



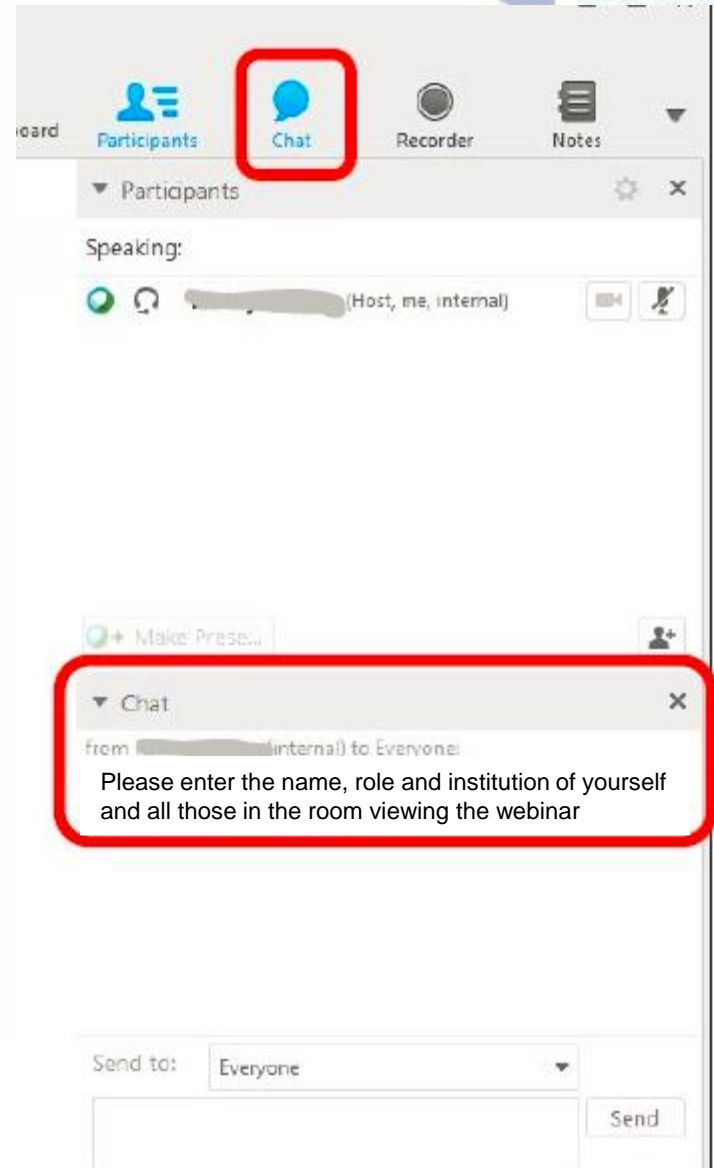
# Going LIVE with IPAC- Where we are and where we are going

November 18<sup>th</sup>, 2019

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
- Annual Conference Recap
- IPAC updates and data review
- Going LIVE with IPAC- where we are and where we are going
- Team talks-
  - *Memorial Hospital of Carbondale- Mary Jarvis*
  - *AMITA Alexian Brothers- Peggy Farrell*
- Round Robin
- Webinar To-Dos & take-away(s)

# ANNUAL CONFERENCE RECAP

# Annual Conference Recap



- 430 Attendees!
- 80 hospitals from across Illinois/Missouri attended
- 7 national & local invited speakers
- 54 Quality Improvement posters (Record number!)
- 50+ Quality Improvement Awards awarded



# Annual Conference Discussion



Share your thoughts...



# IPAC Barriers/Strategies



Barrier	Strategy
Number of prenatal sites	<ul style="list-style-type: none"><li>• OB Provider Buy-in</li><li>• Process flow development</li></ul>
Incorporating all patient education materials	<ul style="list-style-type: none"><li>• Put together IPAC education folders for patients, nurse review prior to discharge</li></ul>
Billing for two-week visit	<ul style="list-style-type: none"><li>• Utilize toolkit resources including ACOG Coding Sheet</li><li>• Join upcoming webinar on billing</li></ul>
Provider buy-in	<ul style="list-style-type: none"><li>• Partner with a physician champion</li><li>• Determine % of providers already seeing patients at 2 weeks</li><li>• Host Grand Rounds and/or attend OB provider meeting</li></ul>
Scheduling visits – availability, night/weekend discharges	<ul style="list-style-type: none"><li>• Develop process flow for patients discharged without an appointment</li></ul>

# IPAC: Next Steps

## Schedule IPAC Ground Rounds

- Helps create and support with provider buy-in
- Educates providers and nurses on key elements for IPAC
- Learn strategies for IPAC billing

## Develop Process Flow for Scheduling 2wk Visit

- Receive support in developing this by reaching out to ILPQC

## Systemize Patient Discharge Education

- Ensure all patient receive ILPQC Benefit or Early PP Visit, AWHONN PP Early Warning Signs, and Benefits of Safe Pregnancy Spacing
- Provide discharge education to ensure patients understanding



# CONGRATULATIONS

## IPAC QI RECOGNITION AWARD

### WINNERS!



ILPQC IMPROVING POSTPARTUM ACCESS TO CARE INITIATIVE

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QI Recognition	
AMITA Health Alexian Brothers Hospital	Loyola University Medical Center
AMITA Health St. Joseph	Memorial Hospital of Carbondale
AMITA Health St. Alexius Medical Center	Morris Hospital
Franciscan Health Olympia Fields	SSM St. Mary's - Centralia
Illinois Valley Community Hospital	St. Margaret's Hospital
University of Illinois Hospital and Health Sciences System	

Improving Postpartum Access to Care (IPAC)

# IPAC- UPDATES AND DATA REVIEW

# Welcome to IPAC



Katherine Shaw Bethea Hospital (KSB)- Dixon, IL

AMITA Adventist GlenOaks Hospital-Glendale Heights, IL



# ILPQC Improving Postpartum Access to Care (IPAC) Initiative



**Aim:** Within 11 months of initiative start,  $\geq 80\%$  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  $\geq 80\%$  participating hospitals by May 2020



# Aims & Measures

## Overall Initiative Aim

Within 11 months of initiative start,  $\geq 80\%$  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!

