

ILPQC 2022 10th Annual Conference OB & Neo Teams Survey

The Annual OB & Neonatal Teams Survey for ILPQC is live for QI teams to complete! This Annual Survey is an important opportunity for ILPQC to hear from YOUR TEAM. The survey asks about what teams need and want and how ILPQC can support teams in throughout the QI journey. It is important that EVERY team completes this survey. We want to hear from you! Please coordinate with your colleagues working across OB & neonatal initiatives to have ONE person from your hospital submit the survey by Monday, October 3rd.

Are you filling out this survey on behalf of your OB team(s), Neonatal team(s), or both?

- ☐ OB team(s)
- ☐ Neonatal(s)
- ☐ Both OB & Neonatal team(s) (OB and Neonatal teams received separate requests to complete this survey. Please do not complete both OB and Neonatal Surveys unless you work across OB and Neonatal initiatives and have coordinated with all teams.)

Hospital Name

- ☐ AdventHealth Glen Oaks Hospital
- ☐ AdventHealth Adventist Medical Center - Bolingbrook
- ☐ AdventHealth Hinsdale
- ☐ Ascension Saint Mary- Kankakee
- ☐ Edward Hospital
- ☐ Elmhurst Memorial Hospital
- ☐ Ingalls Memorial Hospital
- ☐ OSF Little Company of Mary Hospital
- ☐ Riverside Medical Center
- ☐ St. Anthony Hospital
- ☐ University of Chicago Medical Center
- ☐ Ascension Saint Mary- Chicago
- ☐ Roseland Hospital
- ☐ Stroger Hospital of Cook County
- ☐ Advocate Condell Medical Center
- ☐ Advocate Good Shepherd Hospital
- ☐ Ann & Robert H. Lurie Children's Hospital of Chicago
- ☐ Highland Park Hospital
- ☐ NM Central DuPage Hospital
- ☐ NM Delnor Hospital
- ☐ NM Lake Forest Hospital
- ☐ NorthShore University Health System - Evanston Hospital
- ☐ Northwest Community Hospital
- ☐ Northwestern Memorial Hospital
- ☐ Swedish Hospital
- ☐ Vista Medical Center East
- ☐ West Suburban Medical Center
- ☐ Advocate Children's Hospital- Park Ridge
- ☐ Advocate Children's- Oak Lawn
- ☐ Advocate Christ Medical Center
- ☐ Advocate Good Samaritan Hospital
- ☐ Advocate Lutheran General Hospital
- ☐ Advocate South Suburban Hospital
- ☐ Advocate Trinity Hospital
- ☐ Ascension Mercy
- ☐ University of Illinois Hospital & Health Sciences System (UIC)
- ☐ Ascension Saint Alexius
- ☐ Ascension Alexian Brothers
- ☐ Ascension Resurrection
- ☐ Loyola University Medical Center
- ☐ MacNeal Hospital
- ☐ Morris Hospital and Health Care Centers
- ☐ Advocate Aurora Sherman Hospital
- ☐ Advocate Illinois Masonic Medical Center
- ☐ Ascension Health St. Joseph Hospital - Chicago
- ☐ Franciscan Health Olympia Fields
- ☐ Humboldt Park Health
- ☐ Mount Sinai
- ☐ Palos Community Hospital
- ☐ Rush University Medical Center
- ☐ Rush-Copley Medical Center
- ☐ Silver Cross Hospital
- ☐ Ascension St. Joseph Medical Center - Joliet
- ☐ CGH Medical Center
- ☐ FHN Memorial Hospital
- ☐ Katherine Shaw Bethea (KSB) Hospital
- ☐ Mercyhealth Javon Bea Hospital
- ☐ NM Huntley Hospital
- ☐ NM Kishwaukee Hospital
- ☐ NM Valley West Hospital
- ☐ OSF St. Anthony Medical Center- Rockford
- ☐ Swedish American Hospital
- ☐ Carle BroMenn Medical Center
- ☐ Children's Hospital of Illinois- Peoria, OSF
- ☐ Genesis Medical Center - Silvis Campus
- ☐ Graham Hospital

