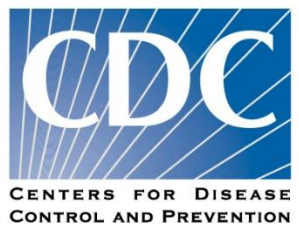




THANKS TO OUR FUNDERS



JB & MK PRITZKER
Family Foundation

CONFERENCE SPONSORS





ILPQC: Welcome

ILPQC Sixth Annual Conference

November 5, 2018

Happy 5th Birthday ILPQC!



- Thank you to all who have contributed to building a successful state perinatal quality collaborative for IL
 - Sponsors
 - Stakeholders
 - Advisory Workgroups
 - Leadership / Data teams
 - SQC, Perinatal Network Administrator & Educators
 - Patients & Family Advisor
 - Volunteers
 - Hospital Teams

ONA Approval Statement



This activity will provide 8 contact hours.

This continuing nursing education activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (OBN-001-91).

ONA #: 21831

Criteria for Successful Completion



Prior to the learning activities there are no required items to complete.

To obtain full contact hours you need to complete the entire conference (8 contact hours) and an evaluation. No partial credit will be awarded.

Contact hour certificates will be distributed at the end of the conference after the evaluation is turned in.

Disclosures



The planners and faculty have declared no conflict of interest

Sponsorship for this conference was provided by:

- Carle Foundation Hospital
- Cardinal Glennon Children's Hospital
- Illinois Hospital Association
- SSM Saint Mary's- St. Louis

Commercial support for this conference was provided by:

- Blue Cross Blue Shield of Illinois
- US Drug Testing Laboratories (USDTL)

ANNOUNCEMENTS FOR THE DAY

7-8am	Registration and Continental Breakfast
8-8:05	Welcome- Nirav Shah, MD, JD, Director, IDPH
8:05-8:45am	ILPQC Stronger Together: 2018 Review and Onward to 2019; Ann Borders, MD, Leslie Caldarelli, MD, Justin Josephsen, MD
8:45-9:30am	Keynote Speaker: Moving Upstream: Improving Care of Pregnant Women with Opioid Use Disorder- The Ohio Experience, Mona Prasad, MD, MPH (Ohio Perinatal Quality Collaborative)
9:30-9:45am	Break
9:45-11:15am	Leveraging QI Success in Other States: Leaders from State PQCs Discuss Key Initiatives, Eve Espey, MD, MPH, (NMPQC), Victoria Flanagan, RN, MSN (NNEPQIN), Terri Deeds, RN, MSN, NE-BC (CMQCC)
11:15-12:00pm	Addressing Stigma: What We Say Matters, Krisanna Deppen, MD and Kristen Tulo (a patient's perspective)

12:00-12:15, 12:15-1:30pm	Awards Networking Lunch and Poster Session
1:30-2:15pm	DCFS as a Partner in Safe Discharge Planning: Strategies to Support Families, Nora Harms-Pavelski, MSW (IL Department of Children & Family Services)
2:15-3:00pm	The Road to Access: Successes and Challenges in Implementation of Immediate Postpartum Eve Espey, MD, MPH
3:00-3:15pm	Break
3:15-5:00pm	<ul style="list-style-type: none"> • 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; Ann Borders, MD, MSc, MPH; Mona Prasad, DO, MPH; Eve Espey, MD, MPH; Terri Deeds, RN, MSN, NE-BC • Neonatal QI: Where We Are, Where We're Going and How We Get There- A Discussion of ILPQC Newborn Initiatives; Leslie Caldarelli, MD; Justin Josephsen, MD; Krisanna Deppen, MD; Victoria Flanagan, RN, MSN; Nora Harms-Pavelski, MSW • Engaging Patients and Families in Quality Improvement; Terry Griffin, MS, APN, NNP-BC; Kristin Tulo
5:00-5:15pm	Wrap Up, Raffle, and Evaluation

Poster Session

In addition to looking at all of our great posters, check out ILPQC Awards of Excellence awardees. Look for the white ribbon. We'll be recognizing awardees at lunch!





ILPQC Welcome:

Nirav Shah, MD, JD

Director, Illinois Department of Public Health

ILPQC Sixth Annual Conference

November 5, 2018



ILPQC Stronger Together: 2018 Review and Onward to 2019

ILPQC Sixth Annual Conference

November 5, 2018

Overview

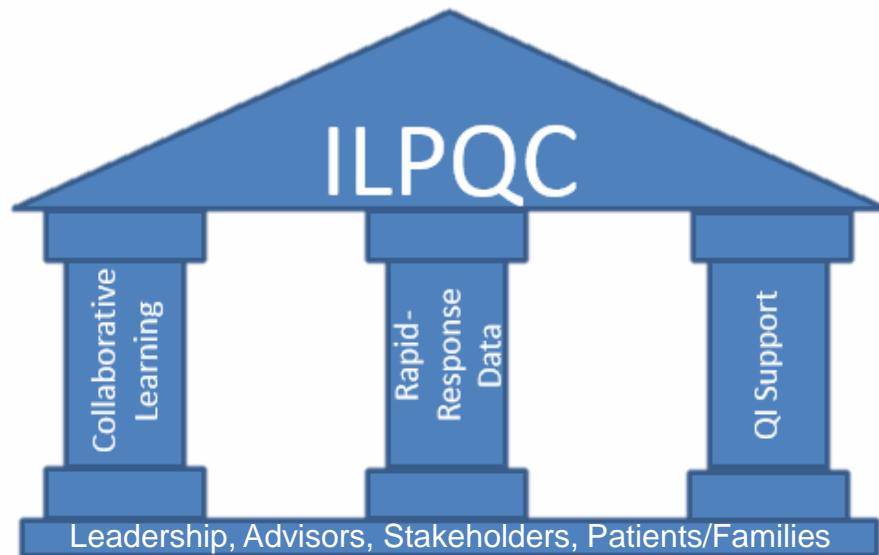


- ILPQC goals & accomplishments for 2018
 - Sustain and develop state-wide participation
 - Offer responsive QI services to hospital teams
 - Engage patients/families in QI work
 - Enhance state and national partnerships
 - Sustain Hypertension and Golden Hour success
 - Work together to successfully launch new statewide quality improvement initiatives
- ILPQC Goals for 2019
 - Ensure MNO and Immediate Postpartum LARC success for all hospitals
 - Continue to improve care and outcomes for all Illinois moms and newborns

Improving Together



ILPQC is a collaborative of physicians, nurses, hospital teams, public health and other stakeholders implementing data-driven, evidence-based practices to improve maternal and neonatal outcomes in Illinois



ILPQC Milestones

2012

- IL Perinatal Advisory Committee Prematurity Task Force Report
- Start Up Funding: CHIPRA / HFS and Initial Stakeholder Meetings Begin
- Neonatal QI (IAPC/PQCI) join with OB colleagues to form ILPQC

2013

- Consultation with Perinatal Quality Leaders (OH, CA, NC, FL)
- Website Launch
- ILPQC Kick-Off, 1st Annual Conference

2014

- ILPQC Data System Launched
- CDC Award with IDPH
- Launch EED and Neonatal Nutrition Initiatives

2015

- Launch Golden Hour Initiative
- Launch Birth Certificate Initiative
- Started yearly spring Face to Face Meetings for OB and Neo Teams

2016

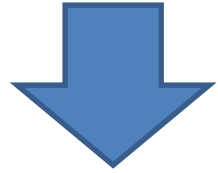
- Launch Maternal Hypertension Initiative
- IDPH Funding
- Golden Hour Initiative Ongoing

2017

- Maternal Hypertension and Golden Hour Initiatives Ongoing
- CDC Funding for MNO Initiative
- Pritzker Grant Award for IP LARC Initiative

2018

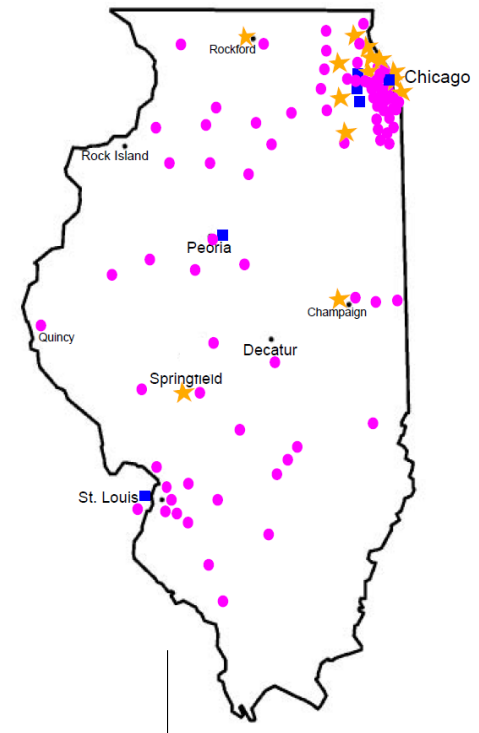
- Mothers and Newborns affected by Opioids OB & Neo Initiatives Launch
- Immediate Postpartum LARC Initiative Launch
- Maternal Hypertension and Golden Hour Initiatives Sustainability



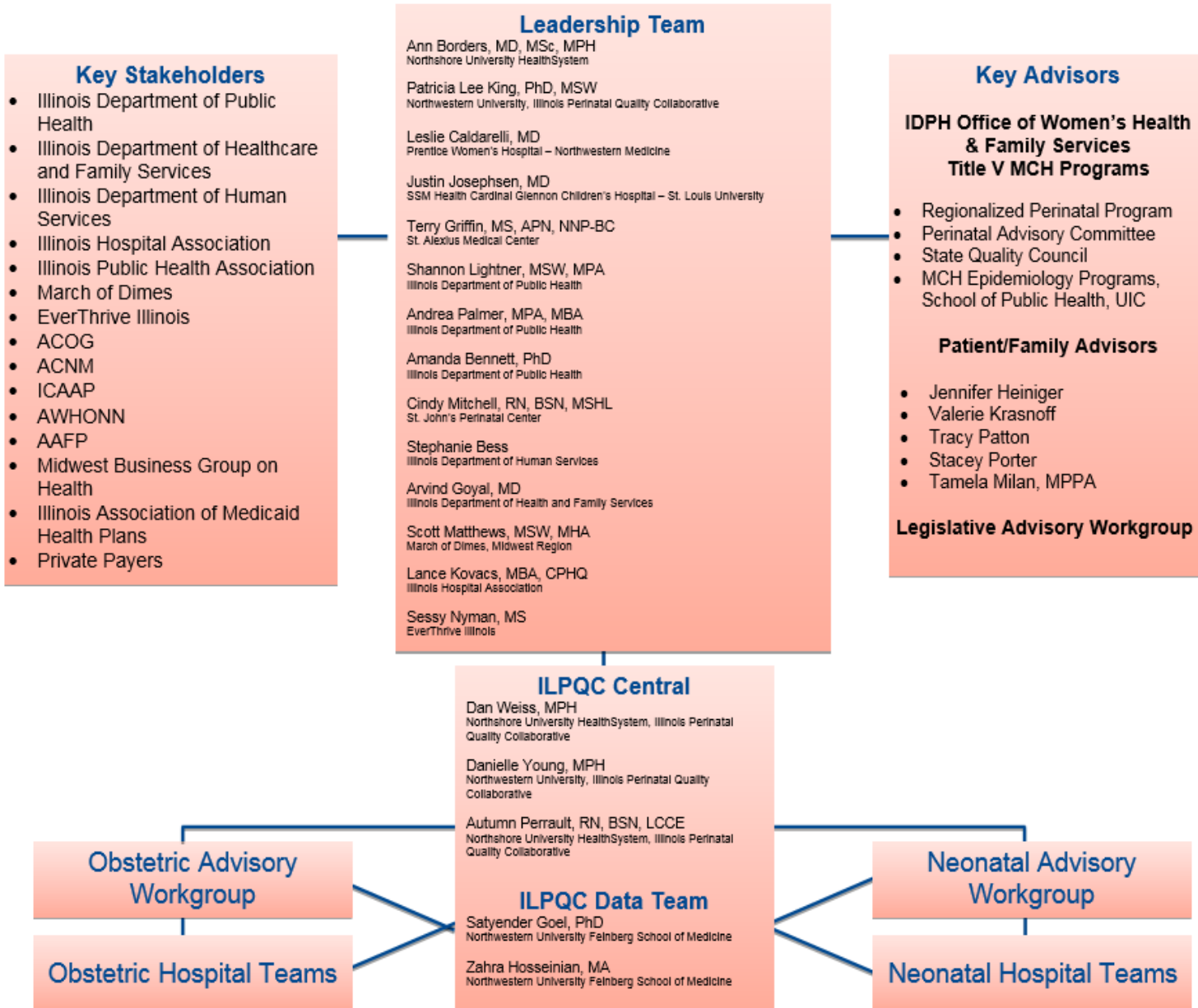
Goal 1: Sustain and Develop State-wide Participation



- 119 hospitals participating in ILPQC initiatives
 - 99% of IL births covered by ILPQC
 - 100% of IL NICU beds covered by ILPQC
- 101 OB hospital teams and 70 Neonatal teams participated in ILPQC Face to Face meetings in 2018
- Strong ILPQC advisory group participation
 - OB Advisory Group – 74 members have participated over time representing 30 hospitals
 - Neonatal Advisory Group – 31 members representing 19 hospitals



ILPQC Infrastructure



ILPQC Central Team



Ann Borders

ILPQC Executive Director, OB Lead



Leslie Caldarelli & Justin Josephsen

Neonatal Leads



Patricia Lee King

State Project Director



Daniel Weiss & Danielle Young

Project Coordinators



Autumn Perrault

Nurse Quality Manager



OB Advisory Group

- Andrea Palmer
- Amanda Bennett
- Angela Rodriguez
- Angie Bowen
- April Caruso
- Carol Andrychowski
- Carol Burke
- Chelsea Rogers
- Cindy Mitchell
- Deb Landacre
- Deb Rosenberg
- Debbie Miller
- Debbie Schy
- Debra Kamradt
- Denise Massey
- Dr. Angelique Rettig
- Dr. Ann Borders*
- Dr. Barbara Parilla*
- Dr. Barbara M. Scavone
- Dr. Beth Plunkett
- Dr. Bill Grobman
- Dr. Bridgette Blazek
- Dr. David Ouyang*
- Dr. Emmet Hirsch
- Dr. Heather Stanley-Christian
- Dr. Howard Strassner
- Dr. Jaye Shyken*
- Dr. Jean Goodman
- Dr. Jim Keller
- Dr. Jodee Brandon
- Dr. Jude Duval
- Dr. Latasha Nelson
- Dr. Maura Quinlan
- Dr. Mayank Shah
- Dr. Michael Leonardi
- Dr. Michael Socol
- Dr. Patricia Heywood

*MNO Clinical Leads

**IPLARC Clinical Leads

OB Advisory Group (cont.)

- Dr. Phil Higgins
- Dr. Preeti Jhaveri
- Dr. Sarosh Rana
- Dr. Rahmat Na'Allah
- Dr. Ralph Kehl
- Dr. Regina Gomez
- Dr. Rob Abrams
- Dr. Sherry Jones
- Dr. Soti Markuly
- Dr. Tina Wheat
- Emanuel Vlastos
- Felicia Feifer
- Jean Mahoney
- Jennifer Hofer
- Jennifer Woo
- Jessica Bimm Rosati
- Kai Tao
- Katie Warren
- Kim Armour
- Kisha Semenuk
- Kristin Salyards
- Lisa Sullivan
- Lori Andriakos
- Mahmoud Ismail
- Margaret Villareal
- Maripat Zeschke
- Mary Jean Handrigan
- Melissa Claudio
- Miranda Scott
- Mona LeGrand
- Myra Sabini
- Pam Wolfe
- Pat Joschko
- Robbin Uchison
- Roma Allen
- Samantha Schoenfelder
- Sheila Rhodes
- Sue Hesse
- Susan Fulara
- Trish O'Malley
- Trishna Harris

Neonatal Advisory Group



- Aarti Raghavan
- Alok Rastogi
- Andrea Cross
- Anne Downey
- Anne Groves
- Anthony Bell
- Audre Pocius
- Christine Emmons
- Christie Lawrence
- Carol Rosenbusch
- Colleen Malloy
- Diane Nyari
- Donna Lemmenes
- Elaine Shafer
- Jean Silvestri
- Jeffrey George
- Jenny Brandenburg*
- Joel Fisher
- Joseph Hageman
- Justin Josephsen*
- Kamlesh Macwan
- Karen Lebo
- Kenny Kronforst
- Kimberly Spence
- Leslie Caldarelli*
- Lisa Davis
- Lisa Maloney
- Maliha Shareef
- Margaret Behm
- Marc Weiss
- Matthew Derrick
- Michelle Arrizola
- Sean O'Connor
- Preetha Prezad
- Radley Hein
- Rebekah Rasmussen
- Robert Covert
- Sachin Amin
- Sandy Damon
- Steve Liao
- Sue Horner
- Susie Rosenberg
- Syd Foreman
- Venkata Majjiga
- Vibhan Thaker
- Wambui Waruingi
- William Stratton

*MNO-Neo Clinical Leads

Goal 2: Offer Responsive QI Services to Hospital Teams



Webinars/ Calls

- Monthly & quarterly collaborative learning and QI Topic Calls
- QI Support Calls with Perinatal Network Administrators
 - Key players meeting
 - RedCap data training



Face to Face

- Spring Face-to-Face Meeting Breakouts
- Annual Conference Breakouts
- Key Player Site Visits
- Grand Rounds speakers group



ILPQC Resources

- Paper/online QI toolkits
- Patient-education materials
- Monthly e-newsletters
- Previous months webinar recording



