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| ILPQC IPLARC Data Collection Form |
| **Question** | **Answers/Format** |
| 1. For which month are you reporting? [month]
 | Month/year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Structure Measures  |
| 1. What stakeholders do you have on your hospital QI team to date? *(check all that apply)*
 | 1. Administration
2. MCO Liaison
3. Pharmacy
4. Billing
5. Nursing
6. Lactation consultant
7. OB provider champion
8. EMR/IT
9. Ambulatory prenatal care site liaison
10. Social Work
11. Other: \_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Hospital has IPLARC devices stocked in the inpatient inventory** |
| 1. Are inpatient **IUDs** available on your hospital formulary?
 | 1. Have not started
2. Working on it
3. In place (one or more IUDs are available) *(check all that apply)*
	1. Mirena
	2. Lilleta
	3. Skyla
	4. Kyleena
	5. Paraguard
	6. Other:\_\_\_\_\_\_
 |
| 1. Are inpatient **implants** available on your hospital formulary?
 | 1. Have not started
2. Working on it
3. In place
 |
| 1. Are inpatient LARC devices (with needed supplies) available on labor and delivery and/or on the postpartum unit?
 | 1. Have not started
2. Working on it
3. In place
 |
| 5a. What inpatient LARC devices are available  on labor and delivery or the postpartum  unit?  | 1. IUD
2. Implant
3. Both
 |
| **Hospital has IPLARC protocols in place for labor and delivery and postpartum units** |
| 1. Do you have immediate postpartum protocols and process flows in place for **IUDs**?
 | 1. Have not started
2. Working on it
3. In place
 |
| 1. Which departments have implemented a protocol to support immediate postpartum placement of **IUDs**?(*check all that apply*) (Check both "L&D" and "Postpartum unit" if hospital has combined L&D/postpartum unit.)
 | 1. L&D
2. Postpartum unit
3. OB OR
4. Pharmacy
5. Billing
6. Other: \_\_\_\_\_\_\_\_\_\_\_\_
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| **Question** | **Answers/Format** |
| 1. Do you have immediate postpartum protocols and process flows in place for **implants**?
 | 1. Have not started
2. Working on it
3. In place
 |
| 1. Which departments have implemented a protocol to support immediate postpartum placement of **implants**?(*check all that apply*) (Check both "L&D" and "Postpartum unit" if hospital has combined L&D/postpartum unit.)
 | 1. L&D
2. Postpartum unit
3. OB OR
4. Pharmacy
5. Billing
6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Hospital has coding/billing strategies in place for reimbursement for IPLARC** |
| 1. If your hospital carries LARC devices, does your hospital use 340B purchasing for LARC devices?
 | 1. Hospital is not eligible for/doesn’t participate in 340B
2. Eligible, not yet participating
3. Eligible, participating
4. Do not know
 |
| 1. Have you implemented billing codes for **IUDs**?
 | 1. Haven’t started
2. Working on it
3. In place
 |
| 1. Have you implemented billing codes for **implants**?
 | 1. Haven’t started
2. Working on it
3. In place
 |
| 1. *If billing codes are implemented for IUD, implant, or both,* with which payers do you have billing strategies in place?
 | 1. Traditional Medicaid/Medicaid FFS
2. Medicaid MCOs
3. Private insurers (please specify, *check all that apply*)
	1. Aetna
	2. Ambetter
	3. Assurant Health
	4. BCBS of IL
	5. Coventry
	6. Harken Health
	7. Humana
	8. United Health
	9. Other: \_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Has your hospital billed for the devices you placed?
 | 1. Yes
2. No
3. Not yet placed any devices
 |
| 1. Have you received reimbursement for the devices that you placed? *(check all that apply)*
 | 1. Yes, traditional Medicaid/Medicaid FFS
2. Yes, from MCO(s)
	1. Yes, from at least 1 Medicaid MCO
	2. Yes, from all Medicaid MCOs with whom the hospital contracts
	3. Yes, from all Medicaid MCOs, even those with whom the hospital does not contract
3. Yes, from private payer(s)
	1. Yes, from at least 1 private payers
	2. Yes, from all private payers with whom the hospital contracts
4. No
5. Not yet placed any devices
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| **Question** | **Answers/Format** |
| **Hospital can document IPLARC placement in IT/EMR systems.** |
| 1. Does your hospital have IT /EMR revisions implemented for tracking and documentation of immediate postpartum placement of **IUDs**?
 | 1. Have not started
2. Working on it
3. In place
 |
| 16a. If “in place,” where does **IUD**  documentation occur? *(check all that*  *apply)* | 1. Delivery template – Providers
2. Delivery template – nurses
3. Separate EMR form – providers
4. Separate EMR form – nurses
5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. If “In place,” which IT / EMR revisions have been completed to assure adequate tracking, and documentation for **IUDs** *(check all that apply)*
 | 1. EMR for consent
2. EMR for contraceptive choice counseling, including IPLARC
3. Order sets
4. Pharmacy system (acquisition and stocking)
5. Billing system
6. Tracking tools
7. Other: \_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Does your hospital have IT /EMR revisions implemented for tracking and documentation of immediate postpartum placement of **implants**?
 | 1. Have not started
2. Working on it
3. In place
 |
| 18a. If “in place,” where does **implant**  documentation occur? *(check all that*  *apply)* | 1. Delivery template – Providers
2. Delivery template – nurses
3. Separate EMR form – providers
4. Separate EMR form – nurses
5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. If “in place,” which IT / EMR revisions have been completed to assure adequate tracking, and documentation for **implants**?*(check all that apply)*
 | 1. EMR for consent
2. EMR for contraceptive choice counseling, including IPLARC
3. Order sets
4. Pharmacy system (acquisition and stocking)
5. Billing system
6. Tracking tools
7. Other: \_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Hospitals have provided education materials for affiliated prenatal care sites and to patients at their hospital during delivery admission** |
| 1. Number of affiliated prenatal care sites
 | Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you provided patient education materials and counseling protocols and process flow for affiliated prenatal care sites regarding IPLARC, including all contraception options?
 | 1. Yes, one or more
2. Yes, all
3. No
 |
| 21a. If yes, one or more, please specify the  number of affiliated prenatal care  centers to whom you’ve provided  materials | Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Example 1: If your hospital has 102 births in a month, then divide 102 by 10=10.2 and you will select every 10th birth for that month. Example 2: If your hospital has 28 births in a month, then 28 divided by 10 is 2.8 and you will select every 2nd birth for that month. Review this random sample of charts and record the number of charts (0-10) with the information documented: | #\_\_\_ How many patients out of 10 reviewed had contraceptive counseling, including IPLARC, documented in the medical record during prenatal care?#\_\_\_ Of patients who did not have contraceptive counseling documented, how many did not have prenatal care?#\_\_\_ Of patients who did not have contraceptive counseling documented, how many had prenatal care, but did not have a prenatal record?#\_\_\_\_ How many patients out of 10 reviewed had contraceptive counseling, including IPLARC, documented in the medical record during delivery admission? |