IL PQC
Illinois Perinatal Quality Collaborative

Maternal Hypertension Initiative: Wave 1 Teams Call

April 25, 2016

12:30 – 1:30 pm

Overview

- Wave 1
  - Goals for Wave 1
  - Wave 1 Data Status
  - Wave 1 Survey – Lessons Learned
- Final Data Form
- Wave 2 Update
- May 2nd Webinar
- May 23rd Face-to-Face Collaborative Learning Session
- ILPQC Team Talks
  - Roma Allen, MSN, RNC-OB – Elmhurst Memorial Hospital
  - Sue Carlson, DNP, APN-BC – Advocate South Suburban
- Next Steps

Wave 1 – Goals (Jan-April)

- Test implementation of data form at your hospital and collect baseline data
- Share successes, challenges, and barriers with other Wave 1 hospitals via Team Talks
- Learn from CA and NC teams successful strategies for data collection
- Identify your hospital's current process flow for managing patients with severe HTN across units
- Provide feedback to improve data collection forms/process and share strategies with Wave 2

Steps for Data Form Implementation

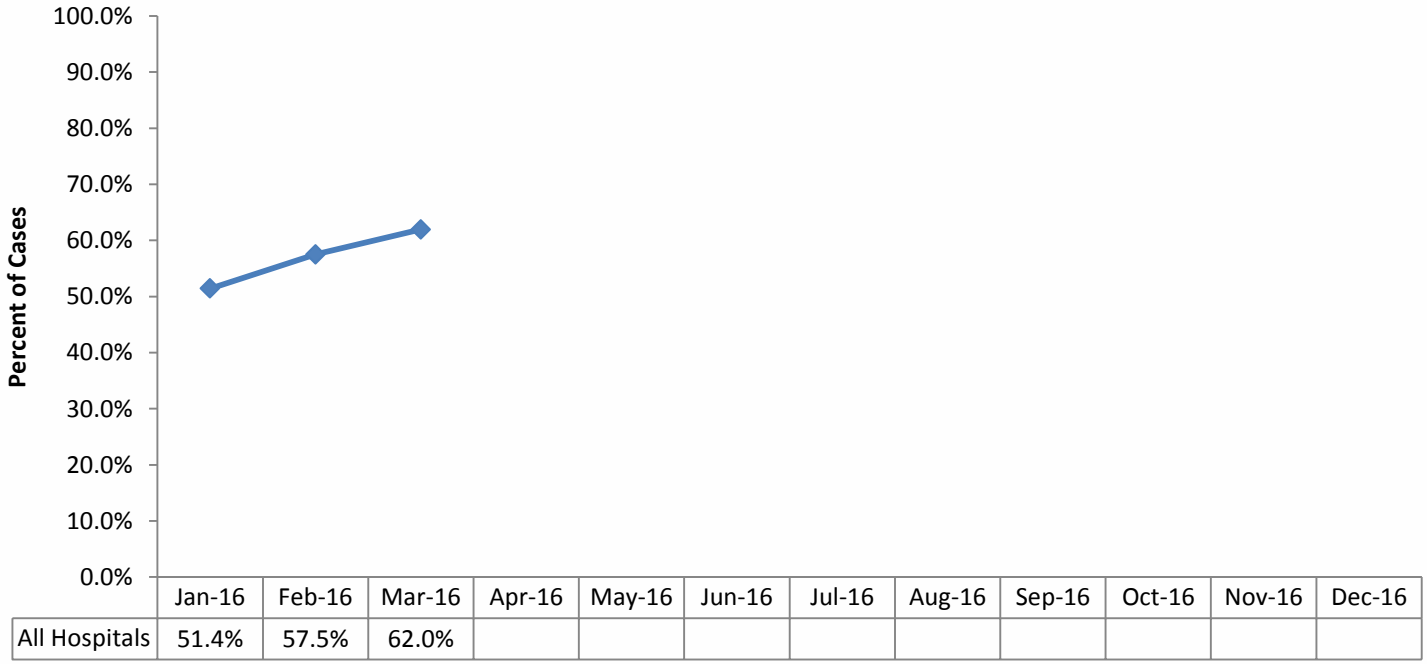
1. Implement the Severe HTN Data Form at the bedside for all women who have been identified with new onset severe HTN
2. Use chart review to collect discharge and outcome data on all women identified with new onset severe HTN
3. Use your EMR to identify all patients with new onset severe HTN to insure you've captured all cases through the bedside implementation of the Severe HTN Data Form, can use chart review to collect data on missed patients.
4. Enter data in REDCap by the 15th of the month for the previous month (i.e. May 15th for April data)

Wave 1 – Data Entry Status

	Total Records	# Teams with Data
January	36	9
February	80	16
March	94	12
Overall	**210**	**19**

