

Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality
for Mothers and Babies

ACCESS LARC

INCREASING ACCESS TO IMMEDIATE POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION

Chapter One: Building a Successful Initiative

General Quality Improvement Tips

It takes a multidisciplinary team to implement systematic change. Quality improvement (QI) work often involves multiple disciplines and hospital departments. Engaging key stakeholders at the very beginning of a proposed QI project is key to successful implementation. It is important to strategically identify who needs to be at the planning table. These projects may require input and cooperation from departments that you don't traditionally interact with in your institution. Understanding the aspect of the project that impacts them as well as how the project will benefit their department is important to address for their initial buy-in. After leaders are identified, it will be important to engage them in planning and implementing evidence-based practice changes.

For the Access LARC initiative, gaining top level administrative support is key to successful implementation. Because so many departments are involved, it is especially important to obtain initial buy-in as well as ongoing support of senior level administration. In addition, it will be critical to have hospital representatives or liaisons affiliated with the managed care organization(s) that will be providing payment for immediate post-partum LARCs. Identifying a physician champion and nursing leader within the hospital who can facilitate the administrative coordination, lead the clinical process development, and ensure that clinical staff receives sufficient training is critical for success. Lactation consultant leadership will also be helpful to build support. It will be especially important that the planning team members are consistent. One representative and an alternative for each department is recommended and further substitutions of team members is discouraged.

Multi-disciplinary Implementation Team Disciplines and Departments
Obstetric Providers
Nursing (L & D, OB, OR, Mother/Baby)
Lactation Consultants
Billing/Collections
Contracts/MCO Liaison
IT/EMR
Pharmacy
Others (for example: QI, social work)

Creating and Maintaining Successful Teams

The Institute for Healthcare Improvement (IHI) recommends that every team include at least one member who has the following roles:

- ✓ **Clinical leadership.** This individual has the authority to test and implement a change and to problem solve issues that arise in this process. This individual understands how the changes will affect the clinical care process and the impact these changes may have on other parts of the organization.

- ✓ **Technical expertise.** This individual has deep knowledge of the process or area in question. A team may need several forms of technical expertise, including technical expertise in QI processes, health information technology systems needed to support the proposed change, and specifics of the area of care affected. For example, a team implementing an intensive care management clinic for people with poorly controlled diabetes might need technical expertise in change management, the clinic’s electronic health record, and the patient treatment protocols that will be used.
- ✓ **Day-to-day leadership.** This individual is the lead for the QI team and ensures completion of the team’s tasks, such as data collection, analysis, and change implementation. This person must work well and closely with the other members of the team and understand the full impact of the team’s activities on other parts of the organization as well as the area they are targeting.
- ✓ **Project sponsorship.** This individual has executive authority and serves as the link to the QI team and the organization’s senior management. Although this individual does not participate on a daily basis with the team, he or she may join periodically and stays apprised of its progress. When needed, this member can assist the team in obtaining resources and overcoming barriers encountered when implementing improvements.

Creating Quality Improvement Teams and QI Plans (2013) Practice Facilitation Handbook; Agency for Healthcare Quality and Research, ahrq.gov

Once champions are identified and a team is assembled, the following tips can be used to guide team meetings:

- ◆ Because this will be a multidisciplinary effort, all members of the team must be respected and their needs identified and addressed
- ◆ Teams should establish and maintain a routine meeting schedule
- ◆ It is important to provide an open and safe environment that encourages:
 - Listening
 - Sharing
 - Questioning
 - Negotiating
 - Respecting
 - Participating
- ◆ A very important product of successful teams is that members are likely to begin to broaden their understanding to an expanded system rather than only their particular unit. Create a QI culture – a team environment that emphasizes quality and patient safety
- ◆ As many team members as possible should participate in collaborative events – each team member can learn from other hospitals
- ◆ Sharing important information, progress and successes with everyone keeps the work of the team in the spotlight
- ◆ Be creative and flexible

Easy Wins Matter

Demonstrating some early, straightforward successes builds confidence and enthusiasm for continued improvement. For the Access LARC initiative, an important early win is the establishment of an influential, effective and comprehensive quality team.

Goals and timelines are very useful

It is suggested that highly effective teams develop implementation plans with specific goals and timelines. By providing this degree of structure for their work as well as assigning responsibility for specific actions, the teams are given a sense of progress and momentum that is encouraging. The figure below is an example of a suggested timeline for implementing Access LARC, which has two phases (Pre-Implementation and Implementation) over 15 months.

	Pre-Implementation						Implementation								
Activity	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12	Mo 13	Mo 14	Mo 15
Recruit champions for multidisciplinary team	█	█													
Conduct scheduled monthly team meetings		█	█	█	█	█	█	█	█	█	█	█	█	█	█
Add devices to formulary	█	█	█	█	█	█									
Assure timely access to devices		█	█	█	█	█									
Assure billing mechanism in place for pLARC		█	█	█	█										
Revise policies/procedures to provide pLARC			█	█	█	█	█	█	█	█					
Modify IT systems to assure accurate tracking, billing and documentation of pLARC			█	█	█	█	█	█	█	█	█	█	█		
Educate all appropriate staff on advantages and clinical recommendations of pLARC		█	█	█	█	█	█	█	█	█	█	█	█	█	█
Train clinicians on pLARC insertion							█	█	█	█	█	█	█	█	█
Educate providers and community partners about contraceptive choice counseling and informed consent							█	█	█	█	█	█	█	█	█

Data matter

The old adage “what gets measured gets done” is true for all quality improvement initiatives. Data are needed to test changes, provide feedback, and answer the essential question, “How do we know the change was an improvement?” For the Access LARC initiative most of the data to be collected will be measuring hospital progress in completing structural measures that must be in place to assure successful immediate postpartum LARC insertion.

Small tests of change matter

A key principle of implementation science is to fit the scope of the intervention to context it is used in. The exact manner in which project elements are deployed in each hospital needs to be adapted to each unit. While all improvement requires change, not all change results in an improvement. It is important that the quality improvement team be willing to test multiple ideas while searching for the changes that result in improved care at the local level. In the IHI Model for Improvement, these multiple small tests of change are referred to as the PDSA, or Plan Do Study Act cycle. PDSA cycles should be run among smaller groups (for example, one nurse, one physician, and during one shift to start) before gradually expanding to a larger population within the system or organization if the change is determined to be successful.

For the Access LARC initiative, an example of a PDSA cycle might be the testing of billing procedures developed to assure timely reimbursement for inpatient LARCs.

The PDSA cycle is an improvement tool which promotes improvement via the implementation of rapid-cycle tests among an increasingly larger population and a wider range of conditions. The “**Plan**” step in the cycle involves identifying and planning the change to be tested. Plans should be as specific as possible and include information about where the test will take place, who will participate, resources needed, and how the effectiveness of the change will be measured. The “**Do**” portion of the cycle is the actual act of carrying out the test. Initial tests should be small and local. For example, an initial test of a new form could be performed with one nurse and one patient on one nursing unit. If the test proves successful, the new form can be tested with several nurses and several patients in several different units. The “**Study**” phase of the PDSA cycle involves rapid data collection that is done during testing through a “huddle” or “debrief” with the staff or patients involved in the newly designed process. The results of testing will be analyzed and will help to determine whether a change process will be abandoned, adapted, or adopted. Testing periods should not last more than a month and can usually be completed within a few days, allowing for multiple testing cycles if needed. Finally, the “**Act**” portion of the cycle occurs when the decision to Adapt, Abandon or Adopt is made, based on the analysis of rapidly-collected information. If revisions and changes are indicated, the process is revised or “adapted,” and a new testing cycle is instituted. If the trials have been unsuccessful, the change idea may be “abandoned.” The decision to “adopt” a new process occurs after it has been tested broadly under various circumstances and settings.



Implementation Guide for the Toolkit to Support Vaginal Birth and Reduce Primary Cesareans (2016) California Maternal Quality Care Collaborative

Administrative support matters

Successful quality improvement project implementation may require staff time and budgetary resources for equipment/supplies, education/training, and data collection. Administrative support may be needed in identifying departmental champions for the QI team. For the Access LARC initiative, implementation teams may need administrative support in identifying organizational stakeholders and resources, purchasing supplies, moving order sets and policies through committees, and obtaining integration of best practices. Facilities also need to provide resources and staff support for entering and analyzing data collection. This will often involve working collaboratively

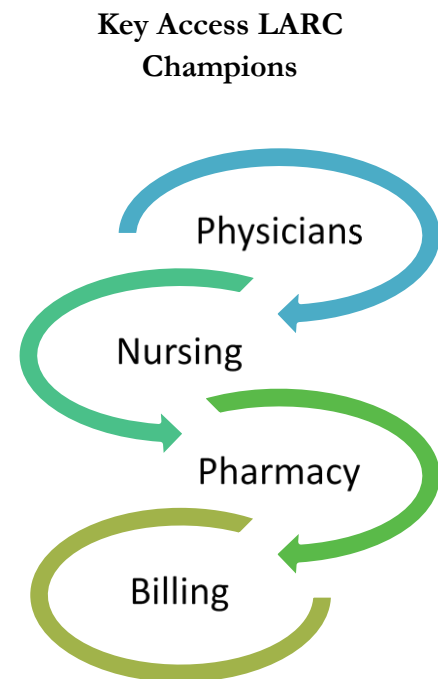
with information technology and quality departments. Staff need release time or additional support to complete these activities successfully.

It takes time and persistence to get systems running smoothly

In most quality improvement initiatives, overall success often takes time and persistence; this is especially true for the Access LARC initiative. With the need to revise multiple systems (pharmacy, billing, labor and delivery, etc.) persistence, follow-up and strong communication are critical to keeping the project on track. Other states have reported setbacks and failed PDSA cycles requiring one or more revisions. It is understood that refining systems is a work in progress. Sustainability requires steady effort and attention by committed leaders and front line staff.

Champions are essential

Formal leaders, opinion leaders, and early adopters are important to overall success since the changes can be uncomfortable and take a long time. Champions, however, are essential. Champions are individuals who actively associate with the project and dedicate themselves to incorporating best practices within the structure of each unit. For the Access LARC initiative, nursing, pharmacy, billing and physician champions are core components of successful implementation and especially with leading culture change. Nursing champions typically play a central role in testing, implementing, coordinating, and disseminating clinical practice refinement and changes. They also often provide counseling to the patient regarding contraception choices. Pharmacy champions are key to assuring that devices are obtained and stocked for timely insertion. While the pharmacy and billing champions work behind the scenes, their roles are crucial in establishing or modifying systems to ensure a successful implementation. Physicians and midwife champions are particularly important since they often provide contraception counseling to include this new choice for the patient and must be trained to insert the IUD or implant. They are often particularly visible stakeholders.



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Sustainability

Successful sustainable efforts must reflect the foundation provided in the initial phases of the project. For the Access LARC initiative many systems changes, such as an expanded formulary, successfully revised billing procedure and contract amendments are easily sustainable. However, processes assuring that contraceptive choice counseling including immediate postpartum LARC as an option continues to be discussed prenatally must be continuously monitored. Assuring that this option is offered and continues to be available to women prior to discharge will solidify

the necessary cultural change within your institution. This can be facilitated by continuing to track and highlight the number of postpartum LARCs provided and assuring that staff and provider training remains required. Periodic review of managed care plan policies is also important to assure continued seamless provision of postpartum LARCs.

Why Join a Collaborative

Participation in a collaborative helps your hospital implement evidence-based quality improvement recommendations by bringing together institutions with similar goals and providing resources to advance those goals. It offers an environment to learn together with others on the best strategies, methods and tools to adapt and implement in your hospital. Hospitals that participate in multi-organization quality improvement collaboratives achieve more gains faster than those who do so alone. Past participants have found it useful to not have to “reinvent the wheel.”

Identification of potential barriers to your project are important to consider and solve prior to sharing with staff. It is possible that additional challenges may occur during implementation, but it will be in your favor to remove as many barriers as possible prior to the start.

Potential Implementation Barriers & Strategies to Overcome	
Potential Barrier Drivers	Strategies to Overcome
Clinician <ul style="list-style-type: none"> Resistance to change Don't see the need for change Lack of understanding and/or knowledge deficit 	<ul style="list-style-type: none"> Build compelling story with respected peer to speak to the importance of initiating proposed changes Provide peer based education to all clinicians with education on the initiative and goals Provide peer-reviewed evidence to support change Share goals of the proposed QI project/change Provide opportunities to answer questions and/or concerns
Upper management <ul style="list-style-type: none"> Lack of knowledge of Perinatal QI Lack of resource support 	<ul style="list-style-type: none"> Share data on outcomes of facility in relation to like facilities Provide high quality peer-reviewed research and evidence to support change Instill the importance of resource (people, financial) support for project to ensure success Share plan for implementation and sustainability
Time limitations	<ul style="list-style-type: none"> Utilize efforts of many staff members – consider use of nurse clinical ladder to support project Make sure meetings are organized and succinct to decrease the impact on available time Offer meetings at multiple times; consider web-based meetings for those who may be off site Utilize regularly scheduled department meetings to highlight project and results <ul style="list-style-type: none"> Be succinct Be prepared to answer questions
Resource limitations	Connect with other hospitals or QI leaders for potential solutions or sharing resources through collaborative work
<i>Bingham, D., & Main, E. (2010). Effective implementation strategies and tactics for leading change on maternity units. Journal of Perinatal and Neonatal Nursing, 24(1) 32-42.</i>	