



# January 2026 KPQC Learning Forum

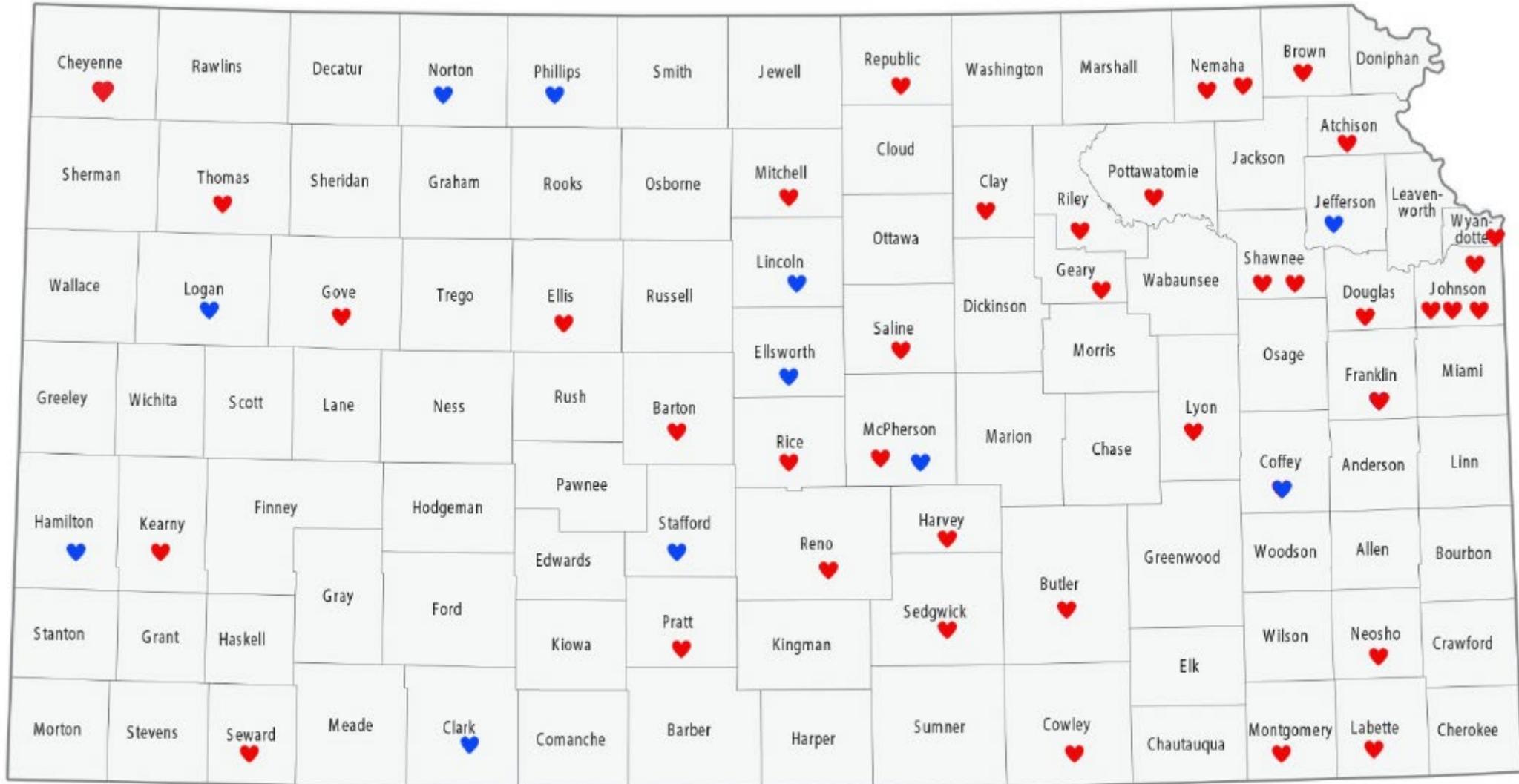
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CHAMPS ONLY!

**Please enter your name and facility in the chat**



# KPQC Severe Hypertension in Pregnancy Enrolled Facilities



39 Birthing Facilities, 11 Non-Birthing Facilities

# SAVE THE DATE

KPQC Enrolled Facility **IN PERSON** Work Day

Date: May 1<sup>st</sup>, 2026

Time: 9:00-4:00

Location: Sunflower Foundation, Topeka, KS

Who: Champion +1 guest

Reminder 😊

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**Severe HTN Bundle completion=  
December 2026**

# Rapid Response

## KDHE: Birth Report 2024

### Discussion

The Kansas resident birth rate in 2024 (11.4 per 1,000 population) declined by 1.7 percent from 2023 (11.6 per 1,000 population), continuing the trend that started in 2008. During this period (2008-2024) the average annual percent change (-1.7 percent) shows a statistically significant downward trend.<sup>2</sup> The 2024 Kansas preliminary birth rate of 11.4 per 1,000 population is higher than the most current (2023 final) U.S. birth rate of 10.7.<sup>3</sup>

Based on preliminary statistics, 83.4 percent of Kansas infants were born to mothers who received adequate or better care. This surpassed the Healthy People 2030<sup>4</sup> target of a minimum of 80.5 percent of infants born to mothers with adequate prenatal care (MICH-08).

The Kansas rate for live births to mothers who smoked during pregnancy in 2024 was 3.9 percent, down 20.4 percent from 4.9 percent in 2023. This met the Healthy People 2030 target of no more than 4.3 percent of live births to mothers who smoked during pregnancy (objective MICH-10).

The percentage of infants born prematurely (before 37 weeks gestation) decreased from 10.5 percent in 2023 to 10.3 percent in 2024. This is higher than the Healthy People 2030 target of no more than 9.4 percent of live births before 37 weeks gestation (objective MICH-07).

The percentage of infants born with birth weights under 2500 grams increased by 1.3 percent, from 7.7 percent in 2023 to 7.8 percent in 2024.

Births to teens aged 15-19 years have decreased since 2009. In 2024, teen births were 4.5 percent of all births, unchanged from 2023. This was 55.9 percent less than in 2009, when teen births were 10.2 percent of all births.

## Preliminary Birth Report Kansas, 2024



Bureau of Epidemiology and Public Health Informatics  
Division of Public Health  
Kansas Department of Health and Environment  
State Office Building – 1000 SW Jackson, Topeka, KS, 66612-1354  
kdhe.ks.gov/1088/  
November 2025

### Findings

As of April 1, 2025, OVS recorded 33,954 births to Kansas resident mothers in 2024, a decrease of 0.3 percent from 34,041 births in 2023. The final count may be slightly higher, since additional births may be reported for Kansas residents who gave birth in other states.

The preliminary birth rate for 2024 was 11.4 per 1,000 population, a decrease of 1.7 percent from 11.6 per 1,000 population in 2023. Although the rate change was not statistically significant, this was the lowest birth rate for Kansas residents since the state created a centralized Vital Records system in 1911 and is consistent with trends since 2008 (Figure 1).

Seven counties (Douglas, Geary, Johnson, Leavenworth, Sedgwick, Shawnee, and Wyandotte)<sup>1</sup> accounted for 59.7 percent of births in 2024 (Table 1), compared to 59.8 percent for these seven counties in 2023. The change was not statistically significant. The number of births for three of these counties was lower than in 2023. Wyandotte County births decreased by 2.6 percent (from 2,383 to 2,322), Johnson County births decreased by 1.6 percent (from 6,871 to 6,760), and Douglas County births decreased by 1.0 percent (from 980 to 970). Geary County births increased by 3.5 percent (from 920 to 952), Shawnee County births increased by 2.5 percent (from 1,872 to 1,918), Sedgwick County births increased by 0.4 percent (from 6,460 to 6,487), and Leavenworth County births increased by 0.3 percent (from 872 to 875).

There were 12,204 births to unmarried mothers in 2024 (36.0 percent of all births where the mother's marital status was known), compared to 12,171 (35.8 percent) in 2023. The change was not statistically significant.

The number of births to teens aged 15-19 years decreased from 1,537 in 2023 to 1,515 in 2024. The overall percentage remained unchanged at 4.5 percent.

There were 2,656 low birth weight (less than 2,500 grams) infants born to Kansas resident mothers in 2024 (7.8 percent of all births where the infant's birth weight was known), up from 2,613 (7.7 percent) in 2023. The change was not statistically significant.

Premature births (less than 37 completed weeks of gestation) decreased to 3,479 in 2024 (10.3 percent of all births where the clinical estimate of gestation was known), from 3,558 (10.5 percent) in 2023. Early-term births (37-38 weeks gestation) increased to 10,605 (31.3 percent) in 2024, from 10,234 (30.1 percent) in 2023. Full term births

[www.kdhe.ks.gov/DocumentCenter/View/52893/Preliminary-Birth-Report-2024-PDF?bidId=](http://www.kdhe.ks.gov/DocumentCenter/View/52893/Preliminary-Birth-Report-2024-PDF?bidId=)

# Rapid Response

# KPQC Website

# Updated and revamped

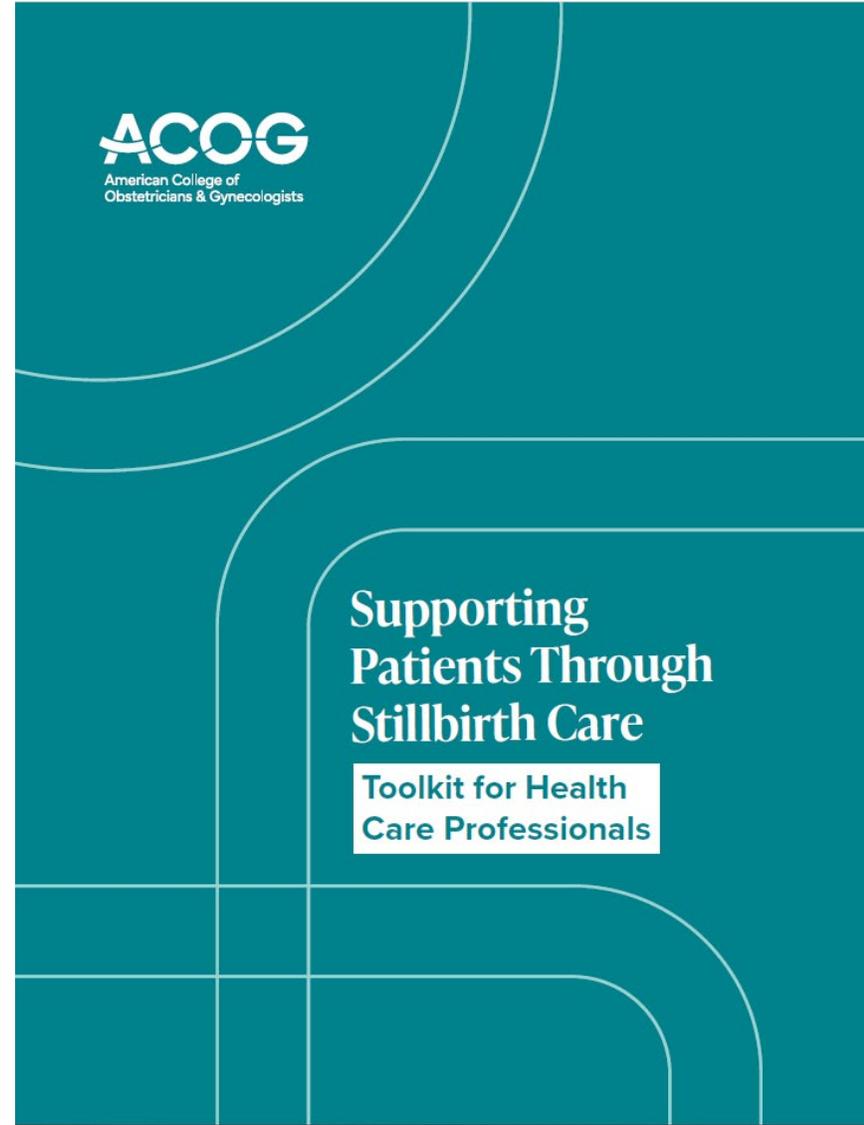
<https://kansaspqc.kdhe.ks.gov/>

The screenshot shows the KPQC website homepage. The header includes the KPQC logo and navigation links: About Us, Initiatives, Resources, News & Events. The main content area features a large image of healthcare professionals and the title "Severe Hypertension in Pregnancy Initiative Resources". Below this, there is a section titled "Severe Hypertension in Pregnancy Resources & Documents" and a sub-section "Severe Hypertension in Pregnancy KANSAS Model". A flowchart is partially visible, showing stages like "Recognize & Respond", "Elevated Care Needed", "Inpatient Transfer", and "Discharge".

This screenshot displays the "Severe Hypertension in Pregnancy KANSAS Model" flowchart. The process starts with "Recognize & Respond" (Identify hypertension, SHTN protocols, screening for medical conditions, mental health, substance abuse, breastfeeding, family planning, health-related social needs). This leads to "Elevated Care Needed", which then branches into "Inpatient Transfer" (Transfer protocol, Lactation initiation, Specialty services, Health-related social needs) and "Discharge". "Discharge" leads to "Outpatient Care" (Appointment with Primary OB at 72 hours and 2-3 weeks, Referral to navigator and/or additional resources, Cuff Project). "Outpatient Care" leads to "Loop Closure", which then leads to "Comprehensive Postpartum Visit 6-12 weeks". A sidebar on the right lists "Severe Hypertension in Pregnancy Initiative Facts Sheet (Updated October 2025) (PDF)" and "KDHE KS Vital Statistics Annual Report (2023) (PDF)".

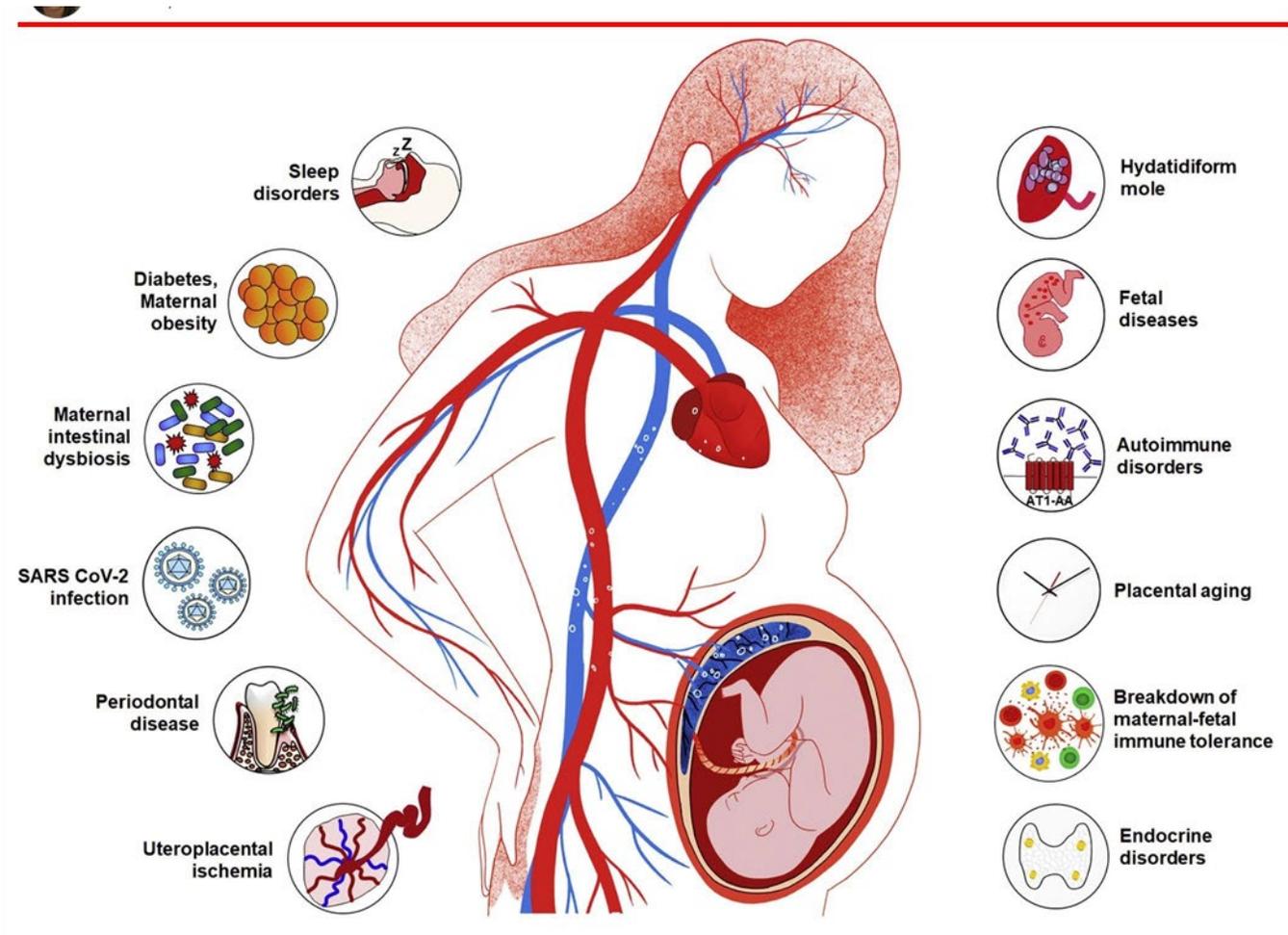
This screenshot shows a detailed view of the "Severe Hypertension in Pregnancy Initiative Resources" page. It features a flowchart with boxes for "family planning, health related social needs", "72 hours and 2-3 weeks" (Referral to navigator and/or additional resources, Cuff Project), "Loop Closure", and "Comprehensive Postpartum Visit 6-12 weeks". Below the flowchart, there are sections for "Toolkits", "Kansas Cuff Project", "Provider Resources", "Guidance Documents" (ACOG Severe Hypertension in Pregnancy Bundle, ACOG Chronic Hypertension in Pregnancy (PDF), ACOG Gestational Hypertension and Preeclampsia: Practice Bulletin (PDF), KDHE Perinatal Hypertension Toolkit Website, Low dose Aspirin Use in Pregnancy (PDF), ACOG Postpartum Visit Schedule (PDF)), and "Other Helpful Links and Documents".

# Rapid Response



# Rapid Response

## Triggers for high-risk maternal conditions



# SHTN Bundle updates



# POSTBIRTH seats... the Re-Launch!

More training “seats” available NOW!

Each of 50 hospitals will receive **TWO or THREE** free seats

**Share with ED, EMS, Outpatient Clinics**

- Completion: Summer 2026
- We will send the registration and training info this week to the Site Champion

Please keep track of how many from each unit & title

**Providers** also strongly encouraged to train if have not



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

Most women who give birth recover without problems. **But any woman can have complications after the birth of a baby.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

**POST-BIRTH WARNING SIGNS**

<b>Call 911</b> if you have:	<input type="checkbox"/> <b>Pain in chest</b> <input type="checkbox"/> <b>Obstructed breathing or shortness of breath</b> <input type="checkbox"/> <b>Seizures</b> <input type="checkbox"/> <b>Thoughts of hurting yourself or your baby</b>
<b>Call your healthcare provider</b> if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<input type="checkbox"/> <b>Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger</b> <input type="checkbox"/> <b>Incision that is not healing</b> <input type="checkbox"/> <b>Red or swollen leg, that is painful or warm to touch</b> <input type="checkbox"/> <b>Temperature of 100.4°F or higher</b> <input type="checkbox"/> <b>Headache that does not get better, even after taking medicine, or bad headache with vision changes</b>

**Trust your instincts.**  
ALWAYS get medical care if you are not feeling well or have questions or concerns.

**Tell 911 or your healthcare provider:**

"I had a baby on \_\_\_\_\_ and  
(Date)  
I am having \_\_\_\_\_"  
(Specific warning sign)

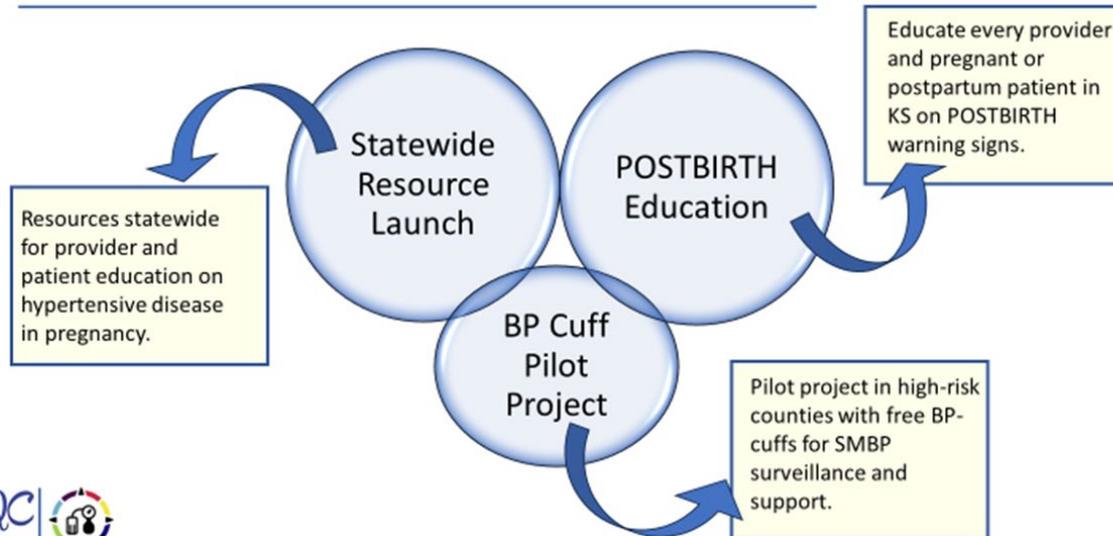
# Cuff Project: exciting updates!

1- Pilot project off & running

**SEVEN sites!**

2- Ordering at hospital via DME

3- Payors want to pay!



## Self-Monitoring Blood Pressure Devices for KanCare Patients

Coverage for those at risk for gestational hypertension and related complications

### Coverage Information

- Procedure Code: A4670
- Reimbursement: \$75 per unit (BP cuff).
- Limit: One device every five years.

### Eligibility Criteria

- Acceptable diagnosis codes: **O10.011 – O16.9**

### How to Obtain a Device:

#### Local Options:

- Available through Durable Medical Equipment (DME) providers.
- Call the Member Services number on the back of the Medicaid card for a list of local providers.

#### Online Options:

- Byram Healthcare – 1-877-902-9726 – [www.byramhealthcare.com](http://www.byramhealthcare.com)
- Edgepark Medical Supplies – 1-888-394-5375 – [www.edgepark.com](http://www.edgepark.com)

### Steps to Obtain a Device:

1. Member gets a prescription from her prenatal care provider.
2. Choose a provider:
  - Local DME: Bring photo ID + Medicaid card.
  - Online DME: Enter Medicaid info + provide prescription and/or provider name.

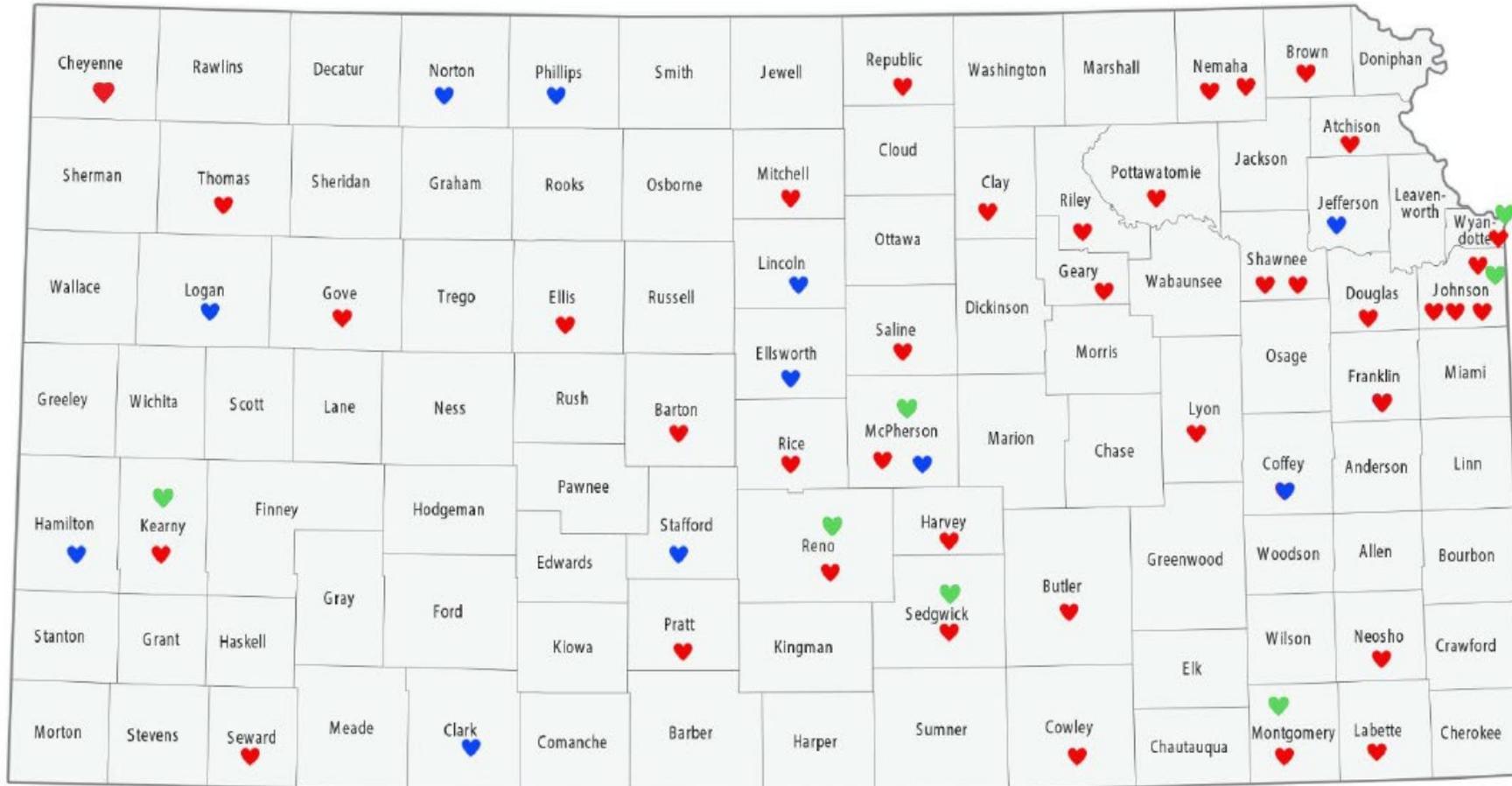
### Important Notes for DME Providers:

- Submit claims using CMS-1500 claim form.
- Do not submit using point of sale (POS).
- Must be registered with KMAP as:
  - Provider Type 25: DME/Medical Supply Dealer
  - Specialty 250: DME/Medical Supply Dealer
- Pharmacy provider types/specialties should not submit claims.

### More Information

- KMAP Provider Manual – DME Section (Page 8-63): [https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/DME\\_24278\\_24265.pdf](https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/DME_24278_24265.pdf)
- KMAP General Bulletin 23156 [https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/23156%20-%20General%20-%20Self-Monitoring\\_Blood\\_Pressure\\_Devices\\_Coverage.pdf](https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/23156%20-%20General%20-%20Self-Monitoring_Blood_Pressure_Devices_Coverage.pdf)

# KPQC Severe Hypertension in Pregnancy



39 Birthing Facilities, 11 Non-Birthing Facilities, 7 Cuff Pilot Project Sites

-  Green hearts are locations participating in the Cuff Pilot Project
-  Red hearts are birthing facilities enrolled in the AIM Severe Hypertension Safety Bundle
-  Blue hearts are non-birthing facilities enrolled in the AIM Severe Hypertension Safety Bundle

# Kansas SHTN Cuff Project

## Improved Identification to Treatment

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### Access to Early and Consistent OB Care

Prevention (ASA daily)

Education: POSTBIRTH

Identification of Need for Home BP monitoring

### Home Blood Pressure Monitoring

Education: Home BP Protocol, POSTBIRTH, and Follow-Up

Increased Maternal/Fetal Surveillance

Health Related Social Needs: screenings and referrals

OB Navigation

### OB or ED Triage

Timely Treatment (<60 min)

Delivery or Antepartum Follow-Up

Outpatient Follow-Up (72 hours, 7 days)

# OB Simulations... plan of attack across KS

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# Breastfeeding/Pumping/Expression Protocols

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**Send to Kari Smith  
for review ASAP**

NOTE: It may be embedded in  
“admission of postpartum  
patient”

# Transfer Protocol

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**Stay  
Tuned!**



# SHTN Protocols

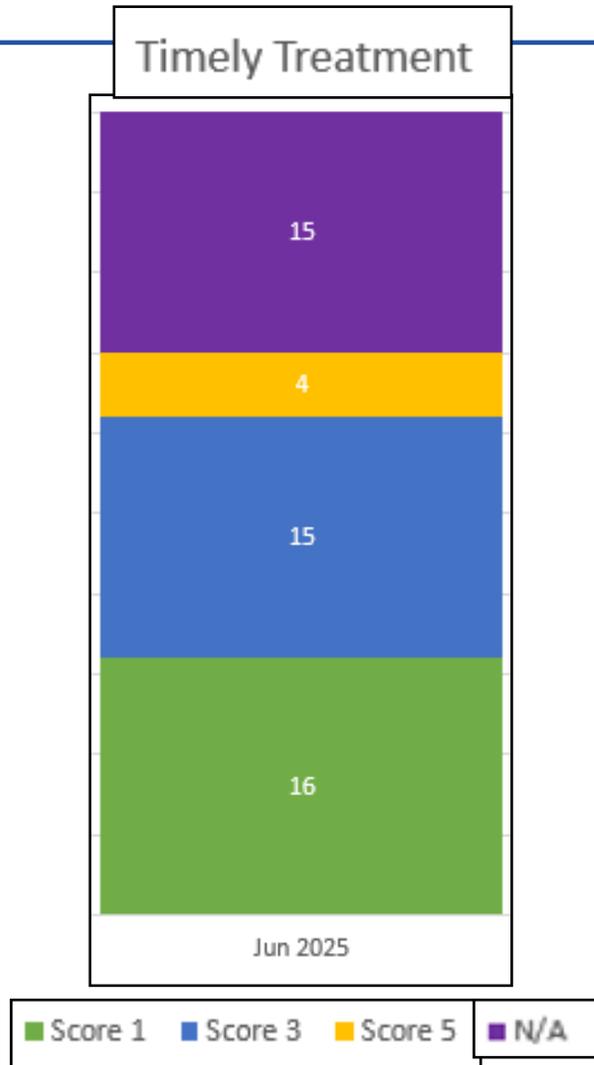
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## Timely Treatment

Just **11%** of hospitals where criteria was met reported 90% or greater of their *patients are being treated within one hour after identifying a hypertensive emergency.*

# Timely Treatment



**Percent of your patient population that received SHTN treatment within one hour.**

Among the 35 hospitals that had patients meeting the criteria

- 11% - were at 90% or greater
- 40% - between 10 to 89%
- 49% - were at 9% or below

\*N/A means no patient met criteria

**NOTE: Criteria!**

**160/110 on two readings 15 min apart THEN patient qualifies for timely treatment protocol**

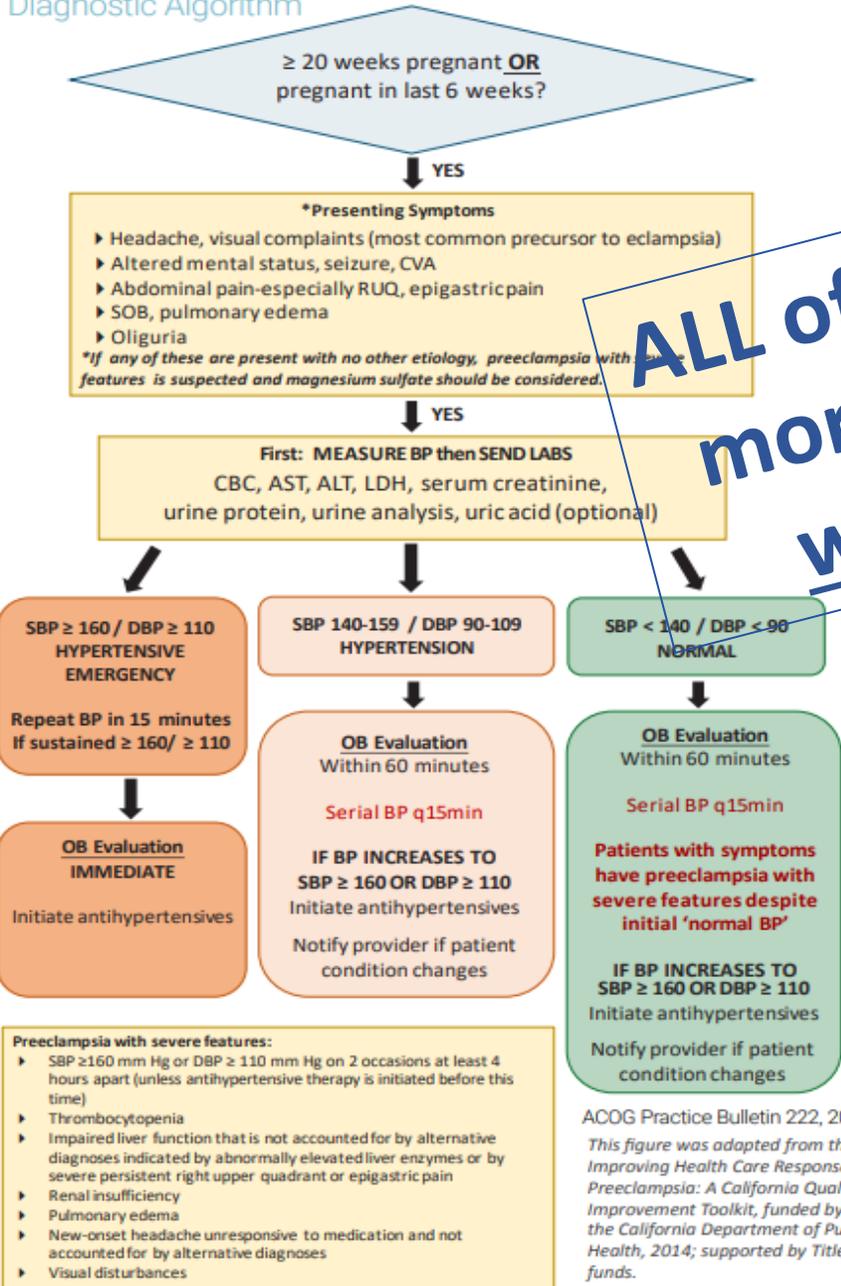
Timely  
Treatment

**What are the  
barriers?**

# Appendix E: Acute Treatment Algorithm

## Part 1: Diagnostic Algorithm

# CMQCC Acute Treatment Algorithm Part 1



**ALL of this and more on our website!**

ACOG Practice Bulletin 222, 2020  
 This figure was adapted from the Improving Health Care Response to Preeclampsia: A California Quality Improvement Toolkit, funded by the California Department of Public Health, 2014; supported by Title V funds.

# SHTN Policy and Procedure

**65 %** of birthing hospitals have submitted unit  
SHTN policies that contain best practice models  
for:

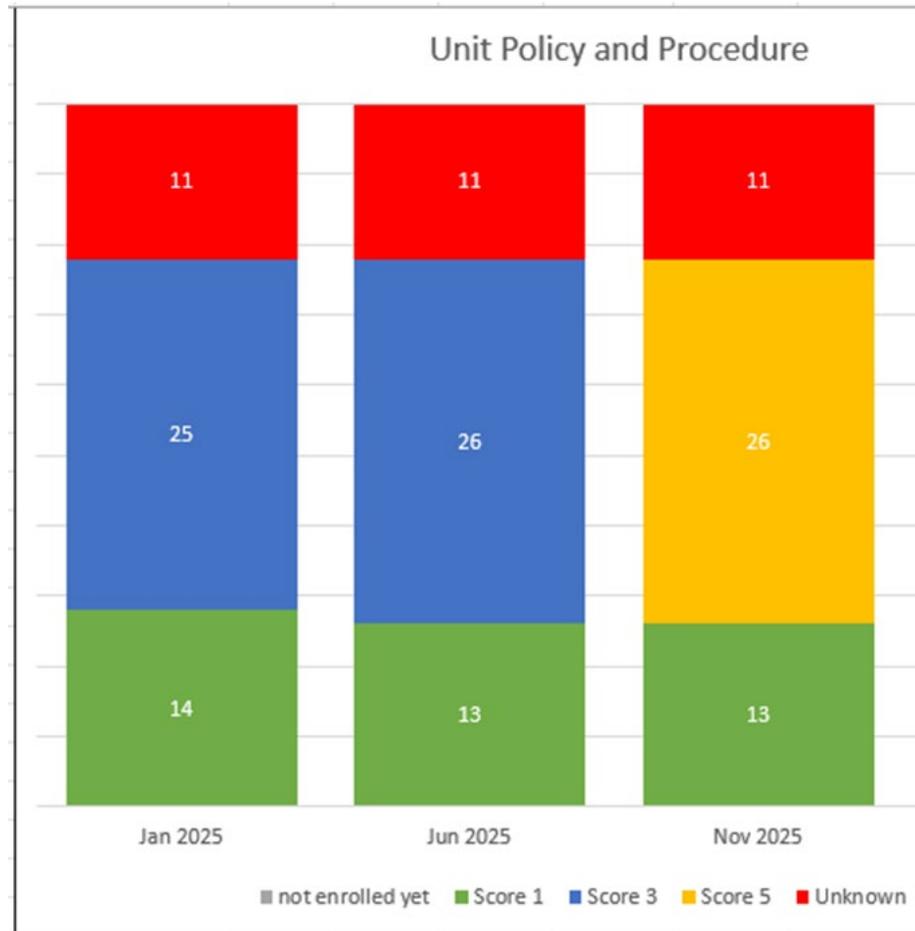
*Maternal early warning signs*

*Diagnostic criteria*

*Maternal monitoring*

*Treatment of severe preeclampsia/eclampsia*

# Unit Policy and Procedures



**Has an evidence-based standard protocol for maternal early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia**

Among the 40 hospitals that had patients meeting the criteria

- 65% - Policy reviewed & approved
- 35% - Policy not reviewed

\*Unknown is non-birthing facilities that have not been asked to submit policies previously.

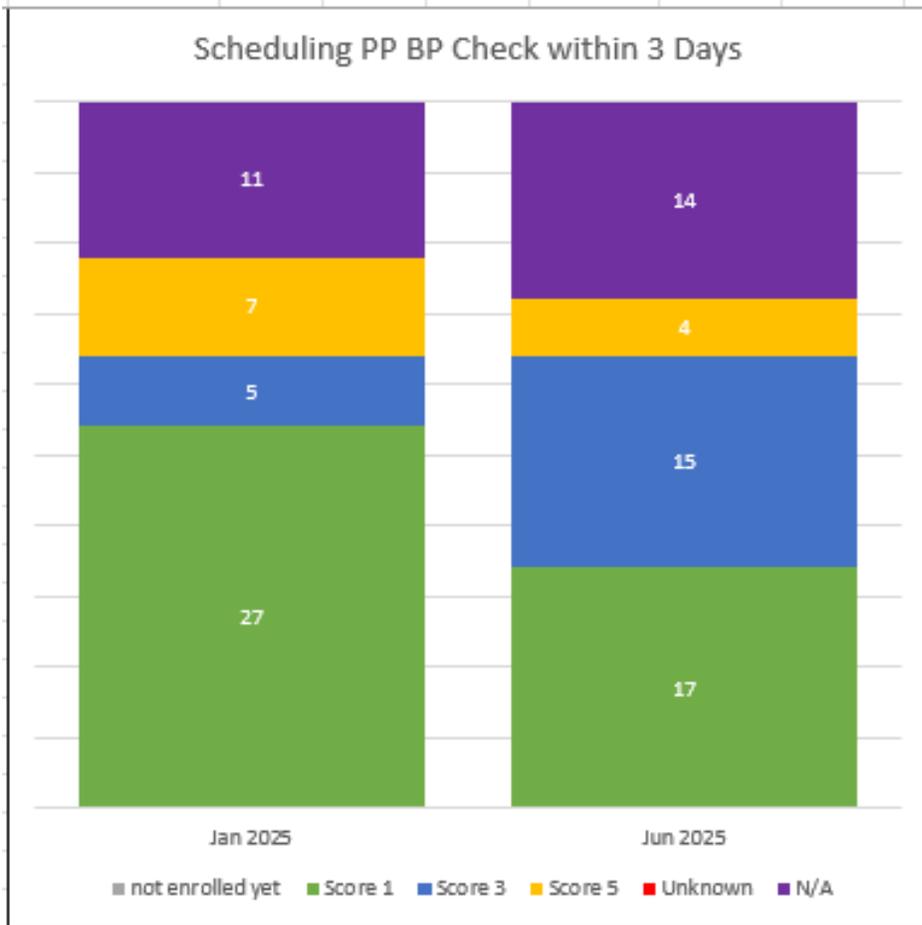
# SHTN Policy and Procedure

## Facilities that need to submit SHTN policies

- Advent Health South Overland Park
- Advent Health Ottawa
- Ascension Via Christi Manhattan
- Amberwell Atchison
- Coffey County Hospital
- Coffeyville Regional Medical Center
- Hospital District #1 of Rice County
- Overland Park Regional
- Republic County Hospital
- Salina Regional Health Center
- Southwest Medical Center
- Susan B Allen Memorial Hospital
- Wesley Medical Center
- William Newton Hospital

**\*Non-birthing facilities, please submit your unit policies.**

# PP BP check within 3 days



**Percent of your pt population with Gest HTN, PreE, or Eclampsia on CURRENT admission had a scheduled appt at 3 days**

Among the 36 hospitals that had patients meeting the criteria

- 11% - were at 90% or greater
- 42% - between 10 to 89%
- 47% - were at 9% or below

\*N/A means no patients that met criteria.

Timely  
Treatment

**What are the  
barriers?**

# Intimate Partner Violence

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- IPV workflow
- Community Partner Agreement



# Data collection



1- Received email with data survey to complete (below)

2- **Deadline for submission: Feb 4<sup>th</sup>**

3- COHORT! **Timely Treatment, Scheduling PP Blood Pressure Checks (both during admission and prior to admission)**

IF NEEDED: Large hospitals can pull out a % of charts that meet criteria, then report total numbers

ie. 100 patients met criteria for Timely Treatment

Pull 10 charts

9 charts met protocol

90 (numerator, # treated within 1 hour)/100 (denominator, total eligible)

Dear Champions,

I hope you are doing well and having a great start to the new year—thank you for the incredible care you provide every day.

It's time to collect data for the **AIM Severe Hypertension in Pregnancy Safety Bundle**. Each facility is asked to complete and return the attached **fillable PDF form** with data from **July 1, 2025, to December 31, 2025**.

**What's included in this email:**

- Cheat Sheet Attached:**
  - o A reference guide with descriptions for each data set
- Facility Report Card**
  - o Visual of your facilities progress on bundle goals
- Fillable PDF Form Attached:**
  - o Please complete the **highlighted questions** on your survey and return completed survey via email to the AIM Coordinator

**What we need from you:**

- Before the learning forum on January 27**
  - o Review your facility's report card
  - o Review the survey questions for your facility
  - o Please come to the learning forum prepared with questions about data collection, as we will set aside dedicated time for Q&A to benefit the entire group
- Submit completed data by February 4<sup>th</sup> by email to the AIM coordinator**

If you have any questions or need help completing the form, please don't hesitate to reach out to me directly at [Michelle.Black@ks.gov](mailto:Michelle.Black@ks.gov).

Thank you for your continued commitment to improving maternal health outcomes in **Making Kansas the Best Place to Give Birth, Be Born, and Raise a Family**.



# Data collection

## Timely Treatment

### 4) SHTN P1: Timely Treatment of Persistent Severe Hypertension

Among pregnant and postpartum people with acute onset severe hypertension, those who were treated within 1 hour. It is acceptable to only provide the All (total) if you are unable to disaggregate the data.

**Numerator:** Among the denominator, those who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine. \* The 1 hour is measured from the first severe range BP reading, assuming confirmation of persistent elevation through a second reading.

**Denominator:** Pregnant and postpartum people with acute onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension.

It is acceptable to only provide the All (total) if you are unable to disaggregate the data.

Please indicate if you are unable to gather this data for this question:

Please note: If you are a facility with no patients that met the criteria your response should be 0 out of 0.

Category	Numerator (# treated within 1 hour)	Denominator (total eligible)
All (Total)	<input type="text"/>	<input type="text"/>
Black or African American	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>
Multiracial	<input type="text"/>	<input type="text"/>
Native American	<input type="text"/>	<input type="text"/>
Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Race Not Reported	<input type="text"/>	<input type="text"/>
<b>Payor</b>	<input type="text"/>	<input type="text"/>
Medicaid	<input type="text"/>	<input type="text"/>
Private Insurance	<input type="text"/>	<input type="text"/>
Other Public Insurance	<input type="text"/>	<input type="text"/>
Uninsured	<input type="text"/>	<input type="text"/>

# Data collection

## Inpatient admission for Persistent Severe HTN

- \*Treated SHTN
- \*Preeclampsia
- \*Eclampsia

BP check at 3 days PP

### 5) SHTN P2A: Scheduling Postpartum Blood Pressure and Symptoms Checks (Severe HTN)

What proportion of people with persistent severe hypertension during their birth admission had a postpartum contact scheduled within 3 days of discharge?

Numerator: Among the denominator, those who had a postpartum blood pressure and symptoms check scheduled to occur within 3 days after their birth hospitalization discharge date.

Denominator: Pregnant and postpartum people during their birth admission with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension

It is acceptable to only provide the All (total) if you are unable to disaggregate the data.

Please indicate if you are unable to gather this data for the question:

Please note: if you are a facility with no patients that met the criteria your response should be 0 out of 0.

Category	Numerator (# scheduled 3 days after discharge)	Denominator (total eligible)
All (Total)	<input type="text"/>	<input type="text"/>
Black or African American	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>
Multiracial	<input type="text"/>	<input type="text"/>
Native American	<input type="text"/>	<input type="text"/>
Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Race Not Reported	<input type="text"/>	<input type="text"/>
Payor	<input type="text"/>	<input type="text"/>
Medicaid	<input type="text"/>	<input type="text"/>
Private Insurance	<input type="text"/>	<input type="text"/>
Other Public Insurance	<input type="text"/>	<input type="text"/>
Uninsured	<input type="text"/>	<input type="text"/>

# Data collection

Diagnosis prior to admission/during admission:

- \*Chronic HTN
- \*Gestational HTN

BP check **WITHIN** 7 days

## 6) SHTN P2B: Scheduling Postpartum Blood Pressure and Symptoms Checks (Other Hypertensive Disorders)

What proportion of people with a documented diagnosis of a hypertensive disorder during their birth admission, excluding those who experienced persistent severe hypertension, had a postpartum contact scheduled within 7 days of discharge?

**Numerator:** Among the denominator, those who had a postpartum blood pressure and symptoms check scheduled to occur within 7 days after their birth hospitalization

**Denominator:** Pregnant and postpartum people during their birth admission with a documented diagnosis of preeclampsia, gestational or chronic hypertension, excluding those who experienced persistent severe hypertension during their birth admission

It is acceptable to only provide the All (total) if you are unable to disaggregate the data.

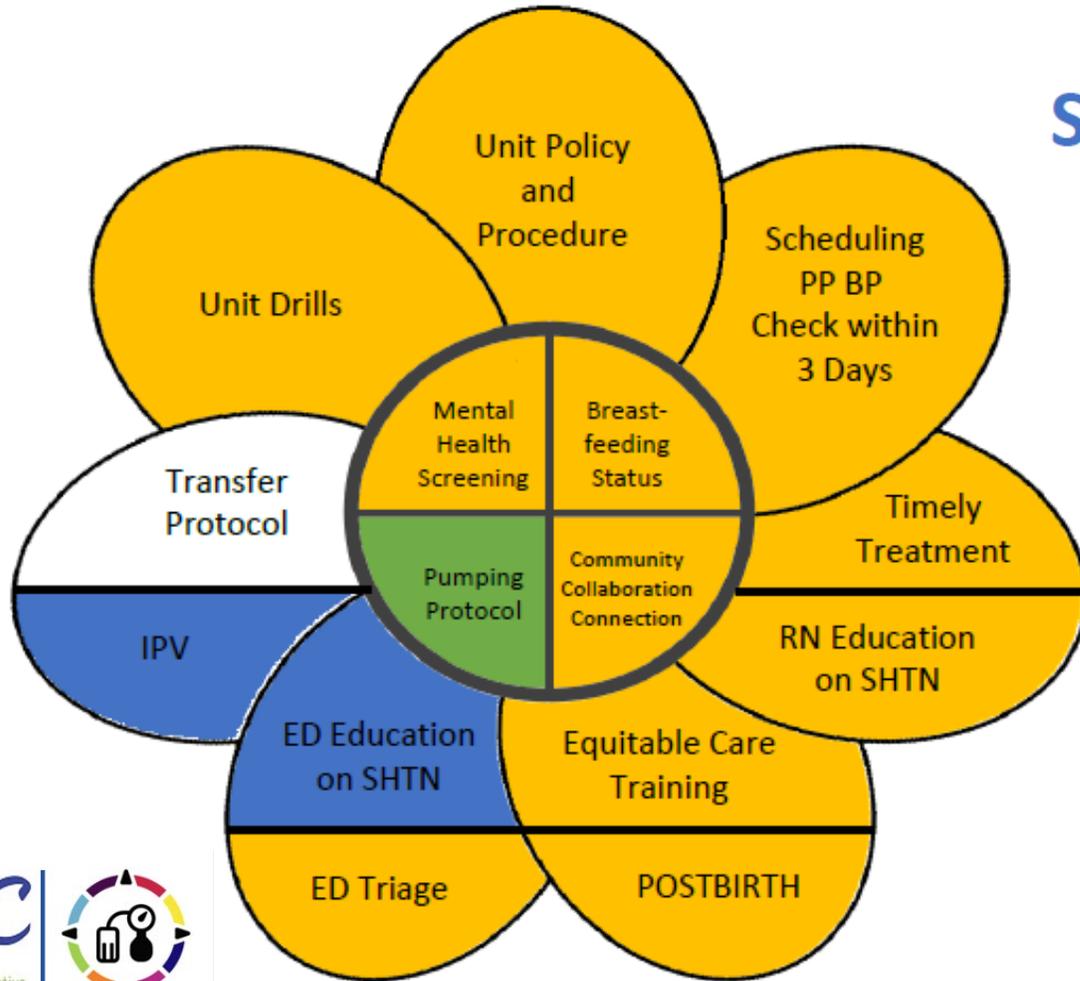
Please indicate if you are unable to gather this data for the question:

Please note: If you are a facility with no patients that met the criteria your response should be 0 out of 0.

Category	Numerator (# scheduled 7 days after discharge)	Denominator (total eligible)
All (Total)	<input type="text"/>	<input type="text"/>
Black or African American	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>
Multiracial	<input type="text"/>	<input type="text"/>
Native American	<input type="text"/>	<input type="text"/>
Native Hawaiian or Pacific Islander	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Race Not Reported	<input type="text"/>	<input type="text"/>
Payor	<input type="text"/>	<input type="text"/>
Medicaid	<input type="text"/>	<input type="text"/>
Private Insurance	<input type="text"/>	<input type="text"/>
Other Public Insurance	<input type="text"/>	<input type="text"/>
Uninsured	<input type="text"/>	<input type="text"/>



# We Work with Rock Stars!



## Severe Hypertension in Pregnancy

Amberwell Hiawatha Community Hospital

ID: 171341

As of January 2025

Key:

	1
	3
	5

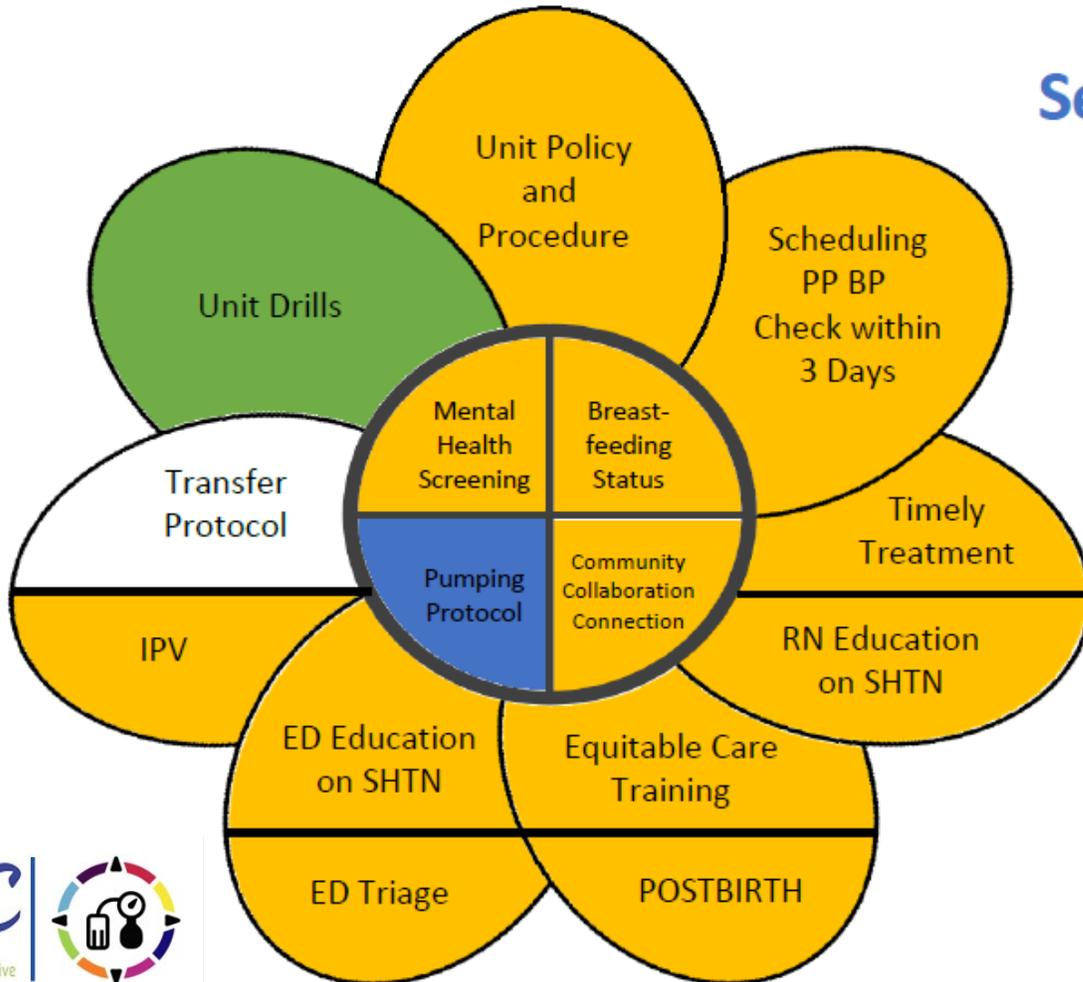
# We Work with Rock Stars!

## Severe Hypertension in Pregnancy

Newman Regional Health

ID: 171384

As of January 2025



Key:

	1
	3
	5

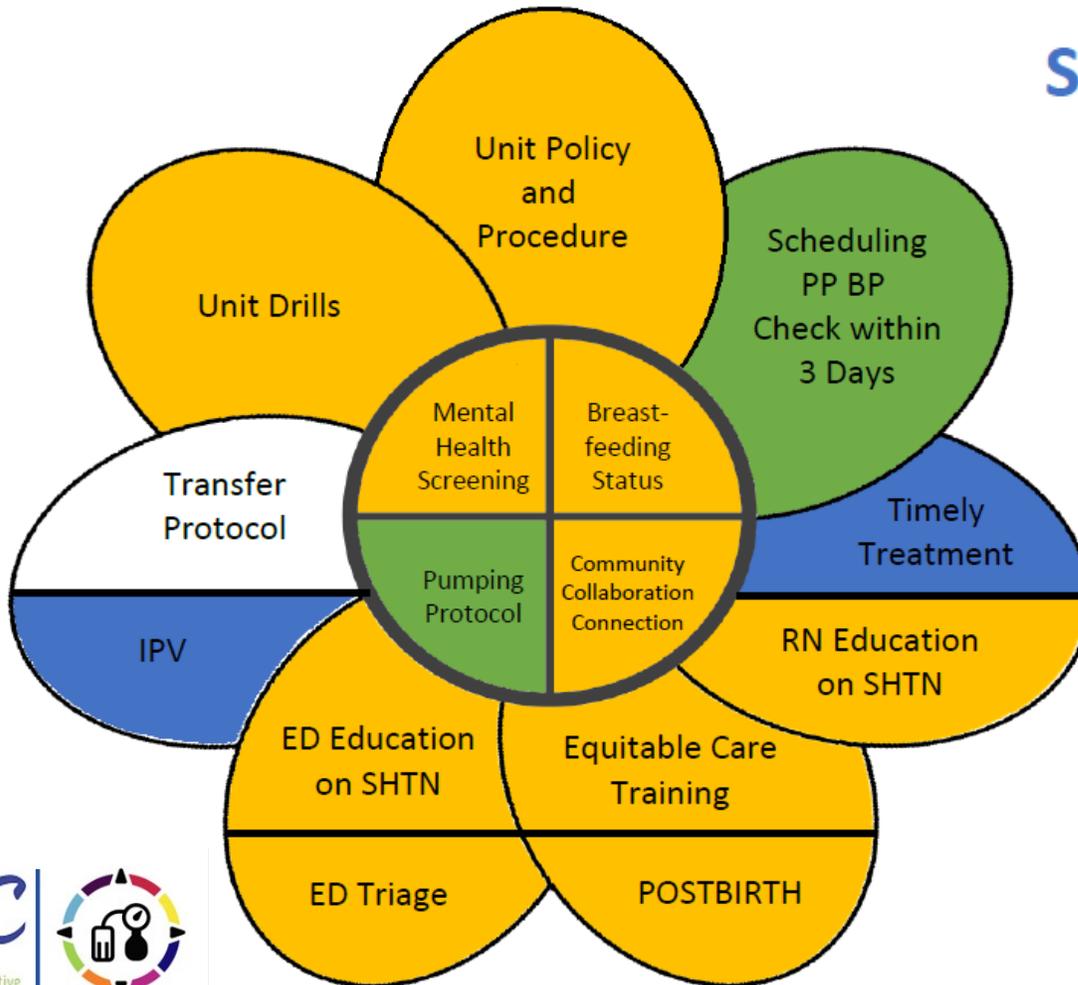
# We Work with Rock Stars!

## Severe Hypertension in Pregnancy

Advent Health Shawnee Mission

ID: 170104

As of January 2025



**Key:**

	1
	3
	5

# Data collection: Questions? Successes?

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# 2026 KPQC Meeting Dates

## KPQC Spring Work Day

- 5/1/26 – 9:00-4:00 (*in-person for enrolled facilities @ Sunflower*)

## KPQC Learning Forums

- 1/27/26 12:00-1:00 Champs-only (virtual): <https://us02web.zoom.us/j/86726587939?pwd=aTZXO8OAYQv2pP8mE1KkgaSNUYarAs.1>
- 2/24/26 12:00-1:00 Champs-only (virtual): <https://us02web.zoom.us/j/83456664937?pwd=pYcIXbJp2CBOvY0umdAOQqvTSeFW9V.1>
- 3/24/26 12:00-1:00 (virtual): <https://us02web.zoom.us/meeting/register/tZAkfuqhqTgqH9f7RnFy6H0Nph0CaKqXNT4N>
- 6/23/26 12:00-1:00 (virtual): <https://us02web.zoom.us/meeting/register/tZAkfuqhqTgqH9f7RnFy6H0Nph0CaKqXNT4N>
- 8/25/26 12:00-1:00 (virtual): <https://us02web.zoom.us/meeting/register/tZAkfuqhqTgqH9f7RnFy6H0Nph0CaKqXNT4N>
- 9/22/26 TBD
- 10/27/26 TBD
- 11/24/26 12:00-1:00 (virtual): <https://us02web.zoom.us/meeting/register/tZAkfuqhqTgqH9f7RnFy6H0Nph0CaKqXNT4N>

# Next Learning Forum

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Champions Only! Feb 24<sup>th</sup>, 2026