- ☐ Illinois Valley Community Hospital
- ☐ McDonough District Hospital
- ☐ Memorial Hospital Carthage Illinois
- ☐ OSF Heart of Mary Medical Center
- ☐ OSF St. Elizabeth Medical Center
- ☐ OSF St. Francis Medical Center
- ☐ OSF St. James - John W. Albrecht Medical Center
- ☐ OSF St. Joseph Medical Center
- ☐ OSF St. Mary Medical Center
- ☐ St. Margaret's Hospital
- ☐ UnityPoint Health Methodist Medical Center
- ☐ UnityPoint Health Trinity
- ☐ Abraham Lincoln Memorial Hospital
- ☐ Blessing Hospital
- ☐ Carle Foundation Hospital
- ☐ Carle Richland Memorial Hospital
- ☐ Crawford Memorial Hospital
- ☐ Decatur Memorial Hospital
- ☐ Gibson Area Hospital
- ☐ HSHS St. Anthony's Memorial Hospital - Effingham
- ☐ HSHS St. Francis Hospital - Litchfield
- ☐ HSHS St. John's Hospital
- ☐ HSHS St. Mary's Hospital - Decatur
- ☐ Memorial Medical Center
- ☐ OSF Healthcare Sacred Heart Medical Center
- ☐ Passavant Hospital
- ☐ Sarah Bush Lincoln
- ☐ Alton Memorial Hospital
- ☐ Anderson Hospital
- ☐ Barnes-Jewish Hospital
- ☐ HSHS St. Elizabeth's Hospital
- ☐ Memorial Hospital East
- ☐ Memorial Hospital of Carbondale
- ☐ SSM Cardinal Glennon Children's Hospital
- ☐ SSM Health Good Samaritan
- ☐ SSM St. Mary's Hospital - St.Louis
- ☐ St. Joseph Hospital - Breese
- ☐ St. Louis Children's Hospital

Person completing this survey

Name of person completing this survey:

Email address of person completing this survey:

Phone number of person completing this survey:

Please provide the name and contact information of a senior OB hospital administrator (ex. Women's Health Director, Nursing Director, Hospital CEO) and the name and contact information of your Obstetric Chair. The information will be used to share news of the accomplishments and awards received by your team.

Name of senior OB Administrator:

Title of senior OB Administrator:

Office phone of senior OB Administrator:

Email address of senior OB Administrator:

Name of Obstetric Chair:

Title of Obstetric Chair:

Office phone of Obstetric Chair:

Email address of Obstetric Chair:

Please provide the name and contact information of a senior Neonatal hospital administrator (ex. Women's Health Director, Nursing Director, Hospital CEO) and the name and contact information of your Obstetric Chair. The information will be used to share news of the accomplishments and awards received by your team.

Name of senior Neonatal Administrator:

Title of senior Neonatal Administrator:

Office phone of senior Neonatal Administrator:

Email address of senior Neonatal Administrator:

Name of Neonatal Division Director or Head:

Title of Neonatal Division Director or Head:

Office phone of Neonatal Division Director or Head

Email address of Neonatal Division Director or Head:

Mothers and Newborns affected by Opioids (MNO)- OB Initiative

Is your hospital participating in the MNO-OB initiative sustainability?

- ☐ Yes
☐ No

Who is your current MNO-OB team lead?

MNO-OB Lead title:

MNO-OB team lead email:

What systems has your hospital implemented in sustainability to facilitate your OB clinical team's ability to provide optimal care for all pregnant and postpartum patients with OUD? Select all that apply.

- ☐ MNO-OB Folders
☐ Prenatal Care Plan Conferences for patients with OUD
☐ L&D team huddles for patients with OUD
☐ OUD SBIRT Clinical Algorithm for L&D
☐ OUD Clinical Care Checklist
☐ OUD L&D/Postpartum Nursing Workflow
☐ OUD Order Set
☐ Review of OUD cases for fallouts for optimal OUD care

Has your hospital signed up to participate in the DHS Drug Overdose Prevention Program (DOPP) to access Narcan for free at your hospital?

- ☐ Yes
☐ No
☐ Unkown

What strategies has your team implemented to assist the OB clinical team in providing Narcan counseling strategies and prescription offers for all patients with OUD? Select all that apply.

- ☐ Point-of care Narcan kits available to provide before discharge (e.g., DHS Drug Overdose Prevention Program (DOPP))
☐ Med to bed prescription
☐ Provider education campaign materials (e.g., Save a Life Poster)
☐ Patient education materials provided (e.g., Narcan Quick Guide)
☐ MNO-OB Folders
☐ OUD Clinical Care Checklist
☐ Review of OUD cases for Narcan counseling fallouts
☐ Other

If you selected "Other," please explain.

Are your clinical teams aware of and utilizing any of the following? Select all that apply.

- ☐ Illinois Helpline for Opioids and Other Substances (to help navigate OUD patients to treatment and recovery services)
☐ IL DocAssist (warmline for free perinatal substance use technical/clinical support for providers caring for OUD patients)

Please list any other key local or state resources your clinical teams use in their care of pregnant and postpartum patients with OUD.

Other:

Mothers and Newborns Affected By Opioids (MNO) -Neonatal

Is your hospital participating in the MNO-neonatal initiative sustainability?

☐ Yes ☐ No

Who is your current MNO-Neonatal team lead?

What is the title of the current MNO-Neonatal team lead?

What is the email of the current MNO-Neonatal team lead?

What NOW/NAS assessment tool does your hospital use for opioid-exposed newborns?

☐ We use Eat-Sleep-Console
☐ We use Modified-Finnegan
☐ Other

What systems has your hospital implemented in sustainability to facilitate your Neonatal clinical team's ability to provide optimal care for all opioid-exposed newborns? Select all that apply.

☐ MNO-Neonatal Folders
☐ Prenatal consults ☐ Provider Education
☐ Missed Opportunity Reviews/Debriefs for OUD Patients ☐ Other

Babies Antibiotic Stewardship Improvement Collaborative (BASIC) Initiative

Is your hospital participating in the BASIC neonatal initiative?

☐ Yes
☐ No

Who is your current BASIC team lead?

What is the title of your current BASIC team lead?

What is the email of your current BASIC team lead?

Which babies do you use Neonatal Early Onset Sepsis Risk Calculator (NEOSC)?

☐ All babies ≥ 35 weeks
☐ All babies ≥ 34 weeks
☐ Only babies with a born to a birthing patient with the diagnosis of chorioamnionitis
☐ Only babies admitted to the NICU
☐ Other: _____
☐ Our hospital does not use the NEOSC

If you selected "Other," please explain.

Does your hospital utilize the BASIC dashboard in the ILPQC Data System?

☐ Yes
☐ No
☐ Unkown

If yes, have you looked at the graphs stratifying family education, antibiotic time-outs, and culture-negative sepsis by race and ethnicity?

☐ Yes
☐ No
☐ Unkown

If no/unknown, please describe why your team hasn't used the dashboard?

- ☐ Unsure what you're referring to
☐ Don't know how to access the dashboard
☐ Don't know what to do with the information
☐ Other

If you selected "Other," please explain.

Across the BASIC initiative, there have been webinars hosted in 2021 and 2022 focusing on key strategies to use data for improvement. Please rate the helpfulness of each of these webinar topics:

	1: Not yet successful	2: Slightly successful	3: Somewhat successful	4: Moderately successful	5: Very successful
EMR optimization for data collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMR optimization for clinical decision support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies to access reports in the ILPQC data system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies to tell a story with data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name the top 3 successes your team has had in BASIC since the January 2021 launch.

