IL PQC
Illinois Perinatal Quality Collaborative

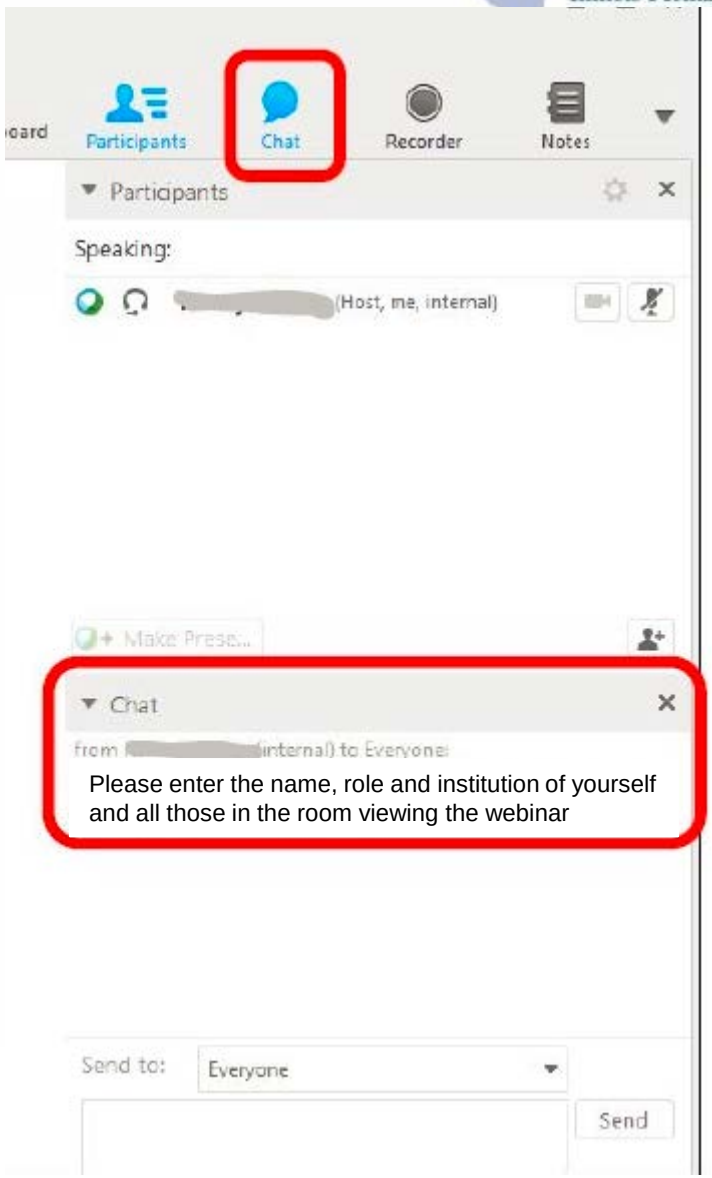
IPAC
Crossing the Finish Line
Round Robin

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

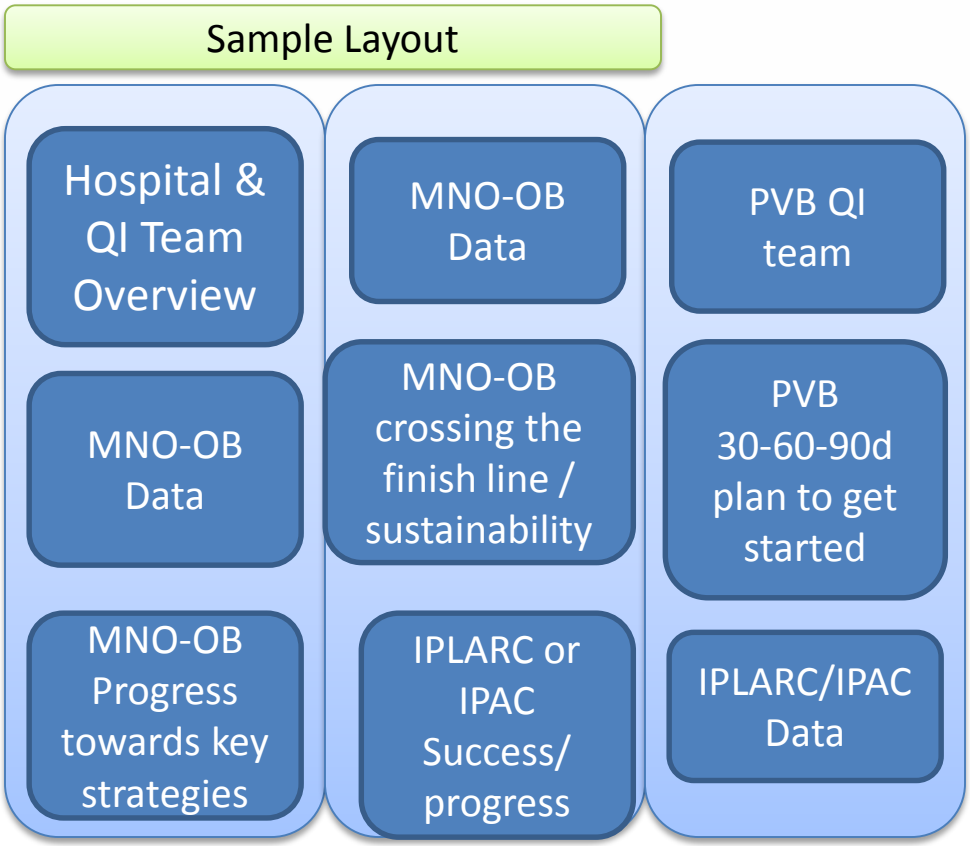
- Welcome/introductions
- Face-to-Face Meeting
- Round Robin
- IPAC updates and data review
- ILPQC Resources to remember
- Team talks-
  - *Saint Margaret's Hospital*
- Webinar To-Dos & take-away(s)

SAVE THE DATE

- **What:** ILPQC Spring 2020 OB & Neonatal Face to Face Meetings
- **When:** Wednesday, May 20th (OB) and Thursday, May 21st (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



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

ILPQC Improving Postpartum Access to Care Initiative: Sustainability Plan

Compliance Monitoring

1. Percent of patients with early postpartum visit scheduled before discharge
2. Percent of patients who received standardized postpartum education prior to discharge:
   a. Benefits of early postpartum visit
   b. Early warning signs
   c. Healthy pregnancy spacing

How will measures be collected? _____

Will you continue to track IPAC data using the ILPQC Data System? ☐ Yes ☐ No

Team member(s) in charge of reporting in REDCap: _____

How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance benchmarks on measures are not achieved?: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other

New Hire Education for all new hires

What education tool(s) will you use for new hires?

☐ ILPQC Grand Rounds Slide Set ☐ ILPQC IPAC Toolkit Binder ☐ ILPQC OB Provider Packet

☐ ILPQC Checklist for Maternal Health Safety Check ☐ Other: _____

How will you incorporate IPAC to care education into new hire training/onboarding:

a) maternal safety risks in the postpartum period/healthy pregnancy spacing
b) benefits of early postpartum care/maternal health safety check
c) protocol for facilitating scheduling early postpartum visit prior to discharge
d) documentation and billing for early postpartum visit
e) components of early postpartum visits/maternal health safety check _____

_____

How will you check-in with outpatient staff to ensure IPAC education is included in outpatient new hire education? ____

_____

Ongoing Education for all providers and nurses

What education tool(s) will you use for ongoing education for providers and nurses?

