

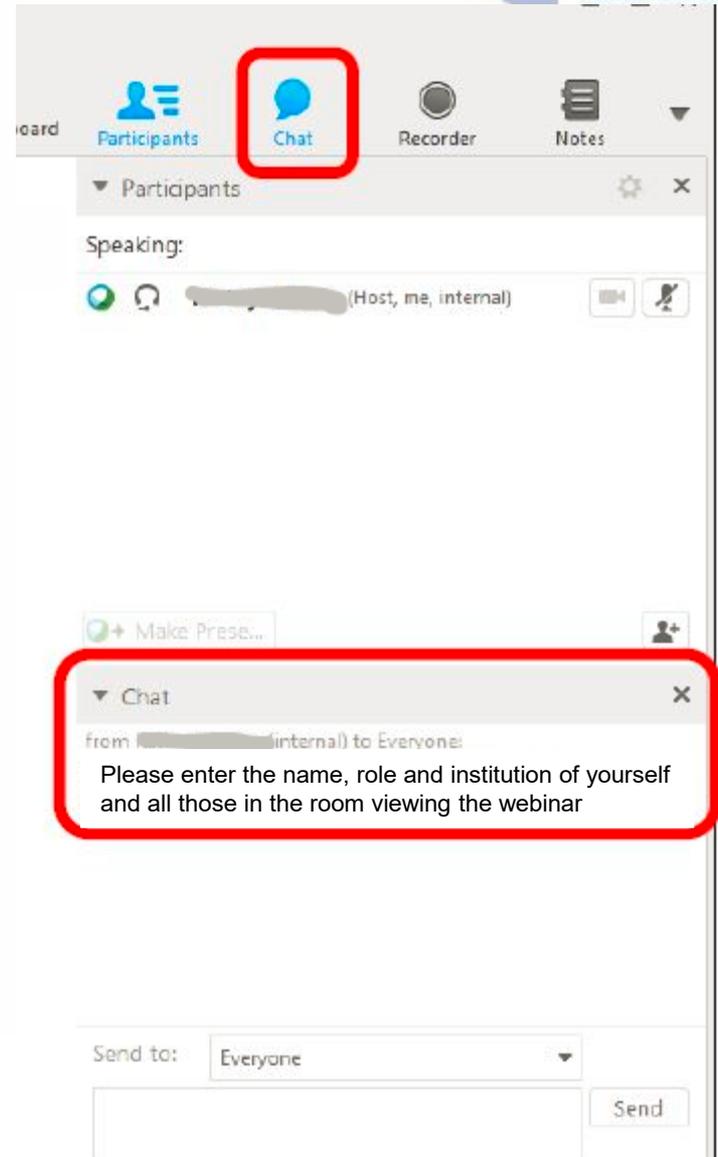


IPAC Sustainability Round Robin

July 19th, 2020
12:00pm-1:00PM

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
- IPAC updates and data review
- Round Robin
- IPAC Toolkit Feedback
- Webinar To-Dos & take-away(s)

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 and education compliance**
 - 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, identify gaps, and follow up with outpatient sites
 - **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.

Sustaining our improvement efforts



- **Sustainability is an active critical phase of your outstanding improvement effort, implement your sustainability plan for:**
 - Compliance monitoring
 - New hire/continuing education plan
- ILPQC sustainability support continues through December 2020:
 - Monthly data monitoring and reporting in REDCap
 - Every other month team webinars
 - QI and sustainability plan support
- Transition to support at the network level in January 2021 to check in on sustainability plan implementation and ongoing IPAC success

Improving Postpartum Access to Care (IPAC)

IPAC- UPDATES AND DATA REVIEW

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

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



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

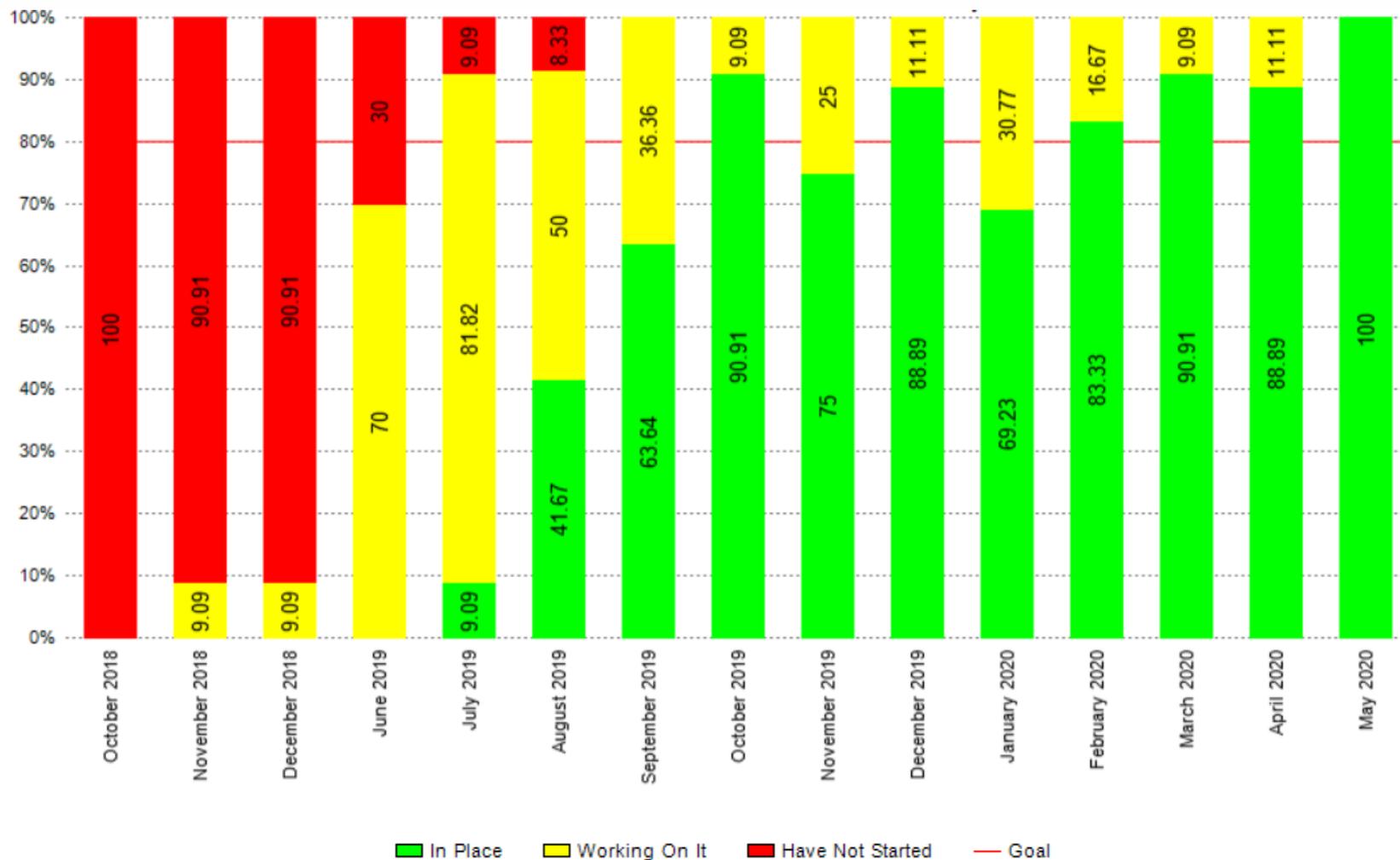


Month	Number of Teams Reporting
Baseline – October 2018	10
Baseline – November 2018	10
Baseline – December 2018	10
June 2019	10
July 2019	11
August 2019	12
September 2019	10
October 2019	9
November 2019	8
December 2019	9
January 2020	10
February 2020	10
March 2020	4
April 2020	9
May 2020	9

IPAC Strategy and Buy-in

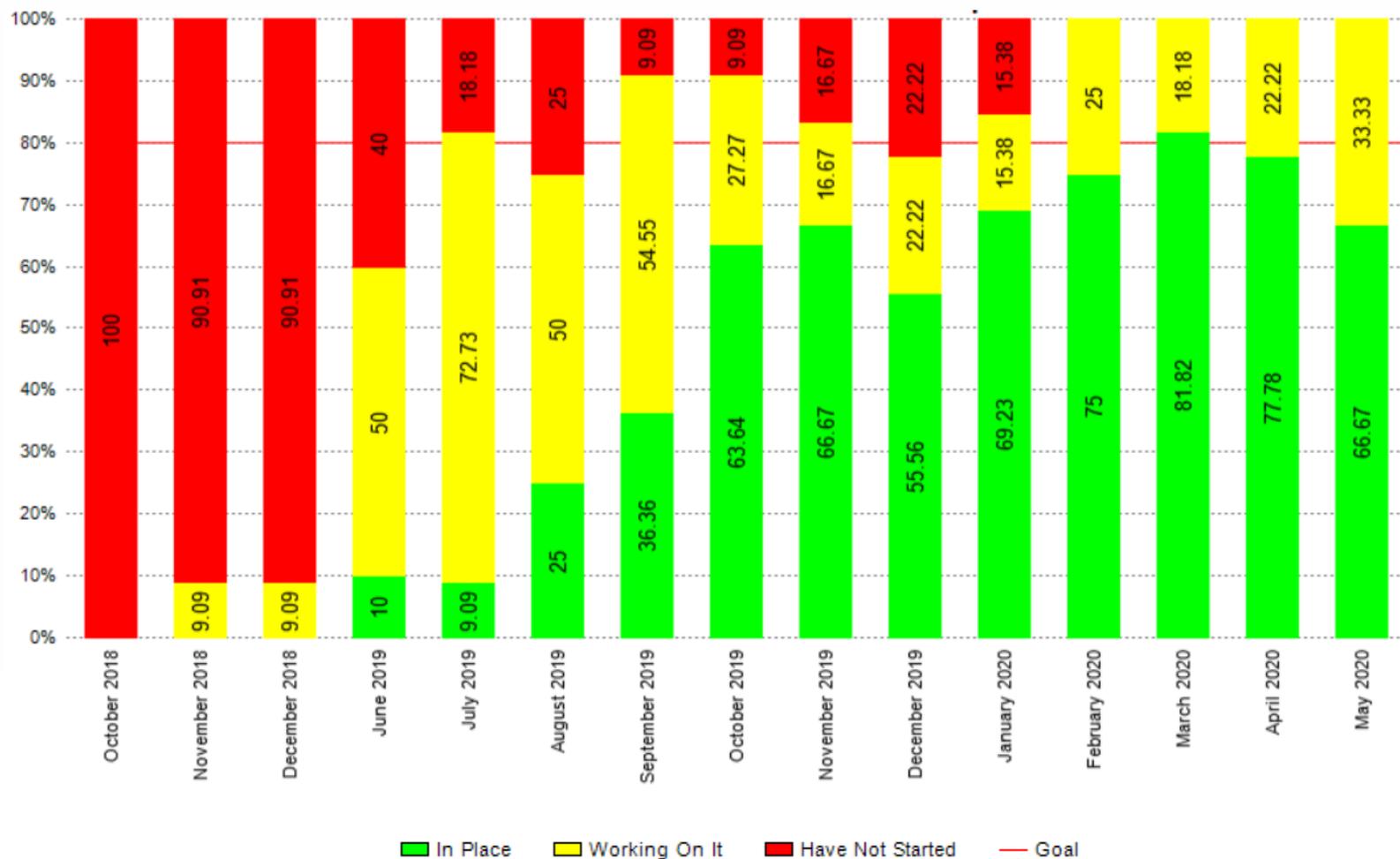


Percent of Hospitals that have communicated recommendations/strategy for early postpartum visits to obtain buy-in, Baseline + June 2019-April 2020



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-April 2020

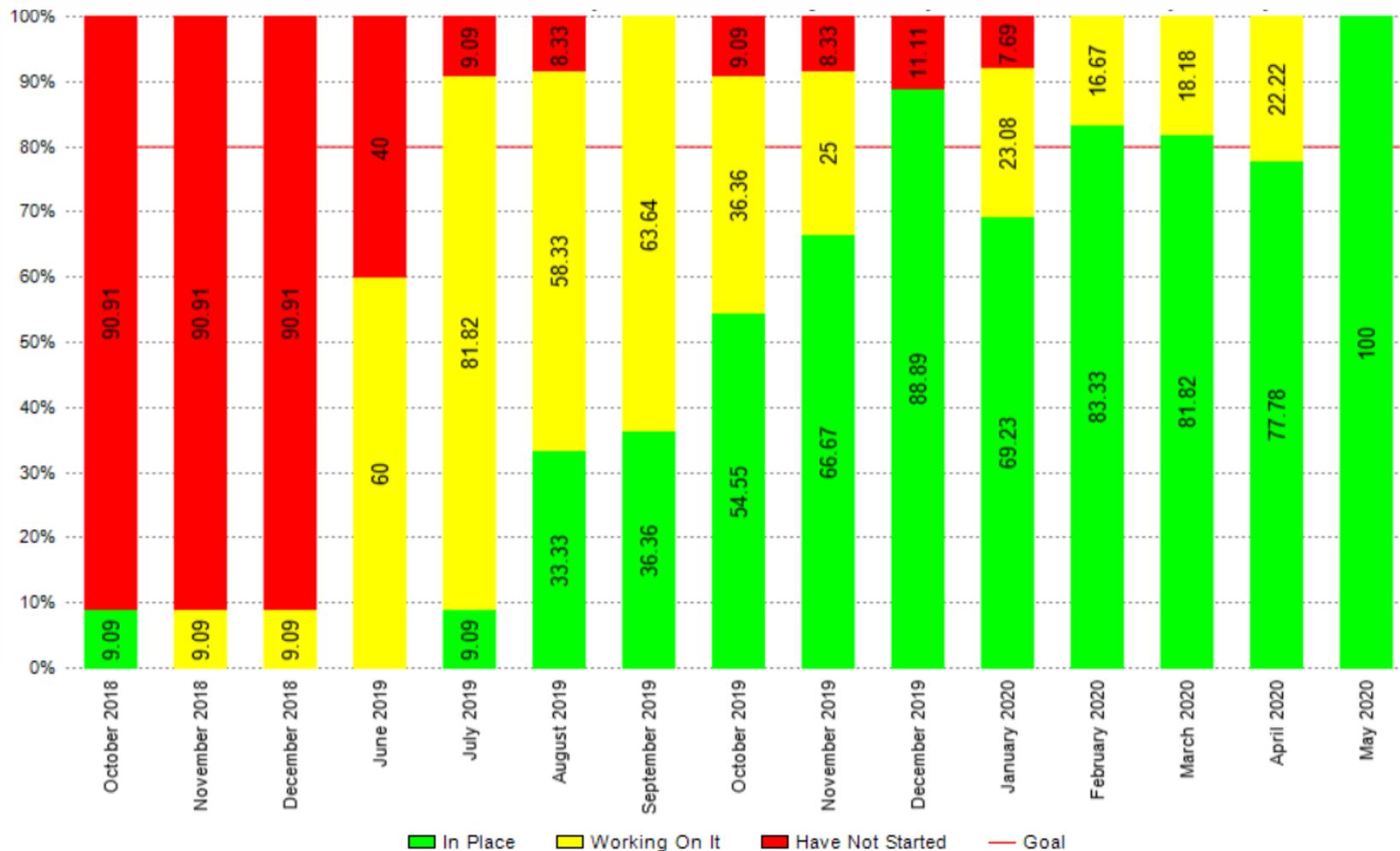




IPAC Provider/Nurse Education



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

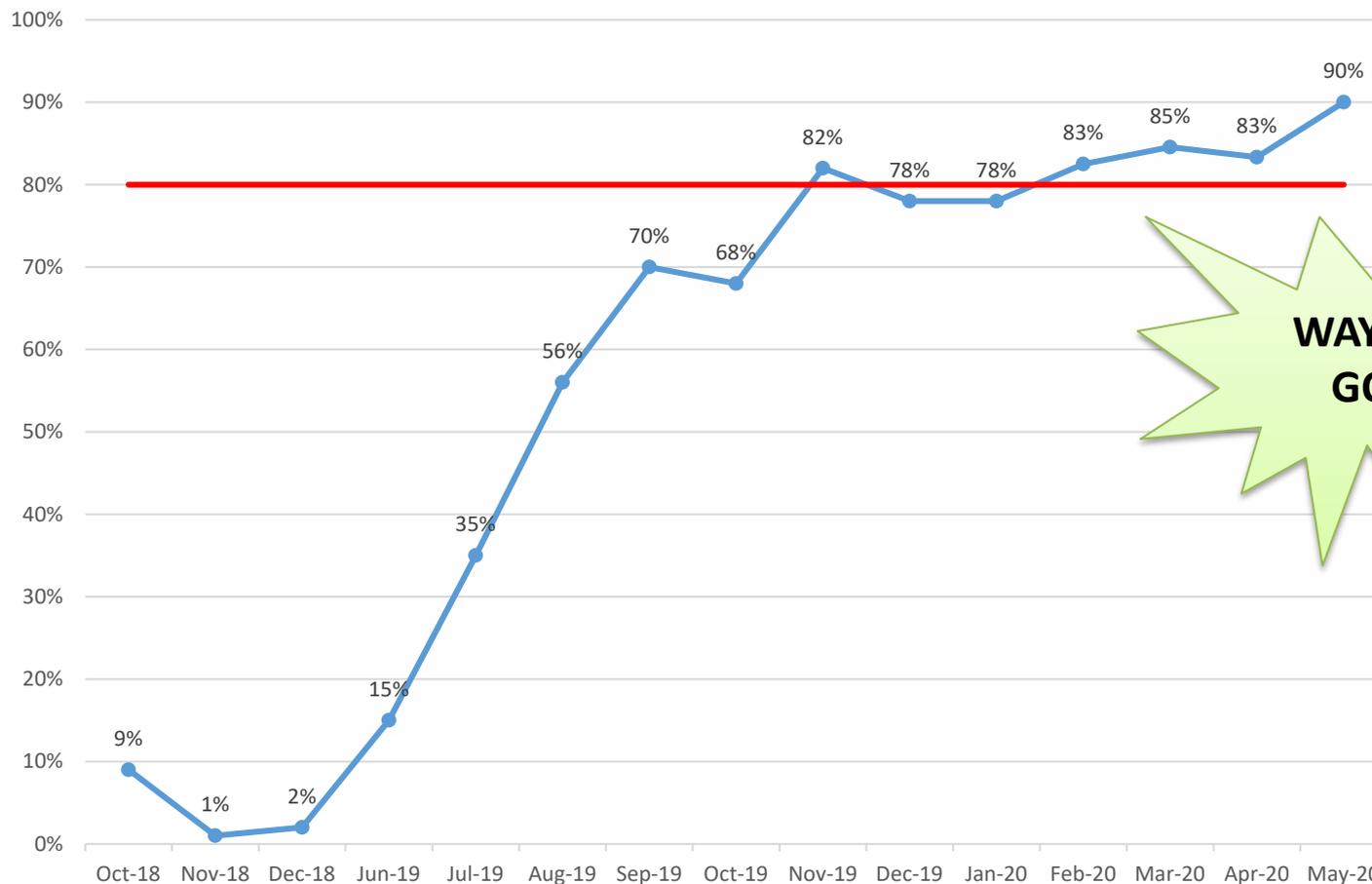




Percent of Provider Education



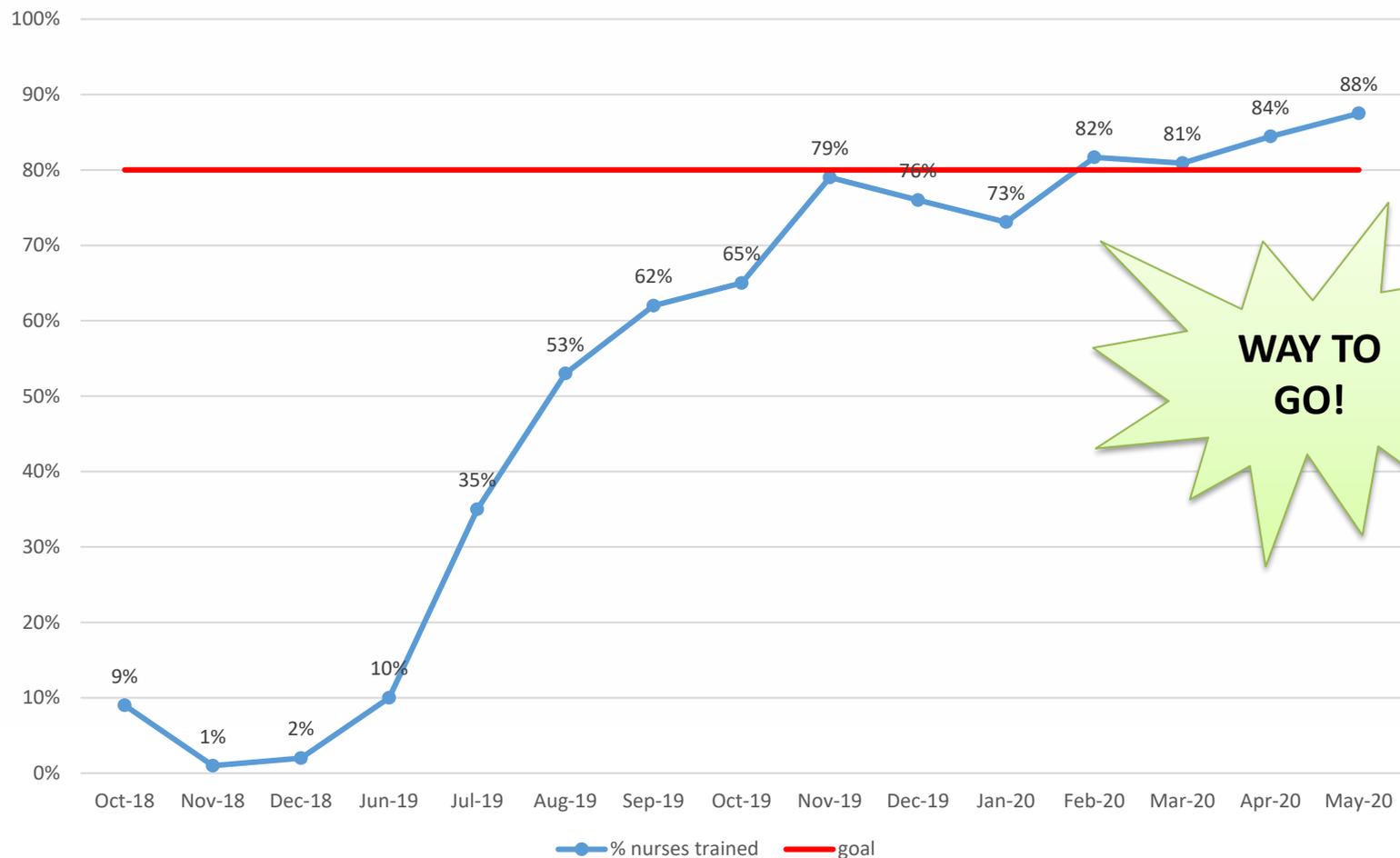
Percent of Providers Educated on Optimizing Early Postpartum Care, Baseline + June 2019-May 2020





Percent of Nurse Education

Percent of Nurses Educated on Optimizing Early Postpartum Care,
Baseline + June 2019– May 2020

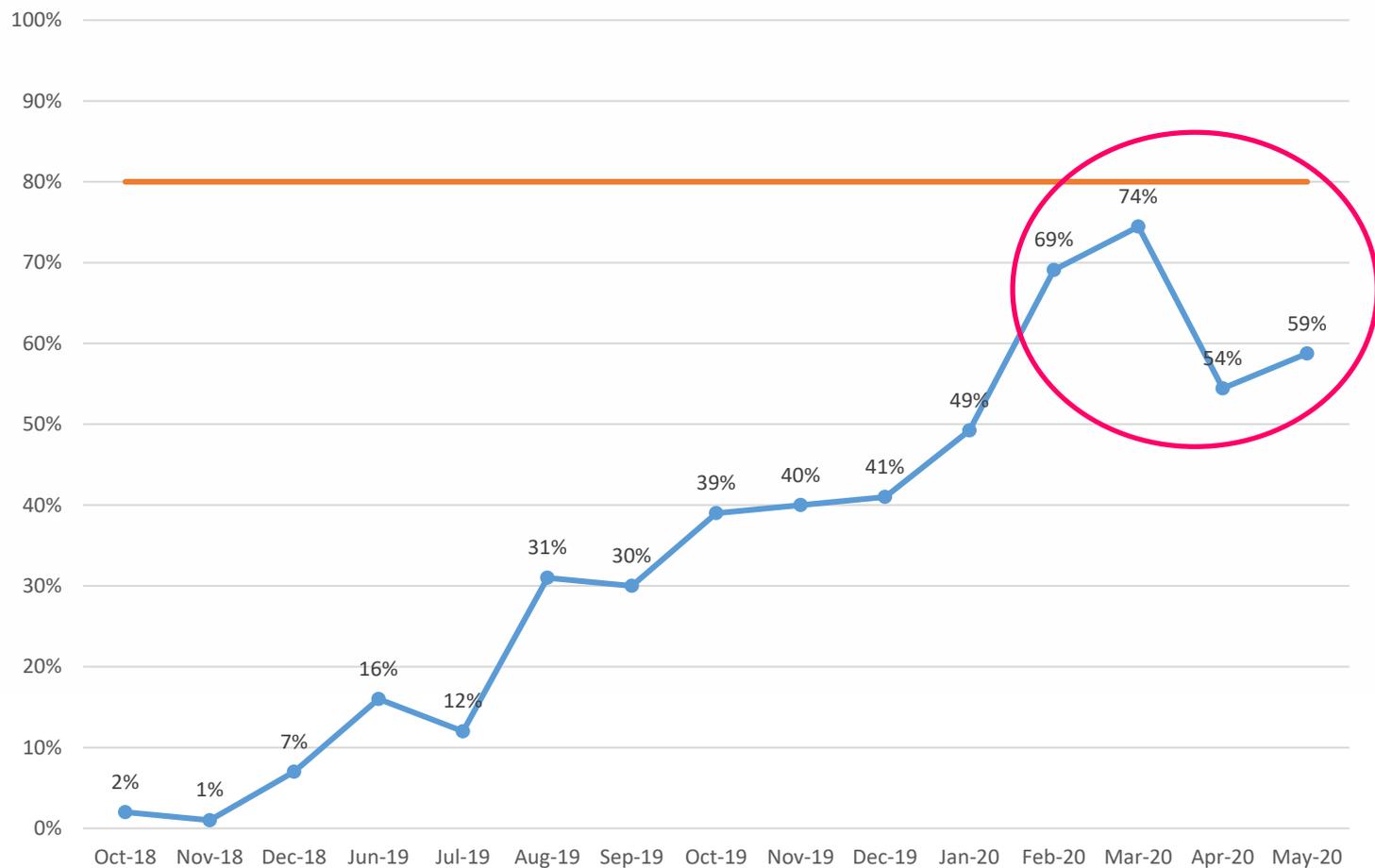




Percent of Patients with Early Postpartum Visit Scheduled



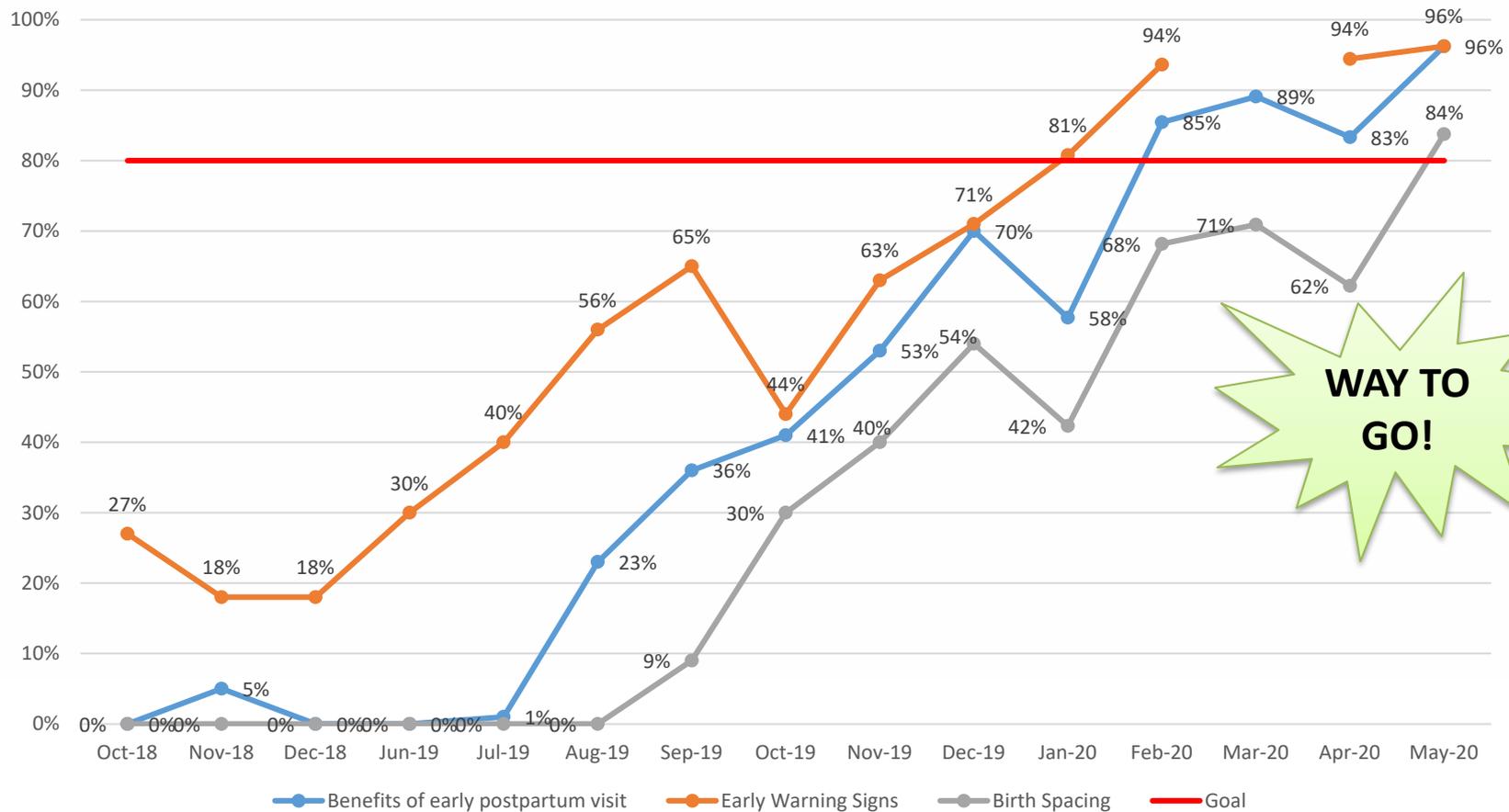
Percent of Patients with Early Postpartum Visits Scheduled Prior to Discharge, Baseline + June 2019-May 2020



Percent of Patients with Standardized Patient Education



Percent of Patients who received standardized postpartum education prior to discharge, Baseline + June 2019 - May 2020



WAY TO GO!

IPAC GO LIVE Status



WAY TO GO!!!

Team	Date	Team	Date
AMITA St. Alexius*	LIVE	Illinois Valley *	LIVE
AMITA Alexian Brothers *	LIVE	SSM St. Mary's Centralia	LIVE
AMITA Resurrection	LIVE	Morris Hospital	LIVE
AMITA St. Joseph*	LIVE	St. Margaret*	LIVE
AMITA Adventist	LIVE	UI Health *	LIVE
Franciscan Health *	LIVE	KSB Hospital	LIVE
Loyola	LIVE	Memorial Hospital Carbondale	LIVE

* = Sustainability plan submitted

Improving Postpartum Access to Care (IPAC)

ROUND ROBIN

Round Robin- Each team to share:

- Share any changes your team has noticed in your IPAC work in light of COVID-19
- Share how your team is **doing with IPAC sustainability**
- What does your team plan to do if you notice a compliance drop in your sustainability data?

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*

Toolkit Feedback



1. Introduction
2. Initiative Resources
3. Communicating and obtaining buy-in regarding need for early postpartum visit
4. Tools for implementing universal early postpartum visits scheduled prior to hospital discharge
5. Tools for outpatient providers to optimize early pp visit/maternal health safety check
6. Billing/coding strategies for reimbursement of IPAC
7. Resources for provider/nurse education
8. Resources for patient education regarding IPAC

What tools did your team find the most helpful?
What barriers did you face at the start on the initiative?
Looking back, is there anything you wished you had?

Improving Postpartum Access to Care (IPAC)

NEXT STEPS

IPAC Calls

- THIRD MONDAY OF THE MONTH

IPAC
12-1pm

Date	Topic
July 17	Sustainability
September 21	Sustainability
November	Off
December	FINAL IPAC Sustainability 11-12pm **TIME CHANGE**

To Do List

- Submit [IPAC data](#) for all months- (go back and enter)
- 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)
- Share any [toolkit feedback](#) with ILPQC
- Continue sustainability plan implementation:
 - [compliance monitoring \(scheduling and pt education\)](#)
 - [new hire and continuing education](#)

PVB

Promoting Vaginal Birth (PVB)

What will we focus on?

Optimizing Labor
Management and
support

Protocols and
Guidelines for
Induction and Labor
Decision Making

Provider, Nurse,
Patient Education to
support clinical
culture change

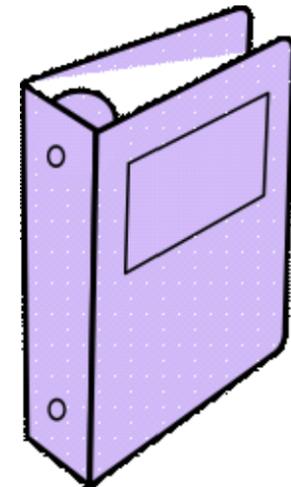


Promoting Vaginal Birth Toolkit Outline



- Introduction
- 1. Initiative Resources [*10 Steps to Getting Started with PVB*](#)
- 2. Promoting Vaginal Birth Slide Set
- 3. National Guidance: AIM Bundle
- 4. National Guidance: ACOG Committee Opinions/Practice Advisories and AWOHNN Statements
- 5. Creating Clinical Culture Change
 - 1. Building a Strong QI Team
 - 2. Provider/Nurse Education
 - 3. Patient Education
 - 4. Clinical Care team Debrief/Huddles and SHARED decision making
- 6. Labor Management
 - 1. Algorithms for stages of labor
 - 2. Labor management support and response to labor challenges
- 7. Standardization of Policy, Protocols, & Algorithms
 - 1. Inductions
 - 2. Labor Challenges/Dystocia
 - 3. Fetal Intolerance

Toolkit Binders
being shipped soon!



Sign-up today to receive your
printed toolkit

PVB Timeline



June-Sept	Oct	Nov	Dec	Jan
MNO-OB	Annual Conference	ILPQC PVB Data Form Webinars	PVB team webinars start monthly and baseline data reporting (Oct-Dec 2019) begins	Monthly data reporting begins Baseline data reporting due

Birth Equity Initiative Update



- Plan to convene clinical leads to discuss preliminary aims, drivers, and measures for Birth Equity Initiative in September
- Initial ideas in development for discussion include:
 - Addressing **social determinants** of health during prenatal, delivery, and postpartum care to improve birth equity (e.g. Mapping resources, screening/referral tool)
 - Utilize race/ethnicity medical record and quality **data** to improve birth equity (e.g. accurate race/ethnicity data collection, health measure dashboards, review of patient satisfaction data)
 - **Engage patients, birth partners, and communities** to improve birth equity (e.g. patient advisor on QI team, engage doulas in care team, patient reported experience)
 - **Engage and educate providers and nurses** to improve birth equity (implicit bias training, education on listening to patients, hiring strategies)
- Wave 1 testing of data form in early 2021, launch in May 2021

ILPQC VIRTUAL Annual Conference 2020 – October 29, 2020

SAVE THE DATE!



THANKS TO OUR
FUNDERS



JB & MK PRITZKER

Family Foundation

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