

Birth Equity (BE) Monthly Webinar

September 20th, 2021



Overview

- ILPQC Updates
 - How to identify disparities by reviewing and stratifying maternal health quality data
 - Creating Buy-in Resources
 - QI Data Collection Corner
 - Team Talk
 - BE Next steps
-

ILPQC Updates

Now
OPEN!

REGISTER

For ILPQC's 9th Annual Conference!

OCTOBER 28, 2021

Calling all physicians, nurse midwives, nurse practitioners, nurses, lactation counselors, social workers, quality leaders, administrators, payers, public health professionals, & all others interested in perinatal health!

Celebrate. Collaborate. Participate!



Join us for the ILPQC 9th Annual Conference held virtually on Oct. 28th from 8:00-4:15pm

New this year...education contract hours for social workers

Be sure to invite your patients / community partners to join our special patient/family, community breakout session



2021 AC education contract hours are sponsored by



SSM Health approves this live activity for a maximum of 7.5 **AMA PRA Category 1 Credits™**, 7.5 ANCC contact hours, 7.5 IPCE credit for learning and change and 7 continuing education credits for social workers. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Time	Title & Presenter(s)
8:00- 9:00am	Welcome address & Collaboration in Action: Celebrating Progress of ILPQC Initiatives - <i>Ann Borders, MD, MSc, MPH with Leslie Caldarelli, MD and Justin Josephsen, MD</i>
9:00- 9:45am	TeamBirth PVB Plenary- <i>Neel Shah, MD, MPP</i>
9:45- 9:50am	Break
9:50- 10:35am	Antibiotic Stewardship: Beyond the Sepsis Calculator- <i>Karen Puopolo, MD, PhD</i>
10:35- 11:30am	State PQC Leaders Panel: National Perspectives on Improving Perinatal Care- <i>Marilyn Kacica, MD, MPH (NY), Barbara O’Brien, MS, RN (OK), & Munish Gupta MD MMSc (MA)</i>
11:30-11:45am	ILPQC Award Ceremony
11:45- 12:45am	Lunch & Poster session
12:45- 1:30pm	Birth Equity Plenary- <i>Marilyn Kacica, MD, MPH</i>
1:30- 2:15pm	Bridging the Gap: Families Sharing their Experiences to Improve Care - <i>Linda Suleiman, MD & Wanda Irving</i>
2:15-2:30pm	Break
2:30-4:00pm	Breakout Sessions OB Session , Neonatal Session & Patient/Family & Community Session Patient & Family Engagement: Opportunities to Engage Patients, Families, and Communities
4:00- 4:15	Evaluations & Wrap-up



YOU ARE ILPQC!



ILPQC wants to celebrate all of you during our virtual conference!

Enter to **WIN** a **\$100 gift card** & be featured during the Annual Conference

- **How?** Participate in the ILPQC “Flat Stanley” Project to be entered into the raffle
- **What?** Win a \$100 gift card for your QI team to enjoy a pizza party or coffee and donuts
- **What to do?** Use the ILPQC logo and take a QI team picture holding it
- **When?** Email you picture to info@ilpqc.org by Oct. 15th



Hold for team pic

We want to hear
from you!

Share your
teams thoughts
& insights on the
upcoming 2021
AC Team Survey



Click [here](#) for the
AC Survey

2021

Annual Conference Teams Survey

Coordinate with your colleagues working
across ALL ILPQC initiatives to have
one person from your hospital
submit the survey to ILPQC by Oct. 1st

2021 Call for Abstract/Poster Submission

- All hospital teams are asked to submit an Abstract/Poster on complete or in progress QI work
- Abstract/Posters submitted by **Oct. 1st**, will be reviewed for awards:
 - Top abstract(s) in OB, Neonatal, Patient/Family Engagement, **First time Level I/II Hospital** receive Abstract of Excellence Awards
 - Two OB & two Neonatal abstracts receive special recognition, one each for (1) Best Use of Data, (2) Best Project Implementation
 - Awarded abstracts will be announced at the conference and have a prize designation displayed on their poster
- All Posters are due **Oct 15th** to be uploaded to the ILPQC Annual Conference website

ILPQC is here to help

- ILPQC will be offering a variety of support services to assist with abstract/poster submissions
 1. Poster Template
 2. Mentorship Services
 3. “After hours office hours” (Information + Q&A Sessions after team webinars)



2021 OUTSTANDING LAUNCH AWARD

ILPQC 2021 9TH ANNUAL CONFERENCE



BIRTH EQUITY

AWARD CRITERIA

- ✓ Team Roster sent to ILPQC
- +
- ✓ All 2020 Q4 (Oct- Dec) Baseline Data Submitted
- +
- ✓ All Data Submitted *
- +
- ✓ BE Readiness Survey Submitted



**ALL DATA SUBMITTED*

BASELINE THROUGH AUG. 2021 BY OCTOBER 15TH

Upcoming Resources & Tools

Social Determinants of Health Screening Tools



- 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 Screening Tool Used by Massachusetts General Hospital Obstetrics & Gynecology, and Mass General Brigham)

ACOG Committee Opinion #729

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 hospital?
Legal status	Are you scared of getting in trouble because of your legal status? Have you ever been arrested or incarcerated?
Next steps	If you answered yes to any of these questions, would you like to receive assistance with any of those needs?

PARTNERS HEALTHCARE

Patient Information

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.

	Has the lack of transportation kept you from medical appointments or from getting medications?	<input type="radio"/> Yes <input type="radio"/> No
	Within the past 12 months we worried whether our food would run out before we got money to buy more.	<input type="radio"/> Never True <input type="radio"/> Sometimes True <input type="radio"/> Often True
	Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	<input type="radio"/> Never True <input type="radio"/> Sometimes True <input type="radio"/> Often True
	What is your housing situation today?	<input type="radio"/> I do not have housing (staying with others, in a shelter, living outside on the street, in a tent, in a car, or in a park) <input type="radio"/> I have housing <input type="radio"/> I choose not to answer
	How many times have you moved in the past 12 months?	<input type="radio"/> Three or more times <input type="radio"/> Two times <input type="radio"/> One time <input type="radio"/> Zero (I did not move) <input type="radio"/> I choose not to answer
	Are you worried that in the next 2 months, you may not have your own housing to live in?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Do you have trouble paying your heating or electricity bill?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Do you have trouble paying for medicines?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Are you currently unemployed and looking for work?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Are you interested in more education?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Do you have trouble with childcare or the care of a family member?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
Would you like information today about any of the following topics?		
<input type="checkbox"/> Transportation	<input type="checkbox"/> Food	<input type="checkbox"/> Housing
<input type="checkbox"/> Paying utility bills	<input type="checkbox"/> Paying for medications	<input type="checkbox"/> Job search or training
<input type="checkbox"/> Education	<input type="checkbox"/> Childcare	<input type="checkbox"/> Care for elder or disabled
In the last 12 months, have you received assistance from an organization or program to help you with any of the following:		
<input type="checkbox"/> Transportation	<input type="checkbox"/> Food	<input type="checkbox"/> Housing
<input type="checkbox"/> Paying utility bills	<input type="checkbox"/> Paying for medications	<input type="checkbox"/> Job search or training
<input type="checkbox"/> Education	<input type="checkbox"/> Childcare	<input type="checkbox"/> Care for elder or disabled

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 rent.

Would you like to be connected to resources?

☐ No ☐ Yes

If yes, ask the following questions:


Yes/No/No Response—select one

1. Are you having trouble paying your rent or bills right now?
2. Are you worried about having a safe and reliable place to sleep?
3. Are you unable to get medications that you need?
4. If you have children, do you have difficulty getting diapers, formula, or internet for school?
5. Do you have trouble getting food when you need?
6. Stress is common, and it can be very overwhelming. Do you experience stress that makes it hard to care for yourself or work?
7. Do you have trouble getting transportation to medical appointments?
8. Are there any other needs you have that we have not discussed?

If patient's answer yes to any of the 8 questions, utilizing [NowPow](#) and other internal resource lists to provide the patient with resources and consider social work consult.

ILPQC Social Determinants Screening Tool Comparison

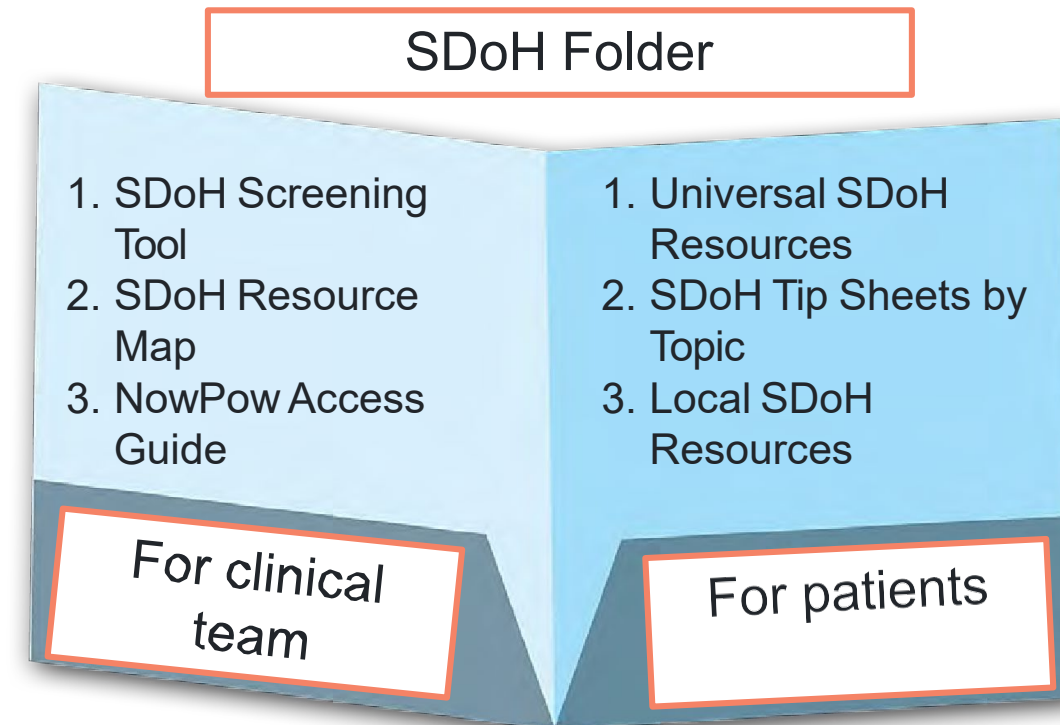


Screening Tool Name:	How many questions/categories?	Other information	Scoring instructions to assist staff?
SDoH EMR Screener (Developed by Erie Health Center)	8 item screening tool Additional categories: <ul style="list-style-type: none"> Healthcare access Household supplies Stress Additional needs 	<ul style="list-style-type: none"> Used by Erie Family Health Centers SDOH team members are utilizing NowPow 	
ACOG Committee Opinion #729: Sample Screening Tool for Social Determinants of Health	10 item screening tool Additional categories: <ul style="list-style-type: none"> Exposure of violence Child care Legal Status Financial Education Assistance/Next Steps (Would you like to receive assistance with any of the categories?) 	<ul style="list-style-type: none"> Patient self-report Sample tool included in American College of Obstetricians and Gynecologists CO 729 Modified from Health Leads Social Needs Screening Toolkit 	
Social Determinants of Health In Pregnancy Tool (SIPT) with 5Ps (Used by Chicago PCC Communities Wellness Centers) and Actionable Map and Scoring Sheet	26 item screening tool Additional categories: <ul style="list-style-type: none"> Relationship And Family Stress Stress Domestic Violence Screener Substance Use Financial Stress 	<ul style="list-style-type: none"> Used by West Suburban Patient self-report Mapping tool integrated within the screening tool Ps included 	
Partner Healthcare Screening Tool Used by Massachusetts General Hospital Obstetrics & Gynecology, and Mass General Brigham	7 item screening tool Additional categories: <ul style="list-style-type: none"> Employment Childcare Paying for medications 	<ul style="list-style-type: none"> Used by Massachusetts General Hospital Obstetrics & Gynecology 	

****Each tool below includes screening for the following common social determinants of health (food, housing, transportation, utilities) in addition to other categories listed below**

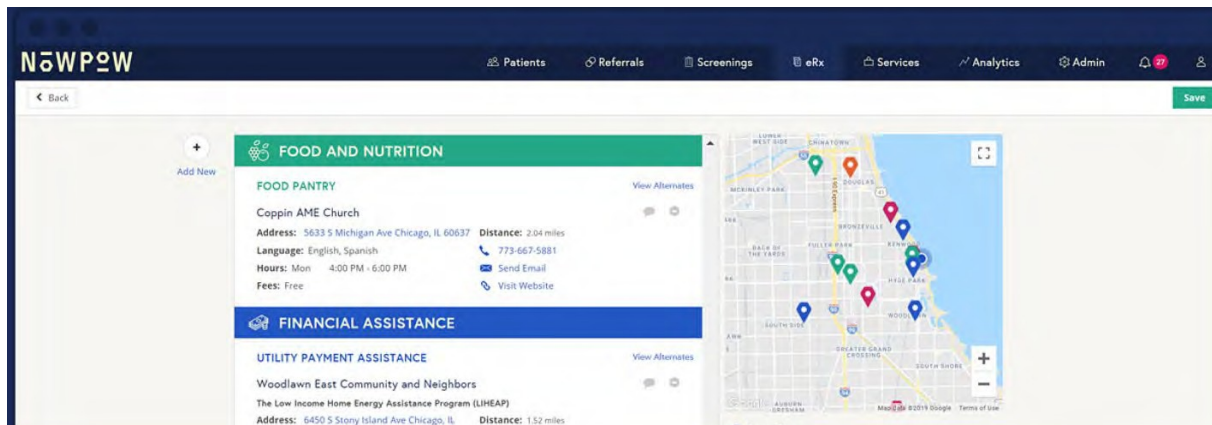
Addressing Social Determinants of Health

- 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
- NowPow supports hospitals in meeting the social determinants of health needs for birthing patients across the state
- Tools to screen and identify maternal and familial needs, generate and manage personalized referrals for local resources



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)

[Link to ILPQC NOWPOW coming soon!](#)

Draft Respectful Care Practices



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

Coming Soon!

