Finding the Balance: Moving the MNO Initiative to Sustainability while Successfully Launching BASIC

ILPQC Eighth Annual Conference

October 29, 2020

Neo Breakout Session Overview

- Housekeeping Items
- Sustaining the Success of Mothers and Newborns affected by Opioids
- Launching Babies Antibiotic Stewardship Initiative Collaborative (BASIC)
- Discussion of Equitable Care
- Wrap-Up

Panel:

- Dmitry Dukhovny
- Gustave Falciglia
- Jodie Hoskins
- Justin Josephsen
- Kenny Kronforst
- Leslie Caldarelli
- Patrick Lyons
- Sameer Patel

ABP MOC Part IV!

- **Reminder for physicians:** 2020 ABP MOC Part IV Credit forms for are due by Wednesday, November 20th! Please submit form to info@ilpqc.org
- It's 25 points! ABP.org: *"…You must earn at least 40 points in Part 4 activities every five years…"* This opportunity is TOO GOOD TO MISS OUT ON!

Meaningful participation is defined by the ABP as having an active role in the project and participating over an appropriate period of time. The ABP approves QI projects in which pediatricians are active participants in implementing change. To receive Part 4 credit for a QI project, you must:

- Be intellectually engaged in planning and executing the project;
- Implement the project's interventions (the changes designed to improve care);
- Review data in keeping with the project's measurement plan; and
- Collaborate actively by attending team meetings.

ILPQC
Illinois Perinatal Quality Collaborative

Save the Date!

2021 OB & Neonatal Face-to-Face Meetings

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

OB Teams: May 26, 2021

Neonatal Teams: May 27, 2021

More information coming soon!

Virtual Meeting

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

Northwestern Medicine®
Feinberg School of Medicine

Mothers and Newborns affected by Opioids – Success and Sustainability

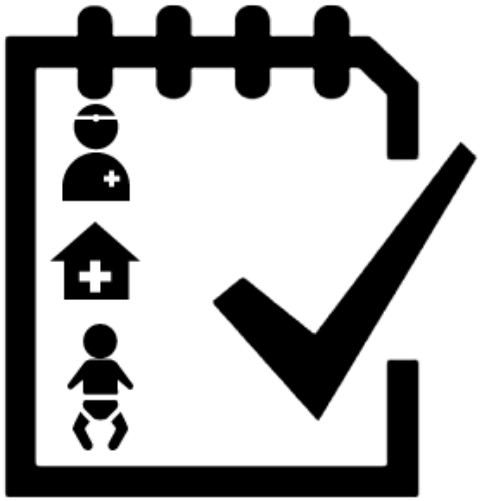
- **Celebrating Success**
- **Hospital Team Survey Results**
- **MNO Strategies for Success and Sustainability**
  - Finishing Strong
  - Planning for MNO-Neo Sustainability
    - What is sustainability?
    - How do we achieve sustainability?

MNO-NEO CELEBRATING SUCCESS

MNO-Neonatal AIMs

Increase OENs breastfeeding at infant discharge to 70%

Decrease OENs receiving pharmacologic treatment for NAS to 20%



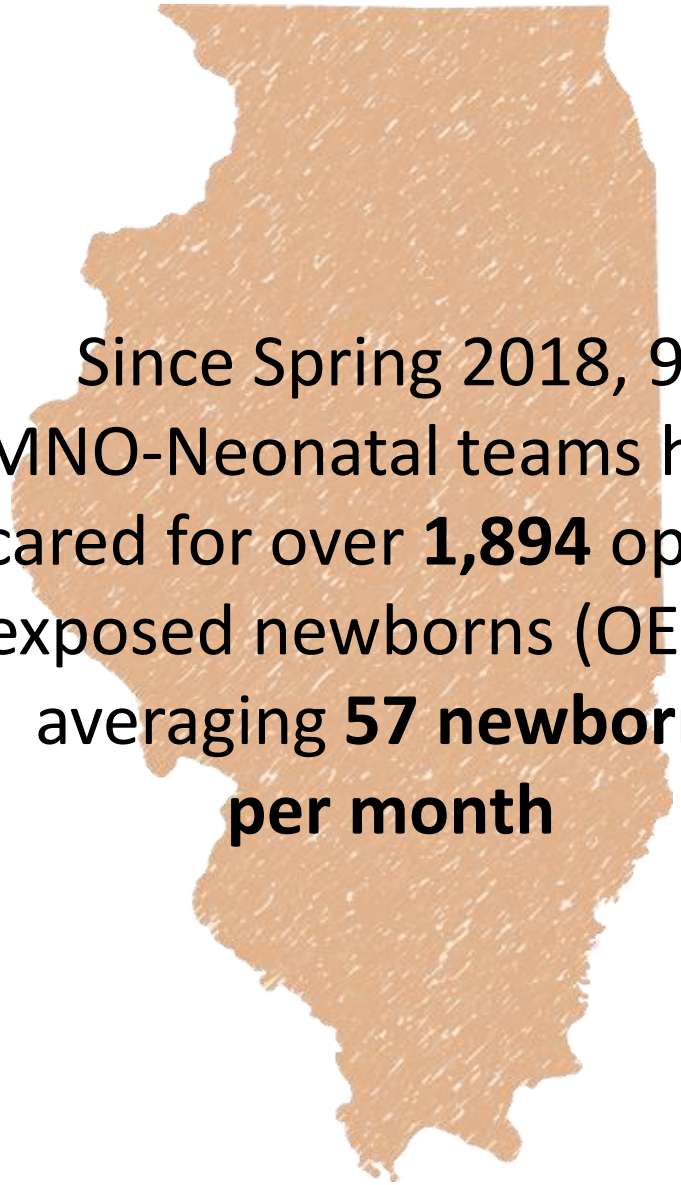
Increase OENs discharged with a Coordinated Discharge Plan to 95%

93%

Standardized prenatal consult

93%

Standardized pharmacologic protocol



Since Spring 2018, 92 MNO-Neonatal teams have cared for over **1,894** opioid exposed newborns (OENs), averaging **57 newborns per month**

95%

Standardized Non-Pharm protocol

95%

Standardized discharge protocol

OENs Breastfed at Infant Discharge

AIM ACHIEVED!
>70%

At baseline, 6 out of 10 OENs were breastfed at infant discharge

As of Quarter 3 2020, 8 of 10 OENs were breastfed at infant discharge!

OENs with a Coordinated Discharge Plan

At baseline, 1 out of 4 OENs were discharged with a coordinated plan

As of Quarter 3 2020, almost 3 of 4 OENs were discharged with a coordinated plan!

Length of Stay for OENs with NAS Symptoms

ILPQC Illinois Perinatal Quality Collaborative

Q4 2017

Q2 2020

Length of Pharmacologic Treatment for NAS

ILPQC Illinois Perinatal Quality Collaborative

Q4 2017

Q2 2020

MNO-Neo looking back...
2 Years of Continuous Improvement

IL PQC
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Built a foundation with structure measures to standardize systems & drive optimal care

Developed a focused road map and toolkit for teams to follow to implement recommended best practices

Broke down silos and built relationships between OB, postpartum, inpatient pediatrics, and the community for a continuum of care

Shared team strategies for success with each other across the initiative

CONGRATULATIONS

ILPQC Illinois Perinatal Quality Collaborative

MNO-Neonatal Excellence Award

ILPQC MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS

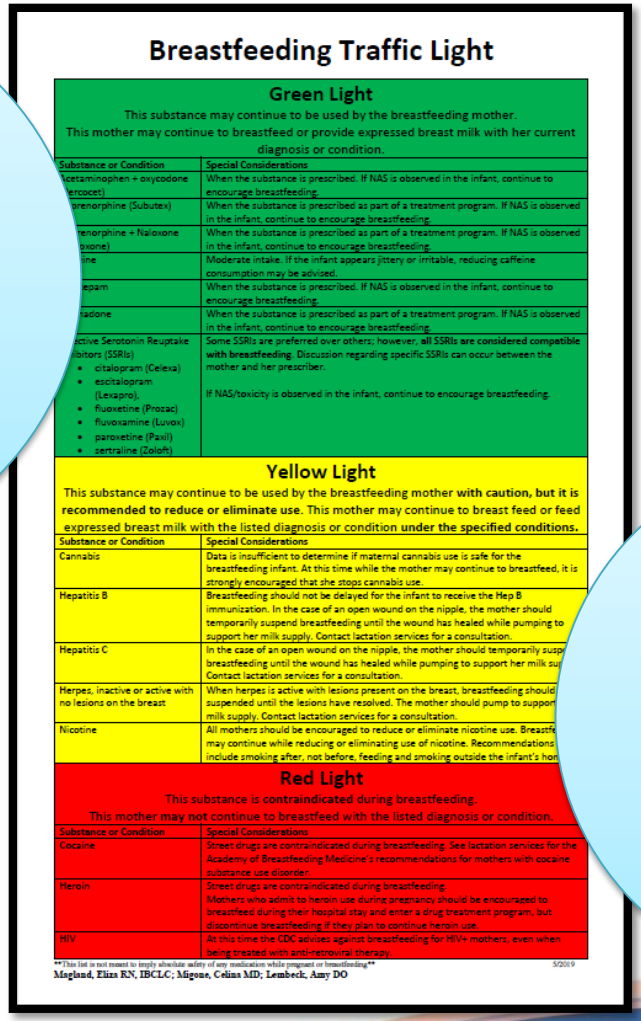
- Advocate Children's- Oak Lawn
- Advocate Good Samaritan Hospital
- Advocate Sherman Hospital
- AMITA Alexian Brothers Medical Center
- Edward Hospital
- Illinois Valley Community Hospital
- Little Company of Mary Hospital
- Loyola University Medical Center
- NM Central DuPage Hospital
- OSF St Francis Medical Center
- Palos Health
- Presence St Mary's - Kankakee
- SSM Health Cardinal Glennon Children's Hospital
- Swedish Covenant Hospital
- West Suburban Medical Center
- St. Louis Children's Hospital
- Advocate Children's - Park Ridge

MNO-NEO SURVEY RESULTS

Strategies for Success: Breastfeeding

Illinois Perinatal Quality Collaborative

"We do education with each mom that is eligible about the benefits of her breastmilk for her baby…"



Breastfeeding Traffic Light

Green Light

This substance may continue to be used by the breastfeeding mother.
This mother may continue to breastfeed or provide expressed breast milk with her current diagnosis or condition.

Substance or Condition	Special Considerations
cetaminophen + oxycodone ercocet)	When the substance is prescribed. If NAS is observed in the infant, continue to encourage breastfeeding.
prenorphine (Subutex)	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
renorphine + Naloxone xone)	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
ine	Moderate intake. If the infant appears jittery or irritable, reducing caffeine consumption may be advised.
epam	When the substance is prescribed. If NAS is observed in the infant, continue to encourage breastfeeding.
adone	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
ctive Serotonin Reuptake bitors (SSRIs) • citalopram (Celexa) • escitalopram (Lexapro), • fluoxetine (Prozac) • fluvoxamine (Luvox) • paroxetine (Paxil) • sertraline (Zoloft)	Some SSRIs are preferred over others; however, **all SSRIs are considered compatible with breastfeeding**. Discussion regarding specific SSRIs can occur between the mother and her prescriber. If NAS/toxicity is observed in the infant, continue to encourage breastfeeding.

Yellow Light

This substance may continue to be used by the breastfeeding mother **with caution, but it is recommended to reduce or eliminate use.** This mother may continue to breast feed or feed expressed breast milk with the listed diagnosis or condition **under the specified conditions.**

Substance or Condition	Special Considerations
Cannabis	Data is insufficient to determine if maternal cannabis use is safe for the breastfeeding infant. At this time while the mother may continue to breastfeed, it is strongly encouraged that she stops cannabis use.
Hepatitis B	Breastfeeding should not be delayed for the infant to receive the Hep B immunization. In the case of an open wound on the nipple, the mother should temporarily suspend breastfeeding until the wound has healed while pumping to support her milk supply. Contact lactation services for a consultation.
Hepatitis C	In the case of an open wound on the nipple, the mother should temporarily susp breastfeeding until the wound has healed while pumping to support her milk su Contact lactation services for a consultation.
Herpes, inactive or active with no lesions on the breast	When herpes is active with lesions present on the breast, breastfeeding should suspended until the lesions have resolved. The mother should pump to suppor milk supply. Contact lactation services for a consultation.
Nicotine	All mothers should be encouraged to reduce or eliminate nicotine use. Breastf may continue while reducing or eliminating use of nicotine. Recommendations include smoking after, not before, feeding and smoking outside the infant's hom

Red Light

This substance is **contraindicated** during breastfeeding.
This mother may not continue to breastfeed with the listed diagnosis or condition.

Substance or Condition	Special Considerations
Cocaine	Street drugs are contraindicated during breastfeeding. See lactation services for the Academy of Breastfeeding Medicine's recommendations for mothers with cocaine substance use disorder.
Heroin	Street drugs are contraindicated during breastfeeding Mothers who admit to heroin use during pregnancy should be encouraged to breastfeed during their hospital stay and enter a drug treatment program, but discontinue breastfeeding if they plan to continue heroin use.
HIV	At this time the CDC advises against breastfeeding for HIV+ mothers, even when being treated with anti-retroviral therapy.

This list is not meant to imply absolute safety of any medication while pregnant or breastfeeding

5/2019

Magland, Eliza RN, IBCLC; Migone, Celina MD; Lembeck, Amy DO

"…share information prenatally so that the moms know what criteria need to be met to be able to provide breastmilk."

Strategies for Success: Optimizing Non-Pharmacologic Care

"We implemented guaranteed rooming-in for all MNO dyads and transitioned to the ESC assessment tool…re-worked our morphine management algorithm to be in line with starting with PRN morphine if medication is necessary"

"Cuddler program, encouraging parents to stay at the bedside, superscorer and annual scoring training to ensure reliability, standardized pharm care protocols"

"Stringent criteria to even consider starting scheduled dosing"

Strategies for Success: Coordinated Discharge

"We have created an MNO specific order set and discharge checklist so that it is easier for providers and nursing staff to ensure that each important aspect of the actual discharge and the post-hospital course are covered"

"Our social worker and care manager are a part of our core team addressing this population"

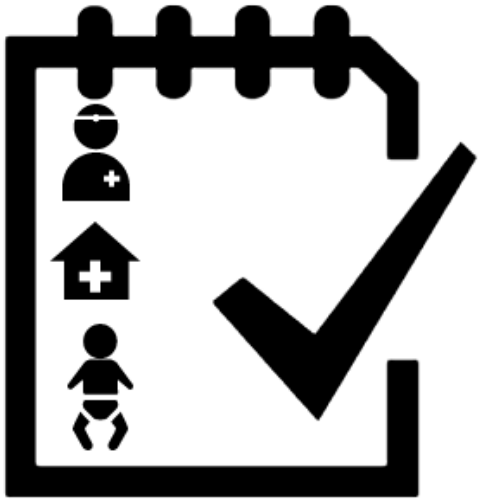
"Community resources and early intervention are built into the discharge process"

MNO-NEO: FINISHING STRONG

MNO-Neonatal AIMs

Increase OENs breastfeeding at infant discharge to 70%

Decrease OENs receiving pharmacologic treatment for NAS to 20%



Increase OENs discharged with a Coordinated Discharge Plan to 95%

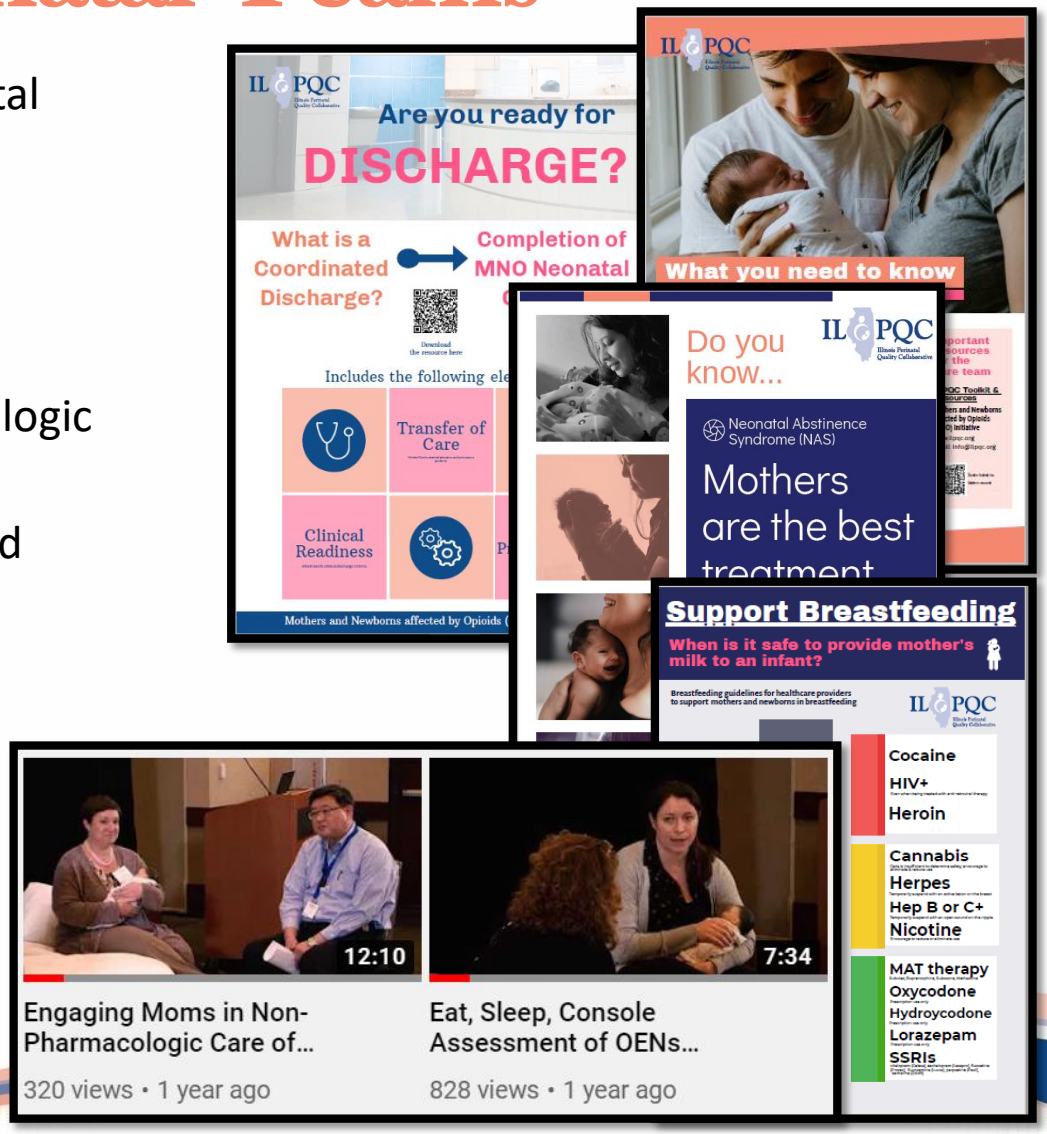
Achieving Initiative AIMs

To achieve initiative AIMs, there are specific strategies & systems teams need to have in place to provide optimal care for every OEN

- Prenatal Consults
- MNO-Neo Folders
- Admission Huddles
- Engagement of Mother/Family
- Non-Pharmacologic Care Bundle
- Standardized NAS Assessment Tool
- Coordinated Discharge Checklist

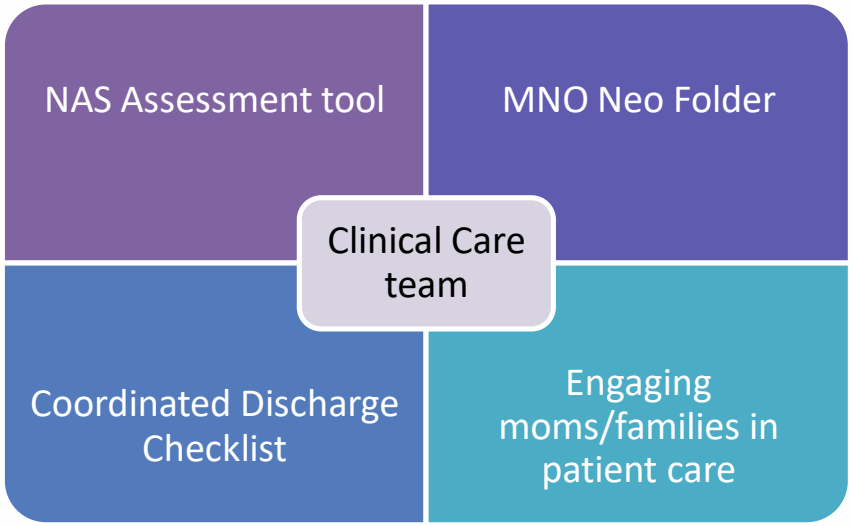
Education Resources for MNO-Neonatal Teams

- Upcoming updated MNO-Neonatal Grand Rounds Slide Set
- Upcoming AAP eModules
- Eat-Sleep-Console Simulation & Debrief Video
- Engaging Mom in Non-Pharmacologic Care Simulation & Debrief Video
- MNO-Neonatal Key Messages and Strategies Poster
- Mothers are the Best Treatment Option Poster
- Supporting Breastfeeding Poster



Strategies & Systems Activated

Education Provided



MNO-NEO SUSTAINABILITY

QI Sustainability Phase- Breaking it down

WHAT is Sustainability?

A period of an initiative where hospital teams put into place processes to ensure that the QI work is integrated into the clinical culture.

Creating a "new way" of working that becomes the "norm" so the changes last beyond the life of the initiative

WHY is Sustainability important?

So **successes** last beyond the life of the initiative and because **failure** can lead to reversal of improvement gains and QI fatigue.

Sustainability: What does it mean for MNO-Neo?

Hospital teams identify and implement system changes that result in optimal care for every OEN regardless of the number of patients seen per month at your hospital

This is achieved through a Sustainability Plan

Key Components of the MNO-Neonatal Sustainability Plan

ILPQC Illinois Perinatal Quality Collaborative

Optimal OEN Care Systems

Implementing systems to ensure optimal care is provided regardless of the number of patients seen. This includes formalizing a plan to ensure MNO folders are replenished & updated and a plan to update discharge resources map.

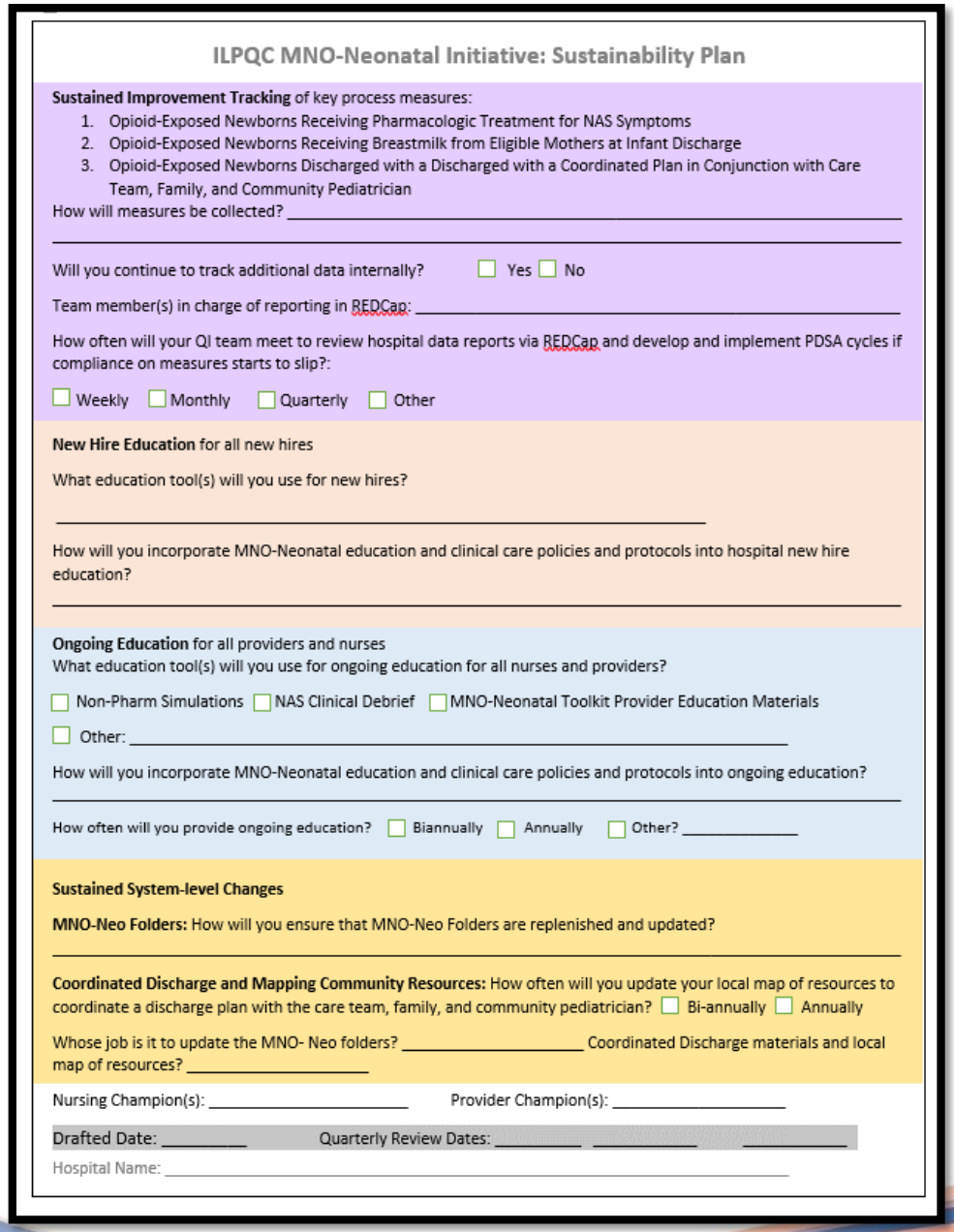
Continuing & New Hire Education

Implement strategies for physician & nurse education. This includes education about OEN optimal care systems, non-pharm simulations, and NAS clinical debriefs.

Compliance Monitoring

Implement plans to track key process and outcome measures including pharmacologic therapy, breastfeeding, and coordinated discharge.

Downloadable sustainability plans are available in your E-Folder and in the MNO-Neonatal online toolkit



ILPQC MNO-Neonatal Initiative: Sustainability Plan

Sustained Improvement Tracking of key process measures:

1. Opioid-Exposed Newborns Receiving Pharmacologic Treatment for NAS Symptoms
2. Opioid-Exposed Newborns Receiving Breastmilk from Eligible Mothers at Infant Discharge
3. Opioid-Exposed Newborns Discharged with a Discharged with a Coordinated Plan in Conjunction with Care Team, Family, and Community Pediatrician

How will measures be collected? _____

_____

Will you continue to track additional data internally? ☐ Yes ☐ No

Team member(s) in charge of reporting in REDCap: _____

How often will your QI team meet to review hospital data reports via REDCap and develop and implement PDSA cycles if compliance on measures starts to slip?:

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other

New Hire Education for all new hires

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

_____

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

_____

Ongoing Education for all providers and nurses

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

☐ Non-Pharm Simulations ☐ NAS Clinical Debrief ☐ MNO-Neonatal Toolkit Provider Education Materials

☐ Other: _____

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

_____

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

Sustained System-level Changes

MNO-Neo Folders: How will you ensure that MNO-Neo Folders are replenished and updated?

_____

Coordinated Discharge and Mapping Community Resources: How often will you update your local map of resources to coordinate a discharge plan with the care team, family, and community pediatrician? ☐ Bi-annually ☐ Annually

Whose job is it to update the MNO- Neo folders? _____ Coordinated Discharge materials and local map of resources? _____

Nursing Champion(s): _____ Provider Champion(s): _____

Drafted Date: _____ Quarterly Review Dates: _____ _____ _____

Hospital Name: _____

ILPQC MNO-Neo Sustainability Plan

- Capture your QI team's plan for the sustainability phase
- Learn more on November 16, 2020- ILPQC Sustainability Call

Sustainability Plan: Compliance Monitoring

How can your team be ready for compliance monitoring?

❑Submit ILPQC monthly MNO-Neonatal Patient and Structure Measure data through December 2020 in the ILPQC Data System by March 15, 2021

❑Review data for 3 AIMs with your team

❑Connect with your Perinatal Network Administrator if you are not yet at the 70% breastfeeding, 20% pharm treatment, or 95% discharge goals

❑Continue to collect / submit data on sustainability measures for compliance monitoring. Compliance data form and reports will be active January 2021

- *Develop a plan for the QI team to track monthly/quarterly progress on key process and outcome measures in the ILPQC Data System*
- *What will you do if a measure drops below goal?*

Sustainability Plan: New Hire & Continuing Education

How can your team be ready for continuing & new-hire education?

❑Facilitate completion of education with all physicians and nurses

❑Review education materials in ILPQC toolkit & determine what will be used for new hire & ongoing education

❑Complete new hire & ongoing education section of sustainability plan to reflect QI team's decision

- *Determine a plan for continuing and new hire education*
- *How will you implement the plan?*

Sustainability Plan: Sustained System-Level Changes

How can your team be ready for sustained system-level changes?

❑Develop plan to ensure MNO-neonatal folders are replenished and updated

❑Determine how often team will update local map of resources for coordinating a discharge plan

- *Implement systems changes to ensure optimal OEN care is provided for every OEN, every time- regardless of number!*

MNO-Neonatal Preparing for Sustainability Checklist

- ❑ Submit ILPQC monthly MNO-Neonatal Patient & Structure Measure data through December 2020 by March 15, 2021 in ILPQC Data System
- ❑ Facilitate completion of education with all providers and nurses, determine plan for continuing & new hire education
- ❑ Review data for 3 AIMs with your team
- ❑ Connect with your Perinatal Network Administrator if you are not yet at the 70% breastfeeding, 20% pharm treatment, or 95% discharge goals
- ❑ Develop sustainability plan with your QI team (draft plan provided by ILPQC), submit to your Perinatal Network Administrator & ILPQC
- ❑ Continue to collect / submit data on sustainability measures for compliance monitoring. Compliance data form and reports will be active January 2021

MNO-Neo Sustainability Webinars

Date	Topic
November 16, 2020	**MNO-Neo Initiative Sustainability Call**
December 2020	**MNO-Neo Celebration Call!**
January 2021	**MNO-Neo Initiative Sustainability Call**
March 2021	**MNO-Neo Initiative Sustainability Call**
May 27, 2021	**Neo Face-to-Face**

LAUNCHING BASIC

Don't Forget to Submit Your BASIC QI Team Roster!

- To date, we have 41 ILPQC hospitals signed up to participate in the BASIC initiative
- It is not too late to submit your team's QI roster- if you have not yet please do so today! https://redcap.healthlnk.org/surveys/?s=H8P8TAPF33
- Submitting a QI team roster is a foundational aspect of initiative participation, don't miss out on this opportunity!

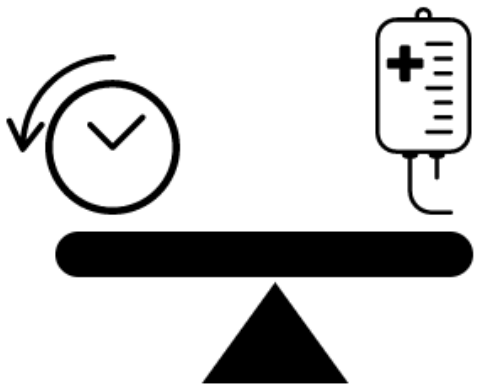
Join the 'club'!!!

Babies Antibiotic Stewardship Initiative Collaborative (BASIC) Discussion Topics

- **BASIC Initiative Background**
- **Team Survey Results Discussion**
- **Getting started with BASIC**
  - 10 Steps to Getting Started
  - BASIC Process Mapping

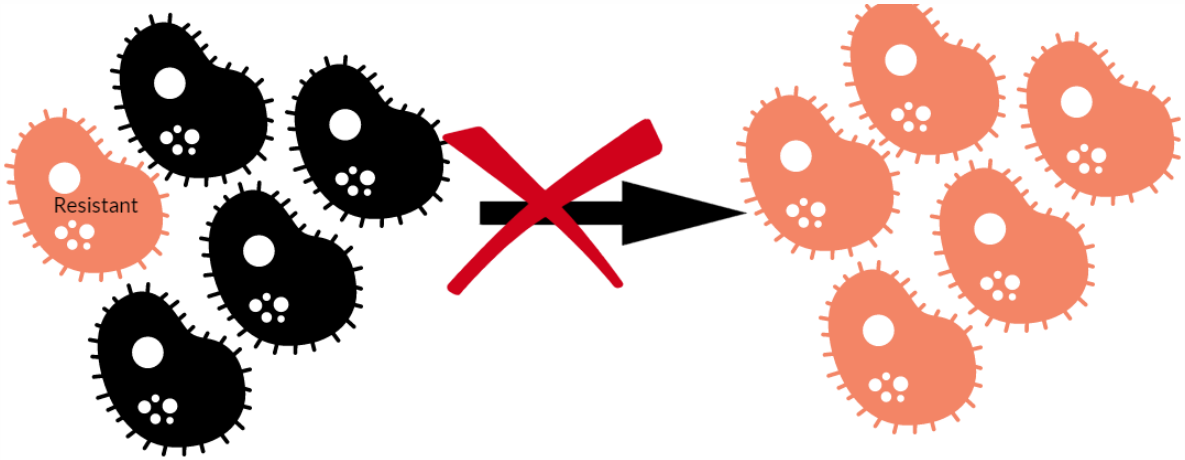
What is Antibiotic Stewardship?

Coordinated interventions to improve the **appropriate use of antibiotics** by promoting the selection of the optimal antimicrobial drug regimen including **diagnosis**, **dosing, and duration of therapy**



Achieve the best clinical outcomes related to antibiotics to:

- Minimize toxicity & other adverse events or outcomes
- Limit selective pressure on bacteria populations which drives emergence of antibiotic-resistant strains
- Reduce excess costs attributable to sub-optimal antimicrobial use



https://www.pids.org/resources/antibiotic-resistance-resources.html

Why Neonatal Antibiotic Stewardship?

Antibiotics are essential in fighting infections in newborns, but wide variations in antibiotic prescribing for newborn infections can lead to unnecessary or prolonged antibiotic exposure resulting in short- and long-term adverse outcomes such as:

- Mother-baby separation
- Reduced breastfeeding and increase formula supplementation
- Impaired development of intestinal microbiome
- Longer term chronic conditions including asthma, allergies, and obesity
- Antibiotic resistance

BASIC Vision

ILPQC hospitals, **regardless of perinatal level or past experience with implementing newborn antibiotics initiatives,** will implement best practices to provide:

the right antibiotics

for the right babies

for the right duration

BASIC AIMs

- ✓ Decrease by 20% the number of newborns, born at ≥35 weeks who receive antibiotics
- ✓ Decrease by 20% the number of newborns with a negative blood culture who receive antibiotics for longer than 36 hours

BASIC Key Drivers

- Driver 1: Data Monitoring, Transparency, and Stewardship Infrastructure
- Driver 2: Timely and Appropriate Initiation of Antibiotics
- Driver 3: Appropriate Administration and De-escalation of Antibiotics
- Driver 4: Equitable Care Delivery

Driver 1: Data Monitoring, Transparency, and Stewardship Infrastructure

Change Ideas:

- Create a QI team to lead the improvement effort and cultivate buy-in among all providers, staff, and administration
- Educate healthcare team on neonatal antibiotic stewardship best practices
- Educate and provide anticipatory guidance to families on early onset sepsis and antibiotic therapy
- Monitor and share unit-level neonatal antibiotic prescribing data with the healthcare team to ensure equitable care for all newborns
- Review & debrief neonatal antibiotic administration decisions for consistency with policies and protocols to provide feedback to the healthcare team.

Driver 2: Timely and Appropriate Initiation of Antibiotics

Change Ideas:

- Implement standardized risk assessment algorithm to evaluate risk of early onset sepsis for neonates < 35 weeks gestation.
- Implement standardized risk assessment tool to evaluate risk of early onset sepsis for neonates ≥ 35 0/7 weeks gestation.
- Develop partnerships with obstetricians to standardize communication with the pediatric/neonatal team about maternal risk factors for early onset sepsis.
- Implement standardized serial assessments of neonates at risk for sepsis
- Implement standardized identification of and response to neonates with worsening clinical status

Driver 3: Appropriate Administration and De-escalation of Antibiotics

Change Ideas:

- Implement policies, protocols and support tools to assist staff in properly and consistently obtaining blood cultures
- Partner with inpatient lab to optimize timely processing of blood culture results and communication with care team
- Implement policies, protocols and support tools to assist staff to stop or de-escalate therapy promptly based on the culture and sensitivity results
- Partner with pharmacy to assist with interventions to assure appropriate antibiotic use
- Reduce inter-hospital variation of antibiotic prescribing through the creation of standardized dosing guidelines and order sets
- Implement a standardized approach for healthcare team to discuss the anticipated duration of antibiotic course at the initiation of antibiotics
- Implement standardized automatic antibiotic stop order process

Driver 4: Equitable Care Delivery

Change Ideas:

- Provide training and education in the social determinants, cultural sensitivity, and implicit and explicit bias
- Create a dashboard to identify and reduce inequities and disparities
- Provide a standardized tools for screening of all families for social risks and social support
- Create alliances and partnerships with community organizations
- Begin discharge planning and family education at admission, tailored to each family's needs and in a preferred language

Annual Survey Data: Previous Hospital Experience with VON Choosing Antibiotics Wisely

Only 28% of teams reported previously participating in the VON Choosing Antibiotics Wisely Collaborative in the past

Annual Survey Data: Risk Assessment Currently Used for newborns ≥35

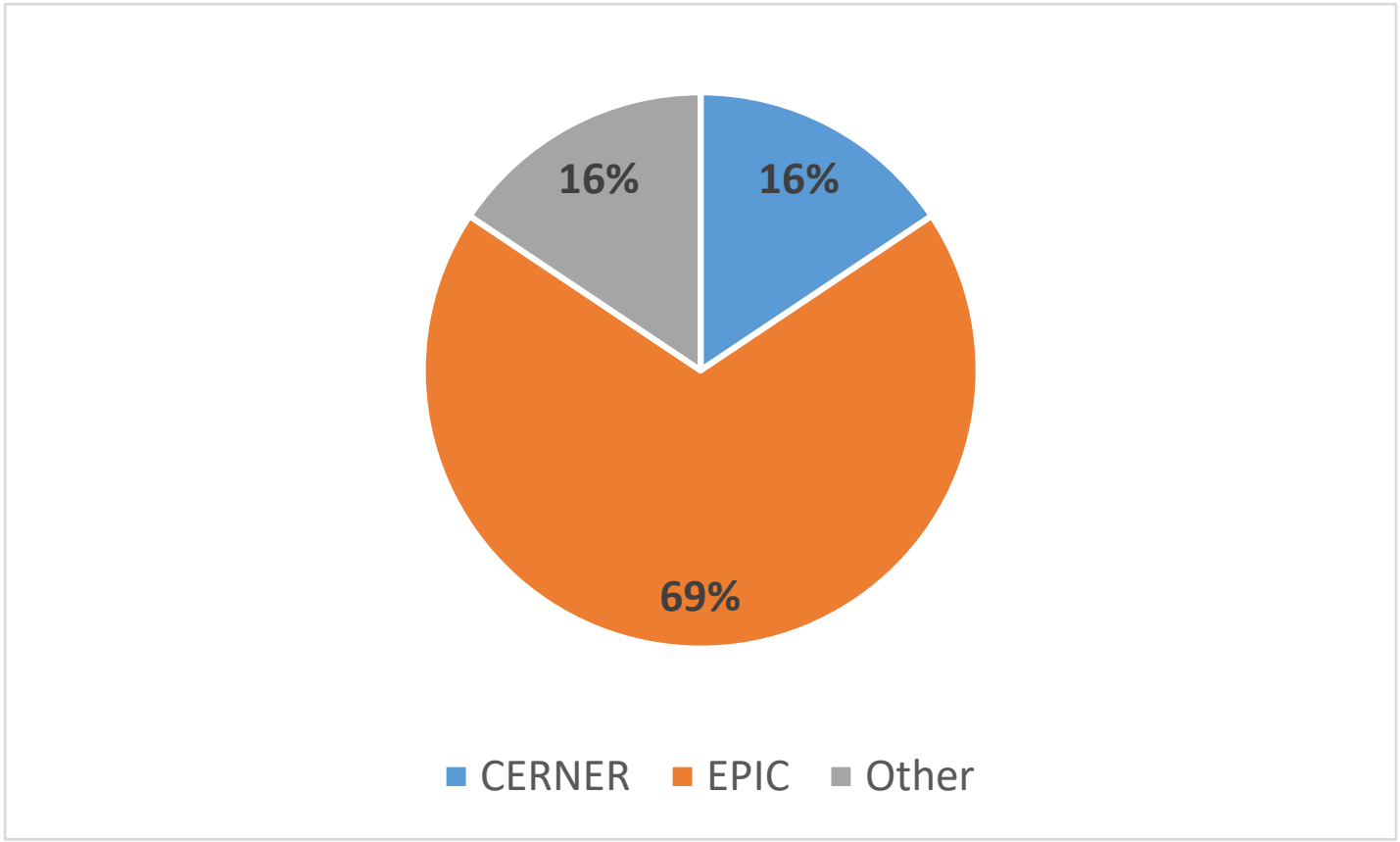
- 44% of teams reported using Sepsis Risk Calculator (example includes Kaiser Sepsis Calculator)
- 28% of teams reported using Categorical risk factor assessment (maternal risk factors alone)
- 50% of teams reported using Risk assessment primarily based on newborn clinical conditions with serial physical exam)

**Percent based on 'select all that apply'*

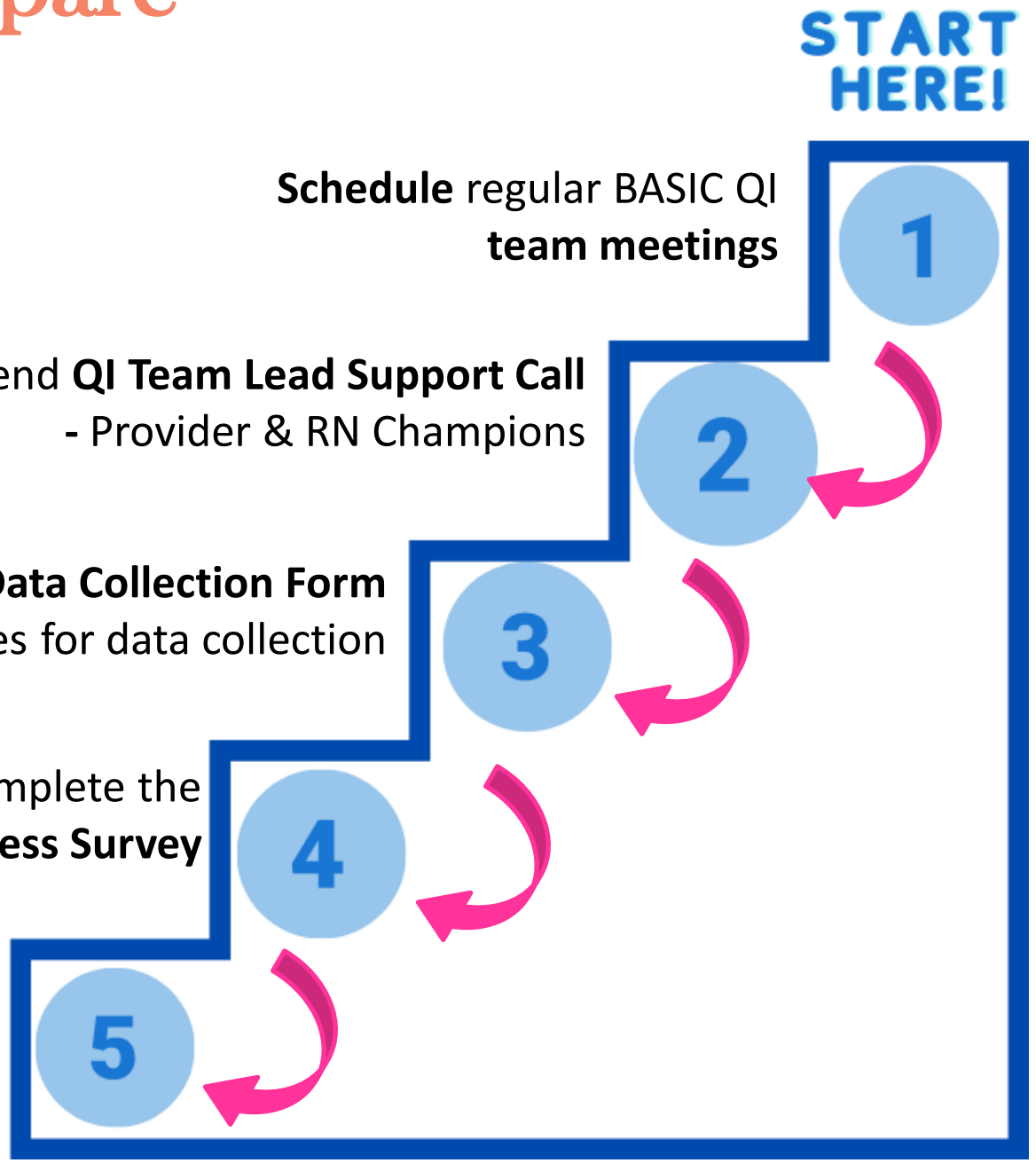
Annual Survey Data: Risk Assessment Currently Used for newborns <35

- Only 33% of teams have a standardized tool to assess the risk of EOS for newborns <35 weeks

Annual Survey Data: Current Medical Record



10 Steps to Prepare for BASIC



10 Steps for Teams to Prepare for BASIC

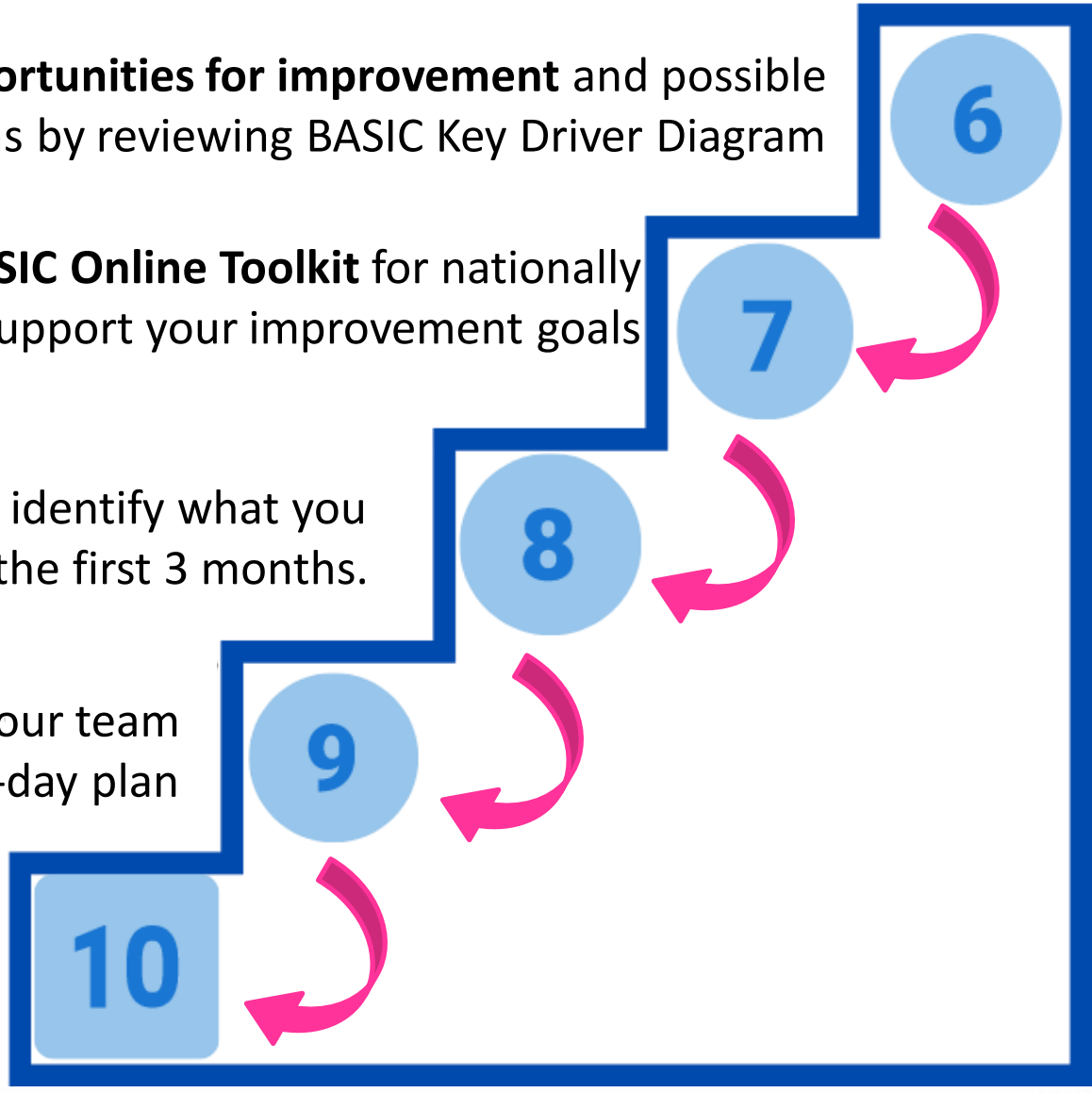
Identify opportunities for improvement and possible interventions by reviewing BASIC Key Driver Diagram

Review the **ILPQC BASIC Online Toolkit** for nationally vetted resources to support your improvement goals

Create a **30/60/90 day plan** to identify what you want to accomplish in the first 3 months.

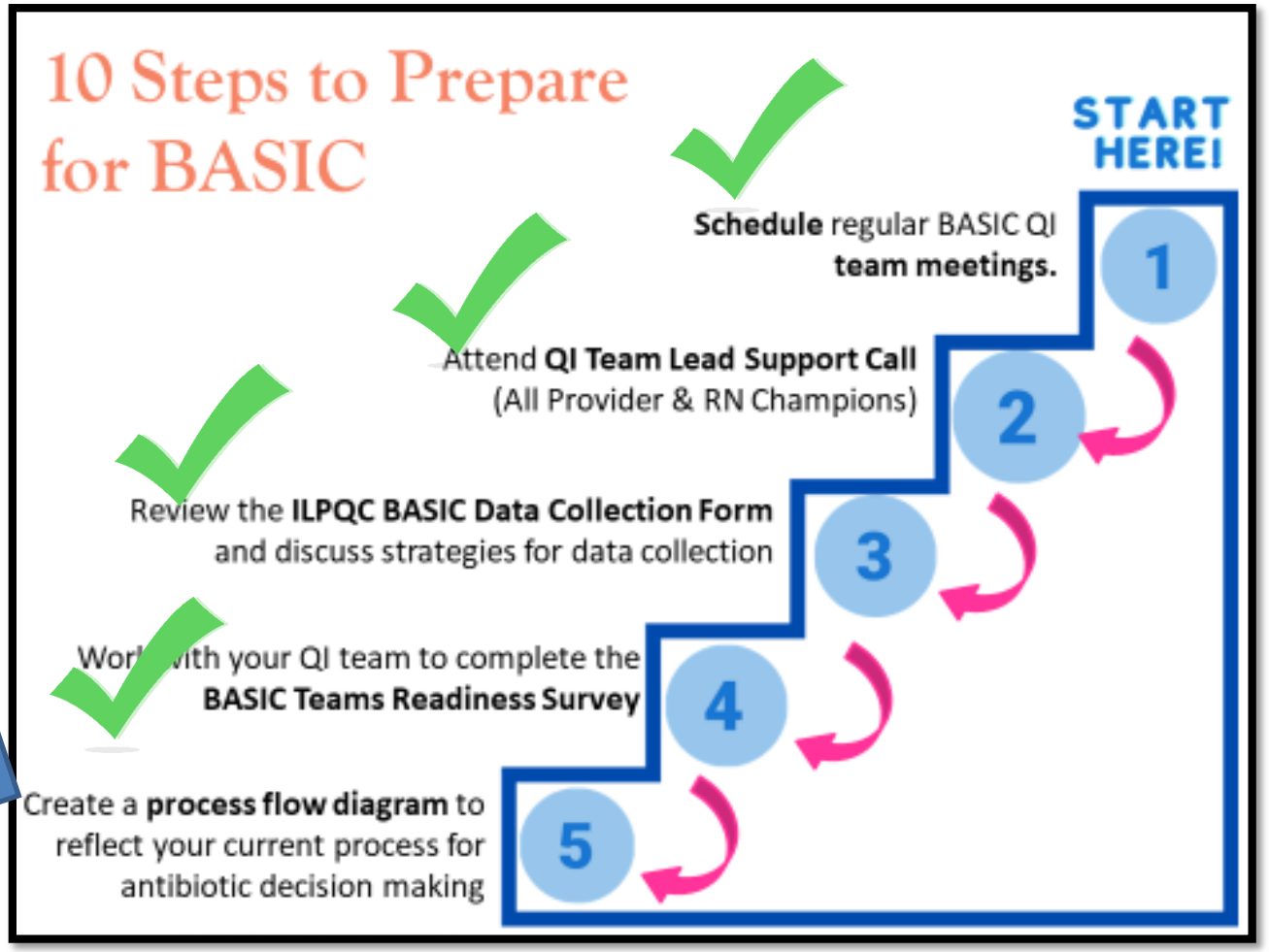
Plan your first **PDSA cycle** with your team to address your 30/60/90-day plan

Reach out to ILPQC for help and celebrate your successes early and often.



Process Mapping

Create a process flow of current workflow and identify opportunities for improvement



38 wk baby is born to a mother with ROM for 6 hours, T=101, GBS positive, abx started 6 hours PTD

LD RN reports OB is calling chorio but she isn't sure

Infant admitted to nursery, nursery RN calls peds, no call back

again, peds apologizes that idn't hear pager because it en off their bedside table er the bed.

Blood culture and antibiotics for all babies born to mothers with cho

Nursery RN draws and CBC but can o 0.5 mL blood, sends culture

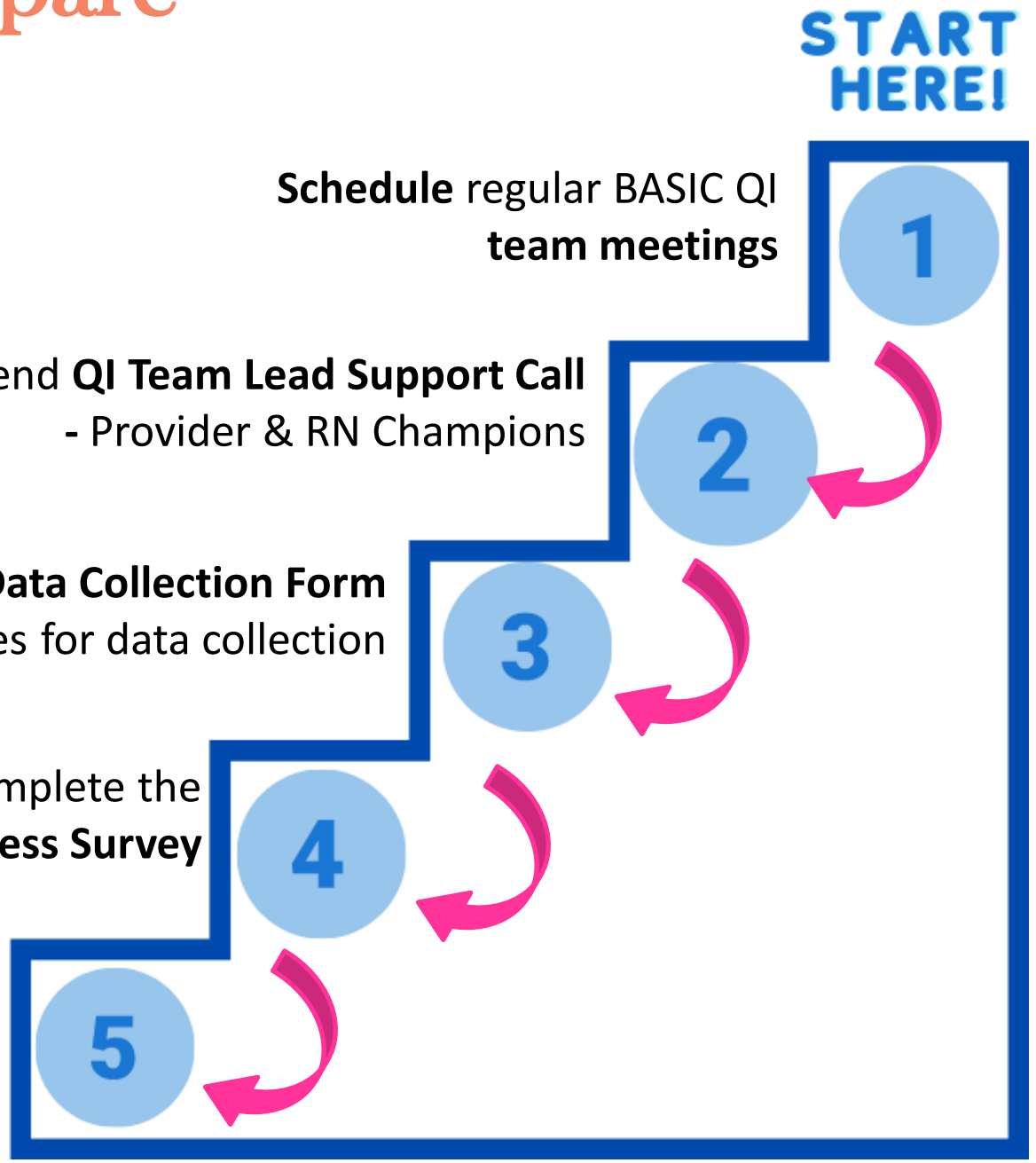
n wants to breastfee has to do it in the rsery because the baby as an IV and babies with IVs stay in the nursery

Labs come back, bands are 14 and a baby looks well

does the baby needs antibiotics- how long will she need antibiotics and will she be able to go home with her

Baby has a low sugar and combined with history of chorio+ bands of 14, the pediatrician decides to treat for 7 days

10 Steps to Prepare for BASIC



BASIC Toolkit Chapters

- Introduction
- Initiative QI Resources
- National Resources/Guidance
- Driver 1: Data Monitoring, Transparency, and Stewardship Infrastructure
- Driver 2: Timely and Appropriate Initiation of Antibiotics
- Driver 3: Appropriate Administration and De-escalation
- Driver 4: Equitable Care Delivery

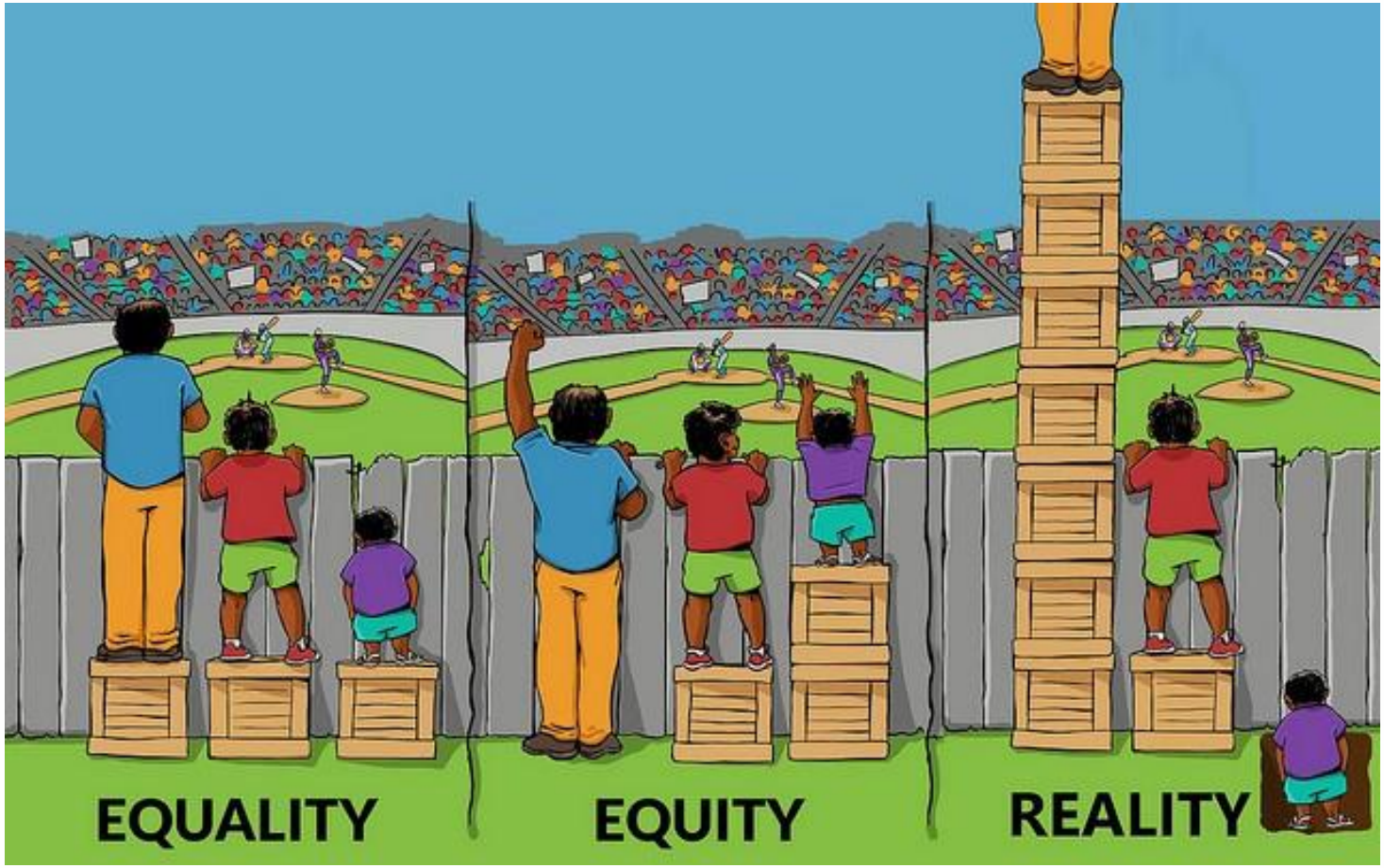
The BASIC Toolkit will be complete online (no printed binders)

BASIC Webinars

Date	Topic
November 2020	**2 Data Training Webinar offerings- learn about the BASIC Data Collection Form**
December 21, 2020 1-2pm	**BASIC Initiative Launch Call**
2021 Monthly Webinars	**3rd Monday of the Month from 1-2pm** (Starting January 2021)

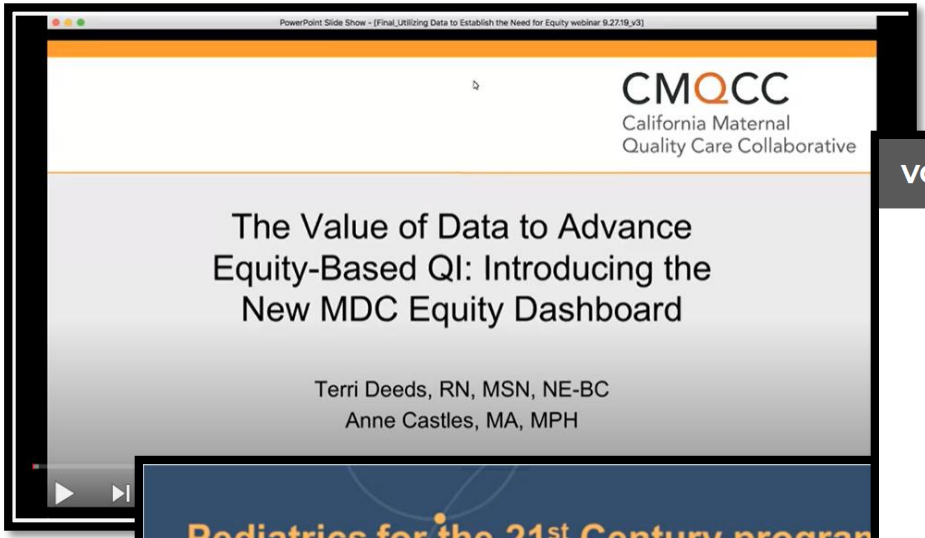
ENSURING EQUITABLE CARE- BEGINNING THE WORK

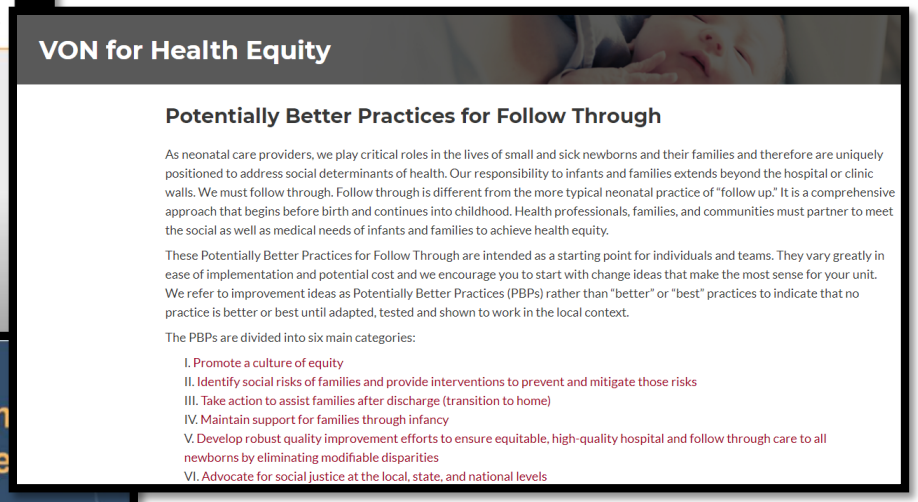
What is Equity?

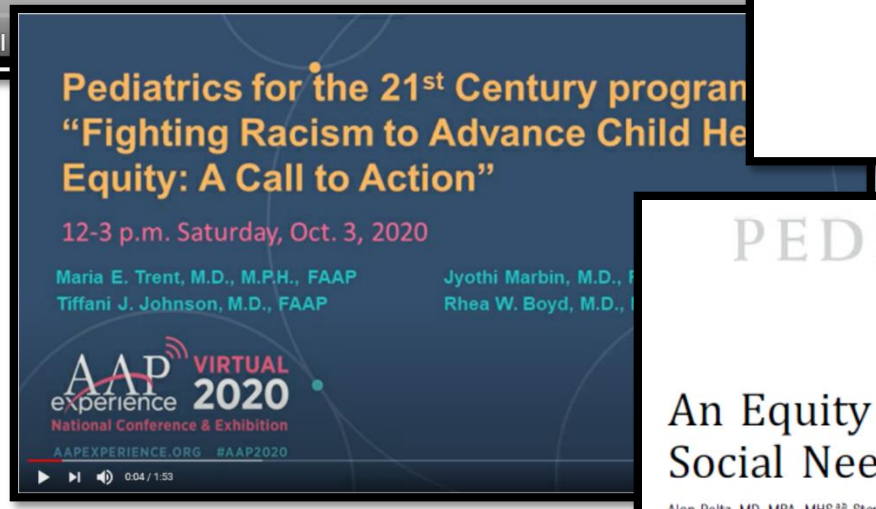


Equity National Resources and Strategies for Neo/Peds

Illinois Perinatal Quality Collaborative



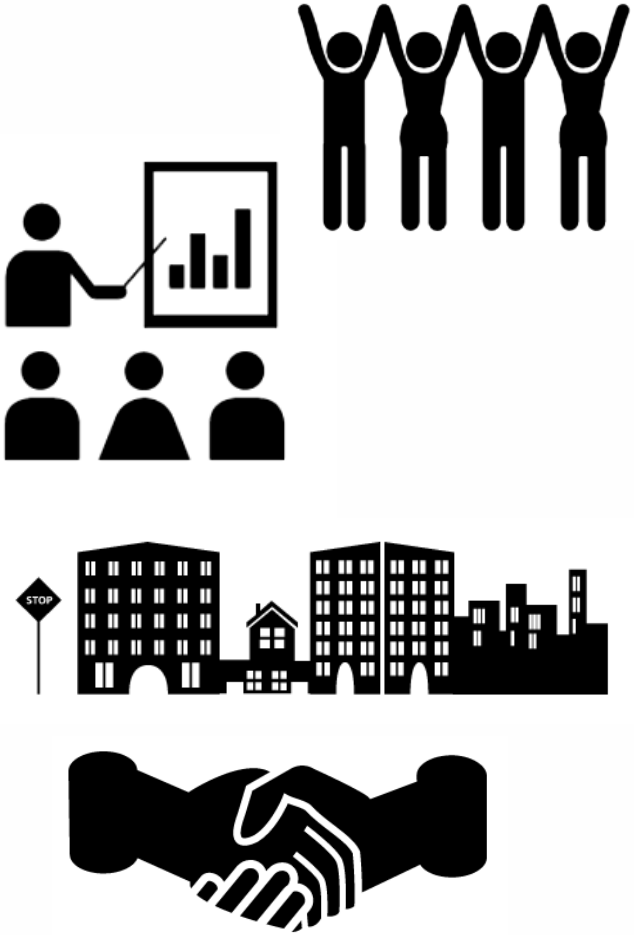




Commitment to Equity in Neonatal/Pediatric QI Initiatives

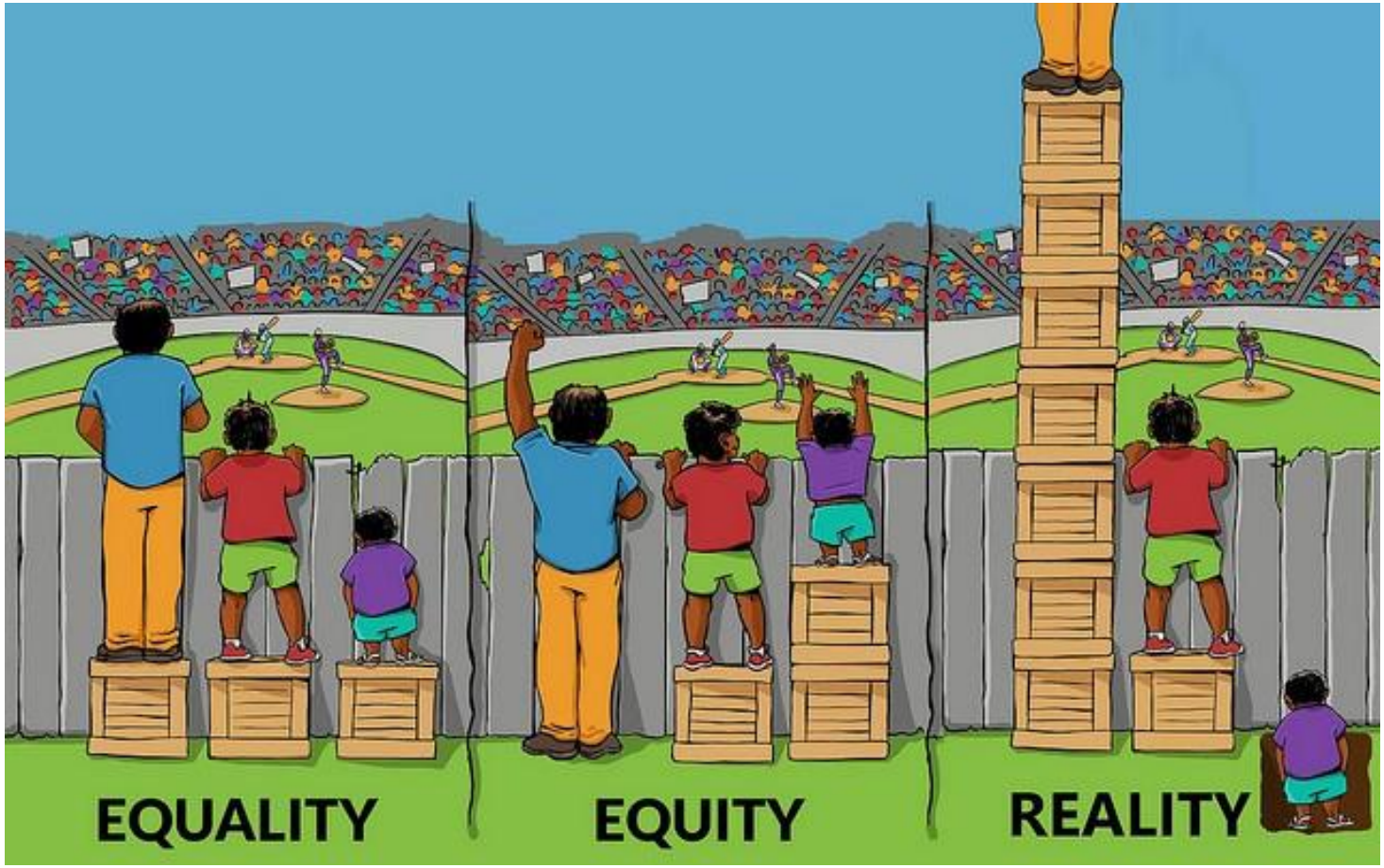
IL PQC
Illinois Perinatal Quality Collaborative

- Provide training and education in the social determinants, cultural sensitivity, and implicit and explicit bias
- Create a dashboard to identify and reduce inequities and disparities
- Provide a standardized tools for screening of all families for social risks and social support
- Create alliances and partnerships with community organizations
- Begin discharge planning and family education at admission, tailored to each family's needs and in a preferred language



Annual Survey Data

- 79% of teams report collecting self-reported race & ethnicity as part of the admission process
- Only 27% of teams report stratifying data by race/ethnicity for the purposes for quality improvement


EQUALITY
EQUITY
REALITY

Next steps

MNO-Neonatal:

- ❑ Work with your team to implement strategies to finish strong for MNO-Neonatal
- ❑ Develop a MNO-Neonatal Sustainability Plan with your team and share with your perinatal network administrator & ILPQC
- ❑ Attend upcoming sustainability webinars!

BASIC:

- ❑ Submit a QI Team Roster for BASIC!
- ❑ Attend a BASIC Data Training and Team Lead Webinar in November
- ❑ Work as a team to complete the first **5 steps** to Launch BASIC at your hospital
- ❑ Attend the BASIC Initiative Launch Call in December!

Transition to Wrap-up/Evaluation

We encourage you all to transition to the Main Session for Wrap-Up & Evaluation!

https://northwestern.zoom.us/webinar/register/WN_HDS9PA3wSxui1POSXcXvrA

THANKS TO OUR

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CDC Centers for Disease Control and Prevention

IDHS

AIM Alliance for Innovation on Maternal Health

I PROMOTE-IL Innovations to Improve Maternal Outcomes in Illinois

JB & MK PRITZKER Family Foundation