



IPAC

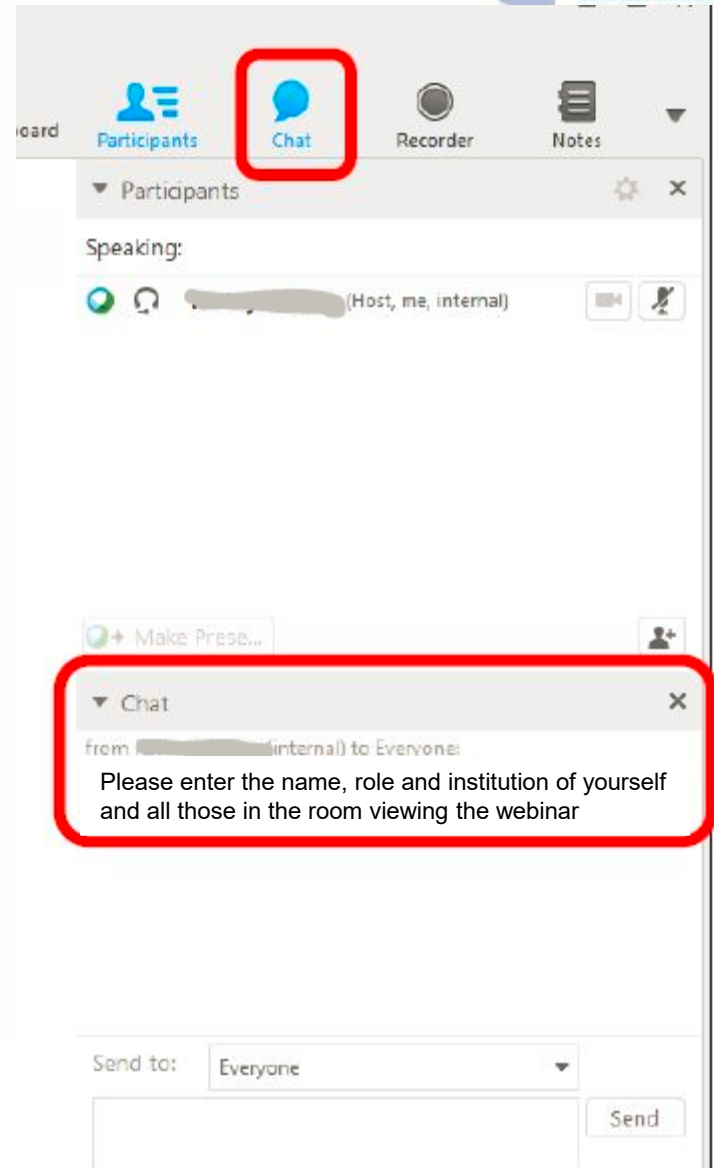
Crossing the Finish Line Round Robin

March 16th, 2020

11:00am-12:00PM

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



COVID-19 Information for Clinicians Caring for Children and Pregnant Women



- There was CDC Clinician Outreach and Communication Activity (COCA) Call yesterday March 12. Topics focused on current information about COVID-19 as it relates to children and pregnant women. Topics included infection prevention and control measures in inpatient obstetric healthcare settings ([CDC's Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#)) and resources available to care for pediatric patients.
- View On-Demand Recording of the webinar here: https://emergency.cdc.gov/coca/calls/2020/callinfo_031220.asp?deliveryName=DM22358



Overview

- Welcome/introductions
- Face-to-Face Meeting
- Round Robin
- IPAC updates and data review
- ILPQC Resources to remember
- Team talks-
 - *UI Health*
- Webinar To-Dos & take-away(s)

Face to Face

planning for virtual meeting options



- Given these unprecedented times facing the Covid-19 virus, we are working on back up plans for Face to Face to be a virtual meeting if needed.
- The CDC is recommending canceling all meetings > 50 people for the next 8 weeks.
- Please register for the meeting and we will update the collaborative as soon as back up plans are in place.



You're Invited!

2020 OB & Neonatal Face-to-Face Meetings

Nurses, Providers, & Staff

join us for an interactive day of collaborative learning for current & upcoming ILPQC initiatives!

OB Teams: May 20, 2020

Check-in: 8:00a-9:00a

Meeting: 9:00a-3:30p

Mothers & Newborns affected by Opioids - OB (MNO-OB)
Immediate Postpartum LARC (IPLARC)
Improving Postpartum Access to Care (IPAC)
Promoting Vaginal Birth (PVB)

Neonatal Teams: May 21, 2020

Check-in: 8:00a-9:00a

Meeting: 9:00a-3:30p

Mothers & Newborns affected by Opioids - Neonatal (MNO-Neonatal)
Babies Antibiotic Stewardship Improvement Collaborative (BASIC)

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

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

Abraham Lincoln DoubleTree Hotel,
Springfield, IL

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

F2F Possible speakers and topics



- MNO Finishing Strong
- Promoting Vaginal Birth Kick-off – Jessica Brumley from FPQC
- Patient Story- Pritzker Fellow Helena Girouard
- Team panel – MNO, IPLARC and IPAC teams to discuss success strategies for crossing the finish line to achieve aims, sustainability

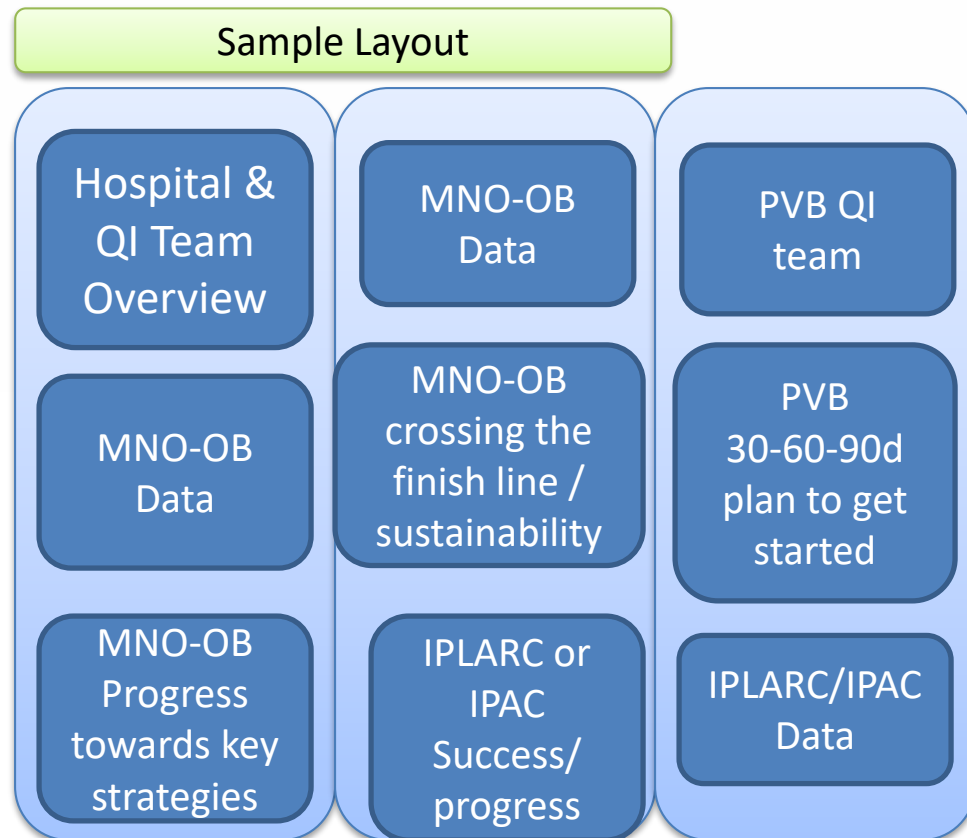


Face-to-Face breakout topics

- MNO-OB: Finishing Strong / Key Strategies for Success
- MNO-OB: Preparing for Sustainability
- MNO-OB: Optimize Narcan Counseling & Access
- Immediate Postpartum LARC (IPLARC): Sustainability & Billing
- Improving Postpartum Access to Care (IPAC): Sustainability & Billing
- PVB: Data Collection Strategies
- PVB: Unpacking the Toolkit / Getting Started
- Obstetrics Chair / Obstetrics Leadership Breakout
- State & Community Partner Breakout

F2F Storyboard Session (OB)

- All teams will bring a storyboard to the Face to Face
- For MNO-OB, share your progress toward crossing the finish line and achieving aims, including implementation of the 4 key strategies
- For IPLARC/IPAC teams, share your data, Go Live success and sustainability plans
- For PVB teams, share your PVB QI Team, 30/60/90 day plans to get started on this initiative (launch call 1st week in May)
- See the diagram for examples of how to lay out your storyboard



Stay tuned for updates on our interactive storyboard session with prizes!