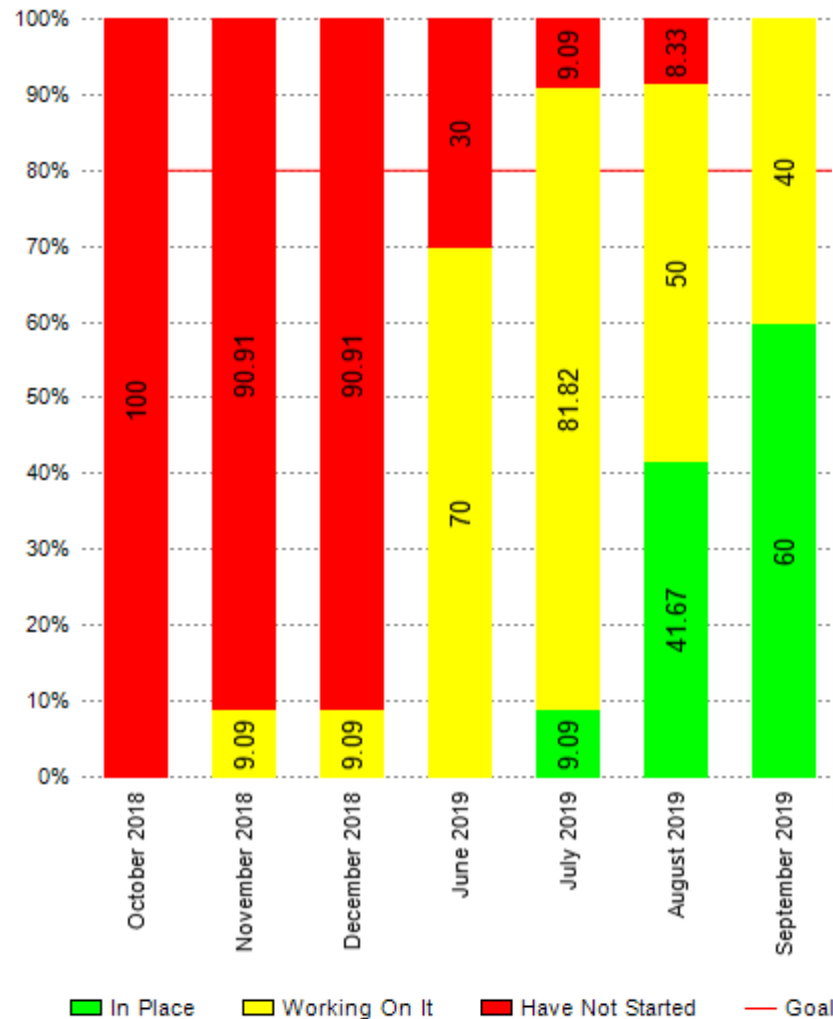


Month	Number of Teams Reporting
Baseline – October 2018	10
Baseline – November 2018	10
Baseline – December 2018	10
June 2019	10
July 2019	11
August 2019	12
September 2019	10
October 2019	5

# IPAC Strategy and Buy-in



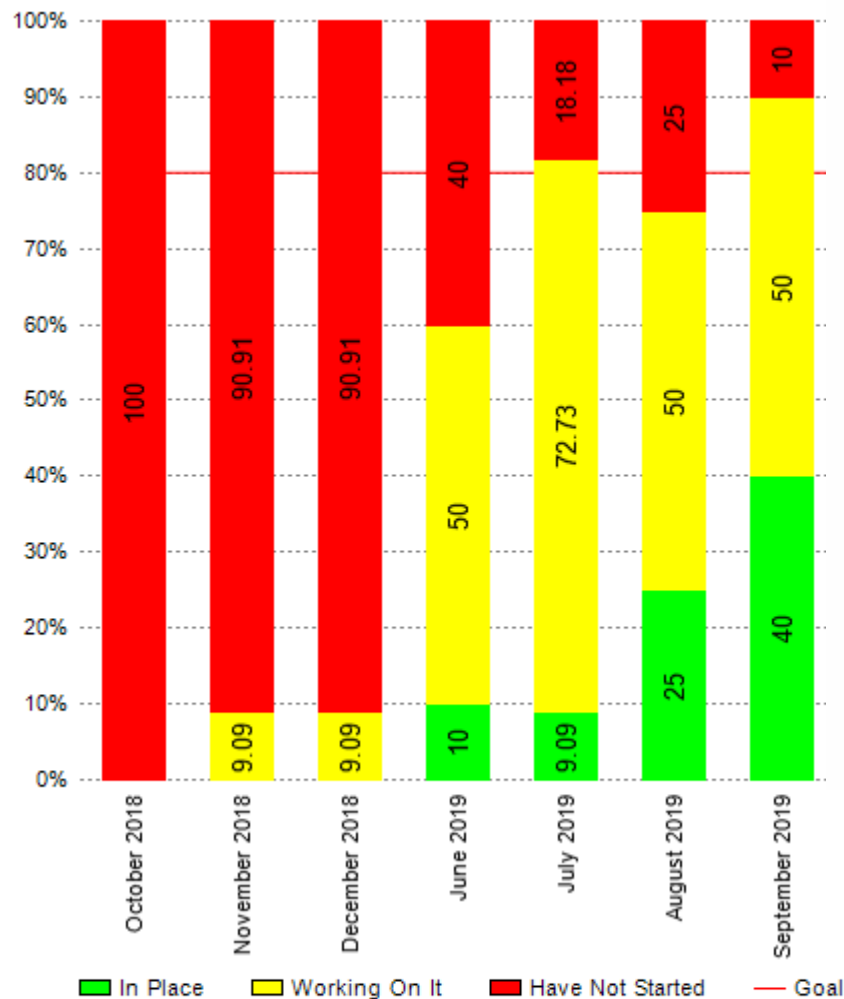
Percent of Hospitals that have communicated recommendations/strategy for early postpartum visits to obtain buy-in, Baseline + June 2019-September 2019



