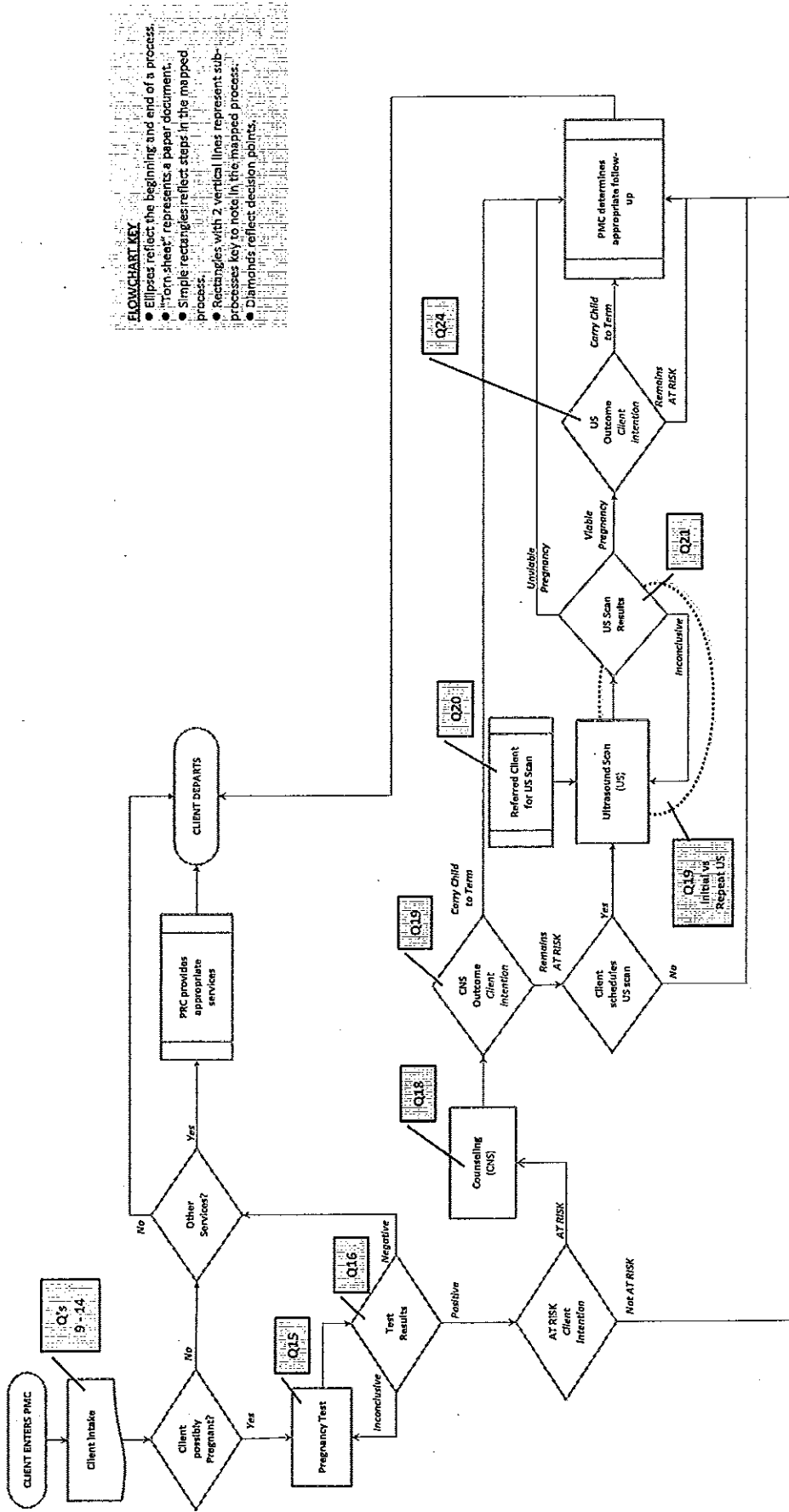


Focus on the Family
 Option Ultrasound Program
 PROCESS MAP #1 - Treatment Protocol
 REVISED

*OPTION
 ULTRASOUND
 INFO*



FLOWCHART KEY

- Ellipses reflect the beginning and end of a process.
- "Torn sheets" represents a paper document.
- Simple rectangles: reflect steps in the mapped process.
- Rectangles with 2 vertical lines represent sub-processes key to note in the mapped process.
- Diamonds: reflect decision points.

