



Survey Report: Emergency Contraception for Sexual Assault Victims in the Emergency Department January 2014



Summary:

In September 2013, the Oregon Health Authority (OHA) Reproductive Health (RH) Program conducted a survey of hospital emergency department staff in Oregon. The purpose of this survey was to assess the current practice of providing verbal and written Emergency Contraception (EC) information and dispensing EC to sexual assault victims seen in hospital emergency departments for the purpose of preventing unintended pregnancies. Findings from this survey will be used to assess compliance with the law and determine if there is a need for updating and/or training.

Background:

In 2003, researchers in the Oregon Office of Family Planning conducted a study to assess EC access for rape victims in Oregon hospital emergency departments.¹ Researchers interviewed emergency department staff in 54 of Oregon's hospitals and found that only 61.1% of emergency departments routinely offered EC to rape victims. Based in part on these findings, policy advocates then took this issue to the Oregon legislature in hopes of closing this service gap.

During the Oregon 2007 Legislative Session, HB 2700 was voted into law and has since been in effect since January 1, 2008. The law states that "A hospital providing care to a female victim of sexual assault shall:

- (a) Promptly provide the victim with unbiased, medically and factually accurate written and oral information about emergency contraception;
- (b) Promptly orally inform the victim of her option to be provided emergency contraception at the hospital; and
- (c) If requested by the victim and if not medically contraindicated, provide the victim with emergency contraception immediately at the hospital, notwithstanding section 2, chapter 789, Oregon Laws 2003" (relating to reimbursement for medical assessments for sexual assault victims through the Sexual Assault Victims' Emergency Medical Response Fund within the Department of Justice)." ²

Pursuant to the law, the Oregon RH Program developed patient and provider educational materials relating to EC for the prevention of pregnancy and distributed to all hospital emergency departments in the state. Materials were translated in five languages (English, Spanish, Russian, Vietnamese, and Chinese) and posted to the program website for public use. The RH Program conducted a survey in 2009 to assess the use of these materials after the implementation of HB2700. The 2009 survey acquired responses from 11 respondents with the following notable results:

- 60% of respondents described materials as "Very helpful;"
- 71% of respondents had the patient notification poster displayed in their agency;

71% of respondents “Always” offered information about EC;
40% of respondents offered written material to patients.

The RH Program conducted a follow-up to this survey in 2013 to assess current practices and attitudes regarding EC among hospital emergency department staff.

Survey Methodology:

RH Program staff created a twenty-two item electronic survey via *SurveyMonkey*. The survey link was disseminated through email with the assistance of the Oregon Hospital Association communication staff and the Oregon Sexual Assault Task Force (SATF) Sexual Assault Nurse Examiner (SANE) coordinator. The Oregon Hospital Association distributed the link to hospital quality improvement departments while the SATF distributed to all of their members. Respondents were given two and a half weeks to complete the survey and were sent a reminder message during the mid-point of the survey period.

Survey Results:

Survey Respondent Characteristics:

Forty people responded to the survey. Respondents were asked to identify their role in the emergency department in order to determine individual perspective as it relates to the results. The following chart presents the respondents roles ordered by descending popularity.

Role in the Emergency Department	# of Respondents	% of Respondents
SANE	13	33%
ED manager	10	25%
Director	7	18%
Quality/Compliance	5	13%
RN	3	8%
Other	2	5%
Total	40	100%

Provision of EC Information:

According to results, 82.8% of the time a SANE or RN is the one responsible for providing EC information to female victims of sexual assault. In addition, for those who reported not having a SANE on staff, 46.2% had additional training specific to caring for sexual assault victims and 30.8% had additional training on providing EC education and counseling.

