

■ NEEDS ASSESSMENT

Q4T (Quality for Teens): A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care Needs Assessment

Purpose:

This brief needs assessment will help your organization's improvement team determine where to focus activities to improve the quality and delivery of adolescent sexual and reproductive health services.

Who should complete this assessment?

This assessment should be completed and discussed collectively by all improvement team members (i.e., core group of staff from all organizational levels involved in implementing your quality improvement (QI) initiative such as administrators, doctors, nurses, medical assistants, and staff from the front desk/call-center as well as health informatics, finance, and QI departments). Consider having each team member complete it independently prior to discussing and coming to consensus as a group.

INSTRUCTIONS

Depending on organizational readiness and the needs identified, your improvement team may select one or multiple improvement goals for a given QI effort. For each goal, your team may select one or multiple focus areas and associated change strategies. The degree of organizational readiness may also affect whether your team chooses an improvement goal to address a substantial or minimal gap in care.

Step 1: Identify Improvement Goal

Q4T is organized around eight goals. To help your team decide on which goal(s) to focus your improvement work, think about your organization's current practice as you respond to the questions for each goal using the table on the next page. Goals for which you answered "almost there," "just getting started," or "does not describe us" to **any** of the assessment questions are potential improvement goals for your organization. Please note that the questions listed in Step 1 of the needs assessment are best practices in ASRH care. Given the many competing priorities in primary care settings, not all health centers will necessarily be able to achieve these goals 100% of the time. There will likely be variability within a single health

center among practice settings and care team members. If your organization seeks to improve in a particular practice setting (e.g., pediatrics, OB-GYN, family medicine, teen clinic), consider that setting when responding.

HEALTH CENTER NAME: _____

PRACTICE SETTING (e.g., pediatrics, family medicine, OB/GYN): _____

GOALS	ASSESSMENT	
	Questions	Answers
Recommended sexual history taking and sexual risk assessment conducted	All adolescent patients are asked whether they are sexually active at every visit.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
	All sexually active adolescent patients are assessed for sexual risk at least annually.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
Behavioral counseling related to sexual health conducted	All sexually active adolescent patients are provided behavioral counseling at least annually.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
Recommended chlamydia and gonorrhea screening and follow-up conducted	All sexually active cisgender women less than 25 years of age, transgender men, and gender diverse people with a cervix <25 years of age are screened for chlamydia and gonorrhea annually.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
	Sexually active male adolescent patients who have sex with males are screened for chlamydia and gonorrhea annually.	Describes Us Well Just Getting Started Almost There Does Not Describe Us

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GOALS	ASSESSMENT	
	Questions	Answers
Patient-centered contraceptive counseling provided	Contraceptive counseling with adolescent patients includes an assessment of parenting intentions/ risk (i.e., ask about intentions regarding timing of pregnancies/reproductive life plan) in the context of the adolescent patient’s personal values and life goals.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
	Adolescent patients are provided with information on the full range of contraceptive methods (including IUDs and implants) while also discussing how well each method meets the adolescent patient’s needs.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
Same-day access to the full range of contraceptive methods provided	Implants and/or IUDs are provided to adolescent patients as requested.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
	All contraceptive methods are provided and/or prescribed to adolescent patients same-day as requested if pregnancy can reasonably be ruled out.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
Welcoming and accessible environment established	The physical space is inviting for adolescent patients (e.g., posters, artwork, free WiFi).	Describes Us Well Just Getting Started Almost There Does Not Describe Us
	The environment for LGBTQIA+ adolescent patients is welcoming and accessible (e.g., all gender restrooms, gender- inclusive language, opportunities for patients to share gender pronouns).	Describes Us Well Just Getting Started Almost There Does Not Describe Us

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GOALS	ASSESSMENT		
	Questions	Answers	
Confidentiality protected	Time alone with a care team member is provided to adolescent patients at every visit.	Describes Us Well Just Getting Started	Almost There Does Not Describe Us
	Systems are in place to provide confidential care, including confidential billing for adolescent patients.	Describes Us Well Just Getting Started	Almost There Does Not Describe Us
Trauma-informed approach integrated into care	Knowledge about trauma and its impact on health informs clinic policies, procedures, and practices related to adolescent sexual and reproductive health services.	Describes Us Well Just Getting Started	Almost There Does Not Describe Us

Based on your responses to the above questions, identify 1-2 improvement goals that your team would like to focus on.

1. _____

2. _____

Step 2: Identify Focus Area(s)

Q4T offers a number of focus areas within each improvement goal: Foundations, Service Delivery, Equipping Teams, and Engaging Adolescent Patients and Families. For each goal you identified as an “improvement goal” in Step 1, consider the following questions to determine where to focus improvements.

- Does your health center have a policy to facilitate implementation? ➤ **KEY FOUNDATIONS**
- To what extent have relevant staff been trained? ➤ **EQUIPPING TEAMS**
- Does the existing clinic workflow facilitate implementation? ➤ **SERVICE DELIVERY**
- To what extent are parents* and adolescent patients engaged? ➤ **ENGAGING ADOLESCENT PATIENTS AND FAMILIES**

Based on your answers to these questions, which focus areas within your selected improvement goal do you want to focus on? Please identify 1-2 focus areas per improvement goal.

1. _____
2. _____

* Many change strategies included in this focus area reference parents. For the purposes of Q4T, the term parent refers to the adult primary caregiver(s) of an adolescent. This includes biological and non-biological parents (e.g., adoptive, foster, or stepparents) and other relations such as grandparents, aunts, uncles, or siblings.

Step 3: Identify Change Strategy(ies)

Q4T offers change strategies (i.e., actionable strategies that can be implemented and evaluated to assess improvements) for each improvement goal and focus area. For each improvement goal and associated focus area identified in Steps 1 and 2, return to Q4T to select the change strategy(ies) your improvement team would like to implement. Note that each change strategy is color-coded by focus area as shown in the key at the bottom of each page. Once selected, return to this assessment and list the 1-2 change strategies your team will implement:

Change strategies your team will implement.

1. _____
2. _____

Next Steps: Once you have completed the needs assessment and selected your improvement goal(s), focus area(s), and change strategy(ies), complete [the action plan](#) described. This will help keep your team organized and on track while working to improve your selected goal.