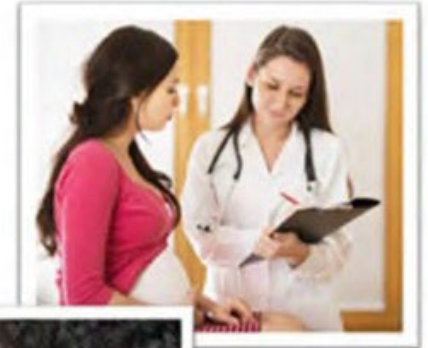


# Birth Equity (BE) Monthly Webinar Making Progress

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April 18<sup>th</sup>, 2022



# Overview

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- ILPQC Updates
- Engaging patients and community in QI / Birth Equity work
- Guest Speakers:
  - LaToshia Rouse, CD(DONA) - Birth and Postpartum Doula
  - Tamela Milan-Alexander - Community Engagement Director EverThrive Illinois
  - Andie Baker - Deputy Director of Strategy EverThrive Illinois
- Team Talk – Stroger Hospital Omar Lablanc & Joy Ungaretti, MD  
Attending Physician

# ILPQC Face-to-Face Updates

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# Save the Date!

**Nurses, Providers, & Staff**  
join us for an interactive day  
of collaborative learning for  
current ILPQC initiatives!

## 2022 OB & Neonatal Face-to-Face **VIRTUAL** Meetings

Obstetric May 25, 2022

Neonatal May 26, 2022

2022 ILPQC 10th Annual  
Conference  
Thursday, October 27, 2022

Registration is OPEN!

# Face-to-Face 2022 OB Storyboard Template

<Hospital Logo> <Hospital Name> **ILPQC 2022**  
OB Storyboard

<b>2. Hospital &amp; QI Team Overview</b> <Fill in PVB and Birth Equity QI Team & Roles>          <List your <b>biggest accomplishments</b> this year / since last Face to Face and what you are <b>looking forward to working on</b> in the last 6 months of the year>	<b>4. Birth Equity</b> <Share data and strategies to implement Birth Equity key strategies (SDOH Screening, Respectful Care, PREM)>	<b>5. Promoting Vaginal Birth</b> <Share data on progress towards achieving PVB measures. Please use graphs when possible>
<b>3. MNO-OB Sustainability</b> <Share sustainability data and the strategies you used to sustain your MNO-OB work>	<div>Instruction sheet available too!</div>	

- PVB & BE QI Team and Roles
- Biggest accomplishments
- Looking forward, next 6 months
- Data & progress towards achieving PVB & BE measures
  - RedCap Graphs
- Strategies for implementing key PVB & BE structure measures
- MNO-OB Sustainability Data & Plans

# BE Award Criteria for Face-to-Face

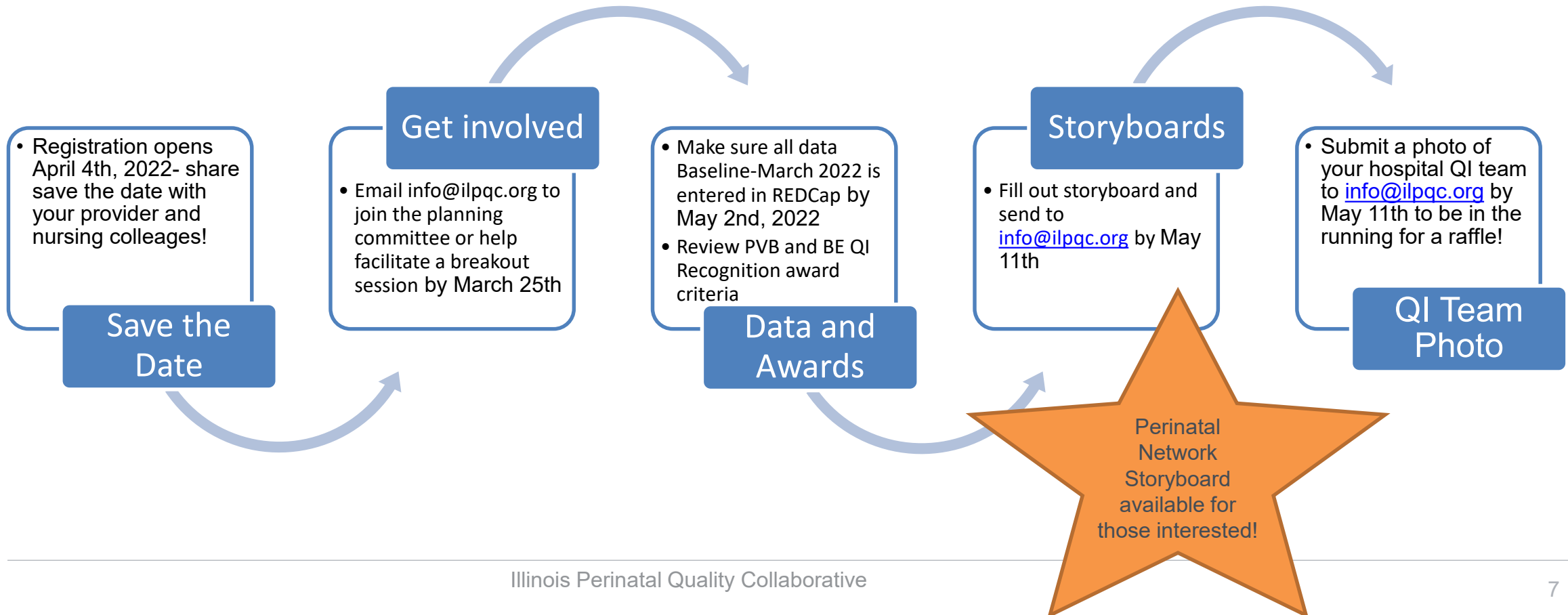


All Data Submitted	
+	
Any 4-5 Structure Measures (Yellow or Green) In Place or Working On it	
+	
Data submission: August through March by May 1 <sup>st</sup> (will exclude December and January data given Omicron)	



**Submit Data by May 2<sup>nd</sup> to qualify for an award!**

# Face to Face Next Steps





# Birth Equity Initiative

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Helping hospital teams move this important work forward together





# What is the focus of Birth Equity (BE)?

**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.

Question: We are thinking about moving BE team webinars to cover the same topics/strategies over 3 months? To allow time for sharing and progress on the measures associated with each strategy. Any thoughts?

Addressing  
Social  
Determinants  
of Health

Review  
race/ethnicity  
medical record  
and quality data

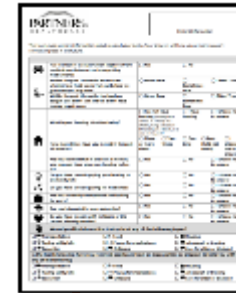
Promote patient-  
centered  
approach to  
engage patients  
and  
communities

Develop  
respectful care  
and bias  
education for  
providers,  
nurses, and staff

# Key QI Strategies



**Optimize race/ethnicity data** collection & review key maternal quality data by race, ethnicity & Medicaid status



**Universal social determinants of health screening tool** (prenatal/L&D) with system for linkage to appropriate resources



Share **respectful care practices** on L&D and survey patients before discharge on their care experience (using the PREM) for feedback



