



Access LARC

Celebrating Success

Access LARC Collaborative Webinar

Partnering to Improve Health Care Quality
for Mothers and Babies



Welcome!

- **Please enter your Audio PIN on your phone or we will be unable to un-mute you for discussion**
- If you have a question, please enter it in the Question box or Raise your hand to be unmuted
- This webinar is being recorded
- Please provide feedback on our post-webinar survey

Agenda

9/12/18

- Welcome
- Announcements
- Access LARC: Celebrating Success
- Medicaid Update
- Patient Information Update
- Questions

Quality Improvement Methods Training

September 24-25

For more info email fpqc@health.usf.edu

- 👤 FREE Training for Perinatal Professionals
- 👤 Clearwater, FL
- 👤 This 1.5 day training is aimed at hospital-based QI teams in maternal or neonatal healthcare, but is open to all who can attend **as a team** with a small scope QI project already in mind

Save the Date
FPQC 2019 Conference
April 4-5, Tampa

👤 **Racial/ethnic disparities in maternal mortality & morbidity – Elizabeth Howell, MD, MPP**

Professor of Population Health Sciences & Policy, Obstetrics, Gynecology, and Reproductive Science, & Psychiatry, Mount Sinai Health System



👤 **Parent topic – Lelis Vernon**

NICU Mom, National Network of Perinatal Quality Collaboratives, Patient and Family Centered Care advocate



👤 **Racial/ethnic disparities in NICU care quality – Joachim Profit**

Associate Professor of Pediatrics (Neonatology), Stanford University



Project Announcements

- 👶 Schedule Access LARC site visit soon
- 👶 IUD Insertion Training is available
- 👶 MamaU training model will be provided to our participating hospitals/residency programs in Florida



**Access LARC Data Questions?
Contact Estefania Rubio at:**

erubio1@health.usf.edu

(813)458-1284

Partnering to Improve Health Care Quality
for Mothers and Babies





SMH LARC: Approaching Implementation



Dr. Washington Hill

Ellen French, MSN, RNC

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for Mothers and Babies





Partnering to Improve Health Care Quality
for Mothers and Babies

Collaboration is Key to Success!

Who to Include

Multi-disciplinary Implementation Team
Disciplines & Departments
Obstetric Providers
Nursing (L & D, OB, OR, Mother/Baby)
Lactation Consultants
Billing/Collections
Contracts/MCO Liaison
IT/EMR
Pharmacy
Others (for example: QI, social work)



Our “others”

- 👤 Women and Children’s Director
- 👤 The department Administrative Assistant for minutes/meeting scheduling etc.
- 👤 Medical Staff Representative (IUD privileging)
- 👤 Community Approach (reaching the patients)
 - 👤 Representative from Sarasota County Health Dept.
 - 👤 Representative from Planned Parenthood
- 👤 This FPQC Initiative was, by far, the most collaborative in and outside of the facility.

Medical Device vs. Pharmaceutical

- 👉 IUD's were decided, by SMH, to be a medical device and we were able to order directly to the floor from LeeSar.
- 👉 Mirena: Only IUD available from LeeSar.
- 👉 Billing/Coding: Changed the physician post delivery note to include documentation of IUD because it is not a medication.

Medical Device vs. Pharmaceutical

- ➊ Nexplanon is provided by our pharmacy. This had to go through approval processes to add to the formulary but will be easily coded and billed off of the medication record.

OB Immediate Post-procedure/Post-op Note (IPON): Physician Documentation

DELIVERY COMPLICATIONS:

None Shoulder Dystocia Precipitous Labor (< 3hrs) Placenta Previa Abruptio Placentae Placental Infarction Premature Rupture of Membranes Chorioamnionitis

Maternal Blood Transfusion Uterine Inversion Uterine Atony Hemorrhage Uterine Rupture Maternal Fever Above 100.4 F Seizures Prolonged Labor > 20 Hrs

Prolonged Second Stage > 2Hrs Hyperstimulated Uterus Embolus Hysterectomy Maternal ICU Admission Other

PLACENTAL DELIVERY METHOD: Spontaneous Retained Complete Retained Partial Retained Fragments With Hemorrhage

PLACENTAL DESCRIPTION: Normal Appearing Abruptio/Ablatio/Apoplexy Accreta/Adherent/Increta/Percreta Degeneration/Dysfunction

FINDINGS/COMMENTS:

EBL was

Blood Products Administered: None Yes

POST PARTUM CONDITION:

Prosthetics, grafts, tissues, transplants or devices implanted None IUD PLACEMENT IMMEDIATELY AFTER DELIVERY (LARC)

Will be adding a space for "Mirena". Lot Number and Expiration Date.

