

10 Steps to Getting Started with the ILPQC Birth Equity (BE) Initiative

1. Submit your [BE Roster](#) and complete the ILPQC [BE Teams Readiness Survey](#) to identify team opportunities for improvement. Please work together as a team to complete the survey and choose one designee to fill out the survey. Remember, there are no correct answers. It's ok to start with lots of opportunities for improvement!
2. Schedule regular, at least monthly, **BE QI team meetings** to review your data and make improvement plans and identify PDSAs cycles for the coming month.
3. Review the [ILPQC BE Data Collection Form](#) with your team and discuss strategies for data collection and attend the BE Data Call on <insert dates here>. After reviewing the data form, start conducting baseline data collection (Oct, Nov, and Dec 2020).
4. Review your hospital's baseline data and **identify opportunities for improvement**. Reference the [BE Key Driver Diagram](#) and [BE Key Strategies](#) to identify possible interventions. Consider how your team will use the monthly data to monitor initiative progress and provide feedback to clinical teams.
5. Review the [ILPQC Birth Equity Toolkit](#) (online now and print version sent to team lead in June 2021) for nationally vetted resources to support your improvement goals.
6. Meet with your QI team to create a draft **30-60-90 day plan**. This plan helps your team decide where to start and identify what you want to accomplish in the first 3 months. Consider focusing on the [BE key strategies](#) using your baseline data and readiness survey results to give input on where your hospital should start.
7. Plan your first [PDSA cycle](#) with your team to address your [30-60-90-day plan](#). These small tests of change help your hospital test process/system changes to reach initiative goals. Please see linked worksheet for more details on planning your first small test of change. Focus on BE key strategies for improvement, start small and test a change/ improvement with one nurse, one provider, one patient, or one day or one week. Review results, make improvements and implement if successful, repeat the cycle if adaptations are needed.
8. Consider **scheduling a BE kick-off meeting and /or grand rounds** to officially announce the launch of your hospital BE initiative work. This should include sharing an overview of the BE initiative, [BE key strategies](#), and your team goals for the initiative with OB clinical staff to facilitate OB provider, nurse, and staff buy-in. Assistance from ILPQC, including a BE kick-off slide deck and a BE speaker bureau to schedule potential speakers, will be available.
9. Review **implicit bias training** resources and create a plan for implementation and completion of implicit bias training by L&D OB providers and nursing staff, process to review results and plan for using feedback to drive improvement.
10. **Reach out to ILPQC with any questions or for clarification – we are here to help!**