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
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

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Education Tools</td>
<td>89.2%</td>
</tr>
<tr>
<td>MNO-OB Folders</td>
<td>86.1%</td>
</tr>
<tr>
<td>OUD Clinical Care Checklist</td>
<td>82.1%</td>
</tr>
<tr>
<td>Provider Education Tools (eModules, SBIRT...)</td>
<td>78.9%</td>
</tr>
<tr>
<td>Monthly MNO-OB Team Call Slides &amp; Webinar...</td>
<td>76.9%</td>
</tr>
<tr>
<td>Sample Validated SUD/OUD Screening Tools</td>
<td>74.4%</td>
</tr>
<tr>
<td>Map of Local Treatment Resources for Women...</td>
<td>71.8%</td>
</tr>
<tr>
<td>Other</td>
<td>66.7%</td>
</tr>
<tr>
<td>OUD SBIRT Clinical Algorithm</td>
<td>65.8%</td>
</tr>
<tr>
<td>SBIRT Pocket Card</td>
<td>55.3%</td>
</tr>
<tr>
<td>Missed Opportunities Review Form</td>
<td>52.8%</td>
</tr>
<tr>
<td>OB Provider/Outpatient Sited Packet (Provider...</td>
<td>47.4%</td>
</tr>
</tbody>
</table>

- **Least Effective/Useful**
- **Most Effective/Useful**
Systems implemented to facilitate OB Team’s ability to provide optimal care for all pregnant and postpartum patients with OUD

- MNO-OB Folders: 79%
- OUD Clinical Care Checklist: 77%
- OUD L&D/Postpartum Nursing Workflow: 63%
- L&D Team Huddles for Patients with OUD: 49%
- Missed Opportunity Reviews/Debriefs for OUD Patients: 47%
- OUD SBIRTH Clinical Algorithm for L&D: 47%
- Prenatal Care Plan Conferences for Patients with OUD: 28%
- OUD Order Set: 16%

Systems Implemented
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

- **MNO Toolkit Binder/Electronic Binder**: 97.3%
- **Patient Education Materials/Resources**: 94.7%
- **Provider/Staff Education Materials**: 89.5%
- **ILPQC Data System**: 78.9%
- **May 2020 Face to Face Meeting**: 76.3%
- **Regional Strategies for Success MNO Meetings with Perinatal Network**: 73.0%
- **QI Tools (30/60/90, PDSA cycle, process flows)**: 47.4%

Least Effective/Useful  Most Effective/Useful
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

- Review of ILPQC Toolkit Resources Related to Key... 89.7%
- General ILPQC Updates 84.6%
- Review of Key Drivers/Topics 81.6%
- Collaborative Data Review 74.4%
- National Guest Speaker on Strategies 74.4%
- Team Talks (Team Presentations on Strategies) 64.1%
- QI Corner (Examples of Applying QI Strategies) 55.9%
- Round Robin Team Sharing (Informal Check-ins...) 51.4%
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)

- We have already worked on or are currently working on OUD prevention Strategies: 31
- Plan to work on OUD prevention strategies in 2021: 5
- No current plan to work on OUD prevention strategies: 2
UNDERSTANDING BARRIERS TO MAT: USING OUR DATA
Reasons why Patients were Not Connected to MAT

<table>
<thead>
<tr>
<th>Reason</th>
<th>2019</th>
<th>2020</th>
</tr>
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<tbody>
<tr>
<td>MAT counseling not provided</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>MAT not available</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>MAT not indicated</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Patient declined</td>
<td>25%</td>
<td>31%</td>
</tr>
<tr>
<td>MAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown Reason</td>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>
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
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 formularly 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

Leading cause of maternal death

Optimal OUD care

Key education Components

Reduce stigma

Must take action to save lives

Promote empathy
MNO Education for all OBs & RNs

**Stigma & bias education**
- **Words Matter e-Module** from ILPQC AC Conference
- **CDC Opioid Use and Pregnancy e-Module**

**Provider & RN e-Modules**
- **MNO-OB Provider** eModule
- **MNO-OB Nursing** eModule

**Provider & RN education campaign**
- **MNO-OB Education Flyers**

**SBIRT Simulations Guide and e-training**
- 1hr SBIRT IRETA **Training e-Module**
- ACOG District II SBIRT Training **6 Min Video**

**Implement stigma & bias education**

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

**Post & distribute in clinical areas including prenatal sites**

**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**

OUD continues to be on the rise and patients’ lives are on the line.
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/DUD Prenatal and LD Screening documented
2. Medication Assisted Treatment (MAT) Prenatal or by Delivery Discharge
3. Linkages to Behavioral Health Counseling/Recovery Treatment Services Prenatal or by Delivery Discharge
4. Narcotic 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**

- [ ] ILPQC Provider eModule
- [ ] ILPQC RN eModule
- [ ] Missed Opportunity Review form
- [ ] ILPQC SBIRT Simulations
- [ ] SBIRT/DUD Clinical Algorithms
- [ ] 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 DUD?