- Teams will be provided with the following...
 - Poster to post on L&D department
 - One pager for clinical team
 - Trifold for patients

Patient Survey Respectful Care Experience during delivery admission



Directions: Rate how strongly you agree or disagree with each of the statements about your experience during your stay for labor and delivery.

2. I could take part in decisions about my care.

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

3. I could ask questions about my care.

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

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

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

5. My health care choices were respected by the health care team.

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

6. My health care team understood my social and health history, and communicated well with each other.

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

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

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

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

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

Coming Soon!

- Hospitals will receive patient handout with QR code
- Patients will use QR code to access survey and complete anonymously via REDCap Survey
- Hospital reports on patient feedback will be available in the ILPQC Data System

Perinatal Quality Improvement SPEAK-UP Training



- The Institute for Perinatal Quality Improvement's (PQI) SPEAK UP Against Racism Action Pathway is a train the-trainer program that utilizes quality improvement methods to equip participants with essential antiracist tools.
- The SPEAK UP Champions™ Implicit and Explicit Racial Bias education is a total of 8 hours over two days (Nov. 9th & 16th).
- ILPQC will sponsor **one QI team member per hospital from BE team to attend ILPQC hosted SPEAK UP train the trainer session**
- **November 9th and 16th both days included: 8:30AM-12:30PM**
- **All BE hospital QI teams should identify one member to attend this training**
- Register by **October 19, 2021** in order to assure that a workbook can be mailed to you.
- Registration link:
 - <https://www.perinatalqi.org/event/SPEAKUPCONFILNOV2021>
 - Flyer [link](#)



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



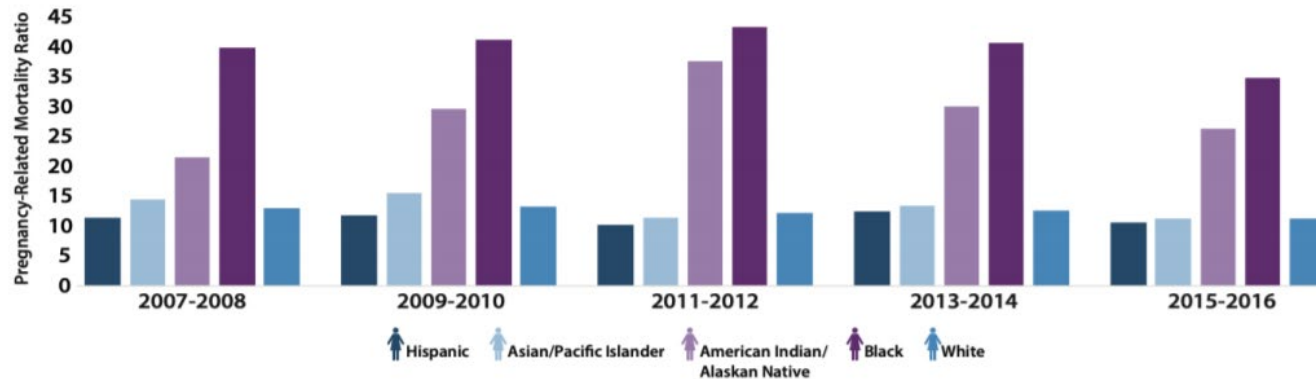
- ILPQC has partnered with Diversity Science to provide simplified online access to the *Dignity in Pregnancy and Childbirth* online e-module training
- 3-module free program for perinatal providers, nurses and staff
 - With resources to promote health equity in clinical practice and organizations also available
- Free access to the resources and support to add e-modules to online hospital learning systems will be provided
- Webpage link: **NEW***
[https://www.diversityscience.org/ilpqc-2/!](https://www.diversityscience.org/ilpqc-2/)

How to identify disparities by reviewing and stratifying maternal health quality data?

National Data - CDC

Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016

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



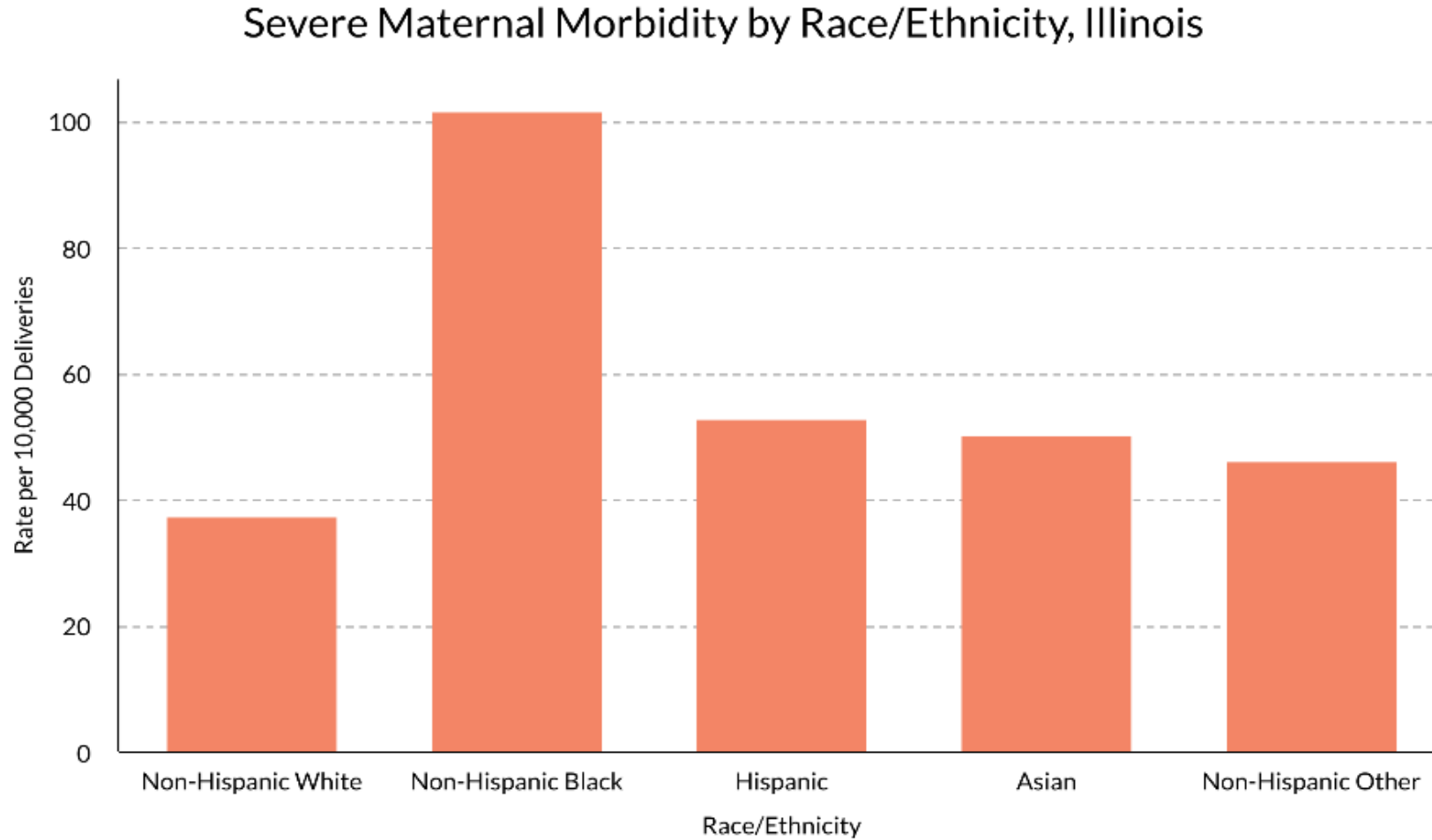
700

About 700 women die each year in the U.S. as a result of pregnancy or its complications.

2-3x

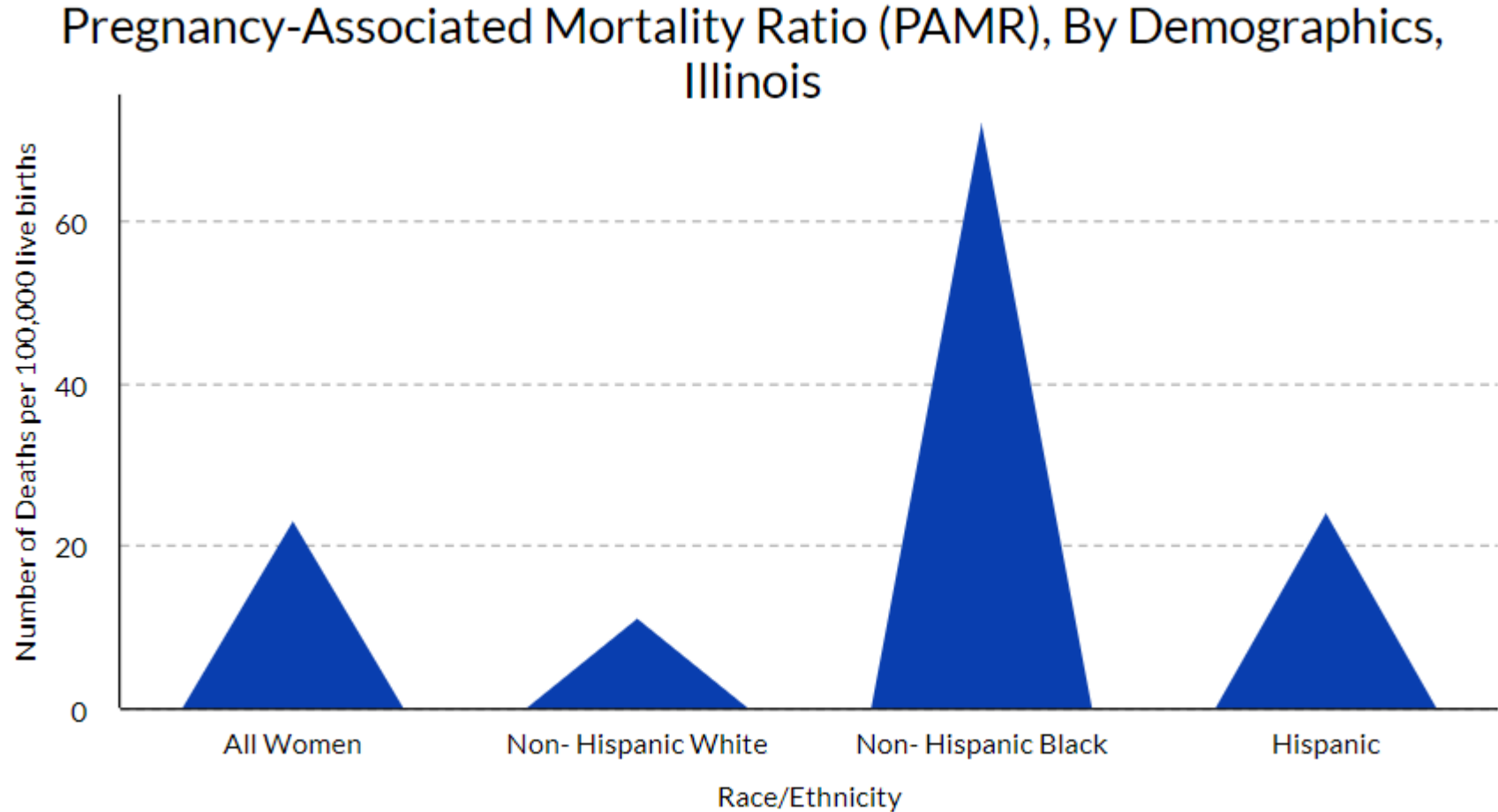
American Indian/Alaska Native and Black women are 2 to 3 times as likely to die from a pregnancy-related cause than white women.

