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| ILPQC IPLARC Data Collection Form | |
| **Question** | **Answers/Format** |
| 1. For which month are you reporting? | Month/year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Structure Measures | |
| 1. What stakeholders do you have on your hospital QI team to date? *(check all that apply)* | * Administration * MCO Liaison * Pharmacy * Billing * Nursing * Lactation consultant * OB provider champion * EMR/IT * Ambulatory prenatal care site liaison * Social Work * Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Hospital has IPLARC devices stocked in the inpatient inventory** | |
| 1. Are inpatient **IUDs** available on your hospital formulary? | * Have not started * Working on it * In place (one or more IUDs are available) *(check all that apply)*   + Mirena   + Lilleta   + Skyla   + Kyleena   + Paraguard   + Other:\_\_\_\_\_\_ |
| 1. Are inpatient **implants** available on your hospital formulary? | * Have not started * Working on it * In place |
| 1. Are inpatient LARC devices (with needed supplies) available on labor and delivery and/or on the postpartum unit? | * Have not started * Working on it * In place |
| 5a. What inpatient LARC devices are available  on labor and delivery or the postpartum  unit? | * IUD * Implant * Both |
| **Hospital has IPLARC protocols in place for labor and delivery and postpartum units** | |
| 1. Do you have immediate postpartum protocols in place for **IUDs**? | * Have not started * Working on it * In place |
| 1. Which departments have implemented a protocol to support immediate postpartum placement of **IUDs**?(*check all that apply*) (Check both "L&D" and "Postpartum unit" if hospital has combined L&D/postpartum unit.) | * L&D * Postpartum unit * OB OR * Pharmacy * Billing * Other: \_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Question** | **Answers/Format** |
| 1. Do you have immediate postpartum protocols in place for **implants**? | * Have not started * Working on it * In place |
| 1. Which departments have implemented a protocol to support immediate postpartum placement of **implants**?(*check all that apply*) (Check both "L&D" and "Postpartum unit" if hospital has combined L&D/postpartum unit.) | * L&D * Postpartum unit * OB OR * Pharmacy * Billing * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Hospital has coding/billing strategies in place for reimbursement for IPLARC** | |
| 1. If your hospital carries LARC devices, does your hospital use 340B purchasing for LARC devices? | * Hospital is not eligible for/doesn’t participate in 340B * Eligible, not yet participating * Eligible, participating * Do not know |
| 1. Have you implemented billing codes for **IUDs**? | * Haven’t started * Working on it * In place |
| 1. Have you implemented billing codes for **implants**? | * Haven’t started * Working on it * In place |
| 1. *If billing codes are implemented for IUD, implant, or both,* with which payers do you have billing strategies in place? | * Traditional Medicaid/Medicaid FFS * Medicaid MCOs * Private insurers (please specify, *check all that apply*)   + Aetna   + Ambetter   + Assurant Health   + BCBS of IL   + Coventry   + Harken Health   + Humana   + United Health   + Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Has your hospital billed for the devices you placed? | * Yes * No * Not yet placed any devices |
| 1. Have you received reimbursement for the devices that you placed? *(check all that apply)* | * Yes, traditional Medicaid/Medicaid FFS * Yes, from MCO(s)   + Yes, from at least 1 Medicaid MCO   + Yes, from all Medicaid MCOs with whom the hospital contracts   + Yes, from all Medicaid MCOs, even those with whom the hospital does not contract * Yes, from private payer(s)   + Yes, from at least 1 private payers   + Yes, from all private payers with whom the hospital contracts * No * Not yet placed any devices |

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| **Question** | **Answers/Format** |
| **Hospital can document IPLARC placement in IT/EMR systems.** | |
| 1. Does your hospital have IT /EMR revisions implemented for tracking and documentation of immediate postpartum placement of **IUDs**? | * Have not started * Working on it * In place |
| 16a. If “in place,” where does **IUD**  documentation occur? *(check all that*  *apply)* | * Delivery template – Providers * Delivery template – nurses * Separate EMR form – providers * Separate EMR form – nurses * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. If “In place,” which IT / EMR revisions have been completed to assure adequate tracking, and documentation for **IUDs** *(check all that apply)* | * EHR for consent * EHR for contraceptive choice counseling * Order sets * Pharmacy system * Billing system * Tracking tools * Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Does your hospital have IT /EMR revisions implemented for tracking and documentation of immediate postpartum placement of **implants**? | * Have not started * Working on it * In place |
| 18a. If “in place,” where does **implant**  documentation occur? *(check all that*  *apply)* | * Delivery template – Providers * Delivery template – nurses * Separate EMR form – providers * Separate EMR form – nurses * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. If “in place,” which IT / EMR revisions have been completed to assure adequate tracking, and documentation for **implants**?*(check all that apply)* | * EHR for consent * EHR for contraceptive choice counseling * Order sets * Pharmacy system * Billing system * Tracking tools * Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Hospitals have provided education materials for affiliated prenatal care sites and to patients at their hospital during delivery admission** | |
| 1. Number of affiliated prenatal care sites | Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you provided patient education materials and counseling protocols for affiliated prenatal care sites regarding IPLARC, including all contraception options? | * Yes, one or more * Yes, all * No |
| 21a. If yes, one or more, please specify the  number of affiliated prenatal care  centers to whom you’ve provided  materials | Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Question** | **Answers/Format** |
| 1. Have you implemented standardized education materials and counseling protocols for patients during delivery admission regarding contraceptive options including IPLARC? | * Developed but not yet implemented * Developed and implemented * No |
| **System-wide Communication of IPLARC** | |
| 1. Is there a communication plan in place to inform affiliated prenatal care sites, obstetrics providers, and your hospital system of hospital capacity to provide IPLARC? | * No, haven’t started * Working on it * Yes, plan in place |
| 23a. If plan in place, has a communication  strategy been implemented? | * Yes * No |
| Process Measures | |
| 1. Cumulative % of physicians and midwives trained on IPLARC evidence, protocols, and counseling | Percent: \_\_\_\_\_\_\_\_\_\_ |
| 1. Cumulative % of physicians and midwives trained on IPLARC placement of IUDs | Percent: \_\_\_\_\_\_\_\_\_\_ |
| 1. Cumulative % of physicians and midwives trained on IPLARC placement of implants | Percent: \_\_\_\_\_\_\_\_\_\_ |
| 1. Cumulative % of nurses trained on IPLARC evidence and protocols | Percent: \_\_\_\_\_\_\_\_\_\_ |
| 1. Cumulative % of Lactation Consultants trained on IPLARC evidence and protocols | Percent: \_\_\_\_\_\_\_\_\_\_ |
| 1. Cumulative % of Social Workers trained on IPLARC evidence and protocols | Percent: \_\_\_\_\_\_\_\_\_\_ |
| Outcome Measures | |
| 1. Number of deliveries this month | Number: \_\_\_\_\_\_\_\_\_\_ |
| 1. Is your hospital routinely counseling, offering, and providing immediate postpartum LARCs either IUDs or Implants? (i.e., is your system live?) | * Yes * No |
| 31a. If yes, please specify: | * IUDs * Implants * Both |
| 1. Number of immediate postpartum **IUDs** placed this month | Number: \_\_\_\_\_\_\_\_\_ |
| 1. Number of immediate postpartum **implants** placed this month | Number: \_\_\_\_\_\_\_\_\_\_ |
| 1. If your hospital is routinely counseling, offering and providing immediate postpartum LARCs, either IUD, implants or both, please, review a random sample of 10 charts for this month. Begin by systematically selecting 10 records. First, divide the total number of live births occurring at your facility in a given month by 10 and then select every nth chart where n is the result of that division.   Example 1: If your hospital has 102 births in a month, then divide 102 by 10=10.2 and you will select every 10th birth for that month.  Example 2: If your hospital has 28 births in a month, then 28 divided by 10 is 2.8 and you will select every 2nd birth for that month. Review this random sample of charts and record the number of charts (0-10) with the following information documented: | #\_\_\_ charts with contraceptive counseling, including IPLARC, documented/10 during prenatal care  #\_\_\_\_\_charts with contraceptive counseling, including IPLARC, documented/10 during delivery admission |