OUP Reporting FAQ

Q: What validation rules do you use to confirm accurate & reliable data?

A: There are 6 criteria for validating the numbers from a report to include that data in the FOF internal reporting as well as providing the estimated number of babies saved as a result of Option Ultrasound. The six criteria are noted below (*question numbers refer to 9/15/11 version of Worksheet*):

1. The number of first-time pregnancy tests (q15) is less than or equal to the number of individual clients (q9)
2. The sum of initial pregnancy test results (q16) is less than or equal to the number of initial pregnancy tests (q15)
3. The number of Counseling sessions for AT-RISK pregnant clients (q18) is less than or equal to the number of positive pregnancy tests (q16 "positives" + q17b "positives")
4. The sum of Counseling client outcomes (q19) is less than or equal to the number of Counseling sessions (q18)
5. The sum of number of Ultrasounds (q21) is less than or equal to the sum of the number of Counseling At Risk clients (q19 "remained at risk"), Ultrasound Deferrals (q20b), and Ultrasound Referrals (q20d)
6. The sum of Ultrasound client outcomes (q23) is less than or equal to the number of Ultrasound scans showing a viable pregnancy (q21 "viable")

Q: I have a question regarding Abortion vulnerable/At risk clients as I fill out the Focus on the Family report for each month. We have been under the impression that if a client has a boyfriend who is pressuring her to abort, but she comes in stating she wants to keep the baby, we still submit her as at risk. My question is, at what point does that change?

A: With the launch of the new report (April 2009), *Focus on the Family* decided to focus on the impact that an Ultrasound scan has on a woman's decision to carry her child to term. Therefore, the new report asks for client intention following counseling and ultrasound rather than the Nurse/Client Advocate assessment.

Part of this decision stemmed from recognizing that the circumstances leading a Client Advocate to assign a status of **At Risk** do not typically change through the counseling/ultrasound protocol. However, anecdotal feedback and empirical data reveal that many women do change their mind and **state an intention to carry their child to term** following the combined protocol of Counseling and Ultrasound. This change in reporting allows *Focus on the Family* to provide a more accurate statement about the impact Option Ultrasound has had in a woman's decision for life.

Some definitions to keep in mind—

- 1) **Outcome**: Client intention following the service provided.
- 2) **At Risk**: This category represents a woman who **has not** indicated her intention to carry her child to term.

OUP Monthly Report - SEPTEMBER 2011

Welcome to the Focus on the Family Option Ultrasound monthly report. This report is intended to capture summary information about the outcomes of the services your Clinic provides to your community.

The report does not ask you to report all client assessments at each stage of treatment or service provided. Our goal for this report is to isolate the effectiveness of Ultrasound services in helping AT RISK women choose life for their pre-born child.

We thank you for your commitment to the ministry of providing Ultrasound services.

To begin, please click the NEXT button below.

SECTION 1

In this first section, please provide or confirm information about your Clinic and the report you are submitting.

1. What is your OUP Number?

OUP Number

2. During this last reporting period, how many weeks did your clinic provide Ultrasound services at least 20 hours per week?

- Every week
- Three weeks
- Two weeks
- One week
- None

Please provide an explanation if you were not able to offer 20 hours of Ultrasound services each week.

OUP Monthly Report - SEPTEMBER 2011

3. Are you the primary person responsible for submitting the monthly Option Ultrasound report?

Yes

No

3b. Please provide the first name and last name of the person who is now primarily responsible for submitting the monthly Option Ultrasound report.