Maternal HTN: Time to Treatment

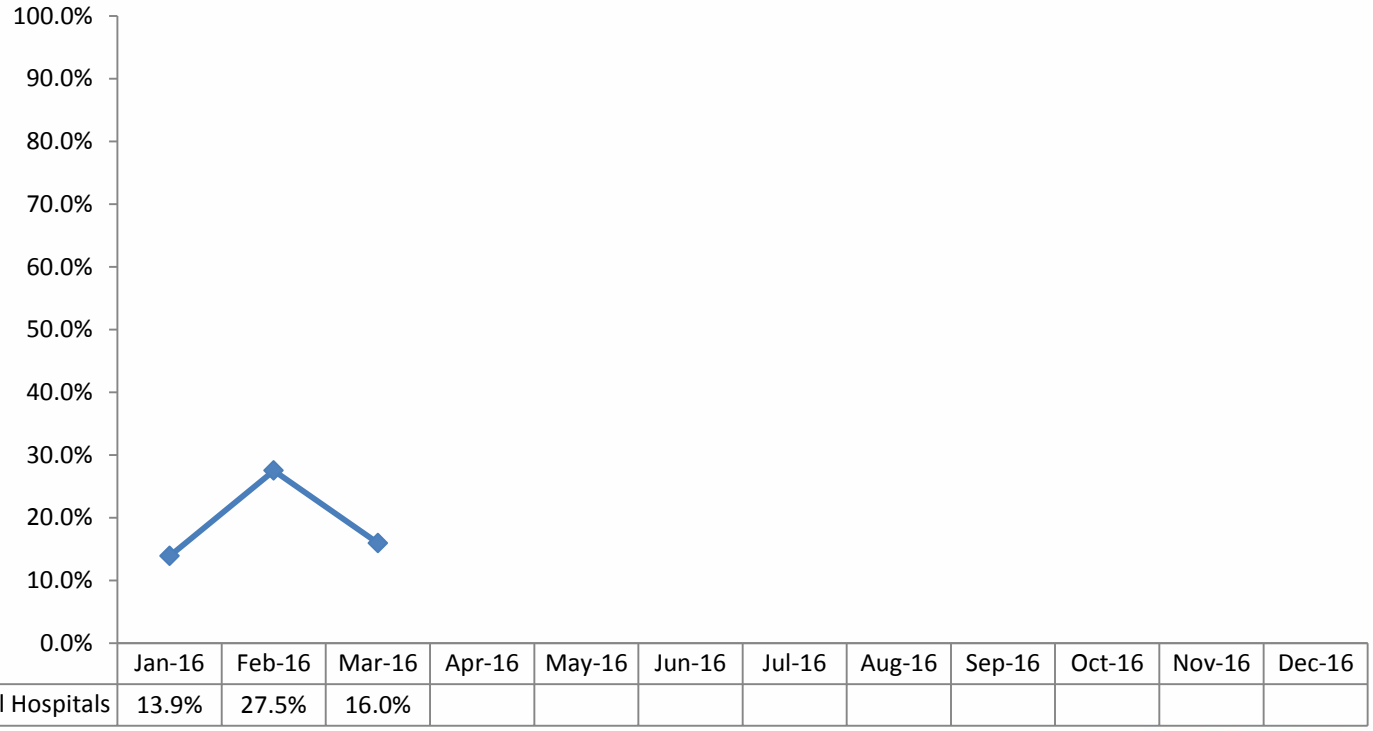
ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension
Treated within 60 Minutes
All Hospitals, 2016



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
All Hospitals	51.4%	57.5%	62.0%									

Maternal HTN: Maternal Outcomes

ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension with any Maternal OB Outcomes*
All Hospital, 2016



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
All Hospitals	13.9%	27.5%	16.0%									

*OB Hemorrhage with transfusion of ≥ 4 units, Intracranial Hemorrhage or Ischemic event, Pulmonary Edema, ICU admission, HELLP Syndrome , Oliguria, Eclampsia, DIC, Renal failure, Liver failure, Ventilation, Placental Abruption

Wave 1 Survey: Results

- 22 of 23 Wave 1 teams completed survey – Thank you!
  - 77.3% of teams meeting at least monthly (17)
    - 18 teams with physicians /2 teams with midwife participating
    - 13 teams with quality participating
    - 11 teams with ED participating
  - 86.4% have implemented the data form (86.4%)
    - 78.9% of teams implementing form at bedside (15 of 19)
    - 77.3% of teams using chart abstraction to collect data (17 of 22) including:
      - 9 teams using EMR keyword searches
      - 1 team using dashboards
      - 8 teams using ICD-10 codes
      - 10 teams using delivery logs
      - 7 teams using pharmacy records

Wave 1 Survey: Data Collection Strategies

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"Some of the patient data was collected in real time and for other patient's it was via chart review. We had training sessions for the nurses to explain the data form and what to do when a patient presents for care."

"RNs have been selected to be champions, several have filled out bedside collection forms."

"Had to make it a quality project on our Lean Daily Management Board."

"RNs fill out a log book with the patient label and brief data, team then researches chart and logs in RedCap."

Wave 1 Survey: Lessons learned

"We have included Pharmacy in our team to address any barriers to access of meds and review order sets."

"We implemented a new triage log to get the people who are new diagnosis for severe range hypertension."

"Added HTN meds to all pyxis on floor for easier access."

"Great to have ER engaged."

Wave 1 Survey – Strategies Going Forward

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"I can't get our quality department to run ICD 10 reports: they are "too busy"... that would help. More commitment; a truly engaged physician champion."

"Need to engage staff at the bedside."

"We had a great debriefing today with our monthly drills, we need to get better about debriefing these types of cases as well."

Initial Wave 1 Opportunities for Quality Improvement

- Consider the following team goals for May:
  - Identify opportunities for your team to meet at least monthly if not already
  - Identify opportunities to engage providers, QI, and ED if not already
  - Reach out to ILPQC if you have not yet been able to implement the data form

Final Data Form

REDCap Hospital ID: _____

SEVERE HYPERTENSION DATA FORM

Topic: Maternity service team review and document sequence of events, successes with and barriers to swift and coordinated response to preeclampsia with severe features.
Goal: Reduce time to treatment (< 60 minutes) for new onset severe hypertension (≥160 systolic OR ≥110 diastolic) with preeclampsia or eclampsia or chronic/gestational hypertension with superimposed preeclampsia (include patients from triage, L&D, Antepartum, PP, ED) in order to reduce preeclampsia morbidity in Illinois.
Instructions: Complete within 24 hrs. after all cases of new onset severe hypertension (≥160 systolic or ≥110 diastolic) event in pregnancy up to 6 wks postpartum. Debrief should include primary RN and primary MD to identify opportunities for improvement in identification and time to treatment of HTN.

Date:_____ **GA at Event (weeks & days) OR # Days PP:**_____
Patient Location ***(check all that apply)*** ☐ Triage ☐ L&D ☐ Postpartum ☐ Antepartum ☐ ED

Maternal Age: _____ **Height:**_____ **Current Weight:**_____
Diagnosis: ☐ Chronic HTN ☐ Gestational HTN ☐ Preeclampsia
☐ Superimposed Preeclampsia ☐ Postpartum Preeclampsia ☐ Other _____

PROCESS MEASURE (P1): Medical Management

Time: hh:mm	Measure
	BP reached ≥160 or diastolic ≥110 (sustained >15 min)
	First BP med given
	BP reached <160 and diastolic BP <110

Medications (check all given)

Medications	Dosage(s) given	Reason not given
☐ Labetalol		
☐ Hydralazine		
☐ Nifedipine		
Magnesium Sulfate **Bolus**	☐ 4gm ☐ 6gm ☐ Other	
Magnesium Sulfate **Maintenance**	☐ 1gm/hr ☐ 2gm/hr ☐ 3gm/hr ☐ Other	
Any ANS (if <34 wks)?	☐ Partial Course ☐ Complete Course ☐ Not Given	

BALANCING MEASURE (B1,B2): Monitor Medical Management
B1. Did diastolic pressure fall to <80 within one hour after meds given?
☐ YES ☐ NO
B2. If yes, was there corresponding deterioration in FH rate (Category 3)?
☐ YES ☐ NO

OB Complications ***(check all that apply)*** Transport In? ☐ YES ☐ NO Date:_____
GA at Delivery (weeks & days):_____ Transport Out? ☐ YES ☐ NO Date:_____
Adverse Maternal Outcome: **Date:**_____
☐ OB Hemorrhage with transfusion of ≥ 4 units of blood products
☐ Intracranial Hemorrhage or Ischemic event
☐ Pulmonary Edema ☐ ICU admission ☐ HELLP Syndrome
☐ Oliguria ☐ Eclampsia ☐ DIC
☐ Renal failure ☐ Liver failure ☐ Ventilation
☐ Placental Abruption ☐ Other _____ ☐ None
Adverse Neonatal Outcome: **Date:**_____
☐ NICU/SCN admission ☐ IUFD ☐ Other _____ ☐ None
Maternal Race/Ethnicity ***(check all that apply)*****:**
☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other

PROCESS MEASURE (P2) Discharge Management
A. Discharge Education: Education materials about preeclampsia given?
☐ YES ☐ NO
B. Discharge Management: Follow-up appt scheduled within 3-10 days (for all women with any severe range hypertension/preeclampsia)
☐ YES ☐ NO
Was patient discharged on meds?
☐ YES ☐ NO
If YES: Was follow up appointment scheduled in <72 hours?
☐ YES ☐ NO
COMMENTS about Medical Management, Monitoring, Discharge

Opportunities for improvement to reduce time to treatment (identification severe HTN to treatment goal <60 minutes): De-brief

Debrief Participants: Primary MD: ☐ YES ☐ NO Primary RN: ☐ YES ☐ NO

TEAM ISSUES	Went well	Needs improvement	Comment
Communication			
Recognition of severe HTN			
Assessing situation			
Decision making			
Teamwork			
Leadership			

SYSTEM ISSUES	Went well	Needs improvement	Comment
HTN medication timeliness			
Transportation (intra-, inter-hospital transport)			
Support (in-unit, other areas)			
Med availability			
Any other issues:			

Wave 2 Update

- 84 Wave 2 teams registered as of 4/22 (107 teams total!)
- Launch to all 107 teams on 2-hour webinar on Monday, May 2nd from 12:30 – 2:30 pm
- Still accepting teams for Wave 2!
  - Roster link:

    https://www.surveymonkey.com/r/HTNroster
  - REDCap access form:

    https://docs.google.com/forms/d/16F_lITLmDvesqhvwaq6bQxlC17nHGmMchav1-feAsMo/viewform?c=0&w=
- Please share with your networks!

HTN May 2nd 2-hour Kick-off Webinar

- HTN Bundle Implementation Kick-off Webinar from 12:30 – 2:30 pm on May 2nd
- Request for HTN process flow examples from 2 Wave 1 teams
  - Opportunity to share how new onset severe range HTN is identified and treated in your hospital
  - Can share a process flow from L&D, triage, or ED
  - See example from CA on next slide

HTN May 2nd 2-hour Kick-off Webinar

- ILPQC welcome– 5 minutes
- HTN Initiative Overview, Importance,Timeline – 10 minutes
- Overview of California's Experience (Nancy Peterson and CA Teams) - 30 minutes
- Forming your QI team – 5 minutes
- Baseline/Data Collection Process – 20 Minutes
- ILPQC Data System Training – 15 minutes
- HTN process flow examples from 2 Wave 1 team – 20 minutes
- Next Steps – 10 minutes
- Questions – 10 minutes

Treatment of Blood Pressure greater than or equal to 160/xx OR xx/110:

Position: semi-fowlers; cuff at level of heart; displace uterus

BP ≥ 160/xx or xx/110?
May recheck with manual cuff* in **10** minutes
*(for verification)

Remains ≥ 160/xx or xx/110?
30-60 min timeframe begins

yes

Primary RN
Notify OB of BP
Notify Charge RN

and

- Start IV and draw Labs
- Recommend IVP med* within 30-60 min of 2nd BP
- Monitor BP q **5** min ◊
- Monitor EFM
- Admit patient

then

◊ Recommend: Continue BPs q 5 min. until BPs remain less than 160/xx or xx/110, then may repeat BP measurement
- every 10 mins for 1 hour,
- then every 15 mins for 1 hour,
- then every 30 mins for 1 hour,
- and then every hour for 4 hours.

no

Recommend: Recheck every 30 minutes.

OB Provider
- Order IV push labetalol or hydralazine *
- Admit patient

consider

- Difficult IV start, > 30-60 mins? *Give PO nifedipine 10 mg for first med dose (may repeat q 20min PRN x6).*
- Does Patient meet criteria for severe preeclampsia? *Magnesium Sulfate 4gm loading dose.*

***MED NOTES:**

Labetalol IVP: *(q 10min PRN; 300mg max dose)*
Peak response within 5 minutes
***Requires continuous pulse oximetry x 1 hr after each dose.**
On M/B unit: contact Mgr re equip/staff requirements.
Contraindicated: Bronchial Asthma or Heart Block

Hydralazine IVP:*(q 20min PRN; 25mg max dose)*
Onset: 5-15 min
Peak response: 10-80 min
Contraindicated: Mitral Valvular disease

▸Be sure to CHECK ORDER for details◂

HTN May 2nd 2-hour Kick-off Webinar

- Time: 12:30-2:30 pm
- Conference Line: 1 877 860 3058
- Host Code: 143 516 5688
- Participant Code: 850 207 6731 (Use this code when requested by system!)
- Adobe Connect: http://northwesternuniversity.adobeconnect.com/obteamshtn

HTN Face-to-Face Meeting May 23 Springfield: Registration

- Registration is now live!
- Strongly encouraged to bring both nurse and provider teams leads
- https://www.eventbrite.com/e/maternal-hypertension-face-to-face-collaborative-learning-session-tickets-24489550906
- Registration fee of $25 plus $2.37 Eventbrite processing fee
- 79 individuals registered to date
- Registration closes on 5/16
- Begin work on process flow / storyboard to bring