State Data – IDPH



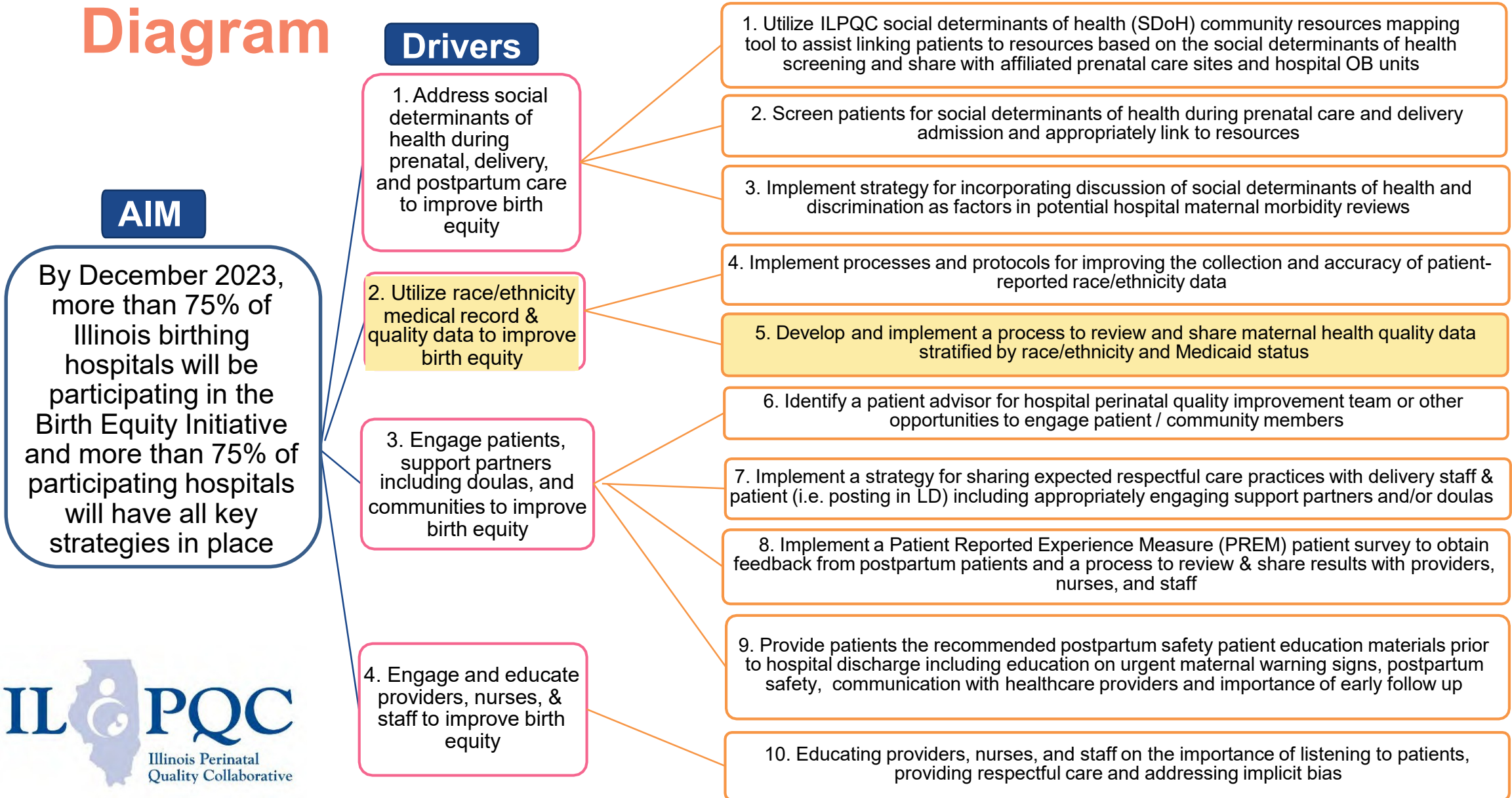
Data Sources: Illinois MMRC and MMRC-V Data, 2015-2016

State Data - IDPH



Data Sources: Illinois MMRC and MMRC-V Data, 2015-2016

BE Key Drivers Diagram



Key Strategies on our Journey to

We can
do it!

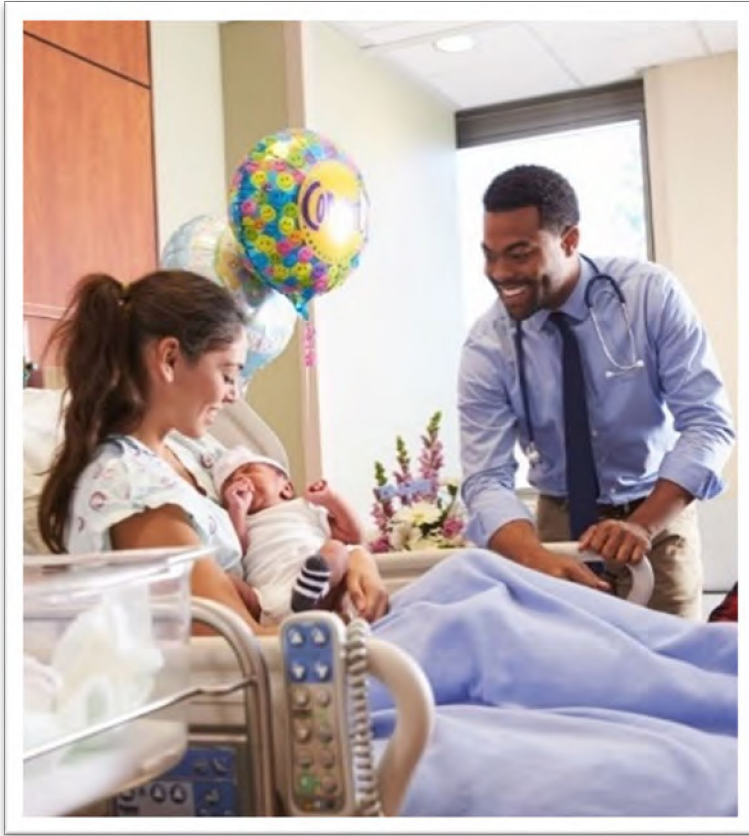
3. Take steps to engage patients and/or community members to provide input on quality improvement efforts

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!

Utilize race/ethnicity medical record & quality data



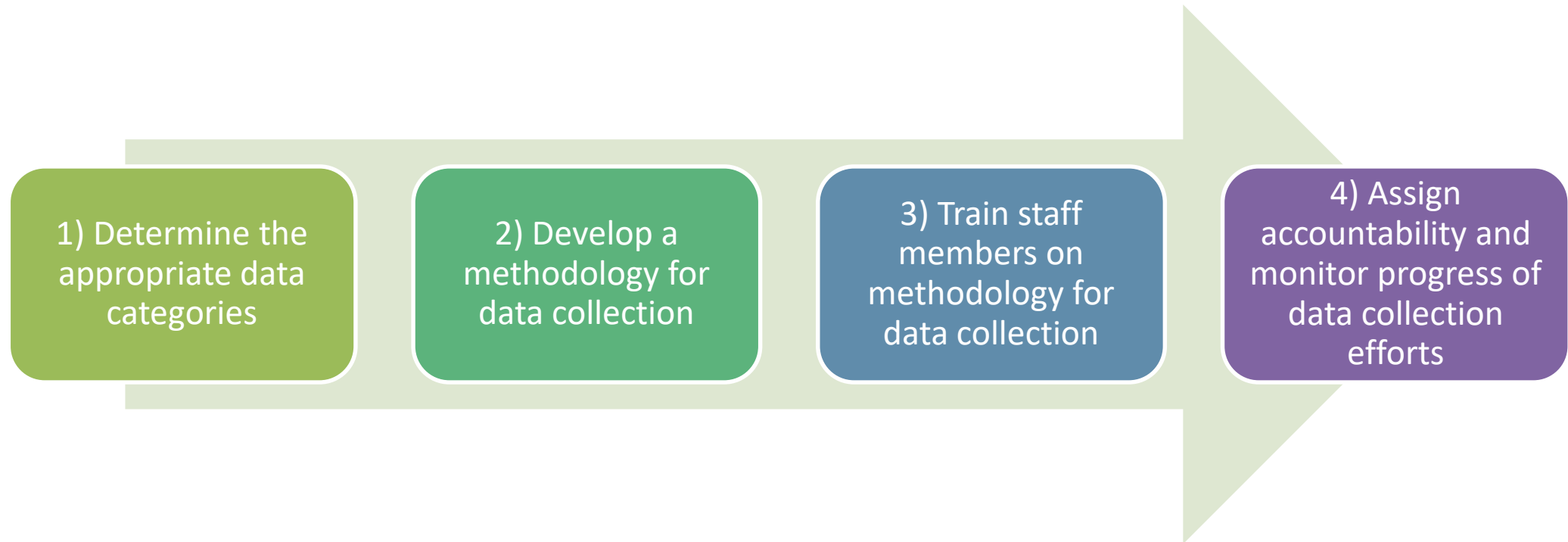
- Implement processes and protocols for **improving the collection and accuracy of patient-reported race/ethnicity data**
- Review **maternal health quality data stratified by race, ethnicity, and Medicaid status** to identify disparities and address opportunities for improvement

Why focus on patient-reported race/ethnicity data?

- Goal is to collect and use **race, ethnicity and language (REAL)** data in a meaningful way to understand and address health care disparities
- **Patient self-reporting** of REAL data is the gold standard of data collection.
- Health care organizations should collect information on patients' race and ethnicity in order to measure disparities in care. Identifying and measuring disparities helps organizations initiate programs to improve quality of care
- Collecting accurate data helps evaluate trends and ensure disparities on the basis of race/ethnicity/language/insurance status are identified and addressed through identified opportunities for improvement

Optimizing REAL Data Collection

- Four-Step Approach to Ensure Successful REAL Data Collection

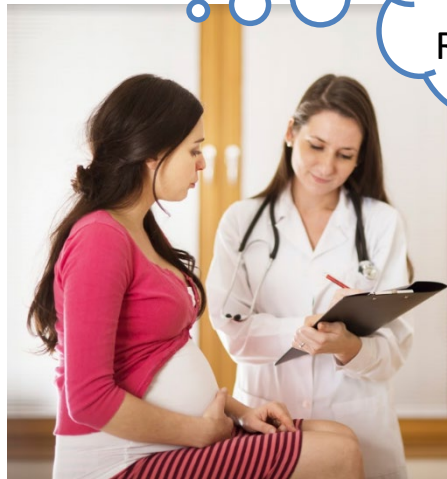


Review maternal quality data by race/ethnicity and insurance status

ILPQC BE Toolkit:

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

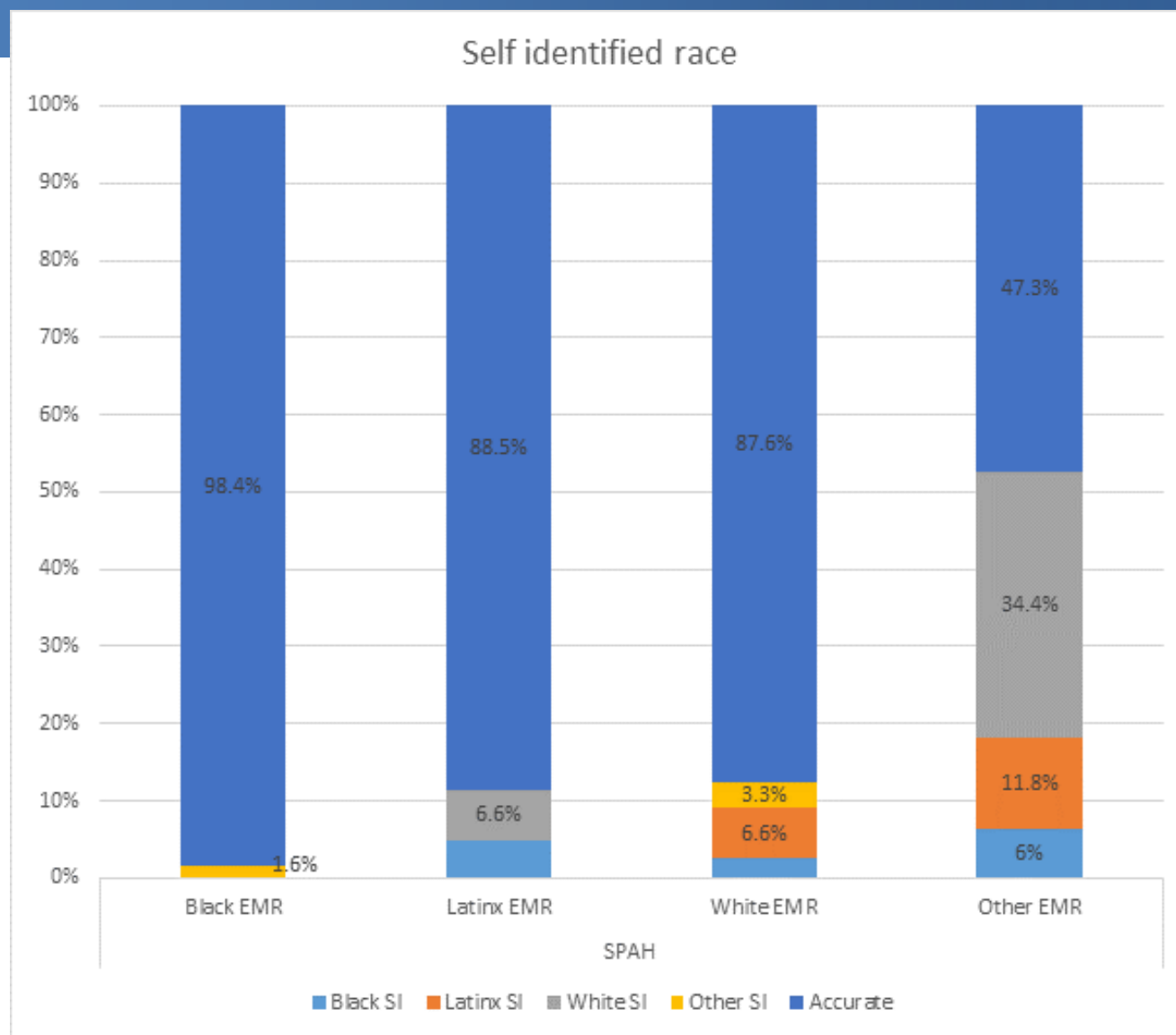


How to Ask the
Questions
Regarding
Race/Ethnicity

Hospital Guide to Stratifying Data by Patient Demographics

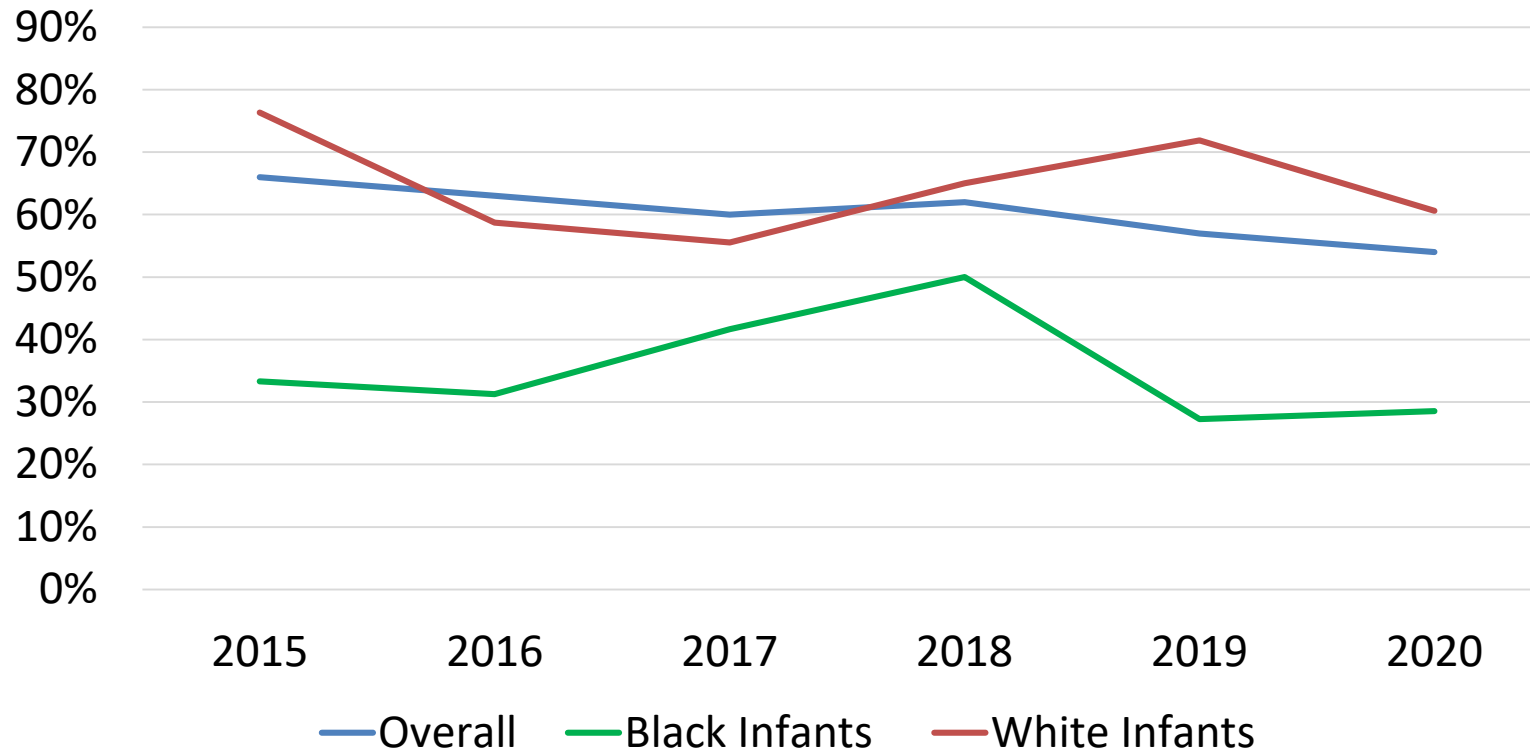
1. Assemble workgroup
2. Validate patient data
3. Identify priority metrics
4. Determine if stratification is possible
5. Stratify the data
6. Ongoing data review

Quality of Race and Ethnicity in the EMR



What Race/Ethnicity Tracking can tell us

Figure 2: Percent of Very Low Birthweight (VLBW) Infants discharged from ISCU receiving breastmilk



MGH AREHQ (“Disparities Dashboard”)



MASSACHUSETTS
GENERAL HOSPITAL

OBSTETRICS &
GYNECOLOGY

Top-Box Scores^a for Individual Items in HCAHPS “Care Transitions,”
Composite by Racial/Ethnic Group, CY 2014–2016^{*}

HCAHPS Item	Race/Ethnicity					
	Non-Hispanic White	Hispanic	Black/African-American	Asian/Pacific Islander	Native American	Other ^b
Patient/Family Preferences Taken into Account at Discharge	54% (N=10,618)	51% (N=706)	51% (N=492)	38% (N=351)	48% (N=25)	51% (N=412)
Patient Had Good Understanding of Responsibilities for Managing Health at Discharge	66% (N=11,125)	61% (N=765)	63% (N=537)	57% (N=387)	75% (N=24)	60% (N=454)
Patient Understood Purpose for Taking Each Medication at Discharge	70% (N=8980)	65% (N=680)	73% (N=475)	62% (N=349)	72% (N=18)	60% (N=376)

^{*} For Race/Ethnicity, scores for each group were compared to scores for non-Hispanic whites using T-tests ($p \leq 0.05$).

Patients not reporting any racial information are excluded from all subgroup comparisons.

Statistically significant scores are shown in **bold italics**.

^a The scores were calculated as the sum of item numerators divided by the sum of item denominators in each racial/ethnic or primary language group.

^b For race, the “Other” category is a response option in the CAHPS surveys and may include, but is not limited to multi-racial respondents.

What outcomes to track?



MASSACHUSETTS
GENERAL HOSPITAL

OBSTETRICS &
GYNECOLOGY



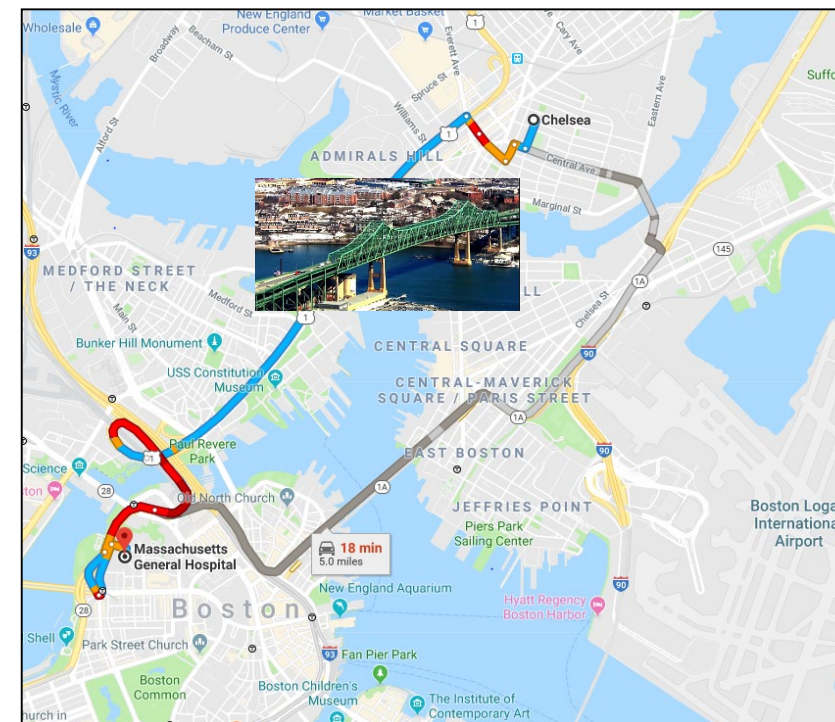


Pediatrics and Obstetrics/Gynecology
see a larger proportion of minority
patients than other inpatient services.

Intrapartum Antibiotic Prophylaxis for GBS, Mass Health Population*

Years	Race				Primary Language			
	White		Other		English		Other	
	N	%	N	%	N	%	N	%
January 2009-December 2011	40	98%	130	91%	87	99%	102	88%
January 2010-December 2012	56	98%	176	92%	108	97%	125	90%
January 2011-December 2013	71	94%	217	93%	145	95%	144	91%
January 2012-December 2014	77	92%	192	90%	143	92%	126	89%
January 2013-December 2015	105	92%	256	93%	205	94%	156	91%
January 2014-December 2016	72	99%	166	100%	133	99%	105	100%

* $P < 0.05$, difference in responses for patients reporting belonging to other race/primary language group compared to the Non-Hispanic white and English-speaking respondent using Chi-Square test. Statistically significant scores are shown in **bold italics**.



