Obtaining OB Provider & Outpatient Site IPAC Buy-in and Engagement

July 15, 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 obtaining OB provider buy-in
• Team talk-
  – Crystal Antos, AMITA St. Alexius Women’s and Children’s Hospital, Hoffman Estates
  – Kara Jirgl, Morris Hospital & Healthcare Settings, Morris
• QI Corner
• 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
IPAC Teams Improving Access across Illinois

- Participation across 8/10 perinatal regions
- Way to go Loyola for 100% network participation!
## 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.
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 (ie. 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 Physician and midwife educated on IPAC
- % of Nurse, lactation consultant, and social worker 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
  - # patient with documentation of standardized postpartum patient education prior to hospital discharge
**Short Monthly Data Form to drive QI change at your hospital**

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

**Assign record to a Data Access Group?**

---

#### Adding new Record ID 1

| Record ID  | 1 |

**For which month are you reporting?**

* must provide value

---

#### Structure Measures

**What stakeholders do you have on your hospital QI team to date?**

Check all that apply.

* must provide value

- Administration
- Nursing champion
- OB provider champion
- Postpartum care site liaison
- Social Worker
- Other

---

##### Has your team communicated the recommendation/strategy for early postpartum visit to obtain buy-in with OB providers/outpatient care sites (e.g., share ILPQC OB provider/outpatient care site packet)?

* must provide value

- Have not started
- Working on it
- In place

---

##### Does your team have a system in place to facilitate scheduling universal early postpartum visits with affiliated prenatal care sites prior to hospital discharge?

* must provide value

- Have not started
- Working on it
- In place

---

##### Has your team standardized a system to provide all patients recommended IPAC patient education materials prior to hospital discharge?

* must provide value

- Have not started
- Working on it
- In place

---

##### 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. Key components and strategies to facilitate scheduling early pp visit prior to hospital discharge?

* must provide value

- Have not started
- Working on it
- In place

---

##### Does your team have a system in place for communication with all affiliated obstetric providers and outpatient care sites the benefits of early pp visit. Key components of the maternal health safety check and education on billing and coding for this visit?

* must provide value

- Have not started
- Working on it
- In place

---

#### Process Measures

**% of providers educated on optimizing early postpartum care:**

* must provide value

---

**% of nurses educated on optimizing early postpartum care:**

* must provide value

---

#### Outcome Measures

**Number of deliveries this month:**

* must provide value

---

Begin by systematically selecting 10 delivery charts.
### 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>Staring with Aug and ongoing</td>
<td>15\text{th} of the following month (i.e. Aug data due Sep 15)</td>
</tr>
</tbody>
</table>
Improving Postpartum Access to Care (IPAC)

IMPORTANCE OF OBTAINING OB PROVIDER BUY-IN
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 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.

### Primary 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.

### Secondary Key Drivers

- 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 buy-in

• Obtaining buy-in from OB providers, nurses and upper level administration is extremely important to the success of IPAC.
  – **Start with a strong “pitch”** - your communication can make or break reactions to your change initiative
  – **Obtain buy-in from the top down** - important to gain support on all levels
  – **Be transparent** - be clear on what is working and what is not working. Be open early and often.
  – **Ask for input** along the way - be open to hearing feedback as it will help people feel involved and own the work you are trying to accomplish
The importance of buy-in

• How can you be **successful in conveying your message and overcome challenges**?
  – What key ingredients need to be included in the conversation to facilitate support and buy-in on all levels?
  – Need to build an “elevator pitch”
    • Short- summarize quickly and define the idea or process and its value proposition
    • Should spark interest, be memorable and be brief (hence the name)
Communication and Obtaining buy-in

*Adapted from IHI: “How to Speak so Leaders will Listen”*

**Things to consider:**

- What do you want to communicate?
- Who are your key stakeholders/target audience?
- Needs to be short, but informative
- Keep it positive and upbeat
- Practice and get feedback from your QI team

*REMEMBER*

You are a conduit for information and your communication strategies are key
Communication and Obtaining Buy-in

Contains 4 components:

1. We are working towards .................................................................

2. It is important because ......................................................................

3. We will know we are successful when .............................................

4. What we need from <INSERT AUDIENCE> is ..............................

Adapted from IHI: “How to Speak so Leaders will Listen”
Communication and Obtaining buy-in

**Things to consider:**

- What do you want to communicate?
  - *The importance of upper level administration support on this initiative*

- Who are your key stakeholders?
  - *OB Chairman and hospital administration*

- Practice and get feedback from your QI team
  - *Write it out and practice – feedback is a GREAT tool and growing opportunity!*
Developing your pitch for OB Chairs and hospital administration

**Example 4 components:**

1. We are working towards ... *the implementation of scheduling a universal pp visit to all patients prior to delivery discharge through the ILPQC IPAC Initiative.*

2. It is important because ... *we need to address the rising epidemic of maternal morbidity and mortality rates. In Illinois, a large proportion of these events occur in the pp period and we need to improve how we care for women during this critical time. Early pp visit is recommended by ACOG and the IL Maternal Mortality Review Committee.*

3. We will know we are successful when ... *our hospital is able to successfully facilitate the scheduling of a 2 week universal pp visit for all our patients.*

4. What we need from you as our OB Chair and the hospital administration is ... *your support on this work. What are your thoughts sending out a letter of support from you to our providers with key information/materials?*
Developing your pitch for OB Chairs and hospital administration

**Example 4 components:**

1. **We are working towards…** the implementation of scheduling a universal pp visit to all patients prior to delivery discharge through the ILPQC IPAC Initiative.

2. **It is important because…** we need to address the epidemic of rising maternal morbidity and mortality rates. In Illinois, a large proportion of these events occur in the pp period and we need to improve how we care for women during this critical time period.

3. **We will know we are successful when…** our hospital is able to successfully facilitate the scheduling of a 2-week universal pp visit.

4. **What we need from you as our OB Chair and the hospital administration is…** your support on this work. **What are your thoughts sending out a letter of support from you to our providers with key information/materials?**
Adapting your pitch for OB Providers and Clinical Staff

Example 4 components:
1. We are working towards ...
2. It is important because ...
3. We will know we are successful when ... our hospital is able to **successfully work with you** to facilitate the scheduling of a 2 week universal pp visit for your patients.
4. What we need from **you as a delivery and pp provider** is ... your full support **and for you to provide input on how this would work for your office. What are your initial thoughts on working towards this implementation?**

Implementation TIP: Have an outpatient provider packet ready to share with these stakeholders. The end goal of this conversation is to partner with your providers and to set up another time to determine and finalize the details on scheduling with this provider group.
Communication and obtaining provider buy-in

OB Provider/Outpatient Site Letter

• Ways to utilize this letter:
  1. Have a copy ready to provide when you are giving your elevator pitches
  2. Print out the letter with the OB Chair signature in the break room and documenting stations
  3. Include this as your cover letter when creating your OB Provider/Outpatient packet
OB Provider/Outpatient Site Packet

What to include in your packet

- 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
  - MMRC
- Billing and coding resources
- Provider education resources
Billing/coding strategies for reimbursement

- 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
**Resources for provider & nurse education**

- **ILPQC IPAC Slide set**: risks of pp period, benefits of early pp visit and components of maternal health safety check

- **AWHONN Post-birth warning signs education program**

- **Grand Rounds Slide Set** from St. Anthony’s Hospital

- **Improving pp care fact sheet**
Each month, 2 IPAC teams will share their work in a Team Talk.

Complete the sign-up Genius form by 8/2 to select which month you will share your team talk!

Improving Postpartum Access to Care (IPAC)

TEAM TALK- CRYSTAL ANTOS, RN, BSN
IPAC-Improving Postpartum Access to Care

Crystal Antos
AMITA SAMC WIS

• Located in Hoffman Estates, Cook County
• Level I Trauma Center
• Level III Perinatal Center
• Specializing in Women and Children services
• Designated as Baby-Friendly Hospital-2018
• 318 Licensed Beds
The Labor and Delivery area consists of the following:

- 14 LDRs, 3 operating rooms, 2 separate recovery bays, and a 6 bed OB-ED triage.
- The Mother/Baby unit consists of 32 private post-partum suites and a 4-bed neonatal continued care unit (transitional nursery).
- 2018 annual deliveries-3,332
IPAC Team and Provider Champion

- Andrea Das, MD-Physician Champion
- Catherine Morris, MSN- Perinatal Director
- Kristy Amore, MSN- Mother/Baby Manager
- Crystal Antos, BSN-Mother/Baby Clinical Educator
- Dieny Walsh, BSN-Labor/Delivery Manager
- Kellie Karch, BSN-Labor/Delivery Clinical Educator
30-60-90 DAYS
30 DAY

- Create a team and choose a physician champion.
- Perform a small test of change with the physician champion.
- Begin to discuss IPAC concepts at OB Department meetings, OB Steering, and OB Quality and Safety.
- Obtain physician office contacts to educate on new process and discuss billing codes.
60 DAY

- Evaluate test of change with physician champion and team
- Educate all providers on new process (memo in process)
- Develop standardized education for staff on new process
- Develop and assemble patient education material for early warning signs and benefits of early post-partum care
- Develop a plan to ensure patients have a follow-up appointment prior to discharge
- Begin random chart audits
90 DAY

- Continue random chart audits
- Evaluate fall outs and discuss with team and providers the opportunity for improvement
- Continue to partner with physicians and office staff to ensure follow-up appointment is scheduled before discharge.
THANK YOU
Improving Postpartum Access to Care (IPAC)

TEAM TALK- KARA JIRGL, MSN
Morris Hospital
Improving Postpartum Access to Care
Who we are

- Rural Hospital in Grundy County
- 89 Licensed Beds
- Level II Perinatal Center
- Emergency Department Approved for Pediatrics
- Resource Hospital for Emergency Medical Services
- Level II Trauma Center
- HFAP Certified Stroke Center
Family Birthing Suites

- The unit consists of **eight** labor, deliver, recovery, and postpartum rooms.
- One surgical suite is located in the unit where staff are cross-trained to circulate and recover.
- **Registered nurses are cross-trained** in all aspects of labor, delivery, postpartum and infant care, allowing the same nurse to care for both mom and baby.
- Last year delivered 551 babies.
IPAC Team

- Theresa Reece MSN, RN- Unit Manager
- Kara Jirgl MSN, RNC- Perinatal Educator
- Cathy Ozment-Herr- OB Office Manager
- Ruth Howard MSN, RN- Case Manager
- Leslie Lair- Medical Records Coder
- Teri Wargo- Unit Secretary
30 days -
- obtain buy-in from inpatient OB staff, OB physicians, and OB office staff.
- Provide coding and billing information to the OB office and hospital coders.
- Create a hospital specific process for scheduling post-partum appointments within 2 weeks of discharge.
- Create policies and procedures for scheduling early post-partum visits.
- Educate staff on the policies and procedures regarding IPAC.
60 days -

- Provide education to patients about benefits of early post-partum visits, AWHONN’s early warning signs (we already are doing), and benefits of pregnancy spacing.
- Create documentation in EHR for patient education and follow-up appointments.
- Begin chart audits to ensure education is being completed as well as follow-up appointments.
30-60-90

90 days

- Plan in place for new hires and ICU/2 East (units who may receive our patients).
- Continue chart audits.
- Continue to assess process for any needed updates or changes.
Scheduling Appointments

- Plan- implement scheduling follow-up appointments for post-partum patients
- Do- the unit secretary will schedule all post-partum patients a follow-up appointment within 1-2 weeks after discharge.
- Study- We will review any problems that occur with this plan. I will meet with the unit secretaries and the schedulers from the office to discuss how the plan is going and if we need to adjust the process.
- Act- update policy and begin to work on educational handouts for patients.
Questions

Thank you
Improving Postpartum Access to Care (IPAC)

QI CORNER
After gaining buy-in from the OB Chair and obtaining her signature on the outpatient site packet, the team wanted to perform their first PDSA cycle and decided on the following:

- **Review the ILPQC outpatient packet material tools** to determine what they will distribute to their providers
- Host a **ILPQC IPAC Information Session** using the ILPQC IPAC slide set to be transparent and gather input
- **QI work**: Perform small test of change with one OB office
Sample PDSA:

- **Plan:**
  - **Objective:** Determine the effectiveness of gaining OB provider buy-in at one office utilizing the OB IPAC Outpatient Packet and creating an IPAC elevator pitch
  - **Prediction:** We think that packet accompanied by a one-on-one interaction utilizing an elevator pitch will increase provider readiness for implementation of a universal 2wk pp visit

- **Tool:** The QI team created a 2 question post survey asking providers to rate (scale 1-10) their understanding and likeness of implementing a 2wk pp visit scheduled before the patient is discharged after her delivery
Sample PDSA cont.:

**Plan**: IPAC QI team met and developed their plan for their first PDSA cycle (see previous slide).

**Do**: Team lead prepared elevator pitch. Team review and adapted the OB provider packet. Team completed one-on-one meeting with OB providers at an outpatient office settings and post surveys were completed to get feedback.

**Act**: Team will ADOPT implantation approach and schedule meetings with OB providers outpatient sites. Team will ADAPT buy-in approach to assess which providers/groups needed targeted buy-in outreach.

**Study**: Team found that the communication methods was effective in increasing provider readiness for implementation and helped identify potential champions for the initiative.
Improving Postpartum Access to Care (IPAC)

ROUND ROBIN
Round Robin

Please state you name and answer the following questions:

1. What first steps have you taken or plan to take to gain administration and provider buy-in?

2. What barriers do you anticipate to obtaining buy-in at your hospital?

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

NEXT STEPS
Next Steps for IPAC Teams

**Review IPAC Data form**
- Orient yourself to the form
- Determine workflow for data entry
- Review IPAC data call recording

**Start Data Collection**
- Begin collecting and entering baseline data (Q4 2018)
- Enter active 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
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
IPAC Calls

• THIRD MONDAY OF THE MONTH

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 19</td>
<td>Creating IPAC process flow and system changes to facilitate universal scheduling prior to hospital discharge</td>
</tr>
<tr>
<td>September 16</td>
<td>Strategies to launch IPAC provider and nurse education</td>
</tr>
<tr>
<td>October 21</td>
<td>Implement IPAC process flow and system changes to provide patient education prior to hospital discharge</td>
</tr>
</tbody>
</table>
SAVE THE DATE

ILPQC 7\textsuperscript{th} Annual Conference
Monday, November 4, 2019
Westin Lombard
Contact

- Email info@ilpqc.org
- Visit us at www.ilpqc.org
THANKS TO OUR SPONSORS

ILLINOIS CHIPRA
Quality Demonstration Project
Improving Child Health and Medical Homes for Illinois All Kids

march of dimes

IHA Illinois Hospital Association

CDC

IDPH