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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 |