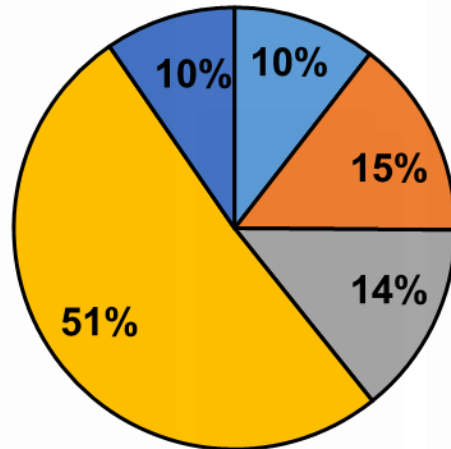
Equity: Readmissions by Race/Ethnicity



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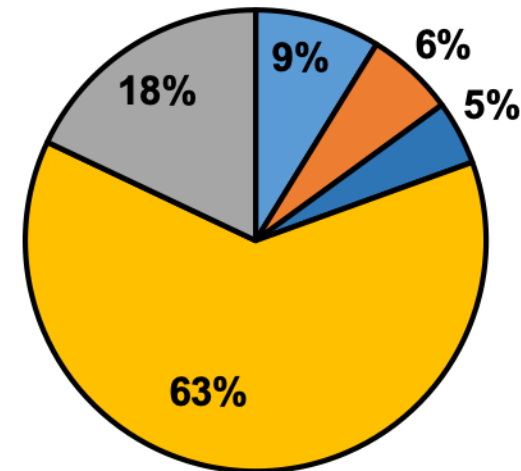
OBSTETRICS &
GYNECOLOGY

**Readmissions
June 2016 – Dec 2018
by Race/Ethnicity**



- Asian
- Black or African American
- Hispanic or Latino
- White

2017 Delivery Population



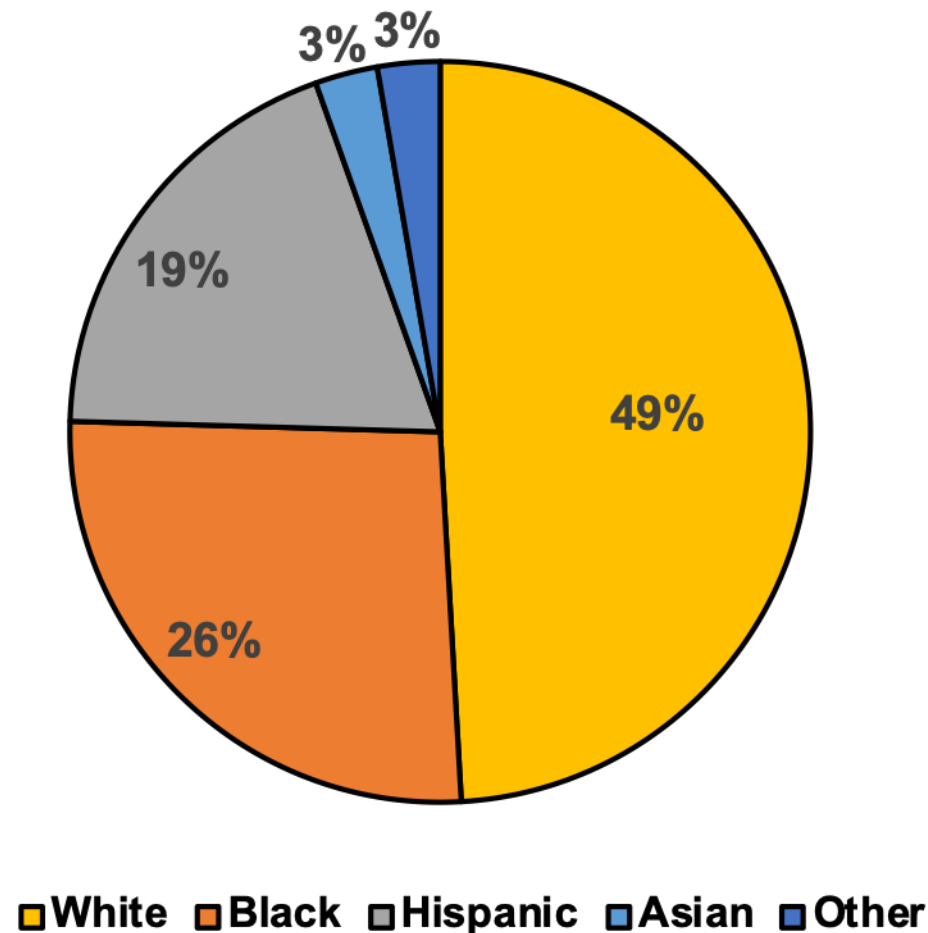
Equity: Readmissions by Race/Ethnicity



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OBSTETRICS &
GYNECOLOGY

- Readmissions for hypertension
 - (AOR for black women 2.54 [1.06, 6.08])



Equity:

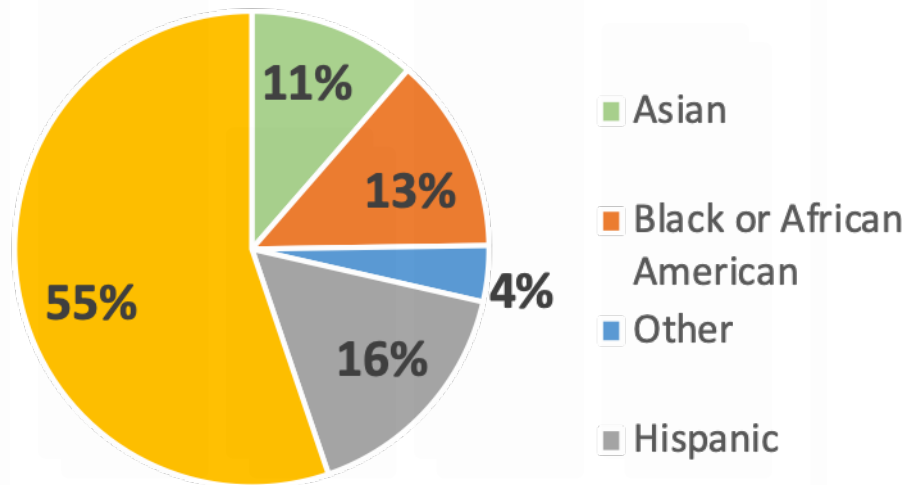
EBL \geq 1500cc by Race/Ethnicity



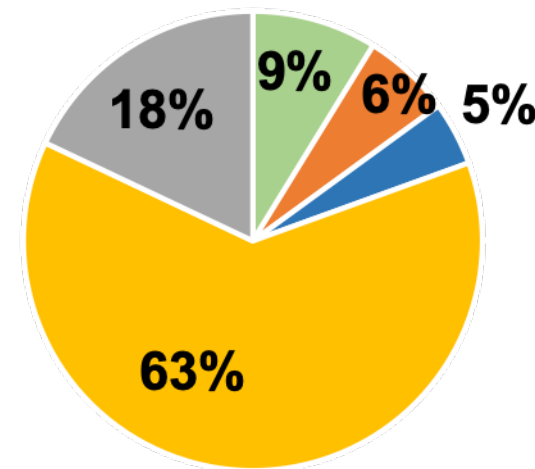
MASSACHUSETTS
GENERAL HOSPITAL

OBSTETRICS &
GYNECOLOGY

**EBL \geq 1500cc by Race
Jan 2017- present**



2017 Delivery Population



Review and use the data to drive quality improvement

- Key questions for reviewing data include:
 - ✓ Is there a disparity in hospital outcomes between different groups?
 - ✓ What can we do to address identified disparities?
 - ✓ Are we improving outcomes and reducing disparity over time?
 - ✓ What more can we do?

From CMQCC

Resources for Buy-in

Resources to assist review of hospital maternal health quality data by race, ethnicity, and Medicaid status:

- [HRET: Framework for Stratifying Race, Ethnicity, and Language Data](#)
- [ILPQC: Hospital tip sheet and resource overview for developing a process to review maternal health quality data stratified by race/ethnicity and Medicaid status](#) – This is the resource we reviewed today!