Please rank the order of prioritization of the BASIC strategies your team has focused on since the January 2021 Launch (1- worked on first, 8- worked on last)

	1	2	3	4	5	6	7	8
Healthcare team education / buy-in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Onset Sepsis Risk Protocols ≥ 35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Onset Sepsis Risk Protocols < 35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotic Dosing Guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotic Time Outs/Debriefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automatic Stop Orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMR optimization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name the top 3 barriers your team has overcome in BASIC since January 2021 launch.

Name any barriers you are still working to overcome.

Please describe how your team partnered with Health Information Technology partners to implement processes for data collection and clinical decision support

Compared to the beginning of the BASIC initiative, please rate the communication between L&D and Newborn Nursery/NICU regarding maternal risk factors affecting EOS risk in the newborn.

☐ Worse ☐ Same ☐ Better

Has your hospital moved to a 36-hour rule out from 48 hours?

☐ Yes ☐ No, planning on implementing in the next 6 months ☐ No, not planning on it

Please rate the helpfulness of the family education materials.

Not helpful

Somewhat helpful

Helpful

Very helpful

Extremely helpful

☐

☐

☐

☐

☐

Please describe the extent to which you provide education materials to families of newborns who receive antibiotics within 72 hours of life.

☐ Some families ☐ Most families
☐ All families

How well received were the family education materials (e.g., video and handouts) when shared with the family?

Didn't use/not well received

Not very well received

Somewhat well received

Well received

☐

☐

☐

☐

Please rank the value of the components of the monthly BASIC teams' calls (#1 being the most valuable and #7 being the least valuable).

	1	2	3	4	5	6	7
General ILPQC updates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborative data review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review key drivers/topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review ILPQC toolkit resources related to key drivers/topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National guest speakers on strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team talks (team presentations on strategies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QI corner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did your team receive 1:1 outreach for QI support?

☐ Yes ☐ No ☐ Unkown

Did you end up having the call with ILPQC?

☐ Yes ☐ No

Why not?

ILPQC anticipates transitioning BASIC into sustainability in 2023; please rank your QI team's preference regarding data collection approach.

	Most preferred	Somewhat preferred	Neutral	Not preferred
Audit of all newborns receiving antibiotics in a month (current approach)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Random sample of a subset of all newborns in a month receiving antibiotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audit of all newborns receiving antibiotics in one week per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Of the key BASIC measures listed below, select those that your hospital team uses to inform QI work.

- ☐ Antibiotic prescribing rate
☐ Antibiotics stopped by 36 hours with a negative blood culture
☐ Family Education
☐ Antibiotic Time Outs
☐ Antibiotic Automatic Stop Times
☐ Other

If you selected "Other," please explain.

Birth Equity (BE) - OB Initiative

Is your hospital participating in the Birth Equity (BE) Initiative?

☐ Yes ☐ No

What Birth Equity strategy or strategies has your hospital team focused on within the first year of the BE initiative? Select all that apply.

- ☐ Implement universal social determinants of health screening and linkage to resources / services for prenatal care and L&D admission
☐ Optimize race and ethnicity data collection for pregnant patients and review maternal health quality data by race, ethnicity and Medicaid status
☐ Take steps to engage patients and communities in QI efforts
☐ Implement a strategy for sharing expected respectful care practices during delivery admission with patients, labor support persons and obstetric staff;
☐ Implement a strategy to survey patients before discharge on their care experience (using the PREM tool) to provide feedback
☐ Standardize system to provide patient education prior to hospital discharge on postpartum safety including urgent maternal warning signs and tools to improve communication with providers and early postpartum follow up.
☐ Implement education for providers and staff on the importance of listening to patients, providing respectful care and addressing implicit bias

What has been your biggest success so far in implementing the BE Initiative at your hospital?

What has been the biggest barrier so far in implementing the BE initiative at your hospital?

Does your hospital currently track Severe Maternal Morbidity (SMM) stratified by race/ethnicity or insurance status?

☐ Yes ☐ No

Does your hospital currently track NTSV cesarean rates stratified by race/ethnicity or insurance status?

☐ Yes ☐ No

Does your hospital currently track breastfeeding outcome rates by race / ethnicity or insurance status?

