IPLARC Wave 2: Protocols and Checklists

September 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
Call Overview

• Annual Conference
• IPLARC Wave 2 Updates
• Protocols and Checklists Review
• Team Talk: Abraham Lincoln Memorial Hospital
• Team Talk: Passavant Area Hospital
• Process Flow: LARC Consent and Documentation
• ILPQC Data System – Submit April-September data by October 15 to be eligible for QI award at Annual Conference
ANNUAL CONFERENCE
Calling all physicians, nurse midwives, APNs, NPs, RNs, quality leaders, administrators, payers, public health professionals, and all others interested in perinatal health!

You’re invited!

November 4, 2019
Check-in: 7-8am
Program: 8am-5:15pm

Westin Lombard
Yorktown Center,
Lombard, IL

7th Annual Conference

Join us to learn strategies from national and state leaders to finish strong in statewide efforts to improve outcomes for Mothers & Newborns affected by Opioids, increase access to Immediate Postpartum LARC, and implement maternal health safety checks through Improving Postpartum Access to Care.

We’ll also prepare for our 2020 initiatives as we hear other state’s success stories in Promoting Vaginal Birth and Antibiotic Stewardship, and look ahead to our future work in Birth Equity with insights from national leaders and personal stories.

Visit ilpqc.org for more information

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor, Chicago, IL 60611

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. (OBN-001-91)
Annual Conference
OB Speakers

- “Improving Care Improves Outcomes for Pregnant and Postpartum Women with Opioid Use Disorder” Dr. Mishka Terplan (VCU/AIM)

- “Lessons Learned from CMQCC: Promoting Vaginal Birth and Birth Equity Initiatives” Dr. Elliott Main (CMQCC)

- “And Then She Was Gone” Charles Johnson (4Kira4Moms)

- “Incorporating and Tracking Health Care Inequities in Quality Improvement” Dr. Allison Bryant (Massachusetts General)
Registration Open!

Register TODAY for the ILPQC 7th Annual Conference

www.ilpqc.eventbrite.com
Sponsorship Opportunity for Health Systems

• For the second year, we are offering a $1000 sponsorship opportunity for local health systems:
  
  — **PROMOTION OPPORTUNITIES**
  
  • Company logo and hyperlink on brochure, signage, and communications

  — **EVENT DAY BENEFITS**
  
  • Free registration for up to 2 attendees
  • Exclusive opportunity to host a booth or display area to promote your hospital in the lobby near conference registration

Is this something your hospital system would be interested in taking advantage of?
Reach out to [danielle.young@ilpqc.org](mailto:danielle.young@ilpqc.org)
## Quality Improvement Recognition Awards

**ILPQC Immediate Postpartum LARC Wave 1 & Wave 2**

### IPLARC Wave 1

<table>
<thead>
<tr>
<th>QI Champion</th>
</tr>
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<tbody>
<tr>
<td>✓ All Data Submitted*</td>
</tr>
<tr>
<td>✓ Sustainability Plan Submitted</td>
</tr>
<tr>
<td>✓ Green on 7 Key Opportunities**</td>
</tr>
<tr>
<td>✓ 80% on comprehensive contraceptive counseling***</td>
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</table>

### IPLARC Wave 1

<table>
<thead>
<tr>
<th>QI Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ All Data Submitted*</td>
</tr>
<tr>
<td>✓ Sustainability Plan Submitted</td>
</tr>
<tr>
<td>✓ Green on 7 Key Opportunities**</td>
</tr>
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</table>

### IPLARC Wave 2

<table>
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<tr>
<th>QI Recognition</th>
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</thead>
<tbody>
<tr>
<td>✓ All Data Submitted*</td>
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</tbody>
</table>

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*All Data Submitted through September 2019 by October 15  
**By September 2019  
***At least one month in Q3 2019
Annual OB Teams Survey

• OB Teams Survey
  – Please coordinate with your colleagues working across initiatives to have one person submit the survey
  – If you need the email resent to you, please email info@ilpqc.org

• Access the survey here: https://redcap.healthlnk.org/surveys/?s=7CJ9DHF34X

• Due to ILPQC on October 4
Call for Abstracts for AC Poster Session

• All hospital teams are asked to submit an abstract on complete or in progress quality improvement work

• Abstracts submitted by **Oct. 1**, will be reviewed for awards:
  – Top abstract(s) in each submission category
    • Obstetric/Neonatal QI stories
      – Two abstracts will receive special recognition for Best Use of Data & Best Project Implementation
    • Patient Family Engagement
    • Level I/Level II Hospitals

• Awarded abstracts will have a prize designation displayed on their poster & announced at the conference

• Late breaking abstracts (not eligible for awards) are due Oct 15

• Submit: [https://redcap.healthlnk.org/surveys/?s=R4LJ4XKPFY](https://redcap.healthlnk.org/surveys/?s=R4LJ4XKPFY)
Call for Abstracts for AC Poster Session

• Your abstract briefly describes your QI work and will be the foundation for a poster that your team creates to display and share at the ILPQC 7th Annual Conference Poster Session

• Please format your abstract using the following sections (no more than 300 words):
  – Problem
  – Project Implementation
  – Results
  – Conclusions

• Submit your abstract here

• Looking for a poster template? We’ve got one available here!
Poster Session and Abstracts Questions?

• Do you have questions or would like some input for your 2019 Annual Conference Abstract/Poster?

• Join us for a information call **Wednesday, September 26th at 12:00pm-1:00pm; 1-888-240-2560**
  access code: 464 461 532

Expert abstract reviewers and past awardees will be sharing their insights and answering your questions!
4 Steps to Get Ready for the ILPQC 7th Annual Conference

1. Register online
   • Click [here](#) and Register today.
   • Monday, November 4th, 2019 at the Westin Lombard Yorktown Center
     (Reserve your room [here](#))
   • 7-8am (Registration & Breakfast); 8am-5:15pm (Conference)

2. Submit abstract
   • Submit [poster session abstract](#) here by October 1st to be considered for an award
   • Late-breaking abstracts due Oct 15.

3. Complete Survey
   • Coordinate with your colleagues working across initiatives to have one person from your hospital submit the survey.
   • Complete the survey sent in your team newsletter

4. Possible Sponsorship
   • Check with your hospital/local health system if interested in [sponsorship](#) opportunities. Email Danielle.young@northwestern.edu for more details
WAVE 2 UPDATES
IPLARC Initiative Goals

- Increase access to IPLARC
- Implement IPLARC Protocol
- Stock LARC in Pharmacy
- Systems Changes to OB Care Process Flow
- Educate Providers counseling and placement
- Simplify IPLARC Billing
- Educate Patients on contraceptive options
This month’s topic: Stocking IPLARC

**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 LARC devices.

**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. Ensure 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.
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** (process flow document) to include counseling, consent, and placement of IPLARC (see toolkit for example).
Don’t Forget to Submit Your Team’s Data!

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Teams Reporting</th>
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<tbody>
<tr>
<td>April 2019</td>
<td>6</td>
</tr>
<tr>
<td>May 2019</td>
<td>6</td>
</tr>
<tr>
<td>June 2019</td>
<td>8</td>
</tr>
<tr>
<td>July 2019</td>
<td>8</td>
</tr>
</tbody>
</table>

Don’t forget to submit April – September data to be eligible for an Annual Conference Award!
Reports from Teams Entering Data in ILPQC Data System

Proportion of Teams who are Routinely Counseling, Offering, and Providing Immediate Postpartum LARC (either IUD or Implant), April-July 2019

- Apr-19: 33%
- May-19: 33%
- Jun-19: 38%
- Jul-19: 38%
IPLARC Protocols in Place

*6-8 teams reporting*

Percent of Hospitals with Immediate Postpartum Protocols and Process Flows in Place for IUDs, April-July 2019

- **IUD Protocol - in place**
- **IUD Protocol - working on it**
- **IUD Protocol - haven't started**

Percent of Hospitals with Immediate Postpartum Protocols and Process Flows in Place for Implants, April-July 2019

- **Implant Protocol - in place**
- **Implant Protocol - working on it**
- **Implant Protocol - haven't started**
Key Players Meeting

• Key Players meetings are a **FREE CONSULTATION** held with every team
  – Goal is to schedule all KP meetings before 2020
  – Email invitations went out to teams on July 30!
• Key Players Meeting - we will come to your hospital!
  – 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

<table>
<thead>
<tr>
<th>Team</th>
<th>Date</th>
<th>Team</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abraham Lincoln</td>
<td>8/19/19</td>
<td>NM Central DuPage</td>
<td></td>
</tr>
<tr>
<td>Advocate Sherman</td>
<td></td>
<td>Passavant</td>
<td>8/26/19</td>
</tr>
<tr>
<td>Alton Memorial</td>
<td></td>
<td>Roseland</td>
<td>9/19/19</td>
</tr>
<tr>
<td>Anderson Hospital</td>
<td></td>
<td>Rush-Copley</td>
<td></td>
</tr>
<tr>
<td>Barnes Jewish</td>
<td></td>
<td>Rush University</td>
<td>8/29/19</td>
</tr>
<tr>
<td>FHN Memorial</td>
<td></td>
<td>Silver Cross</td>
<td></td>
</tr>
<tr>
<td>Gibson Area Hospital</td>
<td>10/10/19</td>
<td>Touchette Regional Hospital</td>
<td></td>
</tr>
<tr>
<td>Mt. Sinai</td>
<td></td>
<td>West Suburban</td>
<td></td>
</tr>
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</table>
ACOG IPLARC Training

- **Confirmed**: Friday, October 25, Mt. Vernon Visitors Center, Mt. Vernon, IL, 8:30am-10:30am and 11am-1pm
- Approx. 2-hour training for providers, followed by 2-hour training for nurses, lactation consultants
- Training will cover:
  - Capacity building
  - Contraceptive counseling
  - Insertion training
- If your team did not send a representative to the ILPQC/ACOG IPLARC training in May or July, please consider sending a rep to this training
IPLARC Toolkit Sections

• Introduction
1. Initiative Resources
2. National Guidance
3. Documentation of IPLARC Placement
4. Coding/Billing Strategies
5. Stocking IPLARC in Inpatient Inventory
6. **Example Protocols**
7. Referral Strategies for Providing Immediate Post-Discharge LARC
8. Provider & Nurse IPLARC Education
9. Patient Education
10. Other IPLARC Toolkits
Implementing IPLARC protocols

- A number of example protocols are available in the IPLARC toolkit
  - Example protocols, policies
  - Example checklists
  - Example consents

TOOLKIT ONLINE @ http://ilpqc.org/IPLARC
**IPLARC Toolkit**

1. Initiative Resources
   a. 10 Steps to Getting Started with the ILPQC Immediate Postpartum LARC Initiative
   b. IPLARC 6 Key Opportunities for Improvement
   c. 13 Practice Changes for IPLARC Success
   d. Immediate Postpartum LARC Aims and Measures
   e. Immediate Postpartum LARC Data Form
   f. Immediate Postpartum LARC Key Drivers Diagram
   g. Immediate Postpartum LARC Wave 1 Teams Survey
   h. Plan-Do-Study-Act Worksheet
   i. Example Process Flow Diagram (page 7)

2. National Guidance: ACOG Committee Opinions

3. Documentation of IPLARC placement in IT/EMR systems

4. Coding/billing strategies for reimbursement of IPLARC

5. IPLARC devices stocked in inpatient inventory

6. Example protocols for IPLARC placement for labor and delivery and postpartum units

7. Referral strategies for providing Immediate Post-Discharge LARC (interval LARC)

8. Provider & nurse education on IPLARC evidence, protocols, and counseling

9. Patient education materials for affiliated prenatal care sites & during delivery admission

10. Other IPLARC Toolkits/Resources

The resources provided in this toolkit are examples, for informational purposes only and not meant to be prescriptive. The exclusion of a resource, program or website does not reflect the quality of that resource, program or website. Note: website and URLs are subject to change.

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**Sign Up for ILPQC Email Updates**

Subscribe with your email address to stay up to date with ILPQC happenings.
IMPLEMENTING IPLARC PROTOCOLS
Immediate Postpartum LARC: Protocols and checklists

Marie Cabiya, M.D.
Stefanie House, R.N.
Rachel Baskin, M.D.
Steve Locher, M.D.
Advocate Illinois Masonic Medical Center, Chicago
Advocate IMMC Experience

• Grand Rounds held Dec 12, 2017 with Dr. Amber Truehart and Dr. Laura Larsen (Family Planning Department Univ of Chicago)

• So far 94 total devices inserted (32 IUDs and 62 Nexplanons)

• Reimbursement has been our challenge
Advocate IMMC Experience

• 62 Nexplanons
  – 2 “failures” (1 declined, 1 patient stopped procedure)

• 32 Successful IUDs
  – 3 patients failed insertion (septum, hemorrhage)
  – 4 patients no followup
  – 3 removed (headache, chorio/endometritis, low placement)
    • 2 replaced in office
  – 3 expelled (ALL replaced) 11% expulsion rate
  – 3 missing strings (US for confirmation)
IMMC Clinical Guideline 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 benefit of immediate postpartum insertion outweighs this concern.

Both the American Congress of Obstetricians and Gynecologists and the Centers for Disease Control support efforts to increase the immediate postpartum insertion of LARC due to its ability to decrease short-interval pregnancies.

COUNSELING

- Patient should receive adequate antepartum counseling about risks, benefits, and alternatives to LARC contraception. Counseling should also address issues particular to postpartum insertion such as expulsion risk (10-27% for a vaginal delivery and 8% for intracavitary placement) and management of IUD strings (higher chance of nonvisualization and potential for needing strings shortened). The patient should be counseled regarding signs of IUD expulsion and know to return to the clinic for alternative contraception. Upon arrival to labor and delivery, formal written consent should be reaffirmed and signed.
INCLUSION CRITERIA

- Patients with verified medical coverage for immediate postpartum LARC.
- Patient must have a negative test for gonorrhea/chlamydia during the index pregnancy if an IUD is to be inserted.

EXCLUSION CRITERIA FOR POSTPLACENTAL IUD

- A history of gonorrhea/chlamydia within the index pregnancy in patients desiring an IUD
- Recent (within 3 months) or active uterine infection
- Known abnormality of the uterine cavity
- Intrapartum fever of >38 °C
- Postpartum hemorrhage (greater than 500mL for vaginal delivery or >1,000 mL for cesarean delivery)
- Retained placenta requiring manual removal or D&C
- Puerperal sepsis
- Rupture of membranes beyond 24 hours

EXCLUSION CRITERIA FOR ETONORGESTREL IMPLANT

- History of breast cancer
- Abnormal coagulation parameters

For specific questions regarding medical contraindications for IUD/implants refer to CDC Medical Eligibility Criteria: https://www.cdc.gov/mmwr/volumes/65/rr/rr6503a1 Appendix.htm
PROCEDURE

A. ETONORGESTREL IMPLANT

- Sign consent
- Device and 1% lidocaine must be ordered in EMR and postpartum nurse will obtain in Omnicel
- Gather insertion packet which should include
  - Iodine prep
  - 2 cc 1% lidocaine
  - Sterile gloves
  - 4 x 4 gauze
  - Steristrips
  - 25G 1.5 in needle
  - Bandage
  - Tape
- Perform TIME OUT
- Etonorgestrel implant can be inserted in usual fashion by a certified physician at any point during the hospital stay

B. INTRAUTERINE DEVICE

- IUD device should optimally be inserted within 10 minutes of placental expulsion
- Ultrasound guidance can be used as needed
- Prophylactic antibiotics are not routinely administered.
- Fundal massage can be performed as per usual protocol.
- Do not open until ready to insert
DOCUMENTATION

☐ The provider must document insertion and bill for the procedure only. The scanned consent should include the device information with the lot number and expiration date. The devices must be documented in the log binder.

FOLLOW UP

☐ The patient should follow up for device check and possible string trimming in 2 weeks. Missing strings are more common after immediate postpartum placement than after interval insertion and should be managed according to protocol. Patient should not rely on intrauterine device for contraception until IUD check is performed.
Our Toolkit: Checklist

- Implant
- IUD
**Nexplanon Insertion**

- Verify insurance: IL Medicaid, etc.
- MD discuss options, risks and benefits with patient, obtain signed consent
- Order lidocaine
- Gather supply packet (xxxx, RN will be point person on MBU)
- Have nurse obtain the Nexplanon from supply room and document in log
- Time Out
- Perform Insertion
- MD: Document procedure note (use .phrase)
- Bill for insertion only (i.e. Alert MD) (CPT 11981 Dx code Z30.8)
- Nursing document device in EMR, including lot
- Secretary bill for Nexplanon
IUD Insertion

- Verify insurance: IL Medicaid, etc.
- 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
- Perform Insertion during delivery
- Document procedure note (use .phrase)
- Bill for insertion only (i.e. Alert MD) (CPT 58300 Dx code Z30.430)
- Nursing document device in EMR, including lot
- Nursing add IUD to charge sheet
Cesarean Section Template

Immediately following delivery of the infant and the placenta, the uterus was wiped with a sterile laparotomy sponge. A _ IUD was placed on the sterile field. _The Mirena IUD strings were trimmed approximately 10 cm length. The IUD was inserted through the hysterotomy using a ring forceps and placed at the uterine fundus. Placement was confirmed digitally. The IUD strings were gently pushed through the cervical canal with a ring forceps. The hysterotomy was then closed, careful to not include the IUD strings in the closure. Lot # Exp:
Keys to Implementation

• Department leadership support
• Practice/institutional priority
• Physician and Nursing Champions
• MD education on reimbursement
• Launch event (Grand Rounds)
• Buddy up!! Use mentors/resource
• Skills training for postpartum IUD insertion is key
• Institutional involvement in billing
Keys to Implementation

• Focus on an ambulatory practice with most impact
• USE ILPQC resources for protocols / checklists
• Checklist!
• Log!
  – Clinical follow (expulsions, follow-up)
  – Measure success/challenges
  – Billing/Reimbursement
<table>
<thead>
<tr>
<th>Date of Insertion</th>
<th>MRN</th>
<th>FIN</th>
<th>Device Reimbursement Info</th>
<th>Insurance</th>
<th>Delivery Type</th>
<th>IUD Type</th>
<th>Postpartum Follow up?</th>
<th>Issues:</th>
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<tbody>
<tr>
<td>8/20/2018</td>
<td>xxxx</td>
<td>xxxx</td>
<td>Called BC comm and BC rep stated place of service inappropriate for procedure. Reviewed our 1500 claim and the claim was billed correctly showing place of service inpatient as directed by HFS 2360 billing guidelines</td>
<td>Blue Cross Comm.</td>
<td>CS</td>
<td>Mirena</td>
<td>Yes</td>
<td>IUD strings visualized, no issues</td>
</tr>
<tr>
<td>9/7/2018</td>
<td>xxxx</td>
<td>xxxx</td>
<td>Claim billed correctly -Device is set to Pay</td>
<td>Meridian</td>
<td>NSVD</td>
<td>Paragard</td>
<td>Yes</td>
<td>IUD strings visualized, no issues</td>
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## Log (example)

<table>
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<tr>
<th>Age</th>
<th>Gravida</th>
<th>Parity</th>
<th>Gest Age</th>
<th>BMI at delivery</th>
<th>Inserted by:</th>
<th>Documentation</th>
<th>Patient Source</th>
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</thead>
<tbody>
<tr>
<td>30</td>
<td>4</td>
<td>3</td>
<td>39</td>
<td>30.1</td>
<td>xxx</td>
<td>Correct</td>
<td>Clinic</td>
</tr>
<tr>
<td>32</td>
<td>5</td>
<td>5</td>
<td>40</td>
<td>35</td>
<td>xxx</td>
<td>Correct</td>
<td>Private</td>
</tr>
</tbody>
</table>
Challenges

• Initial enthusiasm
  – Non-eligible financial patients selected
  – Enrollment waned a bit

• Allied Health/ Family Medicine Providers
  – Teach! Mentor in L&D/PP

• Supply Chain: Pharmacy
• Billing/Reimbursement
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 & Family Planning
marie.cabiya@advocatehealth.com

Stefanie House, R.N.
Immediate LARC Nurse Champion/
Clinical Director of Women and Children’s Services
stefanie.house@advocatehealth.com
TEAM TALK: ABRAHAM LINCOLN MEMORIAL HOSPITAL
IPLARC Key Players

Betsy Leesman, BSN, RNC-OB, CLC
Abraham Lincoln Memorial Hospital
Who am I?

- Staff nurse in LDRP at ALMH for 4 years
- We have 3 LDRPs and do 200 deliveries a year
- ILPQC team member for 4 years
- Core QI team
  - Physician Champion- Dr. Sielaff
  - Project Lead- Elizabeth Meyrick
  - Nurse team members- Betsy Leesman, Chelsey Smock, and Haley Casper
Identify Key Players

- Physician
- Nursing
- Pharmacy
- Billing
- Coding
- Materials Management
- Administration
- EMAR liaison
Mini Key player meeting

- June 2019
- We wanted to get billing and coding on board prior to billing/coding call
- Leaders from all key player departments were invited
- We gave them a basic education and background on LARC and why IPLARC was important
ILPQC Key player meeting

- Multiple representatives from all involved departments were present
- Allowed for departments to ask questions of the experts in person
- Allowed for discussion in the overlap of roles of departments
- The assisted in a more functional way of obtaining products
- Physicians were able to ask questions they had concerns about
- Our physicians were able to receive IPLARC training
Going forward

- Pharmacy has been able to obtain 3 Mirenas which will be our PAR number, we have Nexplanons ordered, and plan on getting a few Paraguard from our sister hospital Memorial Medical Center
- Nursing policy to be developed
- Pharmacy to build into MAR
- Templates to be made for documentation on nurse and MD side
- Test Run
## 30-60-90 Day Plan

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<th>30-Day Tasks (9/19/19)</th>
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<tbody>
<tr>
<td>Task</td>
<td>Responsible Party</td>
</tr>
<tr>
<td>1. Send Abraham Lincoln Merck contact information</td>
<td>Danielle Young</td>
</tr>
<tr>
<td>2. Determine where to order devices - convene with Passavant Area Hospital to understand how they will move forward with this</td>
<td>Tyler</td>
</tr>
<tr>
<td>3. Build codes into procedure note</td>
<td>Tyler</td>
</tr>
<tr>
<td>4. Send billing coding tip sheet</td>
<td>Danielle Young</td>
</tr>
<tr>
<td>5. Set up system to split claim after inpatient stay is completed</td>
<td>Billing/coding team</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>60-Day Tasks (10/19/19)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Task</td>
<td>Responsible Party</td>
</tr>
<tr>
<td>1. Build devices into EMR similar to process for other drugs</td>
<td>Tyler</td>
</tr>
<tr>
<td>2. Review protocol from Memorial Medical Center and update as needed</td>
<td>Physicians/ Betsy/ Elizabeth</td>
</tr>
<tr>
<td>3. Build J-codes into charge master</td>
<td>Tyler</td>
</tr>
<tr>
<td>4. Develop nursing IPLARC training</td>
<td>Betsy/Elizabeth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>90-Day Tasks (11/19/19)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Task</td>
<td>Responsible Party</td>
</tr>
<tr>
<td>1. Train nursing staff on IPLARC</td>
<td>Betsy/Elizabeth</td>
</tr>
<tr>
<td>2. Test systems to ensure devices are being charged/ordered correctly</td>
<td>Tyler/ IT/EMR</td>
</tr>
<tr>
<td>3. Develop communication plan to communicate GO LIVE date and launch</td>
<td>Betsy/Elizabeth</td>
</tr>
<tr>
<td>4. Determine process for documenting prenatal comprehensive contraceptive counseling</td>
<td>Physicians/ Betsy/ Elizabeth</td>
</tr>
<tr>
<td>5. Develop process to ensure patients receive desired IPLARC</td>
<td>Physicians/ Betsy/ Elizabeth</td>
</tr>
<tr>
<td>6. Determine plan for comprehensive contraceptive counseling on L&amp;D</td>
<td>Physicians/ Betsy/ Elizabeth</td>
</tr>
</tbody>
</table>
TEAM TALK: PASSAVANT AREA HOSPITAL
IPLARC: Leveraging the Key Players Meeting

Simone Parlier, MSN, RNC-OB, CEFM, IBCLC, CNM, PhD Student
Passavant Area Hospital
Passavant Area Hospital

- Located in Jacksonville, IL
- Serves the residents of Morgan, Cass, Greene, Scott, Macoupin, and Brown counties.
- Licensed for 131 beds
  - 83 acute care
  - 15 skilled
  - 23 ambulatory
  - 10 behavioral health
- Magnet® Hospital
- Baby-Friendly USA- pending
OB Department Overview

- Level II Designation
- 12 beds
- Appx 400 deliveries/year
- 3 Obstetricians
- 2 Pediatricians
- 1 Neonatal Nurse Practitioner
- 18 RNs
- No ward clerks, 1 patient care tech(PCT)
Current State

• Engaging Key Players
  • Physicians
  • Senior Leadership
  • Nurses
  • Billing/Coding
  • Information Systems
  • Purchasing
  • Pharmacy

• Collaborating with Wave 1 Teams
  • Memorial Medical Center
    • Adopt similar policies/procedures
Benefits of Key Player Meeting

• All members receive the same education/overview
• Provides outside perspective
• Reaffirms importance of initiative
• Allows Q&A
• Provides provider training opportunity
• Improves provider/key player engagement
• Provides a 30-60-90 Day Plan
# 30-60-90 Day Plan

**GO LIVE: January 1, 2020**

<table>
<thead>
<tr>
<th>30-Day Tasks (9/26/19)</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine provider documentation of IPLARC in procedure note</td>
<td>Simone/Dr. Raw</td>
</tr>
<tr>
<td>Determine how to purchase devices with pharmacy</td>
<td>Lori</td>
</tr>
<tr>
<td>Set up system to split claim after inpatient stay is completed</td>
<td></td>
</tr>
<tr>
<td>Double check if contraception is asked on admission</td>
<td>Simone/Carrie</td>
</tr>
<tr>
<td>Understand how nurses are currently counseling on contraception and ensure that all</td>
<td>Simone</td>
</tr>
<tr>
<td>patients are informed about availability of IPLARC</td>
<td></td>
</tr>
<tr>
<td>Build IPLARC in charge master</td>
<td>Bob</td>
</tr>
<tr>
<td>- CPT Codes</td>
<td></td>
</tr>
<tr>
<td>- Device J-Code</td>
<td></td>
</tr>
<tr>
<td>- NDC code</td>
<td></td>
</tr>
</tbody>
</table>
## 60-Day Tasks

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build template for IPLARC procedure note</td>
<td>Holly O’Neil</td>
</tr>
<tr>
<td>Determine where to stock devices (pyxis?)</td>
<td></td>
</tr>
<tr>
<td>Order MamaU Models/ring forceps/Kelly placental forceps (if needed)</td>
<td>Simone</td>
</tr>
<tr>
<td>Connect with Memorial Medical Center for protocol</td>
<td>Simone</td>
</tr>
<tr>
<td>Connect with billing at Abraham Lincoln to build a cohesive system</td>
<td>Bob</td>
</tr>
<tr>
<td>Build tab in paragon for providers to bill for their own procedures</td>
<td></td>
</tr>
</tbody>
</table>
90-Day Tasks

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train additional providers</td>
<td>Dr. Raw</td>
</tr>
<tr>
<td>Train nurses</td>
<td>Simone</td>
</tr>
<tr>
<td>Determine patient education materials</td>
<td>Simone/Dr. Raw</td>
</tr>
<tr>
<td>Announce GO LIVE of Jan 1</td>
<td></td>
</tr>
</tbody>
</table>
Next Steps

• Schedule follow-up meeting with key players.
• Meet with pharmacy
• Ensure that the physician champion has supplies and educational material to provide training to other physicians.
• Schedule meeting with the clinic nurse manager.
QUALITY IMPROVEMENT TOOLS
Admission history and physical (H&P) obtained by provider and options for LARC risks and benefits discussed.

LARC desired?

No

Follow routine delivery process for anticipated delivery method.

Yes

Provider obtains signed consent and has it scanned into medical record.

Provider orders LARC device under admission order set and proper documentation completed in H&P.

Planned Cesarean Section (c/s)?

Yes

Initiate c/s LARC Process Flow.

No

Initiate Anticipated Vaginal Delivery LARC Process Flow.

---

Immediate Postpartum LARC Checklist

**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 Dominisk, 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
UPCOMING EVENTS
# IPLARC Calls

- **THIRD MONDAY OF THE MONTH**

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>October 21</strong></td>
<td>Standardizing comprehensive contraceptive counseling (prenatal &amp; delivery admission)</td>
</tr>
<tr>
<td><strong>November 18</strong></td>
<td>Provider/Nurse Education</td>
</tr>
<tr>
<td><strong>December 16</strong></td>
<td>IT/EMR &amp; Communication w/ outpatient providers</td>
</tr>
<tr>
<td><strong>January 20</strong></td>
<td>CANCELED due to MLK Holiday</td>
</tr>
<tr>
<td><strong>February 17</strong></td>
<td>Round Robin with Wave 2 Teams</td>
</tr>
<tr>
<td><strong>March 16</strong></td>
<td>Comprehensive Contraceptive Counseling</td>
</tr>
</tbody>
</table>
Next Steps

• Complete baseline and July-Sept data by October 15 to be recognized at the Annual Conference. Please email info@ilpqc.org or danielle.young@northwestern.edu with questions.

• Sign-up for a key players meeting! Email Danielle today to schedule your meeting.

• Register for the Annual Conference

• Submit an abstract for the Annual Conference Poster Session by Oct 1 (to be eligible for poster awards)

• Complete the Annual OB Teams Survey by October 4
Contact

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