Creating IPAC process flow and system changes to facilitate universal scheduling prior to hospital discharge

August 19th, 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

Please enter the name, role and institution of yourself and all those in the room viewing the webinar.
Overview

• Welcome/introductions
• IPAC updates and data review
• Importance of creating IPAC process flow and system changes to facilitate universal scheduling prior to hospital discharge
• Team talk-
  – Michele Bucciero, MD, MBA, HCm- Saint Anthony Hospital
• Round Robin
• Webinar take-away(s)
• Reminders and upcoming events
Improving Postpartum Access to Care (IPAC)

IPAC- UPDATES AND DATA REVIEW
**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
REMINDER WHY IPAC MATTERS
Key Findings Regarding Maternal Mortality in the Early Postpartum Period

24% of pregnancy associated deaths 0-42 days
53% of pregnancy related deaths 0-42 days
Before the 6 week visit

Maternal Morbidity in the Early Postpartum Period

- 50% of postpartum strokes occur within 10 days of discharge
- 20% of women discontinue breastfeeding before the first 6-weeks
- Up to 40% of women do not attend the 6-week postpartum visit
- As many as 1 in 5 women experience a postpartum mental health disorder
Components of the 2 week Early Postpartum Visit

Maternal Health Safety Check

- Blood pressure / preeclampsia symptoms check
- Wound/ perineum check
- Assess appropriate postpartum bleeding
- Mood check/depression screening
- Breastfeeding support
- Family planning/contraception options
- Linkage to health / community services (ie. WIC, breastfeeding support, home visits)
- Assess medical / pregnancy complications, including SUD/OUD risks and link to needed follow up care
- Review risk reduction strategies for future pregnancies
### 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 (i.e., share ILPQC OB provider/outpatient care site packet).

### 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.
Structure Measures help you track your implementation of systems/capacity changes

- Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/outpatient care sites (i.e. share ILPQC OB provider/outpatient care site packet)

- System in place for facilitating scheduling early postpartum visits with affiliated prenatal care sites before hospital discharge

- Patient education materials selected with system to provide/review with patients before hospital discharge

Reports will display your progress in red/yellow/green (not started, started, completed)
Process Measures help you track your implementation of clinical practices towards culture change

- % of Physicians and midwives educated on IPAC
- % of Nurses, lactation consultants, and social workers educated on IPAC

Outcome Measures help you track your progress towards changing the health status of patients

- # of deliveries for the month
- Random sample of 10 deliveries report
  - # early postpartum follow-up plan/counseling documented prior to hospital discharge
  - # early postpartum visits scheduled and documented prior to hospital discharge
  - # patients with documentation of standardized postpartum patient education prior to hospital discharge
Short monthly data form to drive QI change at your hospital

Remember!
Baseline and June-July data due August 31!

### ILPQC IPAC Data Collection Form

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers/Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For which month are you reporting? (month)</td>
<td>Month/year: ________________________</td>
</tr>
<tr>
<td><strong>Structure Measures</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 2. What stakeholders do you have on your hospital QI team to date? (check all that apply) | 1. Administration  
2. Nursing  
3. QI provider champion  
4. Postpartum care site liaison  
5. Social Work  
6. Other: ____________ |
| 3. Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/outpatient care sites (e.g., share ILPQC OB provider/outpatient care site packet) | a. Have not started  
b. Working on it  
c. In place |
| 4. Does your team have a system in place to facilitate scheduling early postpartum visits with affiliated prenatal care sites prior to hospital discharge? | a. Have not started  
b. Working on it  
c. In place |
| 5. Does your team have patient education materials selected/created to disseminate to patients prior to hospital discharge? | 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 |
| a. Benefits of early postpartum care | a. Have not started  
b. Working on it  
c. In place |
| b. Postpartum early warning signs and how to seek care | a. Have not started  
b. Working on it  
c. In place |
| c. Benefits of pregnancy spacing and options for outpatient family planning | a. Have not started  
b. Working on it  
c. In place |
| 6. Does your team have a system in place for educating inpatient providers and nurses on the benefits of early pp visit/maternal health safety check and strategies to facilitate scheduling early pp visit prior to hospital discharge? | a. Have not started  
b. Working on it  
c. In place |
| 7. Does your team have a system in place for communication with all affiliated obstetric providers and outpatient care sites the benefits of the maternal health safety check and education on billing and coding for this visit? | a. Have not started  
b. Working on it  
c. In place |
| **Process Measures**                                                    |                                                                              |
| 8. % of providers educated on optimizing early postpartum care          | a. 10%  
b. 20%  
c. 30%  
d. 40%  
e. 50%  
f. 60%  
g. 70%  
h. 80%  
i. 90%  
j. 100% |
Report data in ILPQC Data System via REDCap
When and how often to submit the data?

