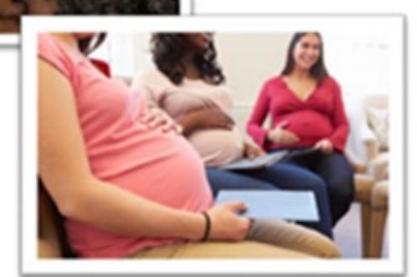


Unpacking the Birth Equity (BE) Initiative: Starting our journey

ILPQC OB Face-to-Face Meeting
May 26th, 2021



Overview

- BE Overview
 - BE Aims
 - BE Measures
 - BE Toolkit
 - BE Next steps
-

What does Birth Equity mean?

Birth equity is the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.



Why are there Disparities in Maternal Health?

Multiple factors contribute to these disparities, such as

- variation in quality and access to healthcare
- underlying chronic conditions
- structural racism impacting social determinants of health
- implicit bias



What are Social Determinants of Health?

- Factors in a person's environment that play an important role in shaping health outcomes (ACOG, CO#, 729).
- Have historically prevented many people from racial and ethnic minority groups from having fair opportunities for economic, physical and mental health (CDC, 2021).

Social Determinants of Health

- Food
- Housing
- Transportation
- Utilities
- Exposure to Violence
- Financial Resources
- Community/ Social Support
- Education/Health Literacy
- Child Care
- Legal Status



Centers for Disease
Control and Prevention



ACOG

The American College of
Obstetricians and Gynecologists

Laying the Foundation

The Birth Equity Initiative is a foundational initiative for **ALL** Illinois birthing hospital that will build on existing hospital efforts and lay the groundwork for ongoing equity work in all statewide quality improvement initiatives to address maternal disparities and promote birth equity.

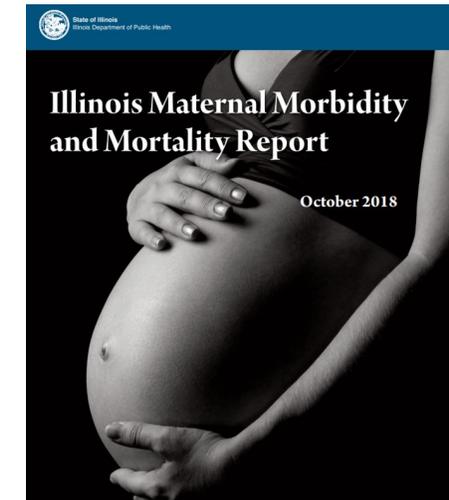
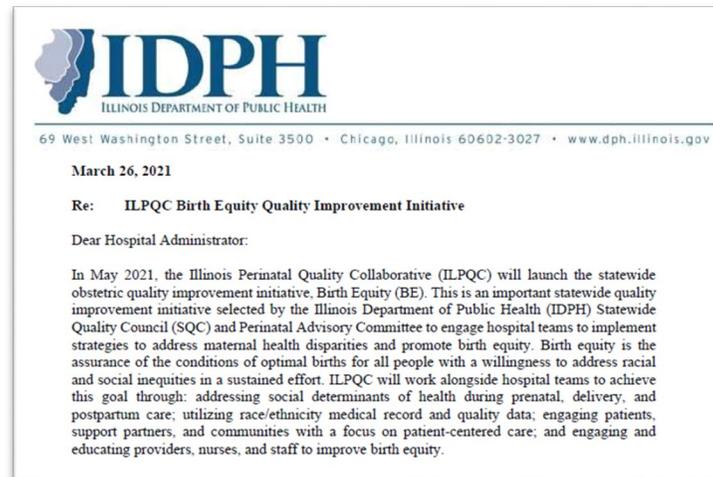
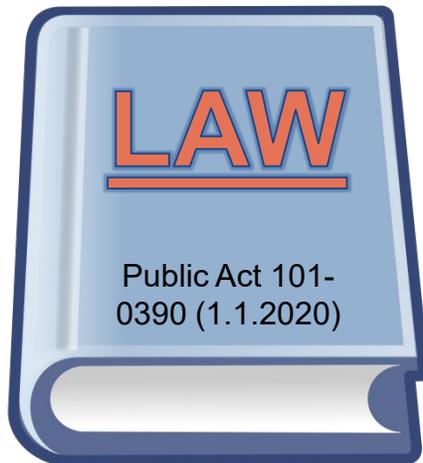