☐ Protocols ☐ Grand Rounds ☐ ACOG Committee opinion #736 ☐ ILPQC Checklist for Maternal Health Safety Check

☐ Other: _____

How will you incorporate IPAC education into ongoing provider/staff education including:

a) maternal safety risks in the postpartum period/healthy pregnancy spacing
b) benefits of early postpartum care/maternal health safety check
c) protocol for facilitating scheduling early postpartum visit prior to discharge
d) documentation and billing for early postpartum visit
e) components of early postpartum visits/maternal health safety check _____

_____

How will you work with outpatient staff to ensure ongoing education is provided re: IPAC? _____

_____

Nursing Champion(s): _____ Provider Champion(s): _____

Drafted Date: _____ Quarterly Review Dates: _____ _____ _____ _____

Hospital Name: _____

Improving Postpartum Access to Care (IPAC)

ROUND ROBIN

Round Robin- Each team to share:

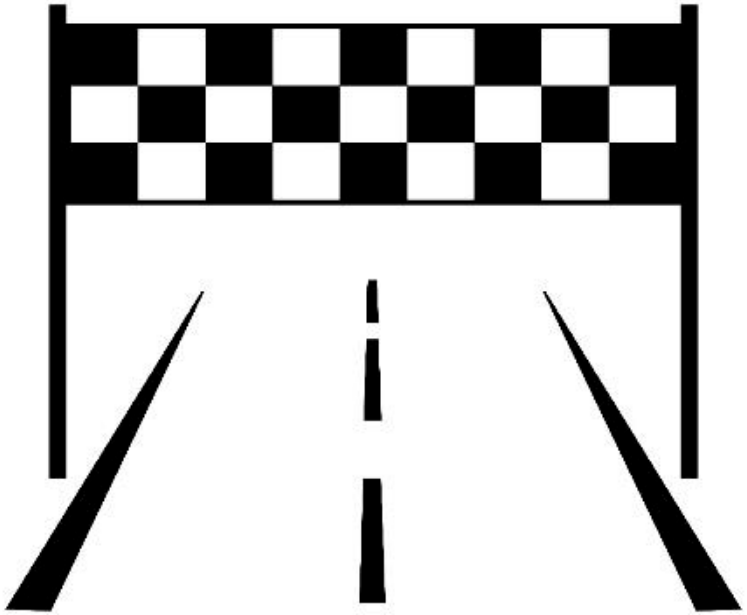
- **What is your team currently working on for implementation?**
- **What barriers have you encountered with the clinical care staff ?**
- **What strategies have you or will you implement to overcome those barriers?**

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

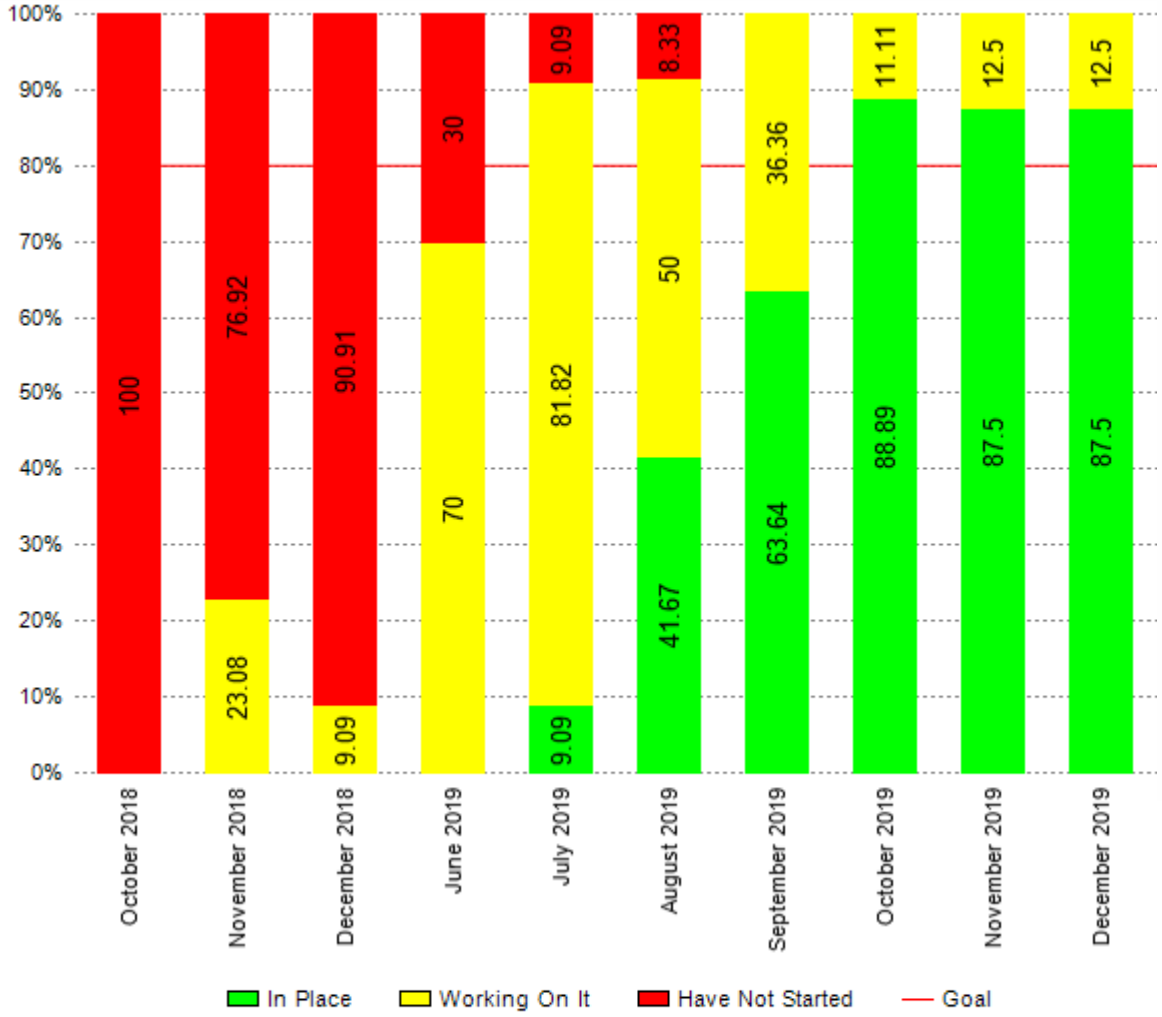
Don't forget to submit your team's monthly data!

Month	Number of Teams Reporting
Baseline – October 2018	10
Baseline – November 2018	10
Baseline – December 2018	10
June 2019	10
July 2019	11
August 2019	12
September 2019	10
October 2019	9
November 2019	8
December 2019	8
January 2020	6