**Engage patients and community members** for input on quality improvement efforts



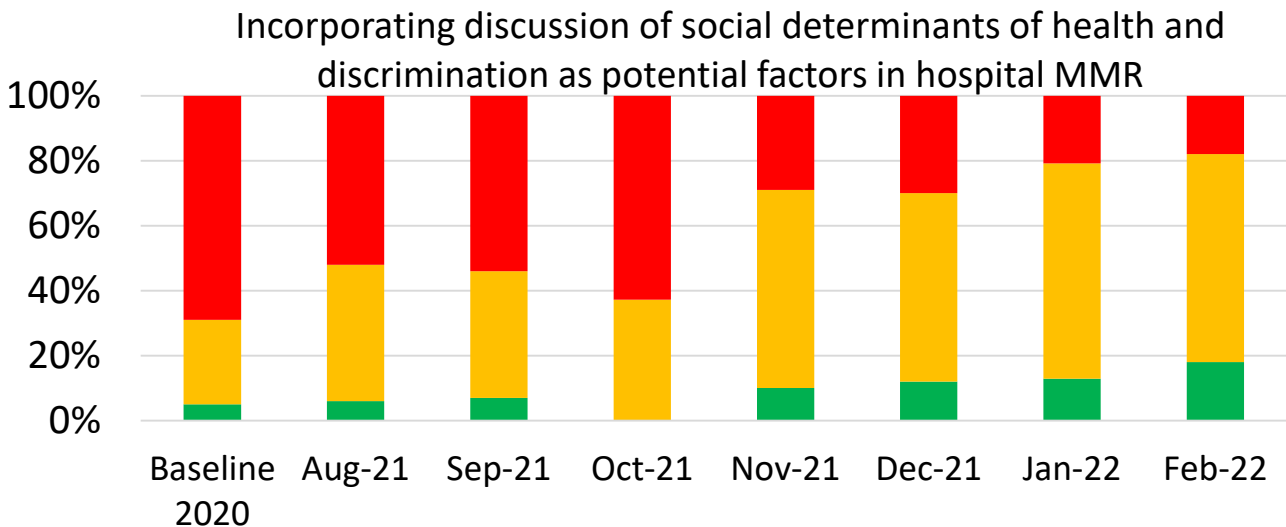
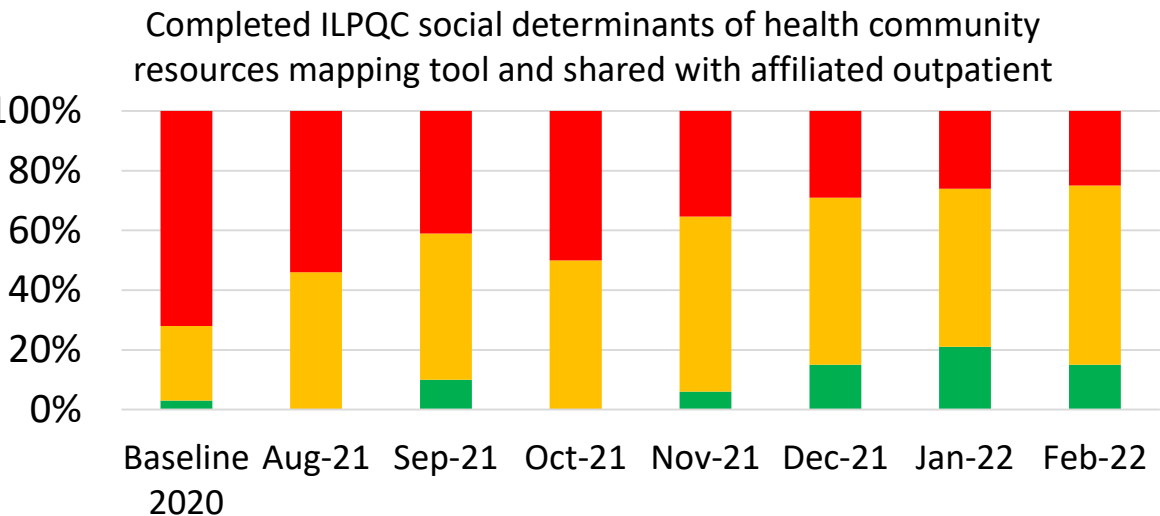
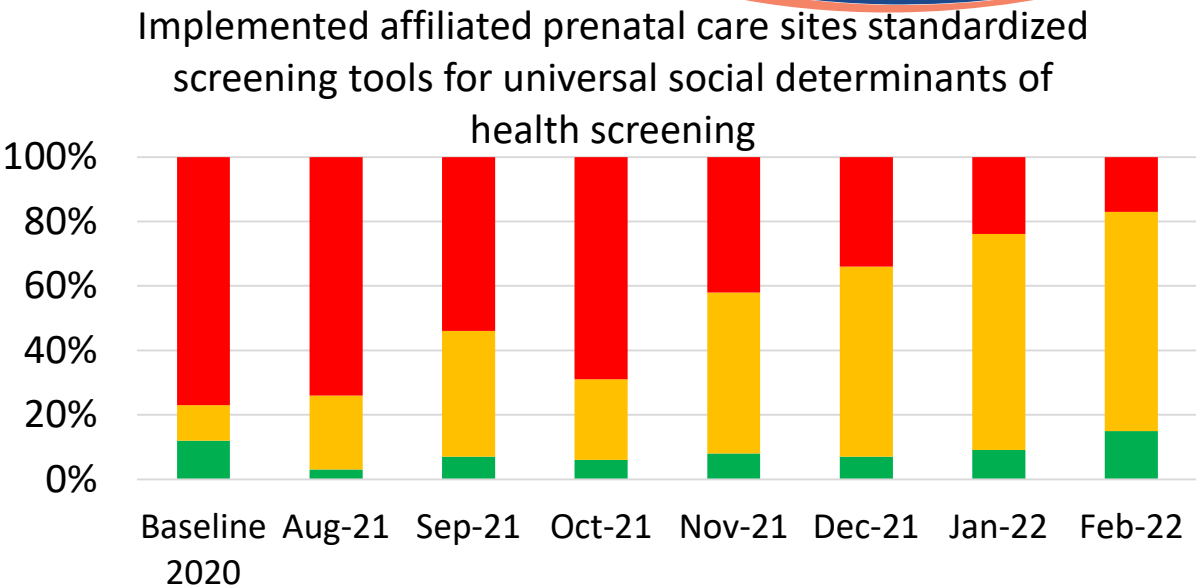
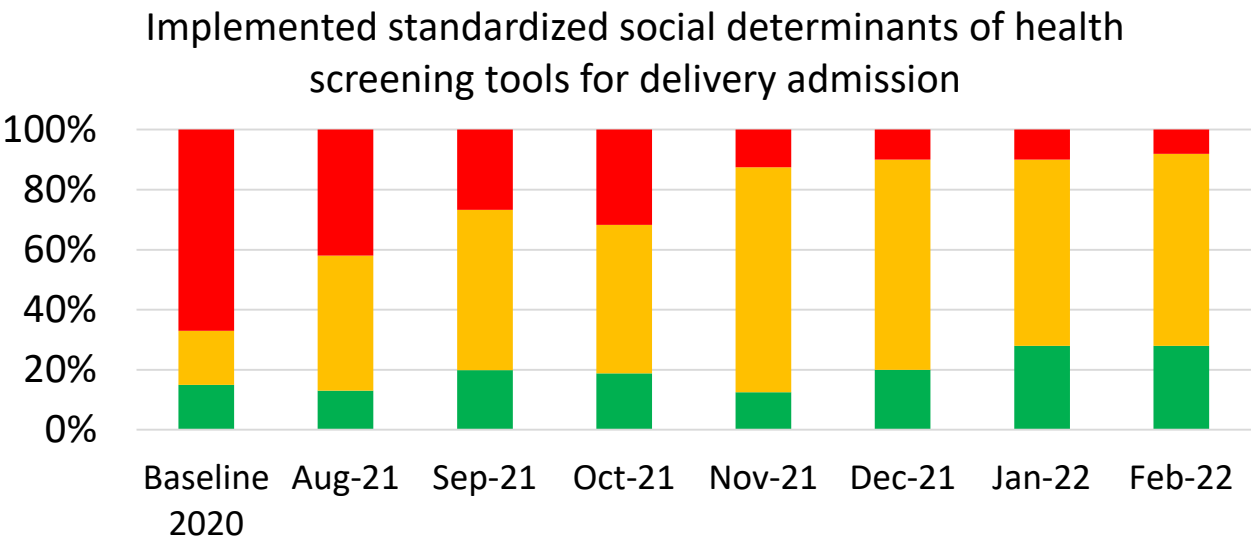
**Standardize postpartum safety** education and schedule early postpartum follow up prior to hospital discharge



