



Hot Topics in Obstetric QI: Discussion of progress made and next steps in 2019 for Mothers and Newborns affected by Opioids and Immediate Postpartum LARC, and discussion of future initiatives

ILPQC Sixth Annual Conference

November 5, 2018

Overview

- Panel:
 - Ann Borders, MD, MSc, MPH
 - Mona Prasad, MD, MPH (OPQC)
 - Terri Deeds, RN, MSN, NE-BC (CMQCC)
 - Eve Espey, MD, MPH (New Mexico PQC)
- Next Steps for Mothers and Newborns affected by Opioids (MNO)
- Next steps for Immediate Postpartum LARC (IPLARC)
- Discussion of future initiatives and timeline

Next Steps for Mothers and Newborns affected by Opioids (MNO)

ILPQC Sixth Annual Conference
November 5, 2018



Session Overview

- Initiative goals and 2018 progress
- OB teams annual survey results
- Strategies to address challenges
- Planning for 2019

CONGRATULATIONS

MNO-OB OUTSTANDING QUALITY

IMPROVEMENT DATA AWARD WINNERS

ILPQC MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS INITIATIVE



Abraham Lincoln Memorial Hospital	Memorial Hospital East
Advocate BroMenn Medical Center	Morris Hospital and Health Care Centers
Advocate Illinois Masonic Medical Center	NM Central DuPage Hospital
Advocate Lutheran General Hospital	NorthShore University Health System - Evanston Hospital
Advocate Lutheran General Hospital	Northwestern Memorial Hospital
Advocate Sherman Hospital	OSF St. Francis Medical Center
Alton Memorial Hospital	Rush-Copley Medical Center
AMITA Health Adventist Medical Center – Bolingbrook	Silver Cross Hospital
Barnes-Jewish Hospital	St. Joseph Medical Center - Joliet
Belleville Memorial Hospital	Vista Medical Center East
HSHS St. Mary's Hospital - Decatur	

MNO IN 2018: WHERE WE'VE BEEN

MNO-OB in 2018: Making Change Happen

Key QI Strategies

Implement universal screening and documentation (prenatal/L&D)

Ensure standard SBIRT protocol response for screen positive

Complete and share Mapping Tool to identify local resources for MAT/addiction services and standardize process for linking patients to care

Implement Clinical Care Checklist (prenatal / L&D)

Standardize patient education on OUD & NAS

Standardize Provider Training- stigma and bias, screening, SBIRT, care protocols/checklist

What is your team working on?



**Raise
your hand**

Key QI Strategies

1. Implement universal screening and documentation (prenatal/L&D)
2. Ensure standard SBIRT protocol response for screen positive
3. Complete and share Mapping Tool to identify local resources for MAT/addiction services and standardize process for linking patients to care
4. Implement Clinical Care Checklist (prenatal / L&D)
5. Standardize patient education on OUD & NAS
6. Standardize Provider Training- stigma and bias, screening, SBIRT, care protocols/checklist

We'll continue to work on each of these strategies in 2019, as well as get a system in place to activate the OUD protocol !

MNO-OB OUD Protocol



Every patient

Every time

Regardless of frequency of screen
positive patients

Regardless of location

OUD Protocol: Activate for every screen positive patient



Screen and document positive result



Provide SBIRT risk assessment and brief counseling re: benefits of treatment, next steps for linking patient to care



Activate care coordination and navigation to link woman to MAT, addiction services and behavioral health support



Insert and complete OUD clinical care checklist in electronic medical record (or paper chart) (prenatal / L&D)



Provide patient education re: OUD and NAS, and engaging in newborn care via pediatric/ neo consult, counseling, hand-outs.

Key Challenges

Standardizing universal screening in inpatient and outpatient settings

Identifying MAT resources, maintaining an updated map of community resources and standardizing system to help link women to treatment

Expand number of providers with waivers to prescribe Buprenorphine and help them get started

Providing OUD protocols, stigma education across the clinical care team

Standardizing activation of the OUD protocol for all screen positive patients regardless of location and implement system changes to support protocol completion for every patient with OUD

OB Teams Survey

2018 OB Teams
Survey Results!

Thank you to the 84 OB hospitals who completed the survey!

MNO-OB Survey Results

2018 OB Teams
Survey Results!

- What are your **biggest challenges** in implementing the MNO-OB initiative so far?
 - Lack of available treatment resources
 - Hospital does not have standardized tools, policies, or guidelines for caring for women with OUD
 - Coordination with private offices and clinics
 - Provider engagement
 - Staff attitudes, reducing stigma
 - Hospital does not care for many patients with OUD
 - EMR changes

Teams share biggest challenges...

2018 OB Teams
Survey Results!

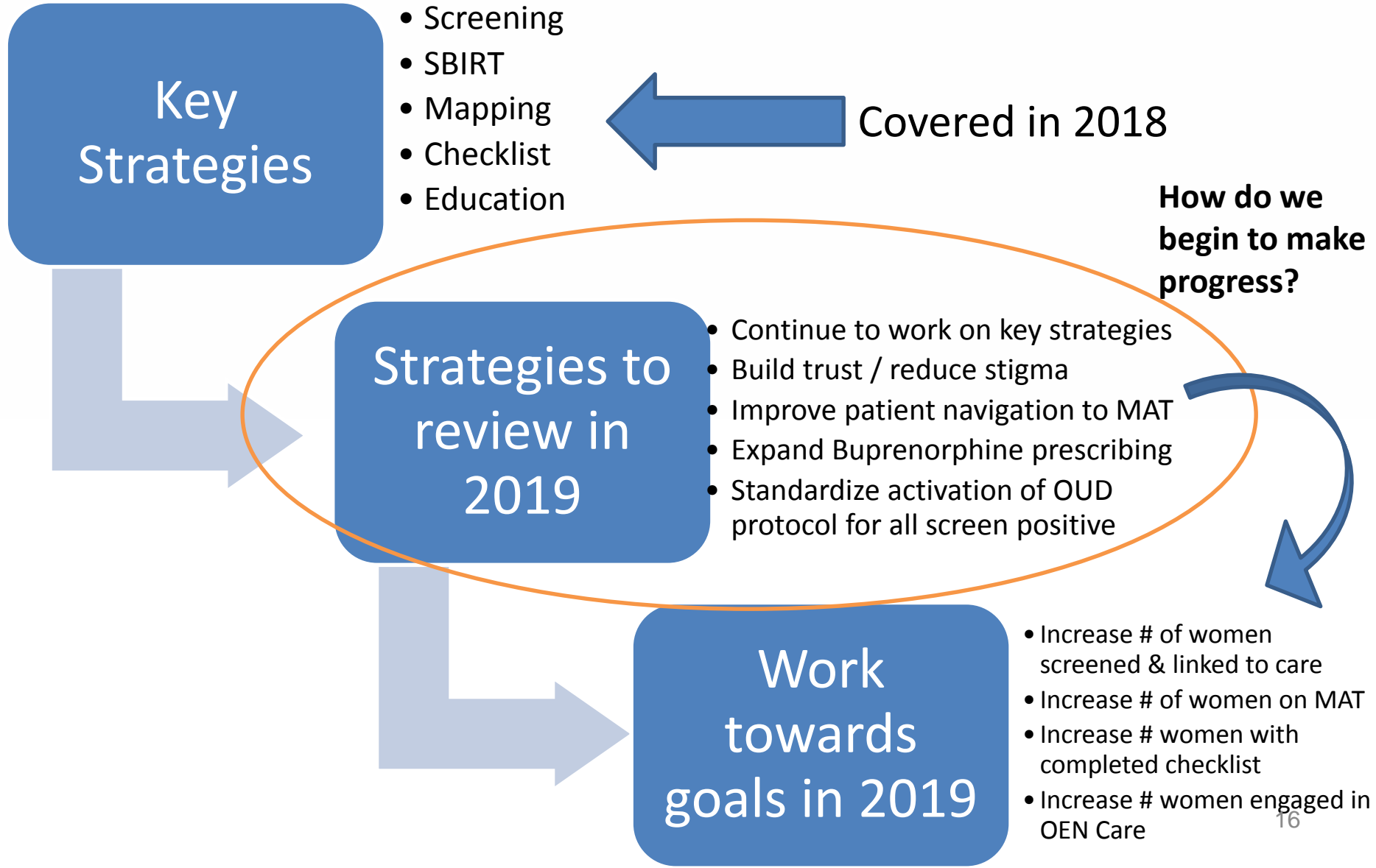
Our biggest barrier thus far is standardizing the care women will receive prenatally in the clinic settings. There is not a standard process, rather based on provider preference.

“Resources for decreasing stigma and increasing confidence in initiating these conversations.”

We are a small hospital with few resources. We have no social worker in the hospital so it is all falling on nursing trying to make these connections to resources and unsure on how to go about it.

MNO IN 2019: WHERE WE'RE GOING

MNO in 2019



Putting Systems in Place for Caring for Women with OUD

How do hospitals or outpatient sites prepare when they may only see few patients with OUD?

How does OUD screen positive protocol activate every time, every patient, in every location ?

How do we confirm all components of the protocol are completed?

How do we make sure entire care team engages each patient with respect, avoids stigma?

STEP-BY-STEP – HOW DO WE MAKE CHANGE HAPPEN?