IPAC Strategy and Buy-in

Illinois Perinatal Quality Collaborative

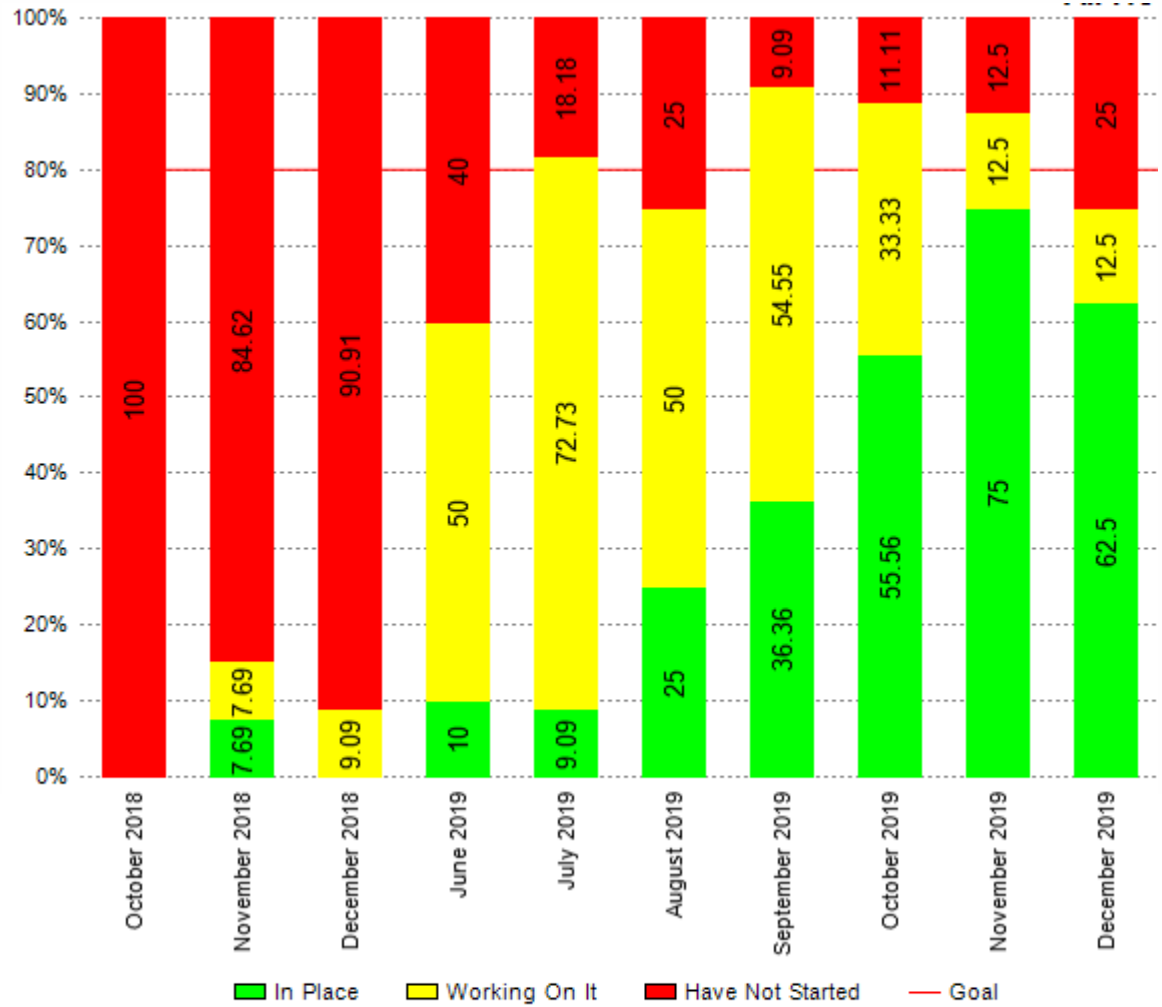
Percent of Hospitals that have communicated recommendations/strategy for early postpartum visits to obtain buy-in, Baseline + June 2019-December 2019



System in Place to Facilitate Early PP Visit Scheduling

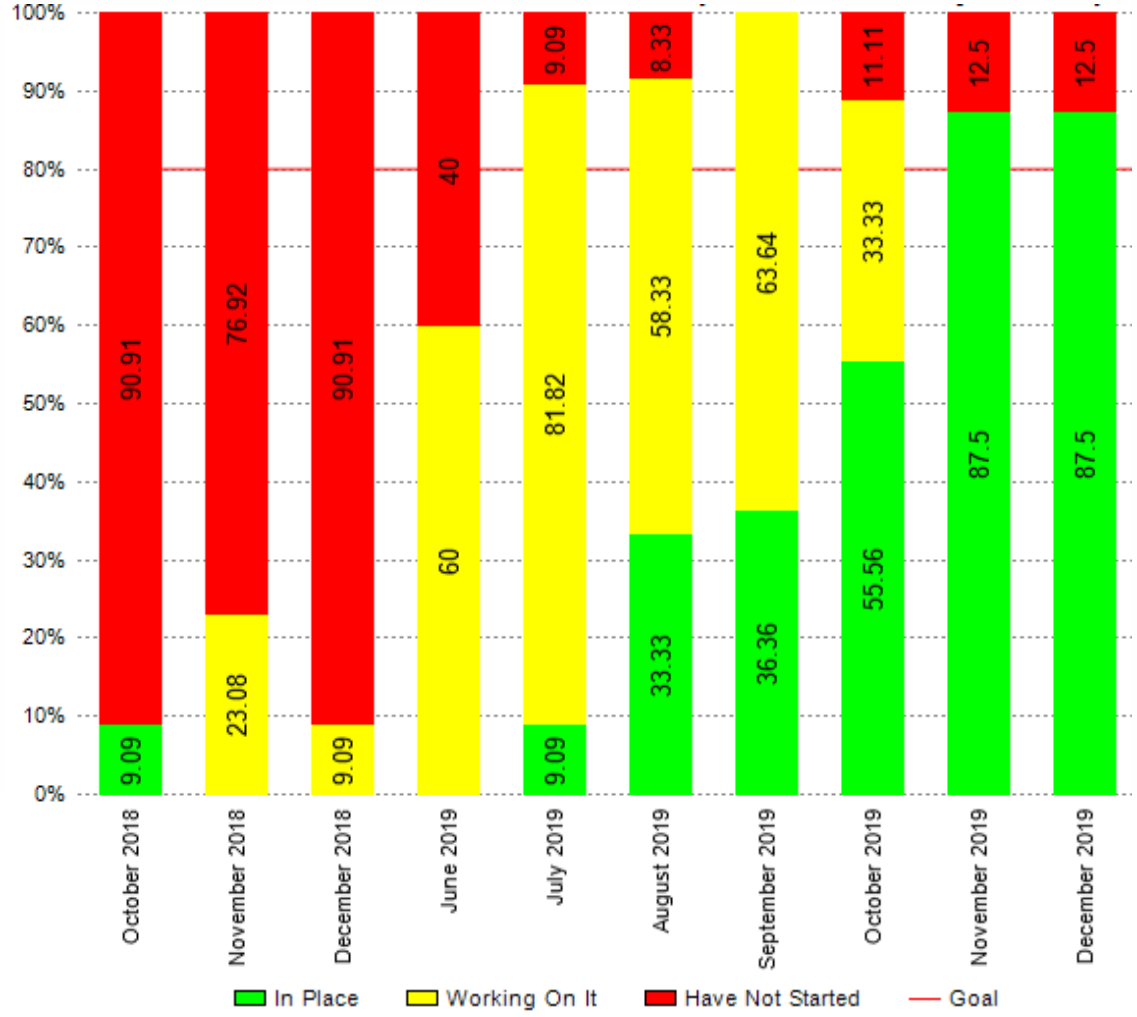
Illinois Perinatal Quality Collaborative

