IPAC
COVID-19 & Moving towards Sustainability
Round Robin

April 20th, 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
Overview

• Welcome/introductions
• Face-to-Face Meeting
• Sustainability Planning
• Round Robin
• IPAC updates and data review
• ILPQC Resources to remember
• Webinar To-Dos & take-away(s)
Patients need close postpartum follow up during COVID. There is concern for increased mental health issues/postpartum depression / domestic violence / strain from unemployment other social determinants.

Also concern for underlying medical conditions will not receive appropriate care or patients may avoid seeking care when needed could worsen maternal mortality crisis.

Consider IPAC 2 week follow up telehealth appointments.

Consider sending BP cuffs home with all patients with HTN or preeclampsia.
ILPQC will post national guidelines and OB & Neonatal COVID-19 example protocols & resources.

Please note dates as guidelines are changing rapidly.

https://ilpqc.org/covid-19-information/
ILPQC COVID 19 Webinars

• COVID 19 Strategies for OB/Neonatal Units 4.3.20
  – recording link and questions/answers OB & Neonatal

• COVID 19 Strategies for OB/Neonatal Units 4.10.20
  – recording link and questions/answers LINK (coming soon)

• Please let us know if you have had COVID+ pregnant cases on L&D/inpatient?

• Please let us know if you are willing to share strategies on an upcoming webinar?

• Please provide any feedback on the webinars and what we should focus on going forward?
ILPQC COVID-19 Webinar Resources

- Please review the recording of ILPQC webinar available [here](#) to learn more about resources available.

**COVID-19 OB & Neonatal National Registries**

- **OB Registry:** Nationwide registry established by UCSF for pregnant and postpartum women with suspected COVID-19 or confirmed diagnosis. The goal is to gather a high volume of nationwide data quickly.
- CDC is collecting surveillance data on pregnant women with COVID through a supplement to the regular case report form (CRF), which should be completed on all COVID-19 cases. The [CRF can be found online](#).
- [CRF](#) can be found online.

**Neonatal Registry:**

- Section on Neonatal Registries: [ILPQC](#)

**New Patient Education Resources**

- **IL EverThrive:** Protecting and Caring for Your Family During the Coronavirus Outbreak (4.3.2020)
- **SMFM Information for Women & Families** (4.3.2020)
- **"Is It Safe to Provide Milk for my Baby if I Have, or Have Been Exposed to, COVID-19"** (Adapted by ILPQC with permissions 4/2020)
- **"If Your Doctors Suspect You Have COVID-19"** (Adapted by ILPQC with permissions 4/2020)
- MoMMA’s Voices COVID-19 Patient Resources Page (Last Updated 4.5.2020)
- The 4th Trimester Project’s patient education website on COVID-19 For New Moms (3.2020)

**Updated OB/Neo Resources**

- **SMFM/ACOG:** Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19) (3.13.20)
- **SMFM Guidance for COVID-19** (3.19.20)
- **Strategies to reduce risk from work to families at home** (3.26.20)
- **AJOG: COVID-19 In Pregnancy Early Lessons** (3.27.20)
- **SMFM, ACOG, AAP, and ACNM Statement on COVID-19 and Pregnant Patients During COVID-19 Pandemic**
- **SMFM Clarify CDC’s Recommendations for Care of Infants Born to Women Infected with COVID-19** (4.2.2020)
- **Public Health Guidance: Management of Infants Born to Mothers with COVID-19** (4.2.2020)
- COVID-19 infection among asymptomatic and symptomatic pregnant women: Two weeks of confirmed exposure to an ill-fated pair of New York City hospitals (4.7.2020)
- Testing of pregnant women being admitted to the labor and delivery area during the COVID-19 pandemic: new guidelines from the Society for Maternal-Fetal Medicine (SMFM) and the American College of Obstetricians and Gynecologists (ACOG) (4.2.2020)

**Maternal Health Resources**

- **During this crisis heightened awareness of need for mental health resources for our patients and staff**
  - **IL Perinatal Depression Program Hotline** 1-866-364-MOMS (1-866-364-6667)
  - **Postpartum Depression Illinois Alliance** 1-847-205-4455
  - **NAMI (National Alliance for the Mentally Ill) Help line 1-800-950-NAMI (1-800-950-6264)**
  - **Mental Health and Coping During COVID-19 | CDC**
  - **Resources for providers, families, and leaders to support the health and well-being of communities impacted by COVID-19**
2020

FACE-TO-FACE VIRTUAL MEETING
2020 OB & Neonatal Face-to-Face Meetings

Nurses, Providers, & Staff

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

You’re Invited!

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)

NEW VIRTUAL MEETING – NO FEE!

Illinois Perinatal Quality Collaborative
633 N. St. Clair, 20th Floor
Chicago, IL 60611
2020 Face-to-Face Speakers and Panels

Jessica Brumley, CNM, PhD
“Promoting Vaginal Birth: Lessons Learned from FPQC”

Helena Girouard
“A Mom’s Recovery Story: Helena Girouard”

“OB Teams Panel: Sharing Strategies for Success for Obstetric QI Initiatives”
<table>
<thead>
<tr>
<th>OB Breakout Sessions</th>
<th>Neonatal Breakout Sessions</th>
</tr>
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<tbody>
<tr>
<td>MNO-OB: Finishing Strong / Key Strategies for Success</td>
<td>MNO-Neonatal: Finishing Strong</td>
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<tr>
<td>MNO-OB: Preparing for Sustainability</td>
<td>MNO-Neonatal: Preparing for Sustainability</td>
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<tr>
<td>MNO-OB: Optimize Narcan Counseling &amp; Access</td>
<td>MNO-Neo: Engaging Pediatricians</td>
</tr>
<tr>
<td>Immediate Postpartum LARC (IPLARC): Sustainability &amp; Billing</td>
<td>QI: Using QI Data to Drive Change</td>
</tr>
<tr>
<td>Improving Postpartum Access to Care (IPAC):</td>
<td>QI: Building a Strong Interdisciplinary QI Team</td>
</tr>
<tr>
<td>Sustainability &amp; Billing</td>
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<tr>
<td>PVB: Data Collection Strategies</td>
<td>BASIC: Preparing your QI Team for BASIC</td>
</tr>
<tr>
<td>PVB: Unpacking the Toolkit / Getting Started</td>
<td>State &amp; Community Partner Breakout</td>
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<tr>
<td>Obstetrics Chair / Obstetrics Leadership Breakout</td>
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<tr>
<td>State &amp; Community Partner Breakout</td>
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</table>
# F2F Storyboard Session

<table>
<thead>
<tr>
<th>Hospital Logo</th>
<th>Hospital Name</th>
<th>ILPQC 2020 OB Storyboard</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>2. Hospital &amp; QI Team Overview</strong></td>
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<td><strong>4. MNO-OB Progress</strong></td>
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<td><strong>5. IPLARC/IPAC or MNO Overflow</strong></td>
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<td><strong>3. MNO-OB Data</strong></td>
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<td><strong>6. PVB</strong></td>
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**2. Hospital & QI Team Overview**

- Fill in QI Team & Roles Here

**3. MNO-OB Data**

- Screening
- MAT
- Recovery Treatment Services
- Narcan

**4. MNO-OB Progress**

- Screening Tools
- MNO-OB Folders
- Education Campaign
- Monthly Review of all OUD Cases

**5. IPLARC/IPAC or MNO Overflow**

- Display IPLARC/IPAC progress and sustainability planning
- OR MNO Overflow-display your MNO-OB protocol/algorith

**6. PVB**

- Fill in QI team & Roles
- 30/60/90 day plan if draft is ready to share

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More information to come in your IPAC Newsletter
ILPQC QI Excellence Awards

• In order to be eligible for awards:
  1. Must have all data: submitted through February 2020 by April 27
  2. Must have IPLARC Sustainability Plan submitted
<table>
<thead>
<tr>
<th>IPAC</th>
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<tbody>
<tr>
<td><strong>QI CHAMPION</strong></td>
<td><strong>QI LEADER</strong></td>
<td><strong>QI RECOGNITION</strong></td>
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<tr>
<td>✓ All Data Submitted*</td>
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<tr>
<td>+ LIVE or Piloting IPAC**</td>
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<td>✓ Sustainability Plan Submitted</td>
<td>✓ Sustainability Plan Submitted</td>
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<td>✓ Green on 4 Key Opportunities**</td>
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<td>✓ All Data Submitted*</td>
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<td></td>
<td>+ Sustainability Plan Submitted</td>
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*All Data Submitted through March 2020 by April 27  **By March 2020
Improving Postpartum Access to Care (IPAC)

SUSTAINABILITY PLANNING EXAMPLE
IPAC Overview

Key Strategies

- Create and Utilize outpatient provider packet & provide billing/coding strategies for OB providers
- Implement process flow for universal scheduling and patient education
- Provider/staff Education
- Standardize system for key patient education materials

Systems Change

- Institutional buy-in
- Test and implement key strategies
- Engage diverse group of stakeholders on QI team
- GO LIVE with IPAC to facilitate universal scheduling

Culture Change

- Ensure all patients receive key education materials
- Monitor scheduling
- New hire / ongoing provider/staff education including outpatient site staff
We’re LIVE – What’s Next?

• **Monitor scheduling**
  – How do we work with outpatient sites to ensure all patients receive a 2 week maternal health safety check?
    • **Review REDCap Data** to monitor progress and identify gaps
    • **Share OB provider / outpatient packet** with all OB providers/outpatient sites

• **Continue with provider and nurse education**
  – What about new hires?
    • Implement **new hire** IPAC education for providers / staff including **outpatient staff**
  – What about ongoing education?
    • Determine with QI team, your education tool(s) will you use for ongoing education for providers and nurses (ACOG CO# 737, Protocols, Grand Rounds, etc.)
IPAC Sustainability Plan

• Complete the sustainability plan and submit to Autumn Perrault

• Please reach out to Autumn or ILPQC with any questions
### Compliance Monitoring

1. Percent of patients with early postpartum visit scheduled before discharge **100% to date**
2. Percent of patients who received standardized postpartum education prior to discharge: **80% to date**
   - a. Benefits of early postpartum visit
   - b. Early warning signs
   - c. Healthy pregnancy spacing

How will measures be collected? **Measures are collected via monthly auditing of 10 randomly selected patient charts based on the # of deliveries per that month.**

Will you continue to track IPAC data using the ILPQC Data System?  
- [ ] Yes  
- [x] No

Team member(s) in charge of reporting in REDCap: **Shannon Hastings**

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?:  
- [ ] Weekly  
- [x] Monthly  
- [ ] Quarterly  
- [ ] Other
New Hire Education for all new hires

What education tool(s) will you use for new hires?

- ILPQC Grand Rounds Slide Set
- ILPQC IPAC Toolkit Binder
- ILPQC OB Provider Packet
- ILPQC Checklist for Maternal Health Safety Check
- Other: **IPAC Staff Pamphlet, Qualtrix Posttest**

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: **Utilizing purple discharge folder to combine IPAC education materials given to patient.**

How will you check-in with outpatient staff to ensure IPAC education is included in outpatient new hire education?
How will you check-in with outpatient staff to ensure IPAC education is included in outpatient new hire education?

**Ongoing discussion** conducted with outpatient staff administration to ensure staff is educated. Outpatient staff to receive updated PowerPoint narrated with IPAC education and copies of IPAC education sheets as well as IPAC staff education pamphlet.

**Ongoing Education** for all providers and nurses

What education tool(s) will you use for ongoing education for providers and nurses?

- [ ] Protocols
- [ ] Grand Rounds
- [ ] ACOG Committee opinion #736
- [ ] ILPQC Checklist for Maternal Health Safety Check
- [ ] Other: **Staff huddles and One on one meetings as needed to assure understanding and competency**

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? **Ongoing discussion conducted with outpatient staff administration to ensure staff is educated. Outpatient staff to receive updated PowerPoint narrated with IPAC education and copies of IPAC education sheets as well as IPAC staff education pamphlet via email. Due to Covid-19, virtual huddles and meetings being held amongst outpatient staff during clinic closings to update with IPAC education.**

Nursing Champion(s): **Shannon Hastings RN, BSN, Michelle Cherry RN, DNP**  
Provider Champion(s): **Emily Hall, MD, Kathleen Harmon, APRN, CNM, Gloria Elam, MD**

Drafted Date: April 5, 2020  
Improving Postpartum Access to Care (IPAC)

IPAC- UPDATES AND DATA REVIEW
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.

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 ≥80% participating hospitals by May 2020
## Aims & Measures

### Overall Initiative 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.

### Structure Measures

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

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

3. 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

1. 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

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

2. Increase % of patients who receive standardized pp patient education prior to discharge.
Don’t forget to submit your team’s monthly data!

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Teams Reporting</th>
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<tbody>
<tr>
<td>Baseline – October 2018</td>
<td>10</td>
</tr>
<tr>
<td>Baseline – November 2018</td>
<td>10</td>
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<tr>
<td>Baseline – December 2018</td>
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<tr>
<td>June 2019</td>
<td>10</td>
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<tr>
<td>July 2019</td>
<td>11</td>
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<td>August 2019</td>
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<td>September 2019</td>
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<td>January 2020</td>
<td>10</td>
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<tr>
<td>February 2020</td>
<td>10</td>
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<tr>
<td>March 2020</td>
<td>4</td>
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</tbody>
</table>
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

[Bar chart showing the percentage of hospitals that have communicated recommendations/strategy for early postpartum visits over time, from October 2018 to February 2020. The chart indicates the progress toward buy-in, with categories for In Place, Working On It, Have Not Started, and Goal.]
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

![Bar chart showing the progress of early postpartum visit scheduling from October 2018 to February 2020.](chart.png)
IPAC Provider/Nurse Education

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

- October 2018: 90.91%
- November 2018: 83.33%
- December 2018: 90.91%
- June 2019: 60%
- July 2019: 81.82%
- August 2019: 58.33%
- September 2019: 63.64%
- October 2019: 30%
- November 2019: 70%
- December 2019: 87.5%
- January 2020: 72.73%
- February 2020: 85.71%

Colors:
- Green: In Place
- Yellow: Working On It
- Red: Have Not Started
- Gray: Goal
Percent of Provider Education

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


9%  1%  2%  15%  35%  56%  70%  68%  82%  78%  78%  81%
Percent of Nurse Education

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

- Oct-18: 9%
- Nov-18: 1%
- Dec-18: 2%
- Jun-19: 10%
- Jul-19: 35%
- Aug-19: 53%
- Sep-19: 62%
- Oct-19: 65%
- Nov-19: 79%
- Dec-19: 76%
- Jan-20: 77%
- Feb-20: 87%

IL & PQC
Illinois Perinatal Quality Collaborative

- % nurses trained
- goal
Percent of Patients with Early Postpartum Visit Scheduled

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


- Oct-18: 2%
- Nov-18: 1%
- Dec-18: 7%
- Jun-19: 16%
- Jul-19: 12%
- Aug-19: 31%
- Sep-19: 30%
- Oct-19: 39%
- Nov-19: 40%
- Dec-19: 41%
- Jan-20: 53%
- Feb-20: 60%

IL PQC
Illinois Perinatal Quality Collaborative
Percent of Patients with Standardized Patient Education

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

- Benefits of early postpartum visit
- Early Warning Signs
- Birth Spacing
- Goal
## IPAC GO LIVE Status

<table>
<thead>
<tr>
<th>Team</th>
<th>Date</th>
<th>Team</th>
<th>Date</th>
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<tbody>
<tr>
<td>AMITA St. Alexius</td>
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<td>Illinois Valley</td>
<td>LIVE</td>
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<tr>
<td>AMITA Alexian Brothers *</td>
<td>LIVE</td>
<td>SSM St. Mary’s Centralia</td>
<td>LIVE</td>
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<tr>
<td>AMITA Resurrection</td>
<td>LIVE</td>
<td>Morris Hospital</td>
<td>LIVE</td>
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<tr>
<td>AMITA St. Joseph</td>
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<td>St. Margaret</td>
<td>May 2020</td>
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<td>AMITA Adventist</td>
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<td>UI Health *</td>
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<tr>
<td>Franciscan Health</td>
<td>LIVE</td>
<td>KSB Hospital</td>
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<tr>
<td>Loyola</td>
<td>LIVE</td>
<td>Memorial Hospital</td>
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* = Sustainability plan submitted
Improving Postpartum Access to Care (IPAC)

ROUND ROBIN
Round Robin-

- Share your anticipated sustainability plan for **new hire education**
- Share your anticipated sustainability plan for **ongoing education**
- What **barriers** do you anticipate and what **strategies will you implement to overcome those barriers?**

Each team to share:

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. Franciscan Health Olympia Fields - **Olympia Fields**
6. SSM St. Mary’s – **Centralia**
7. St. Joseph Hospital – **Chicago**
8. Morris Hospital & Healthcare Centers – **Morris**
9. St. Margaret’s Health- **Spring Valley**
10. UI Health – **Chicago**
11. Illinois Valley Community Hospital- **Peru**
12. Memorial Hospital- **Carbondale**
13. KSB Hospital- **Dixon, IL**
14. AMITA Adventist GlenOaks Hospital, **Glendale Heights, IL**
Improving Postpartum Access to Care (IPAC)

NEXT STEPS
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>April 20</td>
<td>COVID-19 &amp; Moving towards Sustainability</td>
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<tr>
<td>May 20</td>
<td>Face-to-Face</td>
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<tr>
<td>July 20</td>
<td>IPAC Sustainability Call</td>
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<tr>
<td>September 21</td>
<td>IPAC Sustainability Call</td>
</tr>
<tr>
<td>December 21</td>
<td>Final IPAC Sustainability Call</td>
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</table>
To Do List

- Submit **IPAC data** for all months- March

- 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 items for your team storyboard to share your IPAC Success** for the OB Face-to-Face meeting

- Add the OB Face-to-Face Meeting to your calendars
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.
Promoting Vaginal Birth

SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

**READYNESS**

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 heaves and breech presentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth.

Wave 1 Starting Feb 2020
Initiative Launch May 2020

Toolkit to Support Vaginal Birth and Reduce Primary Cesareans

Partnering to Improve Health Care Quality for Mothers and Babies
<table>
<thead>
<tr>
<th>Feb 2020</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>July</th>
<th>Sept</th>
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<tr>
<td><strong>Feb 7: Wave 1 Rosters Due</strong></td>
<td><strong>Mar 9: Wave 1 Call</strong></td>
<td><strong>Apr 13: Wave 1 Call</strong></td>
<td><strong>May 4: PVB Launch Call</strong></td>
<td><strong>Jul 27: Statewide Initiative Webinars begin, every other month to start</strong></td>
<td>Data Collection Begins</td>
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<tr>
<td><strong>Feb 10: Wave 1 Launch Call</strong></td>
<td>Statewide recruitment opens</td>
<td>Statewide Recruitment continues</td>
<td>May 20: OB Face-to-Face Meeting, Springfield, IL</td>
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PVB QI Team Roster

**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

Promoting Vaginal Birth Statewide Launch Call
Monday, May 4, 2020
11am-1pm

Tune in to hear from national expert Christa Sakowski from CMQCC!

Roster forms available here
THANKS TO OUR FUNDERS

Online: www.ilpqc.org
Email: info@ilpqc.org
APPENDIX-IPAC RESOURCES
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