IPLARC Monthly Teams Webinar:
Communicating launch of IPLARC strategies to roll out GO LIVE dates with affiliated outpatient prenatal care offices and clinics

March 18, 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

Add to calendar by clicking either of these options

Call-in info

Can't join the meeting?
Call Overview

• Progress Towards GO LIVE and Review of Data
• Importance of Comprehensive Contraceptive Counseling
• Making Systems Change Last
• Missy Kottke, MD, MPH, MBA, Georgia PQC – Communicating Launch of IPLARC
• Team Talk – Stroger Hospital
• 2019 Face-to-Face Meeting
• Next Steps
PROGRESS TOWARD GO LIVE AND REVIEW OF DATA
## Aims and Measures

### Overall Initiative Aim

Within 9 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARCs.

### Structure Measures

- IT/EMR systems that allow for documentation of IPLARC placement for tracking, and documentation
- Coding / billing strategies in place for reimbursement for IPLARC
- IPLARC devices stocked in the inpatient pharmacy
- IPLARC protocols in place for labor and delivery and postpartum units
- Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC
- Communicated launch of IPLARC availability during delivery admission with affiliated prenatal care site and provided sites with provider/staff and patient education materials for contraceptive options counseling, including IPLARC

### Process Measure

Educated all participating providers/nurses on benefits of IPLARC, protocols, counseling & IPLARC placement

### Outcome Measure, among participating hospitals

Provide and document comprehensive contraceptive counseling, including IPLARC, during prenatal care and delivery admission

By increasing access to IPLARC, increase in utilization of IPLARC

*Go Live* date is March 2019 for Wave 1 teams!
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).
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, with documentation of counseling.

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.
# Wave 1 Hospital GO LIVE Status

<table>
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<tr>
<th>Hospital</th>
<th>GO LIVE Status</th>
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<tr>
<td>Advocate Christ</td>
<td>GO LIVE on track – April 2019</td>
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<td>Advocate Illinois Masonic</td>
<td>LIVE</td>
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<td>Advocate Lutheran General</td>
<td>GO LIVE on track – April 2019</td>
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<td>Carle Foundation Hospital</td>
<td>LIVE – 1/2/19</td>
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<td>Memorial Hospital Carbondale</td>
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<td>Memorial Medical Center</td>
<td>LIVE – 3/1/19</td>
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<td>NorthShore University HealthSystem</td>
<td>LIVE – 11/26/18</td>
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<td>Northwestern Memorial Hospital</td>
<td>LIVE – 3/1/19</td>
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<tr>
<td>Norwegian American Hospital</td>
<td>LIVE – 12/17/18</td>
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<tr>
<td>Rush Copley</td>
<td>Tentative GO LIVE – March 2019</td>
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<tr>
<td>Stroger</td>
<td>LIVE</td>
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<td>Swedish Covenant Hospital</td>
<td>LIVE w/ IUDs (Feb) &amp; implants (Mar)</td>
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<tr>
<td>Vista Medical Center</td>
<td>LIVE – 1/5/19</td>
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<tr>
<td>University of Chicago</td>
<td>LIVE w/ implants. Live w/ IUDs 2/4/19</td>
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<tr>
<td>UI Health</td>
<td>LIVE w/ IUDs. Live w/ implants 2/19/19</td>
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By March 2019, ≥75% of participating hospitals will be providing immediate postpartum LARCs.
# IPLARC Data Entry Status

<table>
<thead>
<tr>
<th>Month</th>
<th># Teams Entering Data</th>
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<tbody>
<tr>
<td>April 2018</td>
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<td>May 2018</td>
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<td>December 2018</td>
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<td>January 2019</td>
<td>11</td>
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<tr>
<td>February 2019</td>
<td>9</td>
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</table>

Please submit Nov-Feb data by end of March!
Hospitals Providing IPLARC

Percent of Hospitals Providing Any IPLARC

Percent of Hospitals Providing IPLARC broken down by IUDs and Implants
IPLARC on Formulary

Percent of Hospitals with Inpatient **IUDs** Available on Hospital Formulary

Percent of Hospitals with Inpatient **Implants** Available on Hospital Formulary

Great work!

![Graph showing changes in percent of hospitals with inpatient IUDs available on hospital formulary from April 2018 to January 2019.]

![Graph showing changes in percent of hospitals with inpatient implants available on hospital formulary from April 2018 to January 2019.]

- **In Place**
- **Working On It**
- **Have Not Started**
- **Goal**
IPLARC on L&D/Postpartum

Percent of Hospitals with LARC Devices on L&D or Postpartum Unit

[Bar chart showing the percentage of hospitals with LARC devices from April 2018 to January 2019. The chart includes columns for In Place, Working On It, Have Not Started, and Goal.]
IPLARC Protocols in Place

Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for IUDS

Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for Implants
We have resources to support you in standardizing patient education!

- Prenatal provider/outpatient packet
- Toolkit section 9
IPLARC Inpatient Patient Education & Counseling Protocols

Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission

[Graph showing the percent of hospitals meeting the goal over time from April 2018 to January 2019.]
IT/EMR Revisions In Place

Percent of Hospitals with IT/EMR Revisions for Tracking and Documentation of Immediate Postpartum LARC
Provider IPLARC Education

Physician/Midwife Training on IPLARC Evidence, Protocols, Counseling & Placement

Physicians/midwives trained on IPLARC evidence, protocols, counseling
Physicians/Midwives trained on immediate postpartum IUD placement
Physicians/Midwives trained on immediate postpartum implant placement
Staff IPLARC Education

Percent of Nurses, Lactation Consultants, Social Workers Trained on IPLARC Evidence, Protocols, and Counseling

- Nurses Trained
- Lactation Consultants Trained
- Social Workers Trained
- Goal
Comprehensive Contraceptive Counseling

Percent of Charts with Contraceptive Counseling, including IPLARC

- Contraceptive Counseling prenatal
- Contraceptive Counseling L&D
Don’t Forget!

December – February Data Due by the end of March!

This will allow teams and ILPQC to track teams’ progress for GO LIVE goal – March 2019
IMPORTANCE OF COMPREHENSIVE CONTRACEPTIVE COUNSELING DOCUMENTATION
Outpatient Contraception Counseling & Documentation

- **Sustainability depends on comprehensive contraceptive counseling with a contraception plan documented** for ALL PATIENTS regardless of the prenatal care site

- IPLARC should be included as an **option for all patients**

- Contraceptive counseling/plan documentation should be **documented for ALL patients** in both **prenatal care** and **delivery admission records**

- QI Opportunities for your team:
  - **Review your RedCap data** for the 10 random charts to see if contraceptive counseling is performed and documented prenatally
  - Distribute **OB Provider/Outpatient packet**
  - Consider a **PDSA** to improve counseling and documentation
  - Create a **process flow** for LD Admission to include contraceptive counseling
IPLARC OB Provider/Outpatient Packet

- Provider/Outpatient letter announcement
- IPLARC Fact Sheet
- IPLARC ACOG FAQ500
- Comprehensive counselling tool/materials
- Dot phrase/billing for outpatient and inpatient providers
- Strategies for private insurance coverage

IMMEDIATE POSTPARTUM LARC IS NOW LIVE!

WHAT
Nexplanon
Mirena / Paraguard IUD

WHEN
Monday
March 4th, 2019

HOW
- Mirena - order through
  Admission order set
  (Insert your process here)
- Nexplanon - order through
  Post-partum order set
  (Insert your process here)

- Once ordered, devices are now available on L&D and the postpartum unit.
- Insertion kits with all needed supplies are available
  (insert location here).
- 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 patient-centered comprehensive contraceptive counseling including IPI/RHC as an option. See attached counseling materials for patient resources. Document counseling and the postpartum birth control plan for all patients. See attached dot phrase for counseling.

DATA COLLECTION
We will track contraceptive counseling documentation with a monthly random sample of delivery records to review if patients received comprehensive counseling with a postpartum plan documented. For all pregnant patients, please provide appropriate contraceptive option counseling and document. If the patient desires IPI/RHC please include in the problem list.

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

QUESTIONS?
Please feel free to reach out with any questions.
<INSERT@YOUREMAIL.COM>
IPLARC OB Provider / Outpatient Packet

What it contains:

1. **IPLARC OB provider/prenatal letter**
   from ILPQC that can be personalized and signed by your hospital team leads
2. **IPLARC Fact Sheet** created by ILPQC
3. **FYI LARC Flyer** with key information on the importance of this initiative that can be personalized
4. **ACOG “FAQ”** helpful resource to provide patients with accurate evidence based information on LARCS
5. **Patient education resources** to provide to patients
6. **ADD your team’s LD Hospital Admission Contraception Process Flow** to help providers systemize documentation of patient’s contraception plan

Utilizing this tool:

- **Assists with buy-in** from your OB providers/outpatient prenatal sites by providing key information about the initiative
- **Contains a tools your OB providers/prenatal sites will need** to provide comprehensive contraception
- Shares key resources:
  - Billing and coding information
  - **Documentation and counseling information for private insurers**
  - Education resources including handouts to provide to patients regarding frequently asked questions
MAKING SYSTEMS CHANGE LAST
IPLARC QI Opportunity

- Hospital went **LIVE** with IUDs and Nexplanon January 2019
- Team met in February for monthly IPLARC QI Meeting
- Reviewed RedCap data together for areas of improvement
- To ensure the comprehensive counselling was effective, team wanted to know: How many of patients who desired IPLARC actually received it?
- Team decided to facilitate a review of their charts to answer this question
Chart review was performed looking at H&P for desired contraception.

Discovered that IUD was placed for 65% of patients with documented desire.

Discovered that implant was placed for 92% of women with documented desire.

On average 86% of women who did not receive desired IUD or implant had no documented reason or issue specified.

Lessons learned from review:

- A patient was more likely to receive a desired pp implant, then a desired pp IUD.
- Majority of patients had contraception counseling documented in LD H&P, but not prenatally, more likely receive desired LARC if contraception plan documented both prenatal and L&D.

Opportunities:

- Prenatal Contraception Counseling and documentation important!
- Provider documentation:
  - Review current documentation system
  - Process for communicating IPLARC plan to delivery team!
  - Create a system in EMR to document reason/issue if IPLARC not placed
  - Provider/Staff re-education
Sustainable Change

• Is the system working to ensure that women who want IPLARC devices are receiving them?

• Track % of patients receiving contraception counseling including IPLARC, prenatal record and L&D admission
  – Use IPLARC Data Form
  – Random sample of 10 deliveries per month

• Was desired IPLARC received?
  – Item in the inpatient / delivery admit checklist
  – Log of patients with IPLARC placed
  – Replicate/update process for tubal ligations
# Upcoming IPLARC Teams Calls & Training Opportunities

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>April 15</td>
<td>IPLARC Sustainability for Wave 1 teams; Wave 2 Rosters Due</td>
</tr>
<tr>
<td>April 29, 12-2:00pm</td>
<td>Wave 2 launch call</td>
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<tr>
<td>May 29</td>
<td>OB Face-to-Face Meeting, Springfield, IL</td>
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<tr>
<td>May 30</td>
<td>ACOG/ILPQC IPLARC Training, Springfield, IL</td>
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<tr>
<td>June 17, 12-1:30pm</td>
<td>Toolkit overview &amp; first steps for QI work/IPAC</td>
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<tr>
<td>July 15, 12-1:30pm</td>
<td>Billing &amp; coding/IPAC</td>
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<tr>
<td>July 29</td>
<td>ACOG/ILPQC IPLARC Training, Chicago, IL</td>
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<tr>
<td>August 19, 12-1:30pm</td>
<td>Stocking &amp; pharmacy/IPAC</td>
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<tr>
<td>Sept 16, 12-1:30pm</td>
<td>Protocols and checklists/IPAC</td>
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Redefining Postpartum Care

ACOG Committee Opinion #736:

- To **optimize** the health of women and infants, postpartum care should **become an ongoing process**, rather than a single encounter.

- **All women** should ideally have contact with maternal care provider **within the first 3 weeks postpartum**:
  - Blood pressure checks
  - Breastfeeding support
  - Mental health well-being
  - Contraception

- Initial assessment should be followed up with **ongoing care as needed**

- Conclude with a **comprehensive postpartum visit** **NO LATER than 12 after birth**
Improving Postpartum Access to Care (IPAC)

- **Goal:** Improving availability and accessibility of universal early postpartum visits (within 2 weeks postpartum) as an additional maternal health and safety check in the early postpartum period

- Joint Wave 1/Wave 2 IPLARC calls will be 1½ hours, with final ½ hour focusing on outpatient strategies (IPAC)
  - Outpatient strategies: implementing universal early postpartum visit, improving pt navigation to postpartum care, reimbursement for early postpartum visits, optimizing pt centered comprehensive contraceptive counseling documented prenatal care and improve access to LARC at postpartum visits (same day)
Updated Billing Tip Sheet

• We’ve updated guidance for billing/coding and an updated billing tip sheet is available for download.
  – Added ICD-10 PCS codes
  – Added information on filing a claim on the Medicaid MCO portal

• [Click here](#) to download the tip sheet
Communicating launch of IPLARC
Immediate Postpartum LARC Placement—Georgia’s experience
None for this talk
Objectives

- Describe the IPPLARC experience in Georgia
- List at least one challenge encountered and a potential solution
- Describe an approach for patient centered contraceptive counseling
GA Medicaid Bulletin 4/15/14

LARC (IUDs and Implants) devices can be billed and reimbursed outside the DRG for delivery.
Shortly thereafter, my phone rings....
Training approach

- Train providers at six regional perinatal centers
  - Residency Programs
  - Areas of population density
  - Referral areas
  - Engaged the RPC educators

- Team
  - Subject matter expert
  - Care management organization representative
  - Georgia Ob/Gyn Society
Training content

- Georgia’s maternal and child health indicators
- Associations of short interval pregnancies
- Benefits of LARC, in general
- Safety of immediate postpartum placement

Demo and hands on
Addressing concerns

- CMO presentation on coding and billing
- Breastfeeding
- Expulsions
- Strings
- Set the stage for next steps of implementation
- Engaging stakeholders
- Identifying institutional champions
Additional efforts

- Similar trainings in non-RPC settings
  - Trained over 200 clinicians across the state

- Georgia Ob/Gyn Society
  - Newsletter
  - Webinar
  - Annual meeting talk
  - Annual meeting simulation lab

- Care management organizations
  - Donation of pelvic models to residency programs
  - Provider memos faxes, educational series
Additional efforts

- Connected with other state societies
  - Georgia Pharmacy Association
  - Georgia Chapter of the ACNM
  - Georgia Perinatal Association
  - Georgia Academy of Family Physicians

- Department of Public Health
  - Incorporating contraceptive counseling at initial prenatal visit
  - Contraceptive counseling training at annual meeting

- Uncover the “best kept secrets” in Georgia
  - Medicaid family planning waiver
  - Title X
  - DPH clinics
Challenges

- “…but MY patients....”
- “....she really needs this....”
- Offer full range of medically appropriate methods to all

Dehlendorf, 2014
Challenges and strategies

- Smart order sets in EMR
  - L&D admission
  - Outpatient
- Dotphrase for counseling
- Pilot in the playground
  - Documentation
  - Reimbursement
- Trouble shooting with Medicaid
Our institutional utilization

Smith, M. Unpublished
In a small study, collaborating with the Department of Community Health

Postpartum women from Georgia who received IPPLARC and those that did not. Found that women

Were well informed about GA Medicaid reimbursement for IPPLARC

Received enough information to make a decision

Were satisfied with their experiences with LARC

DeSisto, et al; Contraception and Reproductive Medicine, 2018
TEAM TALK
Immediate Post-Partum LARC
Lessons Learnt at Cook County
March 19, 2019
The Team

Ashlesha Patel, MD, MPH
Kelly Stempinsky
Jenna Green
Juan Aparicio, MD, MBE
Status

• Progress:

  • LARC devices (Liletta, Paragard, and Nexplanon) are stocked for L&D/post-partum use—either in the pyxis or in the inpatient pharmacy
  • During his monthly delivery audits, Juan has been tracking contraceptive counseling and PPBC methods chosen before the patient leaves the hospital
  • Data is being entered into REDCap (April 2018-present)
A Challenge

Billing

- No Devices have currently been billed
- Work / Billing flow currently being developed
- Billing is historically difficult at our institution
Success

Institutional buy in

• We have had great leadership buy in to this initiative
  • Hospital, nursing, and departmental leadership
• Have made commitments to this initiative continuing
Deliveries at Stroger Per Month

- Total - All GA
- 20+ weeks GA (As reported to ILPQC)
Immediate Post-Partum LARC Usage Per Month

IUD Usage by Device

IUDs (Liletta and Paragard)  |  Nexplanon

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Liletta  | Paragard

12  | 40
Process Flow Diagram

Antepartum
- Stroger
- Cicero
- Logan Square
- Englewood
- Prieto
- Near South
- Sengstacke
- Austin

Triage

Labor and Delivery

Postpartum Floor

Postpartum Appointment

Review options and check insurance
- Sign device-specific consent.
  - Ensure supplies are available
  - Sign consent, note in EMR
  - Confirm still desires LARC

Routine labor management
- Place implant prior to hospital discharge
- Desires Nexplanon
- Desires IUD

Routine postpartum care
- Place IUD within 10 minutes of placenta delivery

Provide alternative options; Potential for LARC placement at 6 week pp visit at any of these clinics:
- Cicero
- Englewood
- Logan Square
- Near South
- Prieto
- Stroger Title X Family Planning

Referral to Title X Family Planning Clinic for postpartum visit
- Review alternative options; revisit at Postpartum Appointment
- Insurance approved
- Insurance not approved

Counsel all women on immediate postpartum LARC
- Declines immediate PP LARC
- Review options and check insurance

Unable to receive PP LARC
- Routine postpartum care

IUD string seen
- IUD strings not seen

Refer for ultrasound/flat plate
2019 FACE-TO-FACE MEETING
You’re Invited!

2019 OB & Neonatal Face-to-Face Meetings

Nurses, Providers, & Staff
join us for an interactive day of collaborative learning for current ILPQC initiatives!

OB Teams: May 29, 2019
Check-in: 8:00a-9:00a
Meeting: 9:00a-3:30p

Mothers and Newborns affected by Opioids - OB (MNO-OB)
Immediate Postpartum LARC (IPLARC)
Improving Postpartum Access to Care (IPAC)

Neonatal Teams: May 30, 2019
Check-in: 8:00a-9:00a
Meeting: 9:00a-3:30p

Mothers and Newborns affected by Opioids - Neonatal (MNO-Neonatal)

Register now! https://ilpqc.eventbrite.com

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. (08N-001-91)

Abraham Lincoln DoubleTree Hotel,
Springfield, IL

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611
FACE-TO-FACE
REGISTRATION OPEN!

Visit www.ilpqc.eventbrite.com to register today!
Storyboard Template for 2019 Illinois Teams
Storyboard Instructions

- **Storyboards must fit into a space approximately 28 x 40 inches.** It may be created from a collection of letter-sized sheets (print outs of your power point slides or word documents) that are convenient for carrying while traveling. About six 8x10 inch sheets can fit in the available space. Large post-it sheets and tape will be provided at the meeting.

- **Share your story:** about your hospital, about your team, describe your goals for this initiative, include process flow diagram draft, can include any barriers you have identified and opportunities for improvement, describe next steps or action items for your team

- **Keep it simple:** the Storyboard is not meant to be an extremely time-consuming project.

**Display Tips**

- Be creative- there is no wrong way!
- Use fewer words and more pictures and graphics
- Include photos, collages, and illustrations (including a photo of your team)
- Use the largest font size as possible for readability
- Use color to highlight key messages (If you don’t have a color printer, use bright highlighters)
- Clear titles and labels if you use graphs (X and Y axes, dates, brief explanation of what it shows)
Storyboard Instructions: Participating in Multiple Initiatives?

- Your hospitals may be participating in multiple OB & Neonatal initiatives at in 2019. We encourage teams to bring **one OB and one NEO** storyboard addressing the active initiatives they are participating in:

- **OB Teams:**
  - MNO- OB
  - IPLARC Wave 1 or 2

- **Neonatal Teams:**
  - MNO- Neonatal
OB & Neonatal Teams
Shared Content

- Describe your hospital and demographics
- List team members and their roles (add a team photo if available)
- **List identified barriers and strategies for addressing them across initiative**
- Describe any PDSA cycles and their results
Initiative Specific Content

- **MNO-OB:**
  - Process flow for OUD protocol
  - Progress on structure measures and key process measures including MAT at delivery and OUD clinical care checklist in chart

- **MNO-Neo:**
  - Process flow for OEN protocol
  - Progress on structure measures and key process measures including breastfeeding, pharmacologic treatment, and safe discharge

- **IPLARC/IPAC:**
  - Wave 1: Include information about comprehensive contraceptive counselling & documentation (prenatally and on L&D), process flow, and GO LIVE date.
  - WAVE 2/IPAC: Include team goals, next steps, draft process flow, 30-60-90 day plan-where are you starting, what do you want to accomplish next?
### Example: Team participating in 2 initiatives

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>MNO-OB</th>
<th>IPLARC/IPAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Demographics</td>
<td>Identified MNO-OB Team goals and successes</td>
<td>Comprehensive contraceptive counseling documentation</td>
</tr>
<tr>
<td>OB HTN QI Team Composition</td>
<td>30-60-90 Day plan</td>
<td>Process flow</td>
</tr>
<tr>
<td>OB MNO QI Team Composition</td>
<td>Hospital OUD process flow</td>
<td>30-60-90 Day plan</td>
</tr>
<tr>
<td></td>
<td>Identified barriers &amp; strategies to address</td>
<td>Identified barriers &amp; strategies to address</td>
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Sample Layouts

With 4 portrait oriented sheets in the middle panel

With 3 landscape oriented sheets in the middle panel
NEXT STEPS
Next Steps

• Submit outstanding data for Dec-Feb
• Email Danielle your GO LIVE progress
• Register team members for the May 29 Face-to-Face Meeting (physician and nurse champions and others)
• Begin working on storyboards for Face to Face
• Review your data on contraceptive counseling outpatient and inpatient, develop PDSA to improve % IPLARC counseling documented
• Consider review of patients who desire IPLARC vs. patients who received IPLARC and develop small PDSA cycle to improve process
• 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! Let us know when you achieve your GO LIVE goal!
• In 2019 we work on IPLARC sustainability and improving outpatient / postpartum access to care
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org
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