LINKAGES: PVB teams are already getting started with birth equity work

- Reviewing data by race/ethnicity
- Implementing patient centered decision making and patient education

Statewide Support for the ILPQC Birth Equity Initiative

- State Legislation Public Act 101-0390 (1.1.2020)
- IDPH Letter of Support
- IDPH Maternal Morbidity and Mortality Report Recommendation

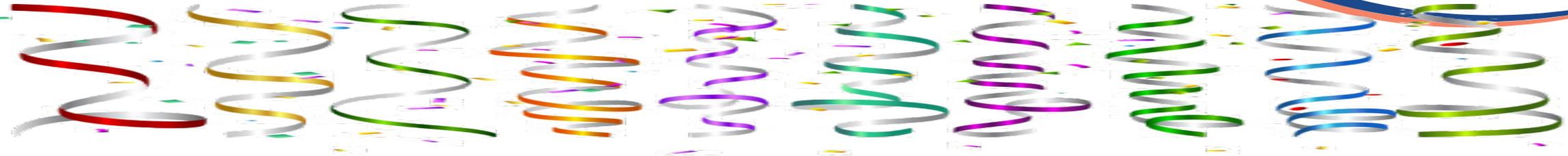


Birth Equity Clinical Leads

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thank you!

Wave 1 Teams –THANK YOU!!!!!!



UIC	Roseland
University of Chicago	HSHS St. Anthony's
Stroger	OSF St. Francis Medical Center
OSF Sacred Heart Medical Center	Alexian Brothers Medical Center
Carle BroMenn Medical Center	SSM Good Samaritan Hospital
Loyola University	Northwestern Memorial Hospital
SSM Health St. Mary's	Swedish Covenant Hospital
West Suburban*	

BE Aims and Measures

Birth Equity (BE) What will we focus on?

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

Review race/ethnicity
medical record and
quality data

Promote patient-
centered approach to
engage patients and
communities

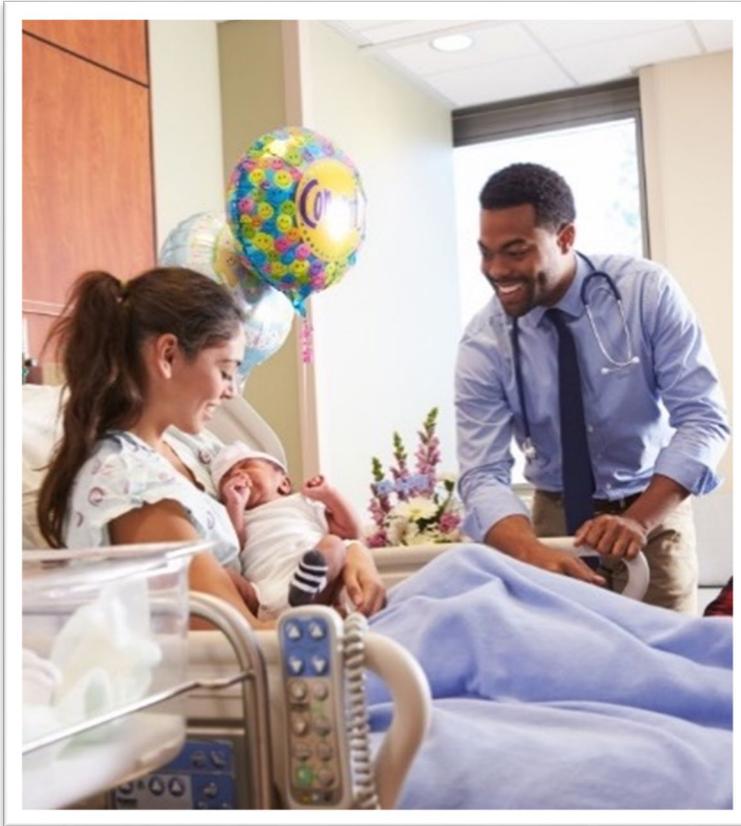
Develop respectful
care and bias
education for
providers, nurses, and
staff