3c. What is the title or position of the person who is now primarily responsible for submitting the monthly Option Ultrasound report?

4. Did you receive this Reporting email notification and link at the correct email address?

Yes

No

4b. Please provide the correct email address below.

OUP Monthly Report - SEPTEMBER 2011

5. Please indicate below which database or client management software program you use at your Clinic/Site.

- eKyros Centerpiece
- WayCool Data Management System
- Abana Caregiver
- CISWIN
- LifeScheduler
- CareTrack
- Custom Designed for our Clinic/Site (e.g. Access)
- Don't Know

6a. This report is for the year:

6b. This report is for the month:

7. Please indicate the type of report you are submitting this month.

- Complete Report (Ultrasound statistics)
- Short Report (no statistics)

OUP Monthly Report - SEPTEMBER 2011

7b. Please indicate the reason from the list below that best describes why you are submitting a short report this month.

- Site or Clinic closed (select if you're no longer using your Mobile Unit)
- Site no longer participates in OUP program (e.g. equipment not purchased with an OUP grant)
- Site or Clinic not providing Ultrasound Services
- Report data compiled and submitted by Primary Clinic
- Clinic software does not currently match the OUP report format
- Did not have time to prepare and submit the report before the deadline
- Other (please specify)

7c. If you indicated that another site is submitting a report for your site, please indicate the name and/or OUP site number of the Site/Clinic submitting a report for your OUP site.

8a. Please select the option below that best describes how your site or organization submits the monthly OUP Report.

- I submit a single report for a single OUP site
- I submit a single report for multiple OUP sites
- I/We submit individual reports for each OUP site
- I am not sure

8b. Would you like to change your reporting option?

- Yes
- No

OUP Monthly Report - SEPTEMBER 2011

8c. What changes should be made?

If you prefer to submit a single Combined Report for multiple sites, please list the primary site first followed by the secondary sites. Please insert a "/" between each site.

If you are currently submitting a combined report for multiple sites and prefer to submit a Separate Report for each site, please indicate each site you prefer to report separately.

New Combined Report

Separate Report per Site

SECTION 2

These next few questions are about the individual clients your Clinic served during this reporting period. Please put counts in the UNKNOWN category when your data is incomplete. Please do not count a client more than one time in each category regardless of the number of times the client may have visited your Clinic.

9. What was the total number of individual clients that your Clinic served during this reporting period?

Unique Clients

85

OUP Monthly Report - SEPTEMBER 2011

10. Please enter the number of individual clients in each AGE category below that your Clinic served during this reporting period. If you don't know or had no clients in a particular category, be sure to record zero for that category.

Please use the UNKNOWN category to record the remainder of the number of clients you are unable to place in a particular category.

(TIP: The sum of the number of clients in the categories below should equal the number of individual clients in question 9.)

Younger than 15	<input type="text"/>
15 to 19	<input type="text"/>
20 to 24	<input type="text"/>
25 to 29	<input type="text"/>
30 to 34	<input type="text"/>
35 or older	<input type="text"/>
Unknown	<input type="text"/>

11. Please enter the number of individual clients who are STUDENTS that your Clinic served during this reporting period. Include non-Students in the category provided. If you don't know or had no clients in a particular category, be sure to record zero for that category.

Please use the UNKNOWN category to record the remainder of the number of clients you are unable to place in a particular category.

(TIP: The sum of the number of clients in the categories below should equal the number of individual clients in the question 9.)

Middle School or Junior High	<input type="text"/>
High School	<input type="text"/>
Trade School	<input type="text"/>
College or University	<input type="text"/>
Not Students	<input type="text"/>
Unknown	<input type="text"/>

OUP Monthly Report - SEPTEMBER 2011

12. (OPTIONAL) Please enter the number of individual clients that your Clinic served during this reporting period according to their highest level of EDUCATION completed. If you don't know or had no clients in a particular category, be sure to record zero for that category.

Please use the UNKNOWN category to record the remainder of the number of clients you are unable to place in a particular category.