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

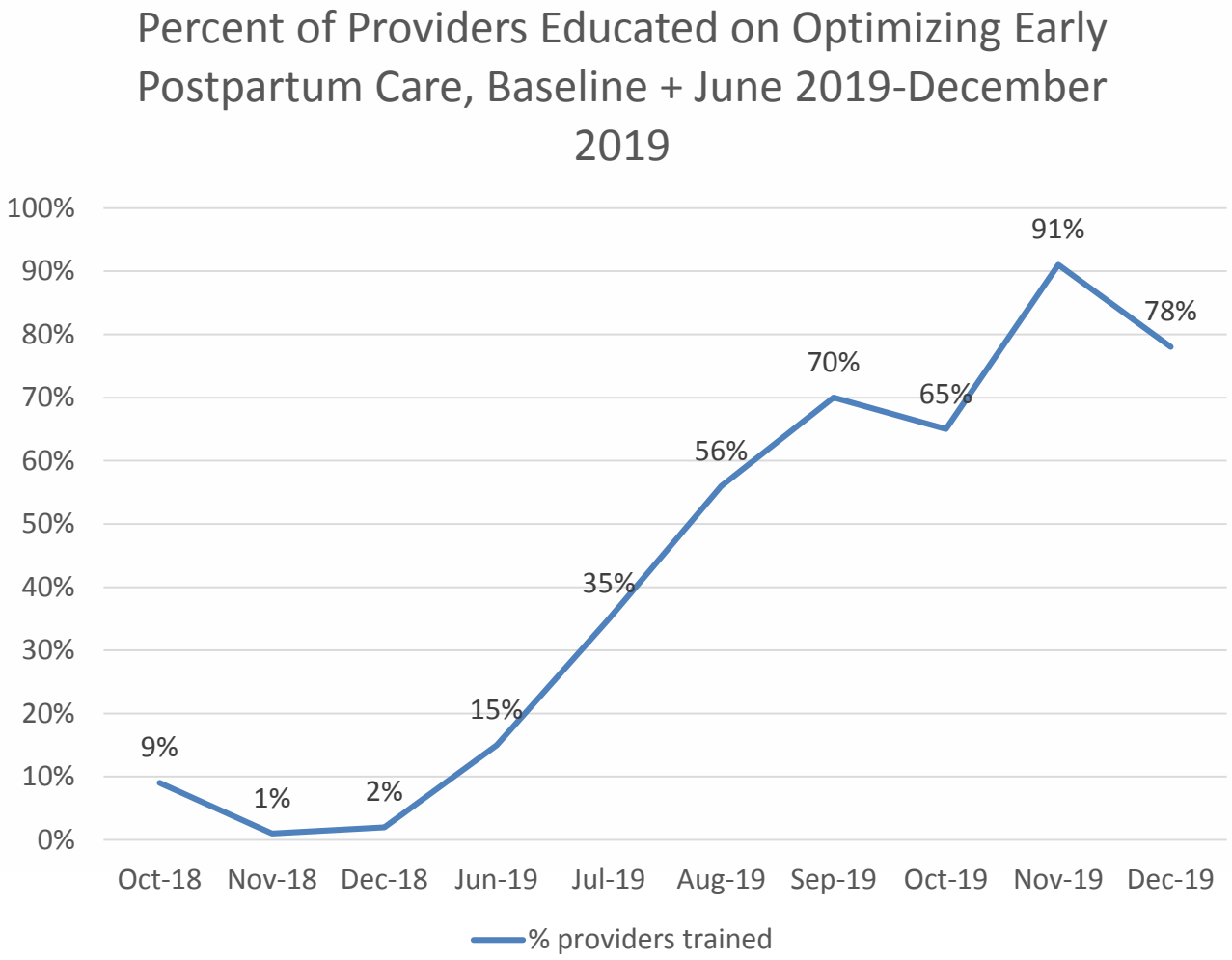


IPAC Provider/Nurse Education

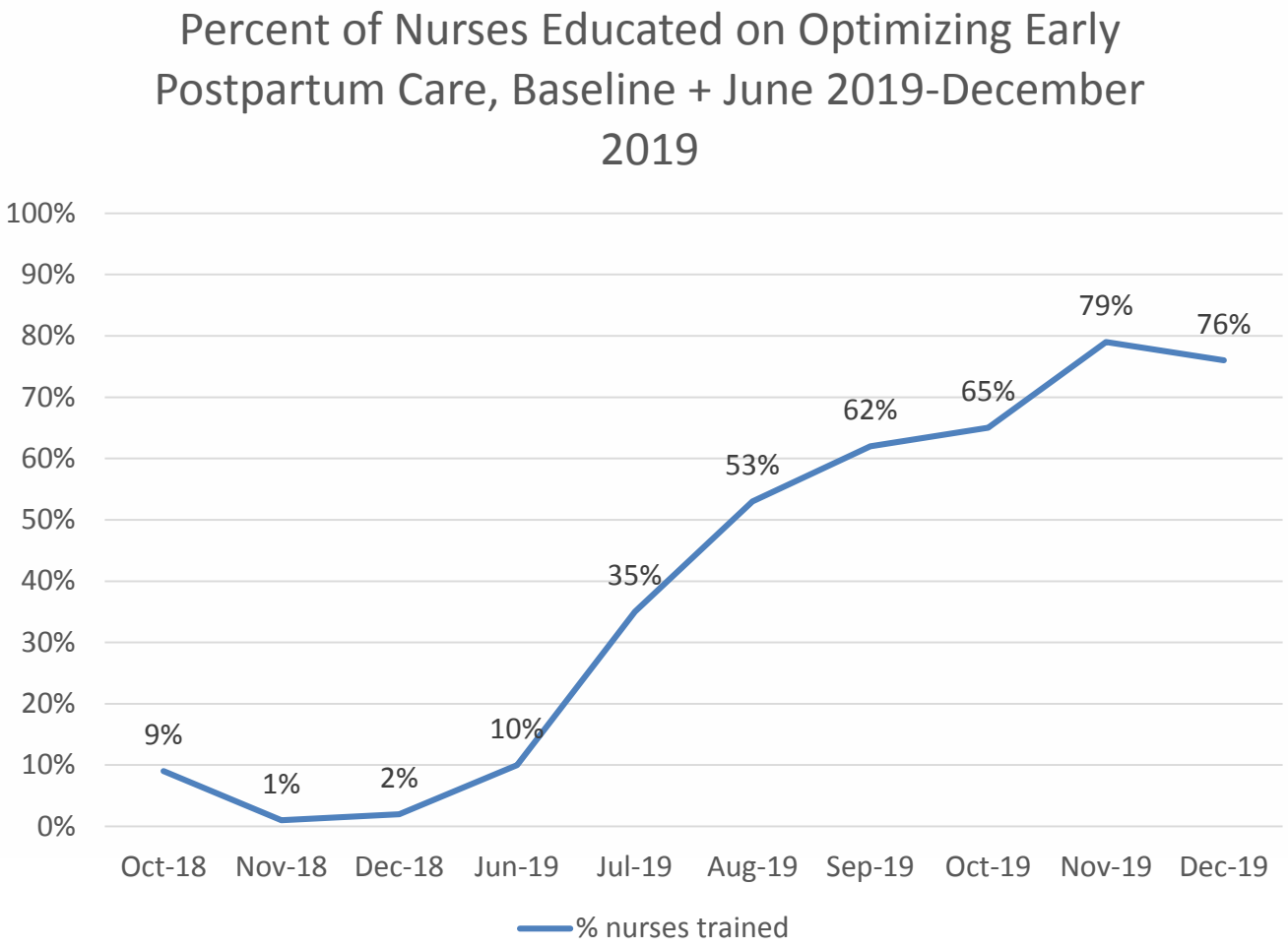
Percent of Hospitals that have system in place to educate inpatient providers & nurses on IPAC, Baseline + June 2019-December 2019



