



# OB Advisory Workgroup

December 14, 2020

11:00– 12:15pm

# Call Overview



- Introductions
- 2021 Initiatives
  - PVB updates and upcoming topics calls
  - Birth Equity
- 2020 Finishing Strong
  - MNO-OB
  - IPLARC & IPAC
- Future OB Advisory 2021 calls
- Hemorrhage and hypertension continuing education
- Round robin

# Introductions



- Name
- Role
- Institution



# Save the Date!

## 2021 OB & Neonatal Face-to-Face Meetings

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

**OB Teams:  
May 26, 2021**

**Neonatal Teams:  
May 27, 2021**

More information  
coming soon!

Virtual Meeting

**Northwestern Medicine**  
Feinberg School of Medicine

Illinois Perinatal Quality Collaborative  
633 N. St. Clair, 20th Floor  
Chicago, IL 60611

# 2021



# Annual Conference

October 28<sup>th</sup>, 2021

# ILPQC 2021 GOALS & TIMELINE

# We need your 2020 Feedback and Suggestions for 2021!



- 1) Initiatives moving into sustainability how to best help all teams Cross the Finish Line to Achieve Aims and Sustain the Gains
  - MNO-OB & MNO-Neonatal
  - IPLARC
  - IPAC
- 2) Launching 2021/2022 Statewide Initiatives
  - Promoting Vaginal Birth/Delivery
  - Neonatal Antibiotic Stewardship
  - Birth Equity (2021)



# 2020-2021 Initiatives Timeline



## PVB & BASIC team calls & data

PVB & BASIC  
initiatives begin monthly team  
webinars and monthly data collection

## Initiative work

ILPQC will support hospital team progress  
on PVB & BASIC initiative aims and  
receive feedback on the Birth Equity data  
form from wave 1 teams

Jan

March-  
April

Dec

Feb

May

## PVB & BASIC Initiatives Launch

12/14 PVB kickoff webinar  
12/21 BASIC kickoff webinar

## Birth Equity Wave 1

Testing of the Birth Equity  
Initiative data form with  
wave 1 teams will begin

## Face-to-Face 2021

ILPQC OB & Neonatal Face-to-  
Face meetings will be held  
virtually on May 26th & 27th





# 2021 Call Schedule



1<sup>st</sup>

Monday/week

- **Neo Advisory** 1-2pm (unless MNO-Neo start @ 12:30)
- **MNO-Neo Sustainability** 1-2pm (Jan, Mar, June, Sept, Dec)
- **Fridays COVID-19** 12-1:15pm

2<sup>nd</sup>

Monday/week

- **OB Advisory** 12:30-1:30pm (unless MNO-OB start @ 11)
- **MNO-OB Sustainability** 12:30-1:30pm (Jan, Mar, June, Sept, Dec)

3<sup>rd</sup>

Monday/week

- **Birth Equity (Wave 1: Feb, March, April)** 12-1pm
- **BASIC** 1-2pm

4<sup>th</sup>

Monday/week

- **PVB** 12:30-1:30PM
- **Tuesdays PNA** 10-11AM

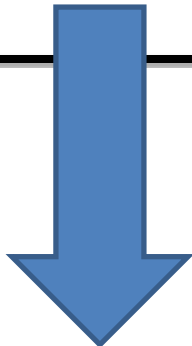
# OB ADVISORY 2021 CALLS: ZOOMING OVER TO ZOOM



Starting in January 2021,  
OB Advisory will  
transition to Zoom!

There is a zoom  
registration link that will  
be sent out in the OB  
Advisory recap

After registering, you'll  
be able to create a  
recurring calendar invite  
on your calendar!



Topic OB Advisory

Time Please choose only one meeting to attend.  
Jan 11, 2021 12:00 PM  
Time shows in Central Time (US and Canada)

First Name\*  
Last Name\*

Email Address\*  
Confirm Email Address\*

Organization\*

Meeting Registration Approved

Topic OB Advisory

Time Jan 11, 2021 12:00 PM in Central Time (US and Canada)

[Add to calendar](#)

Meeting ID:  
Google Calendar  
Outlook Calendar (.ics)  
Yahoo Calendar

To Join the Meeting

Join from a PC, Mac, iPad, iPhone or Android device:

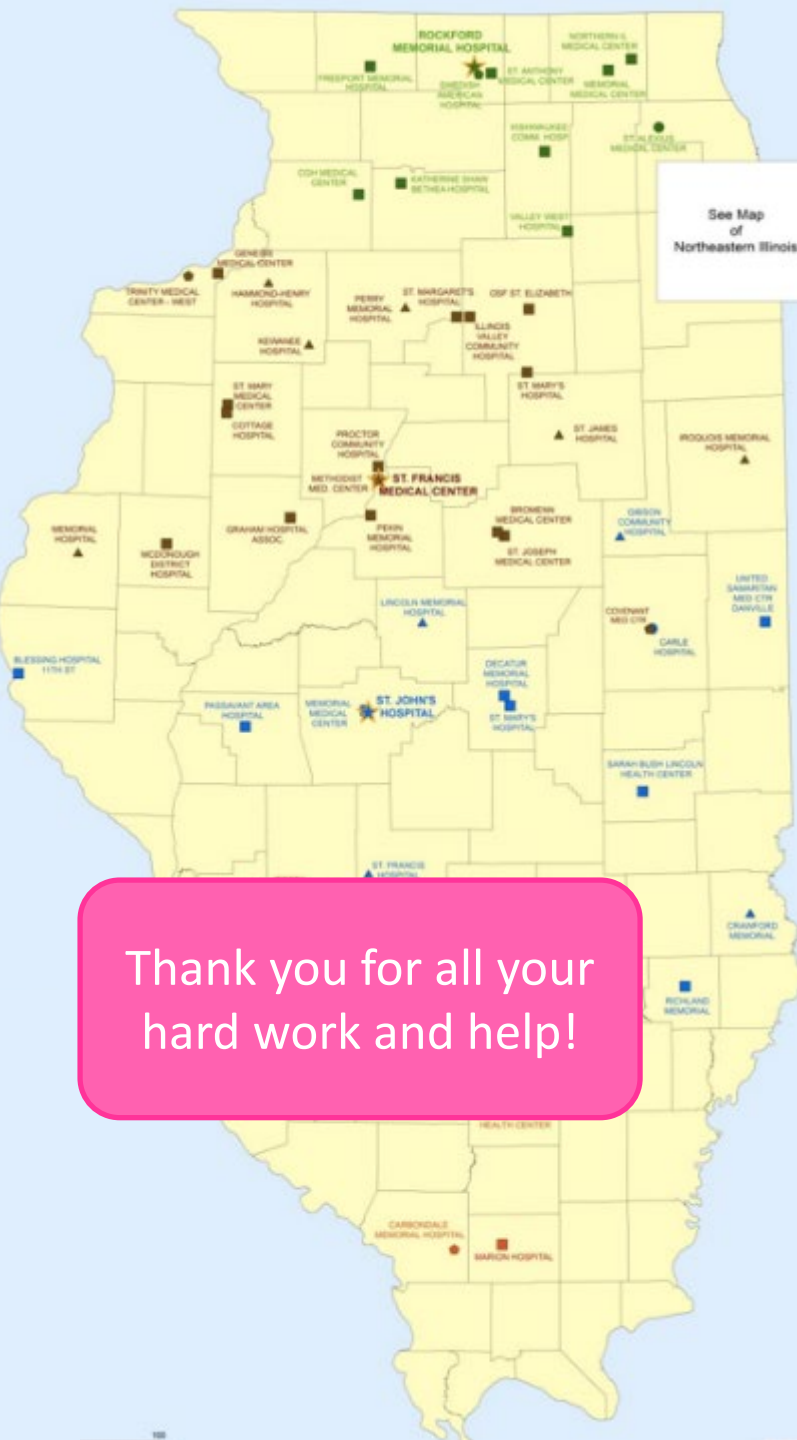
Please click this URL to join. <https://northwestern.zoom.us/j/94094765408?tk=I4NTN- YGYNtqu7KV3WUzQllKcaMY4aS5DuPzRRJfByM.DQIAAAAV6HwtYBZyUzlxNmRBYfSdWV0cWVJTbxdmFRAAAAAAAAAAAAAAAAAAAAAA>

To Cancel This Registration

You can [cancel](#) your registration at any time.

# 2021 INITIATIVES

# PROMOTING VAGINAL BIRTH (PVB)



## Perinatal Network Participation

**University of Chicago: 92%**

**Stroger: 67%**

**Northwestern: 100%**

**UIC: 100%**

**Loyola: 100%**

**Rush: 82%**

**Rockford: 90%**

**St. Francis: 100%**

**St. John's: 81%**

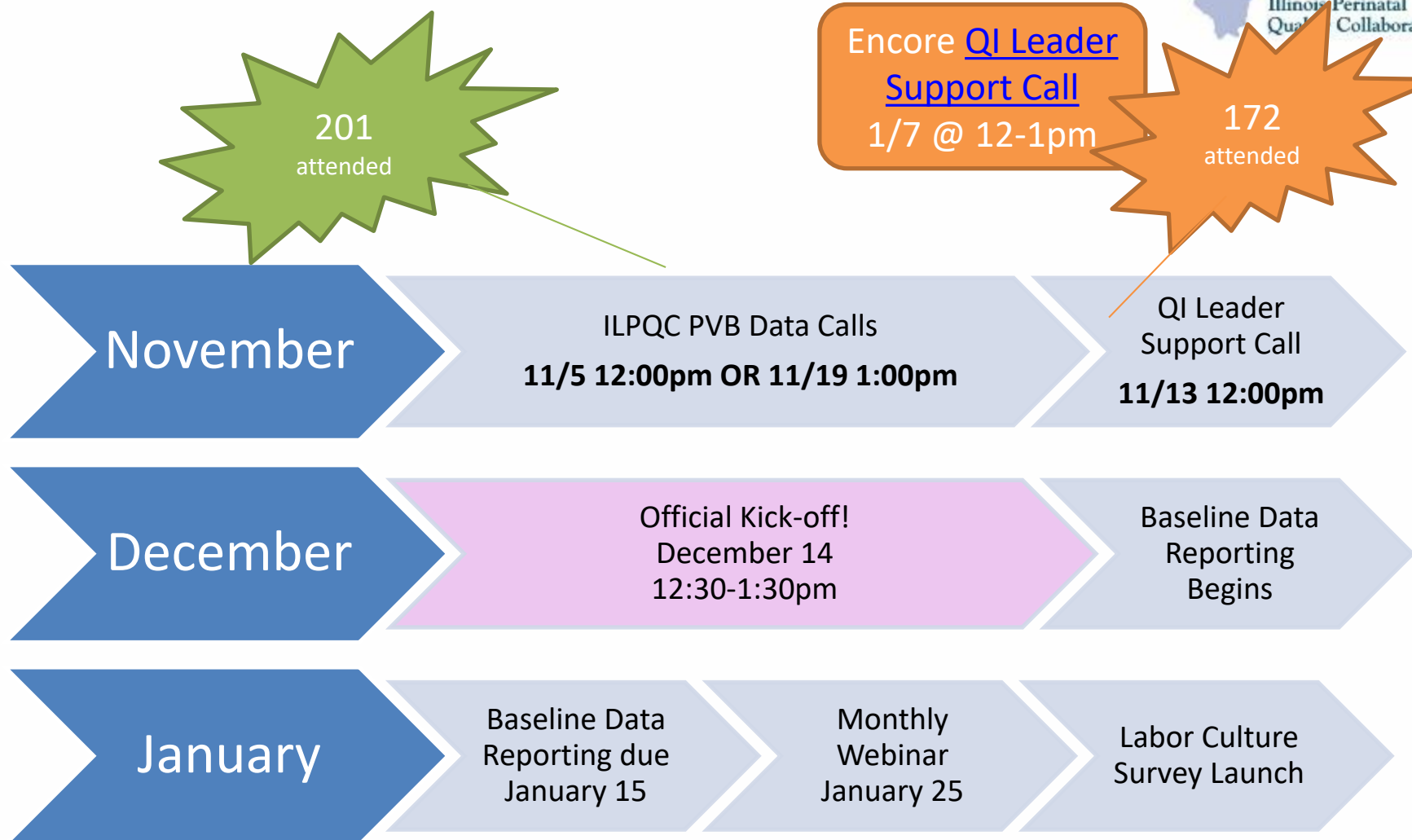
**Cardinal Glennon: 100%**

Thank you for all your  
hard work and help!

91%

of Illinois  
birthing hospitals  
participating in PVB

# PVB Timeline





# PVB Smart AIM

TO SUPPORT VAGINAL BIRTH AND REDUCE PRIMARY CESAREANS TO REACH THE HEALTHY PEOPLE GOAL FOR LOW RISK CESAREAN SECTION TARGET RATE OF 24.7% BY DECEMBER 2021

## 3 Key QI Strategies

1

Facilitate clinical culture change that promotes and supports vaginal birth



2

Develop standardized processes for induction and labor support



3

Develop standardized protocols for identification and response to labor challenges / abnormalities



# Updated PVB Data Collection Forms



## Hospital-level Data

1. Total NTSV Deliveries
2. Total NTSV C-sections

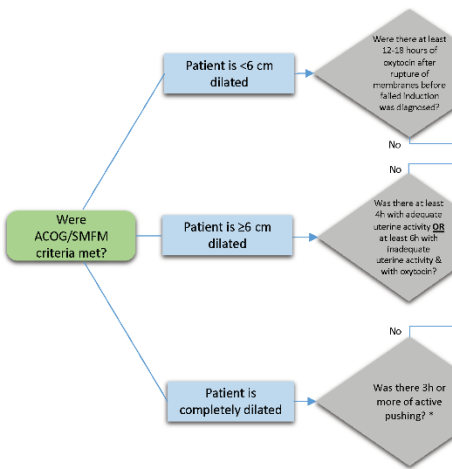


## Patient-level Data

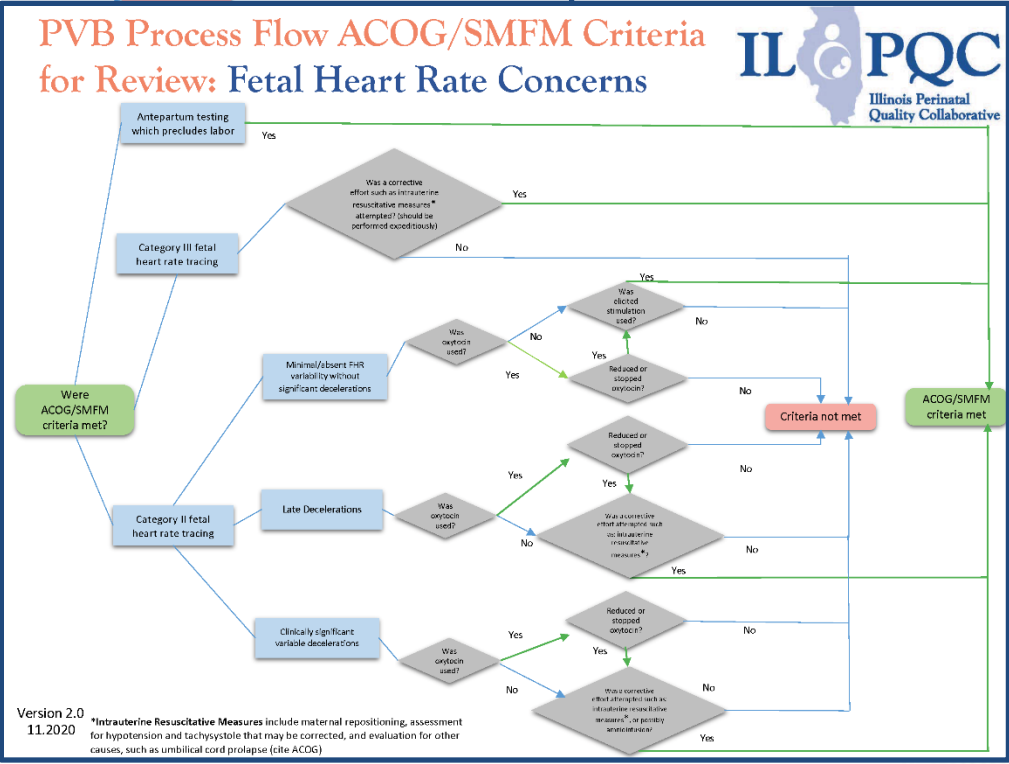
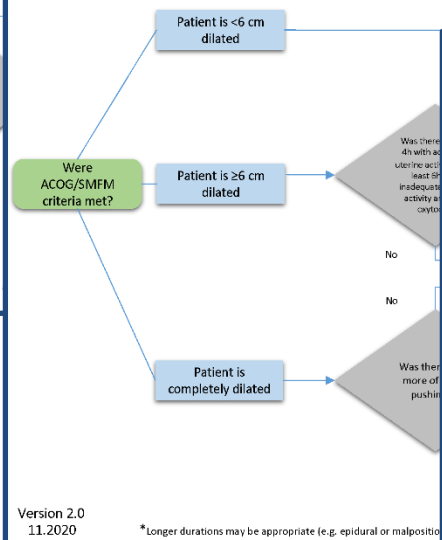
1. Fetal Weight
2. Pain Management for all deliveries
3. Was a cesarean decision checklist using ACOG/SMFM labor guidelines documented?
4. Was a decision huddle to review ACOG/SMFM labor guidelines and the cesarean decision checklist documented?
5. Was there documentation of patient engagement in shared decision-making regarding the delivery decision?

# Updated Process Flow Diagrams

## PVB Process Flow ACOG/SMFM Criteria for Review: Induction



## PVB Process Flow ACOG/SMFM Criteria for Review: Labor Dystocia/ Failure to Progress



Version 2.0  
11.2020

\* Longer durations may be appropriate (e.g. epidural or malposition)

Version 2.0  
11.2020

\* Longer durations may be appropriate (e.g. epidural or malposition)

Version 2.0  
11.2020

\*Intrauterine Resuscitative Measures include maternal repositioning, assessment for hypotension and tachysystole that may be corrected, and evaluation for other causes, such as umbilical cord prolapse (cite ACOG)

# \*Coming Soon\* Data Dashboard

Overall NTSV c-section rate with improved hospital comparison

Monthly summary of NTSV c-section rate by indication

Detailed tracking of compliance with ACOG/SMFM guidelines



Building a new data dashboard  
to optimize monthly data review to identify  
opportunities for improvement and drive QI efforts



# PVB Webinar Schedule:

## 4<sup>th</sup> Monday of the Month

What are your  
thoughts on the  
proposed webinar  
topics?

Date	Topic
<b>Monday, January 25</b> 12:30-1:30	Labor Culture Survey and getting started
<b>Monday, February 22</b> 12:30-1:30	Creating Buy-in and overcoming resistance to change
<b>Monday, March 22</b> 12:30-1:30	Developing and implementing an ACOG/SMFM checklist and use of a shared decision-making approach
<b>Monday, April 26</b> 12:30-1:30	Labor Management Support
May 26	Virtual Face-to-Face

# BIRTH EQUITY





# Birth Equity Initiative Key Drivers

1. Address  
Social  
Determinants  
of Health

2. Utilize  
race/ethnicity  
medical  
record and  
quality data

3. Engage  
patients,  
support  
partners  
including  
doulas, and  
communities

4. Engage and  
educate  
providers,  
nurses, and  
staff

# Birth Equity AIMs & Measures



## Overall Initiative DRAFT Aim

*Increasing proportion of women reporting respectful care and appropriately linked to resources and support for social determinants of health to improve birth equity*

## Structure Measures

% of hospitals completed ILPQC social determinants of health community resources mapping tool to assist linking patients to resources based on the SDoH screening and share with affiliated outpatient prenatal care sites and hospital OB units.

% of hospitals with protocol for accurately collecting patient-reported race/ethnicity data

% of hospitals with maternal health data dashboard/reports with data stratified by race/ethnicity and able to share data with providers, nurses, and staff

% of hospitals have implemented a Patient Reported Experience Measure (PREM) and able to share reports with providers, nurses, and staff

% of hospitals with strategy for incorporating discussion of social determinants of health and discrimination as factors in hospital maternal morbidity reviews

% of hospital teams with a patient advisor on their hospital QI team

% of hospitals have strategy for sharing respectful care practices with delivery staff (ie posting in L&D) that should include appropriately engaging support partners and/or doulas in labor and delivery

% of hospital teams with patients receiving education on urgent maternal warning signs, postpartum safety and tools to improve communication between patients and their healthcare providers prior to delivery discharge

% of hospitals with strategies for addressing diversity in health care team hiring.

## Process Measures

% of sample patient charts with social determinants of health screening documented (prenatal and L&D) and appropriately linked to resources.

% patients responding to the PREM (goal: QR Code to REDCap survey directly linked to the ILPQC Data System)

% of patients in monthly sample with documentation of receiving education on urgent maternal warning signs, postpartum safety and tools to improve communication between patients and their healthcare providers prior to delivery discharge

% of providers, nurses, and staff completing implicit bias training

% of patients completing PREM who reported always or often feeling heard on PREM

# Example of developing resources for Birth Equity Initiative success: Social determinants of health



## Strategy

- Map resources that provide services / referral for patients with identified social determinants of health

## Measure

- % of hospitals with resource map in place and provided to affiliated prenatal locations and hospital OB units (structure)

## Toolkit Resources

- ACOG committee opinion on importance of social determinants of health
- Mapping tool and online resources to identify services

# Example of developing resources for Birth Equity Initiative success: Engage and educate providers staff



## Strategy

- Educating providers, nurses, and staff on the importance of listening to patients and addressing implicit bias

## Measure

- % of providers, nurses, and staff completing implicit bias training (process)

## Toolkit Resources

- Layered approach:
  - E-modules
  - Discussion through town halls, grand rounds, provider meetings
  - Feedback

# Getting Started with Birth Equity in 2021

- ✓ Two hospitals from each network will participate in Wave 1\*
- ✓ Wave 1 teams will review and test data form with three monthly webinars in Feb-Apr – *we are continuing to work on focusing strategies and measures for initiative*
- ✓ QI initiative recruitment of teams (Mar-May) for May 2021 launch at Face to Face





# Birth Equity Wave 1

What are your thoughts on  
engaging hospitals across networks  
in Wave 1?

<u>Network</u>	Hospital #1	
UIC Network	University of Chicago (confirmed by PNA)	Ingalls hospital (confirmed by PNA)
U Chicago		
Stroger	Stroger (confirmed by PNA)	Roseland (confirmed by PNA)
St. John's		
St. Francis		
Rush		
Rockford		
Loyola	Loyola University (expressed interest)	
Cardinal Glennon	SSM Health St. Mary's (confirmed by PNA)	SSM Good Samaritan Hospital (confirmed by PNA)
Northwestern	West Suburban (confirmed by PNA)	Northwestern Memorial Hospital & Swedish Covenant Hospital (confirmed by PNA)

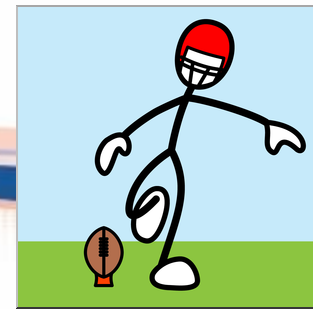
Due January 29



# BIRTH EQUITY KICKOFF DISCUSSION



- Feedback and questions on the plan for launching Birth Equity in May 2021
- How can we support and engage hospitals across the state in this initiative?
- When should ILPQC begin monthly calls/kickoff for the Birth Equity QI initiative?





# PATIENT & FAMILY CENTERED CARE PILOT



- **Are you interested in getting small group and 1:1 support from LaToshia Rouse, national patient advisor and QI expert, to engage patients/families in your QI work?**
- Don't miss out on our patient family engagement pilot exclusively for ILPQC QI teams
  - Series: Rethinking Patient and Family Centered Care 5 monthly sessions
    - Building a Culture of Family Centered Care and How it Reduces Disparities
    - How to Select and Support Patient and Family Advisors
    - The Power of Stories—Strategies to Educate and Change Organizational Culture
    - Collaborating with Patient and Family Partners in QI
    - Linking Patient- and Family-Centered Care, Quality, and Safety
- Starting mid - January 2021
- Please invite **OB and Neo** team members from your hospital (provider or nurse champion)
- LaToshia will offer a custom education and support program to the hospital team and any patient advisors identified during the process

Email us at  
[info@ilpqc.org](mailto:info@ilpqc.org)  
by January 7 to  
participate

MNO-OB, MNO-NEO, IPLARC, IPAC

# CROSSING THE FINISH LINE AND SUSTAINABILITY

# MNO-OB NEXT STEPS

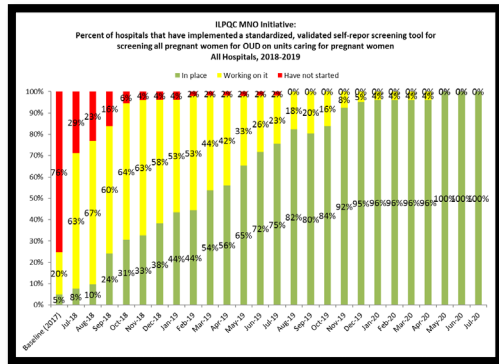
# MNO-OB Sustainability

How do we best help teams succeed?

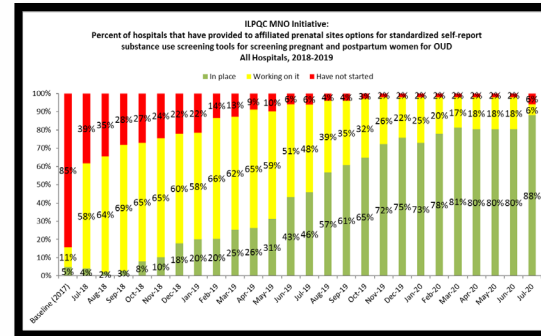
- We will be celebrating teams crossing the finish line with QI Excellence awards during the sustainability phase.
  - MAT by delivery discharge  $\geq 70\%$
  - Linkage to Recovery Treatment Services  $\geq 70\%$
  - Narcan counseling by delivery discharge  $\geq 60\%$
  - Prenatal SUD/ODU validated tool screening  $\geq 50\%$
- **Confirm all teams submit MNO Sustainability Plans to PNA's by January 1**
  - MNO Sustainability Calls for all teams January, March, May F2F meeting, then quarterly MNO calls for teams to report Sustainability progress.
  - Review Sustainability progress in Regional Network Meetings



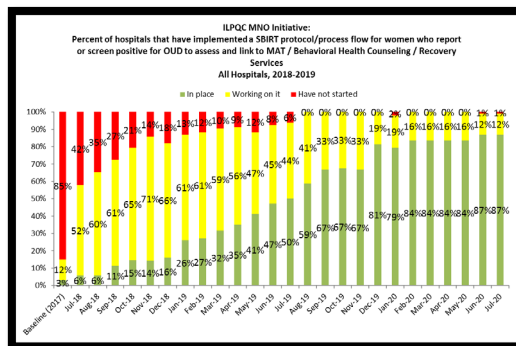
# Making Systems Change Happen



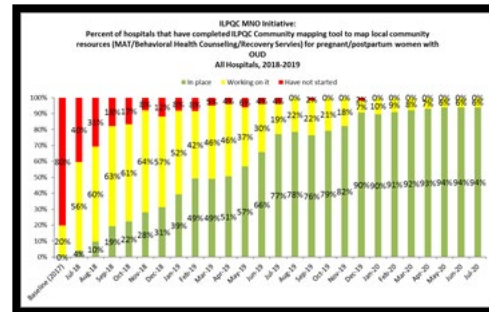
100% of teams have a validated screening tool in place on L&D



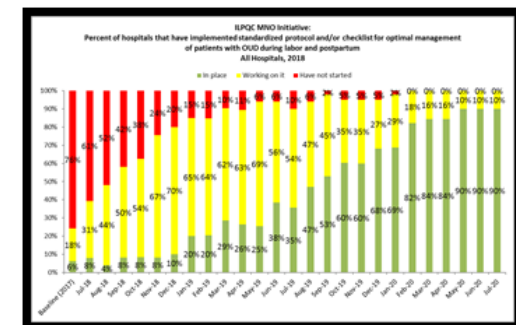
80% of teams have a validated screening tool in place prenatally



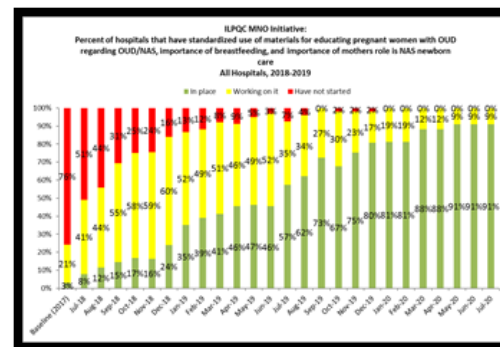
93% of teams have a SBIRT protocol/algorithm in place on L&D



93% of teams have mapped community resources for women with OUD



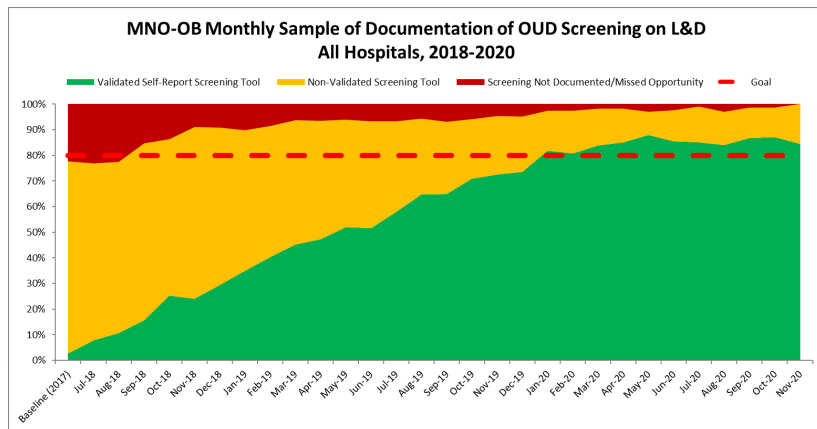
93% of teams have implemented an OUD Clinical Care Checklist on L&D



93% of teams have implemented standardized patient education on L&D



# Documentation of Screening for SUD/ODD with Validated Tool



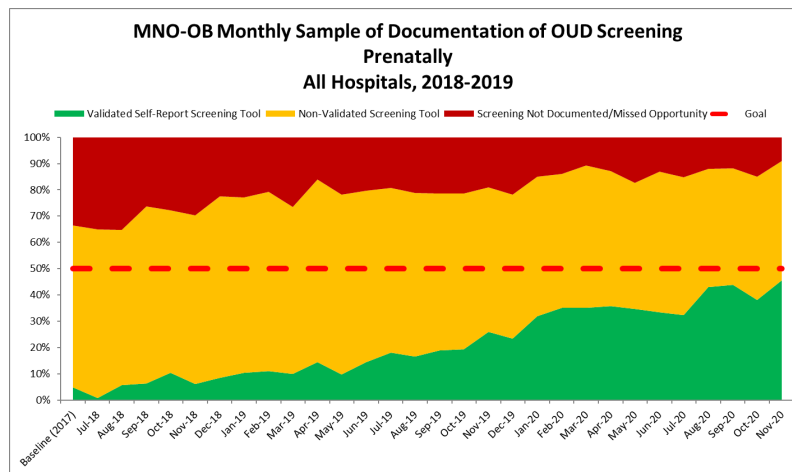
**85%**

Random sample of 10 deliveries  
per month reviewed for  
documentation of SUD/ODD  
screening  
N = 21,580 to date

**Prenatal**

**L&D**

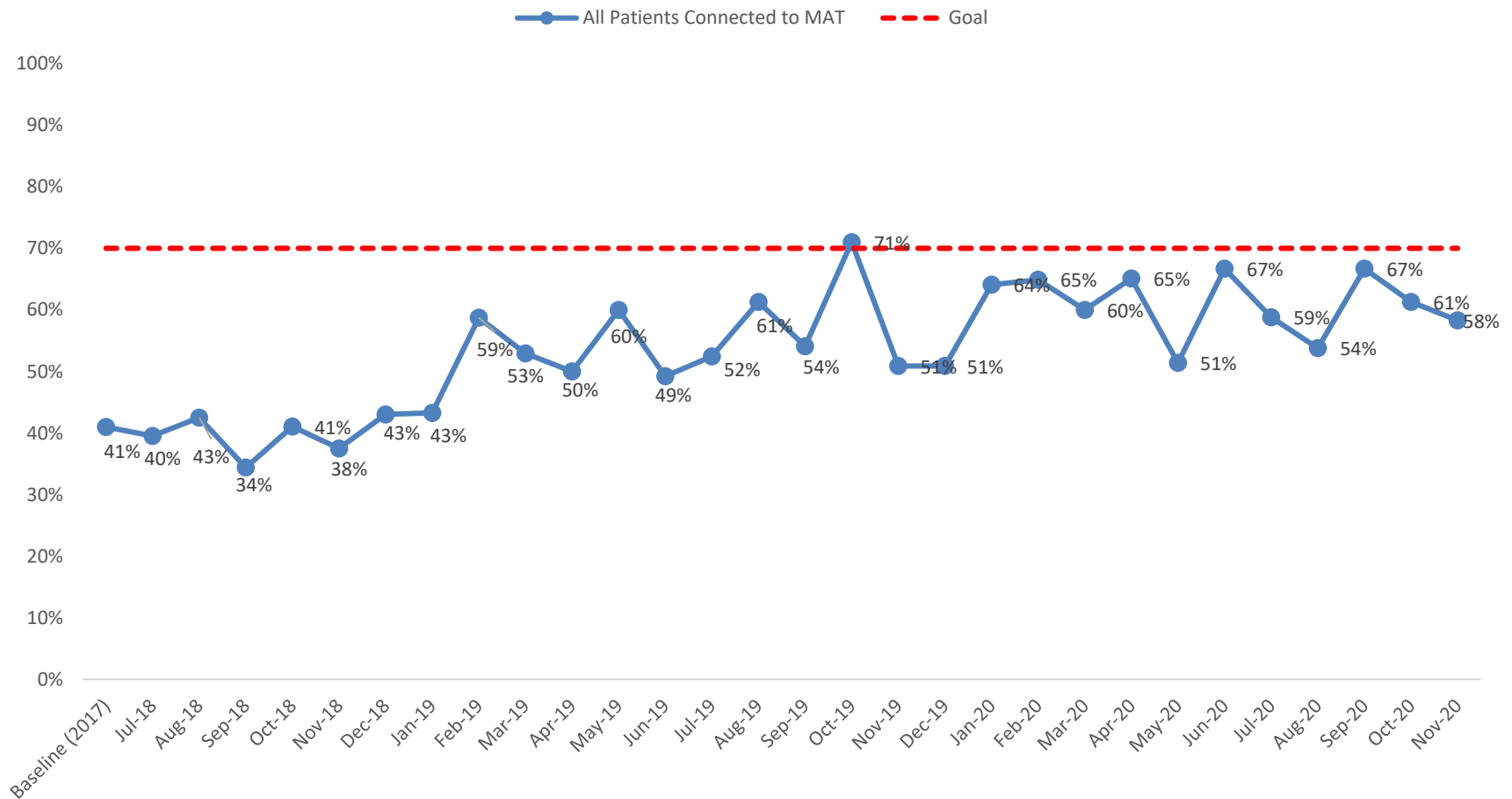
Red = No screening  
Yellow = Screened single  
question  
Green = Screened with  
validated  
SUD/ODD screening tool



**45%**

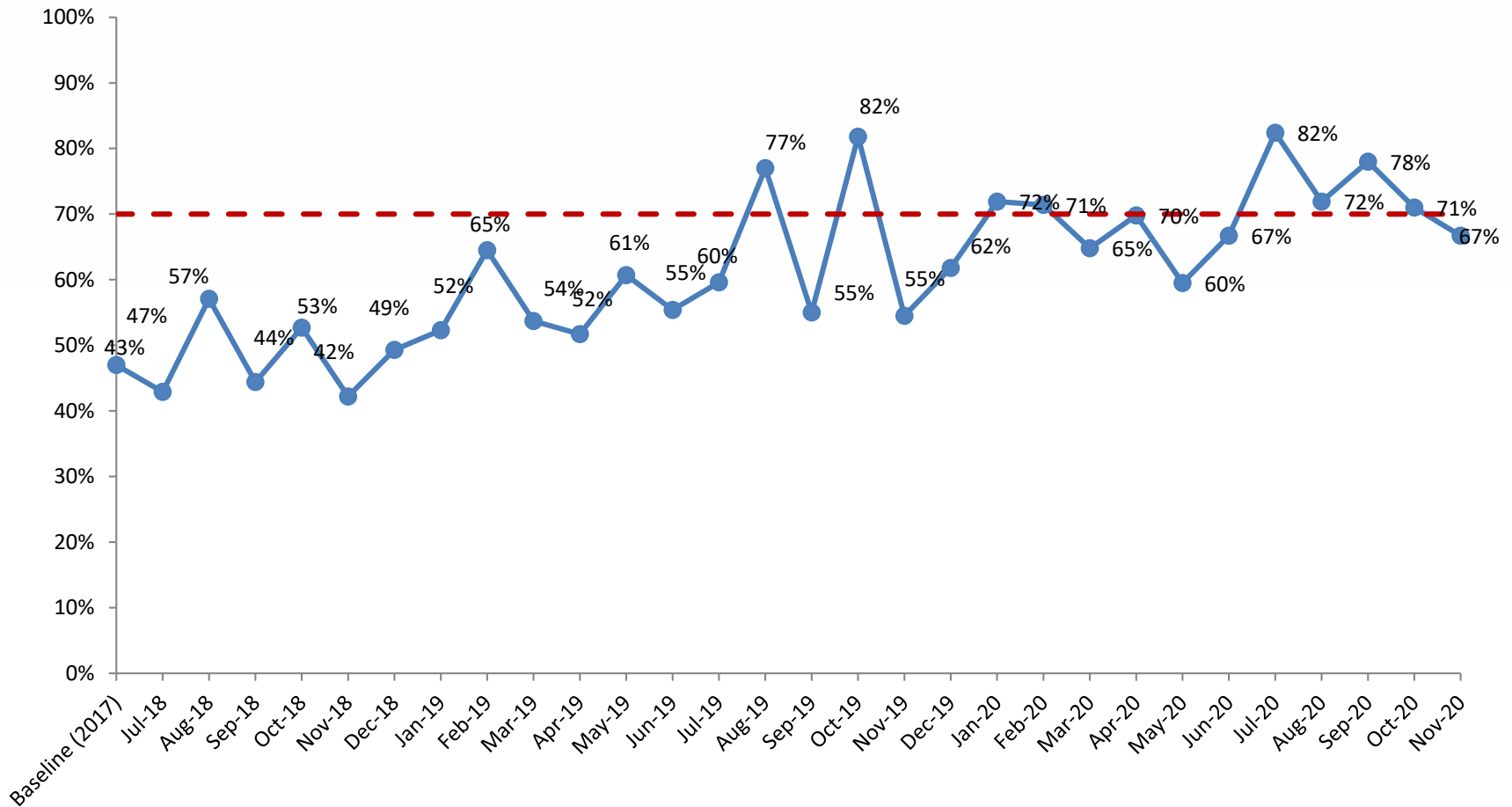
**GOAL:  $\geq 50\%$**

# Women with OUD on MAT by Delivery Discharge



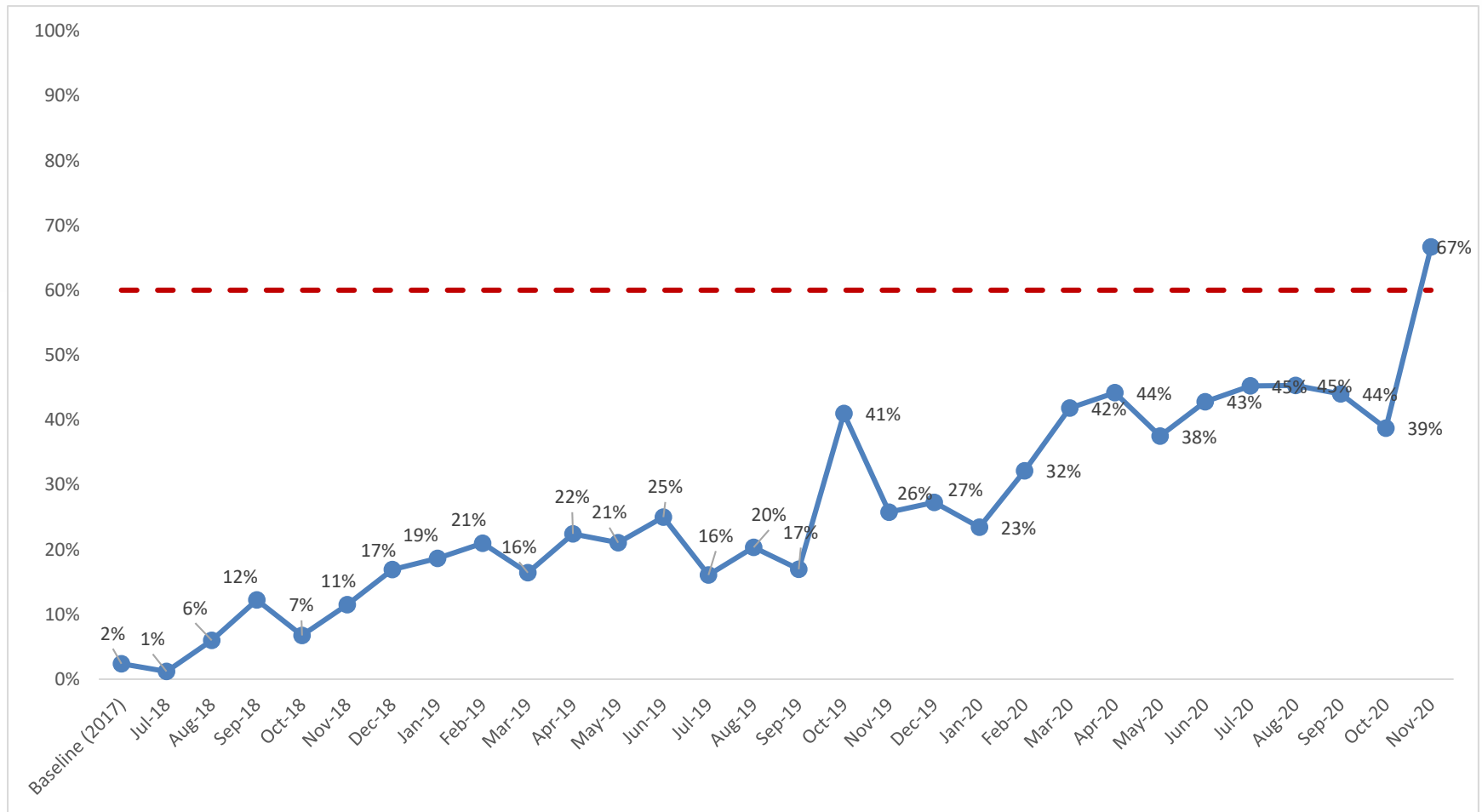
**Goal =  $\geq 70\%$**

# Women with OUD Connected to Recovery Treatment Services by delivery



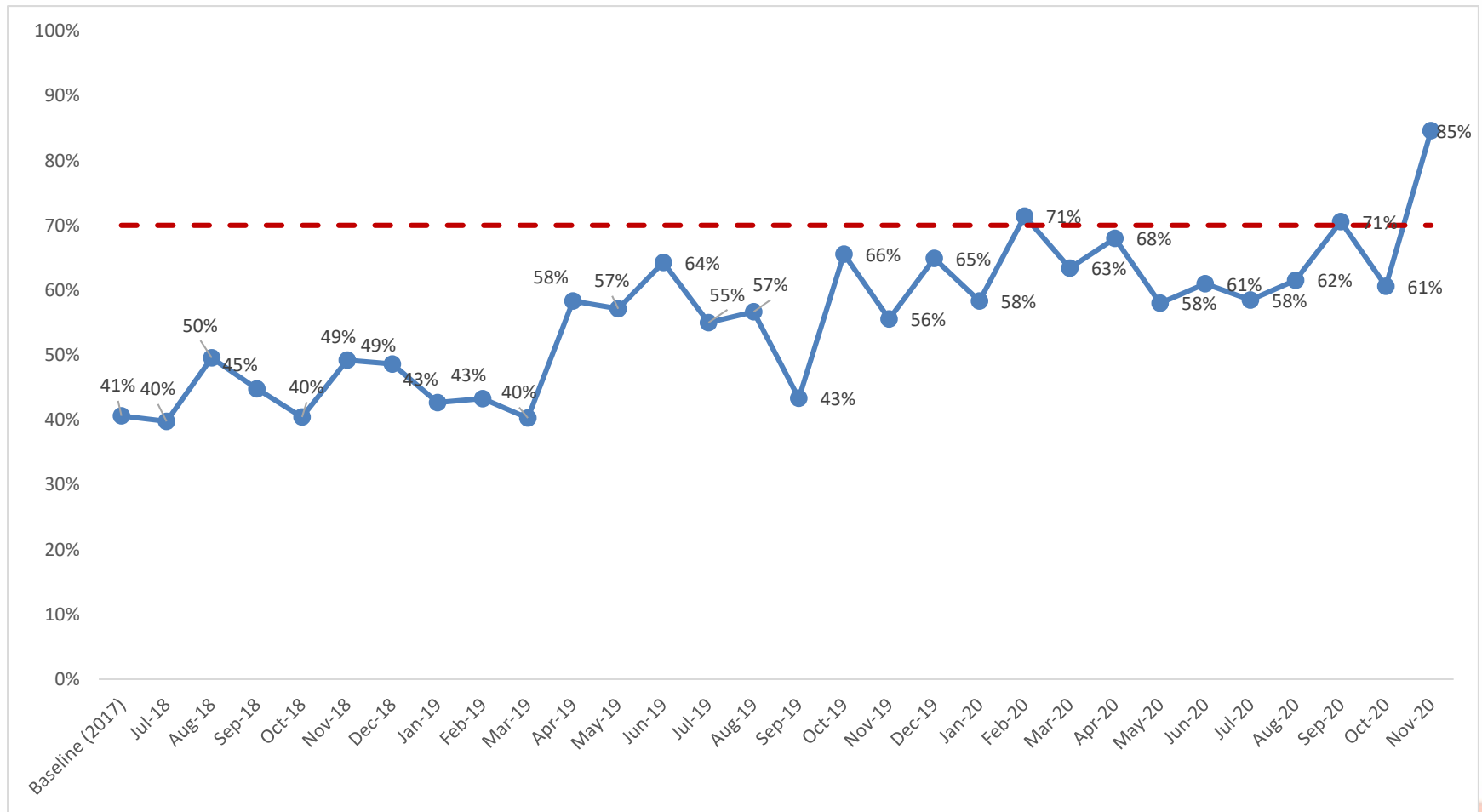
**Goal  $\geq 70\%$**

# Narcan Counseling & Documentation



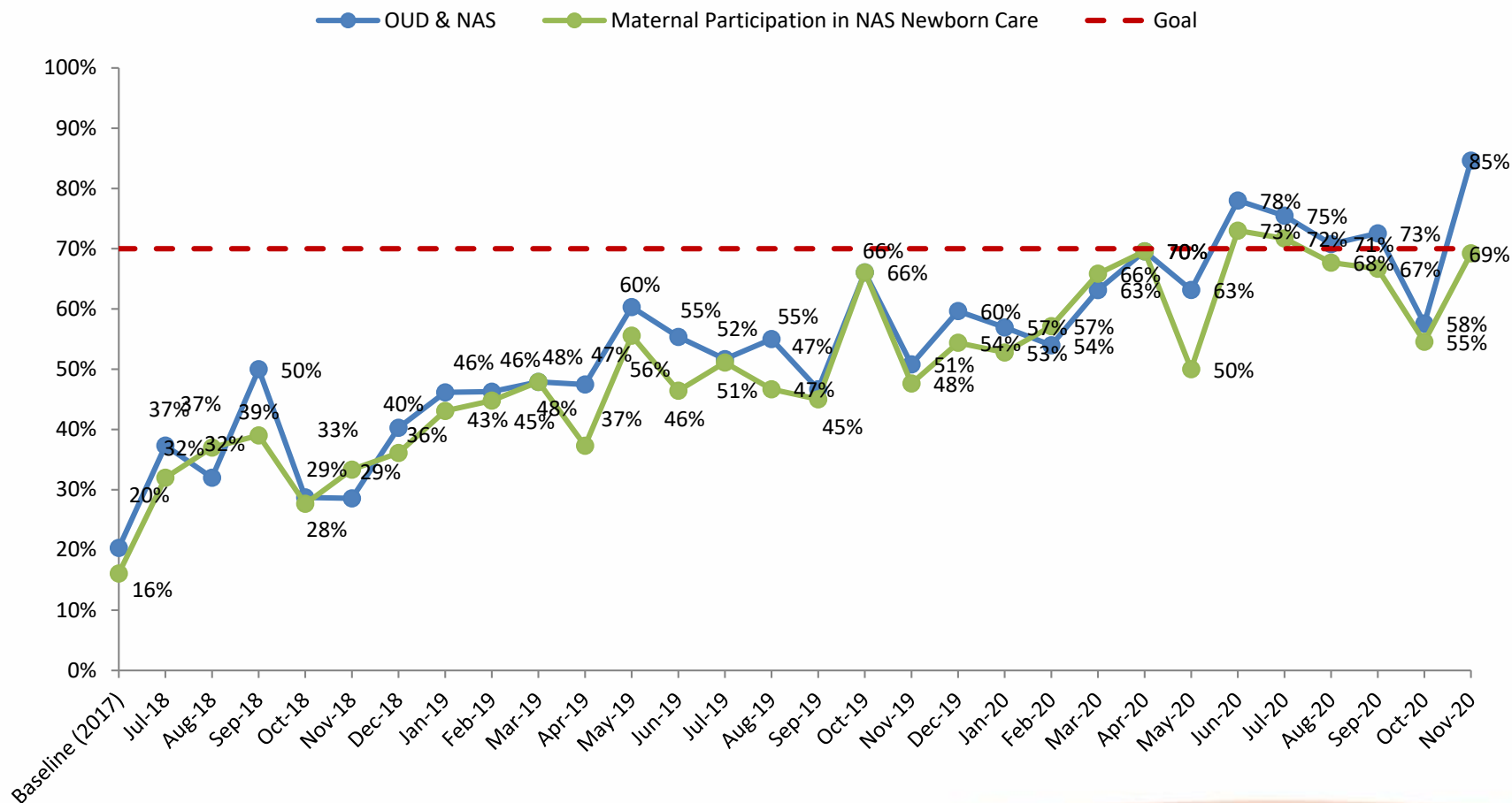
**Goal  $\geq$  60%**

# Hepatitis C Screen by delivery discharge



**Goal = ≥ 70%**

# Patient education prenatally or by delivery discharge



**Goal = ≥ 70%**

# Diving into the Data:

## 2020 Snapshot



- Receipt of prenatal care was 80% or higher
- Identification of OUD in 2020:
  - Prior to current Pregnancy: 42%
  - During current pregnancy: 29%
  - Delivery admission: 25%
    - Delivery admission, before delivery: 25%
    - Delivery admission, after delivery: 7%
- Neonatal consults prenatally or before delivery admission increased 38% → 65% by 2020
- Detected Multi-substance use in 2020:
  - Amphetamines: 11%
  - Cannabis: 16%
  - Cocaine: 10%



# Diving into the Data: 2020 Snapshot



- Prescribed Medication for MAT:
  - Buprenorphine: 45% → 62% in 2020
  - Methadone: 56% → 39% in 2020
- Recovery treatment services connected to in 2020:
  - Residential Treatment: 14%
  - Outpatient Treatment: 56%
  - Methadone Clinic: 38%
  - Behavioral Health Counseling: 31%
  - Peer Support/12 Steps: 5%
- 72% of patients had SUD diagnosis on problem list
- 52% of patients had co-occurring psych diagnosis
- 59% of patients had apt with MAT/RTS scheduled at discharge
- 61% of patients had a navigator involved in the discharge process

# MNO-OB Teams Next Steps



## ODU Systems

- Continue to cross the finish line and ensure all systems are in place to provide optimal OUD care

## Provider Education

- Ensure all clinical team members receive education and know how to activate the OUD Systems and provide stigma free care

Please encourage teams to reach out to ILPQC for help!

## Sustainability Plan

- Begin preparing for sustainability and work with your QI team to complete & submit your sustainability plan

## ILPQC MNO-OB Sustainability Plan

- MNO-OB teams are working to cross the finish line and complete/submit their sustainability plans to ILPQC & PNAs during the month of December

Due January 1<sup>st</sup>

### ILPQC MNO-OB Initiative: Sustainability Plan

#### Sustained Improvement Tracking of key process measures:

1. SUD/ODU Prenatal and LD Screening documented
2. Medication Assisted Treatment (MAT) Prenatally or by Delivery Discharge
3. Linkage to Behavioral Health Counseling / Recovery Treatment Services Prenatally or by Delivery Discharge
4. Narcan Counseling & Prescription Offered Prenatally or by Delivery Discharge
5. Hepatitis-C Screening Prenatally or by Delivery Discharge

How will measures be collected? \_\_\_\_\_

Team member(s) in charge of monthly reporting in REDCap: \_\_\_\_\_

How often will your QI team meet to review hospital data reports via REDCap and develop a response if compliance on measures are below the goal? ☐ Monthly ☐ Quarterly ☐ Other: \_\_\_\_\_

#### Ongoing Education for all providers and nurses

What education tool(s) will you use for ongoing education for all nurses and providers?

- ☐ ILPQC Provider eModule ☐ ILPQC RN eModule ☐ Missed Opportunity Review form ☐ ILPQC SBIRT Simulations  
☐ SBIRT/ODU Clinical Algorithm ☐ MNO-OB Toolkit Provider Education Materials ☐ RN Workflow ☐ Other: \_\_\_\_\_

How will you incorporate MNO-OB education and clinical care policies and protocols into ongoing education?

How often will you provide ongoing education? ☐ Biannually ☐ Annually ☐ Other? \_\_\_\_\_

#### New Hire Education for all new hires

What education tool(s) will you use for new hires (see above)?

How will you incorporate MNO-OB education and clinical care policies and protocols into hospital new hire education?

#### Sustained System-level Changes

What system-level changes have you put into place to sustain providing optimal care for every patient with OUD?

- ☐ LD Admission Huddles ☐ Prenatal Care Conference ☐ MNO-OB Folders ☐ MNO OUD Order Sets  
☐ Missed Opportunity review with clinical team feedback ☐ Validated Screening tool in EMR ☐ Other: \_\_\_\_\_

How will you sustain these efforts, such as how will you ensure that MNO-OB Folders are replenished and updated? How will you confirm OUD Admission Huddles are being completed for all patients with OUD?

Community Resources: How often will you update your local map of resources to connect pregnant/postpartum patients to MAT & Behavioral Health/Recovery Treatment Services? ☐ Bi-annually ☐ Annually

Whose job is it to update the MNO- OB folders? \_\_\_\_\_

Whose job is it to update local map of resources to MAT & Behavioral Health/Recovery Services? \_\_\_\_\_

Nursing Champion(s): \_\_\_\_\_ Provider Champion(s): \_\_\_\_\_

Drafted Date: \_\_\_\_\_ Quarterly Review Dates: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Looking back at the last 2 years as we move into sustainability...What worked best, what was the most challenging, what do you think were the biggest successes of MNO-OB, what will be most important for teams to succeed in sustainability?

## **FEEDBACK ON MNO-OB INITIATIVE**

# MNO-OB Sustainability Webinars



Are there specific MNO-OB topics teams have been requesting more of: Narcan? Use of patient navigators? Managing OUD in Covid?

Date	Topic
<b>January 11<sup>th</sup>, 2021</b> 12:30-1:30pm	MNO-OB Initiative Sustainability Call
<b>March 8<sup>th</sup>, 2021</b> 12:30-1:30pm	MNO-OB Initiative Sustainability Call
<b>May 26<sup>th</sup>, 2021</b>	OB Virtual Face-to-Face Meeting
<b>June 14<sup>th</sup>, 2021</b> 12:30-1:30pm	MNO-OB Initiative Sustainability Call
<b>September 13<sup>th</sup>, 2021</b> 12:30-1:30pm	MNO-OB Initiative Sustainability Call
<b>December 13<sup>th</sup>, 2021</b> 12:30-1:30pm	MNO-OB Initiative Sustainability Call

**All hospital teams will be assigned month to give Sustainability Update**

# IPLARC & IPAC

# UPCOMING IPLARC CALL

**FINAL IPLARC Call**  
**December 21<sup>st</sup>, 2020**  
**12-1pm**



ILPQC is working to assist  
Wave 2 teams with  
sustainability resources such  
as a MamaU





# UPCOMING IPAC CALL

**FINAL IPAC Call**  
**December 21<sup>st</sup>, 2020**  
**11-12pm**



Looking back on the last 2 years as we move into sustainability....

What worked best, what were the biggest challenges, what do you think were the biggest successes? What is most important to maintain in sustainability?

## **FEEDBACK ON IPLARC AND IPAC INITIATIVES**

# HEMORRHAGE AND HTN CONTINUING EDUCATION



# Maternal Hypertension & OB Hemorrhage Continuing Education



- To reduce maternal morbidity and mortality and build on current quality improvement efforts, **I PROMOTE-IL** and **ILPQC** support hospital efforts to provide ongoing education for managing obstetric hemorrhage and maternal hypertension, as specified in [Public Act 101 0390](#).
- There are several ways for birthing facilities to fulfill this annual training requirement, including e-modules, simulations, or drills from AIM, ACOG and other leading national groups available on the [ilpqc.org](http://ilpqc.org) website.



# Hypertension and Hemorrhage Reporting

- Please complete this [form](#) annually for your hospital to report training occurring in the calendar year by **December 31st** and annually thereafter.
- Hospitals should report the number of hospital staff and providers with admitting privileges who have met the obstetric hemorrhage and maternal hypertension training requirements.



# COVID-19



# COVID-19 Sharing Strategies



OB & Neonatal providers from across the state present cases and share strategies

Have any of your hospitals had a COVID-19 case? Please contact us at [info@ilpqc.org](mailto:info@ilpqc.org)

January 8<sup>th</sup> at 12pm



# Round Robin

We LOVE hearing from you! Please unmute yourself and share your thoughts





# THANKS TO OUR FUNDERS



**JB & MK PRITZKER**  

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**Family Foundation**