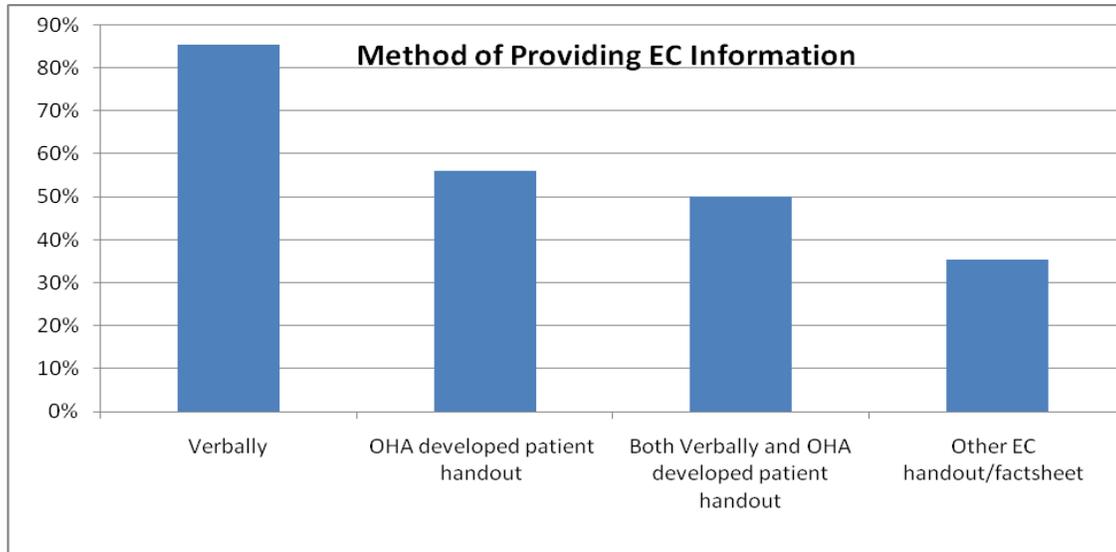
The following table compares the results of similar questions used in the 2009 and 2013 surveys as well as the proportion of emergency departments offering EC to sexual assault victims in the 2003 research study.

	Answered	2003 Research	2009 Survey	2013 Survey
How often do ED staff members offer information about EC to Sexual Assault Victims?	"Every time"	61%	71%	90%
Is there an EC patient notification poster posted in the ED?	"Yes"	N/A	71%	47%
Do you use OHA developed EC materials in the ED?	"Yes"	N/A	40%	59%

There has been a significant increase in the frequency of offering EC to sexual assault victims since 2003. This increase may be a result of increased awareness and usage of EC as well as the implementation of HB2700.

A significant proportion of respondents are not using or are not aware of OHA developed written materials regarding EC and pregnancy prevention. Only 47% of respondents currently display the required patient notification poster in their emergency department. Over half were currently using OHA developed patient materials while an additional 35% of respondents were using other EC handouts/fact sheets. There are several factors that may have contributed to the low level of use of OHA materials; for one, five years have passed since the law was established. In addition, members at the SATF indicated that accessing the materials via the RH Program website was inconvenient, and that EC materials were difficult to locate within the website.

The 2013 survey asked respondents to share the method(s) in which they provide EC information. As shown in the following graph, **EC information is more commonly provided verbally rather than in written form.**



Patient Notification Posters:

Only 47.1% of respondents reported having a patient notification poster posted in visible places throughout the emergency department. The purpose of the notification poster is to inform victims of their right to be provided EC at the hospital. Posting notifications in multiple languages is another important step to ensure that there are no gaps in service and that all staff members and patients in the emergency department are aware of the policy.

OHA Developed Materials:

For those respondents who were aware of and used OHA developed materials (58.8%), the majority were satisfied with the materials and believed that they answered the majority of patient’s questions.

100% of respondents currently using OHA developed materials believed that the materials addressed the majority of patient questions.

In addition, there has been a significant increase in educational material satisfaction since 2009 when only 60% of respondents described the materials as “helpful.”

The following are some comments from 2013 respondents regarding the OHA developed patient materials:

“I feel the material explains the information very well in a format that most patients can comprehend.”

“Great materials, important effort, especially in rural communities where misconceptions abound about EC and people tend to hold more conservative views about administering it.”

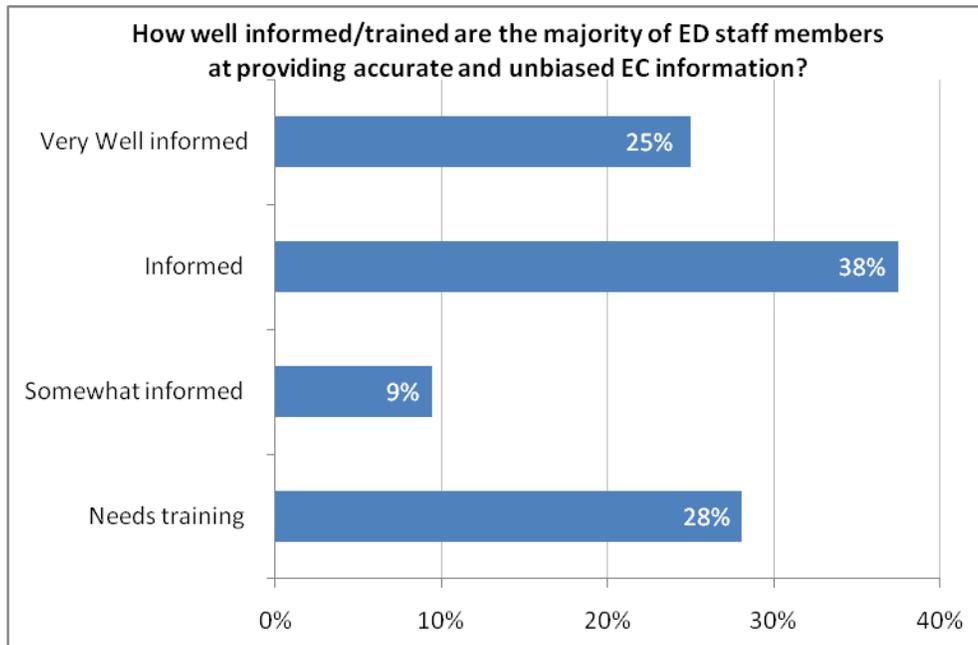
“I appreciate the material. We have the patient information included in every SANE exam packet to give to patients and we have the posters displayed in every exam room in English and Spanish. OHA has done a great job with this in my opinion.”

Translations for Written Materials:

OHA currently has EC translations in English, Spanish, Chinese, Russian, Vietnamese, and Korean. Respondents who were currently accessing OHA written materials were asked which translations were used in their ED. English and Spanish were the most frequently used translations of materials. All other translations were used at some point by an emergency department. In addition, there was a request for additional translations in Farsi and Somali.

Assessing ED Staff:

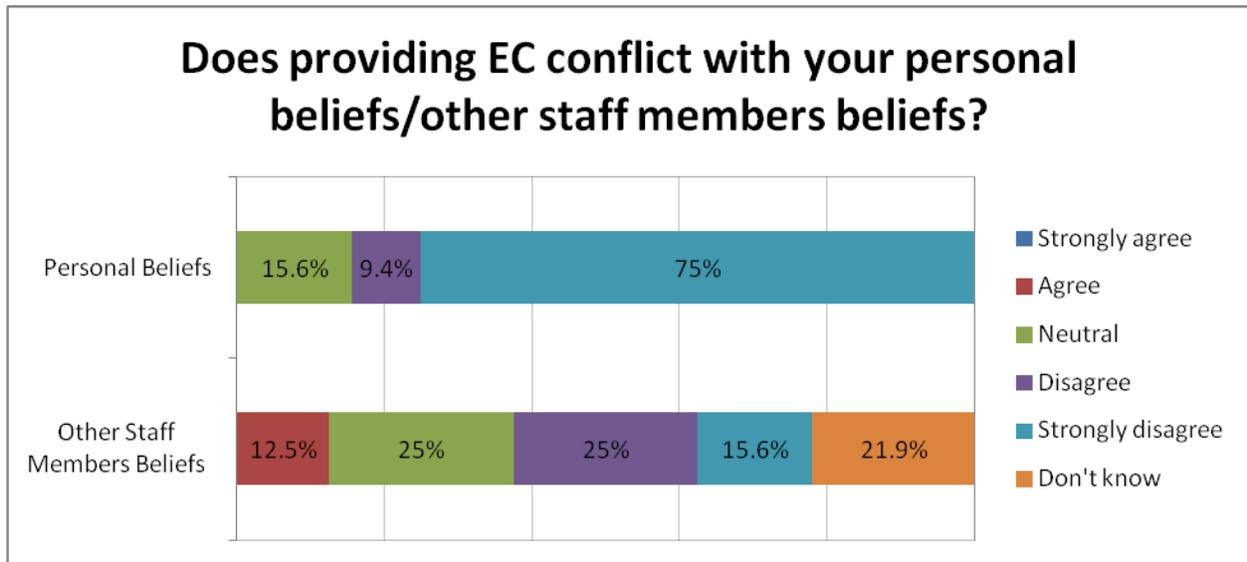
The survey contained three questions that assessed staff knowledge and personal bias. Education initiatives as well as policy efforts have been implemented in hopes of reducing staff bias and increasing EC knowledge; however, as indicated in the following chart there remains room for improvement and more training.