**Implicit Bias / Respectful Care training** for providers, nurses and other staff

# Structure Measures: Implementing Systems Changes

■ In Place   ■ Working on it   ■ Not Started

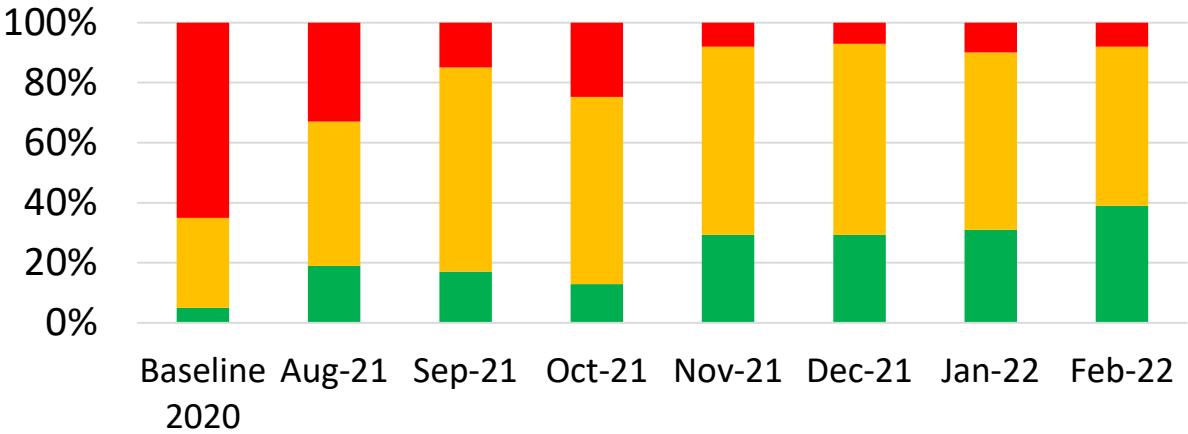


# Structure Measures: Implementing Systems Changes

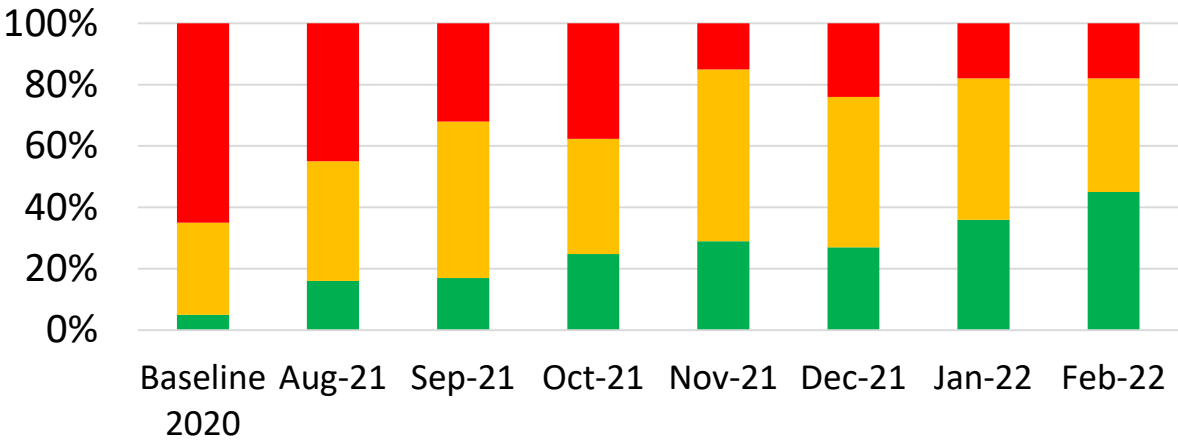
■ In Place   ■ Working on it   ■ Not Started



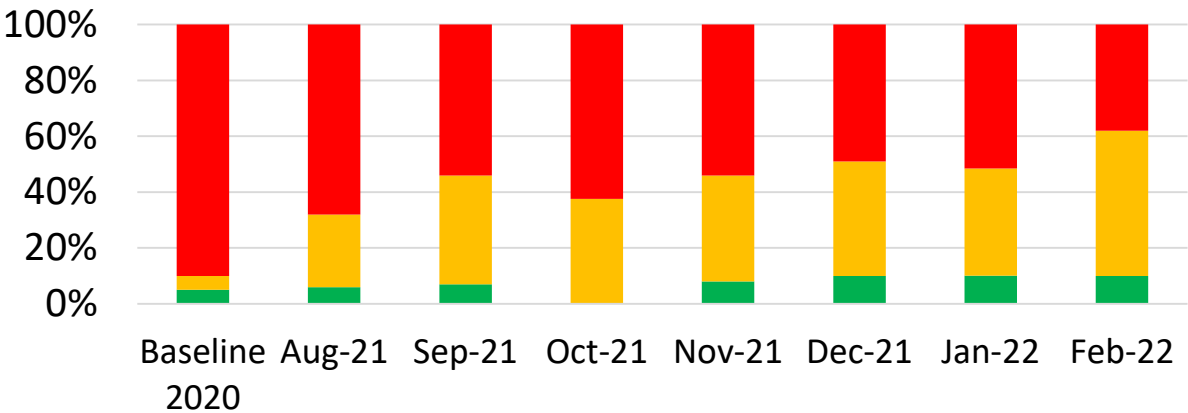
Protocol for improving the collection and accuracy of patient-reported race/ethnicity data



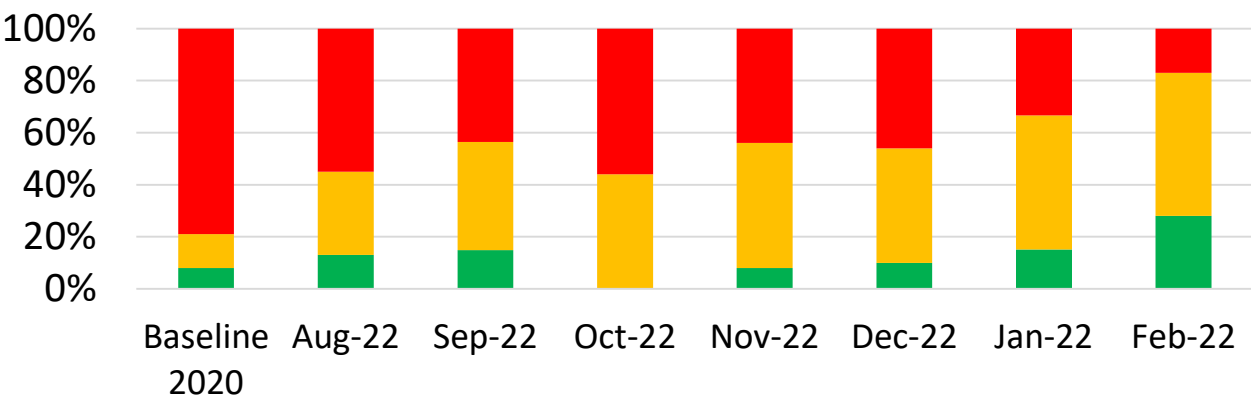
Process to review maternal health quality data stratified by race/ethnicity and Medicaid status



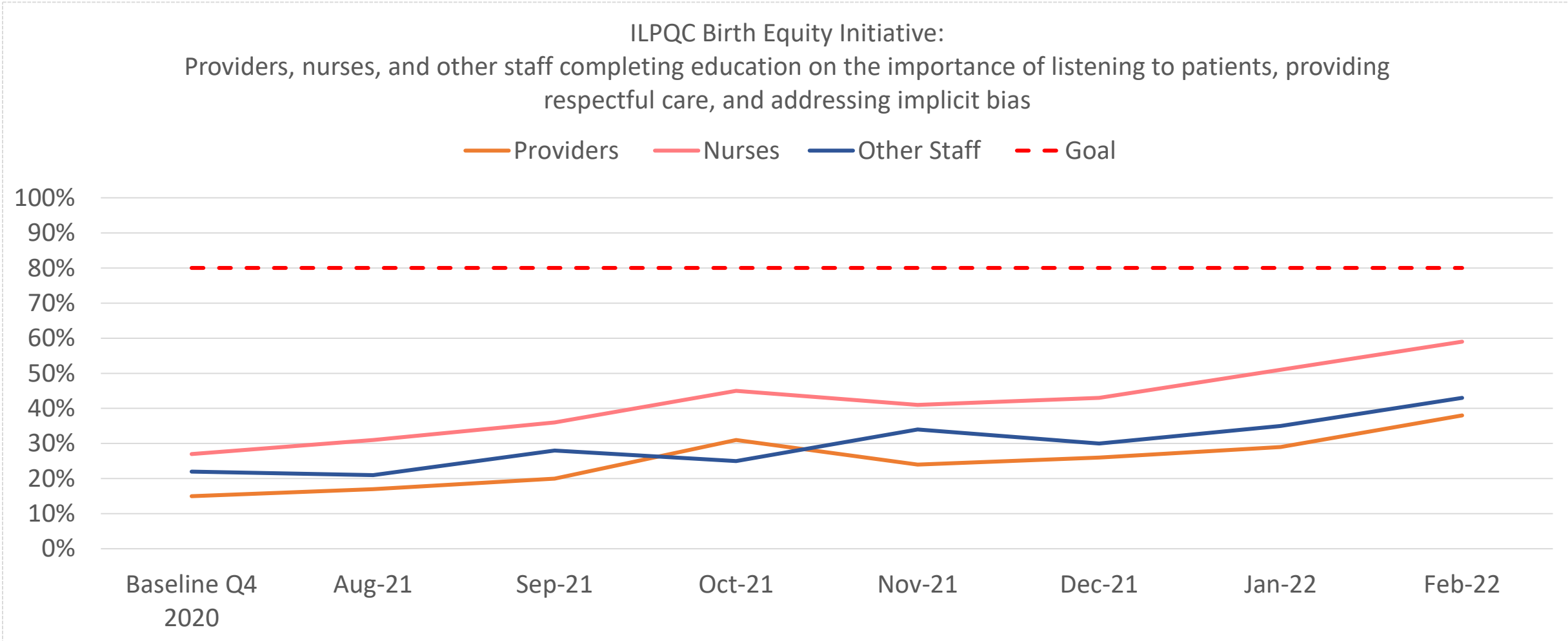
Engaged patients and/or community members to provide input on quality improvement efforts