# 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-September 2019

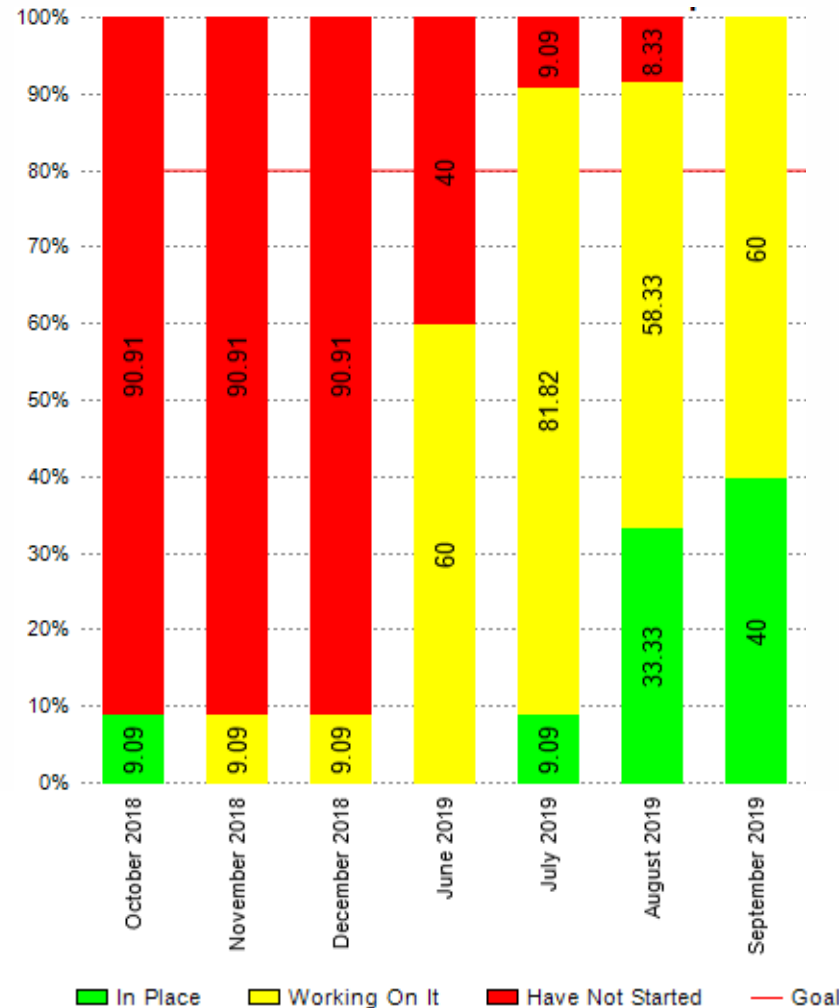




# IPAC Provider/Nurse Education



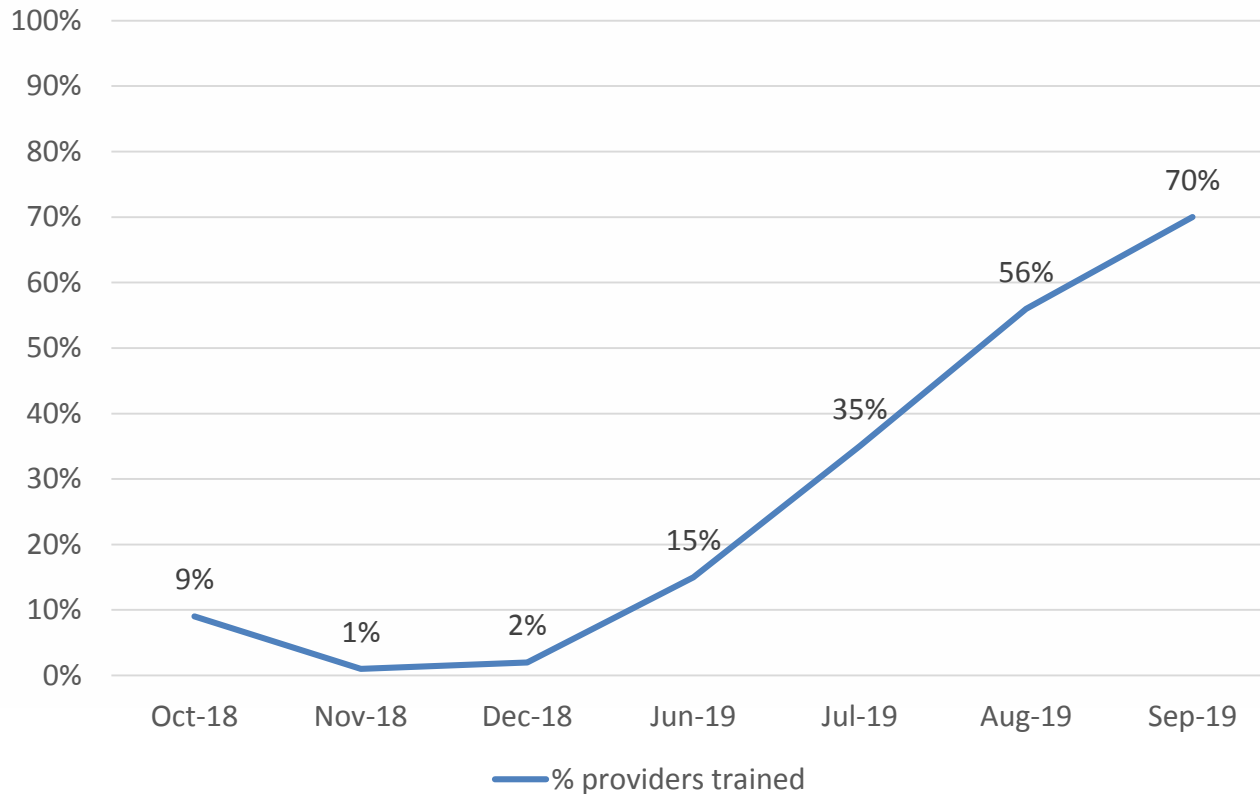
Percent of Hospitals that have system in place to educate inpatient providers & nurses on IPAC, Baseline + June 2019-September 2019



# Percent of Provider Education



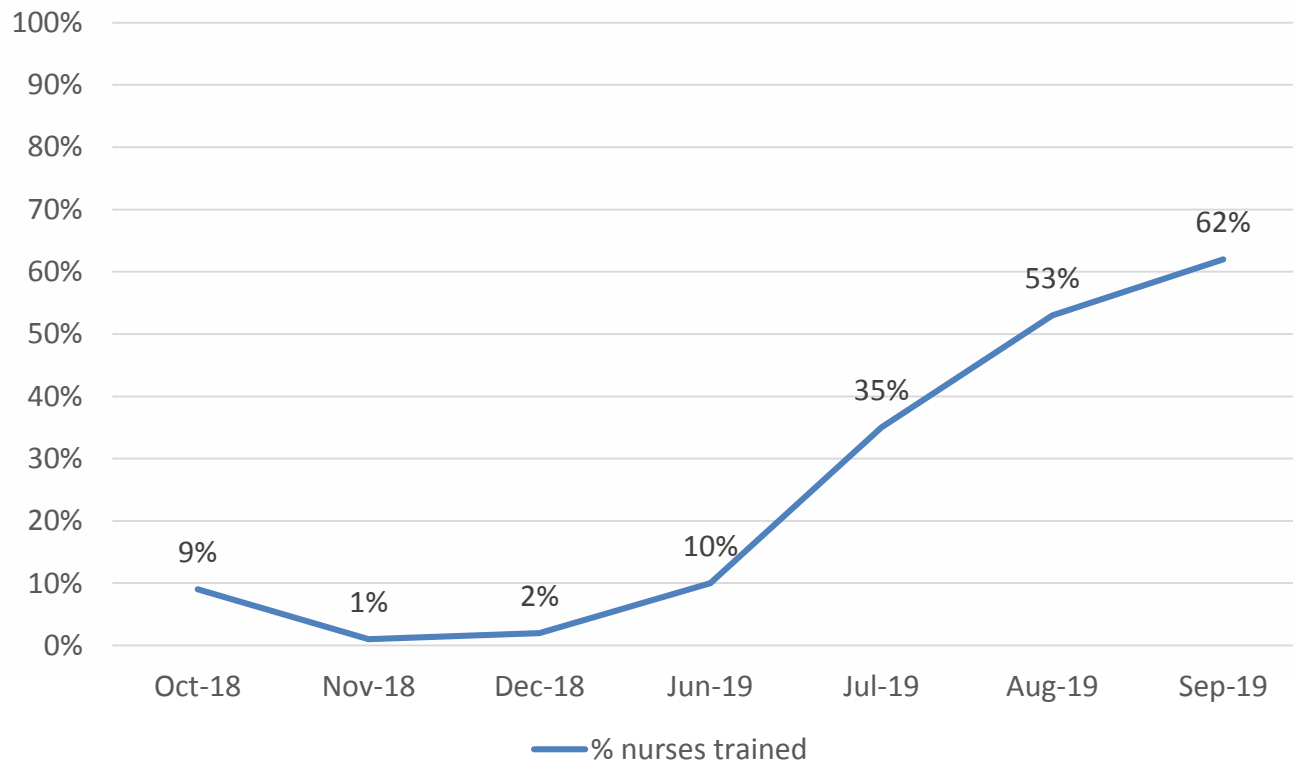
Percent of Providers Educated on Optimizing Early Postpartum Care, Baseline + June 2019-September 2019



# Percent of Nurse Education



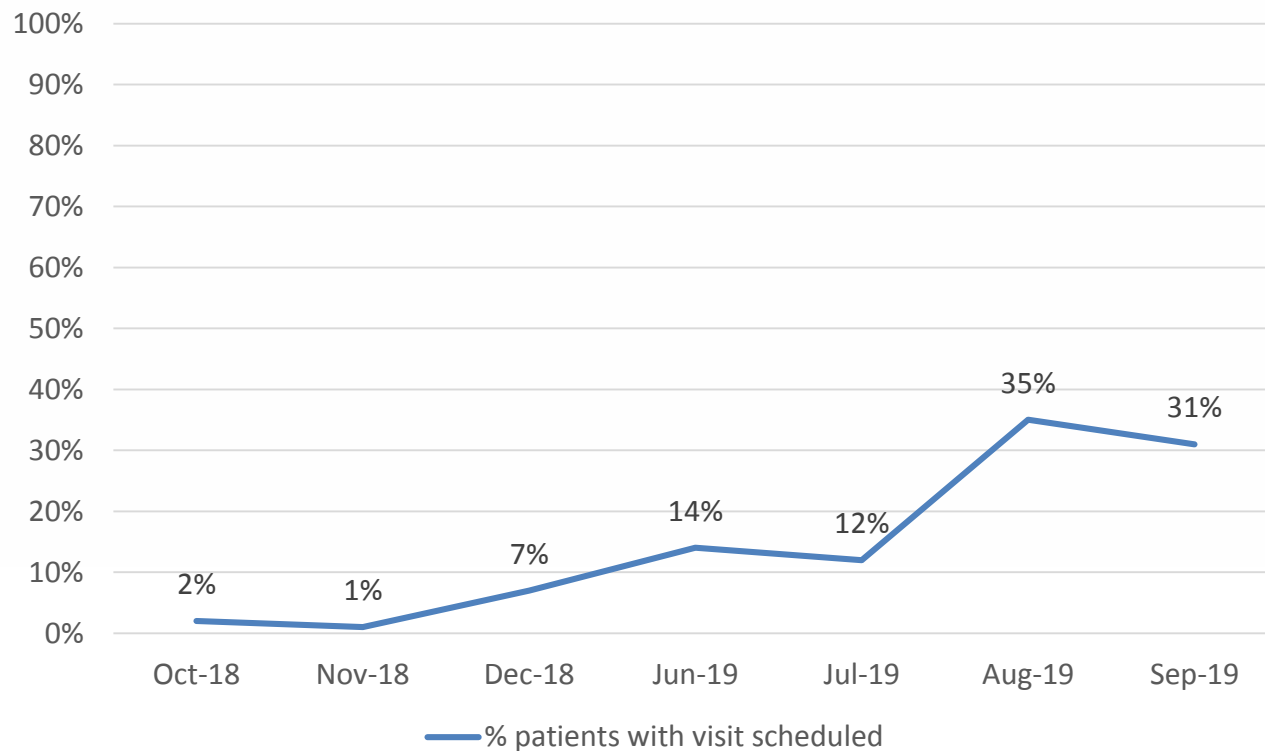
Percent of Nurses Educated on Optimizing Early Postpartum Care, Baseline + June 2019-September 2019



# Percent of Patients with Early Postpartum Visit Scheduled

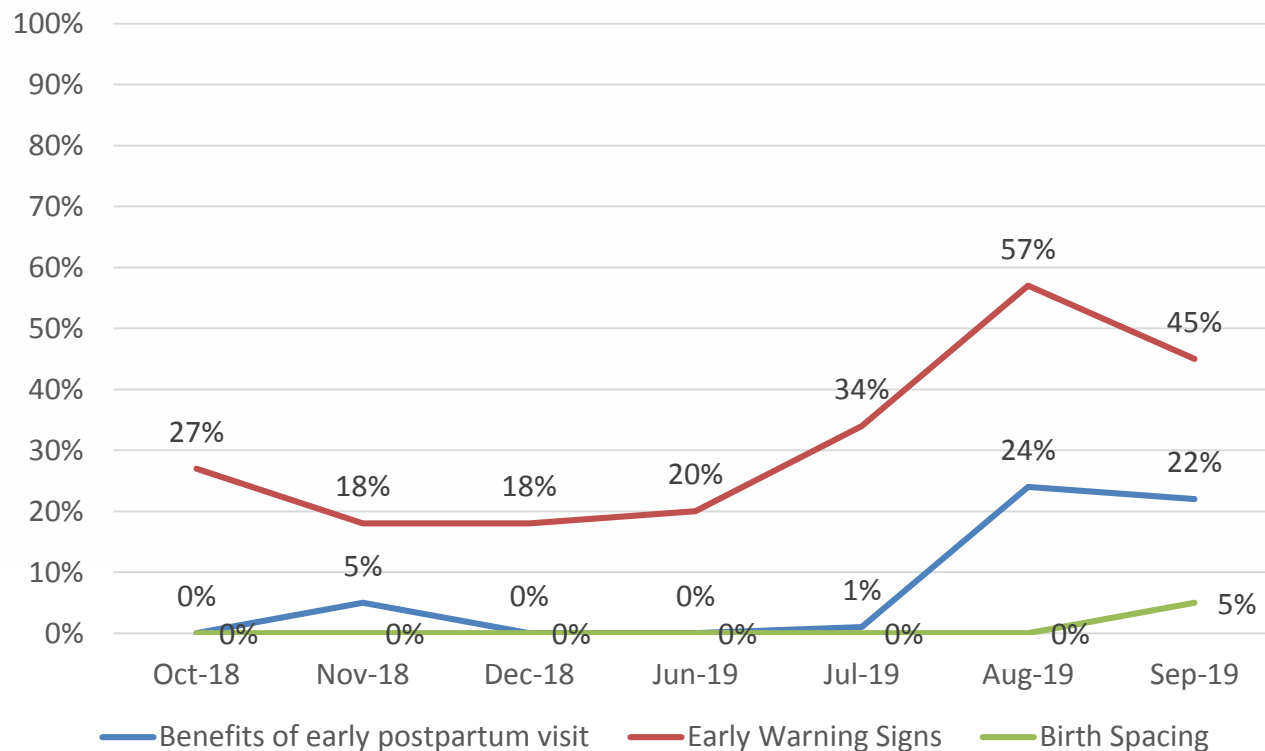


Percent of Patients with Early Postpartum Visits Scheduled Prior to Discharge, Baseline + June 2019-September 2019



# Percent of Patients with Standardized Patient Education

Percent of Patients who received standardized postpartum education prior to discharge, Baseline + June 2019-September 2019



**Going live with IPAC:**

**WHERE WE ARE AND WHERE  
WE ARE GOING**

# Improving Postpartum Access to Care (IPAC)-



**40%**

of women do not attend the 6-week postpartum visit

**50%**  
postpartum strokes

occur within 10 days of discharge

**20%**  
discontinue breastfeeding

before the first 6-weeks

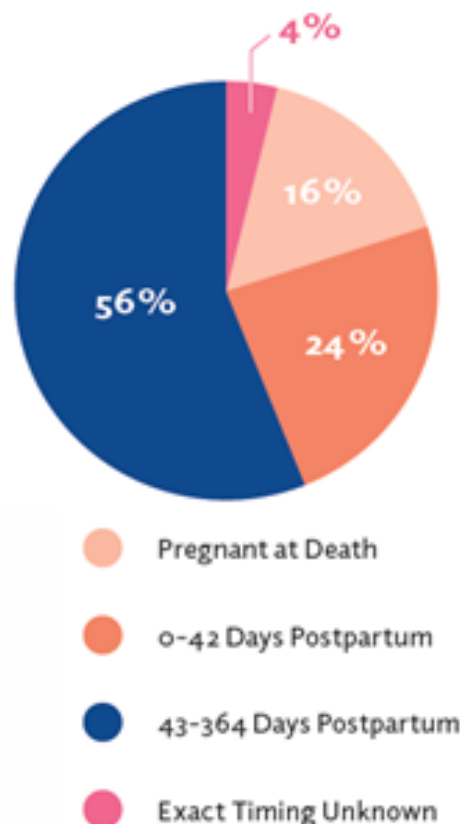


**1/5**  
mental health disorder

postpartum period

# Illinois Dept. of Public Health Maternal Morbidity & Mortality Report: Key Recommendations

Timing of Pregnancy-Associated Deaths, Illinois 2014-2016



**Providers** should adapt recent recommendations from ACOG for universal postpartum visits in addition to the traditional 6 week visit



**Birthing hospitals** should ensure that women are connected with a provider and scheduled for a postpartum visit prior to hospital discharge



# 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

# 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

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

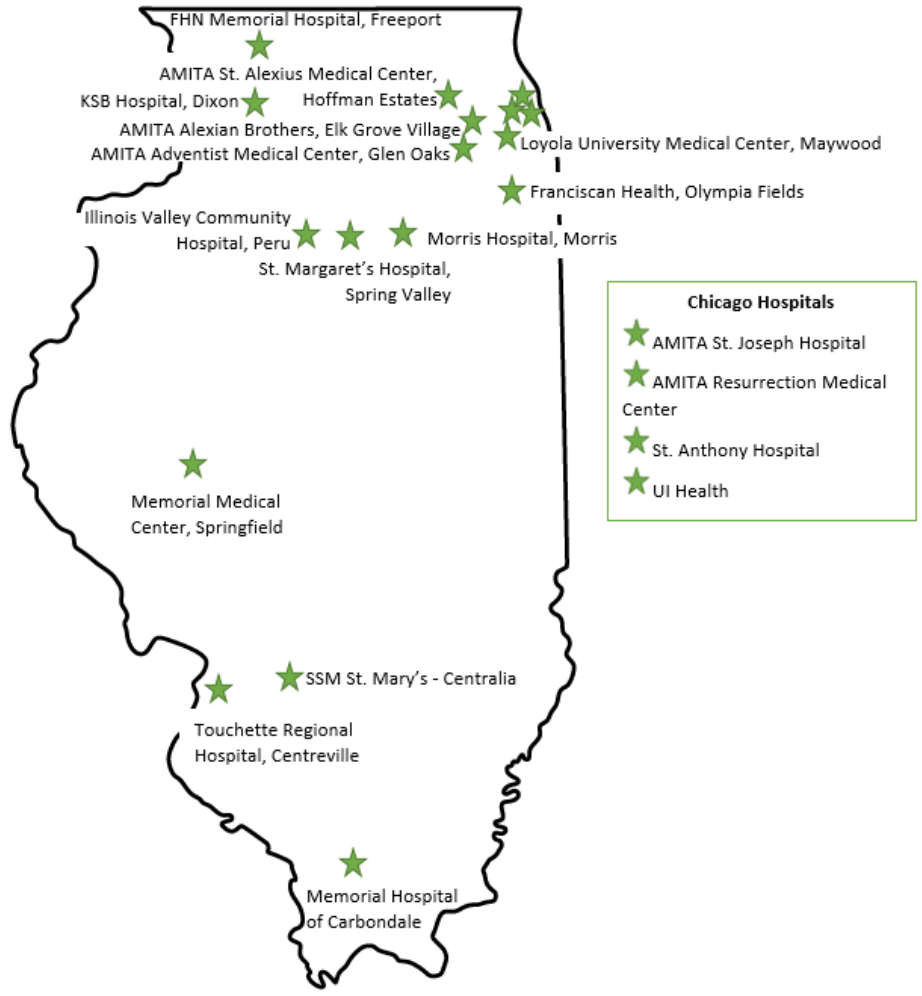
Implement system to provide and review IPAC patient education prior to hospital discharge

# IPAC Initiative Launch – May 2019



**8/10**  
perinatal  
networks

currently participating in IPAC



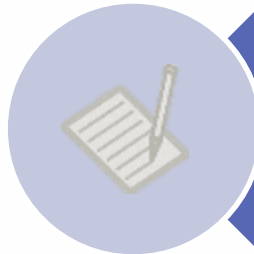
# IPAC Accomplishments- Celebrating your hard work

# 29%

IPAC teams are  
LIVE within 4 months



Working with Medicaid & ACOG to optimize coding and reimbursement



Teams report early postpartum visits are identifying moms with near-miss morbidities

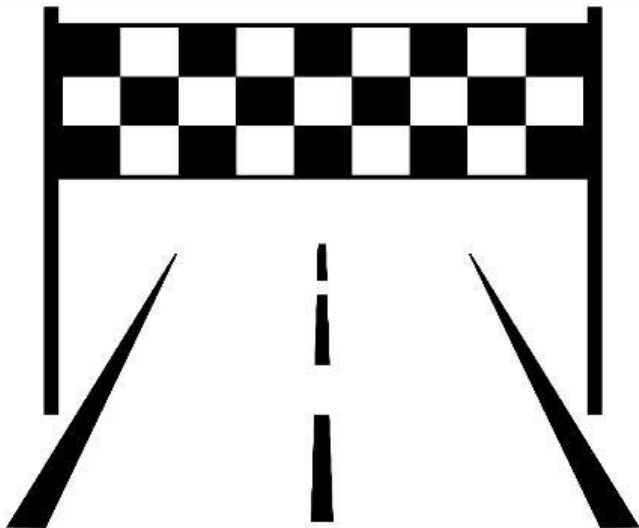


Patients and Providers are expressing satisfaction with maternal health safety checks

# IPAC- Going Live

Please share your thoughts:

1. What successes have you had?
2. What challenges are your currently facing?
3. What should we be focusing on to all Go-LIVE by May 2020?
4. Where does your team need help?



# ILPQC Toolkit and Resources



- What items of the toolkit have you found to be the most helpful in assisting with provider buy-in?
  - OB Provider Packet?, ILPQC FAQ Sheet?
  - MMRC Report?, ACOG CO# 736?, Other?
- Is there anything you wish was in the toolkit?

**Remember to schedule all patients for a 2 week postpartum visit**

**2 Week Postpartum Maternal Health Safety Check**

- Blood pressure / pre-eclampsia symptoms check
- Mental / perinatal check
- Assessing postpartum bleeding
- Mood / anxiety / depression screening
- Breastfeeding support
- Family planning / contraception options
- Linkage to health / community services (ie WIC, lactator support)
- Address social / pregnancy complications and link to needed postpartum care
- Review risk reduction strategies for future pregnancies

See all patients back around 2 and 6 weeks to improve postpartum access to care!

**Improving Postpartum Access to Care (IPAC)**

**Redefining ACOG Concept**

- To center-based care, postpartum support, ongoing process, and social support
- All resources should be available
  - Blood pressure
  - Social support
  - Mental health / breastfeeding
  - Contraception
- Initial assessment should be followed up with ongoing care / linkage
- Followed a comprehensive postpartum visit between 6-12 weeks

**Illinois Maternal Morbidity and Mortality Report**

October 2015

**ILPQC**  
Illinois Perinatal Quality Collaborative

**INSERT DATE HERE:**  
Announce all Delivery Providers:

We are pleased to announce that **“last hospital/clinic name here”** will be participating in the Illinois Patient Quality Collaborative (IPQC) **“Increasing Postpartum Access to Care”** (IPAC) Initiative. Centering maternal morbidity and mortality care nationally, and in Illinois, and with a large proportion of these events occurring in the postpartum period, there is renewed interest in improving how we care for postpartum women during this critical time period. The IPAC initiative supports leading hospitals in implementing standards of practice for postpartum care by offering and scheduling universal early postpartum visits for a maternal health safety check (within 2 weeks postpartum) to improve maternal health outcomes.

**Why schedule all women for an early postpartum visit within 2 weeks?**

- ACOG Consensus Opinion #716 recommends postpartum care include an additional early visit before the maternal six-week ILPQC recommendation. This visit be scheduled within two weeks to improve our opportunity to better manage early postpartum complications such as decreased blood pressure, wound complications, infection, breastfeeding or mental health concerns. It is easier to schedule this visit prior to hospital discharge and patients are more likely to attend when they have a visit already scheduled to return within two weeks for an early maternal health safety check.
- The obstetric provider and obstetric care team should facilitate all patients returning for a maternal health safety check within two weeks of delivery. The early postpartum visit, maternal health safety check should include blood pressure check, wound or perineum check, mood check, depression screening, any postpartum bleeding concerns, discussion of infant feeding and support needed, check in on any medical complications such as diabetes or hypertension and any needed follow up plans of failure to specify care, review of any social supports or community resources needed (ie WIC, home visiting program, lactation support group), discussion of benefits of

**ILPQC**  
Illinois Perinatal Quality Collaborative

**Improving Postpartum Access to Care (IPAC)**

An early postpartum visit (within 2 weeks of delivery) provides women with an essential maternal health safety check, including blood pressure evaluation, wound/perineum check, mental health, well-being check, breastfeeding support, discussion of pregnancy spacing and family planning options, as well as follow up to specify care, review of any social supports or community resources, referrals and community services (ie, WIC, home visiting program, lactation support groups, substance use disorder treatment and support).

**Why See All Patients Within 2 weeks? Why Can't it Wait?**

- Up to 40% of women do not attend the 6-week postpartum visit
- In Illinois, 24% of pregnancy-associated deaths occurred 0-42 days postpartum - the period before the traditional 6-week postpartum visit
- As many as 1 in 3 women experience a postpartum mental health disorder
- 50% of postpartum strokes occur within 10 days of discharge
- Report recommends adopting ACOG standards on early postpartum visits scheduled prior to hospital discharge
- 25% of women discontinued breastfeeding before the first six weeks

**Reframing the Postpartum Period**

**PATIENT SAFETY BUNDLE**  
for Postpartum Care Basics for Maternal Safety

**FROM BIRTH TO THE COMPREHENSIVE POSTPARTUM VISIT**

**READINESS**

- Programs will have provider/delivery personnel care to develop a comprehensive postpartum care plan that includes home-based evaluation, mental health, where the woman can access care and support during the postpartum both in the comprehensive postpartum visit and in the home.
- Receive woman-centered counseling and anticipatory guidance regarding medical recommendations for breastfeeding in order to make the most informed decision.
- Receive woman-centered counseling regarding medical recommendations for both acute and the range of available contraceptive options.
- Member's postpartum care team, inclusive of friends and family, to provide medical, mental and social support the weeks following birth.

**Every clinical visit**

- Ensure that each woman has a documented postpartum care plan and care team identified in the prenatal period.
- Develop interventions and working knowledge of available local evaluation and management strategies of common issues facing the mother/infant dyad.

**Every clinical setting**

- Develop and utilize models of woman-centered postpartum care and education, utilizing both home-based pregnancy/infant problem and addressing the diversity of family structures, cultural traditions, and parenting practices.
- Develop systems to address with women pregnancy/infant problem and addressing the diversity of family structures, cultural traditions, and parenting practices.
- Follow up and social and mental support.
- Optimize supporting family, clinical approach, and encouragement options to enable steady access to desired contraception.
- Develop systems to ensure timely, robust communication between inpatient and outpatient providers.
- Develop protocols for screening and treatment for postpartum concerns, including common and uncommon issues (e.g., mental health, substance use) including social supports for co-management or referral.

# IPAC- Steps to take today to MOVE FORWARD



- Meet with your QI team to discuss the following:
  - What is the clinical culture/thoughts around IPAC and the systems changes needed to Go-LIVE?
  - Review your data and current status with your team
- Create a 30/60/90 plan to complete IPAC Key strategies :
  1. Obtain provider buy-in
  2. Develop process flow to schedule early pp visit before discharge
  3. Develop process to ensure women receive key IPAC education before discharge
  4. Educate all providers / nurses on key elements of IPAC.
- Review and finalize your discharge materials to ensure you provide ALL discharge components
  1. ILPQC Benefit of 2 week Maternal Health Safety Check
  2. AWHONN Post Birth Warning Signs
  3. Healthy Pregnancy Spacing/Family Planning options or referrals /Contraception Counseling as appropriate for your hospital



Improving Postpartum Access to Care (IPAC)

# TEAM TALK- MEMORIAL HOSPITAL OF CARBONDALE





# Memorial Hospital of Carbondale IPAC

Team Members:

Mary Jarvis, BSN, RN, CLC

Lauren Abell, RN

Dr. Sherry Jones



# Memorial Hospital of Carbondale

Memorial Hospital of Carbondale is the flagship hospital for SIH and regional referral center for the 16 county southern Illinois region. Memorial paves the way to bring big city medicine home. Physicians in over 45 different specialties practice here, bringing expertise and new procedures, but successfully tailoring them to the particular needs of a rural setting.

- 154-bed tertiary care hospital
- The core hospital for SIH's comprehensive, regional heart program, Prairie Heart Institute.
- High level surgical capabilities including daVinci technology
- Affiliated with SIU School of Medicine through its Family Practice Residency Program
- Neuroscience program including neurosurgery and a designated Primary Stroke Center
- Accredited by the Commission on Cancer for comprehensive cancer treatment
- Recently added Level II Trauma Center Designation





# Women and Children

Designated Level II+, SIH Women and Children center delivers around 2000 births per year. And with a local birthing center closing their doors we have increased our deliveries by 30%. Baby Friendly Designated since 2015.

- 85 Total Beds (7 LDR, 2 C-section ORs, 13 SCN, 21 Normal Newborn, 8 Antepartum, 4 Triage , 20 Mother Baby, 14 Pediatric)
- Southern Illinois' largest and most spacious birthing center with Level II+ Special Care Nursery
- Only dedicated pediatric unit in the region
- Dedicated Anesthesia 24/7
- Nearly covering 24/7 Lactation support

# Overall Initiative Aim:

Implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to discharge



# What's Next

- Implement standard postpartum education prior to discharge after delivery
- Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and needs of the maternal health safety check.
- Implement above process with patient discharge navigator to review education with patient prior to going home and has 2 week pp follow up appointment.



**Congratulations on the birth of your baby!**

After giving birth, you will need to take care of both you and your newborn baby. This is called the postpartum period. It is important to take care of yourself and your baby during this time.

**What to expect in the first 2 weeks:**

- Physical changes:** Your body will go through many changes, including changes in your breasts, uterus, and vagina. It is important to take care of yourself during this time.
- Emotional changes:** You may feel a range of emotions, including happiness, sadness, and exhaustion. It is important to talk to your healthcare provider if you are feeling overwhelmed.
- Feeding your baby:** You will need to feed your baby frequently. It is important to get help if you are having trouble feeding your baby.
- Rest and recovery:** You will need to rest and recover from the birth. It is important to get help if you are having trouble resting.

**When to call your healthcare provider:**

- If you have any questions or concerns about your recovery.
- If you are having trouble feeding your baby.
- If you are feeling overwhelmed or sad.
- If you have any signs of infection, such as fever, chills, or pain.

**MS. MARY McNEIL Women's Health Center**

**How long should you wait before getting pregnant again?**

It is important to wait a certain amount of time before getting pregnant again. This is because your body needs time to recover from the birth and to get back to its normal state. Waiting too long can increase the risk of complications for you and your baby.

**When to get pregnant again:**

- Most healthcare providers recommend waiting at least 18 months before getting pregnant again.
- Some healthcare providers recommend waiting at least 24 months before getting pregnant again.

**Why wait?**

- Waiting too long can increase the risk of complications, such as low birth weight, preterm birth, and stillbirth.
- Waiting too long can also increase the risk of maternal health problems, such as high blood pressure and diabetes.

**MS. MARY McNEIL Women's Health Center**

**SAVE YOUR LIFE: Get Care for These POST-BIRTH Warning Signs**

After giving birth, you need to watch for warning signs that could be life-threatening. If you notice any of these signs, call your healthcare provider immediately.

<b>Call 911</b>	1. Fever to check
<b>Call your healthcare provider</b>	2. Obstructed breathing or changes in breathing
	3. Bleeding
	4. Thoughts of harming yourself or someone else
	5. Writings, rashes, blisters, or sores on your face, arms, or legs
	6. Changes in your breathing
	7. Pain in your legs, that is not related to your injury
	8. Temperature of 100.4°F or higher
	9. Changes in your vision, such as blurry vision or seeing halos
	10. Severe headache that does not go away after resting
	11. Painful or bloody urine
	12. Painful or bloody stool

**MS. MARY McNEIL Women's Health Center**

Thank you!



Improving Postpartum Access to Care (IPAC)

**TEAM TALK- AMITA ALEXIAN  
BROTHERS**

# IPAC: Where Are We Now

AMITA Alexian Brothers Medical Center  
Women and Infants Services Team



In sickness and in health®



# Amita Health Care System

## AMITA Health Regions

### AMITA Health Northwest Region

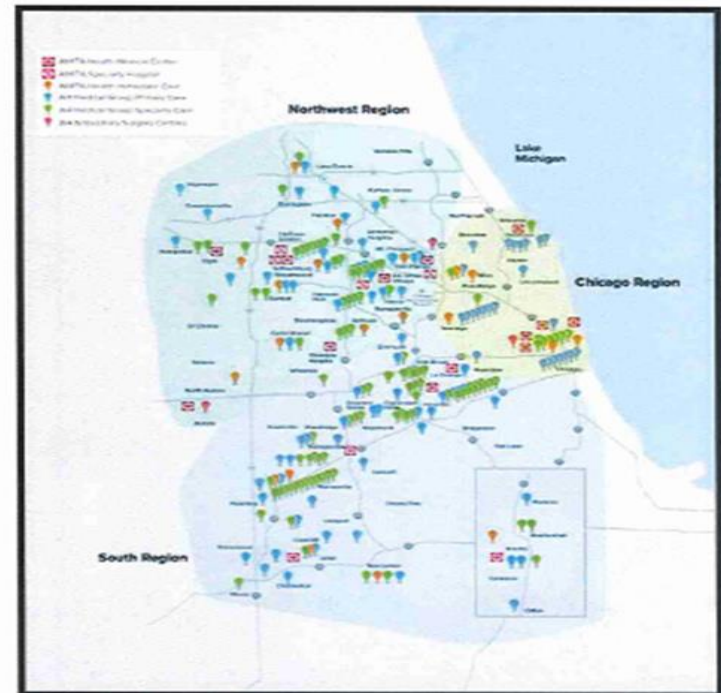
- St. Alexius Medical Center, Hoffman Estates
- Alexian Brothers Medical Center, Elk Grove Village
- Saint Joseph Hospital, Elgin
- Mercy Medical Center, Aurora
- Adventist Medical Center GlenOaks, Glendale Heights

### AMITA Health Chicago Region

- Saint Francis Hospital, Evanston
- Saint Joseph Hospital, Chicago
- Saints Mary & Elizabeth Medical Center, Chicago
- Resurrection Medical Center, Chicago

### AMITA Health South Region

- Saint Joseph Medical Center, Joliet
- Saint Mary's Hospital, Chicago
- Adventist Medical Center, Bolingbrook
- Adventist Medical Center, Hinsdale
- Adventist Medical Center, La Grange



# OUR IPAC TEAM

- Susan Fulara MSN, RNC-OB, NE-BC Manager Women and Infant Services
- Kristin Yates BSN, RNC-MNN L&D Educator
- Peggy Farrell MSN RN M/B-SCN Educator

# What have we done?

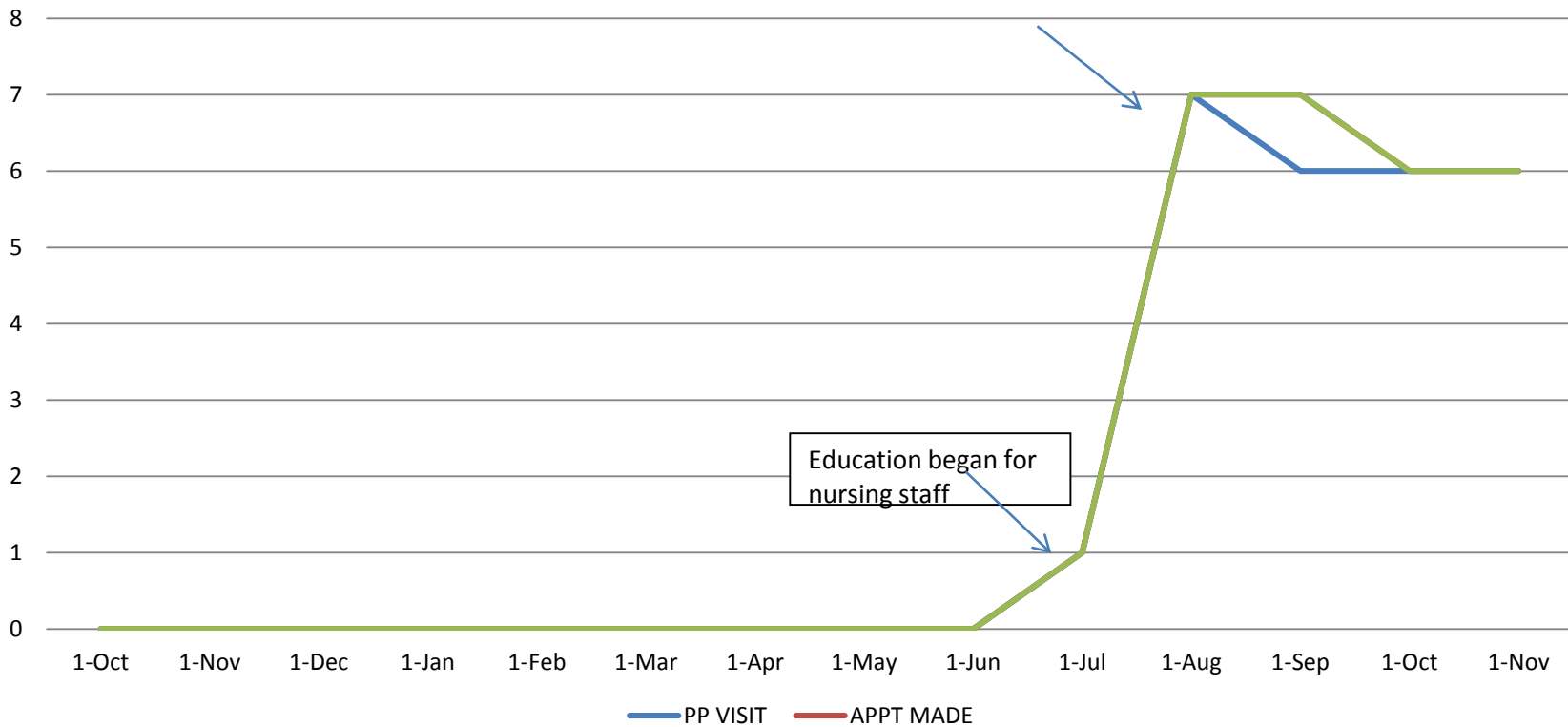
- May 2019 AMITA Alexian Brothers Joined IPAC team
- June 2019 Introduced to core group of OB providers- Perinatal Quality Meeting
- June 2019 Initiated education to the nursing staff - Huddle board introduction.
- July 2019 Include discharge flyers for Post Partum Warning Signs
- August 2019 Started data collection and completed retro review as well
- August 2019 Introduced IPAC at OB Department Meeting.
- Oct 2019 Continued discussion at Perinatal Safety meeting. Some providers feel everyone knows about this- no longer need to discuss. Was removed from OB dept meeting agenda due to many other items this month.
- Oct 2019 Include IPAC information in orientation of new staff

# DATA AND OUTCOMES:

IPAC: Post partum visit within 2 weeks & appt made at time of discharge from hospital.

Goal 80% of PP pts will have visit/appt. made within 2 weeks of d/c.

## IPAC OUTCOMES



# Future:

- Engage OB provider as champion
- Continue to provide resources/education to providers and staff
- Speaker to present 10 min at OB Dept meeting
- Provide results of data review to OB Dept Meeting & Staff (staff emailed)
- Packet of information to be delivered to each OB office
- Packet of information to be delivered to affiliated clinic
- Develop follow up appt to be made before discharge
- How to address pregnancy spacing at a Catholic Hospital
- Continue to engage in web meeting and resources by ILPQC
- Partner with AMITA Health to accomplish goals

QUESTIONS?

# THANK YOU

Contact information for our team members:

Improving Postpartum Access to Care (IPAC)

# ROUND ROBIN



# Round Robin

Each team to share:

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

Improving Postpartum Access to Care (IPAC)

# NEXT STEPS

# IPAC Team Talk Schedule



Month	Team 1	Team 2
December 16	SSM Health St. Mary's	AMITA Resurrection Medical Center
<b>January 2020 – CANCELED due to MLK Holiday-----</b>		
February 17	St. Margaret's Hospital	Memorial Medical Center
March 16	UI Health	Touchette Regional

# IPAC Calls

- **THIRD MONDAY OF THE MONTH**

**IPAC Teams  
11am-12pm**

<b>Date</b>	<b>Topic</b>
<b>December 16</b>	IPAC and Billing
<b>January – Canceled due to MLK Holiday</b>	
<b>February 17</b>	Topic TBD
<b>March 16</b>	Topic TBD

# To Do List

- ❑ Submit [IPAC data](#) for October and November
- ❑ 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 your IPAC Success Stories](#) to share with clinical staff, hospital administration, & ILPQC
- ❑ Schedule [your IPAC Discover Call with Autumn](#) before the end of the year – coming to your inbox soon!

# Contact



- Email [info@ilpqc.org](mailto:info@ilpqc.org)
- Visit us at [www.ilpqc.org](http://www.ilpqc.org)



**THANKS TO OUR  
FUNDERS**



**JB & MK PRITZKER**  

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**Family Foundation**