



Implementation Phase Planning

Betsy Wood, BSN, MPH

Partnering to Improve Health Care Quality
for Mothers and Babies



Aim

Primary Drivers

Secondary Drivers

Recommended Key Practices

Within 15 months of project start, 80% of participating hospitals will be providing immediate postpartum LARCs.

LARCs are available for immediate postpartum insertion

Hospitals are able to receive reimbursement for LARC insertion

Reporting mechanisms are in place to enable tracking of immediate postpartum device placement

Clinic, labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion

Trained clinicians are available to provide immediate postpartum LARC insertion

Patients are aware of the contraception option of immediate postpartum LARC insertion

Establish multidisciplinary pLARC team

Add devices to formulary

Assure timely access to devices

Revise policies/procedures to provide pLARC

Assure billing mechanism in place for 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

1. Assure early multidisciplinary support by educating and identifying key champions in all pertinent departments.
2. Establish clear regular communication channels and processes, assuring that all necessary departments are represented.
3. Establish and test billing codes and processes to assure adequate and timely reimbursement.
4. Expand pharmacy capacity and device distribution to assure timely placement.
5. Educate clinicians, nurses, pharmacy, and lactation consultants about the benefits and clinical recommendations related to pLARC placement
6. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for pLARCs.
7. Modify L & D, OB OR, postpartum, and clinic work flows to include placement of pLARC.
8. Establish consent processes for pLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent.
9. Develop culturally sensitive educational materials and shared decision making counseling practices to educate patients about the availability of pLARC as a contraception option.
10. Educate clinicians, community partners and nurses on informed consent and shared decision making related to pLARC.
11. Assure patient receives comprehensive contraception choice counseling prior to discharge.

pLARC = Immediate postpartum LARC,
Bolded or green font = Pre-Implementation phase

Implementation Phase Key Practices

1. Establish consent processes for pLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent.
2. Develop culturally sensitive educational materials and shared decision making counseling practices to educate patients about the availability of pLARC as a contraception option.

Implementation Phase Key Practices

3. Educate clinicians, community partners and nurses on informed consent and shared decision making related to pLARC.
4. Assure patient receives comprehensive contraception choice counseling prior to discharge.

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Bolted Red Font = Implementation phase

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Please work as a team on your 2 worksheets!

WORKING LUNCH

Next Steps:

Complete Pre-Implementation Phase Steps

- Billing/Contracting
- Pharmacy Capacity
- Complete policies/protocols
- Education of staff on importance of pLARC
- Modify EMR and IT systems

Next Steps:

Begin Implementation Phase

- 👶 Create policies, procedures, materials needed to implement contraceptive choice counseling that includes pLARC
- 👶 Begin to schedule provider insertion training for post-placental IUDs or implants

All of Implementation Phase

- 👤 Submit data to track progress toward full implementation
- 👤 Continue to meet regularly with your multidisciplinary team to review how changes are going and share data updates
- 👤 Contact FPQC with any requests for technical assistance, on-site consultations, Grand Rounds presentations, insertion training needs, etc.



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Implementation

DISCUSSION

Establish consent processes for pLARC that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent.

 **Challenges?**

 **Solution Ideas?**

Develop culturally sensitive educational materials and shared decision making counseling practices to educate patients about the availability of pLARC as a contraception option.

 **Challenges?**

 **Solution Ideas?**

Educate clinicians, community partners and nurses on informed consent and shared decision making related to pLARC.

 Challenges?

 Solution Ideas?

Assure patient receives comprehensive contraception choice counseling prior to discharge.

 Challenges?

 Solution Ideas?

Initiative Website

FPQC.org

→ Current Projects

→ Access LARC

• Immediate Postpartum Long-Acting Reversible Contraception (LARC)



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[Access LARC](#)

Increasing Access to Immediate Postpartum Long-Acting Reversible Contraception

Access LARC News & Announcements

[Access LARC Initiative Launches November 3 2017](#)



[Access LARC Initiative Resources](#)

Online Tool Box for Participating Access LARC Hospitals

This Tool Box contains tool kit documents, example policies and educational materials, and more. This resource is updated regularly throughout the project.



[Archived Webinars](#)

health.usf.edu/publichealth/chiles/fpqc/larc

Make full use of the collaborative!

- 👤 FPQC is here to help!
 - 👤 FPQC@health.usf.edu any time you have a question (clinical or otherwise!)
- 👤 Monthly online learning collaborative webinars
- 👤 Monthly e-mail bulletins
- 👤 Website with tools so you don't have to reinvent the wheel
- 👤 We can come to you re: education needs