

# Thanks to our Funders



---

## In kind support:



# Illinois Perinatal Quality Collaborative

---

2021 9<sup>th</sup> Annual Conference



# Happy 9<sup>th</sup> Birthday ILPQC



**Thank you** to all who continue to contribute to building a successful state perinatal quality collaborative for IL

- Sponsors
- Stakeholders
- OB & Neonatal Advisory Workgroups
- Leadership Committee
- SQC, Perinatal Network Administrators & Educators
- Initiative Clinical Leads
- Grand Rounds Speakers Bureau
- Patients & Family Advisors & Focus Groups
- Volunteers
- Hospital Teams
- CME Sponsors

# Disclosures & Accreditation and Credit Designation Statements



- **Speakers:**

Andie Baker, MA, Ann Borders, MD, MSc, MPH, Leslie Caldarelli, MD, Adriann Combs, DNP, Munish Gupta, MD, MMSc, Wanda Irving, Ariane Ivala-Walker, RNC, BSN, MS, Justin Josephsen, MD, Marilyn Kacica, MD, MPH, Barbara O'Brien, MS, RN, Autumn Perrault, RN, BSN, LCCE, Karen Puopolo, MD, PhD, LaToshia Rouse, and Linda Suleiman, MD 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.

- Neel Shah, 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:

- Maven Clinic - Management Position - Relationship Has Not Ended

- McGraw Hill - Author - Relationship Has Not Ended

- Amelia Shapiro, MBA 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:

- NewYork-Presbyterian - Employment - Relationship Has Not Ended

- **Dr. Shah's and Amelia Shapiro's financial relationships have been mitigated.**

- **Planners and other Administrative Support:**

Mary Hope, RN, BSN, Abby Bateman, BSN, Ann Borders, MD, MSc, MPH, Justin Josephsen, MD, Autumn Perrault, RN, BSN, LCCE, Dan Weiss, Patricia (Patti) Lee King, PhD, Mary Jarvis, RN, Ellie Suse, Deborah Miller, MPH, Sherry Jones, MD, Laura Peters, MSN, Shawn O'Connor, MD, Xavier Pombar, DO, Joseph Hageman, MD and Cecilia Lopez, MSN 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 SSM Health and the Illinois Perinatal Quality Collaborative (ILPQC). 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. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. SSM Health maintains responsibility for this course.

*SSM Health designates this live virtual activity for a maximum of 7.5 ANCC contact hour(s), 7.5 social work continuing education credits and 7.5 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*



# How to obtain your continuing education hours

\*NOTE\* Credits must be claimed by **November 4<sup>th</sup>, 2021**



Education credits available for providers, nurses, and social workers

Education credits sponsored by:



# 53MIRS

## is the Activity Code

Thursday, October 28, 2021 | 8:00 AM - 4:15 PM  
ILPQC 9th Annual Conference

Sign-In to Get Attendance

Go to [www.eeds.com](http://www.eeds.com) > Click the 'Sign-In' Button > Enter the Code

- OR -

Scan this QR Code



# Important

---

If you are participating in ILPQC's virtual Annual Conference under someone else's registration (i.e. multiple people viewing from the same screen) please fill out the **ILPQC 2021 Annual Conference Plus One Confirmation** to be eligible for continuing education.

Link available on the  
ILPQC Conference  
Webpage

# Agenda

<b>8:00-9:00am</b>	Collaboration in Action: Celebrating Progress of ILPQC Initiatives <b>Ann Borders, MD, MSc, MPH</b> <b>Leslie Caldarelli, MD</b> <b>Justin Josephsen, MD</b>	<b>12:45-1:30 pm</b>	NY State Birth Equity Improvement Project  <b>Marilyn Kacica, MD, MPH</b> <b>Adriann J. Combs, DNP, NNP-BC</b> <b>Amelia A. Shapiro, MBA</b> <b>Ariane Ivala-Walker, RNC-OB, MA, MS</b>
<b>9:00-9:45am</b>	Building Trustworthy Systems for Childbirth <b>Neel Shah, MD, MPP</b>	<b>1:30-2:15 pm</b>	Bridging the Gap: Families Sharing their Experiences to Improve Care <b>Wanda Irving, MPA</b> <b>Linda Suleiman, MD</b>
<b>9:45-9:50am</b>	Break	<b>2:15 – 2:30 pm</b>	Break
<b>9:50 -10:35am</b>	Antibiotic Stewardship: Beyond the Sepsis Calculator <b>Karen Puopolo, MD, PhD</b>	<b>2:30 – 4:00 pm</b>	Breakout Session: Targeting Key Strategies for Success as we plan for 2022 <ul style="list-style-type: none"> <li>• OB</li> <li>• Neonatal</li> <li>• Patient, Family, and Community Engagement</li> </ul>
<b>10:35 -11:30am</b>	State PQC Leaders Panel: National Perspectives on Improving Perinatal Care <b>Munish Gupta MD MMSc</b> <b>Marilyn Kacica, MD, MPH</b> <b>Barbara O'Brien, MS, RN</b>	<b>4:00 - 4:15pm</b>	Wrap up and Evaluation <b>Ann Borders, MD, MSc, MPH &amp;</b> <b>Patti Lee King, PhD, MSW</b>
<b>11:30 -11:45am</b>	Team QI Awards		
<b>11:45-12:45 pm</b>	Lunch and Virtual Poster Session		

# Navigating the Virtual Meeting

# ILPQC 9<sup>th</sup> Annual Conference Webpage

- Your home-base for all the information you should need
- Here you will find:
  - General session link
  - Breakout session Zoom links
  - Help Desk Zoom link and phone number
  - Collaborator Information Booths
  - Participant e-folder
  - Continuing education information
  - Hospital QI Poster Session

Find the link and password to the conference webpage and help desk in your registration email



**NōW  
POW**



**IDHS**

Dignity in Pregnancy and Childbirth Course

**IllinoisDocAssist**  
Answering primary care behavioral health questions about children, adolescents, and perinatal patients

# Participant E-Folder found on the Conference Homepage

- ILPQC Huddle Checklist
- ILPQC ACOG/SMFM Criteria Flow
- AWOHNN Labor Support
- ACOG CO#766: Limiting Interventions

- Respectful Care Practices
- PREM Survey Link
- SDOH Screening tools
- Implicit Bias training options



- Pt education materials
- Newborn Admission Report (LD RN to Newborn RN)
- Newborn RN to Peds communication tool
- AAP Risk Assessment workflow
- Sample Language to Request Patient Race and Ethnicity

- PDSA planning worksheet
- 30/60/90d worksheet
- Grand Rounds & Key Player Meeting Request forms

# Virtual QI Poster Session

---

- Poster session can be found on the **ILPQC 9<sup>th</sup> Annual Conference Webpage** (link in your conference email or go to [www.ilpqc.org](http://www.ilpqc.org) and click Annual Conference).
- Browse through the OB and Neonatal posters, check out and congratulate award winners!
- Share what you learned on the **Poster Session Participation Raffle Form** to win a **\$50 Visa Gift Card**. Fill-out the quick link on the conference webpage to be put into the drawing. Winners (4) will be announced at the Wrap-Up session. Must attend to win.

All links above available on Annual Conference Webpage

# ILPQC Central Team

**Ann Borders:** ILPQC Executive Director, OB Lead



**Leslie Caldarelli & Justin Josephsen:** Neonatal Leads



**Patricia Lee King:** State Project Director, Quality Lead



**Daniel Weiss & Autumn Perrault:** Project Manager,  
Nurse Quality Manager



**Kalyan Juvvadi:** Data System Developer



**Ieshia Johnson & Ellie Suse:** Project Coordinators



# Making Illinois the Best Place to Give Birth and be Born

Over 95%

Birthing hospitals participating in one or more statewide quality improvement initiatives.

99%

Percent of births covered by hospitals participating in ILPQC initiatives.

100%

Neonatal intensive care units participating in ILPQC initiatives.

For more information about ILPQC please visit:

<https://ilpqc.org/>

or email us at [info@ilpqc.org](mailto:info@ilpqc.org)

# Welcome address

---

**Ngozi O. Ezike MD, Director,  
Illinois Department of Public Health**



# ILPQC Year in Review

---

our journey together across 2021



# Overview

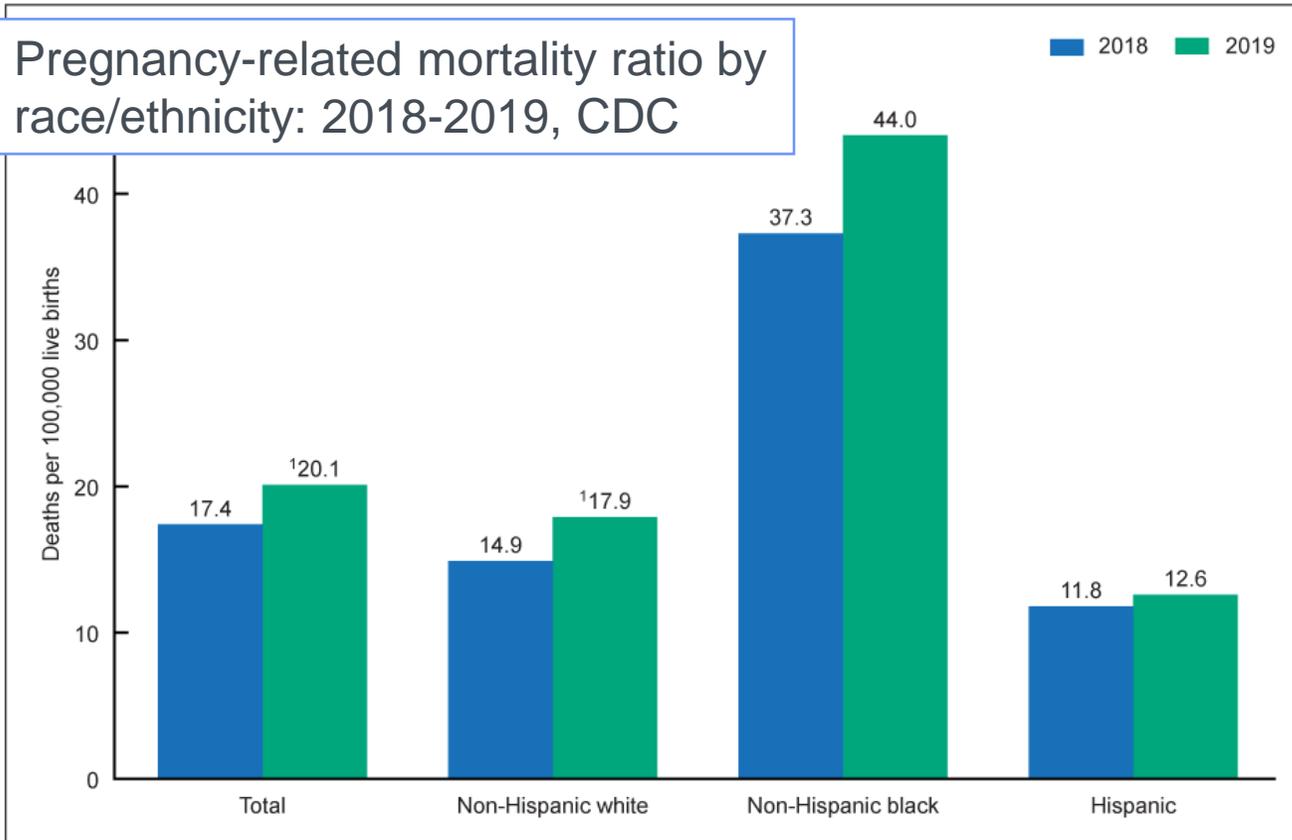
---

- Importance of this work
- ILPQC 2021 expanded supports for teams
- Initiative work across 2021
  - Mothers and Newborns affected by Opioids: Maternal and Neonatal
  - Promoting Vaginal Birth
  - Babies and Antibiotic Stewardship Improvement Collaborative
  - Birth Equity
- Goals for 2022

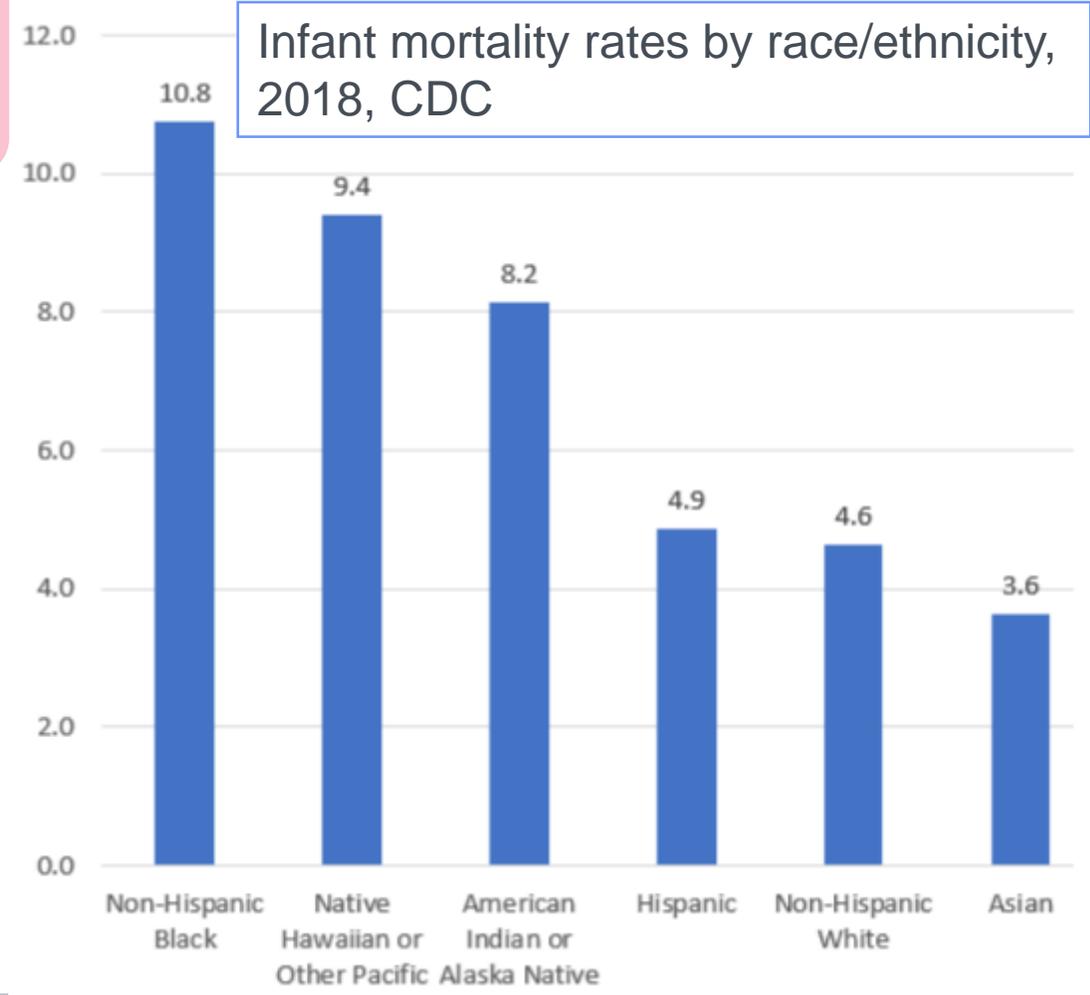
# Maternal and newborn health crisis earns national attention

Maternal mortality and infant mortality rates are **rising** and **higher** than other developed countries with **unacceptable disparities by race/ethnicity**

Pregnancy-related mortality ratio by race/ethnicity: 2018-2019, CDC



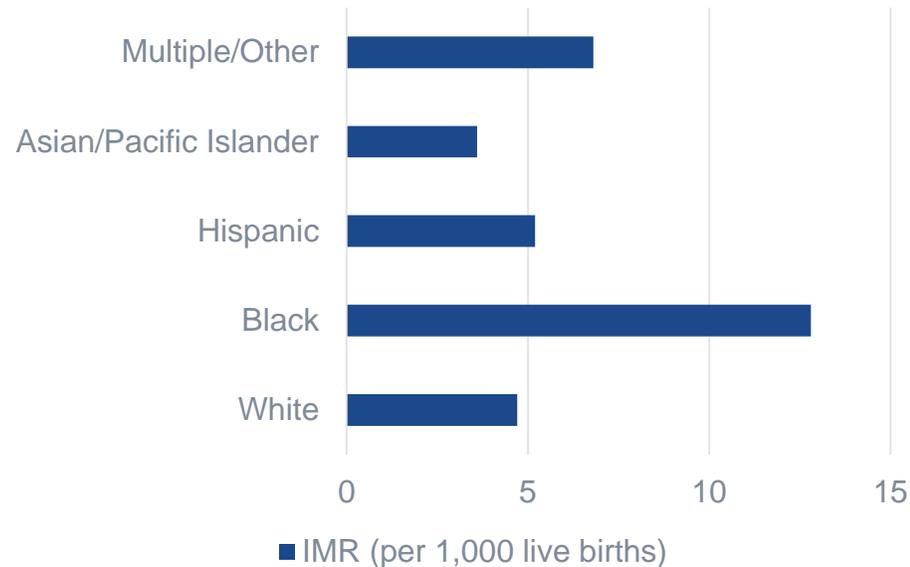
Infant mortality rates by race/ethnicity, 2018, CDC



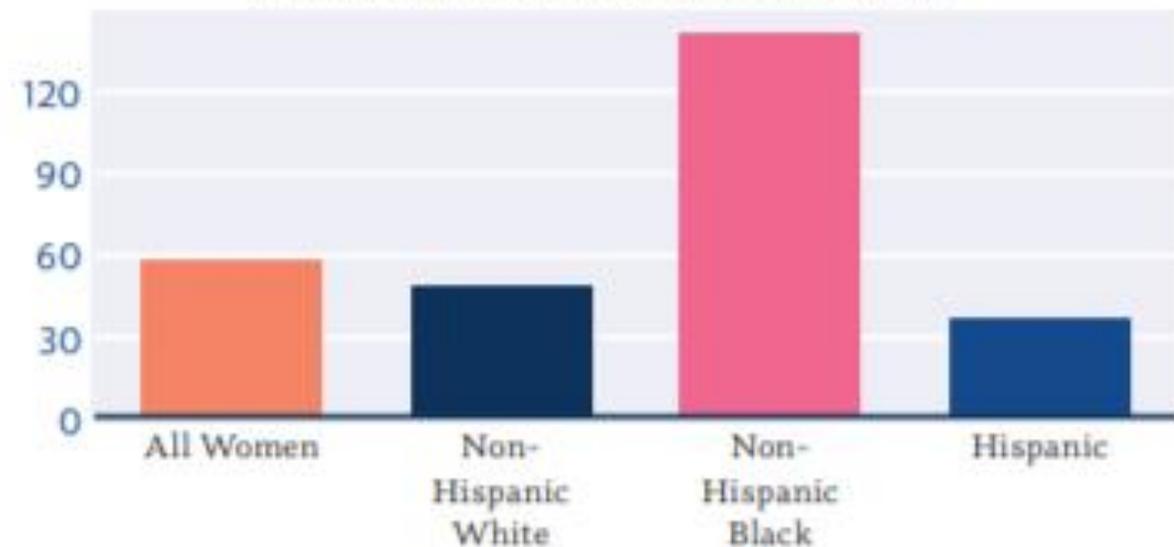
Illinois Perinatal Quality Collaborative  
 \*Statistically significant increase in rate from 2018 to 2019 (p < 0.05).  
 NOTE: Race groups are single race.  
 SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

# Illinois data: a call to action

Illinois Infant Mortality Rate (IMR) by Maternal Race, 2017-2018 Birth Cohorts, IDPH



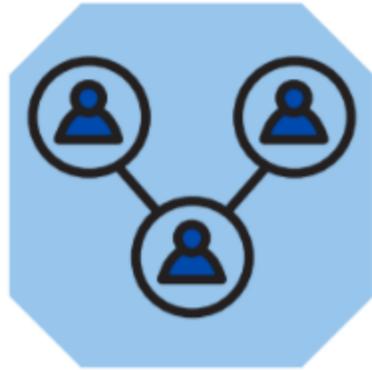
Pregnancy-Associated Mortality Ratio (PAMR), By Demographics, Illinois, 2016-2017<sup>1</sup>  
NUMBER OF DEATHS PER 100,000 LIVE BIRTHS



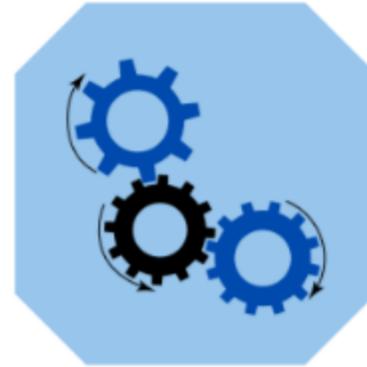
“Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes **a willingness to try.**”

**ATUL GAWANDE**

# ILPQC 2021 Journey



Expanding supports for teams



Continuing Quality Improvement  
Work through Covid-19



Engaging Diverse  
stakeholders



Celebrating Maternal and Child Health  
Policy Improvements



OB/Neonatal Covid-19 Support for  
Hospitals



# Continuing Quality Improvement Work through Covid-19

- We applaud teams' stamina and resilience to continue working hard on quality improvement initiatives through the pandemic to make Illinois the best place to give birth and be born

**103** Teams participating in 1 or more ILPQC initiative in 2021

- **95** PVB teams
- **82** BASIC teams
- **86** BE Teams

# teams engaged in sustaining MNO

- **47** MNO-OB teams
- **35** MNO-Neo teams

# We are all....ILPQC



# Expanding Support for ILPQC teams

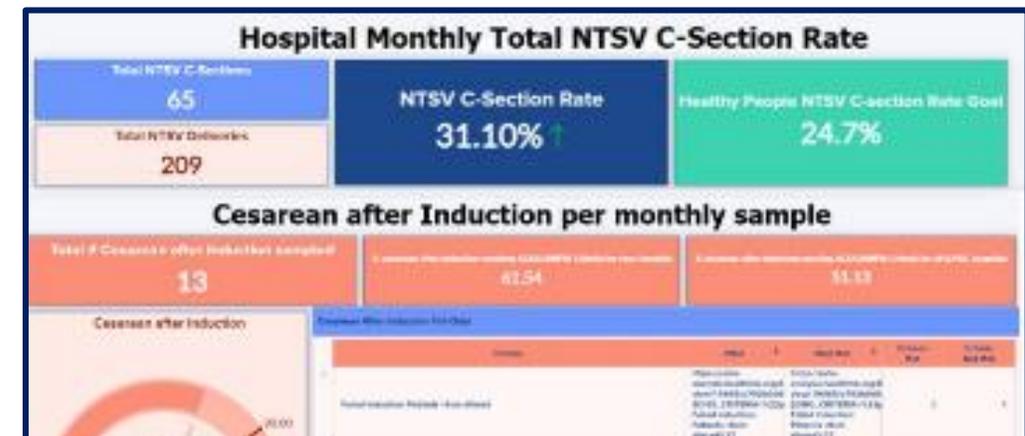
## Collaborative learning

- Monthly teams calls key to build community across teams
- Teams most value
  - ✓ National guest speakers
  - ✓ Sharing of toolkit resources
  - ✓ Team talks



## Rapid response data

- **96% of hospital teams** reported their access to REDCap data was **helpful for regular data review** with *60% reporting it as very to extremely helpful*

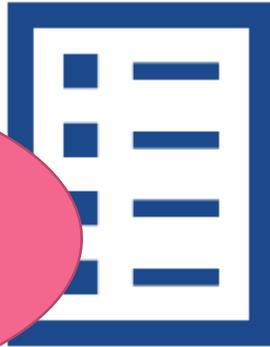


Now optimizing the ILPQC data system for Illinois Hospitals through development of data dashboards

# ILPQC supporting teams with QI support



90% of teams reported toolkits as very to extremely helpful



## Toolkits and Resources



## Key Players Meetings



## ILPQC QI Leader Support Calls

Over 60% of teams participated in the QI leader support calls.



