



*Hot Topics in Obstetric QI:
MNO-OB: Achieving successful
sustainability; Getting started with
Promoting Vaginal Birth; and Looking
ahead to Birth Equity in 2021*

Ann Borders and Expert Panel

OB Breakout Overview



- Speaker Panel:
 - Ann Borders, MD, MSc, MPH
 - David LaGrew, MD
 - Veronica Gillispie-Bell, MD, MAS
 - Brenda Barker, M. Ed., MBA
 - Charlene Collier MD, MPH, MHS, FACOG
- 2:30-3:00pm MNO-OB: Achieving successful sustainability
- 3:00-3:30pm Getting started with Promoting Vaginal Birth
- 3:30-3:50pm Looking ahead to Birth Equity in 2021
- 3:50- 4:00pm Discussion of future initiatives

Mothers and Newborns affected by Opioids- OB Initiative Discussion Topics

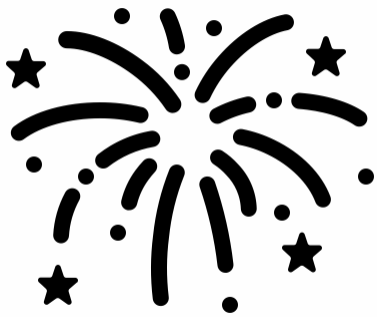


- **Annual Team Survey Results Discussion**
- **Data Discussion & Activating Systems for optimal care**
 - Where we are and where we need to be for every hospital to provide optimal care for patients with OUD
 - Implementation of systems changes and OB Providers Education
- **MNO Sustainability**
 - Planning for MNO-OB Sustainability
- **Sharing Strategies for Success**
 - Panel Discussion

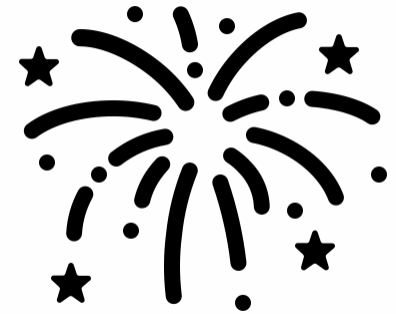
ILPQC ANNUAL SURVEY MNO-OB RESULTS

Thank you!

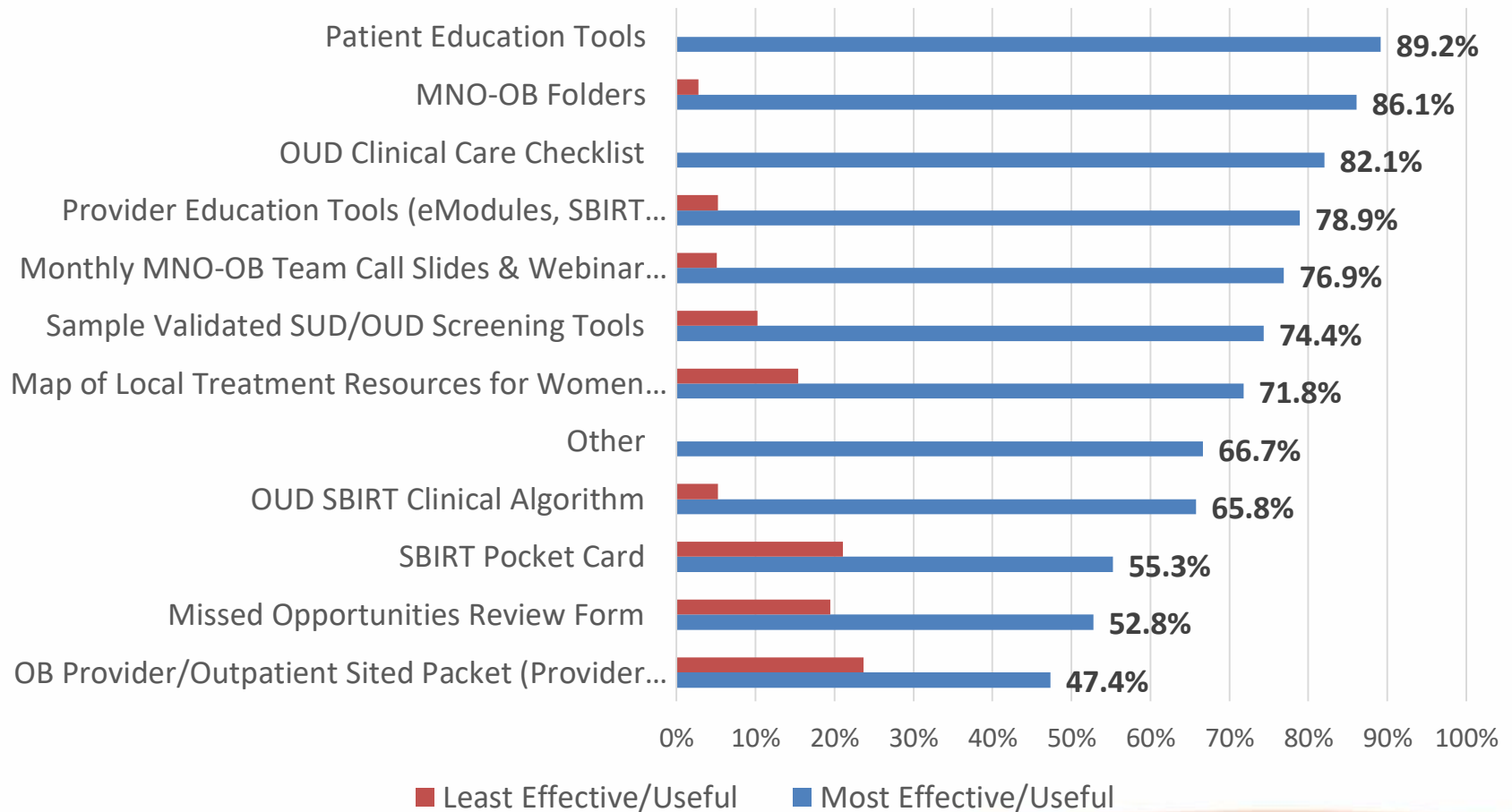
- We are so appreciative of all the teams who submitted an Annual Conference Survey



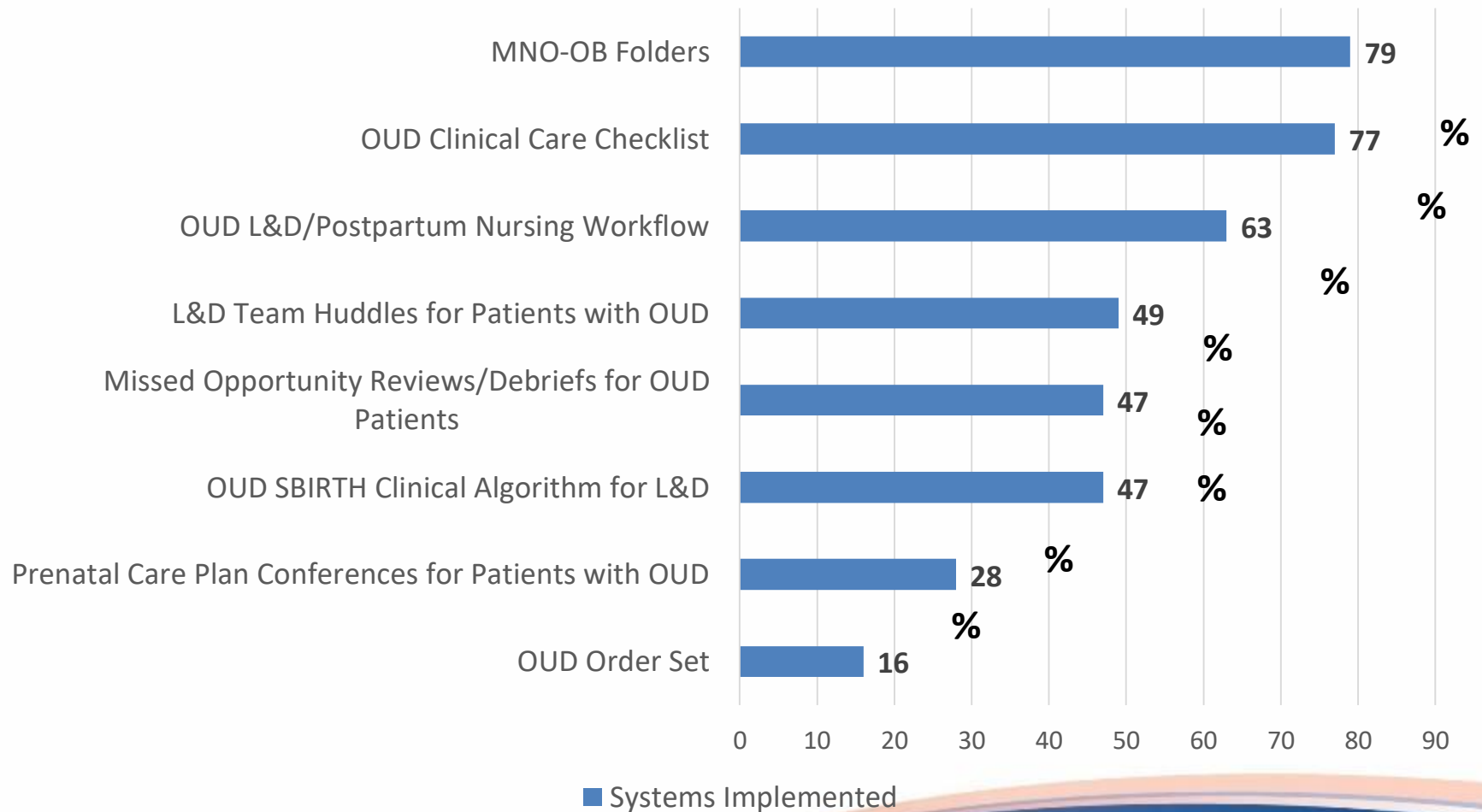
50 Teams
reporting



Elements most effective in linking women with OUD to MAT and Recovery Services prenatally or by delivery discharge



Systems implemented to facilitate OB Team's ability to provide optimal care for all pregnant and postpartum patients with OUD



Hospital reported key strategies to assist in Narcan counseling and prescription offer



- Education
 - Utilized Narcan resources in MNO folders
 - Presented at department meetings and Grand Rounds
 - Provided offices with Narcan Information
- Added to checklist
- Attached laminated examples of Narcan prescriptions on all postpartum computers
- Developed tip sheet on how to order Narcan
- Narcan available on site at Outpatient Pharmacy
- Monthly meeting to review misses
- Pathway under development

Hospital reported key strategies to achieve prenatal screening with validated tool



- Screening tool reminder on initial interview
- 5Ps Tool incorporated into EMR
- Audits
- Education
 - Lunch and Learn with office staff
 - Unit Meetings and Grand Rounds
 - Provided packet of MNO information to offices and requested office plan
 - Letters to community providers
 - E-learning

Hospitals reported key strategies to provide OUD stigma/bias education



- Words Matter Video
- System-wide module
- Grand Rounds
- Mandatory e-learning for new hires
- Vermont Oxford stigma education program
- eModules
- Healthstream education
- Flyers and Handouts
- 1:1 Coaching

Desired support from ILPQC to cross finish line and transition into sustainability



- Continue with regular/periodic/quarterly MNO OB team webinars; regional meetings
- Available for questions and concerns
- Additional Narcan counseling information
- Continued provider education
- Emergency Department education
- Resources especially for follow-up upon discharge
- Work directly with physician offices (lack of resources to assist outpatient private offices)
- Help develop affordable community resources on the south side of Chicago

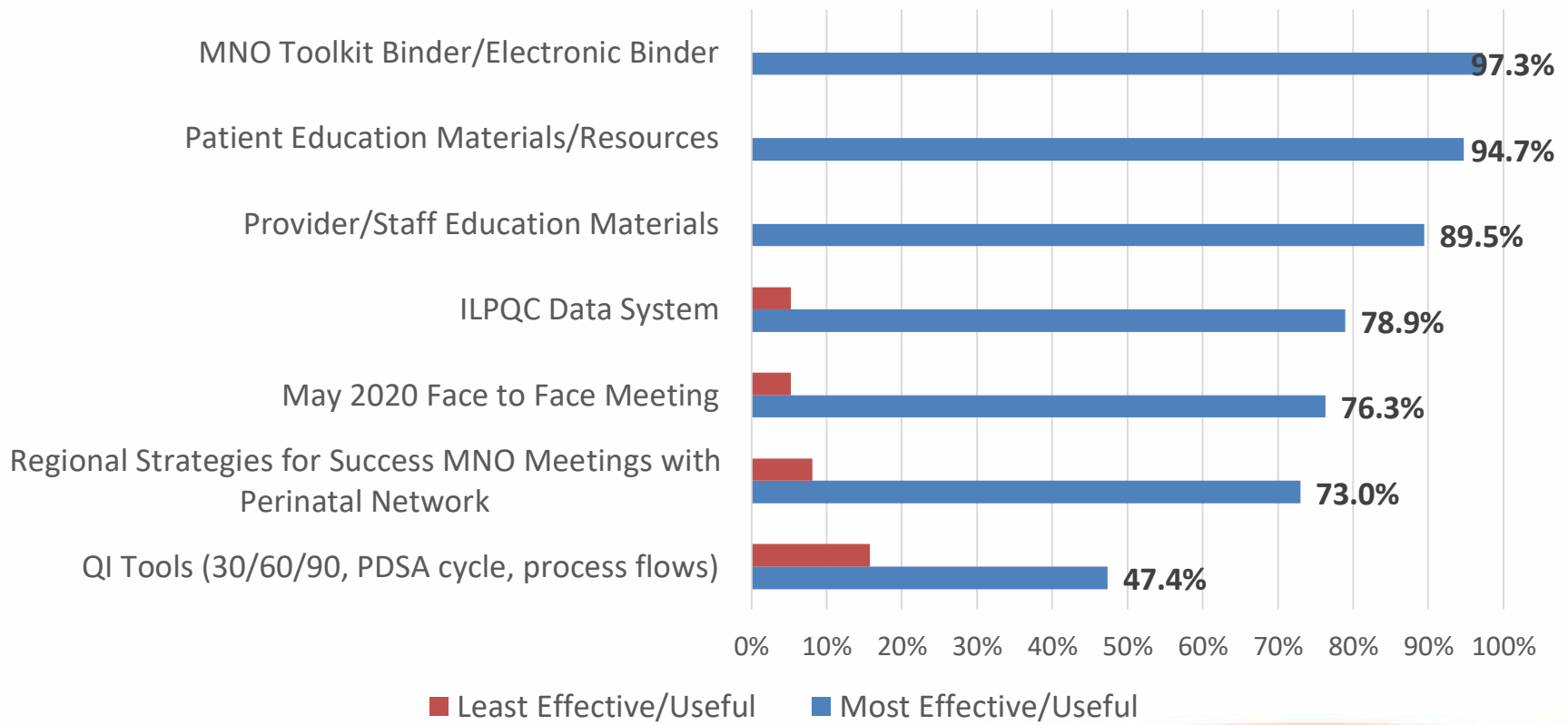
Hospital Plans to Sustain & Monitor Compliance



- Ensure MNO folders are available on units
- Continued chart review; missed opportunities review
- Perform huddles/debriefs
- Mandatory annual MNO education
- Standing agenda item for staff meetings
- Implement a pathway to guide practice

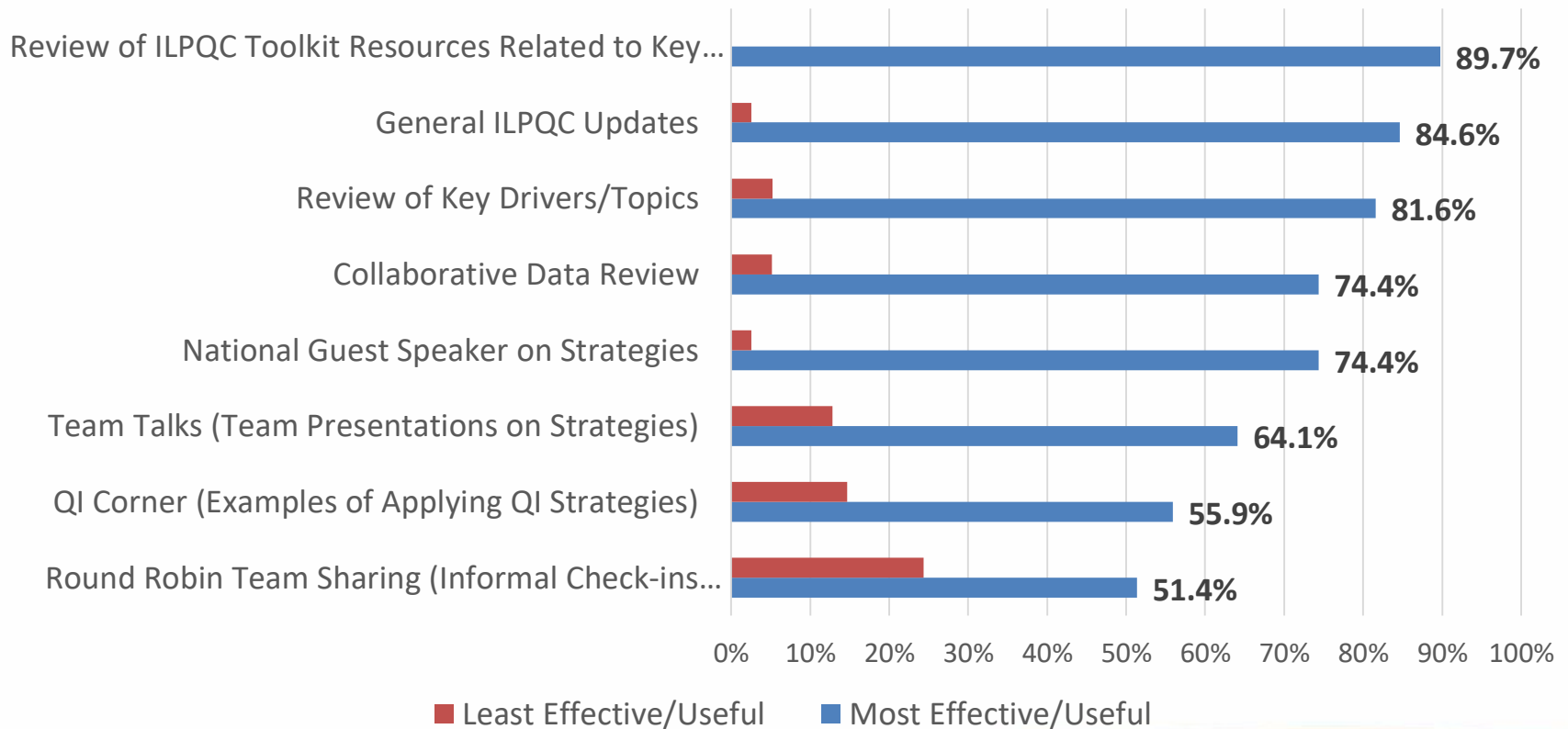
Helpfulness of Collaborative Learning and QI Resources

How helpful to your MNO-OB team are the following collaborating learning and QI resources



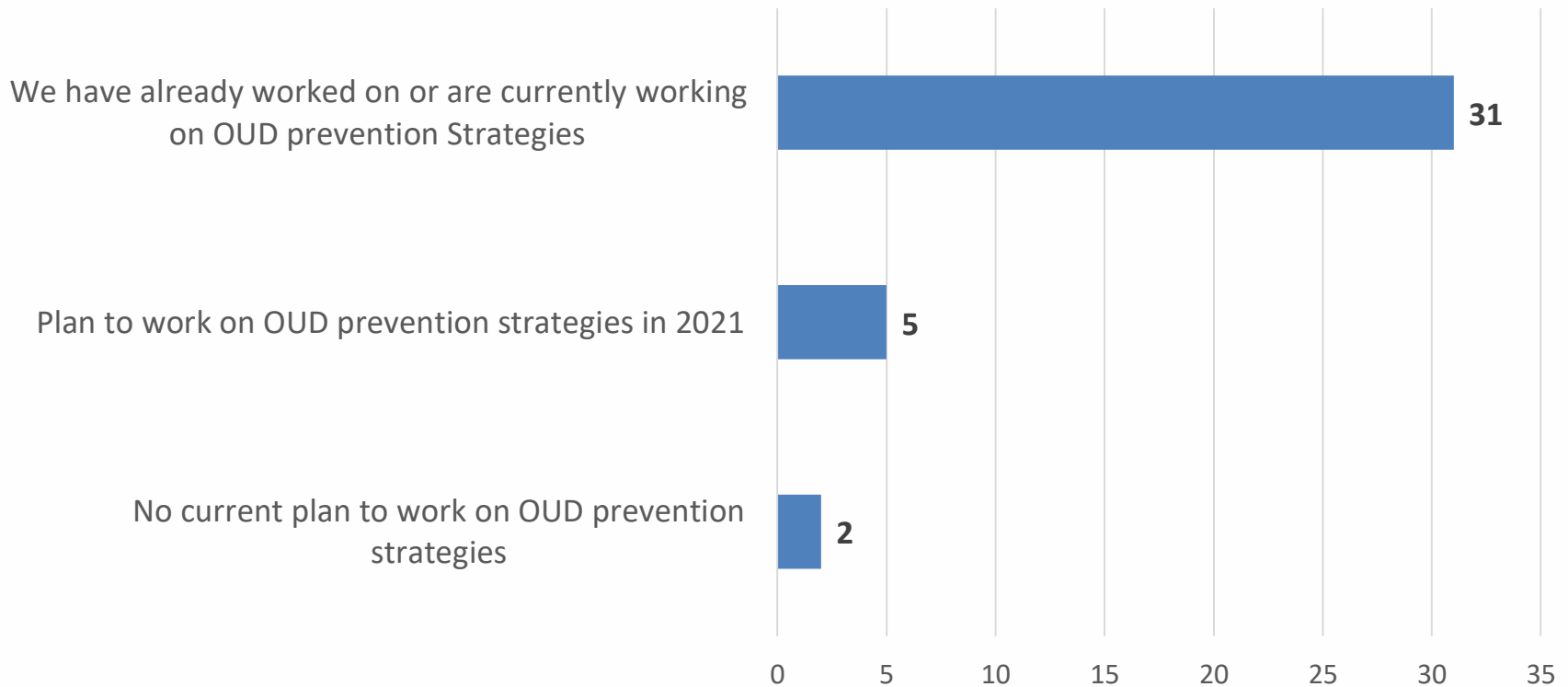
Valuable Components of MNO OB Team Calls

Most valuable components of the monthly MNO-Ob Teams Call in helping your team to make initiative progress



OUD Prevention Strategies

Has your team work on OUD prevention strategies or plan to work on prevention strategies in 2020 or 2021? (i.e. ERAS for cesarean recovery, reduce # of opioids prescribed for routine deliveries)



UNDERSTANDING BARRIERS TO MAT: USING OUR DATA

Reasons why Patients were Not Connected to MAT



	2019	2020
MAT counseling not provided	15%	6%
MAT not available	2%	3%
MAT not indicated	18%	20%
Patient declined MAT	25%	31%
Unknown Reason	40%	40%

Optimizing Linkage to MAT: Lessons Learned

Good news

- We have reduced the number of patients without documented counseling for MAT
- Low number of patients reported not on MAT because “MAT unavailable”

Opportunities for improvement

- Improved documentation of MAT counseling and assessment for readiness to start MAT- important discussion for OUD huddle (reduce ‘Unknown’)
- Improved patient education of benefits of MAT to reduce patients declining
- Opportunity to discuss management of patients on chronic prescription pain medicines in 2021 MNO-OB sustainability



MNO-OB: ACTIVATING SYSTEMS FOR OPTIMAL CARE

Strategies for System Implementation for OUD Care

To provide optimal care, we must activate the OUD systems for every patient seen with opioid use disorder



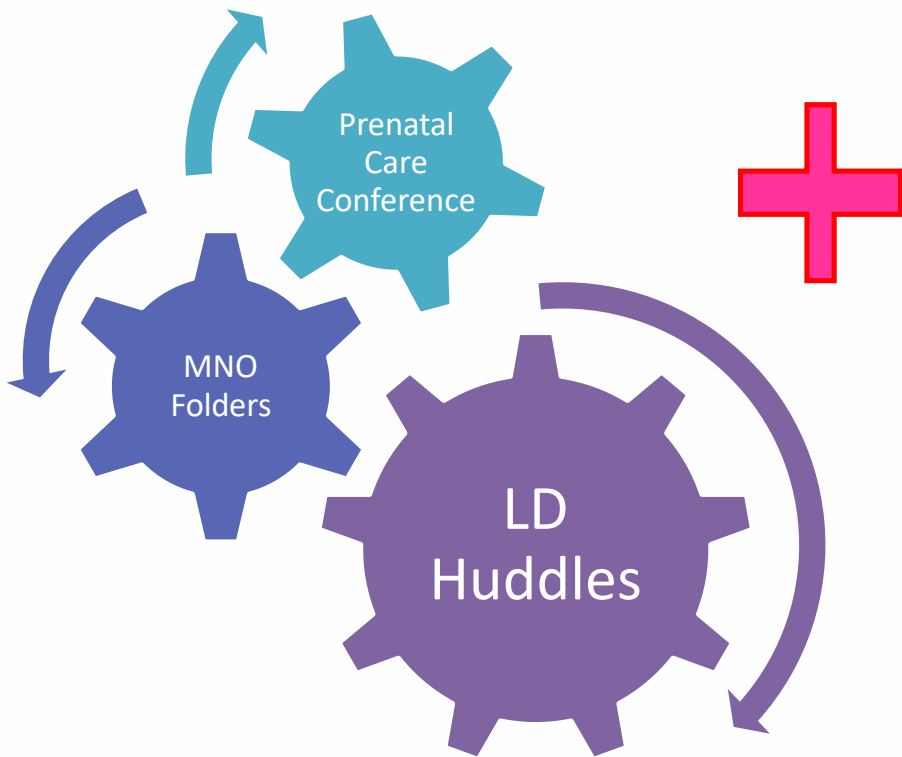
Optimal OUD Care

To succeed, every OB provider and clinical care team member must be educated on the following:

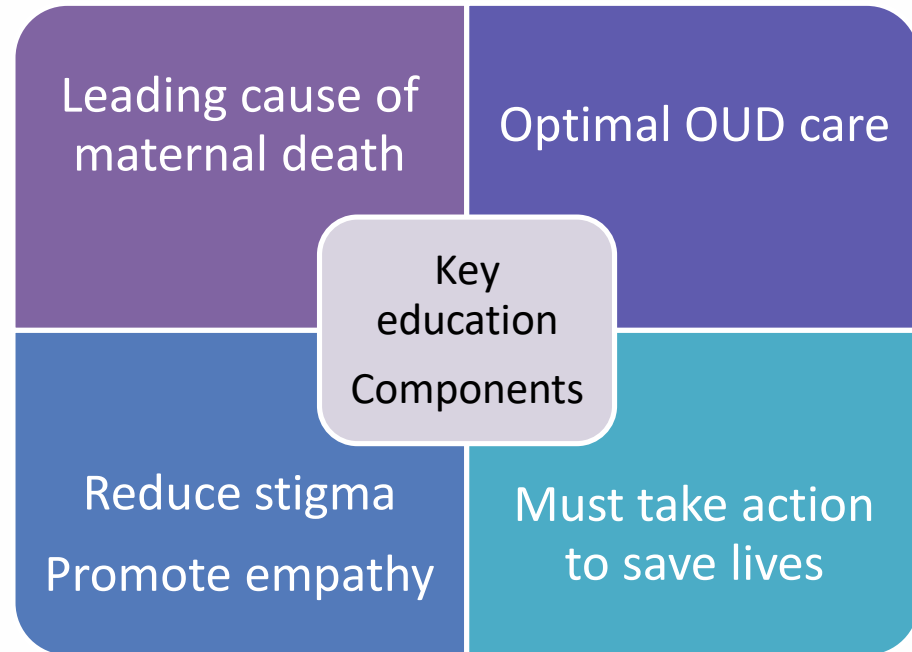
- 1. Implementation of validated screening tool prenatal and L&D**
 - Screen ALL patients for SUD/OUD prenatally and L&D
- 2. Activate the use MNO-OB Folders**
 - When patients screen + use folders to activate OUD algorithm, complete OUD checklist and nursing workflow
- 3. Confirm optimal OUD Care is provided**
 - **L&D Huddle** for all OUD patients on L&D to review MNO folder, and checklist, confirm optimal care elements provided
 - Improve **Narcan counseling**: OUD order set, Narcan on formulary and Med to Bed program
 - **Prenatal care team conference** for prenatal OUD patients identified to discuss optimal OUD care plan with OB/ neonatology/ nursing / SW

Action steps for every hospital

Systems Activated



Provider and staff education provided



MNO Education for all OBs & RNs

Stigma & bias education

- [Words Matter e-Module](#) from ILPQC AC Conference
- [CDC Opioid Use and Pregnancy e-Module](#)

Implement stigma & bias education

Provider & RN e-Modules

- [MNO-OB Provider eModule](#)
- [MNO-OB Nursing eModule](#)

Shares key strategies for caring for pregnant and pp women with OUD

Provider & RN education campaign

- [MNO-OB Education Flyers](#)

Post & distribute in clinical areas including prenatal sites

SBIRT Simulations Guide and e-training

- 1hr SBIRT IRETA [Training e-Module](#)
- ACOG District II SBIRT Training [6 Min Video](#)

Train providers to talk to patients about readiness for MAT & linking to recovery treatment services.

MNO-OB PLANNING FOR SUSTAINABILITY

QI Sustainability Phase

We must maintain and sustain the MNO efforts in providing optimal care for every patient

Saving Lives

OID continues to be on the rise and patients' lives are on the line.



Sustainability Plan



What systems do you have in place to ensure your QI work is continuously integrated into your clinical culture?

Strategies for Sustainable Change

Compliance Monitoring

Monitor prenatal screening and on LD

Monitor MAT and Behavioral Health/Recovery Treatment

Monitor Narcan counseling and prescribing

New Hire & Ongoing Education

Plan for training residents, new providers on optimal OUD care

Plan for training new nursing hires on optimal OUD care

Plan for ongoing education for inpatient and outpatient clinical staff

Maintain Systems Changes

Identify who will be responsible for maintaining MNO-OB Folders

QI team to continue with MNO Missed Opportunity Review forms and provide feedback

QI team will create a plan to monitor compliance and engagement with OUD L&D huddles

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: _____

ILPQC MNO-OB Sustainability Plan

- Helps capture your QI team's plan for MNO sustainability
- Submit plan to ILPQC and your PNA by Jan 1
- Join the MNO call on **Nov 9 at 12:30-1:30** for more information

Due January 1st

MNO-OB Next Steps

OUD 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

Sustainability Plan

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

MNO-OB Sustainability Webinars



Supporting MNO-OB teams into 2021

Date	Topic
November 9th, 2020 12:30-1:30pm	MNO-OB Initiative Sustainability Call
January 11th, 2021 12:30-1:30pm	MNO-OB Initiative Sustainability Call
March 29th, 2021 12:30-1:30pm	MNO-OB Initiative Sustainability Call
May 26th, 2021 12:30-1:30pm	OB Virtual Face-to-Face Meeting

MNO-OB ongoing support for every team to achieve sustainable success

- Ongoing data compliance monitoring
- QI support to help teams cross the finish line
 - Grand Rounds
 - OB provider meeting
 - Hospital QI support calls
- Regional perinatal network meetings, data monitoring and support



MNO-OB SHARING STRATEGIES FOR SUCCESS PANEL

MNO-OB Panel

Sharing Strategies for Success



- Jillian Jackubowski, RN, MSN- *AMITA Health St. Mary's Hospital Kankakee*
- Yara Torres Anderson, RN- *Loyola University Medical Center*
- Brittaney Vaughn, BA, BSN, RN- *Barnes Jewish Hospital*
- Kim Darey, MD- *Elmhurst Memorial Hospital*

MNO-OB Panel

Sharing Strategies for Success



Please share what strategies have been successful

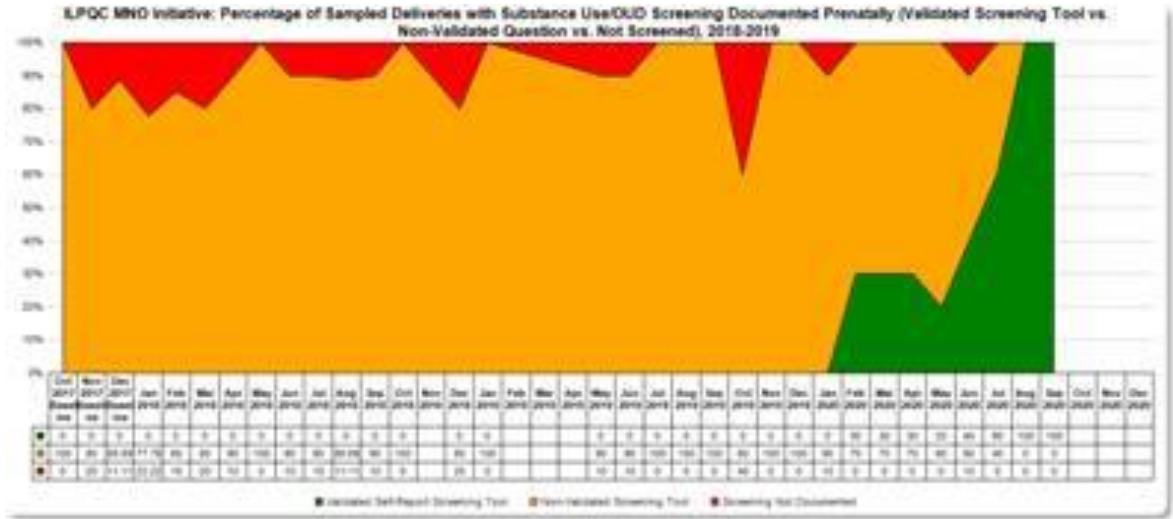
1. What steps you have taken to...
 - A. Improve prenatal screening for OUD?
 - B. Incorporate LD Huddles
 - C. Improve Narcan counseling and prescribing

2. How do you ensure these system changes are maintained/continued into sustainability?

Strategies to Improve SUD/ODU Prenatal Screening

- MNO-OB Provider Packets shared with prenatal offices
- Meet with offices & developed relationships
- Importance of persistence and follow-up with offices
- Investigated documentation errors and cleared confusion

May, 2020 = 20% → **Aug, 2020 = 100%**



Loyola MNO LD Huddle

- Added MNO LD Huddle component to existing workflow process of our Team Huddle
- Multidisciplinary team approach
 - OB Providers
 - Nursing
 - Anesthesia
 - Neo/Pediatric Providers
 - Social Work
- MNO
 - Launch MNO folders
 - Charge RN helps support and relay information
 - Confirm optimal OUD care provided



NARCAN CHALLENGES

- Staff biases against moms with OUD and lack of recognition of OUD as a chronic medical illness
- Lack of understanding of the life-saving capabilities of Narcan from staff-felt it was a license to keep using
- No identified OB provider to lead the fight against OUD deaths
- Lack of documentation in the record regarding Narcan discussion or distribution
- Belief that Narcan was cost prohibitive for the majority of our patients with need for the medication

NARCAN STRATEGIES



- Identified an **OB provider with great leadership skills and a strong commitment** to improving the lives of moms with OUD.
- **Identified a dedicated OUD nurse navigator** who connects with every mom with OUD-offers consistency, builds relationship, and recognizes the value of mom in infant care.
- Educated staff repeatedly about the benefits of **mom/baby focused care** with OUD;
 - “Narcan is a tool to help moms-just like antihypertensive medication helps reduce blood pressure, Narcan helps reduce deaths from opioid overdose; OUD is a medical condition and the mother needs treatment and support free from bias.”
- **Engaged our laborists in improving the documentation of Narcan** discussion and prescription distribution-this was very important to the increase in our numbers.
- **Figured out cost of Narcan & dispelled misinformation.**
 - In St. Louis, a two-pack of Narcan spray can cost more than \$100 when bought over the counter. The prohibitive cost is one of the reasons our teams were hesitant to discuss with patients. We have located multiple resources to assist with free distribution of Narcan to patients in need.

Elmhurst Memorial Hospital



Dr. Kim Darey

Medical Director, Obstetrics & Gynecology



Healthy Driven[™]

Edward-Elmhurst
HEALTH

- All MNO structure measures green
- Quarter 3 Data with 3 patients:
 - Prenatal screening 73%
 - MAT 100%
 - Linked to Recovery Treatment Services 100%
 - Narcan Counseling 100%

PROMOTING VAGINAL BIRTH

Overview

- Background
 - Key Strategies
 - Toolkit
 - Readiness Survey
 - Data Collection
- Timeline
- Getting Started
 - 10 steps to Getting Started
 - Labor Culture Survey
 - 30-60-90 Day Plan
- Discussion



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

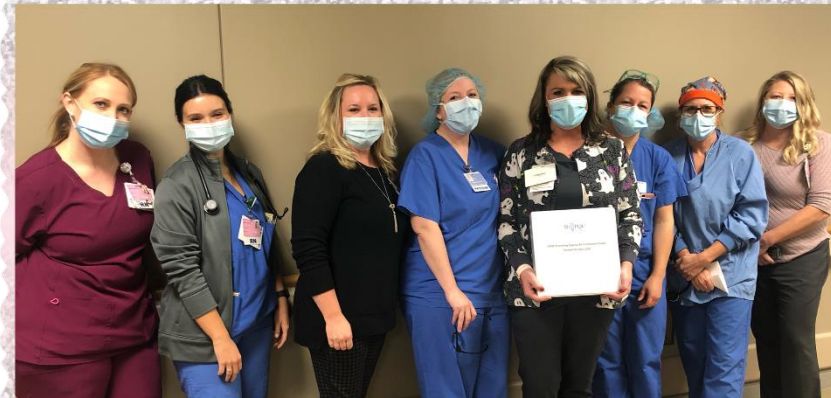


PVB Toolkit: What's



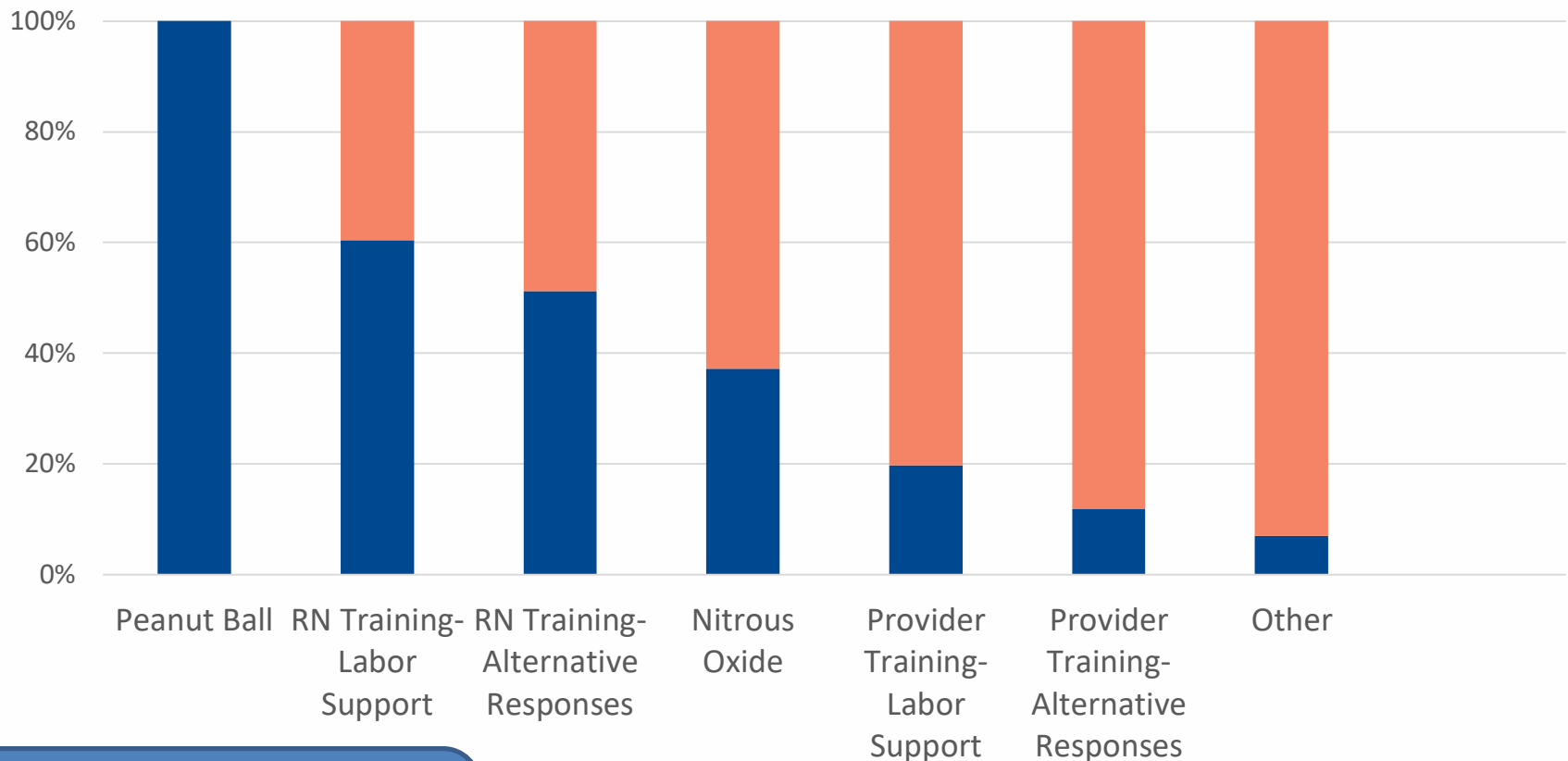
• Introduction *Inside?*

1. Initiative Resources [*10 Steps to Getting Started with PVB*](#)
2. Promoting Vaginal Birth Slide Set
3. National Guidance: AIM Bundle
4. National Guidance: ACOG Committee Opinions/Practice Advisories and AWOHNN Statements
5. Creating Clinical Culture Change
 - Building a Strong QI Team
 - Provider/Nurse Education
 - Patient Education
 - Clinical Care team Debrief/Huddles and SHARED decision making
6. Labor Management
 - Algorithms for stages of labor
 - Labor management support and response to labor challenges
7. Standardization of Policy, Protocols, & Algorithms
 - Inductions
 - Labor Challenges/Dystocia
 - Fetal Intolerance



PVB Readiness Survey:

Current tools/responses available to staff for labor support

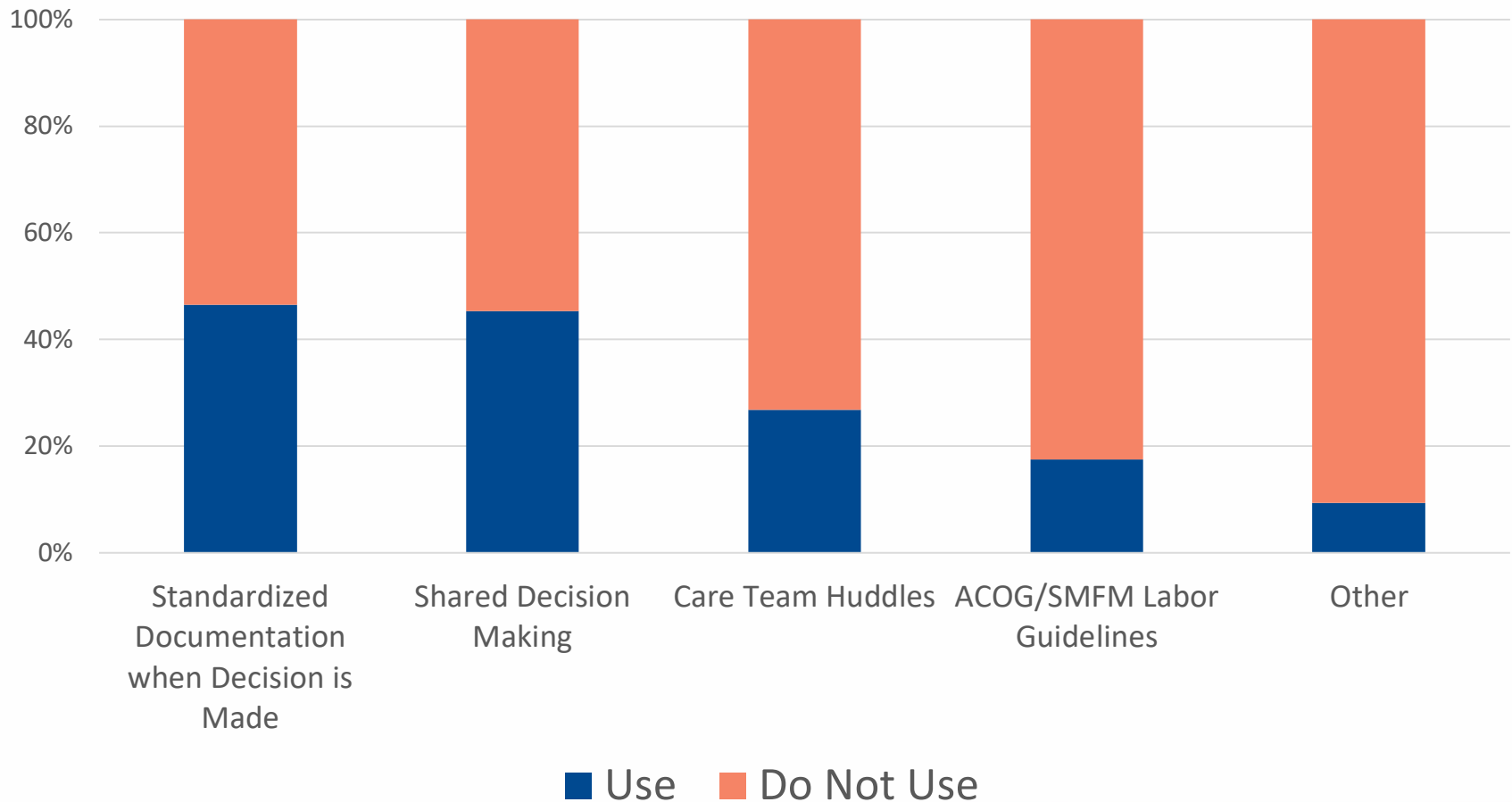


86 Teams reporting by
October 2020
93% of PVB Teams

■ Available ■ Not Available

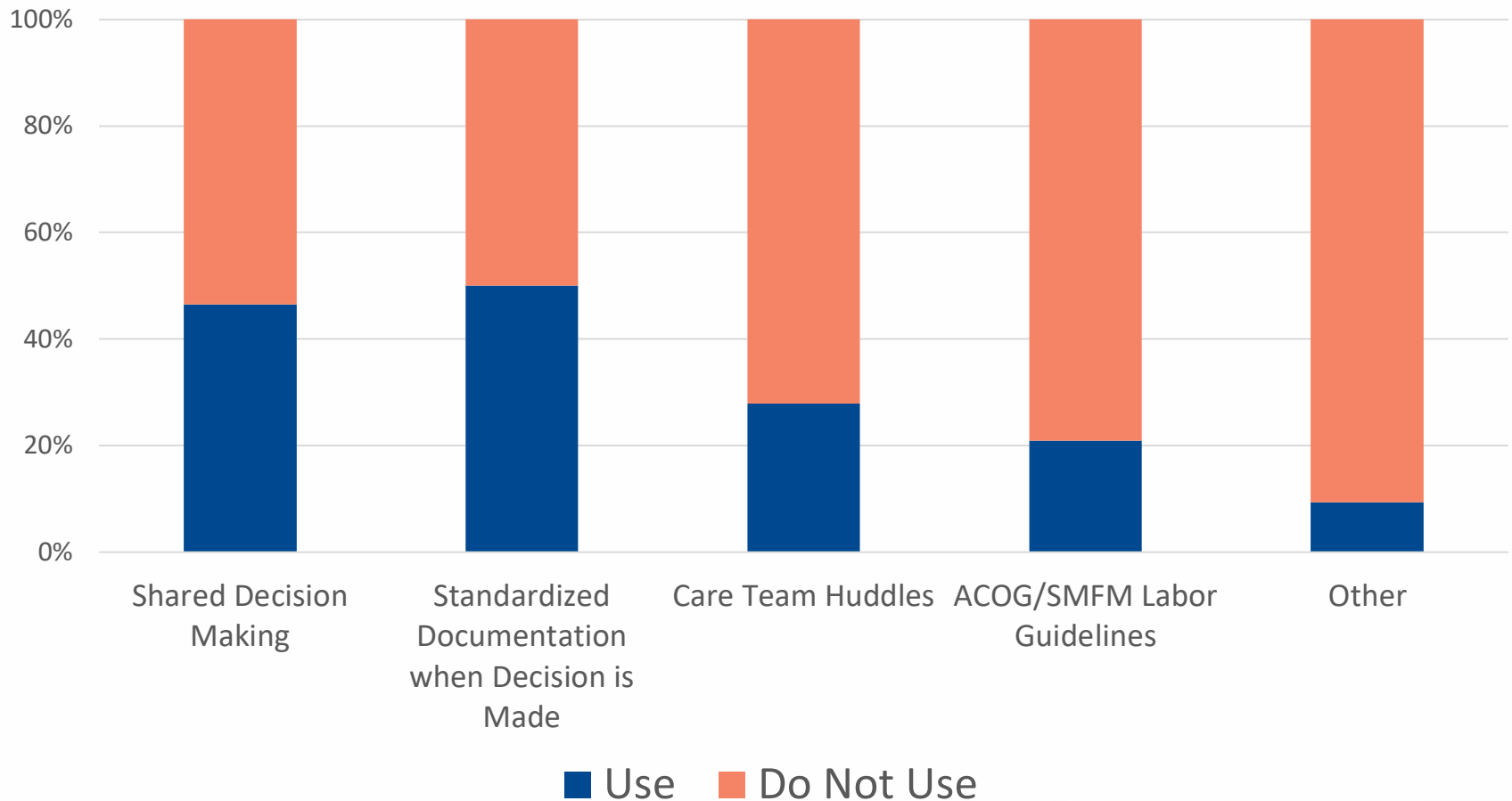
PVB Readiness Survey:

Strategies currently used for cesarean delivery decisions for inductions



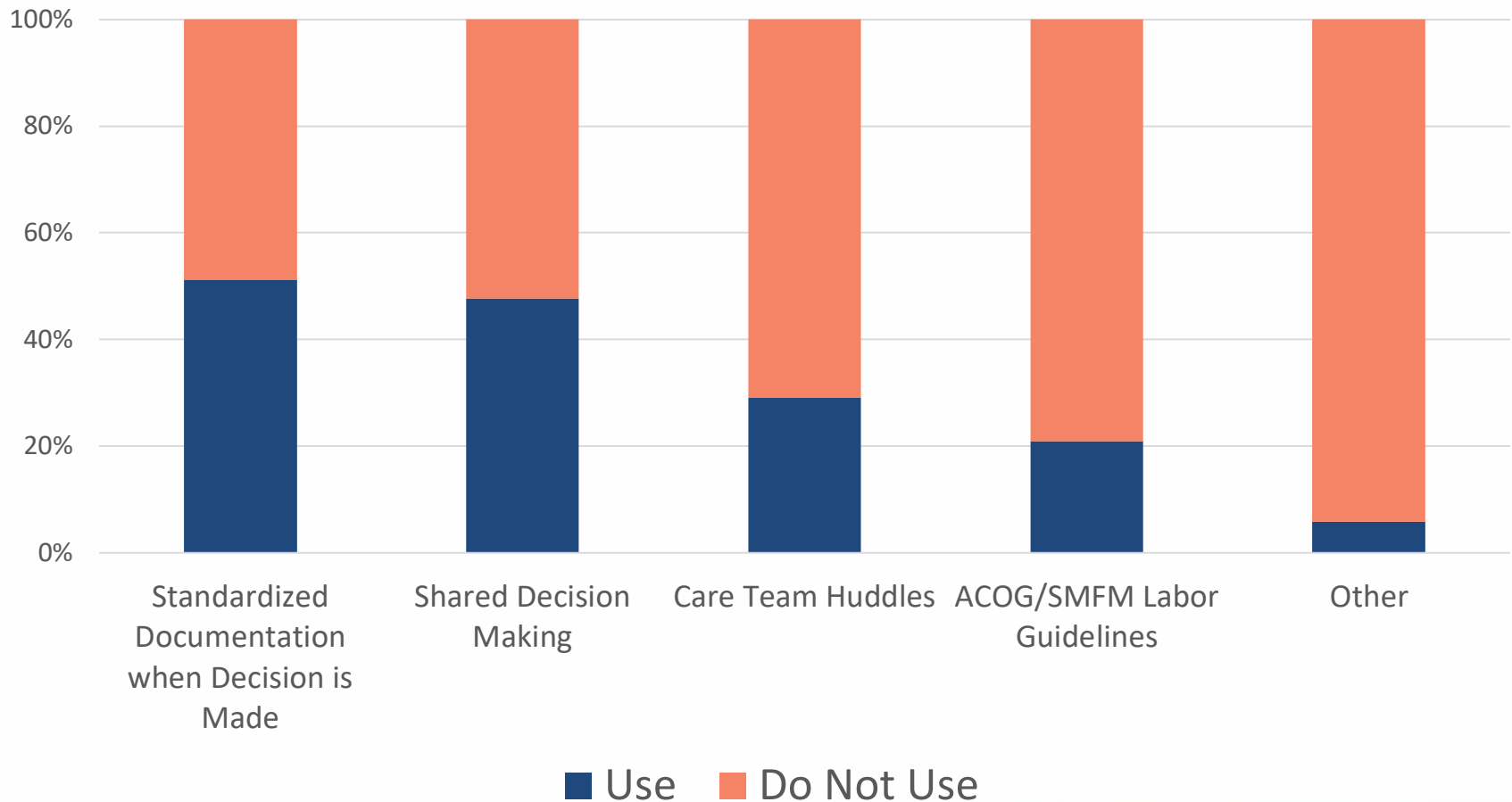
PVB Readiness Survey:

Strategies currently used for cesarean delivery decisions for Labor Complications in the Second Stage



PVB Readiness Survey:

Strategies currently used for cesarean delivery decisions Fetal Heart Rate Concerns



PVB Data Collection

20* NTSV C-Sections



10 Vaginal Deliveries

Nulliparous, Term, Singleton, Vertex



5 Failed Inductions



5 Labor Dystocia/
Failure To Progress



5 Fetal Heart Rate Concerns




5 Any of the Above

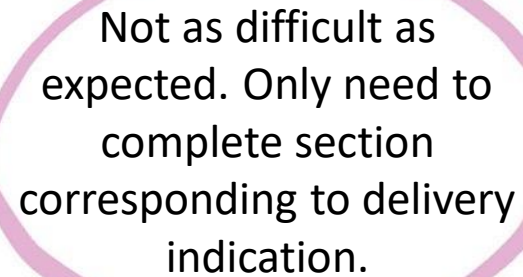


*Hospitals with fewer than 20/10 cases per month will report those available

Wave 1 Response to Data Form



Individual and hospital data collection forms were really easy to use!



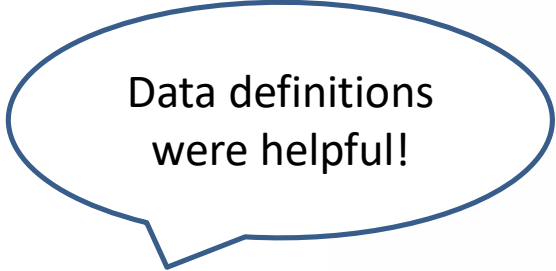
Not as difficult as expected. Only need to complete section corresponding to delivery indication.



Can't wait to get started!



WAVE 1 TEAMS



Data definitions were helpful!

Data Collection: Patient Level Measures

C/S Failed Induction

... were induced labor and had a cesarean birth for labor arrest, ...
ICD-10 codes for: •Fetal heart rate concern •Medical indication for cesarean section

Reason for induction
* must provide value

- Elective
- Hypertensive disorder
- Post-term/post-dates
- Other maternal indication
- Fetal indication
- Other

Date for Start of Induction (M-D-Y): _____

Time for start of induction in military time (HH:MM): _____

Other
other indication for induction _____

Dilation at last exam before delivery
* must provide value
(enter -90 if unknown)

Effacement at last exam before delivery
(enter -90 if unknown)

Station at last exam before delivery
(enter -90 if unknown)

Cervix position at last exam before delivery
(enter -90 if unknown)

Cervix consistency at last exam before delivery
(enter -90 if unknown)

Was cervix 6cm or greater at time of Cesarean?
* must provide value

- If No, go to A
- If Yes, go to B
- Unknown

A1) If < 6 cm, was oxytocin administered for at least 12-18 hours after membrane rupture before failed induction was diagnosed

- Yes
- No

A2) Was longer duration of the latent phase allowed (up to 24 hours or longer)

- Yes
- No

B) If ≥6cm, was there at least 4h with adequate uterine activity OR at least 6h with inadequate uterine activity and with oxytocin?

- Yes
- No

If Bishop score ≤ 8 at start of induction, was cervical ripening used?

- Yes
- No
- N/A

Type of cervical ripening?
(enter -90 if unknown)

Completely dilated at time of Cesarean decision?
* must provide value

- Yes
- No

C/S Fetal Heart Rate Concerns

What was the FHR concern/indication? (Linked with specific corrective and evaluative measures)
* must provide value

Specific category II FHR tracing type present that led to cesarean delivery
* must provide value

Other concern

Please check all corrective and evaluative measures used
* must provide value

**Other Labor Issues:
Did the mother have uterine tachysystole?**

Corrected uterine tachysystole: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other?

Vaginal Delivery

Chorioamnionitis
* must provide value

- Yes
- No

Hemorrhage 1000 mL+ in 24 hours
* must provide value

- Yes
- No

Transfusion required?
* must provide value

- Yes
- No

Laceration

- 3rd Degree
- 4th Degree

Operative Delivery Type (if used)

- Vacuum
- Forceps
- N/A

Neonatal Outcomes

- Sepsis
- HIE
- ICH
- Ventilator
- transfer to additional acute care center
- None

Other
 Yes
 No

C/S Labor Dystocia/ Failure to Progress

Dilation at time of admission
(enter -90 if unknown)

Dilation at time of Cesarean
(enter -90 if unknown)

Was cervix ≥ to 6cm at time of Cesarean?
* must provide value

- Yes
- No

If Yes, please check the ONE reason for the Cesarean that applies:
* must provide value

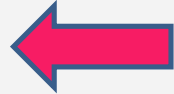
- Membranes ruptured and No cervical change x 4 hrs with Adequate Uterine activity (e.g., > 200 MVU)
- Membranes ruptured, Oxytocin administered, and No cervical change x 6 hrs with Inadequate Uterine activity (e.g., < 200 MVU)
- None of the above

Completely dilated at time of Cesarean decision?
* must provide value

- Yes
- No

Were there 3 hours or more of pushing (4 hours with epidural)?
* must provide value

- Yes
- No
- Unknown



Next Steps to Jump Start your PVB Data

- Attend one of the PVB Data Training Calls in November
 - Thursday 11/5, 12-1
 - Thursday 11/19, 1-2
 - *data calls will be recorded and sent out
- Review data forms with QI team and plan strategy for data collection and review
- Plan for baseline data collection (Quarter 4 2019) due January 15, 2021

Which call will you attend?
Vote in the Zoom Poll



Helping you use your data for PVB success

Coming Soon!!!

Perinatal Quality Collaborative

We are SO excited to introduce a new data dashboard to optimize your monthly data review

Overall NTSV c-section rate with improved hospital comparison

Monthly summary of NTSV c-section rate by indication

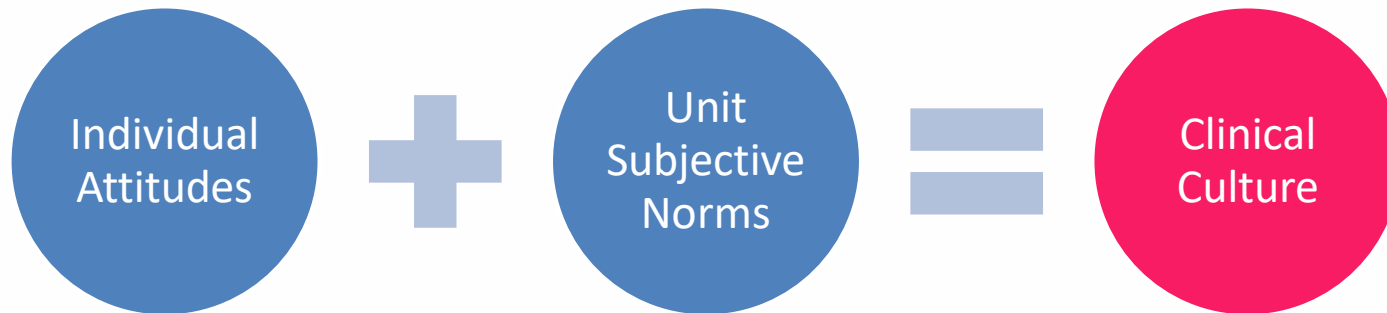
- Detailed tracking of compliance with ACOG/SMFM guidelines



Access to real time data allows your hospital to see the effects of QI strategies and drive QI efforts.

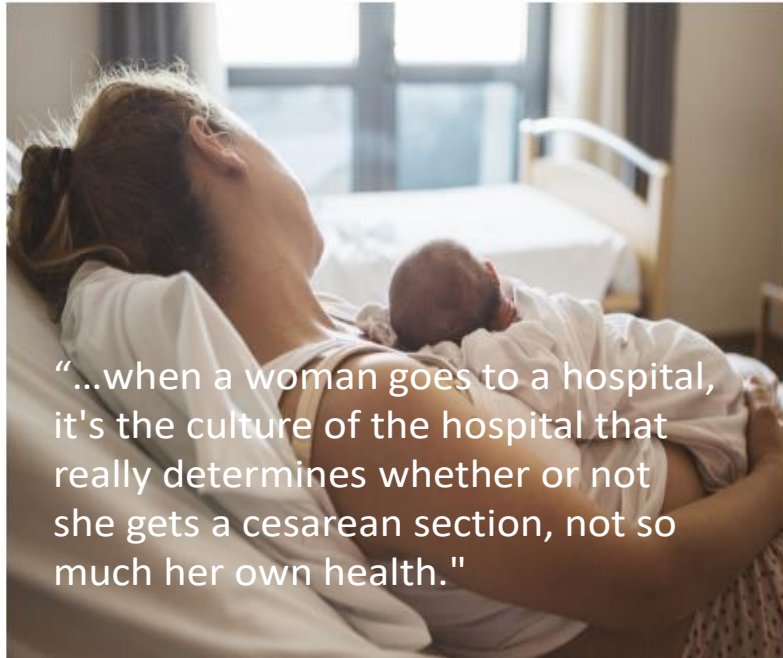
Labor Culture Survey

- The January webinar will be focused on Labor Culture
- The Labor Culture Survey is an opportunity to gain a deeper understanding of your current L&D culture and inform your PVB work



- A tool to understand an individual hospital's existing culture in regards to supporting vaginal birth

Labor Culture Survey



"...when a woman goes to a hospital, it's the culture of the hospital that really determines whether or not she gets a cesarean section, not so much her own health."

- Developed in partnership with CMQCC, used in both **California** and **Michigan** birthing hospitals
- Gives hospitals the ability to identify opportunities to influence individual attitudes and unit norms around supporting vaginal birth
- Individual Hospital Reports:
 - Provide hospitals with specific and actionable areas to target for improvement

10 Steps to Getting Started

Review ILPQC Promoting Vaginal Birth **Online Toolkit** for resources to help

Reference **PVB Key Driver Diagram** to identify possible interventions to get started

Schedule regular, at least monthly PVB QI **team meetings**

Review **ILPQC Data Collection Form** and **Attend Data Call**

Submit Roster and complete **PVB Teams Readiness Survey**

1



START HERE!

2

3

4

5

10 Steps to Getting Started

Diagram **L&D process flow** for delivery decisions

Plan for **Labor Culture Survey** Distribution

Plan **PDSA cycle** to address 30-60-90 day plan

Meet with QI team to create draft **30-60-90 day plan**

Conduct **baseline data collection** and review



10

9

8

7

6

Example: 30-60-90 Day Plan

30
DAY

Overall Goal:

Develop Data Collection plan and schedule monthly QI Team Meetings

Tasks to Achieve Goal

1. Review RedCap data form
2. Assign Data Collection Tasks
3. Schedule monthly meetings

Responsibility

- QI Team
- Team Lead
- Team Lead

60
DAY

Overall Goal:

Complete baseline data collection and review data with QI team

Tasks to Achieve Goal

1. Collect Baseline data
2. Review baseline data
3. Identify areas for improvement

Responsibility

- QI Team
- Team Lead
- QI Team

90
DAY

Overall Goals:

1. Labor culture survey launch
2. Review toolkit and Key Drivers Diagram to develop first PDSA cycle

Tasks to Achieve Goal

1. Send survey to all providers and nurses
2. Meet with QI team to develop PDSA cycle

Responsibility

- L&D Manger
- QI Team

QI Leadership Development Opportunity

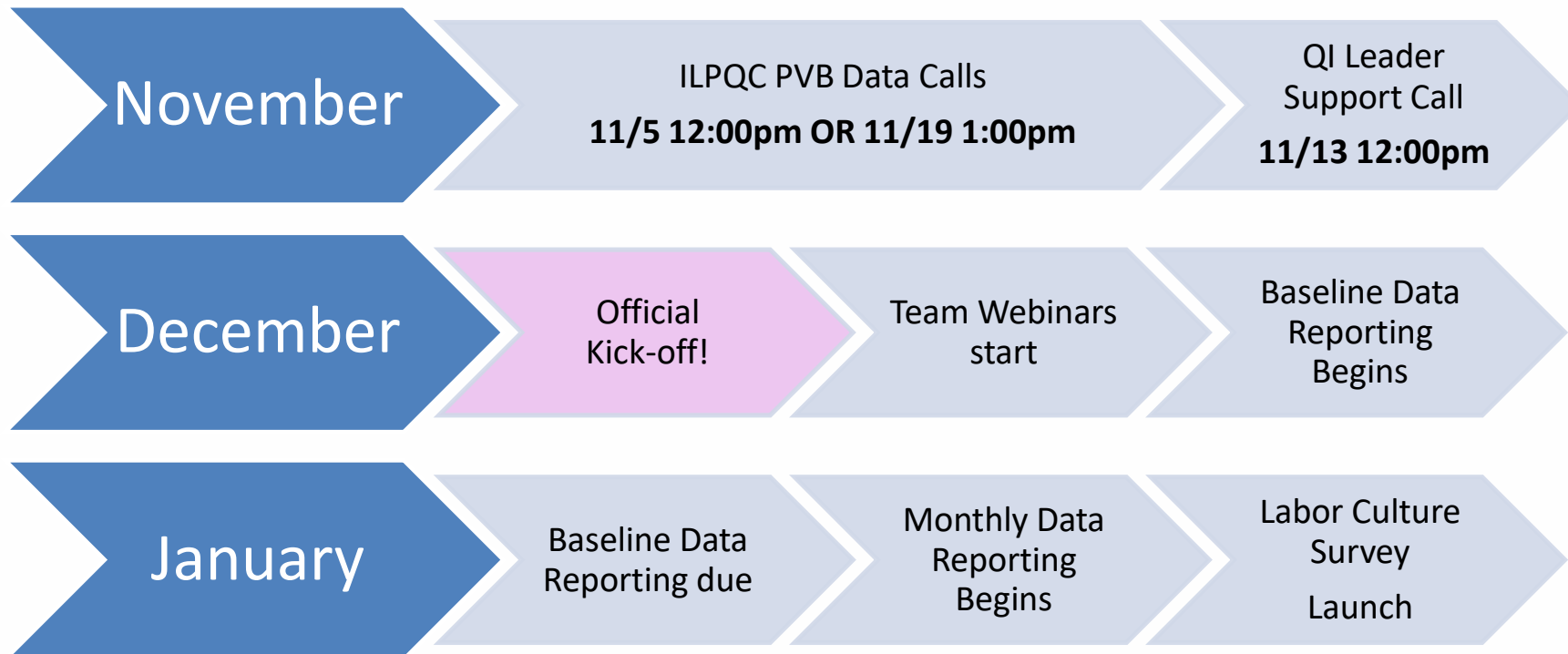


- Call for team leads (nurse and/or provider champions) to support QI leadership development
 - Discussion of strategies to engage clinical teams
 - How to lead successful QI team meetings
 - Optimizing use of monthly data to drive QI
 - Networking opportunity with other team leads

**QI Leader Support Call:
Friday, 11/13 12-1**

Look for email with Zoom link and registration

PVB Timeline



PVB Discussion

- Questions for Dr. Lagrew (CMQCC)
 - Key strategies for success
 - Getting started
 - Successfully engaging clinical teams
- Open discussion
 - Ideas for webinar topics



BIRTH EQUITY



**ILPQC:
Addressing Birth Equity
Improving Outcomes Together**

Overview

- ILPQC approach
- Key drivers and strategies for success
- Example resources
- Getting started with Birth Equity in 2021
- Discussion Panel

How do we address disparities in maternal morbidity / mortality?

Inequity and bias in care are associated with disparities in outcomes

What can we do?

- Identify inequities in care
- Promote equity
- Understand bias in care



Birth Equity Initiative Approach

- Foundational initiative to build into all initiatives
- Wave 1 (20) hospitals to review and test data collection form and process early 2021
- Initiative launch in May 2021 with all hospital teams



Developing effective strategies



READINESS

Every health system

- Establish systems to accurately document self-identified race, ethnicity, and primary language.
- Provide system-wide staff education and training on how to ask demographic intake questions.
- Ensure that patients understand why race, ethnicity, and language data are being collected.
- Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
- Evaluate non-English language proficiency (e.g. Spanish proficiency) for providers who communicate with patients in languages other than English.
- Educate all staff (e.g. inpatient, outpatient, community-based) on interpreter services available within the healthcare system.
- Provide staff-wide education on:
 - Peripartum racial and ethnic disparities and their root causes.
 - Best practices for shared decision making.
- Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.

RECOGNITION

Every patient, family, and staff member

- Provide staff-wide education on implicit bias.
- Provide convenient access to health records without delay (paper or electronic), at minimal to no fee to the maternal patient, in a clear and simple format that summarizes information most pertinent to perinatal care and wellness.
- Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect.

PATIENT SAFETY BUNDLE

Reduction of Peripartum Racial/Ethnic Disparities

CMQCC

California Maternal
Quality Care Collaborative

Birth Equity

Louisiana Perinatal Quality Collaborative



Birth Equity Initiative Key Drivers

1. Address
Social
Determinants
of Health

2. Utilize
race/ethnicity
medical
record and
quality data

3. Engage
patients, birth
partners, and
communities

4. Engage and
educate
providers and
nurses

Strategies

Drivers

ILPQC Birth Equity Initiative

1. Address social determinants of health during prenatal, delivery, and postpartum care to improve birth equity

2. Utilize race/ethnicity medical record and quality data to improve birth equity

3. Engage patients, birth partners, and communities to improve birth equity

4. Engage and educate providers and nurses to improve birth equity

Map resources that provide services for patients with identified social determinants of health, perinatal mood, trauma, substance use disorder, and social support and post for all hospital and outpatient provider clinic locations

Implement a brief social determinants of health tool and facilitates coordinated connection to community resources and follow up

Implement protocols for accurate collection and recording of race/ethnicity data based on patient self-reported race

Each hospital will implement, review, and share data with all providers and staff reports/dashboards of key maternal health measures by race/ethnicity. Each hospital will look at what data they are collecting and what data they can view by race and ethnicity to develop their hospital dashboard

Create a protocol for systematic review of hospital's patient satisfaction data/patient reported experience measure stratified by patient race/ethnicity with feedback process to clinical care team

Implement strategies for incorporating discussion of social determinants and discrimination in hospital maternal morbidity reviews

Identify at least one patient advisor for your hospital QI team

Implement a protocol on how your hospital will engage doulas, labor supporter partner/person/advocate as partners in labor and delivery

Implement and review and share data from patient satisfaction/Patient Report Experience Measure (PREM) strategies)

Provide patient education on urgent maternal warning signs during pregnancy and in the year after delivery and making sure they are heard in health care encounters

Educate all providers on implicit bias and how they can address it in clinical care

Educate providers/nurses in L&D, triage, emergency department, postpartum units on importance of listening to patients/implicit bias

Implement hiring strategies to diversify providers and staff

Key Drivers Diagram

1. Addressing social determinants of health

- Mapping community resources and services
- Screening all patients for identified social determinants of health needs and linking to resources / services



2. Utilize race/ethnicity medical record and quality data



- Accurately collecting patient-reported race/ethnicity data
- Implementing a maternal health data dashboard and stratifying data by race/ethnicity
- Incorporating a racial equity/social determinants lens in hospital maternal morbidity reviews
- Reporting and reviewing patient-reported experience data

3. Engage patients, birth partners, and communities

- Identifying a patient or family advisor for QI teams
- Engaging with labor support partners in L&D
- Providing patient education on urgent maternal warning signs and postpartum safety



4. Engage & educate providers & nurses



- Educating providers on the importance of listening to patients and addressing implicit bias
- Implementing hiring strategies to diversify providers and staff



HEAR
HEAR HER concerns

700 women die
every year in the United States
from pregnancy-related
complications

Developing Resource for Birth Equity Success



Social Determinants of Health

- Strategy: Map resources that provide services for patients with identified social determinants of health
- Structure measure: % of hospitals with resource map in place (or working on it, or not started) and provided to all outpatient provider clinic locations
- Toolkit Resource: [ACOG Committee Opinion](#): 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
- [Massachusetts General Hospital Obstetrics & Gynecology Screening Tool](#)

Engage patients, birth partners, and communities

- Strategy: Implement and review and share data from patient satisfaction/Patient Report Experience Measure (PREM) strategies
- Structure measure: % of hospitals with the PREM in place (or working on it, or not started) and being utilized to improve care
- Toolkit Resource: CMQCC Patient-Reported Experience Measure 10 item measure being tested in pilot initiative [CMQCC Birth Equity Initiative](#)

Engage and educate providers and nurses

- Strategy: Educate all providers on implicit bias and how they can address it in clinical care
- Process measure: % of providers and nurses completing implicit bias training
- Toolkit Resource: [Diversity Science Dignity in Childbirth and Pregnancy](#): Part 1 of 3--Laying the Groundwork

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
- ✓ Wave 2 recruitment of teams (Mar-May)



* Contact ILPQC and your PNA by January 1

Discussion/Questions

- Questions for Dr. Gillispie-Bell regarding plenary
- Panel Discussion
 - Dr. Veronica Gillispie-Bell (Louisiana PQC)
 - Dr. David Lagrew (California PQC)
 - Dr. Charlene Collier (Mississippi PQC)



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 website.

Preview of Survey Form



Completion of Maternal Hypertension & OB Hemorrhage Continuing Education Requirement Reporting Form

Directions:

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](#) website.

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.

This information will help hospitals track their training progress, identify areas for quality improvement initiatives, and will be used by I PROMOTE-IL and ILPQC to understand hospitals' ability to complete the training requirement and identify opportunities to provide further support to hospitals towards our shared goal of improved maternal health across the state.

Thank you!

1) Date Data Submitted	<input type="text"/> <input type="button" value="Today"/> M-D-Y
2) Calendar Year Training Occurred	<input type="text"/>
3) Birthing Facility Name	<input type="text"/> <small>Please include health system and hospital name for accurate reporting.</small>
4) Method of Training	<input type="text"/> <small>Choose method of training utilized by hospital to meet this requirement.</small>
Person completing data submission	
5) Name	<input type="text"/>
6) Email	<input type="text"/>
7) Phone Number	<input type="text"/>
TOTAL number of obstetric/family medicine, maternal fetal medicine, anesthesia, emergency department, and other staff that care for pregnant and postpartum women providers in hospital, including community providers with admitting privileges.	
8) Total MDs/DOs/Certified Nurse-Midwives	<input type="text"/>
9) Total Nurses (includes APN and MSN)	<input type="text"/>
10) Total Certified Nursing Assistants/MAs	<input type="text"/>
11) Total Residents & Fellows	<input type="text"/>

Number of obstetric/family medicine, maternal fetal medicine, anesthesia, emergency department, and other staff that care for pregnant and postpartum women providers with refresher training in both HYPERTENSION

and HEMORRHAGE, including community providers with admitting privileges.

12) Trained MDs/DOs/Certified Nurse-Midwives	<input type="text"/>
13) Trained Nurses (includes APN and MSN)	<input type="text"/>
14) Trained Certified Nursing Assistants/MAs	<input type="text"/>
15) Trained Residents & Fellows	<input type="text"/>

Number of obstetric/family medicine, maternal fetal medicine, anesthesia, emergency department, and other staff that care for pregnant and postpartum women providers with refresher training in HEMORRHAGE ONLY, including community providers with admitting privileges.

16) Trained MDs/DOs/Certified Nurse-Midwives	<input type="text"/>
17) Trained Nurses (includes APN and MSN)	<input type="text"/>
18) Trained Certified Nursing Assistants/MAs	<input type="text"/>
19) Trained Residents & Fellows	<input type="text"/>

Number of obstetric/family medicine, maternal fetal medicine, anesthesia, emergency department, and other staff that care for pregnant and postpartum women providers with refresher training in HYPERTENSION ONLY, including community providers with admitting privileges.

20) Trained MDs/DOs/Certified Nurse-Midwives	<input type="text"/>
21) Trained Nurses (includes APN and MSN)	<input type="text"/>
22) Trained Certified Nursing Assistants/MAs	<input type="text"/>
23) Trained Residents & Fellows	<input type="text"/>

24) List any other staff types that completed both hypertension and hemorrhage trainings, including the number of staff from each type:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

25) Participating Departments (check all that apply):

<input type="checkbox"/> OB/Family Medicine	<input type="checkbox"/> OB/Family Medicine, MFM Anesthesia, Emergency Department, Internal Medicine, Other
<input type="checkbox"/> MFM Anesthesia	
<input type="checkbox"/> Emergency Department	
<input type="checkbox"/> Internal Medicine	
<input type="checkbox"/> Other	

26) Comment Section - Please provide any comments regarding training processes and challenges with reaching all providers who care for pregnant and postpartum patients at your facility, in order to comply with Public Act 101-0390.

<input type="text"/>

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.



Discussion of Future ILPQC Initiatives

ILPQC Eighth Annual Conference
October 29, 2020

Potential Future Initiatives

Cardiovascular
Health

Maternal Mental
Health

Improving Access
to Postpartum Care

MMRC 2018 Report

Underlying cause of death of pregnancy-related deaths,
Illinois 2015

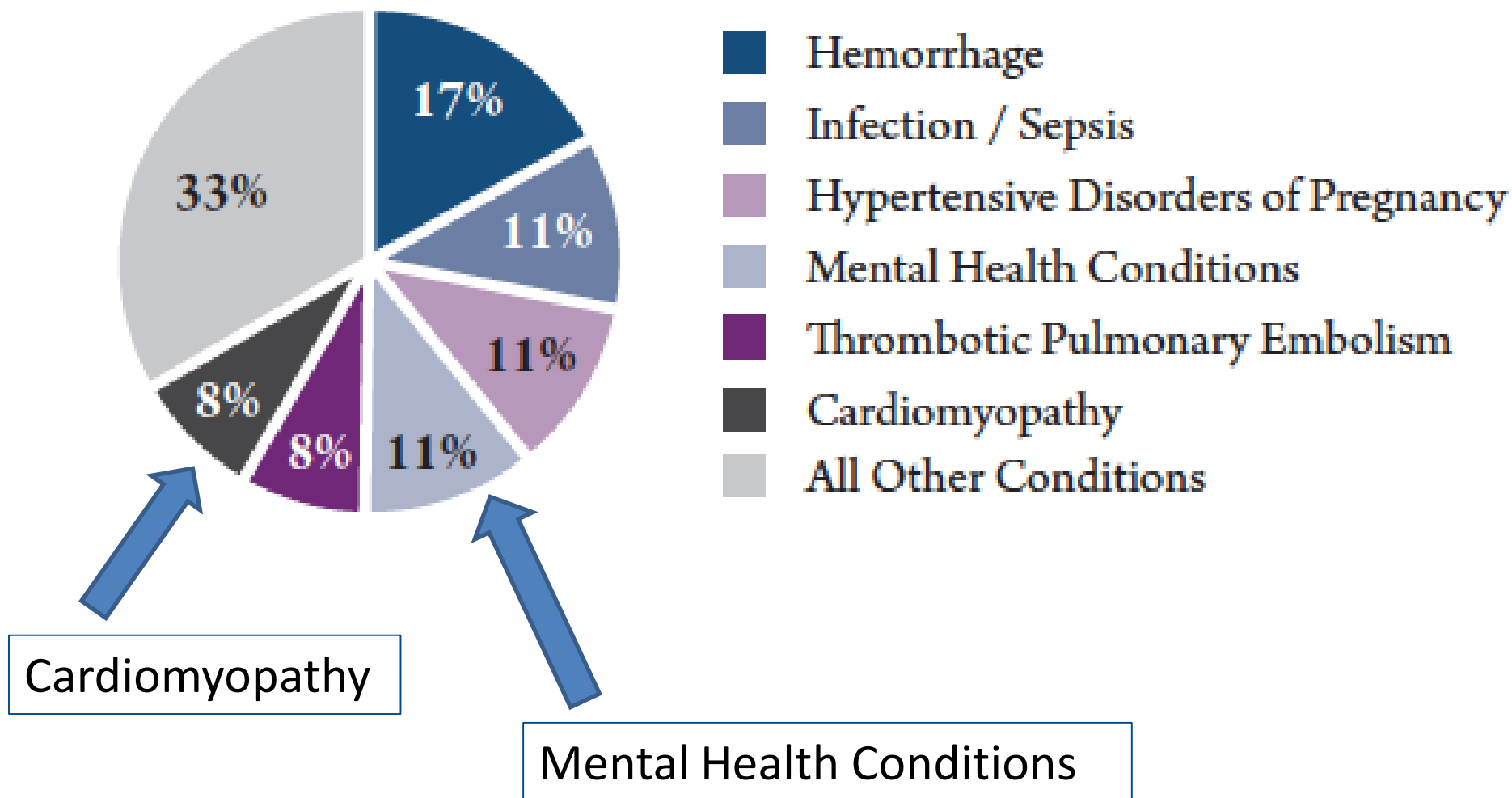
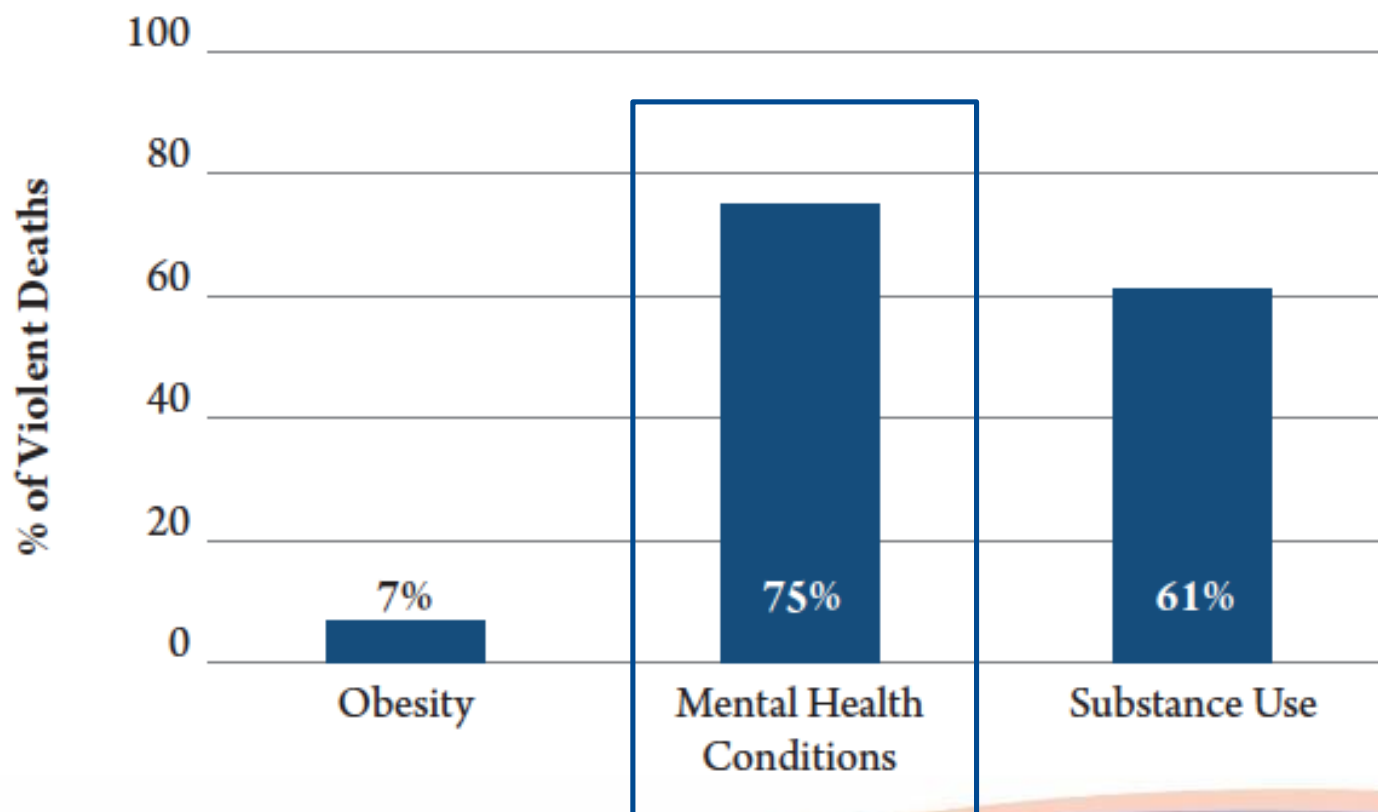


Figure 20. Factors that Contributed to Violent Pregnancy-Associated Deaths, Illinois 2015



What future initiatives interest your team?

	Future Initiative	% of support from OB Teams Survey
1.	Reducing Primary C-Section	62.5%
2.	Maternal Mental Health	56.3%
3.	Postpartum Care Basics for Maternal Safety	43.8%
4.	Support after a Severe Maternal Event	40%
5.	Reducing Racial/Ethnic Disparities	31.3%
6.	Supporting/Promoting Breastfeeding	27.5%
7.	Maternal VTE	26.3%
8.	Obstetric Hemorrhage 2.0	22.5%

Cardiovascular Health



- California:
 - Improving health care responses to cardiovascular disease in pregnancy and postpartum toolkit

AIM bundle in development!



TOOLKITS
Cardiovascular Disease Toolkit
CVD Task Force
Mother & Baby Substance Exposure Initiative Toolkit
Early Elective Deliveries Toolkit
OB Hemorrhage Toolkit, V2.0
Preeclampsia Toolkit
Sepsis Toolkit
Supporting Vaginal Birth and Reducing Primary Cesareans Toolkit
Venous Thromboembolism Toolkit

Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum

The *Improving Health Care Response to Cardiovascular Disease in Pregnancy and Postpartum* Toolkit was developed by the [Cardiovascular Disease in Pregnancy and Postpartum Task Force](#) as a resource for obstetrics, primary care and emergency medicine providers who interact with women during prenatal care or the postpartum period. The toolkit includes an overview of clinical assessment and comprehensive management strategies for cardiovascular disease based on risk factors and presenting symptoms.

Key elements include:

- An algorithm for symptomatic or high-risk pregnant or postpartum women to guide stratification and initial work up
- Clinician resources on contraception counseling, cardiovascular medications and breastfeeding
- Key points about racial and ethnic disparities among cardiovascular diagnoses
- Information and infographics geared directly for women diagnosed with, or at risk of, cardiovascular disease
- Future risk of cardiovascular disease and long-term health issues
- Educational handouts for women on contraceptive options and planning a pregnancy with known cardiovascular disease

The toolkit is available to download after logging into [CMQCC's website](#).

Download:

Funding Acknowledgement

Funding for Maternity Quality Task Forces and Toolkits was provided by Federal Title V MCH block grant funding from the California Department of Public Health, Maternal Child and Adolescent Health Division.

CVD Lifetime Risks Infographics

- [CVD Risks Infographic, English pdf](#)
- [CVD Risks Infographic, Spanish pdf](#)

CVD Signs & Symptoms Infographics

WEBINARS

RESOURCE LIBRARY

Maternal Mental Health

Aim Bundle

- Pennsylvania:
 - Moving on Maternal Depression
- Nebraska
 - Parental Perinatal Depressions Screening
- Utah
 - Maternal Mental Health Committee

MATERNAL MENTAL HEALTH: PERINATAL DEPRESSION AND ANXIETY

READINESS

Every Clinical Care Setting

- Identify mental health screening tools to be made available in every clinical setting (outpatient OB clinics and inpatient facilities).
- Establish a response protocol and identify screening tools for use based on local resources.
- Educate clinicians and office staff on use of the identified screening tools and response protocol.
- Identify an individual who is responsible for driving adoption of the identified screening tools and response protocol.

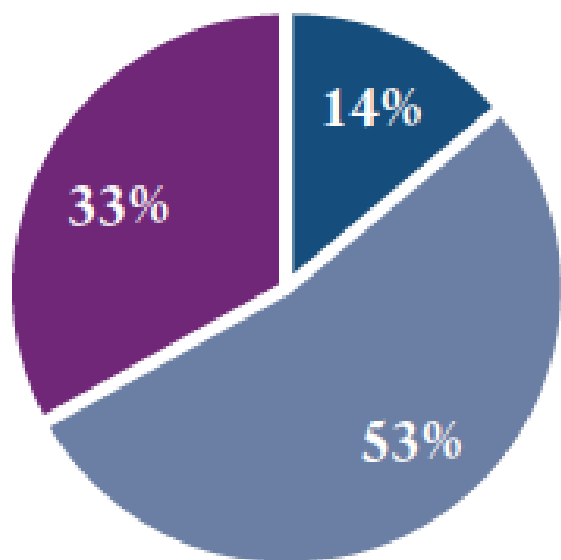
RECOGNITION & PREVENTION

Every Woman

- Obtain individual and family mental health history (including past and current medications) at intake, with review and update as needed.
- Conduct validated mental health screening during appropriately timed patient encounters, to include both during pregnancy and in the postpartum period.
- Provide appropriately timed perinatal depression and anxiety awareness education to women and family members or other support persons.

Improving Postpartum Access to Care

Timing of pregnancy-related deaths,
Illinois, 2015



- Pregnant at Death
- 0-42 Days Postpartum
- 43-364 Days Postpartum

Over half of pregnancy-related deaths in Illinois in 2015 occurred within the first six-weeks postpartum

Improving Postpartum Access to Care

Aim Bundle

- ILPQC:
 - 14 hospitals participating
 - Working with AIM to improve national resources
- Michigan:
 - Increasing and improving access to care and support throughout the pregnancy and postpartum period
- Texas
 - Postpartum Access to Healthcare (PATH)

FROM BIRTH TO THE COMPREHENSIVE POSTPARTUM VISIT

READINESS

Every woman

- Engages with her provider during prenatal care to develop a comprehensive personalized postpartum care plan that includes designation of a postpartum medical home, where the woman can access care and support during the period between birth and the comprehensive postpartum visit.
- Receives woman-centered counseling and anticipatory guidance regarding medical recommendations for breastfeeding in order to make an informed feeding decision.
- Receives woman-centered counseling regarding medical recommendations for birth spacing and the range of available contraceptive options.
- Identifies a postpartum care team, inclusive of friends and family, to provide medical, material, and social support in the weeks following birth.

Every provider

- Ensures that each woman has a documented postpartum care plan and care team identified in the prenatal period.
- Develops and maintains a working knowledge of evidence-based evaluation and management strategies of common issues facing the mother-infant dyad.

Every clinical setting

- Develops and optimizes models of woman-centered postpartum care and education, utilizing adult-learning principles when possible and embracing the diversity of family structures, cultural traditions, and parenting practices.
- Develops systems to connect families with community resources for medical follow up and social and material support.
- Optimizes counseling models, clinical protocols, and reimbursement options to enable timely access to desired contraception.
- Develops systems to ensure timely, relevant communication between inpatient and outpatient providers.
- Develops protocols for screening and treatment for postpartum concerns, including depression and substance abuse disorders, and establishes relationships with local specialists for co-management or referral.

Questions and Discussion



- We want to get an updated understanding of teams' interest for future initiatives
- Please type in the chat box if there are any other topics you are interested in exploring as a state or comments regarding proposed topics

Questions and Discussion

Use the Zoom poll to share which topic you are most interested in as a possible future ILPQC initiative:

1. Cardiovascular Health
2. Maternal Mental Health
3. Improving Access to Postpartum Care
4. Other



**THANKS TO OUR
FUNDERS**



**JB & MK PRITZKER
Family Foundation**

In Kind Support