HTN Face-to-Face: Agenda
Monday, May 23rd, Springfield IL

9:45 – 10:05 am	Welcome, Overview of HTN Initiative, What are We Trying to Accomplish? (Ann)
10:05 – 10:35 am	Overview of CA HTN Initiative and Outcomes (Larry Shields)
10:35 – 11:05 am	The AIM HTN Bundle 101: key steps for implementation (Nancy Peterson)
11:05 – 11:30 am	Understanding QI Strategies for Bundle Implementation (Patti)
11:30 am – 12:15 pm	Team Storyboard and Process Flow Presentations/Viewing
12:15 – 1:00 pm	Working Lunch – Teams/Table discuss key take aways from story boards
1:00 – 1:15 pm	Accurate Measurement of BP and other Strategies for Success (Nancy / Larry)
1:15 – 1:30 pm	Small group implementation cafes / key topic discussions
1:30 – 2:30 pm	Strategies for Data Collection – Lessons Learned from Wave 1 Teams (Ann/Patti)
2:30 – 3:00 pm	Using Your Data to Drive Quality Improvement (Patti) • Demo of HTN REDCap Reports (Kate)
3:00 – 3:30 pm	Recap Teams Monthly QI Cycle and Questions, Next Steps, Wrap-up (Panel)

Team Talk

- Roma Allen, MSN, RNC-OB – Elmhurst Memorial Hospital
- Sue Carlson, DNP, APN-BC – Advocate South Suburban

Healthy Driven™

Edward-Elmhurst HEALTH

Elmhurst Memorial Hospital

Team Members

Roma Allen MSN, RN; Michelle Kavanagh BSN, RN; Kimberly Darey, MD.; Rebecca Cazzato MSN, RN, IBCLC; Kimberly Harris MSN, RNC, C-EFM; Andrea White, BSN, RN; Adriana Calcev MSPHRD.

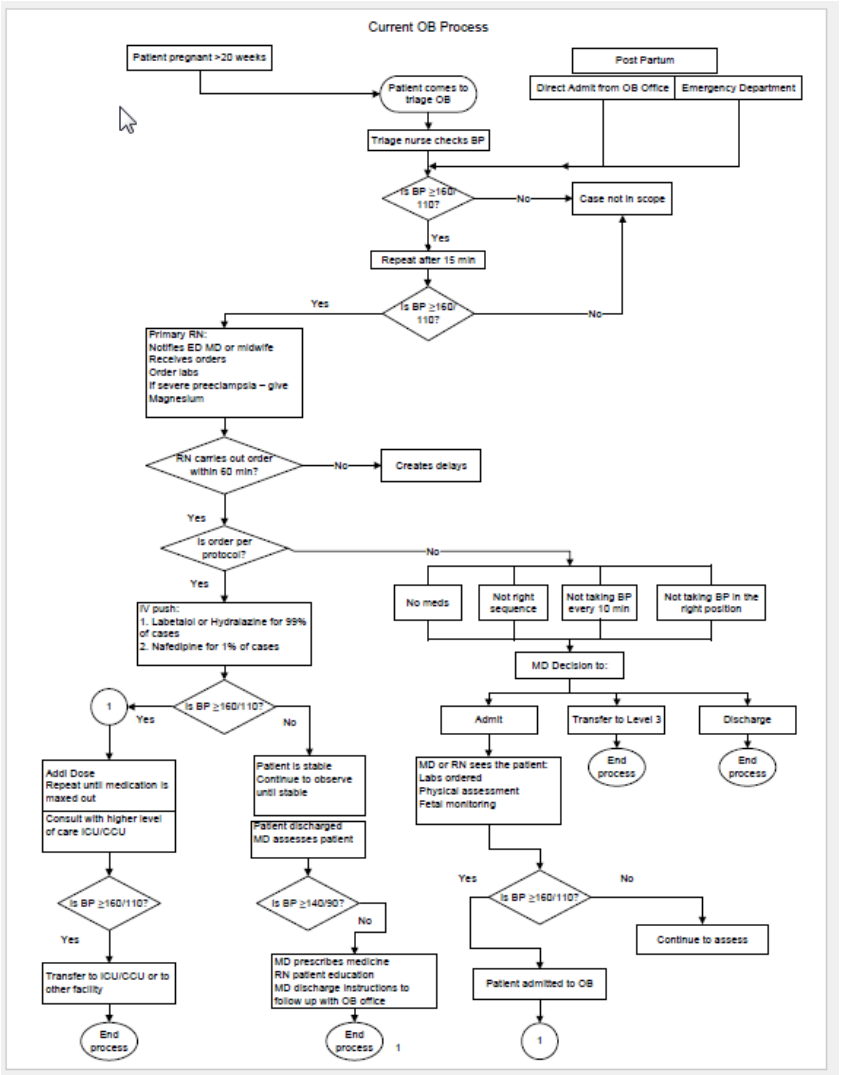
Family Birthing Center

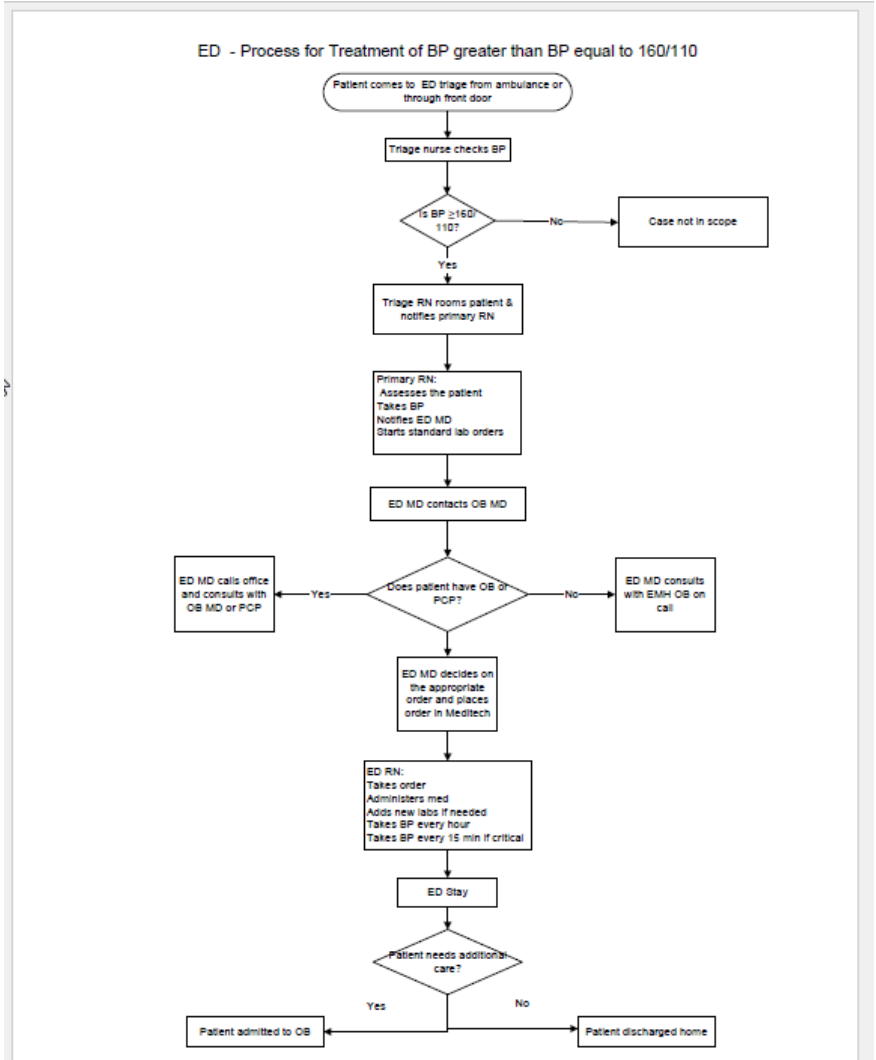
Approximately 2000 deliveries/year
Level IIE nursery

Healthy Driven™
Edward-Elmhurst HEALTH

- Team members meet monthly
  - Multidisciplinary
- Data collection began in February
  - Retrospective
  - Not at the bedside

CURRENT Process Flow Diagram





Edward-Elmhurst HEALTH | Healthy Driven

Plan → Do → Study → Act

Team Name: Elmhurst Memorial Hospital	Date of test:2/25/16	Test Completion Date:

Overall team/project aim: Decrease time to treatment with appropriate resources available

What is the objective of the test? Immediate access to appropriate supplies for administering hypertensive medications

PLAN:

Briefly describe the test:

-1m syringe currently in stock to draw up appropriate hydralazine dose (10mg/0.25ml) did not fit into IV tubing. Transfer of hydralazine from 1ml syringe to 3ml syringe was needed in order to administer intravenously through IV tubing. Change in 1 ml syringe to one that fits into IV tubing needed.

How will you know that the change is an improvement?

1. Appropriate syringe available for IV administration
2. Time of medication order to administration < 30minutes
3. Staff feedback on availability and utilization of new syringe

What driver does the change impact?

-Will directly impact the process of administering hydralazine to a maternal patient with severe hypertension.

-Will decrease the amount of steps necessary to administer hydralazine.

-Care management for every pregnant or postpartum woman with new onset severe hypertension

What do you predict will happen?

-decrease in time→treatment

-decreased chance of error of amount of medication given, decrease chance of needle stick injuries

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
Research appropriate syringes. Find one that adapts to current IV tubing	Dr. Darey	March 1, 2016	OB Dept.
Ask unit manager to order correct 1 ml syringe for unit	Michelle Kavanagh	March 10, 2016	OB Dept.
Contact unit distribution to have new syringe stocked in unit stock room	Jen Stirrat	April 1, 2016	OB Dept.
Educate staff on presence and purpose of new syringe	Michelle Kavanagh	April 20, 2016	OB Dept.

Plan for collection of Data: Begin May 1, 2016

DO: Monitor availability of syringes, observe RN practice in utilization of syringe, analyze time of order to time of medication administration

Plan → Do → Study → Act

Team Name: Elmhurst Memorial Hospital	Date of test: 3/22/16	Test Completion Date:

Overall team/project aim: Improve access to maternal hypertensive medications

What is the objective of the test? Create consistency in medication access in the OB department and ED to improve diagnosis to treatment time

PLAN:

Current state: The OB department has a 'Mag Kit' that when accessed in the Pyxis system will also provide you with Labetalol. During a Maternal Hypertension Team Meeting medication, access was inconsistent in the ED and access to Hydralazine was not available in the 'Mag Kit'. ED had no clinical decision support in the Pyxis and all medication must be ordered and removed separately.

The Maternal Hypertension Team meeting recommended the following changes:

1. Pharmacy becomes an Adhoc team member
2. Hydralazine added to the 'Mag Kit'
3. Name changed for consistent messaging to 'Preeclampsia Kit'
4. Duplicate the process in the ED and create a 'Preeclampsia Kit' in the ED Pyxis

How will you know that the change is an improvement?

- Name change to 'Preeclampsia Kit' with access to all medications it provides a trigger for clinical decision support and decrease in the OB and ED department time to treatment
- Rapid access to medications used for severe hypertension with guide for administration and dosage
- Facility-wide standard protocols for appropriate medical management in under 60 minutes

What driver does the change impact?

- Implementation of standard processes for optimal care of severe maternal hypertension in pregnancy
- Care management for every pregnant or postpartum woman with new onset severe hypertension

What do you predict will happen?

Consistent access to medication in the ED prior to transfer to the OB Department

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1. Add Hydralazine to the 'Kit'	Anne Burns PharmD	May 1, 2016	OB Department
2. Create Name Change in Pyxis System to 'Preeclampsia Kit'	Anne Burns PharmD	May 20, 2016	OB Department
3. Add 'Preeclampsia Kit' to ED Pyxis	Anne Burns PharmD	May 20, 2016	OB Department
4. OB depart. Education nurses & Drs.	Michelle Kavanagh Dr. Darey	May 15, 2016	OB Department
5. Ed Depart Education nurses & Drs.	Andrea White Dr. Darey	May 15, 2016	OB Department

Plan for collection of data:

Short Term Goals…

- Break down the current process flow diagram to identify barriers and possible solutions.
  - Create ideal process flow diagram
- Identify topics to begin staff education
  - ILPQC Project focus and goals
  - Accurate and consistent blood pressure measurement
  - Importance of discharge teaching and follow up
- Plan for escalation of treatment and resources
- Ensure rapid access to medications
  - Currently working with pharmacy department

Advocate South Suburban Hospital: Metro Chicago Region

South Suburban Hospital

- 17800 S. Kedzie Ave in Hazel Crest, IL.
- Approximately 20 miles south of Chicago
- Advocate South Suburban Hospital is a general medical and surgical hospital with 240 beds. Survey data for the latest year available shows that 43,957 patients visited the hospital's emergency room. The hospital had a total of 12,306 admissions. Its physicians performed 3,161 inpatient and 6,380 outpatient surgeries.
- South Suburban Hospital has a Special Care Nursery Level II with exception: that means we generally transfer high risk maternal patients and specific neonatal patients (for instance less than 32 weeks EGA) to a higher level of care
- In 2014, just over 1100 births were recorded for the year. In 2015, there were 1269 births (an increase of over 16%)
- Demographics for Hazel Crest in 2010 included
  - 85.2% Black
  - 10.2% White
  - 3.7% Hispanic

Process of data collection for the ILPQC Maternal HTN Initiative

- Discussion of bedside data collection tool with nurses and at Safety huddles
- Approach ACMs, Charge nurses and staff on a daily basis to see if any patients on the census are hypertensive and meet the criterion for severe hypertension
- Flyers (bedside audit tool) with information on the unit
- Daily chart audits to check BPs
- Pharmacy reports regarding administration of Labetalol and Hydralazine
  - *Note: With MFM consults, Labetalol is often initiated PO with Magnesium Sulfate initiated*
  - *BP is managed with no FHM changes*

Barriers to data collection

No bedside reports were completed by the staff nurses:

- "uneasy about which patients qualify: unclear"
- "no time/ not my job"
- Low number that actually qualify as severe hypertension

- Quality personnel not able to run reports on ICD-10 codes

Nurses process to treatment

- Nursing staff contacts the OB Provider
- OB Provider quickly act upon severe hypertension that is sustained
- Many of these patients are transports to a higher level of care where MFM is staffed
- Only one case seen thus far was not treated within the 60 minutes
- There is no RN/MD debriefing happening that has been relayed or documented to this point

Treatment of Blood Pressure greater than or equal to 160/xx or xx/ 110:

Primary RN Notify OB & Charge RN of BP

Remains ≥160/xx or xx/110? 30-60 min timeframe begins

Yes

No

Recheck BP q 30 min

•Start IV and draw Labs
•Recommend <*IVP*> med* within 30-60 min of 2nd BP

◊ Recommend: Continue BPs q *10* min. until BPs remain less than 160/xx or xx/110, then may repeat BP measurement
every *15 mins for* 1 hour,
•then every *30 mins* for 4 hrs,
•then every hour for 4 hrs.

OB Provider
Consider Order for IV push labetalol or hydralazine *

*Consider PO Labetalol with MgS04 initiation

•Difficult IV start, > 30-60 mins? ***Give PO nifedipine 10 mg for first med dose (may repeat q 20min PRN x6).***
•Does Patient meet criteria for severe preeclampsia? ***Magnesium Sulfate 4gm loading dose.***

***MED NOTES: Labetalol IVP**: *(q 10min PRN; 300mg max dose)*
Peak response within 5 minutes
***Requires continuous pulse oximetry x 1 hr after each dose.**
On M/B unit: consider equip/staff requirements.
Contraindicated: Bronchial Asthma or Heart Block
Hydralazine IVP:*(q 20min PRN; 25mg max dose)* Onset: 5-15 min
Peak response: 10-80 min
Contraindicated: Mitral Valvular disease

Team Talks – HTN Initiative

- Teams assigned an OB Teams Call – look for email from Kate
  - June
    - NorthShore Evanston
    - Loyola
  - July
    - Northwest Community
    - Memorial Hospital of Carbondale
  - August
    - St. Anthony Hospital
    - HSHS St. Elizabeth
  - September
    - Advocate Sherman
    - Norwegian American
  - October
    - St. John's
    - Silver Cross

- Generate discussion and learning through sharing
  - Good foundation for storyboard/poster presentations!
- Present 5-10 mins. on current QI work, including:
  - How are you implementing the data form?
  - What are your challenges and successes?
  - How are you developing your process flow?
  - Share your process flow diagrams
  - Discuss process for identifying opportunities for improvement?
  - How are you organizing your team meetings?

ABOG MOC Credits

- The ABOG MOC standards now allow participation in ABOG-approved Quality Improvement Projects to meet the annual Improvement in Medical Practice (Part IV) MOC requirement.
- ILPQC Maternal HTN Quality Improvement Initiative has been approved to meet ABOG Part IV Improvement in Medical Practice requirements for 2016 and 2017.
- For further information, review the 2015 MOC Bulletin at http://www.abog.org/bulletins/MOC2016.pdf.

Process to Receive ABOG MOC Credits

- **Starting in November 2016**, Physician Diplomates interested in applying their work on this initiative to their ABOG dashboard submit a letter to IPQC via info@ilpqc.org describing their participation in the initiative along with a letter from their quality improvement team lead, if a different person
- ILPQC submits list of all physician diplomats who actively participated in the initiative to ABOG at end of the QI initiative
- ABOG adds activity to physicians Diplomates' personal dashboard in the "Open" section of IMP Activites
- Within one month from the time of the QI initiative completion, ABOG will send the participating Diplomates an email requesting the Diplomate to complete and submit a short set of questions about his / her practice patterns after participating in this QI activity
- Once the Diplomate completes and submits these questions, the activity moves from the "Open" section of IMP Activities to the "Completed" section of IMP activities and that will complete their Part IV requirement for year.

Wave 1 Recap and Next Steps

- Continue baseline data collection/implementing data form and entering data into REDCap monthly
- Begin work on process flow / story board for May 23 Face to Face Meeting (share your team story).
- Contact ILPQC www.ilpqc.org with questions regarding data collection or process flow
- Participate in 2-hour implementation launch webinar May 2, 12:30 – 2:30 pm
- **Register** for the Face-to-Face Collaborative Learning Session on May 23 from 9:45 am – 3:30 pm at Dove Conference Center at St. John's in Springfield