

**VIDEO TRANSCRIPT:**

## **A Case Study of Same Visit Provision of Contraception at the Southern Nevada Health District**

**Erin Cooke, APRN:**

We've always been able to provide effective methods of contraception on the same day visit, but now we're actually able to provide lark methods on the same day. The mentality used to be the patient has a consultation and the returns to the clinic for their insertion, but now, we know that as long as we can exclude the risk of pregnancy and there's nothing in the medical history to contraindicate an insertion of the same day, we're able to provide that service.

**Susan Kilburn, APRN:**

They come in. They want a long-term method, and they're good candidates for it, they can get it that day.

**Bernadette Meily, RN, BSN, Supervisor:**

As a supervisor, it's important to get all the staff involved. It's important that they know the process, that there's an understanding of the services that we are going to provide. The coordination from the beginning to the end is very important. Each person plays an important role, so they'll be able to provide a service successfully.

**Erin Cooke, APRN:**

A lot of times when patients come to the clinic, they don't know what method they want, so that process starts with the registered nurse. They do the counseling, and if the patient is still undecided when the nurse practitioner goes in, then we really provide additional counseling, really dig into the bleeding profile, the risks, the benefits, what kind of side effects the patient would be most tolerable. Once the patient decides and if they're comfortable with that decision, we'll absolutely go ahead and insert the device that same day.

There's always a little bit of concern about how it will affect the schedule, the clinic flow, will we get behind, will patients be upset if they're waiting too long, will people have to work a lot of overtime, but I think it's just the process that was initiated. You learn as go. You make some changes, and then I think we found that overall, it hasn't really changed our clinic flow.

**Yordanos Brown, RN, Senior Community Health Nurse:**

If you really plan it well, you can really create an efficient flow for the insertions. For our implants, we have a little cart that contains the scalpels and the gauze and the steri-strips all in one plastic caddy that she brings in with her for the insertion. We try to

make it as convenient as possible, leaving only the necessary betadine or something in the room with the patient. The rest of it, she brings in with her.

**Erin Cooke, APRN:**

Lark insertion only adds a little bit of extra time to the visit. I would say an explant probably adds maybe three minutes to the visit. The patient doesn't have to get undressed. It's a relatively quick procedure. The IUD insertion takes a little bit longer because we have to setup the field, get the patient undressed. I would say that adds maybe five minutes to the visit.

**Yordanos Brown, RN, Senior Community Health Nurse:**

We were already providing birth control methods to our patients here, but one of the things we had to do to make sure we were able to provide same day larks for our patients was to do some forecasting to look up some information and look up some data.

**Erin Cooke, APRN:**

We had to have strict inventory control, because we were going to go through the devices a little bit faster, so we had to make sure there was never going to be a gap of time where we didn't have anything on hand. Both clinics always have all of the lark methods on hand. Instead of using prior inventory audits, we would forecast and expect that we were going to be using more, so we would order more. We didn't wait until we were down to one or two to order. We would make sure we always maintained a sufficient supply.

**Laura Lopez, RN, Community Health Nurse:**

Patients are very, very satisfied that they're able to get it the same day that they come in. They walk out of here with a big smile knowing that they'll be protected for a few years. They don't have to worry about coming to the clinic often.

**Erin Cooke, APRN:**

I think that if the patient leaves the clinic with the method of choice on the day that they come in, it gives them that sense of empowerment, and therefore they're going to continue that method if they get what they want and it's going to reduce unintended pregnancies. Overall, that's what makes us successful.