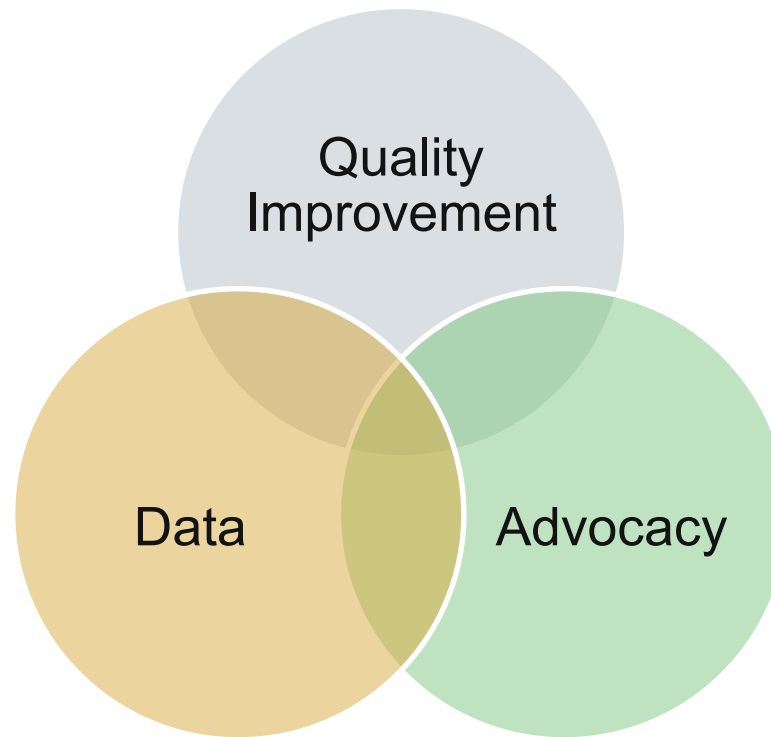
Guest Speaker: Chloe Zera, MD MPH

USING A DASHBOARD TO ACCELERATE MOVEMENT TOWARD EQUITY

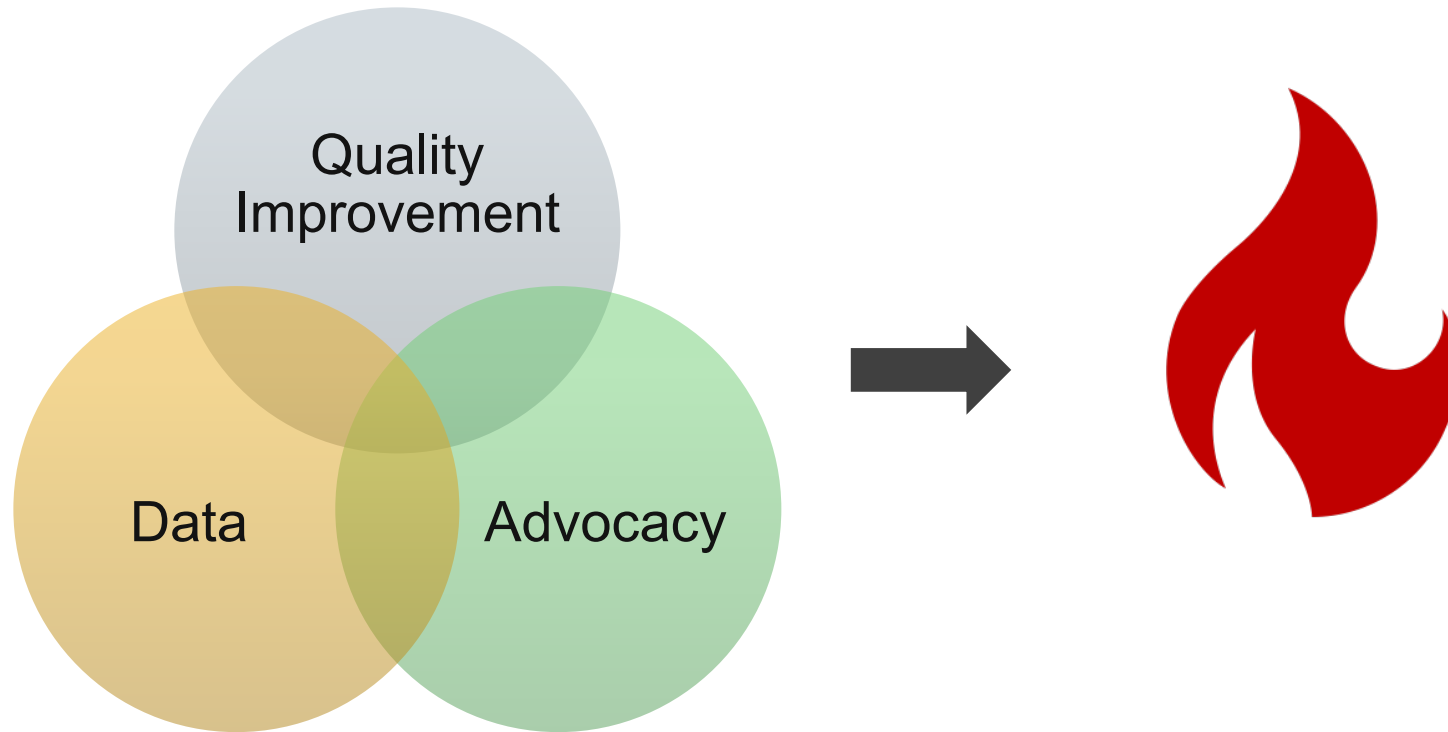
Chloe Zera, MD MPH

September 20, 2021

Improving Population Health



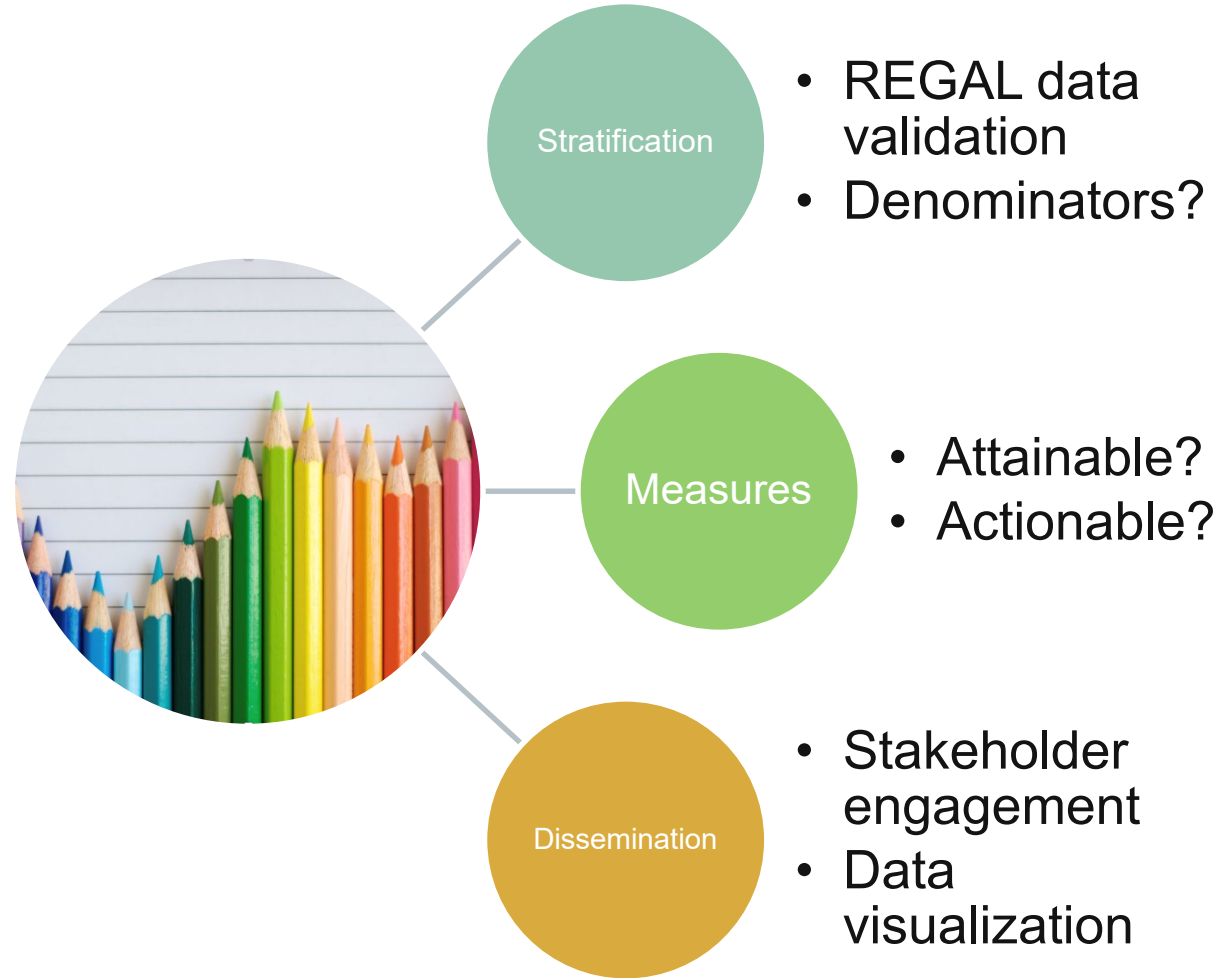
Using a dashboard to improve population health



Local(ish) Context During Our Journey

- PNQIN priorities (AIM OUD)
- Institutional priorities
 - Pay for performance contracts
 - Joint Commission requirements
- Health system merger
 - Tertiary center for 7 birth hospitals (+2 birth centers)
 - 9 EMRs across system
 - REGAL data fields
 - Points of data capture
- COVID-19

Equity-Quality-Safety Dashboard considerations



Data: *not* 'objective'

The Data Equity Framework is a systematic way of looking at data projects. It organizes every project into 7 stages:



FUNDING



MOTIVATION



PROJECT DESIGN



**DATA COLLECTION
& SOURCING**



ANALYSIS



INTERPRETATION



**COMMUNICATION &
DISTRIBUTION**

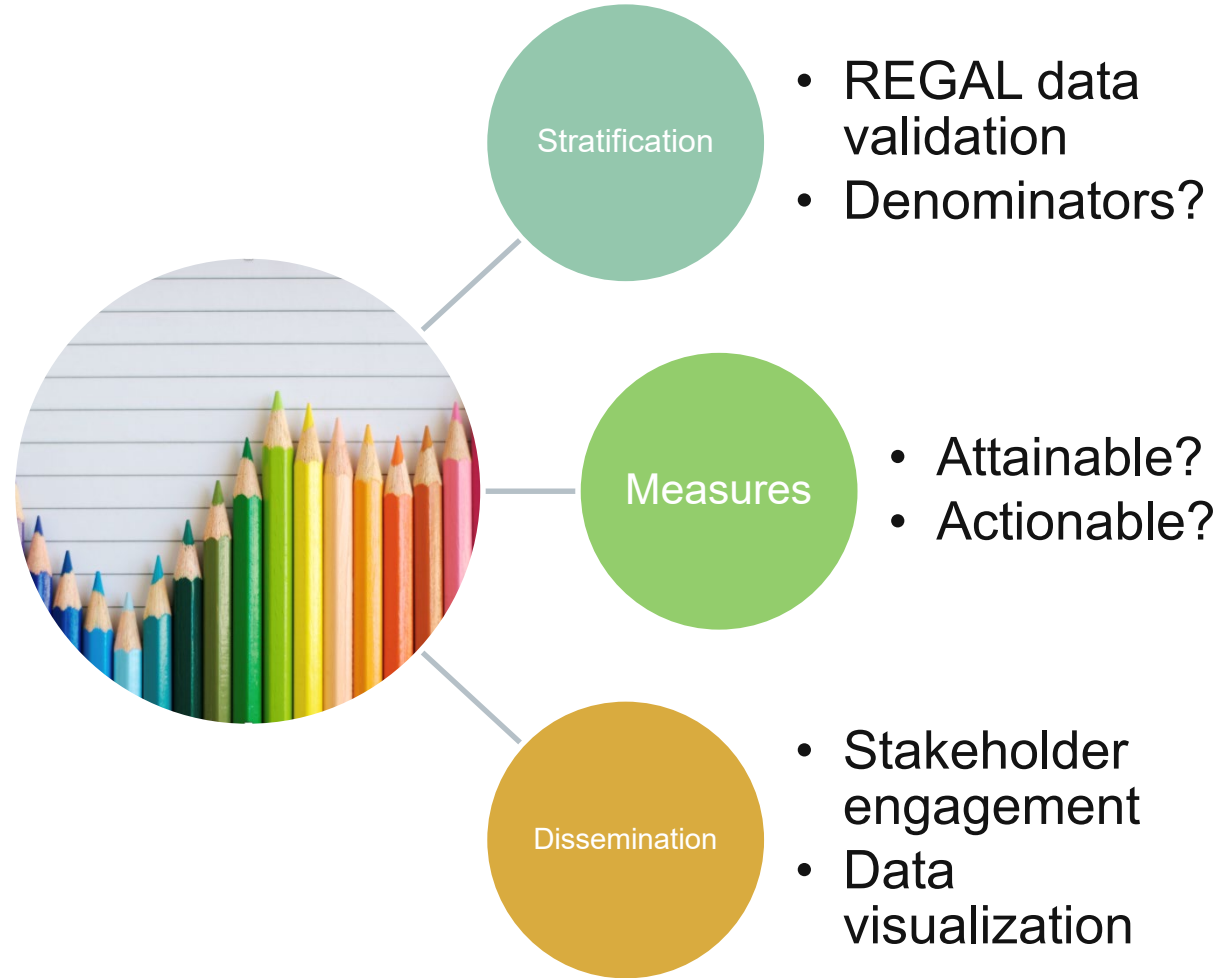
<https://weallcount.com/the-data-process/>

Stratification of data: best practices

1. Assemble a working group that is focused on health care disparities data
2. Validate the REAL data
3. Identify the highest priority metrics for stratification
4. Determine if stratification is possible on the selected metrics
5. Stratify the data

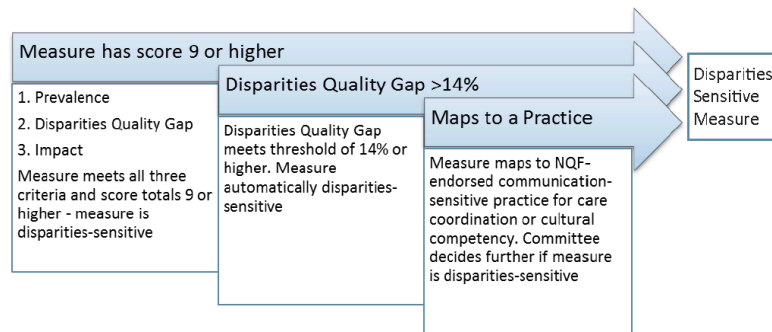
Health Research & Educational Trust. (2014, October). A framework for stratifying race, ethnicity and language data. Chicago, IL: Health Research & Educational Trust. Accessed at [www. hpoe.org](http://www.hpoe.org)

Equity-Quality-Safety Dashboard considerations



How to Measure (In)Equity?

- Identify “disparities-sensitive” measures
- Stratification
- Prioritization
- Presentation



Measure Selection/Development Algorithm

Step 1: Assess the portfolio of NQF performance measures using disparities sensitive principles

- Special emphasis on quality gap and prevalence
- NQF measures should be cross-walked with the literature on known areas of disparities

Step 2: Applying new criteria for disparities sensitivity

- When the NQF does not have access to performance data stratified by race/ethnicity, or when known disparities do not exist, additional criteria can be applied to determine potential disparities sensitive measures
 - Care with a high degree of discretion
 - Communication-sensitive services
 - Social determinant dependent measures
 - Outcomes and communication sensitive process measures

Step 3: Developing New Disparities Specific Measures

- Known disparities exist but no quality measure to date
 - Create Disparities Specific Measures
- Consider measures that may occur along clinical pathway

https://www.qualityforum.org/projects/Healthcare_Disparities_and_Cultural_Competency.aspx#t=2&s=&p=3%7C

Candidate measures

- Already collected (KPI or dept-specific) OR easily attainable through existing processes
 - Large list!
- Disparities-sensitive
 - Structures
 - Processes
 - Outcomes
 - Patient-centered/reported
- Actionable

Externally Reported Quality Metrics

FY2018-20 Perinatal KPI					
QUALITY DOMAIN	MEASURE	AIM	PERFORMANCE	Q	
● ● ● ●	PC-01 : Elective Deliveries	▼			
● ● ● ●	PC-02 : Cesarean Sections	▼			2
	PC-05 : Exclusive Breast Milk Feeding	▲			
	PC-06 : Unexpected Complications in Term Newborns	▼			
● ● ●	NQF Episiotomy Rate	▼			2
●	New Born Exposure Rate				0
	Maternal Opioid Use				0
●	Birth Defect Monitoring Program				
●	Appropriate DVT Prophylaxis	▲			1
●	Newborn Bilirubin Screening	▲			9
●	MAT - 4 : Cesarean Section	▼			
●	Newborn - 1 : Exclusive Breast feeding	▲			
● ● ● ●	Responsiveness of Staff	▲			7
● ● ● ●	Communication with Nurses	▲			8
● ● ● ●	Communication with Doctors	▲			8
	NQI 03 Neonatal Blood Stream Infection Rate	▼			3
	CLABSI - NICU	▼			
	PSI 17 - Birth injury to neonate (rate per 1,000)	▼			
	PSI 18 - Obstetric Trauma Rate – Vaginal Delivery With Instrument	▼			25
	PSI 19 - Obstetric Trauma Rate – Vaginal Delivery Without Instrument	▼			0

MA DPH
BCBS of MA
Leapfrog
Vizient Q&A
CMS
BIDMC Internal
JointCommission

Value
Value
Value

Externally Reported Quality Metrics

FY2018-20 Perinatal KPI					
QUALITY DOMAIN	MEASURE	AIM	PERFORMANCE	Q	
	PC-01: Elective Deliveries				
	PC-02 : Cesarean Sections	▼		2	
	PC-05 : Exclusive Breast Milk Feeding	▲			
	PC-06 : Unexpected Complications in Term Newborns	▼			
	NQF Episiotomy Rate	▼		2	
	New Born Exposure Rate			0	
	Maternal Opioid Use			0	
	Birth Defect Monitoring Program				
	Appropriate DVT Prophylaxis	▲		1	
	Newborn Bilirubin Screening				
	MAT - 4 : Cesarean Section	▼			
	Newborn - 1 : Exclusive Breast feeding	▲			
	Responsiveness of Staff	▲		7	
	Communication with Nurses	▲		8	
	Communication with Doctors	▲		8	
	NQI 03 Neonatal Blood Stream Infection Rate	▼			
	CLABSI - NICU	▼			
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	PSI 19 - Obstetric Trauma Rate – Vaginal Delivery Without Instrument	▼		0	

MA DPH
BCBS of MA
Leapfrog
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Value
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Externally Reported Quality Metrics

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QUALITY DOMAIN	MEASURE	AIM	PERFORMANCE	Q	
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Leapfrog	PC-05 : Exclusive Breast Milk Feeding	▲			
Vizient Q&A	PC-06 : Unexpected Complications in Term	▼			
CMS	NQF Episiotomy Rate	▼			
BIDMC Internal	New Born Exposure Rate				
JointCommission	Maternal Opioid Use				
	Birth Defect Monitoring Program				
	Appropriate DVT Prophylaxis	▲			
	Newborn Bilirubin Screening	▲			
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MA DPH
BCBS of MA
Leapfrog
Vizient Q&A
CMS
BIDMC Internal
JointCommission

	Value
	Value
	Value

Candidate measures

- Demographics
 - Inpatient
 - Primary care sites
 - Specialty care clinics

Candidate measures

- Structural:
 - % staff with formally-assessed (non-English) language competency
 - % patients with missing demographic data
 - % staff trained (TIC, SpeakUp)

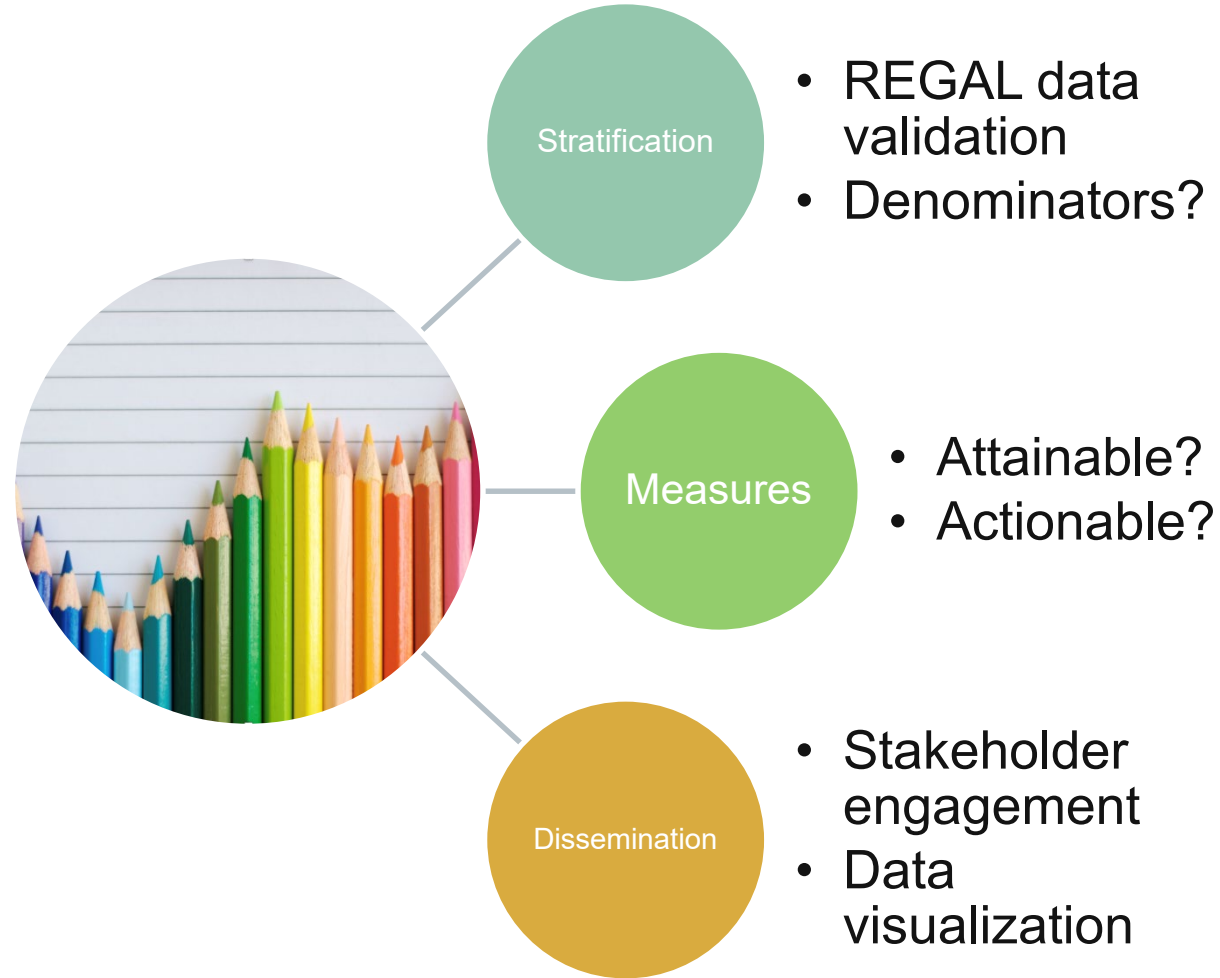
Candidate measures

- Process:
 - Ambulatory care wait times
 - Virtual visit access (*language, race, age, payor*)
 - SDoH screening
 - Depression screening
 - Substance use screening
 - Interpreter services:
 - N encounters
 - % discharges with interpreter documented
 - ED left without being seen rate

Candidate measures

- Outcomes:
 - NTSV CD rate
 - SMM
 - Breastfeeding
 - Mortality
- Patient experience/PROMs
 - Staff responsiveness
 - Hospital discharge
 - Provider education
 - Respect and dignity

Equity-Quality-Safety Dashboard considerations



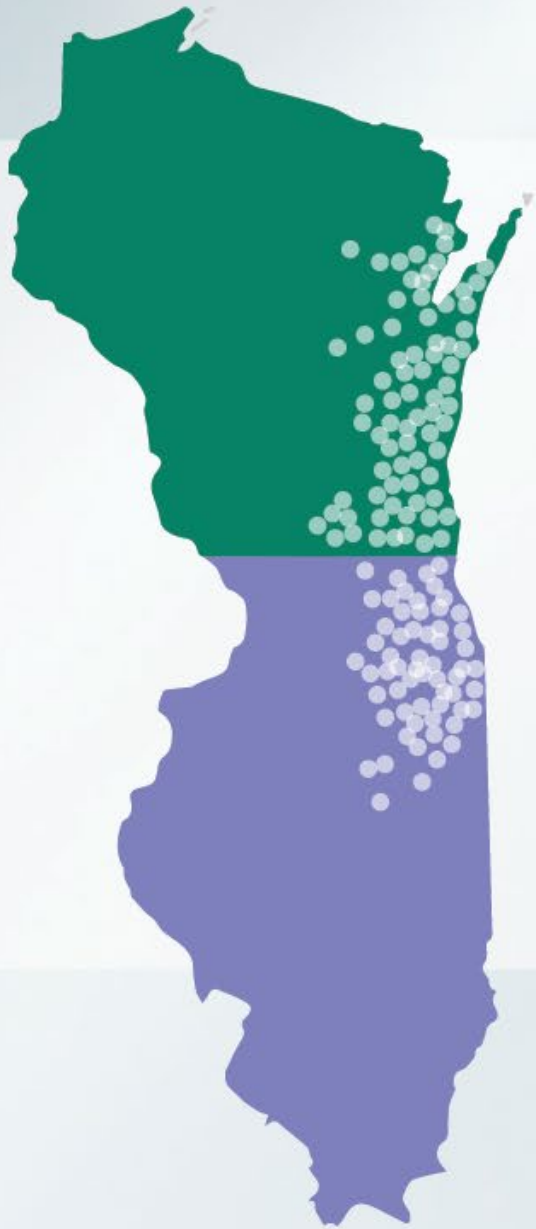
Stakeholder engagement

- Intended audience
 - Providers
 - Hospital- or system-level leadership
 - Public-facing
- Patient and family representation

Our learning (so far)

- Transparent process
- Identifying and engaging stakeholders
- Clarity on what data can/do show
- Choice of measures driven by what is available, what can be stratified, what is prioritized
- Start somewhere

Team Talk



Advocate Lutheran General Hospital ILPQC Birth Equity

September 20, 2021

Advocate Lutheran General Hospital

- Teaching hospital in the northwest suburb of Park Ridge
- 623 Bed Hospital
- 9th Largest hospital in Chicagoland area
- Perinatal Level 3
 - Delivering about 4000 babies per year
- Trauma Center

ALGH Team

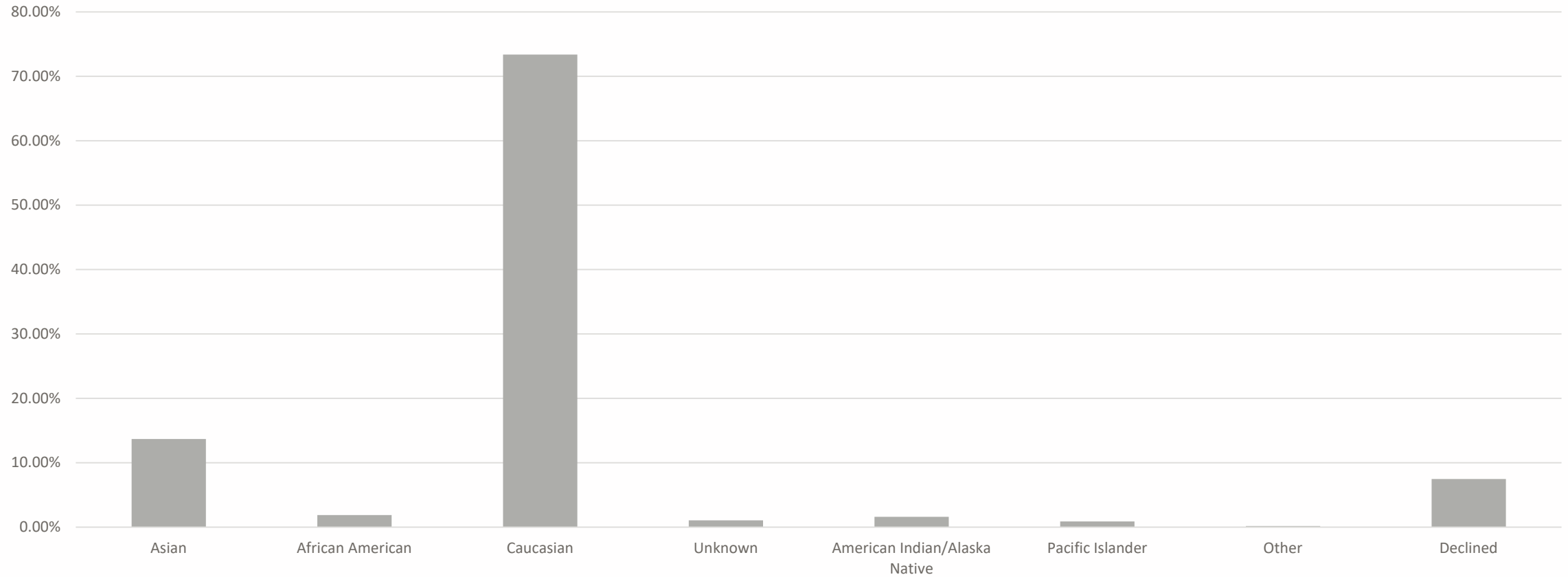
Our Team	
Perinatal Outreach Educator	Women's health Navigator
MFM	Psychologist
Executive Director of Women's Health	Director of Community Health
Resident - OB	Social Worker – Outpatient
Resident - FM	Social Worker - Inpatient
Nurses – L&D	
Nurses – Mother/Baby	Community member – still open

Problem identification

- Correct data for race and ethnicity
 - Registration
 - Birth Certificate Clerk
- Report for insurance status
 - Epic – slicer/dicer
 - Midas

Jan- Sep 2020

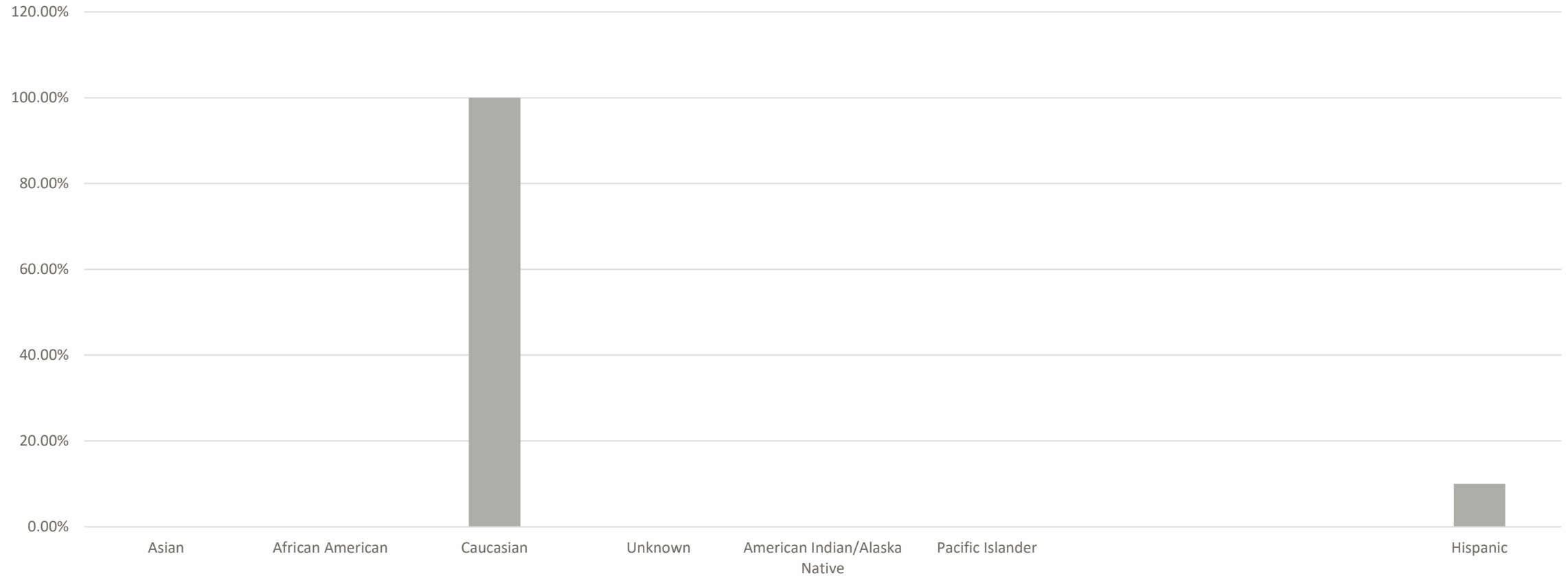
OB Patients by Race



Hispanic population is about 11%

SMM by Race/Ethnicity

SMM 2020 by Race/Ethnicity



Race Ethnicity and Perinatal Outcomes

- Fetal Deaths
- Neonatal Deaths
- Maternal Deaths
- Severe hypertension
- Severe maternal morbidity

QI DATA COLLECTION CORNER

BE Data Form Updates

- Patients can select all race / ethnicity that apply – important for self-report
- However, in order to track SMM by race/ethnicity we need to be able to count each person in one race/ethnicity category to compare SMM rates by race/ethnicity and not over count patients
- For multiracial / biracial patients, additional guidance needed on how to report SMM
- If more than 1 race/ethnicity is selected, please report the patient for SMM tracking using the race/ethnicity at highest risk of adverse SMM (just for QI comparison):
 - Black or African American = Black with any other race/ethnicity is counted under Black
 - Hispanic or Latino = Hispanic/Latino with any other race (with the exception of Black) is counted under Hispanic
 - Asian/ Pacific Islander = Asian/ Pacific Islander with White will be counted under Asian
 - Native American or Alaskan Native = Native American or Alaskan Native is counted under other

Steps for teams choosing to report SMM data

- Step 1:
 - Collect self-reported race/ethnicity data from patients
 - Ask patients to select or identify all racial or ethnic categories that apply to them
- Step 2:
 - Pull reports to identify ALL patients meeting SMM criteria
- Step 3:
 - Group patients into race/ethnicity categories in the SMM section of the ILPQC data form for SMM tracking
 - For patients with multiple race/ethnicity categories selected, please follow ILPQC guidelines for data reporting to categorize patients for SMM reporting and tracking only

Steps for every team for the monthly sample of patients

10 records patients delivered from the specified race/ ethnicity categories or on Medicaid/ uninsured per month

- Step 1: Begin by systematically selecting 10 records per month from deliveries to patients of the specified race/ ethnicity categories.
- Step 2: Divide the total number of deliveries to patients of the specified race/ ethnicity categories occurring at your facility in a given month by 10 and then select every nth chart where 'n' is the result of that division
 - Step 1: develop a process to identify deliveries to patients of the specified race/ ethnicity categories
 - Step 2: use the ILPQC direction to establish a sampling protocol
 - Step 3: once a sampling protocol is determined you can use every month

Next Steps

What's Next for Birth Equity

- ❑ Complete Birth Equity Readiness Survey!
- ❑ To receive a launch award please submit baseline data collection (Oct – Dec 2020) + Aug to REDCap by **October 15th**
- ❑ Monthly data starting August with **August and September** due into REDCap by **October 15th**
- ❑ Get ready for the ILPQC 9th Annual Conference

READINESS SURVEY RESULTS TO BE SHARED AT THE ANNUAL CONFERENCE!



Get ready for Annual Conference

Register online

- **FREE** conference, held **VIRTUALLY** Thursday, October 28th, 2021 from 8am-4:15pm
- Click [here](#) and register today! Be sure to invite all your colleagues including social workers and your patients

Abstract /Posters

- All teams are encouraged to participate & submit a **poster** to be displayed online
- To be considered for an award, submit an abstract via REDCap by **Oct. 1st** online [here](#)
- All poster are due **Oct. 15th** to be displayed by emailing your poster to info@ilpqc.org. Poster template can be found [here](#).

AC Team Survey

- Coordinate with your colleagues working across initiatives to have **one person from your hospital** submit the survey due **Oct. 15th** AC Survey can be found [here](#)

Submit Data

- Please submit all outstanding data by **Oct. 15th**

Team picture

- Please upload your team photo via email to info@ilpqc.org by **Oct. 15th** to be featured in the Annual Conference slide show

Readiness Survey

73/86 teams have
submitted their readiness
survey!

Please submit your
readiness survey, if your
team has not, **soon!**



BE Team Call Topics

Topic	Month
Optimizing race / ethnicity data collection for OB patients	August
Review maternal health quality data stratified by race, ethnicity, and Medicaid status to identify disparities and address opportunities for improvement	September
Universal Social Determinants of Health Screening and mapping resources	November
PREM & Respectful Care	December
Implementing a comprehensive implicit bias training for provider / nurse education	January
Engaging patients and community in QI / Birth Equity work	February

PQI Training Nov 9 & 16
Team leads to identify
or personally attend this
training

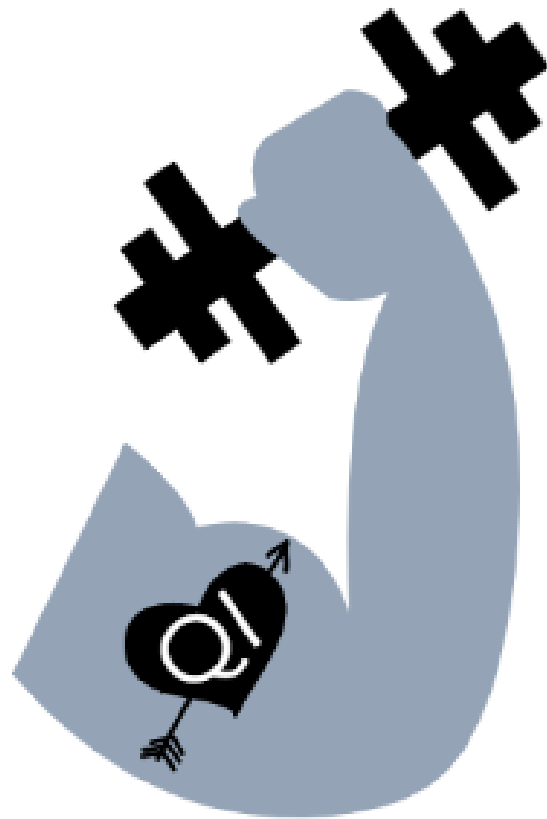
BE Key Players Meetings

- ILPQC is excited to announce the opening of BE Key Players Meetings
- We are inviting ALL BE teams to begin scheduling this **FREE CONSULTATION** to help your team facilitate buy-in and give your providers & staff the opportunity learn more about the initiative
- Key Players Meetings will be at your hospital - we will come to you (virtually or in-person)

We want to **help you succeed** by:

1. **Partnering with you** to arrange your Key Players meeting.
 2. **Assist you** with who to invite at each hospital for most effective meeting with representative from ILPQC
 3. **Provide you with a Birth Equity champion** from the BE speakers bureau to partner with you to problem solve, overcome barriers and move implementation forward.
- Email leshia.johnson@northwestern.edu to schedule your meeting today





Pump up your Quality Improvement skills!



Obtain a Free Certificate in Quality Improvement Science over 2 years

- ILPQC is offering hospital teams access to IHI Open School, a free opportunity to asynchronously complete over 13 continuing education hours!
- Access starting June 2021 but people can complete the certificate over two years.
- Please complete the IHI Open School inquiry form to designate a specific number of members across OB & Neonatal QI initiatives at your hospital.

IHI Open School Access Sign up- Slots are still available!

Current status of hospital team sign up by
perinatal network:

Loyola Network: 5/5 (100%)
U Chicago Network: 9/12 (75%)
Stroger Network: 2/3 (66%)
Rush Network: 5/11 (45%)
Northwestern Network: 5/13 (38%)
UIC Network: 3/9 (33%)
Cardinal Glennon Network: 3/11 (27%)
Rockford Network: 2/10 (20%)
St. John's Network: 3/15 (20%)
St. Francis Network: 3/16 (18%)

Only 40 of 105 (38%) Illinois
Birthing/Children's Hospitals have
signed up... do not miss this free QI
education opportunity provided by
ILPQC through IHI!

Fill out this link with your team TODAY!

<https://redcap.healthlnk.org/surveys/?s=RN9D4H9AMD>

Thanks to our Funders



In kind support:



Appendix

Step 1: Assemble a working group that is focused on health care disparities data

- **The working group will move forward all of steps on the following slides**
- **Include staff** from the following hospital areas on the working group:
 - Diversity and inclusion
 - Quality and safety
 - Information and technology
 - Data analytics
 - Language services
 - Admitting and registration
 - Compliance
 - Community outreach
 - Data source stakeholders (e.g. birth certificate clerk)

Step 2. Identify sources of race, ethnicity, and insurance status data

Determine how / where race/ethnicity is collected in the medical record

- Consider **how these data were collected**
- Are there **protocols for data collection** available to review?
- Are they **available in the EMR?**
- Is there an opportunity to confirm self-reported race/ethnicity is documented during the delivery admission?

Step 3: Identify the highest priority maternal quality measures to track by race/ethnicity and insurance status

Look at OB measures currently collected at your hospital, including measures collected for [Leapfrog](#), [Joint Commission](#), [CMS Hospital-acquired condition \(HAC\)](#), [National Quality Forum](#), [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#), and [Agency for Healthcare Research and Quality Patient Safety Indicators \(AHRQ-PSI\)](#).

Measures used by other PQCs and hospitals doing equity work include:

- Severe maternal morbidity (SMM)
 - Nulliparous, Term, Singleton, Vertex (NTSV) cesarean birth
 - Total preterm birth
 - Maternal ICU admissions rate
 - Timely treatment for severe hypertension
 - Breastfeeding
-

Step 4: Determine if possible to stratify data by race/ethnicity

If there is insufficient data to stratify results so that disparities can be identified

Hospitals may need to address small group sizes by aggregating metrics to obtain larger groups or look across time (ie. review data quarterly or every 6 months)

CMQCC recommends that racial/ethnic group sizes less than 20 are insufficient for meaningful group comparisons.

To achieve larger group sizes for comparison, consider aggregating units of time for analysis (e.g. 6 months, 12 months) or consider comparing one group (e.g. black race) to all other groups (e.g. all nonblack races) or stratifying by insurance status (public vs private).

Step 5: Stratify the data

Stratify data by:

Race/Ethnicity : consider Black, White, Hispanic, Asian, Other

Insurance status: Private vs. Public (Medicaid, Medicare)

➤ Other data options

Language preference: track outcomes for patients whose primary language is not English

➤ Resources on race and ethnicity categories:

[Census approach to race and ethnicity categories.](#)

[Office of Management and Budget Minimum Standards for Data Collection](#)

Use your stratified data to create reports/dashboards that display data trends and health care disparities.

Incorporating these dashboards into regularly scheduled quality meetings in order to identify and address health care disparities

Step 6: Review and use the data to drive quality improvement

Review data with a lens of equity to identify differences by race/ethnicity or insurance status

Develop potential strategies to address these differences in care provided or outcomes

Provide opportunities to focus your quality improvement efforts on these issues at your hospital or outpatient perinatal care locations

Step 6: Review and use the data to drive quality improvement

Key questions for reviewing data include:

- ✓ Is there a disparity in hospital outcomes between different groups?
- ✓ What can we do to address identified disparities?
- ✓ Are we improving outcomes and reducing disparity over time?
- ✓ What more can we do?

From CMQCC

Resources for Buy-in

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