Sharing expected respectful care practices with delivery staff and patients (i.e. posting in L&D)



# Process Measures: Implicit Bias Training



# ILPQC Hospital Team Data Submission (86 Teams Total)

Month	Teams Reporting Hospital Data
Baseline (Q4 2020)	47
August 2021	54
September 2021	51
October 2021	50
November 2021	46
December 2021	36
January 2022	40
February 2022	41

Engage patients, support partners, and communities  
in patient- centered, respectful care



# Key Strategy 3. Take steps to engage patients and/or community members to provide input on QI efforts

## Our Respectful Care Practices



- 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
- Patient Reported Experience Measure (PREM) patient survey with QR code

# Part 1: Making the case

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Improving Outcomes Through Patient Engagement



# Why it is important to engage patients and community members?

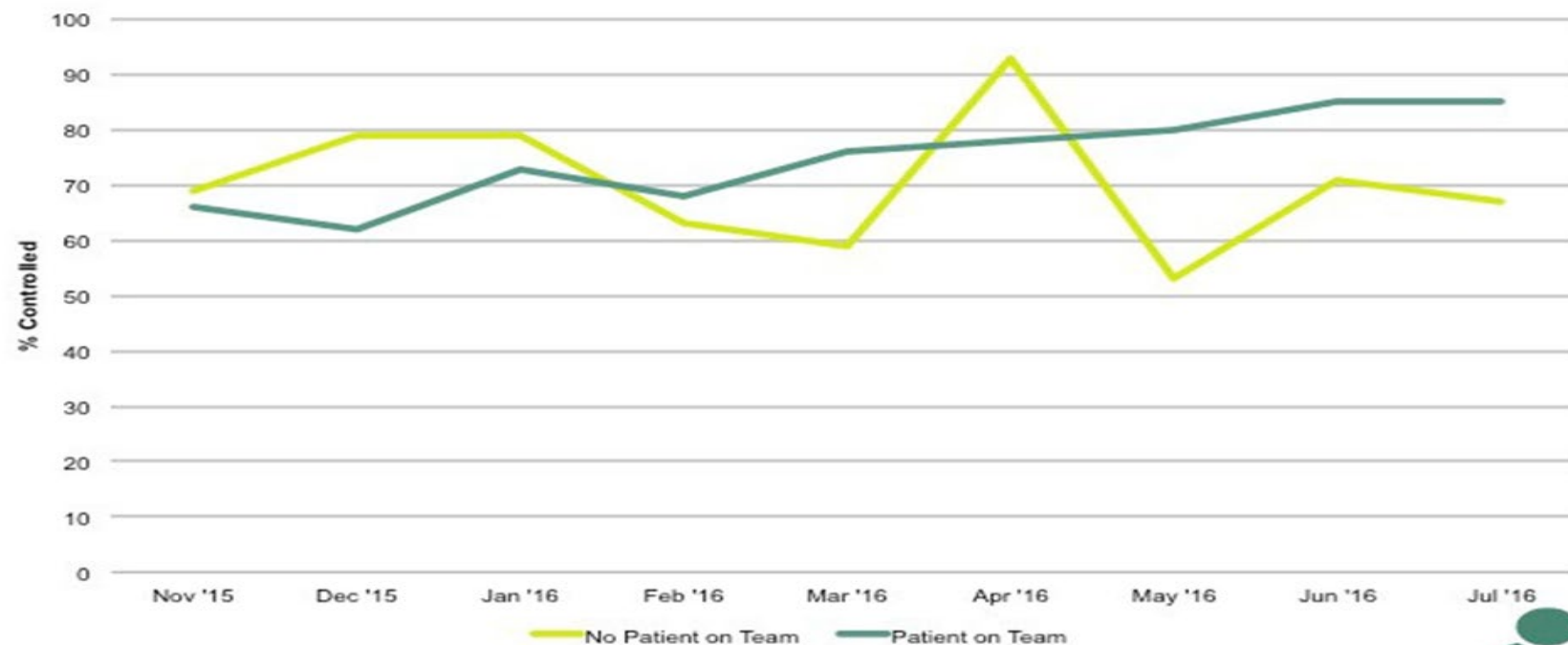


- Collaboration creates an opportunity and efforts to improve the overall health and well-being of the community.
- From our Sister PQC: “Embedded at every level of the organization and in all stages of clinical initiatives, patients and family members have been strong catalysts for change in PQCNC’s neonatal and maternal initiatives.”



# From our Sister PQC: Improved Outcomes with QI Efforts

## Percentage of Patients with SBP >160 or DBP >110 Controlled within One Hour



Engaging  
patients in your  
QI efforts  
improves your  
outcomes!

From T.B. Rouse, 2017, presentation given to ILPQC HTN teams.



## Part II. Assessing Your Hospital's Readiness

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# Partnering with Patients and Families To Design a Patient- and Family-Centered Health Care System

- The four principles of patient- and family-centered care are:
  - Dignity And Respect
  - Information Sharing
  - Participation
  - Collaboration





# Part III. Recruiting and Engaging Patient Advisors

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# Tips For Recruiting Patients And Families To Serve In Advisory Roles



- Ask other patients and families who are already serving as advisors if they have a friend who might be interested in participating.
- Ask providers to identify patients and families.
- Contact patient or family networks, support groups, or community organizations.
- Post notices/brochures/posters in appropriate languages on bulletin boards in public spaces or electronic versions in kiosks/internal television channels in clinics and hospitals.
- Include information about opportunities for patients and families to participate as advisors with the clinic's or hospital's patient experience surveys.
- Ask patients and families who participate in NICU or other reunion events.
- Create a web page for the Patient and Family Advisory Program to include recruitment information on the site.
- Develop a short video about advisory opportunities and add to the organization's website and social media platforms.
- Develop radio and TV public service announcements in the language of the communities you are trying to reach.
- Place a story in community newspapers.
- Ask community and church leaders.

# Finding Diverse Patient Advisors:

- Creating a diverse group that looks like patients served by the healthcare system is key to hearing perspectives that makes health better for all:
  - Asking community leaders for PFAC referrals
  - Creating maps of racial and ethnic clusters to find community centers
  - Getting to know the leaders within the community
  - Asking local artists to help create PFAC materials in the language and culture of the community
  - Going to community meetings to develop relationships
  - Talking about advisor opportunities at community events
  - Creating a separate PFAC if you have a large patient population that does not speak English, (e.g., Bayview at Johns Hopkins University and Children's Mercy in Kansas City have Latino PFABs)



# Part IV. Implementing Your Plan

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# Overcoming Barriers: A Solutions-based Action Plan

- [ILPQC Overcoming Barriers Action Plan](#) (click link). This tool help hospitals develop and implement a plan for patient advisor participation by identifying barriers, potential strategies, next steps, and person responsible for the task.

OVERCOMING BARRIERS: A SOLUTIONS-BASED ACTION PLAN			
Utilize this tool to facilitate solutions-based conversations to assist in creating an action plan to overcome barriers and determine next steps.			
Potential Barrier/Current Challenge	Potential Strategies and Resources to Overcome Barriers	Next Steps to Implement Solutions <i>(Consider utilizing 30-60-90 day plan)</i>	Responsible Party
Other Notes:			

# Patient and Family Advisor Orientation Manual to help hospitals team advisors

- This orientation manual will help prepare you for your role as an advisor. It is organized into the following sections:
  1. Section 1. Information to help you understand the responsibilities of and expectations for patient and family advisors
  2. Section 2. Tips for being an engaged patient and family advisor
  3. Section 3. Information about how patient and family advisors help us improve hospital quality and safety
  4. Section 4. How things work at [NOTE: insert hospital name]
  5. Section 5. Ways to learn more about health care quality, patient safety, and being a patient and family advisor
- [Patient and Family Advisor Orientation Manual](#) (click link)

# Family Engagement in Systems Assessment Tool (FESAT)

- The FESAT is an [assessment tool](#) that both family leaders and organization staff complete to assess how families are being engaged in a specific systems-level initiative, policy, or practice.
- The purpose of this self-assessment tool is to help organizations that serve children and families gain an understanding of the effectiveness of their approaches to and processes for partnering with families.