1. Addressing social determinants of health

- **Mapping social determinants** of health community resources and services
- **Screening all patients for social determinants of health** needs during prenatal care and at the delivery admission and **linking to resources/ services**
- Incorporating social determinants of health and discrimination factors in **hospital maternal morbidity reviews**



2. Utilize race/ethnicity medical record & quality data



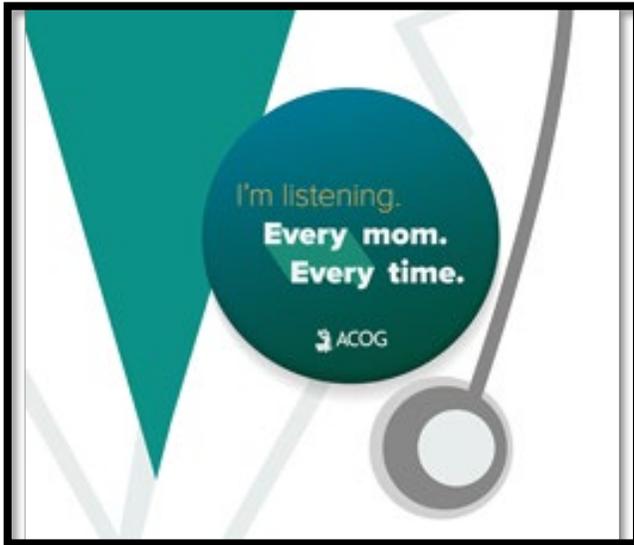
- Implement processes and protocols for **improving the collection and accuracy of patient-reported race/ethnicity data**
- Review **maternal health quality data stratified by race, ethnicity, and Medicaid status** to identify disparities and address opportunities for improvement

3. Engage patients, support partners, & communities

- Take steps to engage **patients and/or community members** to provide input on quality improvement efforts
- Implementing a strategy for **sharing respectful care practices** with patients and delivery staff
- Implement a Patient Reported Experience Measure (**PREM**) **patient survey to obtain feedback**
- Providing **postpartum safety patient education** on urgent maternal warning signs, how to communicate with providers and importance of early follow up



4. Engage and educate providers, nurses & staff



- Educating providers, nurses, and staff on the importance of **listening** to patients, providing **respectful care** and addressing **implicit bias**
- Implementing strategies for **addressing diversity in health care team hiring**



Key Strategies on our Journey to Equitable Care

We can do it!

3. Take steps to engage patients and/or community members to provide input on quality improvement efforts

2. Review maternal health quality data stratified by race, ethnicity and Medicaid status to identify disparities and address opportunities for improvement

1. Implementation of universal social determinants of health screening prenatally and during delivery admission with linkage to appropriate resources and services

Team work makes the dream work!

Key Strategies on our Journey to Equitable Care

Awesome
Work!

6. Implement education for providers and staff on the importance of listening to patients, providing respectful care and addressing implicit bias and provide opportunities for discussion and feedback

5. Standardize system to provide postpartum safety patient education prior to hospital discharge on urgent maternal warning signs, communication with providers and importance of early follow up

4. Implement a strategy for sharing expected respectful care practices during delivery admission with patients, labor support persons and obstetric staff; and survey patients before discharge on their care experience (using the PREM tool) to provide feedback

GO
TEAM!

