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Implementation of a Pre-Deployment Well-Woman Visit - A Mechanism to Increase Access to Comprehensive Contraceptive Counseling to Active Duty Women for Pregnancy Prevention and Menstrual Suppression in a Deployed Setting

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PRE-DEPLOYMENT WELL-WOMAN EXAMINATION

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Table of Contents

Abstract………………………………………………………………………………………....7

Introduction……………………………………………………………………………………..8

Significance of the Problem...…………………………………………………………………..9

Clinical Question………....……………………………………………………………....11

Focus Areas...………………..……………………………………………………………....11

Project Short- and Long-Term Goals...………………………….………..………………...12

Anticipated Global Impact...……………………………………………………………..12

Organizing Framework...……………………...……………………………………………13

Project Design...……………….……………………………………………………………17

General Approach……...……………………………………………………………..17

Description of Setting.............……………………………………………………………..19

Evidence Evaluation……………..………………………………...………………………19

Procedural Steps...……...…………………………..……………………………………19

HIPAA Concerns (IRB)...….……………..…………………………………………….…..25

Project Results…………………………………………………………………………...26

Analysis of Results ……………………………………………………………………...27

Organizational Impact/Implications to Practice & Policy……………………………………….27

Future Directions for Research and Practice……………………………………………….28

Conclusion………………………………………………………………………………….29

References….………...……………..…………………………………………………....30

Timeline……………...……………..…………………………………………………....34

Appendices

A- SWOT analysis……………………………………………………………...…36

B – DNP tracker….………………………………………………………….…….39

C- CITI Certificates for all students……………………………………………….42

D- USU (VPR) Form 3202N…….……………………………………………...43

E- MTF IRB/PI Letter of Determination…………..…………………………..….44

F- All forms used in data collection ………………………………………...….45

G- Framework…………………………...…………………………………..…..49

H- Search terms……………………………………………………………..…..50

I – Prisma……………………………………………………………………...……51

Abstract

Phase II Site: Joint Base San Antonio Lackland (JBSA), Wilford Hall Ambulatory Surgical Center (WHASC)

Project Title: Implementation of a Pre-Deployment Well-Woman Visit - A Mechanism to Increase Access to Comprehensive Contraceptive Counseling to Active Duty Women for Pregnancy Prevention and Menstrual Suppression in a Deployed Setting

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Background or Problem/Issue: Approximately 400 females deploy annually from JBSA-Lackland that are not required to have a well-woman visit before their departure for a deployment to address menstrual suppression or contraception counseling. Females have unique needs in austere environments related to the increased difficulty with feminine hygiene, menstrual suppression, and unintended pregnancies. Research has shown that well-woman health care, contraception, and menstrual suppression in the military health system are areas in need of improvement for wellness and mission readiness.

Clinical Question: In active-duty women deploying to austere environments, how will implementing a visit to the Women's Health Clinic (WHC) to address comprehensive contraceptive counseling and menstrual suppression impact the number of women who receive counseling before deployment over three-months compares to the current practice?

Project Design: Using the Iowa Model as a framework, a pilot program was initiated to modify the current deployment health (DH) out-processing checklist. The modified checklist will include

a visit to the WHC for all female JBSA Lackland deployers to obtain comprehensive education on menstrual suppression and contraceptive options in the deployed environment.

Analysis of the Results: Results demonstrated a 38% increase in female deployers who elected to schedule an appointment to discuss menstrual suppression with or without comprehensive contraception counseling. Thirty-five females tasked to deploy between December 2019 and March 2020 were screened for a contracaptive counseling and/or menstrual suppression appointment.

Organizational Impact/Implications for Practice: The goal of the project is to improve access to comprehensive contraceptive counseling and menstrual suppression for active-duty women tasked to deploy from JBSA-Lackland. This project offers valuable data to support practice change across the Air Force and DHA pre-deployment health policies. Project findings suggest that offering an encounter with a women's health provider can improve access to menstrual suppression or contraception management for interested women.

Introduction

Annual well-woman examinations are recommended by the American College of Gynecologist (ACOG) and the Department of Health Agency (DHA) guideline Number 6200.02 (American College of Obstetrics and Gynecologist [ACOG], 2019; Department of Health Agency Medical Affairs Clinical Support Division [DHAMACSD], 2019). These well-woman encounters allow providers to engage with patients in addressing recommended screenings and preventive care needs, unique to this population. These needs include breast health, menstrual complications, contraception counseling, immunizations, sexually transmitted infections (STI)

and vulvovaginal hygiene concerns (ACOG, 2019; DHAMACSD, 2019). Key stakeholders in the WHC and DH acknowledge inconsistent adherence to the most up-to-date well-woman guidelines for the treatment of females assigned to Military Treatment Facilities. Failure to comply with these guidelines could jeopardize the overall well-being of the patient and impact the overall military readiness mission (Braun, Kennedy, Womack, & Wilson, 2016).

Evidence supports well-woman examinations in the military can improve patient outcomes and reduce adverse events by addressing preventative health concerns such as menstrual irregularities, menstrual suppression options, vulvovaginal hygiene, and contraception (ACOG, 2019; Braun et al., 2016) The female military population supporting global missions must deploy to austere environments despite the unique challenges posed by their gender-specific medical needs. Delayed preventive care, therefore, can negatively impact female military readiness capability, quality of life, satisfaction, and organizational patient safety goals (Kruelwitch, 2016; Shahian et al., 2017). The literature strongly supports the effectiveness of efficient pre-deployment healthcare and the positive impact on patient safety, quality care, and positive readiness outcomes (de Kanter et al., 2019; Harrington, Shaw, & Shaw, 2017).

Significance of the Problem

Surveys conducted on military women deployed into austere environments revealed that 66% of the women wanted menstrual suppression while they were deployed, however, they did not receive any education on the topic (Powell-Dunford et al., 2011). The current DH out-processing guidelines currently do not require female deployers to obtain contraceptive counseling or discuss menstrual suppression needs before deployment. Failure to accomplish

this for active-duty women results in high rates of unintended pregnancies and gynecological issues related to difficulties maintaining hygiene and sanitation during menstruation in austere environments (Braun et al., 2016).

According to the Centers for Disease Control and Prevention (2016), 45% of pregnancies are unintended in the United States. In the military population, there is a 50% increase in unplanned pregnancies in comparison to the correlated age groups in the civilian population (Witkop, Webber, Chu, & Clark, 2017). The literature cites active-duty women as having the highest unintended pregnancy rates, the lowest contraceptive rates in deployed settings (Heitmann, Mumford, Hill, & Armstrong, 2014).

The key stakeholders for the implementation of this evidence-based project included the military public health leadership, DH providers, WHC leadership, providers, and nurses. The vision of the 59th Medical Wing is to provide exemplary care and a global response (United States Air Force [USAF], 2018). Its mission is developing warrior medics through patient-centered care (USAF, 2018). Key stakeholders realized the relevance of this project and its impact on the organizational vision and mission. Women account for approximately 20% of our total military force (Heitmann et al., 2014). Therefore, offering the recommended gynecological care before departing to a deployed location allows women the opportunity to discuss potential menstrual or contraceptive issues before they impact the mission.

The Institute of Medicine (IOM) and ACOG have determined that contraceptive care and other related services should be a routine part of a women's preventative health care plan (ACOG, 2019; Institute of Medicine, 2011). Findings from randomized control trials by active-

duty women, concerning their experiences with unintended pregnancies, contraceptive counseling exposure, and menstrual suppression education before deployments indicated patients were not being provided this information at their health care visits routinely (Harrington et al., 2017 & Stahlman et al., 2017).