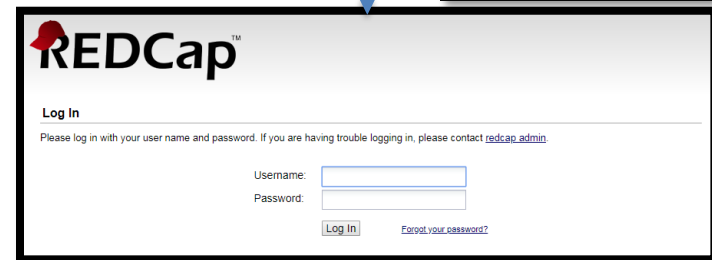
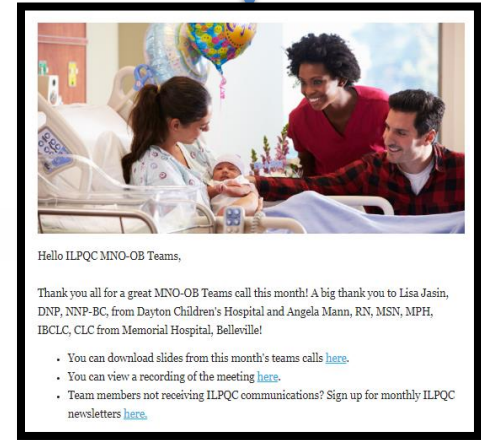
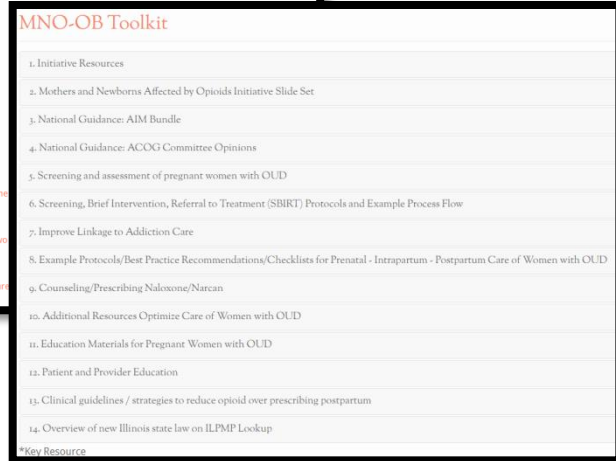
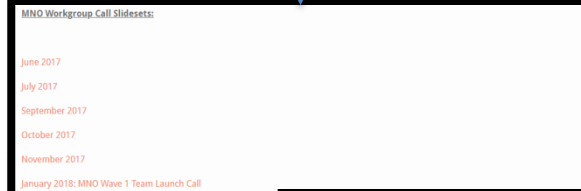
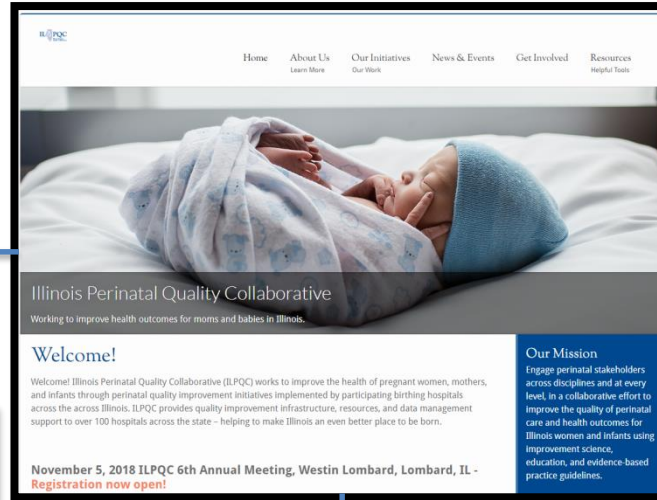
ILPQC Data

- Rapid Response data system
- Real-time reports for teams to compare data across time & hospitals

Quality Improvement Support Services

Up-to-date resources,
Team Webinars, and QI
Toolkits

Monthly initiative
communications,
REDCap



ILPQC Data System



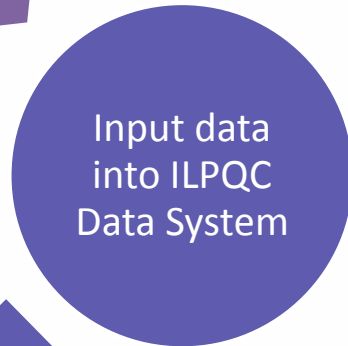
Team uses data to drive Quality Improvement at their hospital



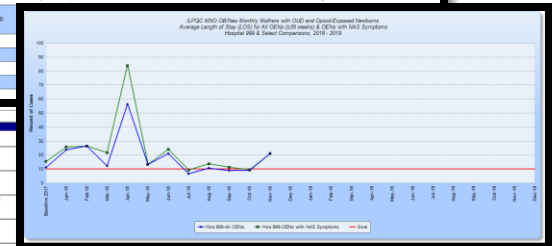
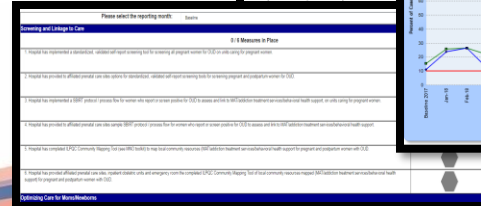
Review reports on structure dashboards, process, and outcome measures to compare data across time and across hospitals



Hospital teams collect data on structure, process, and outcome measures



Team input data into ILPQC REDCap Data System for rapid response of real time data



Goal 3: Engage Patients & Families in QI Work


Patient & Family Engagement

Provide input on OB/Neo advisory workgroups

Hospital QI team engagement as patient advisors

Provide input on development of QI toolkits

Provided input on patient education materials



MNO initiative is a great opportunity for hospital teams to engage patients

Goal 4: Enhance State and National Partnerships



- **AIM** – served as mentor state to other AIM states and on planning committees for national OB Care for Women with OUD bundle
- **CDC NNPQC** – served as advisors supporting development of other PQCs nationally
- **VON** – shared top tier improvement strategies on MNO work with other state PQCs at national meeting
- Facilitated 5 provider trainings with **ACOG** on IPLARC and buprenorphine waiver (Chicago, Springfield, Champagne)
- Developing partnerships with **DCFS, FQHCs, MCOs** and other community partners to support MNO and IPLARC teams

Goal 5: Sustain Hypertension and Golden Hour Success



ILPQC Maternal Hypertension Initiative

Aim: Reduce the rate of severe morbidities in women with severe preeclampsia, eclampsia, or preeclampsia superimposed on pre-existing hypertension by 20% by December 2017

Approach: 4 key goals

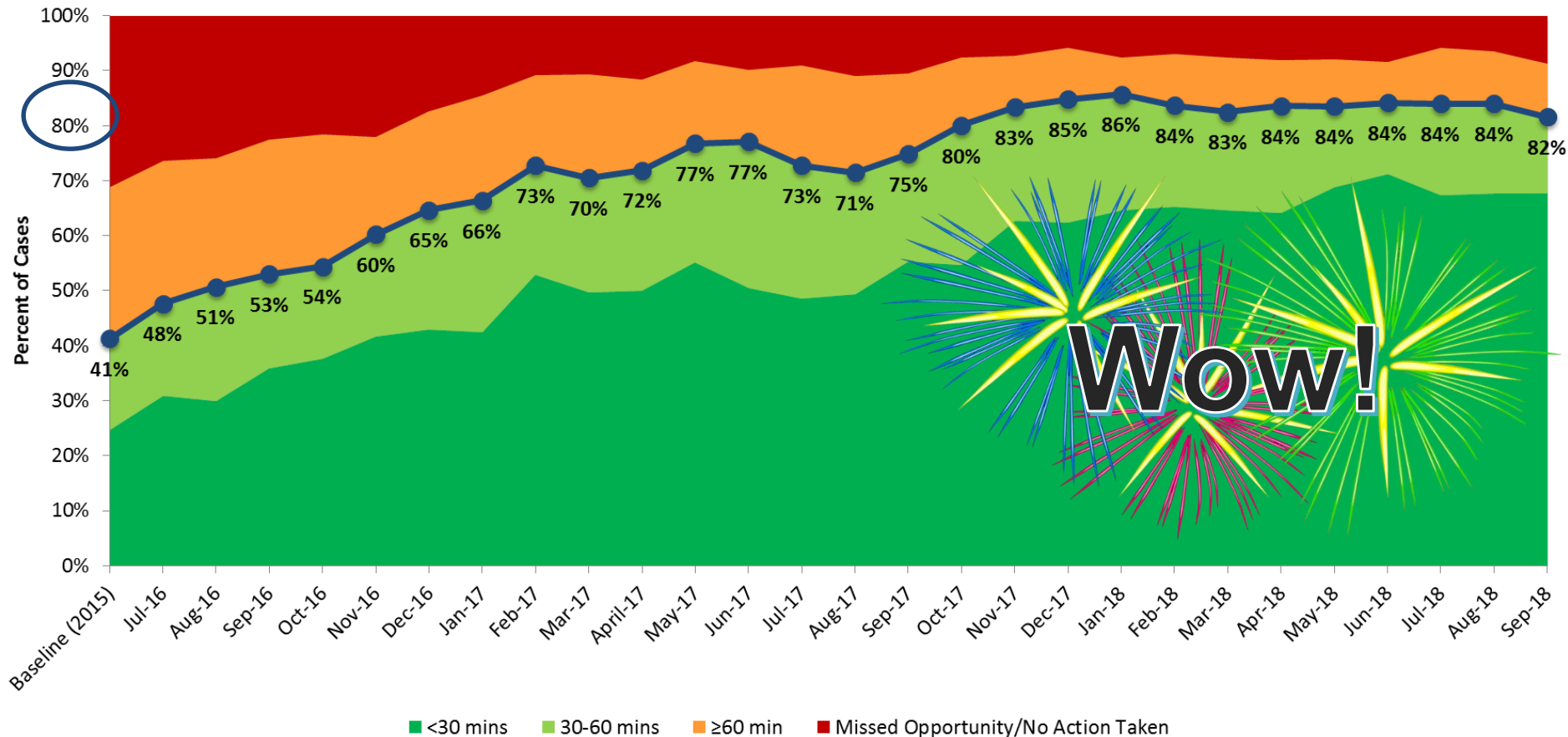
1. Reduce time to treatment
2. Improve postpartum patient education
3. Improve postpartum patient follow up
4. Improve provider & RN debrief



- 110 hospital teams - May 2016 kick off to December 2017
- 106 Hospitals submitted data for over 17,000 women who experienced severe maternal HTN across the initiative
- Sustainability started January 2018
- 86 teams have submitted sustainability data

Maternal Hypertension Data: Time to Treatment

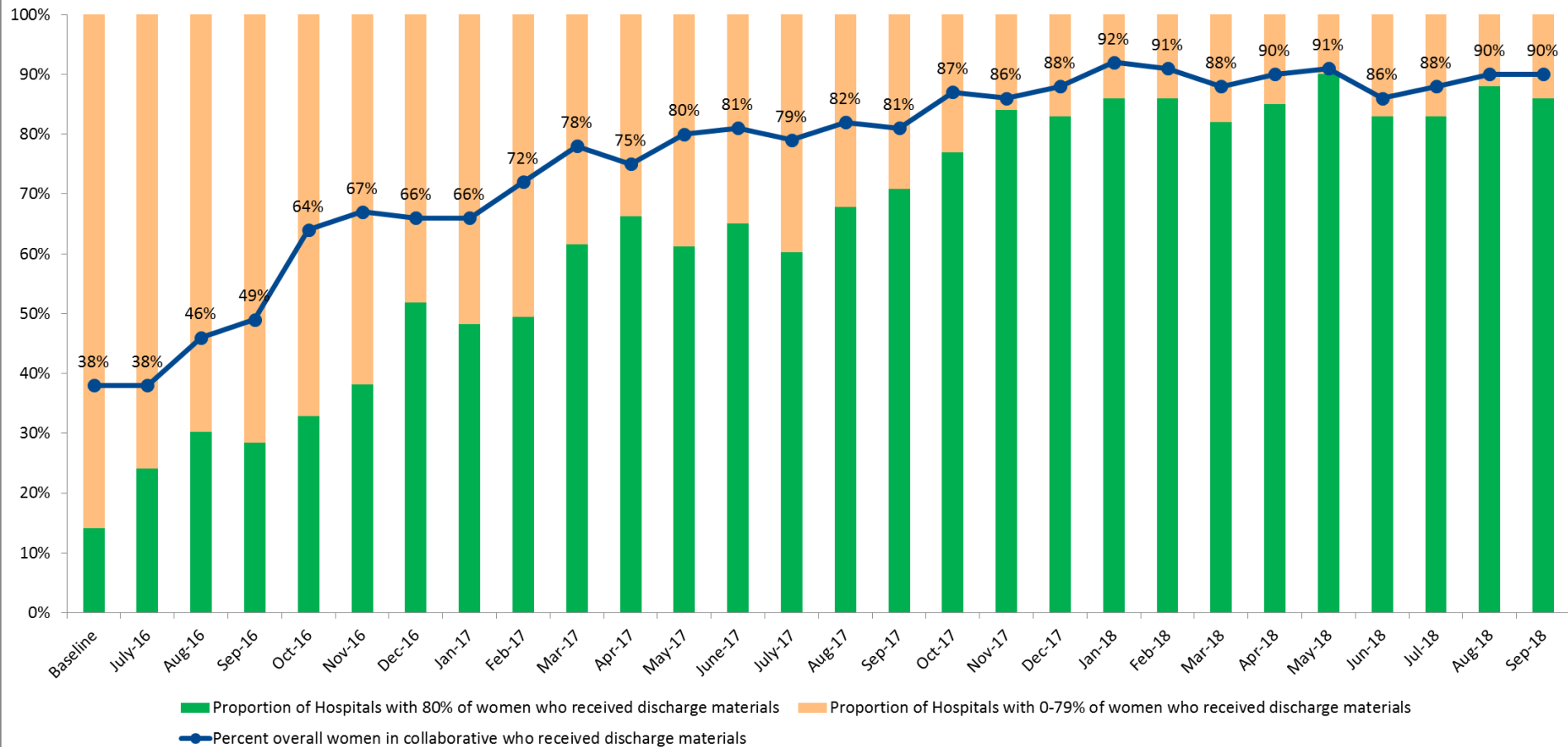
ILPQC: Maternal Hypertension Initiative
Percent of Cases with New Onset Severe Hypertension Treated in <30, 30-60, ≥60 minutes or Not Treated
All Hospitals, 2016-2018



Maternal Hypertension Data: Patient Education



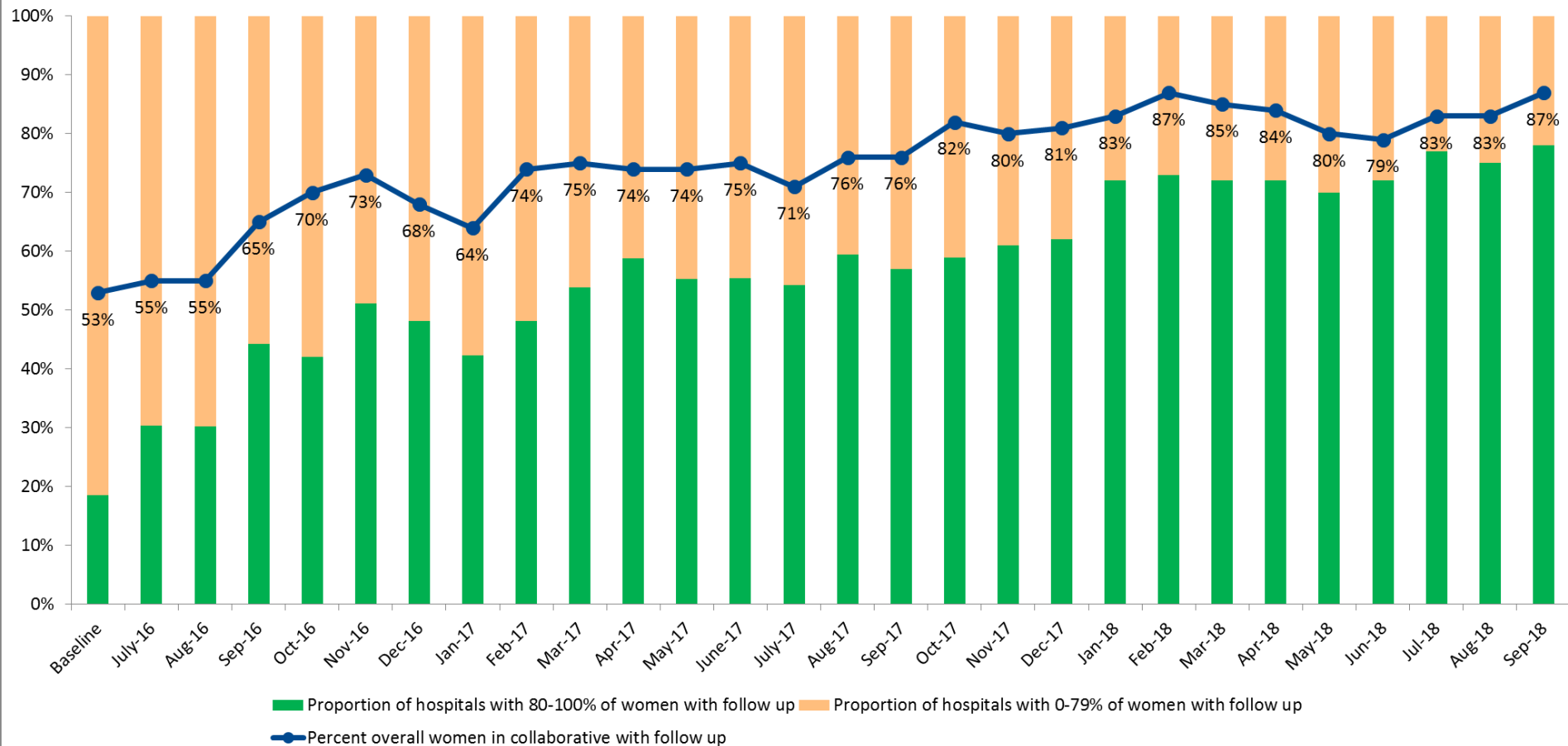
ILPQC: Maternal Hypertension Initiative
Percent of Women with New Onset Severe Hypertension Who Received Discharge Education Materials and
Proportion of Hospitals in Collaborative Giving Discharge Education to Women
All Hospitals, 2016-2018



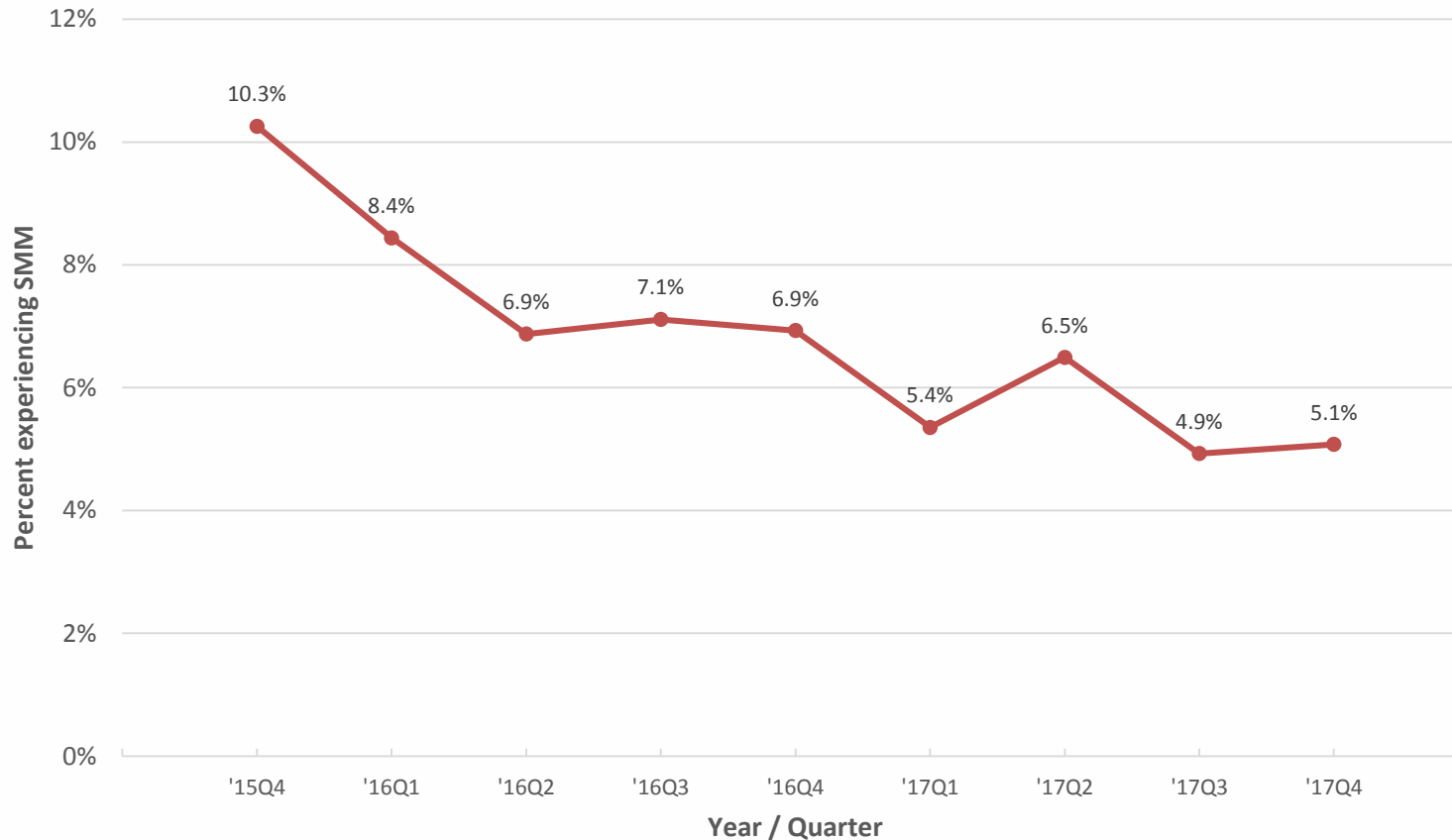
Maternal Hypertension Data: Patient Follow-up

ILPQC: Maternal Hypertension Initiative

Percent of Women with New Onset Severe Hypertension Where Follow-up Appointments were Scheduled within 10 Days and Proportion of Hospitals in Collaborative Where Follow-up Appointments were Scheduled within 10 Days 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.

ILPQC Golden Hour

Aims:

- Delivery room team communication: Increase use of prebriefing, debriefing, and delivery room checklist prior to delivery to 80% or greater.
- Delivery room clinical practice: Increase use of delivery room continuous positive airway pressure (CPAP) trial to 70% or greater, timely administration of surfactant to 80% or greater, and utilization of delayed cord clamping to 80% or greater.
- Family engagement: Increase pre-delivery family contact, family presence during resuscitation, and family presence during neonatal intensive care unit (NICU) admission to 90% or greater.
- Neonatal intensive care unit (NICU) admission: Increase administration of intravenous glucose and antibiotics to within one hour of birth to 80% or greater and increase number of infants with a normothermic admission temperature between 36.5 - 37.5 degrees Celsius.

Approach: 3 key goals

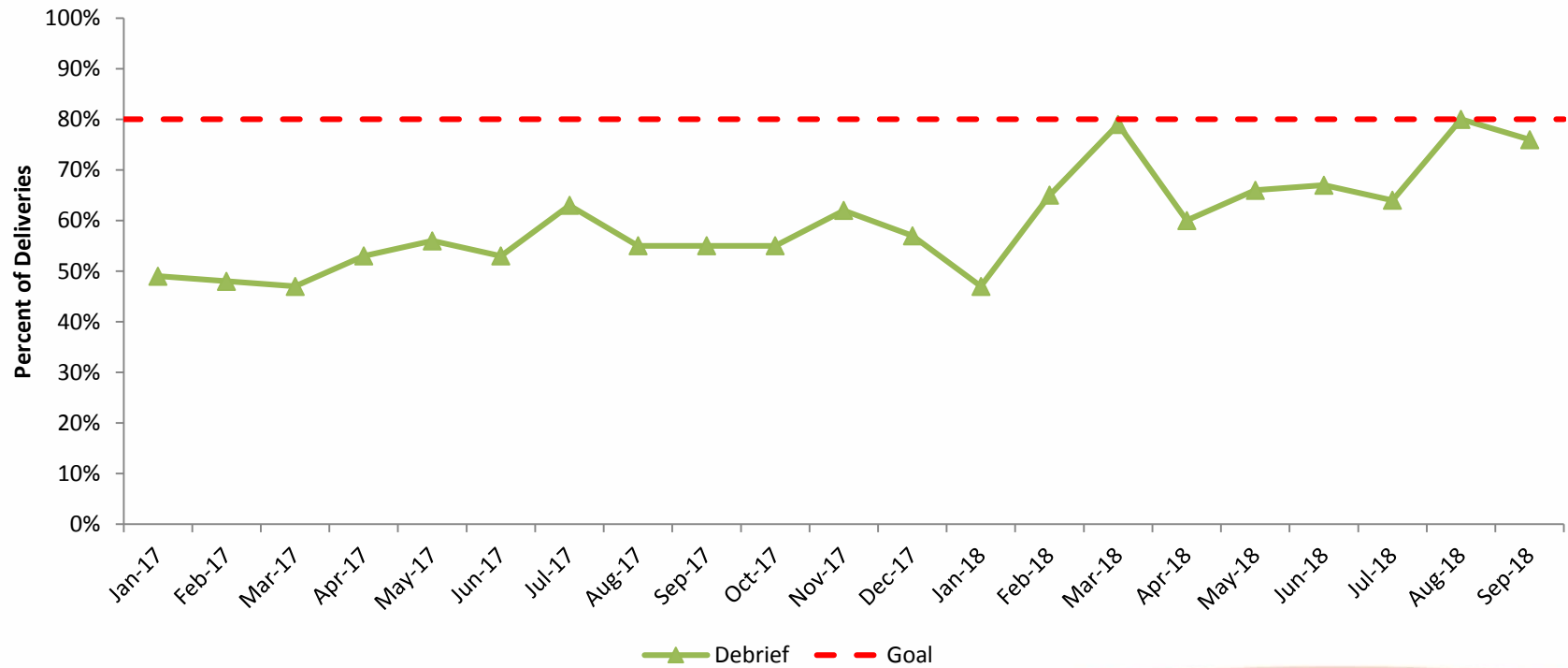
1. Increase delivery room team debriefs
2. Increase number of infants receiving delayed cord clamping in ≥ 30 seconds
3. Increase number of infants with temperatures between 36.5-37.5 on admission to NICU or SCN



- 23 hospital teams – April 2015 kick off to December 2017
- 23 Hospitals submitted data for over 8,000 infants
- Sustainability started January 2018
- 13 teams have submitted sustainability data

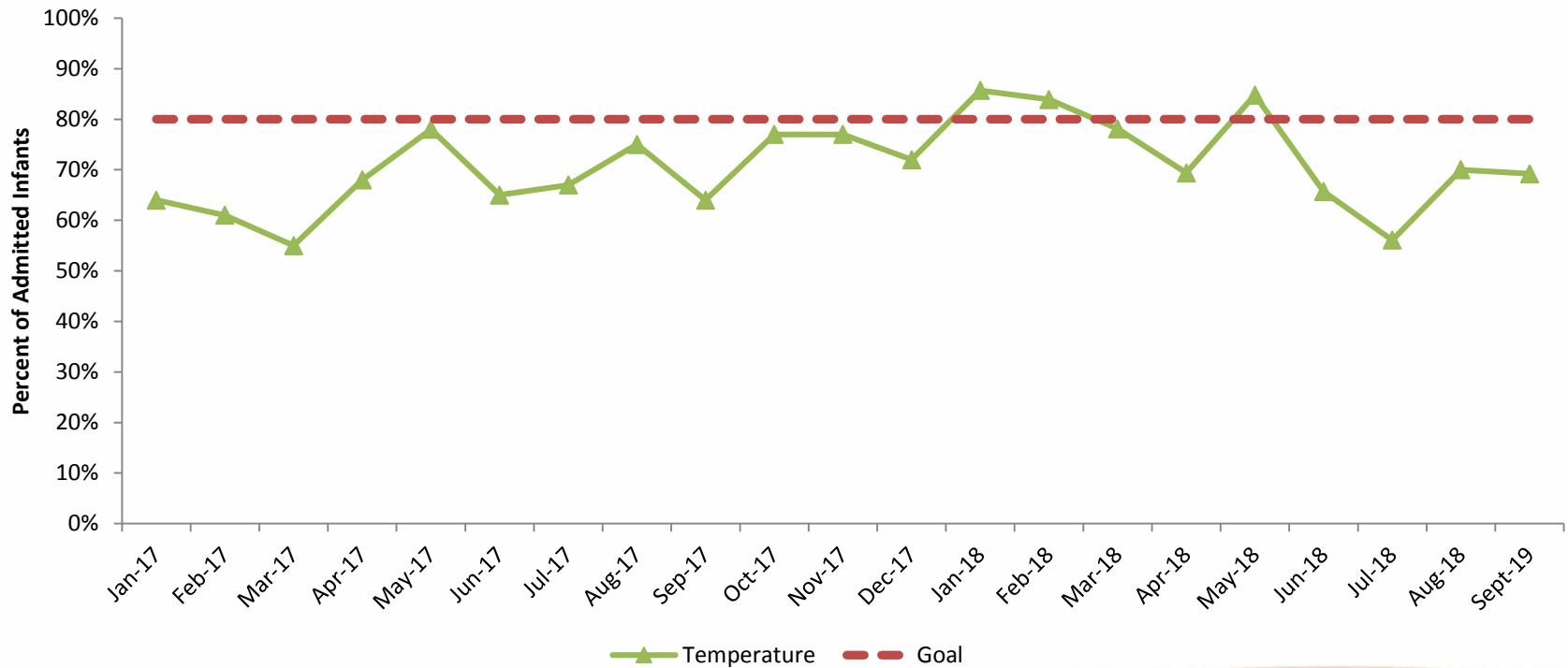
Golden Hour Sustainability Data: Team Debrief

ILPQC: Golden Hour Sustainability Communication Practices: Debrief All Hospitals, 2015-2018



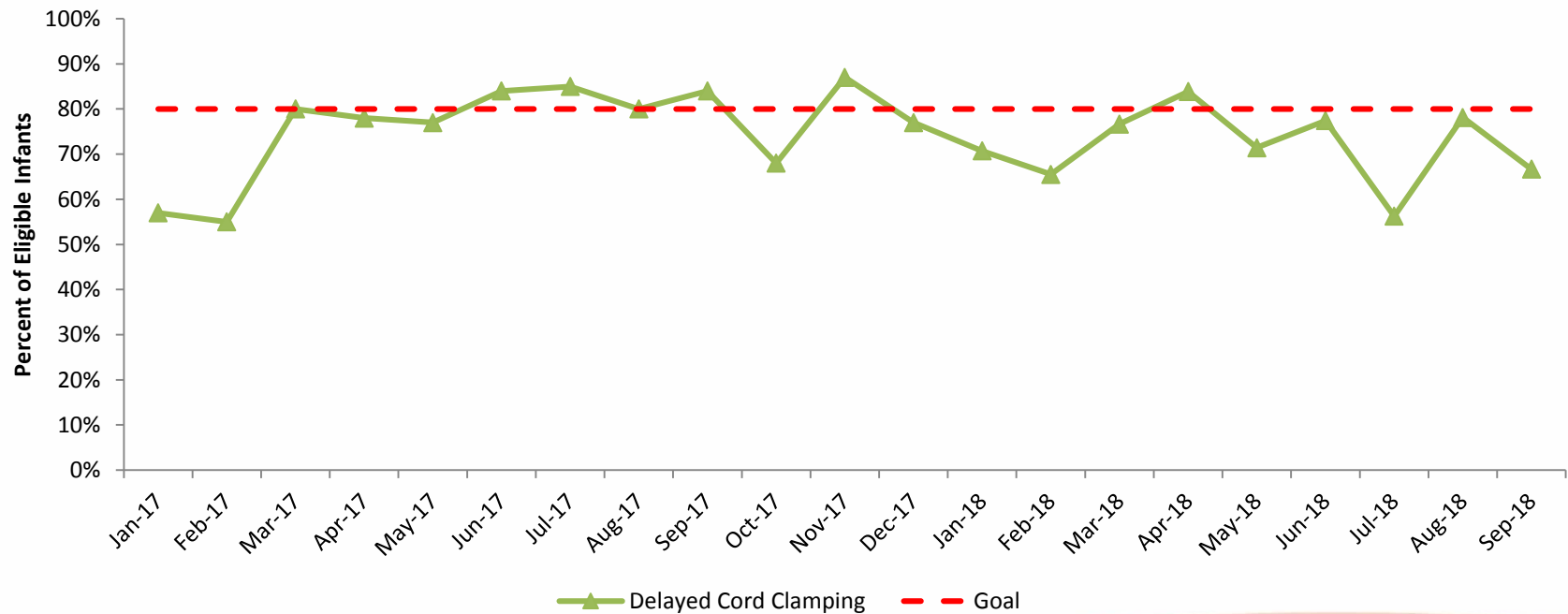
Golden Hour Sustainability Data: Temperature on Admission to NICU/SCN

ILPQC: Golden Hour Sustainability
**Admission Practices: Percent of Admitted Infants who are Between
36.5-37.5°C on Admission (<32 weeks) All Hospitals, 2015 - 2018**

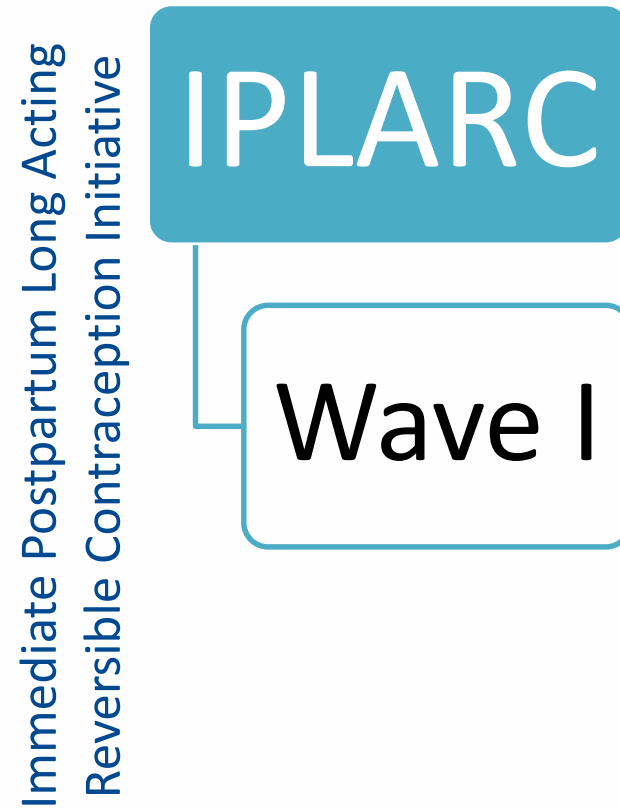
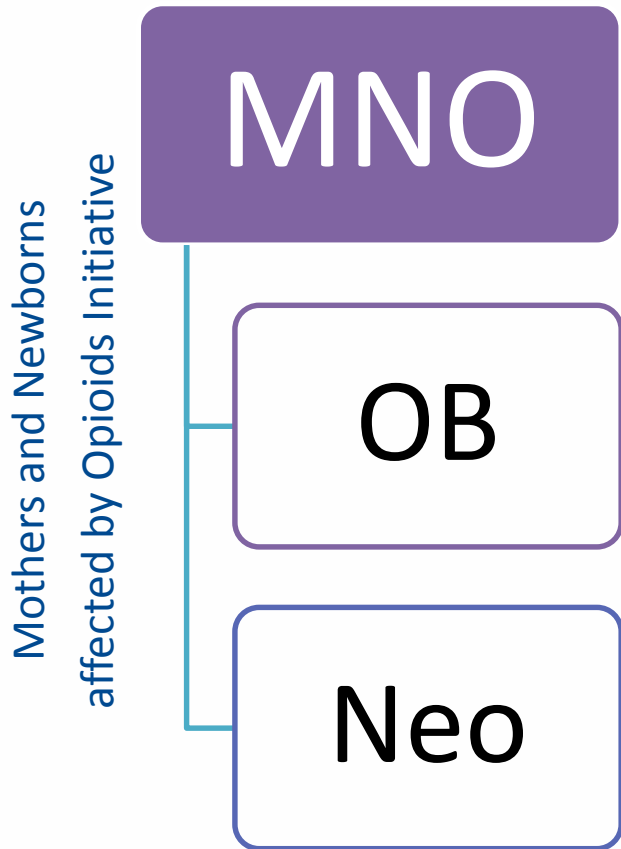


Golden Hour Sustainability Data: Delayed Cord Clamping in 30+ Seconds

ILPQC: Golden Hour Sustainability
Delivery Room Practices: Percent of Eligible Infants with Delayed
Cord Clamping ≥ 30 Seconds
All Hospitals, 2015-2018



Goal 6: Successfully launched two new statewide QI initiatives



ILPQC Mothers and Newborns affected by Opioids (MNO)



Initiative AIMS

- **Increase** pregnant women affected by opioids **identified, linked to care** prenatally and **receiving Medication Assisted Treatment (MAT)** for opioid disorder at delivery
- Optimize clinical care of pregnant women with OUD through **patient and provider education & implementation of care checklists**
- **Increase non-pharm care** and **decrease pharmacologic treatment** in opioid exposed newborns (OENs)
- **Increase breastfeeding rates** in mothers and newborns affected by opioids at infant discharge
- **Increase safe and optimized discharge plans** for OENs
- Optimize **prevention of OUD** through provider and patient education, provider compliance with PMP lookup, and implementation of clinical guidelines for strategies to reduce opioid over-prescribing after delivery

Screening and
Linkage to
Care

Optimizing
Care for
Moms/Babies

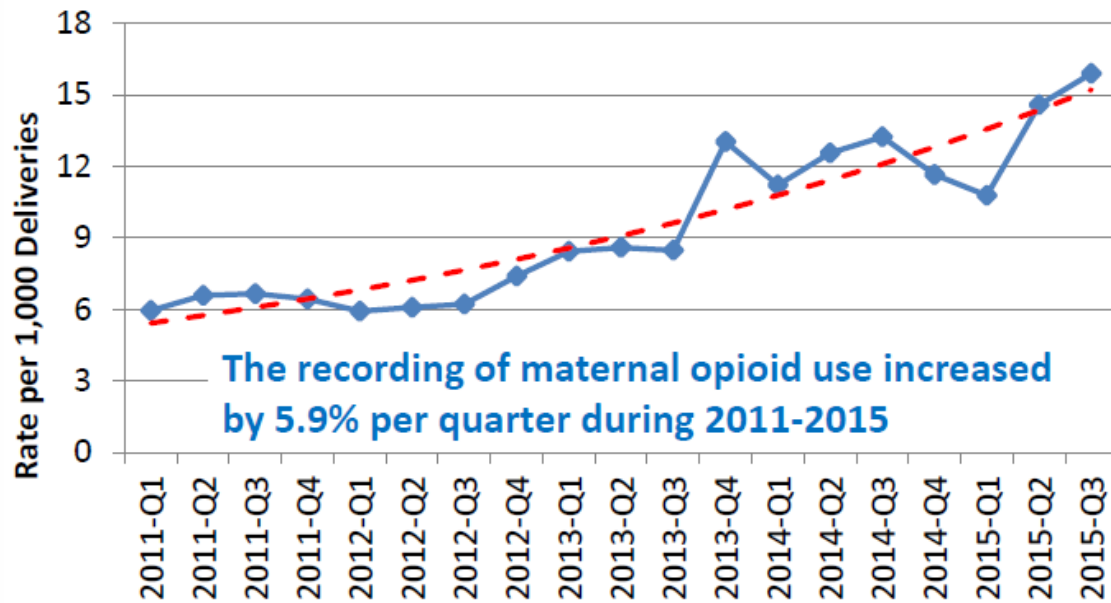
Prevention

- 107 hospitals participating in the MNO OB & Neonatal Initiative
 - 101 MNO-OB Hospital QI Teams
 - 88 MNO-Neo Hospital QI Teams
- Facilitated monthly MNO OB & Neo collaborative learning webinars with ~150 participants on each call
- Paper & Online MNO-OB & Neonatal QI toolkit for teams including sample protocols, guidelines, and patient & provider education



