IPAC
Crossing the Finish Line
Round Robin

February 17th, 2020
11:00am-12:00PM
Introductions

• Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  • Name
  • Role
  • Institution
• If you are only on the phone line, please be sure to let us know so we can note your attendance
Overview

• Welcome/introductions
• Face-to-Face Meeting
• Round Robin
• IPAC updates and data review
• ILPQC Resources to remember
• Team talks-
  – Saint Margaret’s Hospital
• Webinar To-Dos & take-away(s)
SAVE THE DATE

• **What:** ILPQC Spring 2020 OB & Neonatal Face to Face Meetings

• **When:** Wednesday, May 20\(^{th}\) (OB) and Thursday, May 21\(^{st}\) (Neo) 2020

• **Where:** Abraham Lincoln DoubleTree, Springfield, IL
F2F Storyboard Session

- All teams will bring a storyboard to the Face to Face
- For MNO-OB, share your progress toward crossing the finish line and achieving aims, including implementation of the 4 key strategies
- For IPLARC/IPAC teams, share your data, Go Live success and sustainability plans
- For PVB teams, share your PVB QI Team, 30/60/90 day plans to get started on this initiative (launch call 1st week in May)
- See the diagram for examples of how to lay out your storyboard

Sample Layout

Bring your MNO Folders to display alongside your storyboard!
Sample Layouts

With 4 portrait oriented sheets in the middle panel

With 3 landscape oriented sheets in the middle panel
## QUALITY IMPROVEMENT RECOGNITION AWARDS

**ILPQC INCREASING POSTPARTUM ACCESS TO CARE**

### IPAC QI CHAMPION
- ✓ All Data Submitted*
- ✓ LIVE or Piloting IPAC**
- ✓ Sustainability Plan Submitted
- ✓ Green on 4 Key Opportunities**

### IPAC QI LEADER
- ✓ All Data Submitted*
- ✓ LIVE or Piloting IPAC**
- ✓ Sustainability Plan Submitted

### IPAC QI RECOGNITION
- ✓ All Data Submitted*
- ✓ Sustainability Plan Submitted

---

*All Data Submitted through March 2020 by April 15  
**By March 2020
IPAC Sustainability Plan

• Complete the sustainability plan and submit to Autumn Perrault
• Please reach out to Autumn or ILPQC with any questions
Improving Postpartum Access to Care (IPAC)

ROUND ROBIN
Round Robin- Each team to share:

- What is your team currently working on for implementation?
- What barriers have you encountered with the clinical care staff?
- What strategies have you or will you implement to overcome those barriers?

1. AMITA Alexius Brothers Women’s & Children’s Hospital – Hoffman Estates
2. AMITA Alexian Brothers Hospital – Elk Grove Village
3. AMITA Resurrection Medical Center - Chicago
4. Loyola University Medical Center - Maywood
5. FHN Memorial Hospital - Rockford
6. Franciscan Health Olympia Fields - Olympia Fields
7. Touchette Regional Hospital – East St. Louis
8. SSM St. Mary’s – Centralia
9. St. Joseph Hospital – Chicago
10. Morris Hospital & Healthcare Centers – Morris
11. St. Margaret’s Health- Spring Valley
12. UI Health – Chicago
13. Illinois Valley Community Hospital- Peru
14. Memorial Medical Center- Springfield
15. KSB Hospital- Dixon, IL
16. AMITA Adventist GlenOaks Hospital, Glendale Heights, IL
Round Robin - Going Live

Please share your thoughts:

1. What should we be focusing on to Go-LIVE by May 2020?
2. Where does your team need help?
Improving Postpartum Access to Care (IPAC)

IPAC- UPDATES AND DATA REVIEW
ILPQC Improving Postpartum Access to Care (IPAC) Initiative

**Aim:** Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

To optimize the health of women by increasing access to early postpartum care within the first two weeks postpartum to facilitate follow-up as an ongoing process, rather than a single 6-week encounter and provide an opportunity for a maternal health safety check and link women to appropriate services.

**Key Goals:**

- Increase % of women with an early postpartum visit scheduled with an OB provider within the first two weeks after delivery
- Increase % of women receiving focused postpartum education prior to discharge after delivery
- Increase % of providers / staff receiving education on optimizing early postpartum care
- Achieve GO LIVE goal to provide IPAC for ≥80% participating hospitals by May 2020
## Aims & Measures

### Overall Initiative Aim

Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge.

### Structure Measures

- IPAC protocol/process flow in place for facilitating scheduling of early postpartum visits with affiliated outpatient care sites and OB providers prior to discharge.
- Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/outpatient care sites (ie, share ILPQC OB provider/outpatient care site packet).
- Implement standard postpartum education prior to discharge after delivery regarding:
  a) benefits of early postpartum care
  b) postpartum early warning signs and how to seek care
  c) benefits of pregnancy spacing and options for (outpatient) family planning

### Process Measures

- Educate all providers and staff on optimizing early postpartum care including:
  a) maternal safety risks in the postpartum period
  b) benefits of early postpartum care/maternal health safety check
  c) protocol for facilitating scheduling early postpartum visit prior to discharge
  d) documentation and billing for early postpartum visit
  e) components of early postpartum visits/maternal health safety check

### Outcome Measure

- Increase % of women with documentation of an early postpartum visit/maternal health safety check encounter scheduled within the first 2 weeks of delivery
- Increase % of patients who receive standardized pp patient education prior to discharge
Don’t forget to submit your team’s monthly data!

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

Percent of Hospitals that have communicated recommendations/strategy for early postpartum visits to obtain buy-in, Baseline + June 2019-December 2019
System in Place to Facilitate Early PP Visit Scheduling

Percent of Hospitals that have system in place to facilitate scheduling early postpartum visits, Baseline + June 2019-December 2019
IPAC Provider/Nurse Education

Percent of Hospitals that have system in place to educate inpatient providers & nurses on IPAC, Baseline + June 2019-December 2019
Percent of Providers Educated on Optimizing Early Postpartum Care, Baseline + June 2019-December 2019

Percent of Provider Education

---|---|---|---|---|---|---|---|---|---|---|---|---|---|---
9% | 1% | 2% | 15% | 35% | 56% | 70% | 65% | 91% | 78%
Percent of Nurse Education

Percent of Nurses Educated on Optimizing Early Postpartum Care, Baseline + June 2019-December 2019

- 9% in Oct-18
- 1% in Nov-18
- 2% in Dec-18
- 10% in Jun-19
- 35% in Jul-19
- 53% in Aug-19
- 62% in Sep-19
- 65% in Oct-19
- 79% in Nov-19
- 76% in Dec-19

% nurses trained
Percent of Patients with Early Postpartum Visit Scheduled

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

- Oct-18: 2%
- Nov-18: 1%
- Dec-18: 7%
- Jan-19: 15%
- Feb-19: 11%
- Mar-19: 31%
- Apr-19: 30%
- May-19: 33%
- Jun-19: 35%
- Jul-19: 41%

% patients with visit scheduled
Percent of Patients with Standardized Patient Education

Percent of Patients who received standardized postpartum education prior to discharge, Baseline + June 2019-December 2019
Improving Postpartum Access to Care (IPAC)

IPAC RESOURCES
Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge.

Key Drivers

- Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding.
- Implement process flow to facilitate universal scheduling of early pp visits prior to delivery discharge.
- Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check.
- Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs, and benefits of healthy pregnancy spacing and options for (outpatient) family planning.

Strategies

- Obtain buy-in from OB providers and outpatient care sites on national recommendations and benefits for an early pp visit within 2 weeks.
- Provide billing and coding information to OB providers and outpatient care sites for the early pp visit within 2 weeks.
- Create a hospital specific process flow to help facilitate scheduling of an early pp visit within 2 weeks prior to discharge.
- Revise policies and procedures to ensure scheduling for an early pp visit within 2 weeks.
- Develop strategy to educate inpatient and outpatient providers and staff using IPAC slide set, OB Provider Packet, and/or didactic education.
- Plan in place for ongoing and new hire education.
- Patient education materials selected: benefits of early pp visit/components of maternal health safety check, early pp warning signs and how to seek care (AWHONN), benefits of healthy pregnancy spacing/(outpatient) family planning options.
- Implement system to provide and review IPAC patient education prior to hospital discharge.
Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding.

Implement process flow to facilitate universal scheduling and patient education, prior to hospital discharge, of early pp visits / maternal health safety check within 2 wk

Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check

Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs and how to seek care (i.e. AWHONN resource), and benefits of healthy pregnancy spacing and options for (outpatient) family planning
ILPQC Toolkit and Resources - Creating Buy-in

- **Buy-in**
  - IPAC Grand Rounds – schedule yours today!
  - OB Provider Packet, ILPQC FAQ Sheet
  - MMRC Report, ACOG CO# 736

- Is there anything you wish was in the toolkit for buy-in?
IPAC Toolkit Materials- Provider and Nurse Education

- **ILPQC Grand Rounds**

- **ILPQC Checklist for Maternal Health Safety Check**

- **ILPQC Maternal Health Safety Checklist Office Flyer**

Email Autumn or info@ilpqc.org to schedule a Grand Rounds today!
ILPQC Toolkit Resources - Billing/coding

- ILPQC Coding for early pp visit
- ACOG Guidance on billing and reimbursement (ACOG pp toolkit)
- ACOG Guidance on Coding PP Service (ACOG PP toolkit)
- Coding for Specific pp services
  - Ex: Breastfeeding, Chronic disease follow-up, PPD, newborn care
ILPQC Toolkit Resources- Postpartum Patient Education Material

A: ILPQC IPAC Maternal Health Safety Check
B: Safe Pregnancy Spacing Information
C: AWHONN Post-Birth Warning Signs

Do you have these 3 resources in place?
Improving Postpartum Access to Care (IPAC)

TEAM TALK- ST. MARGARET’S
St. Margaret’s Hospital

• Currently Participating in the IPAC and MNO initiatives
• 50 bed acute care hospital, 8 OB beds
• IPAC team consists of 2 staff nurses, myself, and 1 OB provider.

• Struggling with provider buy in
• Have been able to make unit based changes such as patient education handouts but providers unwilling to see patients in the office at 2 weeks and 6 weeks.
• Looking for suggestions to push change forward.
Improving Postpartum Access to Care (IPAC)

NEXT STEPS
# IPAC Team Talk Schedule

<table>
<thead>
<tr>
<th>Month</th>
<th>Team 1</th>
<th>Team 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>St. Margaret’s Hospital</td>
<td>Memorial Medical Center</td>
</tr>
<tr>
<td>March</td>
<td>UI Health</td>
<td>Touchette Regional</td>
</tr>
<tr>
<td>April</td>
<td>SSM Health St Mary’s</td>
<td>AMITA Adventist GlenOaks Hospital</td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### IPAC Calls

**IPAC Teams**

11am-12pm

THIRD MONDAY OF THE MONTH through May 2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 17</td>
<td>Crossing the Finish Line Round Robin</td>
</tr>
<tr>
<td>March 16</td>
<td>Moving toward Sustainability</td>
</tr>
<tr>
<td>April 20</td>
<td>Topic TBD</td>
</tr>
<tr>
<td>May 20</td>
<td>Topic TBD</td>
</tr>
<tr>
<td>July 20</td>
<td>IPAC Sustainability Call</td>
</tr>
<tr>
<td>September 21</td>
<td>IPAC Sustainability Call</td>
</tr>
<tr>
<td>December 21</td>
<td>Final IPAC Sustainability Call</td>
</tr>
</tbody>
</table>
To Do List

☐ Submit **IPAC data** for all months- Feb

☐ Ask providers/staff for 2 week Maternal Health Safety Check **Patient Success Stories** to be tracked and shared with hospital administration and other providers (issues identified, linkage to care success, patient satisfaction with early visit etc)

☐ **Collect and track you IPAC Success Stories** to share with clinical staff, hospital administration, & ILPQC

☐ Add the OB Face-to-Face Meeting to your calendars
Promoting Vaginal Birth

SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

**Readiness**
- 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.

Wave 1 Starting Feb 2020
Initiative Launch May 2020
<table>
<thead>
<tr>
<th>Feb 2020</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>July</th>
<th>Sept</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Feb 7:</strong> Wave 1 Rosters Due</td>
<td><strong>Mar 9:</strong> Wave 1 Call</td>
<td><strong>Apr 13:</strong> Wave 1 Call</td>
<td><strong>May 4:</strong> PVB Launch Call</td>
<td><strong>Jul 27:</strong> Statewide Initiative Webinars begin, every other month to start</td>
<td><strong>Data Collection Begins</strong></td>
</tr>
<tr>
<td><strong>Feb 10:</strong> Wave 1 Launch Call</td>
<td>Statewide recruitment opens</td>
<td>Statewide Recruitment continues</td>
<td><strong>May 20:</strong> OB Face-to-Face Meeting, Springfield, IL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Start building your PVB QI Team Roster today!

**Required**
- Team lead
- OB lead
- Nurse lead

**Suggested**
- Anesthesia rep
- Outpatient rep
- QI Professional
- Patient/family member
- Doula/midwife rep
- Administrative leader champion
- Other team member

Roster form will be available soon!
Contact

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

IDPH
Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

DHS
Illinois Department of Human Services

JB & MK PRITZKER Family Foundation