Level I evidence from systematic reviews found that contraception utilization amongst active-duty women was low (Witkop et al., 2017). Systematic reviews also found that the rates of unintended pregnancy were highest amongst military women below the rank of E-4 (Braun et al., 2016 & Krulewitch, 2016). Level 2 evidence articles reported findings from multiple patient questionnaires that had questions concerning patients' desire for menstrual suppression and contraception counseling with a high percentage of women reporting their needs being unmet (Heitmann, 2016).

Clinical Question

In active-duty women deploying to austere environments, how will implementing a mandatory visit to the WHC to address comprehensive contraceptive and menstrual suppression counseling impact the number of women who receive counseling before deployment over three-months compared to current practice?

Focus Areas

The focus area for this project was to revise the DH pre-deployment checklist to require all females tasked to deploy from JBSA-Lackland to visit the WHC for a need assessment screening for contraceptive counseling and menstrual suppression.

Project Short- and Long-Term goals

The short-term goal was to implement a change to the current DH out-processing checklist for all female JBSA- Lackland deployers. This change required them to report to the WHC to be screened for menstrual suppression and contraceptive needs while deployed. If the patient opted to schedule an appointment, the patient met with a provider to discuss menstrual management in the deployed setting, menstrual suppression options, and contraception. If the patient opted not to have an appointment, their deployment checklist was signed after they filled out the screening sheet. To align with the ACOG and DHAMACSD guidelines, the long-term goals were for DH and WHC to make this process a permanent part of their practice (ACOG, 2019; DHAMACSD, 2019).

Anticipated Global Impact

The anticipated global impact of this project was to increase military readiness of female warfighters and enhance the ability of the armed forces to have maximum warriors to carry out the mission (de Kanter et al., 2019). This practice change will ideally increase efficiency and save time for providers by offering a standardized approach for pre-deployment health care for all female deployers. By requiring deployers to report to the WHC, the aim is to expose potentially unaddressed menstrual issues before entering a deployed setting with limited resources. By addressing these potential issues, the military healthcare system will have a reduction in health care costs. Hence, current literature validates that women who receive preventative contraception counseling and menstrual suppression counseling have fewer unintended pregnancies and improperly managed menses. (Braun et al., 2016; Krulewitch, 2016).

Organizing Framework

The organizing framework selected for this project was the Iowa Model of Evidence-Based Practice to Promote Quality Care. The Iowa Model (IM) utilizes ten different steps to guide the process of implementing an evidence-based project. The emphasis of this project was to improve organizational processes. According to the model, the intervention must be evidenced-based and tested on a small scale with a pilot program. After the intervention, a program evaluation is necessary to determine its impact. The significance of the impact determines if a permanent change to practice is warranted.

Iowa Model Implementation

The model has a toolbox that includes ten steps that guide the project from the implementation of the final evaluation of outcomes (Melnyk & Fineout-Overholt, 2015). The Iowa Model steps that were incorporated are (1) identification of triggers; (2) identifying a clinically relevant question; (3) alignment of organizational priorities; (4) formation of a team; (5) piloting a practice change; (6) evaluating the pilot; (7) evaluating for practice changes; and (8) dissemination of results (Melnyk & Fineout-Overholt, 2015).

Application of the IM

The first step of the IM is identifying triggers, or causes, that can be derived from problems in the healthcare setting. The new DHA guideline released in May of 2019, stated the necessity of all active-duty women to receive an annual comprehensive well-woman visit to address menstrual suppression and unplanned pregnancy prevention (DHMACSD, 2019).

The 2019 DHA guideline also requires contraceptive counseling to be included as part of the medical clearance in the pre-deployment timeframe. The current pre-deployment DH out-processing checklist does not require women to out-process from the WHC or have comprehensive contraceptive counseling before deployment. This identified deficiency ignited the need for a pilot program to implement change. The clinical practice portion included the development of a practice question and a literature search regarding women's desires for menstrual suppression, contraceptive counseling, and to determine if women have historically received these services. The third step involved evaluating organizational priorities. This project aligned with the mission and the vision of the 59th Medical Wing of "Exemplary Care; Global Response" and provided the foundation for stakeholder buy-in. The mission of the Air Force is to "fly, fight, and win," and ensuring the readiness of active-duty women is an essential component that is necessary to accomplish this mission. The pilot program team included the DH members, the DH healthcare providers, the WH clinic flight, and the leadership of both sections.

Project Management

The pilot program required a mandatory visit to the WHC for active-duty women that out-processed for deployment from December 2019 through March 2020. At the WHC, the females completed a screening questionnaire for menstrual suppression and/or contraceptive counseling and were provided a handout on menstrual suppression. The female service member had the option to decline an appointment after completing the questionnaire. If an appointment was requested, a provider or a nurse offered them menstrual suppression options and/or contraception counseling. The pilot program compared the new process for contraceptive

counseling to active-duty females that were out-processed for deployment from September 2019 through December 2019 to determine if there was an increase in counseling. If there was a significant increase in appointments for contraceptive counseling or menstrual suppression, a recommendation will be made to the leadership team to determine if they would like to implement this process permanently.

Kurt Lewin 1951 Change Management Model Theory

Key stakeholders at Wilford Hall Ambulatory Surgical Center (WHASC) acknowledged a deficit in appointments for contraceptive counseling for menstrual suppression for females in the pre-deployment period. They recognized this oversight could contribute to adverse outcomes and were willing to modify the current pre-deployment process. An organization's cultural commitment to evolve and incorporate change supports safe, affordable, and timely care through health care policy and personnel (Melnyk & Fineout-Overholt, 2015). The change theory that aligns with our Doctor of Nursing Practice (DNP) project is Kurt Lewin's 1951 change management model theory. This theory involves moving through three distinct stages before a change can become a part of the organization's system. The stages are “unfreezing”, “moving”, and “refreezing” (Mitchell, 2013).

The unfreezing stage involves creating a desire for change by demonstrating that the benefits of change outweigh the status quo (Batras et al., 2014). The second stage is the moving stage and is the time that actual change occurs in the organization. This stage involves taking action and modifying the current practices in place by involving personnel impacted by the

changes (Mitchell, 2013). The refreezing stage incorporates the change into practice within an organization (Mitchell, 2013).

Application of Kurt Lewin's 1951 Change Management Theory

Our group modified the pre-deployment out-processing checklist to include a WHC encounter for female deployers. The purpose of this visit was to prepare the deployer for menstrual management in the deployed setting, menstrual suppression options, and contraception. We surveyed DH and WH providers about their knowledge of ACOG and DHMACSD guidelines to highlight the need for change. Next, we briefed them regarding the change in requirements made to the DH pre-deployment checklist, ACOG, and DHMACSD guidelines. Then we analyzed the number of female deployers who elected to schedule an appointment for comprehensive contraceptive counseling and/or menstrual suppression and compare it to the prior three months. Research supports that educating providers, removing barriers for patients, and engaging with patients regarding contraception counseling and menstrual suppression before deployment decreases unintended pregnancies (Harrington et al., 2017).