(TIP: The sum of the number of clients in the categories below should equal the number of individual clients in the question 9.)

Less than High School

GED or High School

Technical or Trade School

Some College

Graduated College

Some Graduate School

Graduate School

Unknown

OUP Monthly Report - SEPTEMBER 2011

13. Please enter the number of individual clients that your Clinic served during this reporting period according to the RACE/ETHNICITY of the client. If you don't know or had no clients in a particular category, be sure to record zero for that category.

Please use the UNKNOWN category to record the remainder of the number of clients you are unable to place in a particular category.

(TIP: The sum of the number of clients in the categories below should equal the number of individual clients in the question 9.)

Asian/Pacific Islander/Native Hawaiian

African American or Black

Caucasian or White

East Indian

Spanish/Hispanic/Latin American

Native American Indian or Alaska Native

Other

Unknown

OUP Monthly Report - SEPTEMBER 2011

14. Please indicate the MARITAL STATUS for the individual clients that your Clinic served during this reporting period. If you don't know or had no clients in a particular category, be sure to record zero for that category.

Please include cohabiting partners in the Single category. Please use the UNKNOWN category to record the remainder of the number of clients you are unable to place in a particular category.

(TIP: The sum of the number of clients in the categories below should equal the number of individual clients in the question 9.)

Married	<input type="text"/>
Separated	<input type="text"/>
Divorced	<input type="text"/>
Widowed	<input type="text"/>
Single	<input type="text"/>
Unknown	<input type="text"/>

SECTION 3

The next series of questions refer to Pregnancy Test services performed at your Clinic during this reporting period.

OUP Monthly Report - SEPTEMBER 2011

15. Considering only clients who received a pregnancy test at your Clinic during this reporting period, please enter the number of first-time pregnancy tests performed at your Clinic during this reporting period.

(TIP: This number should be less than or equal to the number of individual clients in question 9.)

First-time Pregnancy Tests

172

16. Please enter the first-time pregnancy test results in the following categories for the clients who received a pregnancy test at your Clinic during this reporting period. If you had no clients in a particular category, be sure to record zero for that category.

(TIP: The sum of the results in the categories below should be less than or equal to the number of first-time pregnancy tests recorded in question 15.)

Positive

51

Negative

16

Inconclusive

0

17. Did your Clinic provide pregnancy re-tests for those clients whose first pregnancy test results were Negative or Inconclusive?

Yes

✓

No

OUP Monthly Report - SEPTEMBER 2011

17b. Please enter the Re-test results in the following categories. If you administered more than one re-test to a client during this reporting period, please enter the results from the last re-test administered. If you had no results in a particular category, please record zero for that category.

Re-test Positive	<input type="text" value="1"/>
Re-test Negative	<input type="text" value="3"/>
Re-test Inconclusive	<input type="text" value="0"/>

The following sections are intended to capture the Outcomes for the Counseling and Ultrasound services provided to AT RISK clients with POSITIVE PREGANCY TESTS.

Because the next sections ask you to report only about AT RISK clients, you will be reporting on a smaller, specific group of clients that your Clinic served during this reporting period.

Please include all Referral clients who came to your location for Ultrasound services in the appropriate categories.

Outcomes are defined as Client Intentions following the respective services provided. The AT RISK status is a summary category that reflects any stated Client Intention that is not a decision to keep her pre-born child.

SECTION 4

This next section is about Counseling Services that your Clinic provided to AT RISK clients with Positive Pregnancy tests during this reporting period.

Remember, if you had no activity or results in a particular category, please record zero for that category.

OUP Monthly Report - SEPTEMBER 2011

18. Please indicate the number of individual AT RISK clients who participated in a Counseling session for the first time following a Positive pregnancy test for their most recent menstrual cycle.

Please include only those clients who participated in Counseling at your Clinic during this reporting period.

NOTE: This counseling session is where Counseling begins for women with Positive pregnancy tests and the Client Advocate offers feedback, problem resolution, and/or information. Your Clinic or site may also refer to this as Stage Three counseling.

(TIP: The number of Counseling sessions should be less than or equal to the sum of the number of POSITIVE pregnancy tests recorded in questions 16 and 17b.)

Counseling Sessions

58 → 10

10/10/11

19. Please record in the categories below, the summary of stated intentions following the primary Counseling session for AT RISK clients who received Counseling services at your Clinic during this reporting period.

NOTE: a) If your Clinic or site offers multiple sessions with the Client Advocate to provide feedback, problem resolution or information; please report clients' stated intentions following the last session in the current reporting period.

b) If your Clinic or site offers only one session with the Client Advocate to provide feedback, problem resolution or information; please report clients' stated intentions following that session.

(TIP: The sum of Counseling outcomes below should be less than or equal to the number of Counseling sessions noted in question 18.)

Intended to Carry Child to Term

0

Remained AT RISK

10

OUP Monthly Report - SEPTEMBER 2011

SECTION 5

These next few questions refer to Ultrasound Scan services performed at your Clinic during this reporting period for clients who Remained AT RISK following Counseling or who were referred to your Clinic because they were AT RISK.

Remember, if you had no activity or results in a particular category, be sure to record zero for that category.

20a. Did your Clinic perform Ultrasound Services for clients who may have deferred an ultrasound scan to this month? In other words, a deferred client is one who may have had a pregnancy test or received counseling in a previous month but who is receiving their first ultrasound scan this month.

Yes

No

20b. Please record the number of clients who deferred their first ultrasound scan to this reporting month.

Number of Deferred Clients

20c. Did your Clinic perform Ultrasound services on referral clients during this reporting period?

Yes

No

OUP Monthly Report - SEPTEMBER 2011

20d. Please indicate the number of referrals by source for AT RISK clients referred to your site or Clinic for Ultrasound services during this reporting period. Only include those clients with a Positive Pregnancy test.

If you had no clients in a particular category, be sure to record zero for that category.

Referred by one of your Satellite Centers

Referred by another PRC

Referred by local physician/other

21. For this next question, consider only those clients who Remained AT RISK following comprehensive Counseling Services, or who came in for a deferred ultrascan, or were referred for Ultrasound Services because they were AT RISK.

Please record the number of Ultrasound scans performed at your Clinic during this reporting period in the appropriate category below. If you had no clients in a particular category, be sure to record zero for that category.

(TIP: The sum of the number of Ultrasound scans below should be less than or equal to the sum of the number of clients who Remained AT RISK following Counseling [question 19] Deferred Clients [question 20b] and Ultrasound referrals [question 20d].)

Viable Pregnancy

Abnormal Results Noted or Ectopic Pregnancy

Inconclusive Results

○UP Monthly Report - SEPTEMBER 2011

22. For the number of Ultrasound scans recorded as indicating a VIABLE PREGNANCY, please specify the number that were Initial Scans or Repeat Scans.

If you had no clients in a particular category, be sure to record zero for that category.

(TIP: The sum of the number of initial and repeat Ultrasound scans below should be equal to the number of Ultrasound scans showing a Viable Pregnancy in question 21.)

Initial Scans

Repeat Scans

23. Considering only those AT RISK clients whose Ultrasound Scan indicated a Viable Pregnancy, please record in the categories below the summary of stated intentions following Ultrasound services.

(TIP: The sum of the number of client outcomes below should be less than or equal to the number of Ultrasound scans showing a Viable Pregnancy in question 21.)

Intended to Carry Child to Term

Remained AT RISK

24. We welcome any comments or feedback you would like to share with us.

OUP Monthly Report - SEPTEMBER 2011

BEFORE YOU SUBMIT YOUR REPORT...

If you would like to review your responses, you may click the PREVIOUS button on each screen to tab through the report in "reverse." To move forward, click the NEXT button on each screen.

When you are satisfied with your responses, click the DONE button below to submit your report.