ILPQC
Illinois Perinatal Quality Collaborative

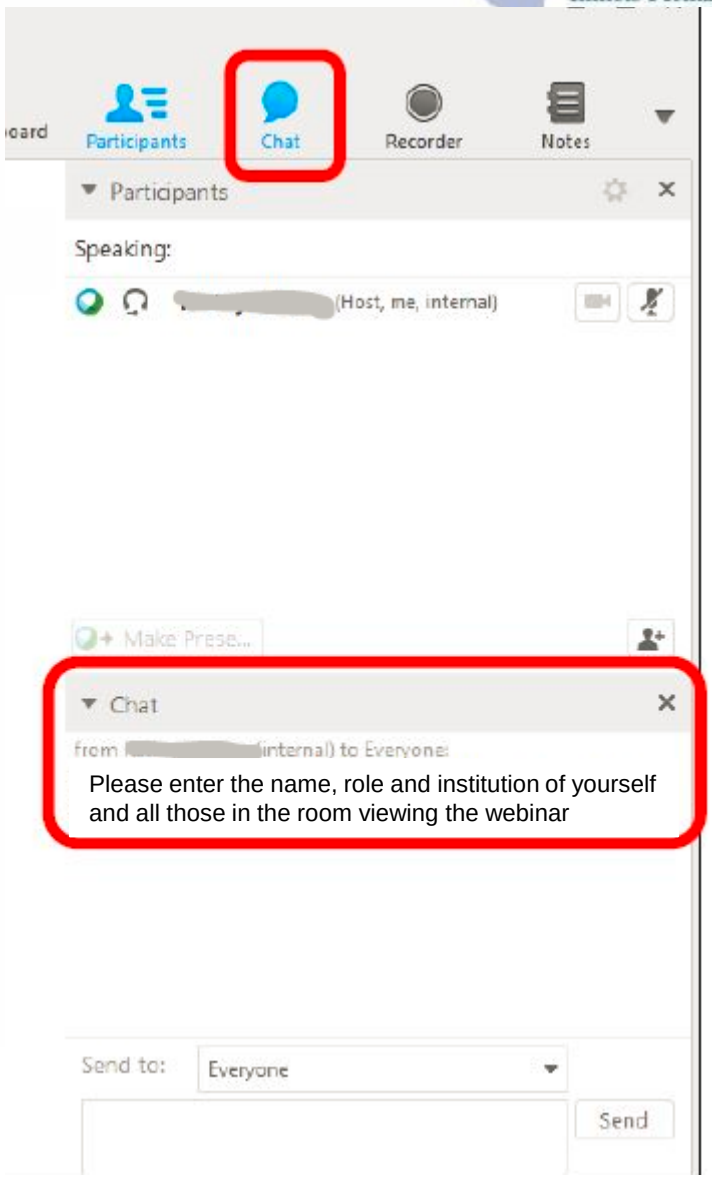
IPLARC Wave 2: IT/EMR and Engaging Outpatient Prenatal Providers

December 16, 2019

12:00 – 1:00 PM

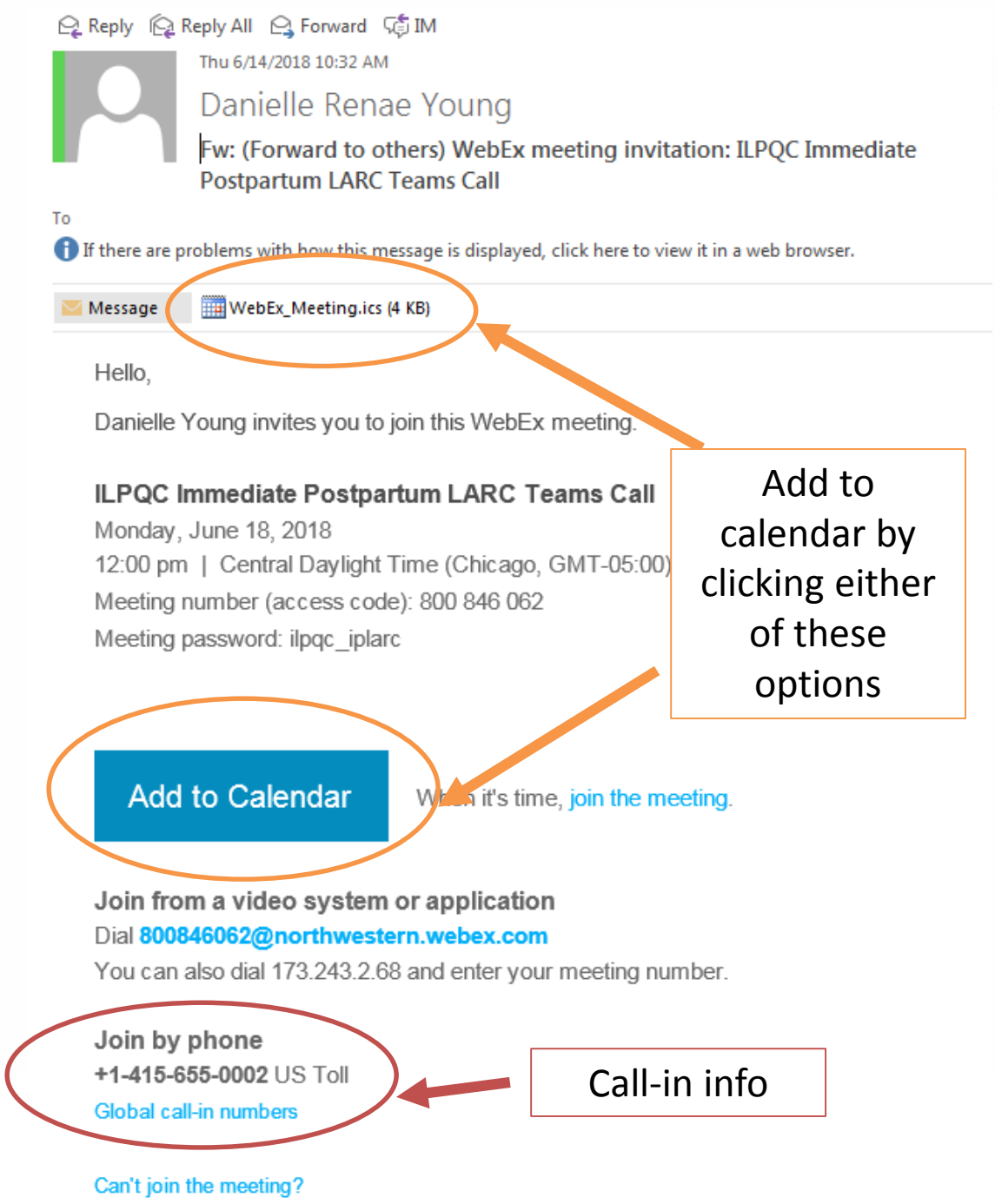
Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



Tips for Accessing WebEx

- You must manually add the meeting to your calendar
- WebEx is currently unable to add the meeting to your calendar if you are accepting the meeting on a mobile device

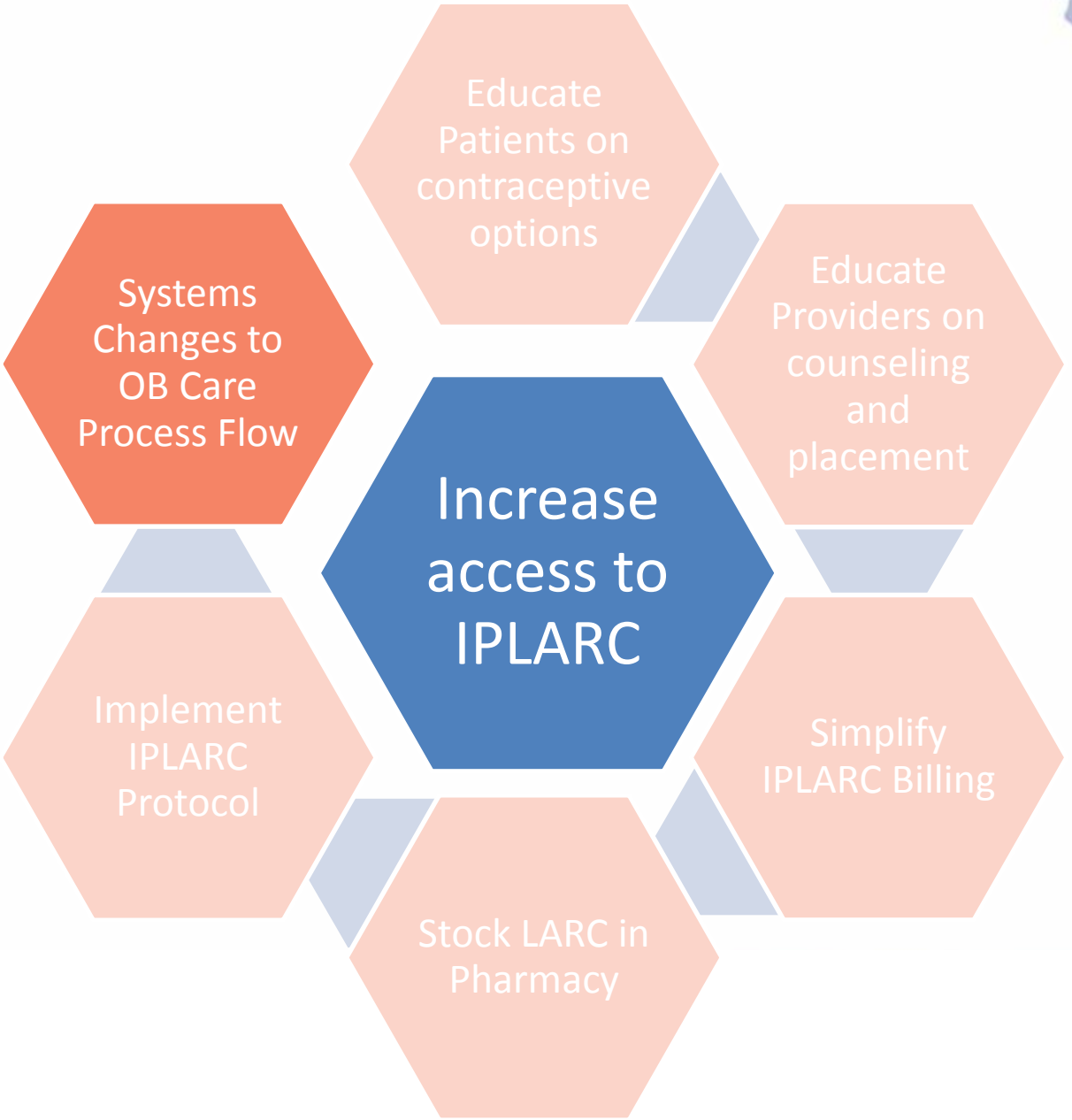


Call Overview

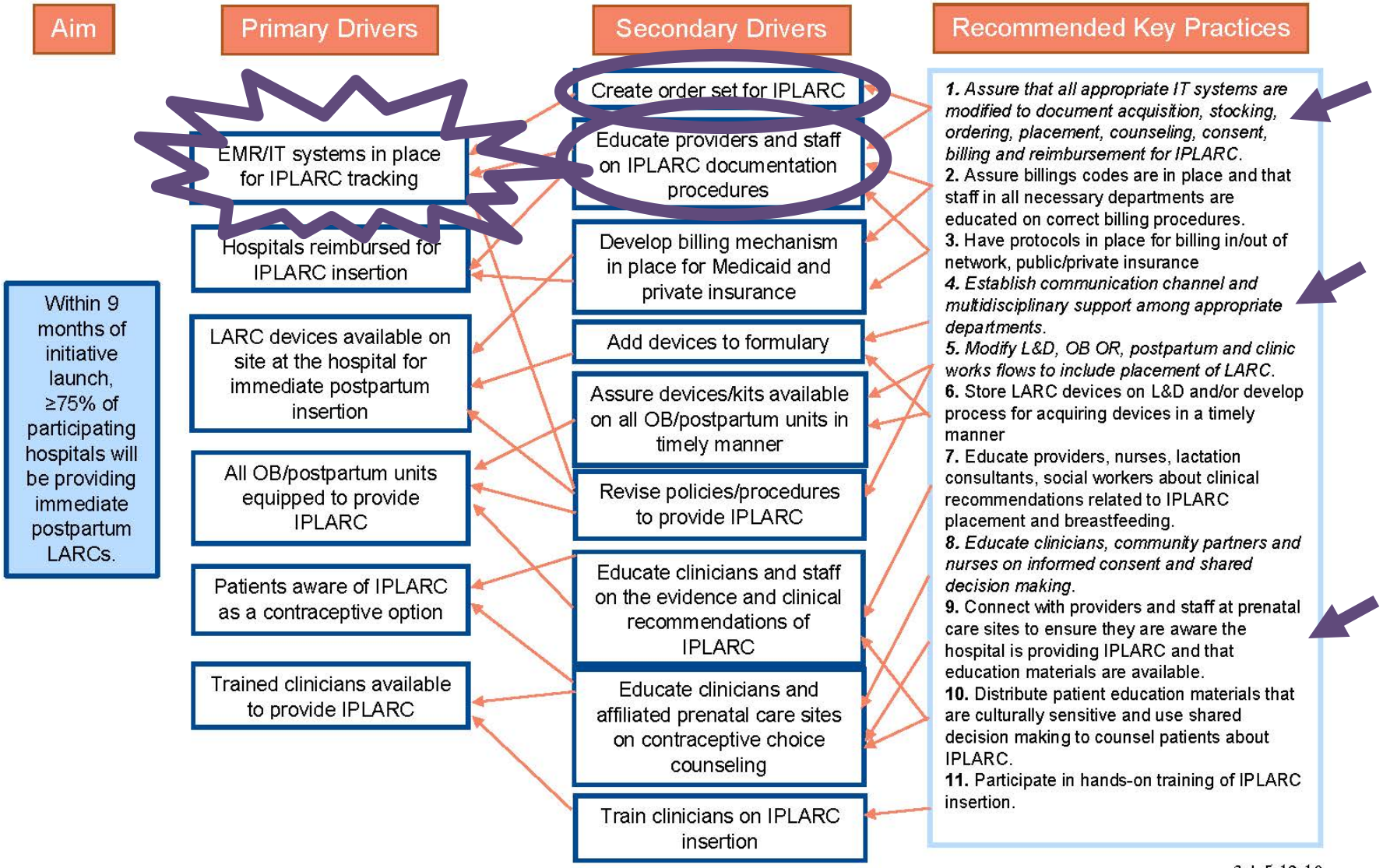
- IPLARC Wave 2 Updates
- IT/EMR and Engaging Outpatient Clinics
  - Jill Edwardson, MD, MPH, Johns Hopkins Medicine
  - Overview of IT/EMR and Outpatient Provider Engagement resources from ILPQC
- Team Talk: NM Central DuPage Hospital
- Round Robin
- Upcoming events

WAVE 2 UPDATES

IPLARC Initiative Goals



This month's topic: IT/EMR and Communicating with Outpatient Sites



Practice Changes for IPLARC Success – Pre-implementation

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1. Assure early **multidisciplinary** support by educating and identifying **key champions in all pertinent departments for your IPLARC QI team**.
2. Establish **scheduled meetings for your team at least monthly**, assuring that all necessary departments are represented, **develop 30/60/90 day plan**, establish **timeline to accomplish key steps**.
3. **Establish and test billing codes** and processes to assure adequate and timely reimbursement (see toolkit).
4. **Expand pharmacy/ inpatient inventory capacity** and device distribution to assure timely placement on labor and delivery and postpartum units.
5. **Educate clinicians, nurses, pharmacy, and lactation consultants** about benefits and clinical recommendations related to IPLARCs (see toolkit for e-modules, slide decks, materials).
6. **Assure that all appropriate IT/EMR systems are modified** to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARCs (dot phrases to document counseling and placement, consent forms, order set, billing framework see toolkit examples).
7. **Modify L&D, OB OR, postpartum, and clinic work flows** (protocols/process flow/ checklists) to include counseling, consent, and placement of IPLARC (see toolkit for example).

Practice Changes for IPLARC Success – Implementation

8. **Establish consent processes for IPLARC** that allows for transfer of consent from prenatal clinic as well as obtaining inpatient consent (see toolkit for examples).
9. Develop **educational materials and shared decision making counseling practices to educate patients about the availability of IPLARC as a contraception option** (outpatient prenatal care locations, L&D, postpartum) (see toolkit for examples).
10. **Educate clinicians, and nurses on informed consent and shared decision making related to IPLARC as well as IPLARC placement and documentation** (see toolkit for ILPQC/ACOG training, e-modules, slide decks, education materials).
11. **Standardize system / protocol / process flow** to assure all patients receive comprehensive contraception choice counseling including IPLARC in affiliated prenatal care sites and during delivery admission.
12. **Communicate launch date of hospital's IPLARC capability** to all providers, nurses and affiliated prenatal care sites: communicate protocols, documentation and billing strategies.
13. **Track and review IPLARC data, collected monthly through ILPQC REDcap data system with real-time data reports**, share data with providers and nurses and review standardized counseling for prenatal sites and labor and delivery and IPLARC uptake, to evaluate program success and sustainability.

Key Players Meeting

- **FREE CONSULTATION** with every team
  - We come to your hospital
  - Goal is to schedule all KP meetings before 2020
  - Initial email invitations went out to teams on July 30!
  - We want to **help you succeed** by:
    - **Partnering with you** to arrange your Key Players meeting.
    - **Assist you** with who to invite at each hospital for most effective meeting with representative from ILPQC
    - **Provide you with a expert clinician** from the IPLARC speakers bureau to partner with you to problem solve, overcome barriers and move implementation forward.
    - **Hands-on nurse/provider training**

IPLARC Wave 2 Key Players Meetings

Team	Date	Team	Date
Abraham Lincoln	8/19/19	NM Central DuPage	2/13/20
Advocate Sherman		Passavant	8/26/19
Alton Memorial		Roseland	9/19/19
Anderson Hospital		Rush-Copley	12/4/19
Barnes Jewish	1/15/19	Rush University	8/29/19
FHN Memorial	12/18/19	Silver Cross	
Gibson Area Hospital	10/10/19	Touchette Regional Hospital	1/15/20
Mt. Sinai		West Suburban	11/14/19

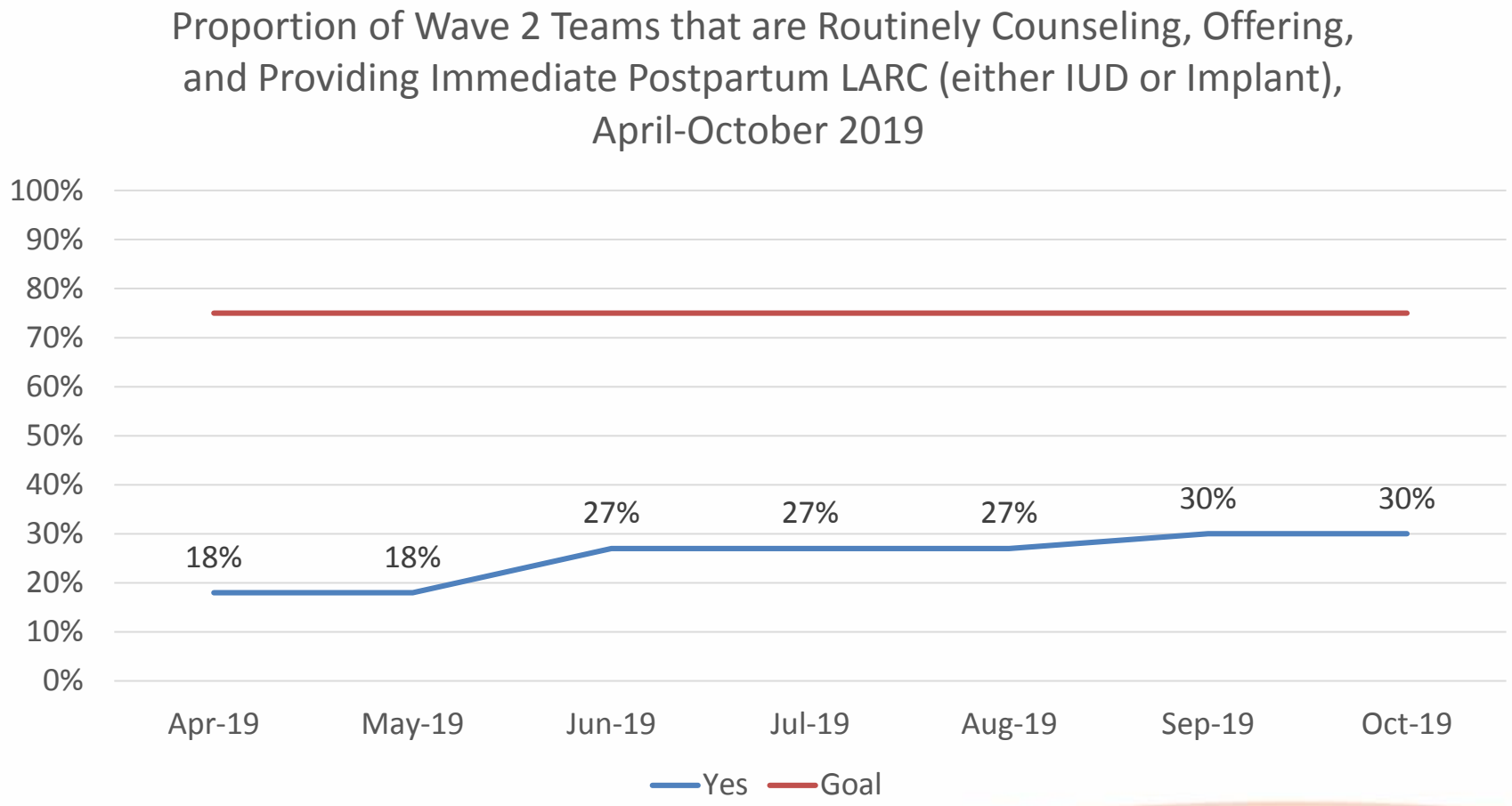
DATA REVIEW

Don't Forget to Submit Your Team's Data!

Month	Number of Teams Reporting
April 2019	11
May 2019	11
June 2019	11
July 2019	11
August 2019	11
September 2019	11
October 2019	5
November 2019	0

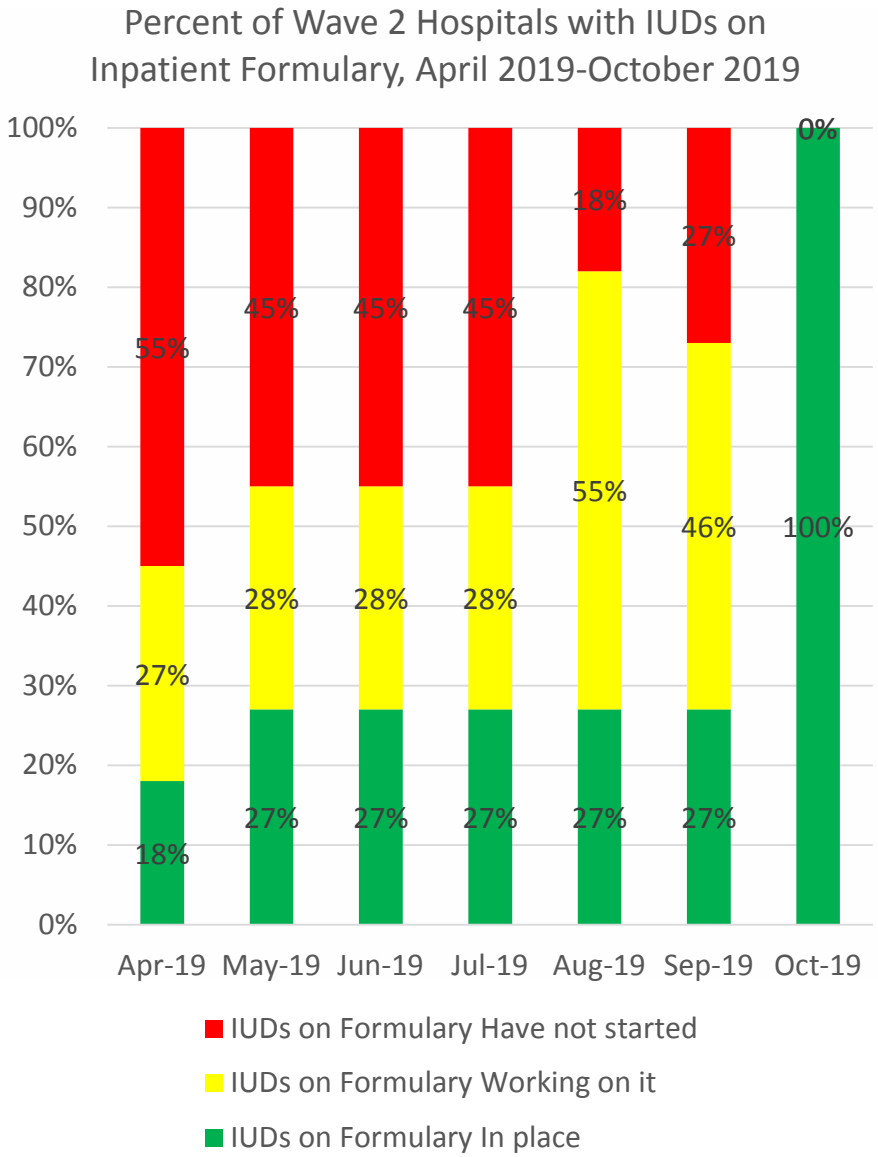
Don't forget to submit October-November data!

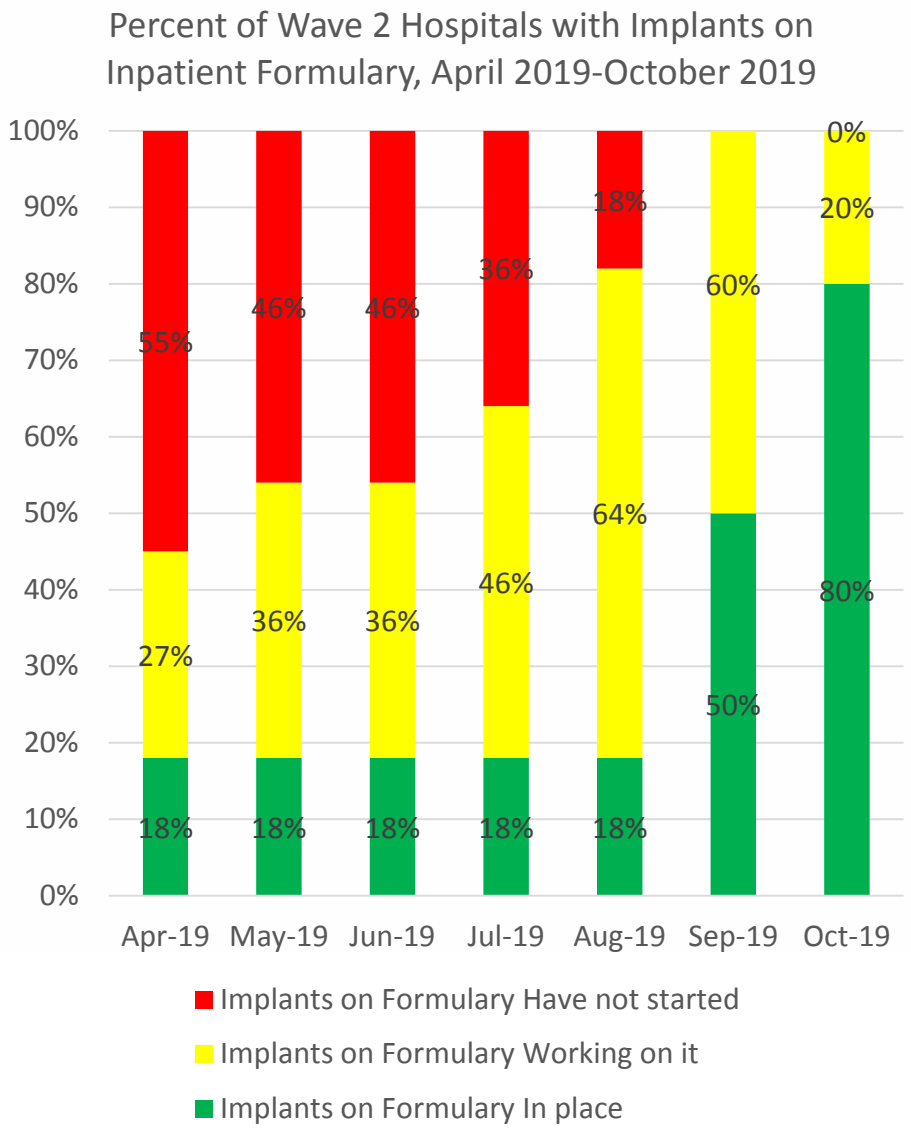
Teams Live with IPLARC (of 11 teams reporting)



IPLARC on Inpatient Formulary

5 teams reporting for Oct-19

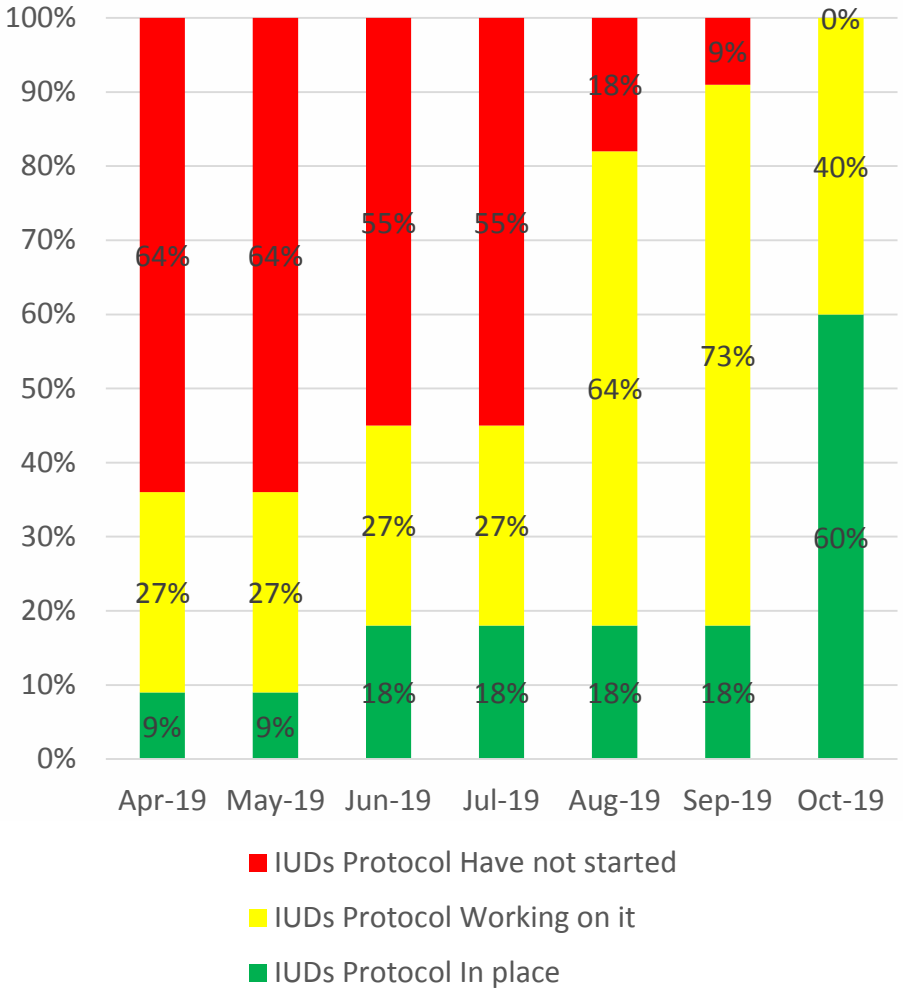




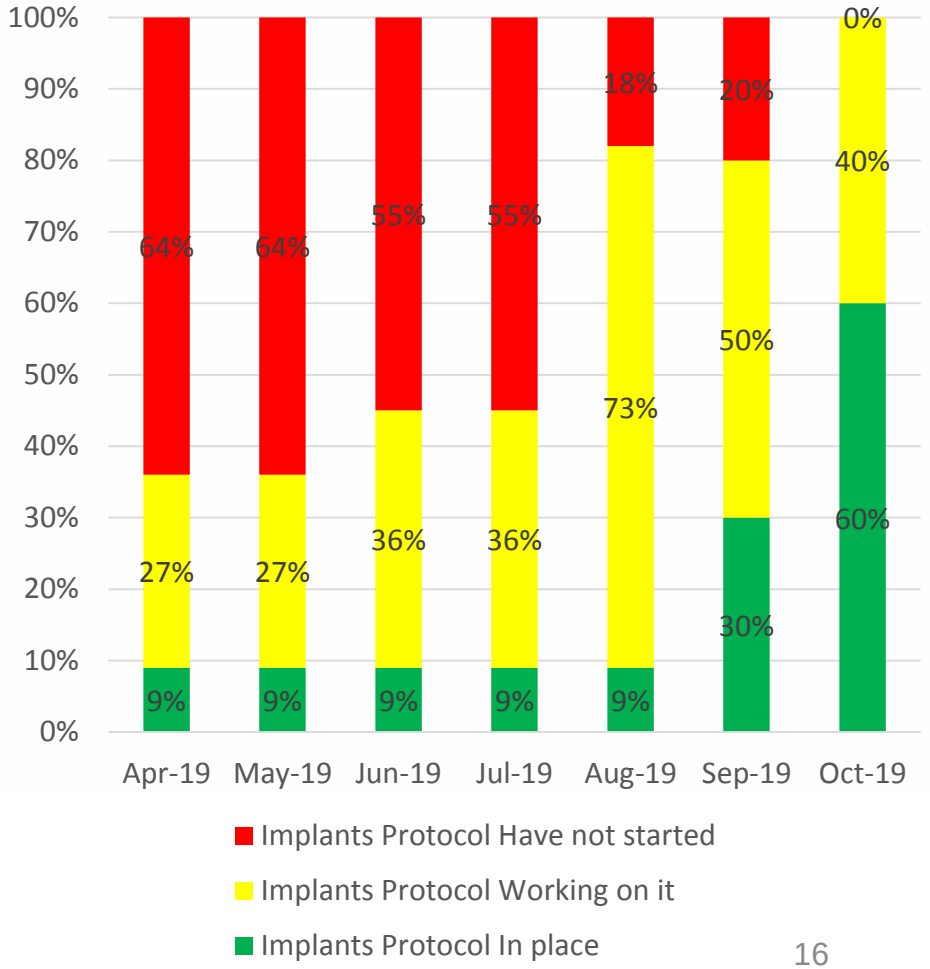
IPLARC Protocols in Place

5 teams reporting for Oct-19

Percent of Wave 2 Hospitals with Immediate Postpartum Protocols and Process Flows in Place for IUDs, April 2019-October 2019



Percent of Wave 2 Hospitals with Immediate Postpartum Protocols and Process Flows in Place for Implants, April 2019-October 2019

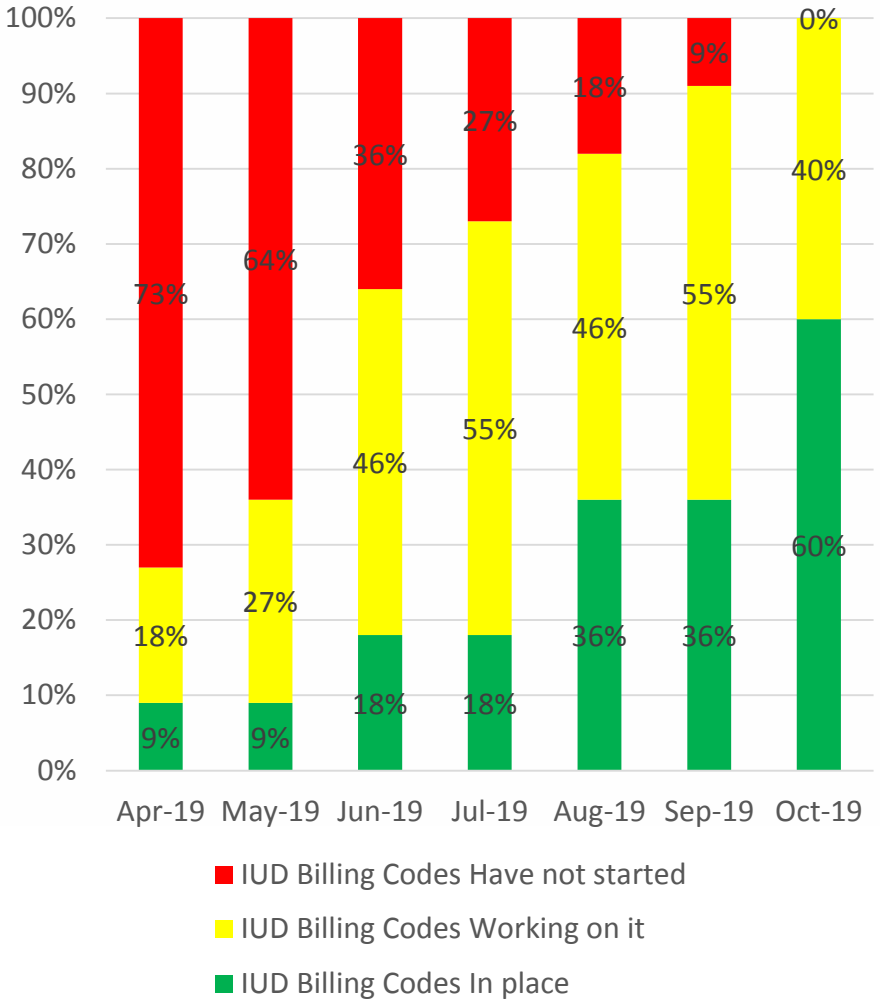


IPLARC Billing Codes

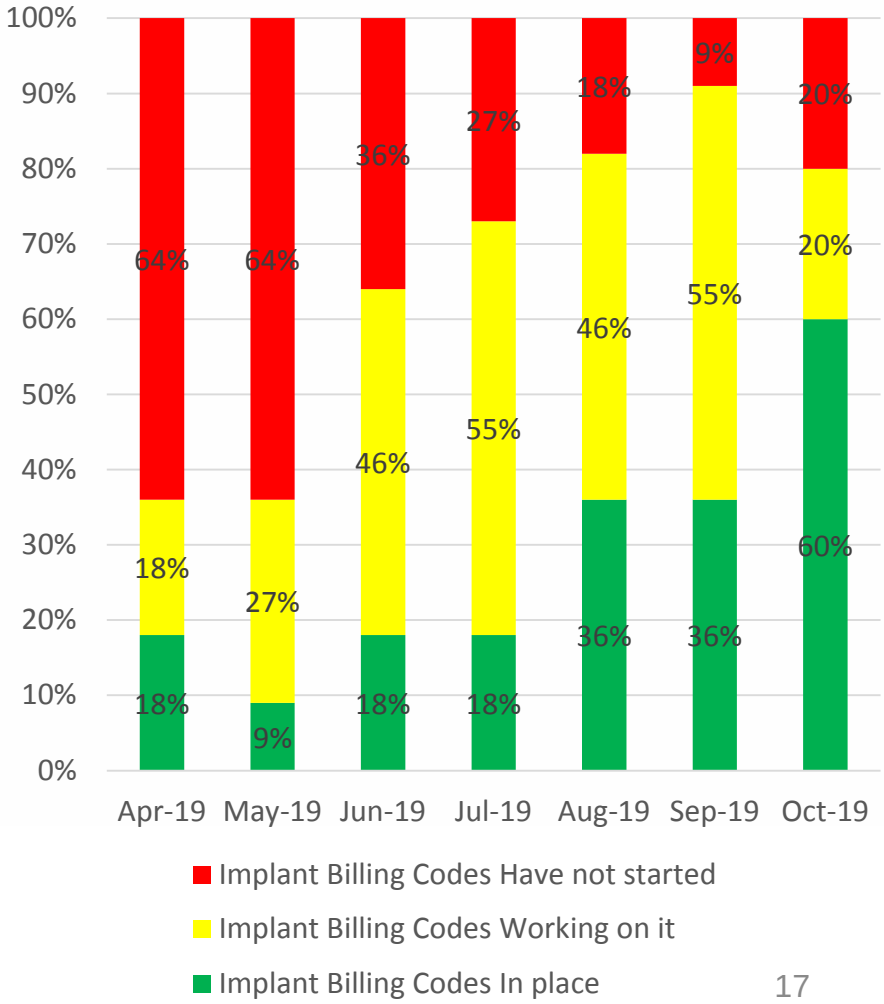
5 teams reporting for Oct-19

Quality Collaborative

Percent of Hospitals with Billing Codes for IUDs In Place, April 2019 - October 2019

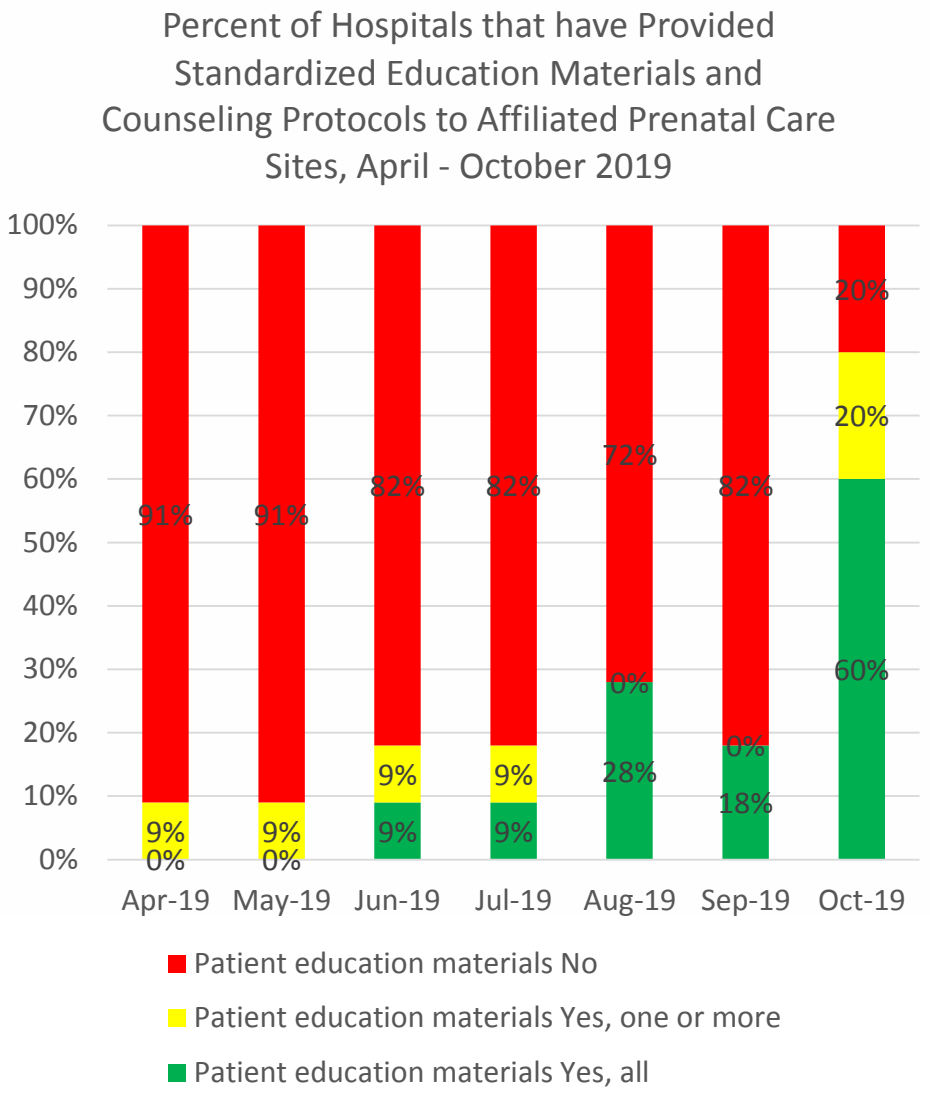


Percent of Hospitals with Billing Codes for Implants In Place, April 2019 - October 2019



IPLARC Standardized Patient Education at Prenatal Sites

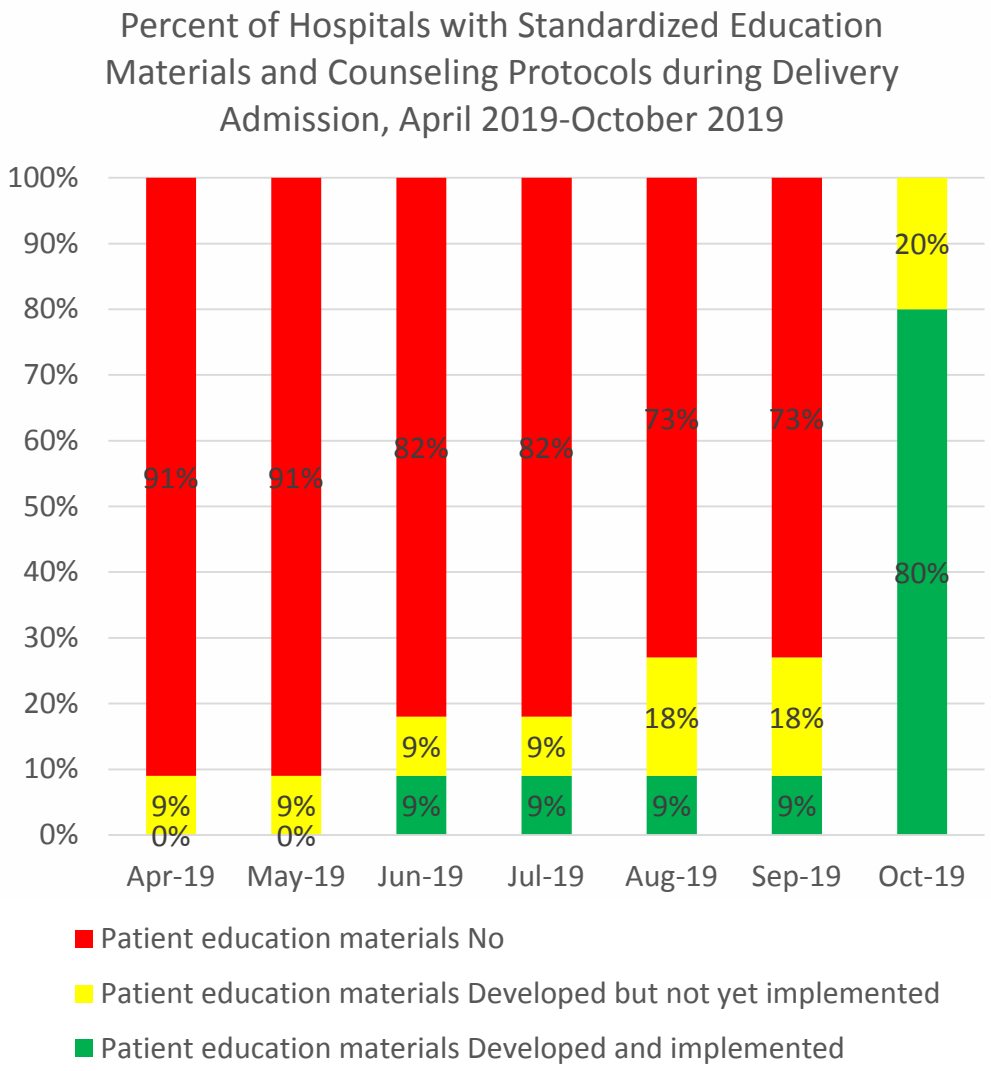
5 teams reporting for Oct-19



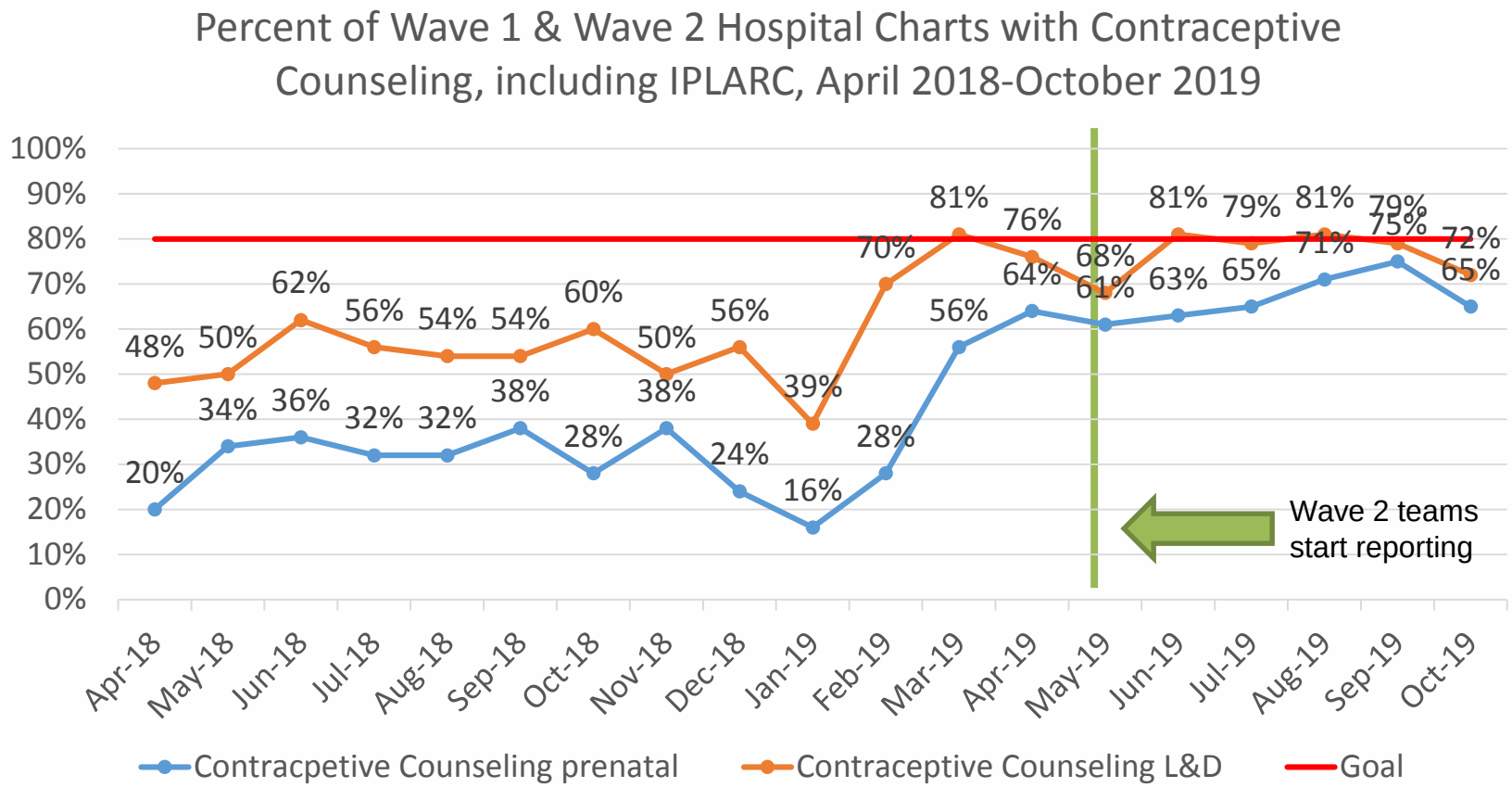
IPLARC Inpatient Patient Education & Counseling Protocols

5 teams reporting for Oct-19

Illinois Perinatal Quality Collaborative



Comprehensive Contraceptive Counseling



JILL EDWARDSON, MD, MPH

Immediate PP LARC: IT/EMR and communicating with outpatient clinics

Jill Edwardson MD, MPH

Disclosures

- I have no actual or potential conflict of interest in relation to this program/presentation.
- I will be discussing “off-label” uses of IUDs and implants

Questions to address

1) How do you communicate between outpatient and inpatient that a patient desires IPP LARC?

2) How do you communicate counseling strategies with outpatient sites?

3) How do you let the outpatient site know that the patient received the LARC device immediate postpartum?

4) How do you schedule a follow-up appointment with the outpatient site for a string check?


There's an App
For That
Smartphrase

Communicating between outpatient and inpatient providers

1. Outpatient considerations
2. Inpatient considerations

IP LARC: Starts in the outpatient clinic

- Contraceptive counseling should follow a shared decision-making model
- Many women resume sexual activity before their postpartum checkup
- IP LARC Eliminates barriers to LARC such as need for repeat visit, possible loss of insurance
- Systems should be in place for women to receive LARC at PP visit if unable to do so IP

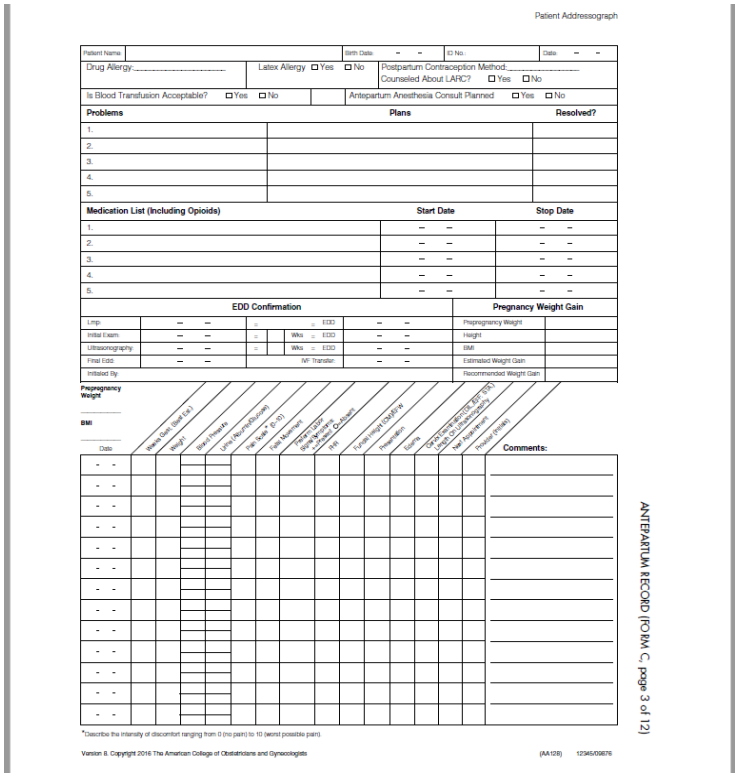
Key points about IPP-LARC

- When inserted immediately PP (vaginal delivery or c-section), LARCs are:
  - Safe
  - Effective
  - Cost-effective
  - Convenient
- No effects on lactation/breastfeeding
- Women should be counseled about increased risks of IUD expulsion

Outpatient EMR/documentation considerations

- Appropriate patient counseling and selection
- Documenting in the outpatient chart

ACOG Forms



Patient Addressograph

Patient Name: | Birth Date: -- -- | ID No.: | Date: -- --

Drug Allergy:_____ | Latex Allergy ☐ Yes ☐ No | Postpartum Contraception Method:_____ Counseled About LARC? ☐ Yes ☐ No

Is Blood Transfusion Acceptable? ☐ Yes ☐ No | Antepartum Anesthesia Consult Planned ☐ Yes ☐ No

Problems	Plans	Resolved?
1.		
2.		
3.		
4.		
5.		

Medication List (Including Opioids)	Start Date	Stop Date
1.	-- --	-- --
2.	-- --	-- --
3.	-- --	-- --
4.	-- --	-- --
5.	-- --	-- --

EDD Confirmation					Pregnancy Weight Gain	
LMP:	-- --	☐	☐ EDD	-- --	Prepregnancy Weight	
Initial Exam:	-- --	☐	Wks ☐ EDD	-- --	Height	
Ultrasonography:	-- --	☐	Wks ☐ EDD	-- --	BMI	
Final Edd:	-- --	IVF Transfer:		-- --	Estimated Weight Gain	
Initialed By:					Recommended Weight Gain	

Prepregnancy Weight	Weight Gain (Total Kg)	Weight	Blood Pressure	Urine Protein/Glucose	Fetal Heart Rate (FHR)	Fetal Movement	Fundal Height (CM)/FH	Presentation	Edema	Cervical Dilation/Effacement/Station	Fetal Fibronectin	Provider (Initials)	Comments:
BMI:													
Date:													
- -													
- -													
- -													
- -													
- -													
- -													
- -													
- -													
- -													
- -													
- -													
- -													

*Describe the intensity of discomfort ranging from 0 (no pain) to 10 (worst possible pain).

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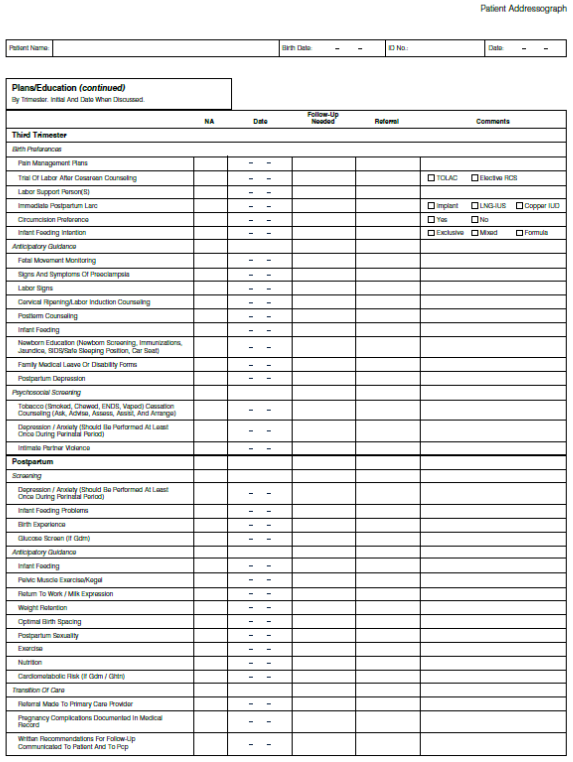
ANTEPARTUM RECORD (FORM C, page 3 of 12)



Patient Addressograph

Patient Name: | Birth Date: -- -- | ID No.: | Date: -- --

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
Third Trimester					
Birth Preferences					
Pain Management Plans		-- --			
Trial Of Labor After Cesarean Counseling		-- --			☐ TOLAC ☐ Elective RCS
Labor Support Person(S)		-- --			
Immediate Postpartum Larc		-- --			☐ Implant ☐ LNG-IUS ☐ Copper IUD
Circumcision Preference		-- --			☐ Yes ☐ No
Infant Feeding Intention		-- --			☐ Exclusive ☐ Mixed ☐ Formula
Anticipatory Guidance					
Fetal Movement Monitoring		-- --			
Signs And Symptoms Of Preeclampsia		-- --			
Labor Signs		-- --			
Cervical Ripening/Labor Induction Counseling		-- --			
Postterm Counseling		-- --			
Infant Feeding		-- --			
Newborn Education (Newborn Screening, Immunizations, Jaundice, SIDS/Safe Sleeping Position, Car Seat)		-- --			
Family Medical Leave Or Disability Forms		-- --			
Postpartum Depression		-- --			
Psychosocial Screening					
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		-- --			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		-- --			
Intimate Partner Violence		-- --			
Postpartum					
Screening					
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		-- --			
Infant Feeding Problems		-- --			
Birth Experience		-- --			
Glucose Screen (If Gdm)		-- --			
Anticipatory Guidance					
Infant Feeding		-- --			
Pelvic Muscle Exercise/Kegal		-- --			
Return To Work / Milk Expression		-- --			
Weight Retention		-- --			
Optimal Birth Spacing		-- --			
Postpartum Sexuality		-- --			
Exercise		-- --			
Nutrition		-- --			
Cardiometabolic Risk (If Gdm / Ghtn)		-- --			
Transition Of Care					
Referral Made To Primary Care Provider		-- --			
Pregnancy Complications Documented In Medical Record		-- --			
Written Recommendations For Follow-Up Communicated To Patient And To Pcp		-- --			

ANTEPARTUM RECORD (FORM E, page 7 o

ACOG Form Page 3

Patient Addressograph

Patient Name:		Birth Date: – –	ID No.:	Date: – –
Drug Allergy:_____	Latex Allergy ☐ Yes ☐ No		Postpartum Contraception Method:_____ Counseled About LARC? ☐ Yes ☐ No	
Is Blood Transfusion Acceptable? ☐ Yes ☐ No			Antepartum Anesthesia Consult Planned ☐ Yes ☐ No	

Problems	Plans	Resolved?
1.		
2.		
3.		
4.		
5.		

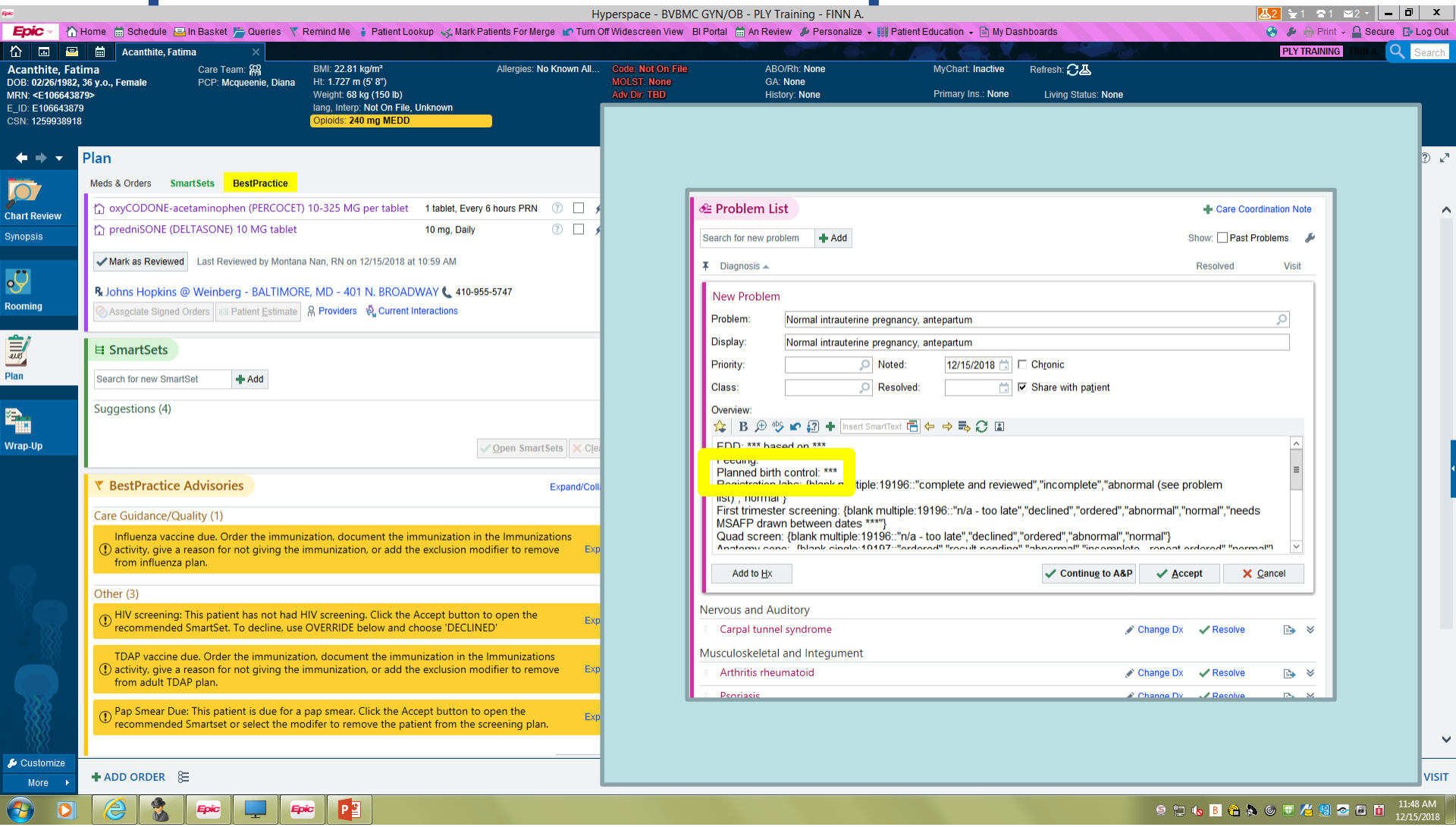
ACOG Form Page 7

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
Third Trimester					
Birth Preferences					
Pain Management Plans		– –			
Trial Of Labor After Cesarean Counseling		– –			☐ TOLAC ☐ Elective RCS
Labor Support Person(S)		– –			
Immediate Postpartum Larc		– –			☐ Implant ☐ LNG-IUS ☐ Copper IUD
Circumcision Preference		– –			☐ Yes ☐ No
Infant Feeding Intention		– –			☐ Exclusive ☐ Mixed ☐ Formula
Anticipatory Guidance					

Problem list documentation of planned PP contraception



Other ICD-10 codes

- Z30.9 – Counseling for birth control regarding intrauterine device (IUD)
  - Contraceptive management
- Z30.017 – Evaluation for contraceptive implant

Immediate PP
LARC counseling smartphrase

- Example: “Patient desires immediate postpartum Mirena IUD insertion. Discussed advantages of immediate insertion including early postpartum pregnancy prevention and opportunity for placement with epidural in place, as well as increased risks of expulsion (10-27%) and importance of postpartum string check.”

Inpatient considerations

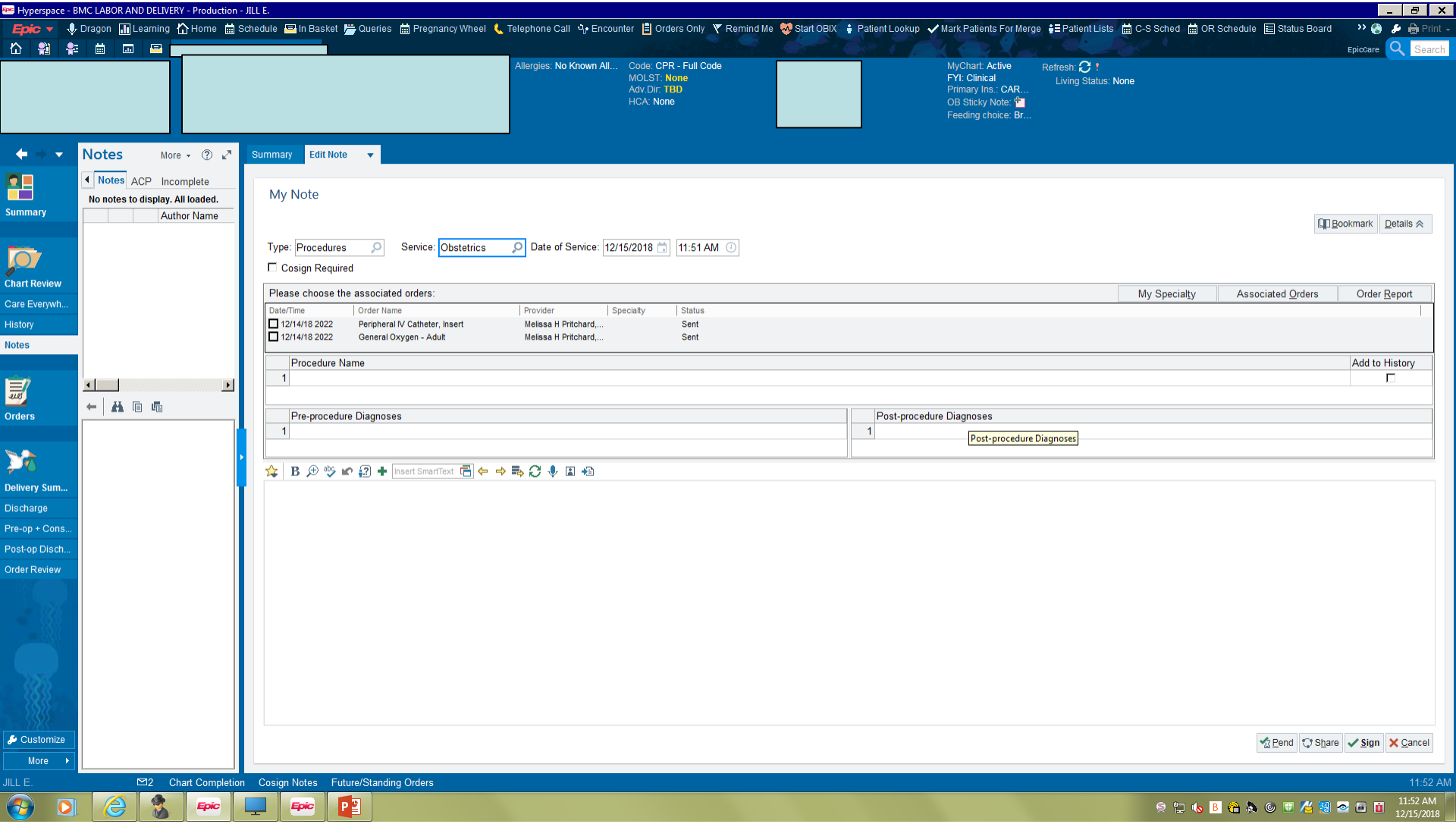
- Order the device (and necessary supplies)
- Documenting the procedure
  - Implant: Document separately
  - IUD: Document in delivery note
- Add to problem list
- Document in the discharge summary
- Document patient instructions

Implant documentation at JHM

- Outpatient:
    1. Place an order for implant insertion
    2. Document under the order in the procedures tab
- Inpatient: Write a note of “procedure” type

Inpatient implant documentation

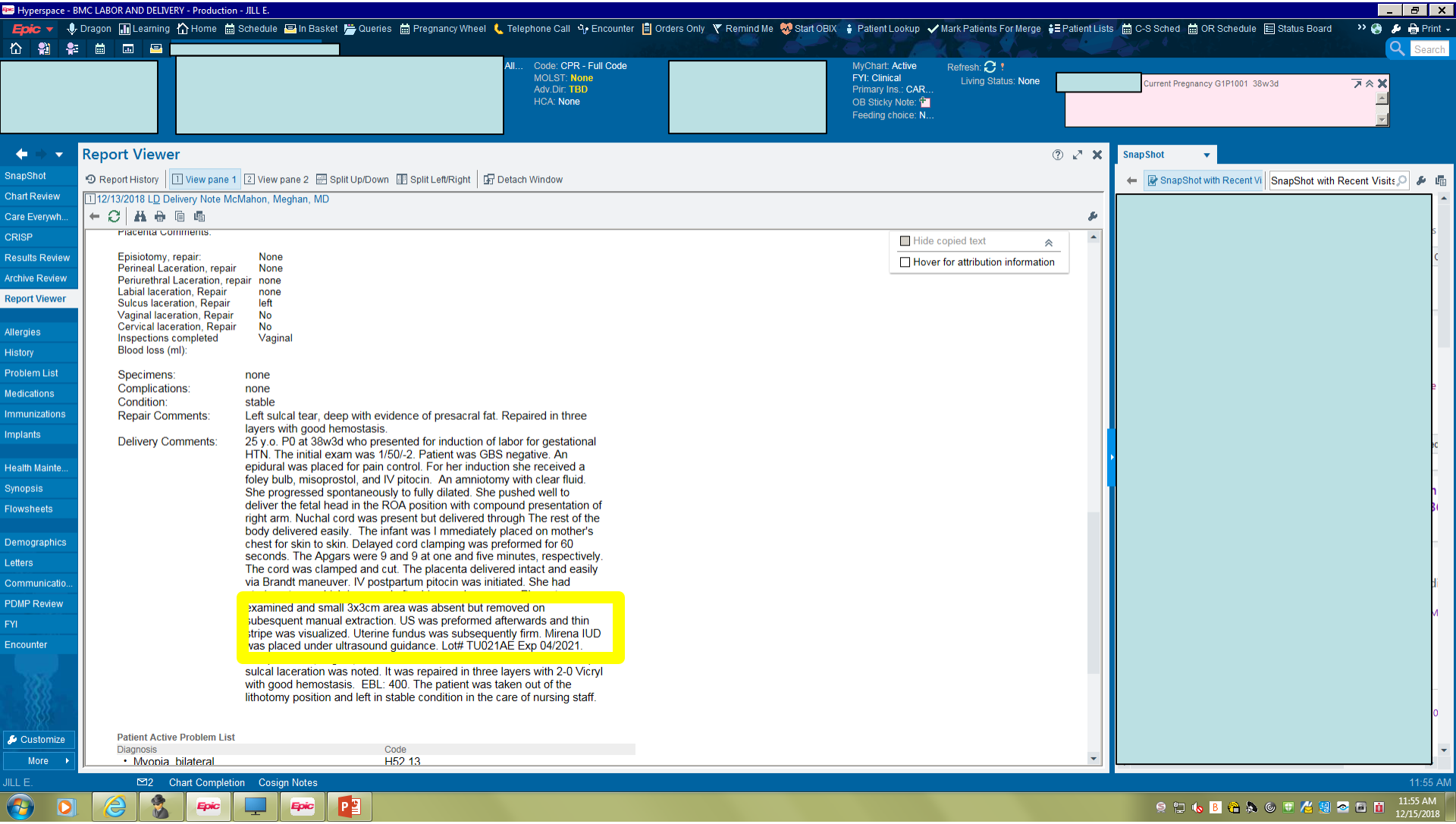
JOHNS HOPKINS MEDICINE



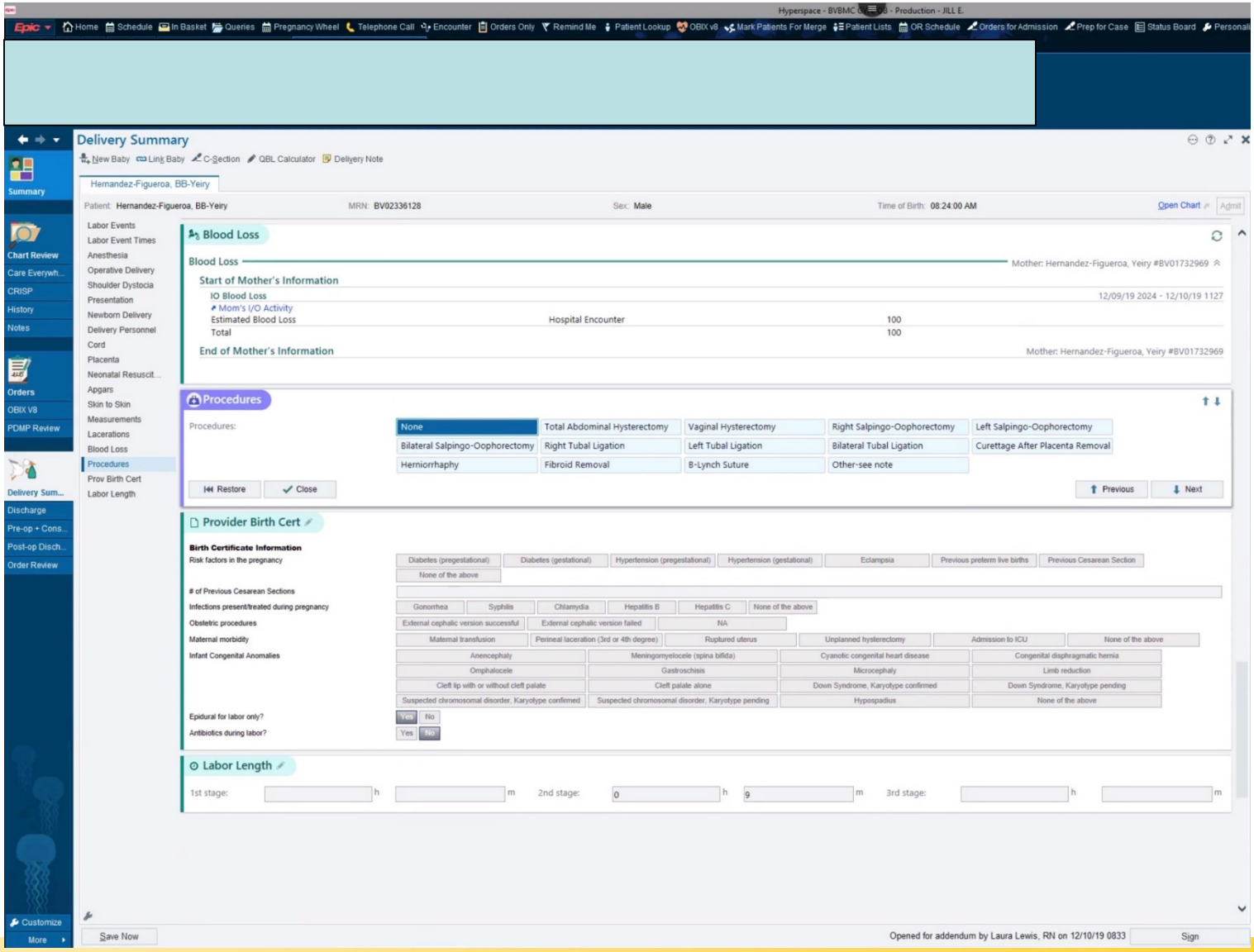
IPP IUD: Vaginal delivery summary dot phrase

…The placenta delivered intact and easily via Brandt maneuver. IV postpartum pitocin was initiated. {Blank single:19197::"Within 10 minutes of placental delivery, a *** IUD was placed under ultrasound guidance, Lot# ***, Exp ***. The strings were trimmed at the level of the cervix."} The perineum, vagina, and cervix were examined and *** lacerations were noted…

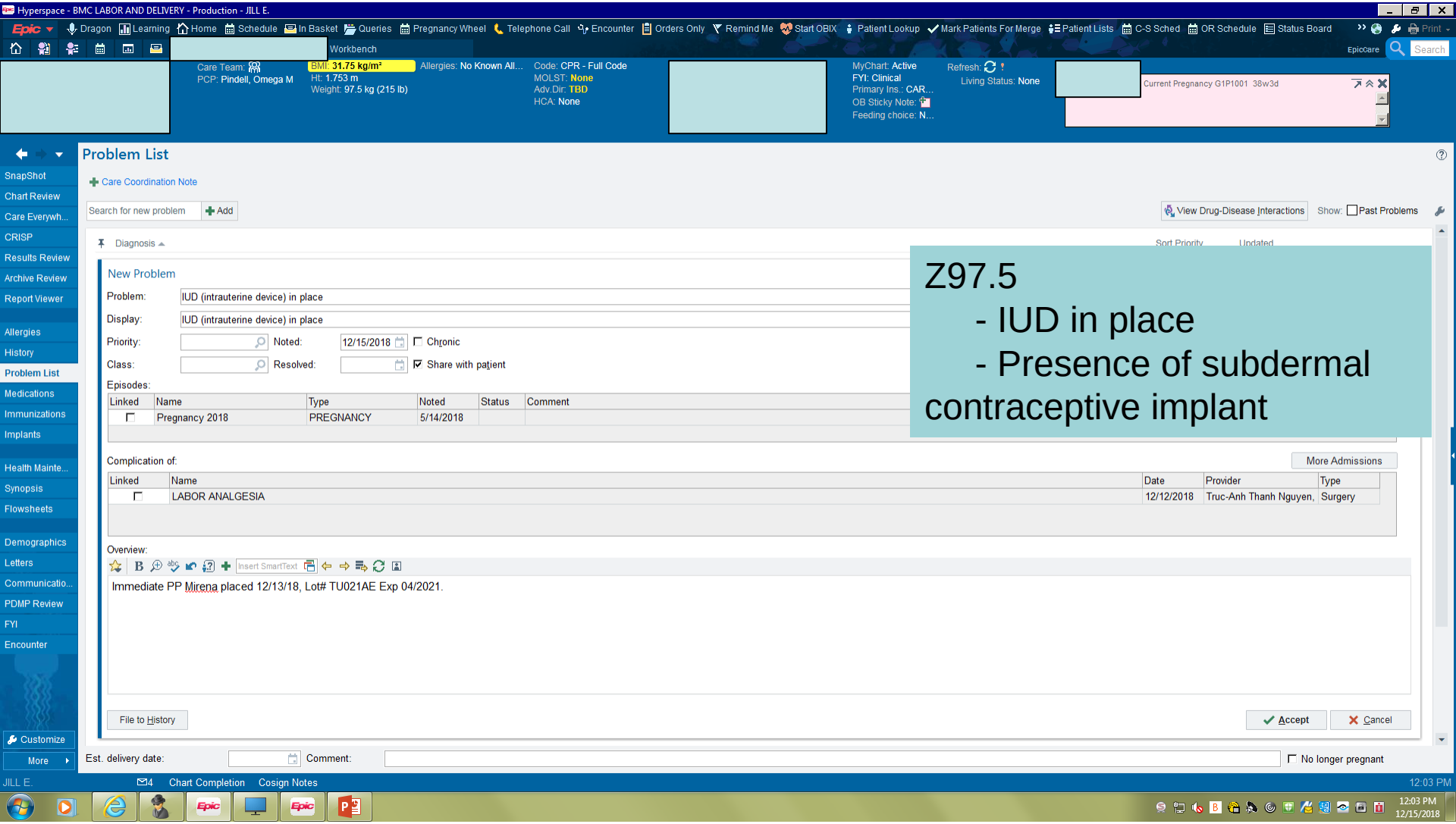
Documentation in delivery note



Delivery summary: Procedures



Documentation on problem list



Inclusion in the discharge summary

- Under “procedures”
- Within the body of the discharge summary
- In the “patient instructions” section

Postpartum instructions

- Standardize the information you provide to patients
  - Implant: Dressing instructions, expected bleeding patterns, infection precautions
  - IUD: Expected bleeding patterns, warning signs for expulsion, strings lengthening

Postpartum visit

- Documenting in the progress note the presence/absence of the LARC
- Making certain the patient knows where to go for removal if desired

Resources

- ACOG: Immediate Postpartum LARC Website. https://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/Immediate-Postpartum-LARC
- Immediate Postpartum Long-Acting Reversible Contraception. Committee Opinion No. 670. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;128:e32–7.
- ACOG District II: Long-Acting Reversible Contraception Administrative & Infrastructure Support. https://www.acog.org/-/media/Districts/District-II/Public/PDFs/17LARCChecklisWeb5.pdf

IT/EMR MODIFICATIONS AVAILABLE IN IPLARC TOOLKIT

Checklist for Ensuring IT/EMR is ready for GO LIVE

- Dot phrases developed and implemented
- Checklists updated/implemented
- Order sets developed and implemented
- Staff/Providers informed of new updates

Example Dot Phrases/ Procedure Notes

Post-placental IUD Insertion Procedure Note

Time of delivery of placenta: ***

Time of insertion of IUD: ***

IUD Type: {IUD Type:26674}

Insertion Type: {Insertion Type:26675}

Ring Forceps:

After delivery of the placenta, it was confirmed that the patient did not have any contraindications to IUD placement. Specifically, she did not have a postpartum hemorrhage or chorioamnionitis. It was confirmed that the patient desired the placement of the IUD. The previously signed informed consent was verified. The perineum was cleansed with betadine. New sterile gloves were placed on the operator's hands. A ring forceps was placed on the anterior cervical lip. The I*** IUD was grasped gently with a second ring forceps, with care not to close the ratchets on the ring forceps. The IUD was then inserted past the internal os. With one hand on the abdomen palpating the fundus, the IUD was then placed to the fundus without difficulty and the ring forceps were removed. The IUD strings were cut to the level of the external cervical os. All instruments were removed. The patient tolerated the procedure well.

Operator's Hand:

After delivery of the placenta, it was confirmed that the patient did not have any contraindications to IUD placement. Specifically, she did not have a postpartum hemorrhage or chorioamnionitis. It was confirmed that the patient desired the placement of the IUD. The previously signed informed consent was verified. The perineum was cleansed with betadine. New sterile gloves were placed on the operator's hands. The *** IUD was grasped between the 2nd and 3rd fingers of the operator's hand. With one hand on the abdomen palpating the fundus, the IUD was then placed to the fundus without difficulty and the operator's hand was then removed. The IUD strings were cut to the level of the external cervical os. All instruments were removed. The patient tolerated the procedure well.

Nexplanon Insertion Procedure Note, DOT Phrase

Procedure- Nexplanon Insertion

The risks, benefits, and alternatives of Nexplanon insertion were reviewed with the patient. All questions were answered to her satisfaction and consents were signed.

The patient was placed in the dorsal supine position with her non-dominant {left/right:311354} arm flexed at the elbow and externally rotated. The area for insertion was marked approximately 8 cm from the medial epicondyle of the humerus over the triceps muscles. The area of planned insertion was prepped with {Betadine/Chlorhexidine:24927}. 3cc of 1% lidocaine was injected subdermally along the planned insertion tunnel. The Nexplanon applicator was grasped, the protection cap was removed from the applicator and the white Nexplanon device was visualized within the applicator. The applicator needle was inserted subdermally in the standard fashion, and the device was deployed. The implant was palpated to verify correct subdermal location by myself and the patient. The site dressed with a Band-Aid and a pressure bandage. User card was completed after insertion and given to patient.

Assessment/Plan-
Nexplanon Insertion in {left/right:311354} arm without complication
Removal Date ***/20***
100% condom use encouraged for sexually transmitted infection prevention
Wound care instructions reviewed, call if any problems
NSAIDs and Ice packs for insertion site pain

Example Dot Phrase/ Procedure Note

Abbrev	Expansion
PPLARCIMPLANTINSERT	Implant: Implant Lot # *** and Expiration *** Risk...
PPLARCIUDINSERT	IUD: IUD ***, Lot # ***, Expiration *** Risks, ben...

IUD:
IUD ***, Lot # ***, Expiration ***
Risks, benefits, and alternatives were discussed with patient at length. Written consent was obtained for the procedure and scanned into patient's medical records.
Post placement placement of the IUD was requested by the patient. Uncomplicated *** delivery of both neonate and placenta. Fundus firm, minimal bleeding noted. The *** IUD was then placed via *** method. Fundal placement was confirmed with ***palpation***ultrasound. ***If placed at time of cesarean: The hysterotomy was then closed as dictated in operative report, ensuring the IUD strings were not incorporated into closure. Vaginal exam confirmed lack of visualization of the IUD, retained fundal placement. The IUD strings were shortened to the level of the external os.

Implant:
Implant Lot # *** and Expiration ***
Risks, benefits, and alternatives were discussed with the patient at length. Written consent was obtained for the procedure and scanned into patient's medical records.
Patient requested placement in *** arm. *** arm was examined. A 4cm linear area approximately ***cm from *** medial epicondyle was marked. This area was prepped with betadine solution. A subcutaneous injection of 2cc of 1% lidocaine was inserted for local anesthetic. The Nexplanon device was used for implant insertion. Implant visible within device prior to insertion. Insertion without difficulty. Implant was then palpated by both physician and patient. Pressure dressing was placed. The patient tolerated the procedure well. All questions answered.

Thank you Northwestern!

Example Checklists

CONTRACEPTIVE IUD CHECKLIST

(Courtesy of Palmetto Health)

- Verify patient's name and birth date
- Counsel patient, provide informational pamphlet
- Patient signs IUD consent
- Order IUD 'On Call' from order set in EMR
- Call nurse to verify that IUD is on the floor, or in the Pyxis, and instruct nurse to bring in the room before delivery
- Provider verifies if they will place by hand, with the introducer, or with ring forceps
- Procedure performed at time of placental delivery, and documented in nursing note
- Procedure card signed, dated, and given to patient
- Procedure included by Provider in Delivery or Operative Note

CONTRACEPTIVE IMPLANT CHECKLIST

(Courtesy of Palmetto Health)

This checklist can be modified and posted in the procedure room or can accompany the supplies.

- Verify patient's insurance (do not place if self-pay or enrolled in emergency Medicaid)
- If Tricare insurance, the patient will need to have preauthorization
- Provider has 3 observed placements with upper level or attending
- Counsel patient
- Order Nexplanon and Lidocaine
- Call nurses to verify that Nexplanon is on the floor and nurses are available for placement
- Patient signs Nexplanon consent
- Procedure performed in treatment room
- Compression bandage placed for 24 hours

Example Order Sets

IL PQC
Illinois Perinatal Quality Collaborative

SAMPLE ORDER SET

(Courtesy of Greenville Health System)

- **Etonogestrel (Nexplanon)** 68 mg Implant for Subdermal Insertion
- **Etonogestrel** 68 mg IMPLANT x 1 dose prior to discharge
- **Lidocaine** 2% 3-5 ml SBQ x 1 dose for Etonogestrel insertion
- Patient to receive Nexplanon Implant prior to discharge
- Initiate/Print Consent for Nexplanon Insertion
- Initiate/Print Bedside Timeout

SAMPLE ORDER SET

Choose one:

- **Mirena® IUD** (52 mg levonorgestrel-releasing intrauterine system)
- **Kyleena® IUD** (19.5 mg levonorgestrel-releasing intrauterine system)
- **Skyla® IUD** (13.5 mg levonorgestrel-releasing intrauterine system)
- **Paraguard® IUD** (copper-releasing intrauterine system)

Device ordered from EMR 'On Call' so it can be brought to the floor as soon as needed

Have ultrasound available to evaluate fundal placement as needed

On Mayo stand or delivery table:

- Sterile gloves
- Rings forceps x2
- Betadine

Communicate IT/EMR Updates

- Send email explaining how to use IT/EMR enhancements for IPLARC to your team
- Hang up reminders on or near computers in provider workroom/nurse stations
- Integrate into new hire education
- Take time during a department meeting to explain the changes

ENGAGING OUTPATIENT PROVIDERS

Checklist for Engaging Outpatient Providers

1. Communicate launch of IPLARC GO LIVE with your outpatient providers
2. Develop a plan for communicating patient contraception counseling plan between outpatient and inpatient sites
3. Share comprehensive contraceptive counseling strategies with outpatient sites
4. Circle back with outpatient providers outcome of IPLARC placement and scheduling of potential follow-up appointment

1. Communicate IPLARC Launch

- Work with **outpatient rep** to develop a communication plan
- Create an **IPLARC Go-Live Packet**
  - Additional Items to include:
    - Announcement flyer with department letter (look for example letter in newsletter this week)
    - IPLARC Fact Sheet
    - Contraceptive counseling strategies
    - Patient education materials
    - Process Flow / Protocol for IPLARC placement including billing/coding process
    - Sample dot phrases for counseling and placement
- **Attend a staff/provider meeting** and explain the value/availability of IPLARC
- **Send email** to outpatient and inpatient staff announcing the availability of IPLARC (draft announcement available)
- Host **Grand Rounds** (we have a slide deck to share!)

February 1st, 2019

Attention all Delivering Providers:

We are pleased to announce that XX Hospital will be offering immediate postpartum LARC (IPLARC) devices including IUD and Nexplanon as an additional contraceptive option to our patients in the hospital post-delivery starting March 1, 2019. IPLARC is recommended as an important postpartum contraceptive option by ACOG CO #670. Offering IPLARC will help improve access to a highly effective contraceptive option for patients. LARCS are safe, cost-effective, and a highly desired option with high levels of patient satisfaction and continuation. Even with slightly higher rates of expulsion for IUD in the immediate postpartum period, given the barriers to accessing LARC post-discharge, immediate postpartum LARC has been shown to me more effective for many women.

We know that our patients face many barriers to attending their postpartum visit. The immediate postpartum period has several poter
placement including that 40-60% of women ha
to the 6-week postpartum visit. In addition, up
status, do not attend their 6-week visit limiting
increasing the risk of short-interval pregnancy.
hospitals, our patients will not have to return fo
LARC.

In 2015, Illinois unbundled payment for the LA
allowing for a separate reimbursement in addit
and Delivery. We have created a system that a
providing LARCs to our patients post-delivery
attached flyer for information regarding the ap
LARC for your patient.

We know that we cannot achieve lasting results
participating in a state wide quality initiative w
Collaborative (ILPQC) to improve access to hi
immediate postpartum period at our hospital. W
statewide IPLARC initiative. The data will inc
track the percentage of women with document
counseling including the option of IPLARC. W
percentage of patients with comprehensive cor
documented during outpatient prenatal care an
working together, we can improve access to ef
patients, help reduce short interval and uninten
fetal outcomes. Should you have any question
our IPLARC team.

All the best,

IMMEDIATE POSTPARTUM LARC IS NOW LIVE!

WHAT
Nexplanons
Mirenas

WHEN
Monday
March 4th, 2019

HOW
- Mirenas- order through - Admission order set
- Nexplanon- order through - Post-partum order set

Once ordered, devices are now available on L&D and the postpartum unit. Insertion kits with all needed supplies are available in the clean utility room on L&D and the postpartum unit. Insertion checklist, consent and patient post-procedure information are available in the EMR. Dot phrase for documentation, billing codes are also available.

AVAILABLE OPTION FOR PATIENTS

COUNSELING
Prenatally provide comprehensive contraceptive counseling including IPLARC as an option. See attached counseling materials for patient resources. Document counseling and the postpartum birth control plan.

DATA COLLECTION
We will track comprehensive contraceptive counseling documentation with a random sample of delivery records to review patients received counseling with a postpartum plan documented. If the patient desires IPLARC please include in the problem list.

BILLING & REIMBURSEMENT
IARCs are now unbundled from the global delivery fee and can be billed through hospital billing/coding system similar to other services provided

ILPQC Illinois Perinatal Quality Collaborative

Draft IPLARC announcement available to personalize and use!

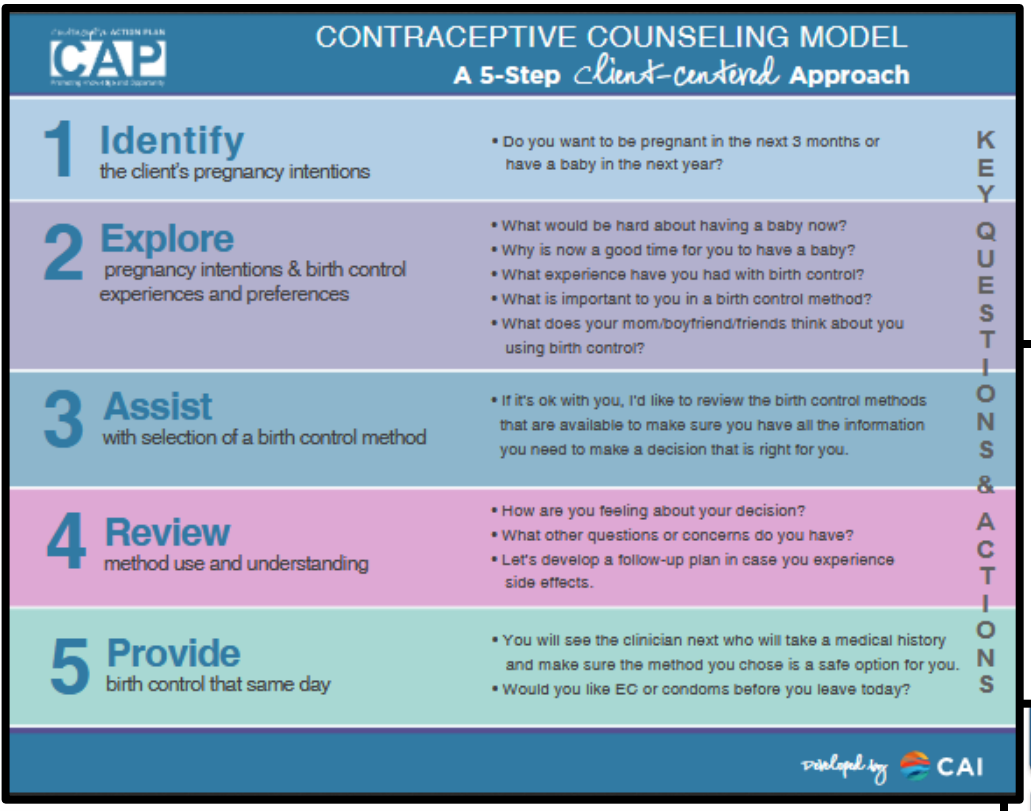
2. Communicating Patient Contraception Plan

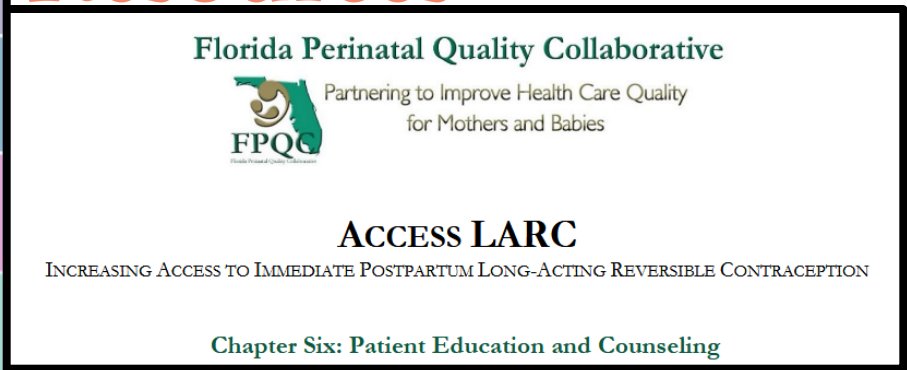
- Share with outpatient sites / providers example dot phrases for comprehensive contraceptive counseling including IPLARC
- Develop strategy for communicating contraception plan for IPLARC, such as note in problem list or on "EMR pink sticky"
- Include question on intake to L&D re: contraception plan – potentially add to admission H&P or checklist
- Add patient plan for IPLARC to L&D grease board
- Include question regarding patient's plan for IPLARC in delivery / cesarean checklist (similar to PPTL)

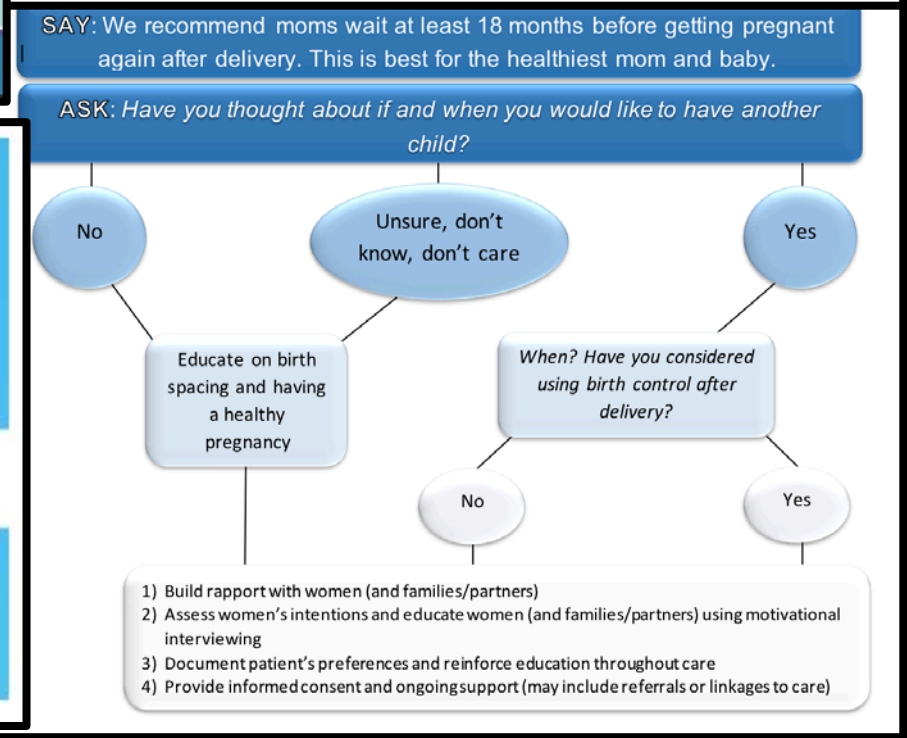
3. Share Comprehensive Contraceptive Counseling Strategies

- Host a Grand Rounds for providers
- Incorporate comprehensive contraceptive counseling including IPLARC into resident/new hire/ongoing staff education
- Distribute comprehensive counseling including IPLARC resources to outpatient sites. Provide a script!
- Include dot phrase to document comprehensive counseling including IPLARC

Comprehensive Counseling Resources







4. Coordinating Patient Follow-Up

- Ensure outpatient providers / clinic care team know that LARC was placed/not placed
  - Discharge summary
  - Procedure Note
- Coordinate follow-up appointment (**can correspond to early postpartum visit at 2 weeks ideally** or 6-week postpartum visit)
- Give patients a number to call to schedule follow-up appointment
- Share patient handout re: follow-up care/when/how to check IUD for expulsion
- Share resources for patients re: options for future removal of device if patient desires

Sample Patient Follow-up Materials

Postpartum Care

After the IUD is placed, your postpartum care will be the same as if you had not had the IUD. Your IUD may come out during your routing postpartum care, this is ok, but remember that you now need to use another form of birth control (for example: condoms, pills, or depo-provera shot). It is our recommendation that you abstain from intercourse until your six week visit when the IUD strings have been trimmed and we can confirm the IUD is in your uterus. Without confirmation that the IUD is in the correct place, you can get pregnant. In addition, intercourse may be painful for your partner if the strings are in the vagina and this could also increase your risk of the IUD coming out. If you do have intercourse prior to your postpartum follow up visit, it is recommended that you use an alternative form of contraception. We are happy to provide this to you at discharge.

Who do I call if I have questions or problems?

If you have questions call the clinic at (303) _____. You can also call the Denver Health NurseLine at (303) 739-1211 any time day or night.

Nurse Line ©

Special instructions: _____

IUD Take-Home Sheet

[ ] Copper-T IUD (Paragard®)

- It begins working *now* to prevent pregnancy.
- It can stay inside you for 12 years.
- Removal date _____(12 years from today)

[ ] Progestin IUD (Mirena®, Liletta®, Skyla®)

- It begins working in *7 days* to prevent pregnancy.
- You MUST use condoms for the first 7 days after your IUD was inserted. If you have sex without using a condom, you will need to take emergency contraception as soon as possible to prevent pregnancy.
- Mirena® can stay inside you for 7 years. Skyla® or Liletta® can stay inside you for 3 years.
- Removal date _____ (7 or 3 years from today)

Today you may go back to school or work after your visit. You must **wait 24 hours** after your IUD is put in before you can use tampons, take a bath, or have vaginal sex.

You may have more **cramps or heavier bleeding** with your periods, or spotting between your periods. This is normal. The cramping and bleeding can last for 3-6 months with the Mirena®, Liletta®, and Skyla® (hormone) IUDs. After 6 months, the cramping and bleeding should get better. Many women will stop having periods after 1 or 2 years with the Mirena®, Liletta®, and Skyla® (hormone) IUDs. If you have the Paragard® (copper) IUD, you may have more cramping and more bleeding with your periods as long as you have the IUD inside you.

Ibuprofen (also called Advil® or Motrin®) helps decrease the bleeding and cramping. You can buy Ibuprofen at any drug store without a prescription. You can take as many as 4 pills (800 mg) of Ibuprofen every 8 hours with food (each pill contains 200 mg). To prevent cramping, start taking Ibuprofen as soon as your period starts and keep taking it every 8 hours for the first 2-3 days of your period. You can also put a hot water bottle on your belly if you have bad cramps.

Section 9 of IPLARC toolkit

Don't forget to review the IPLARC toolkit for helpful resources!

Section 6 of IPLARC toolkit

TEAM TALK: NM CENTRAL DUPAGE HOSPITAL

Northwestern Medicine®

Immediate Postpartum LARC

Lisa Sullivan MSN RNC-OB CNML CBC
Northwestern Medicine Central DuPage Hospital
December 16, 2019

Who am I?

- 1986- BSN, Northern Illinois University
- 2009- MSN, Lewis University
- 25 years of OB experience in a variety of inpatient roles (staff nurse, charge nurse, CNS, unit manager)
- Current role- Clinical Director of L&D and Prenatal Education
- RM Team Leader and Process owner for IPLARC project

Establishing Buy in for IPLARC

How do I get others interested?

- Provide education on recent statistics and advantages
  - 10-40% of women do not attend follow up postpartum visit, even higher for those on Medicaid
  - Rates of unprotested sex before postpartum visit= at least 50%
  - IPLARC placed in hospital is convenient and immediate acting; prevents unintended, short-interval pregnancy
- ACOG Committee Opinion number 670 Immediate Postpartum Long-Acting Reversible Contraception, Obstetricians should:
  - Incorporate IPLARC into practices
  - Counsel women appropriately about advantages and risks
  - Advocate for institutional and payment policy changes to support provision
- Patients are requesting this service

Who are the Key Stake Holders

Who do we need on the team?

- OB providers and MFMs
- L&D and Mother Baby staff
- Pharmacy
- Coding/billing specialists
- IT support/EPIC clinical analyst

First steps

Develop a Team Charter

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Project Charter: IPLARC

Overview

Problem Statement: Unplanned pregnancies and short interpregnancy intervals are associated with higher rates of poor maternal and infant outcomes, including preterm birth and low birth weight. In 2010, 52% of pregnancies in Illinois were unintended. Between 2011 and 2016 in Illinois, 29% of pregnancies were conceived before the recommended interpregnancy interval of 18 months. LARC methods (IUDs and contraceptive implants) are the most effective form of reversible contraception.

Goal/Benefit: All women should be able to leave the hospital with the contraceptive method of their choice, including LARC. LARC will be available in the immediate postpartum period by March 2020.

Scope: Immediate postpartum vaginal delivery or cesarean section patients from delivery through discharge (Labor & Delivery and Mother Baby units).

Definitions of Success

Key Deliverables:

- LARC will be available in the immediate postpartum period beginning in March 2020.

Outcome Metric(s):
By increasing access to LARC, increase in utilization of LARC methods prior to discharge

Process Metric(s):
Educated providers/nurses on benefits of IPLARC, protocols, counseling &

IPLARC placement

Key Milestones	Date
Define	6/2019
Measure	8/2019
Analyze	7/2019-2/2020
Improve	3/2020
Control	6/2020

Team

Executive Sponsor: Angie Black
Clinical Sponsor: Dr. Mark Gapinski
Sponsor: Lisa Sullivan, Evangeline Burns
Process Owner: Lisa Sullivan
Performance Improvement Leader: Maggie Colliander

Team Members: Mark Gapinski MD, Lisa Sullivan, Evangeline Burns, Maggie Colliander, Jennifer Infantino, Kimberly Olson, Christine Garcia-Palm, Tara Blum, Carol Roon, Kasia Mansfield
System Partners: Analytics, IT and Epic team

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Project Charter

- Describes the Problem Statement, Project Goal and Scope
- Defines both Outcome and Process Measures
- Key Milestones with target dates using DMAIC methodology
- Lists Team members and responsible parties
- Helps keep team on task and defines the nature and scope of the project

First Steps

Develop a Project Plan so we can stay on track!

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Last Updated 12/9/2019

Overall Project Status: 0% 100% #DIV/0!

Immediate Postpartum Long Acting Reversible Contraception

ID #	Action/Milestone	Notes	Start Date	Due Date	Owner	Status
1.0	*Establish project core*					
	Recruit champions for multidisciplinary team					
	Develop project charter					
	Schedule team meetings					
	Monthly data entry - structure measures - process measures - outcome measures - # deliveries for the month - # of IUDs and # of impants placed for the month - Random sample of 10 deliveries - # of comprehensive contraceptive counseling documented prenatally - # counseling documented on delivery admission					
2.0	*EMRIT systems in place for IPLARC tracking*					
	Order set for LARC					
	Physician smart phrase for LARC					
	Establish/test billing and coding mechaism					
	Create pharmacy capacity					
	Stock IPLARC devices					
	Report for contraception counseling and LARC tracking					
3.0	*Education Plan*					
	Education providers/staff (nurses, lactation consultants, and social workers) on clinical evidence					
	Educate/train providers on insertion					
	Educate on policies, procedures, and counseling					
	System-wide communication					
4.0	*Units ready for IPLARC*					
	Establish protocols					
	Establish consent process					
	Ensure supplies and kits available on units					
5.0	*Contraception counseling*					
	Educate clinicans on contraception counseling					
	Develop smart phrase for prenatal and admission					
	Provide prenatal sites and inpateint standard patient education					
6.0	*Patient Education*					
	Ensure standard patient education available prenatally and inpatient					

	Total	Percent	Status Key
At Risk	0	#DIV/0!	At Risk
Concerns	0	#DIV/0!	Concerns
On Track	0	#DIV/0!	On Track
Complete	0	#DIV/0!	Complete
Total Tasks	0		

First steps

Why recreate the wheel? Let's see what work has already been done by our system hospitals

IPLARC in place at NM Prentice campus

- SMART Phrases for providers
- Billing and coding completed
- Education for staff via PowerPoint presentations
- EPIC orders
- IPLARC policy
- Much larger volume for IPLARC based on community demographic

Pharmacy assisted with determining NM Prentice product use (i.e. what kind of IUDs do they use?)

Narrowing down the Choices

- NM Prentice has multiple types of IUDs stocked in both L&D and Mother Baby
- Concern about overstock at CDH may result in waste
- Team decided to develop an OB Provider survey regarding product and incorporate a few other questions about IUD experience, contraception counseling

Survey

Physician Survey on Long Acting Reversible Contraception

Physician: _____

1. Do you place LARC? Yes No (Stop if No)
2. What devices do you place?

   Paraguard Mirena Skyla Liletta Kyleena Nexplanon

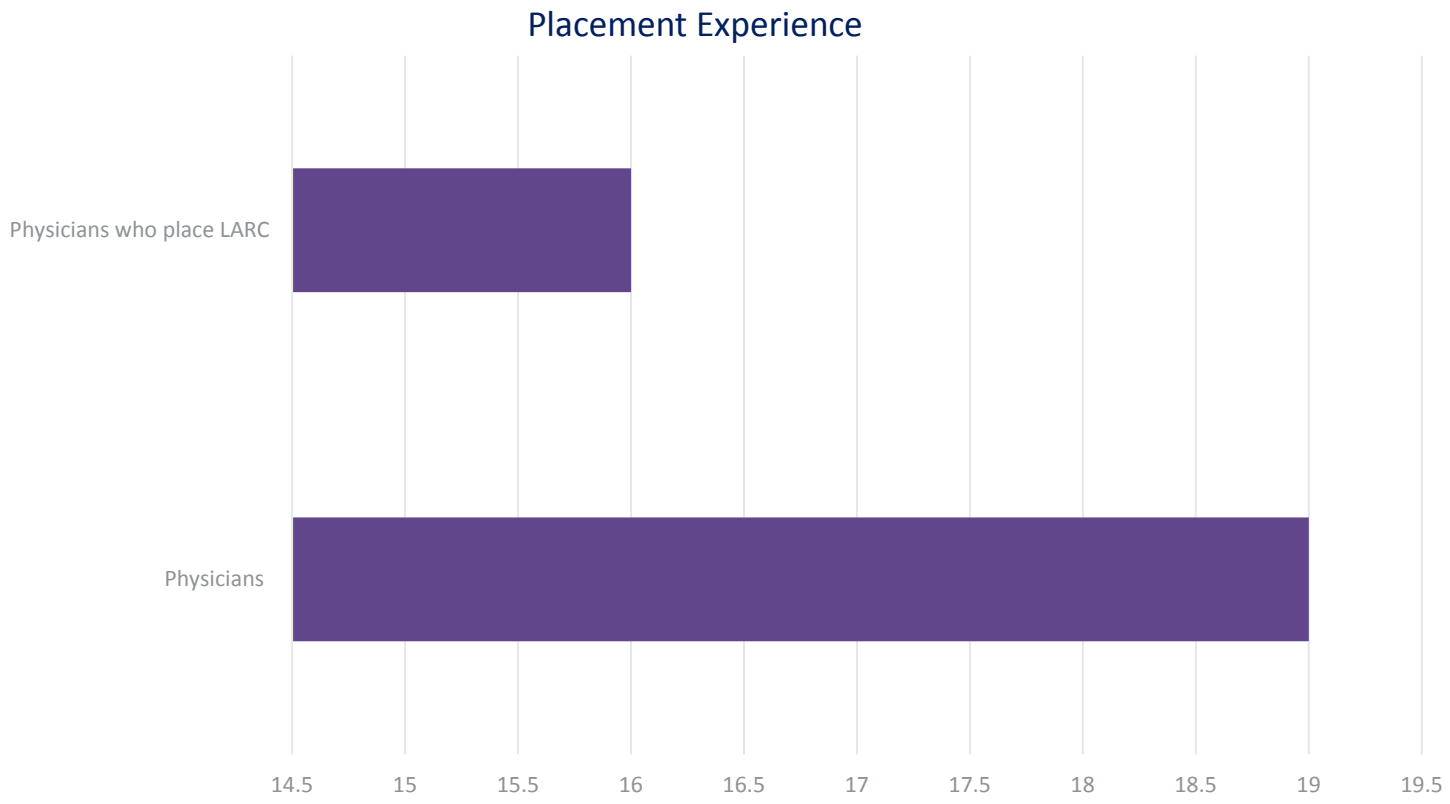
   Other:_____
3. Where do you place the devices?

   Office PTC Operating Room Other: _____
4. When do you start counseling your pregnant/postpartum patients on contraception after delivery?

   Prenatally Prior to d/c on delivery admission Postpartum off visit

Results

Providers surveyed



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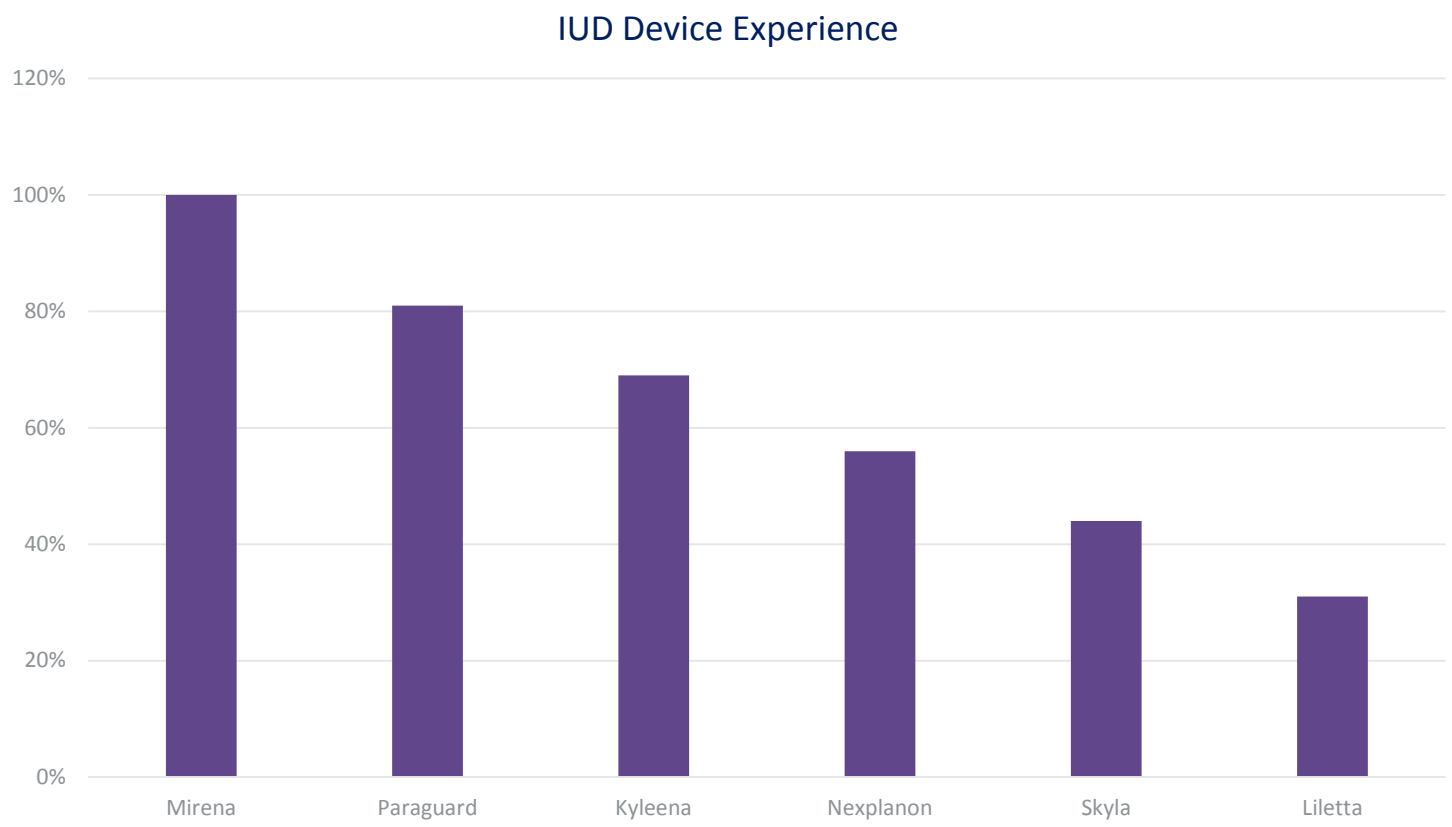
Results

Device Experience



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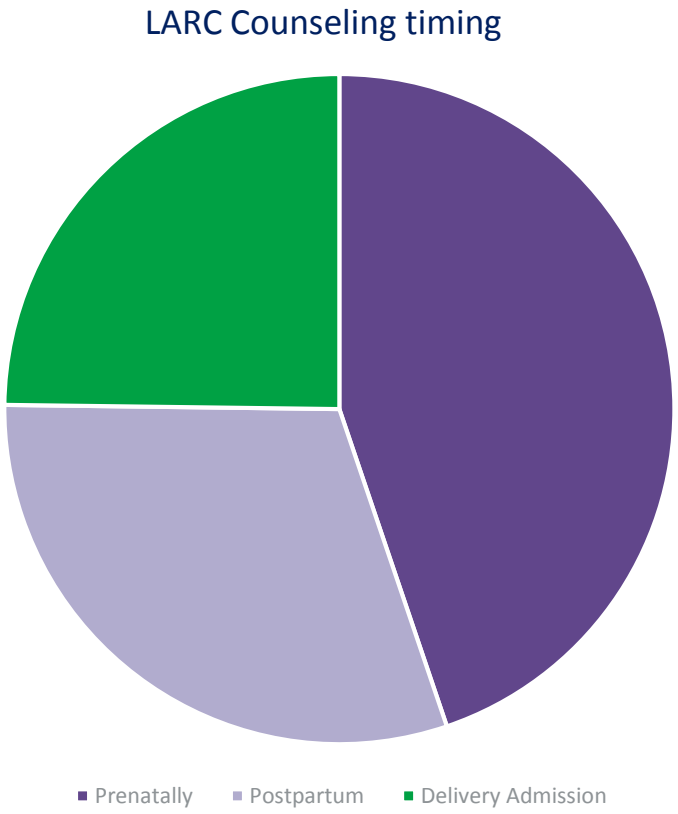
Results

When are patients being counseled?



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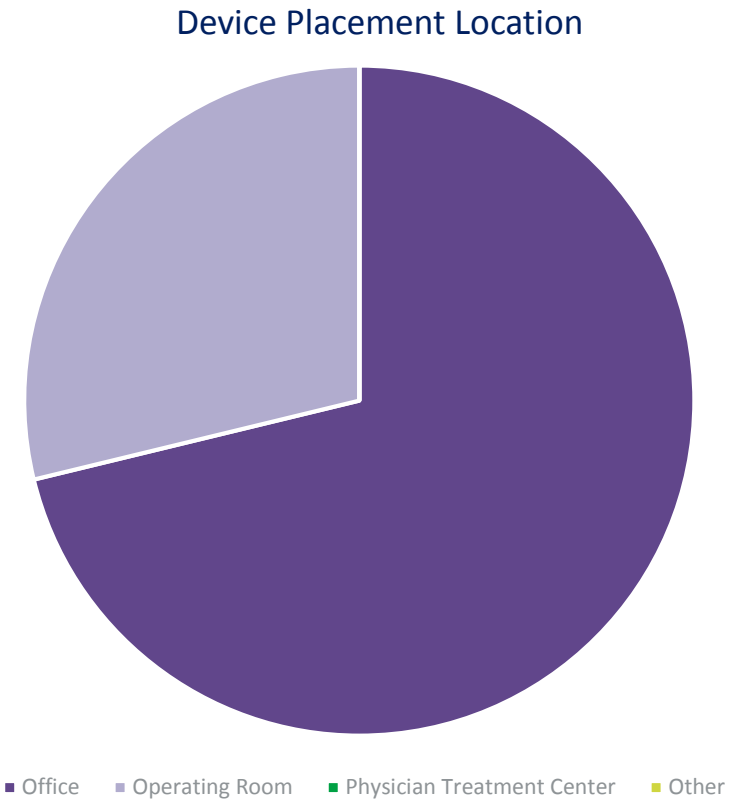
Results

Where they prefer to place LARC



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Next Steps

- Determine inventory levels in conjunction with Pharmacy
- Testing for scan function and order link to MAR
- Define locations for storage in PYXIS on both units
- Unbundling of LARC from delivery charge
  - Contract negotiation
  - Will not delay go live
- Develop/distribute educational materials for OB offices

Next Steps

- Develop education for staff and providers
  - IT support for SMART phrases for providers
  - Insertion must be documented in EMR to receive reimbursement
- Key Players meeting with ILPQC
- Nexplanon
  - Request to add to formulary
  - certification for providers to place device
  - certificate will need to be submitted to Pharmacy

Take Aways

- Establish Buy In from Key Players
- Establish a team charter and project plan to maintain forward movement and keep everyone on task
- Use the Toolkit!!! Valuable resources are right at your fingertips
- Ensure billing/coding members on team in the beginning
- Pharmacy can really assist with navigating devices and inventory levels
  - If Nexplanon is not on the formulary, will need to see how to have it added
  - At CDH, provider needs to complete a request form and present the need to the P & T Committee

Thank you!

ROUND ROBIN – TEAMS UPDATE ON PROGRESS TOWARDS GO LIVE GOAL

IPLARC Wave 2 Discussion Questions

- ✓ What steps do you need to take to schedule a Key Players Meeting if you haven't already?
- ✓ What are your next steps to meet your GO LIVE goal by May 2020?
- ✓ How does your team engage OB providers in this initiative?
- ✓ What are your biggest successes so far?
- ✓ What are the biggest challenges and what is your plan to overcome the barrier/challenge?

UPCOMING EVENTS

IPLARC Calls

- THIRD MONDAY OF THE MONTH

IPLARC Wave 2 Teams
12-1pm

Date	Topic
January 20	CANCELED due to MLK Holiday
February 17	Round Robin with Wave 2 Teams
March 16	Comprehensive Contraceptive Counseling
April 20	Preparing to GO LIVE
May 20	ILPQC Face-to-Face Meeting, Springfield, IL
June 22	Wave 2 Sustainability (Wave 1 teams welcome)
August 17	Wave 2 Sustainability (Wave 1 teams welcome)

Next Steps

- Develop 30-60-90 Day plan for Go Live Goal (May 2020)
- Complete REDCap data submission for November (and October if you have not yet submitted)
- Confirm dates for Key Players Meetings in January with Danielle and confirm your GO LIVE date plan.
- Continue monthly team meetings and review data reports with your team!
- Contact us if you need help troubleshooting a challenge to achieving your GO LIVE date!

THANKS TO OUR

FUNDERS

IDPH
Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

DHS
Illinois Department of Human Services

JB & MK PRITZKER
Family Foundation

Online: www.ilpqc.org
Email: info@ilpqc.org