

Evaluation

Background

A total of 14 providers and 12 medical assistants simultaneously began using the One Key Question® (OKQ) reproductive life planning tool in practice in March of 2021. The tool was embedded into the electronic medical record program used at this facility with the question initially being asked during the patient rooming process and then again during the provider visit. OKQ use was implemented at all gynecological patient visits except for women who had a history of hysterectomy or surgical sterilization. It was also included during obstetrical visits at 28 weeks and 36 weeks gestation to ensure reproductive life goals after delivery were addressed. Before this intervention, there was no standardized education regarding reproductive life planning goals with patients utilized at this facility.

Strengths

During the intervention period, the OKQ tool was employed during 2,819 patient encounters from March to June of 2021. The usage was tracked with a mock current procedural terminology (CPT) code throughout the implementation. The change process was overwhelmingly accepted by the staff as evidenced by the high volume of OKQ use in practice during the implementation period.

A Likert-scale questionnaire was given to the participating staff members after 30 days and 90 days of application apart from one nurse practitioner, who was also the project investigator. The questionnaire was developed in the Qualtrics program, which was easily accessible via a weblink and quick response (QR) code, was distributed to the participating staff via email, instant messaging, and text messaging. A response rate of 52 percent was achieved.

The questionnaire results found the use of OKQ in practice to be positive and beneficial to patients. Over 75 percent of staff members agreed that the use of OKQ makes it easier to open discussions with patients and improved patient communication surrounding reproductive life plans. All participating staff members agreed that OKQ is easy to use, and 80 percent agreed they would continue to use it in future practice.

Weaknesses

During the implementation period, two physicians resigned from positions within the practice. This absence could have negatively impacted the questionnaire results as there were fewer participants surveyed at the 90-day assessment. Secondly, a few of the providers mentioned dissatisfaction with the follow-up responses recommended by the creators of OKQ. Based on the patient's response to the OKQ question, an algorithm is recommended that is supposed to open the dialogue regarding reproductive needs and intentions (Hipp et al., 2017). Counseling protocols are tailored to the patient's response of "yes", "no", "unsure", or "I am ok either way" (Allen et al., 2017). Some providers felt this was lacking in terms of the lesbian, gay, bisexual, transsexual, and questioning (LGBTQ?) population. This may impact the provider's preference to proceed with future use.

Impact on Practice

There was little hesitation from the staff members regarding the practice change. By the end of the implementation period, the inclusion of this intervention was seamless. This was a relatively simple change in daily practice which will have a lasting impact on both the health of female patients and their families. The use of OKQ has continued at this practice, with plans to expand to other locations owned by the parent organization. The benefits of using OKQ in

practice are not exclusive to obstetric and gynecological patients. It could easily be implemented in primary care settings.

Conclusion

The project investigator evaluated two questionnaires assessing the staff member's opinions surrounding the quality improvement intervention of including OKQ use in practice. Despite a smaller sample size, the results emphasize the ease of use and the ability to improve patient-provider interactions concerning family planning education.