## Domain 1: Commitment

Commitment means that the organization routinely engages with family leaders in all systems-level initiatives that affect the policies and programs that govern services for children, youth, and families.

The statements below ask about how the organization demonstrates its overall commitment to family engagement.

In my experience:	Never	Rarely	Some-times	Usually	Always	Not Sure/ Not Applicable
1. The organization uses written policy that requires family engagement in systems-level initiatives.	0	1	2	3	4	
2. The organization has one or more champions of family engagement.	0	1	2	3	4	
3. The organization acknowledges the contributions family leaders make to systems-level initiatives.	0	1	2	3	4	
4. The organization's budget includes funding for the family leaders' time and/or other costs they incur (for example, travel, childcare).	0	1	2	3	4	
5. The organization provides adequate time for staff to implement changes that result from family engagement in systems-level initiatives (for example, educating staff about new policies).	0	1	2	3	4	

Family Voices, Inc, 2020

# Getting Started: Engaging Patients & Families in Quality Improvement



- Identify champions, key players, and roles for your Patient & Family Engagement Plan.
  - Identify your hospital's resources and build on what already exists to help develop your Patient & Family Engagement Plan.
  - Engage any current patient/community volunteers in the process and schedule regular Patient Advisory Council meetings/townhalls, breakfast meet and greet.
  - [Complete the Overcoming Barriers](#): A Solutions-Based Action Plan worksheet. This worksheet will help teams understand current barriers and opportunities for getting started with your Patient & Family Engagement Plan.
  - Diagram your process flow. This will help your team describe your hospital's process for engaging patients and families in QI work
-



# How has ILPQC helped to provide resources/tools?

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# ILPQC has expanded resources for engaging patients, families, and communities

- We are brining awareness, education, and resources for hospital teams and administration
- Strategies/tools to help hospital teams engage patients/families in QI work
- [PFE toolkit](#) (click link)



# Birth Equity Initiative Regional Community Engagement Meetings

- ILPQC is partnering with Everthrive IL to host regional network Community Engagement meetings to connect Birth Equity QI teams and local community members between Feb-Jun 2022.
- Learn best practices for engaging with the community for feedback on QI work.
- Hear from a panel of community leaders from your perinatal network's region for input on Birth Equity strategies.
- Develop community connections to help move forward patient and community engagement opportunities for your team.
- We have completed 3 regional meeting so far and have 9 scheduled.





**1. I could take part in decisions about my care.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. I could ask questions about my care.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. My health care team did a good job listening to me, I felt heard.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. My health care choices were respected by the health care team.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. My health care team understood my background, home life and health history, and communicated well with each other.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. My health care team introduced themselves to me, and my support persons, and explained their role in my care when they entered my room.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. The health care team asked for my permission before carrying out exams and treatments.**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Labor & Delivery**

**PREM**

**Respectful  
Care  
Practices**



**Our Respectful Care  
Commitments to Every Patient**

1. Treating you with dignity and respect throughout your hospital stay
2. Introducing ourselves and our role on your care team to you and your support persons upon entering the room
3. Learning your goals for delivery and postpartum: What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
4. Working to understand you, your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery
5. Communicating effectively across your health care team to ensure the best care for you
6. Partnering with you for all decisions so that you can make choices that are right for you
7. Practicing "active listening"—to ensure that you, and your support persons are heard
8. Valuing personal boundaries and respecting your dignity and modesty at all times, including asking your permission before entering a room or touching you
9. Recognizing your prior experiences with healthcare may affect how you feel during your birth, we will strive at all times to provide safe, equitable and respectful care
10. Making sure you are discharged after delivery with an understanding of postpartum warning signs, where to call with concerns, and with postpartum follow-up care visits arranged
11. Ensuring you are discharged with the skills, support and resources to care for yourself and your baby
12. Protecting your privacy and keeping your medical information confidential
13. Being ready to hear any concerns or ways that we can improve your care



# Guest Speakers:

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- LaToshia Rouse, CD(DONA) - Birth and Postpartum Doula
- Tamela Milan-Alexander - Community Engagement Director EverThrive Illinois
- Andie Baker - Deputy Director of Strategy EverThrive Illinois



# Patient and Family Engagement at ILPQC



- IPFCC Faculty
- NNPQC Co-Chair
- ABP Board of Directors
- NICHQ Board of Directors
- Engagement Consultant
- Birth and Postpartum Doula
- Patient Educator



LaToshia Rouse, CD(DONA)

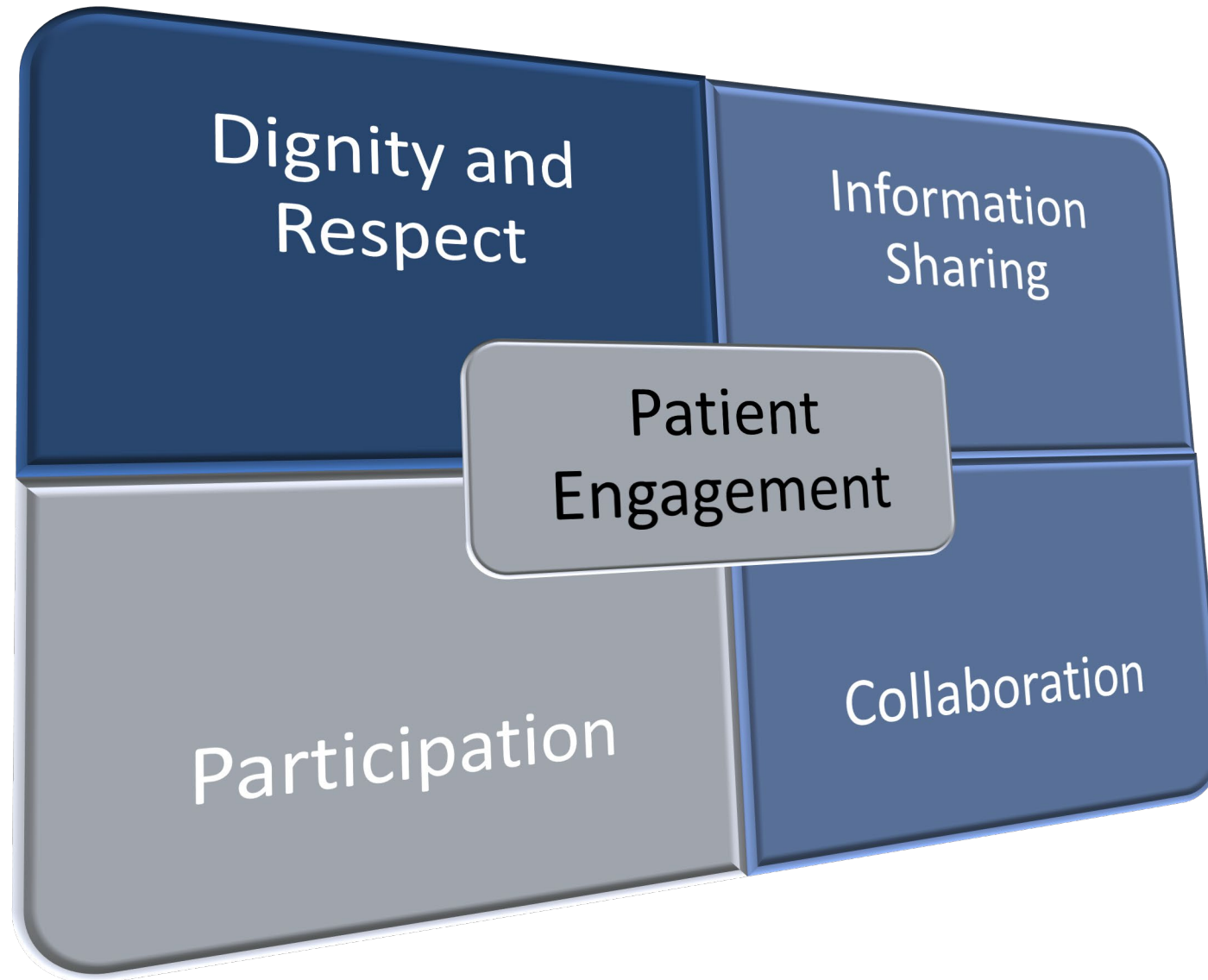
What does a parent and family partner offer to a quality improvement team?