## QI Topic Calls

98% of teams participating in QI topic calls reported them helpful



## 1-1 QI Support

100% of teams receiving QI support reported it helpful with 83% reporting it very to extremely helpful

# Expanding Training for ILPQC teams



IHI QI Certificate  
Training

This opportunity can help  
the over 85% of teams that  
report room to grow in  
confidence on using QI  
methods.

Speak Up Anti-Racism  
Training



78% of teams participated  
in labor management  
support class and are  
planning peer-to-peer  
education

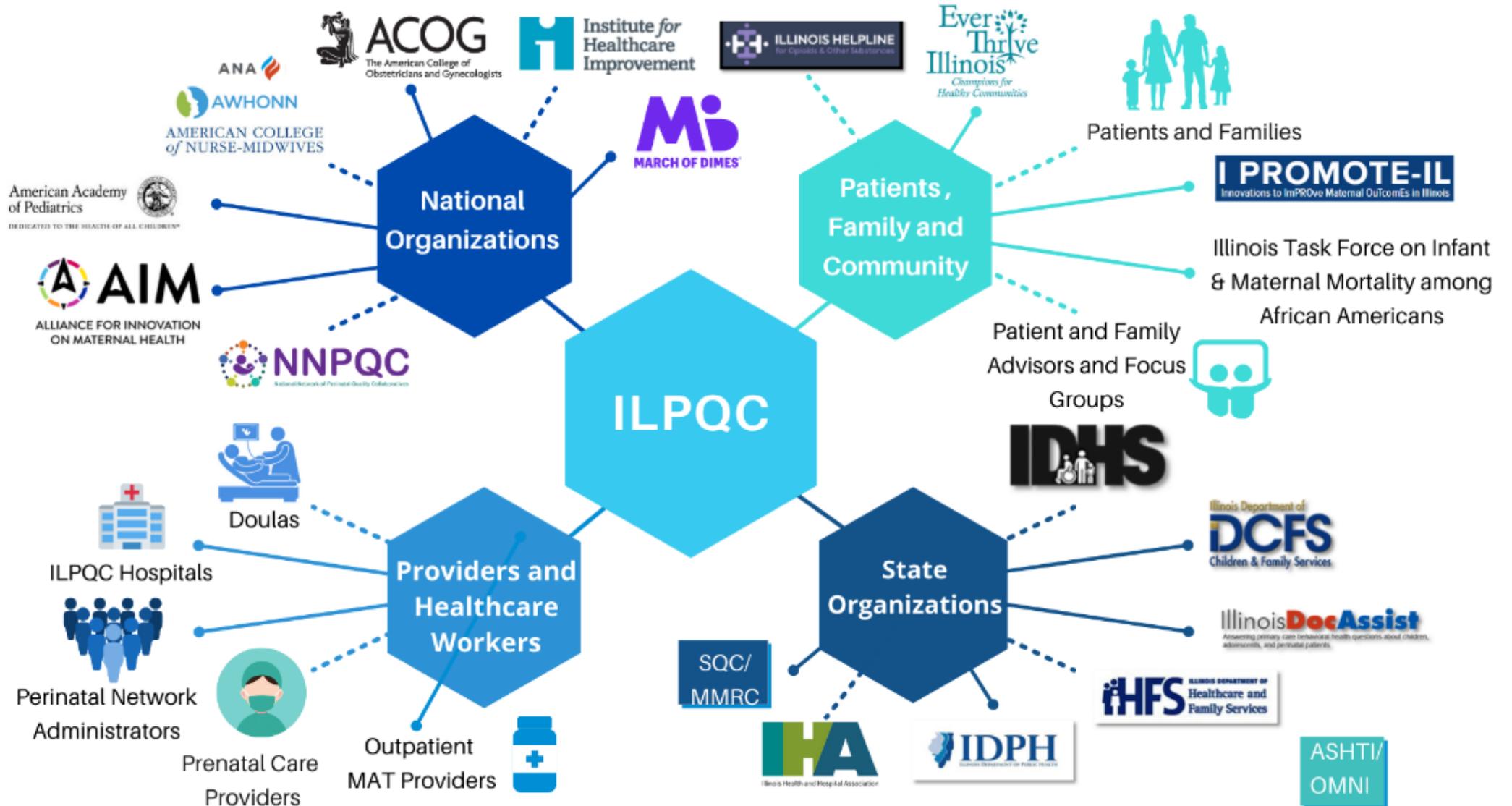
ASAM Treatment of Opioid  
Use Disorder Training



PVB Labor Management  
Support Training



# Engaging Diverse stakeholders



# Expanded resources for engaging patients, families and communities

Patient, Family and  
Community engagement pilot

Consulting Everthrive to promote  
community engagement

Patient focus groups and  
feedback



Maternal Health Task  
Force engagement

Patient engagement  
consultant: LaToshia Rouse

Infant and Maternal Mortality Among  
African Americans Task Force

# OB/Neonatal Covid-19 Support for Hospitals

- 25 OB and neonatal Covid-19 strategy webinars held since April 2020
  - 46 providers / nurses from 26 hospitals have shared cases, strategies and updates
- Maintained ILPQC Covid-19 webpage as a resource for teams
- Thanks to perinatal leaders across the state who stepped up to share and support this work across the last 18 months

## How the COVID-19 pandemic evolved from killing Chicagoans to southern Illinoisans

Joe Mahr Chicago Tribune Oct. 8, 2021 Updated Oct. 18, 2021

The Washington Post  
Democracy Now TV

### Young, pregnant and unvaccinated: Hospitals confront a wave of severe illness and death



CORONAVIRUS

**COVID-19 deaths in Illinois surpass 25,000**



# Celebrating maternal and child health policy improvements that will support this work

## In Illinois:

- Expansion of Medicaid coverage for a year postpartum
- Expanding reimbursements for doulas and home visiting
- Implicit bias training requirements for healthcare workers for license and registration renewals after January 1, 2022
- Point of care naloxone distribution program



**New CMS Quality Measure**  
Starting with the Q4 2021, hospitals will report to CMS whether they participate in a statewide perinatal collaborative

Federal legislation introduced to address disparities maternal mortality

MOMMA's Act introduced in the Senate in February 2021

Momnibus Act introduced in the House in April 2021

# Mothers and Newborns affected by Opioids- Obstetric Initiative

---

May 2018-Dec 2020: active phase

2021-current: sustainability

# The worsening opioid crisis in Illinois:

In Illinois between 2016-17:

- 40% of pregnancy-related deaths were related to mental health conditions including substance use disorder
- 22% of pregnancy-associated deaths were from drug overdose
- 98% of drug overdose pregnancy-associated deaths were deemed preventable

**Table 1. Top Four Underlying Cause of Death Categories for Pregnancy-Related Deaths, Illinois 2016-2017**

Cause of Death Category	Number of Pregnancy-Related Deaths	Percent of Pregnancy-Related Deaths
Mental Health Conditions*	24	40%
Pre-existing Chronic Medical Condition**	5	8%
Hemorrhage	5	8%
Hypertensive Disorders of Pregnancy	5	8%
All Other Causes Combined***	21	35%

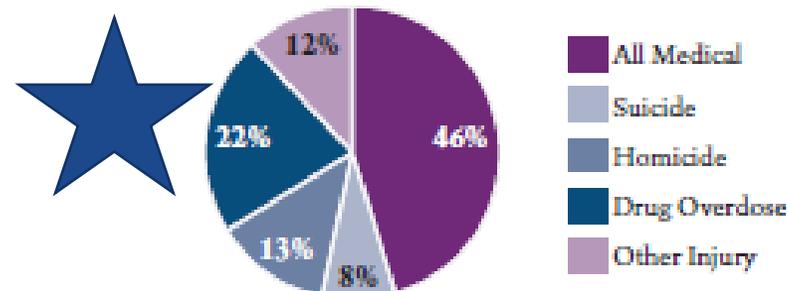
*Due to rounding, percentages in this figure do not add up to 100%*

\* Includes deaths due to depression, schizophrenia, and substance use disorder

\*\* These deaths were related to health conditions that women were known to have prior to pregnancy, including: lupus, sickle cell disease, and end-stage renal disease. These deaths are included as "non-cardiovascular deaths" by the CDC PMSS.

\*\*\* Each of the other cause of death categories accounted for fewer than five deaths during the two-year period and are not able to be reported individually.

**Figure 13. Underlying Causes of Pregnancy-Associated Death, By Race/Ethnicity, Illinois 2016-2017**



# The impact of Opioids and COVID on maternal health in IL

Providing optimal obstetric OUD Care and overdose prevention continue to be state and national priority

A continued call to action is needed for hospitals to achieve and sustain optimal OUD care for every pregnant patient with OUD every time

## CORONAVIRUS

### Overdose Deaths Have Skyrocketed in Chicago, and the Coronavirus Pandemic May Be Making It Worse

Opioid-related deaths in Cook County have doubled since this time last year, and similar increases are happening across the country. "If you're alone, there's nobody to give you the Narcan," said one coroner.

by Melissa Sanchez and Duaa Eldeib, May 30, 2020, 5 a.m. EDT



### US reaches record high of more than 96,000 drug overdose deaths in a 12-month period, CDC data show

By Virginia Langmaid, CNN

Updated 1:53 PM ET, Wed October 13, 2021



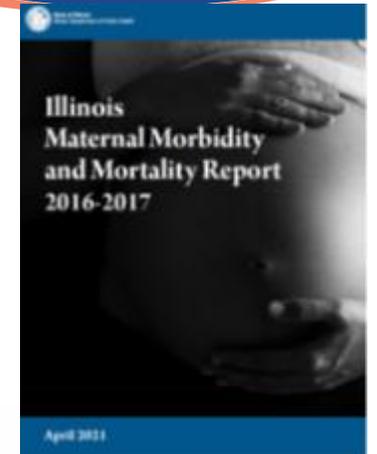
### Racism, Opioids And COVID-19: A Deadly Trifecta



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

### Addressing Opioid Use Disorder to Improve Maternal and Infant Health

Page last reviewed: August 17, 2021



# Optimal care for all pregnant/ postpartum persons with OUD



Screen every pregnant person for OUD with a validated screening tool



Assess readiness for Medication Assisted Treatment (MAT)



Link to MAT and Recovery Treatment Services



Provide Narcan counseling



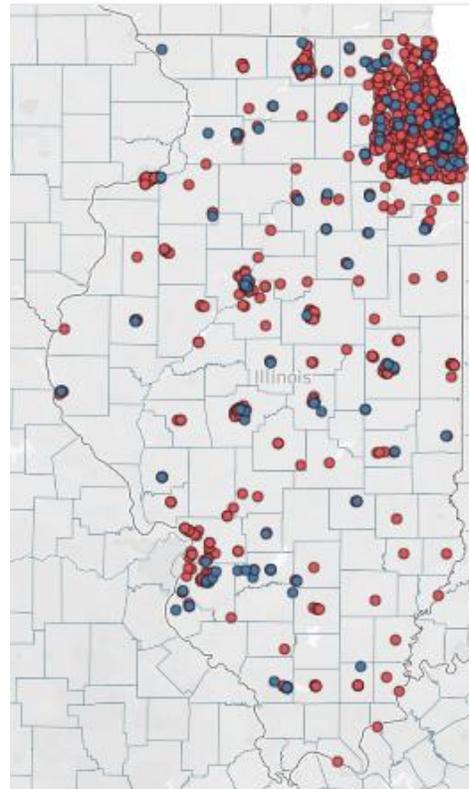
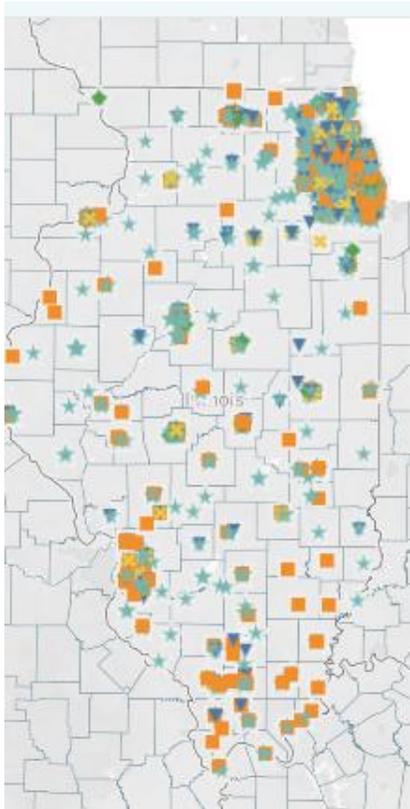
Warm hand-offs for MAT/Recovery services and close OB follow up



Promote patient education on OUD/NAS, reduce stigma, promote empathy across clinical team

# Community partnerships to improve care

Illinois MAT Providers Naloxone Distribution Locations



<https://idph.illinois.gov/OpioidDataDashboard/>

IDHS/SUPR Drug Overdose Prevention Program

Hospitals & Clinics  
ACCESS NARCAN  
(click here) 

<https://www.dhs.state.il.us/page.aspx?item=58142>

Illinois **DocAssist**

<https://docassistillinois.org/>



ILLINOIS HELPLINE  
for Opioids & Other Substances  
<https://helplineil.org/app/home>



<https://www.asam.org/education/live-online-cme/waiver-qualifying-training/ob-gyn-focus>

# MNO-OB Initiative Aims: What Must We Achieve to Save Lives



**≥80% Universal Validated  
OUD Screening  
Prenatally & Labor &  
Delivery**

**≥80% Patient Education  
Counseling/Materials,  
Peds Consults**



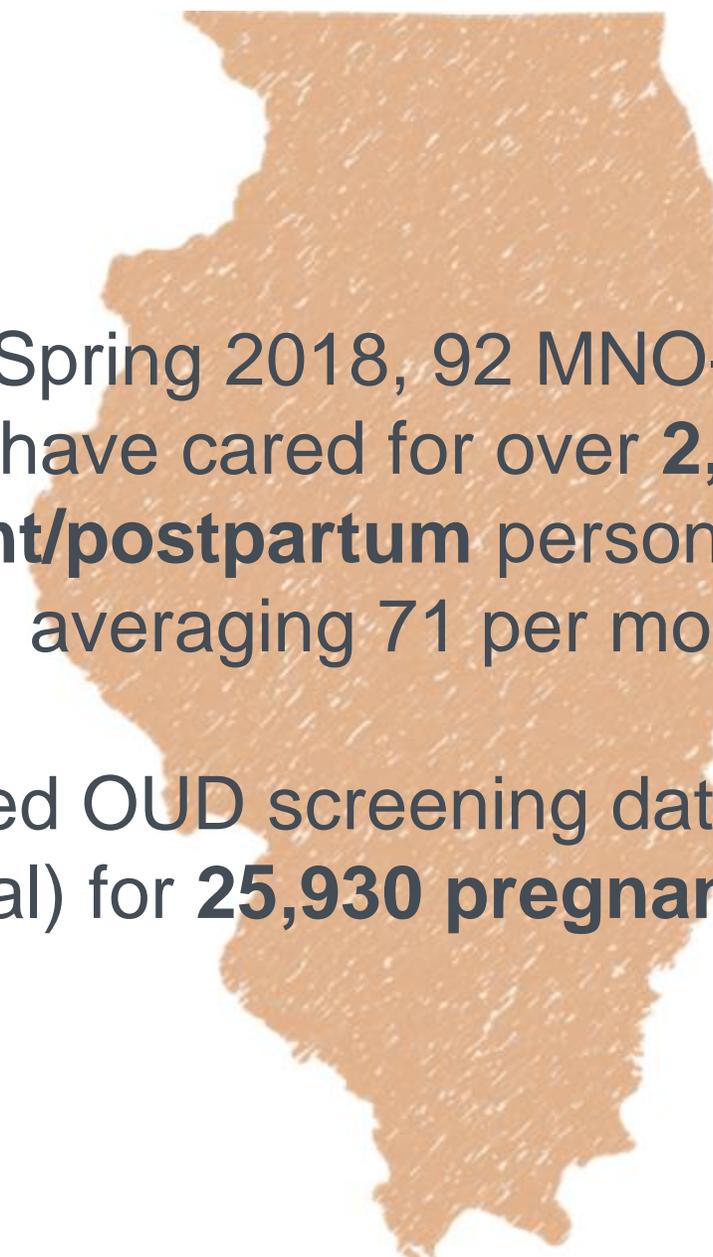
**≥60% Narcan  
Counseling**

**≥70% Medication  
Assisted Treatment**



**≥70% linked to  
Recovery**

**Treatment Services**



---

Since Spring 2018, 92 MNO-OB teams  
have cared for over **2,826**  
**pregnant/postpartum** persons with OUD,  
averaging 71 per month

Reported OUD screening data (L&D and  
prenatal) for **25,930 pregnant persons**

# Achieving MNO-OB Together: Implementing Systems Changes

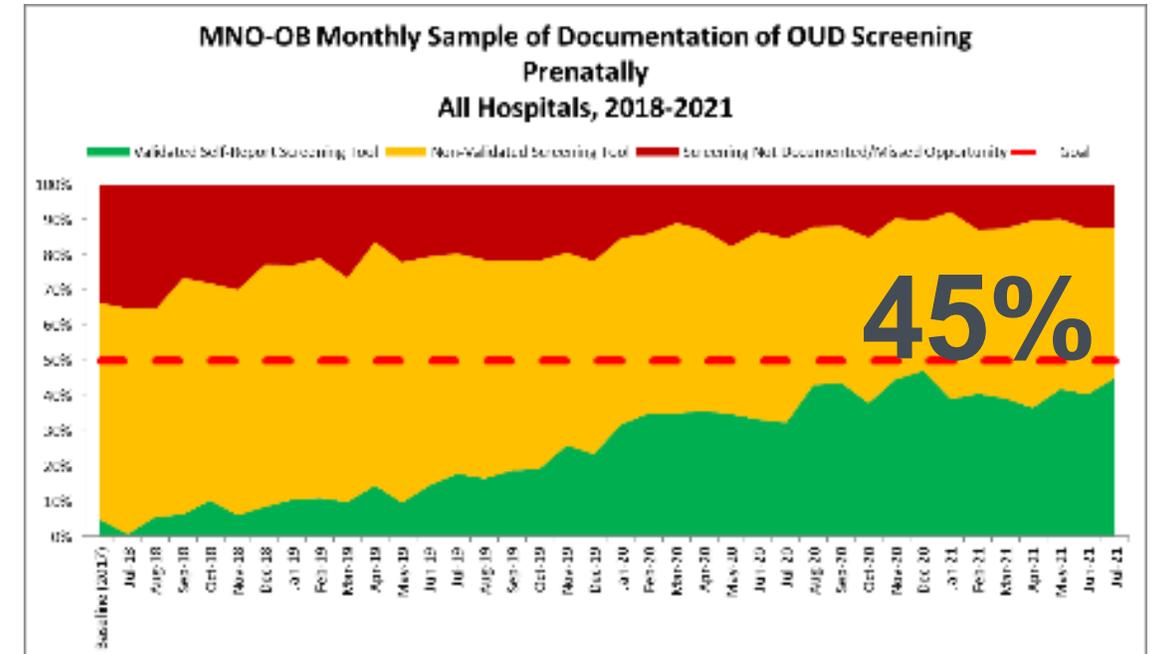
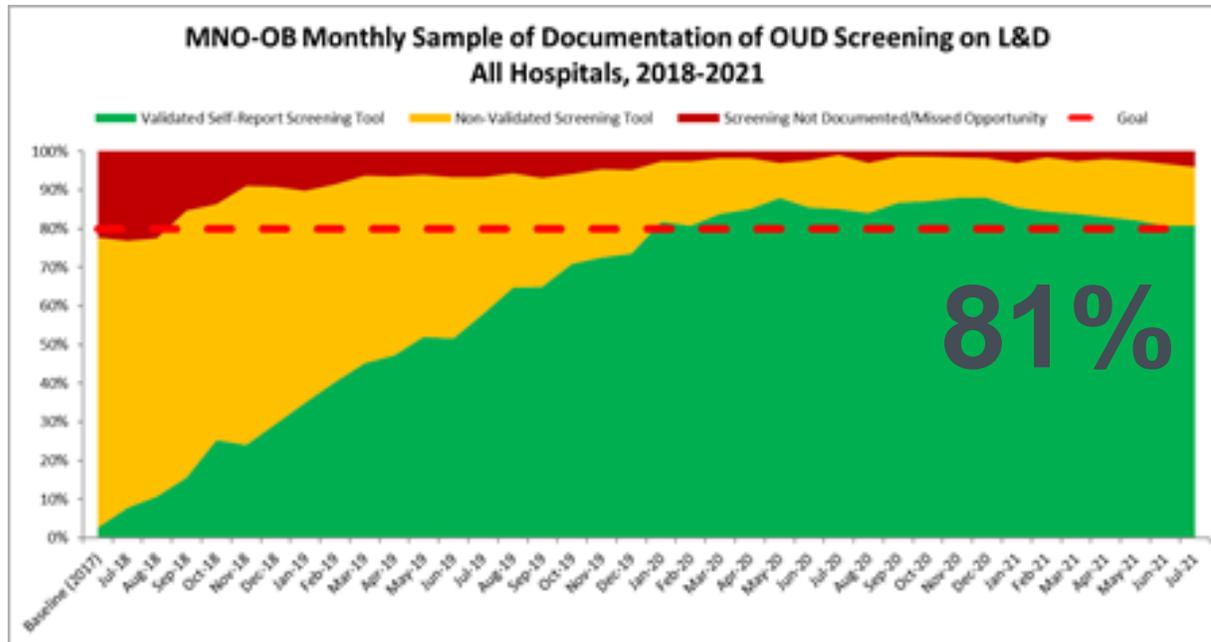
**83 of 92 (90%)** of MNO-OB teams reported in place/near complete implementation all key structure measures by December 2020 including:

- L&D & Prenatal Validated Screening
- Screening, Brief Intervention, Referral to Treatment (SBIRT) Protocol
- Mapping of community resources for MAT & RTS
- OUD Protocol & Clinical Care Checklist
- Patient Education

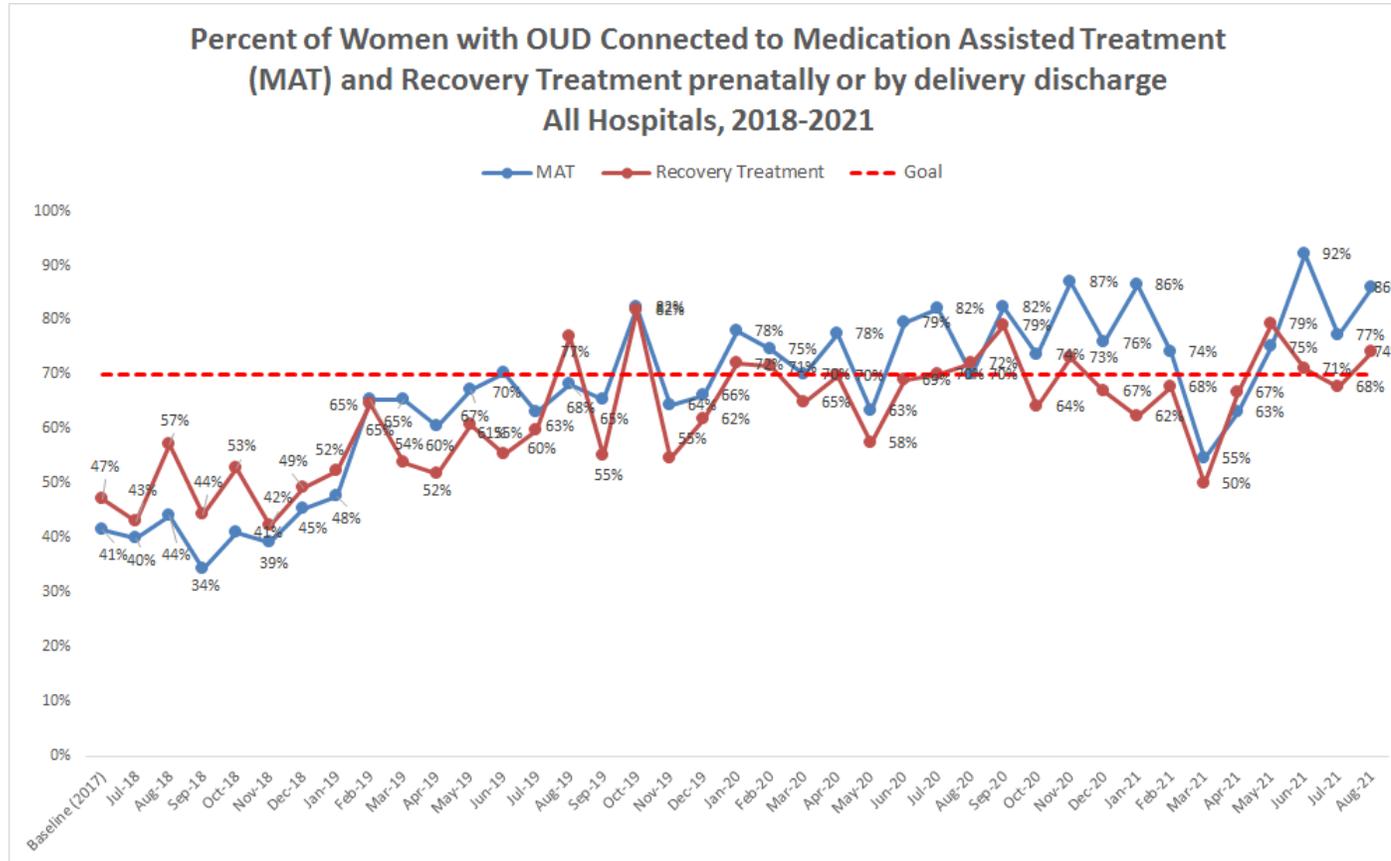
# OUD Screening: L&D Successes and Prenatal opportunities

## L&D

## Prenatal



# Achieving and Sustaining MNO-OB Together: MAT & Recovery Treatment Services



Quarter 4, 2017

**4 of 10**

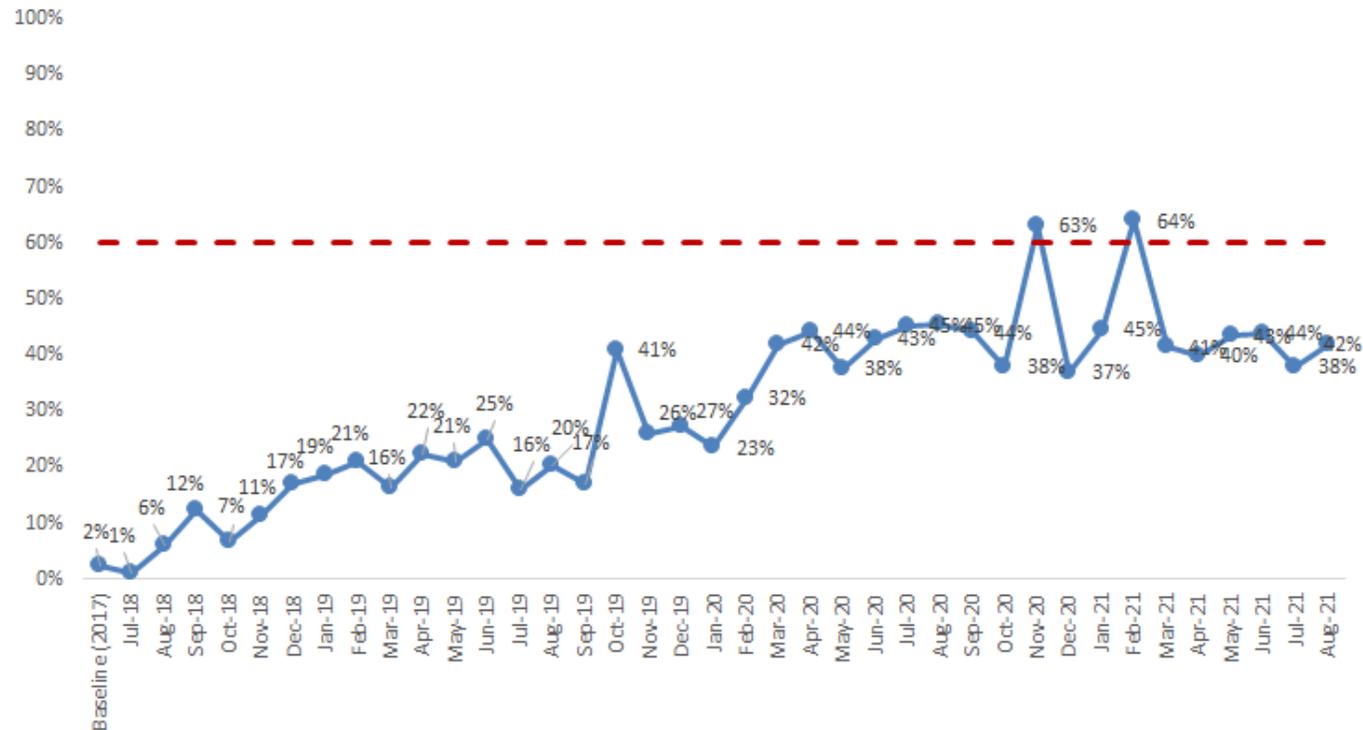
Quarter 4, 2019 - Present

**7 of 10**

Patients with OUD connected to MAT & RTS prenatally or by delivery discharge

# Opportunities to achieve aims in sustainability: Narcan

Percent of Women with OUD who Received Narcan Counseling and Prescription Offer, Documented Prenatally or During Delivery Admission  
All Hospitals, 2018-2021



Quarter 4, 2017

**1 of 10**

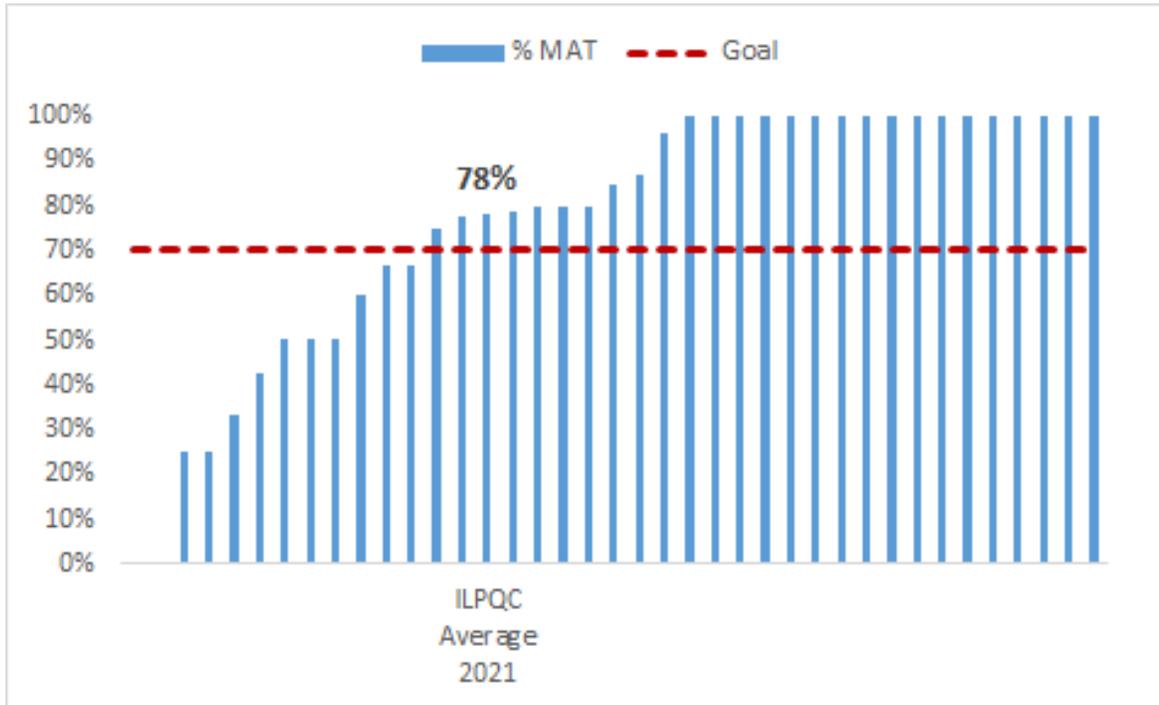
Quarter 3, 2020 - Present

**4 of 10**

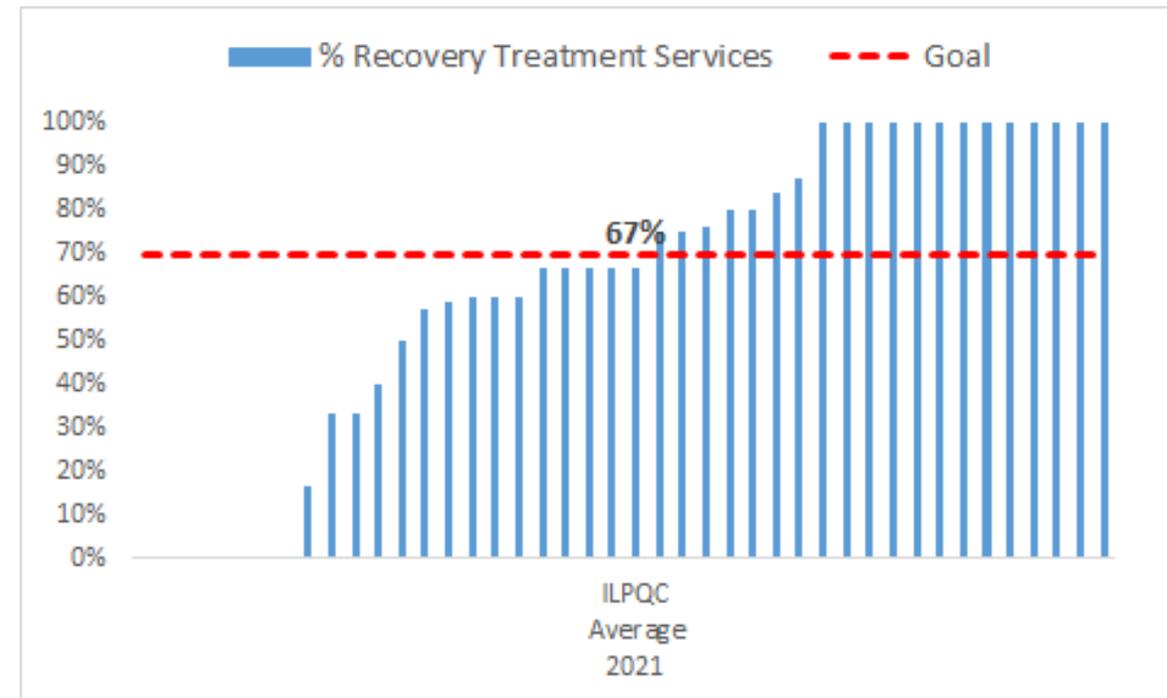
Patients with OUD received Narcan counseling prenatally or by delivery discharge