Mothers Affected by Opioids in IL: Scope of the Problem

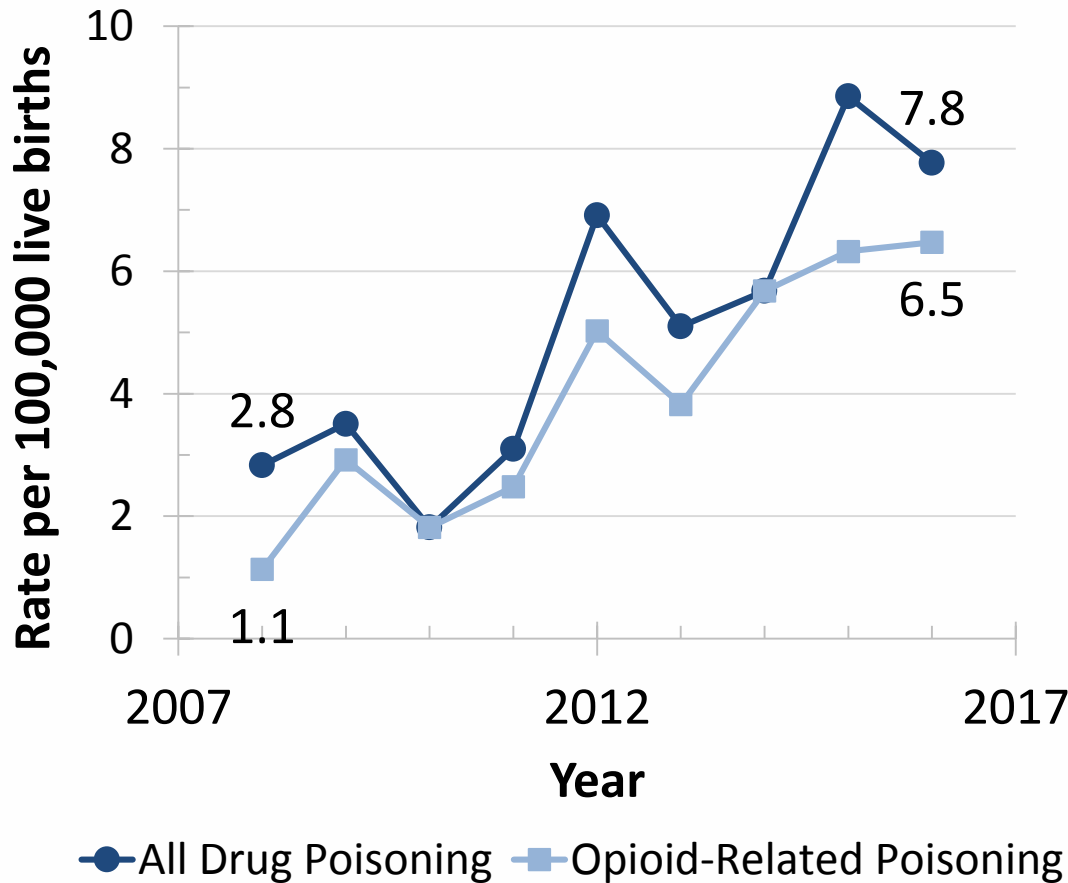
Rate of *Recorded* Maternal Antenatal Opioid Use among Deliveries, Illinois Discharge Data 2011-2015



116% increase in recorded maternal opioid use between 2011 and 2015

Pregnancy is a window of opportunity to identify women with OUD and link to treatment as well as begin to develop a plan for optimizing her baby's care

Rate of Pregnancy-Associated Deaths Due to Drug Poisoning, Illinois Residents, 2008-2016



Between 2008 and 2016:

- Pregnancy-associated deaths specifically related to opioid overdose **increased almost 6-fold.**

MNO-OB in 2018: Making Change Happen

Key QI Strategies

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

Ensure standard SBIRT protocol response for all screen positive

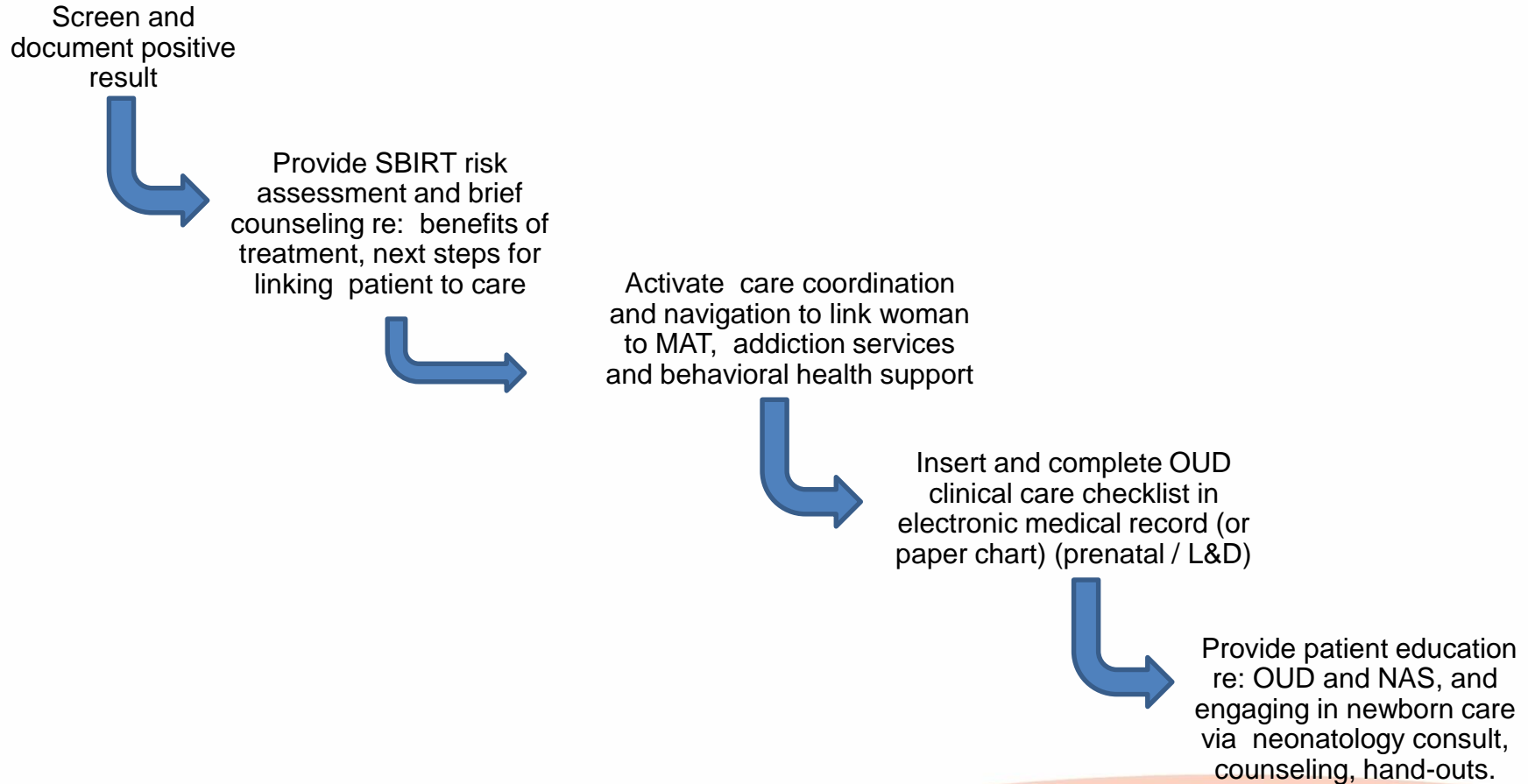
Complete and share Mapping Tool to identify local resources for MAT/addiction services and standardize process for linking patients to care

Implement OUD Clinical Care Checklist (prenatal / L&D)

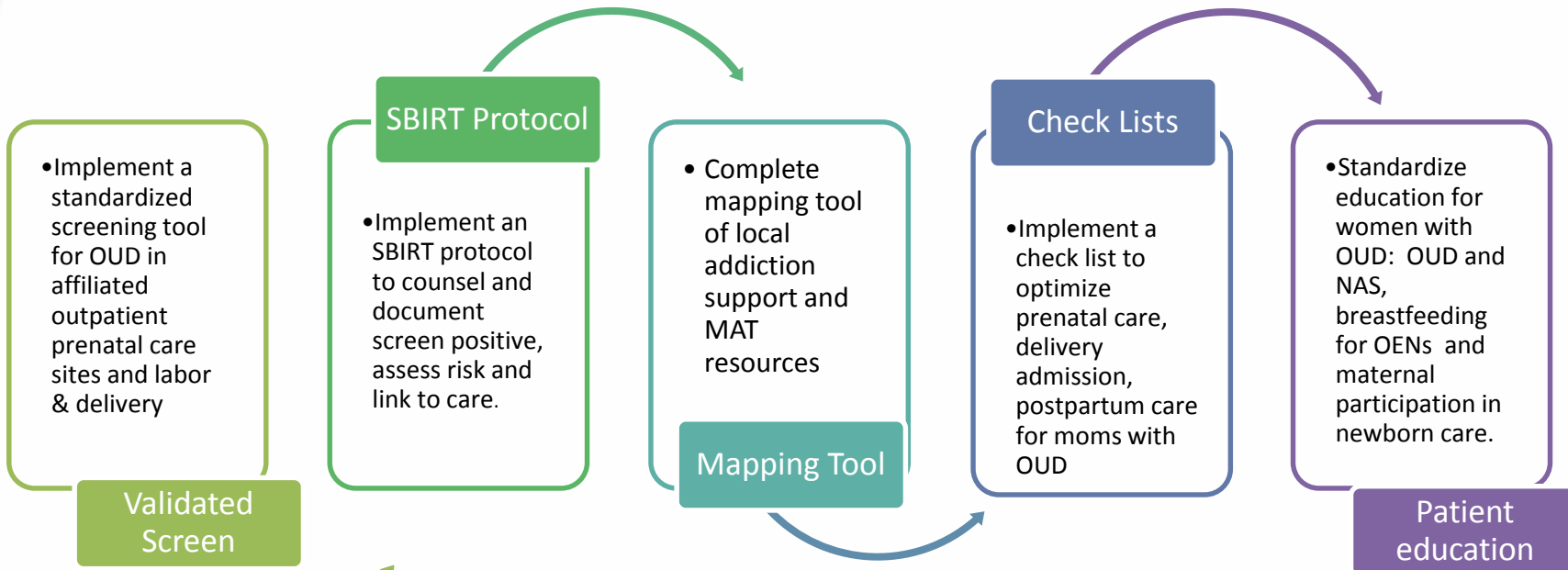
Standardize patient education on OUD & NAS, and importance of participation in newborn care

Complete Provider/Nurse Training on stigma and bias, screening, SBIRT, clinical care checklist and activating the OUD Protocol

OUD Protocol: Activate for every screen positive patient



MNO-OB work so far...



Stigma, Bias, and Trauma Informed Care

Standardize a process to systematically educate providers, nurses and staff on stigma, bias and trauma informed care

MNO-OB Baseline Data (Q42017)

Opportunities for Improvement



3%

Women with screening documented prenatally and on L&D

2.6%

Narcan counseling and prescription

53.7%

Of mothers and newborns roomed together during maternal hospitalization

40%

Women with OUD on MAT at delivery

40.7%

Hep C screened and documented

56.2%

Eligible mothers with OUD breastfeeding/providing breastmilk during maternal hospitalization

Screening & Linkage to Care

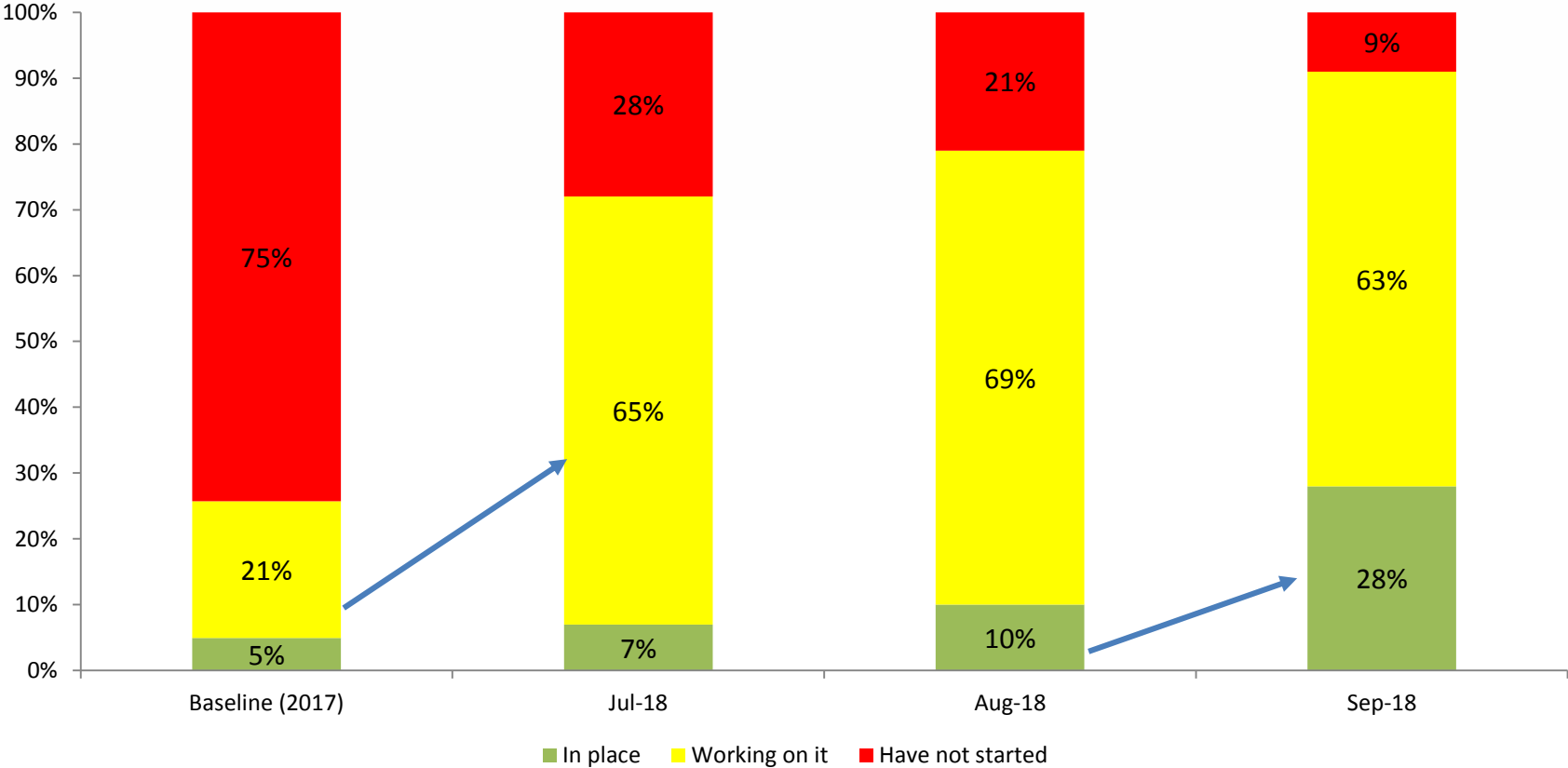
Clinical Care Checklist

Engaging Moms in Care 44

Screening & Linkage to Care: Standardized Screening Tool (Structure Measure)



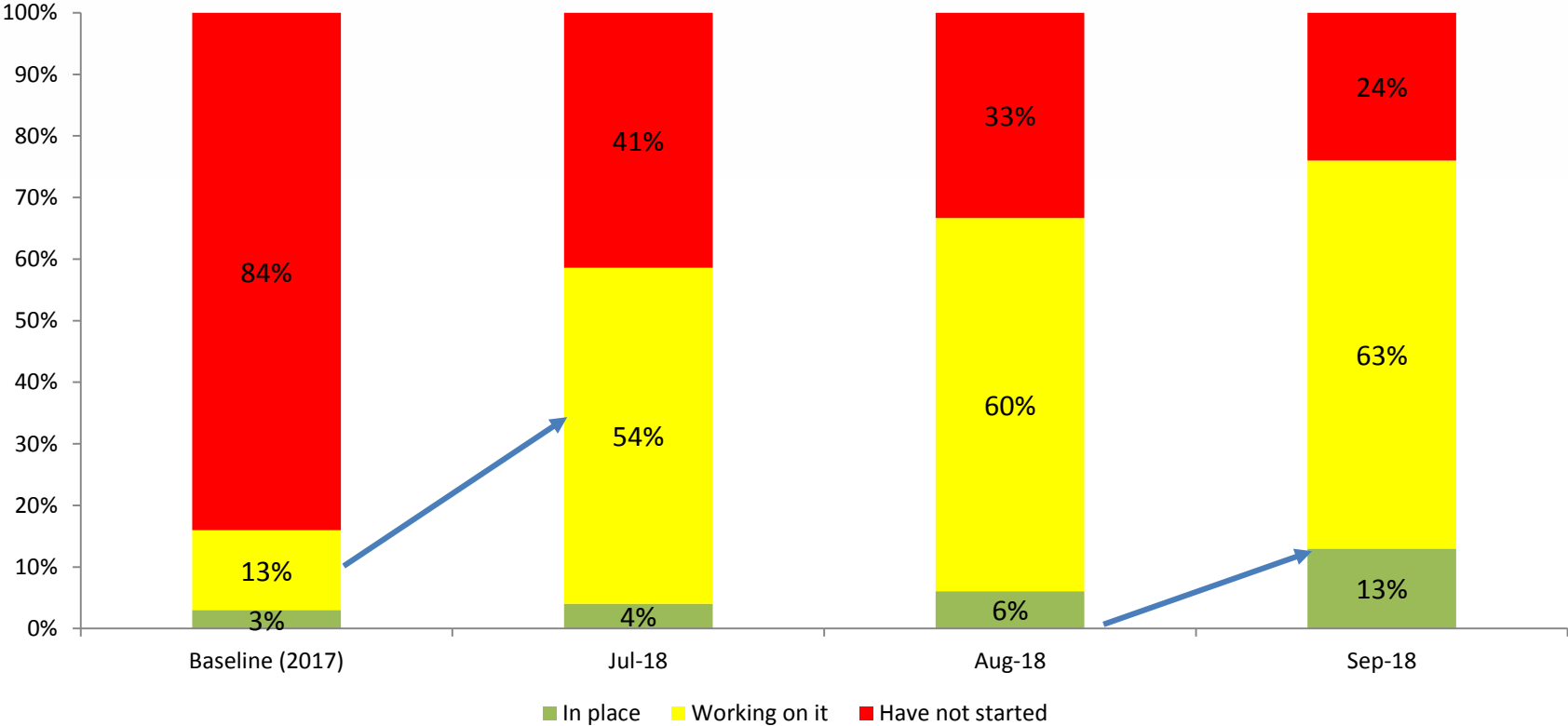
Implemented a universal validated screening tool for OUD



Screening & Linkage to Care: Standardized SBIRT (Structure Measure)

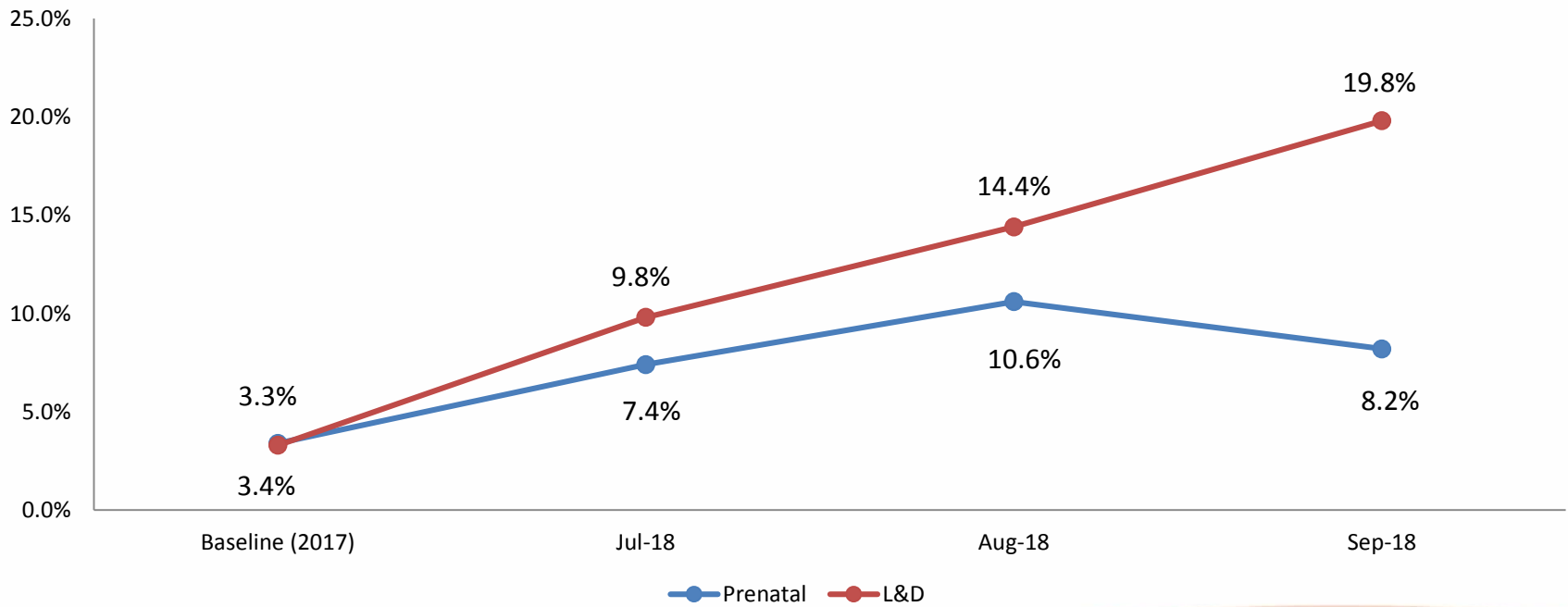


Implemented a SBIRT protocol/process flow for women who screen positive for OUD



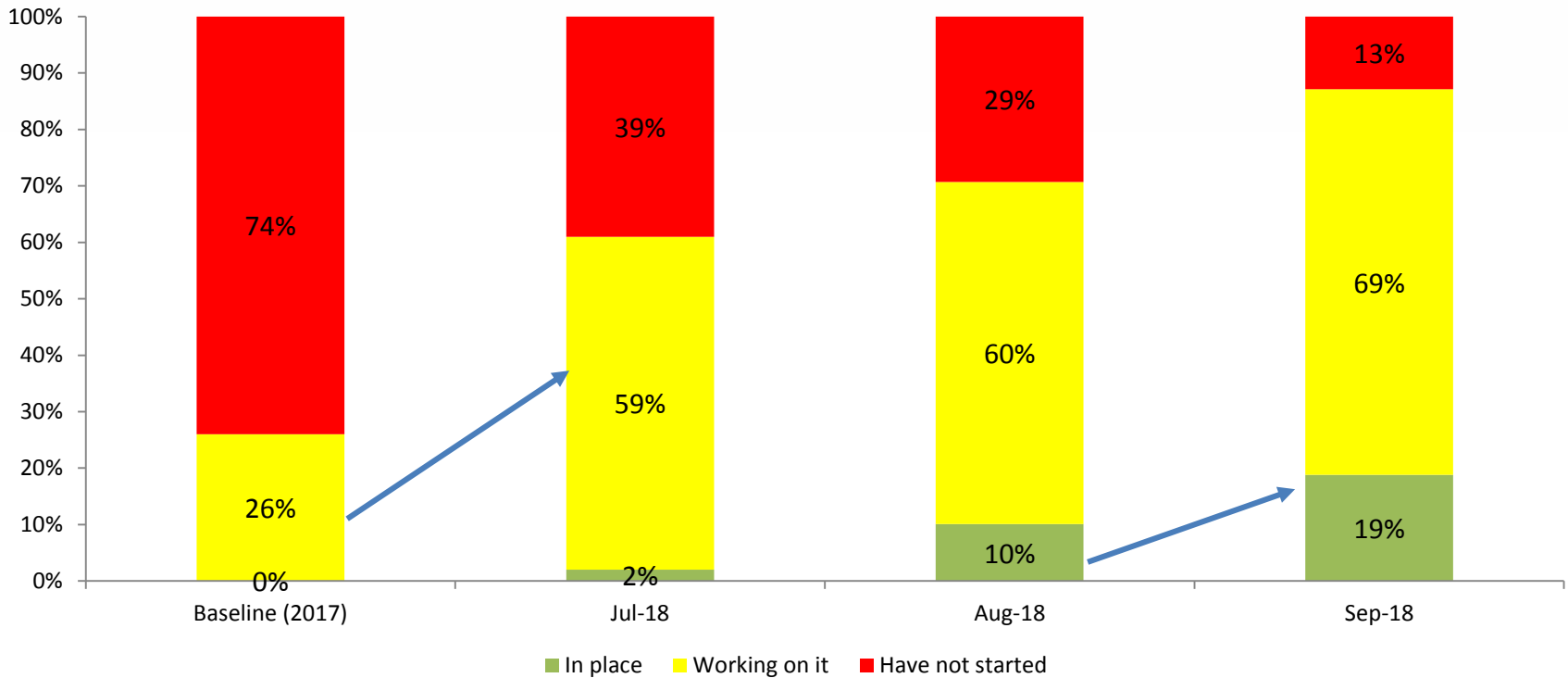
Screening & Linkage to Care: Sample of Documentation of Screening for OUD Prenatally/L&D

**ILPQC MNO Initiative:
Percent of Sample of All Deliveries with Documentation of OUD
Screening Using a Self-Report Validated Screening Tool,
All Hospitals, 2018**



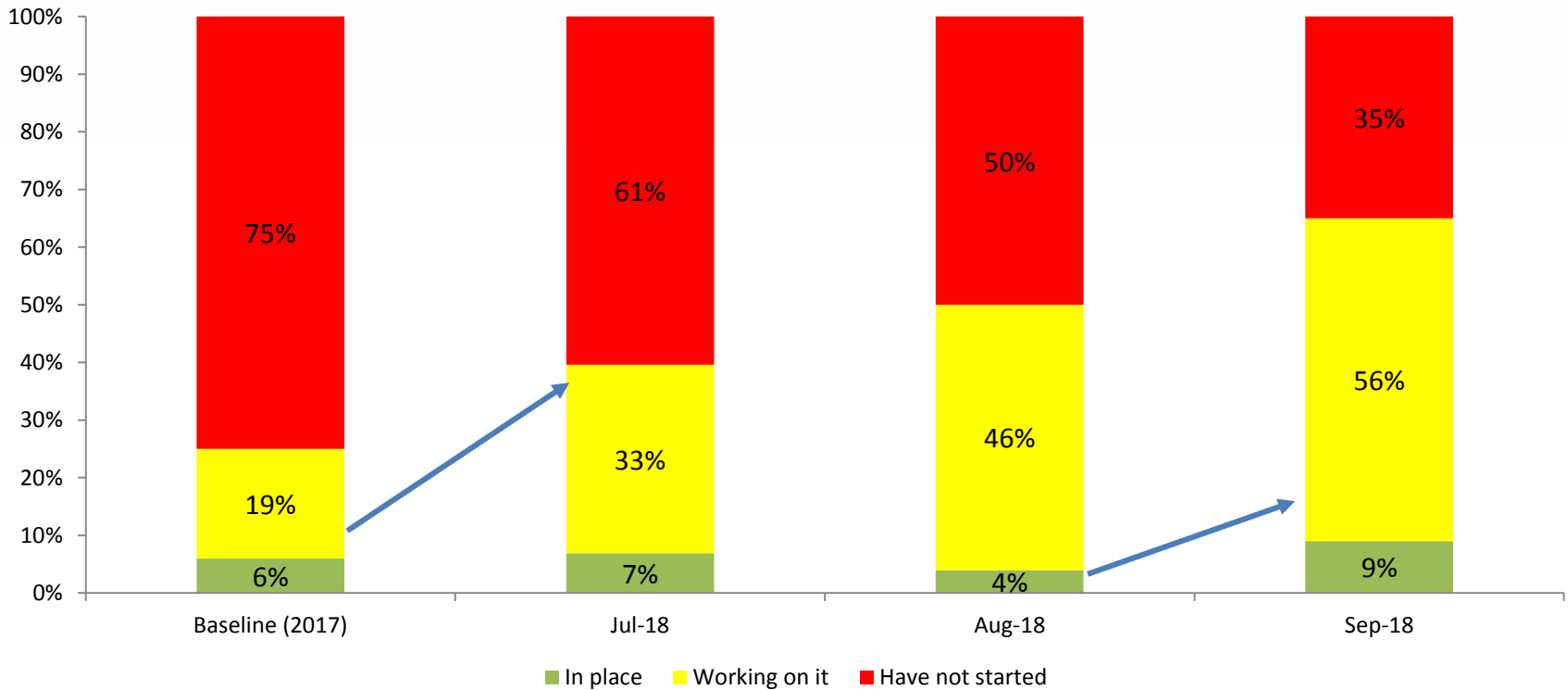
Screening & Linkage to Care: Mapping Community Resources (Structure Measure)

Completed ILPQC Community mapping tool to map local community resources for MAT/addiction treatment services and behavioral health services



Optimizing Care: Standardized Protocol/Checklist on L&D Process (Structure Measure)

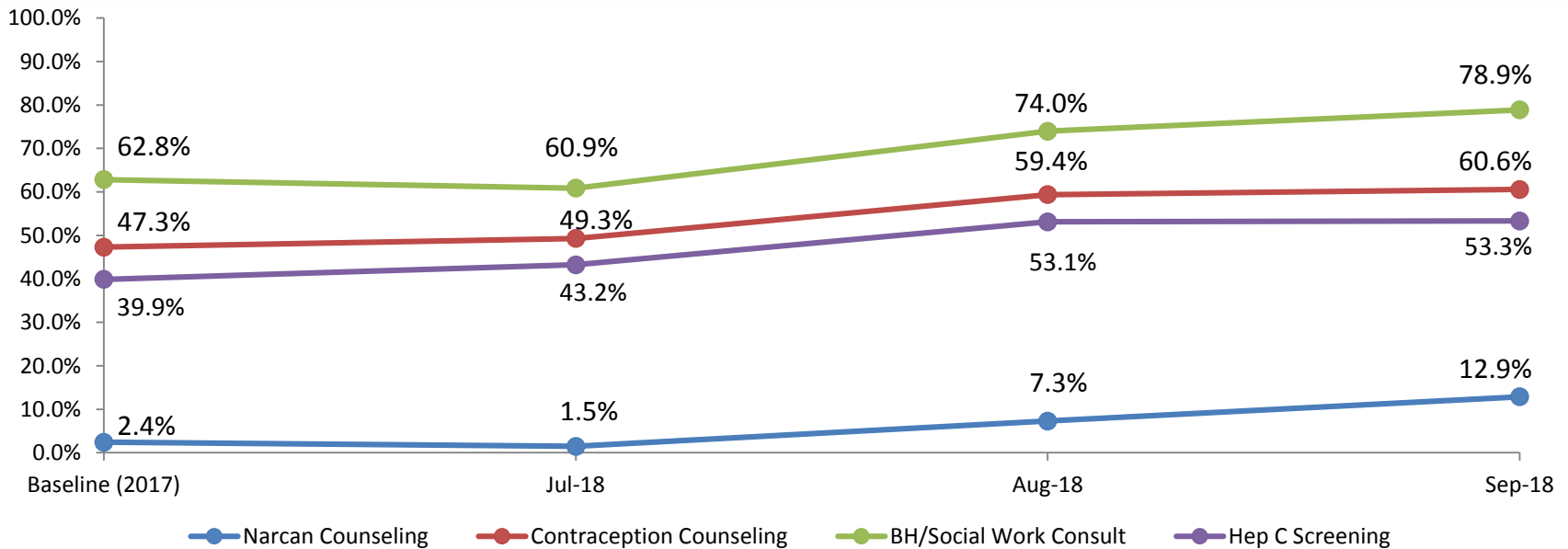
**ILPQC MNO Initiative:
Percent of hospitals that have implemented standardized protocol and/or checklist for optimal management of
patients with OUD during labor and postpartum
All Hospitals, 2018**



Optimizing Care: L&D Clinical Care Checklist (Process Measure)

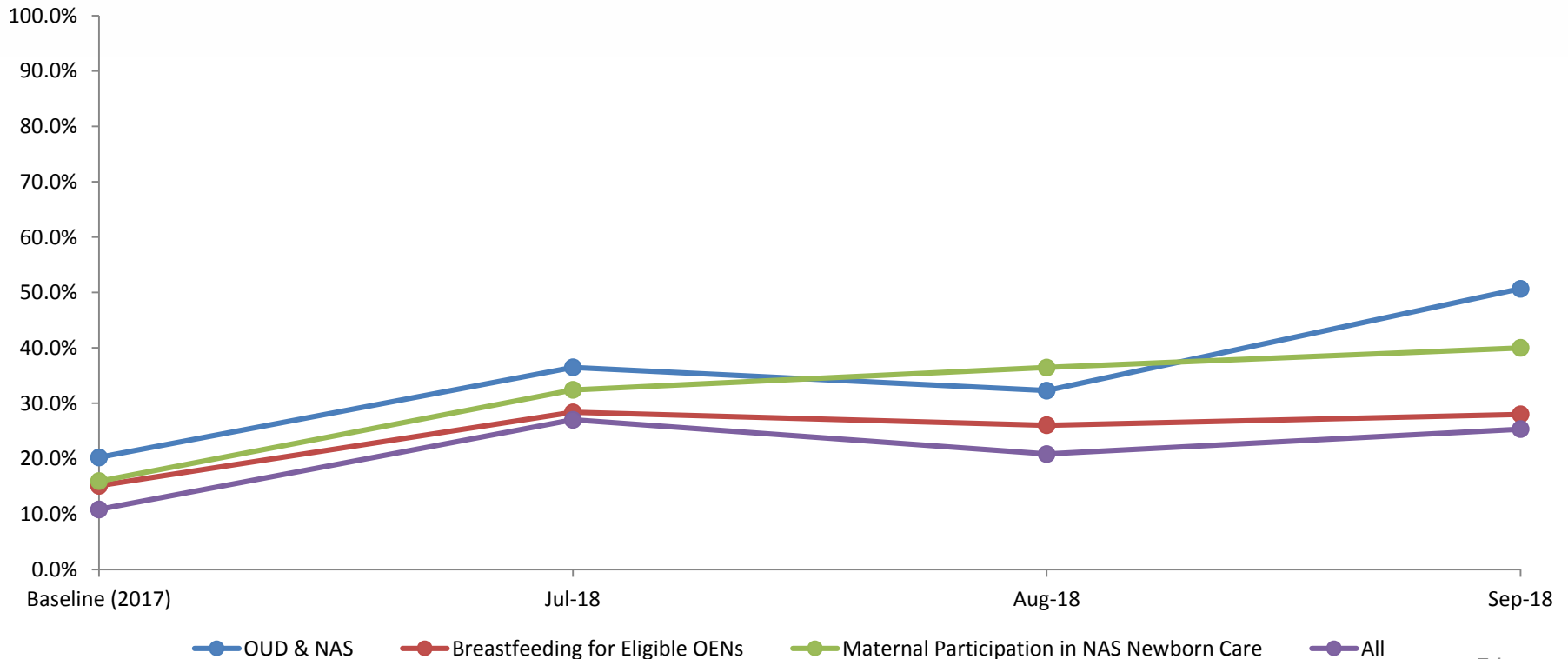


**ILPQC MNO Initiative:
Percent of Women with OUD Receiving Narcan, Contraception,
BH/Social Work, and Hep C Screening Counseling Documented
Prenatally or During Delivery Admission
All Hospitals, 2018**



Optimizing Care: Maternal OUD/NAS Education (Process Measure)

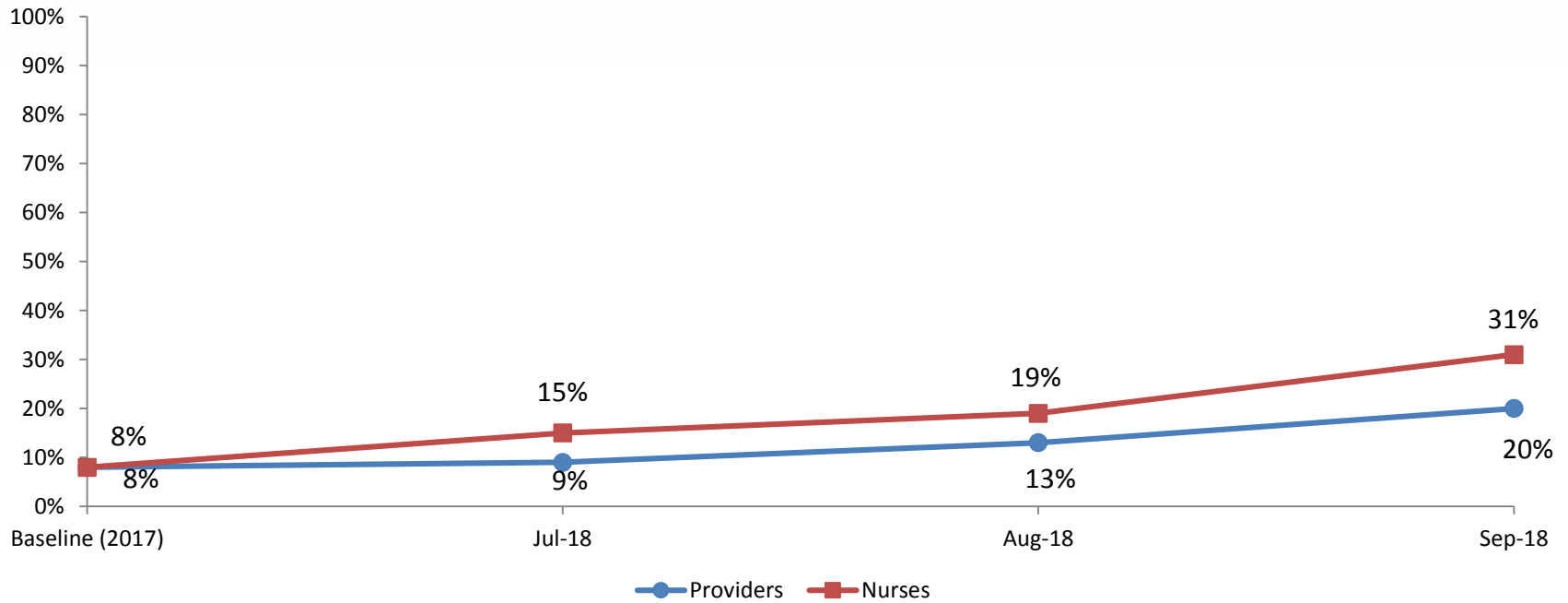
ILPQC MNO Initiative: Percent of Women with OUD Receiving Education on OUD and NAS Newborn Care Prenatally or During Delivery Admission All Hospitals, 2018



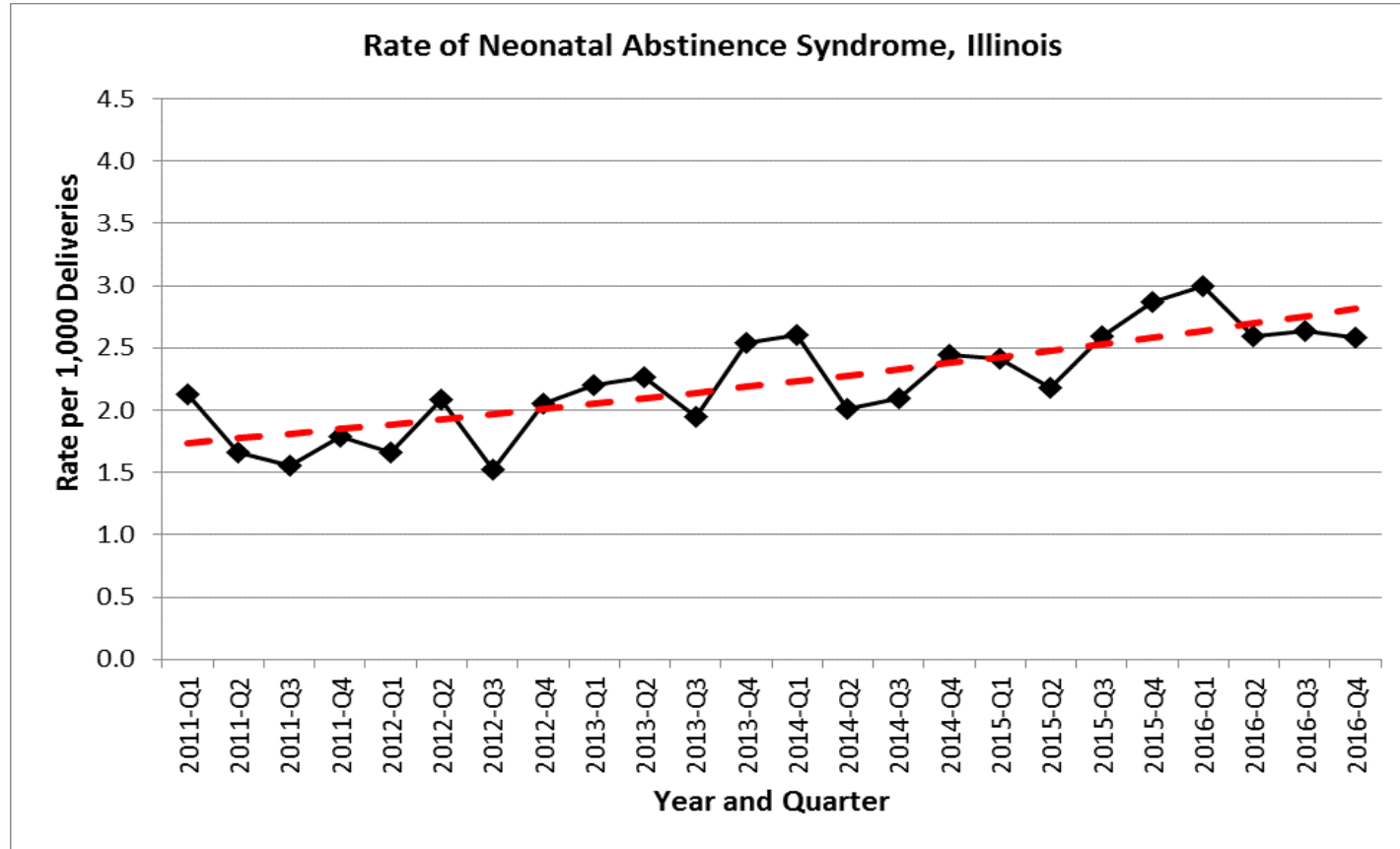
Optimizing Care: Cumulative Provider & Nursing Education on OUD care protocols (Structure Measure)



ILPQC MNO Initiative: Average cumulative proportion of providers and nurses educated on OUD care protocols (including stigma & bias) All Hospitals, 2018



Neonatal Abstinence Syndrome in IL: scope of the problem



53% increase in rate of NAS from 2011 – 2016

NAS rate increased 2.1% per quarter from 2011-2016

MNO-Neo: Making Change Happen

Key QI Strategies

Implement standardized identification of OEN with OB

Standardize assessment of NAS signs and symptoms for OENs

Implement non-pharmacologic bundle

Establish feeding guidelines for OENs including breastfeeding eligibility

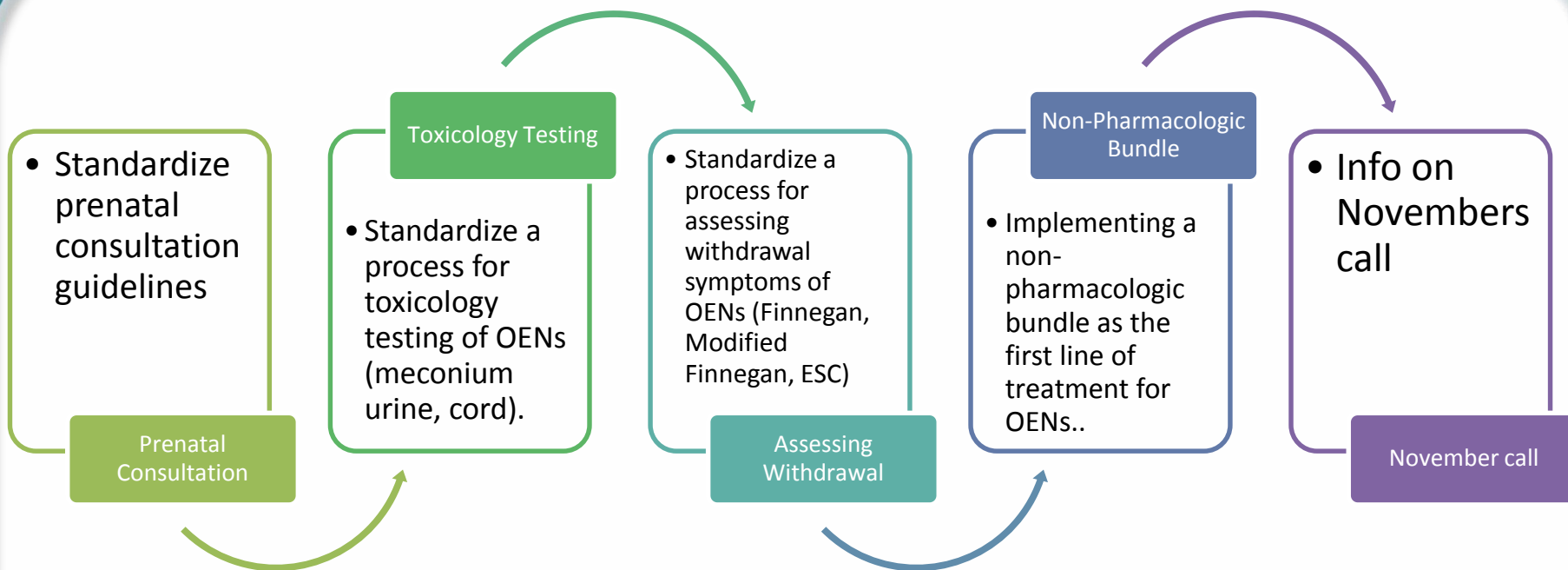
Standardized pharmacologic treatment protocol

Standardize Provider Training- stigma & bias, OEN protocol

Standardize patient education

Implement standardized safe discharge planning

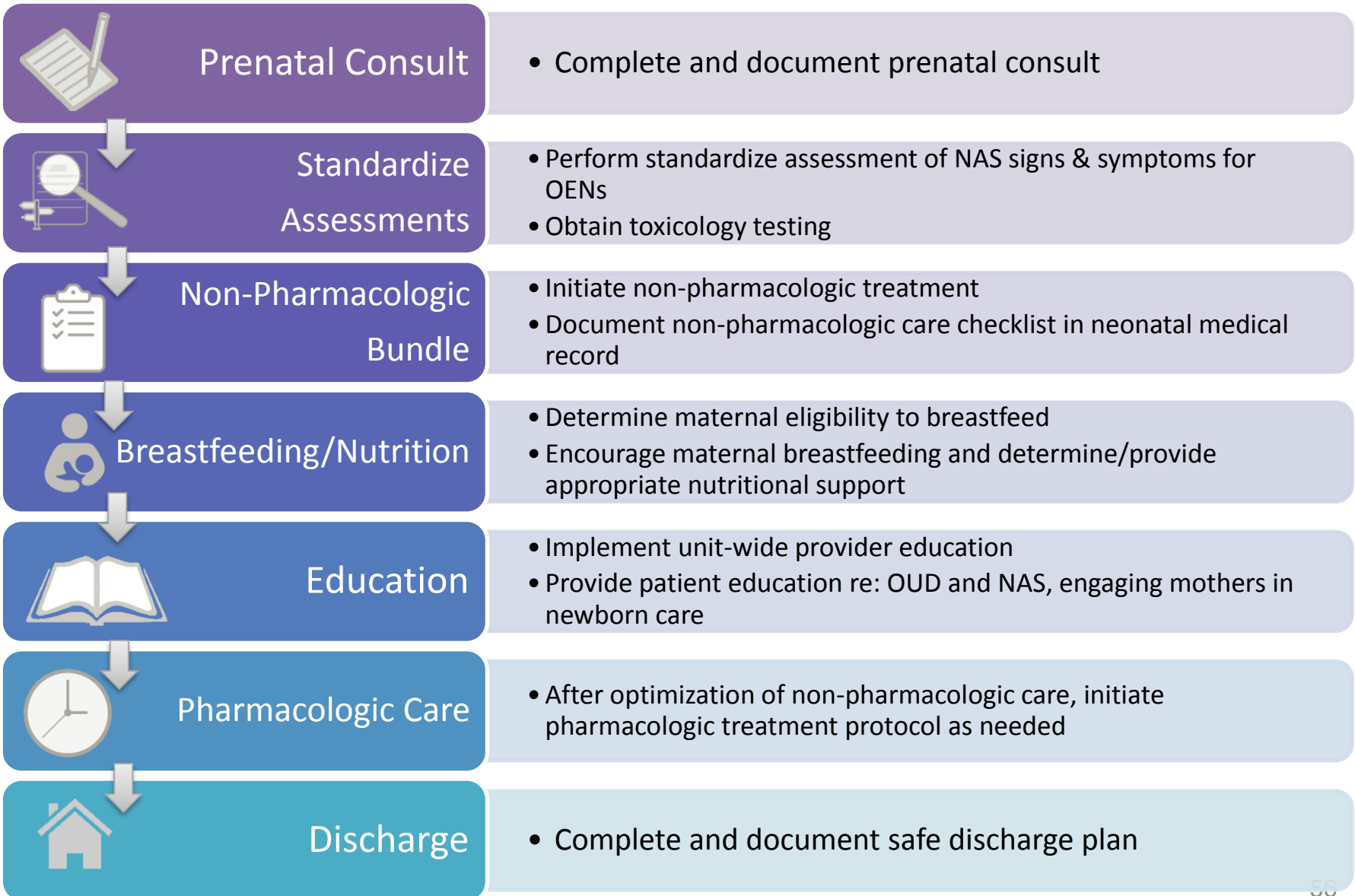
MNO-Neo work so far...



Stigma, Bias, and Trauma Informed Care

Standardize a process to systematically educate providers, nurses and staff on stigma, bias and trauma informed care

MNO-Neo: OEN Protocol



MNO-Neo Baseline Data (Q42017): Opportunities for Improvement

3%

Implemented
standardized non-
pharmacologic guidelines

59%

Eligible OENs receiving
breastmilk at infant
discharge

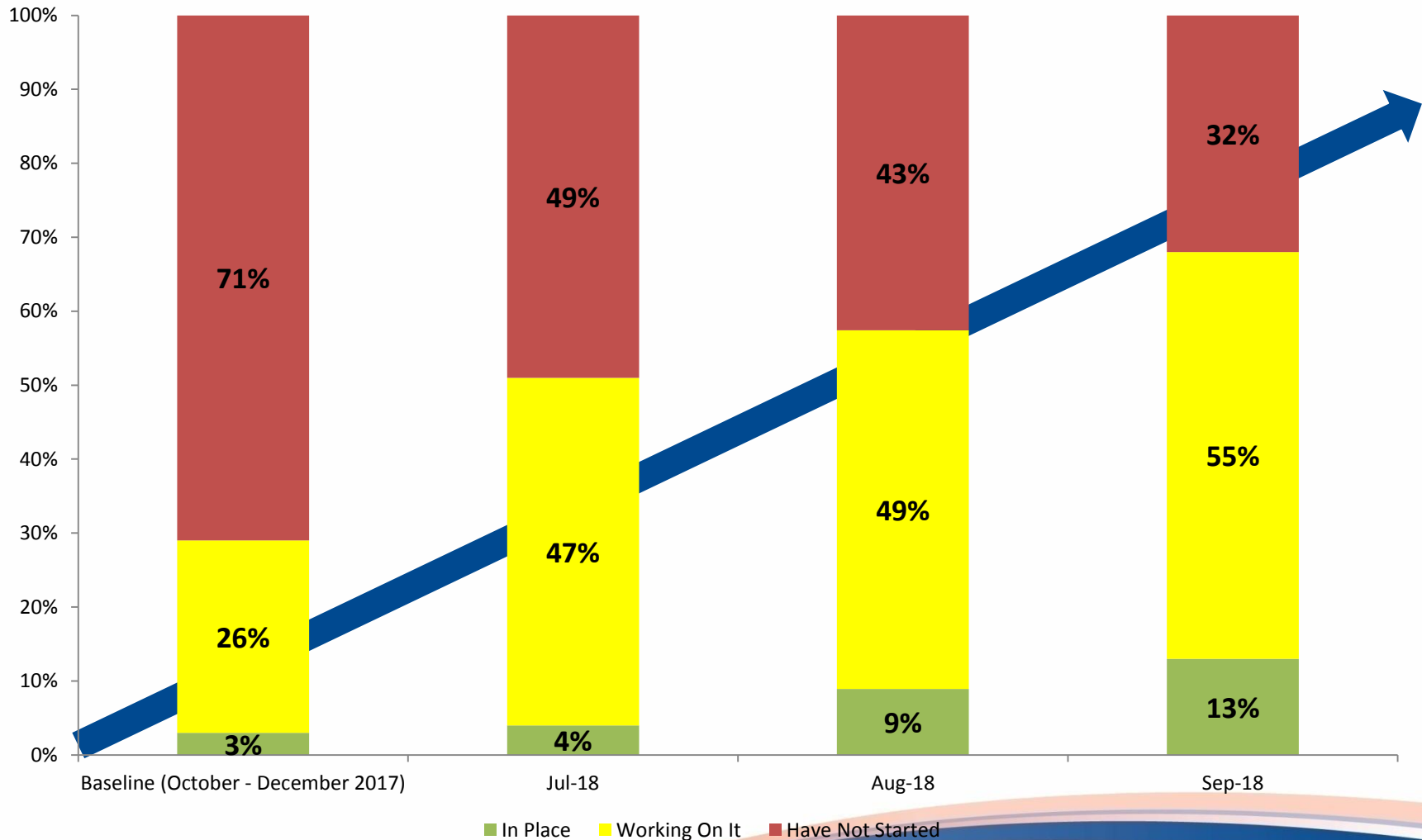
32%

Of OENs receiving
pharmacologic treatment

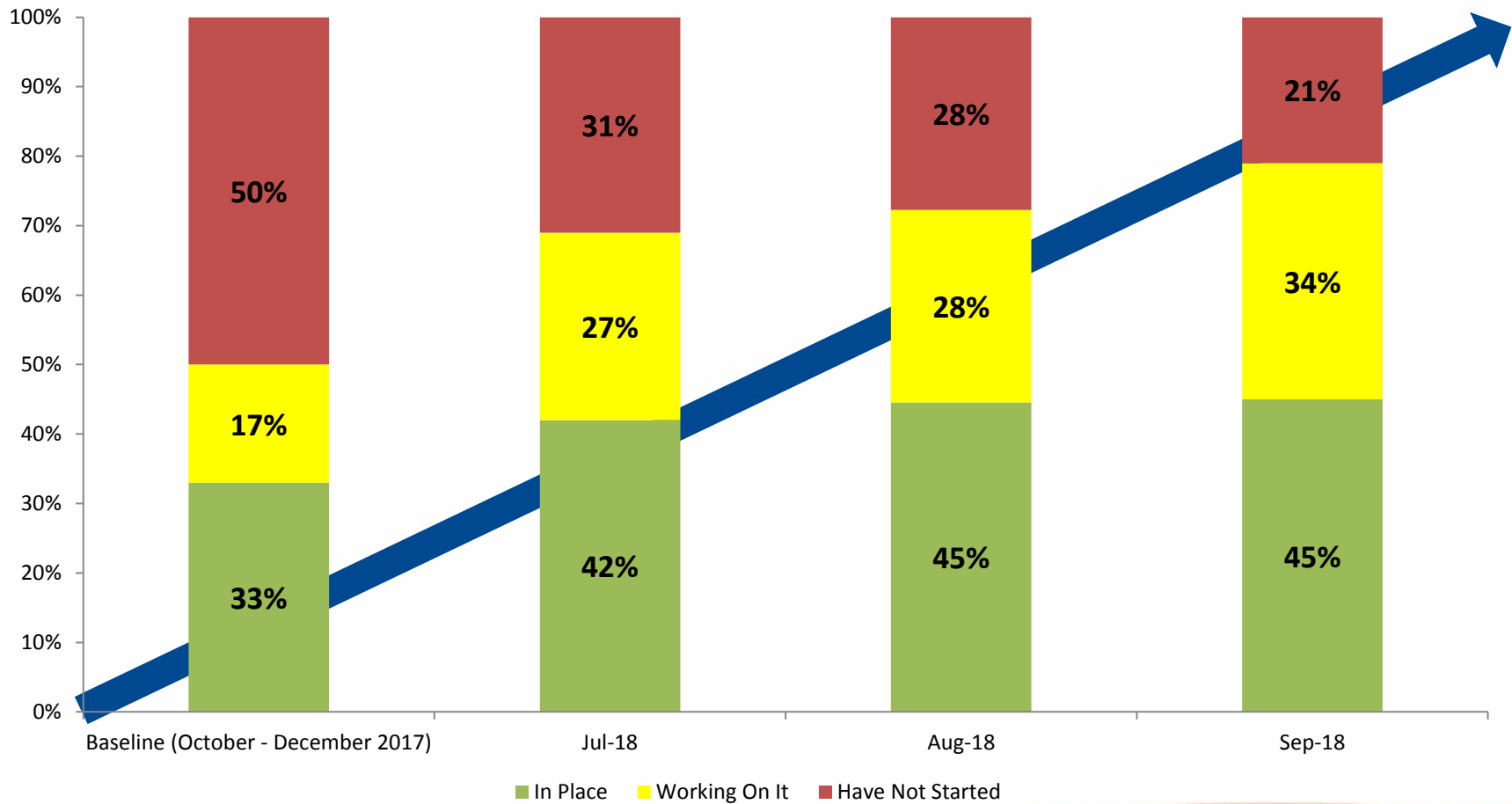
34%

OENs discharged with safe
discharge plan

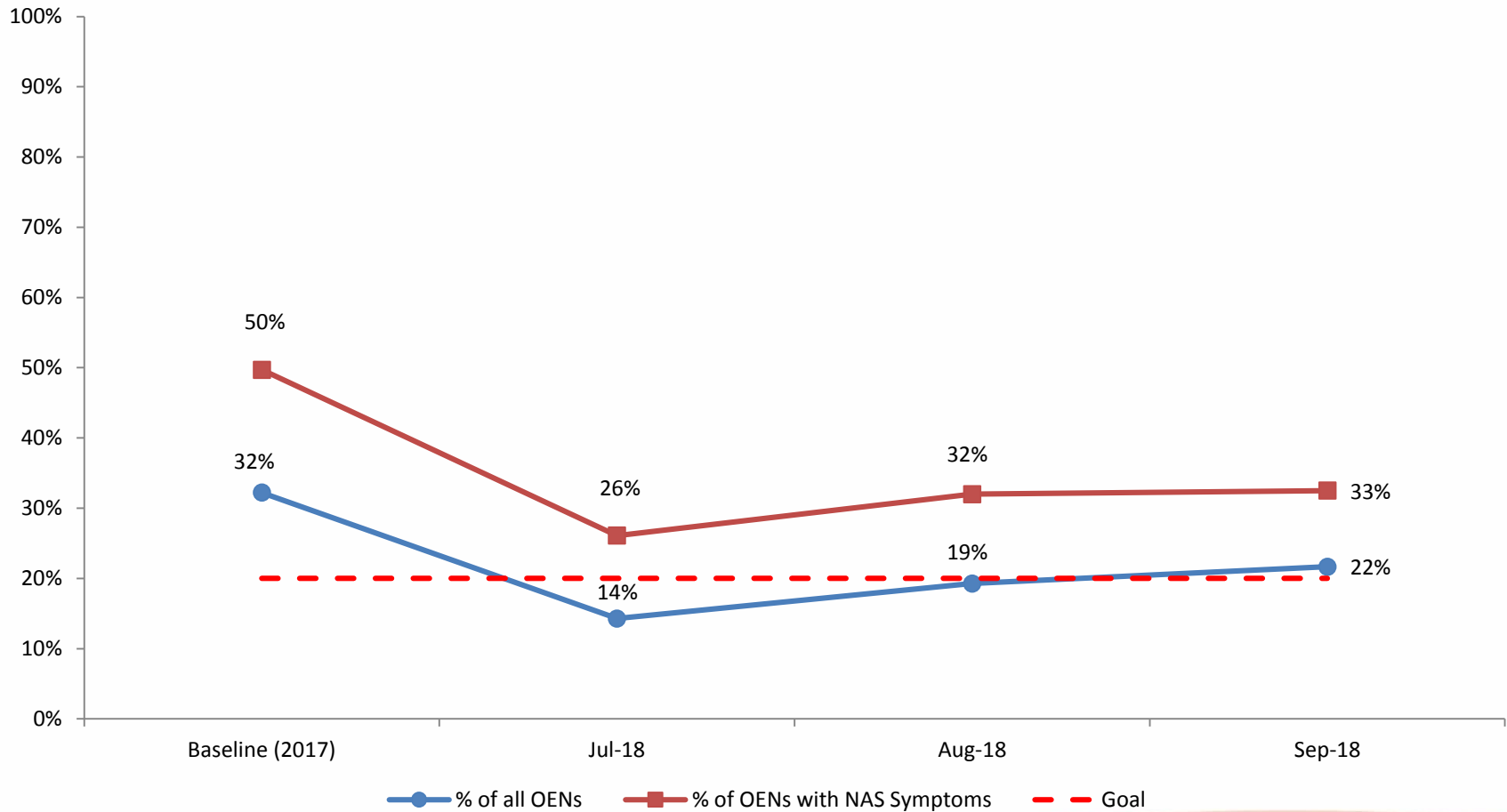
MNO-Neo Structure Measures: Standardized Prenatal Consult



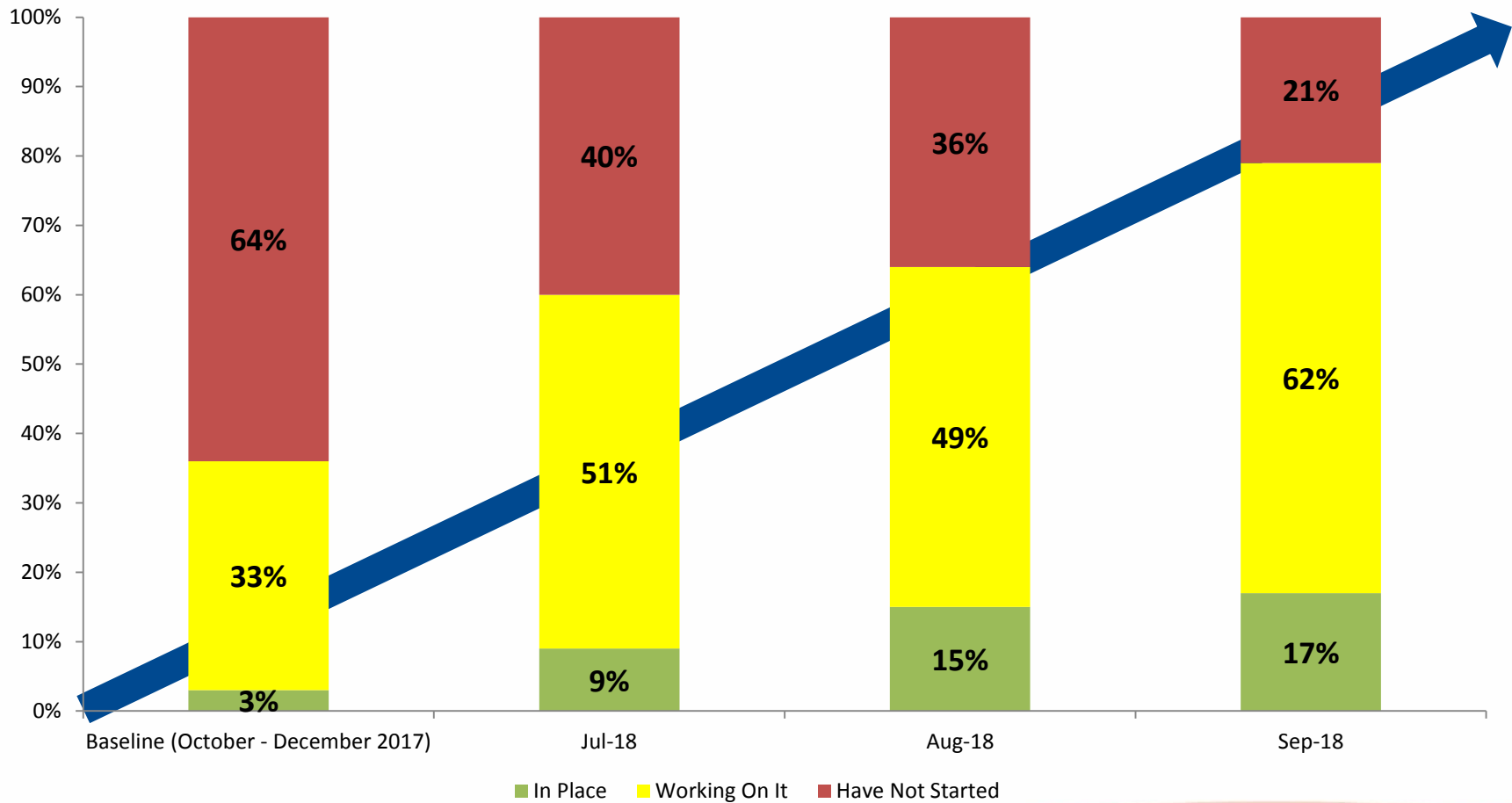
MNO-Neo Structure Measures: Standardized Pharm Treatment



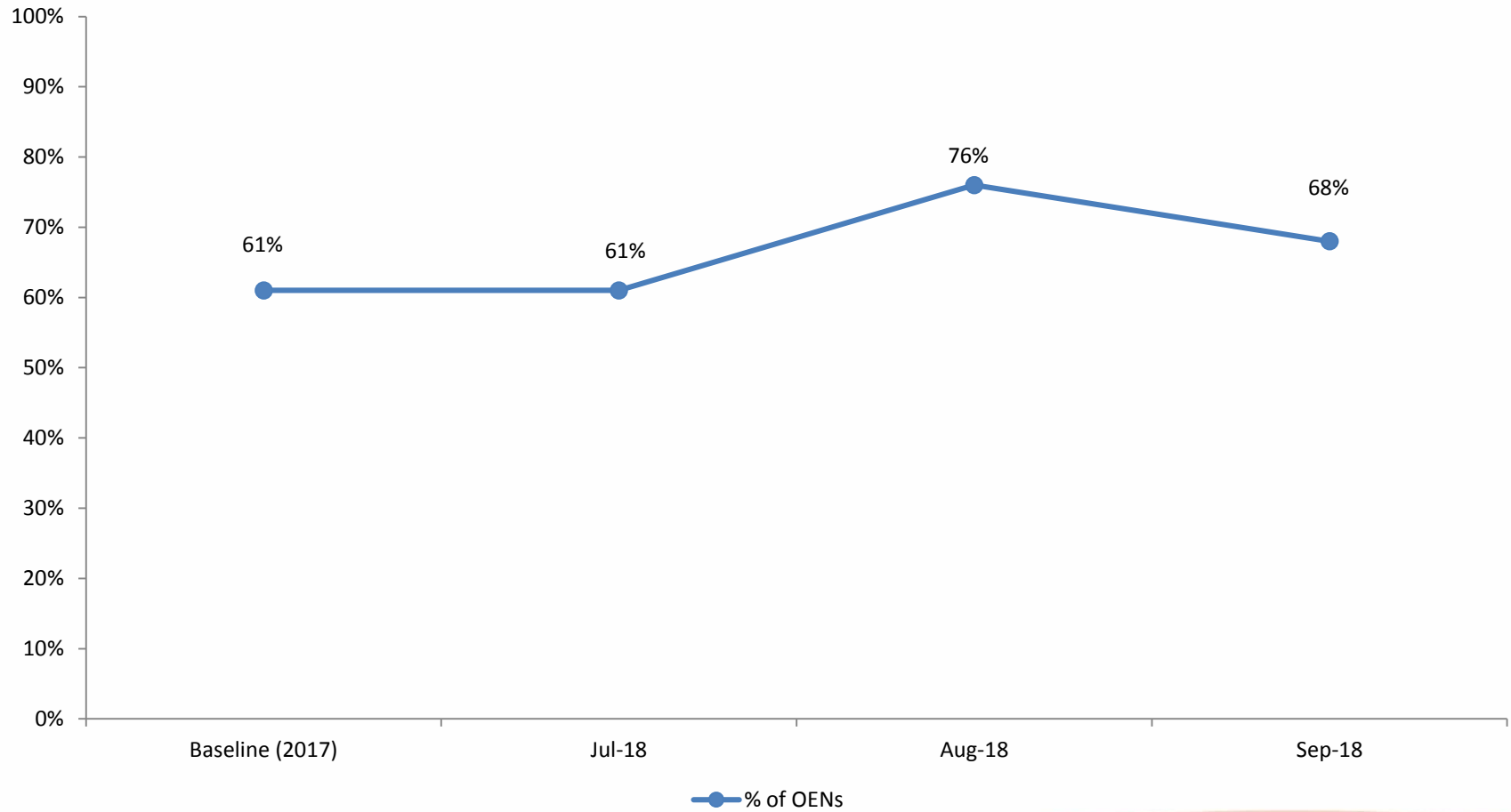
MNO-Neo Outcome Measures: OENs Requiring Pharmacologic Treatment for NAS



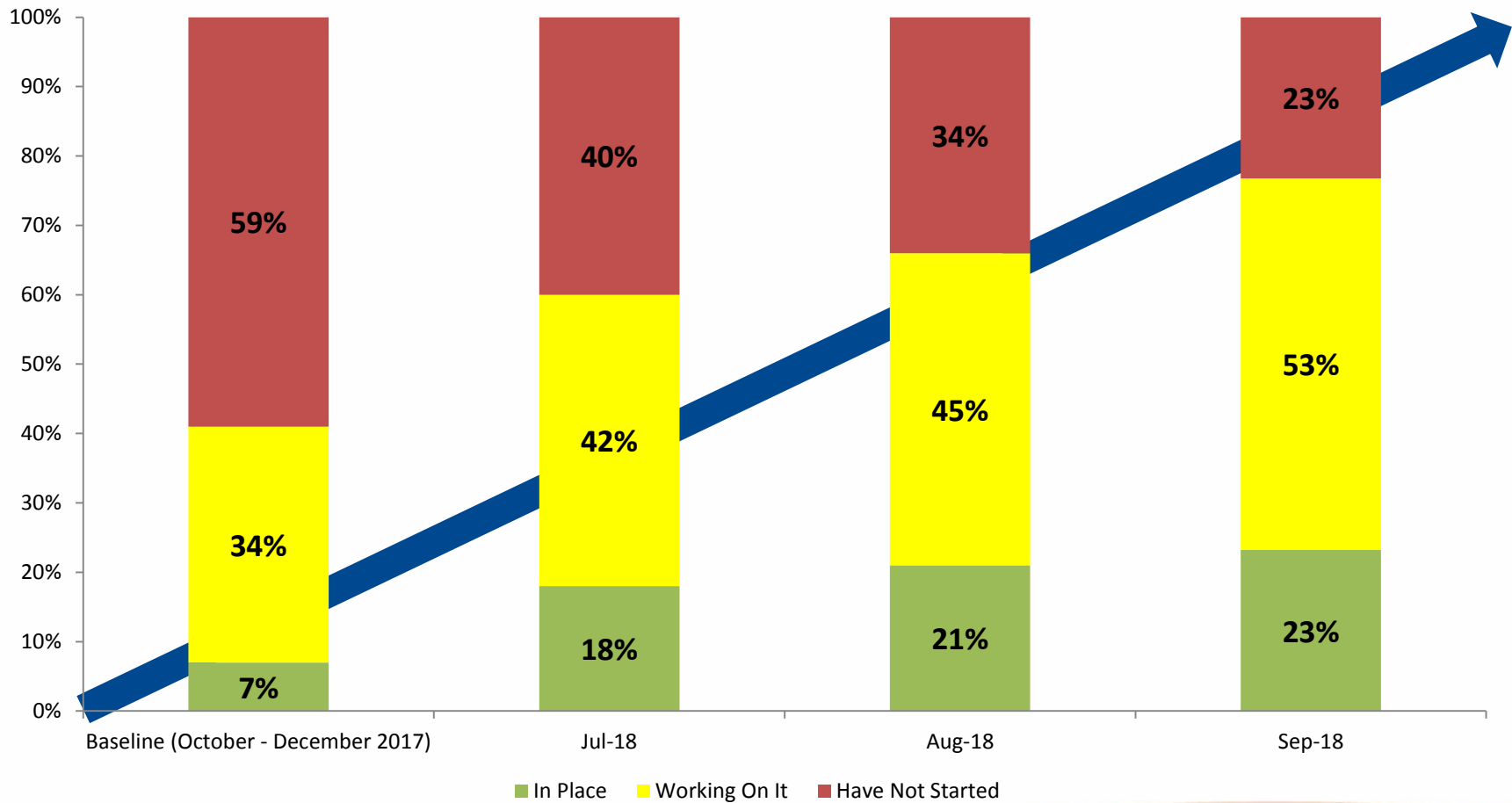
MNO-Neo Structure Measures: Standardized Non-Pharm Care



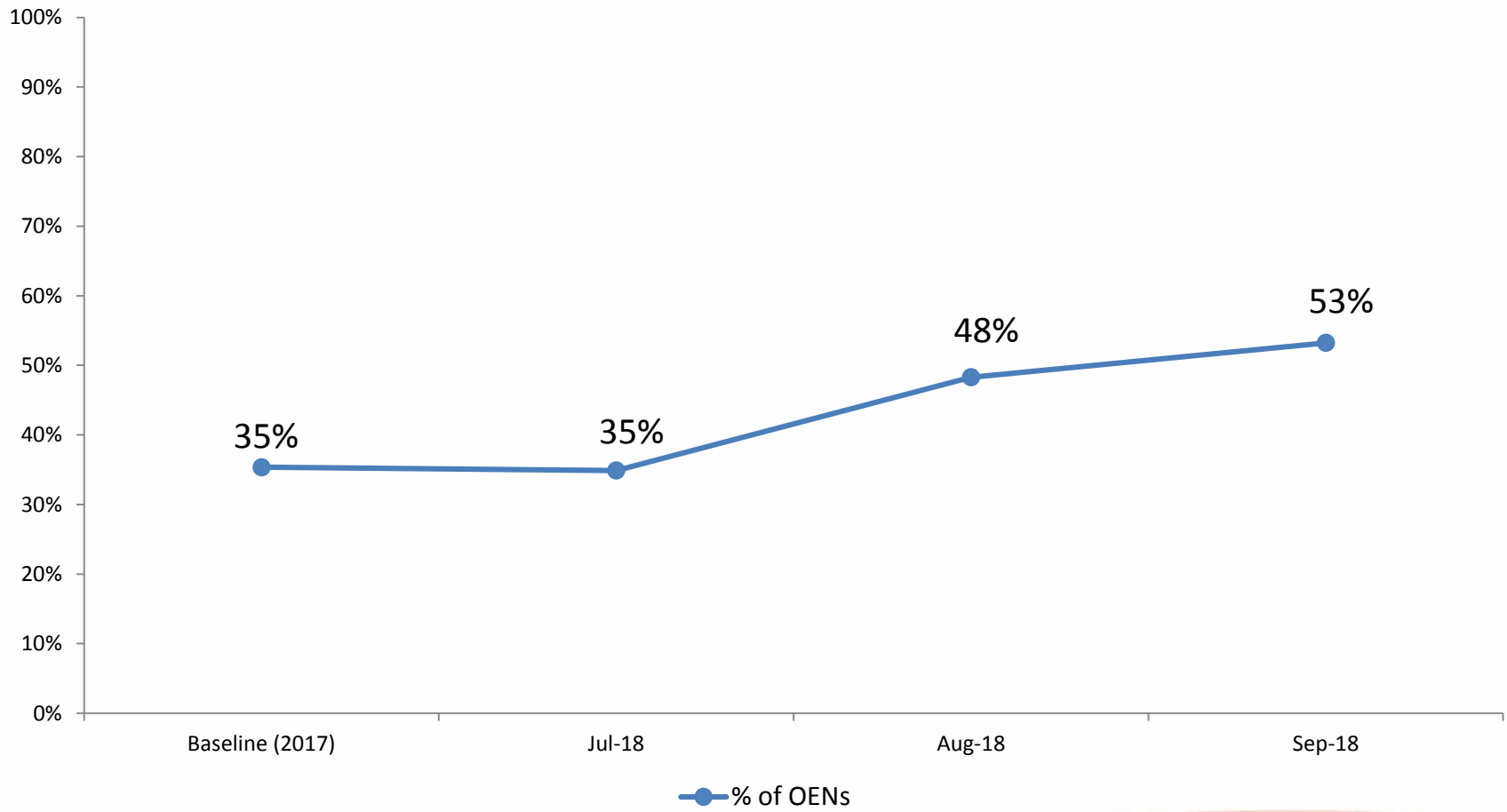
MNO-Neo Outcome Measures: All OENs Receiving Maternal Breast Milk at Infant Discharge



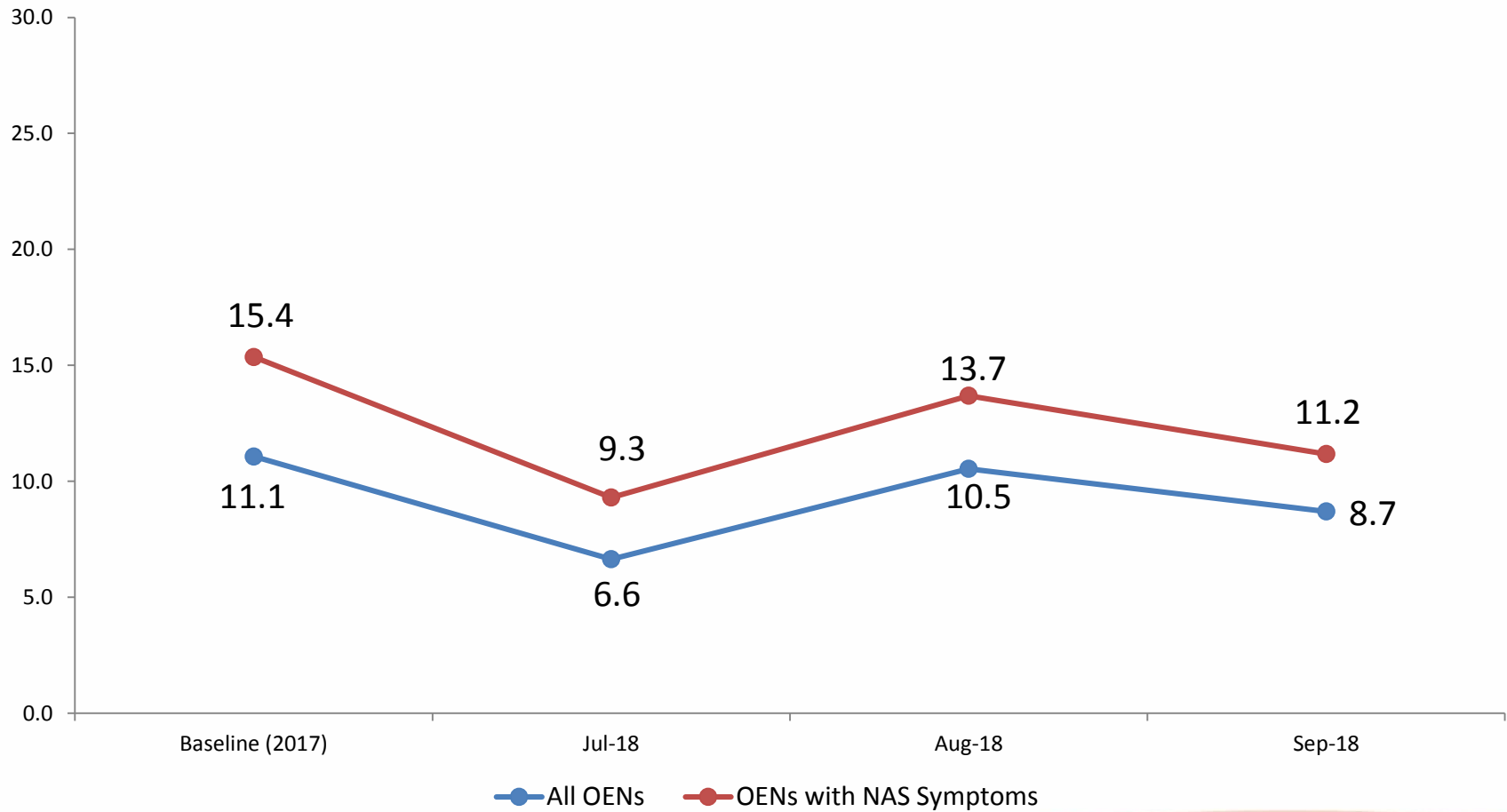
MNO-Neo Structure Measures: Standardized Discharge Planning



MNO-Neo Outcome Measures: OENs Discharged with a Safe Discharge Plan



MNO-Neo Outcome Measures: Average Length of Stay for OENs



ILPQC Immediate Postpartum LARC Initiative



Aims: Empower women with information and improved access to effective contraception before discharge home after delivery to reduce short interval and unintended pregnancies linked with adverse MCH outcomes

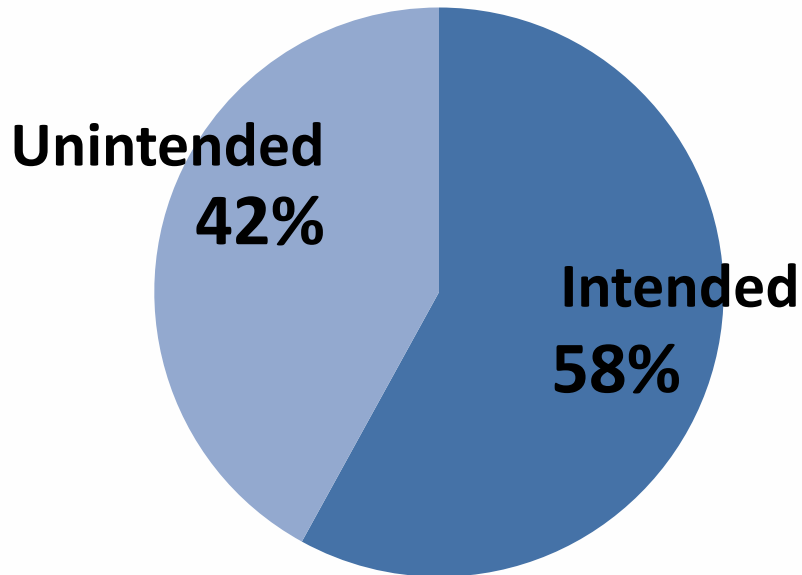
Key Goals:

- 1) Increase % of women with prenatal comprehensive contraceptive counseling and documentation
- 2) Increase % of providers/ nurses trained to provide IPLARC
- 3) Increase % of hospitals who have completed key steps needed to provide IPLARC
- 4) Achieve GO LIVE goal to provide IPLARC for Wave 1 hospitals by March 2019



Consequences of Unplanned Births and Short Interval Pregnancy

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



50% of IL births covered by Medicaid

Consequences of Unplanned Pregnancies

- Poor pregnancy outcomes
- Delayed initiation of prenatal care
- Lower breastfeeding rates
- Higher risk of maternal depression and potential future child maltreatment

Consequences of Short Interpregnancy Interval

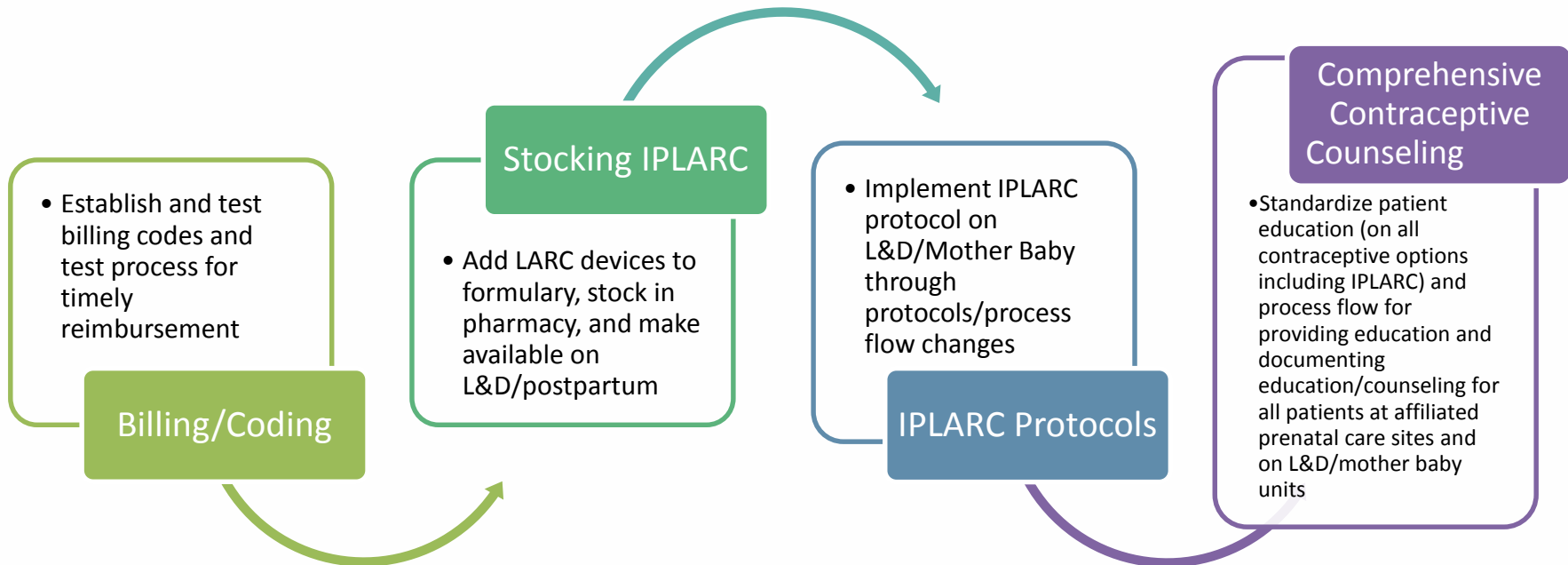
Higher risk of poor maternal and infant outcomes: Preterm birth, low birthweight, preeclampsia

ILPQC IP LARC Initiative

Goals



IPLARC Wave I work so far...



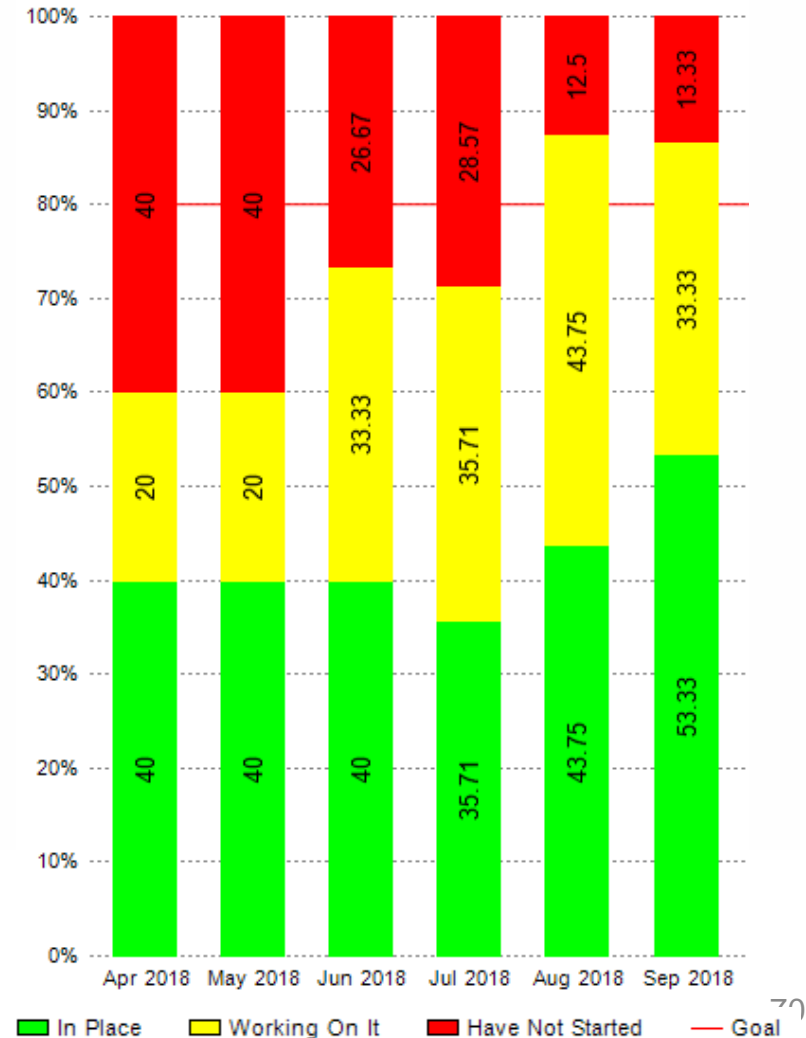
GO LIVE by March 2019

IPLARC on Formulary

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

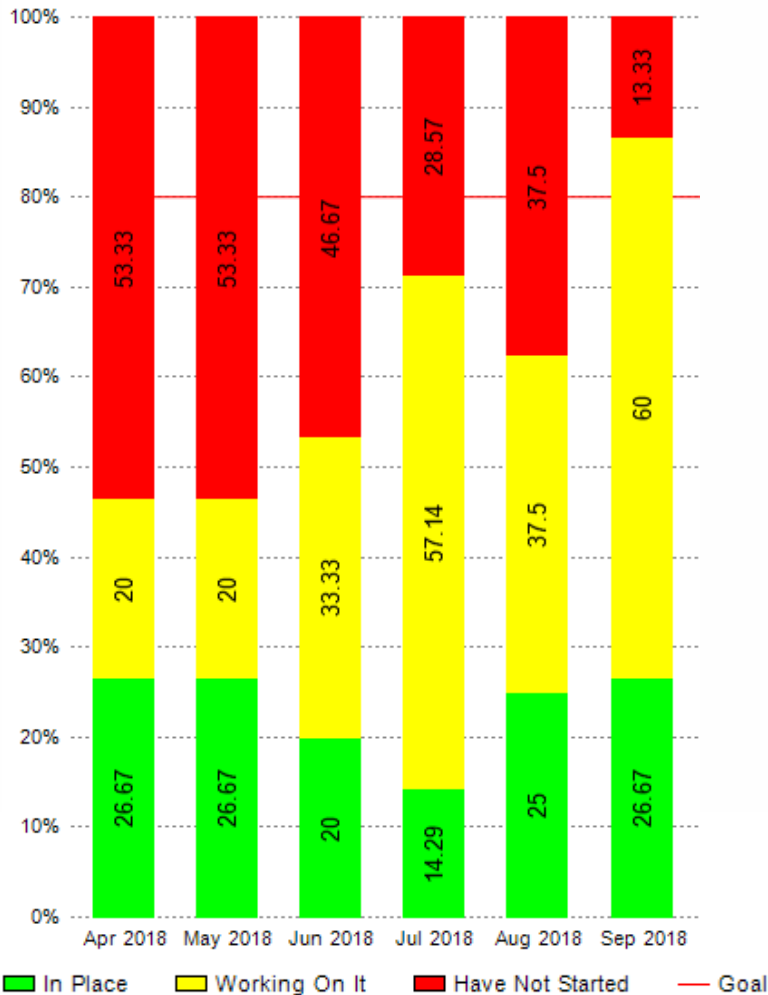


Percent of Hospitals with Inpatient **Implants** Available on Hospital Formulary

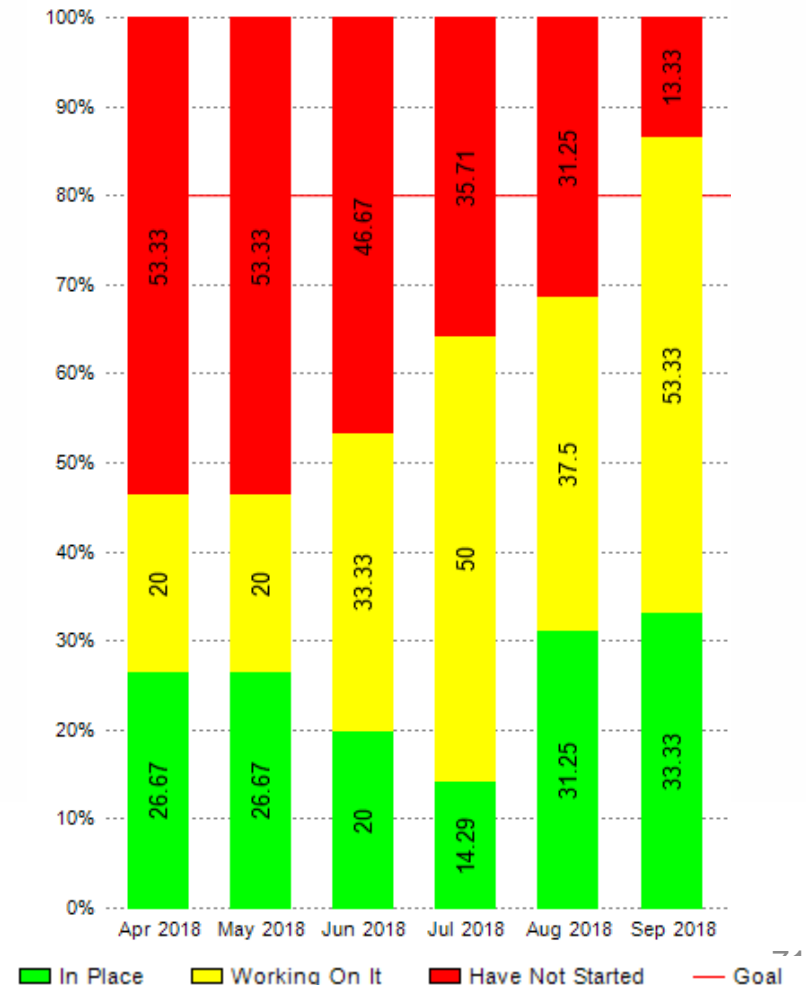


IPLARC Billing Codes

Percent of Hospitals with Billing Codes Implemented for IUDs



Percent of Hospitals with Billing Codes Implemented for Implants





CALLING ALL HOSPITALS!

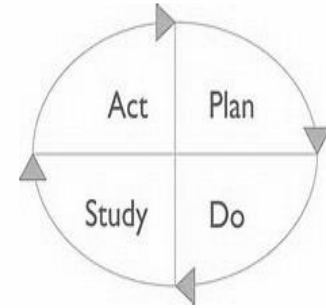
We want YOUR HOSPITAL to join Wave 2 of ILPQC's Immediate Postpartum LARC Initiative!

- 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 and access to family planning

Our Goals for 2019



Ensure MNO & IPLARC initiative success for every hospital



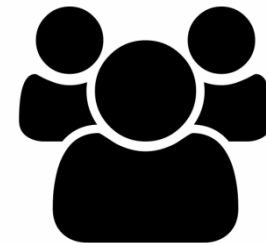
Support strong hospital QI teams and expand QI capacity



Expand Immediate postpartum LARC for all IL hospitals



Support QI sustainability and compliance monitoring



Expand and engage stakeholders, patient/families, hospital teams for ongoing collaboration

Improving Together

ILPQC is a collaborative of hospitals, providers, nurses, public health, and other stakeholders working to improve care and outcomes for ALL Illinois moms and newborns. Together we make change happen!





THANKS TO OUR
FUNDERS



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