Sample Layouts



With 4 portrait oriented sheets in the middle panel



With 3 landscape oriented sheets in the middle panel

ILPQC QI Excellence Awards



- In order to be eligible for awards:
 1. Must have all data: submitted through March 2020 by April 27
 2. Must have IPLARC Sustainability Plan submitted

QUALITY IMPROVEMENT EXCELLENCE AWARDS

ILPQC INCREASING POSTPARTUM ACCESS TO CARE

IPAC

QI CHAMPION

- ✓ All Data Submitted*
- +
- ✓ LIVE or Piloting IPAC**
- +
- ✓ Sustainability Plan Submitted
- +
- ✓ Green on 7 Key Opportunities**

IPAC

QI LEADER

- ✓ All Data Submitted*
- +
- ✓ LIVE or Piloting IPAC**
- +
- ✓ Sustainability Plan Submitted

IPAC

QI RECOGNITION

- ✓ All Data Submitted*
- +
- ✓ Sustainability Plan Submitted

**ALL DATA SUBMITTED THROUGH MARCH 2020 BY APRIL 27*

***BY MARCH 2020*

IPAC Sustainability Plan

- Complete the sustainability plan and submit to Autumn Perrault
- Please reach out to Autumn or ILPQC with any questions

ILPQC Improving Postpartum Access to Care Initiative: Sustainability Plan	
Compliance Monitoring	
1. Percent of patients with early postpartum visit scheduled before discharge	
2. Percent of patients who received standardized postpartum education prior to discharge:	
a. Benefits of early postpartum visit	
b. Early warning signs	
c. Healthy pregnancy spacing	
How will measures be collected? _____	
Will you continue to track IPAC data using the ILPQC Data System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Team member(s) in charge of reporting in REDCap: _____	
How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance benchmarks on measures are not achieved?: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
New Hire Education for all new hires	
What education tool(s) will you use for new hires?	
<input type="checkbox"/> ILPQC Grand Rounds Slide Set <input type="checkbox"/> ILPQC IPAC Toolkit Binder <input type="checkbox"/> ILPQC OB Provider Packet	
<input type="checkbox"/> ILPQC Checklist for Maternal Health Safety Check <input type="checkbox"/> Other: _____	
How will you incorporate IPAC to care education into new hire training/onboarding:	
a) maternal safety risks in the postpartum period/healthy pregnancy spacing	
b) benefits of early postpartum care/maternal health safety check	
c) protocol for facilitating scheduling early postpartum visit prior to discharge	
d) documentation and billing for early postpartum visit	
e) components of early postpartum visits/maternal health safety check _____	
How will you check-in with outpatient staff to ensure IPAC education is included in outpatient new hire education? _____	
Ongoing Education for all providers and nurses	
What education tool(s) will you use for ongoing education for providers and nurses?	
<input type="checkbox"/> Protocols <input type="checkbox"/> Grand Rounds <input type="checkbox"/> ACOG Committee opinion #736 <input type="checkbox"/> ILPQC Checklist for Maternal Health Safety Check	
<input type="checkbox"/> Other: _____	
How will you incorporate IPAC education into ongoing provider/staff education including:	
a) maternal safety risks in the postpartum period/healthy pregnancy spacing	
b) benefits of early postpartum care/maternal health safety check	
c) protocol for facilitating scheduling early postpartum visit prior to discharge	
d) documentation and billing for early postpartum visit	
e) components of early postpartum visits/maternal health safety check _____	
How will you work with outpatient staff to ensure ongoing education is provided re: IPAC? _____	
Nursing Champion(s): _____ Provider Champion(s): _____	
Drafted Date: _____ Quarterly Review Dates: _____	
Hospital Name: _____	

Improving Postpartum Access to Care (IPAC)

ROUND ROBIN

Round Robin- Each team to share:

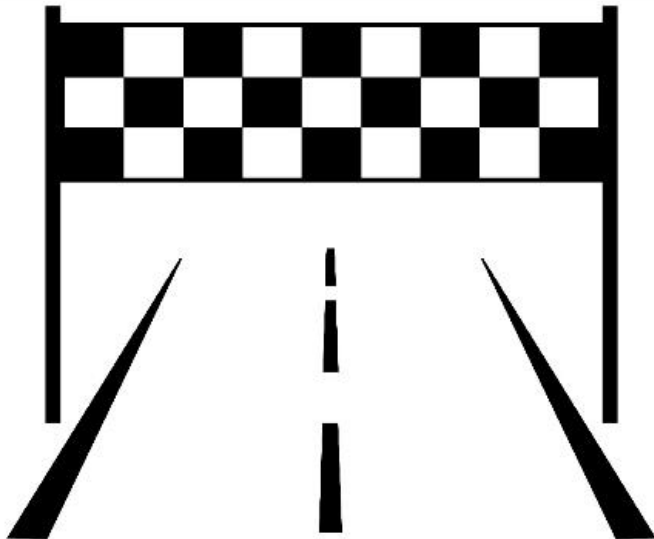
- What progress have you made since our last check in?
- What barriers (if any) have you encountered with payers and staff?
- What strategies have you or will you implement to overcome those barriers?

1. AMITA Alexius Brothers Women's & Children's Hospital – *Hoffman Estates*
2. AMITA Alexian Brothers Hospital – *Elk Grove Village*
3. AMITA Resurrection Medical Center - *Chicago*
4. Loyola University Medical Center - *Maywood*
5. FHN Memorial Hospital - *Rockford*
6. Franciscan Health Olympia Fields - *Olympia Fields*
7. Touchette Regional Hospital – *East St. Louis*
8. SSM St. Mary's – *Centralia*
9. St. Joseph Hospital – *Chicago*
10. Morris Hospital & Healthcare Centers – *Morris*
11. St. Margaret's Health- *Spring Valley*
12. UI Health – *Chicago* **THIS MONRH'S TEAM TALK ***
13. Illinois Valley Community Hospital-*Peru*
14. Memorial Medical Center- *Springfield*
15. KSB Hospital- *Dixon, IL*
16. AMITA Adventist GlenOaks Hospital, *Glendale Heights, IL*

Round Robin- Going Live

Please share your thoughts:

1. What are you focusing on to Go-LIVE by May 2020?
2. If you are already LIVE, what are you focusing on for sustainability?



Improving Postpartum Access to Care (IPAC)

IPAC- UPDATES AND DATA REVIEW

ILPQC Improving Postpartum Access to Care (IPAC) Initiative



Aim: Within 11 months of initiative start, $\geq 80\%$ of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

To optimize the health of women by increasing access to early postpartum care within the first two weeks postpartum to facilitate follow-up as an ongoing process, rather than a single 6-week encounter and provide an opportunity for a maternal health safety check and link women to appropriate services.