63% of respondents identified staff either as “Informed” or “Very well informed” about offering EC information. This high level of knowledge is most likely due to the presence of SANEs in the emergency departments. In addition, for those that did not have a SANE on staff, 46% reported that staff members providing care to sexual assault victims were required to undergo additional training, and 30% were trained specifically on providing EC information.

Over one quarter of respondents did indicate a need for additional training. Ideally, all staff members with patient contact should report being “somewhat informed” about EC and possess a general understanding of EC and/or how to provide patients with written information. Based on these findings, the RH Program will assess possible training strategies for emergency department staff at all levels.

Respondents were asked if the provision of EC conflicted with their personal beliefs. Next they were asked if the provision of EC appeared to conflict with the beliefs of other staff members. Responses were based on a Likert scale and ranged from “strongly agree” to “strongly disagree” with the chance to answer “don’t know” in regard to other staff members beliefs.



When asked to determine personal bias, no respondents “strongly agreed” or “agreed” that the provision of EC conflicted with their personal beliefs. When asked to assess other staff member’s biases, the results were much more varied as demonstrated in the chart above. It may be difficult for a respondent to accurately determine the beliefs of other staff members in the emergency department. Yet because 12.5% of respondents “agreed” that the provision of EC did conflict with other staff members beliefs the RH Program may conclude that, while it may be minimal, a bias against providing EC may still exist amongst some hospital staff. Further study is needed to determine the scope of staff bias and whether it may be negatively impacting the provision of EC information.

Policy:

In order to assess additional barriers for adolescents aged 15-17 in the receipt of care and access to EC, respondents were asked whether or not their hospital had a separate policy for serving this age group. Over 90% of respondents reported that there was not a separate policy for this age group. One of those that reported having a separate policy stated that they referred patients 17 years and younger to a different department or hospital. Another respondent that

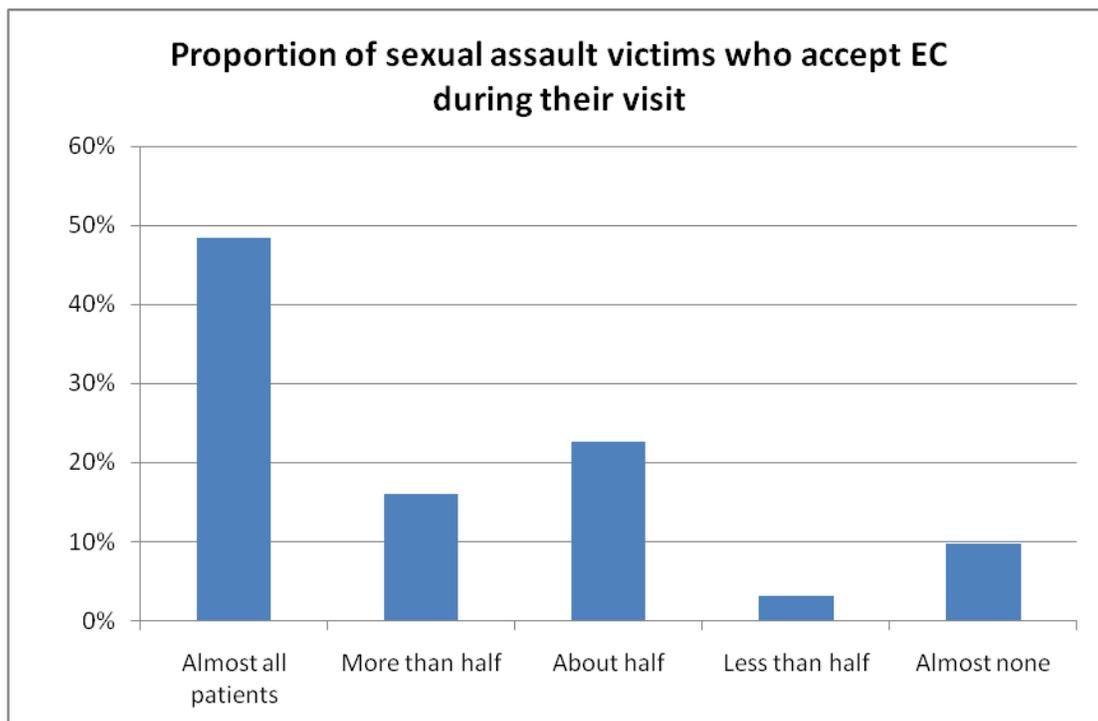
chose to comment reported that parental consent was only required for those patients younger than 15 years.

Respondents were also asked to identify any steps required before dispensing EC. The top two most commonly identified steps were “offer verbal information” (81.3%) and “patient consent” (75.0%). In addition, 46.9% chose “offer written information” and 46.9% chose “physical exam.”

Finally, respondents were asked to report on their payment protocol for those patients without a payment source. 71.0% of responders bill the Sexual Assault Victims’ Emergency Medical Response Fund (SAVE fund) in these cases. The remaining respondents either did not know, used a sliding-fee scale, or billed the patient later.

Dispensing EC:

The survey included two questions regarding the frequency at which EC is dispensed. 48.4% of responders said that “almost all” of their patients accepted EC during their visit. Members of the SATF provided further explanation that a large proportion of sexual assault victims [in certain areas of Oregon] are college students and/or young women who commonly have already taken EC before they visit the emergency department or are already on a reliable form of birth control.



Conclusion:

Findings from this survey suggest that offering EC to sexual assault victims for the purpose of preventing unintended pregnancy has become an established routine in the emergency department setting. Hospitals are now routinely offering EC and EC information 92.3% of the time compared with 60% of the time in 2003. The majority of patients are receiving a verbal consult before receiving EC, about half are receiving OHA written materials, and about 35% are receiving another agency's written materials. Presenting information verbally to a patient is a necessary component to provide high quality patient care. The purpose, however, of the written materials is to provide the patient with a resource to take away from the visit and refer back to if they have any further questions. A sexual assault victim may be in a different state of mind at the time of the exam; therefore, it is important to provide her with information that she may reference on her own time. Providing both oral and written information is a requirement outlined in HB2700; therefore, efforts must be made to increase the use and distribution of accurate and up-to-date written materials.

Respondents who knew about and had used OHA developed materials reported a high level of satisfaction with the materials and 100% reported that they answered the majority of patient questions. The RH Program will reassess materials to ensure accurate content that is in alignment with current policy. These updated materials will then be available via the RH Program website for downloading.

In addition to the survey findings, coordination with the SATF allowed the RH Program to understand the context behind some of the survey results. They also provided more information about the SAVE Fund which the RH Program include in our provider materials. The SATF recommended that the RH Program make changes to the website so that materials are easier to locate and print as needed. They also recommended a mass mailing of notification posters to all emergency departments in order to increase use.

In conclusion, the following next steps are recommended in order to increase use of OHA materials and enhance care provided to sexual assault victims: create easier web access and navigation to materials, print and mail updated materials to all hospitals, and email reminder messages containing a link to materials.

References:

¹ Rosenberg K, DeMunter J, Liu J. Emergency Contraception in Emergency Departments in Oregon, 2003. American Journal of Public Health, 2005; 95: 1453 – 1457.

² Oregon Revised Statute, ORS Chapter and Oregon Administrative Rule, OAR 333-505-0120, effective January 1, 2008

http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_505.html