IPLARC Wave 2: Comprehensive Contraceptive Counseling

October 21, 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 Overview

- Annual Conference
- IPLARC Wave 2 Updates
- Comprehensive Contraceptive Counseling
- 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
Registration Open!

Register TODAY for the ILPQC 7th Annual Conference

Registration closes Oct. 25

www.ilpqc.eventbrite.com
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)
Materials for IPLARC Teams at Annual Conference

• Printed materials below will be available to IPLARC teams:
  – Bedsider tear pads
  – CAPS counseling tool
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
TO BE AWARDED AT THE 7TH ILPQC ANNUAL CONFERENCE

QUALITY IMPROVEMENT RECOGNITION AWARDS

ILPQC IMMEDIATE POSTPARTUM LARC WAVE 1 & WAVE 2

**IPLARC Wave 1**

**QI Champion**

✓ All Data Submitted* 
✓ Sustainability Plan Submitted
✓ **Green** on 7 Key Opportunities**
✓ 80% on comprehensive contraceptive counseling***

**IPLARC Wave 1**

**QI Leader**

✓ All Data Submitted* 
✓ Sustainability Plan Submitted
✓ **Green** on 7 Key Opportunities**

**IPLARC Wave 2**

**QI Recognition**

✓ All Data Submitted*
✓ Sustainability Plan Submitted
✓ **Green** on 7 Key Opportunities**

We look forward to presenting awards to teams who met the award criteria by October 15!

*All Data Submitted through September 2019 by October 15
**By September 2019
***At least one month in Q3 2019
WAVE 2 UPDATES
IPLARC Initiative Goals

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

Illinois Perinatal Quality Collaborative (IL PQC)
This month’s topic: Comprehensive Contraceptive Counseling

Aim

Primary Drivers

- 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

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 billing 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** (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.

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.
Key Players Meeting

• **FREE CONSULTATION** with every team
  – We will come to your hospital
  – Goal is to schedule all KP meetings before 2020
  – Initial email invitations went out to teams on July 30!
  – 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>
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<tr>
<td>Abraham Lincoln</td>
<td>8/19/19</td>
<td>NM Central DuPage</td>
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<td>Advocate Sherman</td>
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<td>Passavant</td>
<td>8/26/19</td>
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<td>10/10/19</td>
<td>Touchette Regional Hospital</td>
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<td>West Suburban</td>
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DATA REVIEW
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>11</td>
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<tr>
<td>May 2019</td>
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<td>June 2019</td>
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<tr>
<td>August 2019</td>
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<td>September 2019</td>
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Reports from Teams Entering Data in ILPQC Data System

Proportion of Wave 2 Teams that are Routinely Counseling, Offering, and Providing Immediate Postpartum LARC (either IUD or Implant), April-September 2019

- Apr-19: 18%
- May-19: 18%
- Jun-19: 27%
- Jul-19: 27%
- Aug-19: 27%
- Sep-19: 30%

*Goal: 20%*
IPLARC on Inpatient Formulary

Percent of Wave 2 Hospitals with IUDs on Inpatient Formulary, April 2019-September 2019

- IUDs on Formulary Have not started
- IUDs on Formulary Working on it
- IUDs on Formulary In place

Percent of Wave 2 Hospitals with Implants on Formulary, April 2019-September 2019

- Implants on Formulary Have not started
- Implants on Formulary Working on it
- Implants on Formulary In place
IPLARC Protocols in Place

Percent of Wave 2 Hospitals with Immediate Postpartum Protocols and Process Flows in Place for IUDs, April 2019-September 2019

- IUDs Protocol Have not started
- IUDs Protocol Working on it
- IUDs Protocol In place

Percent of Wave 2 Hospitals with Immediate Postpartum Protocols and Process Flows in Place for Implants, April 2019-September 2019

- Implants Protocol Have not started
- Implants Protocol Working on it
- Implants Protocol In place
IPLARC Billing Codes

Percent of Hospitals with Billing Codes for IUDs In Place, April 2019 - September 2019

- IUD Billing Codes Have not started
- IUD Billing Codes Working on it
- IUD Billing Codes In place

Percent of Hospitals with Billing Codes for Implants In Place, April 2019 - September 2019

- Implant Billing Codes Have not started
- Implant Billing Codes Working on it
- Implant Billing Codes In place
STANDARDIZING COMPREHENSIVE CONTRACEPTIVE COUNSELING
IPLARC Standardized Patient Education at Prenatal Sites

Percent of Hospitals that have Provided Standardized Education Materials and Counseling Protocols to Affiliated Prenatal Care Sites

- **Patient education materials No**
- **Patient education materials Yes, one or more**
- **Patient education materials Yes, all**
IPLARC Inpatient Patient Education & Counseling Protocols

Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission, April 2019-September 2019

- Patient education materials No
- Patient education materials Developed but not yet implemented
- Patient education materials Developed and implemented
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. Provider & Nurse IPLARC Education
8. Patient Education
9. Other IPLARC Toolkits
Implementing Comprehensive Contraceptive Counseling

- **Resources are available in the IPLARC toolkit**
  - Provider education on counseling
  - Patient education materials
  - Example consents

<table>
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<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Identify the client's pregnancy intentions</td>
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  - Do you want to be pregnant in the next 3 months or have a baby in the next year? |
| 2    | Explore pregnancy intentions & birth control experiences and preferences |
  - What would be hard about having a baby now? |
  - Why is now a good time for you to have a baby? |
  - What experience have you had with birth control? |
  - What is important to you in a birth control method? |
  - What does your mom/boyfriend/friends think about your using birth control? |
| 3    | Assist with selection of method use |
| 4    | Review method use |
| 5    | Provide birth control counseling |

**CONTRAACEPTIVE COUNSELING MODEL**

**A 5-Step Client-Centered Approach**

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**FAQ**

**Using Long-Acting Reversible Contraception Right After Childbirth**

- Why should I think about using birth control right after I have a baby?
- When should I talk with my doctor about using birth control after my baby is born?
- What are long-acting reversible contraception methods?
- Why are long-acting reversible contraception methods a good option for women to use right after having a baby?
- How effective are long-acting reversible contraception methods?
- What is the intrauterine device?
Implementing Comprehensive Contraceptive Counseling

• Work with outpatient affiliated prenatal sites to standardize comprehensive contraceptive counseling including IPLARC and patient education materials

• Work with L&D/Prenatal Care Sites to document contraceptive counseling and postpartum BC plan in the medical record (facilitate dot phrase) – *this will really help with counseling data*

• Standardize approach for comprehensive contraceptive counseling, including IPLARC, during delivery admission if counseling/plan not documented prenatally

• Identify patients desiring IPLARC on arrival to L&D and utilize checklist so that consent, IPLARC packet, device are obtained prior to delivery and appropriate billing/documentation occurs.

• Standardize post-procedure follow-up /counseling
Implementing Comprehensive Choice Counseling for Access LARC
Florida Perinatal Quality Collaborative

Cheryl A. Vamos, PhD, MPH
Associate Professor
Director, Center of Excellence in Maternal and Child Health Education, Science and Practice
Fellow, Chiles Center
College of Public Health
University of South Florida

Partnering to Improve Health Care Quality for Mothers and Babies
Objectives

Describe FPQC recommendations for implementing communication procedures of the Access LARC initiative in various settings

Discuss how hospitals can develop and standardize procedures for various settings

Strategize ways to implement comprehensive choice counseling for the ILPQC immediate postpartum LARC initiative
ACCESS LARC INITIATIVE
Purpose of Access LARC

To increase access to immediate postpartum long-acting reversible contraception (LARC)

- Not currently an option in the vast majority of FL hospitals and clinics

It is not to coerce women into choosing LARC
FPQC Supportive Activities

Provider Training
- Technical Insertion Training
- Comprehensive Choice Counseling

Developing and Testing Patient Resources
- Patient resources that providers and partners can use

Assisting with Implementation and Evaluation
- Technical assistance with implementing initiative
- Monitoring and evaluating hospital data
Recommended Key Practices - Communication

Pre-Implementation
- Assure that all appropriate IT systems can document counseling and consent for IPP LARC
- Modify L&D, OB OR, postpartum and clinic work flows to include IPP LARC placement
- Establish consent processes
- Educate clinicians and community partners about comprehensive choice counseling

Implementation
- Educate clinicians and community partners about comprehensive choice counseling (ongoing!)
- Provide patients with culturally appropriate and tailored information
- Ensure patients receive comprehensive choice counseling prior to discharge
Access LARC Toolkit

Appendix A: Key Drivers Diagram

Chapter 4: Policies and Procedures

Chapter 6: Patient Education and Counseling

https://health.usf.edu/publichealth/chiles/fpqc/larc/toolbox
Appendix A: Key Drivers Diagram

Within 15 months of project start, 80% of participating hospitals will be providing immediate postpartum LARCs.

**Aim**
- LARCs are available for immediate postpartum insertion
- Hospitals are able to receive reimbursement for LARC insertion
- Reporting mechanisms are in place to enable tracking of immediate postpartum device placement

**Primary Drivers**
- Clinic, labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion
- Trained clinicians are available to provide immediate postpartum LARC insertion
- Patients are aware of the contraception option of immediate postpartum LARC insertion

**Secondary Drivers**
- Establish multidisciplinary pLARC team
- Add devices to formulary
- Assure timely access to devices
- Revise policies/procedures to provide pLARC
- Assure billing mechanism in place for pLARC
- Modify IT systems to assure accurate tracking, billing and documentation of pLARC
- Educate all appropriate staff on advantages and clinical recommendations of pLARC
- Train clinicians on pLARC insertion
- Educate providers and community partners about contraceptive choice counseling and informed consent

**Recommended Key Practices**
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.
5. Educate clinicians, nurses, pharmacy, and lactation consultants about the benefits and clinical recommendations related to pLARC placement and breastfeeding.
6. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for pLARCs.
7. Modify L & D, OB OR, postpartum, and clinic work flows to include placement of pLARC.
8. Establish consent processes for pLARC that allows for transfer of consent from prenatal clinic to a continuing postpartum care.
9. Develop culturally sensitive educational materials and shared decision making counseling practices to educate patients about the availability of pLARC as a contraception option.
10. Educate clinicians, community partners and nurses on informed consent and shared decision making related to pLARC.
11. Assure patient receives comprehensive contraception choice counseling prior to discharge.
Chapter 4: Work Flow Diagram

Antepartum

Triage

Labor and Delivery

Postpartum Floor

Postpartum Appointment
ASK: Have you thought about if and when you would like to have another child?

SAY: We recommend moms wait at least 18 months before getting pregnant again after delivery. This is best for the healthiest mom and baby.

No

Unsure, don’t know, don’t care

Educate on birth spacing and having a healthy pregnancy

When? Have you considered using birth control after delivery?

No

Yes

1) Build rapport with women (and families/partners)
2) Assess women’s intentions and educate women (and families/partners)
3) Document women’s preferences and reinforce education throughout care
4) Provide informed consent and ongoing support (may include referrals or linkages to care)
Informed Consent Process

Consent for Immediate Postpartum Implant (Nexplanon®) Contraceptive Insertion

Why is birth control important after having a baby?
The return to fertility after having a baby can be unpredictable. Until you are pregnant before your next period begins. Using birth control to help plan for your future family is important. Waiting at least a year and a half before you become pregnant improves your health and the health of your next baby. For example, by waiting to get pregnant you can decrease the risk of health problems, such as having a baby too early (preterm birth), or having a baby who has health issues (growth and development; birth defects).

What is a contraceptive implant?
A contraceptive implant is a very effective birth control that is placed under the skin. The brand name of the implant in the United States is Nexplanon®. Nexplanon® works for up to 3 years. Once the implant is placed, it prevents pregnancy in over 99% of women who use it, similar to getting your tubes tied. However, unlike getting your tubes tied, the implant can be removed at any time, and you can get pregnant right after it is removed.

What is immediate postpartum implant?
Immediate postpartum implant is a convenient, safe, and effective way of starting birth control right after having your baby. Immediate postpartum implant is inserted after vaginal or cesarean delivery, but before you leave the hospital.

How does immediate postpartum implant compare to implant clinic?
There is no difference in how the implant is inserted whether it is inserted immediately postpartum or at a time unrelated to delivery.

Consent for Immediate Postpartum Intrauterine Contraceptive Insertion

Why is birth control important after having a baby?
The return to fertility after having a baby can be unpredictable. You may be able to get pregnant before your next period even begins. Using birth control to help plan for your future family is important. Waiting at least a year and a half before you become pregnant improves your health and the health of your next baby. For example, by waiting to get pregnant you can decrease the risk of health problems, such as having a baby too early (preterm birth), or having a baby who has health issues (growth and development; birth defects).

What is an intrauterine device (IUD)?
An intrauterine device (IUD) is a very effective birth control method that is made of a T-shaped plastic rod that stays in your uterus. There are 2 types of IUDs available:

- Copper IUD (ParaGard®): Contains no hormones, works for up to 10 years
- Hormonal IUD (Mirena®, Liletta®, Kyleena®): Provides a low dose of a hormone (progestin), works for up to 3-7 years, depending on which IUD is placed. Once the IUD is placed, it prevents pregnancy in over 99% of women who use it, similar to getting your tubes tied. However, unlike getting your tubes tied, the IUD can be removed at any time, and you can get pregnant right after it is removed.

What is immediate postpartum IUD?
Immediate postpartum IUD is a convenient, safe, and effective way of starting birth control right after having your baby. Immediate postpartum means that the IUD is inserted after delivery of your baby (within 10 minutes) while you are in your labor and delivery room. This can be done after a vaginal or cesarean delivery. All types of IUDs can be inserted immediately postpartum.

How does immediate postpartum IUD compare to IUD placement in the clinic?
Immediate postpartum IUDs may be more comfortable to place, depending on the type of pain control medication used for your labor and delivery. IUDs placed immediately postpartum may have a higher chance of falling out. This is called an IUD expulsion. An expulsion of an IUD means that the IUD partially or completely comes out of your uterus. An IUD expulsion is not dangerous and will not damage your cervix, your uterus, or future fertility; however, it may be uncomfortable for you and the IUD may not work correctly for birth control. The chance of having an IUD expulsion is 8% if you have an IUD placed at cesarean section, 20-30% if you...
Electronic Health Record (EHR) Documentation

Is the patient done childbearing?
- Yes
- No

How many more children does the patient desire?

How long does the patient want to wait prior to next pregnancy?

What family planning method is patient interested in using?
- IUD
- Implant
- Pills
- Patch
- Ring
- Injection
- Tubal ligation
- Vasectomy
- Tubal occlusion/essure
- NFP/rhythm
- Condoms

Patient sure that she can use this method reliably and without difficulty?
- Yes
- No

Interested in immediate postpartum IUD insertion (if currently pregnant)?
- Yes
- No

Patient counseled on protection against STI with barrier methods?
- Yes
- No
Post Procedure Follow-up

Anticipatory Guidance – Suggested Topics

- For IUD insertions, inform patients of how to check strings and what to do if their IUD is expelled.

- For general concerns or LARC removal, direct patients to OB provider.

- Share places where a patient could get LARC removed if necessary.

- Link to other partners/services, especially incase women who do not return for postpartum visit (e.g., home visitation programs).
POTENTIAL SCENARIOS
Scenario 1

Contraceptive Counseling and Education for Women Who Enter the Hospital System at Time of Delivery

Suggestion:

 Assess where the patient is in the labor process

 Modify education based on the patient’s ability to engage in a productive conversation

 Education should always be comprehensive

 If a decision is not reached, assure patient that they can access contraception at another time
Scenario 2

Contraceptive counseling for a patient that will deliver/delivers at a hospital with restrictions or a different hospital than planned

👩‍⚕️ If a patient choose IPP LARC prenatally but is unable to get their preferred method, immediately link them to a facility/site prior to discharge where they can get the method before their postpartum visit
FPQC EXAMPLES
Hospital A

Outpatient participant from start

- Hospital is residency-based and has an outpatient clinic
- Continuity of care remains intact

- What about hospitals who do not have this option?
Hospital B

One option only

Hospital decided to only offer one type of LARC method: either IUD or implant

A local federally qualified health center or Title X clinic could offer women the other option in the outpatient setting
Group Discussion

HOW MIGHT THIS LOOK IN IL?
Project Resources Website

health.usf.edu/publichealth/chiles/fpqc/larc
OR
FPQC.org ➔ Current Projects ➔ Access LARC

Access LARC News & Announcements

Access LARC Initiative Launches November 3 2017

Online Tool Box for Participating Access LARC Hospitals
This Tool Box contains tool kit documents, example policies and educational materials, and more. This resource is updated regularly throughout the project.

- Archived Webinars
- Participating Hospitals

Partnering to Improve Health Care Quality for Mothers and Babies
PATIENT RESOURCES
You've just welcomed a baby – are you ready for another? Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options to help you prevent or plan your next pregnancy.

- Tubal ligation/vasectomy
- Condoms and other natural methods
- Shot, patch, pill, ring
- Implant, Intrauterine device (IUD)

What’s most effective?

- Implant: 99.5%
- IUD: 99.2%
- Pill: 91%
- Condom: 82%

Content source: Centers for Disease Control and Prevention’s Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion

The most safe and effective reversible option for women is also known as long-acting reversible contraception (LARC). LARC includes the implant and the IUD.

LARC can prevent pregnancy for years and can be removed at any time. You can become pregnant soon after it’s removed. Talk to your health care provider about your options.

*Cost of birth control may depend on when you get the method and your health insurance.
THANK YOU!

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@TheFPQC

Join our mailing list at FPQC.org

E-mail: FPQC@health.usf.edu

Partnering to Improve Health Care Quality for Mothers and Babies
TEAM TALK: GIBSON AREA HOSPITAL
About Gibson Area Hospital

- GAH is a Critical Access Hospital located in Gibson City, Illinois.
- GAH has 9 medical clinics in surrounding communities and serves 8 counties.
- We have 8 delivering physicians that are all FPOB’s.
- 2018 Fiscal Year: 228 deliveries
- In November of 2014 we opened up a new obstetrical department that has 5 LDRP’s, 1 triage room, a Nursery, and an OR suite.
About our OB Staff

- Our OB Department has 11 Full time RN’s, 7 PRN RN’s, 3 Full time OB Techs on staff
- We staff with 2 RN’s in house at all times
- Our RN’s are all certified in CPR, ACLS, NRP, Stable, Fetal monitoring.
- Our nurses are trained in Labor and Delivery, Postpartum, and Nursery.
- We have 6 CLC’s and 2 IBCLC’s on staff
GAH IPLARC Team

- Becky Miller RN-CLC – Team Lead
- Kristin Salyards RN – OB Director
- JoAnn Jay RN – Executive Director of Nursing
- Dr. Bernadette Ray and Dr. Donald Reese - FPOB
- Stephanie Johnson – Materials Management Director
- Kelsey Sandmark – Pharmacist
- Tera Roesch - Billing
- Nicole Kay – IT
- Skylee Crawford – Social Worker
- Amy Workman RN and Kayla Judy RN – Staff RN (Data Collection)
Key Players Meeting: 30/60/90 Day Plan

Next Steps for Gibson Hospital

**30 Days**
Overall Goal:
Finalize ordering process and what LARCs will be ordered

**Tasks to Achieve Goal:**
1. Finalize LARC options and amounts
   - Responsible Party: Stephanie/Becky
2. Determine which provider Nexplanon will be ordered under
   - Responsible Party: Stephanie
3. Finalize system for tracking orders and reordering
   - Responsible Party: Kelsey/Stephanie
4. Create a log for tracking LARCs
   - Responsible Party: Becky

**60 Days**
Overall Goal:
Determine process for how to document/record IPLARC procedure and educate providers on the determined process

**Tasks to Achieve Goal:**
1. Create a template for EMR
   - Responsible Party: Nikki/Becky
2. Create a process map on steps for documentation
   - Responsible Party: Kristin/Becky
3. Educate providers utilizing process map
   - Responsible Party: Becky

**90 Days**
Overall Goal:
Have all processes in place to Go-Live including ability to document in EMR and all staff including nurses educated on processes

**Tasks to Achieve Goal:**
1. Determine orderset to add the devices to
   - Responsible Party: Kristin/Becky
2. Build ordersets and have them added in
   - Responsible Party: Nikki/Kelsey
3. Create a contraceptive counseling RN admit question
   - Responsible Party: Kristin/Becky
4. Educate nurses
   - Responsible Party: Kristin/Becky
Team Success and Barriers

Success

- Physician buy in – All our Physicians did IUD training the day of our Key Players Meeting
- Purchasing – Cheaper to get through materials management than pharmacy

Barriers

- EMR system
  - Hospital uses a one type of EMR
  - Physicians have 3 different outpatient EMR systems so all prenatals are different
- Low volume of deliveries means we wont be placing a lot.
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 56300 Dx code Z30.430)
  - Nursing document device in Care connection or Surginet
  - Nursing add IUD to charge sheet
ROUND ROBIN – TEAMS
UPDATE ON PROGRESS
TOWARDS GO LIVE GOAL
IPLARC Wave 2 Discussion Questions

✓ Has your team scheduled a Key Players Meeting?
✓ Has your team submitted April – September data?
✓ How does your team engage OB providers in this initiative?
✓ Has your team started working with affiliated outpatient sites for a plan for prenatal comprehensive contraceptive counseling including IPLARC?
UPCOMING EVENTS
IPLARC Calls

- THIRD MONDAY OF THE MONTH

**IPLARC Wave 2 Teams**
12-1pm

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

- **Register for the Annual Conference**
- Submit April-September 2019 data if you have not done so already!
- Connect with outpatient providers for a plan for prenatal comprehensive contraceptive counseling including IPLARC
- Identify patient education materials and plan for comprehensive contraceptive counseling including IPLARC on L&D
- Reach out to ILPQC – we are always here to help!
Contact

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