- **Holders of new information**
- **Feedback from a parent's perspective on your policies, your method of distributing information, and your ways to engage families**
- **Timely feedback on care experiences well before the customer service surveys are completed by families**
- **A story to accompany the data that can be told from an educated patient perspective**
- **Help with parent education from a parent perspective**



# Core Concepts of Patient- and Family-Centered Care



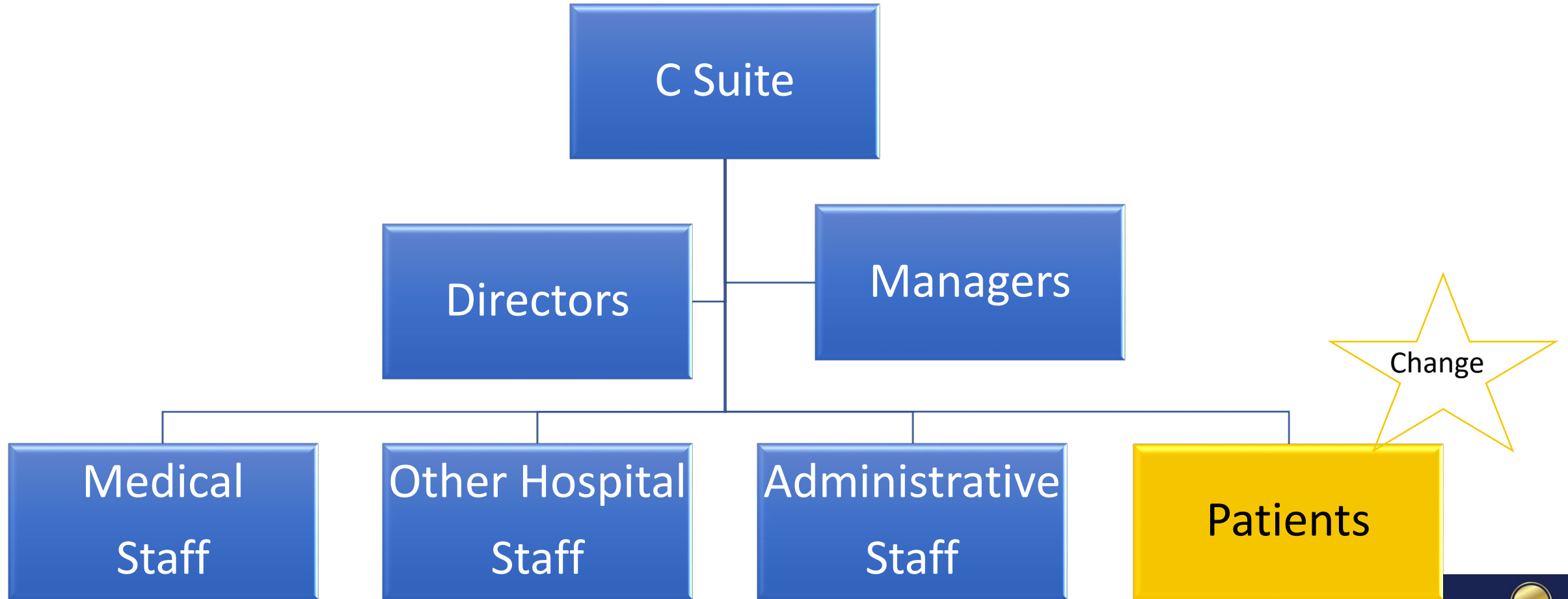
Adapted from: Johnson, B. H. & Abraham, M. R. (2012). Partnering with Patients, Residents, and Families: A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-Term Care Communities. Bethesda, MD: Institute for Patient- and Family-Centered Care

This is a culture change.

Culture will eat strategy  
for breakfast, lunch and  
dinner.



# Building a Space for Collaboration with the Communities you serve.



LATOSHIA  
ROUSE

ENGAGEMENT  
SUPPORT

# Methods to Engage Patients in QI

Interviews

Focus/ workgroups

Questionnaires/ Surveys

Townhall meetings/ Listening Session

Conferences/ Workshops

Co-Design on QI Teams

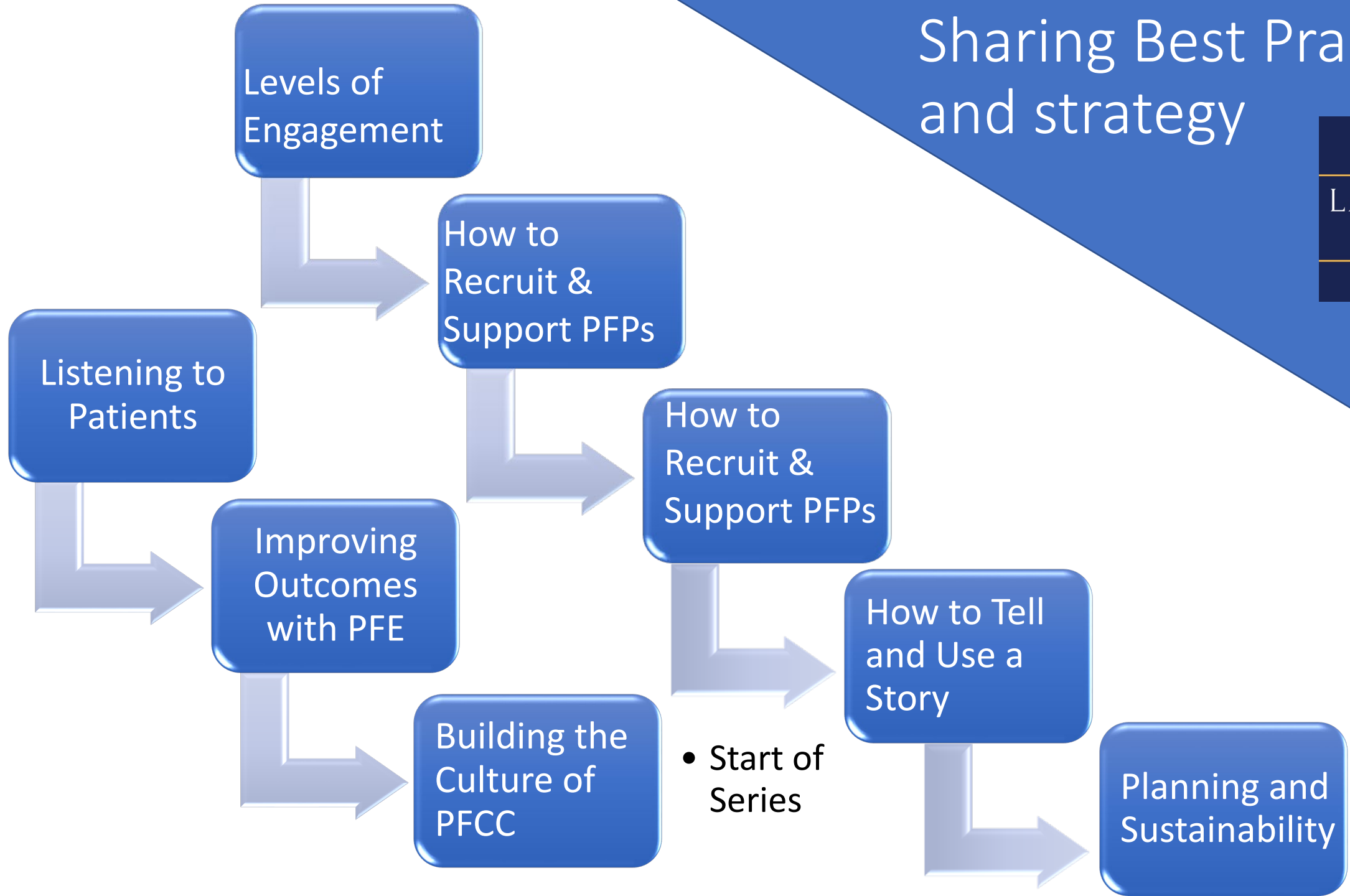
PFACs



LATOSHIA  
ROUSE

ENGAGEMENT  
SUPPORT

# Sharing Best Practices and strategy



Family Centered Care  
is not something you  
do for a family, it's  
something you do  
**WITH** a family.



LATOSHIA  
ROUSE

ENGAGEMENT  
SUPPORT

THANK YOU FOR YOUR IMPACT ON CARE!  
Any questions? [contact@latoshiarouse.com](mailto:contact@latoshiarouse.com)





# ILLINOIS PERINATAL QUALITY COLLABORATIVE (ILPQC) BIRTH EQUITY INITIATIVE WEBINAR

April 18, 2022

Andie Baker  
Deputy Director of Strategic Planning

Tamela Milan-Alexander,  
Director of Community Engagement





# About EverThrive IL

## OUR MISSION

EverThrive Illinois' mission is to achieve reproductive justice in the health care ecosystem through community-driven partnership, policy action, and systems change.

## OUR VISION

A just and affirming health care ecosystem where individuals, families, and communities can thrive.

## OUR VALUES

- Reproductive Justice
- Anti-Racism
- Centering the Most Impacted
- Bold Action and Transformation

# About Birth Equity Regional Meetings

- Partnering with ILPQC to facilitate Birth Equity Initiative Regional Community meetings to connect QI teams and local community members
- Through the session, participants will learn:
  1. How to identify patients/community groups with examples of people who might give feedback and how to initiate conversations
  2. How to invite and get feedback from community members
  3. How to integrate community feedback into your work
  4. How to follow up and make community input an ongoing process



# Feedback

EVERTHRIVE ILLINOIS  
CHAMPIONS FOR HEALTH EQUITY

made with

# Feedback from Participants

- 100% of respondents shared that they are likely to recommend the session to a colleague
- What participants have learned:
  - “There are number of strategies in Birth equity but one thing at a time.”
  - “I’ve learned the value of engaging community members in birth equity. This is powerful!”
  - “The importance of including the patient voice and meeting people where they are”

# Community Member Feedback

- 100% of respondents shared that they are likely to recommend the session to a colleague
- Community member feedback aligns with benefits patients and family members may experience when participating in your QI work:
  - Learning more information about resources in their community and how hospital systems work
  - It's important to speak up about issues
  - Participation can help change systems for the better

# Future needs

We are listening to needs expressed by participants and what support they see as next steps:

- Providers and staff may benefit from a review of the initiative and reset, encouraging more staff to participate
- Other staff such as bedside staff may benefit from learning more about initiatives
- Some groups are starting from the beginning—that's ok. We are here to help at whatever stage you are in!





THANK YOU!!


# Team Talk

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Stroger Hospital Omar Lablanc & Joy Ungaretti, MD Attending Physician







# Screening for Social Determinants of Health

**Birth Equity Project**



COOK COUNTY  
**HEALTH**

# Cook County Health Mission and Vision

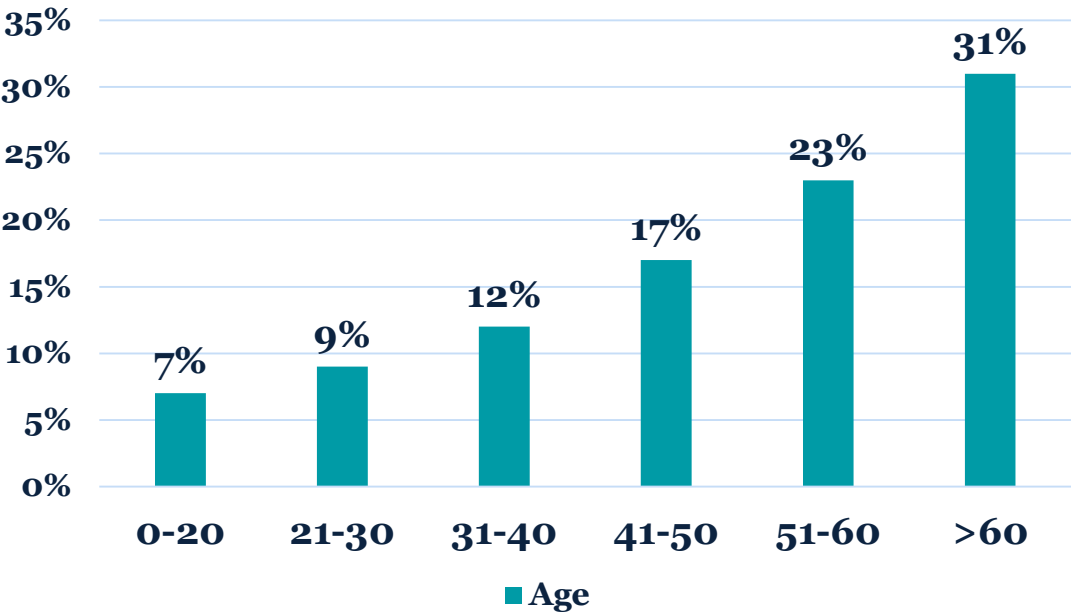
**Mission:** To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County.

**Vision:** In support of its public health mission, CCH will be recognized locally, regionally and nationally – and by patients and employees – as progressively evolving model for an accessible, integrated, patient-centered and fiscally-responsible health care system focused on assuring high quality care and improving the health of the residents of Cook County.

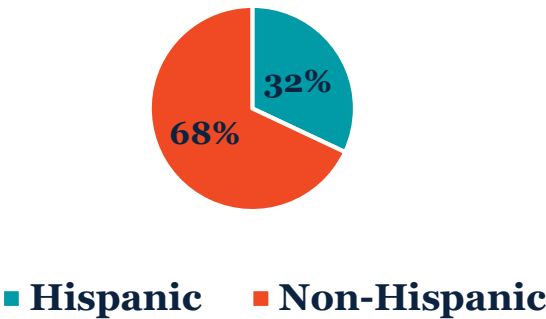
# CCH Patient Demographics

## CCH Visits: 2017-2021

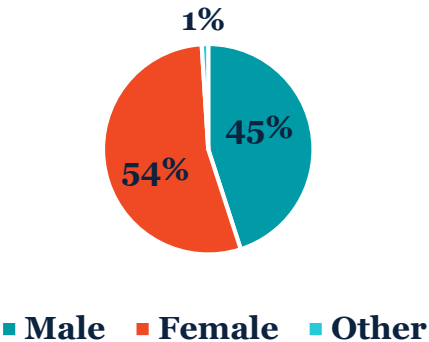
Age Group



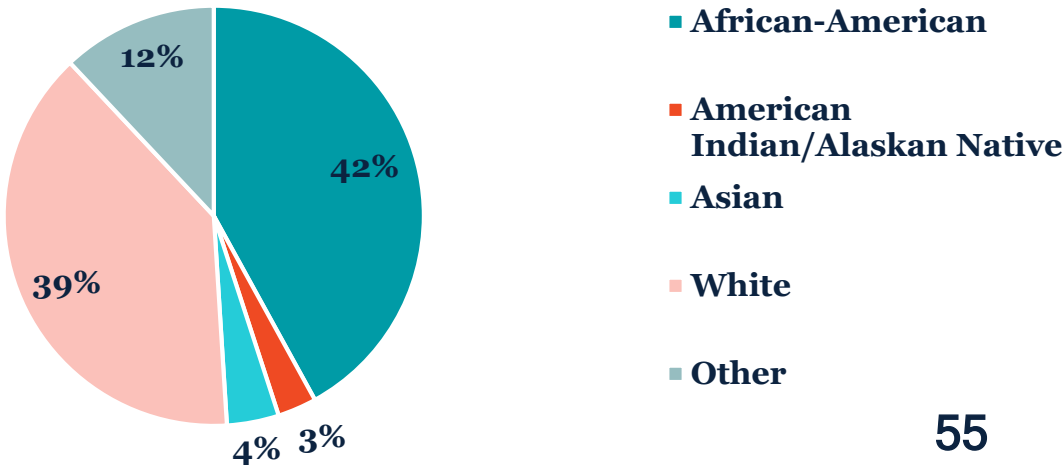
Ethnicity



Gender



Race







# COOK COUNTY HEALTH

## Primary Care Medical Homes (Family Health Care)

1. Arlington Heights Health Center • Arlington Heights, IL
2. Belmont-Cragin Health Center • Chicago, IL
3. Austin Health Center • Chicago, IL
4. North Riverside Health Center • North Riverside, IL
5. Dr. Jorge Prieto Health Center • Chicago, IL
6. Englewood Health Center • Chicago, IL
7. Robbins Health Center • Robbins, IL
8. Cottage Grove Health Center • Ford Heights, IL

## Regional Outpatient Centers

(Includes Primary Care Medical Homes, specialty, diagnostic and procedural services)

9. John Sengstacke Health Center at Provident Hospital • Chicago, IL
10. Blue Island Health Center • Blue Island, IL
11. Cook County Health  
Central Campus • Chicago, IL
  - Professional Building
  - Specialty Care Center (Clinics A - V)
  - Women & Children's Center at Stroger Hospital
12. Ruth M. Rothstein CORE Center • Chicago, IL

## Child & Adolescent Services

13. Morton East Health Center • Cicero, IL

## HOSPITALS

14. John H. Stroger, Jr. Hospital • Chicago, IL
15. Provident Hospital • Chicago, IL

## ADDITIONAL SERVICES

### Public Health

16. Cook County Dept of Public Health • Forest Park, IL

### Correctional Health Services

17. Cook County Jail • Chicago, IL
18. Juvenile Temporary Detention Center • Chicago, IL



# Maternity Care

## Stroger Hospital Labor and Delivery

- 9 LDR's/ 2 OB-dedicated Operating Rooms
- 14 Postpartum Beds
- 2 Ob Triage Beds
- Approx 800 deliveries per year
- Level 3 Perinatal Network Hospital
- 10 Ambulatory Prenatal Sites
- Trauma Center serving pregnant patients

# Social Determinants of Health Project

## Project Implementation

- 100 charts of women delivering in 2021 were randomly selected throughout the year
- Charts were reviewed to see if patients were screened for SDoH in the outpatient setting during prenatal care
- Charts were reviewed to see if they were screened for SDoH in the inpatient setting when admitted for delivery
- If responses were positive, the number of appropriate service referrals were recorded

# Screening for Social Determinants of Health

Social determinant	Prenatal Clinic- 84 Screened n(%)	L&D Admit-100 Screened n(%)	p value Y2
Transportation	61 (72.6)	7 (7.0)	<.00001
Payment for meds	57 (67.9)	0 (0)	
IPV (Intimate Partner Violence)	78 (92.9)	92 (92.0)	.83
Food insecurity	59 (70.2)	1 (1.0)	<.00001
Housing insecurity	59 (70.2)	5 (5.0)	<.00001

# Screening for SDoH

## Initial Findings

- Screening for IPV is >90% in inpatient and outpatient setting
- Screening for SDoH is done significantly more often in the outpatient than the inpatient



# Positive Screens for SDoH

Social determinant	Prenatal Clinic Screen positive n(%)	L&D Admit Screen positive n(%)	p value Chi 2
Transportation	2/61 (3.3)	1/7 (14.3)	.18
Payment for meds	4/57 (7.0)	0	
IPV	4/78 (5.1)	3/92 (3.3)	.54
Food insecurity	0/59	0/1	
Housing insecurity	4/59 (6.8)	3/5 (60.0)	.0003

# Screening for SoDH

- Most people are screening negative for SDoH in the prenatal clinic.
  - Is this the way the questions are asked, where they are asked?
  - Is there a better way to capture patients with Social Determinants of Health?
- Number of screens on L&D are too small to make comment
- Outpatient positive screens were most common for ability to pay for medications, followed by housing, then food insecurity

# Insights

- Different sites were using different intake health screening forms
- Inpatient screening forms had vague questions and answers were very difficult to find
- Social Work referrals are not being ordered electronically and therefore difficult to track
- Healthy Start and Navigator Services being employed but also not well documented
- Data not able to be queried currently

# Action Plans

- Improve the Screening Tool/Process
- Make the Screening Tools Consistent Across Outpatient Areas
- Achieve 100% screening across all sites
- Institute stepwise screening during antenatal care (either every trimester or perhaps with the first visit and then with the PHQ9)
- Automatic referral to SW with positive response
- Ability for results to be queried/results to be importable into physician history and physical

# Birth Equity next steps

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# Next Steps for Birth Equity

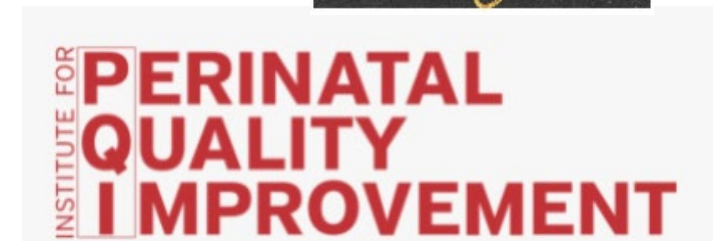
- Monthly data for **March** due into REDCap by **April 15<sup>th</sup>**
- Schedule your team KPM meeting to receive help to get started
- Make a 30 60 90 day plan for next steps for engaging patients and community members within QI work



# Tiered Approach for Birth Equity Implicit Bias Training



- **Diversity Science: Dignity in Pregnancy and Childbirth Course training**
  - FREE [e-module trainings](#) available for all staff
  - Can integrate into the hospitals e-learning systems to track completion
- **Office of Minority Health, Think Cultural Health**
  - FREE [e-modules](#) available for all staff
- **Laboring with Hope video and discussion guide**
  - The 30-min video and discussion guide will be available for free for all BE teams for group viewing and discussion.
  - Plan to release the video to teams in February and we will have access to free streaming of the video for 12 months.
- **Perinatal Quality Improvement SPEAKUp Training**
  - Total of 147 completed the first two trainings!
  - Upcoming Speak-Up Training June 15<sup>th</sup> and 16<sup>th</sup>
  - Train the trainer model to amplify local trainings





# Upcoming NEW Perinatal Quality Improvement SPEAK-UP Training

- ILPQC will host another Speak Up Training June 15<sup>th</sup> & 16<sup>th</sup>.
- The SPEAK UP Champions™ Implicit and Explicit Racial Bias education is a total of 8 hours over two days **June 15<sup>th</sup> & 16<sup>th</sup> at 8:30AM-12:30PM both days are required.**
  - Agenda Flyer [here](#) (click link)
  - Registration link [here](#) (click link)
- **BE Teams who did NOT sign up** for the **November 2021 or January 2022** training have the opportunity to attend the June 2022 training, along with teams who would like to send **two additional team members** to be trained.
  - If interested in sending additional team members, please contact Ieshia Johnson at [Ieshia.Johnson@northwestern.edu](mailto:Ieshia.Johnson@northwestern.edu) to make sure we have space available.



**147 people  
attended this  
training so far  
here in  
Illinois!**

# Key Players Meetings to help support you get started

Opportunity for each BE team to receive consultation with a BE champion to strategize and map out your hospital's next steps for making progress with BE by helping your team create 30/60/90 plans.

- Request your KPM meeting with this link:  
<https://redcap.healthlnk.org/surveys/?s=C9TKXKJNMD>
- Exciting news teams will get a chance to receive a **\$100 gift card** for hosting a KPM meeting to supply your team with coffee and donuts!

Great help with moving things forward! – Stroger Hospital

Very helpful and resourceful! – FHN Memorial Hospital

It was extraordinarily helpful! Looking forward to getting back together with our team to start putting things into action!! – Barnes-Jewish Hospital

ILPQC has completed 6 KPM meetings so far.....SIGN your team up TODAY!

# Upcoming Monthly Webinars:

Date	Topic
<b>Monday, April 18<sup>th</sup></b> 12:00-1:00pm	Engaging patients and community in QI / Birth Equity work
<b>Monday, May 16<sup>th</sup></b> 12:00-1:00pm	Face-to-Face (NO Webinar)
<b>Monday, June 20<sup>th</sup></b> 12:00-1:00pm	Implementation Review of Key Strategies

**Register and Join here:**

<https://northwestern.zoom.us/meeting/register/tJMod-uoqDotGtzzJICE1O5TphPWT2-pZfmY>

# Resources & Tools

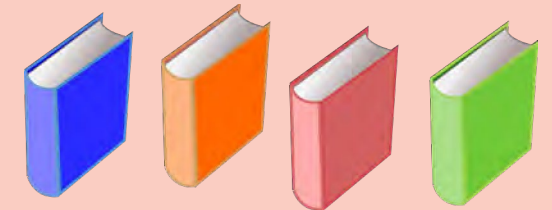
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# Birth Equity Toolkit Outline

1. Introduction
2. National Guidance ACOG/SMFM
  - A. ACOG Committee Opinions/Statements
  - B. SMFM Guidance
3. National Guidance Alliance for Innovation on Maternal Health (AIM):
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/>



# Resources and Education

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Resources to review for engaging patients, families, and community into QI work:

- a. Involving patients and/or community members to provide input or engage with QI work
  - [ILPQC Patient Advisor Toolkit and Webinar Series](#) (Have all the tools/resources to get started)
  - [Health Research & Educational Trust, Robert Wood Johnson Foundation, and American Hospital Association: Guide to help build community partnerships – A Playbook for Fostering Hospital Community Partnerships](#)
- ILPQC partnerships with Everthrive IL and LaToshia Rouse (patient advisor consultant) – Additional support to engage patients and/or community members to provide input on QI efforts will be available through ILPQC partnerships with Everthrive IL and LaToshia Rouse. These patient and community member engagement experts will facilitate conversations on patient and/or community member engagement through regional meetings in collaboration with the regional perinatal system, statewide teams webinars addressing common opportunities and strategies, and other consultation. This work will build on any already existing efforts to engage community at the hospital level.



# Thanks to our Funders



## In kind support:

