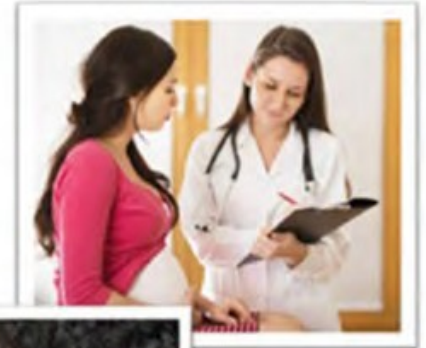


Birth Equity (BE) Monthly Webinar Making Progress

February 21st, 2022





Save the Date!

Nurses, Providers, & Staff
join us for an interactive day
of collaborative learning for
current ILPQC initiatives!

2022 OB & Neonatal Face-to-Face

VIRTUAL

Meetings

Obstetric May 25, 2022

Neonatal May 26, 2022

2022 ILPQC 10th Annual
Conference

Thursday, October 27, 2022

More information coming soon!

Planning committee recruitment has begun! If you or a colleague may be interested please email info@ilpqc.org

Overview

- ILPQC Updates
 - Birth Equity Data Review
 - Implementing a comprehensive implicit bias training for provider/nurse education
 - Guest Speakers: Renée Byfield, MS, RN, FNP, Director, SPEAK UP Program Institute for Perinatal Quality Improvement (PQI)
 - Team Talk – Amita Health Alexian Brothers Women and Children's Hospital & FHN Memorial Hospital
-

Birth Equity Initiative

Helping hospital teams move this important work forward together



What is the focus of Birth Equity (BE)?

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

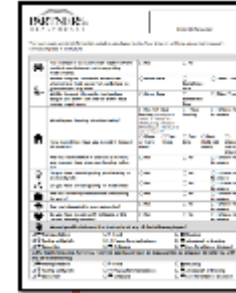
Promote patient-
centered
approach to
engage patients
and
communities

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

Key QI Strategies



Optimize **race/ethnicity data** collection & review key maternal quality data by race, ethnicity & Medicaid status



Universal **social determinants of health screening** tool (prenatal/L&D) with system for linkage to appropriate resources



Share **respectful care practices** on L&D and survey patients before discharge on their care experience (using the PREM) for feedback



Engage patients and **community members** for input on quality improvement efforts

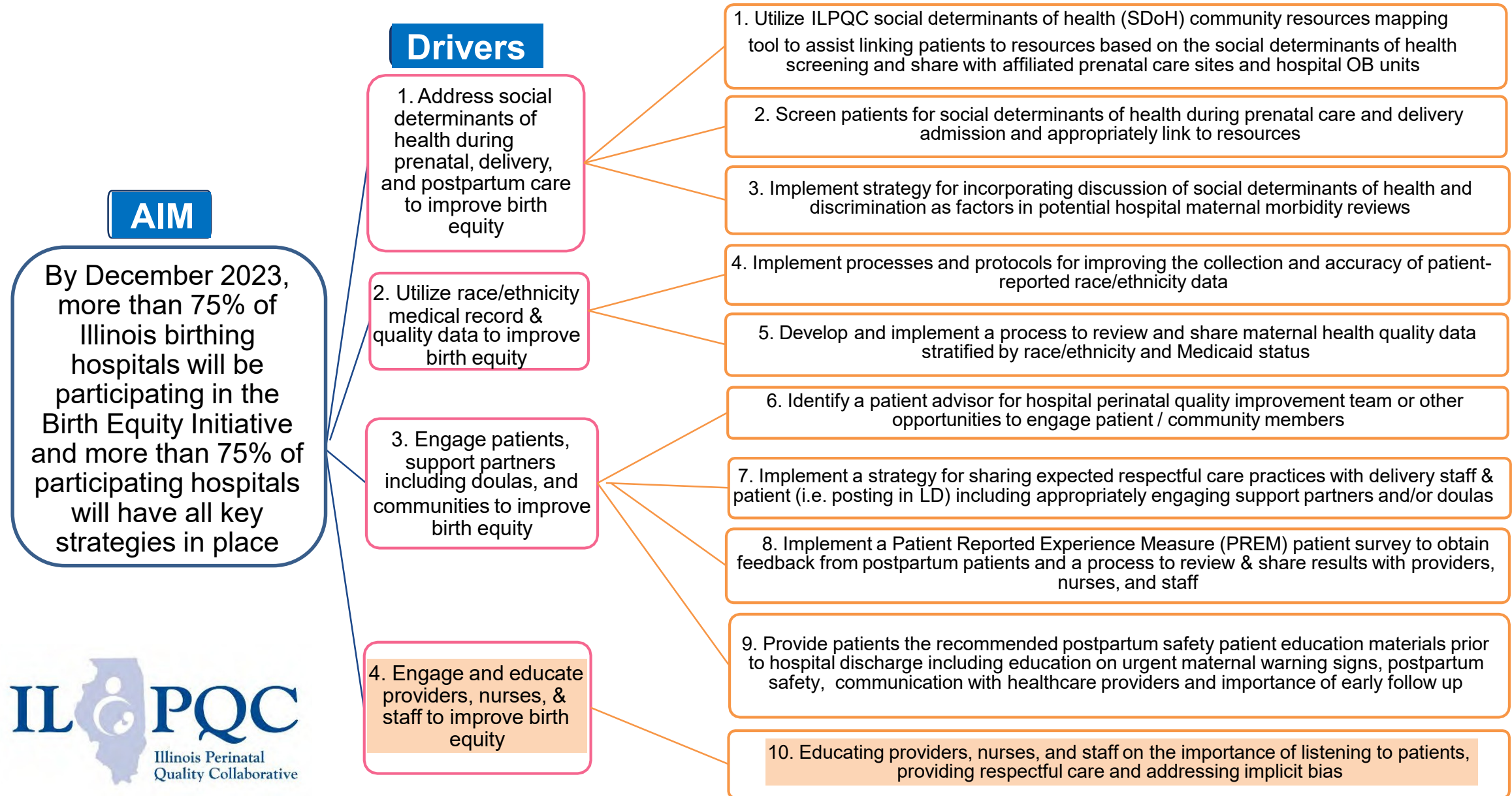


Standardize **postpartum safety** education and schedule early postpartum follow up prior to hospital discharge



Implicit Bias / Respectful Care training for providers, nurses and other staff

BE Key Drivers Diagram

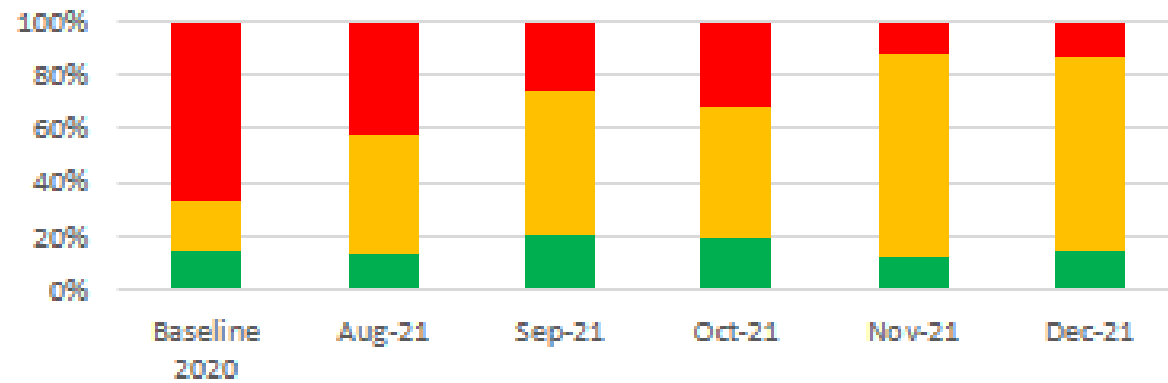


Structure Measures: Implementing Systems Changes

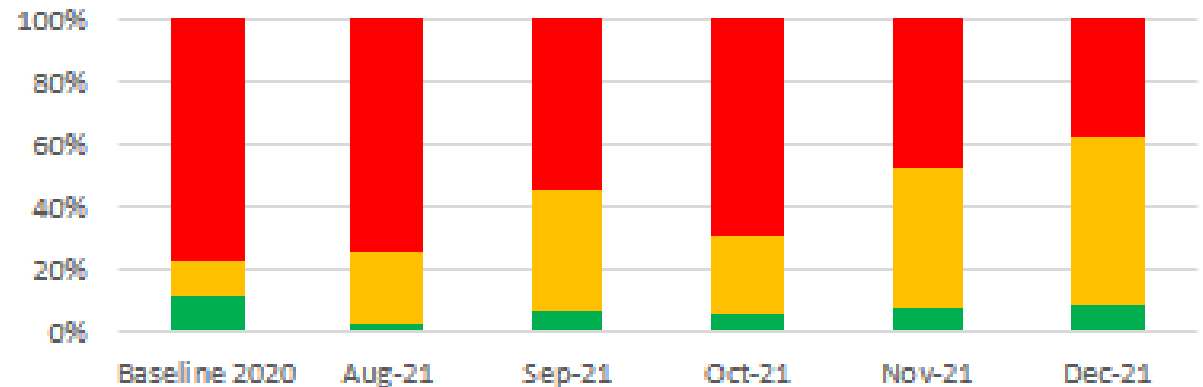
■ In Place ■ Working on it ■ Not Started



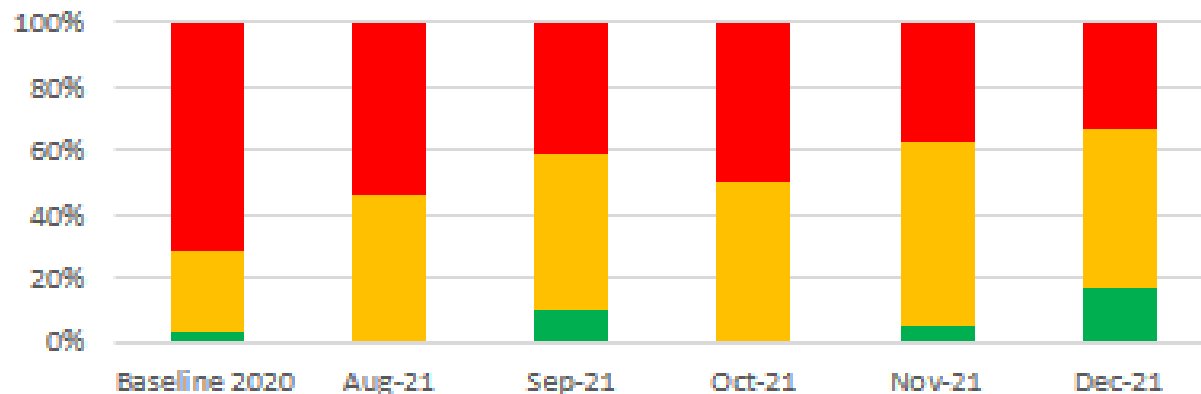
Implemented standardized social determinants of health screening tools for delivery admission



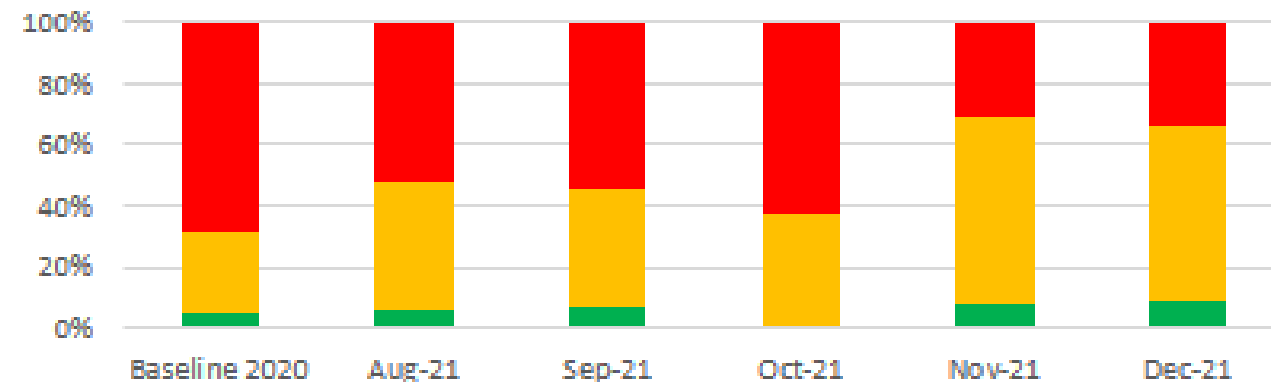
Implemented affiliated prenatal care sites standardized screening tools for universal social determinants of health screening



Completed and shared social determinants of health community resources mapping tool



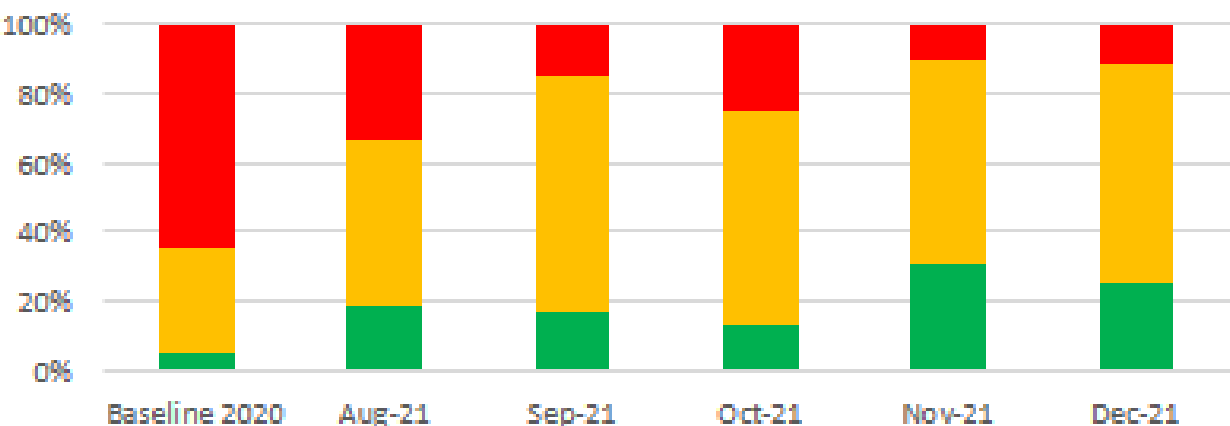
Implemented a strategy for incorporating discussion of social determinants of health and discrimination as potential factors in hospital maternal morbidity reviews



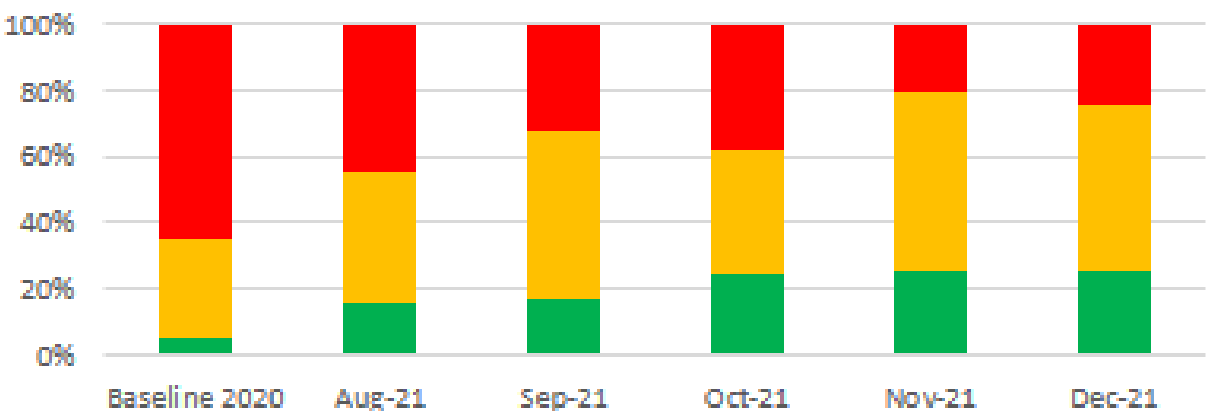
Structure Measures: Implementing Systems Changes

■ In Place ■ Working on it ■ Not Started

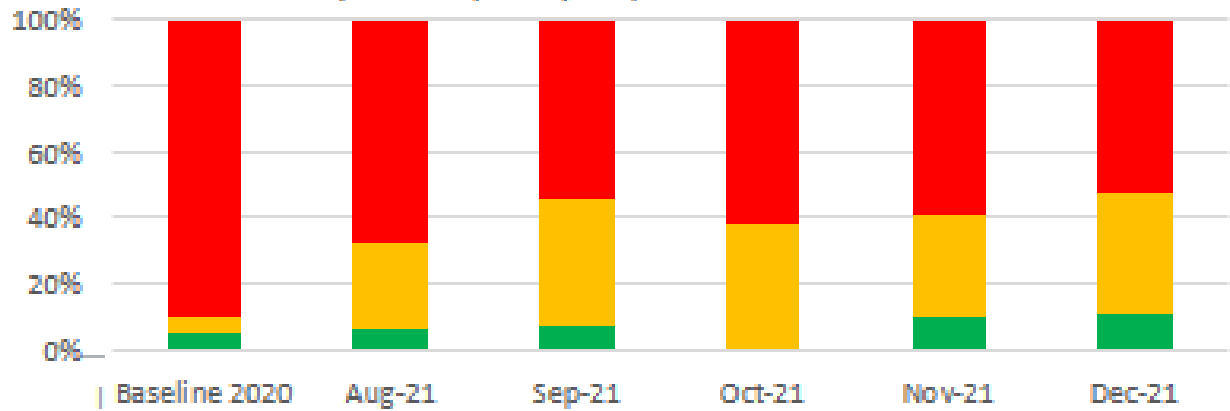
Protocol for improving the collection and accuracy of patient-reported race/ethnicity data



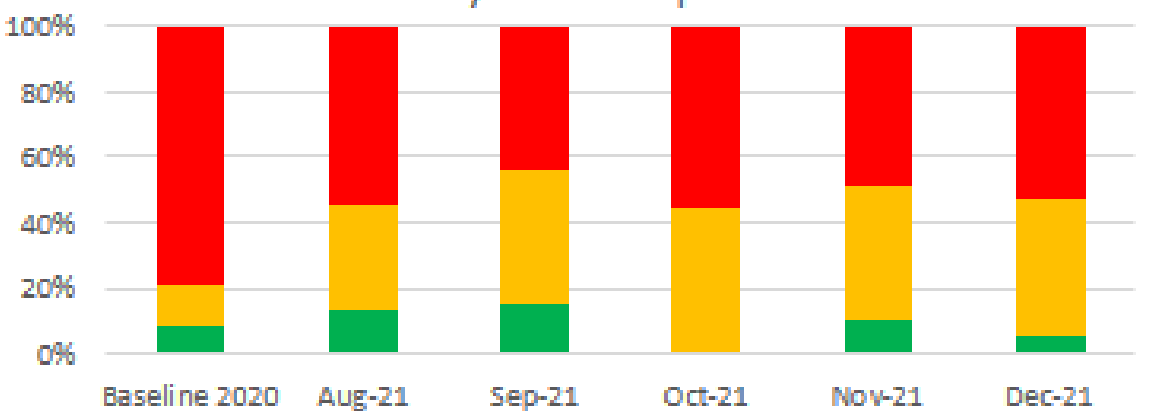
Process to review maternal health quality data stratified by race/ethnicity and Medicaid status



Engaged patients and/or community members to provide input on quality improvement efforts

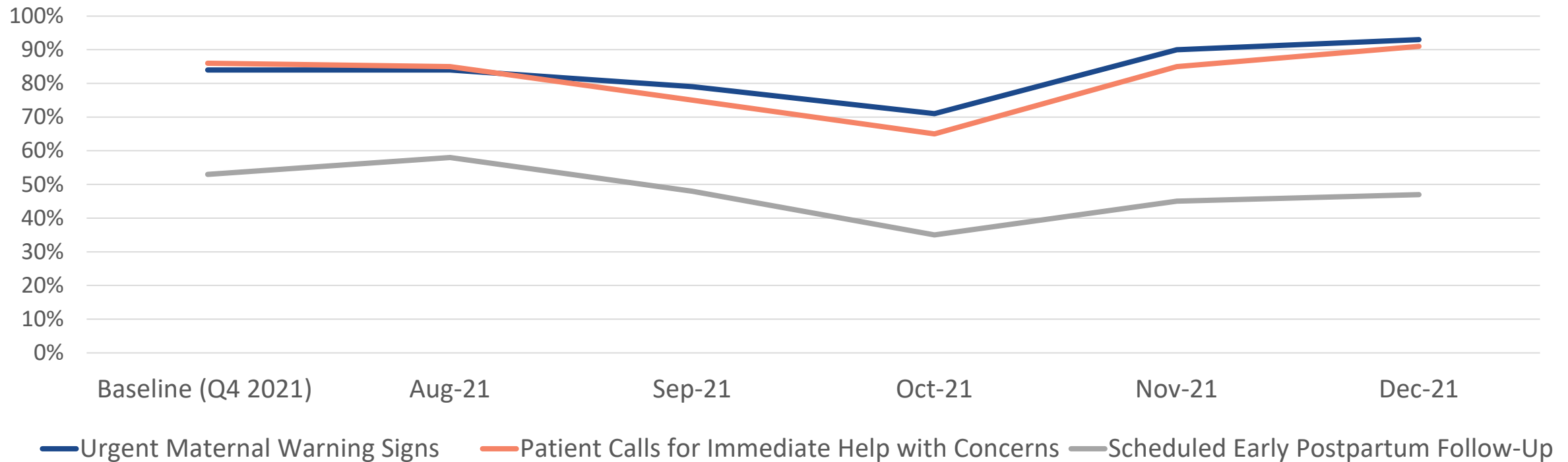


Sharing expected respectful care practices with delivery staff and patients



Process Measures: Postpartum Safety

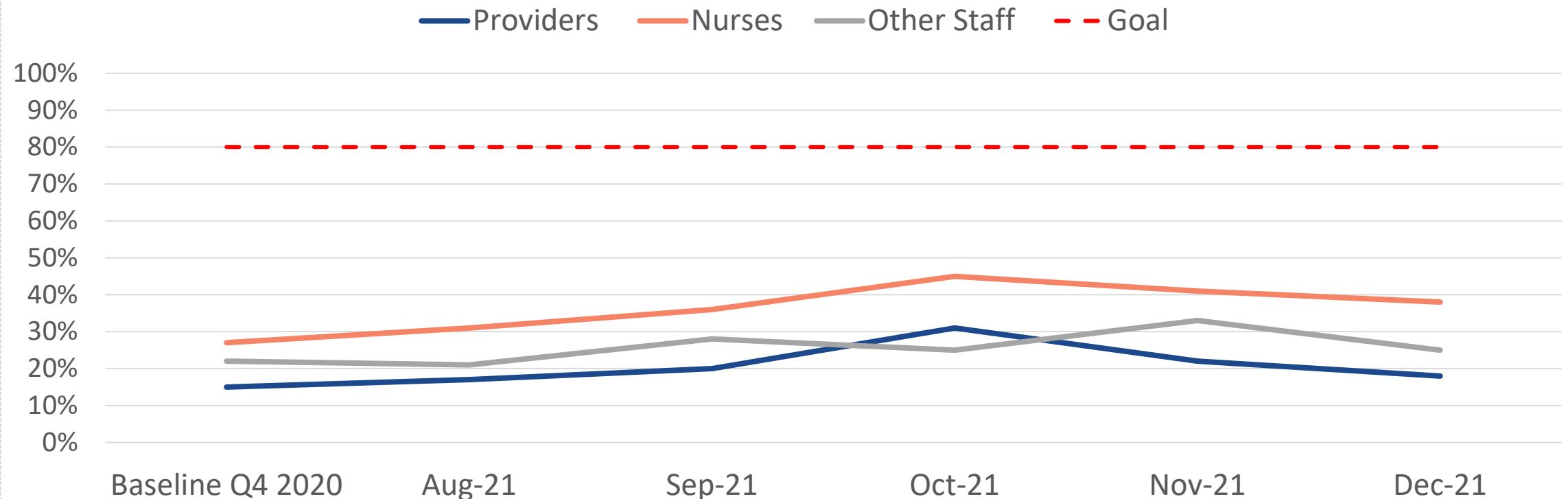
Patients receiving postpartum safety education prior to hospital discharge including urgent maternal warning signs, where to call with concerns, and scheduling early postpartum follow-up