Barriers

- 👶 Providers: Not something everyone felt was necessary. Some will refuse participation with IUD.
- 👶 Lactation: Will it inhibit breastfeeding? Our lactation personnel understood the current research and had no opposition.
- 👶 Privileging: Worked with Medical Staff office.
- 👶 Pharmacy: Had to go to P & T committee but no problems.
- 👶 Billing/Collections/Contracts: Greatest Barrier to Implementation even with the correct people at the table. FPQC is helping.

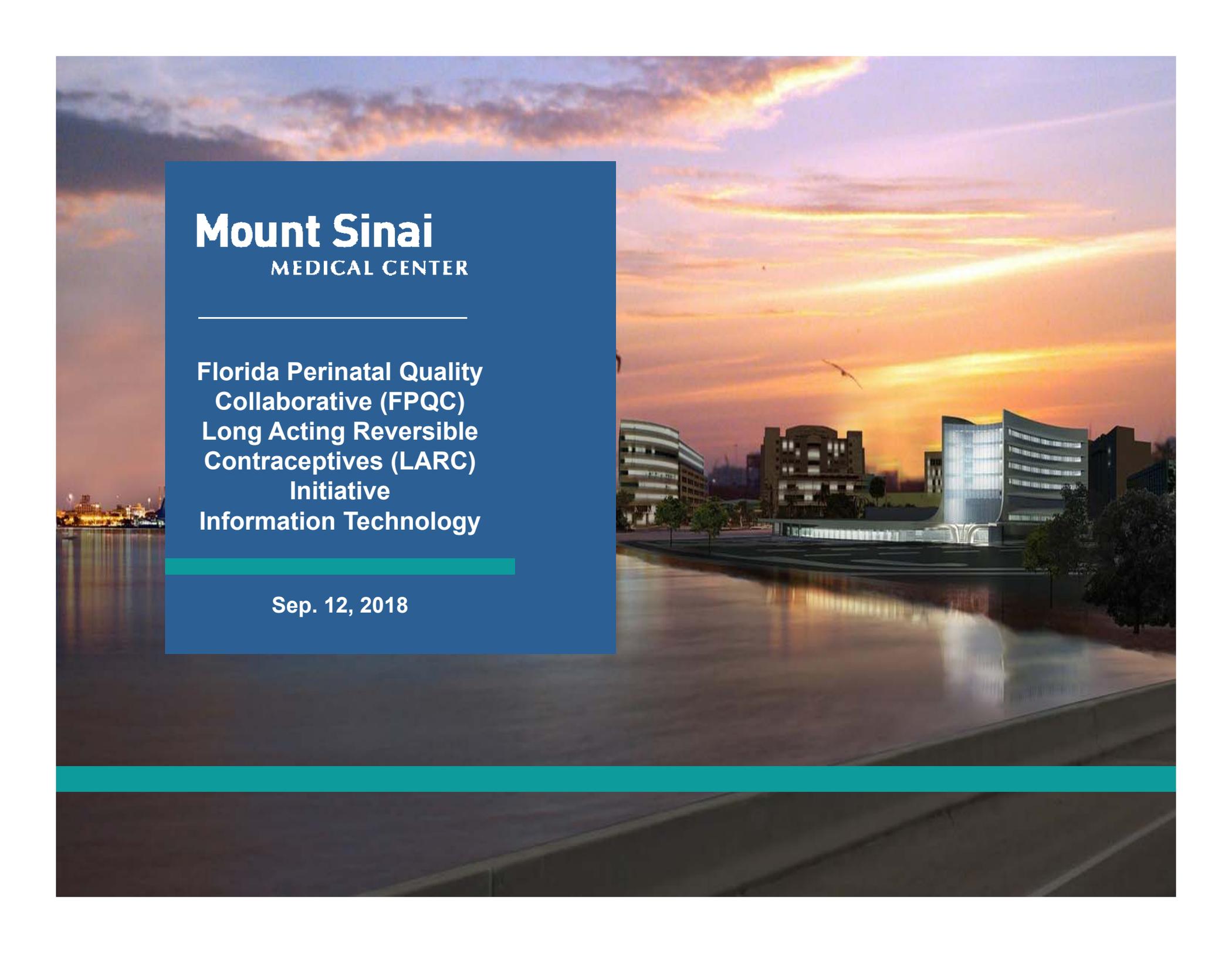
Any Questions?

SARASOTA
MEMORIAL

HEALTH CARE SYSTEM



Partnering to Improve Health Care Quality
for Mothers and Babies

A photograph of the Mount Sinai Medical Center building at sunset. The sky is a mix of orange, yellow, and purple, with a bright sun low on the horizon. The building's lights are on, and its reflection is visible in a body of water in the foreground. The overall scene is serene and modern.

Mount Sinai

MEDICAL CENTER

Florida Perinatal Quality
Collaborative (FPQC)
Long Acting Reversible
Contraceptives (LARC)
Initiative
Information Technology

Sep. 12, 2018



Kylie Rowlands-Perez



Lyn Eidam

- Monthly meetings with all disciplines
- Buy-in
- Billing & contracts
- Pharmacy
- Supply Chain
- Policy
- Consent
- IT

LARC

- We Rule:
 - Department Based
 - L&D
 - Postpartum

Larc, One
Age: 35 y.o.
DOB: 07/09/1983

Bed: LDEL-03
MRN: 3007401
CSN: 5000114321

GA: None
Hx: G1P0
EDD: None

Blood Type: None
He
Weight (kg): Non

LARC

File | Add Rows | Add LDA | Cascade | Add Col | Insert Col | Hide Device Data | Launch OBIX | Comp

Antepartum | Post Vaginal Recovery | OB Time Out for Bedsi... | Vital Signs | IV Assessment | Critical

Hide All Show All

Expanded View All

	1m	5m	10m
			9/10/18
			1400

Procedure

Procedure stated by consent

Pre-Procedure Interventions / Checklist

Patient name verified?	
Patient's date of birth verified?	
Consents Completed/Verified/Signed	
Is patient's H&P on file?	

Implants

Blood Products and Availability

Is a type and screen on file?	
Are blood products available?	
PRBCs (Units)	
Autologous (units)	
FFP (Units)	
Platelets (Units)	
Other (units)	

Section II: Pre Procedure

Verify Patient's ID Band for Correct Name & Date Of Birth?	
Consent accurate and complete including laterality spelled	
Is patient's H&P on file?	
Pre op check list completed	
Is nursing assessment complete?	
Is the Pre-anesthesia/Moderate Sedation Assessment	
Are radiology images available?	
Is special equipment available?	
Pt/legal rep educated on ID/site marking/preventing	
RN Circulator Signature	
***STOP** Take a moment to verify ALL answers	

Summary | Chart Review | Care Everywh... | Results Revi... | Synopsis | History | Allergies | Medications | Immunizations | Work List | Flowsheets | Intake/Output | MAR | Notes | Education | Care Plan | Clinical Refer... | Manage Orders | Launch OBIX | **LARC**

LARC

Labor and Delivery

Risk Management

- Approval of Consent
- Approval of Pre-Proc. Check List

LARC

File | Add Rows | Add LDA | Cascade | Add Col | Insert Col | Hide Device Data | Launch OBIX | Comp

Antepartum | Post Vaginal Recovery | OB Time Out for Bedsi... | Vital Signs | IV Assessment | Critical

Hide All Show All

Expanded View All

1m 5m 10m

9/10/18

1400

Section III: Site Marking

Midline, single organ, without laterality or cardiac cath.

****STOP** Take a moment to verify ALL answers**

Section V: Prior to Procedure

Verify Patient's ID Band for Correct Name & Date Of Birth?

Correct side and site marked with initials and visible

Does team agree on procedure to be performed?

Is the Pre Op checklist completed, timed and signed?

Is the patient in the correct position?

Relevant images are properly labeled and displayed

All special equipment or special requirements identified

Has a prophylactic antibiotic been given?

Safety precautions based on patient history and/or

Is alcohol based skin prep dry?

Team Member 1

Team Member 2

Team Member 3

Team Member 4

Team Member 5

Team Member 6

Team Member 7

Team Member 8

****STOP** Take a moment to verify ALL answers**

LARC IUD Placement (Intrauterine Device)

\$Procedure LARC Placement

IUD Lot Number

IUD Expiration Date

IUD Inserted Date

IUD Inserted Time

Device Placed

IUD Placement

IUD Inserted by

LARC Provider Present

NOT PRESENT

Comments

LARC

Labor and Delivery

- IUD Lot Number (Manual Entry)
- IUD Expiration Date (Manual Entry)
- IUD Inserted Date/Time (Manual Entry)
- Device Placed:
 - Mirena
 - Paragard (Copper)

LARC IUD Placement (Intrauterine Device)	
\$Procedure LARC Placement	
IUD Lot Number	
IUD Expiration Date	
IUD Inserted Date	
IUD Inserted Time	
Device Placed	
IUD Placement	
IUD Inserted by	
LARC Provider Present	
NOT PRESENT	
Comments	

- IUD Placement
 - Immediately Postpartum SVD
 - Immediately Postpartum C/S
- IUD Inserted by
 - Name of the physician
- LARC Provider Present
 - Attending, Resident, Nursing Student, Medical Student, Midwifery Student, Family Planning Fellow, Faculty

LARC IUD Placement (Intrauterine Device)	
\$Procedure LARC Placement	
IUD Lot Number	
IUD Expiration Date	
IUD Inserted Date	
IUD Inserted Time	
Device Placed	
IUD Placement	
IUD Inserted by	
LARC Provider Present	
NOT PRESENT	
Comments	

LARC PostPartum

- Device Placed
 - Nexplanon

LARC

File | Add Rows | Add LDA | Cascade | Add Col | Insert Col | Hide Device Data | Launch OBIX | Comp

Postpartum | Intake/Output | IV Assessment | Vital Signs | Post Vaginal Recovery | Daily Cares/Safety | La

Hide All Show All

Procedure

Pre-Procedure In...

Blood Products a...

Section II: Pre Pr...

Section III: Site M...

Section V: Prior t...

LARC Implant Pla...

Expanded View All

1m 5m 10m

Admission (Current) f
7/13/18
0900

Midline, single organ, without laterality or cardiac cath,
STOP Take a moment to verify ALL answers

Section V: Prior to Procedure

Verify Patient's ID Band for Correct Name & Date Of Birth?
Correct side and site marked with initials and visible
Does team agree on procedure to be performed?
Is the Pre Op checklist completed, timed and signed?
Is the patient in the correct position?
Relevant images are properly labeled and displayed
All special equipment or special requirements identified
Has a prophylactic antibiotic been given?
Safety precautions based on patient history and/or
Is alcohol based skin prep dry?
Team Member 1
Team Member 2
Team Member 3
Team Member 4
Team Member 5
Team Member 6
Team Member 7
Team Member 8
STOP Take a moment to verify ALL answers

LARC Implant Placement (Arm Implant)

SOB LARC Placement		1
Implant Placement		
Implant Site		
Implant Lot Number		
Implant Expiration Date		
Implant Inserted Date		
Implant Inserted Time		
Device Placed		
Implant Inserted by		
LARC Provider Present		
Comments:		

LARC



Atrium Health

Access LARC *Implementation Progress Update*

September 12, 2018

Presenters



Amy Bell, DNP, RNC, NEA-BC, CPHQ
Atrium Health Quality Division
Quality Director – Women’s and Children’s Services and Levine
Cancer Institute



Amy McNeill, MHA, CPHQ
Atrium Health Quality Division
Outcomes Specialist – Women’s Health



Kathy Shaffer, MSN, RN, AGCNS-BC, CBC
Atrium Health
Carolinas Medical Center
Clinical Nurse Specialist – Women’s Service Line

Successes

- **Multidisciplinary Collaboration**

- Active team members include: Physician & Nursing Champions, Quality, Pharmacy, MCO Liaison, Pregnancy Medical Home Coordinator, Educators, Midwives

- **Education and Training**

- Forums included: Grand Rounds, Departments meetings, Lunch & Learns, Perinatal Safety Collaborative Retreat, and learning module available online
- Training provided using Mama-U model

- **Processes**

- Integration with current processes for consents, time outs, etc.

Successes

- **Unit Readiness**

- Creation of equipment toolkit

- **Initial Documentation Development**

- Includes pharmacy orders and initial device tracking

- **Partnering with Coding & Billing**

- Process to track initial patients to confirm appropriate capture

- **Inclusion of Corporate Compliance**



Barriers

- **Reimbursement & Cost**
 - North Carolina does not currently cover the cost of devices placed inpatient
- **Current limitations with communication through the EMR**
- **Establishing pharmacy processes and device availability**
 - Ordering processes to confirm right location at right time

Next Steps

- Full documentation build to support communication between inpatient/outpatient and database development for tracking of patient outcomes
- Continue advocating at the State level for reimbursement of devices
 - Partnering with other North Carolina health systems to support the conversations
- Integrate education into discharge app for patients
 - Potentially include assessment to assist with patient decision making
- Hardwire processes for patient identification

Agency for Health Care Administration: Statewide Medicaid Managed Care (SMMC) 2013-2018 Updates & Medicaid Complaint Form Resources

Ursula K. Weiss, PhD

Bureau Chief

Medicaid Quality

Division of Medicaid

Agency for Health Care Administration

Janicka D. Harris, MPH

Government Analyst II

Clinical Compliance Monitoring

Bureau of Medicaid Quality

Agency for Health Care Administration



New 2013-2018 SMMC Program Goals



Reduce potentially preventable hospital events (PPEs):

Admissions

Readmissions

Emergency department visits



Improve birth outcomes:

Reduce Primary C-Section Rate

Pre-term Birth Rate

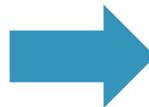
Rate of Neonatal Abstinence Syndrome



Increase the percentage of enrollees receiving long-term care services in their own home or the community instead of a nursing facility



**SMMC OVERVIEW WEBINAR
FRIDAY, SEPT. 14TH**



**United States (Toll-free): 1-877-309-2071
Access Code: 512-278-688**



Better Health Care for All Floridians
AHCA.MyFlorida.com

VIEW ENTIRE SMMC PRESENTATION HERE:

http://ahca.myflorida.com/Medicaid/mcac/docs/2018-07-10_Meeting/SMMC_Update_7-2018.pdf

Thank you!

Questions/ Topics

Contact Information

GENERAL

Recipients and providers with general questions or concerns about Medicaid, please contact a Florida Medicaid representative 1-877-254-1055 or visit http://ahca.myflorida.com/medicaid/statewide_mc/

CLAIMS PROCESSING/ MEDICAID BILLING

Providers needing assistance on how to submit a claim for IPP LARCs, please contact the Medicaid Fiscal Agent (DXC): 1-800-289-7799, option #7 or email healthplan.support@dxc.com

FILE A COMPLAINT

If the issue involves a Medicaid Managed Care Plan, you must use the Plan's provider complaint/appeal process, **prior** to submitting the complaint to the Agency. Plans must report all provider complaints to the Agency. <https://www.flmedicaidmanagedcare.com/complaint/#/>



PLEASE SEE SLIDE NOTES - HOW TO FILE A COMPLAINT



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Q & A

If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

We can only unmute you if you have dialed your Audio PIN (shown on the GoToWebinar side bar).



THANK YOU!

Technical Assistance:
FPQC@health.usf.edu

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