BE Key Drivers Diagram

Strategies

Drivers

1. Address social determinants of health during prenatal, delivery, and postpartum care to improve birth equity

2. Utilize race/ethnicity medical record and quality data to improve birth equity

3. Engage patients, support partners including doulas, and communities to improve birth equity

4. Engage and educate providers, nurses, & staff to improve birth equity

1. Utilize ILPQC social determinants of health (SDoH) community resources mapping tool to assist linking patients to resources based on the social determinants of health screening and share with affiliated prenatal care sites and hospital OB units

2. Screen patients for social determinants of health during prenatal care and delivery admission and appropriately link to resources

3. Implement strategy for incorporating discussion of social determinants of health and discrimination as factors in potential hospital maternal morbidity reviews

4. Implement processes and protocols for improving the collection and accuracy of patient-reported race/ethnicity data

5. Develop and implement a process to review and share maternal health quality data stratified by race/ethnicity and Medicaid status

6. Implement a Patient Reported Experience Measure (PREM) patient survey to obtain feedback from postpartum patients and a process to review and share results with providers, nurses, and staff

7. Identify a patient advisor for hospital perinatal quality improvement team or other opportunities to engage patient / community members

8. Implement a strategy for sharing expected respectful care practices with delivery staff and patient (i.e. posting in L&D) including appropriately engaging support partners and/or doulas

9. Provide patients the recommended postpartum safety patient education materials prior to hospital discharge including education on urgent maternal warning signs, postpartum safety, communication with healthcare providers and importance of early follow up

10. Educating providers, nurses, and staff on the importance of listening to patients, providing respectful care and addressing implicit bias

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 all key strategies in place



How will we show improvement?

- Tracking system changes → Structure Measures
 - Not started - working on it - in place
- Tracking clinical culture change → Process and Outcome Measures
 - Random sample of 10 delivery records per month from Black patients /patients of color or patients with public insurance to track progress on key strategies
 - Report progress on educating providers, nurses, and staff



Structure Measures to track progress on key system changes at your hospital:



- Implement universal social determinants of health screening
- Map community resources to assist linking patients to resources/services
- Protocol to optimize patient-reported race/ethnicity data collection
- Process to review maternal health quality data by race/ethnicity and Medicaid status
- Take steps to engage patient and/or community members on quality improvement efforts
- Strategy for sharing expected respectful care practices with delivery staff and patients
- Patient Reported Experience Measure (PREM) survey to obtain feedback from patients
- System to provide patients postpartum safety education prior to hospital discharge

Process and outcome measures to track clinical culture change:



- % providers, nurses and staff completing education on providing respectful care and addressing implicit bias
 - % patients in 10 chart sample per month with documentation of:
 - patient education on postpartum safety
 - social determinants of health (SDoH) screening prenatal and delivery admission
 - % patients who screen positive for SDoH with documented linkage to needed services/resources
 - % patients completing patient-reported experience measure who reported always or often feeling heard on PREM
-

BE Toolkit

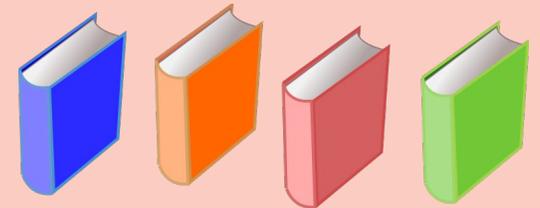
Created with national resources/guidance, and resources from other PQC's

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/>



Printed version will be shipped in June to all hospital teams who submit a BE roster by **June 4th** and request a print version

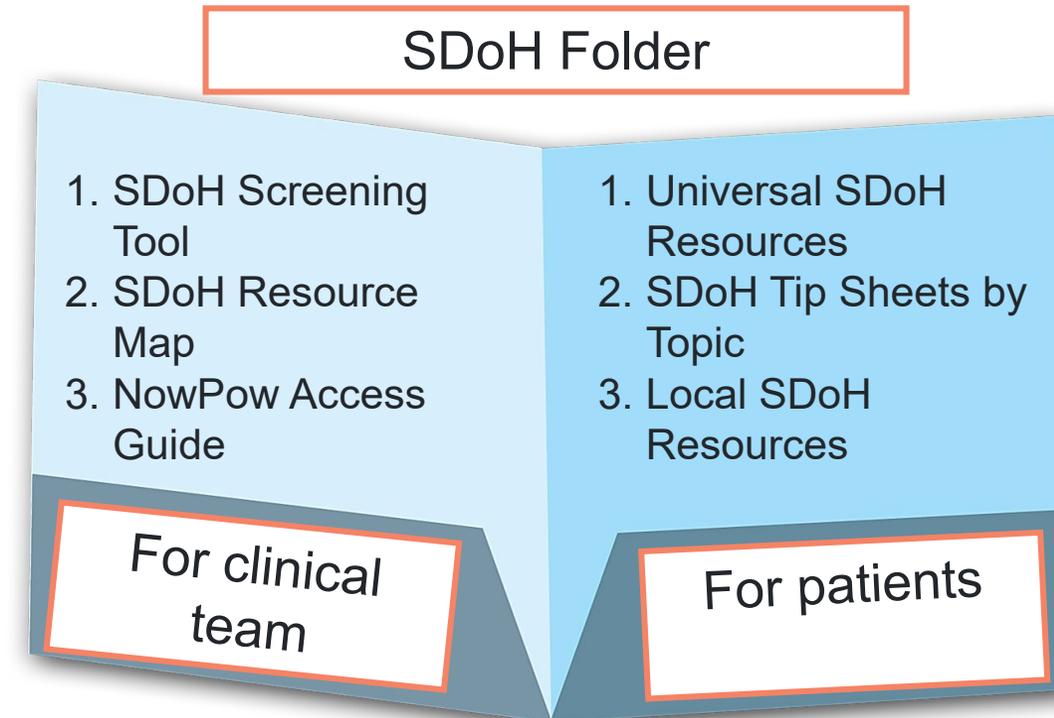
National Guidance to Address Provider Buy-In

- ACOG Committee Opinions/Statements
- SMFM Guidance
- Alliance for Innovation on Maternal Health (AIM) Bundle: Reduction of Peripartum Racial/Ethnic Disparities



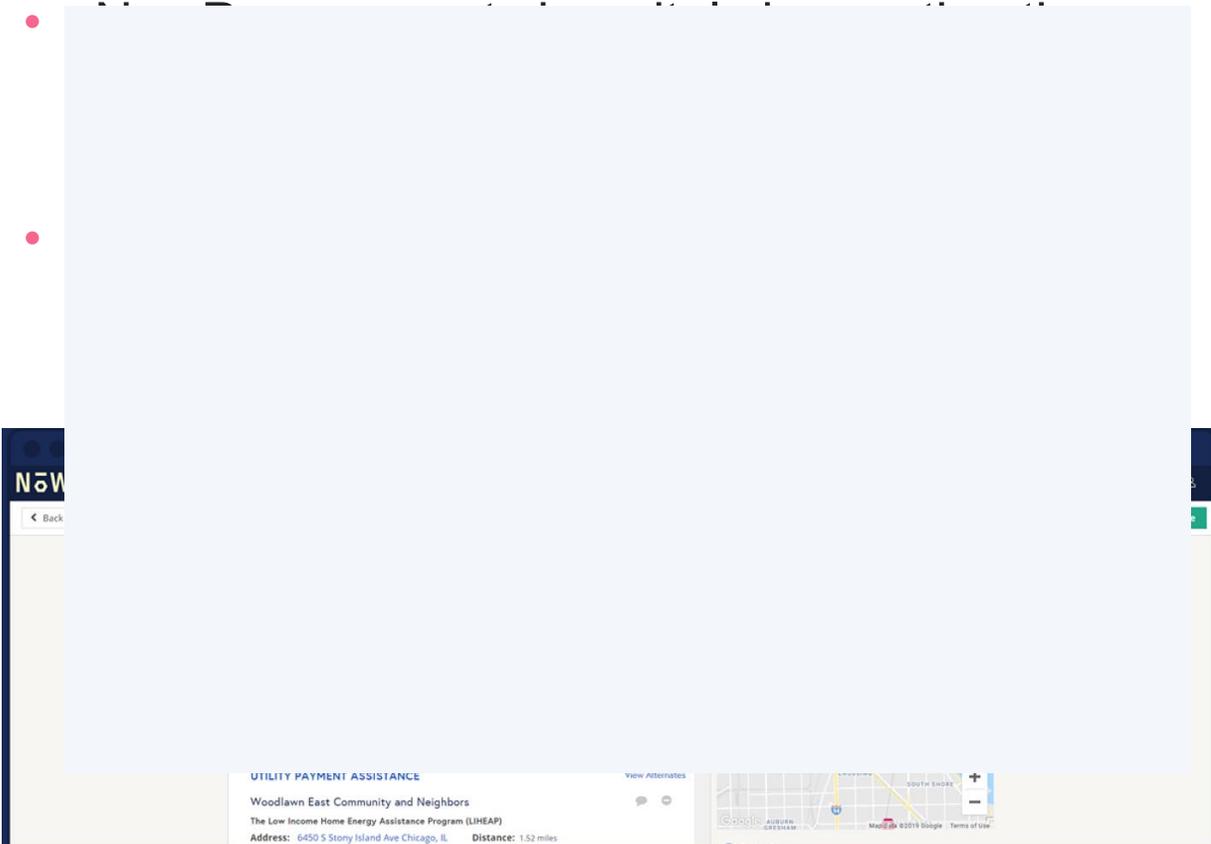
Addressing Social Determinants of Health

- Community resources and mapping tool
- Sample screening tools
- Folders with patient and provider resources for SDoH screen positive patients
- Patient handouts on SDoH resources
- Guide for incorporating discussion of SDoH and discrimination in hospital M&Ms



Addressing Social Determinants of Health

- ILPQC is sponsoring access for hospitals to an online tool for addressing social determinants of health



Three ways teams can access NowPow:

- 1. Already have NowPow at your hospital?**
Expand NowPow access and usage to OB department, if not already in place
- 2. Interested in NowPow at your hospital?**
Designated NowPow contact and special rate
- 3. Looking to access NowPow resources?**
Free access to ILPQC sponsored self-serve version of the NowPow platform (coming soon)

Review race/ethnicity medical record and quality data

- Tools and strategies to optimize collection and accuracy of race/ethnicity data
- Resources to develop a process to review hospital maternal health quality data by race, ethnicity, and Medicaid status



How to Ask
the Questions
Regarding
Race/Ethnicity



- Hospital Guide to Stratifying Data by Patient Demographics
1. Assemble workgroup
 2. Validate patient data
 3. Identify priority metrics
 4. Determine if stratification is possible
 5. Stratify the data

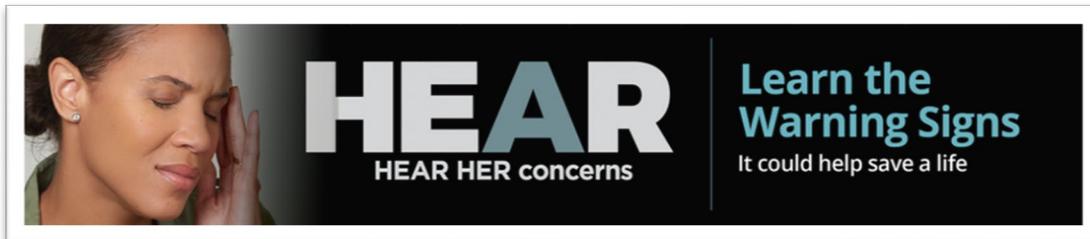
Promote patient-centered approach to engage patients and communities



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

Promote patient-centered approach to engage patients and communities

- Tools to improve postpartum safety patient education and support for early postpartum follow up
 - Urgent maternal warnings signs handouts in up to 5 languages
 - Patient conversation guide for maternal warning signs
 - Healthy pregnancy spacing handout
 - Benefits of early postpartum care handout



SAVE YOUR LIFE!

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911 if you have:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
Call your healthcare provider if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes

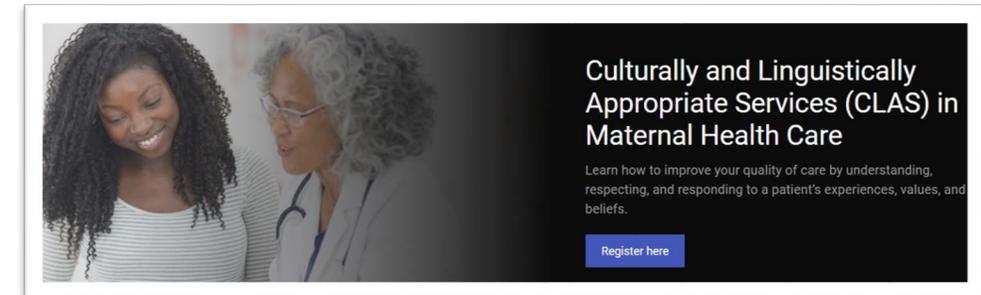
Trust your instincts.
ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

"I gave birth on _____ (Date) and I am having _____." (Specific warning signs)

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

- E-modules for provider, nurse & staff education
- Grand Rounds
- SPEAK UP train the trainer sponsored training
- CDC Hear Her Messaging Campaign
- Tools to address diversity within healthcare hiring



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



Dignity in Pregnancy and Childbirth Course

Implicit bias and reproductive justice training for perinatal providers. Aligned to CA SB464 training requirements.

register today at equalperinatalcare.diversityscience.org



- ILPQC has partnered with Diversity Science to provide simplified online access to the *Dignity in Pregnancy and Childbirth online e-module training*
- 3-module free program for perinatal providers, nurses and staff
 - With resources to promote health equity in clinical practice and organizations also available
- Free access to the resources and support to add e-modules to online hospital learning systems will be provided

Next Steps

Invitation for all IL birthing hospitals to participate

Roster and Readiness Survey

Please submit your
hospital team
roster and
readiness survey
by **June 25!**



Who should be on your Birth Equity Team

Required

- Team lead
- OB lead
- Nurse lead



Suggested

- Prenatal/Outpatient Representative
- Patient Advisor and / or Community Liaison (Example: Health Department or Non-Profits)
- Midwife and / or Doula Representative
- Quality Improvement (QI) Professional
- Health Information Technology (HIT) Representative
- Equity Officer
- Medical Informatics
- Social Worker
- L&D nurse / postpartum nurse
- Emergency Room representative

Birth Equity Timeline

May	June	July	August
<p>May 26: OB Virtual Face-to-Face Meeting</p> <p>Submit Rosters & Readiness Surveys</p> <p>Recruit teams statewide</p>	<p>Teams Kickoff Webinar</p> <p>June 21st from 12-1:15 pm</p>	<p>Data Discussion Calls Review measures / data form and resources</p> <p>July 15th and 30th, 2021</p>	<p>Monthly Teams Webinars Begin</p> <p>August 16th: 12-1:00pm</p> <p>Every 3rd Monday of the month at 12:00 pm</p>

It's not too late to participate! Develop your Birth Equity Quality Improvement team and submit the [Birth Equity Roster Form](#) by **6/11/2021**.

Next Steps for Birth Equity

- Identify Birth Equity QI Team
- Submit your roster by June 11
(June 4 if requesting a print toolkit)
- Complete Birth Equity Readiness Survey
- Attend the Birth Equity Kick-off Webinar June 21



Thanks to our Funders



In kind support:

