



Illinois Perinatal Quality Collaborative

Ann Borders, MD, MSc, MPH

Maternal-Fetal Medicine

Northshore University Health System

Welcome to ILPQC OB Quality Boot Camps

- Perinatal Quality Collaborative add value
- ILPQC overview
- ILPQC next steps



Preterm Births in Illinois



- Of 165,200 births in IL, 12.2% were born preterm (<37 weeks) (NCHS, 2010)
- The cost to care for 21,168 preterm infants in Illinois amounted to over \$1.09 billion in 2009
- Increased focus on improving perinatal outcomes and reducing costs

Prematurity Task Force



House JOINT resolution 111

That the Perinatal Advisory Committee shall, in a written report that is to be delivered to the General Assembly on or before November 1, 2012 make findings and recommendations concerning reducing preterm births in Illinois...

Relevant Task Force Recommendations



- Consolidate and link data systems in Illinois to better understand and prevent preterm births
- Create a comprehensive dataset to capture data on infant outcomes and maternal health before, during and after pregnancy
- Eliminate elective (non-medically indicated) deliveries <39 weeks gestational age
- Monitor change process with continuous quality improvement (CQI)

Relevant Task Force Recommendations

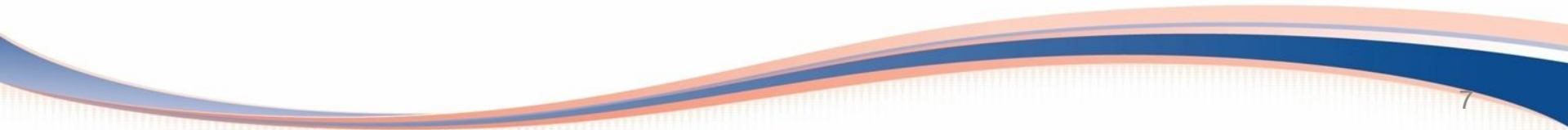
- Provide resources for perinatal quality collaborative to work in tandem with RPS to engage in ongoing quality improvement initiatives



CDC Definition: Perinatal Quality Collaboratives



“ “ State Perinatal Quality Collaboratives (PQCs) are networks of perinatal care providers and public health professionals, working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes. ” ”



What are State Perinatal Quality Collaboratives?



- Voluntary
- Population-Based
- Data-Driven
- Value-Added
- Quality Improvement
- Collaborative Organizations



Tennessee Initiative for Perinatal Quality Care



Perinatal Quality Collaborative Adds Value



- A proven strategy to improve birth outcomes and reduce costs
- Provide an independent platform to bring groups together to work on QI initiatives at the birthing hospital level
- Identify nurse/physician leadership teams, provide collaborative infrastructure, provide hospitals data support and QI science expertise
- Goal to reduce burden and add value for all

Accomplishments of State Quality Collaboratives



- **Ohio:** Full term deliveries increased by 8%
 - 6,000 fewer than expected births 36-38 weeks per year
 - Prevented 500 NICU admissions and 34 infant deaths
 - Estimated savings of \$27m in avoided NICU admissions
- **Florida:** Decreased NMI elective deliveries <39 weeks from >35% to 5% (provisional) in participating hospitals
- **North Carolina and other states (multi state collaboration):** CLABSI rates decreased by 58%

Key elements in a successful state collaborative

- *Population-based, rapid-response data system*
- *Well-connected, committed, **clinical leadership** in both obstetrics and pediatrics*
- *Access to **baseline data***
- *Involvement of key **state agencies and professional organizations***
- *Centralized **administrative infrastructure***
- *Access to rigorous, **improvement science** expertise*
- *Integration of **community and academic providers***
- *Open to idea of **transparent sharing** of results*

Ed Donovan, MD, founder OPQC

ILPQC - getting to work



- A series of key stakeholder meetings were held in late 2012 /early 2013 to establish the ILPQC mission, vision and goals
- Partnership with PQCI and learn from neonatal colleagues
- Start up funding was provided by the Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant
- Perinatal quality collaborative leaders in California, Florida, North Carolina, and Ohio provided consultation and expertise to the Illinois team
- Collaborate with RPS, IL Hospital Assoc., March of Dimes, Ever Thrive IL, IDPH, HFS, HHS etc

ILPQC Vision



A statewide perinatal quality collaborative that involves all perinatal stakeholders; utilizes data-driven, evidence-based practices; improves perinatal quality resulting in improved birth outcomes, improved health for women and infants, and decreased costs; builds on Illinois' existing state-mandated Regionalized Perinatal System, and operates with long-term sustainable funding.

ILPQC Goals



- Develop a collaborative network of perinatal stakeholders (focused on birthing hospitals with obstetric and neonatal leadership teams) committed to improving perinatal safety, efficiency, quality of care, and outcomes for women and infants.
- Educate stakeholders on improvement science and best practice, and use improvement science to design, implement and evaluate data driven, evidence-based processes to improve the quality of perinatal care.
- Utilize a statewide database with real-time data collection, analysis, and reporting capability.
- Assure that each initiative undertaken adds value for all perinatal stakeholders, optimizes resources, spreads best practices, reduces variation, and promotes family and patient-centeredness.

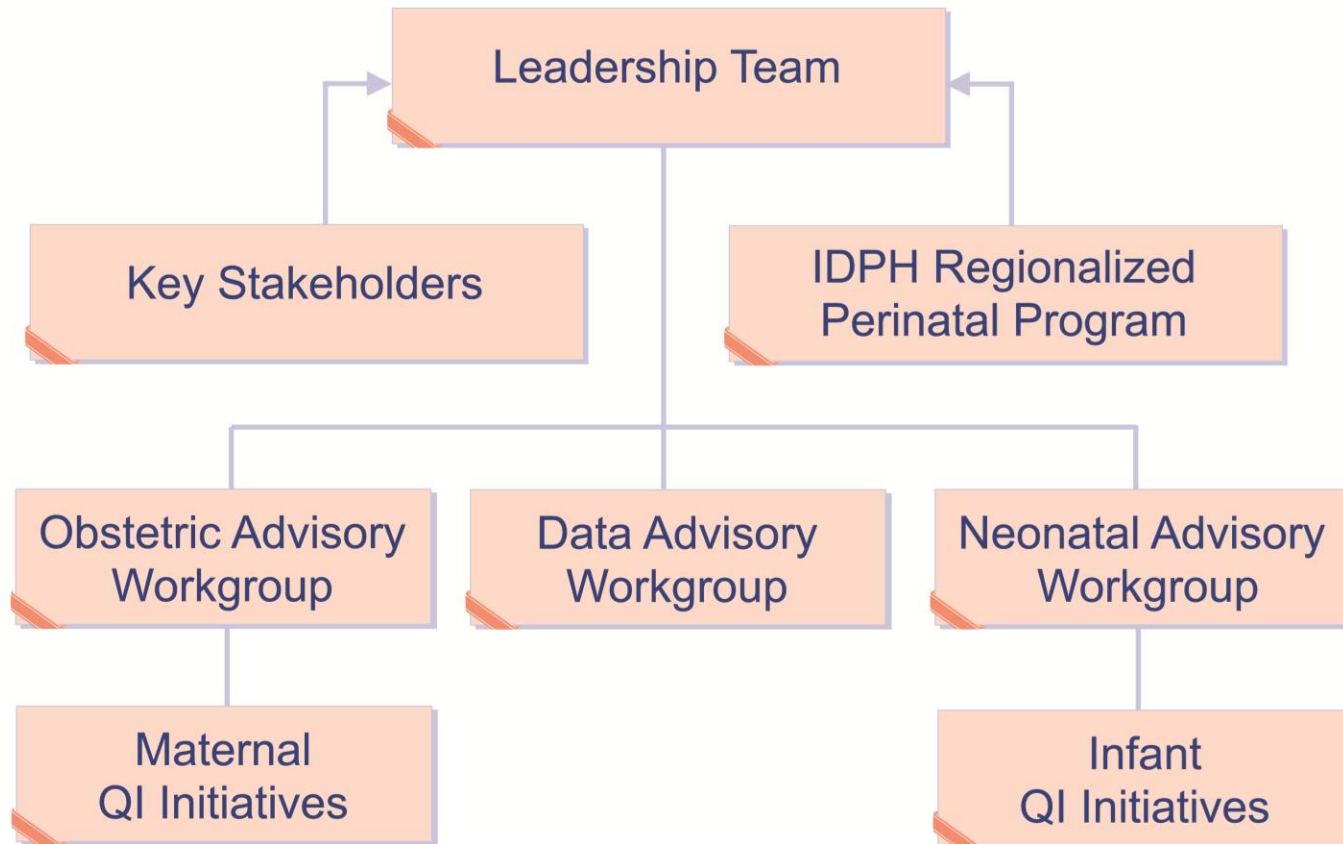
The path for ILPQC

- Independent, statewide, collaborative organization
- Builds on Illinois' existing state-mandated Regionalized Perinatal System
- Ongoing access to vital records and hospital outcome data
- Development of secure, web-based data system with capability to interface with EHR's for data collection with automatic reporting and real time data review
- Engages birthing hospitals with data collection support, QI science expertise and collaborative infrastructure
- Operates with long-term, sustained funding
- Assure that each initiative undertaken adds value for perinatal stakeholders
- Goal: **reduce burden, add value**

ILPQC Stakeholders

- Illinois Department of Public Health
- Illinois Department of Healthcare and Family Services
- Illinois Department of Human Services
- Illinois Regionalized Perinatal System
- Illinois Hospital Association
- March of Dimes
- EverThrive Illinois (formerly IL Maternal & Child Health Coalition)
- American Congress of Obstetricians and Gynecologists (ACOG)
- Illinois Chapter, American Academy of Pediatrics (ICAAP)
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Public and Private Payers
- Midwest Business Group for Health

ILPQC Structure



ILPQC Leadership Team



- **Ann Borders** –Obstetric Chair
- **Akihiko Noguchi** – Neonatal Chair
- **Deb Rosenberg** – Data Advisory Chair
- **Madiha Qureshi** – March of Dimes
- **Gwen Smith** – CHIPRA
- **Marie Cleary-Fishman** – IHA
- **Barb Haller** – IHA
- **Janine Lewis** – Ever Thrive Illinois

How do hospital teams get started?

- Hospitals submit a letter of interest
 - identify the QI leadership team for your hospital
 - each QI leadership team should include, at a minimum, both a nursing and physician team member
 - Draft letters are available on *ILPQC.org*
- Data collection support will begin once participating hospitals sign a Memorandum of Understanding
- We will keep hospitals engaged with ILPQC updates and next steps with communication through the Perinatal Network System

Next Steps

- ILPQC virtual OB Boot Camps
 - In collaboration with the Illinois Hospital Association and March of Dimes
 - Developed to facilitate QI team building and begin work on the first obstetric QI initiative
 - Boot Camp #2 (February)
 - Boot Camp #3 (March or April)
 - Register at *ILPQC.org*
- Hospitals already engaged in neonatology QI initiatives through PQCI
 - Will continue these initiatives as a part of ILPQC

How to get more involved with ILPQC?



- We are looking for perinatal health-related physicians and practitioners, perinatal nurses, advocates, payers and policymakers statewide to become involved in our Obstetric Advisory, Neonatal Advisory and Data Advisory Workgroups
- Workgroups will advise current perinatal QI initiatives, as well as develop and propose future perinatal projects.
- Contact us at info@ilpqc.org if you are interested

Thank You

Everyone who has worked so hard to move obstetric and neonatal QI forward in Illinois to help make Illinois an even better place to be born!