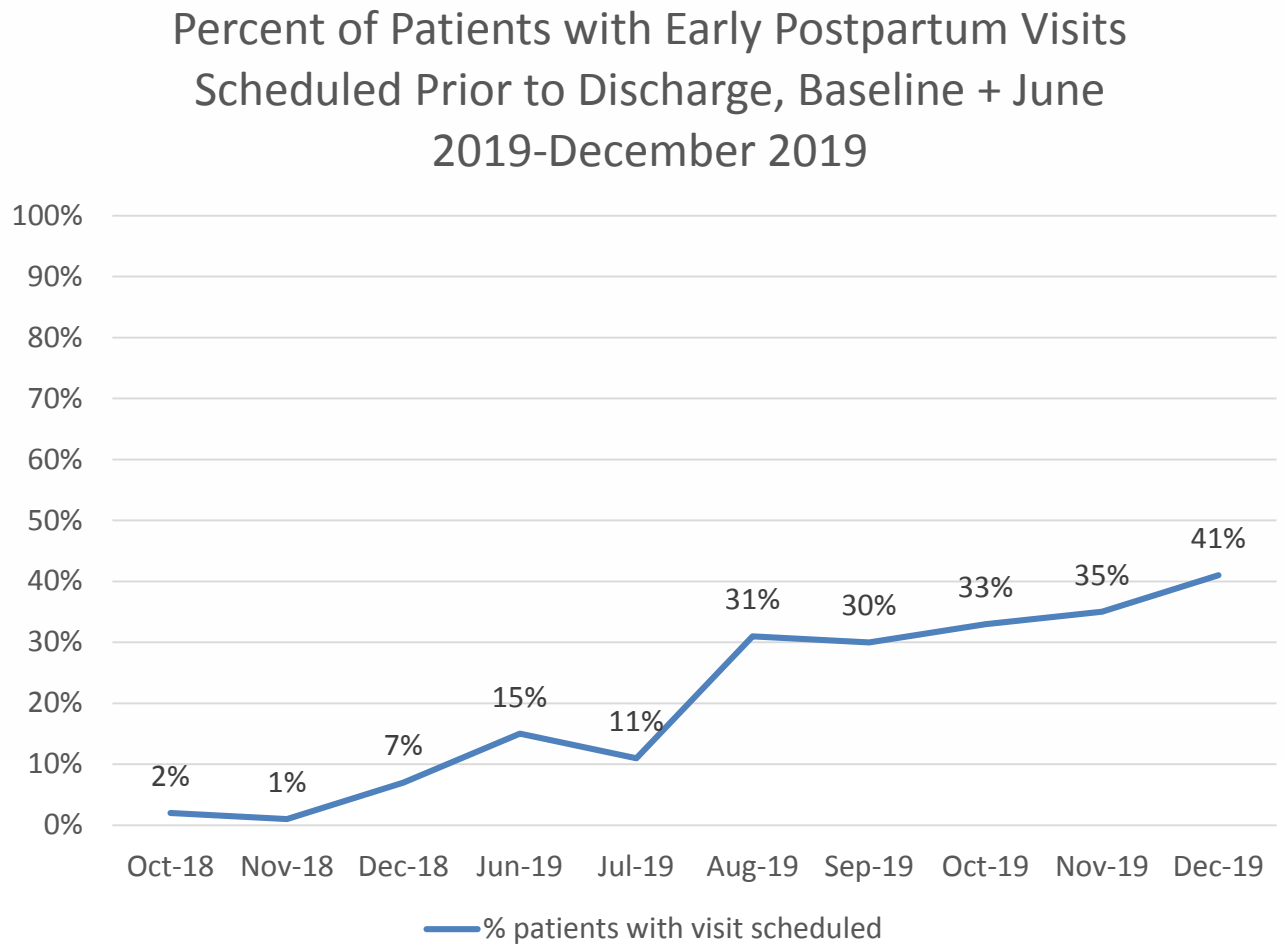
Percent of Provider Education



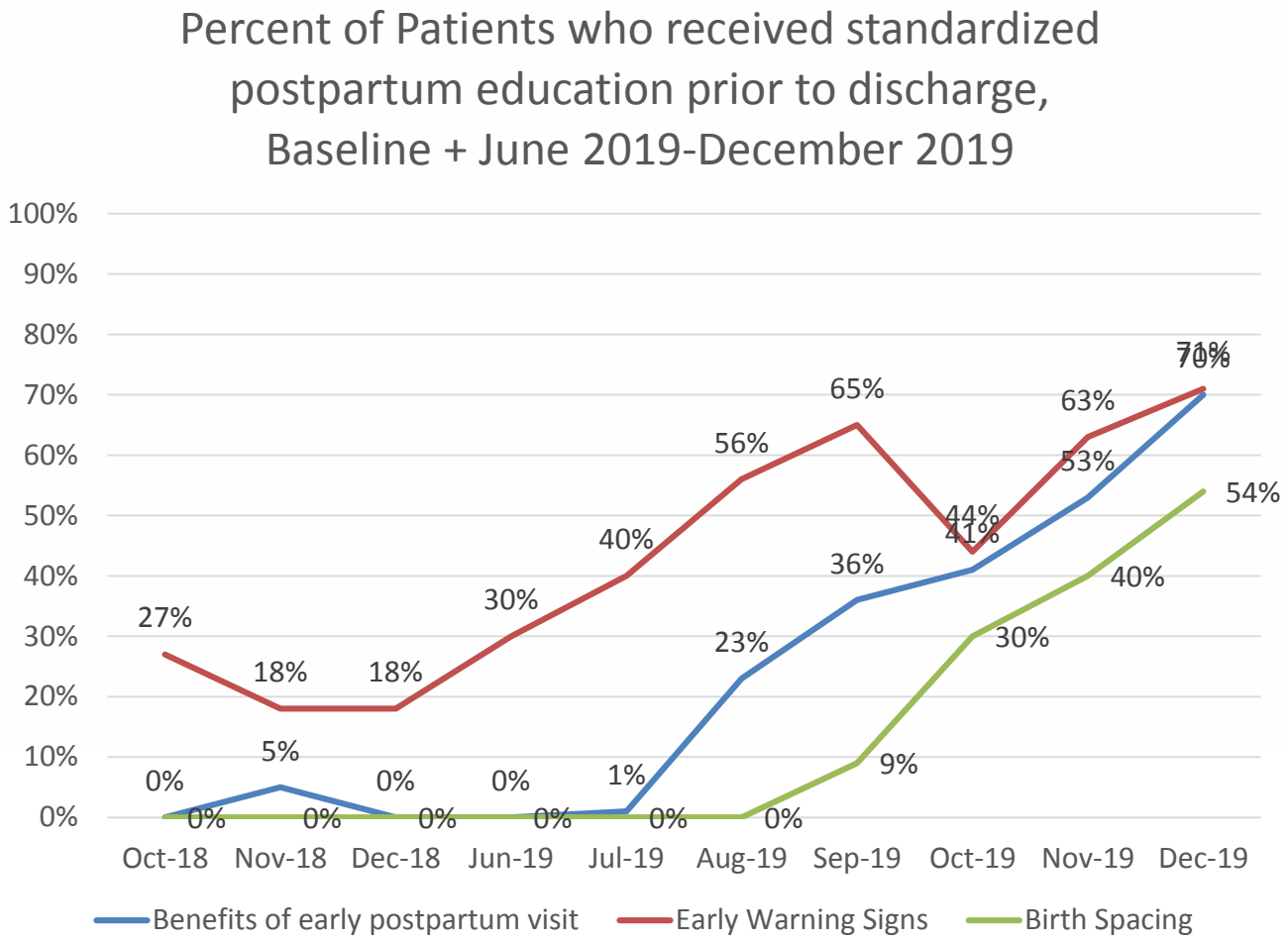
Percent of Nurse Education



Percent of Patients with Early Postpartum Visit Scheduled



Percent of Patients with Standardized Patient Education



Improving Postpartum Access to Care (IPAC)

IPAC RESOURCES

IPAC Key Driver Diagram

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

Key Drivers	Strategies
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.	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.
Implement process flow to facilitate universal scheduling of early pp visits prior to delivery discharge	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
Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check	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
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	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

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IPAC: Making Change Happen

Key QI Strategies

Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and share options for billing and coding.

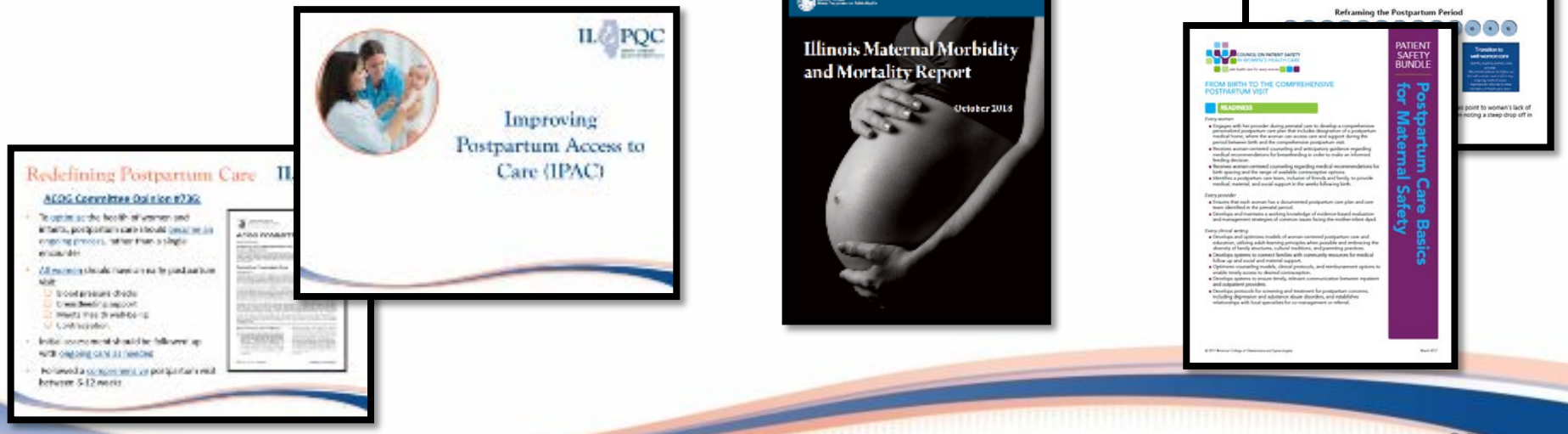
Implement process flow to facilitate universal scheduling and patient education, prior to hospital discharge, of early pp visits / maternal health safety check within 2 wk

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

Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs and how to seek care (ie AWHONN resource), and benefits of healthy pregnancy spacing and options for (outpatient) family planning

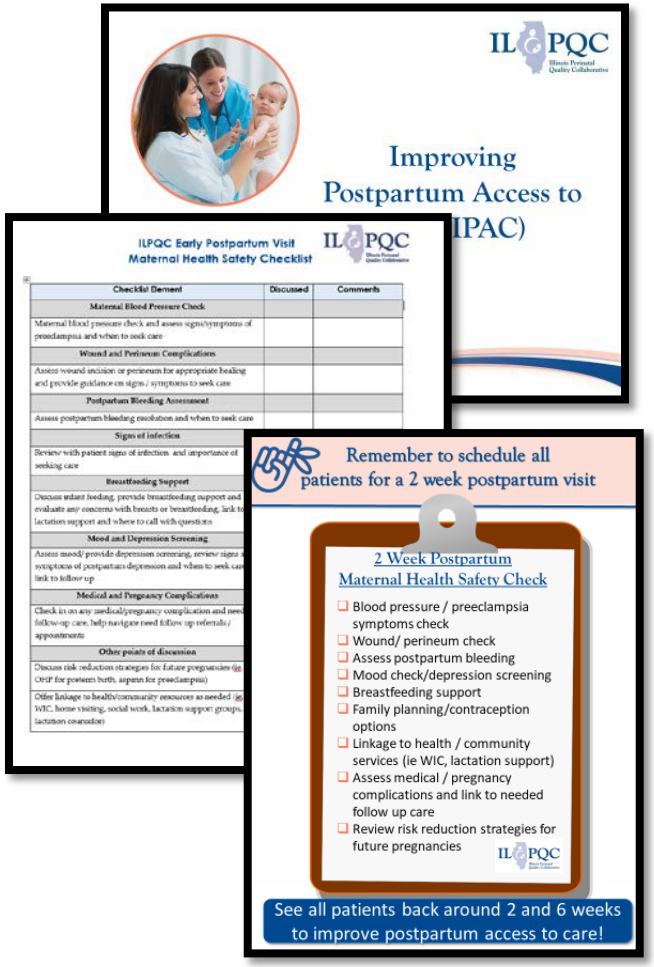
ILPQC Toolkit and Resources- Creating Buy-in

- 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

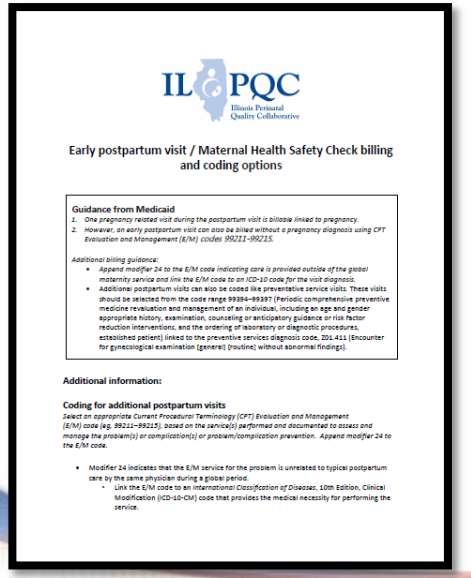
- ILPQC Grand Rounds
- ILPQC Checklist for Maternal Health Safety Check
- ILPQC Maternal Health Safety Checklist Office Flyer



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



Early postpartum visit / Maternal Health Safety Check billing and coding options

Guidance from Medicaid

1. *One pregnancy related visit during the postpartum visit is billable linked to pregnancy.*
2. *However, an early postpartum visit can also be billed without a pregnancy diagnosis using CPT Evaluation and Management (E/M) codes 99211-99215.*

Additional billing guidance:

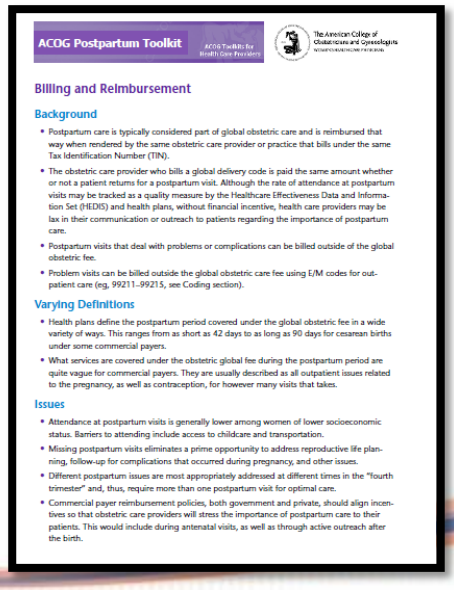
- *Append modifier 24 to the E/M code indicating care is provided outside of the global maternity service and link the E/M code to an ICD-10 code for the visit diagnosis.*
- Additional postpartum visits can also be coded like preventative service visits. These visits should be selected from the code range 99384–99397 (Periodic comprehensive preventive medicine reevaluation and management of an individual, including an age and gender appropriate history, examination, counseling or anticipatory guidance or risk factor reduction interventions, and the ordering of laboratory or diagnostic procedures, established patient) linked to the preventive services diagnosis code, Z01.411 (Encounter for gynecological examination [general] [routine] without abnormal findings).

Additional information:

Coding for additional postpartum visits

Select an appropriate Current Procedural Terminology (CPT) Evaluation and Management (E/M) code (eg, 99211–99215), based on the service(s) performed and documented to assess and manage the problem(s) or complication(s) or problem/complication prevention. Append modifier 24 to the E/M code.

- Modifier 24 indicates that the E/M service for the problem is unrelated to typical postpartum care by the same physician during a global period.
  - Link the E/M code to an *International Classification of Diseases*, 10th Edition, Clinical Modification (ICD-10-CM) code that provides the medical necessity for performing the service.



ACOG Postpartum Toolkit

ACOG Toolkits for Health Care Providers

The American College of Obstetricians and Gynecologists

Billing and Reimbursement

Background

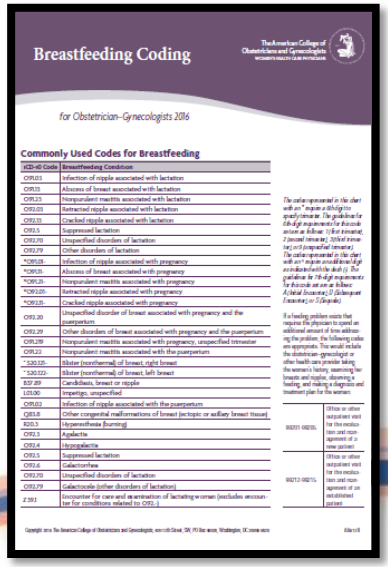
- Postpartum care is typically considered part of global obstetric care and is reimbursed that way when rendered by the same obstetric care provider or practice that bills under the same Tax Identification Number (TIN).
- The obstetric care provider who bills a global delivery code is paid the same amount whether or not a patient returns for a postpartum visit. Although the rate of attendance at postpartum visits may be tracked as a quality measure by the Healthcare Effectiveness Data and Information Set (HEDIS) and health plans, without financial incentive, health care providers may be lax in their communication or outreach to patients regarding the importance of postpartum care.
- Postpartum visits that deal with problems or complications can be billed outside of the global obstetric fee.
- Problem visits can be billed outside the global obstetric care fee using E/M codes for outpatient care (eg, 99211–99215, see Coding section).

Varying Definitions

- Health plans define the postpartum period covered under the global obstetric fee in a wide variety of ways. This ranges from as short as 42 days to as long as 90 days for cesarean births under some commercial payers.
- What services are covered under the obstetric global fee during the postpartum period are quite vague for commercial payers. They are usually described as all outpatient issues related to the pregnancy, as well as contraception, for however many visits that takes.

Issues

- Attendance at postpartum visits is generally lower among women of lower socioeconomic status. Barriers to attending include access to childcare and transportation.
- Missing postpartum visits eliminates a prime opportunity to address reproductive life planning, follow-up for complications that occurred during pregnancy, and other issues.
- Different postpartum issues are most appropriately addressed at different times in the "fourth trimester" and, thus, require more than one postpartum visit for optimal care.
- Commercial payer reimbursement policies, both government and private, should align incentives so that obstetric care providers will stress the importance of postpartum care to their patients. This would include during antenatal visits, as well as through active outreach after the birth.



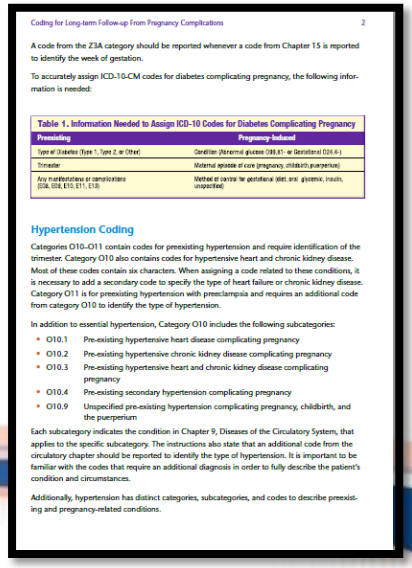
Breastfeeding Coding

The American College of Obstetricians and Gynecologists

for Obstetrician–Gynecologists 2016

Commonly Used Codes for Breastfeeding

ICD-10 Code	Breastfeeding Condition
O91.03	Infection of nipple associated with lactation
O92.11	Abscess of breast associated with lactation
O91.13	Nonpurulent mastitis associated with lactation
O92.01	Retracted nipple associated with lactation
O92.11	Cracked nipple associated with lactation
O92.5	Suppressed lactation
O92.70	Unspecified disorders of lactation
O92.79	Other disorders of lactation
*O91.03-	Infection of nipple associated with pregnancy
*O91.13-	Abscess of breast associated with pregnancy
*O91.23-	Nonpurulent mastitis associated with pregnancy
*O92.01-	Retracted nipple associated with pregnancy
*O92.11-	Cracked nipple associated with pregnancy
O92.10	Unspecified disorder of breast associated with pregnancy and the puerperium
O92.19	Other disorders of breast associated with pregnancy and the puerperium
O91.29	Nonpurulent mastitis associated with pregnancy, unspecified trimester
O91.12	Nonpurulent mastitis associated with the puerperium
* S30.125-	Blister (nonthermal) of breast, right breast
* S30.122-	Blister (nonthermal) of breast, left breast
R37.89	Candidiasis, breast or nipple
L03.90	Impetigo, unspecified
O91.02	Infection of nipple associated with the puerperium
Q83.8	Other congenital malformations of breast (ectopic or axillary breast tissue)
R20.3	Hyperesthesia (burning)
O92.3	Agalactia
O92.4	Hypoplasia
O92.5	Suppressed lactation
O92.6	Galactorrhea
O92.70	Unspecified disorders of lactation
O92.79	Galactocele (other disorders of lactation)
Z.39.1	Encounter for care and examination of lactating woman (excludes encounter for conditions related to O92.-)



Coding for Long-term Follow-up From Pregnancy Complications 2

A code from the Z3A category should be reported whenever a code from Chapter 15 is reported to identify the week of gestation.

To accurately assign ICD-10-CM codes for diabetes complicating pregnancy, the following information is needed:

Table 1. Information Needed to Assign ICD-10 Codes for Diabetes Complicating Pregnancy

Preexisting	Pregnancy-Induced
Type of Diabetes (Type 1, Type 2, or Other)	Condition (Abnormal glucose (O99.81- or Gestational (O24.4-)
Trimester	Maternal episode of care (pregnancy, childbirth, puerperium)
Any manifestations or complications (E08, E09, E10, E11, E13)	Method of control for gestational (diet, oral, glycemic, insulin, unspecified)

Hypertension Coding

Categories O10–O11 contain codes for preexisting hypertension and require identification of the trimester. Category O10 also contains codes for hypertensive heart and chronic kidney disease. Most of these codes contain six characters. When assigning a code related to these conditions, it is necessary to add a secondary code to specify the type of heart failure or chronic kidney disease. Category O11 is for preexisting hypertension with preeclampsia and requires an additional code from category O10 to identify the type of hypertension.

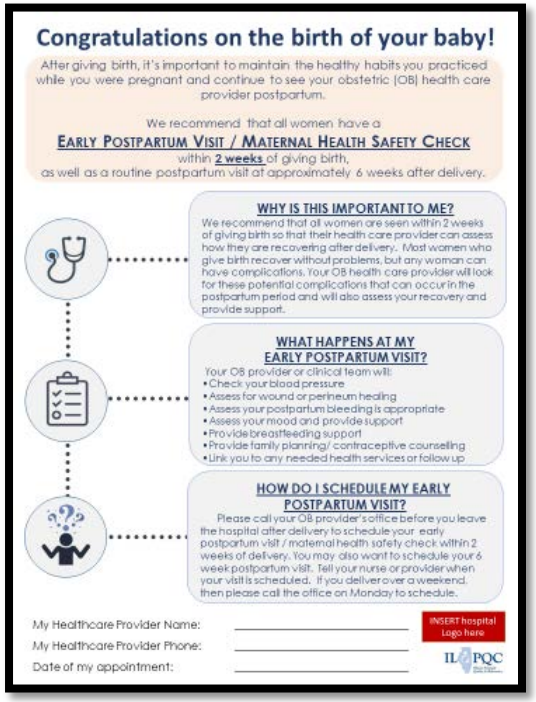
In addition to essential hypertension, Category O10 includes the following subcategories:

- O10.1 Pre-existing hypertensive heart disease complicating pregnancy
- O10.2 Pre-existing hypertensive chronic kidney disease complicating pregnancy
- O10.3 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy
- O10.4 Pre-existing secondary hypertension complicating pregnancy
- O10.9 Unspecified pre-existing hypertension complicating pregnancy, childbirth, and the puerperium

Each subcategory indicates the condition in Chapter 9, Diseases of the Circulatory System, that applies to the specific subcategory. The instructions also state that an additional code from the circulatory chapter should be reported to identify the type of hypertension. It is important to be familiar with the codes that require an additional diagnosis in order to fully describe the patient's condition and circumstances.

Additionally, hypertension has distinct categories, subcategories, and codes to describe preexisting and pregnancy-related conditions.

ILPQC Toolkit Resources- Postpartum Patient Education Material



Congratulations on the birth of your baby!

After giving birth, it's important to maintain the healthy habits you practiced while you were pregnant and continue to see your obstetric (OB) health care provider postpartum.

We recommend that all women have a **EARLY POSTPARTUM VISIT / MATERNAL HEALTH SAFETY CHECK** within **2 weeks** of giving birth, as well as a routine postpartum visit at approximately 6 weeks after delivery.

WHY IS THIS IMPORTANT TO ME?
We recommend that all women are seen within 2 weeks of giving birth so that their health care provider can assess how they are recovering after delivery. Most women who give birth recover without problems, but any woman can have complications. Your OB health care provider will look for these potential complications that can occur in the postpartum period and will also assess your recovery and provide support.

WHAT HAPPENS AT MY EARLY POSTPARTUM VISIT?
Your OB provider or clinical team will:
- Check your blood pressure
- Assess for wound or perineum healing
- Assess your postpartum bleeding is appropriate
- Assess your mood and provide support
- Provide breastfeeding support
- Provide family planning/ contraceptive counselling
- Link you to any needed health services or follow up

HOW DO I SCHEDULE MY EARLY POSTPARTUM VISIT?
Please call your OB provider's office before you leave the hospital after delivery to schedule your early postpartum visit / maternal health safety check within 2 weeks of delivery. You may also want to schedule your 6 week postpartum visit. Tell your nurse or provider when your visit is scheduled. If you deliver over a weekend, then please call the office on Monday to schedule.

My Healthcare Provider Name: _____
My Healthcare Provider Phone: _____
Date of my appointment: _____

INSERT hospital Logo here

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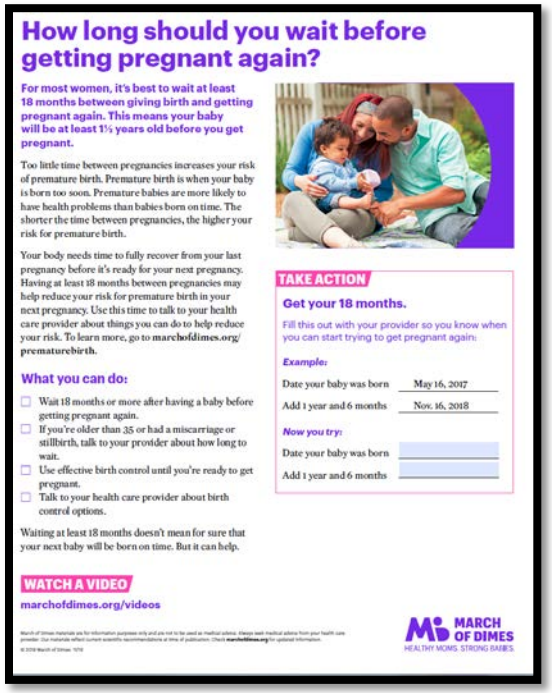
[ILPQC IPAC Maternal Health Safety Check]



How long should you wait before getting pregnant again?

For most women, it's best to wait at least 18 months between giving birth and getting pregnant again. This means your baby will be at least 1½ years old before you get pregnant.

Too little time between pregnancies increases your risk of premature birth. Premature birth is when your baby is born too soon. Premature babies are more likely to have health problems than babies born on time. The shorter the time between pregnancies, the higher your risk for premature birth.

Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy. Having at least 18 months between pregnancies may help reduce your risk for premature birth in your next pregnancy. Use this time to talk to your health care provider about things you can do to help reduce your risk. To learn more, go to **marchofdimes.org/prematurebirth.**

What you can do:
- ☐ Wait 18 months or more after having a baby before getting pregnant again.
- ☐ If you're older than 35 or had a miscarriage or stillbirth, talk to your provider about how long to wait.
- ☐ Use effective birth control until you're ready to get pregnant.
- ☐ Talk to your health care provider about birth control options.

Waiting at least 18 months doesn't mean for sure that your next baby will be born on time. But it can help.

TAKE ACTION

Get your 18 months.

Fill this out with your provider so you know when you can start trying to get pregnant again:

Example:
Date your baby was born: May 16, 2017
Add 1 year and 6 months: Nov. 16, 2018

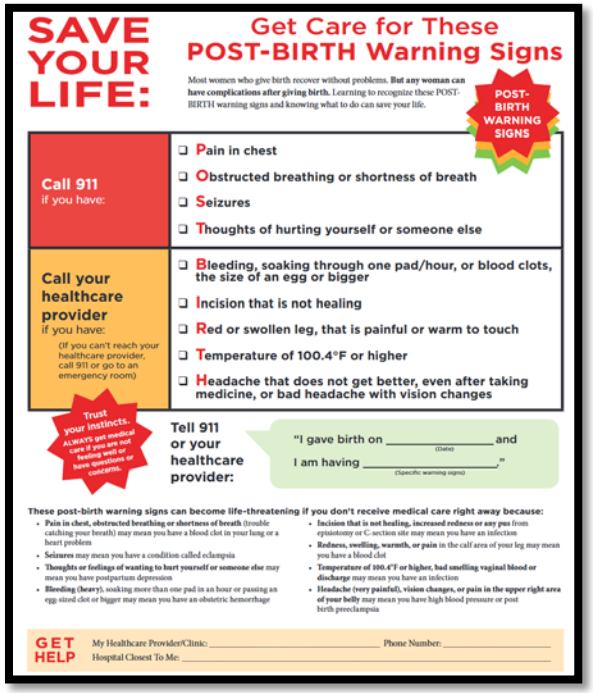
Now you try:
Date your baby was born: _____
Add 1 year and 6 months: _____

WATCH A VIDEO
marchofdimes.org/videos

MARCH OF DIMES
HEALTHY MOMS. STRONG BABIES

B

[Safe Pregnancy Spacing Information]



SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after giving birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911 if you have:
- ❑ **Pain in chest**
- ❑ **Obstructed breathing or shortness of breath**
- ❑ **Seizures**
- ❑ **Thoughts of hurting yourself or someone else**

Call your healthcare provider if you have:
(If you can't reach your healthcare provider, call 911 or go to an emergency room)
- ❑ **Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger**
- ❑ **Incision that is not healing**
- ❑ **Red or swollen leg, that is painful or warm to touch**
- ❑ **Temperature of 100.4°F or higher**
- ❑ **Headache that does not get better, even after taking medicine, or bad headache with vision changes**

Trust your instincts. ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:
"I gave birth on _____ (Date) and I am having _____ (Specific warning signs)."

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:
- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy),** soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

GET HELP
My Healthcare Provider/Clinic: _____ Phone Number: _____
Hospital Closest To Me: _____

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.

St. Margaret's Health

SMP Health System

Improving Postpartum Access to Care (IPAC)

NEXT STEPS

IPAC Team Talk Schedule

Month	Team 1	Team 2
February 17	St. Margaret's Hospital	Memorial Medical Center
March 16	UI Health	Touchette Regional
April	SSM Health St Mary's	AMITA Adventist GlenOaks Hospital
May		

IPAC Calls

IPAC Teams
11am-12pm

THIRD MONDAY OF THE MONTH through May 2020

Date	Topic
February 17	Crossing the Finish Line Round Robin
March 16	Moving toward Sustainability
April 20	Topic TBD
May 20	Topic TBD
July 20	IPAC Sustainability Call
September 21	IPAC Sustainability Call
December 21	Final IPAC Sustainability Call

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

PATIENT SAFETY BUNDLE

Safe Reduction of Primary Cesarean Births

IL PQC
Illinois Perinatal Quality Collaborative

Wave 1 Starting
Feb 2020
Initiative Launch
May 2020

CMQCC
California Maternal Quality Care Collaborative

Toolkit to Support Vaginal Birth and Reduce Primary Cesareans

FPQC
Florida Perinatal Quality Collaborative

Partnering to Improve Health Care Quality for Mothers and Babies

PVB Timeline

Feb 2020	Mar	Apr	May	July	Sept
Feb 7: Wave 1 Rosters Due **Feb 10**: Wave 1 Launch Call	**Mar 9**: Wave 1 Call Statewide recruitment opens	**Apr 13**: Wave 1 Call Statewide Recruitment continues	**May 4**: PVB Launch Call **May 20**: OB Face-to-Face Meeting, Springfield, IL	**Jul 27**: Statewide Initiative Webinars begin, every other month to start	Data Collection Begins

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