The application of the change management theory for this project involved unfreezing, moving, and refreezing. The first stage, unfreezing, has been completed by meeting with WH and DH leadership to discuss current practice for pre-deployment health, menstrual suppression, and contraception counseling. Additionally, through educating the providers about the new guidance from DHA and ACOG regarding pre-deployment menstrual suppression and contraceptive counseling options. The second stage, the moving, occurred after we had the

electronic institutional review board (eIRB) approval to implement the project. During the application of the moving stage, we ran a pilot program with the modified DH pre-deployment checklist. To track the data, we reviewed sign-in sheets at the WHC and the electronic health record (EHR) for the International Statistical Classification of Diseases (ICD -10) code Z30.9 bi-monthly over three months. Then we compared this data with the number of female deployers who received contraceptive counseling or menstrual suppression from three months before the implementation of this project. The third stage, refreezing, occurred when the DH and WHC accepted the changes and incorporate the new process into their practice.

The goal of the DNP project was to translate current research and implement it into clinical practice. Kurt Lewin's change management model theory serves as a roadmap to steer the capacity to translate the most recent evidence-based research into practice.

Project Design

General Approach

The general approach to this project was to offer a pilot program with an evidence-based intervention for active duty women to receive pre-deployment menstrual suppression and comprehensive contraception counseling. The pilot program had multiple components, such as conducting baseline assessment, implementation of the intervention, and reassessment of key outcomes. The baseline assessment was to screen the electronic health record, Armed Forces Health Longitudinal Technology Application (AHLTA), for all female deployers from three months before the start of the project. The screening determined if they had contraceptive counseling, menstrual suppression, menstrual management before their deployment dates. The

second baseline assessment was to determine WHC providers' knowledge of current guidelines and menstrual suppression needs of women via a pre-briefing survey. Then we briefed them on the current guidance from DHA and then completed a post-survey. This data determined provider knowledge of the current guidance and encouraged acceptance of the pilot program. Project implementation began on 02 December 2019 by modifying the current deployment medical clearance checklist to include a new section for the WHC for all active-duty women. The key outcomes measured were the number of women that filled out the needs assessment screener at the WHC and how many of them elected to have contraceptive counseling and/or menstrual suppression, and a pre and post comparison of provider knowledge of the new guidelines from the surveys. The desired outcome was to capture 80% of women deploying and provide menstrual suppression and contraceptive counseling as well as to ensure that the providers in the DH and the WHC understand the new DHA guidelines driving this project.

Barriers

The identified barriers for this project were continuity due to the high turnover rates at the MTF and the status quo. A project champion in the clinic that updated staff with current protocols and provided education to newly hired clinic staff helped mitigate issues with high turnover in the clinic (White, Dudley-Brown, & Terhaar, 2016). To unfreeze the status quo, we communicated with the healthcare teams about the positive patient outcomes published about this intervention as well as utilizing the leadership team to model the behavior and foster a culture focused on patient-centered care and quality improvement (White, Dudley-Brown, & Terhaar, 2016).

Description of Setting

The setting for the Evidence-Based Project (EBP) took place at Joint Base San Antonio Lackland WHASC MTF located in the city of San Antonio, Texas in the WHC. Personnel involved with the implementation of the project included the DH and WHC staff. The DH staff modified their pre-deployment checklist to include a section for all females to report to WHASC WHC for a needs assessment. The WHASC WHC screened all the female deployers from JBSA Lackland with a needs assessment for an appointment to address menstrual suppression and contraception counseling. Based on the needs assessment, the front desk booked an appointment with a provider for comprehensive contraceptive counseling and/or menstrual suppression.

Evidence Evaluation

The initial terms used were military, active duty, pre-deployment, menstrual suppression, therapeutic amenorrhea, contraceptives, contraception behavior, and female. The search yielded 134 articles from PubMed, CINAHL, and EMBASE to identify articles related to the project. After reading through the abstracts, 27 articles were appropriate peer-reviewed research for the project. Fifteen of those articles failed to address contraception counseling and its impact on women specifically. The remaining 12 articles were kept for final synthesis. The selected studies were all published within the last five years, addressing the impact of contraception counseling, and women's desire to receive counseling (Maggiano et al., 2016 & Melnyk et al., 2015).

Procedural Steps

The focus area was pre-deployment contraceptive counseling for all women per the new DHA guidelines. The first step was to develop an outline of the implementation and develop the necessary PowerPoints, sign-in sheet, patient screener, and standardized chart review sheet. The next step was to schedule briefings with stakeholders and train the staff on the modified pre-deployment checklist. The training included the changes, the rationale, and the procedural steps for the WHC and DH staff. Followed by dissemination of the changes to patient flow and the requirements for menstrual suppression and contraceptive counseling appointments. The next step was a medical record review from 01 September 2019 through 01 December 2019 to determine baseline contraceptive counseling or menstrual suppression rates. The implementation of the project was 02 December 2019 through 02 March 2020. Female deployers were screened for an appointment using the developed tool and provided a handout on menstrual suppression. If the female desired an appointment, she was seen the same day or scheduled in a future appointment based on the clinic schedule. Female deployer numbers were tracked bi-monthly throughout the implementation period. The project concluded in March 2020, and the results were analyzed to determine the effectiveness of the intervention. Then the group met with stakeholders to share the final results and recommendations.

Planning

Planning and coordinating the execution of the EBP project included a Gantt chart, stakeholder assessment, strength, weakness, opportunity, and threats (SWOT) analysis, and a risk management assessment. These tools determined the organizational needs and readiness for the implementation of this project (White et al., 2016). The Gantt chart is an effective means to plan

and track the milestones of the project from the details included for each activity, responsible persons, and anticipated completion dates (White et al., 2016). A strength, weakness, opportunity, and threats (SWOT) analysis provides insight to mitigate barriers to the project.

Readiness Assessment

A SWOT analysis determined the organizational readiness for change (White et al., 2016). The SWOT analysis identified the strengths of the facility, which included a culture that promotes evidence-based practice, education, training, and policy development. The weaknesses are provider communication, short encounter times for deployment clearance, and lack of standardized procedures for annual contraceptive counseling. There were opportunities to improve access to care for deployed women by using walk-in appointments and screening patients for their contraceptives needs. Threats to the project included the limited implementation and underutilization of the pre-deployment checklist. To mitigate the identified weaknesses and threats, the authors educated the staff on the DHA guidelines and utilization of the out-processing checklist. We mitigated access to care by utilizing walk-in appointments with the on-call provider as needed. Another threat to the implementation of this project was sustainability due to the high turnover rate in the military because of permanent changes of station, deployments, and staffing. An identified champion in the clinic to assist with mitigating this barrier to success.

Stakeholder Assessment

Stakeholders were abreast of the plans for the project, and they anticipated the impact on local practice (White, et al., 2016). Stakeholders supported the project after the briefings with the

WHC and DH leadership. Stakeholder influence was needed to disseminate and collect a pre and post-briefing survey of all DH and WHC providers' knowledge of the ACOG and DHMACSD guidelines (ACOG, 2017; Batras et al., 2014; DHMACSD, 2019). Stakeholders supported modifying the current deployment medical clearance checklist. The stakeholders approved this project and assisted as needed.

Communication with leadership

Monthly communication with leadership via email and during staff meetings allowed us to provide updates on the progress of the project and elicit feedback about any issues, or concerns within the WHC and DH clinics. The information communicated to the DH clinic included the number of females that have presented to the WHC and to address any concerns they faced with providing female deployers with the new checklist.

Risk Management

This EBP project involved access to female deployers' medical records, so eIRB approval was required. The patient electronic health information was accessed for the DNP project and followed the guidelines outlined by the Health Insurance Portability and Accountability Act (HIPPA). To ensure the least risk of potential harm to patients, we encrypted and password protected the list of patients' information.

Plan of Action

The IM was the framework for developing and implementing the project (Melnyk & Fineout-Overholt, 2015; Mitchell, 2013). The first step of implementing the project included

establishing ourselves as the project leaders and developing a compelling, evidence-based case to challenge the status quo. Then the authors identified a change champion to help educate DH and WHC staff about why the project is critical to patient care (Melnyk & Fineout-Overholt, 2015). The next step included identifying critical milestones that must be met in correlation with our timeline to achieve the aims of the project (Melnyk & Fineout-Overholt, 2015). The essential milestones for this project were (1) eIRB approval, (2) pre-implementation survey to all DH and WHC providers, (3) 100% DH and WHC staff education about the changes to pre-deployment checklist and pre-deployment requirement for well-woman examination with emphasis on contraception, menstrual management, and menstrual suppression (4) post-briefing survey, (5) implementation of the project, (6) data collection, and (7) dissemination of findings.

Outcome Measurement

The ACOG and DHMACSD guidelines recommend an annual well-woman visit to address gynecologic needs that include menstrual regulation, menstrual suppression, and contraception (ACOG, 2017; DHMACSD, 2019). The DNP project outcomes measured were the number of females that elected to have an appointment for contraceptive counseling and menstrual suppression after modification of pre-deployment health requirements. The number of females was tracked bi-monthly in AHLTA using the ICD 10 code Z30.9. We compared this to the number of females who received counseling before deployment in the preceding three months.

Anonymous pre-briefing surveys were disseminated to all WHC and DH providers to determine their knowledge of ACOG and DHMACSD guidelines for annual well-woman

examinations. We briefed the ACOG and DHMACSD guidelines. Then an anonymous post-survey of WHC and DH providers was conducted to determine their knowledge of the guidelines. The pre and post-survey results were compared to determine the providers' knowledge of the new guidelines.

The outcome measurement was a comparison of the WHC and DH providers' responses to the anonymous pre-and post-survey. The pre-survey and the post-survey was the same survey, and the questions assessed knowledge of ACOG guidelines, DHMACSD guidelines, and menstrual suppression and contraception needs in the deployed environment. Also, the number of female patients screened for and seen for menstrual suppression and/or contraception counseling during the implementation period in the WHC of JBSA-Lackland compared to the three months before the project initiation.

Analysis

The group project analyzed whether females opted to schedule an appointment due to the implementation of ACOG and DHMACSD guidelines and EBP research. The analysis displayed changes in practice for female deployers having access to menstrual suppression and or contraception counseling before deploying from JBSA-Lackland.

Sustainability

The contribution and commitment of stakeholders throughout the project were the foundation for the sustainability of the project. Evidence-based research supports educating providers about the unique needs of the female deployer, along with enforced guidance, will

assist with culture changes for providers be more apt to conduct contraception counseling, menstrual suppression during pre-deployment and contingencies (Braun et al., 2016; de Kanter et al., 2019; Harrington et al., 2017). Provider participation/adherence improved the quality of care provided to female deployers and allowed them the opportunity to address concerns about menstrual suppression and contraception options available for them based on their deployment location (de Kanter et al., 2019; Harrington et al., 2017).

Dissemination

The dissemination of this group project occurred by staying engaged with stakeholders via staff meetings and monthly updates with key stakeholders (White et al., 2016). Communication with personnel was necessary to enhance their understanding of the specific components of the project and to gain their buy-in of the change in practice (Schaffer, Sandau, & Diedrick, 2013). The information presented was available electronically for reference by the staff in attendance as well those that are unable to attend the briefings. The final results were provided to JBSA-Lackland WHASC Command team and the involved clinics.

HIPPA Concerns

In compliance with HIPPA and patient privacy, content accessed in EHR via AHLTA and CHCS was protected by using Common Access Card (CAC) enabled computers.

Safeguarding of the information collected from these technology databases was done by creating a code, with no correlation to their personally identifiable information, to identify them in a separate password-protected electronic chart. All email communication amongst individuals

working on this EBP required the utilization of encryption of correspondence to prevent access by unauthorized persons (Hebdar, Hunter, & Czar, 2019).

IRB Considerations

This EBP project required IRB approval. IRB approval was necessary to ensure the humans and their rights are protected during the implementation (LoBiondo-Wood & Haber, 2016). This project met the criteria for an expedited approval request due to the minimal risk to human subjects related to the utilization of previously recorded data, medical records, and results (LoBiondo-Wood & Haber, 2016). The EBP intended to utilize previously captured data within the charts of women that deployed three months before the project implementation and compare it to current women's charts deployed under the new DHA requirements for contraception counseling. The second piece of captured information is the details from an anonymous survey by healthcare providers. This EBP was eligible for an IRB exemption.

Project Results

The project pre-implementation anonymous survey findings of the JBSA-Lackland DH Providers and the WH Providers showed 87% were not aware of the DHA guidance, 75% did not routinely offer contraception counseling to those females scheduled to deploy, and 62% were not aware of limitations of contraception access for females during deployment. The post-briefing anonymous survey showed 100% providers were aware of the DHA guidance, 87% were aware of contraception option limitations in deployed environments and 75% were more likely to offer contraception education to pre-deployers. The pre and post-survey highlighted the need for pre-

deployment evaluation of contraceptive needs and improved provider knowledge of new guidance.

A review of the electronic health records for ICD-10 codes for menstrual suppression and/or contraception counseling of all-female pre-deployers in the three months before the implementation of the project identified 28 pre-deployers, and none of them had menstrual suppression and or contraception counseling. After the intervention, review of the electronic health records for ICD-10 codes that addressed menstrual suppression and or contraception counseling during the three months of the project identified 35 female pre-deployers out-processed through the WHC, were offered contraception counseling, and 12 opted to receive contraception before deployment.

Analysis of Results

The analysis of the project results showed that by modifying the pre-deployment health checklist to have female deployers out-process through the WHC the practice changed to offer females tasked to deploy, menstrual suppression and or contraception counseling appropriate to the deployment location.

Organizational Impact/Implications to Practice & Policy

Upon completion of this project, it is evident that menstrual suppression and contraception counseling are relevant for deploying females, and this need was not adequately addressed before our intervention. Air Force Instruction 48-122, Deployment Health, provides instruction that encourages a review of all individual medical readiness requirements for

currency through the duration of each individual's deployment. However, there is an opportunity to incorporate the role of the Women's Health Care Provider as an addition to the deployment clearance process to provide the option for women that desire menstrual suppression or contraceptive management as part of the deployment health screen. There is also an opportunity to individually screen for menstrual suppression and contraceptive counseling needs during an annual well-woman examination. The impact of this organizational change to current practice or policy would require female deployers to make a stop at the WHC to complete their deployment medical clearances. This would increase the volume of patient visits in the WHC. Preparation for this moderate influx of patients will be necessary. Female deployers need information about their options to be seen by a WHC provider before deployment and to receive healthcare education to make informed decisions about their care.

Future Directions for Research and Practice

Future directions of research and practice within this realm will need to explore the opportunity of initiating a standardized educational process for women serving within the armed forces about menstrual suppression and their contraception options earlier in their military careers. Active-duty women may make different choices about their gynecological care if they have the information necessary early to make informed decisions.

Project Limitations

Our primary limitation in this project was our inability to get the confirmed names of the female patients that presented to the DH for their initial medical clearance checklists. DH sign-in sheets were shredded daily and we did not have access to them. Our alternative route involved

screening medical records from all of the deployment medicine providers. Additionally, this impacted the implementation data as we were unable to confirm all female deployers presented to the WHC.

Conclusion

The information and data that we collected from the project display a need for the provision of education to active duty women about menstrual suppression and contraception. During the pilot program, the number of women that opted for these services increased upon receipt of education before the opportunity to decline an appointment with a Women's Health Care Provider. Recommendations for the future based upon these findings would be a standardized method of educating all active-duty women of their options regarding menstrual suppression and contraception early in their childbearing years and annually per DHA Guidance. Further recommendations would include exploring other methods to capture women annually to meet this requirement outside of the deployment timeline. Annual well-woman exams are not mandatory at this time and leveraging technology can be an effective means of capturing women that are not within a deployment window for counseling and education on contraception and menstrual suppression.

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Timeline

Project Year 1 (2019)												
Activity/Month	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**
USUHS VPR Submission and Approval								X				
Site IRB Submission and Approval									X			
Project Planning							X	X		X	X	X
Project Implementation/Data Collection												
Data Analysis												
Dissemination												
Timeline												
Project Year 2 (2020)												
Activity/Month	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**

USUHS VPR Submission and Approval												
Site IRB Submission and Approval												
Project Planning												
Project Implementation/Data Collection	X											
Data Analysis		X										
Dissemination			X	X								

Appendix A

59thMDG

SWOT Analysis

PURPOSE
To determine the strengths and weaknesses of the current deployment health clearance methods for AD females

S	INTERNAL STRENGTHS
1	Access to Gyn specialty care
2	Standardized medical clearance for deployers
3	DH unit to coordinate healthcare needs of providers
4	30-minute appointment availability for specialty appointments

W	INTERNAL WEAKNESSES
1	Access to care in family practice six weeks or more for appointments
2	Women's Health Clinic (WHC) unable to make medical profiles for disqualifying conditions
3	Deployment Health (DH) unaware of the changes to DHA guidelines that impact female employers
4	WHC providers are not aware of new DHA guidelines that impact female deployers

5	Gyn provider consult on call daily	5	Female deployers are not seeing their GYN provider before their departure for deployments
6	Centralized medical records	6	
7		7	

O	EXTERNAL OPPORTUNITIES	T	EXTERNAL THREATS
1	Contraceptive clinics in other hospitals (Walter Reed Clinic)	1	Genitourinary problems in deployed settings d/t decreased hygiene
2	Birth control available via telehealth/apps	2	Could be replaced telehealth methods
3		3	The success of project contingent upon staff remaining consistent
4		4	DHA regulation has not been translated into local governance
5		5	
6		6	
7		7	

ACTION ITEMS & GOALS	
1	Pursue the opportunity to close the gap for AD female deployers that need to be offered menstrual suppression and contraceptive counseling to meet the need and close the gaps between primary clinics?
2	Bridge the gap between the two clinics by providing education to providers in DM and WHC about the new guidelines regarding menstrual suppression and contraceptive counseling
3	Collaborate with DM and WHC team to modify the current checklist to capture AD women that are deploying to address GYN issues

Appendix B

WBS NUMBER	TASK TITLE	TASK OWNER	START DATE	DUE DATE	DURATION	PCT OF TASK COMPLETE
1	Project Planning Phase					
1.1	Evidenced Based Literature Search	E/S	7/30/19	7/30/19	0	100%
1.2	Development of PICOT	E/S	7/30/19	7/30/19	0	100%
1.1	Submit Talking Paper	E/S	7/24/19	7/30/19	6	100%
1.1.1	Meeting with Women's Health Clinic Stakeholders	E/S	7/30/19	7/30/19	0	100%
1.2	Meeting with Public Health Stakeholders	E/S	8/15/19	8/15/19	0	20%
1.3	Meeting with 59th MDW Leadership	E/S	8/30/19	8/30/19	0	15%
	IRB Approval/Waiver	E/S	10/15/19	10/15/19		
1.5	Project Guidelines	E/S	9/19/19	9/26/19	7	60%
1.6	Project Initiation	E/S	10/5/19	10/10/19	5	50%
2	Project Definition and Planning					
2.1	Scope and Goal Setting	E/S	8/30/19	9/1/2019	1	0%
2.2	Addition to DH Checklist	E/S	10/10/19	10/10/19	0	0%
2.3	Communication Plan/ Stage	E/S	8/30/19	8/30/19	0	0%

2.4	Abstract approval	E/S	10/5/19	10/5/19	0	0%
3	Project Launch and Execution					
1.4	Female Deployer Record Reviews	E/S	10/19/19		0	0%
3.2	KPIs (Benchmarks)	E/S	10/19/19		0	0%
3.2.1	Monitoring (Quality Checks)	E/S			0	0%
3.3	Project Updates (bi-monthly)	E/S			0	0%
3.3.1	Chart Updates	E/S			0	0%
4	Project Performance / Monitoring					
4.1	Project Objectives	E/S	10/5/19		0	0%
4.2	Quality Deliverables	E/S	10/5/19		0	0%
4.4	Project Performance (monthly ppt)				0	0%
5	Finalization of Project Data					
5.1	Senior Mentor Discussion (Spring 2nd week Mar)	E/S	3/1/20	3/1/20	0	0%
5.2	Upload SM approved Phase II Site: Leadership Stakeholders oral presentation (PPT)	E/S	3/1/20	3/1/20	0	0%
5.3	Upload DNP Project SM approved Abstract/Impact Statement Form (Appendix F-signed +dated)	E/S	3/1/20	3/1/20	0	0%
5.4	Upload DNP Project Completion Verification Form (Appendix G- signed+ dated	E/S	3/1/20	3/1/20	0	0%

5.5	Upload Final SM approved DNP Project Report ("source document")	E/S	3/1/20	3/1/20	0	0%
5.6	Upload Final SM Approved Poster (April)	E/S	4/1/20	4/1/20	0	0%
5.7	Upload Phase II Public Affairs Office (PAO) Clearance letter- granting approval for dissemination of PT data within the Final Report, Abstract/Impact Statement, Oral and Poster Presentation during USU Research Days, and approval to archive the final report in the USU archives (April)	E/S	4/1/20	4/1/20	0	0%
5.8	Register for USU Research Day (s): all students register for USU Research Day (s) and one person per group submits the SM approved abstract for poster presentation (April)	E/S	4/1/20	4/1/20	0	0%
5.9	Print final approved Poster through USU AV department (April)	E/S	4/1/20	4/1/20	0	0%
5.1	Upload Final SM approved Project Overview: 15 minutes Oral PPT presentation to be given to the GSN/USU Community --> and email a copy to DNP Project Director NLT Tuesday 0800 of Research Week (May)	E/S	5/1/20	5/1/20	0	0%

Appendix C

CITI PROGRAM

Completion Date 28-Aug-2017
Expiration Date 27-Aug-2020
Record ID

This is to certify that:

Jazmin Shawell

Has completed the following CITI Program course:

Responsible Conduct of Research (RCR) (Curriculum Group)
Responsible Conduct of Research (RCR) (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wbe0a8aa2-5cff-4331-8d9a-09a942299101-24340762

CITI PROGRAM

Completion Date 24-Aug-2017
Expiration Date 23-Aug-2020
Record ID

This is to certify that:

Yashika Edwards

Has completed the following CITI Program course:

OUSD P&R Human Research (Curriculum Group)
Biomedical Investigators and Research Study Team (Course Learner Group)
1 - Biomedical Investigators (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w31038564-dc9e-4350-a56a-9dce7d9c3e59-24289996

CITI PROGRAM

Completion Date 28-Aug-2017
Expiration Date 27-Aug-2020
Record ID

This is to certify that:

Yashika Edwards

Has completed the following CITI Program course:

Responsible Conduct of Research (RCR) (Curriculum Group)
Responsible Conduct of Research (RCR) (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?we1c89ff5-6dd6-4289-9d18-de2aa5442805-24343614

CITI PROGRAM

Completion Date 12-Sep-2019
Expiration Date 11-Sep-2022
Record ID

This is to certify that:

Adrienne Vieson

Has completed the following CITI Program course:

OUSD P&R Human Research (Curriculum Group)
Biomedical Investigators and Research Study Team (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI

Verify at www.citiprogram.org/verify/?wc9115cf4-875c-4e03-a418-1daf8f191576-31827060

Appendix D

USUHS FORM 3202N
DANIEL K. INOUYE GRADUATE SCHOOL OF NURSING
EVIDENCE-BASED PRACTICE/PERFORMANCE IMPROVEMENT PROPOSAL

VPR Date Stamp

Project Number: ______________ (VPR will assign)

Project Title: Implementation of a Pre-Deployment Well-Woman Visit - A Mechanism to Increase Comprehensive Contraceptive Counseling Access to Active Duty Women for Menstrual Suppression in Deployed

SECTION A: STUDENT POC INFORMATION

1. Name (Last, First, MI): Shawell, Jazmin N/ Edwards, Yashika D/ Vleson, Adrienne Student E-mail: jazmin.shawell@usuhs.edu
2. Home Address: [redacted]

SECTION B: COMMITTEE CHAIR / SENIOR MENTOR INFORMATION

3. Name (Last, First, MI): Williamson, John M/ Williams, Janice
4. Telephone: 301-319-0604 Fax: n/a E-mail: john.williamson@usuhs.edu
5. USUHS Building/ Room No.: GSN Bldg E Room 1053

SECTION C: PROJECT INFORMATION

6. Attach the Abstract for the proposal, including the following sections: Site Location of the Project, Title, Authors, Background or Problem/Issue, Clinical Question/Purpose, Project Design, Anticipated Organizational Impact/Implications for Practice and also include the Proposed Timeline. Single space the abstract and use Times New Roman font, size 12.
7. Is this proposal related to an active research project of the Chair/Senior Mentor identified in Section B? ☐ Yes ☒ No
   If yes, complete below; if no, proceed to Part 8.
   Project Number: ______________
   Project Title:
   Project Start Date: ______________ Project End Date: ______________
8. Anticipated period of performance: Project Start Date: 9/19/2019 Project End Date: 2/19/2020
9. Performance Site(s): JBSA Wilford Hall Medical Center
10. Does this project involve any classified information? (Contact the USUHS Security Office for guidance) ☐ Yes ☒ No
11. Do you have a funding source for this project? ☐ Yes ☐ No ☒ NA
    If yes, specify the funding agency and the amount provided:

SECTION D: SIGNATURES

The following signatures attest to the validity of the above information:

Jazmin N. Shawell [redacted] Student (Project Point of Contact for t[redacted]	WILLIAMSON.JOHN.M.[redacted] Chair/Senior Mentor (Signature and Date)
JOHNSON.HEATHER.L.[redacted]5 [redacted] Chair/Program Director (Signature and Date)	Chair/Program Director (Signature and Date)
DNP Project Director or PhD Director (Signature and Date)	SEIBERT.DIANE.C.[redacted] Associate Dean for Academic Affairs, GSN (Signature and Date)
SEIBERT.DIANE.C.1[redacted] Associate Dean for Research, GSN (Signature and Date)	ROMANO.CAROL.A.[redacted] 294 Dean, DKI Graduate School of Nursing (Signature and Date)

In light of the above signatures, the project is approved.

______________________ ______________
USUHS Vice President for Research Date

USUHS Form 3202N (VPR) - Revised Sep 2015 v1.2
Previous versions are obsolete

Appendix E

DEPARTMENT OF THE AIR FORCE
59TH MEDICAL WING (AETC)
JOINT BASE SAN ANTONIO – LACKLAND
TEXAS

Nov 14, 2019

FINAL DETERMINATION -NON-HUMAN RESEARCH

Determination Date: 11/14/2019

Project Lead: Yashika Edwards/USAF – 59th Medical Wing (59 MDW)

Reference Number: FWH20200022N

Project Title: Implementation of a Pre-Deployment Well-Woman Visit – A Mechanism to Increase Comprehensive Contraceptive Counseling Access to Active Duty Women for Menstrual Suppression in Deployed Settings

You may begin your project, as you would any other clinical or operational activity, with the approval and sponsorship of your leadership.

Your project was determined on 14 Nov 19 to be considered **not human research** as defined by DoD regulation **32 CFR 219 and FDA regulation 21 CFR 56**. Continued IRB oversight for this activity is not required. The proposed project does not include non-routine intervention or interaction with a living individual for the primary purpose of obtaining data regarding the effect of the intervention or interaction, nor do the researchers obtain private, identifiable information about living individuals.

Since the IRB does not have regulatory oversight for your study, it is the investigator's responsibility to validate the study's scientific merit and research design and to ensure the conduct of the study is upheld by the highest ethical standards, as required by the Wing. Should you require assistance in reviewing the scientific merit and research design of your study, please contact the Protocol Office. Protection of subjects' rights safety and welfare and responsibility for protecting PHI/PII and research data now fall on the investigator and their commander.

In accord with DoDI 6000.08 any intramural funding of this study as research or as a clinical investigation may continue to be received or sought regardless of this IRB determination.

Your study has received a one-time research determination. If the goals and/or activities of the project change during the course of the project, or if new activities are proposed that would constitute human subjects research, re-contact the Protocol Office, so that a regulatory expert may determine whether or not the revised plan involves human subject research activities.

Thomas Gibbons, PhD
Designated Exempt
Reviewer

Appendix F

Other Project Documents

Provider Survey

1. In your practice, active duty women received contraception counseling and menstrual suppression options prior to deployment in the past 12 months?
    a. Yes
    b. No
2. In your practice, active duty women were prescribed contraception prior to departing for deployment?
    a. Yes
    b. No
3. ACOG recommends annual well woman examinations for females ages 13yrs old and older
    a. Yes
    b. No
4. DHA Procedural Instruction 6200.02 recommends pre-deployment readiness and healthcare visits providing females anticipated deployment conditions and contraception counseling and menstrual suppression methods available.
    a. Yes
    b. No
5. All contraceptive options are available at all deployment locations
    a. Yes
    b. No
6. Have you deployed before?
    a. Yes
    b. No
7. If so where?
    a.

8. 7. In your practice, are you able to ensure beneficiaries are able to obtain a prescription\order for their chosen contraception method within 24 hours IAW DHA-PI 6200.02?
    a. Yes
    b. No
    c. Unsure
9. Are active duty women that are preparing for deployment able to either walk in or have an appointment within 24 hours contraception or menstrual suppression?
    a. Yes
    b. No
10. Do you offer contraception during annual well woman visits?
    a. Yes
    b. No

Other Project Documents

Patient Screener form-

1. Are you interested in starting birth control or changing your birth control method? **APPOINTMENT NEEDED IF ANSWER IS YES**
   a. Yes
   b. No

2. Are you currently using NuvaRing or Depo Provera? *Please be aware that NuvaRing is not authorized in deployed settings and Depo Provera may not be available* **APPOINTMENT NEEDED IF ANSWER IS YES IF BIRTH CONTROL STILL DESIRED**
   a. Yes
   b. No

3. Are you interested in decreasing or stopping your menstrual cycle during your deployment? **APPOINTMENT NEEDED IF ANSWER IS YES**
   a. Yes
   b. No

4. If yes, which method are you interested in? (select all that applies)**APPOINTMENT NEEDED IF ANSWER IS YES**
   a. Pill
   b. Patch
   c. IUD
   d. Nexplanon

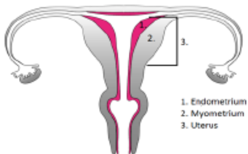
Patient may be walked in if no procedure is needed and the on-call provider is available

Reference Sheet for Staff

Implementation of a Women's Health Visit Prior to Deployment Process Outline

1. Female is alerted she has been tasked for deployment
2. Female deployer is given a checklist by Deployment Health (DH) – approximately 120 days prior to deployment. Checklist indicates all female deployers must walk into Women's Health Clinic (WHC) JBSA- Lackland
3. Female takes her checklist to the WHC front desk
4. Front desk clerk has patient sign in on the tracking sheet and fill out screening form
5. Review screening form, and if patient requires an appointment, schedule with provider using "PRE-deployment counseling" as reason for appointment or walk-in based on the on-call providers availability
6. Front desk/Nurse/Medical Technician will sign the pre-deployment checklist
7. Annotate on the sign in sheet if the patient opted in for the appointment or declined appointment.
8. Provider will see the patient and offer counseling on contraceptive options. Provide options for menstrual suppression including continuous pills, LARC options, Nexplanon.
9. Provider will see patient an code encounter using contraceptive counseling ICD10 code
    a. z30.9 Counseling and advice on contraceptives, unspecified
10. Patient will provide completed checklist to Deployment Medicine
11. Deployment Medicine will verify WHC visit is signed off

Handout for patients



Menstrual Suppression

What is menstrual suppression?

Menstrual suppression is using contraceptives to stop or reduce the frequency of menstruation. The hormones in the medication mimic the hormones of the body and prevent pregnancy by decreasing the thickness of the endometrium or the lining of the uterus, increasing cervical mucus, and by preventing ovulation (release of the egg).

What is the benefit of using menstrual suppression?

Anemia prevention, decreased or eliminate the need for feminine products, and decreased risk of endometriosis/dysmenorrhea (painful periods) and ovarian cancer.

What methods of birth control can be used for menstrual suppression?

Hormonal contraceptives or birth control are used for menstrual suppression. The different types are the contraceptive patch and ring, as well as, combined oral contraceptives, the contraceptive shot and hormonal intrauterine devices.

Are all of these methods available during deployment?

Many of these options are available, however, the contraceptive ring is currently not an option because it requires refrigeration.

Is it bad for me to not have a period while on birth control?

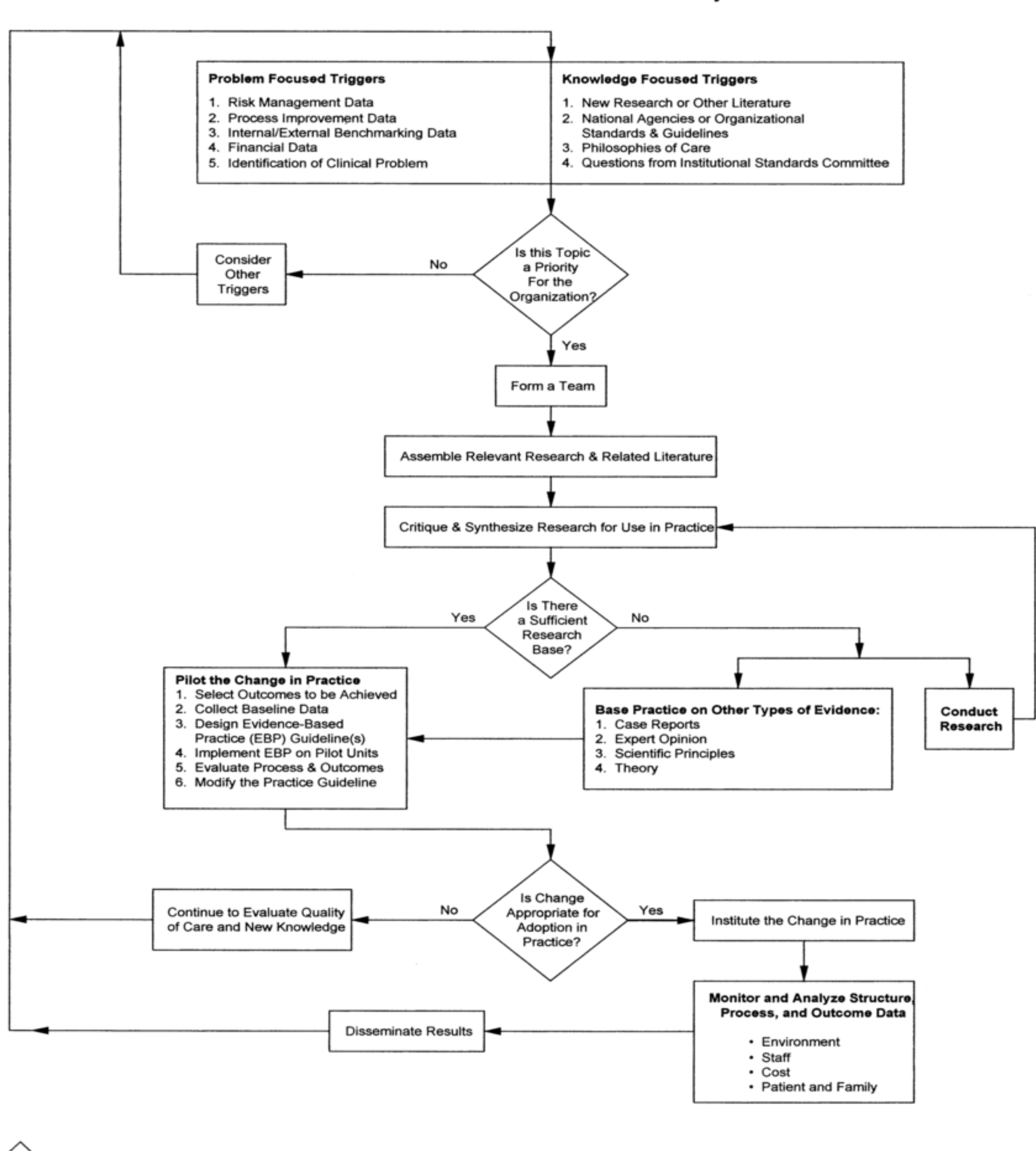
No, there is not physiologic reason that you need to have a period, or withdrawal bleed, while on birth control.

Want more information?

Schedule an appointment with your provider and download the Decide + Be Ready app for you to review while you wait for your appointment.

Appendix G

Iowa Model

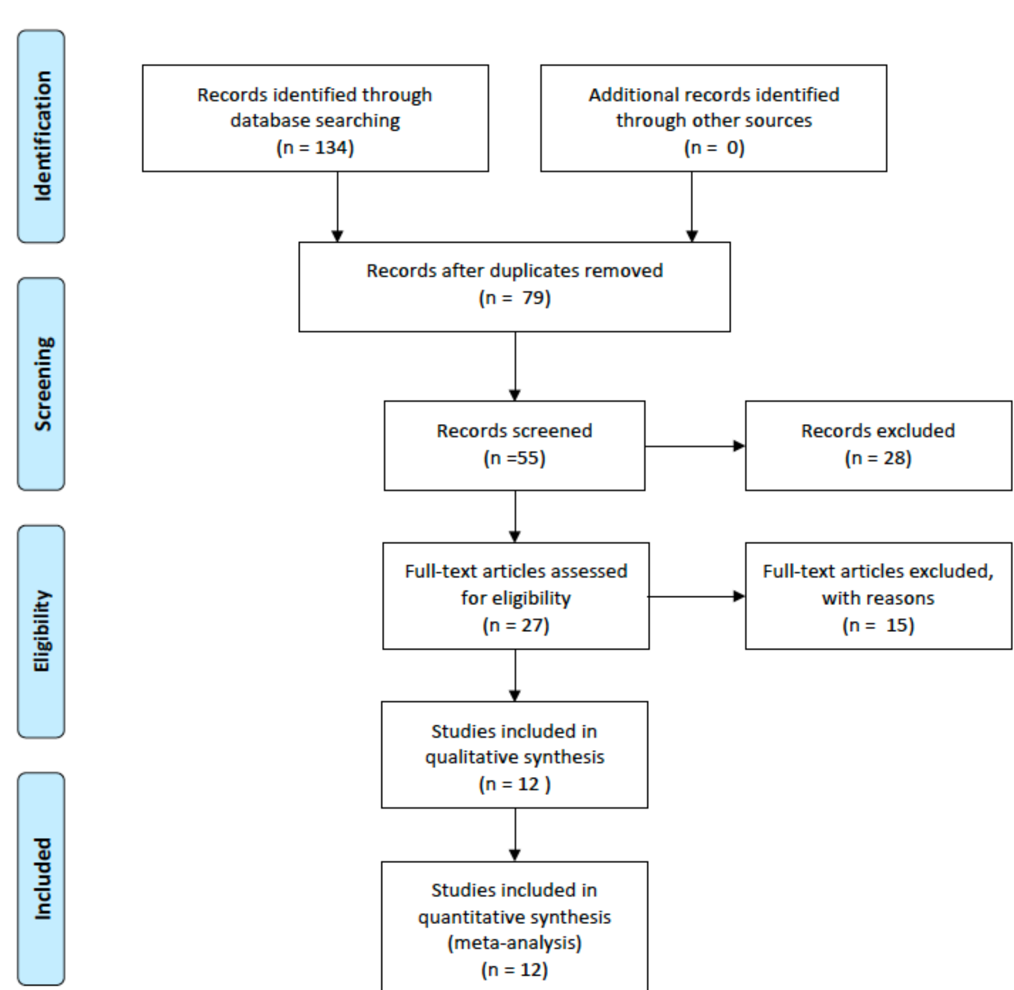


Appendix H

Database	Search Terms	Limiters	Filters	Inclusion	Exclusion
PubMed	(military OR navy OR army OR “air force” OR servicewomen OR “service women”) AND (“active duty” OR deploy* OR predeploy*) AND (“menstrual suppression” OR “therapeutic amenorrhea” OR “medically induced amenorrhea” OR contraceptives OR contraception OR Contraception Behavior[mh] OR Contraceptive Agents, Female[mh]) AND english[lang]	women	English only Date Range: 2012-present Academic journals	Active duty women Austere environments Pre-deployment Contraception Counseling Or menstrual suppression	>5 years old contraceptive counseling impact on women
CINAHL	(military OR navy OR army OR “air force” OR servicewomen OR “service women”) AND (“active duty” OR deploy* OR predeploy*) AND (“menstrual suppression” OR “therapeutic amenorrhea” OR “medically induced amenorrhea” OR contraceptives OR contraception OR Contraception Behavior[mh] OR Contraceptive Agents, Female[mh]) AND english[lang]				
Embase	'military service women contraception menstrual suppression' OR ((‘military'/exp OR military) AND service AND ('women’/exp OR women) AND ('contraception'/exp OR contraception) AND menstrual AND ('suppression’/exp OR suppression))				

Appendix I

PRISMA 2009 Flow Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

Appendix G: Daniel K. Inouye Graduate School of Nursing
DNP Project Completion Verification Form

DOCTOR OF NURSING PRACTICE PROJECT
Completion Verification Form

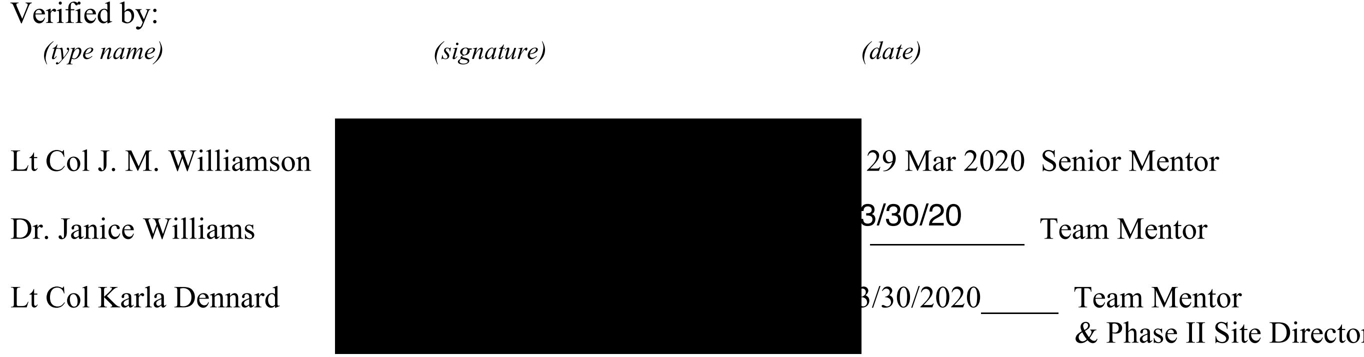
The DNP Project titled: __Implementation of a Pre-Deployment Well-Woman Visit- A Mechanism to Increase Access to Comprehensive Contraceptive Counseling to Active Duty Women for Pregnancy Prevention and Menstrual Suppression in a Deployed Setting__________________ was completed at __JBSA Lackland ____________________ by the following student(s):

(type student name)	*(signature)*	*(date)*
__Yashika Edwards______	_____Yashika Edwards__________	__28 March 2020________
__Jazmin Shawell________	____Jazmin Shawell__________	__28 March 2020________
__Adrienne Vieson_______	____Adrienne Vieson___________	__28 March 2020_______
______________________	___________________________________	__________
______________________	___________________________________	__________
______________________	___________________________________	__________

The DNP Practice Project Team verifies that the following components of the DNP project, accomplished by the above students, is of sufficient rigor and demonstrates doctoral level scholarship to meet the requirements for USUHS GSN graduation:

- Presentation of DNP project to the leadership/stakeholders at the Phase II Site,
- Abstract/Impact Statement (*Appendix F*), and
- DNP Project written report.

Verified by:



(type name)	*(signature)*	*(date)*	
Lt Col J. M. Williamson		29 Mar 2020	Senior Mentor
Dr. Janice Williams		3/30/20__________	Team Mentor
Lt Col Karla Dennard		3/30/2020_____	Team Mentor & Phase II Site Director

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