Planning for Implementation

Sections of this chapter were adapted from South Carolina Choose Well Initiative and South Carolina Birth Outcomes Initiative.

States that have successfully implemented immediate postpartum LARC provision, including South Carolina, West Virginia, and Georgia, all report that multidisciplinary communication and engagement are key to a successful process.[19,20,21] In order to integrate all aspects of the process, physicians, nurses, pharmacists, billing and reimbursement leadership, and hospital clinical leadership should participate in planning. Involving lactation consultant leadership may also be helpful to build support.

Planning and implementation of immediate postpartum LARC provision in the inpatient setting typically takes at least six months. The timeline will vary depending on how quickly different hospital departments can convene for planning, the amount of effort needed to adjust billing processes to meet policy requirements, and the training needs of clinical staff.

BUILDING ADMINISTRATIVE SUPPORT AND INFRASTRUCTURE

- **Identify a clinician champion (or champions)** to facilitate administrative coordination and lead clinical process development. Physician, advanced practice clinicians, and nursing champions also must ensure that clinical staff receives sufficient training.

- **Educate leaders and key stakeholders** on the importance and value of offering immediate postpartum LARC services to women. Share the evidence via:
    - Grand Rounds or staff meeting presentations for physicians
    - Nursing in-service presentations
    - Meetings with pharmacy, billing and reimbursement, and hospital clinical leadership

- **Convene the champion and other clinical leadership** including physician and nursing leadership, and management representatives from billing and pharmacy departments. Create an interdisciplinary Immediate Postpartum (IPP) LARC implementation team with this group, and delegate each with their own responsibilities:
    - Clinicians (Physicians, Advanced Practice Clinicians, and Nurses)
        - Develop and organize clinical documents such as policies, patient educational materials, consent forms, and clinical protocols.
        - Organize and ensure adequate clinician training.
        - Partner with pharmacy on device ordering and stocking.
        - Work with pharmacy, billing, and IT to ensure the Electronic Health Record (EHR) connects clinician charting, pharmacy inventory, and charge capture. Help ensure codes are in place for all services and supplies linked with IPP LARC provision.

- Pharmacy
    - Ensure devices are on formulary, working with clinicians to apply to the Pharmacy and Therapeutics Committee.
    - Partner with clinicians on device ordering.
    - Investigate options for bulk purchasing through device manufacturers (*See Section 5 on Placement Procedures*).
    - Create distribution plans for devices -- they may be housed in a central pharmacy and released upon receipt of a clinician order, or pharmacy may authorize stocking LARC devices on the Labor and Delivery and/or postpartum floor(s).
- Billing and reimbursement (*See Section 7 on Billing and Reimbursement*)
    - Create charge codes for billing and reimbursement.
    - Establish MediCal billing procedures. Claims sent to MediCal for inpatient LARCs must be submitted on an outpatient UB-04 claim form with the LARC ICD code as the primary diagnosis.
    - Identify a mechanism to reconcile reimbursements with patient accounts, as well as monitor and resolve denials.

o **Contact hospital administration** to notify them of the IPP LARC Implementation team efforts or gain approval if necessary.
    - Depending on the policies and processes at a given institution, involving administration in the initial planning may or may not be necessary.
    - Higher level support from clinical administration will ease the path to implementation.

DEVELOP PROCESS FOR INSERTIONS

- **Convene physicians and nursing staff together to develop postpartum insertion procedures**. One or more meetings with clinical staff will be necessary to finalize the logistics of the process among physicians and nurses.

- **Develop processes for identifying patients who desire immediate postpartum LARC**
    - Are prenatal care providers submitting documentation of contraceptive counseling to labor and delivery?
    - How are patient preferences for postpartum contraception transferred to the hospital from the prenatal chart? How can the transfer of such information be improved?
    - Is contraceptive counseling by prenatal care providers consistent with best practices? If not, are hospital personnel able to provide or coordinate training? (*see Section 4 on Contraceptive Counseling*)
    - How are patients currently counseled about postpartum contraception in the hospital? Can such counseling be improved? (*see Section 4 on Contraceptive Counseling*)

- **Develop processes for consenting patients on labor and delivery, placing the devices, and providing patient education.** Plan for processes to be integrated into the usual operations of the labor and delivery or postpartum floor.

    Considerations include:
    - Determining a location for counseling/consent and the procedure
    - Outlining roles and responsibilities for nursing regarding supplies and documentation practices
    - Creating standard order sets that include the contraceptive device, local anesthetic (for implant placement), and nursing orders
    - Developing written policies specific for insertions of IUDs and implants- this may be particularly helpful in teaching hospitals
    - Creating a checklist for nursing and physician reference prior to the procedure
    - Developing standardized EHR templates for written procedure notes and pre-printed patient instructions sheets (*see Section 5 on Placement Procedures).*
    - Clarifying a unified consent process to be performed by all providers
        - Consent for IUD insertion can be obtained upon patient admission to labor and delivery or just prior to procedure.
        - Consent for subdermal implant can be obtained on either labor and delivery or the postpartum unit.

TRAINING CLINICAL STAFF

All clinicians who care for maternity patients must understand LARC so that information shared with patients is accurate and messages are consistent.

Prenatal Care Providers

- Must understand delivery hospital immediate postpartum (IPP) LARC procedures to provide complete patient education and answer questions during prenatal care.
- Can request information from delivery hospitals regarding their IPP LARC protocols and processes.
- Should attend in-service trainings or receive other continuing education on best practices in contraceptive counseling. These practices are key to providing evidence-based counseling, which expands women's understanding of their options and increases interest in postpartum LARC services (*see Section 4 on Contraceptive Counseling*).
- May also require training on documentation of contraceptive counseling and women's plans for IPP LARC, including timely sharing of such information with delivery hospital.

Physicians

- Must be trained and proctored on LARC methods prior to performing insertions. Training should include residents (if applicable) and advanced practice clinicians.
- *See Appendix A for Educational and Training Resources.*

Nurses

- Should be knowledgeable and prepared to support patient education and assist during the procedures. Training should include all labor and delivery, antepartum, and postpartum nurses.
- Can receive in-service training presentations to understand IPP LARC procedures and clarify clinical protocols.
- As new RNs are hired, they will primarily learn the process through on-the-job training.

Lactation Consultants

- Can play an important part in IPP LARC implementation initiatives because of their role in providing patient education about contraceptive methods while breastfeeding. Many common misconceptions exist around LARC and breastfeeding.
- Should have a short in-service training to provide them the information, tools, and resources they need to support women's decision-making regarding postpartum LARC.
- *See Section 4 on Contraceptive Counseling for more information.*