10 Steps to Getting Started with the ILPQC Improving Postpartum Access to Care (IPAC) Initiative

1. Schedule regular, at least monthly, team meetings.

2. Review the ILPQC IPAC Data Collection Form with your team and discuss opportunities for data collection.

3. Complete the IPAC Teams Survey and identify team goals. This survey will help identify opportunities at your hospital to get started.

4. Create a draft 30-60-90 day plan. This plan helps your team decide where to start and identify what you want to accomplish in the first 3 months. Call it the "where should we start and what should we do next” plan.

5. Diagram your process flow. This diagram helps your team describe a possible process for facilitating scheduling universal early postpartum visits prior to discharge within two weeks of delivery and providing patients education on benefits of early postpartum visits, postpartum early warning signs/symptoms and when to seek care, and education on the benefits of pregnancy spacing with options for outpatient family planning. This should be a work in process diagram to help you identify key steps in the process for facilitating scheduling of early postpartum visit (within 2 weeks) before hospital discharge and providing patients education on this visit. Involve everyone in this process to help your team understand who is doing each activity, when, where, why, and how.

6. Review your process flow diagram with your team and identify key opportunities for system change and clinical culture change/buy-in to achieve your goal of implementing universal early postpartum visits within 2 weeks. Reference the Key Driver Diagram to identify possible interventions. Focus first on communicating universal early postpartum visits to OB providers and developing buy-in, developing a protocol to facilitate scheduling universal early postpartum visits, working with outpatient sites to develop a process for this and understand billing/coding strategies, standardizing patient education materials, and educating nurses, providers and staff on the benefits of early postpartum visits/maternal health safety check, key components of the visit and process for scheduling.
   - Identify key champions in all pertinent departments, especially postpartum care team and outpatient care sites
   - Communicate recommendation/strategy for universal early postpartum visits/maternal health safety check and develop buy-in from OB providers/outpatient care sites.
   - Develop and implement a protocol for facilitating universal early postpartum visit scheduling within 2 weeks
   - Share strategies for scheduling and billing/coding the early postpartum visit, as well as key components of the early postpartum visit / postpartum maternal safety check with providers and outpatient sites
   - Identify and standardize the process for providing patient education materials before hospital discharge on:
     - Benefits of early postpartum care for a maternal health safety check
     - Postpartum early warning signs and how to seek care
     - Benefits of pregnancy spacing and options for outpatient family planning strategies
   - Educate obstetric providers, nurses, and staff on optimizing early postpartum care, including:
     - Maternal safety risks in the postpartum period
     - Benefits of the early postpartum care visit / maternal health safety check
     - Protocol for scheduling early postpartum visit prior to discharge
     - Documentation and billing for early postpartum visits
     - Components of early postpartum visit / maternal health safety check

7. Review the ILPQC Improving Postpartum Access to Care Toolkit Binder for nationally vetted resources to support your improvement goals.
8. Plan your first **PDSA cycle** with your team to address your 30-60-90 day plan. These small tests of change help your hospital test process/system changes to reach initiative goals. Please see attached worksheet for more details on planning your first small test of change. Focus on IPAC key elements for improvement, start small and test a change/improvement with one nurse, one provider, one patient or for one day or one week. Review results, make improvements and implement if successful, repeat cycle if improvements needed. Think about opportunities to test strategies to facilitate scheduling early postpartum visits, what works best? Or consider a PDSA on how to best provide patients the new elements of postpartum education materials. Start small, see what works, get feedback, revise.. That is how to make a PDSA cycle work for you!

9. Develop your teams 30, 60, and 90 day **implementation plan** to plan your work on the key strategies. Consider focusing on developing a process for scheduling the early postpartum visit prior to delivery discharge, standardizing patient education and working on a provider / outpatient packet to communicate strategies with your hospitals affiliated obstetric providers and outpatient care sites. Early in the process you may need to engage obstetric providers in developing buy-in for early postpartum visits for a maternal safety check, and the recommendation from ACOG and the Illinois Maternal Mortality Review Committee. Every hospital is different and is starting at a different place. Your readiness survey should help direct your team on where you may want to start.

10. Reach out to ILPQC for help (info@ilpqc.org) and celebrate your successes with your team early and often.