- [ ] LD Admission Huddles
- [ ] Prenatal Care Conference
- [ ] MNO-OB Folders
- [ ] MNO DUD 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 DUD Admission Huddles are being completed for all patients with DUD?

**Community Resources**

How often will you update your local map of resources to connect pregnant/postpartum patients to MAT & Behavioral Health/Recovery Treatment Services? Biannually □ 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: __________

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**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

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>November 9(^{th}), 2020 12:30-1:30pm</td>
<td>MNO-OB Initiative Sustainability Call</td>
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<tr>
<td>January 11(^{th}), 2021 12:30-1:30pm</td>
<td>MNO-OB Initiative Sustainability Call</td>
</tr>
<tr>
<td>March 29(^{th}), 2021 12:30-1:30pm</td>
<td>MNO-OB Initiative Sustainability Call</td>
</tr>
<tr>
<td>May 26(^{th}), 2021 12:30-1:30pm</td>
<td>OB Virtual Face-to-Face Meeting</td>
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</table>
MNO-OB ongoing support for every team to achieve sustainable success

• Ongoing data compliance monitoring

• QI support to help teams cross the finish line
  o Grand Rounds
  o OB provider meeting
  o 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
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/OUD 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

- 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 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
PVB Readiness Survey:
Strategies currently used for cesarean delivery decisions for inductions

- Standardized Documentation when Decision is Made
- Shared Decision Making
- Care Team Huddles
- ACOG/SMFM Labor Guidelines
- Other

Use and Do Not Use
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

- Standardized Documentation when Decision is Made
- Shared Decision Making
- Care Team Huddles
- ACOG/SMFM Labor Guidelines
- Other

[Bar chart showing use and do not use percentages for each strategy]
PVB Data Collection

20* NTSV C-Sections

Nulliparous, Term, Singleton, Vertex

5 Failed Inductions
5 Labor Dystocia/ Failure To Progress
5 Fetal Heart Rate Concerns
5 Any of the Above

10 Vaginal Deliveries

*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!

Can’t wait to get started!

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

Data definitions were helpful!
Data Collection: Patient Level Measures

C/S Failed Induction

Reason for induction:
- 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):

Dilation at last exam before delivery:
* must provide value

Effacement at last exam before delivery:
* must provide value

Cervix station at last exam before delivery:
* must provide value

Cervix consistency at last exam before delivery:
* must provide value

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

A1) If < 6 cm, was oxytocin administered for at least 12-18 hours after membrane rupture before failed induction was diagnosed:
- Yes
- No
- Unknown

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:

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

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:
* must provide value

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

C/S Labor Dystocia/ Failure to Progress

Dilation at time of admission:

Dilation at time of Cesarean:

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

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

Corrected uterine tachysystole: decrease or discontinue uterine stimulants, fluid bolus, terbutaline or nitroglycerin and/or other:
* must provide value

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

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

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

Vaginal Delivery

Operative Delivery Type (if used):

Antepartum testing results which precluded trial of labor:
- Yes
- No

Category III FHR tracing:
- Yes
- No

Category II FHR tracing (Were these specific types present?)
- Yes
- No

Other concern:
- Yes
- No

Clinical significant variable decelerations:
- Yes
- No

Minimal/lack FHR variability WITHOUT significant decelerations:
- Yes
- No

Late Decelerations:
- Yes
- No

Membranes ruptured and No cervical change x 4 hrs with
Adequate Uterine activity (e.g., > 200 MVU):
- Yes
- No

Membranes ruptured, Oxytocin administered, and No
cervical change x 6 hrs with inadequate Uterine activity (e.g.,
< 200 MVU):
- Yes
- No

None of the above:
- Yes
- No
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

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

Individual Attitudes + Unit Subjective Norms = Clinical Culture

• A tool to understand an individual hospital’s existing culture in regards to supporting vaginal birth
Labor Culture Survey

- 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

“...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.”
10 Steps to Getting Started

1. Submit Roster and complete PVB Teams Readiness Survey
2. Review ILPQC Data Collection Form and Attend Data Call
3. Schedule regular, at least monthly PVB QI team meetings
4. Reference PVB Key Driver Diagram to identify possible interventions to get started
5. Review ILPQC Promoting Vaginal Birth Online Toolkit for resources to help
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
**Example:**

**30-60-90 Day Plan**

<table>
<thead>
<tr>
<th>30 DAY</th>
</tr>
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<tbody>
<tr>
<td><strong>Overall Goal:</strong> Develop Data Collection plan and schedule monthly QI Team Meetings</td>
</tr>
<tr>
<td><strong>Tasks to Achieve Goal</strong></td>
</tr>
<tr>
<td>1. Review RedCap data form</td>
</tr>
<tr>
<td>2. Assign Data Collection Tasks</td>
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<tr>
<td>3. Schedule monthly meetings</td>
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<table>
<thead>
<tr>
<th>60 DAY</th>
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<tbody>
<tr>
<td><strong>Overall Goal:</strong> Complete baseline data collection and review data with QI team</td>
</tr>
<tr>
<td><strong>Tasks to Achieve Goal</strong></td>
</tr>
<tr>
<td>1. Collect Baseline data</td>
</tr>
<tr>
<td>2. Review baseline data</td>
</tr>
<tr>
<td>3. Identify areas for improvement</td>
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<table>
<thead>
<tr>
<th>90 DAY</th>
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<tbody>
<tr>
<td><strong>Overall Goals:</strong> 1. Labor culture survey launch 2. Review toolkit and Key Drivers Diagram to develop first PDSA cycle</td>
</tr>
<tr>
<td><strong>Tasks to Achieve Goal</strong></td>
</tr>
<tr>
<td>1. Send survey to all providers and nurses</td>
</tr>
<tr>
<td>2. Meet with QI team to develop PDSA cycle</td>
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QI Leadership Development Opportunity

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

November
- ILPQC PVB Data Calls
  11/5 12:00pm OR 11/19 1:00pm
- QI Leader Support Call
  11/13 12:00pm

December
- Official Kick-off!
- Team Webinars start
- Baseline Data Reporting Begins

January
- Baseline Data Reporting due
- Monthly Data Reporting Begins
- Labor Culture Survey Launch
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

**PATIENT SAFETY BUNDLE**

**REDUCTION OF PERIPARTUM RACIAL/ETHNIC DISPARITIES**

**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.

**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
1. Address social determinants of health during prenatal, delivery, and postpartum care 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
- 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

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

- 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

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

- 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

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

- 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
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
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
- **Toolkit Resource:** [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)
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 toward our shared goal of improved maternal health across the state.

Thank you!

1) Date Data Submitted
2) Calendar Year Training Occurred
3) Birthing Facility Name
   Please include health system and hospital name for accurate reporting
4) Method of Training
   Choose method of training utilized by hospital to meet this requirement

Person completing data submission
5) Name
6) Email
7) Phone Number

TOTAL number of obstetric/family medicine, maternal fetal medicine, anesthesia, emergency department, and other staff that care for pregnant and postpartum women providers with admitting privileges.

8) Total MDs/DOS/Certified Nurse-Midwives
9) Total Nurses (includes APN and MSN)
10) Total Certified Nursing Assistants/MAs
11) Total Residents & Fellows

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
13) Trained Nurses (includes APN and MSN)
14) Trained Certified Nursing Assistants/MAs
15) Trained Residents & Fellows

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

20) Trained MDs/DOS/Certified Nurse-Midwives
21) Trained Nurses (includes APN and MSN)
22) Trained Certified Nursing Assistants/MAs
23) Trained Residents & Fellows

24) Participating Departments (check all that apply: OB/Family Medicine, MFM Anesthesia, Emergency Department, Internal Medicine, Other)
   - OB/Family Medicine
   - MFM Anesthesia
   - Emergency Department
   - Internal Medicine
   - Other

25) 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.
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

- Hemorrhage
- Infection / Sepsis
- Hypertensive Disorders of Pregnancy
- Mental Health Conditions
- Thrombotic Pulmonary Embolism
- Cardiomyopathy
- All Other Conditions

Cardiomyopathy

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

- Obesity: 7%
- Mental Health Conditions: 75%
- Substance Use: 61%
What future initiatives interest your team?

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

2018 OB Teams Survey Results!
Cardiovascular Health

- California:
  - Improving health care responses to cardiovascular disease in pregnancy and postpartum toolkit in development!
Maternal Mental Health

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

**Aim Bundle**

**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


Over half of pregnancy-related deaths in Illinois in 2015 occurred within the first six-weeks postpartum.
Improving Postpartum Access to Care

- **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)

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**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
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IDPH
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I PROMOTE-IL
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