing the Survey:

- 1) Complete the paper version of this survey, which follows this cover page. Note that the questions contained in the black-bordered grey shaded text boxes do not apply to every ED, so fill in these questions only if applicable. Answers to all other questions are required.
- 2) Review your responses with your Chief of Staff.
- 3) After obtaining approval by your Chief of Staff to enter your responses, enter them online at: http://tinyurl.com/VA-ESW. You will need to complete the online session in one setting.

Survey Follow-up:

A member of the study team may contact you with specific questions about your responses to the survey.

Due Date:

The survey must be submitted online by June 13th, 2011.

Where to call with questions:

For technical help with filling in the online form call Alissa Simon at 323-841-0602 or send an email to alissa.simon@va.gov.

If you have non-technical questions or concerns please email:

- Dr. Laurie Zephyrin, Director of Reproductive Health, WVHSHG (<u>Laurie.Zephyrin@va.gov</u>), or
- Dr. Chad Kessler, Section Chief Emergency Medicine, Jesse Brown VA Medical Center (Chad.Kessler@va.gov).

We would like to start by asking for your personal information.

Name:	
Facility:	
/ISN:	
osition:	
•	aith ar the ED Director for your facility, or were you decignate

Are you either the ED Director for your facility, or were you designated by your facility's ED director to complete this survey?

O Yes

No => If no, <u>STOP</u>, this survey needs to be filled out by the facility's ED Director or his/her designee

These next questions are about equipment and supplies in your emergency department.

Please tell us about the following equipment in your ED.

	How many are	How oft		apply sufficient arrent demand		our ED's
	your ED?	Always	Most of the time	Sometimes	Rarely	Never
Gynecologic examination tables (with stirrups)		•	•	•	•	•
Supplemental lights for gynecologic examination (e.g., focused light source that is not hand-held. Do not include lighted specula.)		•	•	•	•	•

Typically, when a provider in your ED needs the following equipment, which best describes its availability?

	Stocked in ED	Available from a centralized supply source, but not stocked in ED	Not available
Specula	0	0	0
Lighted specula	0	0	0
Large/extra large specula	0	0	0
Small/extra small specula	0	0	0
Gonorrhea/Chlamydia testing media/probes	0	0	0
Vaginitis DNA probes (to detect Candida species, Gardnerella vaginalis, and Trichomonas)	0	0	0
Extra-large patient gowns	0	0	0
Pre-packaged gynecologic examination kit (at minimum containing speculum, lubrication, swabs)	0	0	0
Pre-packaged obstetrics (delivery) kit	0	0	0

Are these item	ıs availal	ble from a	centrali	zed supply	y source <u>at all tir</u>	<u>nes</u> (i.e. 2	24/7)?		
		24/7	? If	not 24/	7, when is this	item av	vailable?		
Specula	(O Yes O	No	Weekdays	Evenings	lights	Saturdays	Sunda Holida	
Lighted Specula	(O Yes	No	Weekdays	Evenings	lights	Saturdays	Sunda	
Large/extra large s	pecula (O Yes O	No	Weekdays	Evenings N	lights	Saturdays	Sunda	
Small/extra small sp	pecula (O Yes O	No	Weekdays	Evenings	lights	Saturdays	Sunda	
Gonorrhea/chlamyo testing media/prob		O Yes O	No	Weekdays	Evenings	lights	Saturdays	— Sunda	ays/
Vaginitis DNA prob		O Yes O	No	Weekdays	Evenings	lights	Saturdays	— Sund:	ays/
Extra large patient	gowns	O Yes O	No [Weekdays	Evenings N	lights	Saturdays	Cund:	ays/
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			-		his item to arrive in				Not tyr
	dering, how	v long on av 30-60 mins	erage does	s it take for t Not typically available	this item to arrive in	the ED?	31-60 mins	> 60 mins	
<u>pecula</u>	< 30 mins	30-60 mins	> 60 mins	Not typically available		< 30 mins	0	0	availa
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Does your ED have the following Point-Of-Care (POC) tests? (POC tests are those in which the specimen collection and analysis are done at the site of care, i.e. within the ED)

	Yes	No
Urine dipstick	0	0
Urine pregnancy test	0	0
Hemoglobin	0	0
Troponin (i-stat)	0	0
Blood glucose	0	0

supplies that	you think need	l clarification.	

This next section asks about the layout in your ED.						
How many medical/surgical beds are currently in yo (Do not count psychiatric beds)	ur ED?					
Of these medical/surgical ED beds, how many are loin private rooms? (We define private room as 1 bed in that has 4 solid walls or floor-to-ceiling partitions)						
How many private medical/surgical examination roo (separate from beds) are currently in your ED?	oms					
How many of your <u>gynecologic examination tables</u> a located in private rooms? Include both beds and exam Enter '0' if no gyn tables in your ED.						
Which best describes your ED's treatment and examination area for pati present primarily with psychiatric/mental health complaints?	ents who					
No designated area in the ED for such patients						
Designated area(s) with one or more private rooms (not counting "containment" rooms)	*A containment room is	one that				
O Designated area(s) where multiple patients are seen in a non-private space	locks from the outside a					
Other layout	to contain a patient who	is				
	exhibiting violent or oth	erwise				
	dangerous behavior.					
Only answer if you have a designated area(s) where multiple psychiatric/mental health patients are seen in a non-private space Within this designated area, is there a space where women with primary psychiatric/mental health presentations can be examined and treated separate from men, if needed? Yes No						
OPTTOWAL.						
OPTIONAL: Use this space to comment on any answers in this sec	tion on ED layo	out that you				
think need clarification.						
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This third section is about laboratory, blood bank, pharmacy and radiology services.

Are the following laboratory/blood bank tests available, if needed by your ED?

	Yes	No
Urine pregnancy test	0	0
Serum quantitative Beta-HCG	0	0
Rh-Factor screening	0	0

Only answer for laboratory/blood bank tests you have available.							
Is this test available <u>at all times</u> (i.e. 24/7), if needed by your ED?							
	24/7?	If not 24/7, when is this test typically available? Check all that apply.					
Urine pregnancy test	○ Yes ○ No	■ Weekdays ■ Evenings ■ Nights ■ Saturdays ■ Holidays					
Serum quantitative Beta-HGC	○ Yes ○ No	□ Weekdays □ Evenings □ Nights □ Saturdays □ Sundays/ Holidays					
Rh-Factor Screening	○ Yes ○ No	□ Weekdays □ Evenings □ Nights □ Saturdays □ Sundays/ Holidays					
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Which best describes the availability of the following medications, if needed by your ED?

	Stocked in ED	Available from pharmacy, but not stocked in ED	Not available
Emergency Contraception (levonorgesterol)	0	0	0
Rh₀ (D) Immune Globulin	0	0	0

Only answer for medications you have available.							
Is this medication available <u>at all times</u> (i.e. 24/7), if needed by your ED?							
24/7?	If not 24/7, when is this medication typically available? Check all that apply.						
Emergency contraception Yes No	☐ Weekdays ☐ Evenings ☐ Nights ☐ Saturday ☐ Sunday/ Holidays						
Rho (D) Immune Globulin Yes No	☐ Weekdays ☐ Evenings ☐ Nights ☐ Saturdays ☐ Sundays/ Holidays						

Are the following radiology services available, if needed by your ED?

	Yes	No
Pelvic (including transvaginal) ultrasound performed by a licensed technician or radiologist	0	0
Attending radiologist review of ultrasound images	0	0
Resident radiologist review of ultrasound images	0	0

0	Only answer for services you have available.									
	Is this service availa	ble at all times	(i.e. 24/7), if needed by you	ır ED?						
		24/7?	If not 24/7, when is this so	ervice <i>typically</i> availa	ble? Check all that apply.					
	Pelvic ultrasound performed by a <u>licensed</u> technician or radiologist	○ Yes ○ No	☐ Weekdays ☐ Evenings ☐	Nights Saturdays	Sundays/ Holidays					
	Ultrasound image review by attending radiologist	○ Yes ○ No	Weekdays Evenings	Nights Saturdays	Sundays/ Holidays					
	Ultrasound image review by <u>resident</u>	○ Yes ○ No	■ Weekdays Evenings	Nights Saturdays	Sundays/ Holidays					

OPTIONAL: Use this space to comment on any answer bank, pharmacy and radiology services that yo	
	4.
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Now we would like to ask about consultations within your ED.

Does your ED have arrangements in place for obtaining emergent consultations (in-person, in the ED) from the following specialties?

	Yes, through a Service Agreement*	Yes, through an informal or other type of arrangement	No, consultation not available
Gynecology	0	•	0
Obstetrics	0	0	0
Psychiatry/Mental Health	0	•	0
Cardiology	0	0	0
Nephrology	0	•	0
Neurology	0	0	0
Orthopedics	0	•	0
General Surgery	0	0	0
Urology	0	•	0
Neurosurgery	0	0	0

*NOTE: Only include service agreements signed by service chiefs that outline policies, procedures and responsibilities for obtaining emergent consultation from this specialty.

Only answer for consultation services that are available to your ED. When are the following consultative services available, if needed by your ED? Sometimes Sometimes **Gynecology** Always Rarely Never **Obstetrics** Always Rarely Never w w Daytime E 0 0 0 0 Daytime E 0 E E K D Evening 0 0 0 0 Evening 0 0 0 0 D A Y 0 0 0 Nights 0 0 \circ Nights 0 0 Saturdays 0 0 0 0 Saturdays 0 0 0 0 Sundays/ Sundays/ 0 0 0 Holidays Holidays

	Psych/MH	Always	Sometimes	Rarely	Never		<u>Cardiology</u>	Always	Son	netimes	Rarely	Never
E E	Daytime	0	0	0	0	E E	Daytime	0		0	0	0
K D A	Evening	0	0	0	0	K D A	Evening	0		0	0	0
Y S	Nights	0	0	0	0		Nights	0		0	0	0
	Saturdays	0	0	0	0		Saturdays	0		0	0	0
	Sundays/ Holidays	0	0	0	0		Sundays/ Holidays	0		0	0	0
Г	<u>Nephrology</u>	Always	Sometimes	Rarely	Never		<u>Neurology</u>	Always	Son	metimes	Rarely	Never
E E	Daytime	0	0	0	0	E E	Daytime	0		0	0	0
K D A	Evening	0	0	0	0	K D A	Evening	0		0	0	0
Y S	Nights	0	0	0	0	Y s	Nights	0		0	0	0
	Saturdays	0	0	0	0		Saturdays	0		0	0	0
	Sundays/ Holidays	0	0	0	0		Sundays/ Holidays	0		0	0	0
П	Orthopedics	Always	Sometimes	Rarely	Never		General Surgery	<u>y</u> Al	ways	Sometime	es Rarel	y Never
E E	Daytime	•	0	0	0	E E K D A Y	Daytime		0	0	0	0
D A	Evening	0	0	0	0		Evening		0	0	0	0
Y 5	Nights	•	0	0	0		Nights		0	0	0	0
	Saturdays	0	0	0	0		Saturdays		0	0	0	0
	Sundays/Holidays	0	0	0	0		Sundays/Holidays		0	0	0	•
П	<u>Urology</u>	Always	Sometimes	Rarely	Never		<u>Neurosurge</u>	ry Alv	vays	Sometime	es Rarel	y Never
E E	Daytime	0	0	0	0	V E	Daytime	(0	0	0	0
K D A	Evening	0	0	0	0	E E		(0	0	0	0
Y S	Nights	0	•	0	0	Y 5		(О	0	0	0
	Saturdays	0	0	0	0		Saturdays	(О	0	0	0
	Sundays/Holidays	0	•	0	0		Sundays/Holida	ys (О	0	0	0

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Only answer for services that you indicated were <u>not</u> "Always" available at all times (24/7).							
Is there an alternative when this specialty se consultation? (e.g., gen	rvice is	not avai	lable for in-perso	n, on-site			
Gynecology	O Yes	○ No	Specify service:				
Obstetrics	O Yes	○ No	Specify service:				
Psych/Mental Health	O Yes	○ No	Specify service:				
Cardiology	O Yes	○ No	Specify service:				
Nephrology	O Yes	○ No	Specify service:				
Neurology	O Yes	○ No	Specify service:				
Orthopedics	O Yes	○ No	Specify service:				
General Surgery	○ Yes	O No	Specify service:				
Urology	○ Yes	O No	Specify service:				
Neurosurgery	O Yes	○ No	Specify service:				

n this section on consultations on.

T1.	•	- L		
I nese next	few questions are	e about patient	transters tro	m vour ED.

Are there one or more written documents, either in use or being drafted, that outline policies and procedures for the transfer of patients needing care that exceeds your ED's capabilities?

Yes, document(s) in use or being d	drafted
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 No, document(s) neither in use nor being draft 	drafted
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Only answer if you have one or more written documents in use or being drafted.

Do any of these documents include policies or procedures that specifically pertain to the transfer of patients with the following types of emergencies?

	Document(s) in use currently include policies/procedures for this type of emergency	Policies/procedures for this type of emergency currently being drafted	Policies/procedures for this type of emergency neither in use nor being drafted
Gynecologic emergencies	0	0	0
Obstetric emergencies	0	0	0
Psychiatric emergencies	•	0	0
Cardiac emergencies	0	0	0
Neurologic emergencies	•	0	0
Non-gynecologic surgical emergencies (including trauma)	0	0	0

Does your ED or facility have a written agreement with another institution for automatic or expedited acceptance of VA patients with the following emergencies?

	Agreement currently in effect	Agreement in progress	Agreement neither in effect or in progress
Gynecologic emergencies	•	0	0
Obstetric emergencies	0	0	0
Psychiatric emergencies	•	0	0
Cardiac emergencies	0	0	0
Neurologic emergencies	•	0	0
Non-gynecologic surgical emergencies	0	0	0

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Use this space to comment on any answers in this section on patient transfers that you think need clarification.

Questions in this section are about standing orders used in your ED.

Standing orders are pre-established orders or ordersets that may be carried out by nurses or other staff under specific conditions without consulting a physician.

Does your ED have standing <u>orders</u> for the following tests?

	Standing order currently in use	Use of standing order planned, but not yet implemented	Standing order neither in use nor planned
EKG	0	0	0
Hemoglobin/hematocrit measurement	0	0	0
Urinalysis	0	0	0
Urine pregnancy test	0	0	0
Fingerstick glucose test	0	0	•

Does your ED have standing ordersets for the following signs/symptoms?

	Yes, orderset currently in use	No, use of orderset is planned but not yet implemented	No, orderset neither in use nor pending
Abdominal pain	•	•	0
Chest pain	0	0	0
Signs of stroke	•	•	0
Vaginal bleeding	0	0	0

Only answer if your ED has standing ordersets for abdominal and/or vagina
bleeding, respectively.
Does this orderset for <u>abdominal pain</u> include an order for urine pregnancy test in women?
○ Yes
○ No
Does this orderset for <u>vaginal bleeding</u> include an order for urine pregnancy test?
○ Yes
○ No

that you think need clarification.	g orders
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Now we ask about use of CPRS note templates.					
Do your ED nurses routinely enter triage notes into CPRS using a template?					
O Yes					
○ No					
Does this triage note temp document patient respons question? (e.g., "Do you fe	es to an intima	ate partner vio			
O Yes					
O No					
Does this triage note temp document last menstrual p			e triage nurse t	to	
○ Yes					
○ No					
Only answer if your ED template. Do your ED <u>nurses</u> use CPRS information when triaging pa	specialized note	e templates to	assist in docume		
	Yes, used frequently	Yes, used infrequently	No, use planned but note template not yet available	No plans to use note template	
Abdominal pain	0	0	•	0	
Chest pain	0	0	0	0	
Signs of stroke	0	0	0	0	
Vaginal bleeding	0	0	0	0	
Vaginal discharge	0	0	0	0	
Mental health complaints	0	0	0	0	
Only answer if your ED nurses use a template for abdominal pain and/or vaginal bleeding, respectively. Does this specialized CPRS note template for abdominal pain designate a space for the triage nurse to document last menstrual period in women? Yes No No No No					

Do your ED <u>clinicians</u> (i.e. physicians and mid-level practitioners) use a <u>specialized</u> CPRS note template to document clinical information about patients presenting with the following?

	Yes, used frequently	Yes, used infrequently	No, use planned but note template not yet available	No plans to use note template
Abdominal pain	0	0	0	•
Chest pain/acute coronary syndrome	0	0	0	0
Signs of stroke	0	0	0	0
Vaginal bleeding	0	0	0	0
Vaginal discharge	0	0	•	•
Mental health complaints	0	0	0	0
Intimate partner violence	0	0	0	•
Congestive heart failure	0	0	0	0
Cerebrovascular accident	0	0	0	0

Only answer if your ED clinicians use specialized clinician note templates for abdominal pain and/or vaginal bleeding, respectively.	
Does this specialized CPRS note template for <u>abdominal pain</u> designate a space for the clinician to document last menstrual period?	
○ Yes	
○ No	
Does this specialized CPRS note template for <u>vaginal bleeding</u> designate a space for the clinician to document last menstrual period?	
○ Yes	
○ No	

Do your ED $\underline{\text{clinicians}}$ use CPRS ordersets to guide the evaluation and/or management of the following?

	Yes, used frequently	Yes, used infrequently	No, use planned but orderset not yet available	No plans to use orderset
Vaginal bleeding, positive pregnancy test	0	0	•	0
Vaginal bleeding, negative pregnancy test	0	0	0	0
Pelvic inflammatory disease	0	0	0	0
Pelvic/lower abdominal pain in a female	0	0	0	0
Urinary tract infection	0	0	0	0
Chest pain/acute coronary syndrome	0	0	0	0
Community acquired pneumonia	0	0	0	0
Cerebrovascular accident	0	0	0	0

OPTIONAL: Use this space to comment on any answers templates that you think need clarification.		
	✓	

The following questions are about your ED's care for victims of acute sexual assault.

Does your ED transfer victims of acute sexual assault to one or more
nstitutions that provide comprehensive assessment and treatment for
sexual assault?

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	IN	U

Only	Only answer if your ED transfers victims of acute sexual assa						
w	hen do these tra	nsfers occu	ır?				
		Always	Sometimes	Rarely	Never		
E E	Daytime	0	0	0	0		
K D A	Evening	0	0	0	0		
Y 5	Nights	0	0	0	0		
	Saturdays	0	0	0	0		
	Sundays/Holidays	0	•	0	0		

Only answer if your ED does not "Always" transfer victim of acute sexual assault at all times on weekdays and weekends (e.g., 24/7)
Does your ED have a formal arrangement or contract for obtaining the following services while a patient is in the ED?

	Yes	No
Consultation from a Rape Crisis Center, a Sexual Assault Nurse Examiner (SANE) unit, or other organization with expertise in the issues of acute sexual assault	•	•
On-site services from at least one practitioner (VA or non-VA) trained in conducting forensic evidentiary examination for acute sexual assault	0	0
Mental health services from a practitioner (MD, Psy.D or LCSW) trained in supporting victims of acute sexual assault	0	0

Only answer for the services you ind	ated in the previous question as available to
your ED.	

When is this service available?

Consultation from a Rape Crisis Center, SANE unit, or other organization:

		Always	Sometimes	Rarely	Never
E E	Daytime	•	•	•	•
D A	Evening	0	0	0	0
Y S	Nights	0	•	0	0
	Saturdays	0	0	0	0
	Sundays/Holidays	0	•	0	0

On-site services from a practitioner trained to conduct forensic evidentiary examinations:

		Always	Sometimes	Rarely	Never
E E	Daytime	0	•	0	•
D A	Evening	0	0	0	0
S S	Nights	0	•	0	•
	Saturdays	0	0	0	0
	Sundays/Holidays	0	•	0	0

When is this service available?

Mental health services from a sexual trauma specialist (MD, Psy.D or LCSW):

		Always	Sometimes	Rarely	Never
E E	Daytime	•	0	0	•
D A	Evening	0	0	0	0
s s	Nights	•	•	0	•
	Saturdays	0	0	0	0
	Sundays/Holidays	•	•	•	•

Only answer if your ED does not "Always" transfer victims of acute sexual assault, at all times on weekdays and weekends (e.g., 24/7).	
Do your ED clinicians use note templates to assist in documenting pertinent information for evaluating and treating victims of acute sexual assault? O Yes O No	
Does your ED have a written protocol guiding the examination and treatment of victims of acute sexual assault? Ores Ores No	
Does your ED have a written protocol guiding the collection of evidence, including specifications about its chain of custody, in cases of acute sexual assault? Ores Ores No	
Does your ED have access to sexual assault evidence collection kits (either in stock, from a centralized supply source, or from local law enforcement) that have, at minimum, containers for patients' clothing and underwear, vaginal/cervical/oral swabs and smears, and materials for collecting hair evidence?	
○ Yes ○ No	

Only answer if your ED has sexual assault evidence collection kits available Only answer the question for when the kit is typically available if it is not available 24/7.					
Is this sexual assualt evidence collection kit available <u>at all times</u> (i.e. 24/7), if needed by your ED?					
24/7?	If not 24/7, when is this kit typically available? Check all that apply				
○ Yes ○ No	□ Weekdays □ Evenings □ Nights □ Saturday □ Sunday/ Holidays				
_					

1	q
_	

○ No	
Only answer if your ED is able to obtain urgent mental health follow-up for sexua assault victims	al
In what timeframe does this follow-up mental health visit generally occur?	
O Within 24 hours	
O Between 24-47 hours	
O Between 48-71 hours	
O Between 3 days and 1 week	
O More than 1 week	

Use this space to comment on any answers in this section on your ED's care for victims of sexual assault that you think need clarification.

Does your ED have a mechanism for obtaining urgent follow-up with a mental health practitioner (MD, Psy.D or LCSW) trained in supporting victims of acute sexual assault?

O Yes

OPTIONAL:

This last section is about ED follow-up.						
Which of the following services are available for follow-up for patients in your healthcare system?						
Primary Care within VA						
Primary Care contract care (outside VA)						
Women's Health Clinic						
OB/GYN care within VA						
OB/GYN contract care (<u>outside VA</u>)						
Psych/MH within VA						
Psych/MH contract care (outside VA)						
Other Specialties within VA						
Other Specialties contract care (<u>outside VA</u>)						
When a patient needs urgent follow-up (e.g. within one week of their ED visit), what mechanisms does your ED <u>commonly</u> use to schedule each of the following services?						
	Check all that apply					
		Check all	that apply			
	Have the patient call the clinic	Check all Have the clinic call the patient	that apply Directly schedule the follow-up before the patient leaves the ER	Another mechanism (describe below)		
Primary Care <u>within VA</u>		Have the clinic call	Directly schedule the follow-up before the patient	mechanism		
Primary Care <u>within VA</u> Primary Care contract care (<u>outside VA)</u>		Have the clinic call	Directly schedule the follow-up before the patient	mechanism		
		Have the clinic call	Directly schedule the follow-up before the patient	mechanism		
Primary Care contract care (<u>outside VA</u>)		Have the clinic call	Directly schedule the follow-up before the patient	mechanism		
Primary Care contract care (<u>outside VA</u>) Women's Health Clinic	call the clinic	Have the clinic call the patient	Directly schedule the follow-up before the patient leaves the ER	mechanism (describe below)		
Primary Care contract care (<u>outside VA)</u> Women's Health Clinic OB/GYN care <u>within VA</u>	call the clinic	Have the clinic call the patient	Directly schedule the follow-up before the patient leaves the ER	mechanism (describe below)		
Primary Care contract care (<u>outside VA</u>) Women's Health Clinic OB/GYN care <u>within VA</u> OB/GYN contract care (<u>outside VA</u>)	call the clinic	Have the clinic call the patient	Directly schedule the follow-up before the patient leaves the ER	mechanism (describe below)		
Primary Care contract care (<u>outside VA</u>) Women's Health Clinic OB/GYN care <u>within VA</u> OB/GYN contract care (<u>outside VA</u>) Psych/MH <u>within VA</u>	call the clinic	Have the clinic call the patient	Directly schedule the follow-up before the patient leaves the ER	mechanism (describe below)		
Primary Care contract care (<u>outside VA</u>) Women's Health Clinic OB/GYN care <u>within VA</u> OB/GYN contract care (<u>outside VA</u>) Psych/MH <u>within VA</u> Psych/MH contract care (<u>outside VA</u>)	call the clinic	Have the clinic call the patient	Directly schedule the follow-up before the patient leaves the ER	mechanism (describe below)		

Answer only for services that are available for follow-up in your healthcare system.

In general, how difficult is it to obtain urgent (e.g., within one week) post-ED follow-up with the following services?

	Not at all difficult	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult
Primary Care <u>within VA</u>	0	0	0	0	0
Primary Care contract care (outside VA)	0	0	0	0	0
Women's Health Clinic	0	0	0	0	0
OB/GYN care <u>within VA</u>	0	0	0	0	0
OB/GYN contract care (<u>outside VA</u>)	0	0	0	0	0
Psych/MH within VA	0	0	0	0	0
Psych/MH contract care (<u>outside VA</u>)	0	0	0	0	0
Other Specialties <u>within VA</u>	0	0	0	0	0
Other Specialties contract care (outside VA)	0	0	0	0	0

For female patients requiring psychiatry or mental health follow-up, in general, how difficult is it to obtain timely follow-up with same-gender providers, if requested?

- Not at all difficult
- Slightly difficult
- Moderately difficult
- Very difficult
- Extremely difficult

Answer only for services that are available for follow-up in your healthcare system.							
Which mechanisms do your ED providers <u>commonly</u> use to communicate with follow-up providers in the following services?							
			Che	ck all that ap	pply		
	Written/printed discharge instructions given to patient	CPRS Note (e.g. designate additional signer)	CPRS Consult	Secure email or other messaging system		Direct phone conversation	Other Mechanism (describe below)
Primary Care <u>within VA</u>							
Primary Care contract care (outside VA)							
Women's Health Clinic							
OB/GYN care within VA							
OB/GYN contract care (outside VA)							
Psych/MH within VA							
Psych/MH contract care (<u>outside VA</u>)							
Other Specialties <u>within VA</u>							
Other Specialties contract care (outside VA)							
Describe other mechanisms you	ur ED provide	rs use to co	mmunicat				
Describe other mechanisms you How would you rate th about and coordinating	e sufficie	ncy of tl care wi	nese me th the f	e with following	ms for co	ommunios?	cating
How would you rate th about and coordinating	e sufficie	ncy of tl care wi	nese me th the f	e with following	ms for co	ommunios?	cating
How would you rate th	e sufficie	ncy of tl care wi	nese me th the f	e with following	ms for co	ommunios?	cating
How would you rate th about and coordinating	e sufficie g post-ED	ncy of the care wi	nese me th the f	e with following	ms for co	ommunios?	etely ient
How would you rate th about and coordinating Primary Care within VA	e sufficie g post-ED	ncy of the care wi	nese me th the fo at all M cient su	echanis ollowing inimally ufficient	ms for cog service Moderatel sufficient	ommunio 5? y Compl suffic	etely ient
How would you rate th about and coordinating Primary Care within VA Primary Care contract care (o	e sufficie g post-ED	Not suffic	nese me th the fo	echanis ollowing inimally ufficient	ms for cog service Moderatel sufficient	ommunics? y Complisuffic	etely ient
How would you rate th about and coordinating Primary Care within VA Primary Care contract care (o Women's Health Clinic	e sufficie g post-ED utside VA)	Not suffic	nese meth the format all Motient su	echanis ollowing inimally ufficient	ms for cog service Moderatel sufficient	ommunio 5? y Compl suffic	etely ient
How would you rate the about and coordinating Primary Care within VA Primary Care contract care (of Women's Health Clinic OB/GYN care within VA	e sufficie g post-ED utside VA)	Not suffic	nese meth the format all cient su	echanis collowing	ms for cog service Moderatel sufficient	ommunics? y Compl suffic	etely ient
How would you rate the about and coordinating Primary Care within VA Primary Care contract care (o) Women's Health Clinic OB/GYN care within VA OB/GYN contract care (outsident)	e sufficie g post-ED utside VA)	Not suffic	nese me th the fo	echanis collowing	ms for cog service Moderatel sufficient	y Compl suffic	etely ient
How would you rate the about and coordinating Primary Care within VA Primary Care contract care (o) Women's Health Clinic OB/GYN care within VA OB/GYN contract care (outsident)	e sufficie g post-ED utside VA)	Not suffic	nese meth the feat all Micient su	echanis collowing inimally ifficient	ms for cog service Moderatel sufficient	y Complisuffic	etely ient
How would you rate the about and coordinating Primary Care within VA Primary Care contract care (of Women's Health Clinic OB/GYN care within VA OB/GYN contract care (outside Psych/MH within VA) Psych/MH contract care (outside Psych/MH contract care (e sufficie g post-ED utside VA)	Not suffice	nese meth the format all side of the side	e with following	ms for cog service Moderatel sufficient	y Compl suffic	etely ient))))
Primary Care within VA Primary Care contract care (o) Women's Health Clinic OB/GYN care within VA OB/GYN contract care (outside) Psych/MH within VA Psych/MH contract care (outside) Other Specialties within VA	e sufficie g post-ED utside VA)	Not suffice	nese meth the format all Motient su	echanis collowing inimally ifficient	ms for cog service Moderatel sufficient	y Complisuffic	etely ient))))

Use this space to comment on any answers in this section on patient follow-that you think need clarification.	up
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