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Data as of:</th>
<th>Data due by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Data</td>
<td>Q4 2018 (Oct, Nov, Dec)</td>
<td>Aug 31</td>
</tr>
<tr>
<td>Monthly Data</td>
<td>Jun-Jul 2019</td>
<td>Aug 31</td>
</tr>
<tr>
<td></td>
<td>Starting with Aug and ongoing</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; of the following month (i.e. Aug data due Sep 15)</td>
</tr>
</tbody>
</table>
IMPORTANCE OF CREATING IPAC PROCESS FLOW AND SYSTEM CHANGES TO FACILITATE UNIVERSAL SCHEDULING PRIOR TO HOSPITAL DISCHARGE
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 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.

- 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 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.

**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 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.
The importance of Systems Change ➔ Clinical Culture Change

• What does it mean to say “create systems changes to create clinical culture change” for IPAC?
  – Systems in place for scheduling appointments to maintain sustainability
  – Buy-in from the care team that the early postpartum visit is valuable and recommended by ACOG

• What “systems” should I be looking at?
  – Overall hospital/institution policies
  – Policies for clinics
  – Nursing protocols and guidelines
The importance of creating a process flow

• Helps team members identify various responsibilities for each team member in the process
• Helps illustrate the patient’s discharge journey
• Start with mapping out your current workflow to help identify opportunities for facilitation
• Helps each team member see their role in the discharge process
• Use a PDSA cycle to review the draft process flow with several providers/nurses any other key staff and adopt or adapt your process flow as needed
Process Flow for Scheduling Early Postpartum Visit

1. **Patient meets all discharge criteria**
2. **Patient counseled on need for early postpartum visit at 2 weeks and will help make appointment before discharge**
3. **Provide patient education materials on the benefit of early postpartum visit, warning signs/symptoms to seek care (ie. AWHONN hand out), and information on benefits of pregnancy spacing/family planning options.**
4. **Able to schedule early postpartum appointment before discharge**
   - **Yes**
     - **Appointment scheduled and appointment date and time added to patient’s discharge paperwork**
     - **Document counseling, education and postpartum care plan in discharge summary / instructions and ensure patient has follow up plan**
   - **No**
     - **Arrange follow up with patient to schedule 2 week postpartum visit after discharge**
8. **Confirm patient early pp visit scheduled and document in record**
IPAC Toolkit

1. Introduction
2. Initiative Resources
3. Communicating and obtaining buy-in regarding need for early postpartum visit
4. Tools for implementing universal early postpartum visits scheduled prior to hospital discharge
5. Tools for outpatient providers to optimize early pp visit/maternal health safety check
6. Billing/coding strategies for reimbursement of IPAC
7. Resources for provider/nurse education
8. Resources for patient education regarding IPAC
IPAC Toolkit Materials

- Example Protocol from Saint Anthony’s
- Postpartum Visit timeline tool
- Patient referral checklist
Communication your new systems change

**OB Provider/Outpatient Site Letter**

- **Ways to utilize this letter:**
  1. Print out the letter with the OB Chair signature in the break room and documenting stations
  2. Include this as your cover letter when creating your OB Provider/Outpatient packet
  3. Once you identify your process, share this letter with your new mapping tool
Creating your provider packet:

**What to include in your packet**

- Your new discharge process flow
- OB Provider/Outpatient site letter (signed by OB Chair)
- IPAC Fact Sheet
- National and State Guidance documents
  - ACOG CO #736
  - AIM Postpartum Care Safety Bundle
  - IDPH Maternal Morbidity and Mortality Report
- Billing and coding resources
- Provider education resources
NEW Resources for patient education

• New Patient education material ready for your use
  – To explain importance of maternal health safety check / early postpartum visit and risks of postpartum period
  – Easy to understand, patient friendly language
  – Can be personalized for your hospitals use - add your own logo here
Improving Postpartum Access to Care (IPAC)

TEAM TALK-
Creating IPAC Process
Flow and System Change

Saint Anthony Hospital - Chicago
Michele A Bucciero, MD MBA-HCM
Director of Perinatal Services
Process Flow

- Every institution has a different number of affiliated providers, many with different electronic medical records.
- Best to educate staff about the change in practice and the goals of the initiative first.
- Most providers will be happy to jump on board and will know how best to make it work for their practice and patients.
**Process Flow:** Our institution is an example of the various ways this can be accomplished

<table>
<thead>
<tr>
<th>Clinic Type</th>
<th>Appointment Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Anthony Clinics</td>
<td>Postpartum nurses make appointments during clinic hours with clinics, with hospital operator on evenings/weekends</td>
</tr>
<tr>
<td>Esperanza Clinics</td>
<td>Clinic staff call into rooms for all postpartum women prior to discharge to make appointments</td>
</tr>
<tr>
<td>Lawndale Christian Clinic</td>
<td>Providers make appointments in EMR themselves while they make rounds</td>
</tr>
<tr>
<td>Access Community Health</td>
<td>Providers make always patient 1-2 week appointments during clinic visits around 39-41 weeks of pregnancy</td>
</tr>
<tr>
<td>Private Attendings</td>
<td>Advise patient come to appointments their usual day/time during rounds and then add the patient to their schedule when they return to the office</td>
</tr>
</tbody>
</table>
Systems Change

- Providers should be educated about the benefits of the IPAC initiative
- They should be allowed to determine how their practice can most easily make it happen
- Education should include how they should code and bill for these additional visits in order to get paid
- Equally important for institutions with and without access to IPLARC
Example Clinic Process Flow

Weekly visits made for the next 2-3 weeks

38-39 wks

Ensure patient has follow-up appointment made in 2 weeks, arrange for future induction of labor

40 weeks

Confirm the patient has a follow-up appointment within 2 weeks already made

Postpartum Unit

Postpartum Clinic Visit

May address patient issues every 1-4 weeks including LARC, BP check, incision check, breastfeeding, etc.
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ROUND ROBIN
Please state your name and share your thoughts on the following:

1. What first steps have you taken or plan to take to create a system for scheduling a postpartum maternal health safety check appointment before discharge?

2. What barriers do you anticipate in creating this systems change at your hospital?

3. What strategies will you implement to overcome those barriers?
Improving Postpartum Access to Care (IPAC)

QI CORNER
Team met together to brainstorm what process/workflow might work best for their hospital and providers:

- **Review their current process** to determine ideas on what might work best.

- Created a **Process Map** for their current workflow and responsibilities

- **QI work**: Perform small test of change with one patient, one nurse and one OB provider
QI Corner - process mapping current workflow

**OB Provider**
- OB Provider to see patient and place d/c order
- Prescription plan/orders complete in EMR or e-pharmacy
- Complete AVS (d/c) instructions and signed off in EMR specific to patient

**PP Nurse**
- Verify OB Provider tasks are complete
- Complete birth record activities or verify parental plan for birth record completion
- Complete discharge education for mother and baby
- Resolve care plan & complete d/c tasks (security system, infant transportation, tests, etc)

**Secretary**
- Send admitting notification on patient's discharge
- Clear chart from EMR system
- Order for pp room to be clear

Complete discharge note
QI Corner- creating a PDSA

**OB Provider**
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**Secretary**
- Send admitting notification on patient’s discharge
- Clear chart from EMR system
- Order for pp room to be cleaned

**IDEA-** Empower the patient to call the provider’s office while doing discharge teaching. Will teach the AWHONN warning signs along with important of the maternal health safety check visit
Sample PDSA cont.:

**Plan**

IPAC QI team met and developed a process flow on current workflow. Identified an area where it would be easy to make the appointment.

**Act**

Team will ADAPT implementation approach and add to the OB provider’s responsibilities identifying place of pp follow-up visit.

**Study**

Team found that there was a knowledge gap where the patient was unclear on who the patient should schedule an appointment with. Resident realized patient needed resources to identify pp visit sites for d/c visit.

**Do**

Asked one OB resident from the large clinic along with one nurse to try the new workflow for one patient during her discharge process. Team plans to met after to discuss.
QI Corner- adapting your PDSA

- **OB Provider**
  - OB Provider to see patient and place d/c order

- **PP Nurse**
  - Verify OB Provider tasks are complete
  - Complete birth record activities or verify parental plan for birth record completion
  - Complete AVS (d/c) instructions and signed off in EMR

- **Secretary**
  - Send admitting notification on patient’s discharge
  - Clear chart from EMR system
  - Order for pp room to be cleaned

**Adapt:** Learning need identified that patients need to know where to follow-up. This is not the same for everyone. Plan to have providers add this to their discussion and d/c instructions.
Improving Postpartum Access to Care (IPAC)

NEXT STEPS
Key take-aways

1. Improving postpartum care = seeing all patients back for a 2 week pp visit / Maternal Health Safety Check

2. Key strategies should include:
   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 key elements of IPAC.

3. Work on draft process flow for scheduling early pp visit before discharge with your team

4. Review draft process flow with key staff and revise as needed

5. Data collection will help you measure progress
Next Steps for IPAC Teams

- **Enter Data submission**
  - Begin collecting and entering baseline data (Q4 2018)
  - Enter monthly data beginning June 2019

- **Visit ILPQC IPAC Website**
  - Review the online toolkit
  - Print out any desired resources/new materials

- **Start your QI work**
  - Work on your elevator pitch
  - Determine key stakeholders to focus on obtaining buy-in/support

- **Complete team talk sign-up**
  - Use the signup-genius link to sign-up for your team talk
  - Reach out to Autumn with questions
Remember we are here to help

• IPAC Toolkit
  – Please reach out to info@ilpqc.org if you did not get a toolkit
  – **Now available online** at ilpqc.org

• Monthly team webinars
  – Posted online for your review and to share with others
  – Contains education, data review and ‘Team Talks’ to learn from other teams and discuss issues & strategies across hospitals

• ILPQC Data System
  – Secure access to the REDCap portal with live reports that can be shared to support your teams efforts

• QI support coaching calls to teams to problem solve
<table>
<thead>
<tr>
<th>Month</th>
<th>Team 1</th>
<th>Team 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 15</td>
<td>Morris Hospital</td>
<td>AMITA St. Alexius</td>
</tr>
<tr>
<td>August 19</td>
<td>St. Anthony Hospital</td>
<td></td>
</tr>
<tr>
<td>September 16</td>
<td>Franciscan Health Olympia Fields</td>
<td>Loyola University Medical Center</td>
</tr>
<tr>
<td>October 21</td>
<td>St. Joseph</td>
<td>IL Valley Community</td>
</tr>
<tr>
<td>November 18</td>
<td>AMITA Alexian Brothers</td>
<td>FHN</td>
</tr>
<tr>
<td>December 16</td>
<td>SSM Health St. Mary’s</td>
<td>AMITA Resurrection Medical Center</td>
</tr>
<tr>
<td>January 2020</td>
<td><strong>CANCELED due to MLK Holiday</strong></td>
<td></td>
</tr>
<tr>
<td>February 17</td>
<td>St. Margaret’s Hospital</td>
<td>Memorial Medical Center</td>
</tr>
<tr>
<td>March 16</td>
<td>UI Health</td>
<td>Touchette Regional</td>
</tr>
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## IPAC Calls

- **THIRD MONDAY OF THE MONTH**

### IPAC Teams

11am-12pm

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>August 19</strong></td>
<td>Creating IPAC process flow and system changes to facilitate universal scheduling prior to hospital discharge</td>
</tr>
<tr>
<td><strong>September 16</strong></td>
<td>Strategies to launch IPAC provider and nurse education</td>
</tr>
<tr>
<td><strong>October 21</strong></td>
<td>Implement IPAC process flow and system changes to provide patient education prior to hospital discharge</td>
</tr>
<tr>
<td><strong>November 18</strong></td>
<td>Topic TBD</td>
</tr>
<tr>
<td><strong>December 16</strong></td>
<td>Topic TBD</td>
</tr>
<tr>
<td><strong>January – Canceled due to MLK Holiday</strong></td>
<td></td>
</tr>
<tr>
<td><strong>February 17</strong></td>
<td>Topic TBD</td>
</tr>
</tbody>
</table>
IPAC Webpage and Toolkit are LIVE

Content on the website includes:
1. Introduction
2. Initiative Resources
3. Communicating and obtaining buy-in regarding need for early postpartum visit
4. Tools for implementing universal early postpartum visits scheduled prior to hospital discharge
5. Tools for outpatient providers to optimize early pp visit/maternal health safety check
6. Billing/coding strategies for reimbursement of IPAC
7. Resources for provider/nurse education
8. Resources for patient education regarding IPAC

www.ilpqc.org/ipac
SAVE THE DATE

ILPQC 7th Annual Conference
Monday, November 4, 2019
Westin Lombard
Contact

• Email info@ilpqc.org
• Visit us at www.ilpqc.org
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