Universal Screening & Documentation for ALL sites

- How do we help providers screen prenatally & on L&D for OUD and document every time?
 - Universal screening inpatient and outpatient
 - Codes to bill for screening
 - Dot phrase to document
 - Clear next step to offer Brief Intervention
- Ideas from teams
 - Add universal screener to EMR
 - Screening paper forms to get started share with ALL outpatient sites
 - Screening script, dot phrase, codes and phone number to call for navigating to MAT on back of screener or pop up in EMR

Confirm SBIRT happens for EVERY screen positive

- How do we help providers remember what to do every time for screen positive:
 - Easy access to script for what to say
 - Dot phrase to document
 - Codes to bill for SBIRT
 - Clear next step to link navigation to MAT/services
- Ideas from teams
 - SBIRT provider pocket card (ILPQC toolkit)
 - SBIRT script, dot phrase, codes and phone number to call for navigating to MAT on back of screener
 - Pop up in EMR linked to OUD screener that includes above
 - Laminated wall sign in clinical areas

Making sure linkage to MAT & support services happens



- How do we help care teams know how to activate linkage to MAT / support services for every patient, every location?
 - Ensure easy access up-to-date Mapping Tool and process flow to link to local MAT providers, support services and behavioral health
 - Identify and communicate plan to navigator for care coordination
 - Communicate plan to the patient
 - Follow up to confirm linkage to MAT/support services and maintain active communication between MAT and OB care providers

Making sure linkage to MAT & support services happens

- Ideas from teams
 - Laminate mapping tool and process flow, provide to each unit and clinic to post in clinical work areas
 - Include phone number of person who can navigate to MAT on back of OUD Screener
 - EMR pop up of linking to care steps and phone number to call to activate navigation
 - Social work consult for every screen positive, given responsibility to work with clinical team to confirm linkage to MAT/ support services

Think about strategies for keeping the mapping tool current and sharing this across teams, all sites

OUD Clinical Care Checklist

- How do we help providers remember to insert and complete OUD clinical care checklist in chart?
 - Implement system to get checklist in EMR (or paper chart) during prenatal care and for hospital admission and remind clinical team to complete it.

- Ideas from teams:
 - MFM consult to insert checklist
 - Checklist on backside of universal validated screener
 - Checklist pop-up in EMR if positive screen
 - Patient navigator confirms linkage to MAT, confirms consults with MFM & peds/Neo scheduled, puts checklist in chart and follow up to make sure completed

Standard patient education on OUD/NAS

- How do we help care team provide consistent education to all moms with OUD and document:
 - Education should include: OUD and NAS, importance of breastfeeding, Importance of engaging in newborn care
 - Neonatology / peds consult for every patient with counseling, and patient hand-outs (ILPQC toolkit)
- Ideas from teams
 - Order a neonatology / peds consult for all patients with OUD, ILPQC education materials provided at consult
 - Easy access to ILPQC patient education hand-outs at all clinical locations.
 - Dot phrase for patient counseling, includes hand-outs provided

Discussion: Strategies for Success

Share how your MNO team has implemented one of these steps to make change happen at your hospital

- Screening
- SBIRT
- Mapping
- Checklist
- Education

WHAT CAN ILPQC DO IN 2019 TO SUPPORT TEAMS?

2019 Topic Interest

2018 OB Teams
Survey Results!

Topic	Rank
Protocols/process flow for management of women who screen positive and linking them to care	1
Mapping of available local resources to link pregnant and postpartum women to MAT/support services	2
Planning for pain control in labor and postpartum for women with OUD/history of OUD and standardization of anesthesia consult	3
Implementation of validated screening tools with SRIRT protocol on Labor/Delivery, ER, and outpatient prenatal care sites	4
Standardized patient education approach to engage mothers in care of opioid-exposed newborn (OEN)	5
Provider & nurse education on stigma reduction and screening/linkage to care/care protocols	5
Working with DCFS to discuss strategies to help care teams and moms/families approach safe discharge planning	5

MNO in 2019 – Desired Supports

2018 OB Teams
Survey Results!

“On-site visits”

“Help hospitals effectively map the treatment locations most accessible to their patients”

“Implementation strategies from hospitals who have already implemented”

“Continued use of ILPQC data system”

“Provide standardized education for hospital employees on stigma, eat sleep console, screening importance”

“Continue the team calls”

MNO in 2019 – Desired Supports

2018 OB Teams
Survey Results!

- Standardized education for providers, staff and patients
- Assistance with incorporating screening tools into EMR
- On-site visits; Continued team calls
- Implementation QI strategies
- Accessible mapping tools for community resources

Looking ahead to Prevention

2018 OB Teams
Survey Results!

- Breakout session at Face to Face, May 2019
- Plan on webinars for prevention strategies, fall 2019
- Desired webinars and other resources
- What does your team want help with?

Your feedback on desired resources for prevention work

2018 OB Teams
Survey Results!

Resource	Rank
OUD prevention education for providers and staff	71%
Strategies to standardize OUD prevention education for pregnant women	63%
Strategies to comply with Illinois law around compliance, accessing, and documenting provider look up of the Illinois Prescription Monitoring Program (ILPMP) when prescribing opioids	56%
Enhanced Recovery After Surgery (ERAS) pathways for C-section	54%
Strategies / resources for shared decision making to optimize post-delivery opioid prescribing	49%
Systems changes to reduce the number of opioids prescribed post-delivery (i.e. order set reviews)	37%

One More Offering of the ACOG/ASAM Buprenorphine Training!



Did you or colleagues at your hospital miss out on the opportunity to attend the ACOG/ASAM training for Buprenorphine waiver?

Have no fear! ILPQC is working with ACOG/ASAM to offer ONE MORE TRAINING in 2018! Do not miss your chance to attend this training while still subsidized. We can't guarantee a subsidized rate in 2019.

- **When: Monday, December 3, 2018 | 10:00am – 2:30pm**
- **Where: Carle at the Fields, Excellence Room, 3310 Fields S. Dr., Champaign, IL 61822**
- **Link to Register: https://elearning.asam.org/p/OBGYN_IL**

Our goal is for **every hospital** in Illinois to have **AT LEAST ONE PROVIDER** who is waived to prescribe Buprenorphine to pregnant women. Help us achieve this goal!

Dive Deeper into MNO-OB QI Implementation with Upcoming QI Topic Calls



- In **November & December**, ILPQC will be offering a series of voluntary QI topic calls for MNO-OB teams interested in diving deeper into key strategies:
 - Implementing a standardized validated self-report screening tool prenatally and on L&D
 - Strategies to implement Screening, Brief Intervention & Referral to Treatment (SBIRT) to link screened positive women for OUD with MAT/addiction treatment services/community resources
 - Standardizing processes to implement a maternal OUD checklist/protocol prenatally and on L&D

Stay Tuned for dates in upcoming calls/communications

November 2018 MNO-OB Teams Call Reminder



- Next MNO-OB Teams webinar on Monday, November 26th from 12:30pm – 1:30pm CST to continue the momentum from the Annual Conference!
- We will debrief from the Annual Conference and focus on standardizing processes to provide patient education to all women with OUD prenatally and on L&D:
 - Opioid Use Disorder and NAS education
 - Importance of breastfeeding for eligible opioid-exposed newborns (OENs)
 - Importance of mother’s participation in newborn care for infants with NAS
- There will be no MNO-OB Teams webinar in December.



Next Steps for Immediate Postpartum LARC

ILPQC Sixth Annual Conference

November 5, 2018

CONGRATULATIONS



IPLARC DATA COMPLETION AWARD

WINNERS AND EARLY ADOPTERS!

ILPQC IMMEDIATE POSTPARTUM LARC INITIATIVE

Data Completion Award and Early Adopters

Advocate Christ Medical Center	Northwestern Medicine Prentice Women's Hospital
Advocate Illinois Masonic Medical Center	Norwegian American Hospital
Advocate Lutheran General Hospital	Rush Copley Medical Center
Carle Foundation Hospital	Saint Anthony Hospital
John H. Stroger Jr. Hospital of Cook County	The University of Chicago Medical Center
Memorial Hospital of Carbondale	University of Illinois Hospital and Health Sciences System
Memorial Medical Center	Vista Medical Center East
NorthShore University HealthSystem - Evanston Hospital	

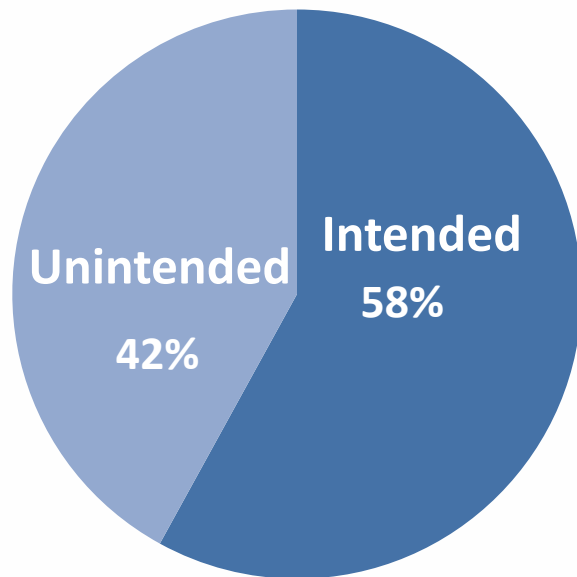
Early Adopter

Swedish Covenant Hospital

WHY IMMEDIATE POSTPARTUM LARC?

Consequences of Unplanned Births & Short Interpregnancy Intervals

Of the 158,522 total births in IL in 2014:



50% of IL births covered by Medicaid

Consequences of Unplanned Births

- Poor pregnancy outcomes
- Delayed initiation of prenatal care
- Lower breastfeeding rates

Consequences of Short Interpregnancy Intervals

Higher risk of poor maternal and infant outcomes: preterm birth, low birthweight, preeclampsia

Why immediately after delivery?

Can't it wait?

- High interest in LARC exists among postpartum women, particularly among women with a recent unintended pregnancy and women who do not desire pregnancy for at least two years. (Tang et al., 2013)
- Over half of unintended pregnancies among women in the US occur within two years following delivery. (In Potter et al., 2013)
- About 40 to 60% of women have unprotected intercourse prior to the 6-week postpartum visit



Fewer than half of women return to their up at 6-week visit.

Why LARC?



- LARC is safe and cost effective
- LARC can be removed any time with restored fertility
- Women choose LARC and report high satisfaction with LARC
- Reduces adverse maternal and infant outcomes associated with unplanned & short interval pregnancy

Support for LARC from ACOG, AAP, AAFP, AWHONN, CDC, CMS, ASTHO

IHFS Allows Hospitals to Reimburse



A screenshot of the IHFS (Illinois Department of Healthcare and Family Services) website. The header includes the IHFS logo, the text 'ILLINOIS DEPARTMENT OF Healthcare and Family Services', a search bar, and navigation tabs for 'MY HEALTHCARE', 'MEDICAL PROVIDERS', 'INFO CENTER', and 'ABOUT US'. The main content area shows a breadcrumb trail 'HFS > Medical Providers >', a notice date 'Provider Notice issued 06/30/15', and the title 'Hospital Billing and Reimbursement for Immediate Postpartum Long-Acting Reversible Contraceptives Effective July 1, 2015'. The 'TO:' field lists 'Enrolled Hospitals: Chief Executive Officers, Chief Financial Officers, and Patient Accounts Managers; Physicians; Advanced Practice Nurses (APNs); Federally Qualified Health Centers (FQHC); Encounter Rate Clinics (ERC); and Rural Health Clinics (RHC)'. The 'Date:' is 'June 30, 2015' and the 'Re:' is 'Hospital Billing and Reimbursement for Immediate Postpartum Long-Acting Reversible Contraceptives Effective July 1, 2015'. A 'Related Content' sidebar on the right includes a link to 'Provider Notices Home' and options to 'Subscribe To Email Notifications' and 'Unsubscribe To Email Notifications'. A footer note states: 'This notice provides information and fee-for-service (FFS) billing guidance on hospital billing and reimbursement for immediate postpartum long-acting reversible contraceptives (LARCs), effective with dates of service on and after July 1, 2015.'

A July 2015 IHFS provider notice allowed hospitals to reimburse for inpatient LARC separate from OB Bundle

About a year after this notice, LARC utilization increased from <10/quarter to 35-57/quarter

A statewide quality improvement collaborative can help hospitals facilitate increased access to IPLARC

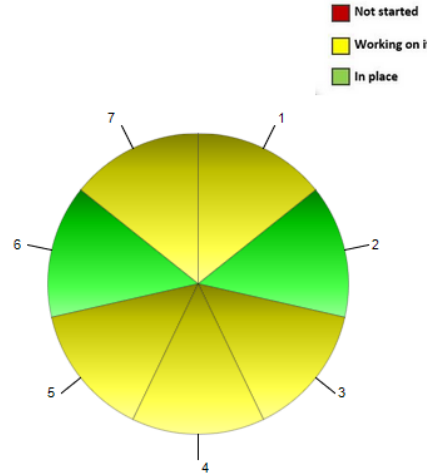
Key Resource: IL IPLARC Billing Guidance

An informational tool that provides detailed responses about billing from HSF, Medicaid, MCOs and general guidance from private payers in IL.

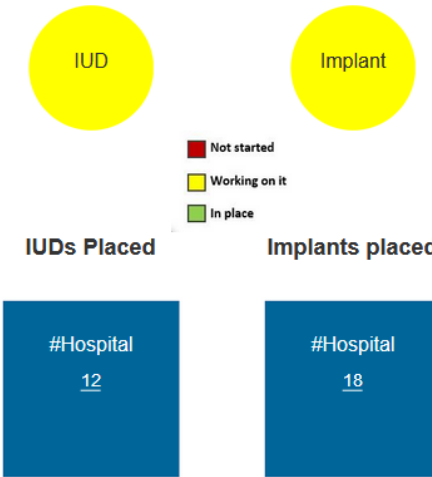
ILPQC IPLARC INITIATIVE: 2018 PROGRESS AND NEXT STEPS

1. Establish and test billing codes and test process for timely reimbursement.
2. Add LARC devices to formulary, stock in pharmacy, and make available on L&D/postpartum.
3. Modify IT/EMR for documentation of: acquisition, stocking, ordering, comprehensive contraceptive counseling including IPLARC, consent, IPLARC placement, and billing.
4. Implement IPLARC protocol on L&D/mother baby through protocols/process flow changes.
5. Educate all providers, nurses, staff on IPLARC benefits, clinical recommendations, and protocols as well as providers on counseling and placement of IPLARC.
6. Standardize patient education (on all contraceptive options including IPLARC) and process flow for providing education and documenting education/counseling for all patients at affiliated prenatal care sites and on L&D/mother baby units.
7. Communicate launch of IPLARC availability during delivery admission with affiliated prenatal care sites.

Key Opportunities for IPLARC Improvement and Implementaiton



Hospital is actively providing IPLARC



Departments with an IPLARC protocol in place

	IUD	# teams initiative wide (total)	Implant	# teams initiative wide (total)
L&D	✓	2 (17)		1 (17)
Postpartum unit		1 (17)	✓	3 (17)
OB OR	✓	2 (17)		1 (17)
Pharmacy		1 (17)		1 (17)
Billing		1 (17)		1 (17)
Other		0 (17)		0 (17)

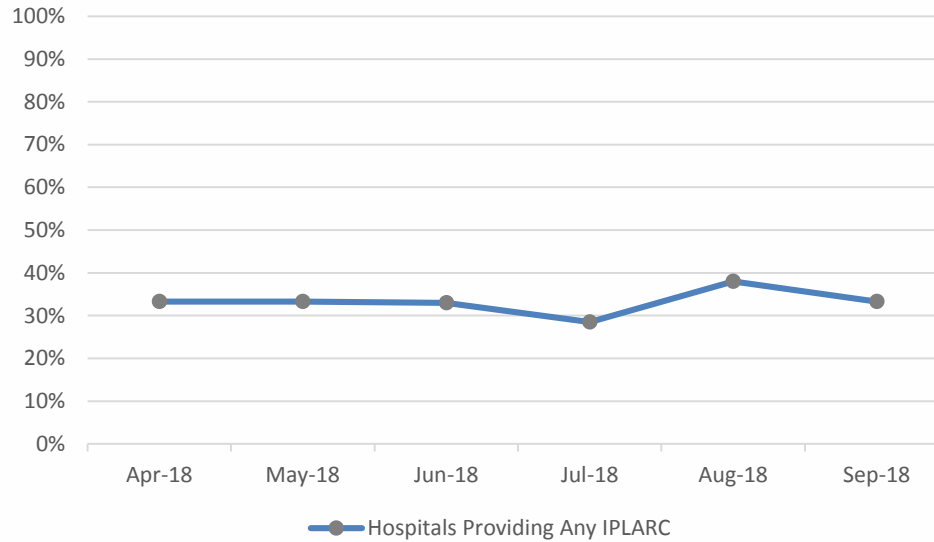
EMR Revisions in Place for Tracking & Documentation

	IUD	# teams initiative wide (total)	Implant	# teams initiative wide (total)
EMR for consent	✓	2 (17)		1 (17)
EMR for contraceptive choice counseling, including IPLARC		1 (17)		1 (17)
Order sets		0 (17)		0 (17)
Pharmacy system (acquisition and stocking)		0 (17)		1 (17)
Billing system	✓	2 (17)		1 (17)
Tracking tools	✓	2 (17)		1 (17)
Other		1 (17)		0 (17)

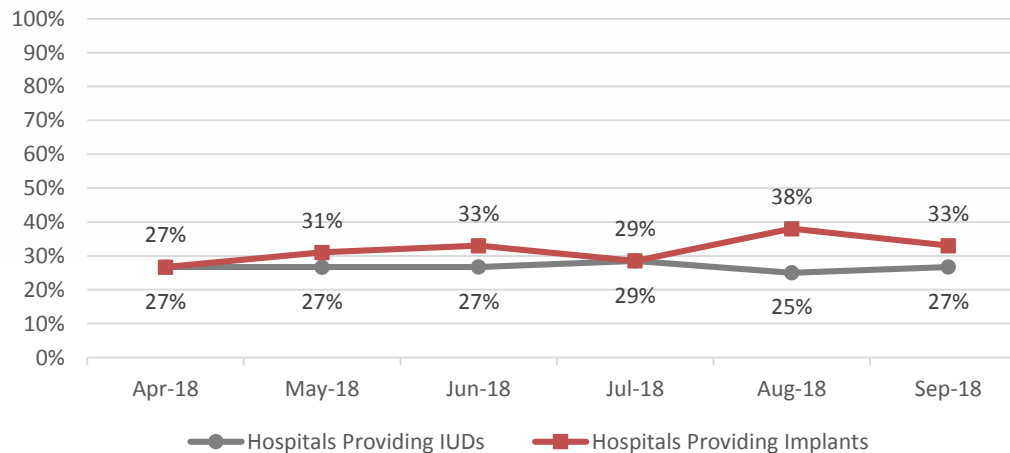
Use this dashboard to drive your team's QI work!

Hospitals Providing IPLARC

Percent of Hospitals Providing Any IPLARC



Percent of Hospitals Providing IPLARC broken down by IUDs and Implants

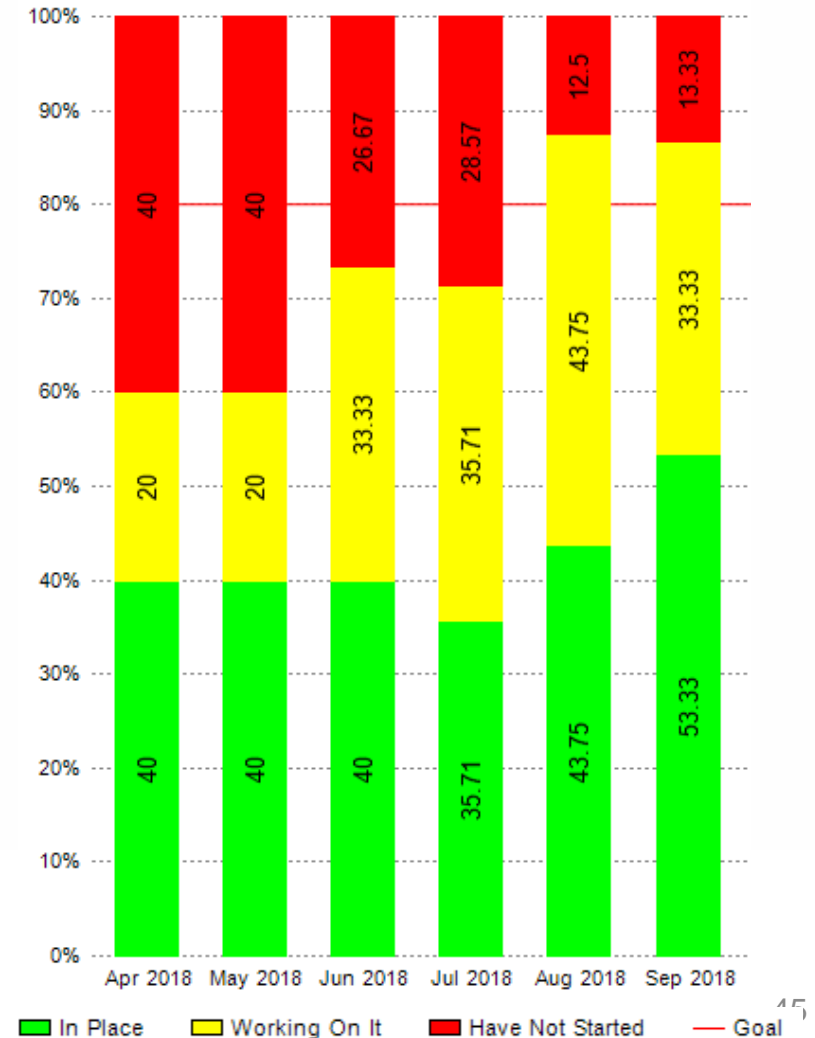


IPLARC on Formulary

Percent of Hospitals with Inpatient **IUDs** Available on Hospital Formulary

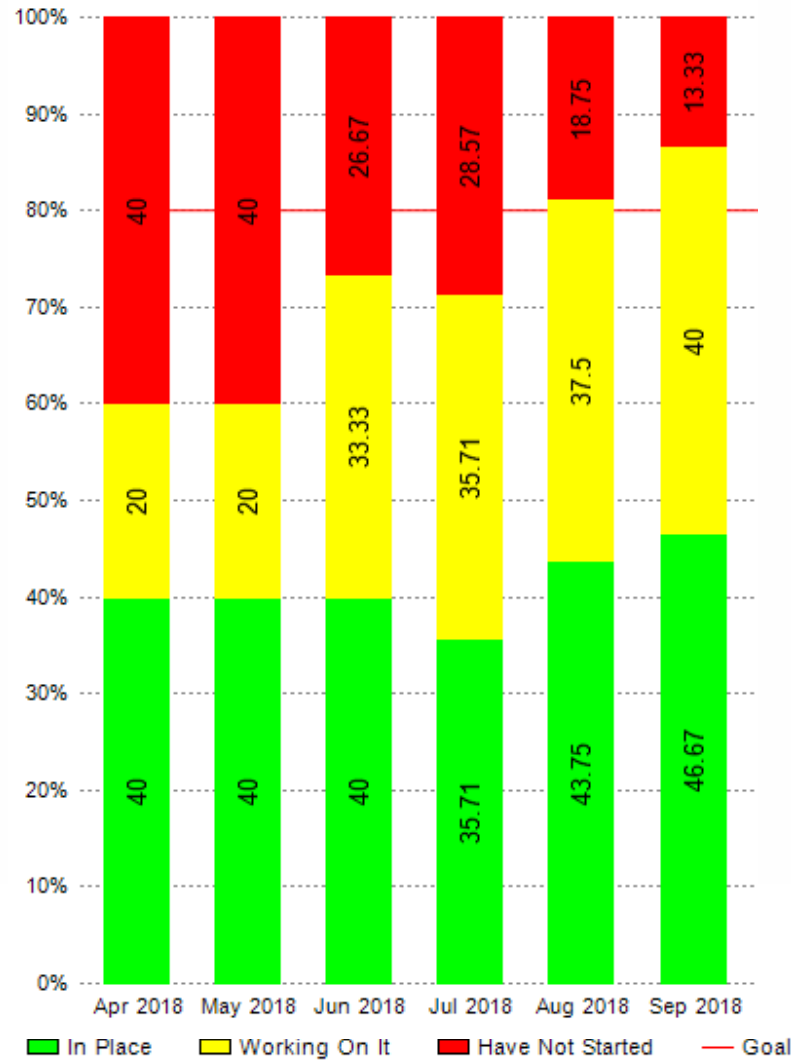


Percent of Hospitals with Inpatient **Implants** Available on Hospital Formulary



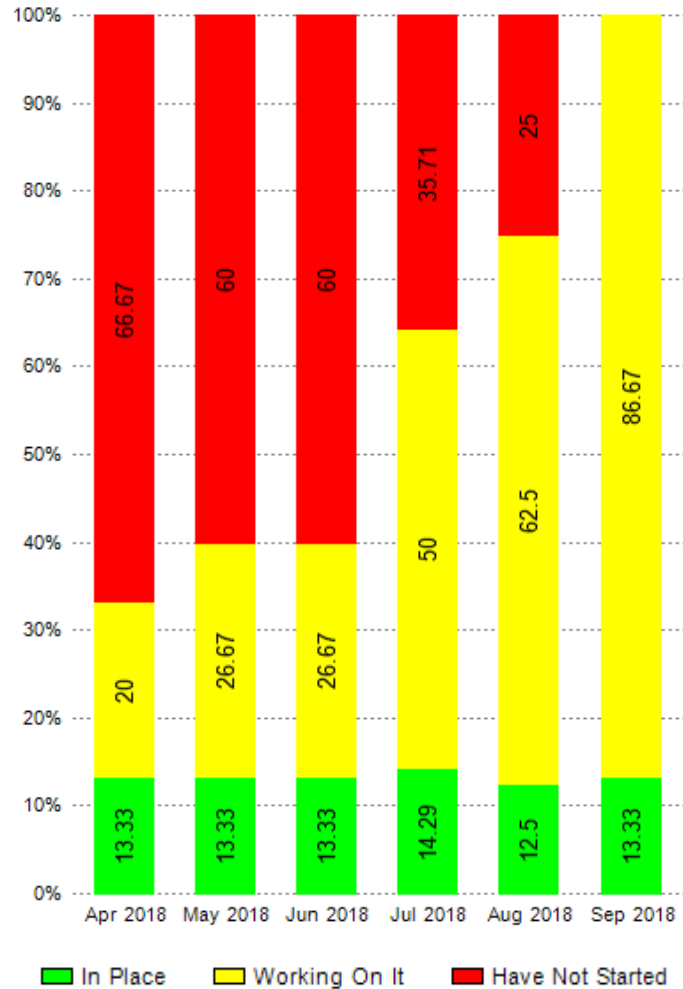
IPLARC on L&D/Postpartum

Percent of Hospitals with LARC Devices on L&D or Postpartum Unit

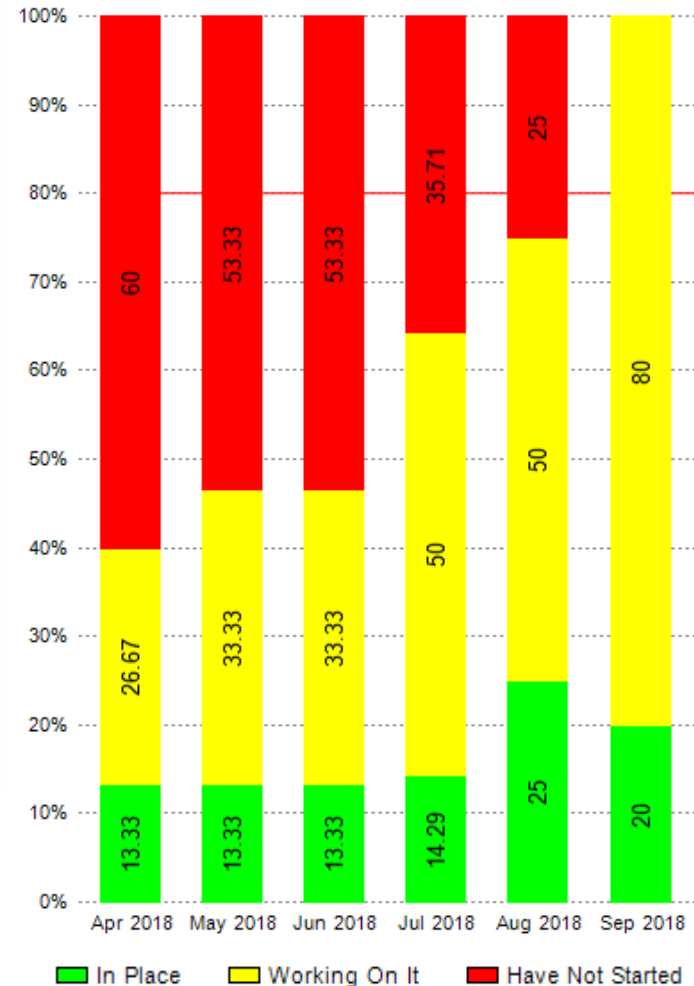


IPLARC Protocols in Place

Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for IUDS

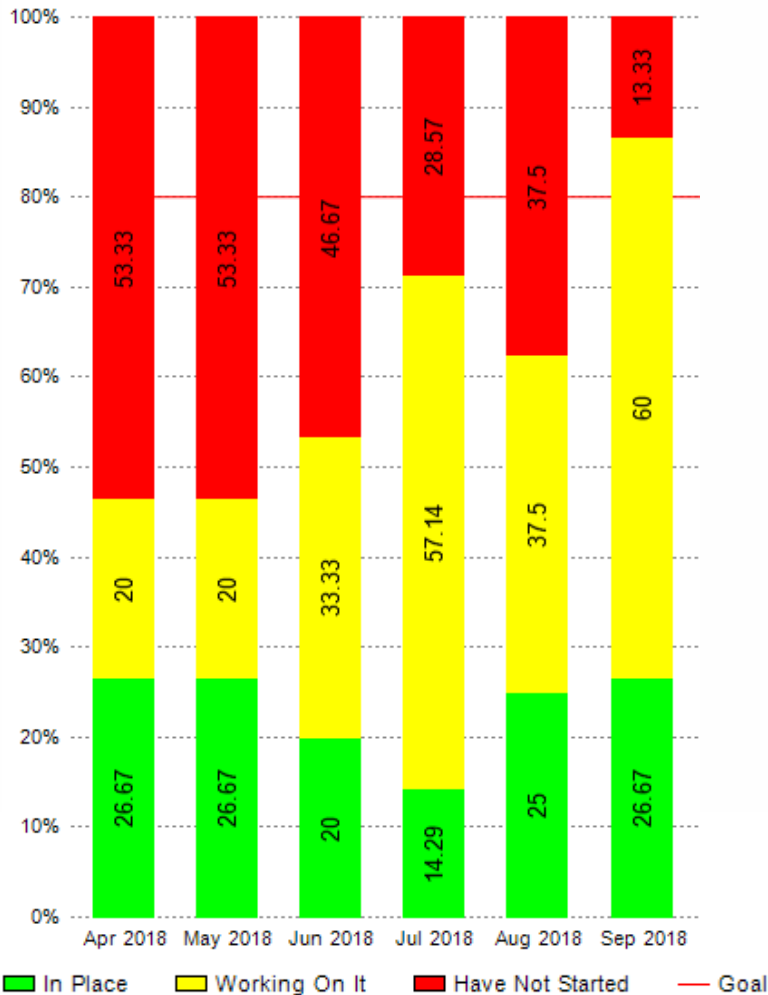


Percent of Hospitals with Immediate Postpartum Protocols in Place and Process Flows in Place for Implants

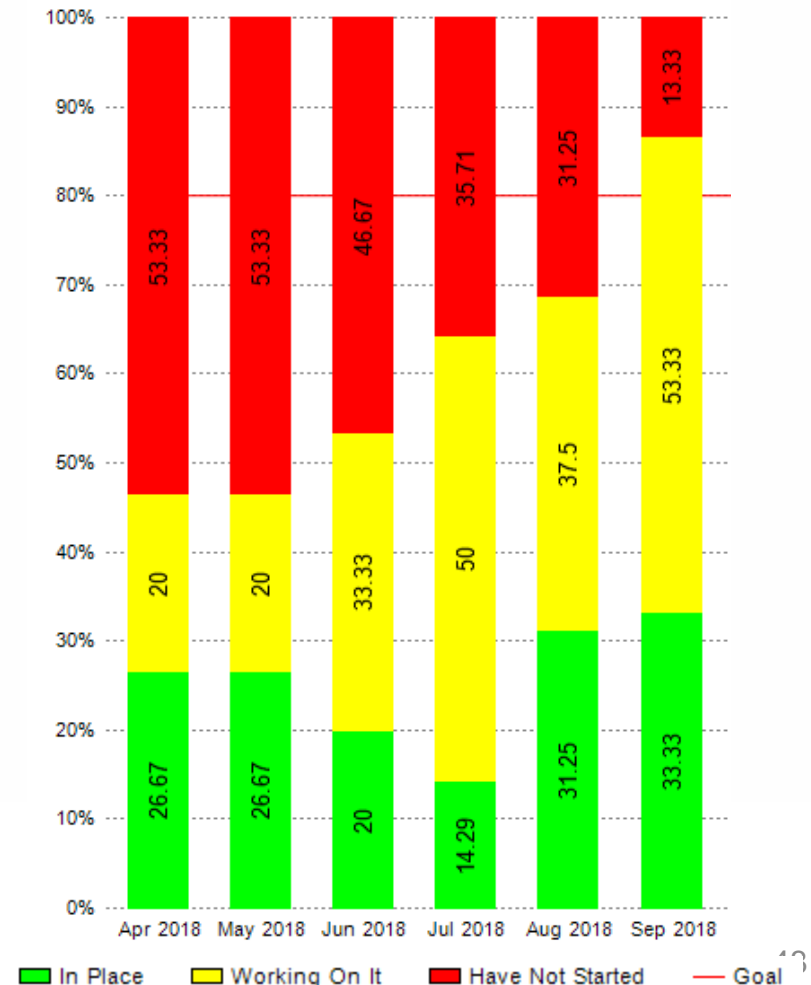


IPLARC Billing Codes

Percent of Hospitals with Billing Codes Implemented for IUDs

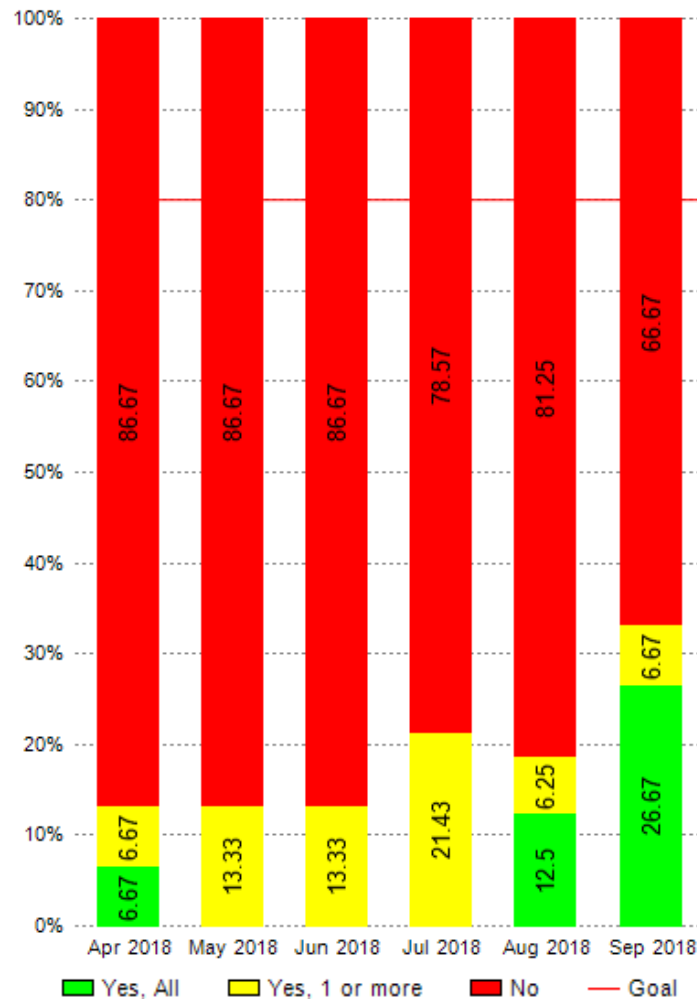


Percent of Hospitals with Billing Codes Implemented for Implants



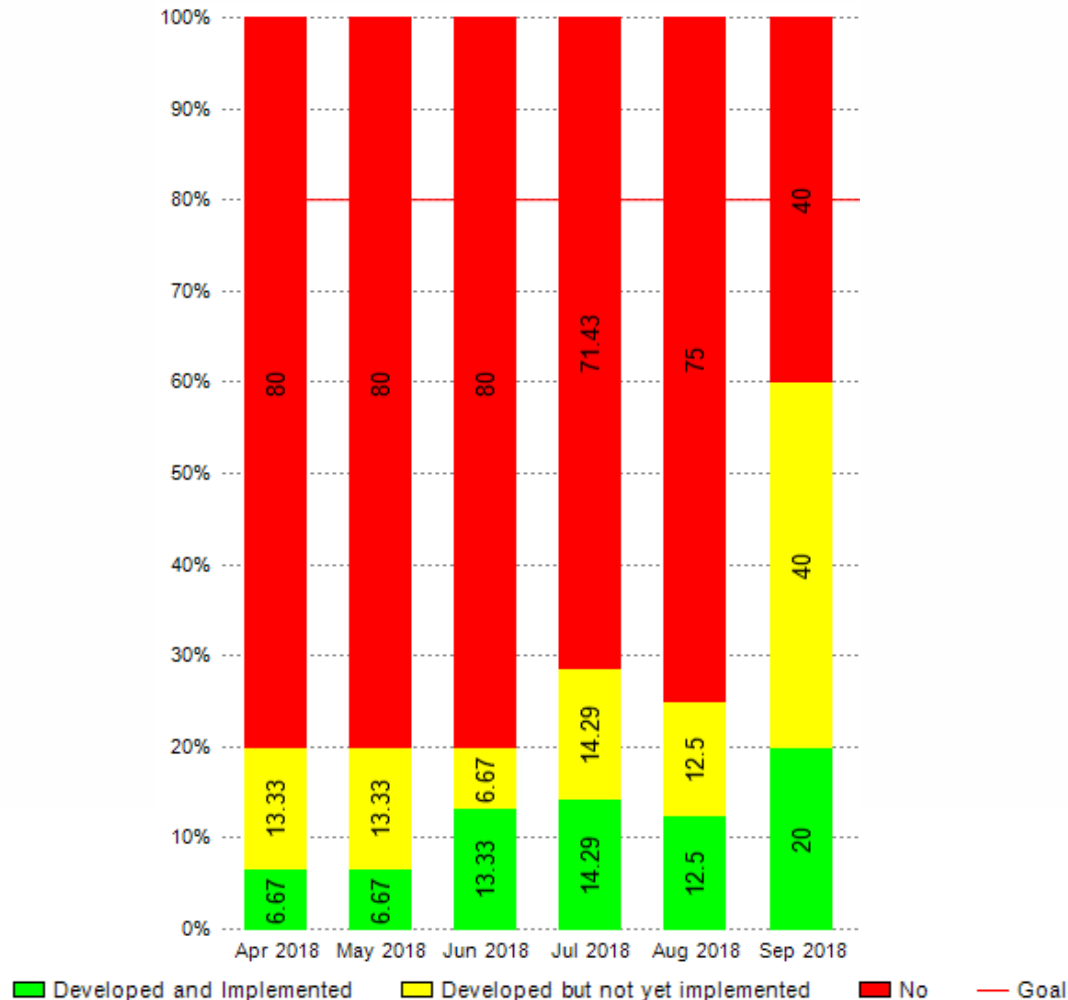
IPLARC Standardized Patient Education at Prenatal Sites

Percent of Hospitals that have Provided Standardized Education Materials and Counseling Protocols to Affiliated Prenatal Care Sites



IPLARC Inpatient Patient Education & Counseling Protocols

Percent of Hospitals with Standardized Education Materials and Counseling Protocols during Delivery Admission



Timeline for IPLARC



Teams on track to complete steps
for their IPLARC GO LIVE goal



Wave 1 teams GO LIVE by March 2019!

Share Wave 1 IPLARC Success

2018 OB Teams
Survey Results!

“Persistence
and not taking
'no' as an
answer!”

“Established
workgroup to
meet monthly to
discuss inventory,
storage, billing &
coding,
reimbursement.”

“Working at the system level
to standardize
documentation, coding,
billing and stocking product
as well as a standardized
approach to tracking and
ordering. Having a very
strong physician champion
who is managing MD
education.”

Share Wave 1 IPLARC

success

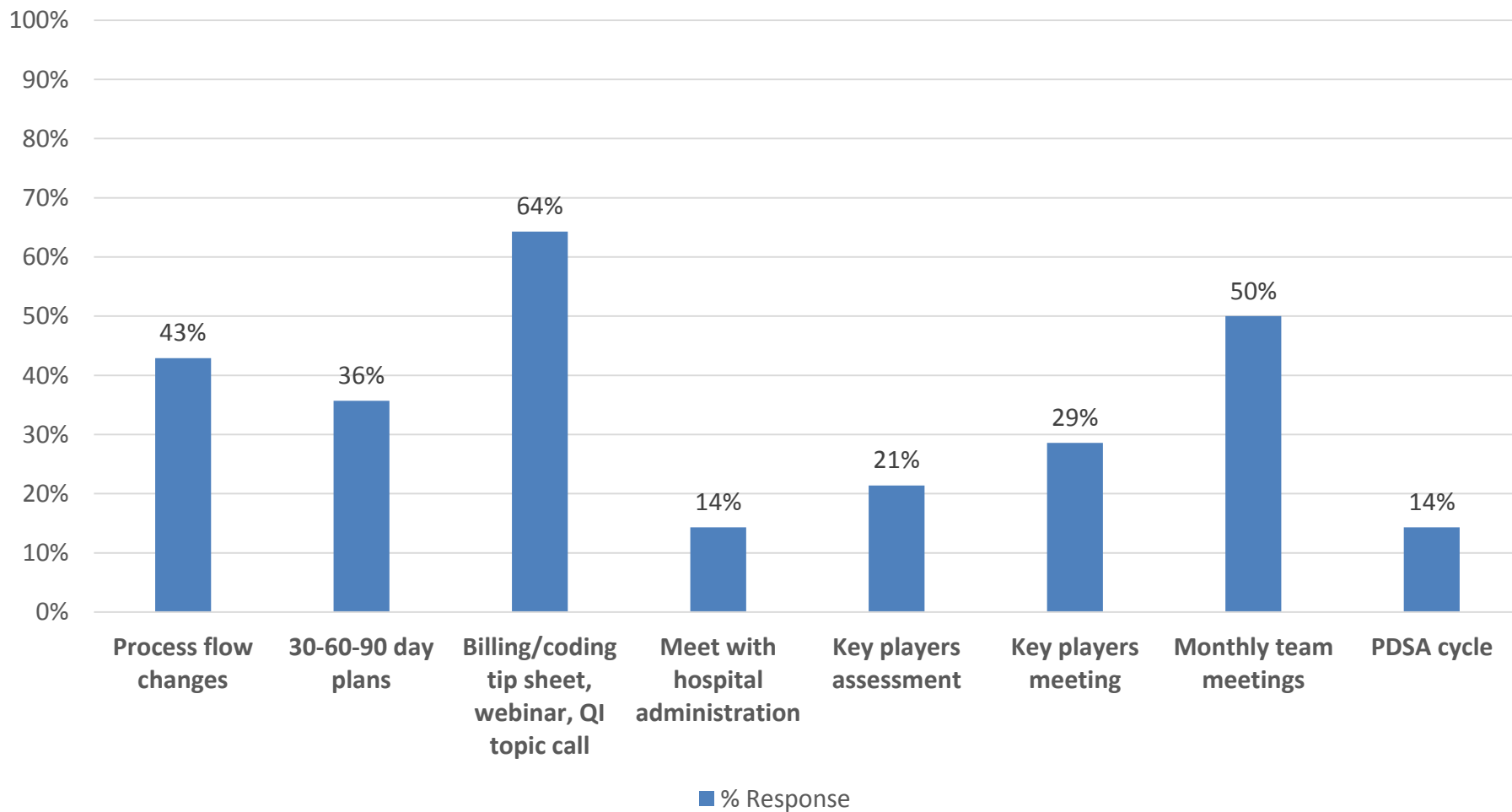
2018 OB Teams
Survey Results!

- “Track and report on progress made and challenges identified at each team meeting”
- “Open communication between interdisciplinary teams”
- “Education for staff and patients”
- “Working at the system level to standardize documentation, coding, billing, and stocking product as well as standardized approach to tracking and ordering”
- “Writing policy to implement IPLARC for religious organizations”

Share Wave 1 IPLARC Success

2018 OB Teams
Survey Results!

IPLARC Strategies that have been the most helpful



Discussion: Strategies for Success



Any tips to share from your IPLARC team working on these steps to make change happen at your hospital?

- Key Players Meetings
- Stocking
- Billing
- Patient education
- Provider education
- Implementing IPLARC protocols
- Use of EMR to standardize approach
- Communicating with outpatient sites

IPLARC Wave 2: Expanding to ALL IL Hospitals



CALLING ALL HOSPITALS!

We want YOUR HOSPITAL to join Wave 2 of
ILPQC's Immediate Postpartum LARC Initiative!

- Receive a IPLARC Wave 1 hospital mentor to provide guidance as your hospital implements IPLARC
- Access to IPLARC rapid-access DASHBOARDS!
- Learn about hot topics on monthly collaborative webinars, including billing & coding, stocking, etc.!
- Opportunities to participate in IPLARC Alternative Strategies focusing on universal early postpartum follow up visits for maternal health and safety check in and access to family planning

2019 Topics – Your Feedback



Topic	Rank
Expanding IPLARC access across Medicaid and private insurance patients	1
Nursing IPLARC education - how to train nurses and best practices	2
Approach to identifying patients interested in immediate postpartum LARC on labor and delivery and documentation of comprehensive contraceptive counseling including IPLARC	3
Provider IPLARC education - how to train providers and best practices	4
Refresher and update on billing/coding	5
Comprehensive contraceptive counseling - tools, scripts, and foundations in reproductive justice	5
Strategies to standardize patient counseling and follow up after IPLARC placement	7
Strategies to roll out Go Live Dates with affiliated prenatal clinics	7
Developing a communication plan for your affiliated prenatal care sites and hospital	7

Upcoming IPLARC Teams Calls & Training Opportunities

- November 19 – Provider/Nurse Education
- December 17 – Using IT/EMR to implement IPLARC and progress review
- Stay tuned for another ACOG/ILPQC IPLARC Hands-On training opportunity in early 2019!





Next Steps for Hypertension Sustainability

ILPQC Sixth Annual Conference
November 5, 2018

CONGRATULATIONS



HTN COMPLIANCE MONITORING FOR DATA SUBMISSION AWARD & TIME TO TREATMENT SUSTAINABILITY AWARD* WINNERS

ILPQC SEVERE MATERNAL HYPERTENSION INITIATIVE

Abraham Lincoln Memorial Hospital	AMITA Health Adventist Medical Center - Bolingbrook*
Advocate BroMenn Medical Center*	AMITA Health Adventist Medical Center Hinsdale
Advocate Christ Medical Center*	AMITA Health Alexian Brothers Medical Center
Advocate Condell Medical Center	Anderson Hospital
Advocate Good Samaritan Hospital	Barnes-Jewish Hospital
Advocate Illinois Masonic Medical Center*	Belleville Memorial Hospital*
Advocate Lutheran General Hospital*	Blessing Hospital
Advocate Sherman Hospital*	Carle Foundation Hospital*
Advocate South Suburban Hospital*	Carle Richland Memorial Hospital
Alton Memorial Hospital	Centegra Hospital Huntley*
Amita Alexian Brothers Women's and Children's Hospital at St. Alexius*	CGH Medical Center

AWARD WINNERS CONTINUED

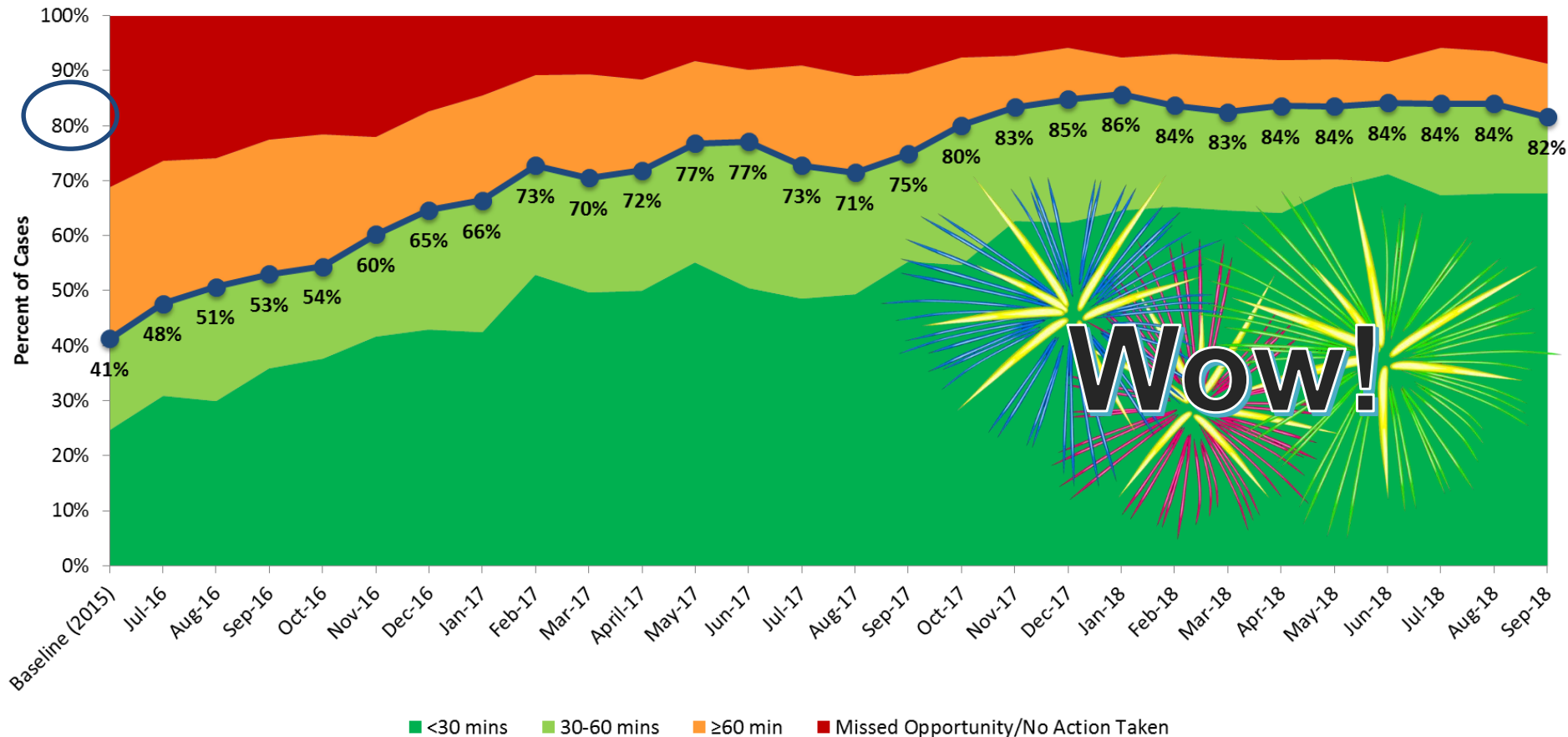
ILPQC SEVERE MATERNAL HYPERTENSION INITIATIVE



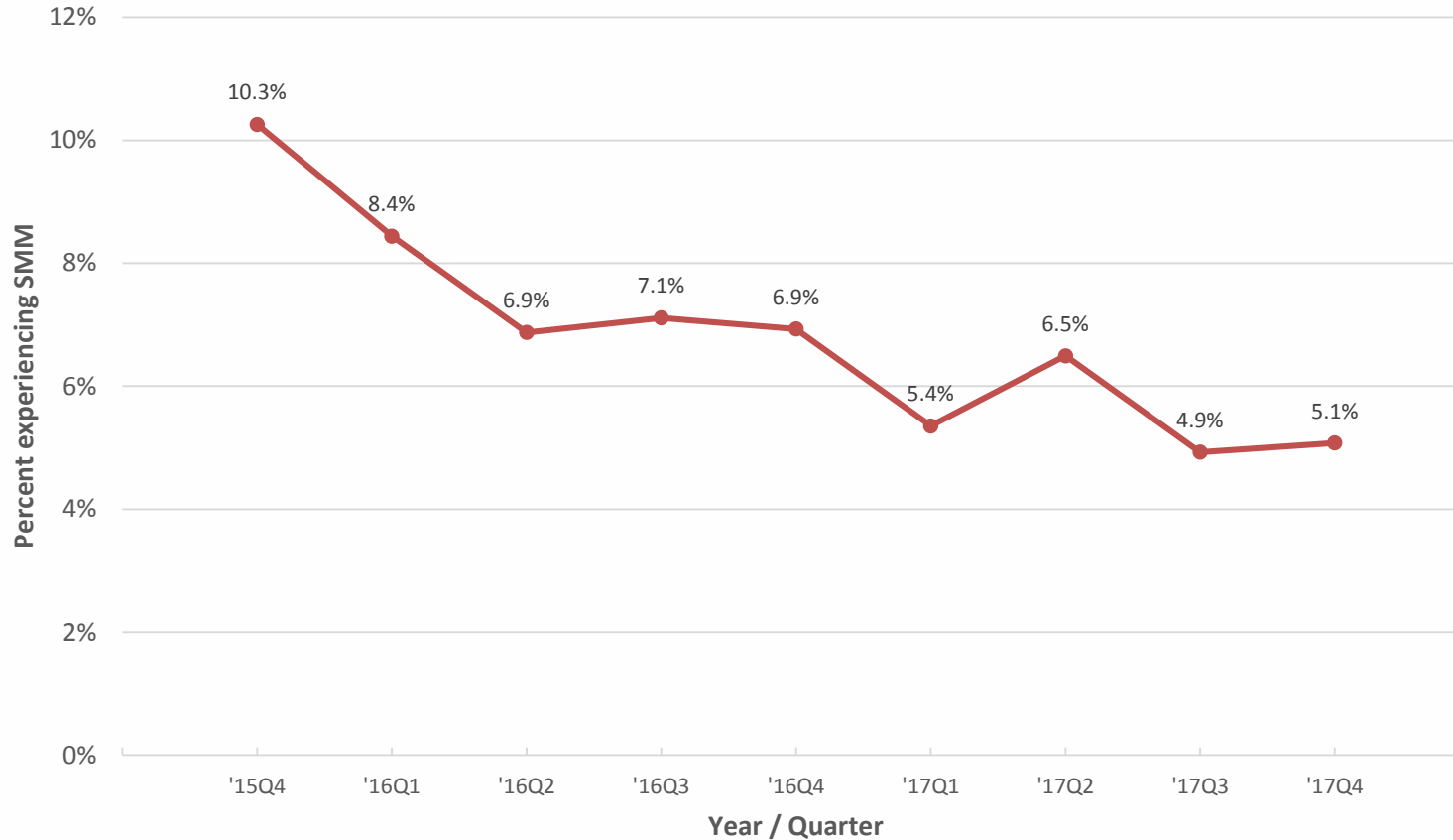
Decatur Memorial Hospital	Northwestern Medicine Delnor Hospital*
Edward Hospital*	Northwestern Medicine McHenry Hospital*
FHN Memorial Hospital	Northwestern Medicine Prentice Women's Hospital*
Genesis Medical Center - Silvis Campus	Palos Community Hospital
Gibson Area Hospital	Pekin Hospital
Graham Hospital	Presence Resurrection Medical Center*
Heartland Regional Medical Center	Presence Saints Mary and Elizabeth Medical Center*
HSHS St. Mary's Hospital - Decatur*	Riverside Medical Center
Ingalls Memorial Hospital*	Rush Copley Medical Center*
Little Company of Mary Hospital*	Silver Cross Hospital*
Loyola University Medical Center*	SSM Health Good Samaritan
McDonough District Hospital	SSM Health St. Mary's Hospital - Centralia*
Memorial Hospital East*	SSM Health St. Mary's Hospital - St.Louis
Memorial Hospital of Carbondale*	St. Bernard Hospital*
Memorial Medical Center*	St. Joseph Hospital - Breese
Metro South Medical Center	St. Joseph Medical Center - Joliet*
Morris Hospital and Health Care Centers*	Swedish American Hospital
Mount Sinai Hospital	Swedish Covenant Hospital*
NM Lake Forest Hospital	The University of Chicago Medical Center*
NorthShore University HealthSystem - Evanston Hospital*	University of Illinois Hospital & Health Sciences System*
NorthShore University HealthSystem - Highland Park Hospital*	Vista Medical Center East*
Northwest Community Hospital*	West Suburban Medical Center*
Northwestern Medicine Central DuPage Hospital*	Westlake Hospital*

Maternal Hypertension Data: Time to Treatment

ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated in <30, 30-60, ≥60 minutes or Not Treated
All Hospitals, 2016-2018



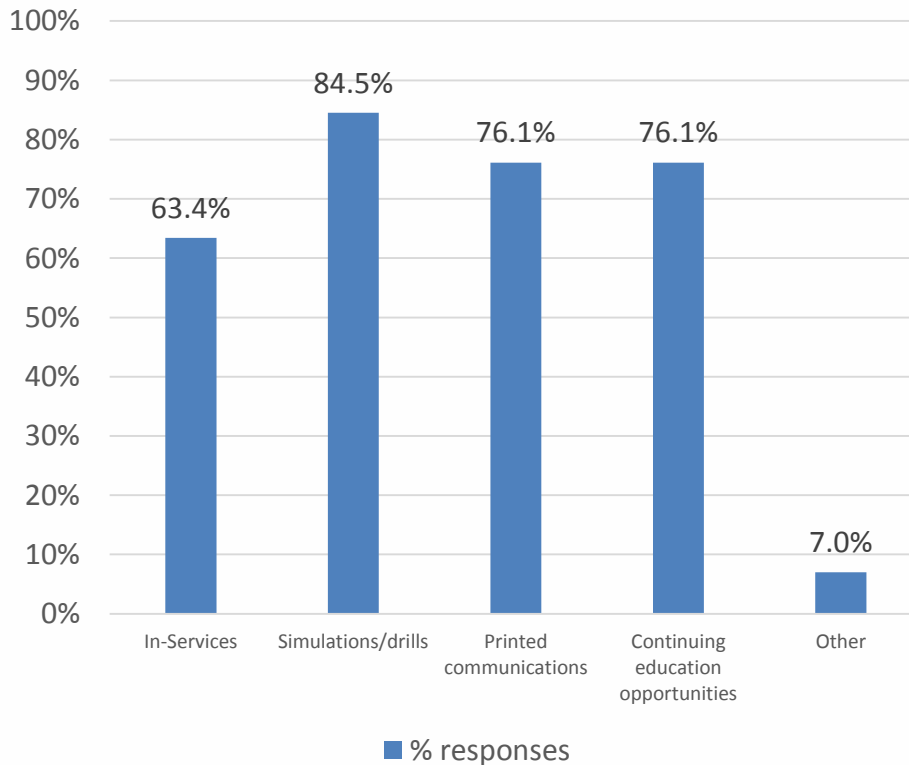
Severe Maternal Morbidity Rate Deliveries with Hypertension, Birth certificate data, All Illinois Hospitals



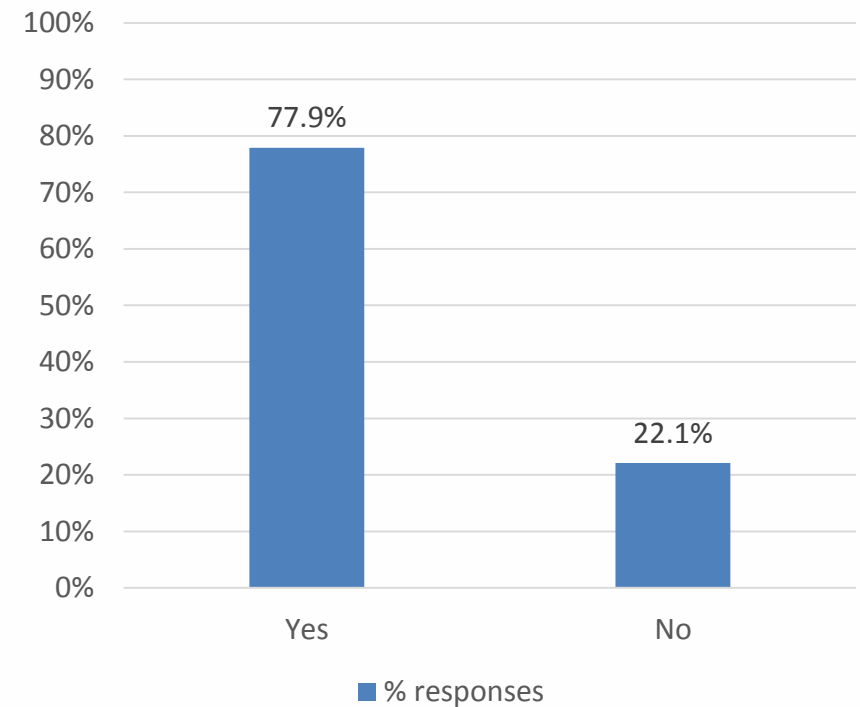
Between 2015-Q4 and 2017-Q4, the SMM rate among women experiencing hypertension at delivery was cut in half.

Strategies to Maintain Sustainability

Hospital-level strategies to support ongoing HTN education



Hospital teams reporting opportunity to discuss Hypertension Sustainability at perinatal network/regional quality meeting



Desired Sustainability Resources in 2019



- **Nearly all teams plan to continue compliance monitoring (monthly to quarterly), new hire education, and continuing education in 2019**
- **About 2/3 of teams would like to continue to discuss at their perinatal network meetings**
- **About 2/3 of teams would like to continue submit data to the ILPQC data system**
- **About 1/3 of teams would like to continue calls and of those teams most prefer moving to 2 calls in 2019**
- **About 1/5 of teams would like access to a support help desk at ILPQC**
- **About 1/5 report being ready to sustain independently at their hospital**

HTN in 2019

- Every hospital maintain Time to Treatment above goal – benchmark and review data
- Maintain sustainability plan
 - Continue compliance monitoring
 - New hire education
 - Continued education
- Review missed opportunities with providers/staff
- ILPQC will maintain RedCap Data Reports
- Propose 2 HTN calls in 2019
- Continue to support discussions at Perinatal Network meetings

Sustainability Support Discussion



- Value of OB Teams Calls at reduced frequency in sustainability period
- What would be the most helpful discussion questions/activities for your Perinatal Network Meetings?



Discussion of Future Initiatives and Timeline

ILPQC Sixth Annual Conference

November 5, 2018

Let's Vote – What do you want to see for future initiatives?

2018 OB Teams Survey Results!

	Future Initiative	% of support from OB Teams Survey
1.	Reducing Primary C-Section	62.5%
2.	Maternal Mental Health	56.3%
3.	Postpartum Care Basics for Maternal Safety	43.8%
4.	Support after a Severe Maternal Event	40%
5.	Reducing Racial/Ethnic Disparities	31.3%
6.	Supporting/Promoting Breastfeeding	27.5%
7.	Maternal VTE	26.3%
8.	Obstetric Hemorrhage 2.0	22.5%

Primary Cesarean



SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

READINESS

Every Patient, Provider and Facility

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

RECOGNITION AND PREVENTION

Every patient

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

PATIENT SAFETY BUNDLE

Safe Reduction of Primary Cesarean Births

Ranked #1 by
OB Teams

CMQCC
California Maternal
Quality Care Collaborative

Other states
are working
on this

Toolkit to Support Vaginal Birth and Reduce
Primary Cesareans



Partnering to Improve Health Care Quality
for Mothers and Babies

Timing of future initiatives

- Goal to launch new initiative in May 2020
- MNO and IPLARC goal to move into Sustainability after May 2020
- Continue support for teams still trying to get across the finish line to complete Key Strategies for MNO / IPLARC through 2020

Discussion of thoughts on future initiatives





Save the Date!

**2019 OB & Neonatal
Face-to-Face
Meetings**

Nurses, Providers, & Staff
join us for an interactive day
of collaborative learning for
current ILPQC initiatives!

**OB Teams:
May 29, 2019**

**Neonatal Teams:
May 30, 2019**

More information
coming soon!

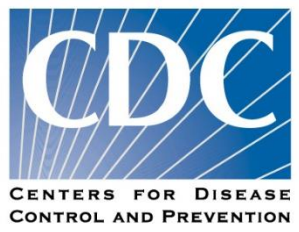
Abraham Lincoln DoubleTree Hotel,
Springfield, IL

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

We look forward to continuing this great work together in 2019 and thank you for your continued support and involvement to make Illinois the best place to give birth and be born!



THANKS TO OUR FUNDERS



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