Immediate Postpartum LARC (IPLARC)

Wave 1 Teams

May 14, 2018
2:00 – 3:00 PM
Introductions

- Please enter 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
Overview Launch Call

• Initiative Overview/Recap
• Getting Started
• Tips for Getting Started from Florida
• Team Talks
• Wave I Teams Next Steps
• Upcoming Events
Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)

INITIATIVE OVERVIEW
Immediate Postpartum LARC (IPLARC)

- Grant from Pritzker Family Foundation
- Empower women with information and services to optimize the timing and spacing of their pregnancies to reduce unintended pregnancies linked with adverse MCH outcomes
- Support birthing hospitals that provide contraception at the hospital level to implement best practice protocols
- Hospitals that do not provide contraception can participate with post-delivery outpatient alternative strategies
- Opportunities for ACOG LARC Initiative training
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<td>Develop QI Initiative with Expert Panel</td>
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IPLARC Initiative Goals

- Increase access to IPLARC
- Educate Patients on contraceptive options
- Educate Providers counseling and placement
- Systems Changes to OB Care Process Flow
- Implement IPLARC Protocol
- Simplify IPLARC Billing
- Stock LARC in Pharmacy
### Draft Aims and Measures

#### Overall Initiative Aim

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

#### Structure Measures, ≥75% participating hospitals have:

- 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
- Provided patient education materials for affiliated prenatal care sites for contraceptive options counseling including IPLARC
- Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC

#### Process Measure, ≥75% participating hospitals have:

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

#### Outcome Measure, among participating hospitals:

- By increasing access to IPLARC, increase in utilization of IPLARC by 75%

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*Protocols include the obstetric care process flow of counseling patients, accessing LARC, inserting LARC, and billing for LARC
Expert Advisors

• Expert Panel
  – Melissa Gilliam
  – Lee Hasselbacher
  – Sadia Haider
  – Shannon Lightner
  – Kai Tao
  – Amber Truehart
  – Stephen Locher
  – Shelly Tien

• Clinical leads:
  – Stephen Locher, MFM, Advocate Illinois Masonic Medical Center
  – Shelly Tien, MFM, NorthShore University HealthSystem Evanston Hospital
  – Kai Tao, CNM, Juno4me/AllianceChicago, Erie Family Health Center
### ILPQC IPIARC Data Collection Form

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers/Format</th>
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<tbody>
<tr>
<td><strong>REDCAP Study Identifiers</strong></td>
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</tr>
<tr>
<td>1. Hospital ID Number</td>
<td>3-digit number provided by ILPQC (same across initiatives)</td>
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<td>2. Which month are you reporting for?</td>
<td>Drop down of month/year</td>
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<td><strong>Structure Measures</strong></td>
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<td>3. What stakeholders do you have on your hospital QI team to date</td>
<td>• Administration</td>
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<td>• MCO Liaison</td>
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<td>• Pharmacy</td>
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<td>• Billing</td>
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<td>• Nursing</td>
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<td>• Lactation consultant</td>
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<td>• Antenatal provider champion</td>
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<td>• EMR/IT</td>
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<td>• Ambulatory prenatal care site liaison</td>
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<td>• Other: _____</td>
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<tr>
<td><strong>Hospital has IPIARC devices stocked in the inpatient inventory</strong></td>
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<tr>
<td>4. Which inpatient LARCS are on your hospital formulary?</td>
<td>• IUD</td>
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<td></td>
<td>• Mirena</td>
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<td><strong>Hospital has IPIARC protocols in place for labor and delivery</strong></td>
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<td>and/or the postpartum unit?</td>
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<td>5. Which inpatient LARC devices (with needed supplies) available on L&amp;D and/or postpartum unit?</td>
<td>• IUD</td>
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<td><strong>Hospital has IPIARC protocols in place for labor and delivery</strong></td>
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<td>and postpartum units</td>
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<td>6. Do you have immediate postpartum protocols in place for:</td>
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<td>• L&amp;D</td>
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**Record your comments & questions here**

Feedback?
ILPQC Data System

ILPQC Severe Hypertension Data Form

Record ID: 70
Hospital ID: [Hospital ID]
1. Date of maternal event: [Date]
2. Postpartum: [Yes/No]
3. GA at maternal event: [Weeks]

Applications
- Calendar
- Data Exports, Reports, and Stats
- Data Import Tool
- Field Competition Line

ILPQC Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated within 60 Minutes
Hospital 044 & Selected Comparators, 2016 - 2018

Adapted from CHQCC’s Pennsylvania Diabetes and CHQCC Severe Hypertension Tools
REDCap Access

• Please register team members who will need access to REDCap through the sign up form
• Monthly data entry is planned to start for June
• Baseline data collection will be October – December 2017
Immediate Postpartum Long-Acting Reversible Contraception (IPLARC)

GETTING STARTED
Getting started with IPLARC

• Form your QI team and find a monthly meeting time
• Submit team roster and REDCap Access form for team members if not completed
• Review IPLARC key driver diagram
• Complete baseline survey and identify team goals
• Create a draft 30-60-90 day plan (QI plan for first 3 months)
• Draft a process flow diagram for patients arriving on L&D (steps to counsel and provide IPLARC)
• Plan first PDSA cycle to address 30-60-90 day plan
• Incorporate this work into Team Storyboard for Face to Face meeting on May 30 (goal share your team story and plan)
• Register team for Face to Face Meeting and IPLARC training, Springfield May 30/31.
Baseline Survey
Due Friday, May 18

• Please work together as a team to complete the survey to help your team understand current barriers and opportunities for getting started/progressing with IPLARC implementation
• There are no right answers! It’s ok to start with lots of opportunities for improvement!
• Thanks to teams who have already completed the survey!
• [Survey Link](https://www.surveymonkey.com/r/C3NVPVK)
IPLARC Key Driver Diagram

**Aim**

- EMR/IT systems in place for IPLARC tracking
- Hospitals reimbursed for IPLARC insertion
- LARC devices available on site at the hospital for immediate postpartum insertion
- All OB/postpartum units equipped to provide IPLARC
- Patients aware of IPLARC as a contraceptive option
- Trained clinicians available to provide IPLARC

**Primary Drivers**

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

**Secondary Drivers**

- Create order set for IPLARC
- Educate providers and staff on IPLARC documentation procedures
- Develop billing mechanism in place for Medicaid and private insurance
- Add devices to formulary
- Assure devices/kits available on all OB/postpartum units in timely manner
- Revise policies/procedures to provide IPLARC
- Educate clinicians and staff on the evidence and clinical recommendations of IPLARC
- Educate clinicians and affiliated prenatal care sites on contraceptive choice counseling
- Train clinicians on IPLARC insertion

**Recommended Key Practices**

1. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
2. Assure billings codes are in place and that staff in all necessary departments are educated on correct billing procedures.
3. Have protocols in place for billing in/out of network, public/private insurance
4. Establish communication channel and multidisciplinary support among appropriate departments.
5. Modify L&D, OB OR, postpartum and clinic works flows to include placement of LARC.
6. Store LARC devices on L&D and/or develop process for acquiring devices in a timely manner
7. Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding.
8. Educate clinicians, community partners and nurses on informed consent and shared decision making.
9. Connect with providers and staff at prenatal care sites to ensure they are aware the hospital is providing IPLARC and that education materials are available.
10. Distribute patient education materials that are culturally sensitive and use shared decision making to counsel patients about IPLARC.
11. Participate in hands-on training of IPLARC insertion.

v3 | 4.11.18
30-60-90 Day Plans or “Where should we start” Plan

• What are your goals?
• Where do you want to start?
• What would you like to accomplish in first 3 months of this initiative?
• Include plan for first small test of change (PDSA cycle)
What is a Process Flow Diagram?

- Illustrates all of the activities involved - what really happens – in the OB process flow to provide IPLARC to women who want it immediately after delivery
  - Who is doing each activity, Where, Why, How?
  - The baseline process flow is a starting point for this work in progress document
- Involve everyone in the process to help your team understand
  - What steps are missing?
  - Where repetition is occurring?
  - Are the right people performing the right tasks?
  - What additional information / resources are needed?
Key questions to discuss with your team before getting started:

• What is the process for contraceptive counseling for prenatal patients?
• What is the process for communication with affiliated prenatal care sites regarding IPLARC access?
• What is the process for ensuring LARC devices are available on L&D?
• What is the process for implementing an IPLARC protocol?
Process Flow Diagram Symbols

- Start or End of the process
- Task in the process
- Decision point in the process
Sample Process Flow: Contraceptive Counselling

Comprehensive counselling on contraceptive options

Does patient want IPLARC?

YES

Document in EMR and active ILPARC OB Process Flow

NO

Proceed to IPLARC OB Process Flow

Provide support for selected contraceptive options as needed
Plan-Do-Study-Act (PDSA) Cycle: Building Hospital-Level QI Capacity

**The Model for Improvement**

<table>
<thead>
<tr>
<th>AIM</th>
<th>What are we trying to accomplish?</th>
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<tbody>
<tr>
<td>MEASURES</td>
<td>How will we know that a change is an improvement?</td>
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<tr>
<td>CHANGES</td>
<td>What changes can we make that will result in improvement?</td>
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**Hospital QI Work:**
What changes can you make to your process/system and test with a PDSA cycle to reach initiative goals?

© 2012 Associates in Process Improvement
Sample PDSA: Reimbursement

Your hospital QI team identifies an opportunity to improve reimbursement. Your hospital has recently begun to stock LARCs on L&D and implemented inpatient LARC device billing codes, but you haven’t received payment for your first IPLARC.

For your first test of change, you decide to survey the departments involved in billing and submitting claims in your hospital.
Sample PDSA: Reimbursement

- **Plan:**
  - **Objective:** Receive payment for IPLARC placement
  - **Prediction:** We think that if we survey the departments involved in billing and claims in our hospital we will identify a list or next steps to improve the reimbursement process
  - **5Ws:** Jessie will document the steps used currently for reimbursement in each department involved and identify opportunities for improvement
Sample PDSA: Reimbursement

• **Do:** Jessie schedules brief meetings with a staff in each department to understand how they’ve implemented the new billing process.

• **Study:** Jessie identified that one department did not have education on the new billing process which resulted in incorrect information is on the claim form.

• **Act:** Jessie and her QI team’s billing liaison create a “quick start” guide on the billing process and completing the claims form correctly.
Storyboard Instructions

- At the Face-to-Face Learning Session, use the Storyboard to tell your team’s story descriptively, clearly and creatively – photos, collages and illustrations are welcome.

- There is no wrong way to create a Storyboard so don’t be afraid to be creative. Additionally, be sure to keep it simple; the Storyboard is not meant to be an extremely time-consuming project.

- **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. Ten to twelve sheets can fit in the available space – depending on arrangement. Boards for posting and pushpins will be provided at the Face-to-Face Learning Session.

- **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

Display Tips

- Fewer words: More pictures and graphics
- Real people pictures... At least of your teams
- Font size as big as possible
- Fancy not necessary
- 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?

- Hospitals may be participating in multiple OB & Neonatal initiatives at in 2018. We encourage teams to bring **one OB and one NEO** storyboard addressing the active initiatives they are participating in:

- **OB Teams:**
  - Hypertension Sustainability
  - MNO- OB
  - IP LARC

- **Neonatal Teams:**
  - Golden Hour Sustainability
  - MNO- Neonatal
OB Storyboards Specific Content

- List team members and their roles (add a team photo if available): HTN QI Team, MNO-OB Team, and IP LARC Team

- HTN: Include information about HTN sustainability plan and compliance monitoring

- MNO-OB:
  - Team goals based on Readiness Survey
  - Draft 30-60-90 day plan – where are you starting, what do you want to accomplish next?
  - Draft Process Flow
  - Include any identified barriers / challenges and possible strategies for addressing them

- IPLARC:
  - Include team goals, next steps, draft process flow, 30-60-90 day plan- where are you starting, what do you want to accomplish next?
  - Include any identified barriers and strategies for addressing them
Storyboard Creation: Coordinating Across Teams

- To complete a storyboard from a hospital, the various QI teams will need to communicate to share information (if applicable).
- We understand there might be different OB teams participating on a hospital’s OB QI projects (HTN, MNO, IPLARC) and different Neo teams participating on a hospital’s Neo QI projects (GH, MNO).
  - Example 1: Hospital A’s OB Team has the same Team Lead for Hypertension and MNO
  - Example 2: Hospital B’s OB Team has different Team Leads for Hypertension, MNO, and IPLARC
  - Example 3: Hospital C’s Neo & OB Team has the same Team Lead for MNO
- If your hospital is unsure of who a specific team lead is for a OB or Neo QI project, please reach out to info@ilpqc.org and we’ll share contact information.
Sample Layouts

With 4 portrait oriented sheets in the middle panel

With 3 landscape oriented sheets in the middle panel
Example: OB Team participating in 3 initiatives

- **Hospital Name**
  - Hospital Demographics
  - OB HTN QI Team Composition
  - OB MNO QI Team Composition
  - OB IPLARC QI Team Composition

- **HTN Sustainability**
  - HTN Compliance Monitoring, Data
  - HTN Sustainability Plan
  - Identified barriers & strategies to address

- **IPLARC**
  - IPLARC Team Goals, Next Steps, Draft Process Flow, 30-60-90 Day Plan
  - Identified barriers & strategies to address

- **MNO-OB**
  - Identified MNO-OB Team goals based on readiness survey
  - Draft 30-60-90 Day plan
  - Draft process flow
  - Identified barriers & strategies to address

**PANEL 1**

**PANEL 2**

**PANEL 3**
WAVE 1 TEAMS
Wave 1 Teams

- Advocate Lutheran General
- Carle Foundation Hospital
- Carle Richland Memorial Hospital
- Memorial Medical Center
- Rush Copley
- NorthShore Evanston Hospital
- St. Anthony Hospital
- Advocate Illinois Masonic Medical Center
- Advocate Christ Medical Center*
- University of Chicago Medical Center

- John H. Stroger Jr. Hospital
- Memorial Hospital Carbondale
- University of Illinois Hospital and Health Science System
- Northwestern Prentice Women’s Hospital
- Swedish Covenant Medical Center

*roster needed
Creating your IPLARC Team

• **Required**
  - OB provider champion
  - OB nurse champion
  - Team Lead (can be OB or Nurse champion)

• **Recommended**
  - Outpatient representative*
  - Patient/family member
  - Billing/collections
  - Contracts/MCO liaison
  - IT/EMR
  - Pharmacy
  - Lactation consultant
  - QI professional

*Highly recommended given need to plan IPLARC prenatal education component and outpatient follow up post-delivery.
IPLARC Wave 1 Teams

- If you have not submitted a team roster yet, please do so as soon as possible
- Contact info@ilpqc.com if you need assistance developing your team or submitting your roster
Slides adapted from FPQC

TIPS FOR GETTING STARTED
PRE-IMPLEMENTATION WORK
Recommended Key Practices

Pre-Implementation Phase

1. Assure early multidisciplinary support by educating and identifying key champions in all pertinent departments.
2. Establish clear regular communication channels and processes, assuring that all necessary departments are represented.
3. Establish and test billing codes and processes to assure adequate and timely reimbursement.
4. Expand pharmacy capacity and device distribution to assure timely placement.
Recommended Key Practices

Pre-Implementation Phase

5. Educate clinicians, nurses, pharmacy, and lactation consultants about benefits and clinical recommendations related to IPLARCs.

6. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARCs.

7. Modify L & D, OB OR, postpartum, and clinic work flows to include placement of IPLARC.
## Potential Tool for your Use

### Example of Access LARC Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Person Responsible</th>
<th>Target Date</th>
<th>Progress/Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit champions for multidisciplinary team</td>
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<tr>
<td>Conduct scheduled monthly team meetings</td>
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<tr>
<td>Establish/test billing mechanism</td>
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<td></td>
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<tr>
<td>Create pharmacy capacity</td>
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<tr>
<td>Educate providers/staff on clinical evidence</td>
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<tr>
<td>Develop/revise policies and protocols</td>
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<tr>
<td>Modify IT systems</td>
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<td>Educate providers on insertion</td>
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<tr>
<td>Establish consent process</td>
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<tr>
<td>Develop contraceptive choice counseling</td>
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<tr>
<td>Educate staff on policies, procedures, counseling</td>
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TEAM TALKS
Immediate Postpartum LARC: Pilot Experience at Advocate IMMC
Building Our Team

- Nursing and physician champions
- Residents
- Pharmacy and supply chain
- EMR
- Billing and coding
- Support from outside institutions (protocol, billing)
Process

- Literature and protocol review
- Partnering with pharmacy and supply chain to obtain products
- Drafting and approval of clinical guideline
- Outreach to billing and coding
- Creation of standardized procedure notes in the EMR
- Creation of physical log
- Nurse training
- Grand rounds and dissemination of toolkit (clinical guideline/cheat sheet/practice bulleting)
- Surveillance
A pamphlet was created to give information to your patient before the insertion of the device that can answer questions regarding breast feeding and side effects.

**What about breastfeeding?**

- Immediate postpartum insertion of the Levonorgestrel IUD and the etonogestrel implant have NOT shown to decrease the duration of breastfeeding
- Some women may experience breast tenderness with Levonorgestrel IUD

**INTERESTED?**

**TALK TO YOUR OB PROVIDER ABOUT A LARC BEFORE YOU DELIVER!**

Inserting a long-acting reversible contraception (LARC) prior to discharge from the hospital may help to reduce your risk of unplanned pregnancy.
IMMC Toolkit

Immediate LARC Cheat Sheet

**Nexplanon Insertion**
- MD discuss options, risks and benefits with patient, obtain signed consent
- Have nurse obtain the Nexplanon from supply room and document in log
- Order lidocaine
- Gather supply packet (Anna Dominiski, RN will be point person on MBU)
- Time Out
- MD: Write procedure note
- Bill for insertion only on Alert MD (CPT 11981 Dx code Z30.8)
- Nursing document device in Care Connection
- Secretary bill for Nexplanon

**IUD Insertion**
- MD discuss options, risks and benefits with patient, obtain Signed consent
- Have nurse obtain the desired UID from supply room document in log
- Time Out
- Write procedure note (for vaginal delivery) or use phrase (for cesarean)
- Bill for insertion only on Alert MD (CPT 58300 Dx code Z30.430)
- Nursing document device in Care connection or Surginet
- Nursing add IUD to charge sheet

IMMC Protocol for Immediate Post Partum LARC Insertion

**RATIONALE**

Delay in contraceptive provision until the six week postpartum appointment can leave some women at risk for rapid repeat pregnancy. Data shows that 10-40% of women do not attend the postpartum visit and up to 75% of women who plan to use an IUD during their pregnancy never obtain it postpartum. In addition, about half of women have resumed sexual intercourse before their six week postpartum appointment when ovulation may have already occurred.

Immediate postpartum insertion of an IUD carries an increased risk of expulsion (10-27%). However, given the significant proportion of patients who plan for but never obtain an IUD, the
Key Counseling Points

- **Higher risk of expulsion**—up to 10-27% after a vaginal delivery and 8% after cesarean placement
  - Higher risk with Mirena than Paragard

- Higher chance of non-visualization at postpartum visit or need for **strings** to be shortened

- Appear to have **no effect on lactogenesis** and inability to breastfeed
Immediate IUD Insertion

- Counseling in outpatient setting, consent signed upon admission
- Universal protocol **TIME OUT** completed and documentation
- Insertion will happen **within 10 minutes** of placental expulsion
Nurse will document vaginal insertion of LARC procedure in the “Miscellaneous Procedure” adhoc form.

This includes the Universal Protocol Time Out, the procedure name, dressing and patient response.

Document the device lot number and expiration date and person inserting device (in narrative note).

Nurse will document in devise section of Surginet if placed during a c-section.
How do we charge?

- In labor and delivery (IUD): paper charge form is used

- Charge will be entered by secretary if in Mother/Baby (Nexplanons)
Follow Up

- All insertions documented in a log containing patient and device information
- Follow up in 2 weeks for string check and possible trimming
- If loss of insurance is expected discuss sites for removal, if desired
Questions?

Happy to help and share our experience!

Marie A. Cabiya, M.D.
Immediate PP LARC Physician Co-Champion (along with Dr. Rachel Baskin)/
Medical Director IMMC Ob/Gyne Resident Clinic
Marie.cabiya@advocatehealth.com

Stefanie House, R.N.
Immediate LARC Nurse Champion/
Clinical Director of Women and Children’s Services
Stefanie.house@advocatehealth.com
UPCOMING EVENTS
## Monthly Webinars

- 2\(^{nd}\) Monday of the month from 2-3PM

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<thead>
<tr>
<th>Proposed Webinar Topics</th>
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<tbody>
<tr>
<td>April 9</td>
<td>Launch call</td>
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<tr>
<td>May 14</td>
<td>Data Form Review, Team Baseline Evaluations and Setting Team Goals (30, 60, 90 day QI plans)</td>
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<tr>
<td>June 11</td>
<td>Recap of Face-to-Face meeting and intro to QI</td>
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<tr>
<td>July 9</td>
<td>IPLARC Billing</td>
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<tr>
<td>August 13</td>
<td>Stocking LARC on L&amp;D</td>
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<tr>
<td>September 10</td>
<td>Engaging ambulatory clinics</td>
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<tr>
<td>October 8</td>
<td>Contraceptive counseling and reproductive justice</td>
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<tr>
<td>November or December</td>
<td>TBD</td>
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Save the Date!

2018 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 30, 2018
Check-in 8:45a-9:45a
Meeting: 9:45a-3:30p
Mothers and Newborns affected by Opioids (MNO)
Immediate Postpartum LARC (IPLARC)
Severe Maternal Hypertension

Neonatal Teams: May 31, 2018
Check-in: 8:45a-9:45a
Meeting: 9:45a-3:00p
Mothers and Newborns affected by Opioids (MNO)
Golden Hour

More information available soon at ilpqc.org

Abraham Lincoln DoubleTree Hotel, Springfield, IL

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30 – 9:30</td>
<td>Registration, Storyboard Set Up, &amp; Continental Breakfast</td>
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<tr>
<td>9:30 – 10:15</td>
<td>Sustaining the Severe Maternal Hypertension Initiative and Launching 2018 Initiatives: Mothers and Newborns affected by Opioids and Immediate Postpartum LARC</td>
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<tr>
<td>10:15 – 10:45</td>
<td>MNO Plenary – Daisy Goodman</td>
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<tr>
<td>10:45 – 11:15</td>
<td>IPLARC Plenary – Kai Tao</td>
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<td>11:15 – 12:00</td>
<td>Team Storyboard Session</td>
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<tr>
<td>12:00 – 12:15</td>
<td>Pick up boxed lunch</td>
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<tr>
<td>12:15 – 1:00</td>
<td>MNO Initiative Overview: Aims, Measures, Data Form and Toolkit</td>
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<tr>
<td>1:00 – 1:45</td>
<td>Breakout session group 1</td>
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<tr>
<td>1:45 – 2:00</td>
<td>Break</td>
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<tr>
<td>2:00 – 2:45</td>
<td>Breakout session group 2</td>
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<tr>
<td>2:45 – 3:15</td>
<td>MNO Key Topics Panel – prevention, screening &amp; linkage to care, optimizing care for moms &amp; babies, and prescribing buprenorphine (Mike Marcotte, Daisy Goodman, Jaye Shyken, Barb Parilla)</td>
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<tr>
<td>3:15 – 3:30</td>
<td>Summary and Evaluation</td>
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## Breakout Sessions Topics

### Hypertension
- Finishing Strong: Meeting the Time to Treatment Goal
- Sustainability

### MNO
- Prevention
- Screening & Linkage to Care
- Optimizing Care for Moms and Babies

### IPLARC
- IPLARC Initiative Overview: Aims, Measures, Data Form and Toolkit

- Recruiting provider/nurse facilitators from each perinatal network
- Number of sections of topic based on demand at registration
- Local content experts to participate in each breakout and support facilitators
ACOG IPLARC Training

- Registration open!
- **Confirmed:** May 31, Abraham Lincoln DoubleTree Hotel, Springfield, IL
- **Confirmed:** July 30, Northwestern, Chicago, IL
- Approx. 4-hour training for nurses, providers, lactation consultants
- Training will cover:
  - Capacity building
  - Contraceptive counseling
  - Insertion training
- Each team should have at least one representative(s) attend one of the two trainings
Next Steps

• Review data form with team, pilot data collection and provide feedback to IPLARC coordinator, Danielle Young at danielle.young@northwestern.edu

• Finalize your IPLARC Team and establish a time for at least monthly IPLARC meetings

• Submit team roster if you have not done so already

• Complete Baseline Evaluation Survey

• Work to develop 30-60-90 Day Plan and Storyboard for Face to Face Meeting, May 30, Springfield

• Register team for ILPQC Face-to-Face Meeting and IPLARC training, May 30/31, Springfield
Q&A

• Ways to ask questions:
  – Raise your hand on Adobe Connect to ask your question by phone
  – Post a question in the Adobe Connect chat box
Contact

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