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

Sample Layout

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

<table>
<thead>
<tr>
<th>IPAC QI Champion</th>
<th>IPAC QI Leader</th>
<th>IPAC QI Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ All Data Submitted*</td>
<td>✓ All Data Submitted*</td>
<td>✓ All Data Submitted*</td>
</tr>
<tr>
<td>✓ LIVE or Piloting IPAC**</td>
<td>✓ LIVE or Piloting IPAC**</td>
<td>✓ LIVE or Piloting IPAC**</td>
</tr>
<tr>
<td>✓ Sustainability Plan Submitted</td>
<td>✓ Sustainability Plan Submitted</td>
<td>✓ Sustainability Plan Submitted</td>
</tr>
<tr>
<td>✓ <strong>GREEN</strong> on 7 Key Opportunities**</td>
<td>✓ <strong>GREEN</strong> on 7 Key Opportunities**</td>
<td>✓ <strong>GREEN</strong> on 7 Key Opportunities**</td>
</tr>
</tbody>
</table>

*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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Percent of patients with early postpartum visit scheduled before discharge</td>
</tr>
<tr>
<td>2.</td>
<td>Percent of patients who received standardized postpartum education prior to discharge:</td>
</tr>
<tr>
<td>a.</td>
<td>Benefits of early postpartum visit</td>
</tr>
<tr>
<td>b.</td>
<td>Early warning signs</td>
</tr>
<tr>
<td>c.</td>
<td>Healthy pregnancy spacing</td>
</tr>
</tbody>
</table>

How will measures be collected? [ ]

**Will you continue to track IPAC data using the ILPQC Data System?**

[ ] Yes  [ ] 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 PDCA cycles if compliance benchmarks on measures are not achieved? [ ] Weekly  [ ] 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: __________________________

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?

- [ ] Protocols
- [ ] Grand Rounds
- [ ] ACOG Committee opinion #73G
- [ ] ILPQC Checklist for Maternal Health Safety Check
- [ ] 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? __________________________

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**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 MONTH’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, ≥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

- **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!

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Teams Reporting</th>
</tr>
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<tbody>
<tr>
<td>Baseline – October 2018</td>
<td>10</td>
</tr>
<tr>
<td>Baseline – November 2018</td>
<td>10</td>
</tr>
<tr>
<td>Baseline – December 2018</td>
<td>10</td>
</tr>
<tr>
<td>June 2019</td>
<td>10</td>
</tr>
<tr>
<td>July 2019</td>
<td>11</td>
</tr>
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<td>August 2019</td>
<td>12</td>
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<td>September 2019</td>
<td>10</td>
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<tr>
<td>October 2019</td>
<td>9</td>
</tr>
<tr>
<td>November 2019</td>
<td>8</td>
</tr>
<tr>
<td>December 2019</td>
<td>8</td>
</tr>
<tr>
<td>January 2020</td>
<td>6</td>
</tr>
</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
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

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>In Place</td>
<td>90.91%</td>
<td>83.33%</td>
<td>90.91%</td>
<td>40%</td>
<td>81.82%</td>
<td>58.33%</td>
<td>63.64%</td>
<td>30%</td>
<td>70%</td>
<td>87.5%</td>
<td>72.73%</td>
<td>85.71%</td>
</tr>
<tr>
<td>Working On It</td>
<td>16.67%</td>
<td>1.67%</td>
<td>16.67%</td>
<td>60%</td>
<td>33.33%</td>
<td>36.36%</td>
<td>60%</td>
<td>10%</td>
<td>20%</td>
<td>12.5%</td>
<td>18.18%</td>
<td>14.29%</td>
</tr>
<tr>
<td>Have Not Started</td>
<td>2.42%</td>
<td>5.43%</td>
<td>2.42%</td>
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</tr>
<tr>
<td>Goal</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</tr>
</tbody>
</table>
Percent of Provider Education

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

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

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

Goal line at 80%
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

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

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.

**AIM**
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
Congratulations on the birth of your baby!

After giving birth, it is important to maintain the healthy habits you practiced while you were pregnant and continue to see your obstetrician for health checkup postpartum.

We recommend that all women have an **Early Postpartum Visit / Maternal Health Safety Check** as well as a routine postpartum visit at approximately 6 weeks after delivery.

**Early Postpartum Visit / Maternal Health Safety Check**

**WHY IS THIS IMPORTANT TO ME?**

We recommend that all women are seen within 2 weeks of giving birth so that health-care providers can assess how they are recovering after delivery. Most women will give birth in the hospital, but any woman can have complications. Your OB/GYN should schedule a post-partum check-up appointment for those potential complications that can occur in the first few weeks after delivery. It is essential to see your provider during this period to make sure you have enough support and that your recovery is on the right path.

**WHAT HAPPENS AT MY EARLY POSTPARTUM VISIT?**

Your OB/GYN or health-care provider will:

- Check your vital signs (pulse, blood pressure)
- Assess your wound healing
- Ask about postpartum bleeding and your pain status
- Ask about your needs and support (lactation support, nutrition, etc.)
- Review your birth plan and any complications that occurred during delivery
- Provide education on postpartum care and recovery
- Check your breast and offer support for breastfeeding
- Refer you to any needed health services or follow up

**HOW DO I SCHEDULE MY EARLY POSTPARTUM VISIT?**

Please call your OB/GYN or health-care provider to schedule your early postpartum visit. The maternal health safety checklist is filled out within 2 weeks of delivery. The doctor may refer you to schedule an early postpartum visit. If you have any questions or concerns, please call the office at Monday to Friday.

My Healthcare Provider Name: ____________________________

My Healthcare Provider Phone: ____________________________

Date of my appointment: ____________________________

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**Do you have these 3 resources in place?**

**ILPQC IPAC Maternal Health Safety Check**

**Healthy Pregnancy Spacing Information**

**AWHONN Post-Birth Warning Signs**

---

**Get Care for These POST-BIRTH Warning Signs**

- Pain in chest
- Ongoing bleeding or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else

**Call 911 if you have:**

- Pain in chest
- Ongoing bleeding or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else

**Call your healthcare provider if you have:**

- 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
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
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**
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
<table>
<thead>
<tr>
<th>Month</th>
<th>Team 1</th>
<th>Team 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 16</td>
<td>UI Health</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>SSM Health St Mary’s</td>
<td>AMITA Adventist GlenOaks Hospital</td>
</tr>
<tr>
<td>May</td>
<td>Face-to-Face</td>
<td></td>
</tr>
</tbody>
</table>
# IPAC Calls

**IPAC Teams**

11am-12pm

THIRD MONDAY OF THE MONTH through May 2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 17</td>
<td>Crossing the Finish Line Round Robin</td>
</tr>
<tr>
<td>March 16</td>
<td>Crossing the Finish Line Round Robin</td>
</tr>
<tr>
<td>April 20</td>
<td>COVID-19 &amp; Moving towards Sustainability</td>
</tr>
<tr>
<td>May 20</td>
<td>Face-to-Face</td>
</tr>
<tr>
<td>July 20</td>
<td>IPAC Sustainability Call</td>
</tr>
<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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</tbody>
</table>
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

Wave 1 Starting
Feb 2020
Initiative Launch
May 2020

Safe Reduction of Primary Cesarean Births
Supporting Intended Vaginal Births

READINESS
Every Patient, Provider and Facility
- Build a provider and 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 being prepared and breach presentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth.
## PVB Timeline

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

- Email info@ilpqc.org
- Visit us at www.ilpqc.org
THANKS TO OUR FUNDERS