Process Measures: Staff Training

ILPQC Birth Equity Initiative:

Providers, nurses, and other staff completing education addressing implicit bias and respectful care, All ILPQC Hospitals, Baseline 2020 - 2021



UPDATE: Reducing BE Data Burden

- We have spoken to teams about how best to reduce data burden during this challenging time
- Based on teams suggestion, **BE hospital teams will ONLY need to submit the structure measures for January data reporting can pause on chart reviews unless already completed**
- We will start full data reporting again for the month of **February due March 15**

Suggested BE Award Criteria for Face-to-Face



All Data Submitted	
+	
Any 4-5 Structure Measures (Yellow or Green) In Place or Working On it	
+	
Data submission: August through March by May 1 st (will exclude December and January data given Omicron)	



Submit Data by May 1st to qualify for an award!

UPDATED ILPQC BE Data Form



Variable: total_deliveries

Total # of Deliveries Discharge per month:

* must provide value

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

How to get started?

- Consider options for training clinical teams
 - E-modules that can be added to e-learning system
 - Additional opportunities to reflect, promote awareness and discussion
- Consider how to best engage providers / staff
 - Implicit bias training is a state requirement
 - Can make e-modules required and add additional opportunities for smaller group trainings/simulations/discussion
 - Can use Grand Rounds / provider meetings / nurse trainings
 - Talk with hospital D/E/I committee to discuss training plan

Respectful Care Sign off form



Our Respectful Care Commitments for Every Patients

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

Date

Signature

Tiered Approach for Birth Equity Implicit Bias Training



- **Diversity Science: Dignity in Pregnancy and Childbirth Course training**

- FREE [e-module trainings](#) available for all staff
- Can integrate into the hospitals e-learning systems to track completion

- **Office of Minority Health, Think Cultural Health**

- FREE [e-modules](#) available for all staff



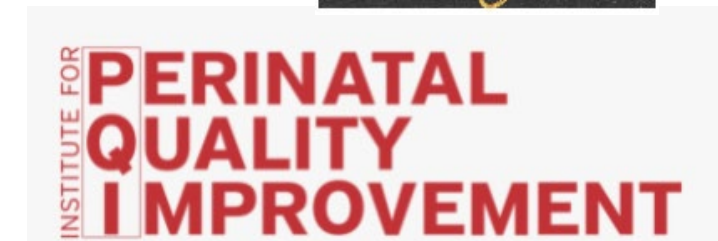
- **Laboring with Hope video and discussion guide**

- The 30 min video and discussion guide will be available for free for all BE teams for group viewing and discussion.
- Plan to release the video to teams in February and we will have access to free streaming of the video for 12 months.



- **Perinatal Quality Improvement SPEAKUp Training**

- Total of 147 completed the first two trainings!
- TBD another PQI training coming in June 2022



What is Diversity Science Dignity in Pregnancy & Childbirth Training?



- 3-module training program for perinatal providers that focuses on implicit bias and reproductive justice.
- Resources for leaders and clinicians to promote health equity in their clinical practice and their organizations are also available.
- ILPQC has identified this training as one of the free and scalable maternal health focused equity and bias e-module trainings currently available.
- **Education Content available:** 3 core e-modules, with additional optional eLearning modules for BIPOC providers.
 - Module 1: **Laying the Groundwork**
 - Module 2: **Racism not Race**
 - Module 3: **Taking Action**



Accessing Diversity Science Training



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
- Free access to 3-module program for perinatal providers, nurses and staff
- Support to integrate into your online learning system -The response time after submitting the group access form is 24-28 hours for delivery of all SCORM files
- Webpage link: **NEW***
[https://www.diversityscience.org/ilpqc-2/!](https://www.diversityscience.org/ilpqc-2/)

Implementation strategies

- Diversity Science E-Modules two pathways for implementation:
 1. Work with Diversity Science to assist with full integration of e-modules into the hospital/institution online electronic learning system.
 2. Provide instructions for hospital staff members to access ILPQC Diversity Science e-module trainings directly as individuals.

Office of Minority Health, Think Cultural Health e-module



- 4-module program to support maternal health care providers in advancing health equity, improving quality, and reducing disparities.
- ILPQC has identified this training as one of the free and scalable maternal health focused equity and bias e-module trainings currently available.
- Education Content available: Introduction, Pretest, 4 modules, Posttest, & Evaluation
 - Module 1: An introduction to CLAS in maternal health care
 - Module 2: Self-awareness
 - Module 3: Awareness of a patient's cultural identity
 - Module 4: Providing CLAS in maternal health care
- Login or register at the Think Cultural Health [website \(click link\)](#)!

Implementation strategies

- Think Cultural Health e-module:
 - Implement through your hospital e-learning system or provide e-module access to providers/nurses/ staff individually
- Add on strategies provided with Think Cultural Health modules:
 - In a smaller group setting with a facilitator (consider partnering with your DEI committee):
 1. Use the embedded case studies in each module as a basis for a simulation or for a case discussion
 2. Use the embedded “What do you think?” prompts for additional discussion
 3. Use the “What can I do next?” page and list of resources to encourage participants to identify and commit to further action and discussion.

Laboring with Hope video and discussion guide



- Short 30 min documentary that addresses that national maternal mortality crisis among Black women.
- Laboring with Hope is a short documentary about loss, grief, and the hope for change. The documentary provides the backdrop for improving health outcomes for Black women.
- The goals of this documentary and discussion guide are:
 - Increase awareness of maternal mortality crisis among Black women
 - Birth equity discussion for obstetric clinical teams

Laboring with Hope Trailer



Implementation Strategies: Laboring with Hope

- Consider opportunities for your providers, learners, nurses and staff to view this video and take part in discussion
 - Grand Rounds or OB Provider Meeting, Resident education session
 - Nurses skills day or training
 - Have mixed groups of nurses and providers sign up for smaller group viewing and discussion sessions to get all clinical team members access
- 30 minutes video and discussion guide included
- Consider partnering with DEI committee at your hospital, have a facilitator lead the discussions, include educators completed PQI Speak UP training
- Information to access the video:
 - Link: <https://vimeo.com/640440193>
 - PW: Hope2022*
- [Laboring with Hope Discussion Guide](#) (click link)
- Please do not share the link / video outside of your hospital clinical teams

Team Talk



St. Alexius Medical Center

Birth Equity Initiative

Presented 2/21/22

Tori Hansen, BSN, RN



In sickness and in health®

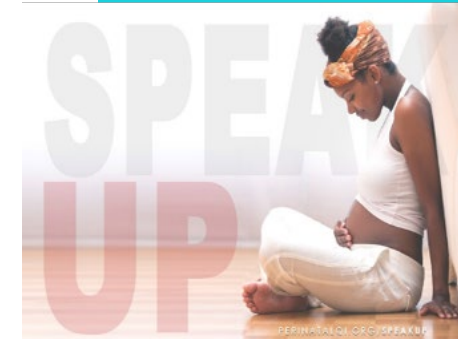
St. Alexius Medical Center BE Initiative

– Team Members

- Tori Hansen, BSN, RN
- Smilja Bolotin, BSN, RNC-MNN
- Kellie Smith, BSN, RNC-OB, C-EFM
- Angela Salazar, BSN, RN
- Puja Sule, MSN, BSN, RN
- Jean Cheloni, MHA, BSN, RNC-OB
- Crystal Antos, BSN, RN
- Erin Riddell, MSN, MBA, RNC-OB
- Christine Van Duys, BSN, RN
- Debora Marunde, RN
- Erin Danahy, LCSW
- Terry Griffin, APN-BC
- Dr. Preeti Jhaveri, MD
- Dr. Elizabeth Mlynarczyk, MD

Staff Education

- Nursing Staff Education
 - Diversity Science Modules
 - Postpartum 100% completion
 - NICU/Labor Delivery currently assigned
 - Speak-Up campaign
 - 2 champions at SAMC
 - AWHONN Implicit Bias training
 - BE team
 - Charge nurses



Provider Education



Diversity Science Modules

Rollout challenges

- MyLearning capabilities
- Tracking completion



CME Speaker

Implicit Bias
Speak-Up

Next Steps

Continuing Staff/Provider Education

- Breaking through stereotypes and recognizing bias

Integrating PREM Survey

- Discharge teaching

Improving Resources

- Identifying need with SDoH
- Providing more comprehensive resources to all

Staff Involvement in Commitment Statement

QUESTIONS?

THANK YOU

FHN MEMORIAL HOSPITAL

LOCATED IN FREEPORT

268 DELIVERIES IN 2021

Data submission done by our Birth Equity Team member, Monica Dorsey

Some factors impacting data collection success

- ❖ Data collection done on night shift downtime when possible
- ❖ Low number of deliveries



HELPFUL TAKE AWAYS FROM KEY PLAYERS MEETING

Monthly Calls

- ❖ Purpose is to make us aware of toolkit components so that they can be referred to later
- ❖ Our progress is not meant to mirror the pace in which topics are covered

Now Pow Overview

- ❖ Local resources can easily be added
- ❖ Broadness of search can affect number of resources generated in result



KEY INITIATIVE COMPONENT WE'RE CURRENTLY WORKING ON

We have made an initial draft of a tool for self-reporting of race and ethnicity

- ❖ Will be trialed by one of our Nurse Practitioners when she is doing the first office visit with a new OB patient entering into care
- ❖ Selections were taken from our birth certificate worksheet
- ❖ Option given for patients to express if they would prefer not to answer

Work of our Birth Equity Team has been impacted by COVID

- ❖ Administration has asked for meetings to be minimized in light of continued high census
- ❖ Floating has been more prevalent during this time



Birth Equity next steps

Next Steps for Birth Equity

- Monthly data for **February** due into REDCap by **March 15th**
- Schedule your team KPM meeting to receive help to get started
- Make a 30 60 90 day plan for next steps with implicit bias training, Respectful Care, and/or PREM implementation



Birth Equity Initiative Regional Community Engagement Meetings

- ILPQC is partnering with Everthrive IL to host regional network Community Engagement meetings to connect Birth Equity QI teams and local community members
- Everthrive will provide content on best practices for engaging with the community for feedback on QI work
- Opportunity to hear from a panel of community leaders from your perinatal network's region for input on Birth Equity strategies
- Participants will gain valuable community input and community connections to help move forward patient and community engagement opportunities for your team
- We are working with the Perinatal Network Administrator (PNAs) to set up regional meetings and will invite all Birth Equity team leads to join these meetings by network once scheduled.



Key Players Meetings to help support you get started

Opportunity for each BE team to receive consultation with a BE champion to strategize and map out your hospital's next steps for making progress with BE by helping your team create 30/60/90 plans.

- Request your KPM meeting with this link:
<https://redcap.healthlnk.org/surveys/?s=C9TKXKJNMD>

Great help with moving things forward! – Stroger Hospital

Very helpful and resourceful! – FHN Memorial Hospital

It was extraordinarily helpful! Looking forward to getting back together with our team to start putting things into action!! – Barnes-Jewish Hospital

ILPQC has completed 4 KPM meetings so far.....SIGN your team up TODAY!

Upcoming Monthly Webinars:

Date	Topic
Monday, March 21st 12:00-1:00pm	Engaging patients and community in QI / Birth Equity work
Monday, April 18th 12:00-1:00pm	Implementation Review of Key Strategies
Monday, May 16th 12:00-1:00pm	Face-to-Face (NO Webinar)

Register and Join here:

<https://northwestern.zoom.us/meeting/register/tJMod-uoqDotGtzzJICE1O5TphPWT2-pZfmY>

Resources & Tools

Resources and Education for implicit bias

Resources to review for implicit bias education with providers, nurses, staff, and patients:

1. E-modules on implicit bias and respectful care:

1. [Implicit Bias and Respectful Care Training Resource Table](#)
2. [Diversity Science Dignity in Childbirth and Pregnancy](#) e-modules
 1. [Diversity Science Information Sheet](#)
3. [Culturally and Linguistically Appropriate Services \(CLAS\) in Maternal Health Care e-module](#)
 1. [Culturally and Linguistically Appropriate Services \(CLAS\) in Maternal Health Care Information Sheet](#)

2. Using National Guidance to Address Provider Buy-in: ACOG/SMFM Committee Opinions/Statements

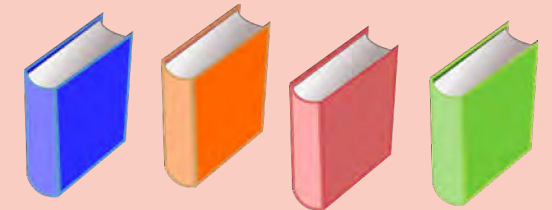
1. [ACOG Committee Opinion #729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care – Table 1 Sample Screening Tool for Social Determinants of Health](#)
2. [ACOG Committee Opinion #825: Care for Patients Who Have Experienced Trauma](#)
3. [ACOG Statement: Our Commitment to Changing the Culture of Medicine and Eliminating Racial Disparities in Women's Health Outcomes](#)
4. [SMFM: Strategies To Overcome Racism's Impact on Pregnancy Outcomes](#)
5. [SMFM Position Statement: Racial Disparities in Health Outcomes](#)
6. [ACOG/SMFM et al. JOINT STATEMENT – Obstetrics and Gynecology: Collective Action Addressing Racism](#)

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/>



Other updates

Maternal Hypertension & OB Hemorrhage Continuing Education

- We would like to thank those who provided this information last year! We had 90 facilities statewide submit training data and we are pleased to report that the majority of birthing hospitals (86%) reported at least some providers completing continuing education training on obstetric hemorrhage or maternal hypertension.
- **The form to submit calendar year 2021 training data is now open and can be accessed [here](#). We are asking each birthing hospital to submit their training data by February 28, 2022.** Based on hospital feedback, we made changes to this year's form to decrease reporting burden.
- There are several training resources available for birthing facilities, including e-modules, simulations, or drills from AIM, ACOG and other leading national groups available on the ilpqc.org [website](#).
- This information is used by ILPQC and I PROMOTE-IL to understand hospitals' ability to complete training on these topics and potentially identify opportunities to provide further support to hospitals to achieve our shared goal of improved maternal health across the state.

Thanks to our Funders



In kind support:

