

ILPQC Immediate Postpartum LARC Initiative: Sustainability Plan

Compliance Monitoring

1. Comprehensive contraceptive counseling including IPLARC – prenatal (80% goal)
2. Comprehensive contraceptive counseling including IPLARC – delivery admission (80% goal)
3. Ensure patients who desire IPLARC receive it

How will measures be collected? _____

Will you continue to track IPLARC data using the ILPQC Data System? Yes No

Team member(s) in charge of reporting in REDCap: _____

How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance benchmarks on measures are not achieved?: Weekly Monthly Quarterly Other

New Hire Education for all new hires

What education tool(s) will you use for new hires?

Training (train-the-trainer model) ILPQC Grand Rounds Slide Set ILPQC IPLARC Toolkit Binder

Other: _____

How will you incorporate Immediate Postpartum LARC education including comprehensive contraception counseling that includes IPLARC and IPLARC placement for providers and IPLARC counseling, protocols and process flow for all nurses into new hire training/onboarding? _____

Ongoing Education for all providers and nurses

What education tool(s) will you use for ongoing education for providers and nurses?

Protocols Grand Rounds ACOG District II online modules Mama-U postpartum uterus model

Other: _____

How will you incorporate IPLARC education into ongoing provider/staff education including comprehensive contraception counseling that includes IPLARC, IPLARC placement for providers, and IPLARC counseling, protocols and process flow for all nurses? _____

Monitoring Billing/Reimbursement

What is your system for monitoring payment of IPLARC claims? _____

If you do have an issue with a Medicaid/MCO claim, how will you troubleshoot the issue?

Report the issue through the [Medicaid portal](#) Reach out to ILPQC [ILPQC Billing/Coding Checklist](#)

What is your timeline to amend private payer contracts to include inpatient LARC reimbursement? _____

Nursing Champion(s): _____ Provider Champion(s): _____

Drafted Date: _____ Quarterly Review Dates: _____

Hospital Name: _____