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

November 18th, 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

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Strategy</th>
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| Number of prenatal sites                                    | • OB Provider Buy-in  
• Process flow development                                           |
| Incorporating all patient education materials               | • Put together IPAC education folders for patients, nurse review prior to discharge |
| Billing for two-week visit                                  | • Utilize toolkit resources including ACOG Coding Sheet  
• Join upcoming webinar on billing                                    |
| Provider buy-in                                             | • Partner with a physician champion  
• Determine % of providers already seeing patients at 2 weeks  
• Host Grand Rounds and/or attend OB provider meeting                |
| Scheduling visits – availability, night/weekend discharges   | • Develop process flow for patients discharged without an appointment    |
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 patients 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

<table>
<thead>
<tr>
<th>QI Recognition</th>
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<tbody>
<tr>
<td>AMITA Health Alexian Brothers Hospital</td>
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<tr>
<td>Loyola University Medical Center</td>
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<tr>
<td>AMITA Health St. Joseph</td>
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<tr>
<td>Memorial Hospital of Carbondale</td>
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<td>AMITA Health St. Alexius Medical Center</td>
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<td>Morris Hospital</td>
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<td>Franciscan Health Olympia Fields</td>
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<td>SSM St. Mary’s - Centralia</td>
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<td>Illinois Valley Community Hospital</td>
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<td>St. Margaret’s Hospital</td>
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<td>University of Illinois Hospital and Health Sciences System</td>
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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
**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>
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<tbody>
<tr>
<td>Baseline – October 2018</td>
<td>10</td>
</tr>
<tr>
<td>Baseline – November 2018</td>
<td>10</td>
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<tr>
<td>Baseline – December 2018</td>
<td>10</td>
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<tr>
<td>June 2019</td>
<td>10</td>
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<td>July 2019</td>
<td>11</td>
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<tr>
<td>August 2019</td>
<td>12</td>
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<tr>
<td>September 2019</td>
<td>10</td>
</tr>
<tr>
<td>October 2019</td>
<td>5</td>
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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

[Bar chart showing percent of hospitals at different months from October 2018 to September 2019, with categories for In Place, Working On It, Have Not Started, and Goal.]
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

- Oct-18: 9%
- Nov-18: 1%
- Dec-18: 2%
- Jun-19: 15%
- Jul-19: 35%
- Aug-19: 56%
- Sep-19: 70%

% providers trained
Percent of Nurse Education

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

- Oct-18: 9%
- Nov-18: 1%
- Dec-18: 2%
- Jun-19: 10%
- Jul-19: 35%
- Aug-19: 53%
- Sep-19: 62%

% nurses trained
Percent of Patients with Early Postpartum Visit Scheduled

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

- Oct-18: 2%
- Nov-18: 1%
- Dec-18: 7%
- Jun-19: 14%
- Jul-19: 12%
- Aug-19: 35%
- Sep-19: 31%

IL PQC
Illinois Perinatal Quality Collaborative
Percent of Patients with Standardized Patient Education

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

Benefits of early postpartum visit
Early Warning Signs
Birth Spacing
Going live with IPAC:
WHERE WE ARE AND WHERE WE ARE GOING
Improving Postpartum Access to Care (IPAC) - Why?

- 50% postpartum strokes occur within 10 days of discharge
- 20% discontinue breastfeeding before the first 6-weeks
- 40% of women do not attend the 6-week postpartum visit

IDPH MMRC report
Illinois Dept. of Public Health
Maternal Morbidity & Mortality
Report: Key Recommendations


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.
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.
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.

**AIM**

**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 Key Driver Diagram**
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 you 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?
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.

Communicate recommendations/strategy for early postpartum visit with OB providers
Provided ILPQC OB provider/outpatient care site packet

Worked with discharge patient navigator to facilitate scheduling of early postpartum visits & universal patient education prior to discharge

Outcome:
Increase the % of women with early postpartum visits within first 2 weeks of delivery
Increase PP education prior to discharge

To Do:
Implement standard postpartum education prior to discharge after delivery

To Do:
Educate all providers and staff on optimizing early postpartum care
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.
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
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

Education began for nursing staff
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

<table>
<thead>
<tr>
<th>Month</th>
<th>Team 1</th>
<th>Team 2</th>
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<tbody>
<tr>
<td>December 16</td>
<td>SSM Health St. Mary’s</td>
<td>AMITA Resurrection Medical Center</td>
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<tr>
<td>January 2020</td>
<td>CANCELED due to MLK Holiday</td>
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<tr>
<td>February 17</td>
<td>St. Margaret’s Hospital</td>
<td>Memorial Medical Center</td>
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<tr>
<td>March 16</td>
<td>UI Health</td>
<td>Touchette Regional</td>
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**IPAC Calls**

- THIRD MONDAY OF THE MONTH

**IPAC Teams**

11am-12pm

<table>
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<tr>
<th>Date</th>
<th>Topic</th>
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<tr>
<td>December 16</td>
<td>IPAC and Billing</td>
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<td>January – Canceled due to MLK Holiday</td>
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<tr>
<td>February 17</td>
<td>Topic TBD</td>
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<tr>
<td>March 16</td>
<td>Topic TBD</td>
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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 you 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
• Visit us at www.ilpqc.org
THANKS TO OUR FUNDERS