☐ Yes ☐ No

Have you provided information on screening for SDoH to affiliated prenatal care sites?

☐ Yes ☐ No

What resources has your hospital provided or is planning to provide to affiliated prenatal care sites to link patients to resources for identified social determinants of health (SDoH) needs? Select all that apply.

- ☐ A searchable database of referral resources such as NOW POW or findhelp.org by Aunt Bertha ☐ SDoH folder resources from the ILPQC Toolkit with added local resources
☐ A posted list of local community resources/ services in your hospital service area that is updated regularly ☐ A social worker with access to local resources and services for referrals that is available for patients
☐ Other ☐ We have not yet provided SDoH resources to affiliated prenatal care sites

If you selected "Other," please explain.

What training or education activities has your hospital implemented for your obstetric staff, or is it in the process of implementing to address implicit bias and improve respectful care? Select all that apply.

- ☐ Presentations from clinical leadership with discussion to facilitate buy-in (e.g., grand rounds, town halls, etc.)
☐ Presentations or workshops from professional equity trainer
☐ Staff attended PQI Speak Up Anti-Racism Train the Trainer training through ILPQC
☐ Small group discussions of clinical staff to discuss bias / respectful care
☐ E-Modules trainings for clinical staff who care for pregnant/postpartum patients on implicit bias / respectful care for independent completion ☐ Developed processes to facilitate feedback regarding opportunities for improvement among providers and staff
☐ Use of patient's stories in their own words to help clinical staff understand patient perspectives on their care experience
☐ Presented the Laboring with Hope video to providers, nurses, and other clinical staff
☐ Presented other Birth Equity videos or films (Toxic, Aftershock, etc.) to providers, nurses, and other clinical staff ☐ Other training or education activities ☐ We have not yet implemented education for staff related to listening to patients, providing respectful care, and addressing implicit bias

If you selected "Other training or education activities," please describe them.

Please list any Birth Equity videos or films you have shared:

In order to better understand the birth equity training/education your hospital has offered or plans to offer obstetric staff, please mark each of the following components that describe the education at your hospital. Select all that apply.

- ☐ Opportunities for group discussions, group reflections, or real-life scenarios
☐ Specific content on anti-racism or reproductive justice ☐ Specific content on addressing micro-aggressions / implicit bias?
☐ Specific content on the importance of listening to patients ☐ Specific content on respectful care ☐ Not yet sure of the content for staff training/education

	Very much prepared	Fairly well prepared	Somewhat prepared	Not at all prepared	I am not aware of Public Act 102-0004 or its requirements
Based on the training or education activities your hospital has planned or implemented over the past year for your obstetric staff to address implicit bias and improve respectful care, how prepared do you feel your hospital is to facilitate provider completion of the state-mandated implicit bias training (Public Act 102-0004) effective January 1, 2023?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did someone from your BE team attend the ILPQC Regional Community Engagement meeting for your perinatal network?

☐ Yes ☐ No

	Not helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
On a scale of 1 to 5 how helpful was the ILPQC Regional Community Engagement meeting to help your team activate patient and or community engagement to support your hospital Birth Equity efforts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What patient or community engagement efforts have your BE team initiated or planned?

Has your team provided expected Respectful Care Practices to patients through posting in L&D rooms or sharing on delivery admission, etc.?

☐ Yes ☐ No

Please describe the strategies your team worked on.

Has your team worked on strategies to help clinical team members put Respectful Care Practices into action during patient care?

☐ Yes ☐ No

Please describe the strategies your team has worked on or is planning to help clinical team members put Respectful Care Practices into action with all patients

What strategies is your team using to encourage patients to complete the PREM Survey before hospital discharge?

Has your BE team started to share PREM survey results with your clinical team members?

☐ Yes ☐ No

Please describe how you have shared PREM data with your clinical team members or how you plan to share PREM data.

Do you have recommendations for how we can improve the PREM survey data reports to make them more useful to share with clinical team members?

Promoting Vaginal Birth (PVB)

Is your hospital participating in Promoting Vaginal Birth (PVB) Initiative?

☐ Yes ☐ No

Who is your current PVB team lead?

What is the title of your current PVB team lead?

What is the email of your current PVB team lead?

What has been your biggest success so far in implementing the PVB Initiative at your hospital?

What has been the biggest barrier so far in implementing the PVB initiative at your hospital?

What elements of the PVB Toolkit have been most helpful in your efforts to meet the PVB initiative aims?

	Not helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
AIM Bundle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACOG/AWHONN Committee Opinion and Position Statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor Management Support E-Modules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cesarean Decision Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider Education Posters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Education Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following strategies are you using?

- ☐ Identification of NTSV patients
☐ Recognition for successful NTSV C-Sections for providers and/or nurses
☐ Cesarean Decision Checklist
☐ Cesarean Decision huddles/debriefs
☐ Individual fallout review of NTSV C-Sections that did not meet ACOG/SMFM Criteria
☐ Sharing unblinded provider-level NTSV C-Section rates ☐ Other strategies

If you selected: "Other strategies," please describe them.

Which strategies have been most effective in helping your hospital meet the PVB initiative aims?

	Ineffective	Somewhat ineffective	Neither effective nor ineffective	Somewhat effective	Effective
Identification of NTSV patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition for successful NTSV C-Sections for providers and/or nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cesarean Decision Checklist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cesarean Decision huddles/debriefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual fallout review of NTSV C-Sections that did not meet ACOG/SMFM Criteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing unblinded provider-level NTSV C-Section rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other strategies

☐☐☐☐☐

Has your team implemented the ILPQC Cesarean Decision Checklist?

☐ Yes ☐ No

How has it been most helpful?

What challenges did you face in implementation?

Did anyone from your hospital participate in the ILPQC Labor Management Support Virtual classes?

☐ Yes ☐ No

How have you incorporated the skills and key content into your L&D unit?

How often do you share your PVB data from ILPQC with clinical team members?

☐ Monthly ☐ Every other month
☐ Quarterly ☐ Only as needed
☐ We don't share our PVB data from ILPQC with clinical team members

Are you sharing provider-level NTSV C-Section Rates with providers at your hospital?

☐ Yes, blinded ☐ Yes, blinded, but we are transitioning to unblinded
☐ Yes, unblinded ☐ No

If yes, what is your process for sharing the data with providers?

What strategies are you using to improve your ACOG/SMFM compliance rate for appropriate indications for NTSV C-Sections?

What is your biggest challenge improving your ACOG/SMFM compliance rate for appropriate indications for NTSV C-Sections?

Does your team use the PVB Dashboard?

☐ Yes ☐ No

How does it help you review data?

Why not?

Provide any recommendations to improve the PVB Dashboard user experience to review your NTSV cesarean data

Did you receive a 1-1 QI Support call with ILPQC?

☐ Yes ☐ No

	Not helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
How helpful was it?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you find most helpful?

Did you attend a QI Topic Call (Summer Series) with ILPQC? ☐ Yes ☐ No

	Not helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
How helpful was it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you find most helpful?

What strategies should we focus on in 2023 for webinars and QI topic calls to help teams promote vaginal birth and achieve initiative aims?

In 2023, what strategies would be most helpful to help all teams achieve PVB initiative aims to reduce NTSV Cesarean rates < 23.6% and achieve > 80% NTSV Cesarean Indications compliant with ACOG/SMFM Guidelines:

	not helpful	somewhat helpful	helpful	very helpful	extremely helpful
Smaller group discussion meetings by Perinatal Network, with teams achieving initiative aims sharing strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smaller group discussion meetings by Perinatal Level, with teams achieving initiative aims sharing strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smaller group discussion meetings by Perinatal Network and by Perinatal Level, with teams achieving initiative aims sharing strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quarterly Learning Sessions focusing on Team Talks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased focus on OB Provider buy-in with grand rounds / OB provider meetings / OB provider outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Increased focus on Labor Management Strategies and Identification of successful NTSV for nursing / OB providers

☐☐☐☐☐

Increased focus on transparent NTSV CS data sharing with OB Providers and OB groups

☐☐☐☐☐

Increased focus on NTSV Cesarean Checklist and Huddles on L&D

☐☐☐☐☐

I-Promote Emergency Department Workgroup & Toolkit

ILPQC is supporting the efforts of I PROMOTE-IL and the UIC Center for Research on Women and Gender in developing Emergency Department training modules to raise awareness and improve the care delivered to pregnancy and postpartum patients in the Emergency Department. This next series of questions will help inform this work.

What are the current practices in your hospital's Emergency Department for recognizing and triaging pregnant and postpartum women? Select all that apply.

- ☐ Asking whether the patient is currently pregnant during triage
- ☐ Asking whether the patient has been pregnant within the past year during triage
- ☐ Posting signage instructing patients to inform staff if they are pregnant or have been pregnant in the past year
- ☐ Utilizing a triage system which allows scoring for pregnant/postpartum persons
- ☐ Requiring an OB consultation before discharge for pregnant or postpartum patients
- ☐ I am not aware of the current practices of my facility's Emergency Department

For pregnant patients presenting to your hospital's Emergency Department, how is pregnancy status documented and/or communicated to other providers? Select all that apply.

- ☐ Verbal report
- ☐ Admission intake (triage) form
- ☐ Documented in medical chart (paper or handwritten charting)
- ☐ Documented in electronic medical record as chief complaint
- ☐ Documented in electronic medical record using a pregnancy indicator
- ☐ Communication board
- ☐ Communicated during presentation of the patient to another provider or team (H&P)
- ☐ I am not aware of the current practices of my facility's Emergency Department

For postpartum patients presenting to the Emergency Department, how is postpartum status documented and/or communicated to other providers? Select all that apply.

- ☐ Verbal report
- ☐ Admission intake (triage) form
- ☐ Documented in medical chart (paper or handwritten charting)
- ☐ Documented in electronic medical record as chief complaint
- ☐ Documented in electronic medical record using a pregnancy indicator
- ☐ Communication board
- ☐ Communicated during presentation of the patient to another provider or team (H&P)
- ☐ I am not aware of the current practices of my facility's Emergency Department

To your knowledge, has the Emergency Department staff at your hospital received training on the identification and management of pregnant and postpartum patients presenting to the Emergency Department in the past year?

- ☐ Yes ☐ No ☐ Unsure

Are you involved in the training of Emergency Department staff on the identification and management of pregnant and postpartum patients presenting to the Emergency Department?

- ☐ Involved
☐ Not involved
☐ To my knowledge, this type of training is not provided to Emergency Department staff at my hospital

General QI Support

How often do you view your data reports in the ILPQC Data System/REDCap:

- ☐ Monthly
☐ Every other month
☐ Quarterly
☐ Only as needed
☐ We have not yet started reviewing our data reports

How helpful is access to regular data to support your QI efforts?

	Not helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
How helpful is access to regular data to support your QI efforts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Why have you not yet begun reviewing our data reports?

What do you value most about the ILPQC Data System/REDCap?

What is one change ILPQC can make in the ILPQC Data System to help you use it for QI ?

My hospital team has received 1:1 QI Support from ILPQC for MNO, PVB, and/or BASIC this past year.

- ☐ True ☐ False

	Not helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
How helpful was the QI support?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How has QI support been helpful?

Another team member or I have attended a QI topic call in the past. ☐ True ☐ False

Please share how ILPQC QI topic calls have been most helpful.

What could make ILPQC QI topic calls more helpful?

As we begin discussions of a future initiative for ILPQC OB teams, it is always helpful to hear what initiatives hospital teams are most interested in for the future, please share your OB teams interest 1 to 5 for the following possible future initiatives

	not interested	somewhat interested	interested	very interested	extremely interested
Maternal Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postpartum Discharge Transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Cardiac Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>