



LARC FIRST Practice: Components, Barriers and Strategies

modification date:	July 19, 2013
content:	How LARC FIRST is your practice?

Overview

The purpose of this document is to assess a clinic, practice or organization’s current status as “LARC FIRST,” and identify areas for improvement. This assessment is designed to be completed by every staff member on your team, including administrative staff, ancillary health staff, and providers, as each position plays an important role in providing quality patient contraceptive care. An organizational manager may consider conducting the LARC FIRST assessment during an all-staff meeting, and propose organizational changes based on the results and feedback from staff members. You may want to consider conducting this assessment annually or biannually to measure change.

Note: The term “organization” is used to reflect a clinic, organization, funder, health center, private doctor’s office or any other facility that provides contraceptive services.

Instructions: For each of the following statements, check the box in which you most agree.

		AGREE	DISAGREE	UNSURE
1	Preventing unplanned pregnancies is a priority in this organization.			
2	Clinic practices reflect current evidence-based guidelines per the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), or American College of Obstetricians and Gynecologists (ACOG).			
3	All women, including teens, are presumed to be good LARC candidates until a medical history indicates otherwise.			
4	There are evening and weekend hours available for contraceptive care appointments.			
5	The clinic schedule allows for same-day IUD or implant insertions.			
6	The entire organization believes that LARC is a first-line option for all women, including teens.			
7	LARC methods are consistently stocked in clinic areas for same-day insertions.			
8	The organization looks for additional resources to fund LARC methods.			

		AGREE	DISAGREE	UNSURE
9	The clinicians and ancillary health center staff have access to written protocols for providing contraceptive care.			
10	Staff participate in on-going training to enhance contraceptive knowledge about all reversible contraceptive methods and best practices for delivering contraceptive care.			
11	Clinicians have received proper LARC training including insertions, removals, patient management, and evidence- based guidelines.			
12	Clinicians are comfortable inserting LARC methods, and have a support network to consult for special cases.			
13	Staff are trained to accurately respond to common LARC patient questions and concerns to encourage continuation and satisfaction.			
14	A data system is in place to track patient concerns, LARC insertions, removals and reasons for removals, and LARC data is presented to staff on an ongoing basis.			
15	The organization utilizes a consistent, detailed hiring plan which identifies the requisite skills needed for each position.			
16	Staff promotes LARC at community events.			
17	Educational materials about all methods, including LARC, are available in the waiting areas.			
18	LARC is always discussed as the first-line option for all women, including teens.			
19	A contraceptive counseling session takes place in a private room without interruptions where the patient is fully dressed.			
20	Patients receive verbal and written information about their method and leave their appointment with a clear understanding of how to use it, possible side effects and when to contact their healthcare provider.			

		AGREE	DISAGREE	UNSURE
21	Contraception is discussed with patients using a tier-based counseling approach.			
22	Patients receive accurate information about contraception from all staff.			
23	Contraceptive models and other visual aids are used during a counseling session.			
24	The patient's time is valued; this includes the time a patient spends at a clinic appointment, requirements that a patient return for multiple appointments, and the timeframe in which patient calls are returned by a staff member.			
25	Staff assure patients of the organization's confidentiality protocol.			
26	The waiting room is clean, inviting and clutter-free.			
27	Patients are offered water, coffee or tea at time of check-in.			
28	All staff are respectful, warm, and polite to all patients.			
29	A patient's decision around pregnancy is respected.			
30	Staff believe a patient is able to make an informed decision about her contraceptive method once she has complete and accurate information about all methods.			



Response Key

If the entire team selects “agree” for every answer:

- Congratulations! You have achieved a LARC FIRST practice. You have implemented systems, programs, policies and procedures that address the key areas for a LARC FIRST practice. This includes practicing evidence-based contraceptive care, promoting patient accessibility, providing patient education regarding all contraceptive methods especially LARC, and focusing on detailed and ongoing staff training. Please provide feedback to LARC FIRST on the successes and challenges you have faced along the way.

If team members select a response other than “agree,” additional training may be needed:

- “Disagree” or “Unsure” on items 10, 13, 15, 19, 20, 21, 22, 23, or 25 means that your organization could do more to support non-clinician staff in the provision of contraceptive care to patients. Refer to the [Contraceptive Counseling](#), [Patient Management](#) and [Effective Staffing & Management](#) modules in the LARC FIRST Resource Center for additional information.
- “Disagree” or “Unsure” on items 4, 5, 7, 8, 14, 16, 17, 24, 26, 27, or 28 means that your organization could do more to increase accessibility to contraceptive services for all women, including teens. Refer to the [LARC FIRST Practice](#) and [Evidence](#) modules of the LARC FIRST Resource Center for additional information.
- “Disagree” or “Unsure” on items 1, 3, 6, 18, 29, or 30 means that your organization could do more to promote a LARC FIRST philosophy regarding the provision of contraceptive services to all women, including teens. Refer to the [LARC FIRST Practice](#) and [Evidence](#) modules of the LARC FIRST Resource Center for additional information.
- “Disagree” or “Unsure” on items 2, 9, 11, or 12 means that your organization could do more to develop systems, protocols and procedures to support the provision of contraceptive care, including LARC. Refer to the [Evidence](#), [Advanced Practitioner Resources](#) and [Patient Management](#) modules of the LARC FIRST Resource Center for additional information.