Unpacking the Birth Equity (BE) Initiative: Starting our journey

ILPQC OB Face-to-Face Meeting
May 26th, 2021
Overview

• BE Overview
• BE Aims
• BE Measures
• BE Toolkit
• BE Next steps
What does Birth Equity mean?

Birth equity is the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.
Why are there Disparities in Maternal Health?

Multiple factors contribute to these disparities, such as

• variation in quality and access to healthcare
• underlying chronic conditions
• structural racism impacting social determinants of health
• implicit bias
What are Social Determinants of Health?

- Factors in a person's environment that play an important role in shaping health outcomes (ACOG, CO#, 729).
- Have historically prevented many people from racial and ethnic minority groups from having fair opportunities for economic, physical and mental health (CDC, 2021).

Social Determinants of Health

- Food
- Housing
- Transportation
- Utilities
- Exposure to Violence
- Financial Resources
- Community/Social Support
- Education/Health Literacy
- Child Care
- Legal Status
Laying the Foundation

The Birth Equity Initiative is a foundational initiative for\textbf{ALL} Illinois birthing hospital that will build on existing hospital efforts and lay the groundwork for ongoing equity work in all statewide quality improvement initiatives to address maternal disparities and promote birth equity.

**LINKAGES:** PVB teams are already getting started with birth equity work
- Reviewing data by race/ethnicity
- Implementing patient centered decision making and patient education
Statewide Support for the ILPQC Birth Equity Initiative

- State Legislation Public Act 101-0390 (1.1.2020)
- IDPH Letter of Support
- IDPH Maternal Morbidity and Mortality Report Recommendation
Birth Equity Clinical Leads

• Daniell Ashford, DNP, MBA, NE-BC, RNC-OB,C-EFM, FNP-BC, LNC
• Jamila Pleas, RN
• Paloma Toledo, MD, MPH
• Robin Jones, MD
• Barrett Robinson, MD, MPH, FACOG
• Emily White VanGompel - MD, MPH
<table>
<thead>
<tr>
<th>Wave 1 Teams –THANK YOU!!!!!</th>
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<tbody>
<tr>
<td>UIC</td>
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<tr>
<td>University of Chicago</td>
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<td>Stroger</td>
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<td>OSF Sacred Heart Medical Center</td>
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<td>Carle BroMenn Medical Center</td>
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<td>Loyola University</td>
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<tr>
<td>SSM Health St. Mary's</td>
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<td>West Suburban*</td>
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BE Aims and Measures
Birth Equity (BE) What will we focus on?

**BE AIM:** By December 2023, more than 75% of Illinois birthing hospitals will be participating in the Birth Equity Initiative and more than 75% of participating hospitals will have the key strategies in place.
1. Addressing social determinants of health

- **Mapping social determinants** of health community resources and services

- **Screening all patients for social determinants of health** needs during prenatal care and at the delivery admission and linking to resources/services

- Incorporating social determinants of health and discrimination factors in hospital maternal morbidity reviews
2. Utilize race/ethnicity medical record & quality data

• Implement processes and protocols for improving the collection and accuracy of patient-reported race/ethnicity data

• Review maternal health quality data stratified by race, ethnicity, and Medicaid status to identify disparities and address opportunities for improvement
3. Engage patients, support partners, & communities

- Take steps to engage patients and/or community members to provide input on quality improvement efforts

- Implementing a strategy for sharing respectful care practices with patients and delivery staff

- Implement a Patient Reported Experience Measure (PREM) patient survey to obtain feedback

- Providing postpartum safety patient education on urgent maternal warning signs, how to communicate with providers and importance of early follow up
4. Engage and educate providers, nurses & staff

• Educating providers, nurses, and staff on the importance of listening to patients, providing respectful care and addressing implicit bias

• Implementing strategies for addressing diversity in health care team hiring
Key Strategies on our Journey to Equitable Care

1. Implementation of universal social determinants of health screening prenatally and during delivery admission with linkage to appropriate resources and services

2. Review maternal health quality data stratified by race, ethnicity and Medicaid status to identify disparities and address opportunities for improvement

3. Take steps to engage patients and/or community members to provide input on quality improvement efforts

We can do it!

Team work makes the dream work!
Key Strategies on our Journey to Equitable Care

4. Implement a strategy for sharing expected respectful care practices during delivery admission with patients, labor support persons and obstetric staff; and survey patients before discharge on their care experience (using the PREM tool) to provide feedback.

5. Standardize system to provide postpartum safety patient education prior to hospital discharge on urgent maternal warning signs, communication with providers and importance of early follow up.

6. Implement education for providers and staff on the importance of listening to patients, providing respectful care and addressing implicit bias and provide opportunities for discussion and feedback.

Awesome Work!

GO TEAM!
By December 2023, more than 75% of Illinois birthing hospitals will be participating in the Birth Equity Initiative and more than 75% of participating hospitals will have all key strategies in place.
How will we show improvement?

• Tracking system changes → Structure Measures
  • Not started - working on it - in place

• Tracking clinical culture change → Process and Outcome Measures
  • Random sample of 10 delivery records per month from Black patients / patients of color or patients with public insurance to track progress on key strategies
  • Report progress on educating providers, nurses, and staff
Structure Measures to track progress on key system changes at your hospital:

- Implement universal social determinants of health screening
- Map community resources to assist linking patients to resources/services
- Protocol to optimize patient-reported race/ethnicity data collection
- Process to review maternal health quality data by race/ethnicity and Medicaid status
- Take steps to engage patient and/or community members on quality improvement efforts
- Strategy for sharing expected respectful care practices with delivery staff and patients
- Patient Reported Experience Measure (PREM) survey to obtain feedback from patients
- System to provide patients postpartum safety education prior to hospital discharge
Process and outcome measures to track clinical culture change:

• % providers, nurses and staff completing education on providing respectful care and addressing implicit bias

• % patients in 10 chart sample per month with documentation of:
  • patient education on postpartum safety
  • social determinants of health (SDoH) screening prenatal and delivery admission
  • % patients who screen positive for SDoH with documented linkage to needed services/resources

• % patients completing patient-reported experience measure who reported always or often feeling heard on PREM
BE Toolkit

Created with national resources/guidance, and resources from other PQC’s
Birth Equity Toolkit Outline

1. Introduction
2. National Guidance ACOG/SMFM
   A. ACOG Committee Opinions/Statements
   B. SMFM Guidance
4. Initiative Resources *10 Steps to Getting Started with BE*
5. Address Social Determinants of Health (SDoH)
6. Utilize Race and Ethnicity Medical Record and Quality Data
7. Engage patients, support partners, and communities in patient-centered, respectful care
8. Engage and educate providers, nurses, and staff to improve birth equity

Birth Equity Toolkit now available online:
https://ilpqc.org/birthequity/

Printed version will be shipped in June to all hospital teams who submit a BE roster by June 4th and request a print version
National Guidance to Address Provider Buy-In

- ACOG Committee Opinions/Statements
- SMFM Guidance
- Alliance for Innovation on Maternal Health (AIM) Bundle: Reduction of Peripartum Racial/Ethnic Disparities
Addressing Social Determinants of Health

- Community resources and mapping tool
- Sample screening tools
- Folders with patient and provider resources for SDoH screen positive patients
- Patient handouts on SDoH resources
- Guide for incorporating discussion of SDoH and discrimination in hospital M&Ms
Addressing Social Determinants of Health

- ILPQC is sponsoring access for hospitals to an online tool for addressing social determinants of health
- NowPow supports hospitals in meeting the social determinants of health needs for birthing patients across the state
- Tools to screen and identify maternal and familial needs, generate and manage personalized referrals for local resources

Three ways teams can access NowPow:

1. Already have NowPow at your hospital? Expand NowPow access and usage to OB department, if not already in place
2. Interested in NowPow at your hospital? Designated NowPow contact and special rate
3. Looking to access NowPow resources? Free access to ILPQC sponsored self-serve version of the NowPow platform (coming soon)
Review race/ethnicity medical record and quality data

- Tools and strategies to optimize collection and accuracy of race/ethnicity data
- Resources to develop a process to review hospital maternal health quality data by race, ethnicity, and Medicaid status

How to Ask the Questions Regarding Race/Ethnicity

1. Assemble workgroup
2. Validate patient data
3. Identify priority metrics
4. Determine if stratification is possible
5. Stratify the data
Promote patient-centered approach to engage patients and communities

- Engage patient and community input with support from partnerships with Everthrive IL and LaToshia Rouse (patient advisor consultant)
- Posters and tools for sharing respectful care practices with providers, nurses, staff and patients (coming soon)
- Patient Reported Experience Measure (PREM) patient survey with QR code (coming soon)
Promote patient-centered approach to engage patients and communities

- Tools to improve postpartum safety patient education and support for early postpartum follow up
  - Urgent maternal warnings signs handouts in up to 5 languages
  - Patient conversation guide for maternal warning signs
  - Healthy pregnancy spacing handout
  - Benefits of early postpartum care handout
Develop respectful care and bias education for providers, nurses, and staff

- E-modules for provider, nurse & staff education
- Grand Rounds
- SPEAK UP train the trainer sponsored training
- CDC Hear Her Messaging Campaign
- Tools to address diversity within healthcare hiring
Develop respectful care and bias education for providers, nurses, and staff

- ILPQC has partnered with Diversity Science to provide simplified online access to the *Dignity in Pregnancy and Childbirth* online e-module training
  - 3-module free program for perinatal providers, nurses, and staff
    - With resources to promote health equity in clinical practice and organizations also available
  - Free access to the resources and support to add e-modules to online hospital learning systems will be provided
Next Steps

Invitation for all IL birthing hospitals to participate
Roster and Readiness Survey

Please submit your hospital team **roster and readiness survey** by **June 25**!
Who should be on your Birth Equity Team

**Required**
- Team lead
- OB lead
- Nurse lead

**Suggested**
- Prenatal/Outpatient Representative
- Patient Advisor and / or Community Liaison (Example: Health Department or Non-Profits)
- Midwife and / or Doula Representative
- Quality Improvement (QI) Professional
- Health Information Technology (HIT) Representative
- Equity Officer
- Medical Informatics
- Social Worker
- L&D nurse / postpartum nurse
- Emergency Room representative
## Birth Equity Timeline

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<tr>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
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<tbody>
<tr>
<td>May 26: OB Virtual Face-to-Face Meeting</td>
<td>Teams Kickoff Webinar</td>
<td>Data Discussion Calls Review measures / data form and resources</td>
<td>Monthly Teams Webinars Begin</td>
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<td>Submit Rosters &amp; Readiness Surveys</td>
<td>June 21&lt;sup&gt;st&lt;/sup&gt; from 12-1:15 pm</td>
<td>July 15&lt;sup&gt;th&lt;/sup&gt; and 30&lt;sup&gt;th&lt;/sup&gt;, 2021</td>
<td>August 16&lt;sup&gt;th&lt;/sup&gt;: 12-1:00pm</td>
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**Recruit teams statewide**

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**It’s not to late to participate!** Develop your Birth Equity Quality Improvement team and submit the [Birth Equity Roster Form](#) by **6/11/2021**.
Next Steps for Birth Equity

- Identify Birth Equity QI Team
- Submit your roster by June 11 *(June 4 if requesting a print toolkit)*
- Complete Birth Equity Readiness Survey
- Attend the Birth Equity Kick-off Webinar June 21
Thanks to our Funders