Birth Equity Hospital Level Measures ILPQC

Record ID

_____

Hospital ID Number:

_____

Please select the time period for this monthly data:

- ◯ Baseline Oct 2020
- ◯ Baseline Nov 2020
- ◯ Baseline Dec 2020
- ◯ August 2021
- ◯ September 2021
- ◯ October 2021
- ◯ November 2021
- ◯ December 2021
- ◯ January 2022
- ◯ February 2022
- ◯ March 2022
- ◯ April 2022
- ◯ May 2022
- ◯ June 2022
- ◯ July 2022
- ◯ August 2022
- ◯ September 2022
- ◯ October 2022
- ◯ November 2022
- ◯ December 2022
- ◯ January 2023
- ◯ February 2023
- ◯ March 2023
- ◯ April 2023
- ◯ May 2023
- ◯ June 2023
- ◯ July 2023
- ◯ August 2023
- ◯ September 2023
- ◯ October 2023
- ◯ November 2023
- ◯ December 2023
- ◯ January 2024
- ◯ February 2024
- ◯ March 2024
- ◯ April 2024
- ◯ May 2024

Total # of Deliveries Discharge per month:

_____

Total Deliveries By Race/Ethnicity

of Deliveries for White Patients _____

# of Deliveries for Black/African American Patients _____

# of Deliveries for Hispanic Patients _____

# of Deliveries for Asian Patients _____

# of Deliveries for Other Patients _____

Total Deliveries By Insurance Status

of Deliveries with Private Insurance _____

# of Deliveries with Public Insurance and or Uninsured/Self-pay _____

Required: Race/Ethnicity of Severe Maternal Morbidity (SMM) Among ALL Deliveries - Deliveries with Severe Maternal Morbidity (SMM) by patient self-reported race or the documented race if patient self-report is not available using the clinical SMM definition used by IDPH in ePerinet (ICU/CCU admission and/or 4 or more units packed red blood cells transfused.

SMM for White patients

# of ICU/CCU admission for White patients _____

# of 4 or more units packed red blood cells transfused for White patients _____

# of Both ICU/CCU admission AND 4 or more units packed red blood cells transfused for White patients _____

Total SMM for White patients _____

SMM for Black/African American Patients

# of ICU/CCU admission for Black/African American patients _____

# of 4 or more units packed red blood cells transfused for Black/African American patients _____

# of Both ICU/CCU admission AND 4 or more units packed red blood cells transfused for Black/African American patients	_____
Total SMM for Black/African American patients	_____
SMM for Hispanic Patients	
# of ICU/CCU admission for Hispanic patients	_____
# of 4 or more units packed red blood cells transfused for Hispanic patients	_____
# of Both ICU/CCU admission AND 4 or more units packed red blood cells transfused for Hispanic patients	_____
Total SMM for Hispanic patients	_____
SMM for Asian Patients	
# of ICU/CCU admission for Asian patients	_____
# of 4 or more units packed red blood cells transfused for Asian patients	_____
# of Both ICU/CCU admission AND 4 or more units packed red blood cells transfused for Asian patients	_____
Total SMM for Asian patients	_____
SMM for Other Patients	
# of ICU/CCU admission for Other patients	_____
# of 4 or more units packed red blood cells transfused for Other patients	_____
# of Both ICU/CCU admission AND 4 or more units packed red blood cells transfused for Other patients	_____
Total SMM for Other patients	_____
Optional: Of your deliveries with Severe Maternal Morbidity please share the number of patients by Insurance Status	
# of ICU/CCU admission patients with Private Insurance	_____

# of patients who has 4 or more units packed red blood cells transfused with Private Insurance	_____
# of Both ICU/CCU admission AND 4 or more units packed red blood cells transfused with Private Insurance	_____
Total SMM for Private Insurance	_____
# of ICU/CCU admission patients with Public Insurance and or Uninsured/Self-pay	_____
# of patients who has 4 or more units packed red blood cells transfused with Public Insurance and or Uninsured/Self-pay	_____
# of Both ICU/CCU admission AND 4 or more units packed red blood cells transfused with Public Insurance and or Uninsured/Self-pay	_____
Total SMM for Public/Uninsured Insurance	_____

Structure Measures

Hospital has implemented standardized social determinants of health screening tools for screening all pregnant women during delivery admission in order to link patients to needed resources and services	◯ Haven't started ◯ Working on it ◯ In place
Hospital has provided affiliated prenatal care sites options for standardized social determinants of health screening in order to screen pregnant patients early in pregnancy and link to needed resources and services	◯ Haven't started ◯ Working on it ◯ In place
Hospital has completed ILPQC social determinants of health community resources mapping tool to assist linking patients to needed resources and services and share with affiliated outpatient prenatal care sites and hospital OB units	◯ Haven't started ◯ Working on it ◯ In place
Hospital has strategy for incorporating discussion of social determinants of health and discrimination as potential factors in hospital maternal morbidity reviews	◯ Haven't started ◯ Working on it ◯ In place
Hospital has implemented a protocol for improving the collection and accuracy of patient-reported race/ethnicity data	◯ Haven't started ◯ Working on it ◯ In place
Hospital has developed a process to review maternal health quality data stratified by race/ethnicity and Medicaid status	◯ Haven't started ◯ Working on it ◯ In place
Hospital has engaged patients and/or community members to provide input on quality improvement efforts	◯ Haven't started ◯ Working on it ◯ In place

Hospital has a strategy for sharing expected respectful care practices with delivery staff and patients (i.e. posting in L&D) including appropriately engaging support partners and/or doulas	◯ Haven't started ◯ Working on it ◯ In place
Hospital has implemented a Patient Reported Experience Measure (PREM) patient survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results	◯ Haven't started ◯ Working on it ◯ In place
Hospital has standardized system to provide all patients the recommended postpartum safety patient education materials prior to hospital discharge including urgent maternal warning signs and where patients call for immediate help with concerns as well as scheduling early postpartum follow-up	◯ Haven't started ◯ Working on it ◯ In place

Process Measures

Percentage of providers completing education on the importance of listening to patients, providing respectful care, and addressing implicit bias	◯ 0% ◯ 10% ◯ 20% ◯ 30% ◯ 40% ◯ 50% ◯ 60% ◯ 70% ◯ 80% ◯ 90% ◯ 100%
Percentage of nurses completing education on the importance of listening to patients, providing respectful care, and addressing implicit bias	◯ 0% ◯ 10% ◯ 20% ◯ 30% ◯ 40% ◯ 50% ◯ 60% ◯ 70% ◯ 80% ◯ 90% ◯ 100%
Percentage other staff completing education on the importance of listening to patients, providing respectful care, and addressing implicit bias. Should consider all staff who have contact with patients during the delivery admission.	◯ 0% ◯ 10% ◯ 20% ◯ 30% ◯ 40% ◯ 50% ◯ 60% ◯ 70% ◯ 80% ◯ 90% ◯ 100%

Outcome Measures

The goal is to review a sample of 10 records patients delivered from the specified race/ ethnicity categories or on Medicaid/ uninsured per month.

• Example 1: If your hospital has 102 patients delivered from the specified race/ethnicity categories in a month, then divide 102 by 10=10.2 and you will select every 10th birth for that month.

• Example 2: If your hospital has 28 patients delivered from the specified race/ ethnicity categories in a month, then 28 divided by 10 is 2.8 and you will select every 2nd birth for that month.

If you have less than 10 deliveries of the specified race/ ethnicity categories per month include all of them and select additional deliveries with Medicaid/ uninsured, to complete sample of 10 total charts.

Instructions:

1. Develop a process to identify deliveries to patients of the specified race/ ethnicity categories (or by Medicaid insurance status if needed)

a. Patients of these race/ ethnicity categories:

- **i. Black or African American**
- **ii. Hispanic or Latino**
- **iii. Native American or Alaskan Native**
- **iv. Asian/Pacific Islander**
- **v. Multiracial or Biracial**

2. Use the ILPQC direction to establish a sampling protocol

3. Divide the total number of deliveries to patients of the specified race/ ethnicity categories (or use Medicaid status if needed) occurring at your facility in a given month by 10 and then select every nth chart where 'n' is the result of that division

4. Systematically select 10 records per month from deliveries to patients of the specified race/ ethnicity categories or Medicaid status if needed

A) Number of patients in monthly sample with race/ethnicity documented and completed

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

A) Number of patients in monthly sample with Other documented

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

A) Number of patients in monthly sample with Declined to answer documented

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

A) Number of patients in monthly sample with Unknown documented

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

A) Number of patients in monthly sample with Nothing documented

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

B) Please specify the number of sample patient charts with social determinants of health (SDoH) screening documented using a SDoH screening tool (prenatal and L&D)

i. Number of patients prenatally with social determinants of health (SDoH) screening documented using a SDoH screening tool

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

ii. Number of patients during delivery admission with social determinants of health (SDoH) screening documented using a SDoH screening tool

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

C) Please specify the number of sample patient charts screen positive for social determinants of health (SDoH) (answer yes to any question on SDoH screening tool)

i. Number of patients prenatally screened positive for social determinants of health (SDoH) (answer yes to any question on SDoH screening tool)

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

ii. Number of patients during delivery admission screened positive for social determinants of health (SDoH) (answer yes to any question on SDoH screening tool)

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

C. a) Please specify the number of sample patient charts screen positive for social determinants of health that have documentation of patient linkage to needed resources/services (prenatal and L&D)

i. Number of patients prenatally screened positive for social determinants of health that have documentation of patient linkage to needed resources/services

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

ii. Number of patients during delivery admission screened positive for social determinants of health that have documentation of patient linkage to needed resources/services

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

D) Please specify the number of patients in monthly sample with documentation of receiving postpartum safety education materials prior to hospital discharge including urgent maternal warning signs and where patients call for immediate help with concerns as well as scheduling early postpartum follow-up

i. Number of patients receiving education on urgent maternal warning signs

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

ii. Number of patients receiving education on where patient calls for immediate help with concerns

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

iii. Number of patients receiving scheduled early postpartum follow-up

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

Respectful Care Breakfasts & Patient Partners

Has your team hosted a respectful care breakfast?

◯ Yes
◯ No
◯ Planned

What is the date?

_____

When was the respectful care breakfast held?

_____

How many people attended?

_____

Did any attendees complete the post-event survey?

◯ Yes
◯ No

Did you review the post-event survey results with your BE team?

◯ Yes
◯ No

What was the biggest success of the event?

_____

What are your plans for holding future respectful care breakfasts?

_____

Will you hold respectful care breakfasts

◯ Quarterly
◯ Bi-annually
◯ Other

Please expand on "other"

_____

Has your BE team identified a patient partner?

◯ Yes
◯ No

What is your patient partner's name?

_____

What is your patient partner's email address?

_____

What is your patient partner's phone number?

_____

Has your patient partner attended any QI team meetings?	◯ Yes ◯ No
How did you recruit/identify your patient partner?	_____
How did you onboard your patient partner?	_____