Thanks to our Funders

Conference Sponsors:

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Illinois Perinatal Quality Collaborative

10th Annual Conference
Thursday October 27th, 2022
PLEASE WEAR YOUR MASK for the DURATION of the EVENT EXCEPT WHEN ACTIVELY EATING & DRINKING.
Happy 10th Annual Conference!

Thank you to all who continue to contribute to building a successful state perinatal quality collaborative for IL!
Disclosures & Joint Accreditation and Credit Designation Statements

Speakers:

Joseph Hageman, MD has disclosed a financial relationship with one or more ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients:

- Owlet, Inc. – Advisory Committee Member - relationship has not ended

Zsakeba Henderson, MD has disclosed a financial relationship with one or more ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients:

- Ferring Pharmaceutical – Research Grant Reviewer - relationship has ended

Drs. Hageman and Henderson’s financial relationships have been mitigated and have no impact on the content being presented.

All remaining speakers have no relevant financial relationship(s) with ineligible companies.

Planning Team Members:

Alana Rivera, MSN, RNC-OB, C-EFM, CLC, Deborah Miller, MPH, Keri Benbrook, RN, Andrea Cross, MHS, Sogi Skariah, RN, Donna Lemmenes, APN, Cecilia Lopez, MSN, Daniell Ashford, DNP, Myra Sabini, BSN, Mary Hope, RN, BSN, Joanne Sorce, MSN, Shawn O'Connor, MD, Sherry Jones, MD, Patricia (Patti) Lee King, PhD, Dan Weiss, Ellie Suse, Leslie Caldarelli, MD, Justin Josephsen, MD, and Ann Borders, MD, MSc, MPH have no relevant financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients to disclose.

In support of improving patient care, this activity has been planned and implemented by the Illinois Perinatal Quality Collaborative (ILPQC) and SSM Health is sponsoring education credits. SSM Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

As a Jointly Accredited Organization, SSM Health is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit.

SSM Health Designates this live activity a maximum of 7.25 ANCC Contact Hours, social workers completing this course receive 7.25 continuing education credits and 7.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Obtain your Continuing Education Hours:

*NOTE* Credits must be claimed by **November 28, 2022**

7.25 education credits available for nurses, physicians, providers, and social workers.

Education credits sponsored by: SSM Health.

- Must stay to the end of the event.
- QR codes to be distributed during wrap-up session at 4:15pm.
- Must complete evaluation online to receive your credits.
## ILPQC 10th Annual Conference Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenters</th>
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| 8:00-9:00am     | **Decade of Success:** Making a Difference for Illinois Mothers and Newborns | Ann Borders, MD, MSc, MPH  
Leslie Caldarelli, MD  
Justin Josephsen, MD |
|                 | Break                                                                   |                                                                            |
| 9:00-9:45am     | **No Quality without Equity:** A Growing Movement to Address Maternal Disparities | Zsakeba Henderson, MD, FACOG                                               |
| 9:45-10:00am    | Break                                                                   |                                                                            |
| 10:00-10:15am   | **Planting the Seeds for the Next Neonatal Initiative as our BASIC Efforts Now Bloom** | Leslie Caldarelli, MD  
Justin Josephsen, MD |
| 10:15-10:45am   | **Accelerating Upstream Together to Eliminate Racial Disparities in Infant Health Outcomes by 2030** | Michael D. Warren, MD, MD, MPH, FAAP                                       |
| 10:45-11:45am   | **State Quality Collaborative Leaders Panel: National Perspectives on Improving Perinatal Care** | Lisa Kane Low, PhD, CNM, FACNM, FAAN (Michigan’s Obstetric Initiative)  
Shannon Pursell, MPH (Virginia Neonatal Perinatal Collaborative)  
Susan Ford, MSN, CPNC-PC (Ohio Perinatal Quality Collaborative) |
| 11:45-12:00pm   | **ILPQC Award Ceremony**                                               |                                                                            |
| 12:00-1:15pm    | **Networking Lunch and Poster Session**                                |                                                                            |
| 1:15-1:45pm     | **Lessons Learned from Michigan’s Obstetric Initiative (OBI): Promoting Vaginal Birth and Birth Equity** | Lisa Kane Low PhD, CNM, FACNM, FAAN                                       |
| 2:30-2:45pm     | Break                                                                   |                                                                            |
| 2:45-4:15pm     | **We’re in the Same Room Again! Harnessing QI Energy through our Togetherness** | A. **OB Teams Breakout Session**  
B. **Neonatal Teams Breakout Session**  
C. **Patient, Family, Community Engagement Breakout Session** |
| 4:15-4:30pm     | **Wrap-up & Evaluation**                                               | Ann Borders, MD, MSc, MPH  
Leslie Caldarelli, MD  
Justin Josephsen, MD  
Lisa Kane Low, PhD, CNM, FACNM, FAAN  
Shannon Pursell, MPH  
Susan Ford, MSN, CPNC-PC  
(Michigan’s Obstetric Initiative)  
(Virginia Neonatal Perinatal Collaborative)  
(Ohio Perinatal Quality Collaborative) |
ILPQC Poster Session: 12 - 1:15pm
Participate Today!

Celebrate
Connect
Learn
Share
Lead
Change
Make Sure To Come & Visit

2022 ILPQC Resource Tables
Visit March of Dimes & I-Promote IL Tables
Located in the Back of Room

Explore ILPQC initiative tools and resources available to all hospital teams

BE: Laboring with Hope trailer

PVB: Labor Support e-modules

BASIC: Family education video

MNO: NEW Provider education video and Opioid Hotline materials

COVID: NEW Patient education video and patient and provider education flyers

Open during Lunch/Poster Session
2022 Attendee Resource Folder

- Respectful Care flyer
- Respectful Care sign off
- PREM Survey
- Find Help One Pager
- Early Postpartum Visit Checklist & Provider Billing Notice
- PVB ACOG/SMFM Checklist
- PVB Posters
- Labor Support E-module Flyer
- BASIC Family Education Flyer

- ILPQC General Factsheet
- Birth Equity Factsheet
- PVB Factsheet
- BASIC Factsheet
- Infant Mortality Factsheet
- MNO-OB Factsheet
- MNO-Neonatal Factsheet
- 30-60-90 Day Plan & PDSA

Located in ILPQC Swag Bag
Annual Conference Raffle

• Every attendee received one raffle ticket during registration today.

• Raffle will be held at the end of the day during wrap-up session today at 4:15pm.

• 6 raffle baskets/chances to win.

• Must be present to win.
• Extra Raffle Ticket Fun
• Self-record and show your completed card to the registration table for another raffle ticket

But wait there's more... Opportunity to Get up and BinGO

Located near back of AC Booklet
ILPQC Central Team

Ann Borders, MD, MSc, MPH: Executive Director, OB Lead

Leslie Caldarelli, MD: Neonatal Co-Lead

Justin Josephsen, MD: Neonatal Co-Lead

Patricia Lee King, PhD, MSW: State Project Director, Quality Lead

Alana Rivera, MSN, RNC-OB, C-EFM, CLC: Nurse Quality Manager

Ellie Suse, MPH, MSN, RN: Project Coordinator

Ieshia Johnson, MPH: Project Coordinator

Su Lee, PhD: Postdoctoral Scholar

Kalyan Juvvadi & Emma Hegemiller, MS: ILPQC Data System Team

Daniel Weiss, MPH: Director of Data & Operations
Welcome Address
Tamela Milan-Alexander
Community Engagement Director, EverThrive IL
ILPQC Patient Advisor
Decade of Success: Making a Difference for Illinois Mothers and Newborns

Ann Borders, MD, MSc, MPH
Leslie Caldarelli, MD
Justin Josephsen, MD
Overview

Celebrating 10 Years of ILPQC

Review of ILPQC 2022 Goals

Celebrating Initiative Work and Progress

ILPQC Goals for 2023
Celebrating 10 years of ILPQC

- Working together
- Engaging patients and communities
- Making change happen
ILPQC's Story Begins...

Recommendation from the IDPH Perinatal Advisory Committee to form PQC to work with the Illinois Regionalized Perinatal System

Winter 2012
Perinatal Quality Collaborative Illinois (PQCI) joined OB leadership to form ILPQC supported by HFS and MOD

Spring 2013
Launched ILPQC Leadership Team and Advisory Groups. Early support from Perinatal Network Administrators and IHA.

November 2013
Hosted 1st Annual Conference

November 2014
Initial CDC funding with 5 other PQCs

November 2014
Hosted 1st patient and family engagement breakout at 2nd Annual Conference
ILPQC's Inaugural Committee Members

Never doubt that a small group of thoughtful, committed citizens can change the world....

ILPQC Leadership Committee 2012/2013
- Marie Cleary-Fishman
- Susan Knight
- Blanca Leon
- Janine Hill
- Akihiko Noguchi
- Madiha Qureshi
- Deborah Rosenberg
- Gwen Smith

Perinatal Network Administrators 2012/2013
- Lenny Gibeault (Stroger)
- Robin Gude (Southern Illinois)
- Cathy Gray, Bernadette Taylor (U Chicago)
- Cindy Mitchell (St. Johns)
- Trish O'Malley (Loyola)
- Pat Prentice (Rush)
- Barb Prochnicki (Rockford Memorial)
- Elanie Schafer (St. Francis)
- Pam Wolfe (Northwestern)
- Maripat Zeschke (U of Illinois Chicago)
- Charlene Wells

Indeed, it is the only thing that ever has....*Margaret Mead*
ILPQC is a network of hospital teams, perinatal clinicians, patients, community stakeholders, public health leaders and .....YOU!

- ILPQC Obstetric and Neonatal Advisory Workgroups
- ILPQC Leadership Team
- ILPQC Planning Committee & Meeting Volunteers
- Illinois Regionalized Perinatal System Perinatal Network Administrators and Educators
- ILPQC Speakers, Experts, and Clinical Leads
- ILPQC Community Advisory Board & additional Patient/Family Advisors
- ILPQC OB and Neonatal Hospital Teams

Together, WE ARE ILPQC!
Growing connections with patients, families and communities

- 2014: 1st patient & family engagement (PFE) breakout
- 2016: Developed PFE tools for teams
  Patient and family advisors joined OB and Neonatal Advisory
- 2017: PFE matching pilot
- 2020: Published PFE toolkit
- 2021: Hosted PFE pilot with LaToshia Rouse
  Patient focus groups on QI tools
- 2022: 10 Regional Community Engagement meetings with Everthrive IL
  ILPQC Community Advisory Boards (OB and Neonatal)
Together, WE ARE ILPQC!
ILPQC helps make change happen

The Model for Improvement

- **AIM**: What are we trying to accomplish?
- **MEASURES**: How will we know that a change is an improvement?
- **CHANGES**: What changes can we make that will result in improvement?

SMART
- Structure
- Process
- Outcome
- Balancing

QI Resources

© 2012 Associates in Process Improvement

ILPQC helps make change happen

Hospital Teams, Community Stakeholders, Patients/Families

Langley GL MR, Nolan TW, Norman CL, Provost LP. 2009
Timeline of Initiatives & Hospital Participation

- **Neonatal Nutrition** - 18 teams
- **Golden Hour** - 26 Teams
- **Maternal Hypertension** - 112 Teams
- **Early Elective Delivery** - 49 teams
- **Birth Cert Accuracy** - 107 teams
- **Mothers and Newborns affected by Opioids (MNO) – Neonatal** - 88 Teams
- **Mothers and Newborns affected by Opioids (MNO) – Obstetric** - 101 Teams
- **Immediate Postpartum Long Acting Reversible Contraception (LARC)** - 15 teams
- **Improving Postpartum Access to Care** - 15 teams
- **Birth Equity** - 86 teams
- **BASIC** - 82 teams
- **PVB** - 94 teams
- **Birth Equity** - 86 teams
- **Next Neonatal Initiative**

Year Timeline:
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
Together Making Change Happen across 10 years!

- **2015 – OB Birth Certificate Accuracy Initiative** increasing overall birth certificate accuracy to 95% on key quality metrics with 107 participating hospitals.

- **2015 – Neonatal Golden Hour Initiative** increasing the use of best practices in delivery room communications and clinical care, family engagement, and NICU admission transitions with 23 participating hospitals.

- **2016-2017 – Severe Maternal Hypertension Initiative** increasing the percent of patients with timely treatment for severe maternal HTN from **41%** to **85%** and **decreasing risk of associated severe maternal morbidity** from **15%** to **9%** with 112 participating hospitals.
Together Improving Care and Outcomes for 10 years!

- **2018 – OB Immediate Postpartum Long-Acting Reversible Contraception (IPLARC) Initiative** increased access to IPLARC in 100% of teams by supporting implementation of best practice protocols with 31 participating hospitals.

- **2019 – OB Improving Postpartum Access to Care (IPAC) Initiative** increased the percent of patients scheduled for an early postpartum visit before delivery discharge from 2% to 80% across 15 participating hospitals.

- **2018-2021 - Mothers and Newborns affected by Opioids (MNO) OB and Neonatal Initiatives, 1st joint initiative** - increasing the percent of pregnant persons with OUD connected to MAT from 41% to 85% and coordinated discharge for OENs from 25% to 70% with 101 OB and 88 Neonatal participating hospitals. **Reduced disparities in linkage to Recovery Treatment and coordinated discharge.**
Statewide network of perinatal clinicians, nurses, hospitals, patients, community stakeholders and public health leaders

Working together to implement data-driven, evidence-based practices to equitably improve outcomes and reduce disparities for mothers and babies across Illinois.
**ILPQC 2022 Journey**

- Make progress to achieve initiative aims (BE, PVB, BASIC) with the focus on equity
- Expanding resources for clinical teams
- Building connections between hospital teams, patients, and communities
Promoting Vaginal Birth (PVB) Initiative

Supporting teams to achieve PVB success
PVB Clinical Leads – THANK YOU

- Rob Abrams, MD, IL South Central Perinatal Center
- Roma Allen, DNP, MSN ed., RNC-OB, Loyola University Perinatal Center
- Rita Brennan, DNP, RNC-NIC, APRN, CNS, CPHQ, Northwestern Medicine Central DuPage Hospital
- Lakieta Edwards, DNP, CNM, WHNP-BC, Advocate South Suburban Hospital
- Abbe Kordik, MD, The University of Chicago
- Tina Stupek, MSN, RNC-OB, C-EFM, Northwest Illinois Perinatal Center
- Emily White-VanGompel, MD, MPH, NorthShoreUniversity Health System
PVB Aims and Measures

**AIM**

≥70% of hospitals will be at or below the Healthy People goal of 23.6% NTSV C-Section Rate

**Measure**

≥80% of NTSV C-sections meet ACOG/SMFM criteria for cesarean

**Measure**

≥80% of physicians, midwives, and nurses educated
PVB Key Strategies

- Cesarean Decision Huddles and Checklist
- Clinical Team Education and Buy-in
- Sharing Unblinded Provider-level NTSV C-Section Rates
- Educating patients and shared decision making
- Labor Management Support
- Fallout Reviews of cases not meeting ACOG/SMFM Criteria
NTSV C-Section Rates for all ILPQC Hospitals

NTSV C-Section Rates by Hospital June-August 2022

55% of hospitals are achieving the Healthy People 2030 goal of NTSV C-Section Rate of <23.6%

Increase from 35% at baseline!

All ILPQC Rate: 23%

Goal: 23.6%
NTSV C-Sections Meeting ACOG/SMFM Criteria

68% of NTSV C-Sections overall are Meeting ACOG/SMFM Criteria
Identifying Disparities in PVB

ILPQC hospital Teams can now view their NTSV C-Section Rates by Race and Ethnicity and insurance status in RedCap.

Making progress this year to reduce NTSV C/S disparity gap, but will need to be sustained!
Birth Equity (BE) Initiative

Helping teams continue to move the important work forward together
BE Clinical Leads – THANK YOU

• Barrett Robinson, MD, MPH, NorthShore University HealthSystem- Evanston Hospital
• Daniell Ashford, DNP, MBA, NE-BC, RNC-OB, CEFM, FNP-BC, LNC, Northwestern Perinatal Center
• Emily White VanGompel, MD, MPH, NorthShore University HealthSystem- Evanston Hospital
• Jamila Pleas, RN, West Suburban Medical Center
• Kai Tao, ND, CNM, MPH, Juno4Me
• Paloma Toledo, MD, MPH, Northwestern Memorial Hospital
• Robin Jones, MD, Rush University Medical Center
Black birthing persons are 3 times as likely to die from a pregnancy-related condition as White birthing persons.

Persons on Medicaid are 3 times as likely to die from a pregnancy-related condition as a person with private insurance.

(IDPH MMRC 2021)

Birth Equity Initiative

86/100 birthing hospitals

June 2021 to current
We recognize that we – and all care providers – have work to do and are committed to addressing implicit bias and increasing the provision of culturally competent care to our patients

Dr. Lisa Hollier, ACOG's Immediate Past President, during 2019 Congressional Testimony
BE Aim: By December 2023, ≥75% will have all key strategies in place

- Optimize race and ethnicity data collection and review stratified data
- Screen all patients for social determinants of health and link to needed services
- Standardize postpartum safety education and schedule early postpartum visit
- Engage patients and community members for input
- Implicit bias, respectful care training for providers, nurses, other staff
- Share respectful care practices and survey patients on their care experience
## Making Change Happen:
Hospital Progress with BE Systems Changes

<table>
<thead>
<tr>
<th>Structure Measures</th>
<th>Baseline (% In Place)</th>
<th>August 2022 (In Place)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDOH Screening (L&amp;D)</td>
<td>16%</td>
<td>58%</td>
</tr>
<tr>
<td>Identifying local SDOH Resources</td>
<td>3%</td>
<td>56%</td>
</tr>
<tr>
<td>Optimize Self-Reported Race and Ethnicity Collection</td>
<td>6%</td>
<td>75%</td>
</tr>
<tr>
<td>Engage Patients and Community in QI Work</td>
<td>3%</td>
<td>21%</td>
</tr>
<tr>
<td>Sharing Respectful Care Strategies with Healthcare Team and Patients</td>
<td>10%</td>
<td>51%</td>
</tr>
<tr>
<td>PREM Implementation</td>
<td>8%</td>
<td>44%</td>
</tr>
<tr>
<td>Postpartum Safety Patient Education</td>
<td>54%</td>
<td>89%</td>
</tr>
</tbody>
</table>
Changing clinical culture: Healthcare team Implicit Bias & Respectful Care Education

![Graph showing Provider Education, Nurse Education, and Goal over time. The graph shows an increase from Baseline Q4 2020 to Aug 22 with Provider Education reaching 66%, Nurse Education reaching 89%, and the Goal also marked at 89%.]
Social Determinants of Health (SDoH): Screening and Linking Patients to Resources

- Since Birth Equity start summer 2021:
  - 10,360 patients sampled to check for SDoH screening
  - 3,231 (32%) patients with documentation of SDoH screening on L&D
  - 1,077 (33%) of patients with a positive SDoH screen
  - 667 (62%) of patients with a positive screen for SDoH had documentation of connection to resources and services
Improving SDOH Screening and Linkage to Resources (L&D)
Addressing Respectful Care

To date, 550 PREM surveys submitted across 32 of 34 (94%) hospitals reporting live with PREM Survey
Connecting Hospital teams to patients and communities

- **29 community members / patients** served as panelists
- **66 (77%)** of BE teams participated
- Contributed to the development of relationships between **hospitals and local community stakeholders**
- Nearly **250% increase** in teams working on patient/community engagement from start
It will take ongoing intentional change to address maternal disparities.

Together we can make change happen.
Babies Antibiotic Stewardship Improvement Collaborative (BASIC) Initiative

Celebrating achievements and helping teams cross the finish line together
BASIC Clinical Leads – THANK YOU

• Sameer Patel, MD, Ann & Robert H. Lurie Children's Hospital of Chicago
• Kenny Kronforst, MD, MPH, Ann & Robert H. Lurie Children's Hospital of Chicago
• Patrick Lyons, MD, Ann & Robert H. Lurie Children's Hospital of Chicago
• Gustave Falciglia, MD, Ann & Robert H. Lurie Children's Hospital of Chicago
Why Neonatal Antibiotic Stewardship?

- Unnecessary, prolonged antibiotic exposure
- Increased risk of NEC
- Mother-baby separation
- Higher costs of care
- Impaired development of intestinal microbiome
- Unnecessary IV placements
- Increased length of stay
Our Key Statewide Aims

- Decrease the number of newborns born at ≥35 weeks who receive antibiotics
- Decrease number of newborns with a negative blood culture who receive antibiotics for longer than 36 hours

The **Right Antibiotics** for the **Right Baby** for the **Right Length of Time**
BASIC Timeline - Where we have been, where we are going

December 2020
- BASIC Launch

January 2021
- NEOSC Rollout

April 2021
- EMR Integration

July 2021
- Race and Ethnicity Data Utilization

August 2021
- Automatic Stop Times
- Parent Education Materials and Antibiotic Timeouts

December 2021
- BASIC Data Dashboard and Stratification of Data by Race and Ethnicity

February 2022
- Engaging Community Pediatricians

March 2022
- Data Narratives and Visualizations

August 2022
- BASIC Data Dashboard and Stratification of Data by Race and Ethnicity

Illinois Perinatal Quality Collaborative
BASIC Impact over the Last 2 years

82 teams participating

200,000 babies >35 weeks born

Over 16,000 newborns impacted

At least 7,200 fewer needle sticks!
Making Change Happen: Newborns $\geq$35 weeks who received antibiotics within 72 hours of life

24% Decrease!
Making Change Happen: Newborns ≥35 weeks with antibiotics stopped by 36 hours with negative blood culture
Mothers and Newborns affected by Opioids

Continuing our MNO-OB and Neonatal work amidst increasing maternal OUD rates in Illinois
The country now faces a **fourth wave** of the OUD crisis. Certain individuals are especially vulnerable to overdose and mortality, particularly those with **SUDs/opioid use disorder (OUD) and co-occurring behavioral health (BH) conditions (e.g., depression or anxiety)**.
The Opioid Epidemic - Illinois Impact

- Opioid overdoses in Illinois increased 33% from 2019 to 2020
- In 2020, there were 2,944 opioid overdose fatalities
The Opioid Epidemic’s Disproportional Impact in Illinois

Opioid overdoses have increased disproportionately among Black and Hispanic persons

https://dph.illinois.gov/topics-services/opioids/idph-data-dashboard.html
Maternal Deaths due to Opioids in IL

In Illinois between 2019 – 2020:

• The rate of pregnancy associated mortality ratio for unintentional drug poisonings involving opioids increased from 10.7 to 21.0 per 100,000 live births.

• Mental health conditions, including substance use disorder, are now the leading cause of pregnancy-related deaths and often co-occur (IDPH 2021).
Key Strategies in Sustainability to Provide Optimal OUD care every time

- Screen every pregnant patient with OUD with a validated screening tool
- Assess readiness for Medication Assisted Recovery (MAR)
- Start MAR and link to recovery treatment services (RTS)
- Provide naloxone (Narcan) counseling and medication
- Warm hand-offs for community-based MAT, RTS, OB follow up
- Provide patient education on OUD, NAS, and reduce stigma, promote respectful care across clinical team
Key Strategies to Provide Optimal Opioid-Exposed Newborn care every time

- Prenatal Consult
- Non-Pharmacologic Care
- Pharmacologic Treatment
- Eat, Sleep, Console
- MNO Folders
- Coordinated Discharge
Call to action! What it takes for every team to optimize OUD & OEN care in sustainability

- Compliance monitoring of key patient measures and missed opportunity reviews for patients not receiving optimal care
- New-hire and continuing education for providers, nurses, and staff
- Ensuring systems changes are in place including MNO Folders, mapped community resources, DOPP program for free Narcan kits for patients
ILPQC Goals for 2023

Achieve initiative aims and move to sustainability: BASIC, PVB, BE

Design and launch new neonatal statewide initiative focusing on infant mortality

Expand engagement of patients, families and communities in QI work
Thank you!

This work cannot happen without all of you.

Thank you for your hard work, commitment, dedication, and expertise to make Illinois the best place to give birth and be born!