# Variability remains across hospitals. We need to achieve and sustain optimal OUD Care for every patient

### MAT (2021)

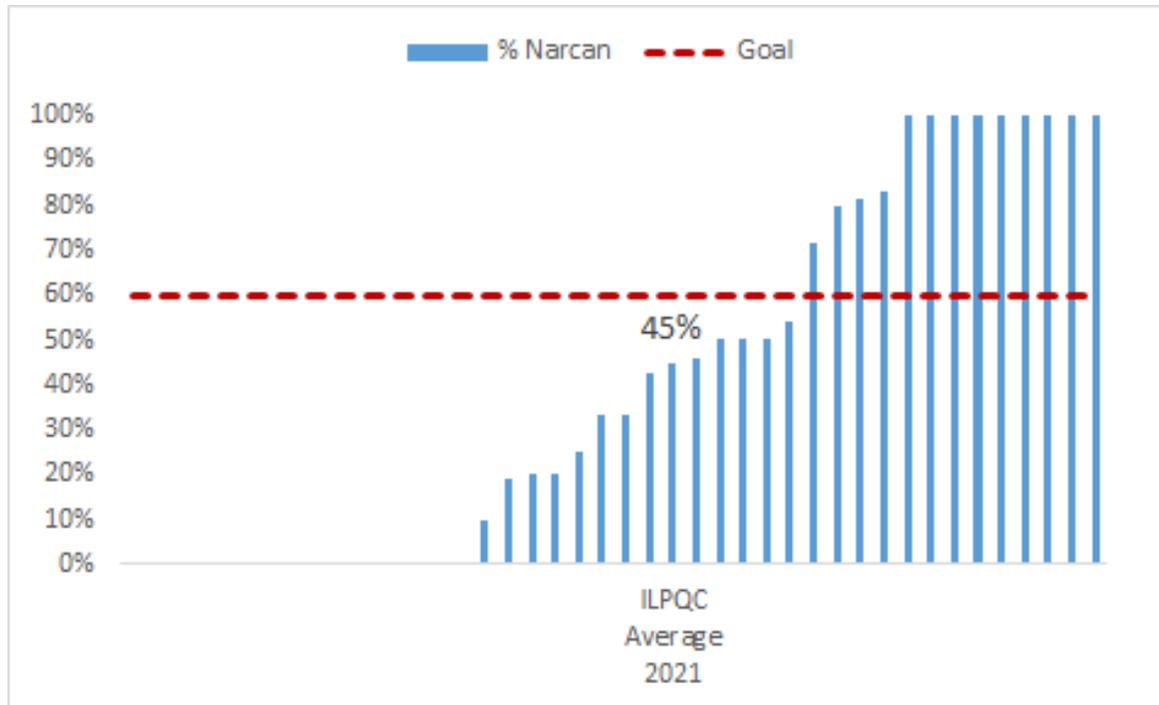


### Recovery Treatment Services (2021)

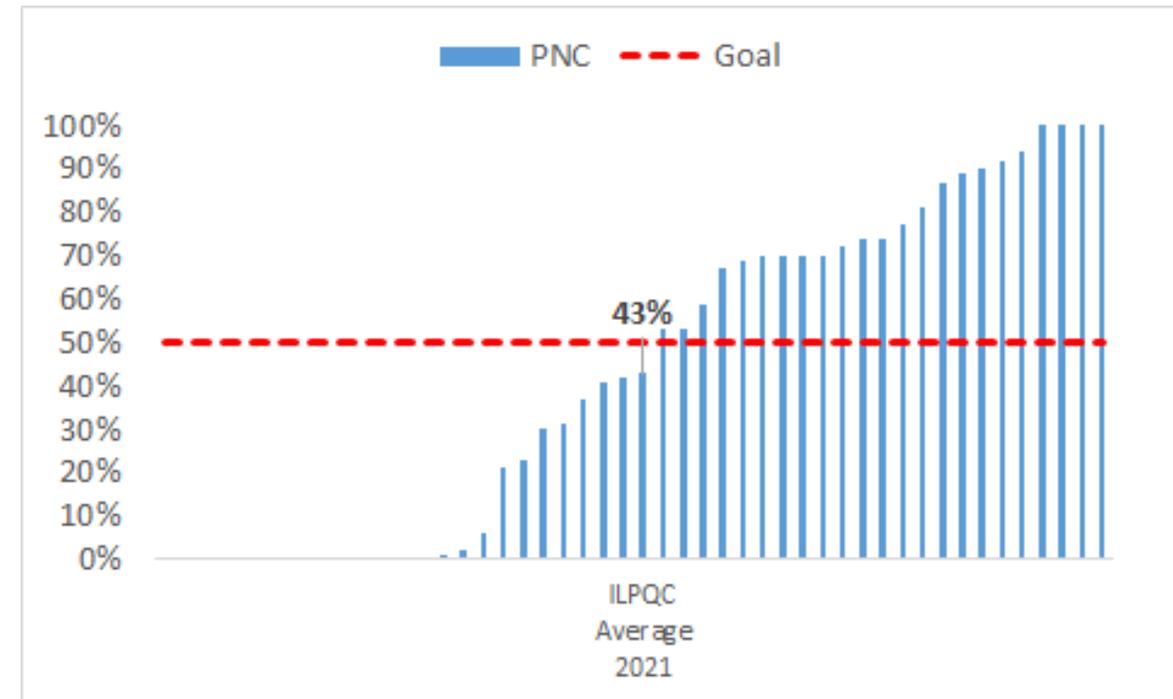


# Variability remains across hospitals. We need to achieve and sustain optimal OUD Care for every patient

### Narcan (2021)

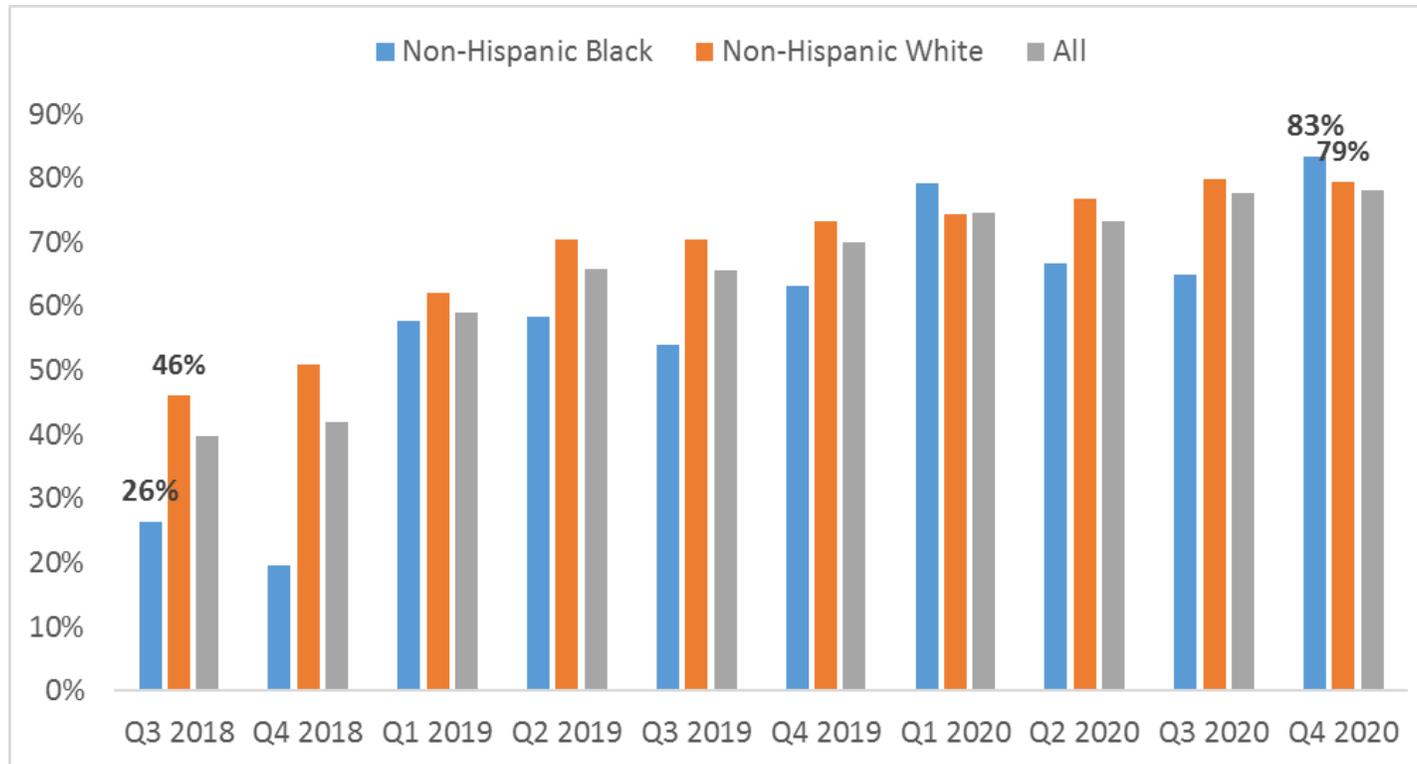


### Prenatal Validated Screening for OUD (2021)



# Improving equitable care and reducing disparities for patients receiving MAT

Comparison of percent of patients with OUD receiving MAT by delivery discharge by race/ethnicity across the MNO initiative



At baseline, Black patients with OUD were less likely to be on MAT, however across the initiative improvements in MAT rates were seen for all patients with the greatest improvement in Black patients.

# Mothers and Newborns affected by Opioids- Neonatal Initiative

---

May 2018-Dec 2020: active phase

2021-current: sustainability

# MNO-Neonatal Initiative Aims: Optimizing Care for Opioid Exposed Newborns



Decrease proportion of  
**OENs REQUIRING  
PHARMACOLOGIC  
TREATMENT**

TO  
BELOW **20%**



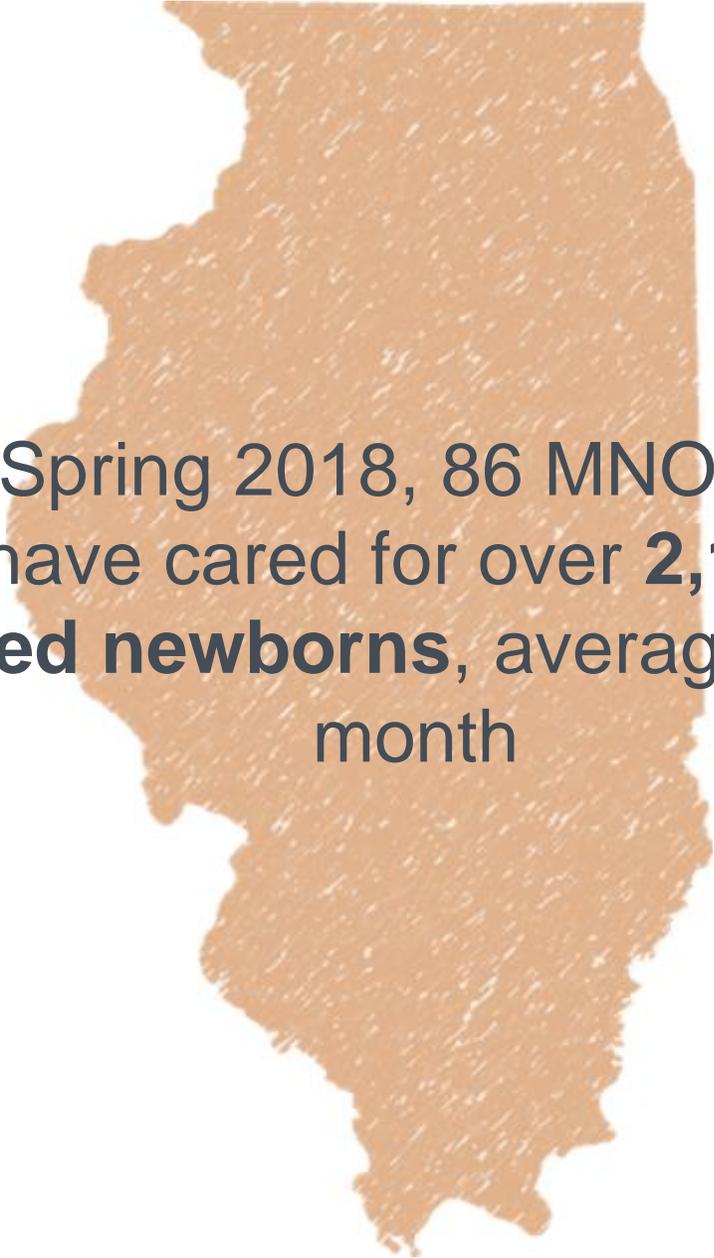
Increase proportion of eligible  
**OENs RECEIVING  
MATERNAL  
BREASTMILK**

TO  
ABOVE **70%**



Increase proportion of  
**OENs DISCHARGED  
WITH A SAFE  
DISCHARGE PLAN**

TO  
ABOVE **95%**



Since Spring 2018, 86 MNO-Neonatal teams have cared for over **2,172 opioid exposed newborns**, averaging 48 per month

# MNO-Neonatal Initiative Roadmap



**August 2019:**  
1,000th OEN



**December 2019:**  
Standardizing care  
with folders



**December 2020:**  
Active Initiative  
Completed



**April 2021:**  
2,000th OEN

**May 2018:**  
Launched MNO-  
Neonatal with 88 teams



**October 2019:**  
ESC simulations  
training videos



**October 2020:**  
AAP eModule on IL  
team's experience  
with MNO



**January 2021:**  
Transition to  
Sustainability



**June &  
November 2021**  
Final sustainability  
webinars

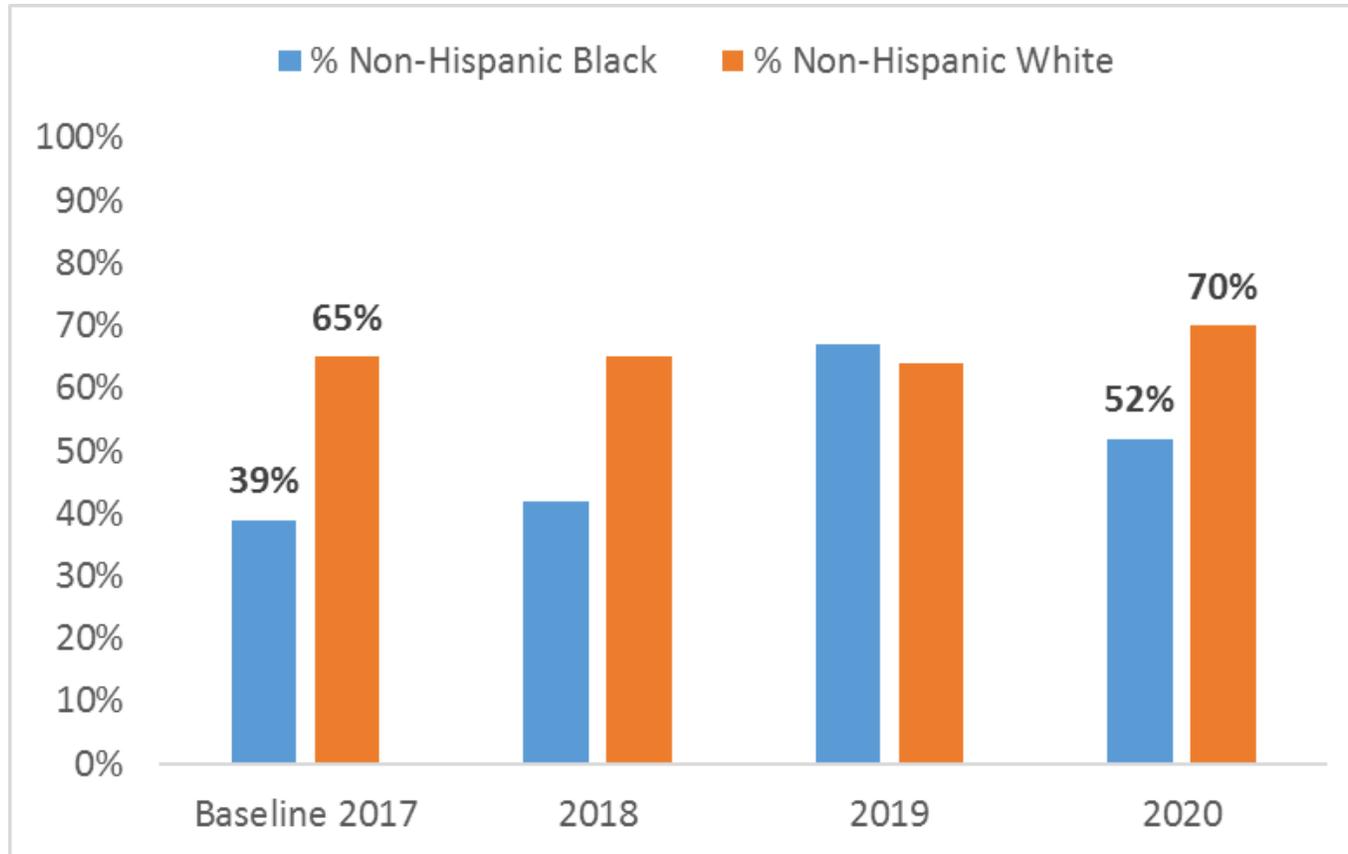


# Achieving MNO-Neonatal Together: Implementing Systems Changes

**69 of 80 (86%)** of MNO-Neonatal teams reported in place/near complete implementation all key structure measures by December 2020 including:

- Prenatal Consult
- Non-Pharmacologic Care Protocol
- Pharmacologic Treatment Protocol
- Coordinated Discharge Protocol

# Achieving and Sustaining MNO-Neonatal Together: Breastfeeding



Quarter 4, 2017

**4 of 10**

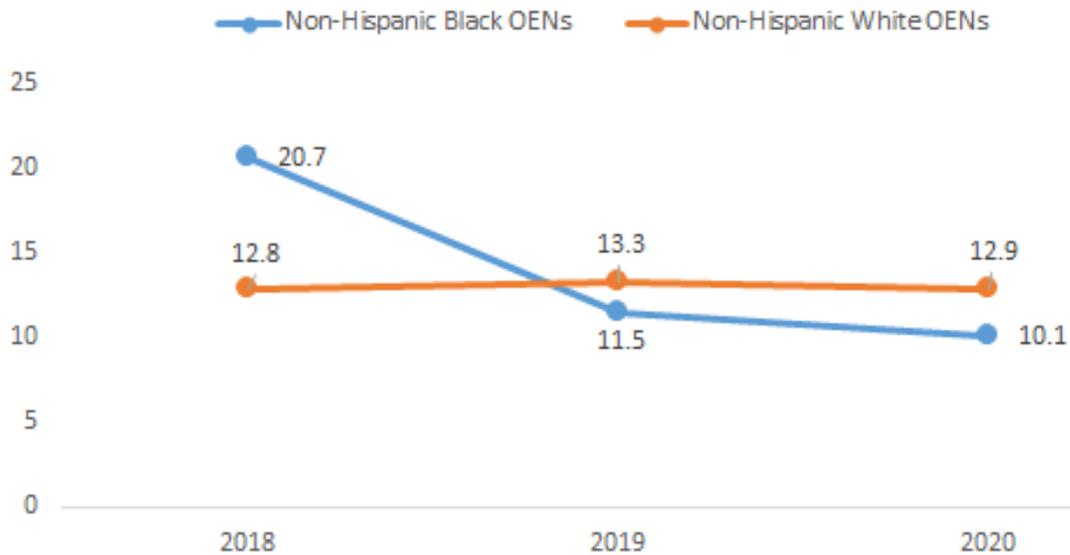
Quarter 4, 2019 - Present

**7 of 10**

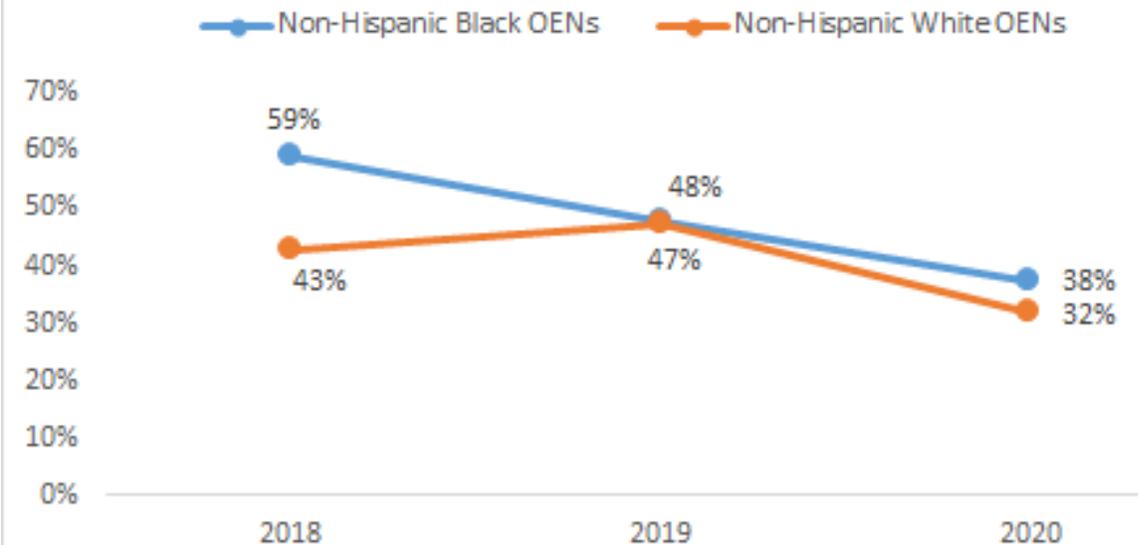
OENs receiving breastmilk at discharge

# Achieving and Sustaining MNO-Neonatal Together: Pharmacologic Treatment

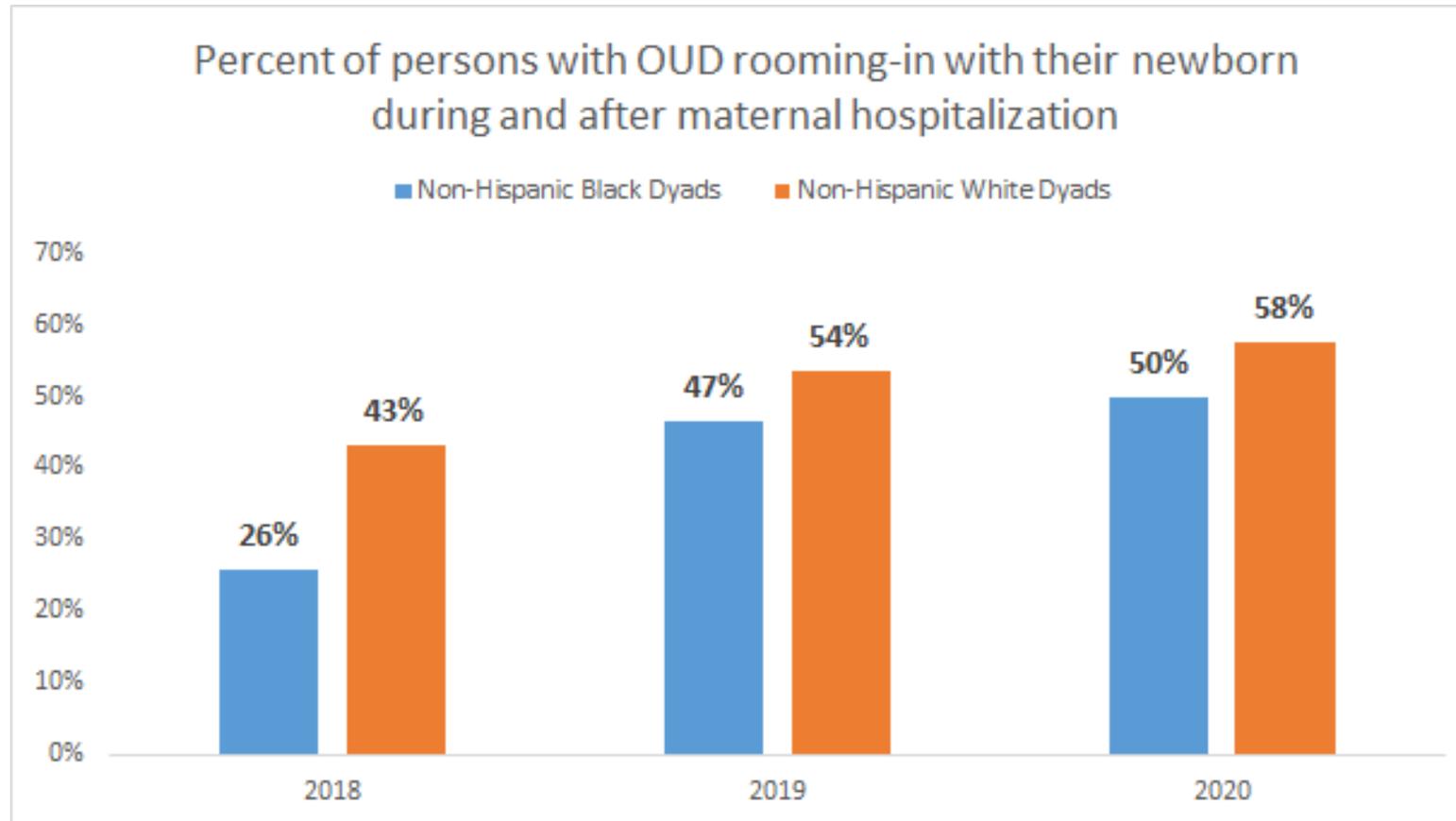
Mean length of pharmacologic treatment (days) for OENs with evidence of NAS symptoms



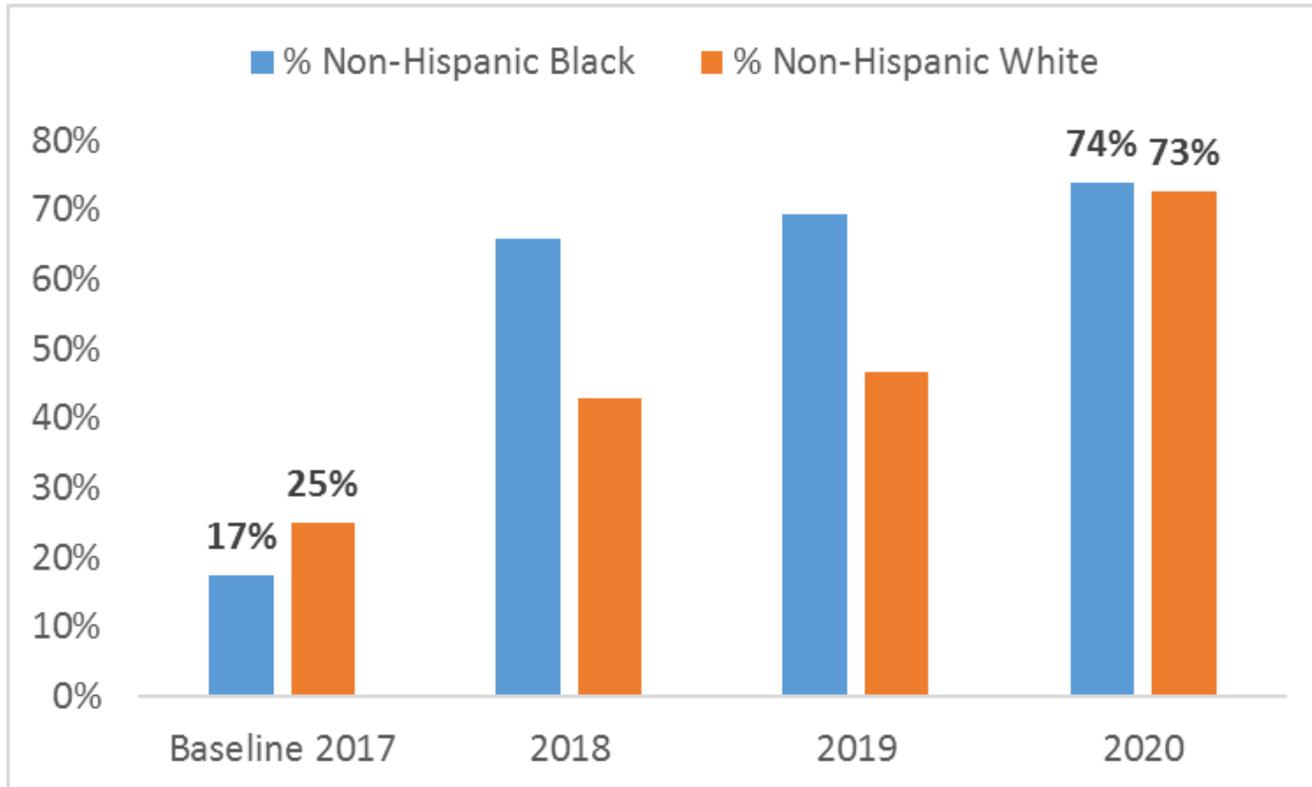
Percent of OENs with NAS symptoms receiving pharmacologic treatment for  $\geq 14$  days



# Opportunities to Improve: Rooming-in



# Achieving and Sustaining MNO-Neonatal Together: Discharge



Quarter 4, 2017

**2 of 10**

Quarter 1, 2020 - Present

**7 of 10**

OENs with a coordinated discharge plan

# What's next for MNO OB and Neo?

MNO teams continue to meet monthly or quarterly to review the key components of sustainability:

1. Monitor Data Compliance
2. Develop a continuing & new hire education plan
3. Review and update systems including stocking MNO folders and community mapping for MAT & coordinated discharge



# Challenges in Perinatal Marijuana Use in the Era of Legalization

Special Edition MNO-Neonatal Sustainability Call  
Join us on November 29th at 1:00



Dr. Erica Wymore is a neonatologist and an expert on perinatal marijuana use and maternal/child outcomes. She was responsible for the development of the Colorado Perinatal Care Quality Collaborative (CPCQC) breastfeeding guidelines for mothers with marijuana use.

# Promoting Vaginal Birth

---

Launched December 2020



# Supporting vaginal birth and reducing primary Cesareans for optimal maternal and neonatal outcomes

**Aim:** 70% of participating hospitals will be at or below the Healthy People goal of **23.6%** cesarean delivery rate among NTSV births by December 31, 2022

UPDATED  
GOAL based in  
Health People  
2030

**Goal:** Increase the percent of cesarean section deliveries among NTSV births that meet ACOG/SMFM criteria for cesarean

**Goal:** Increase the % of clinicians educated on ACOG/SMFM criteria for cesarean, labor management strategies, protocol for decision huddles and checklist.

# PVB Key Strategies



Identifying NTSVs

Education of ACOG/SMFM criteria for providers and nurses

Implementing cesarean decision checklists and huddles with patient centered decision making

Labor management support

Develop standardized processes/protocols for induction, early labor and labor challenges

# Launching the PVB Initiative

- **95** Teams submitted rosters
- **9** Monthly webinars to date
- **2** PVB data calls
- **2** QI leader calls
- **5** QI topic calls
- **2** Virtual Labor Management Support Webinars



# PVB Monthly Webinars

January

Labor  
Culture  
Survey  
Launch

February

Creating  
Buy-in

March

ACOG/  
SMFM  
Guidelines  
for  
Cesarean  
Delivery

April

Cesarean  
Decision  
Checklist  
and Huddle

June

Unpacking  
Labor  
Culture  
Survey  
Results

July

Standard  
protocol/  
processes  
for  
induction

August:

Systems  
changes  
for  
induction  
processes/  
protocols

September

Standard  
criteria for  
diagnosis  
of dystocia  
arrest  
disorders

# PVB QI Topic Calls



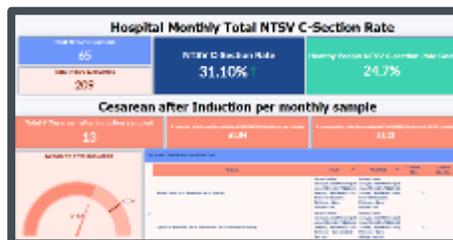
November/  
December  
2020

Submitting  
your PVB Data



June 2021

PVB by  
Perinatal Level



August  
2021

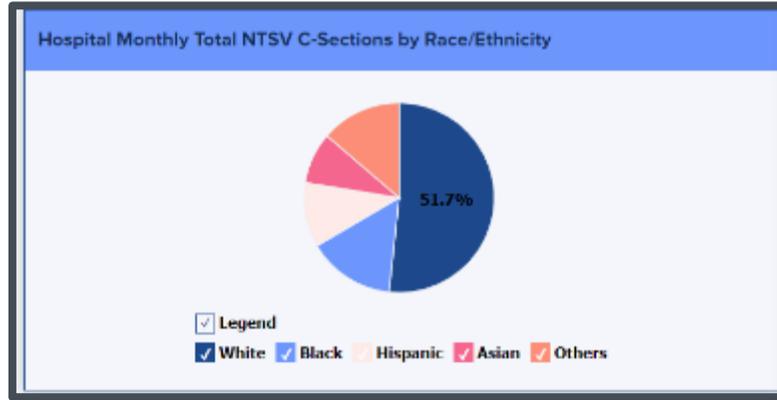
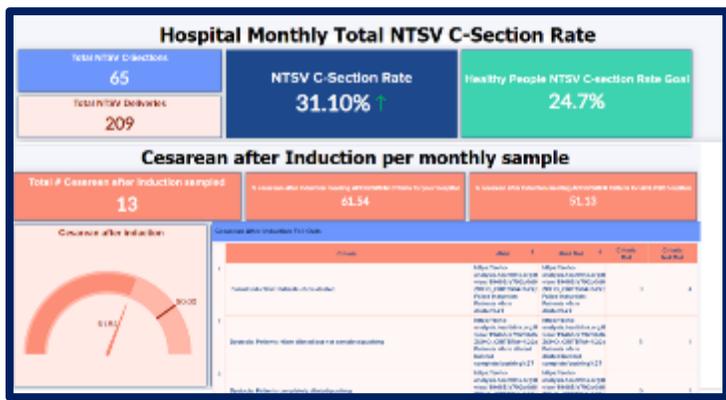
Using your PVB  
Dashboard

# PVB Dashboard: makes it easier for teams to use their data to drive QI

Compare your progress to other PVB teams across Illinois

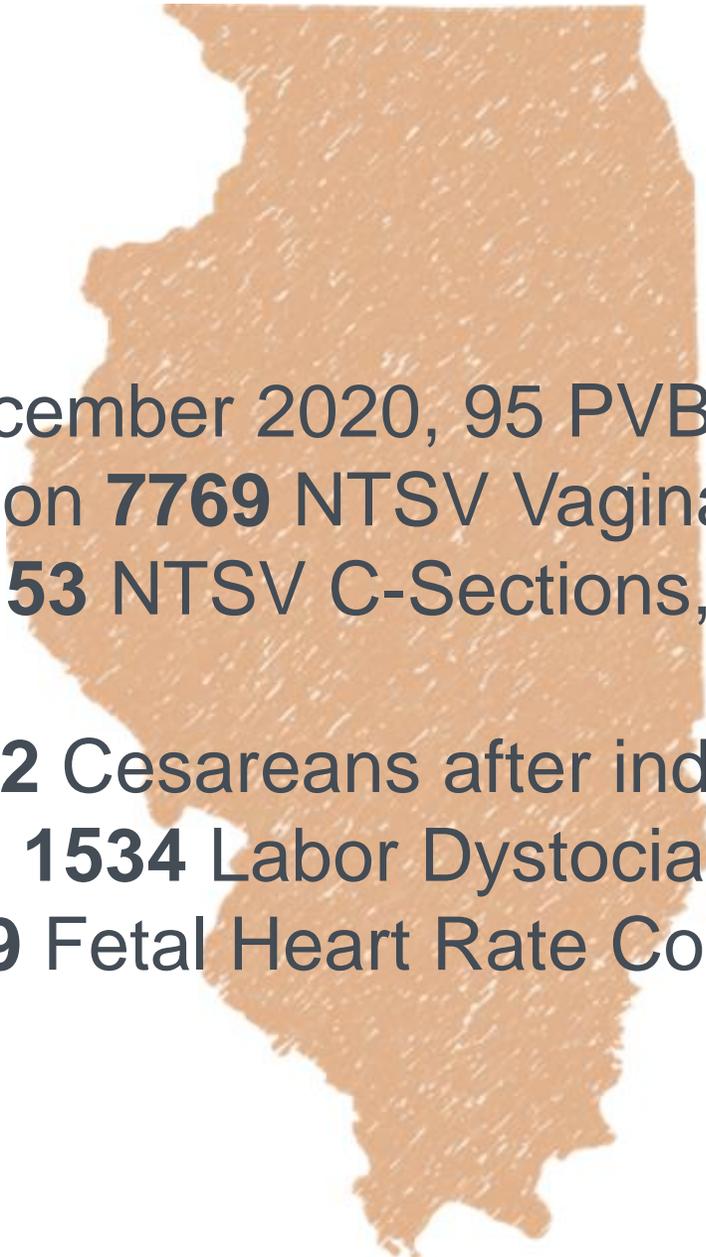
Review your NTSV C-sections by Race and Ethnicity

Review missed opportunity/ fallout cases that did not meet ACOG/SMFM Criteria for C-Section



Case #	Case Name	Provider	Insurance	Insurance ID	Case Type	Case Status	Case Date	Case Time	Case Location
1	Case 1	Dr. [Name]	Private	1234	NTSV C-Section	Completed	2023-01-01	10:00	Room 101
2	Case 2	Dr. [Name]	Medicaid	5678	NTSV C-Section	Completed	2023-01-02	11:00	Room 102
3	Case 3	Dr. [Name]	Private	9012	NTSV C-Section	Completed	2023-01-03	12:00	Room 103
4	Case 4	Dr. [Name]	Medicaid	3456	NTSV C-Section	Completed	2023-01-04	13:00	Room 104
5	Case 5	Dr. [Name]	Private	7890	NTSV C-Section	Completed	2023-01-05	14:00	Room 105

Interested in learning more about using your PVB Dashboard to create change? Checkout the [PVB Dashboard Walkthrough](#) in the PVB Toolkit at [ILPQC.org](http://ILPQC.org)



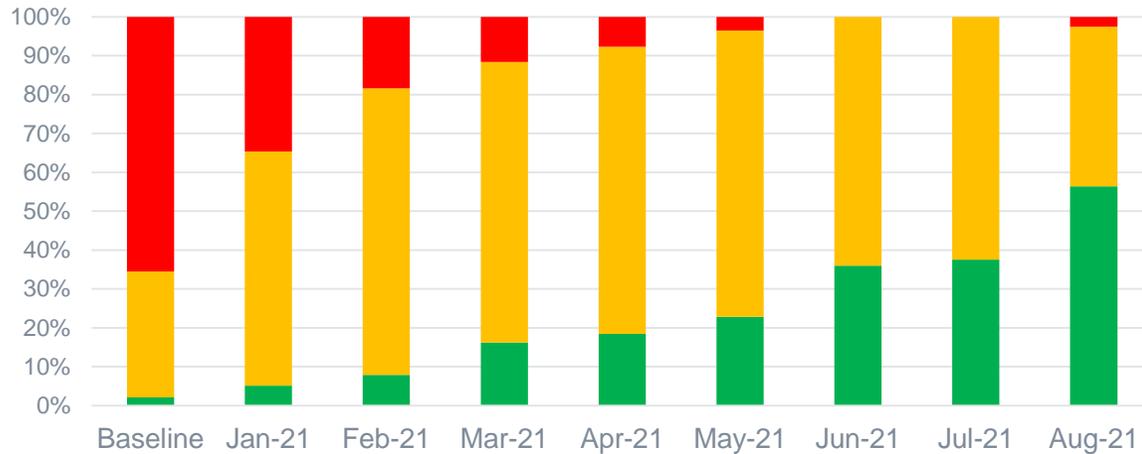
Since December 2020, 95 PVB teams have reported on **7769** NTSV Vaginal Deliveries and **7153** NTSV C-Sections, including:

**2292** Cesareans after induction,  
**1534** Labor Dystocias,  
**2619** Fetal Heart Rate Concerns

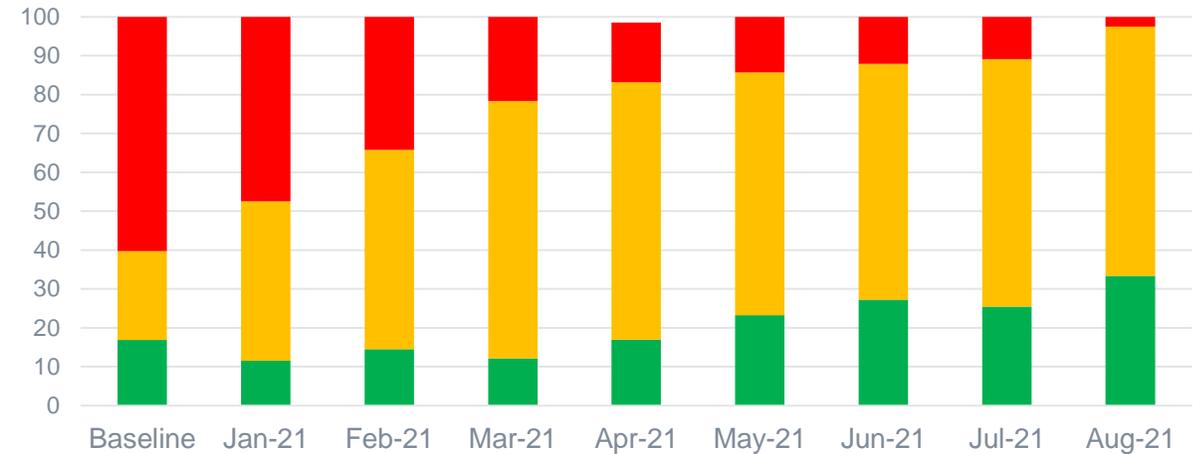
# Key Structure Measure Progress

■ In Place   ■ Working on it   ■ Not Started

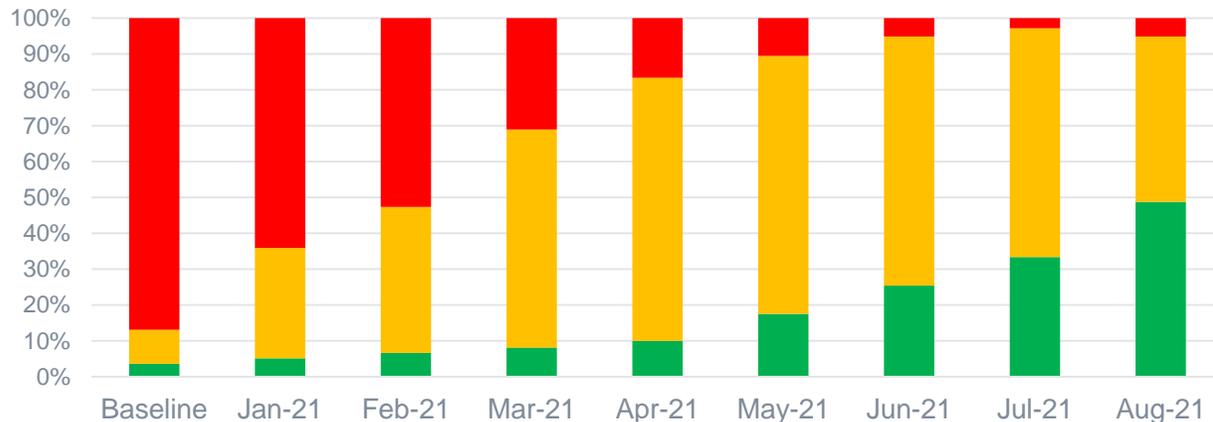
### Buy-in



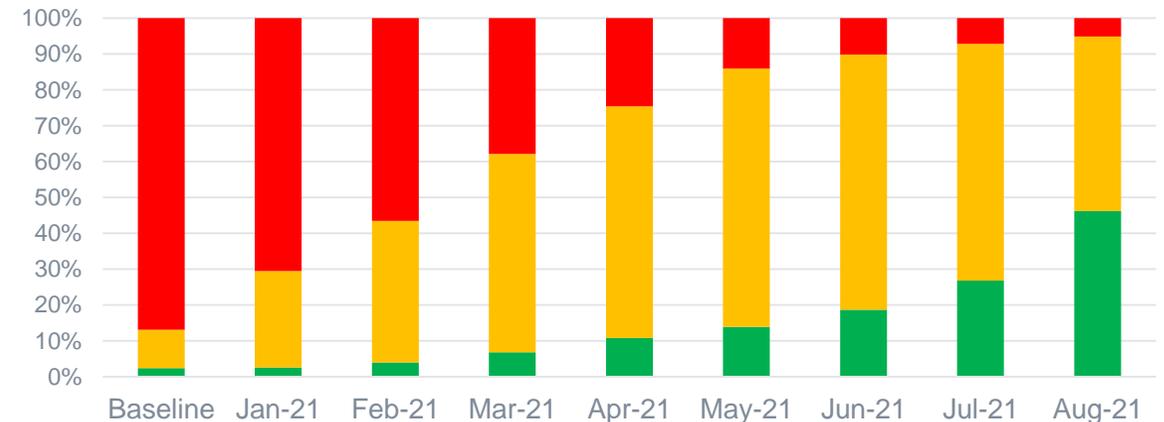
### Standardized protocol/processes



### Cesarean decision checklist



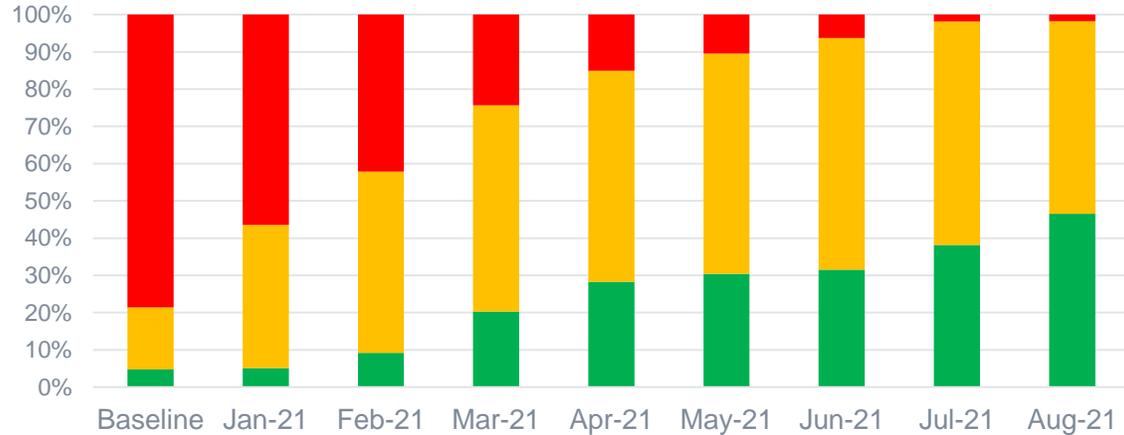
### Decision huddles and/or decision debriefs



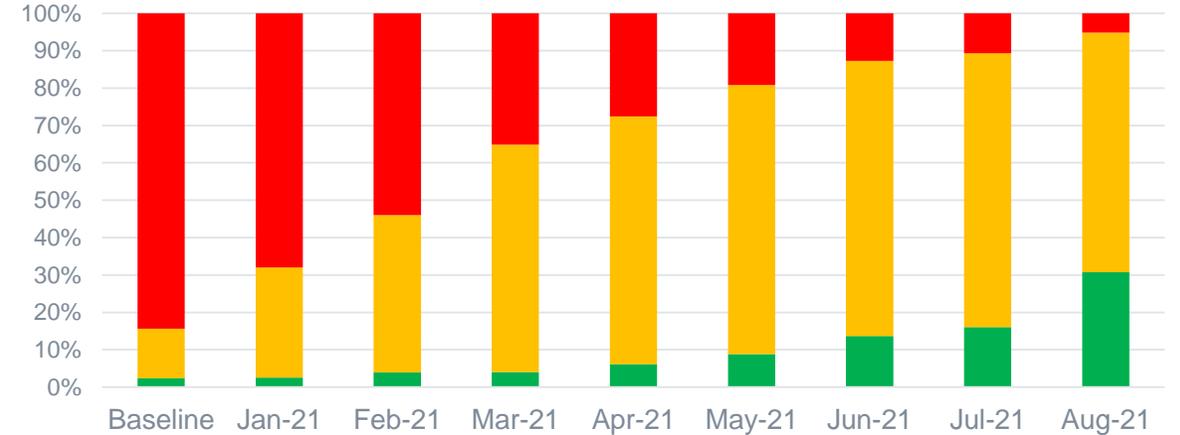
# Structure Measures

■ In Place
 ■ Working on it
 ■ Not Started

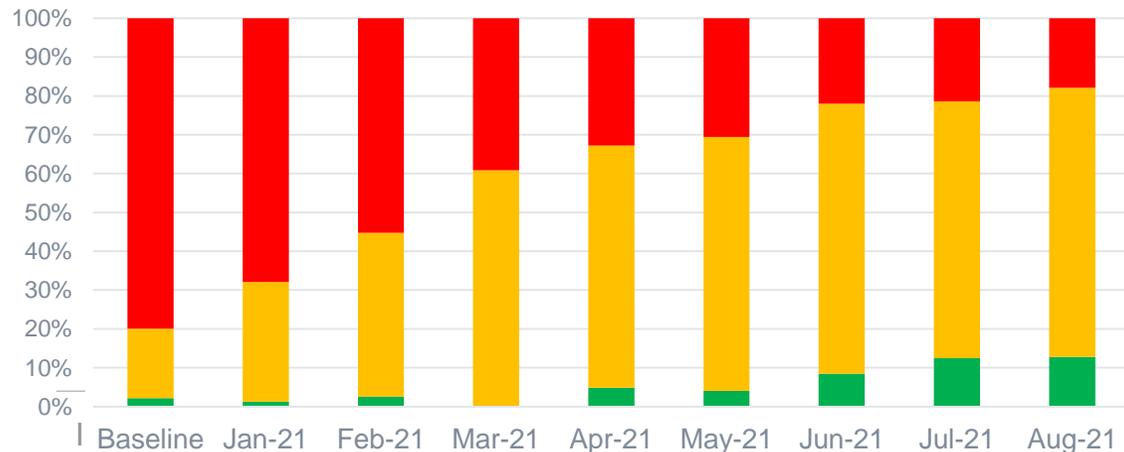
### Un-blinded provider-level



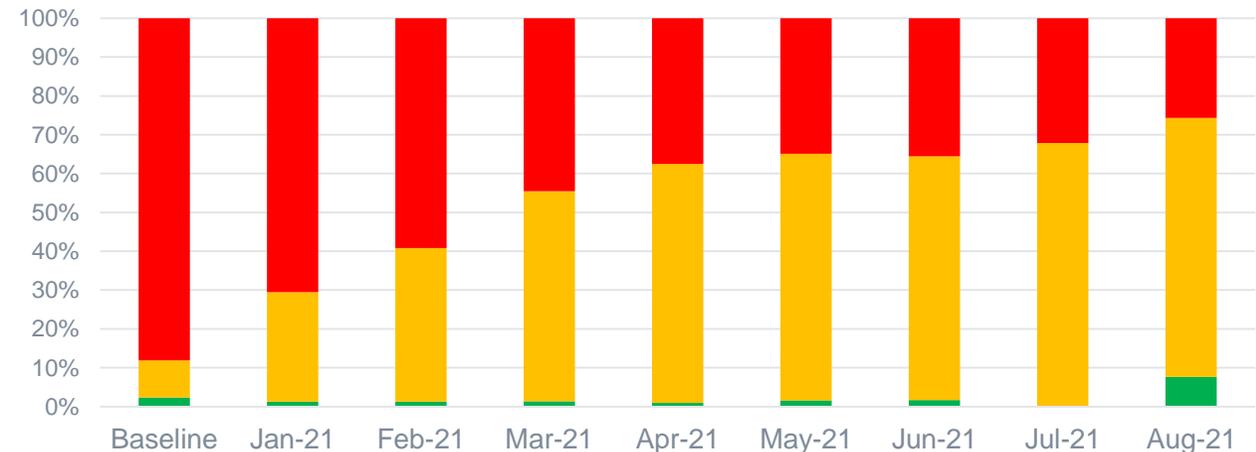
### Shared decision making



### Patient education

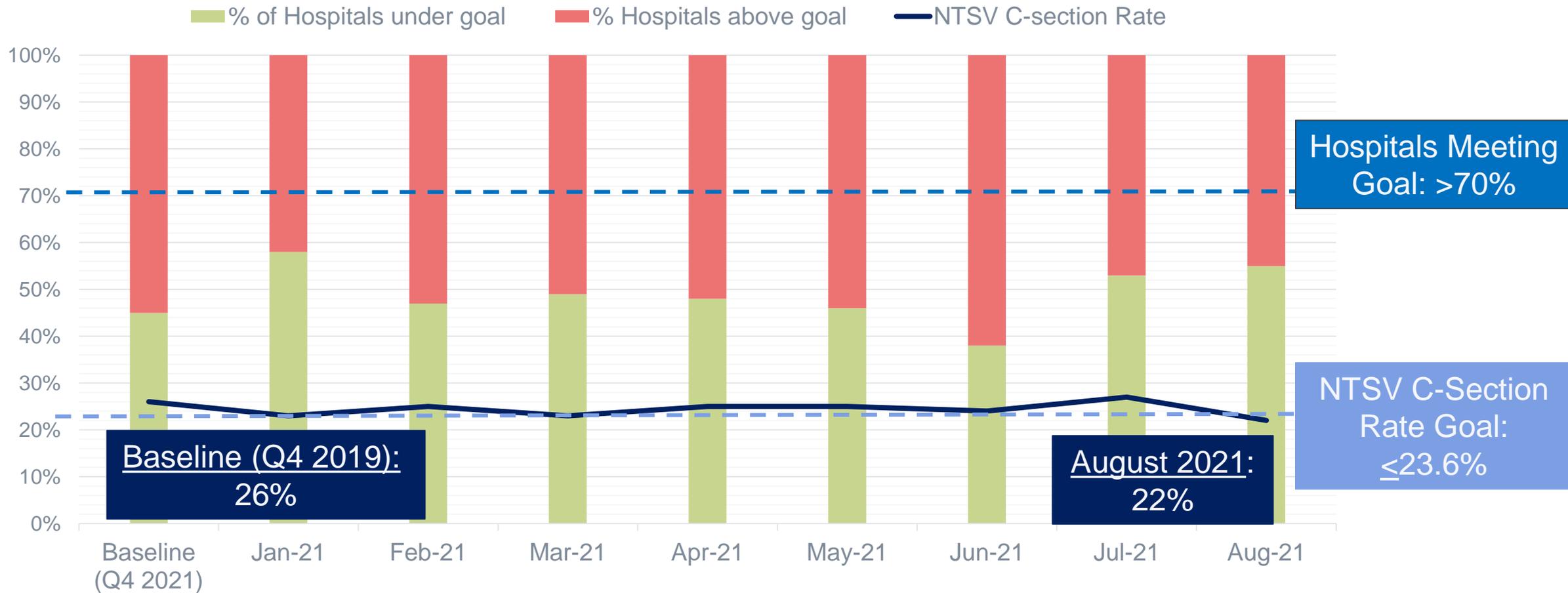


### EMR Integration

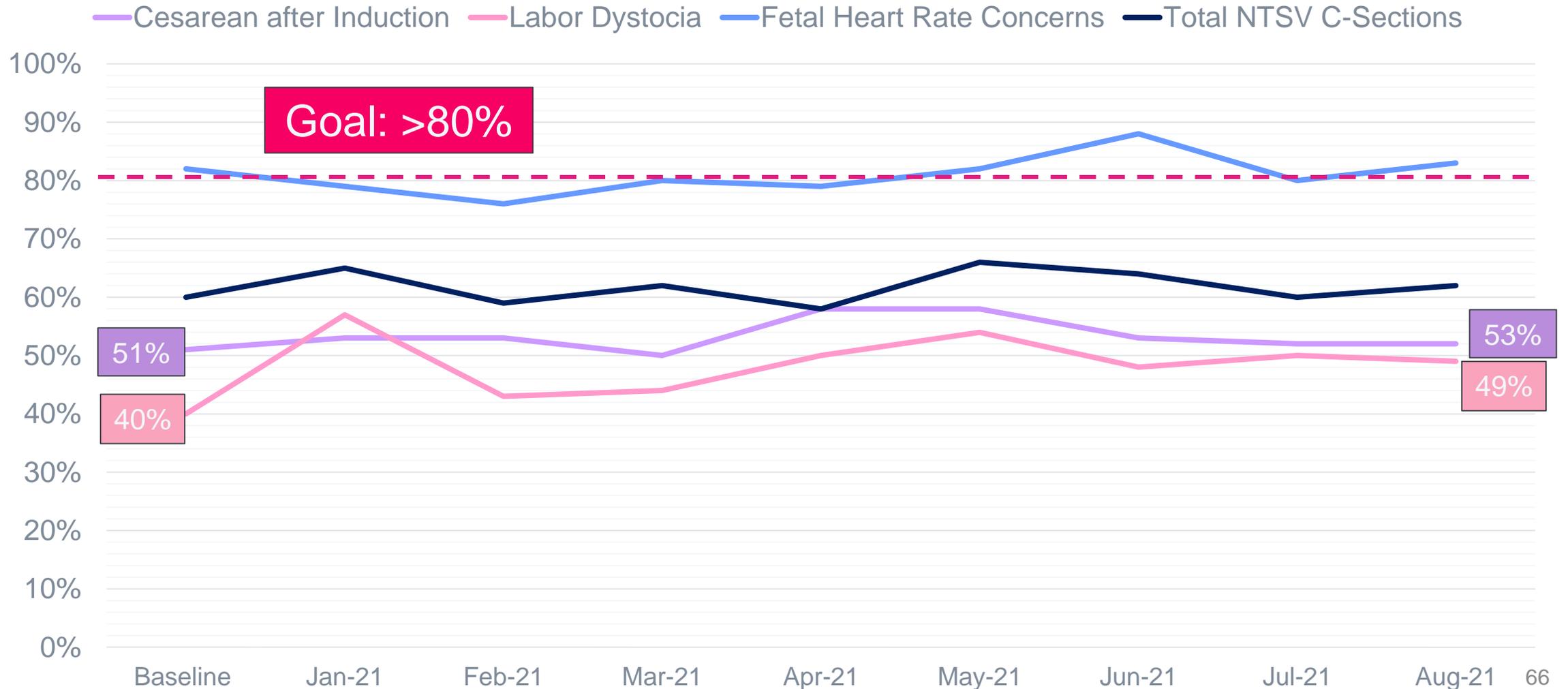


# PVB Key Aim Progress

**Aim:** 70% of participating hospitals will be at or below the Healthy People goal of 23.6 % cesarean delivery rate among NTSV births by December 31, 2022

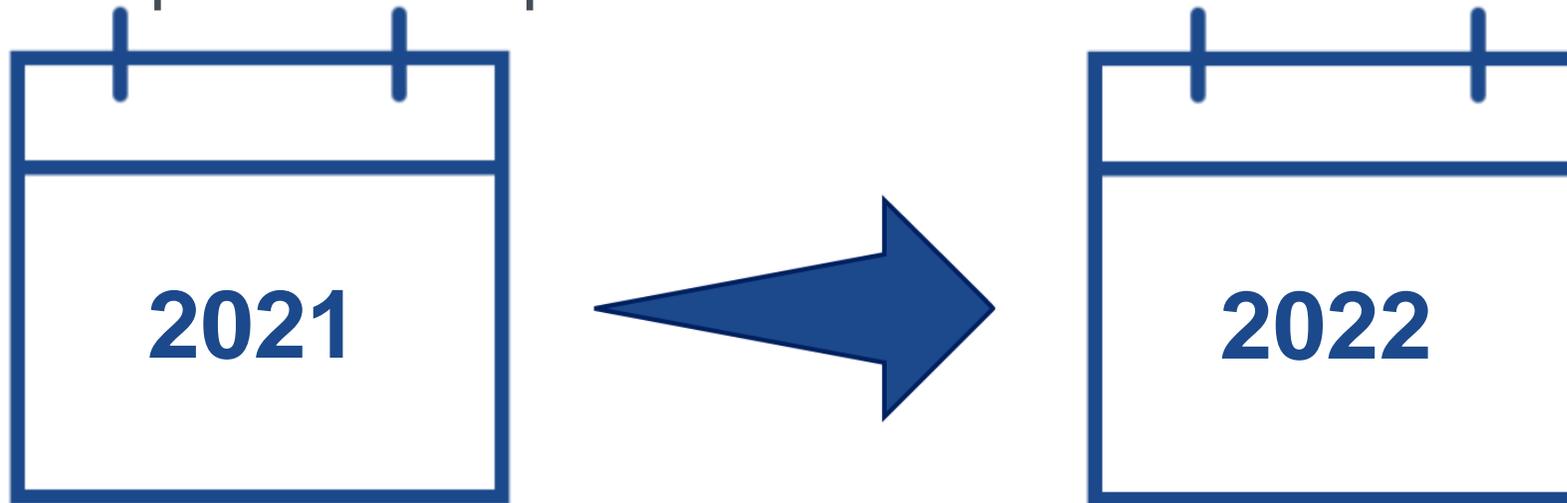


# NTSV C-sections meeting ACOG/SMFM Criteria, across hospitals



# Focus for the year ahead

Teams have made great strides with systems changes, we will increase our **focus on clinical culture change**, engaging providers to **increase the % of deliveries meeting ACOG/SMFM criteria** and help more hospitals achieve  $< 23.6\%$  NTSV c/s goal



# Systems changes lead to clinical culture change

## Systems Changes

- Process Flow
- PDSA cycles
- 30-60-90 day plans

Embracing ACOG/SMFM guidelines through systems change and clinical culture change

## Clinical Culture Change

- Utilizing Cesarean Decision checklist and huddles
- Unblinding provider data
- Missed opportunity reviews
- Provider and Nurse Education

# Babies Antibiotic Stewardship Improvement Collaborative (BASIC)

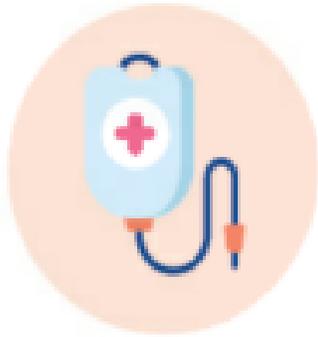
---

December 2020 - Present



# BASIC Vision and Aims

---



**Right Antibiotics**



**Right Baby**



**Right Duration**

- Decrease by 20% (or absolute rate of 4%) the number of newborns, born at  $\geq 35$  weeks who receive antibiotics
- Decrease by 20% the number of newborns with a negative blood culture who receive antibiotics for longer than 36 (48) hours

# BASIC Implementation

## Collaborative Learning

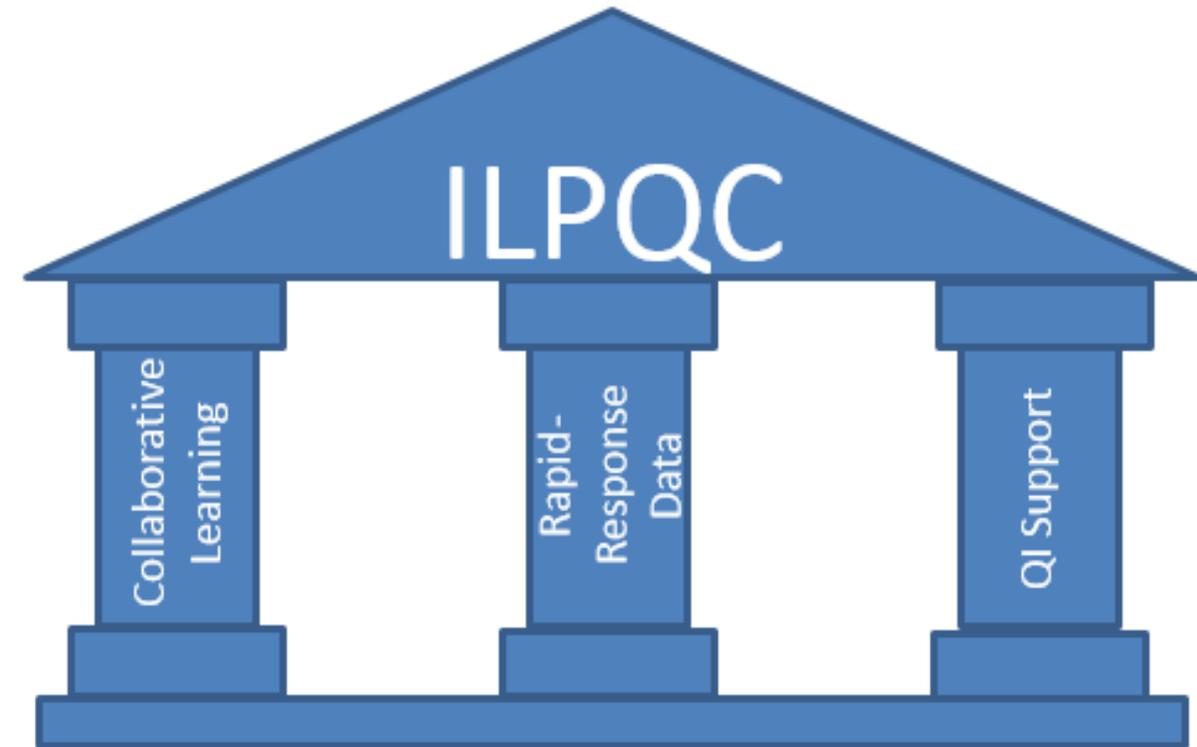
- 9 Monthly webinars to date
- 1 QI Topic Call on EMR Optimization

## Rapid-Response Data

- **73 BASIC** teams have submitted data on **5,673** newborns since January 2021 (82 team rosters)

## QI Support

- 44 teams receiving 1:1 QI Support
- 2 QI leader calls
- 2 BASIC Data Training Webinars



# BASIC Monthly Webinars

December 2020: BASIC Launch Webinar

January

Overview of  
>35 Risk  
Assessments  
for EOS

February

Finding and  
Prioritizing  
your BASIC  
opportunities

March

Implementation  
Strategies for  
NEOSC

April

Using EMR  
for Data &  
Clinical  
Support

June

Timely and  
Appropriate  
Initiation of  
Antibiotics

July

ABX  
Debriefs,  
Time Outs,  
and Stop  
Orders

August:

Equitable  
Care in  
BASIC

September

Risk  
Assessment  
in Newborns  
< 35 weeks

# Systems Changes Lead to Clinical Culture Change

Systems  
Changes

## QI Strategies

- Process Flow
- PDSA cycles
- 30-60-90 day plans

## QI Measures

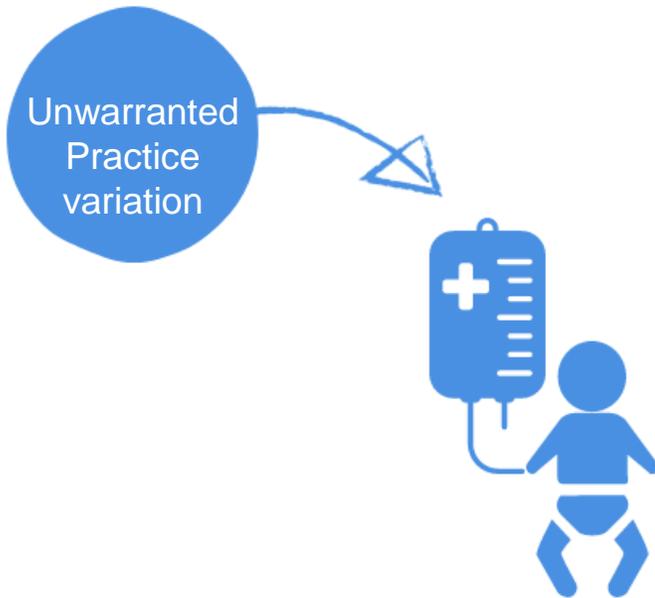
- Early onset sepsis risk Assessment
- EMR implementation
- Antibiotic time-outs and automatic stop orders

Clinical  
Culture  
Change

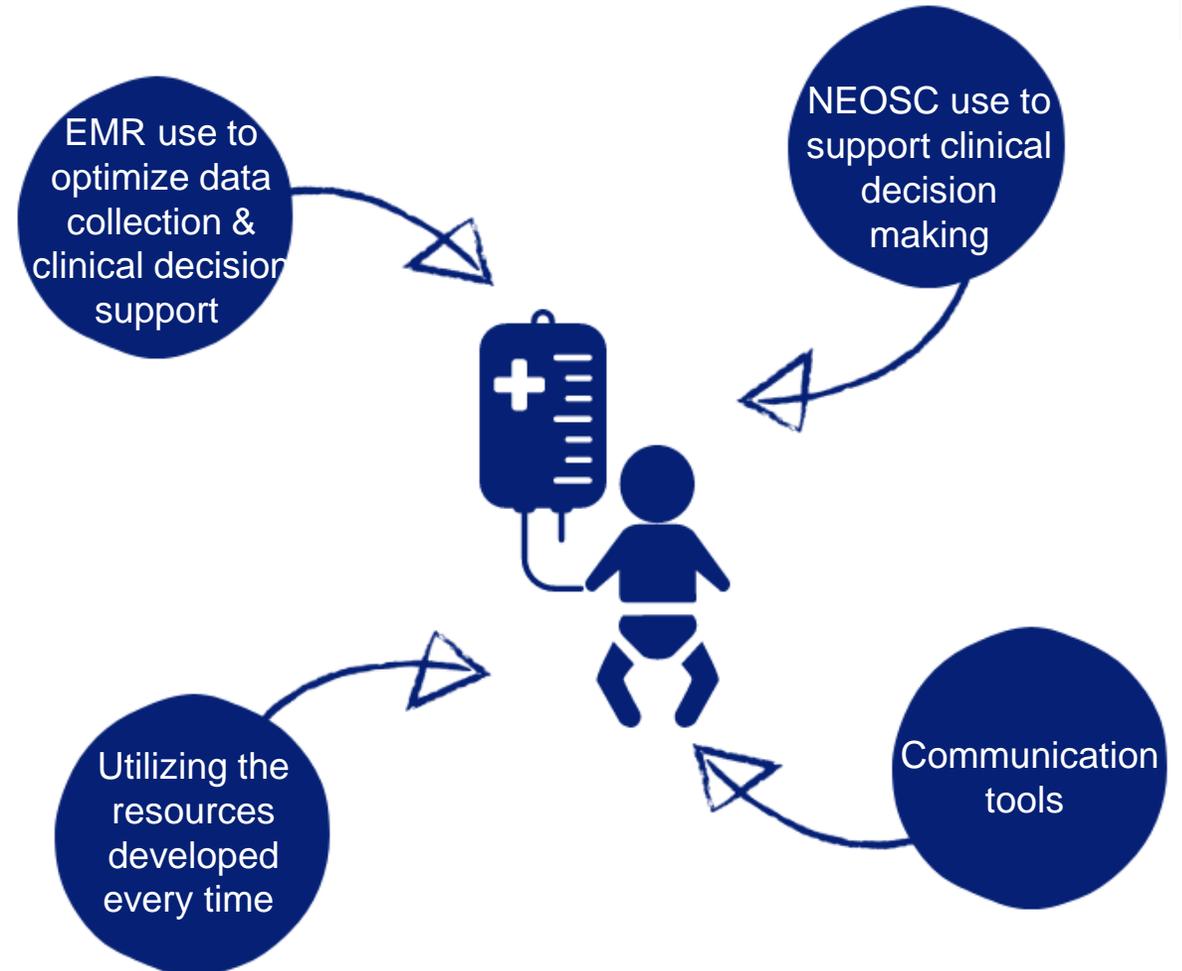
- Didactic
- Data
- Debrief
- NEOSC
- Electronic reporting system from EMR
- Communication tools
- Stop antibiotics at 36 hours

# BASIC Clinical Culture Change

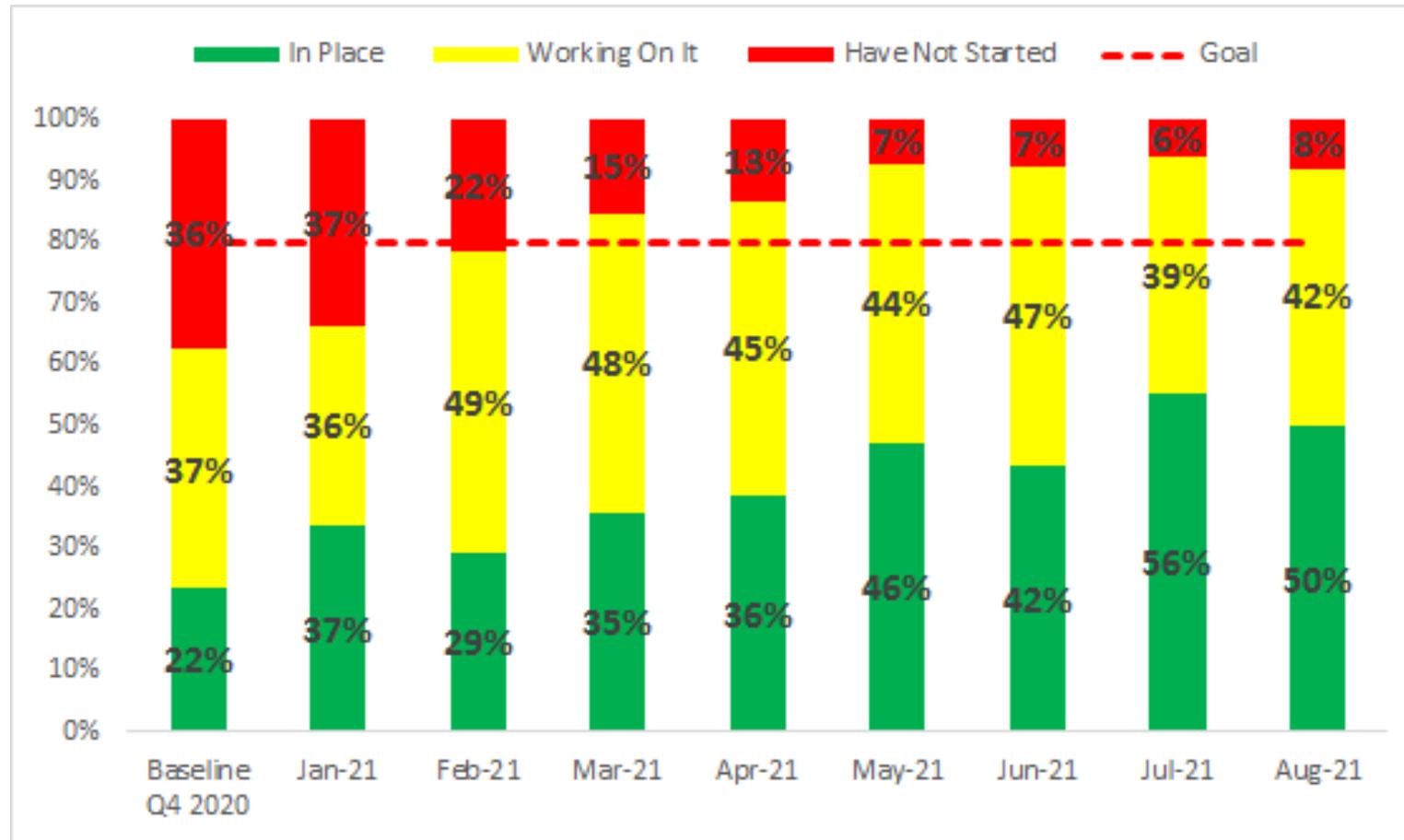
## Old Culture



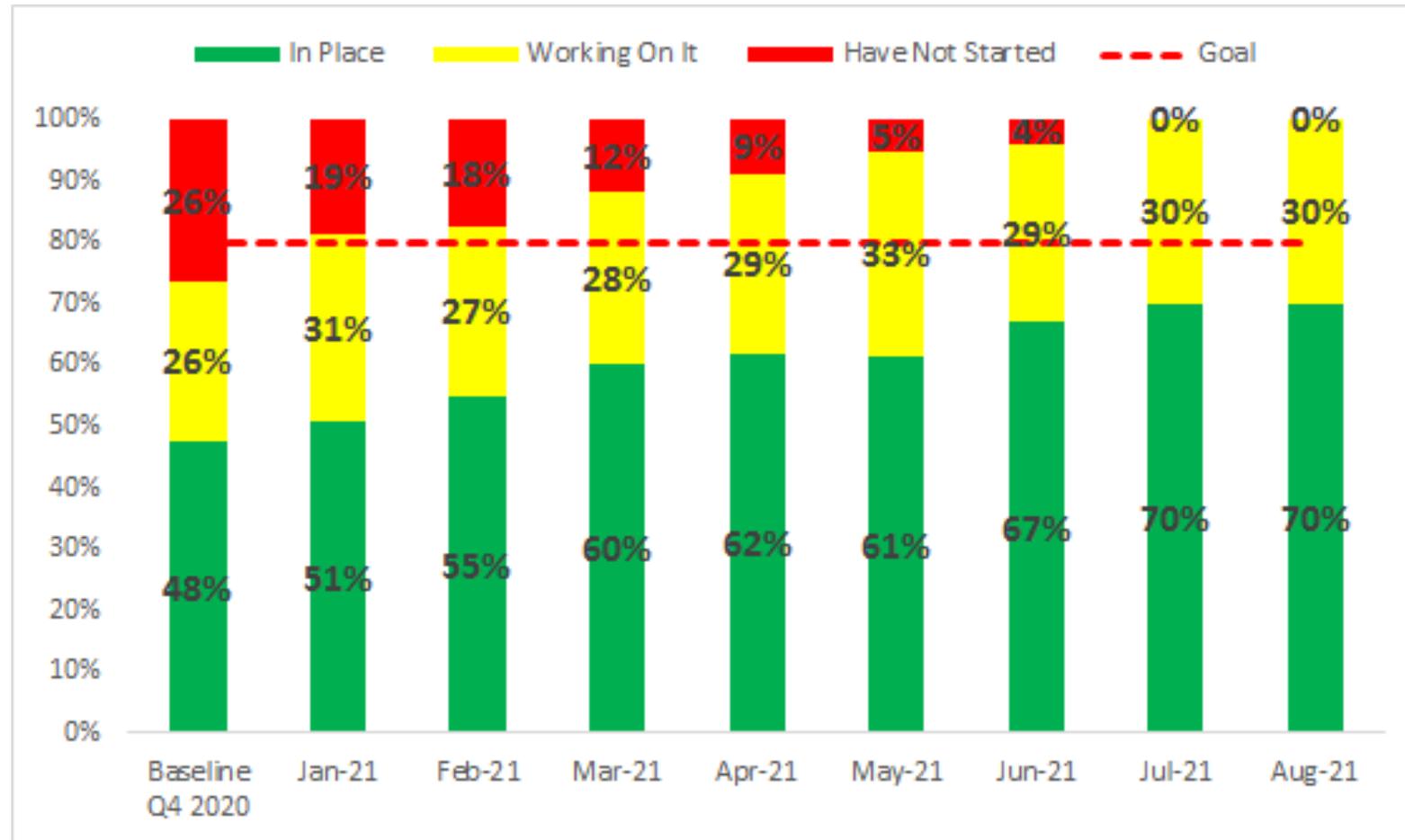
## New Culture



# Building the Foundation: EMR Implementation

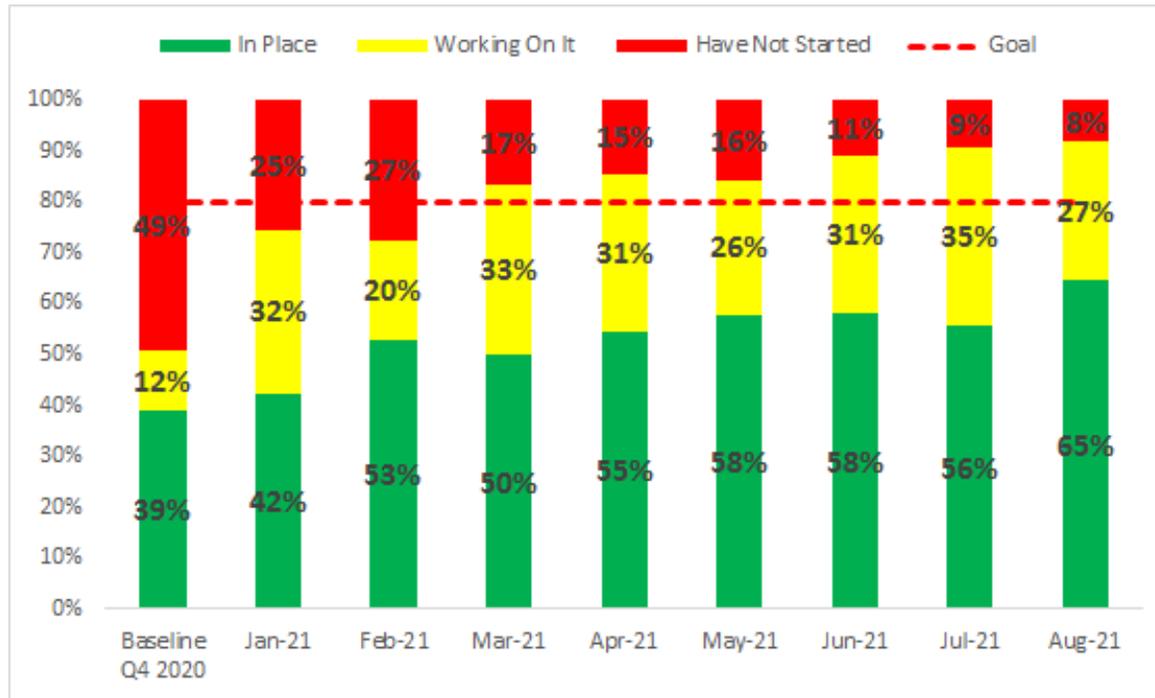


# Building the Foundation: Early Onset Sepsis Risk Assessment Guideline for Newborns ( $\geq 35$ weeks)

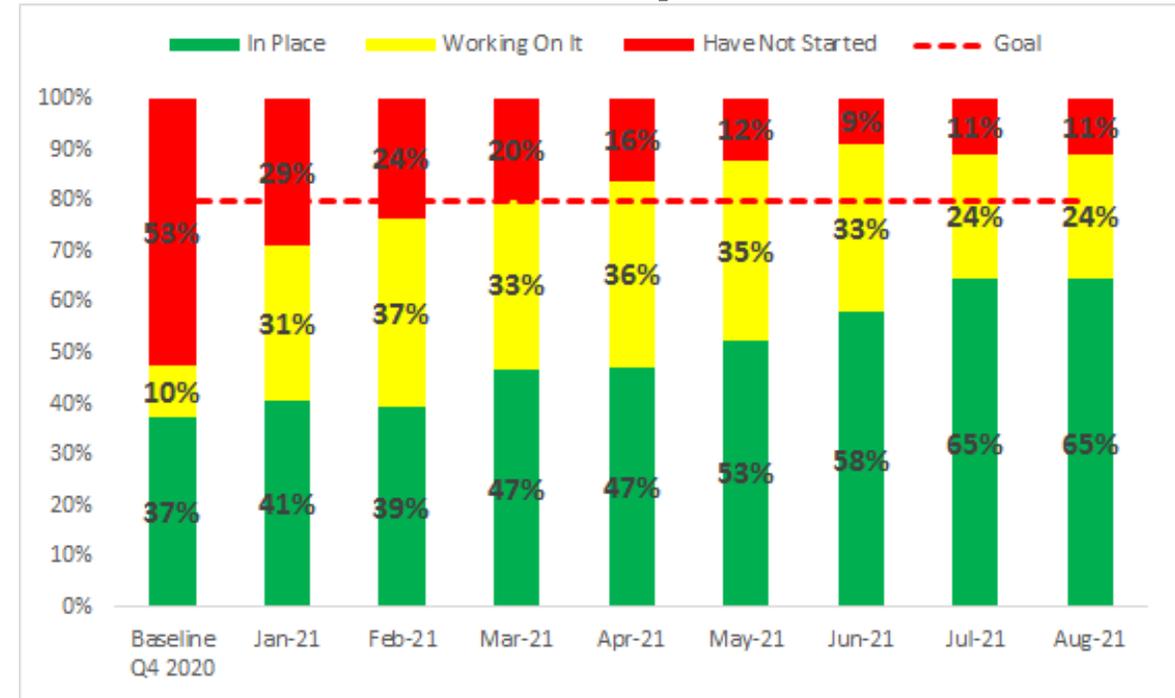


# Building the Foundation: Antibiotic Time-Outs and Automatic Stop Orders

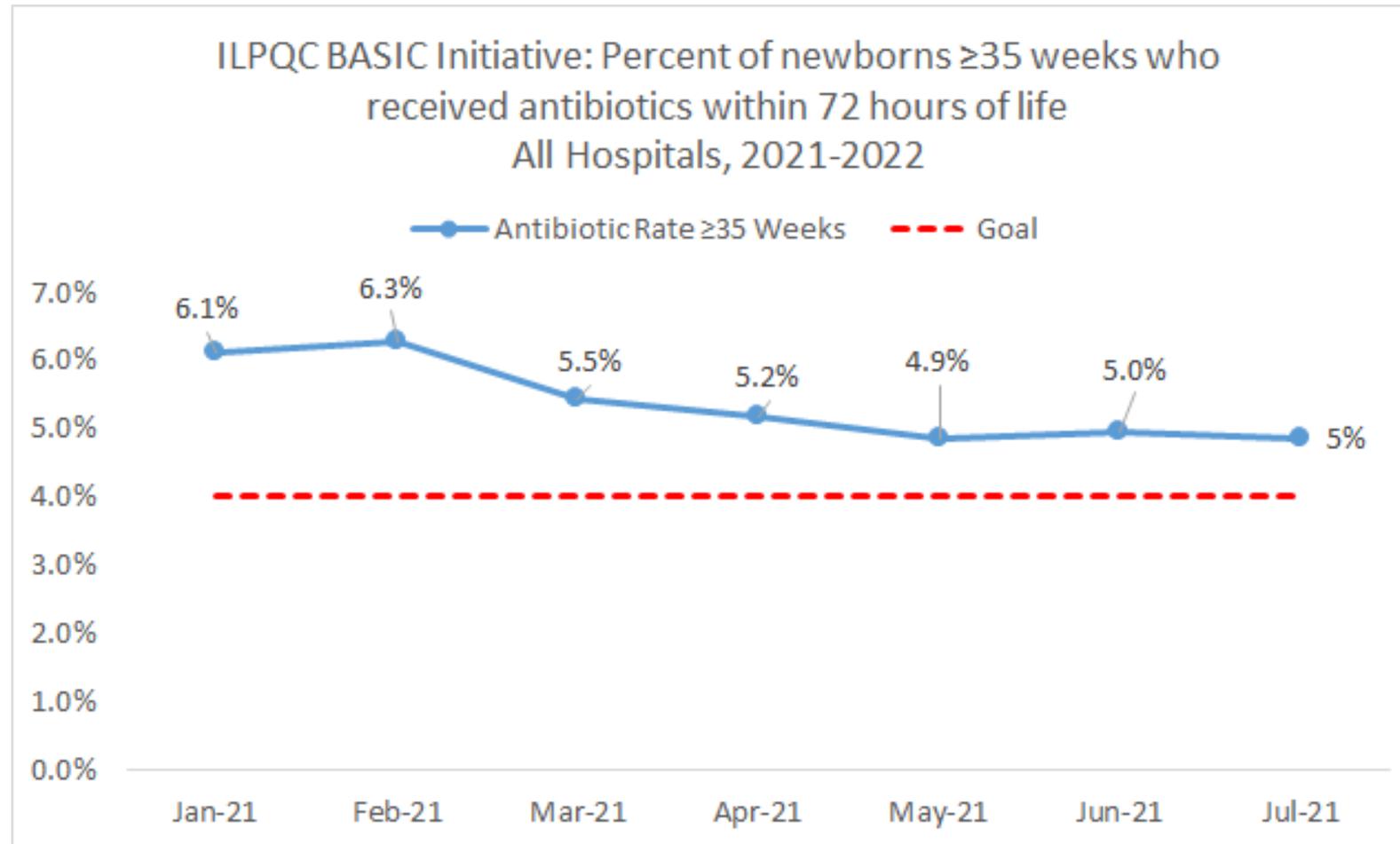
## Antibiotic Time-Outs



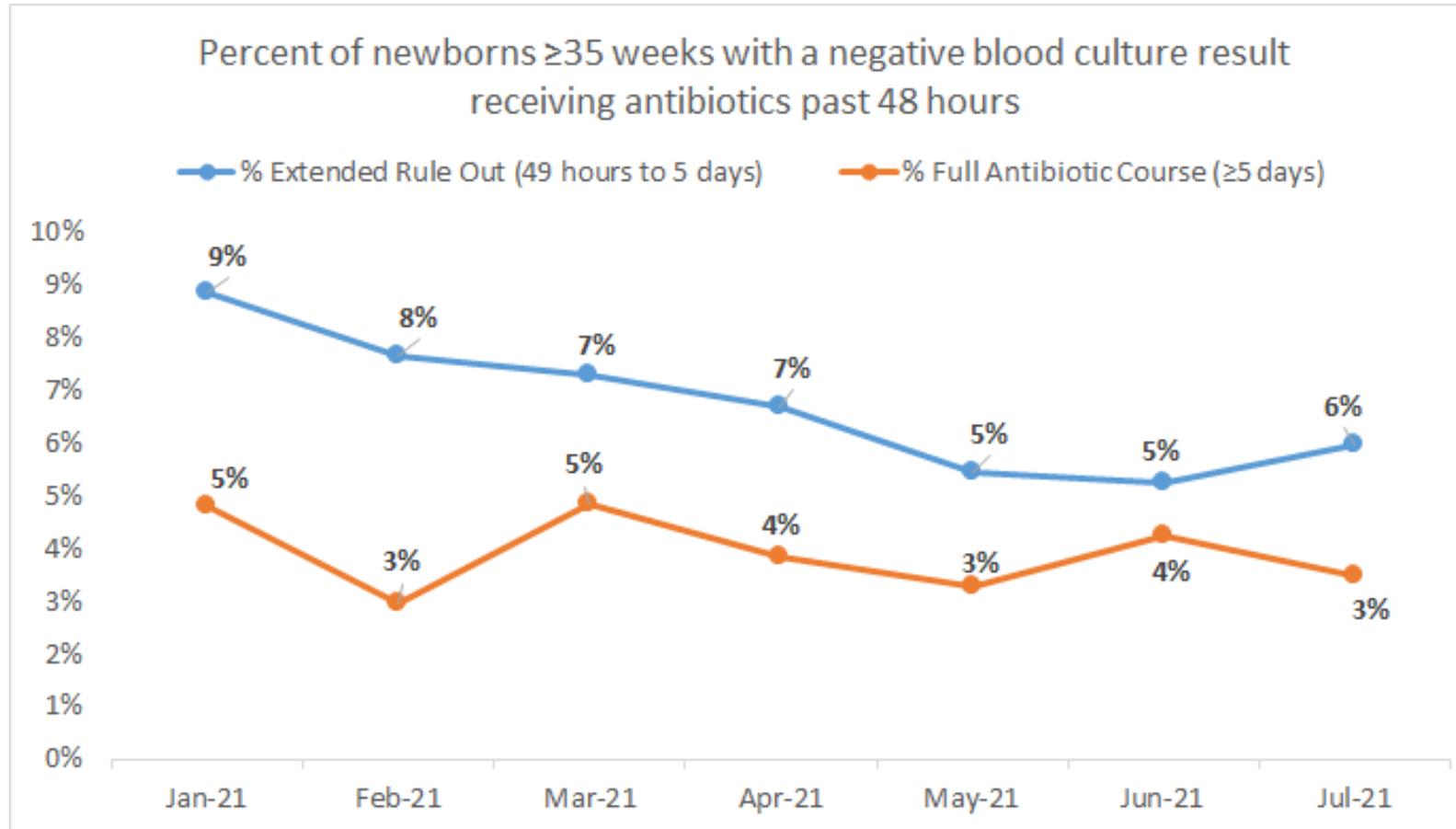
## Automatic Stop Orders



# BASIC Aim: Antibiotic Usage in Newborns



# BASIC Aim: Length of Antibiotic Exposure with Negative Cultures



# What's Next for BASIC?

---

Join us in the Neonatal Breakout Session

Analysis to Action:  
Using Data to  
Drive Change

School is in  
Session: Ask the  
Professors

"What's my role in  
changing the  
culture?"

# Birth Equity

---

Launched June 2021



# Why this work is very critical during Covid-19?

## A crisis within a crisis

Black women are more likely to die from pregnancy complications than any other demographic group, the CDC says. Advocates fear the pandemic could make it worse



## Maternal Mortality Surged Ahead of the COVID-19 Pandemic in the U.S.

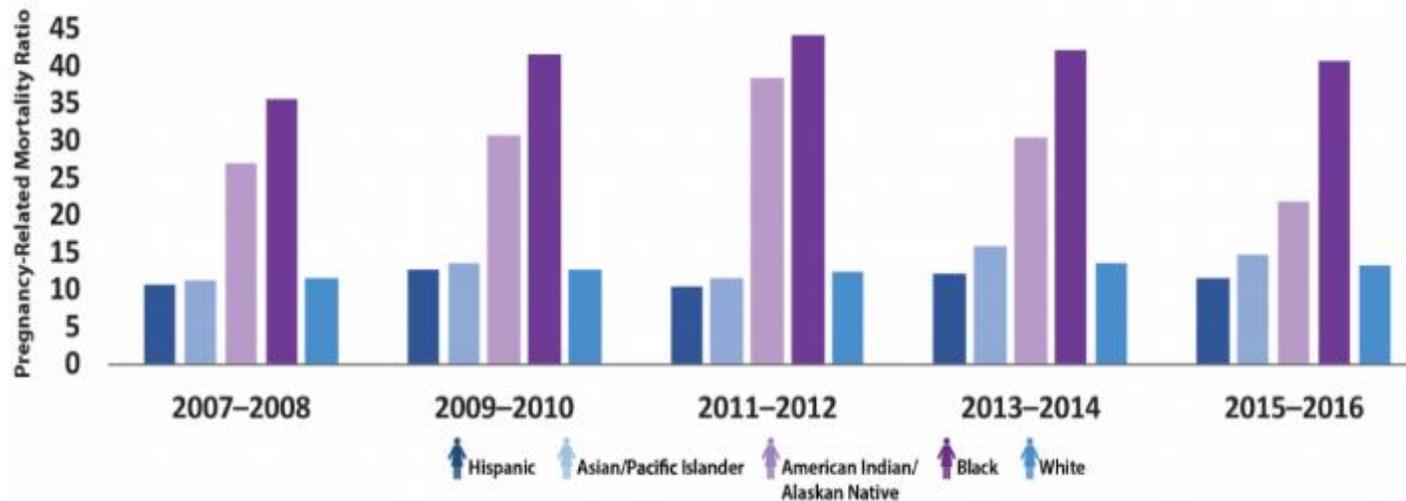
Black women still have the country's highest rate of maternal death when compared with white and Hispanic women, a new CDC report shows.

# National Data - CDC

Data confirms significantly higher pregnancy-related mortality ratios among Black and American Indian/Alaskan Native women. These gaps did not change over time.

2-3x

American Indian/Alaska Native and Black women are 2 to 3 times as likely to die from a pregnancy-related cause than white women.



# Why is this work so important here in Illinois?

IDPH MMRC Report is a call to action for all Illinois hospitals to address disparities in OB care, improve birth equity and improve maternal outcomes.

Together we can make a difference in this critical work in birthing hospitals across Illinois.

**Black women are most likely to die from pregnancy-related causes.**

**3X**

Black women are about **three times** as likely to die from a pregnancy-related condition as White women.

Black women were more likely to die from pregnancy-related **medical** conditions.



Illinois Maternal Morbidity and Mortality Report

# Statewide Engagement for Birth Equity

- Engaging patients, communities and stakeholders across IL to provide input for this critical work
- Patient focus groups have been critical for strategy and resource development

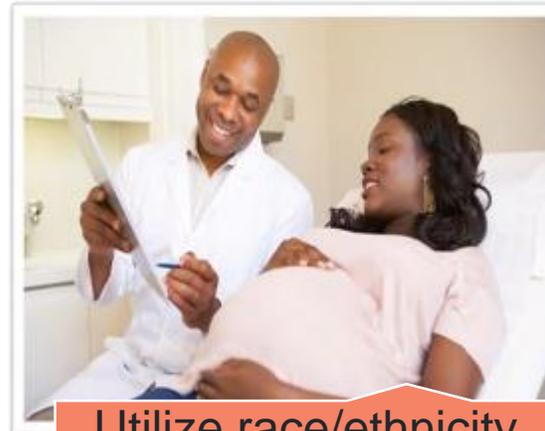


# Birth Equity Key Strategies

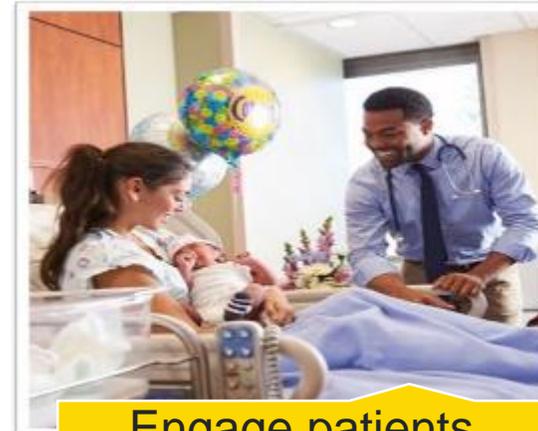
**BE AIM:** By December 2023, more than 75% of Illinois birthing hospitals will be participating in the Birth Equity Initiative and more than 75% of participating hospitals will have the key strategies in place.



Addressing social determinants of health



Utilize race/ethnicity medical record & quality data



Engage patients, support partners, & communities



Engage and educate providers, nurses & staff

86

Teams signed-up to participate in BE



# Illinois taking off with Birth Equity

2

Monthly teams webinars

78

Readiness Survey

48

Teams engaged by submitting baseline and August data

2

Data Reporting Webinars

# 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

# Measuring Progress: BE Key Aims

**≥75%**

**Respectful Care  
Practices and PREM**



**≥75%**

**Implicit Bias Education**



**≥75%**

**Universal SDoH  
Screening & linkage to  
services**

Prenatal and During  
Delivery Admission



**≥75%**

**Patient Education for  
postpartum safety and  
early follow up**

**≥75%**

**Optimize Race/  
Ethnicity Data**



**≥75%**

**Engage patients and/or  
community members  
in QI work**



# BE Topics covered on webinars so far.....

Birth Equity  
Statewide Launch  
June

Attendance:  
319

Data Reporting  
Webinars  
July

Attendance:  
182 across  
both days

Optimizing race /  
ethnicity data  
collection for OB  
patients  
August

Attendance:  
143

Review maternal health  
quality data stratified by  
race, ethnicity, and  
Medicaid status  
September

Attendance:  
123

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 [Congressional Testimony](#)

# Implicit Bias Training for ILPQC teams

## E-module trainings

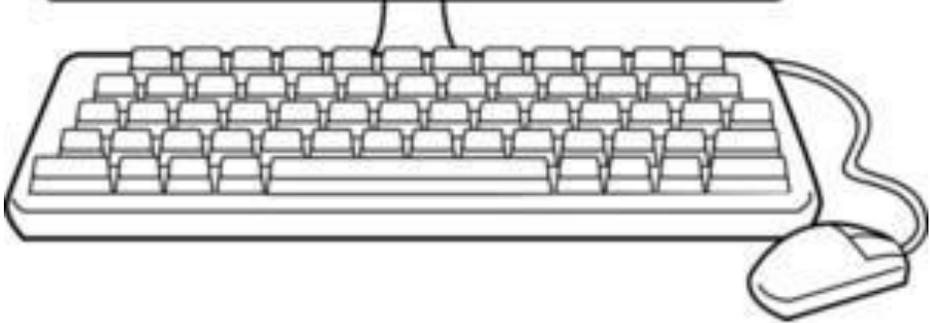
- **Diversity Science – Dignity in Pregnancy and Childbirth** OB focused free e-modules
- The Office of Minority Health: Think Cultural Health

## Train the trainer

- Perinatal Quality Improvement **Speak-up Against Racism Training** provided for representative from every BE team using a train the trainer model, 74 participants registered, openings still available, November 9 and 16, additional 2022 date coming soon!

## Opportunities for discussion

- ***Laboring with Hope* video** and discussion guide by Dr. Nakeitra Burse
- Grand Rounds
- I-Promote patient stories



# Social Determinants of Health Universal Screening Tools

**Table 1. Sample Screening Tool for Social Determinants of Health**

Domain	Question
Food	In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?
Utility	In the last 12 months, has your utility company shut off your service for not paying your bills?
Housing	Are you worried that in the next 2 months, you may not have stable housing?
Child care	Do problems getting childcare make it difficult for you to work, study, or get to health care appointments?
Financial resources	In the last 12 months, have you needed to see a doctor but could not because of cost?
Transportation	In the last 12 months, have you ever had to go without health care because you did not have a way to get there?
Exposure to violence	Are you afraid you might be hurt in your apartment building, home, or neighborhood?
Education/health literacy	Do you ever need help reading materials you get from your doctor, clinic, or the...
Legal status	
Next steps	

**SDoH EMR Screener**

We understand there are factors that may affect your health that are not related to your medical care. We are asking all of our patients if you would like to be connected with community resources that can help, for example, getting food or baby items, or affording medications, utilities or more.

Would you like to be connected to resources?

No  
 Yes

If yes, ask the following questions:

**Yes/No/No Response (select one)**

- Are you having trouble paying your rent or bills right now?
- Are you worried about having a safe and reliable place to sleep?
- Are you unable to get medications that you need?
- If you have children, do you have difficulty getting diapers, formula, or internet for school?
- Do you have trouble getting food when you need it?
- Some medicines, and there is no way of knowing if you experience serious side effects, have to be taken care for yourself or no?
- Do you have trouble getting to your appointments?
- Are there any other needs you have that we can help with?

If patient's answer yes to any of the 8 questions, the patient will be connected to a social worker.

- SDoH EMR Screener (Developed by Erie Health Center)
- ACOG Committee Opinion #729: Sample Screening Tool for Social Determinants of Health
- Social Determinants of Health In Pregnancy Tool (SIPT) with 5Ps (Used by Chicago PCC Communities Wellness Centers) and Actionable Map and Scoring Sheet
- Partner Healthcare SDoH Screening Tool Used by Massachusetts General Hospital Obstetrics & Gynecology, and Mass General Brigham)

**PATIENT STICKER**

Father of baby involved (please circle one):  Yes  No  
 Date of survey completion: \_\_\_/\_\_\_/\_\_\_  
 Gestational age at time of completion: \_\_\_ weeks

**Social Determinants of Health In Pregnancy Tool (SIPT)**

Instructions: This screen is for the pregnant woman and is completed by the doctor or nurse. It is a quick and easy tool to use. We want to help you and your baby have a healthy birth. It will also help us make sure you have good care, no matter how far you are from a hospital. We will use the information you provide to help us make sure you have the best care possible. Please complete the questions below.

1. Please place an X in the box if you have ever had trouble in any of the following areas in the past 12 months:

	Never	Almost never	Sometimes	Fairly often	Very often
How often have you felt that you were unable to control the important things in your life?					
How often have you felt confident about your ability to handle your personal problems?					
How often have you felt that things were going your way?					
How often have you felt that life was piling up so high you could not overcome it?					

Score: \_\_\_/16 Follow up plan: \_\_\_\_\_

2. Please place an X in the box to mark if any of the following are a stress or hassle for you CURRENTLY:

	No Stress	Some Stress	Moderate Stress	Severe Stress
Problems related to family				
Having to move, either recently or in the future				
Recent loss of a loved one				
Current pregnancy				
Problems related to friends				

**PARTNERS HEALTHCARE**

This form gives us more information about you and your family. Your answers will help us put more support services in place in the future.

What is your housing situation today?

How many times have you moved in the past 12 months?

Are you worried that in the next 2 months, you may not have your own housing to live in?

Do you have trouble paying your heating or electricity bill?

Do you have trouble paying for medicines?

Are you currently unemployed and looking for work?

Are you interested in more education?

Do you have trouble with children or the care of a family member?

Would you like information today about any of the following topics?

Transportation  Food  Housing  
 Paying utility bills  Paying for medications  Job search or training  
 Education  Childcare  Care for older or disabled

In the last 12 months, have you received assistance from an organization or program to help you with one of the following:

Transportation  Food  Housing  
 Paying utility bills  Paying for medications  Job search or training  
 Education  Childcare  Care for older or disabled

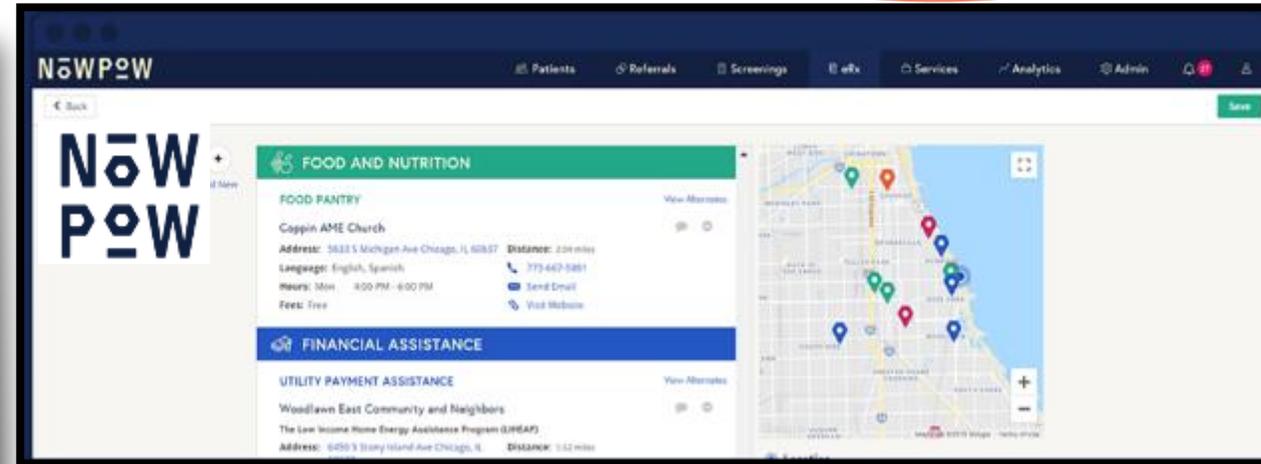
# Linking Women to SDoH Services and Resources

## For clinical team:

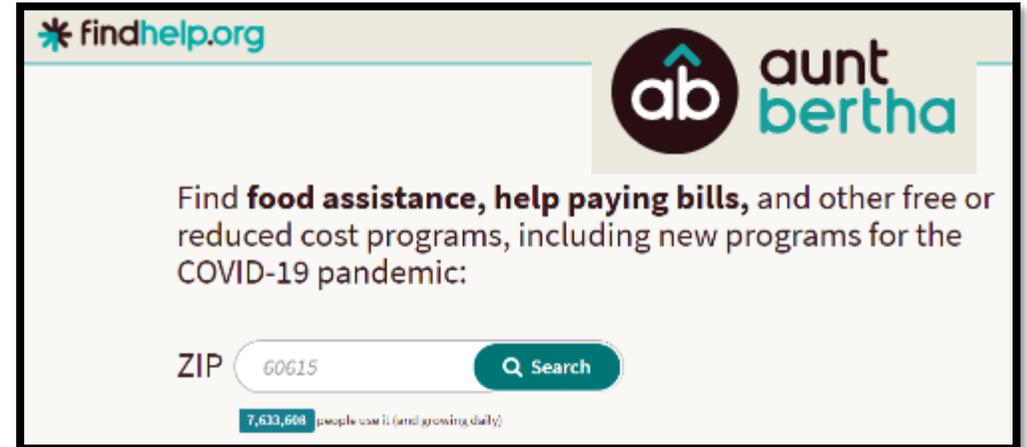
- SDoH Screening Tool
- SDoH Resource Map
- NowPow Access Guide

## For patients:

- Universal SDoH Resources
- SDoH Tip Sheets by Topic
- Local SDoH Resources



The screenshot shows the NowPow website interface. The top navigation bar includes links for Patients, Referrals, Screenings, eRx, Services, Analytics, and Admin. The main content area is divided into two sections: 'FOOD AND NUTRITION' and 'FINANCIAL ASSISTANCE'. Under 'FOOD AND NUTRITION', there is a 'FOOD PANTRY' listing for Coppin AME Church, including its address (5835 S Michigan Ave Chicago, IL 60637), phone number (773-647-5881), hours (Mon - 8:00 PM - 6:00 PM), and fees (Free). Under 'FINANCIAL ASSISTANCE', there is a 'UTILITY PAYMENT ASSISTANCE' listing for Woodlawn East Community and Neighbors, including the Low Income Home Energy Assistance Program (LIHEAP), with address (6203 S Stony Island Ave Chicago, IL) and distance (1.42 miles). A map on the right side of the page shows various SDoH resource locations marked with colored pins across a city grid.



The screenshot shows the findhelp.org website. The top navigation bar includes the findhelp.org logo and the Aunt Bertha logo. The main content area features a search bar with the text 'Find food assistance, help paying bills, and other free or reduced cost programs, including new programs for the COVID-19 pandemic:'. Below the search bar, there is a search input field with the ZIP code '60615' and a 'Search' button. At the bottom, it shows '7,633,608 people use it (and growing daily)'.

According to ILPQC readiness survey data, most hospitals have opportunity to expand universal screening tools within OB department.

# Respectful Care Practices Handout



## Promoting Respectful Maternity Care

### Principles to Support Safe and Respectful Maternity Care

#### What does it mean to give and receive respectful care during labor and delivery?

The United States has experienced rising rates of poor maternal health outcomes compared to other developed countries. These poor outcomes are most often preventable. For people of color, significant disparities in maternal health outcomes exist across the United States and here in Illinois.

That is why maternity care teams across Illinois are working hard to implement strategies to address maternal disparities and improve the birth experience for all patients. Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individualized needs and preferences of all birthing people are valued and met.

**We believe that respectful care is an essential component of what it takes for all of our patients to thrive.**



#### Supporting respectful care for all patients:

The Illinois Perinatal Quality Collaborative (ILPQC) works with patients, physicians, midwives, nurses, hospitals, and community groups to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality compassionate, and respectful care.

## Here are our respectful care commitments to every patient

### We commit to...



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

All BE teams will be provided patients handout as a tear pad (English and Spanish).

- Order form for respectful care resources for BE teams on the conference webpage



# 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



Supporting respectful care for all patients:  
The Illinois Perinatal Quality Collaborative (ILPQC) works with patients, physicians, midwives, nurses, hospitals, and community groups to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality compassionate, and respectful care.



# Respectful Care Practices Poster



All BE teams will be provided posters for L&D patient rooms and staff areas

# Key Players Meetings: offer additional BE support



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.

- Teams can start scheduling KPM meeting in November
- Check out the conference homepage for more information
- Request your KPM meeting with this link:  
<https://redcap.healthlnk.org/surveys/?s=C9TKXKJNMD>

# BE Upcoming Call Topics

PQI SPEAK UP Training  
Nov 9 & 16

Team leads to identify  
or personally attend this  
training!



**August**

Optimize  
race /  
ethnicity  
data  
collection

**September**

Review  
maternal  
quality by  
race,  
ethnicity,  
Medicaid  
status

November

Universal  
Social  
Determinant  
of Health  
Screening

December

PREM &  
Respectful  
Care

January

Implicit  
Bias  
Training

February

Engaging  
patients  
and  
community

# Moving forward to 2022

---



# The Journey Continues: goals for 2022

Achieve and sustain optimal OUD care for every MNO OB and Neo team

Make progress towards achieving PVB, BE and BASIC aims

Provide opportunities for teams to advance QI skills  
Engage patients, communities in QI work

# Thank you ILPQC

*Hoping each of you find joy in this work as you inspire change, manage challenges, improve care, and celebrate success*

*Most important, we must continue to support each other in this critical work to improve care and outcomes for all mothers and newborns across Illinois.*



“If you want to go fast, go alone; but if you want to go far, go together”

*African Proverb*

# Thanks to our Fund



In kind support:

