



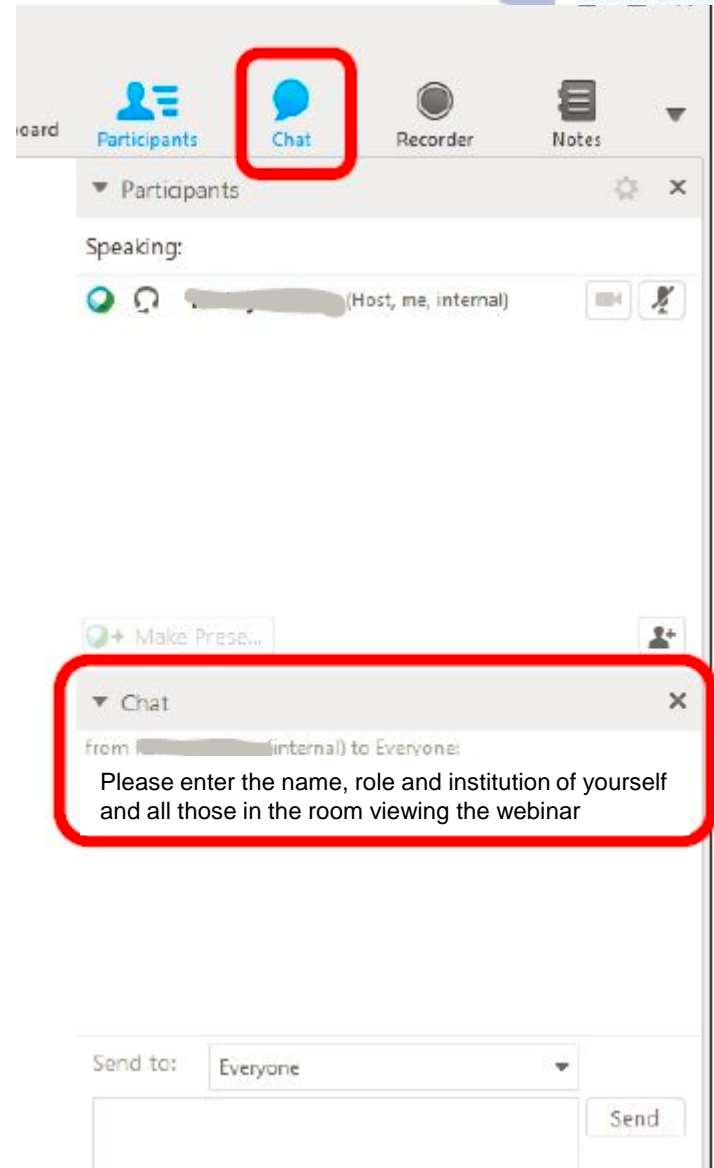
# IPLARC Wave 2: IT/EMR and Engaging Outpatient Prenatal Providers

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

Reply Reply All Forward IM  
Thu 6/14/2018 10:32 AM  
Danielle Renae Young  
Fw: (Forward to others) WebEx meeting invitation: ILPQC Immediate Postpartum LARC Teams Call

To  
If there are problems with how this message is displayed, click here to view it in a web browser.

Message **WebEx\_Meeting.ics (4 KB)**

Hello,  
Danielle Young invites you to join this WebEx meeting.

### ILPQC Immediate Postpartum LARC Teams Call

Monday, June 18, 2018  
12:00 pm | Central Daylight Time (Chicago, GMT-05:00)  
Meeting number (access code): 800 846 062  
Meeting password: ilpqc\_iplarc

Add to calendar by clicking either of these options

**Add to Calendar**

When it's time, [join the meeting](#).

Join from a video system or application  
Dial [800846062@northwestern.webex.com](tel:800846062)  
You can also dial 173.243.2.68 and enter your meeting number.

Join by phone  
**+1-415-655-0002** US Toll  
[Global call-in numbers](#)

Call-in info

[Can't join the meeting?](#)

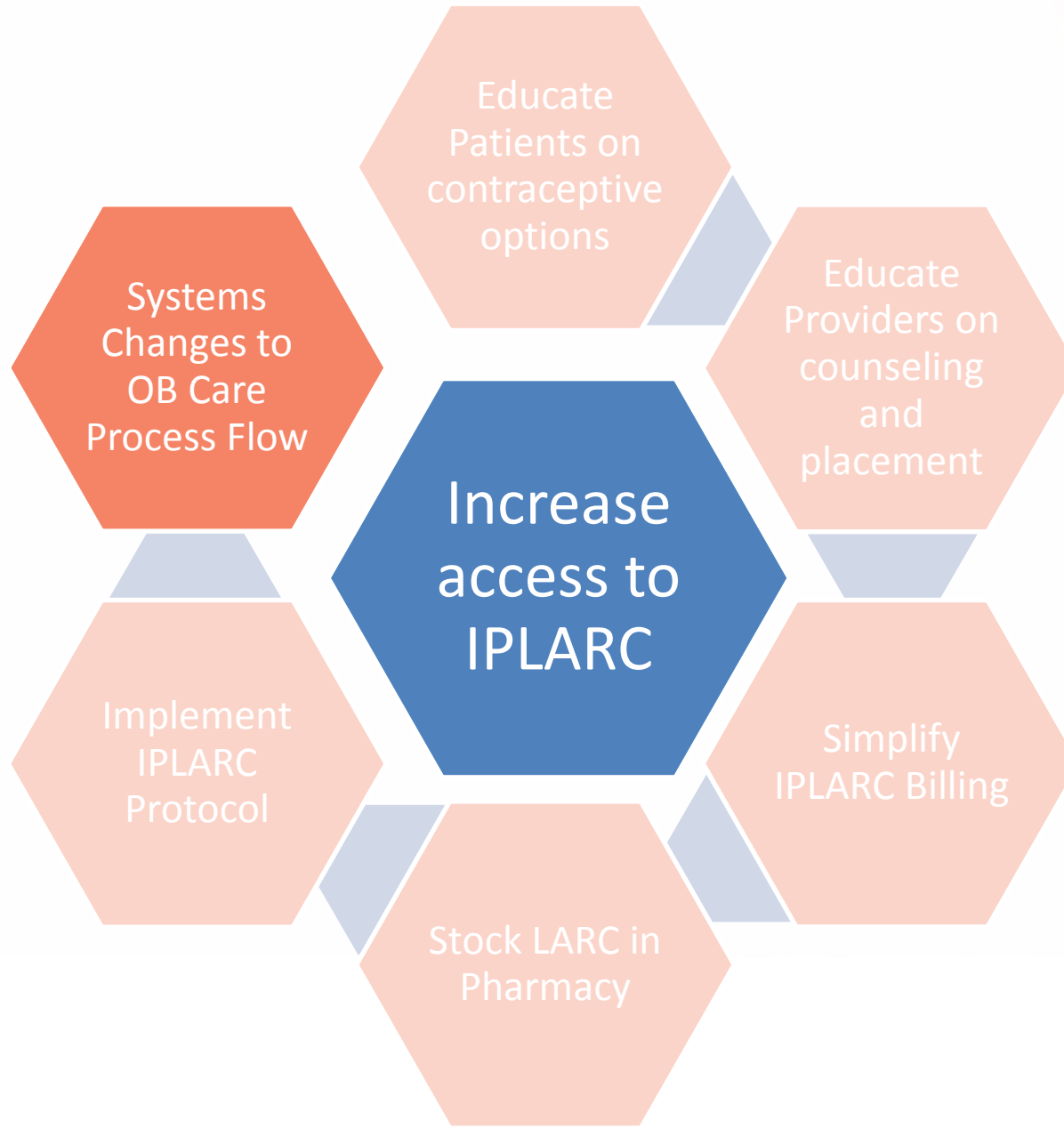
# Call Overview



- 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

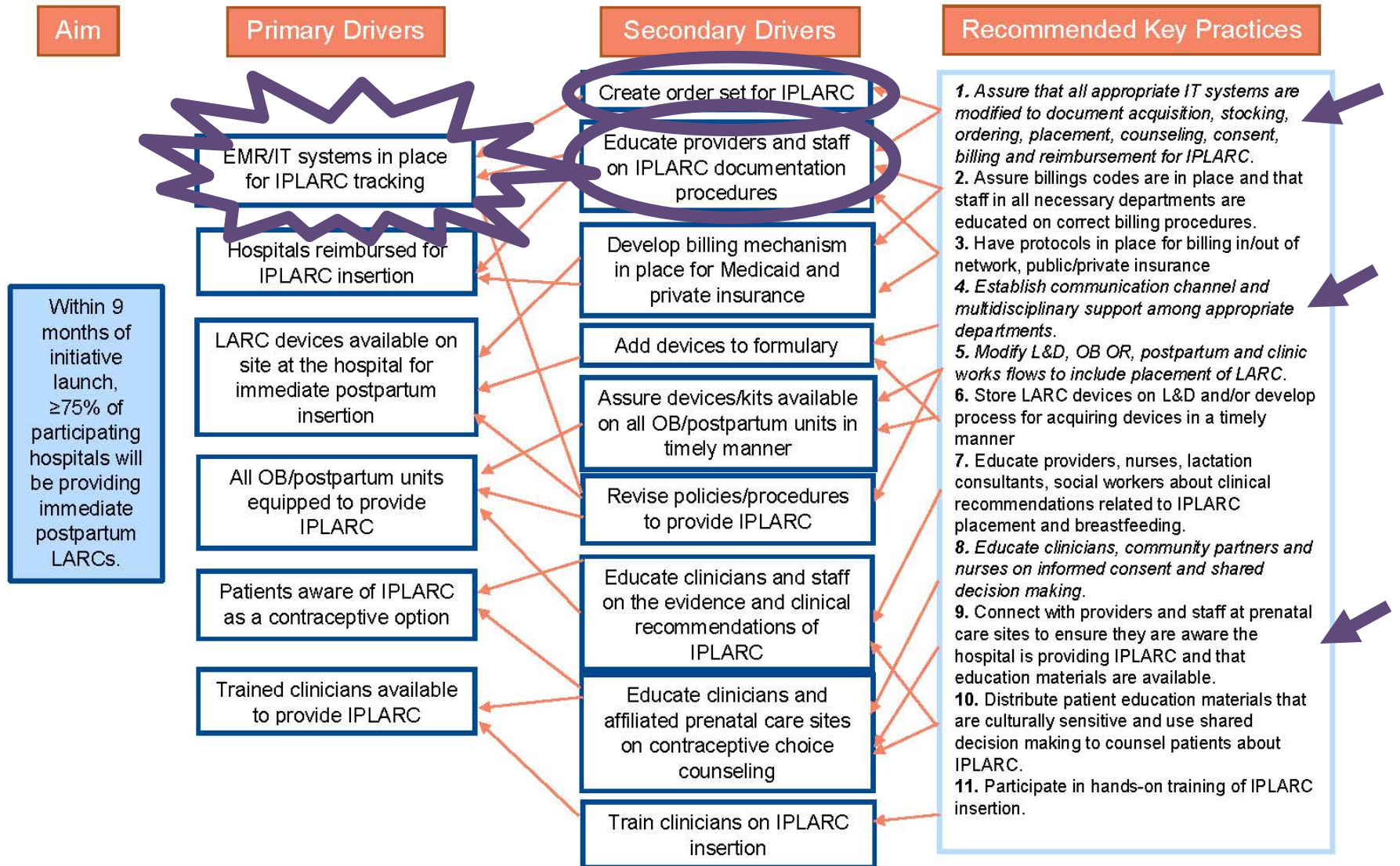
# WAVE 2 UPDATES

# IPLARC Initiative Goals





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



# Practice Changes for IPLARC Success – Pre-implementation



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!

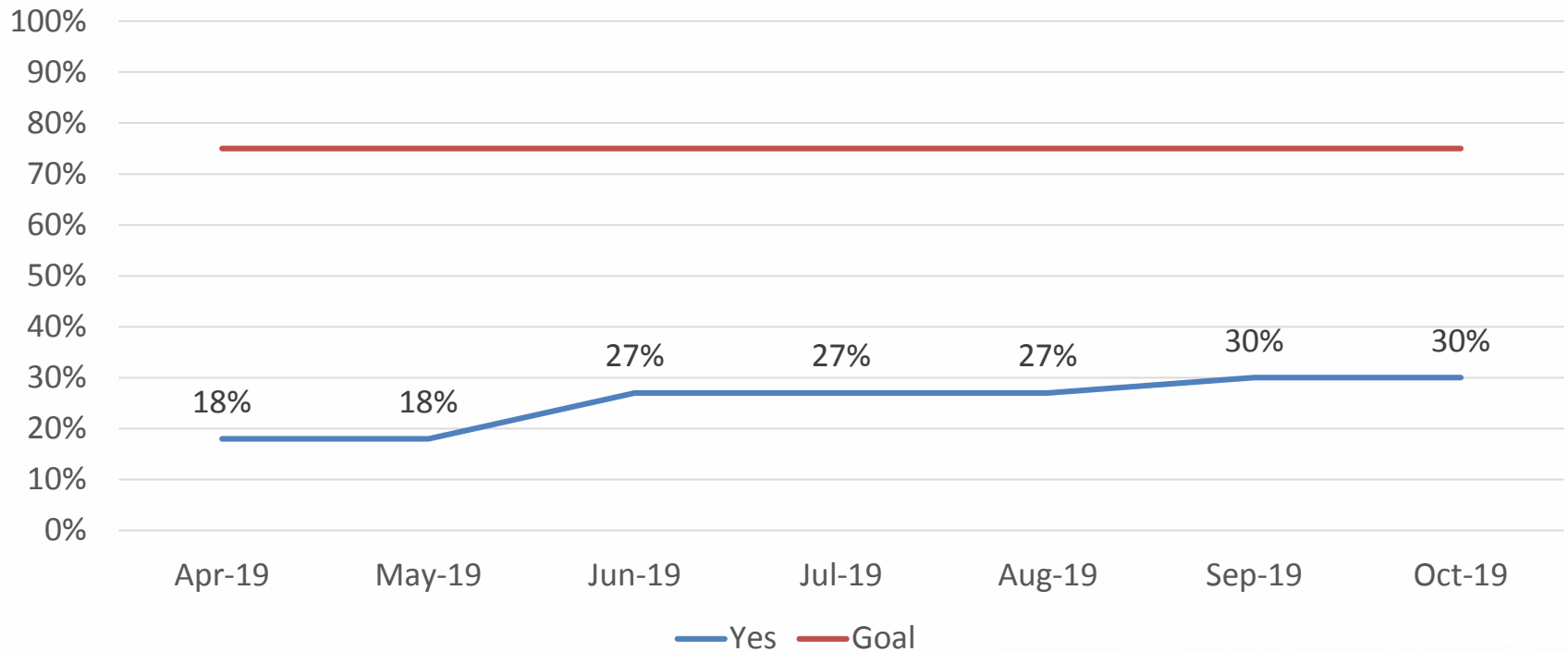
Month	Number of Teams Reporting
April 2019	11
May 2019	11
June 2019	11
July 2019	11
August 2019	11
September 2019	11
October 2019	5
November 2019	0

Don't forget to submit October-November data!

# Teams Live with IPLARC (of 11 teams reporting)



Proportion of Wave 2 Teams that are Routinely Counseling, Offering, and Providing Immediate Postpartum LARC (either IUD or Implant), April-October 2019





# IPLARC on Inpatient Formulary

**5 teams reporting for Oct-19**

Quality Collaborative

Percent of Wave 2 Hospitals with IUDs on Inpatient Formulary, April 2019-October 2019



- IUDs on Formulary Have not started
- IUDs on Formulary Working on it
- IUDs on Formulary In place

Percent of Wave 2 Hospitals with Implants on Inpatient Formulary, April 2019-October 2019



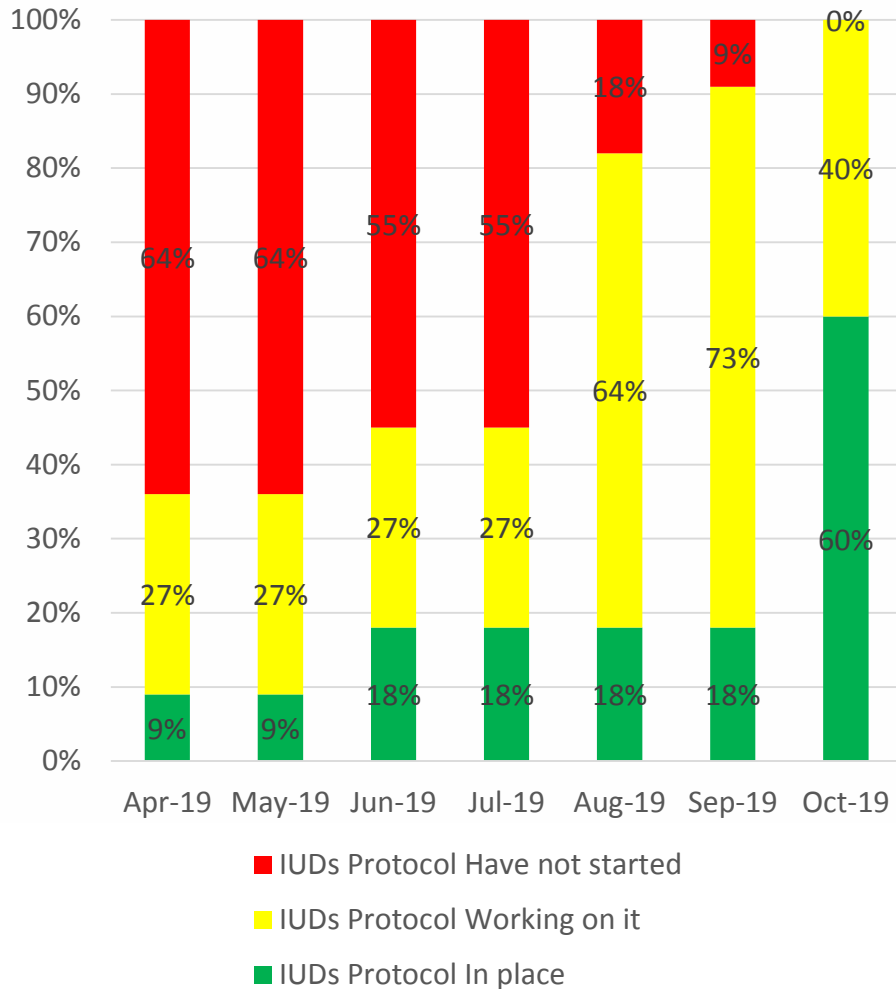
- Implants on Formulary Have not started
- Implants on Formulary Working on it
- Implants on Formulary In place

# IPLARC Protocols in Place

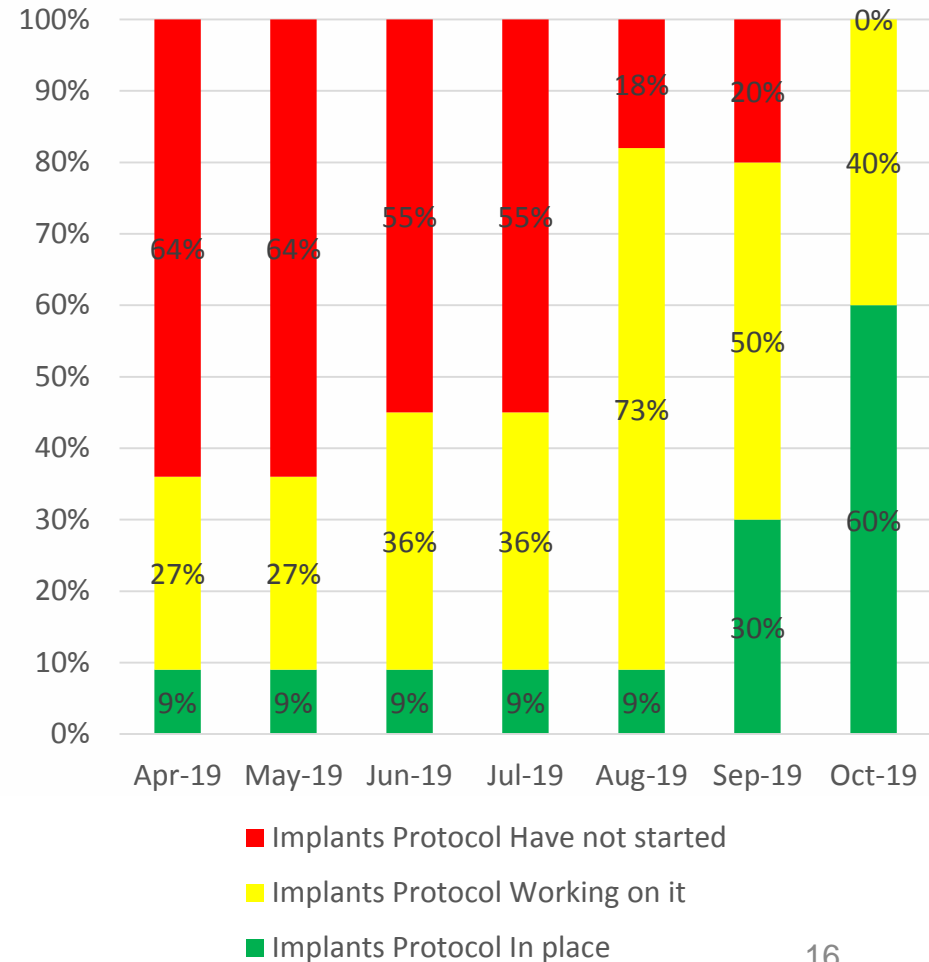
**5 teams reporting for Oct-19**

Quality Collaborative

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

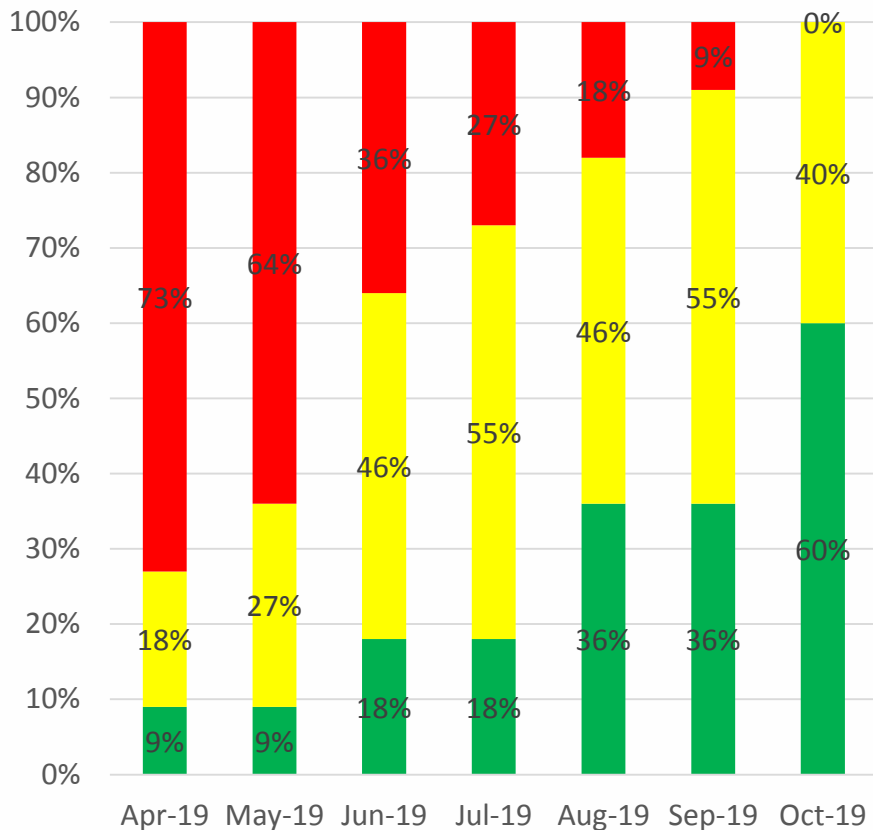


# IPLARC Billing Codes

**5 teams reporting for Oct-19**

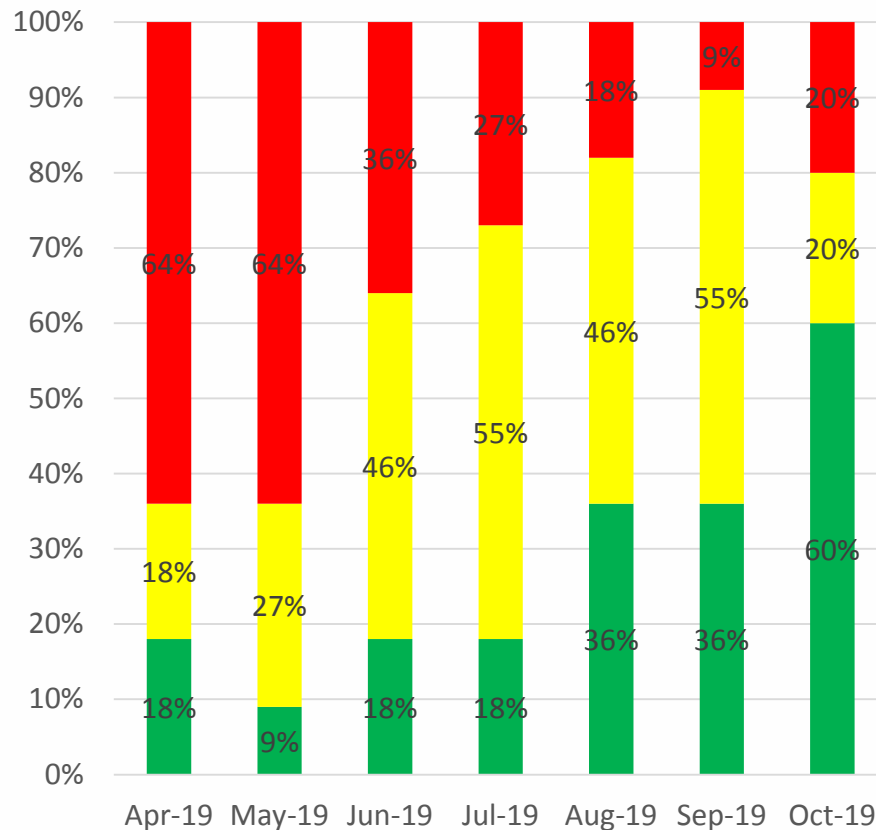
Quality Collaborative

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



- IUD Billing Codes Have not started
- IUD Billing Codes Working on it
- IUD Billing Codes In place

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



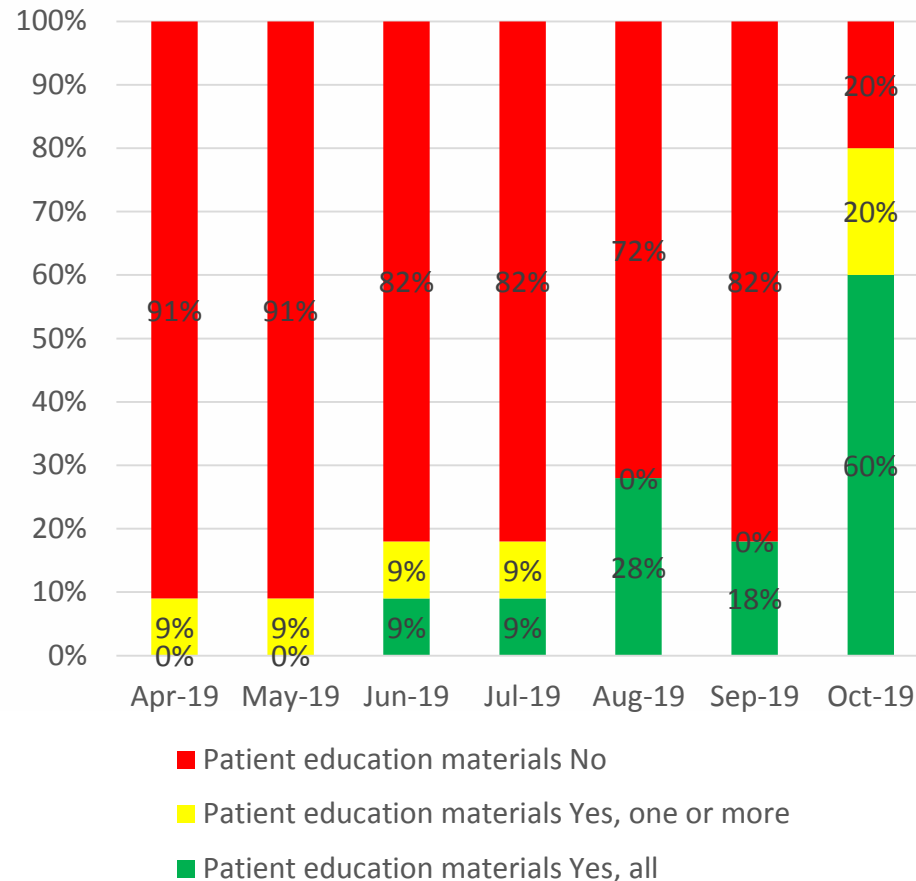
- Implant Billing Codes Have not started
- Implant Billing Codes Working on it
- Implant Billing Codes In place

# IPLARC Standardized Patient Education at Prenatal Sites

**5 teams reporting for Oct-19**

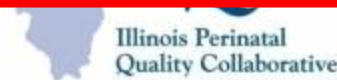
Quality Collaborative

Percent of Hospitals that have Provided Standardized Education Materials and Counseling Protocols to Affiliated Prenatal Care Sites, April - October 2019

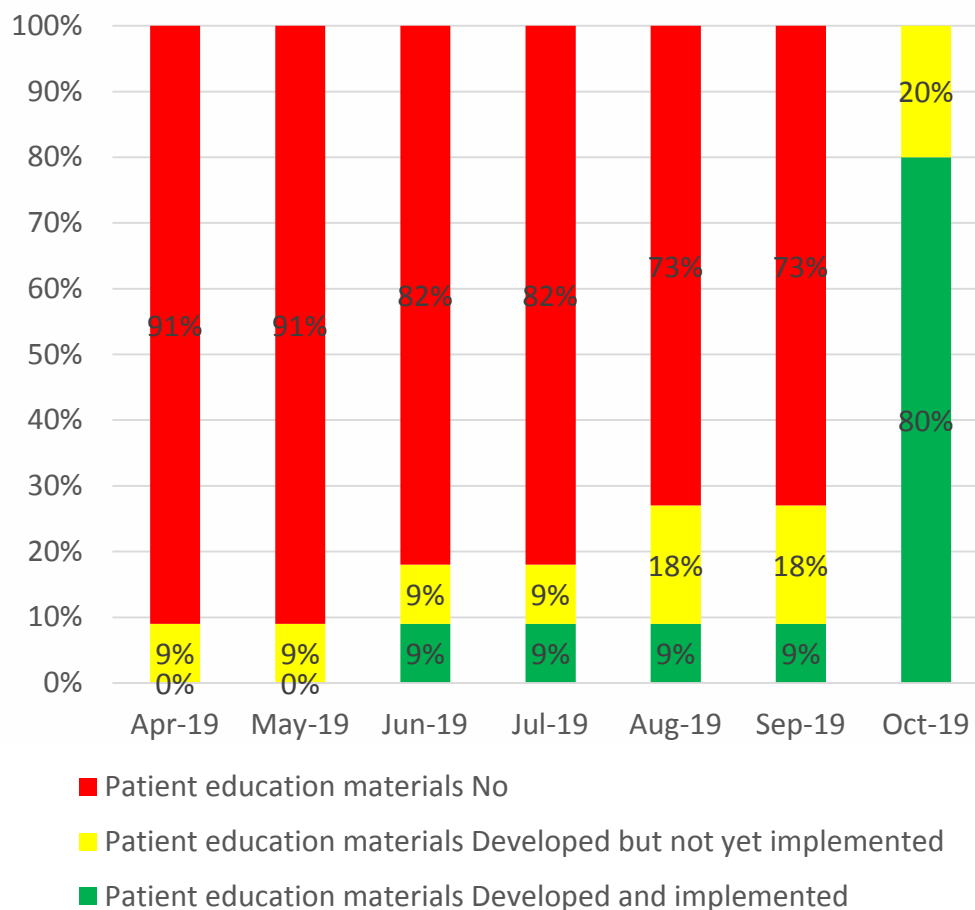


# IPLARC Inpatient Patient Education & Counseling Protocols

5 teams reporting for Oct-19

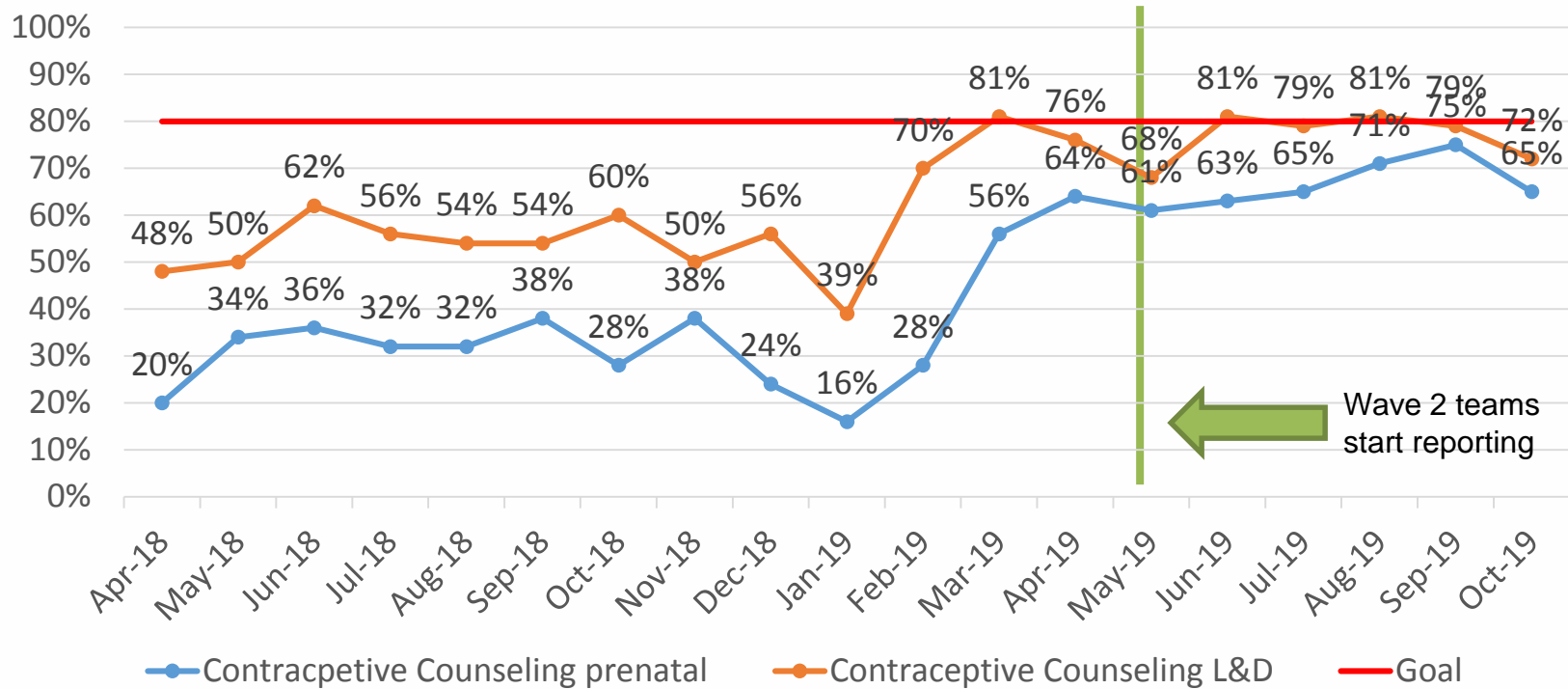


Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission, April 2019-October 2019



# Comprehensive Contraceptive Counseling

Percent of Wave 1 & Wave 2 Hospital Charts with Contraceptive Counseling, including IPLARC, April 2018-October 2019





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?



# 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Postpartum Contraception Method (Counselor About LARC?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Blood Transfusion Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Antepartum Anesthesia Consult Planned <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Problems</b>		<b>Plans</b>		<b>Resolved?</b>	
1.					
2.					
3.					
4.					
5.					
<b>Medication List (Including Opioids)</b>		<b>Start Date</b>		<b>Stop Date</b>	
1.		-- --		-- --	
2.		-- --		-- --	
3.		-- --		-- --	
4.		-- --		-- --	
5.		-- --		-- --	
<b>EDD Confirmation</b>			<b>Pregnancy Weight Gain</b>		
Uterine	-- --	-- --	EDD	-- --	Pregnancy Weight
Initial Exam	-- --	-- --	Wks - EDD	-- --	Height
Ultrasound	-- --	-- --	Wks - EDD	-- --	BM
Final EDD	-- --	-- --	W Transfer	-- --	Estimated Weight Gain
Initiated by				-- --	Recommended Weight Gain
<b>Pregnancy Weight</b>					
*Describe the intensity of discomfort ranging from 0 (no pain) to 10 (worst possible pain)					
Version 6 Copyright 2016 The American College of Obstetrics and Gynecologists					

ANTEPARTUM RECORD (FORM C, page 3 of 12)

Patient Addressograph

Patient Name		Birth Date		ID No.	Date
<b>Plans/Education (continued)</b>					
By Trimester: Initial And Date When Discussed					
<b>Third Trimester</b>	<b>NA</b>	<b>Date</b>	<b>Follow-Up Needed?</b>	<b>Refered?</b>	<b>Comments</b>
<b>Birth Preferences</b>					
Birth Management Plans					
Trial Of Labor After Cesarean Counseling					
Labor Support Person(s)					
Immediate Postpartum Lact					
Circumcision Preference					
Infant Feeding Intention					
<b>Anticipatory Guidance</b>					
Fetal Movement Monitoring					
Signs And Symptoms Of Preeclampsia					
Labor Signs					
Cervical Ripening/Labor Induction Counseling					
Postpartum Counseling					
Infant Feeding					
Newborn Education (Newborn Caring, Immunizations, Jaundice, SIDS/Safe Sleeping Position, Car Seat)					
Family Medical Leave Or Disability Forms					
Postpartum Depression					
<b>Pregnancy Review</b>					
Pregnancy Complaint, Choked, ENER, Vaginal Cessation Counseling (ANA, AVM, Aves, Aves, And Arrang)					
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)					
Intimate Partner Violence					
<b>Postpartum</b>					
Screening					
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)					
Infant Feeding Problems					
Birth Experience					
Glucose Screen (If Gain)					
<b>Anticipatory Guidance</b>					
Infant Feeding					
Prenatal Muscle Exercise/Regal					
Return To Work / Milk Expression					
Weight Gain					
Optimal Birth Spacing					
Postpartum Sexuality					
Exercise					
Nutrition					
Cardiovascular Risk (If Gain / Gain)					
<b>Transfer Of Care</b>					
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 of 7)

# ACOG Form Page 3

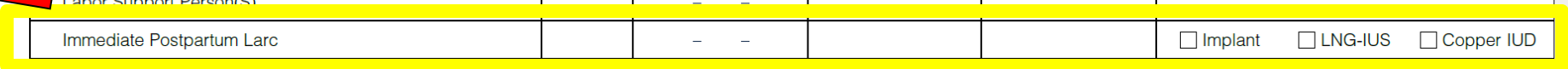
Patient Addressograph

Patient Name:		Birth Date:	- -	ID No.:		Date:	- -
Drug Allergy: _____	Latex Allergy <input type="checkbox"/> Yes <input type="checkbox"/> No	Postpartum Contraception Method: _____		Counseled About LARC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is Blood Transfusion Acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Antepartum Anesthesia Consult Planned <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Problems</b>	<b>Plans</b>		<b>Resolved?</b>				
1.							
2.							
3.							
4.							
5.							

# ACOG Form Page 7



<b>Plans/Education (continued)</b> By Trimester. Initial And Date When Discussed.					
	NA	Date	Follow-Up Needed	Referral	Comments
<b>Third Trimester</b>					
<i>Birth Preferences</i>					
Pain Management Plans		- -			
Trial Of Labor After Cesarean Counseling		- -			<input type="checkbox"/> TOLAC <input type="checkbox"/> Elective RCS
Labor Support Person(S)		- -			
Immediate Postpartum Larc		- -			<input type="checkbox"/> Implant <input type="checkbox"/> LNG-IUS <input type="checkbox"/> Copper IUD
Circumcision Preference		- -			<input type="checkbox"/> Yes <input type="checkbox"/> No
Infant Feeding Intention		- -			<input type="checkbox"/> Exclusive <input type="checkbox"/> Mixed <input type="checkbox"/> Formula
<i>Anticipatory Guidance</i>					



# Problem list documentation of planned PP contraception



Hyperspace - BVBM GYN/OB - PLY Training - FINN A.

Home Schedule In Basket Queries Remind Me Patient Lookup Mark Patients For Merge Turn Off Widescreen View BI Portal An Review Personalize Patient Education My Dashboards

PLY TRAINING FINN A Search

Acanthite, Fatima  
DOB: 02/26/1982, 36 y.o., Female  
MRN: <E106643879>  
E\_ID: E106643879  
CSN: 1259938918

Care Team: PCP: McQueenie, Diana  
BMI: 22.81 kg/m<sup>2</sup>  
Ht: 1.727 m (5' 8")  
Weight: 68 kg (150 lb)  
lang, Interp: Not On File, Unknown  
Opioids: 240 mg MEDD

Allergies: No Known All... Code: Not On File  
MOLST: None  
Adv Dir: TBD

ABO/Rh: None  
GA: None  
History: None

MyChart: Inactive Refresh: [refresh icon]  
Primary Ins.: None Living Status: None

### Plan

Meds & Orders **SmartSets** **BestPractice**

- oxyCODONE-acetaminophen (PERCOCET) 10-325 MG per tablet 1 tablet, Every 6 hours PRN
- predniSONE (DELTASON) 10 MG tablet 10 mg, Daily

Mark as Reviewed Last Reviewed by Montana Nn, RN on 12/15/2018 at 10:59 AM

Johns Hopkins @ Weinberg - BALTIMORE, MD - 401 N. BROADWAY 410-955-5747

Associate Signed Orders Patient Estimate Providers Current Interactions

### SmartSets

Search for new SmartSet + Add

Suggestions (4)

Open SmartSets Close

### BestPractice Advisories

Care Guidance/Quality (1)

- Influenza vaccine due. Order the immunization, document the immunization in the Immunizations activity, give a reason for not giving the immunization, or add the exclusion modifier to remove from influenza plan.

Other (3)

- HIV screening: This patient has not had HIV screening. Click the Accept button to open the recommended SmartSet. To decline, use OVERRIDE below and choose 'DECLINED'
- TDAP vaccine due. Order the immunization, document the immunization in the Immunizations activity, give a reason for not giving the immunization, or add the exclusion modifier to remove from adult TDAP plan.
- Pap Smear Due: This patient is due for a pap smear. Click the Accept button to open the recommended Smartset or select the modifier to remove the patient from the screening plan.

+ ADD ORDER

### Problem List

Search for new problem + Add

Show:  Past Problems

Diagnosis Resolved Visit

#### New Problem

Problem: Normal intrauterine pregnancy, antepartum

Display: Normal intrauterine pregnancy, antepartum

Priority: Noted: 12/15/2018  Chronic

Class: Resolved:  Share with patient

Overview:

\*\*\* based on \*\*\*

Planned birth control: \*\*\*

Registration label: (blank multiple:19196::"complete and reviewed","incomplete","abnormal (see problem list) - normal")

First trimester screening: (blank multiple:19196::"n/a - too late","declined","ordered","abnormal","normal","needs MSAFP drawn between dates \*\*\*\*")

Quad screen: (blank multiple:19196::"n/a - too late","declined","ordered","abnormal","normal")

Anatomy scan: (blank multiple:19197::"ordered","result pending","abnormal","incomplete, repeat ordered","normal")

Add to Hx Continue to A&P Accept Cancel

Nervous and Auditory

- Carpal tunnel syndrome Change Dx Resolve

Musculoskeletal and Integument

- Arthritis rheumatoid Change Dx Resolve
- Prognosis Change Dx Resolve

# 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 JOHNS HOPKINS MEDICINE

- 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



Hyperspace - BMC LABOR AND DELIVERY - Production - JILL E.

Epic Dragon Learning Home Schedule In Basket Queries Pregnancy Wheel Telephone Call Encounter Orders Only Remind Me Start OBIX Patient Lookup Mark Patients For Merge Patient Lists C-S Sched OR Schedule Status Board EpicCare Search

Allergies: No Known All...  
Code: CPR - Full Code  
MOLST: None  
Adv.Dir: TBD  
HCA: None

MyChart: Active  
FYI: Clinical  
Primary Ins.: CAR...  
OB Sticky Note:  
Feeding choice: Br...  
Refresh: Living Status: None

Notes ACP Incomplete  
No notes to display. All loaded.  
Author Name

Summary

Chart Review

Care Everywh...

History

Notes

Orders

Delivery Sum...

Discharge

Pre-op + Cons...

Post-op Disch...

Order Review

Customize

More

Summary Edit Note

### My Note

Type: Procedures Service: Obstetrics Date of Service: 12/15/2018 11:51 AM  
 Cosign Required

Please choose the associated orders:

Date/Time	Order Name	Provider	Specialty	Status
<input type="checkbox"/> 12/14/18 2022	Peripheral IV Catheter, Insert	Melissa H Pritchard,...		Sent
<input type="checkbox"/> 12/14/18 2022	General Oxygen - Adult	Melissa H Pritchard,...		Sent

Procedure Name: 1 Add to History

Pre-procedure Diagnoses: 1 Post-procedure Diagnoses: 1

Post-procedure Diagnoses

Insert SmartText

Pend Share Sign Cancel

# 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

Hyperspace - BMC LABOR AND DELIVERY - Production - JILL E.

Epic | Dragon | Learning | Home | Schedule | In Basket | Queries | Pregnancy Wheel | Telephone Call | Encounter | Orders Only | Remind Me | Start OBIX | Patient Lookup | Mark Patients For Merge | Patient Lists | C-S Sched | OR Schedule | Status Board

All... Code: CPR - Full Code  
MOLST: None  
Adv. Dir: TBD  
HCA: None

MyChart: Active  
FYI: Clinical  
Primary Ins.: CAR...  
OB Sticky Note: [X]  
Feeding choice: N...

Refresh: [Refresh Icon] Living Status: None

Current Pregnancy G1P1001 38w3d

- ← →
- Snapshot
- Chart Review
- Care Everywh...
- CRISP
- Results Review
- Archive Review
- Report Viewer
- Allergies
- History
- Problem List
- Medications
- Immunizations
- Implants
- Health Mainte...
- Synopsis
- Flowsheets
- Demographics
- Letters
- Communicatio...
- PDMP Review
- FYI
- Encounter
- Customize
- More

### Report Viewer

Report History | View pane 1 | View pane 2 | Split Up/Down | Split Left/Right | Detach Window

12/13/2018 LQ Delivery Note McMahon, Meghan, MD

Placenta Comments:

Episiotomy, repair:	None
Perineal Laceration, repair	None
Periurethral Laceration, repair	none
Labial laceration, Repair	none
Sulcus laceration, Repair	left
Vaginal laceration, Repair	No
Cervical laceration, Repair	No
Inspections completed	Vaginal
Blood loss (ml):	

Specimens: none  
Complications: none  
Condition: stable

Repair Comments: Left sulcal tear, deep with evidence of presacral fat. Repaired in three layers with good hemostasis.

Delivery Comments: 25 y.o. P0 at 38w3d who presented for induction of labor for gestational HTN. The initial exam was 1/50/-2. Patient was GBS negative. An epidural was placed for pain control. For her induction she received a foley bulb, misoprostol, and IV pitocin. An amniotomy with clear fluid. She progressed spontaneously to fully dilated. She pushed well to deliver the fetal head in the ROA position with compound presentation of right arm. Nuchal cord was present but delivered through The rest of the body delivered easily. The infant was immediately placed on mother's chest for skin to skin. Delayed cord clamping was preformed for 60 seconds. The Apgars were 9 and 9 at one and five minutes, respectively. The cord was clamped and cut. The placenta delivered intact and easily via Brandt maneuver. IV postpartum pitocin was initiated. She had

examined and small 3x3cm area was absent but removed on subsequent manual extraction. US was preformed afterwards and thin stripe was visualized. Uterine fundus was subsequently firm. Mirena IUD was placed under ultrasound guidance. Lot# TU021AE Exp 04/2021.

sulcal laceration was noted. It was repaired in three layers with 2-0 Vicryl with good hemostasis. EBL: 400. The patient was taken out of the lithotomy position and left in stable condition in the care of nursing staff.

Patient Active Problem List

Diagnosis	Code
• Myonia bilateral	H52.13

### Snapshot

← Snapshot with Recent Vi | Snapshot with Recent Visits

# Delivery summary: Procedures

Hyperpace - BVBMIC - Production - JILL E.

Home Schedule In Basket Queries Pregnancy Wheel Telephone Call Encounter Orders Only Remind Me Patient Lookup OBX v8 Mark Patients For Merge Patient Lists OR Schedule Orders for Admission Prep for Case Status Board Personal

### Delivery Summary

Summary | New Baby | Link Baby | C-Section | QBL Calculator | Delivery Note

Patient: Hernandez-Figueroa, BB-Yeiry | MRN: BV02336128 | Sex: Male | Time of Birth: 08:24:00 AM | Open Chart | Admit

Labor Events | Labor Event Times | Anesthesia | Operative Delivery | Shoulder Dystocia | Presentation | Newborn Delivery | Delivery Personnel | Cord | Placenta | Neonatal Resuscit... | Apgars | Skin to Skin | Measurements | Lacerations | Blood Loss | Procedures | Prov Birth Cert | Labor Length

#### Blood Loss

Blood Loss ————— Mother: Hernandez-Figueroa, Yeiry #BV01732969

Start of Mother's Information

IO Blood Loss		12/09/19 2024 - 12/10/19 1127
Mom's I/O Activity		
Estimated Blood Loss	Hospital Encounter	100
Total		100

End of Mother's Information ————— Mother: Hernandez-Figueroa, Yeiry #BV01732969

#### Procedures

Procedures:

None	Total Abdominal Hysterectomy	Vaginal Hysterectomy	Right Salpingo-Oophorectomy	Left Salpingo-Oophorectomy
Bilateral Salpingo-Oophorectomy	Right Tubal Ligation	Left Tubal Ligation	Bilateral Tubal Ligation	Curettage After Placenta Removal
Herniorrhaphy	Fibroid Removal	B-Lynch Suture	Other-see note	

Restore Close Previous Next

#### Provider Birth Cert

Birth Certificate Information

Risk factors in the pregnancy

Diabetes (pregestational)	Diabetes (gestational)	Hypertension (pregestational)	Hypertension (gestational)	Eclampsia	Previous preterm live births	Previous Cesarean Section
None of the above						

# of Previous Cesarean Sections

Infections present/treated during pregnancy

Gonorrhea	Syphilis	Chlamydia	Hepatitis B	Hepatitis C	None of the above
-----------	----------	-----------	-------------	-------------	-------------------

Obstetric procedures

External cephalic version successful	External cephalic version failed	NA
--------------------------------------	----------------------------------	----

Maternal morbidity

Maternal transfusion	Perineal laceration (3rd or 4th degree)	Ruptured uterus	Unplanned hysterectomy	Admission to ICU	None of the above
----------------------	---	-----------------	------------------------	------------------	-------------------

Infant Congenital Anomalies

Anencephaly	Meningocele (spina bifida)	Cyanotic congenital heart disease	Congenital diaphragmatic hernia
Omphalocele	Gastrochisis	Microcephaly	Limb reduction
Cleft lip with or without cleft palate	Cleft palate alone	Down Syndrome, Karyotype confirmed	Down Syndrome, Karyotype pending
Suspected chromosomal disorder, Karyotype confirmed	Suspected chromosomal disorder, Karyotype pending	Hypopspadias	None of the above

Epidural for labor only? Yes No

Antibiotics during labor? Yes No

#### Labor Length

1st stage: [ ] h [ ] m 2nd stage: 0 [ ] h 9 [ ] m 3rd stage: [ ] h [ ] m

Save Now | Opened for addendum by Laura Lewis, RN on 12/10/19 0833 | Sign

# Documentation on problem list



Hyperspace - BMC LABOR AND DELIVERY - Production - JILL E.

Workbench

Care Team: Pindell, Omega M  
 BMI: 31.75 kg/m<sup>2</sup>  
 Allergies: No Known All...  
 Code: CPR - Full Code  
 MOLST: None  
 Adv. Dir: TBD  
 HCA: None

MyChart: Active  
 FYI: Clinical  
 Primary Ins.: CAR...  
 OB Sticky Note:  
 Feeding choice: N...

Refresh: Living Status: None

Current Pregnancy G1P1001 38w3d

## Problem List

Search for new problem

Show:  Past Problems

Sort Priority Updated

**New Problem**

Problem:

Display:

Priority:  Noted:   Chronic

Class:  Resolved:   Share with patient

Episodes:

Linked	Name	Type	Noted	Status	Comment
<input type="checkbox"/>	Pregnancy 2018	PREGNANCY	5/14/2018		

Complication of:

Linked	Name	Date	Provider	Type
<input type="checkbox"/>	LABOR ANALGESIA	12/12/2018	Truc-Anh Thanh Nguyen,	Surgery

More Admissions

Overview:

**Immediate PP Mirena placed 12/13/18, Lot# TU021AE Exp 04/2021.**

Z97.5  
 - IUD in place  
 - Presence of subdermal  
 contraceptive implant



# 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

## 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)
- › **Skylla® IUD** (13.5 mg levonorgestrel-releasing intrauterine system)
- › **Paragard® 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!)

**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 potential barriers to attending their postpartum placement including that 40-60% of women have transportation issues, lack of insurance status, do not attend their 6-week visit limiting their ability to return to the hospital, increasing the risk of short-interval pregnancy. At our hospitals, our patients will not have to return for a postpartum visit if they choose the LARC.

In 2015, Illinois unbundled payment for the LARC allowing for a separate reimbursement in addition to Delivery. We have created a system that allows us to provide LARCs to our patients post-delivery. Attached flyer for information regarding the appropriate LARC for your patient.

We know that we cannot achieve lasting results without participating in a state wide quality initiative with the Illinois Perinatal Collaborative (ILPQC) to improve access to high quality care in the immediate postpartum period at our hospital. We are participating in a statewide IPLARC initiative. The data will include tracking the percentage of women with documented counseling including the option of IPLARC. We will track the percentage of patients with comprehensive contraceptive counseling documented during outpatient prenatal care and during delivery. Working together, we can improve access to effective contraception for our patients, help reduce short interval and unintended pregnancy fetal outcomes. Should you have any questions please contact our IPLARC team.

All the best,



# Draft IPLARC announcement available to personalize and use!

## IMMEDIATE POSTPARTUM LARC IS NOW LIVE!

**WHAT**  
Nexplanons  
Mirenas

**WHEN**  
**Monday**  
**March 4<sup>th</sup>, 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**  
LARCs are now unbundled from the global delivery fee and can be billed through hospital billing/coding system similar to other services provided



## 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



# CONTRACEPTIVE COUNSELING MODEL

## A 5-Step *client-centered* Approach

<b>1</b>	<b>Identify</b> the client's pregnancy intentions	<ul style="list-style-type: none"> <li>• Do you want to be pregnant in the next 3 months or have a baby in the next year?</li> </ul>	KEY QUESTIONS & ACTIONS
<b>2</b>	<b>Explore</b> pregnancy intentions & birth control experiences and preferences	<ul style="list-style-type: none"> <li>• What would be hard about having a baby now?</li> <li>• Why is now a good time for you to have a baby?</li> <li>• What experience have you had with birth control?</li> <li>• What is important to you in a birth control method?</li> <li>• What does your mom/boyfriend/friends think about you using birth control?</li> </ul>	
<b>3</b>	<b>Assist</b> with selection of a birth control method	<ul style="list-style-type: none"> <li>• If it's ok with you, I'd like to review the birth control methods that are available to make sure you have all the information you need to make a decision that is right for you.</li> </ul>	
<b>4</b>	<b>Review</b> method use and understanding	<ul style="list-style-type: none"> <li>• How are you feeling about your decision?</li> <li>• What other questions or concerns do you have?</li> <li>• Let's develop a follow-up plan in case you experience side effects.</li> </ul>	
<b>5</b>	<b>Provide</b> birth control that same day	<ul style="list-style-type: none"> <li>• You will see the clinician next who will take a medical history and make sure the method you chose is a safe option for you.</li> <li>• Would you like EC or condoms before you leave today?</li> </ul>	

Developed by CAI

# Comprehensive Counseling Resources

## Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality for Mothers and Babies

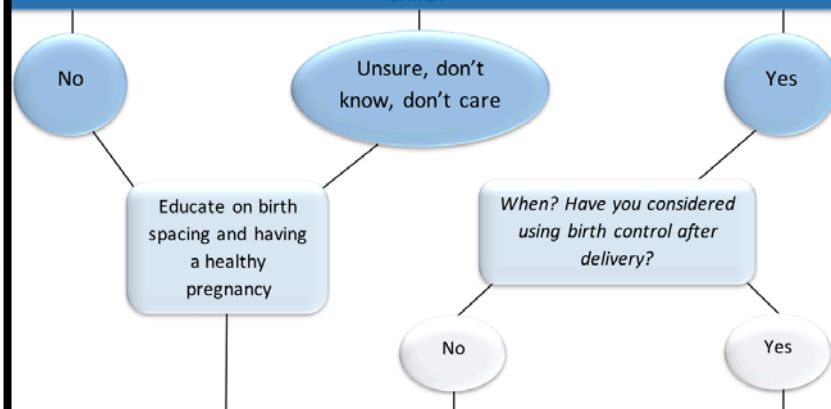
## ACCESS LARC

INCREASING ACCESS TO IMMEDIATE POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION

### Chapter Six: Patient Education and Counseling

**SAY:** We recommend moms wait at least 18 months before getting pregnant again after delivery. This is best for the healthiest mom and baby.

**ASK:** Have you thought about if and when you would like to have another child?



## LARC Insertion: Contraceptive Counseling with Shared Decision Making Framework

from ACOG

### LARC INSERTION: Contraceptive Counseling with Shared Decision Making Framework

07:11

# 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 routine 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.



## 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



# 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 unprotected 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



### 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

<i>Define</i>	6/2019
<i>Measure</i>	8/2019
<i>Analyze</i>	7/2019-2/2020
<i>Improve</i>	3/2020
<i>Control</i>	6/2020

#### Team

**Executive Sponsor:** Angie Black

**Process Owner:** Lisa Sullivan

**Clinical Sponsor:** Dr. Mark Gapinski

**Performance Improvement Leader:** Maggie Colliander

**Sponsor:** Lisa Sullivan, Evangeline Burns

**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



# Project Charter

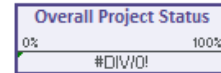
- Describes the Problem Statement, Project Goal and Scope
- Defines both Outcome and Process Measures
- Key Milestones with target dates using DMAIC methodology
- Lists Team members and responsible parties
- Helps keep team on task and defines the nature and scope of the project

# First Steps

Develop a Project Plan so we can stay on track!



Last Updated 12/9/2019



## Immediate Postpartum Long Acting Reversible Contraception

ID #	Action/Milestone	Notes	Start Date	Due Date	Owner	Status
1.0	<b>Establish project core</b>					
	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 implants placed for the month - Random sample of 10 deliveries - # of comprehensive contraceptive counseling documented prenatally - # counseling documented on delivery admission					
2.0	<b>EMR/IT systems in place for IPLARC tracking</b>					
	Order set for LARC					
	Physician smart phrase for LARC					
	Establish/test billing and coding mechanism					
	Create pharmacy capacity					
	Stock IPLARC devices					
	Report for contraception counseling and LARC tracking					
3.0	<b>Education Plan</b>					
	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	<b>Units ready for IPLARC</b>					
	Establish protocols					
	Establish consent process					
	Ensure supplies and kits available on units					
5.0	<b>Contraception counseling</b>					
	Educate clinicians on contraception counseling					
	Develop smart phrase for prenatal and admission					
	Provide prenatal sites and inpatient standard patient education					
6.0	<b>Patient Education</b>					
	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

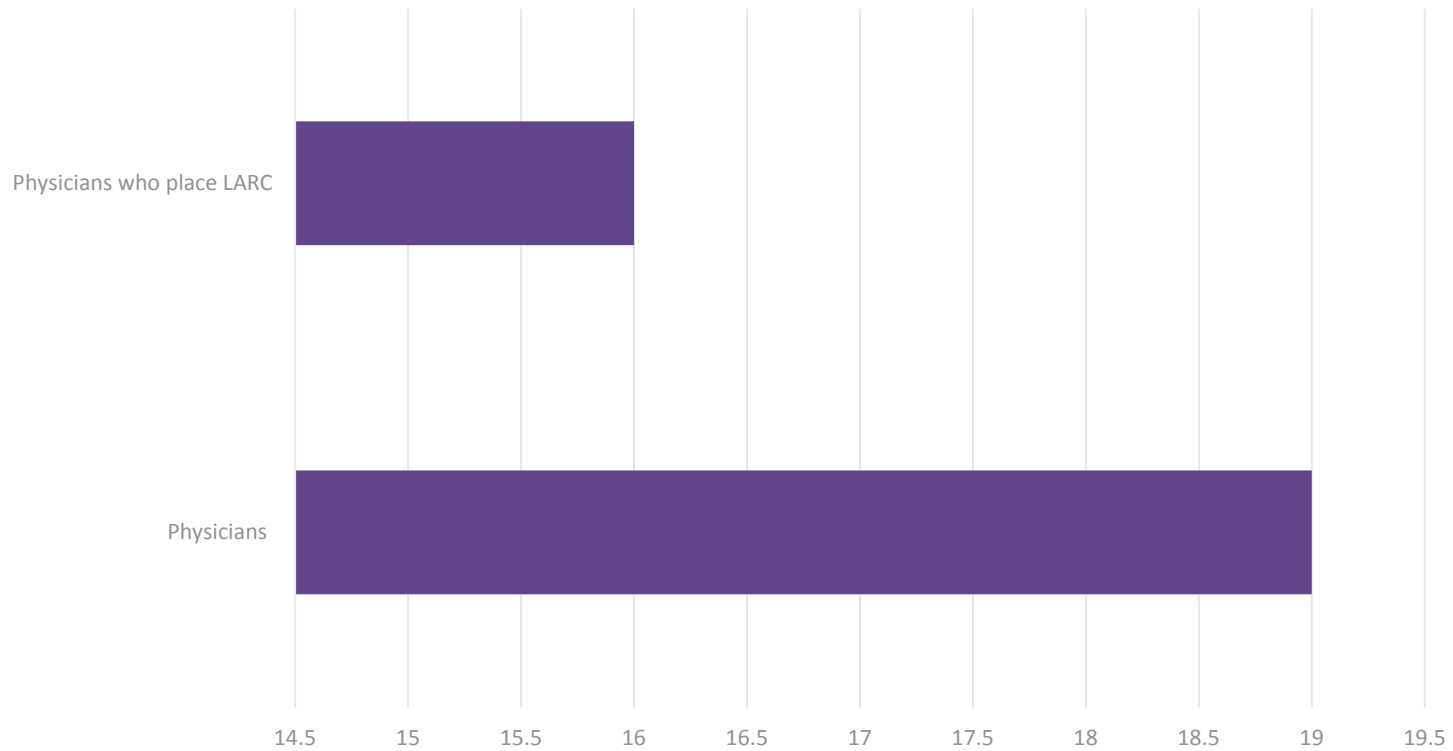
Prior to d/c on delivery admission

Postpartum off visit

# Results

Providers surveyed

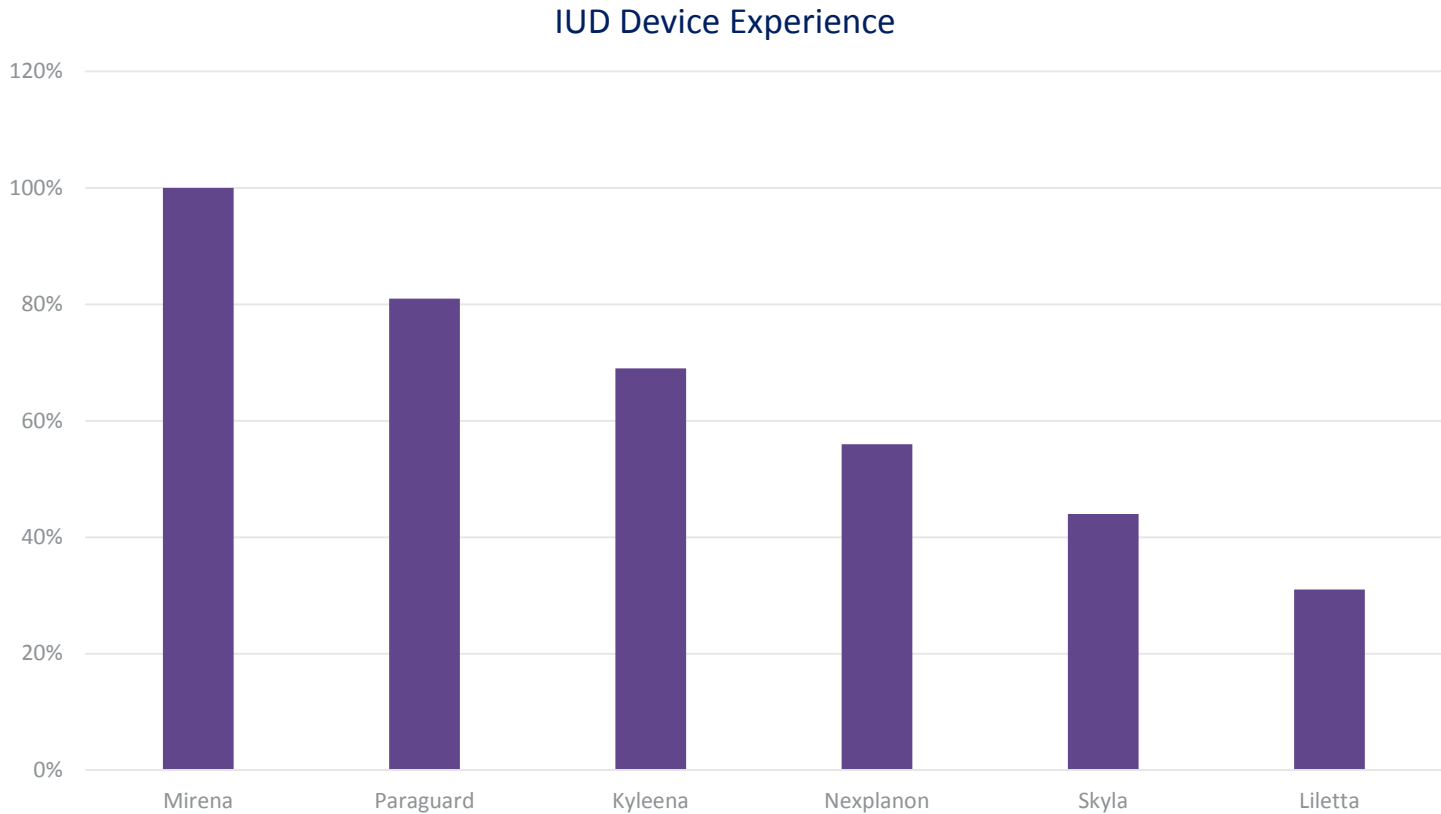
### Placement Experience





# Results

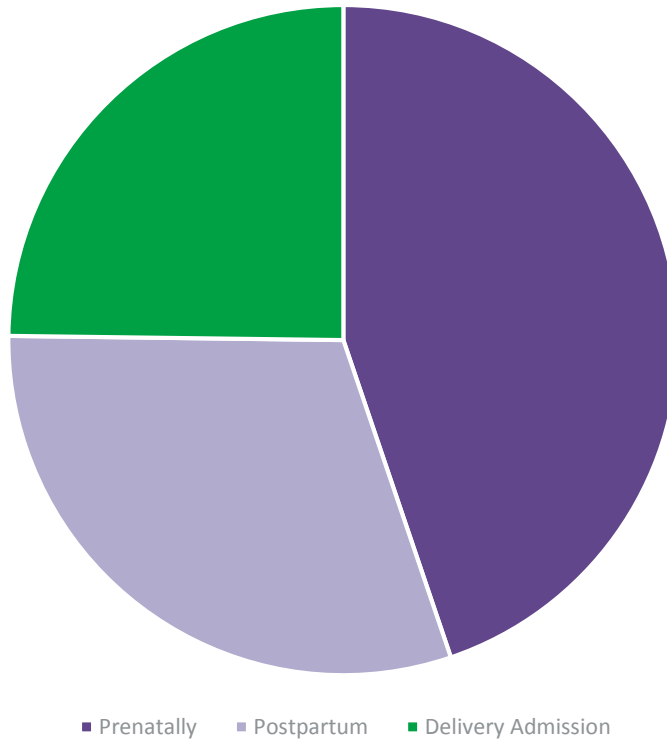
## Device Experience



# Results

When are patients being counseled?

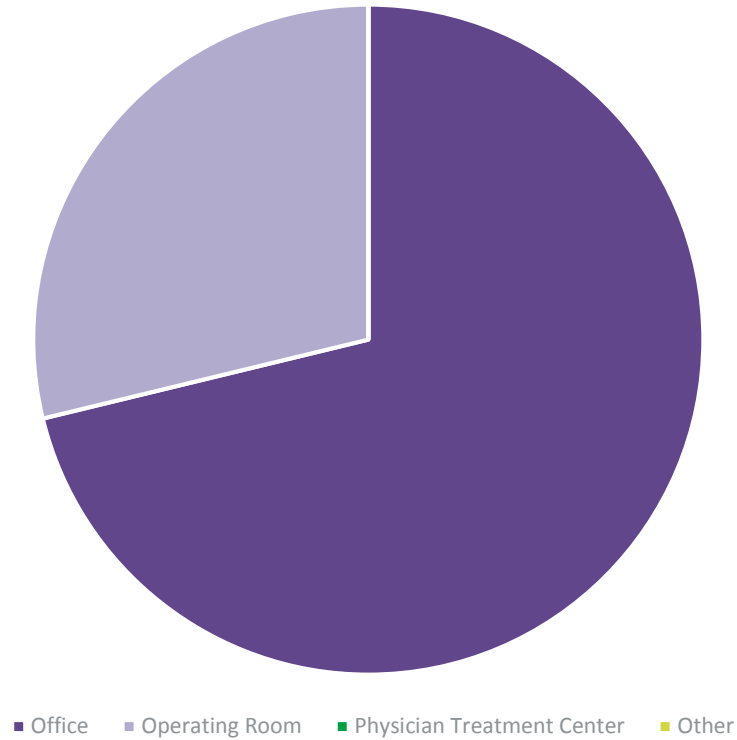
LARC Counseling timing



# Results

Where they prefer to place LARC

Device Placement Location



## 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**

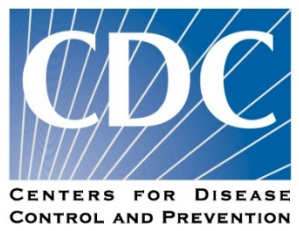
<b>Date</b>	<b>Topic</b>
<b>January 20</b>	CANCELED due to MLK Holiday
<b>February 17</b>	Round Robin with Wave 2 Teams
<b>March 16</b>	Comprehensive Contraceptive Counseling
<b>April 20</b>	Preparing to GO LIVE
<b>May 20</b>	ILPQC Face-to-Face Meeting, Springfield, IL
<b>June 22</b>	Wave 2 Sustainability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



**JB & MK PRITZKER**  

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**Family Foundation**

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