Key Goals:

- Increase % of women with an early postpartum visit scheduled with an OB provider within the first two weeks after delivery
- Increase % of women receiving focused postpartum education prior to discharge after delivery
- Increase % of providers / staff receiving education on optimizing early postpartum care
- Achieve GO LIVE goal to provide IPAC for $\geq 80\%$ participating hospitals by May 2020





Aims & Measures

Overall Initiative Aim

Within 11 months of initiative start, $\geq 80\%$ of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

Structure Measures

IPAC protocol/process flow in place for facilitating scheduling of early postpartum visits with affiliated outpatient care sites and OB providers prior to discharge

Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/outpatient care sites (ie, share ILPQC OB provider/outpatient care site packet)

Implement standard postpartum education prior to discharge after delivery regarding:

- a) benefits of early postpartum care
- b) postpartum early warning signs and how to seek care
- c) benefits of pregnancy spacing and options for (outpatient) family planning

Process Measures

Educate all providers and staff on optimizing early postpartum care including:

- a) maternal safety risks in the postpartum period
- b) benefits of early postpartum care/maternal health safety check
- c) protocol for facilitating scheduling early postpartum visit prior to discharge
- d) documentation and billing for early postpartum visit
- e) components of early postpartum visits/maternal health safety check

Outcome Measure

Increase % of women with documentation of an early postpartum visit/maternal health safety check encounter scheduled within the first 2 weeks of delivery

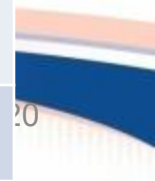
Increase % of patients who receive standardized pp patient education prior to discharge



Don't forget to submit your team's monthly data!



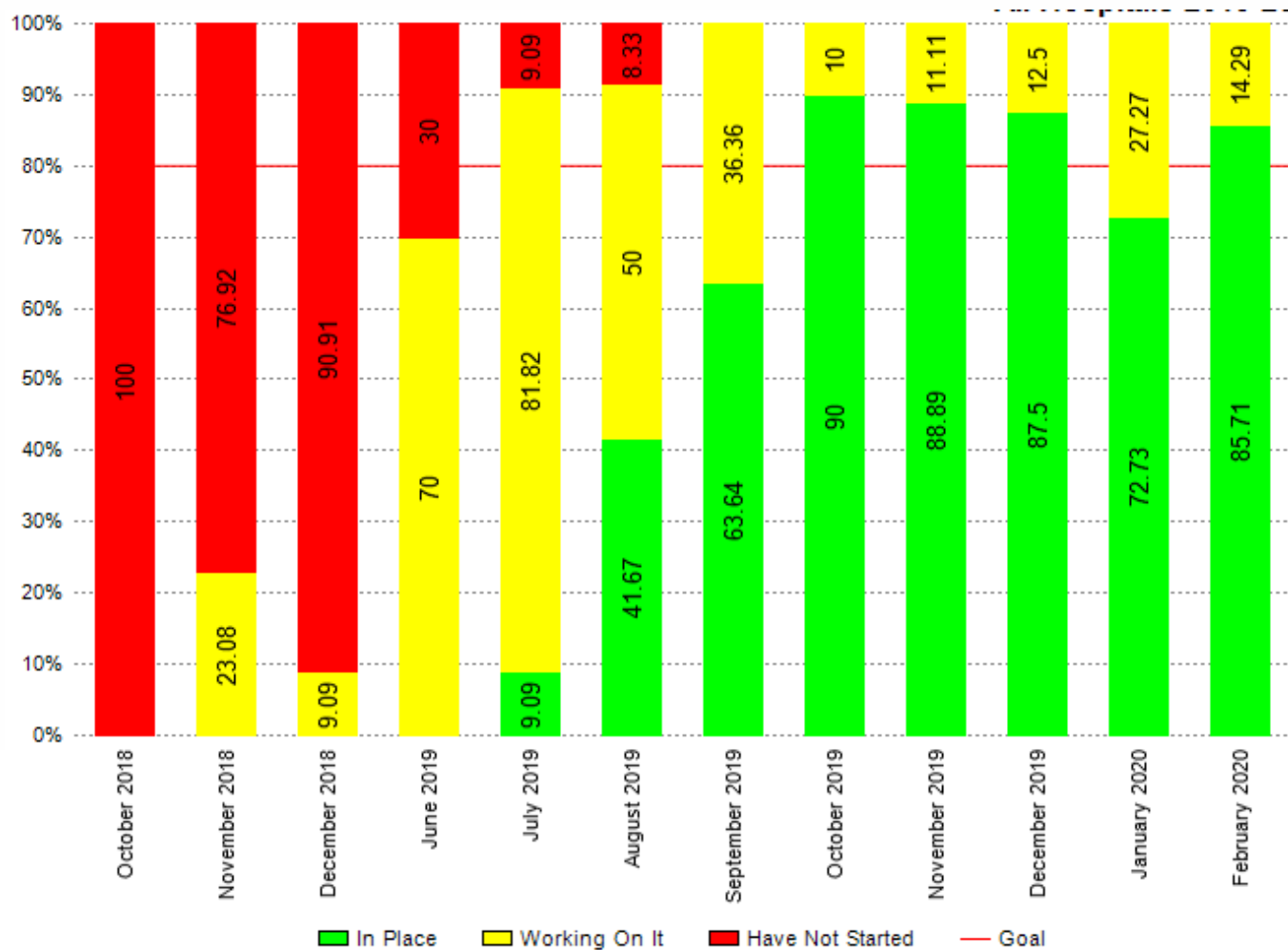
Month	Number of Teams Reporting
Baseline – October 2018	10
Baseline – November 2018	10
Baseline – December 2018	10
June 2019	10
July 2019	11
August 2019	12
September 2019	10
October 2019	9
November 2019	8
December 2019	8
January 2020	6



IPAC Strategy and Buy-in



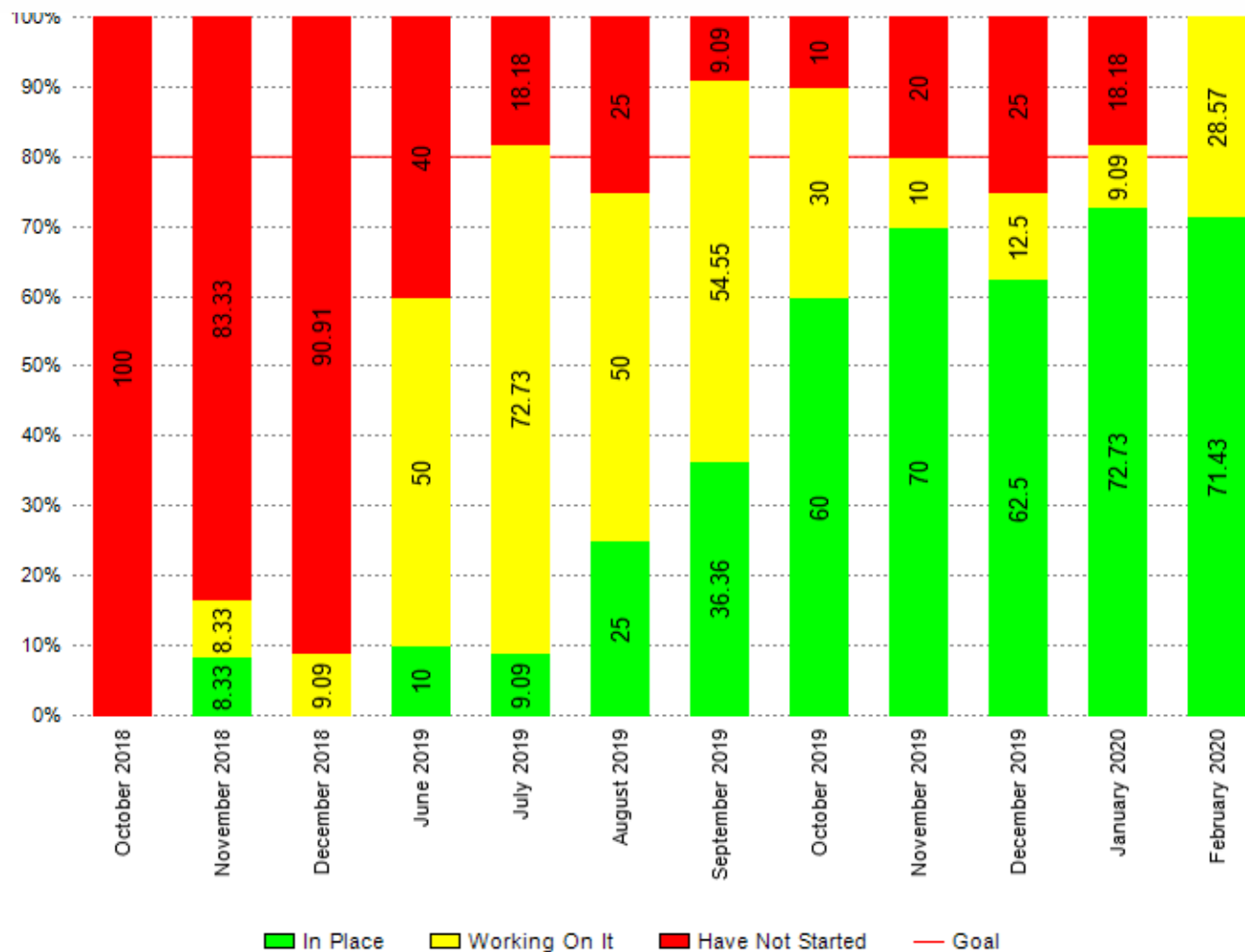
Percent of Hospitals that have communicated recommendations/strategy for early postpartum visits to obtain buy-in, Baseline + June 2019-February 2020



System in Place to Facilitate Early PP Visit Scheduling



Percent of Hospitals that have system in place to facilitate scheduling early postpartum visits, Baseline + June 2019-February 2020

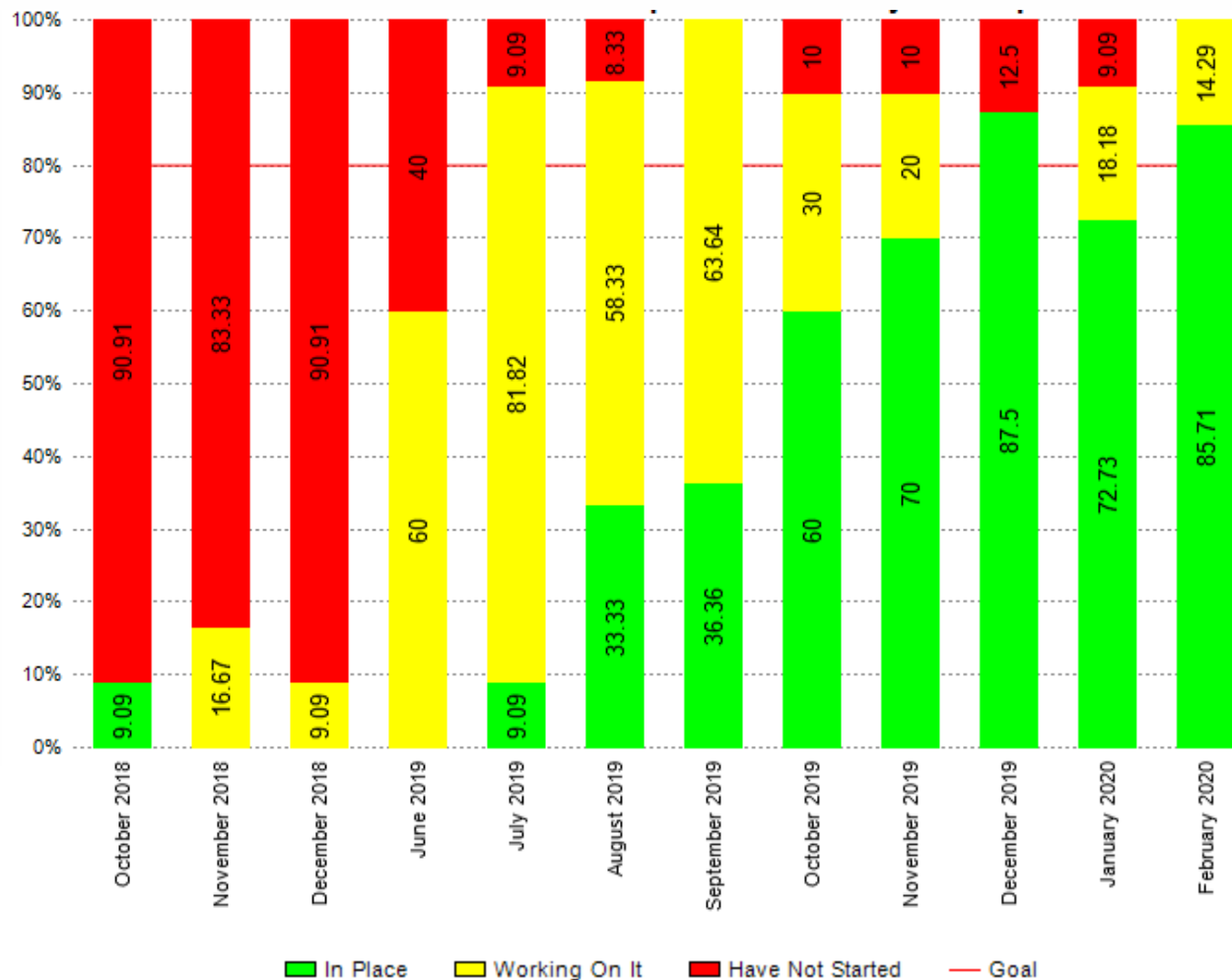




IPAC Provider/Nurse Education



Percent of Hospitals that have system in place to educate inpatient providers & nurses on IPAC, Baseline + June 2019-February 2020

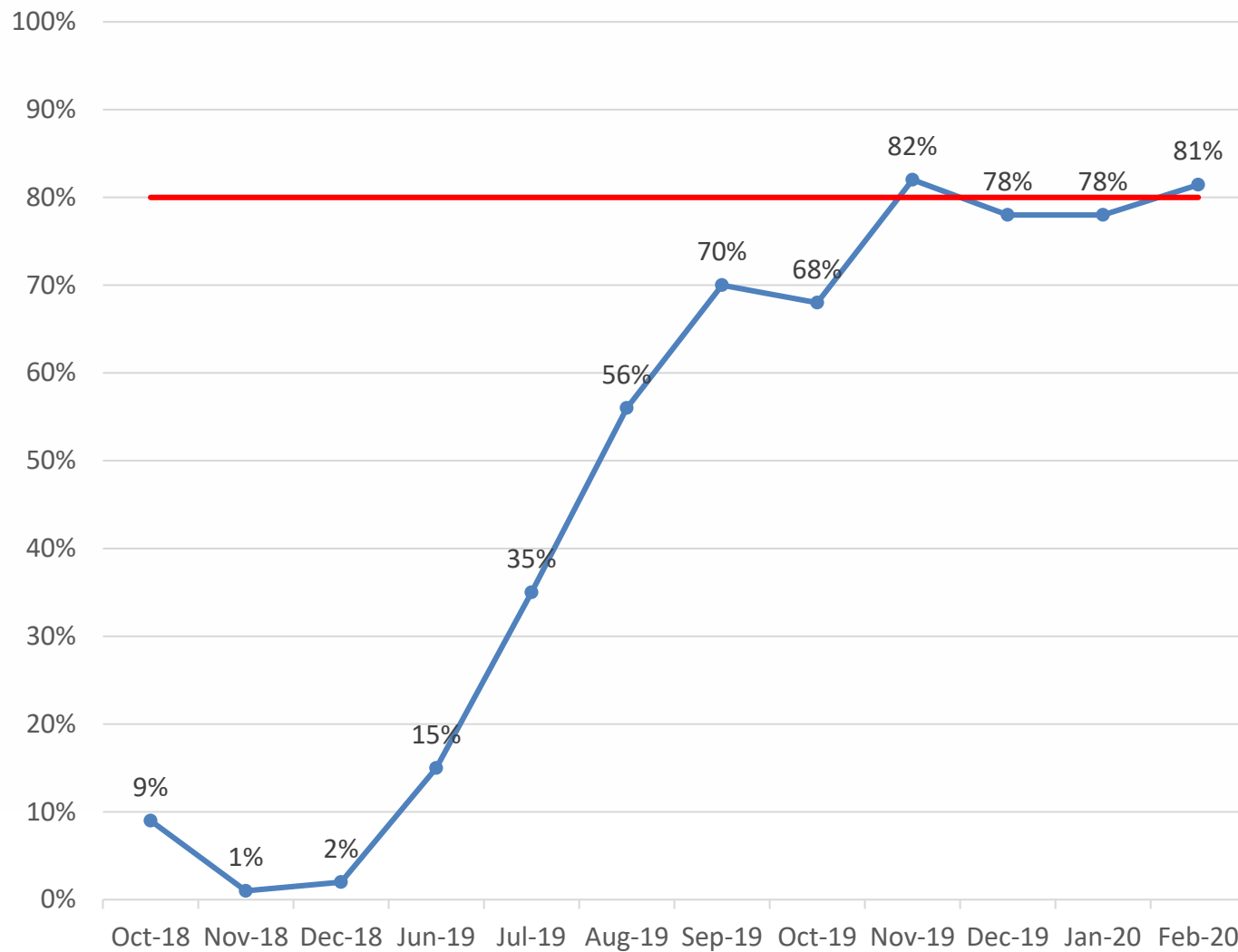




Percent of Provider Education



Percent of Providers Educated on Optimizing Early Postpartum Care, Baseline + June 2019-February 2020

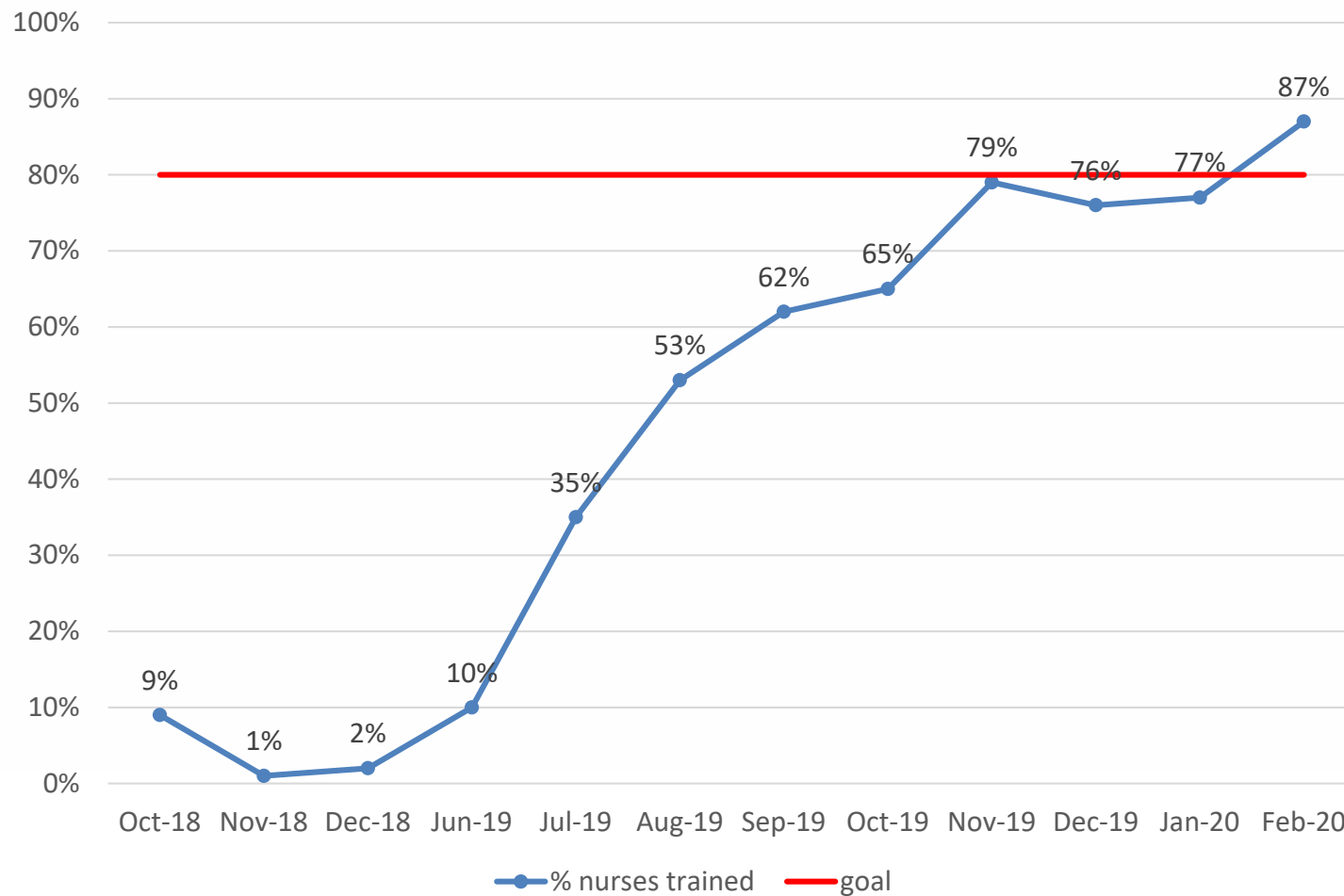




Percent of Nurse Education



Percent of Nurses Educated on Optimizing Early Postpartum Care,
Baseline + June February 2020

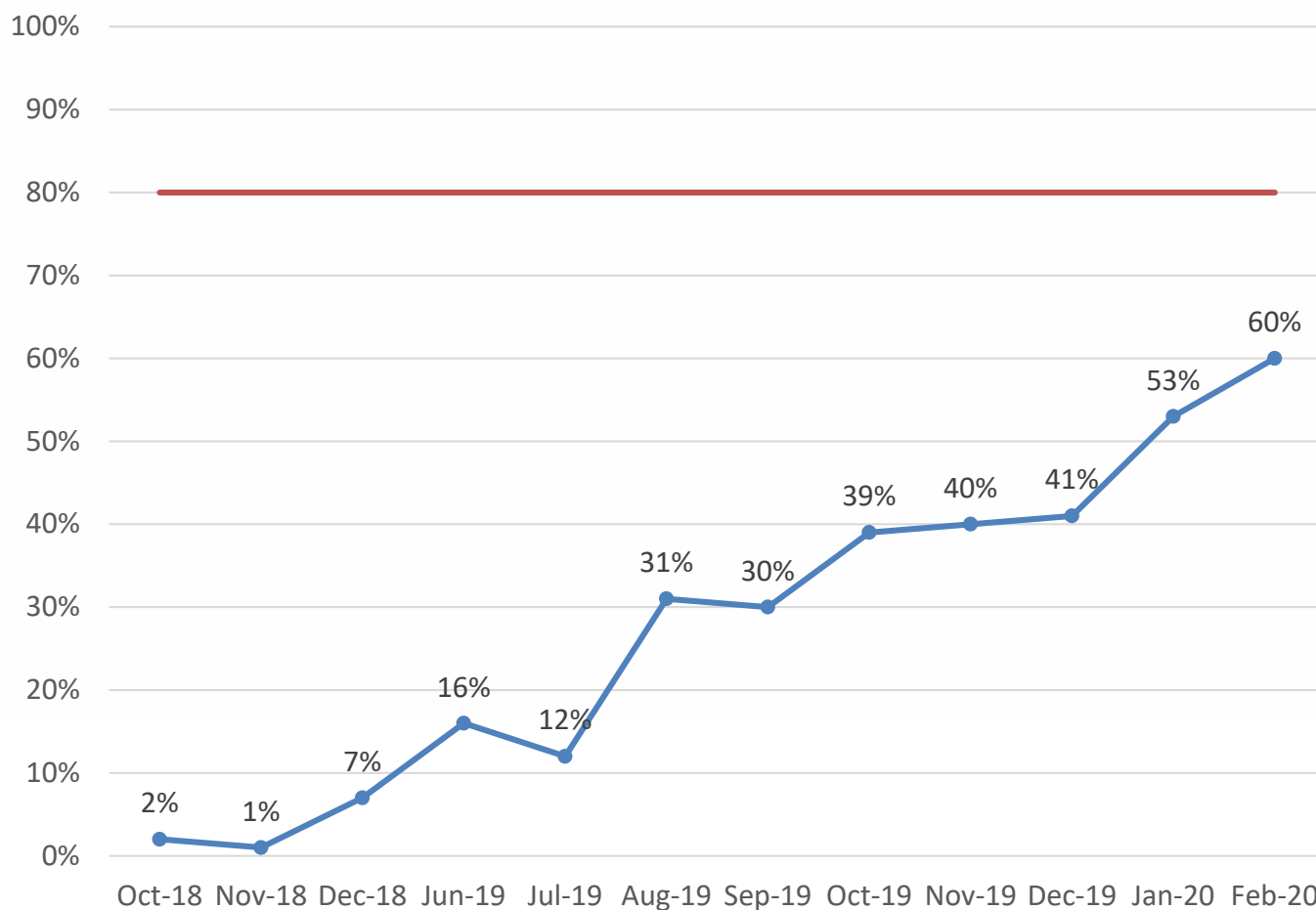




Percent of Patients with Early Postpartum Visit Scheduled



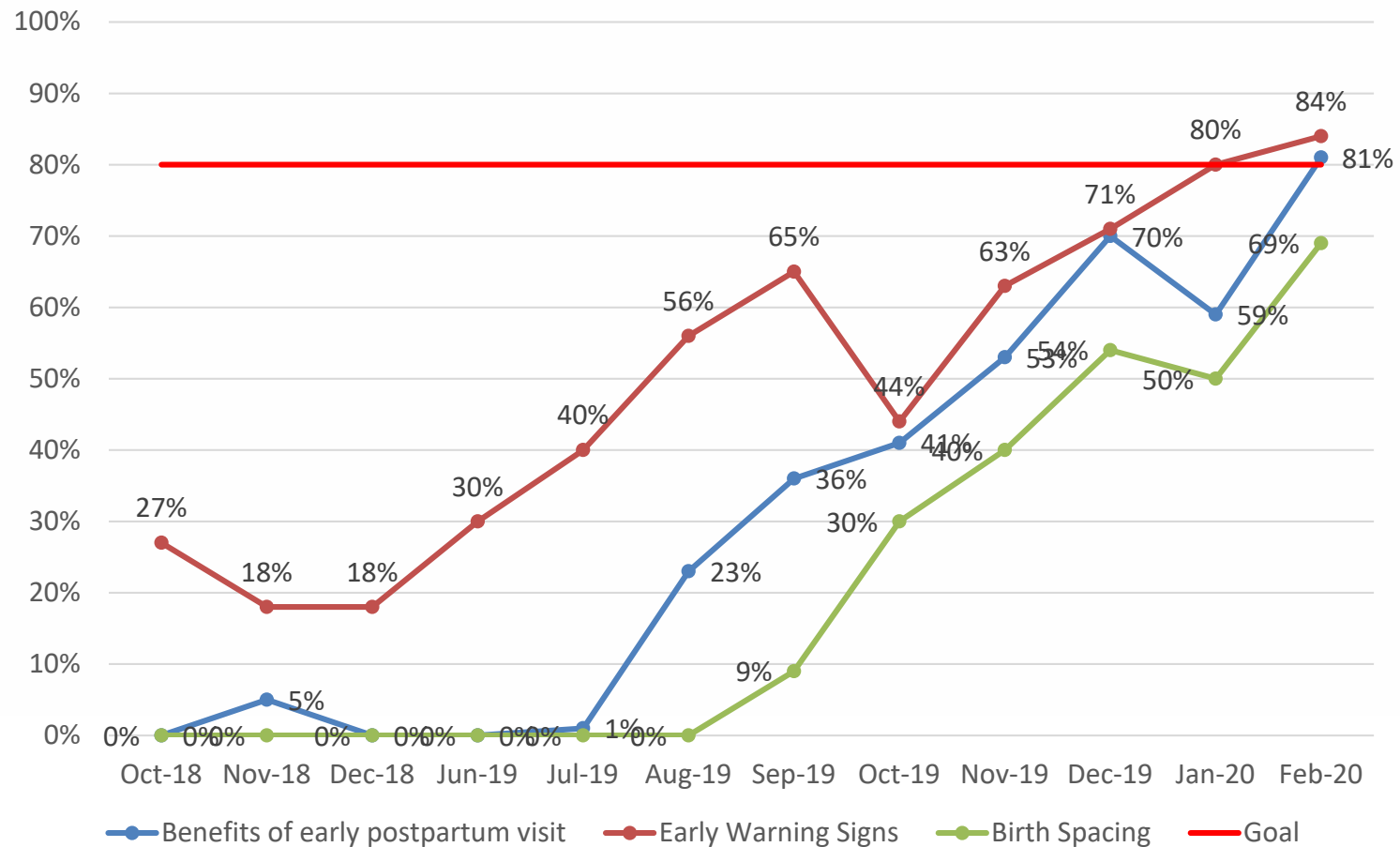
Percent of Patients with Early Postpartum Visits Scheduled Prior to Discharge, Baseline + June 2019-December 2019



Percent of Patients with Standardized Patient Education



Percent of Patients who received standardized postpartum education prior to discharge, Baseline + June February 2020



IPAC GO LIVE Status



Team	Date	Team	Date
AMITA St. Alexius	LIVE	Touchette	
AMITA Alexian Brothers	LIVE *	SSM St. Mary's Centralia	LIVE
AMITA Resurrection	LIVE	Morris Hospital	LIVE
AMITA St. Joseph	LIVE	St. Margaret	May 2020
AMITA Adventist	LIVE	UI Health	LIVE
Loyola University Medical Center	LIVE	Memorial Medical Center	
Franciscan Health	LIVE	KSB Hospital	
FHN Memorial		Memorial Carbondale	LIVE
Illinois Valley	LIVE	* Sustainability plan submitted	

Improving Postpartum Access to Care (IPAC)

IPAC RESOURCES

Key Driver Diagram

AIM

Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge



Key Drivers

Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding.

Implement process flow to facilitate universal scheduling of early pp visits prior to delivery discharge

Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check

Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs, and benefits of healthy pregnancy spacing and options for (outpatient) family planning

Strategies

Obtain buy-in from OB providers and outpatient care sites on national recommendations and benefits for an early pp visit within 2 weeks.

Provide billing and coding information to OB providers and outpatient care sites for the early pp visit within 2 weeks.

Create a hospital specific process flow to help facilitate scheduling of an early pp visit within 2 weeks prior to discharge

Revise policies and procedures to ensure scheduling for an early pp visit within 2 weeks

Develop strategy to educate inpatient and outpatient providers and staff using IPAC slide set, OB Provider Packet, and/or didactic education

Plan in place for ongoing and new hire education

Patient education materials selected: benefits of early pp visit/ components of maternal health safety check, early pp warning signs and how to seek care (AWHONN), benefits of healthy pregnancy spacing/(outpatient) family planning options

Implement system to provide and review IPAC patient education prior to hospital discharge

IPAC: Making Change Happen

Key QI Strategies

↓

Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding.

↓

Implement process flow to facilitate universal scheduling and patient education, prior to hospital discharge, of early pp visits / maternal health safety check within 2 wk

↓

Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check

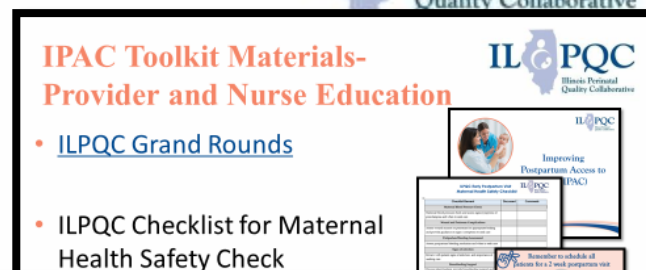
↓

Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs and how to seek care (ie AWHONN resource), and benefits of healthy pregnancy spacing and options for (outpatient) family planning

ILPQC Resources-

ILPQC is here to help!

- We have developed resources for your team available in our online toolkit
- Need additional materials or help with buy-in or billing?
 - Reach out to Autumn for assistance aperrault@northshore.org



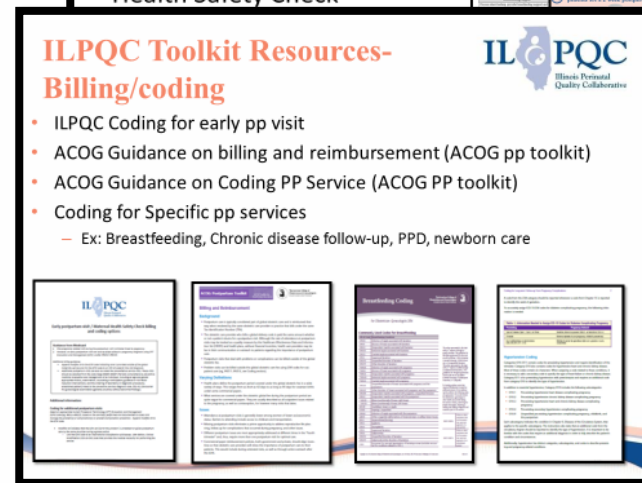
**IPAC Toolkit Materials-
Provider and Nurse Education**

- [ILPQC Grand Rounds](#)
- ILPQC Checklist for Maternal Health Safety Check

ILPQC Illinois Perinatal Quality Collaborative

Improving Postpartum Access to Reproductive Health Services (IPACS)

Remember to schedule at least 1-2 week postpartum visit



**ILPQC Toolkit Resources-
Billing/coding**

- ILPQC Coding for early pp visit
- ACOG Guidance on billing and reimbursement (ACOG pp toolkit)
- ACOG Guidance on Coding PP Service (ACOG PP toolkit)
- Coding for Specific pp services
 - Ex: Breastfeeding, Chronic disease follow-up, PPD, newborn care

ILPQC Illinois Perinatal Quality Collaborative

IPAC: Patient Education Resources

Congratulations on the birth of your baby!

After giving birth, it's important to maintain the healthy habits you practiced while you were pregnant and continue to see your obstetric (OB) health care provider postpartum.

We recommend that all women have a **EARLY POSTPARTUM VISIT / MATERNAL HEALTH SAFETY CHECK** within **2 weeks** of giving birth, as well as a routine postpartum visit at approximately 6 weeks after delivery.

WHY IS THIS IMPORTANT TO ME?
We recommend that all women are seen within 2 weeks of giving birth so that their health care provider can assess how they are recovering after delivery. Most women who give birth recover without problems, but any woman can have complications. Your OB health care provider will look for these potential complications that can occur in the postpartum period and will also assess your recovery and provide support.

WHAT HAPPENS AT MY EARLY POSTPARTUM VISIT?
Your OB provider or clinical team will:

- Check your blood pressure
- Assess for wound or perineum healing
- Assess your postpartum bleeding is appropriate
- Assess your mood and provide support
- Provide breastfeeding support
- Provide family planning/ contraceptive counseling
- Link you to any needed health services or follow up

HOW DO I SCHEDULE MY EARLY POSTPARTUM VISIT?
Please call your OB provider's office before you leave the hospital after delivery to schedule your early postpartum visit / maternal health safety check within 2 weeks of delivery. You may also want to schedule your 6 week postpartum visit. Tell your nurse or provider when your visit is scheduled. If you deliver over a weekend, then please call the office on Monday to schedule.

My Healthcare Provider Name: _____
 My Healthcare Provider Phone: _____
 Date of my appointment: _____

INSERT hospital Logo here

How long should you wait before getting pregnant again?

For most women, it's best to wait at least 18 months between giving birth and getting pregnant again. This means your baby will be at least 1½ years old before you get pregnant.

Too little time between pregnancies increases your risk of premature birth. Premature birth is when your baby is born too soon. Premature babies are more likely to have health problems than babies born on time. The shorter the time between pregnancies, the higher your risk for premature birth.

Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy. Having at least 18 months between pregnancies may help reduce your risk for premature birth in your next pregnancy. Use this time to talk to your health care provider about things you can do to help reduce your risk. To learn more, go to marchofdimes.org/prematurebirth.

What you can do:

- Wait 18 months or more after having a baby before getting pregnant again.
- If you're older than 35 or had a miscarriage or stillbirth, talk to your provider about how long to wait.
- Use effective birth control until you're ready to get pregnant.
- Talk to your health care provider about birth control options.

Waiting at least 18 months doesn't mean for sure that your next baby will be born on time. But it can help.

WATCH A VIDEO
marchofdimes.org/videos

TAKE ACTION
Get your 18 months.
Fill this out with your provider so you know when you can start trying to get pregnant again.

Example:
 Date your baby was born _____ May 16, 2017
 Add 1 year and 6 months _____ Nov. 16, 2018

Now you try:
 Date your baby was born _____
 Add 1 year and 6 months _____

MARCH OF DIMES
HEALTHY MOMS. STRONG BABIES.

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SAVE YOUR LIFE: Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911 if you have:

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else

Call your healthcare provider if you have:
(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- Incision that is not healing
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I gave birth on _____ (Date) and I am having _____" (Specify warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth pre-eclampsia

GET HELP My Healthcare Provider/Clinic: _____ Phone Number: _____
 Hospital Closest To Me: _____

A

ILPQC IPAC Maternal Health Safety Check

B

Healthy Pregnancy Spacing Information

C

AWHONN Post-Birth Warning Signs

Do you have these 3 resources in place?

Healthy Pregnancy Spacing Resources

- If you have created a Healthy Pregnancy Spacing Resource please share it with ILPQC and let us know if you are willing to share with other teams.
- We will share resources to provide additional Healthy Pregnancy Spacing education patient hand out options.

Improving Postpartum Access to Care (IPAC)

TEAM TALK- UI HEALTH



UI Health



IPAC

About Us

- ❑ 465-bed hospital and 21 specialty care clinics care for more than 139,000 patients each year.
- ❑ Two family medicine centers and 11 federally qualified Mile Square Health Centers deliver primary care services to families in neighborhoods throughout Chicago.
- ❑ The only academic medical center in Illinois with research faculty across seven health science colleges: Applied Health Sciences, Dentistry, Medicine, Nursing, Pharmacy, Public Health, and Social Work, with regional campuses throughout the state.



Team IPAC



Michelle Cherry
DNP, RN

Director Patient Care
Services

Mother Baby & Lactation
Services



Emily Hall

MD

Associate Program Director,
Family Medicine Residency
Director, Family Centered
Maternity Care



Shannon Hastings
BSN, RN

Staff Nurse I Mother
Baby



**Kathleen
Harmon APRN,
CNM**

Midwifery Coordinator



Olga Marrero
**DNP, APN, RN-
BC, IBCLC**

Staff Nurse II OB Emergency
Room & High Risk OB APSD



**Gloria Elam,
MD**

Medical Director, Labor
& Delivery/Mother-Baby

Where We Are

❖ UI Health went live with IPAC in October 2019

- A multidisciplinary team was formed that included leaders from nursing, midwifery, obstetrics, and family medicine to identify barriers to the initiative and were provided IPAC education.
- Providers worked with outpatient clinic to expand availability for two-week appointments
- Team selected standardized, comprehensive discharge education that added:
 - Maternal early warning signs
 - Birth spacing
 - Contraception options
- Patient discharge education added to purple discharge folder
- Staff education initiated and completed:
 - Daily huddles and staff meetings
 - IPAC Education Pamphlet
 - IPAC Information Posttest via Qualtrics
- Provider Education initiated and completed via service line meetings for
 - Obstetrics
 - Family Medicine
 - Midwifery



Our Tools

EMR

Discharge Folder

Result	Comments	Flag	Date	Performed By
			10/21/2019	
			10/19/2019	
			10/18/2019	
			10/17/2019	
			10/16/2019	
			6:16 PM	
			11:30 AM	
			2:25 AM	
			4:00 PM	
			6:46 AM	
			12:24 AM	
			4:00 PM	
			7:17 PM	

Substituted Car Seats

SAVE YOUR LIFE: Call 911 if you have...

HEALTH ACTION SHEET: How long should you wait before getting pregnant again?

HOW WELL DOES BIRTH CONTROL WORK?

Our Roadblocks



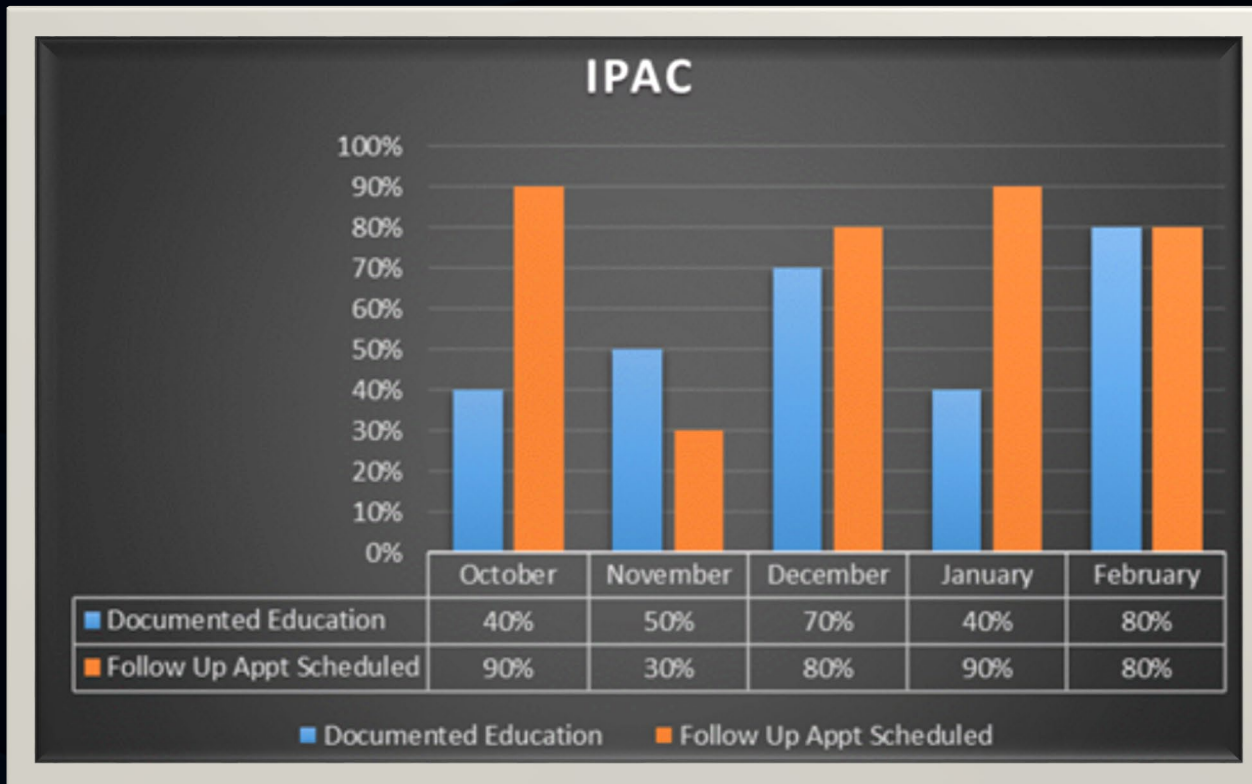
- Limited provider availability of slots for 2-week follow up appointments. Initially, Midwives were the sole provider group seeing patients in this immediate post partum phase
- Lack of training and scheduling access for clerical staff who schedule appointments
- Strategies to combat barriers included:
 - Obstetric patients to utilize midwifery 2-week appointment slots as needed
 - Formal training for clerical staff began to expand staff ability to make appointments during all shifts on all days.
 - Additional midwife clinic day added specifically for 2 week follow up appointments.
 - 3 new OB's currently hired and will be starting in July



➤ Future goals include:

- Reinforce IPAC initiatives , incorporate expectation for all new team members
- Continue to work with providers and scheduling staff to enhance two-week appointment availability.
- Appointment to be scheduled on patient delivery day versus day of discharge
- Reinforce the importance of documentation and engage staff in the audit process.
- Retrain clerical staff to schedule appointments within EPIC after go live.

Our Success



Improving Postpartum Access to Care (IPAC)

NEXT STEPS

IPAC Team Talk Schedule

Month	Team 1	Team 2
March 16	UI Health	
April	SSM Health St Mary's	AMITA Adventist GlenOaks Hospital
May	Face-to-Face	

IPAC Calls

IPAC Teams
11am-12pm



THIRD MONDAY OF THE MONTH through May 2020

Date	Topic
February 17	Crossing the Finish Line Round Robin
March 16	Crossing the Finish Line Round Robin
April 20	COVID-19 & Moving towards Sustainability
May 20	Face-to-Face
July 20	IPAC Sustainability Call
September 21	IPAC Sustainability Call
December 21	Final IPAC Sustainability Call

To Do List



- Submit [IPAC data](#) for all months- Feb
- Ask providers/staff for 2 week Maternal Health Safety Check [Patient Success Stories](#) to be tracked and shared with hospital administration and other providers (issues identified, linkage to care success, patient satisfaction with early visit etc)
- [Collect and track you IPAC Success Stories](#) to share with clinical staff, hospital administration, & ILPQC
- Add the OB Face-to-Face Meeting to your calendars



Promoting Vaginal Birth



SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

READINESS

Every Patient, Provider and Facility

- Build a provider and maternity unit culture that values, promotes, and supports spontaneous onset and progress of labor and vaginal birth and understands the risks for current and future pregnancies of cesarean birth without medical indication.
- Optimize patient and family engagement in education, informed consent, and shared decision making about normal healthy labor and birth throughout the maternity care cycle.
- Adopt provider education and training techniques that develop knowledge and skills on approaches which maximize the likelihood of vaginal birth, including assessment of labor, methods to promote labor progress, labor support, pain management (both pharmacologic and non-pharmacologic), and shared decision making.

RECOGNITION AND PREVENTION

Every patient

- Implement standardized admission criteria, triage management, education, and support for women presenting in spontaneous labor.
- Offer standardized techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor.
- Use standardized methods in the assessment of the fetal heart rate status, including interpretation, documentation using NICHD terminology, and encourage methods that promote freedom of movement.
- Adopt protocols for timely identification of specific problems, such as herpes and breech presentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth.

PATIENT SAFETY BUNDLE
Safe Reduction of Primary Cesarean Births

Wave 1 Starting Feb 2020
Initiative Launch May 2020

CMQCC
California Maternal Quality Care Collaborative

Toolkit to Support Vaginal Birth and Reduce Primary Cesareans



Partnering to Improve Health Care Quality for Mothers and Babies

PVB Timeline



Feb 2020	Mar	Apr	May	July	Sept
<p>Feb 7: Wave 1 Rosters Due</p> <p>Feb 10: Wave 1 Launch Call</p>	<p>Mar 9: Wave 1 Call</p> <p>Statewide recruitment opens</p>	<p>Apr 13: Wave 1 Call</p> <p>Statewide Recruitment continues</p>	<p>May 4: PVB Launch Call</p> <p>May 20: OB Face-to-Face Meeting, Springfield, IL</p>	<p>Jul 27: Statewide Initiative Webinars begin, every other month to start</p>	<p>Data Collection Begins</p>

Start building your PVB QI Team Roster today!

Required

- Team lead
- OB lead
- Nurse lead

Suggested

- Anesthesia rep
- Outpatient rep
- QI Professional
- Patient/family member
- Doula/midwife rep
- Administrative leader champion
- Other team member

Roster form will be available soon!



Contact



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- Visit us at www.ilpqc.org



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