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FUNDERS**



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Family Foundation**

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ILPQC: Welcome

ILPQC Eighth Annual Conference

October 29, 2020

Happy 7th Birthday ILPQC!



Thank you to all who continue to contribute to building a successful state perinatal quality collaborative for IL

- Sponsors
- Stakeholders
- OB & Neonatal Advisory Workgroups
- Leadership Committee
- SQC, Perinatal Network Administrators & Educators
- Initiative Clinical Leads
- Grand Rounds Speakers Bureau
- Patients & Family Advisors
- Volunteers
- Hospital Teams

CME Approval Statement



This activity will provide 6.5 CME Credits.

Accreditation Statement

The Northwestern University Feinberg School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation Statement

The Northwestern University Feinberg School of Medicine designates this live activity for a maximum of 6.5 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Criteria for Successful Completion for CMEs



Prior to the learning activities there are no required items to complete.

To obtain full contact hours you need to complete the entire conference (6.5 contact hours) and an evaluation. No partial credit will be awarded.

An evaluation link will be emailed to you after the event. Once completed you will be awarded a participation certificate for CMEs.

Important!



If you are participating in ILPQC's virtual Annual Conference under someone else's registration (i.e. multiple people viewing from the same screen) please fill out the **ILPQC 2020 Annual Conference Plus One Confirmation** to be eligible for CMEs

Check the Chat Box now
for the link or see the
Conference Webpage

Disclosures: Speakers



There is no conflict of interest for anyone with the ability to control content of this activity

Brenda Barker

Ann Borders

Charlene Collier

Leslie Caldarelli

Dmitry Dukhovny

Veronica Gillispie-Bell

Susan Hwang

Justin Josephsen

David Lagrew Jr.

LaToshia Rouse

Kristen Terlizzi

Disclosures: Planning Committee

There is no conflict of interest for anyone with the ability to control content of this activity.

Jodie Brooks
Christine Emmons
Sue Hesse
Mary Jarvis
Ieshia Johnson
Debra Kamradt
Patti Lee King
Cecilia Lopez

Deb Miller
Peggy O'Connell
Autumn Perrault
Joanne Sorce
Myra Sabini
Susie Swain
Ellie Suse
Dan Weiss

Schedule

MAIN ZOOM LINK

8:00-8:10

Welcome!

8:10-9:00

**ILPQC Stronger Together:
Celebrating Success with MNO-OB,
MNO-Neo, IPLARC and IPAC;
Launching PVB, BASIC, and Birth
Equity**
Dr. Ann Borders

9:00-9:45

**Supporting Vaginal Birth:
Lessons from CMQCC**
Dr. David Lagrew

9:45-9:50

Break

9:50-10:35

**Antibiotic Stewardship for the
Newborn Population: Ample
Opportunities for Improvement**
Dr. Dmitry Dukhovny

10:35-11:30

**Leveraging QI Success in Other
States: Leaders from State
Perinatal Quality Collaboratives
Discuss Key Initiatives**
Dr. Susan Hwang (CO), Dr. Charlene
Collier (MS) & Brenda Barker (TN)

11:30-11:45

ILPQC Awards Ceremony

11:45-12:45

Lunch and Poster Session

12:45-1:30

**Integrating Equity into Quality
Improvement: Lessons Learned
from LAPQC**
Dr. Veronica Gillispie-Bell

1:30-2:15

**Listening to Patients: The
Importance of Integrating Patient
Perspectives for Optimal Quality
Improvement-** Kristen Terlizzi, and
LaToshia Rouse

2:15-2:30

Break

Schedule

BREAKOUT SESSIONS

2:30-4:00

**Hot Topics in Obstetric QI:
Crossing the Finish Line and
Successful Sustainability for MNO-
OB; Promoting Vaginal Birth Deep
Dive; and Looking ahead to Birth
Equity in 2021**

Dr. Ann Borders with expert panel

2:30-4:00

**Neonatal QI: Finding the Balance:
Moving the MNO Initiative to
Sustainability while Successfully
Launching BASIC in QI Partnership
with Patients and Families**

Dr. Leslie Caldarelli and Dr. Justin
Josephsen with expert panel

2:30-4:00

**Improving Outcomes Through
Patient Engagement**

LaToshia Rouse with Patti Lee King

4:00-4:15

Wrap-Up and Evaluation

Main Zoom Link



How to get to your Zoom
Breakout Session:

- **OB**: stay on this main Zoom link
- **Neonatal**: find link in chat box, conference attendee email sent 10/28, or www.ilpqc.org Annual Conference webpage
- **Patient and Family**: find link in chat box, conference attendee email sent 10/28, or www.ilpqc.org Annual Conference webpage

Return to this main Zoom link
for wrap up, evaluation and
raffle drawing

NAVIGATING THE VIRTUAL MEETING

The ILPQC 8TH Annual Conference Website is your home-base for all the information you should need! Here you will find:

- Main Zoom Link
- Breakout Session Zoom Links
- Participant E-Folder
- CME information
- Poster Session



Participant eFolder Overview

BASIC:

- 30-60-90 Day Plan
- 10 Steps to getting started
- One pager

PVB

- 30-60-90 Day Plan
- 10 Steps to getting started
- One pager

Birth Equity:

- Planning for Birth Equity

MNO OB and Neo

- Link to MNO Folders
- Link to Narcan Resources
- Link to E-modules
- Link to Sustainability plan

ToolKits

- Link to MNO
- Link to BASIC
- Link to PVB

Continuing Education

- Link to resources
- Link to reporting form

Great
e-resources
for your team

Virtual Poster Session

11:45am - 12:45am



- Poster session can be found on the ILPQC 8th Annual Conference Webpage (link in your conference email or go to www.ilpqc.org and click Annual Conference button).
- Browse through all of the posters, listed each section OB or NEO, listed by Poster Title. Check out and congratulate award winners!
- Share what you learned on the **Poster Session Participation Raffle Form** to win a \$50 Amazon Gift Card! Fill-out the quick link on the conference webpage to be put into a drawing to win a prize! Winners (5) will be announced at the Wrap-Up session. Must attend to win.
- Find something interesting on a poster and want to be connected with the team to learn more? Please email info@ilpqc.org with title of the Poster and we'll facilitate a warm handoff!

All links above available on Annual Conference Webpage

ILPQC Central Team



Ann Borders

ILPQC Executive Director, OB Lead



Leslie Caldarelli & Justin Josephsen
Neonatal Leads



Patricia Lee King

State Project Director, Quality Lead



Daniel Weiss & Autumn Perrault
Project Manager, Nurse Quality Manager



Kalyan Juvvadi

Data System Developer



Ieshia Johnson & Ellie Suse

Project Coordinators



ILPQC Welcome:

Annual Conference
Planning Committee
and

Secretary Grace Hou

Illinois Department of Human Services

ILPQC Eighth Annual Conference

October 29, 2020





ILPQC Stronger Together: 2020 Review and Onward to 2021

ILPQC Eighth Annual Conference

October 29, 2020

Overview

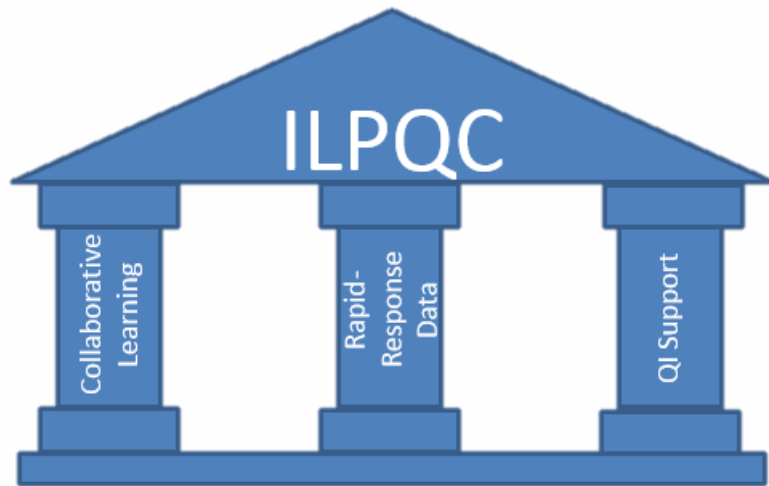


- ILPQC – Improving together
- 2020 Accomplishments
 - Continuing QI through Covid-19
 - Diverse stakeholders
 - Support birthing hospitals response to Covid-19
 - MNO-OB, MNO-Neonatal, IPLARC, IPAC initiatives
- Goals for 2021
 - Launching new initiatives:
 - Promoting Vaginal Birth
 - Babies Antibiotic Stewardship Improvement Collaborative,
 - Birth Equity

Improving Together



ILPQC is a collaborative of physicians, nurses, hospital teams, patients, public health and other stakeholders implementing data-driven, evidence-based practices to improve maternal and neonatal outcomes in Illinois



2020 Accomplishments



1. Support hospital QI efforts through Covid-19
2. Engage diverse stakeholders – expanding our network
3. Offer Responsive QI services to hospital teams
4. Support birthing hospitals' response to COVID-19 through sharing strategies, resources, and providing an opportunity for hospitals to learn from each other
5. Support OB and Neonatal hospital team successful implementation of statewide QI initiatives: MNO, IPLARC, IPAC

1. Continue to engage and support hospital QI efforts through Covid-19

Responsive to teams' needs: open discussion and altered timelines



Implementation of virtual Face-to-Face meeting



Virtual grand rounds, regional network meetings, key players meetings



Buprenorphine virtual trainings



2. Engage Diverse Stakeholders- Expanding Our Network into the Community



3. Offer Responsive QI Services to Hospital Teams



Working together to adapt and convert to virtual communications for QI Support



= support for
ILPQC Teams

Providing a Responsive ILPQC Data System



Overview Dashboard

teamwork.

Project Name: Due Date:

Tasks Completed (Oct 2020)

9 ↑

Sep 2020: 6

Milestones Inprogress

10

Milestones Completed Late %

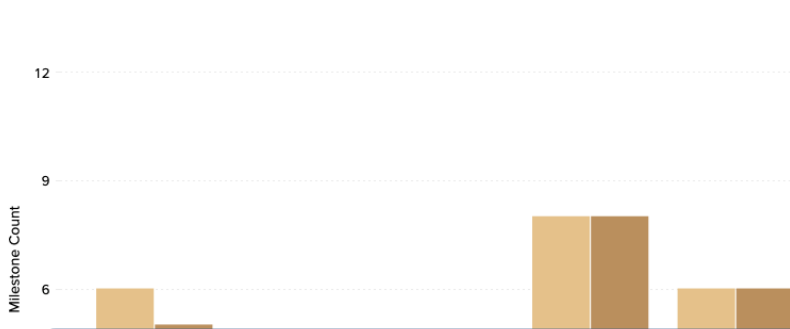
34.45

Overdue Milestones

18

Target Milestones vs Actual Completed each month

Report provides the total milestones to be completed each month vs actual completed count. Last 6 months data is provided



- Inclusion of new Data Dashboards
- Improved flexibility of data reports
- Focus on data transparency

Project-wise Tasks Status

Status of tasks in each project

Project Name	completed	new	reopened	Total Tasks
Analytics Module	2006	6	3	2015
Connector DB	97			97
Framework	1791	11	3	1805
Marketing	371			371
Performance & Scalability	15			15
Usability	297	4		301
Grand Count			6	4604

Rapid-Response Data Drives Quality Improvement

4. Support Illinois birthing hospitals' response to COVID-19



- 13 COVID-19 Strategies for OB & Neonatal Unit webinars
- 35 OB/Neo providers across 22 hospitals have shared cases and strategies
- [ILPQC Covid-19 Webpage](#) provides updated resources, guidelines and strategies

Attendance
Max: 619
Average: 237

Weekly Covid calls
April- May

Bi-monthly calls
June

Monthly calls
1st Friday of the month
starting in July

IDPH COVID Perinatal Hospital Survey: ILPQC Covid-19 Webinars



Hospital staff have participated in weekly ILPQC webinars

98%

ILPQC webinars helpful for sharing information and resources

98%

0% 20% 40% 60% 80% 100%

- 95% (95/99) response rate from IL birthing hospitals.
- Overwhelmingly, IL hospitals have participated and found the webinars helpful

5. Support OB & Neonatal hospital teams statewide QI initiatives success



Moving Forward to Sustainability

Mothers and Newborns affected by Opioids: OB and Neonatal



Immediate Postpartum Long-acting Reversible Contraception

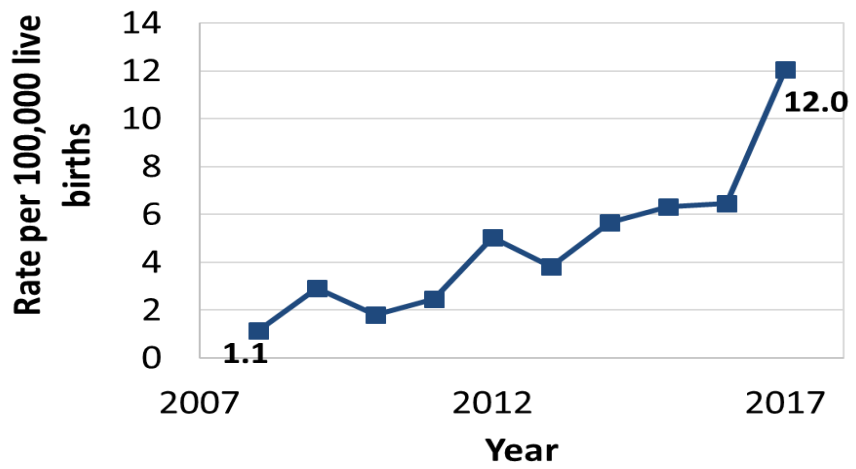


Improving Postpartum Access to Care

MNO-OB: FINISHING STRONG & PREPARING FOR SUSTAINABILITY

Opioid overdose the leading cause of Maternal death in IL

Rate of Pregnancy-Associated Deaths Due to Opioid Poisoning, Illinois Residents, 2008-2017



Data Source: Illinois death certificates, 2008-2017.

- Between 2008 and 2017 in Illinois:*
- Pregnancy-associated deaths specifically related to opioid poisoning **increased by 10-fold**
 - 2016: 10 maternal deaths related to opioids
 - 2017: 20 maternal deaths related to opioids
 - PPH (n=6)
 - HTN (n=6)

Nationally, about **1 in 3** women of reproductive age filled an opioid prescription each year between 2008 and 2012.



<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6402a1.htm>

In 2019, **7%** of women reported using prescription pain medicine during pregnancy, and **20%** reported misuse of prescription opioids

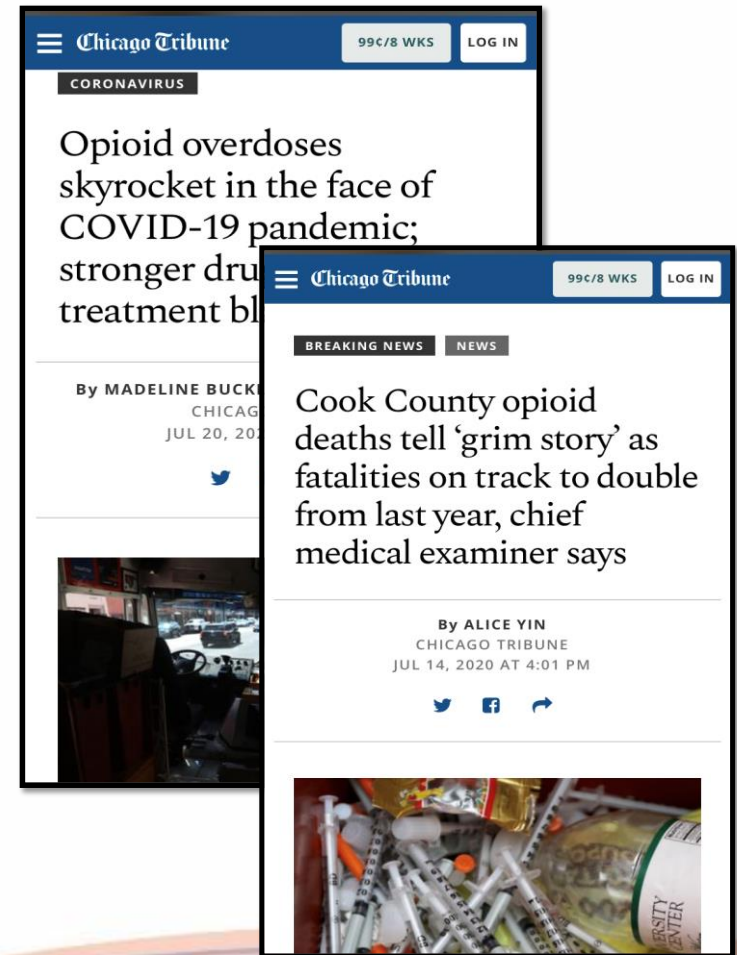
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6928a1.htm>

Providing Optimal OUD Care every patient, every time



With the opioid crisis in Illinois **continuing & worsening**, it is essential for **every hospital** to identify pregnant patients with OUD and **provide optimal OUD care for every patient, every time**, to save lives

Optimal OUD care can only be achieved by implementing standardized and sustainable systems of care, ensuring the OB clinical team understands their role to reduce risk of maternal death and treats all patients with empathy and respect



MNO-OB AIMs

Increase patients with OUD connected to **MAT & Recovery Treatment Services** prenatally or by discharge to >70%

Increase patients with OUD receiving **Narcan Counseling** to >60%, **Hep C Screening** to >70%, and **patient education** to >80%

Increase prenatal screening for OUD with **validated tool** to >50%



93%

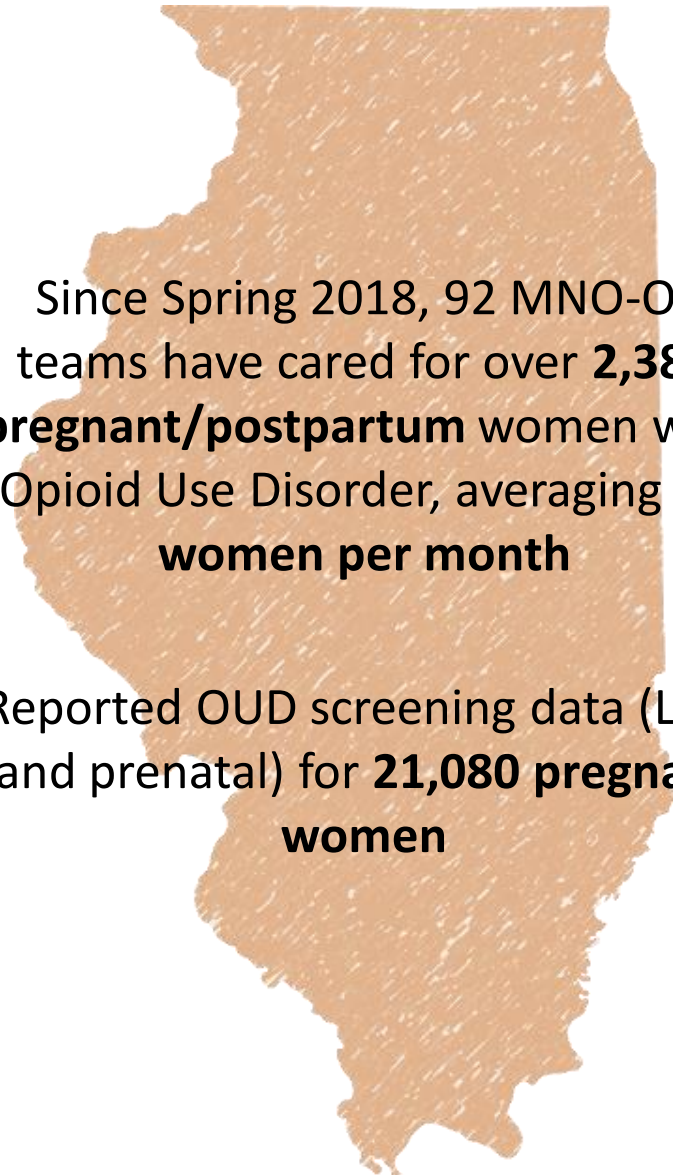
Standardized Prenatal
Screening

93%

Standardized L&D
Screening

95%

Standardized
Mapping of Resources

A light brown, textured map of the state of Illinois is centered in the background of the infographic.

Since Spring 2018, 92 MNO-OB
teams have cared for over **2,384**
pregnant/postpartum women with
Opioid Use Disorder, averaging **71**
women per month

95%

Standardized
SBIRT/OD Protocol

95%

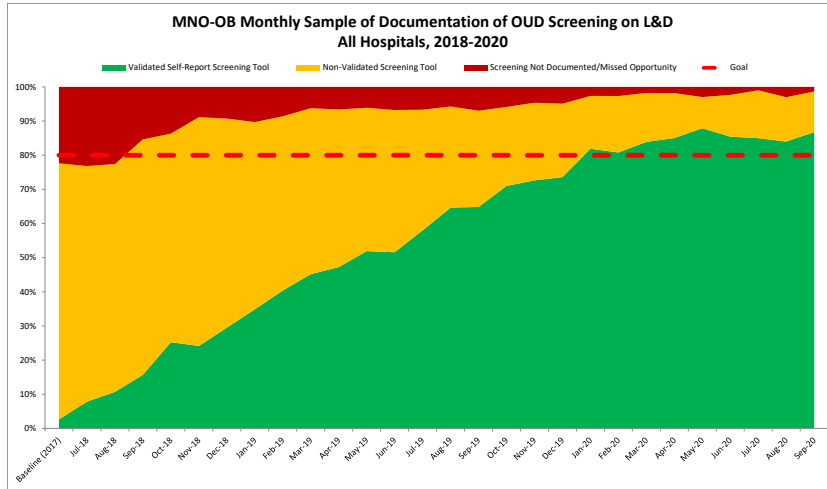
Standardized OUD
Clinical Checklist

Reported OUD screening data (L&D
and prenatal) for **21,080 pregnant**
women

95%

Standardized Patient
Education³²

Screening for SUD/ODD



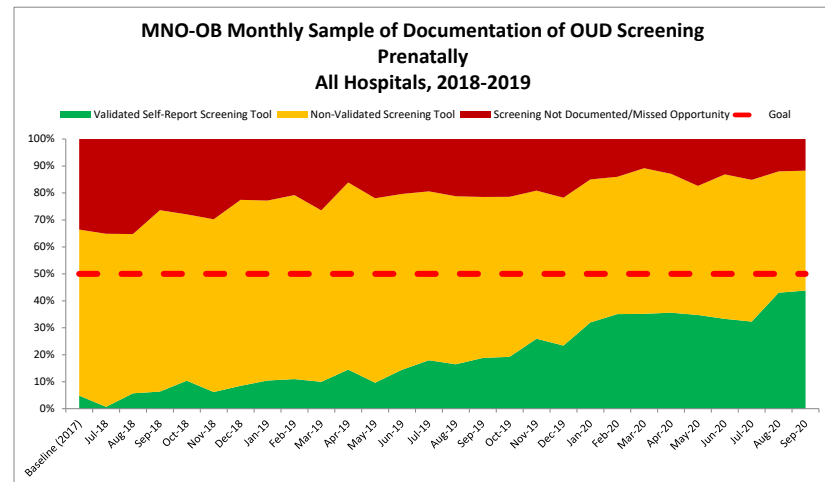
87%

Random sample of 10 deliveries per month reviewed for documentation of SUD/ODD screening
N = 21,080 to date

Prenatal

L&D

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



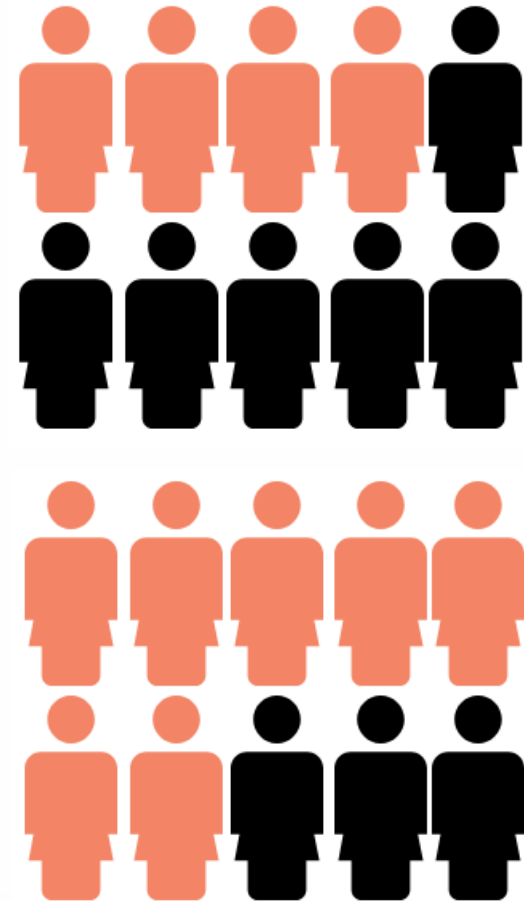
44%

GOAL: ≥ 50%

Connected to MAT

At baseline Quarter 4 2017, 4 out of 10 patients with OUD were connected to MAT prenatally or by deliver discharge

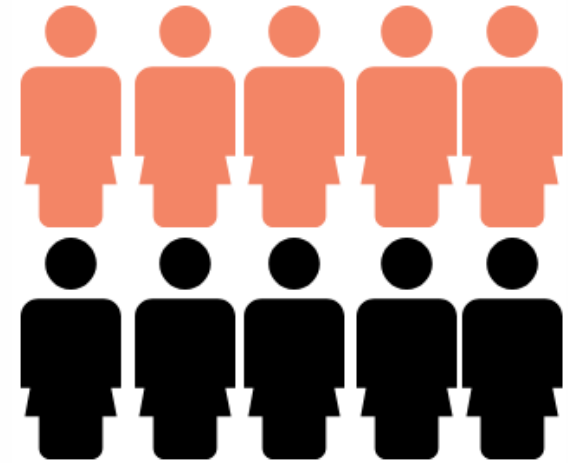
As of Quarter 3 2020, 7 of 10 patients with OUD were connected to MAT!



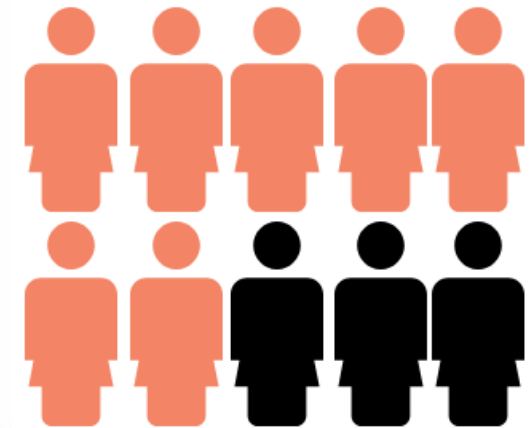
Linked to Recovery Treatment Services



At baseline Quarter 4 2017, 5 out of 10 patients with OUD were linked to recovery treatment services prenatally or by delivery discharge

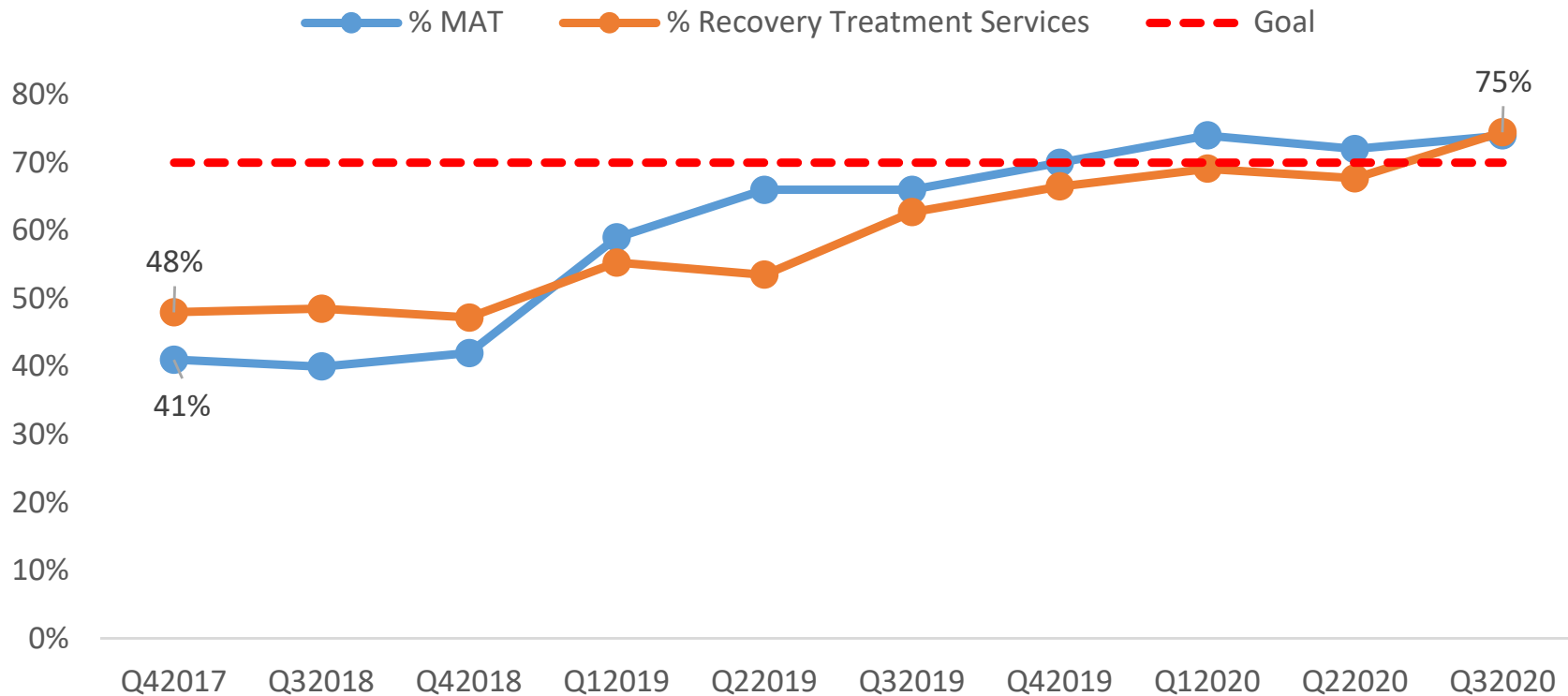


As of Quarter 3 2020, 7 of 10 patients with OUD were connected to recovery treatment services before delivery discharge!



Optimal OUD Care

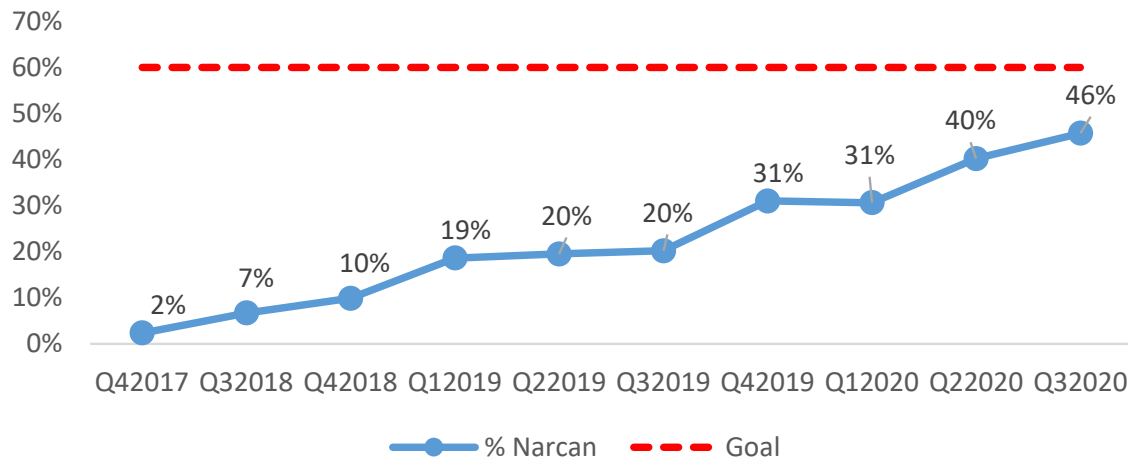
Percent of women with OUD connected to Medication Assisted Treatment and Linked to Recovery Treatment Services Prenatally or by Delivery Discharge



Narcan Counseling: A Story of Collaborative Improvement



Percent of women with OUD receiving Narcan Counseling & Documentation Prenatally or by Delivery Discharge



Quarter 4, 2017

1 of 10

Quarter 3, 2020

5 of 10

patients with OUD received
Narcan Counseling
prenatally or by delivery
discharge

Lessons Learned, Systems for Optimal OUD Care

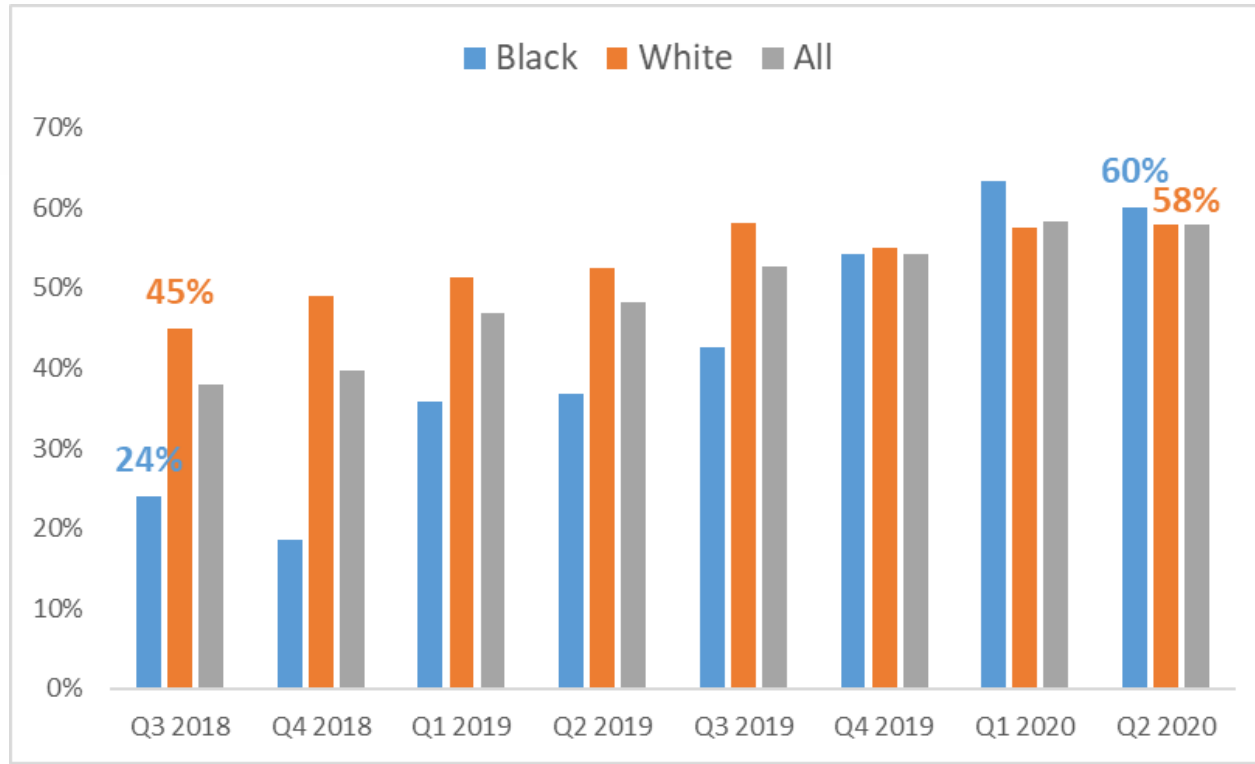
Individual hospital sharing of experiences greatly shaped the strategies developed to ensure systems for optimal OUD care for every patient including:

- MNO-OB Folders
- L&D OUD Huddles
- OUD Order sets
- Strategies for improving prenatal screening & Narcan counseling



Improving equitable care and reducing disparities for patients receiving MAT

Comparison of percent of patients with OUD receiving MAT by delivery discharge by race/ethnicity across the MNO Initiative



At baseline, Black patients with OUD were less likely to be on MAT, however across the initiative improvements in MAT rates were seen for all patients with the greatest improvement for Black patients.

MNO-NEONATAL: FINISHING STRONG & PREPARING FOR SUSTAINABILITY

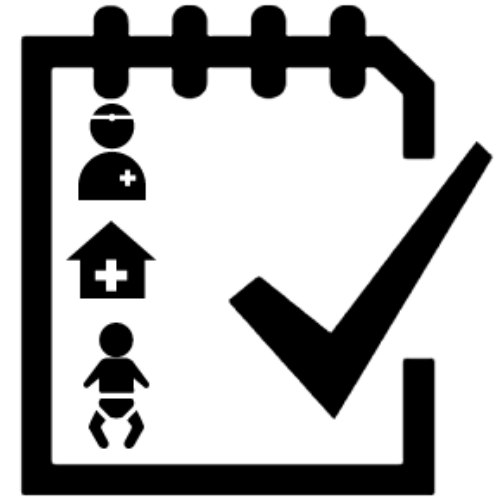
MNO-Neonatal AIMs



Increase OENs breastfeeding at infant discharge to 70%



Decrease OENs receiving pharmacologic treatment for NAS to 20%



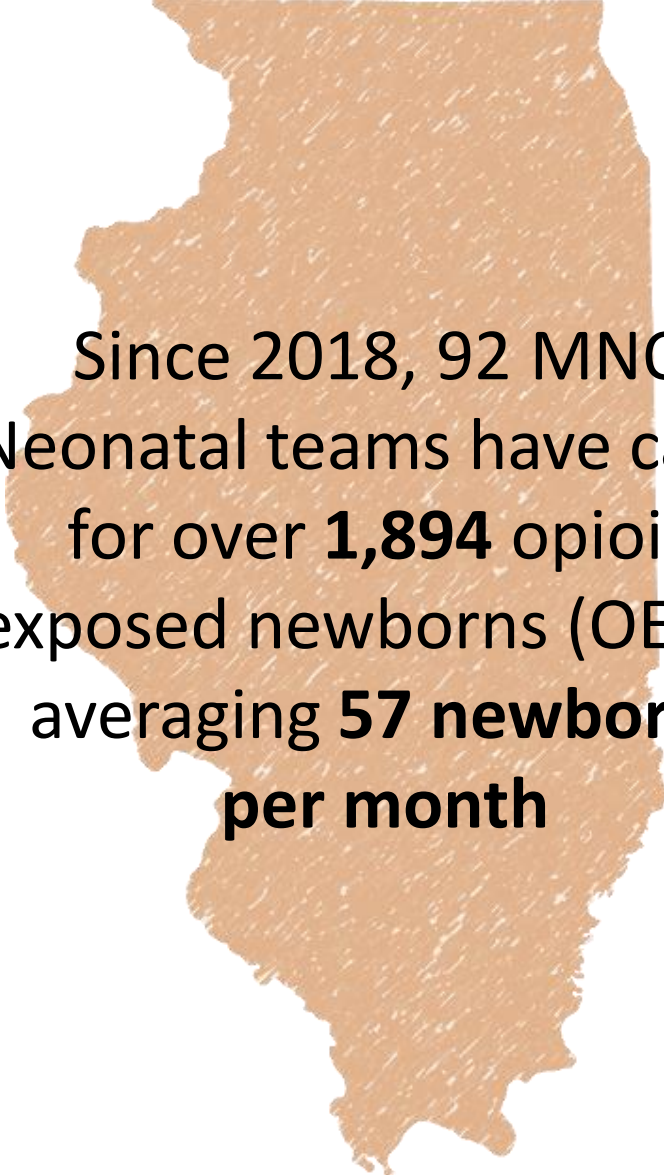
Increase OENs discharged with a Coordinated Discharge Plan to 95%

93%

Standardized prenatal
consult

93%

Standardized
pharmacologic protocol

A light brown, textured map of the state of Illinois is centered in the background of the infographic.

Since 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 Quarter 4 2017, 6 out of 10 (93/155) OENs were breastfed at infant discharge



As of Quarter 3 2020, 8 of 10 (49/60) OENs were breastfed at infant discharge!



OENs with a Coordinated Discharge Plan

At baseline Quarter 4 2017, 1 out of 4 (65/268) OENs discharged with a coordinated plan

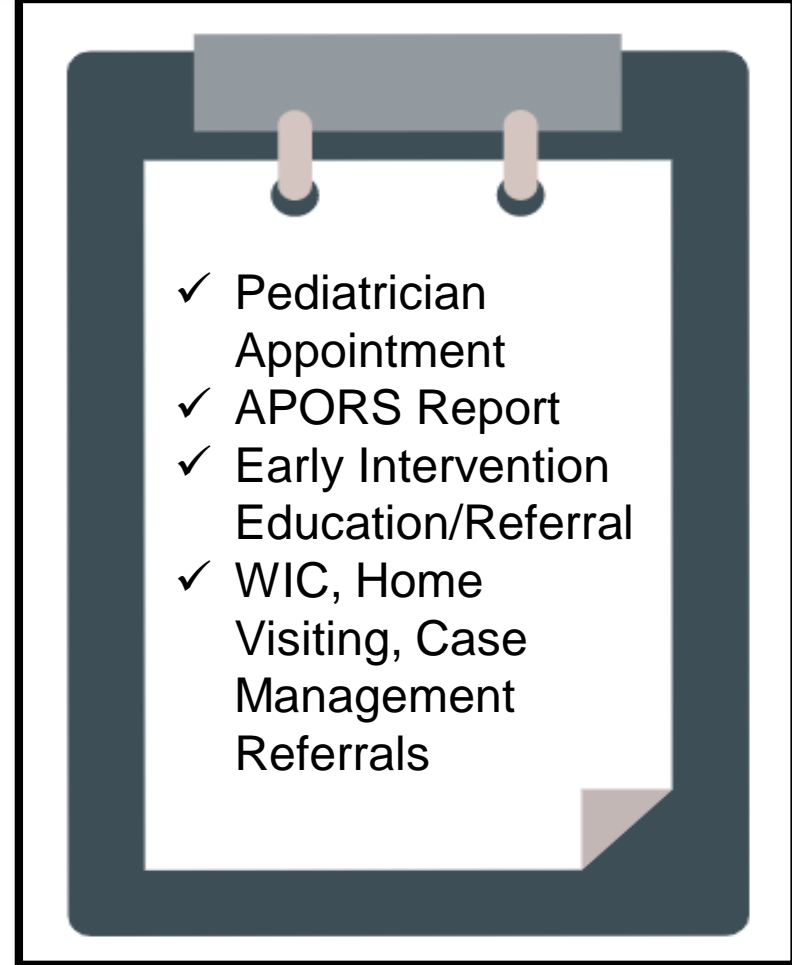


As of Quarter 3 2020, almost 3 of 4 (80/110) OENs were discharged with a coordinated plan!

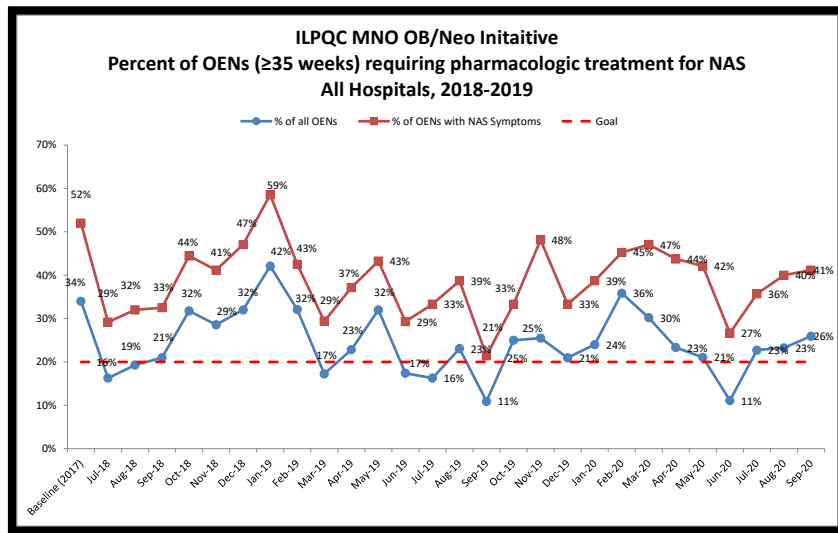


Coordinated Discharge- A Story of Collaborative Improvement

- Since May 2018, teams have implemented systems and clinical culture change to improve discharge planning
 - **Clinical Readiness**
 - **Family Preparedness**
 - **Transfer of Care**
- The American Academy of Pediatrics has adapted ILPQC's Coordinated Discharge Checklist as a nationally-recommended resource!



Pharmacologic Treatment for OENs: A Roller Coaster Journey



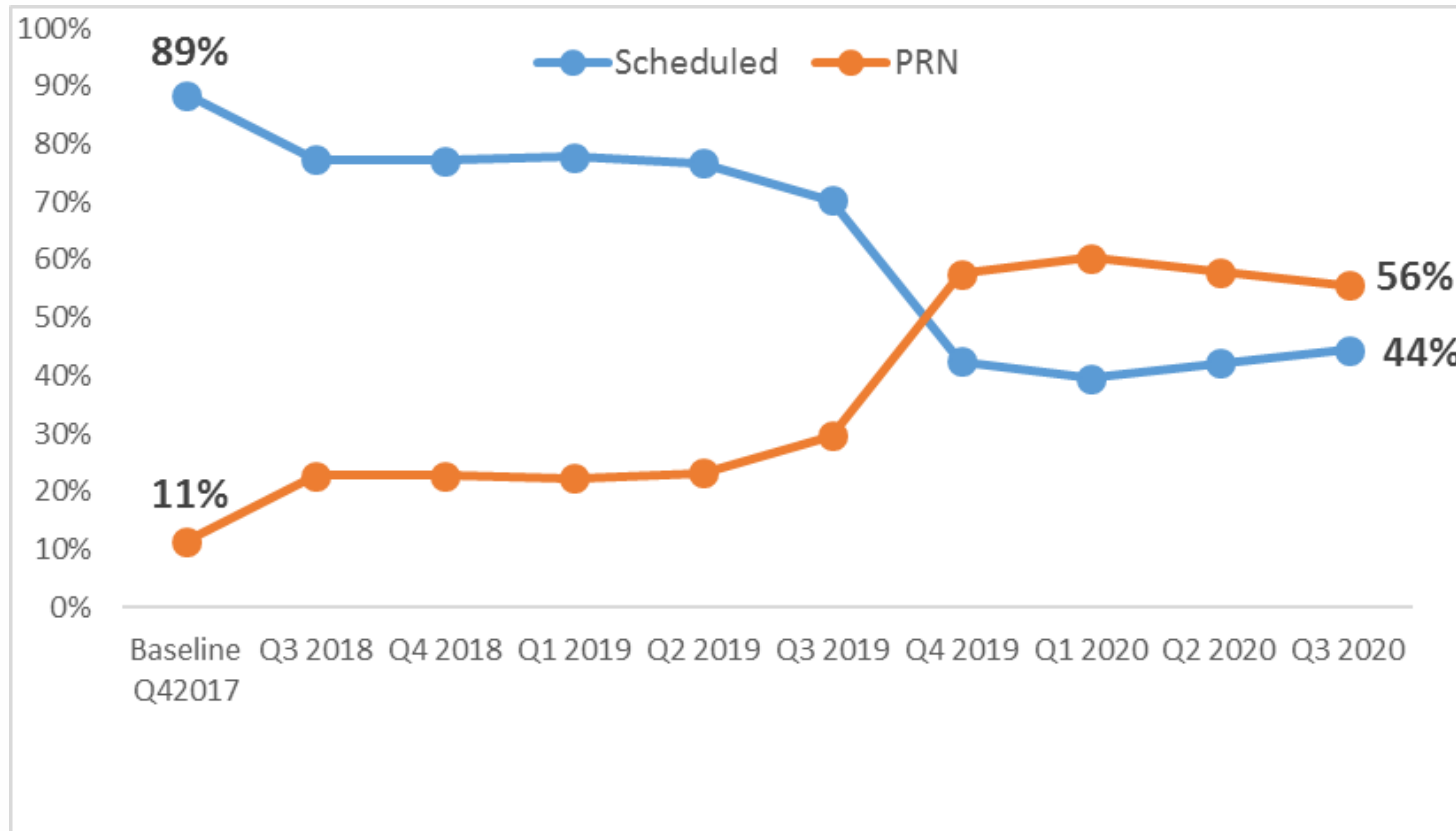
The Changing Landscape of NAS Assessment & Treatment



The percent of mothers with OUD who were engaged in non-pharmacologic care of their newborn increased from 47% to 72%

	Newborns with Eat, Sleep, Console (ESC) Documented	Newborns with Modified-Finnegan Documented
2018	14%	74%
2020	79%	33%

Implementing Pharmacologic Treatment Best Practices



Length of Stay for OENs with NAS Symptoms

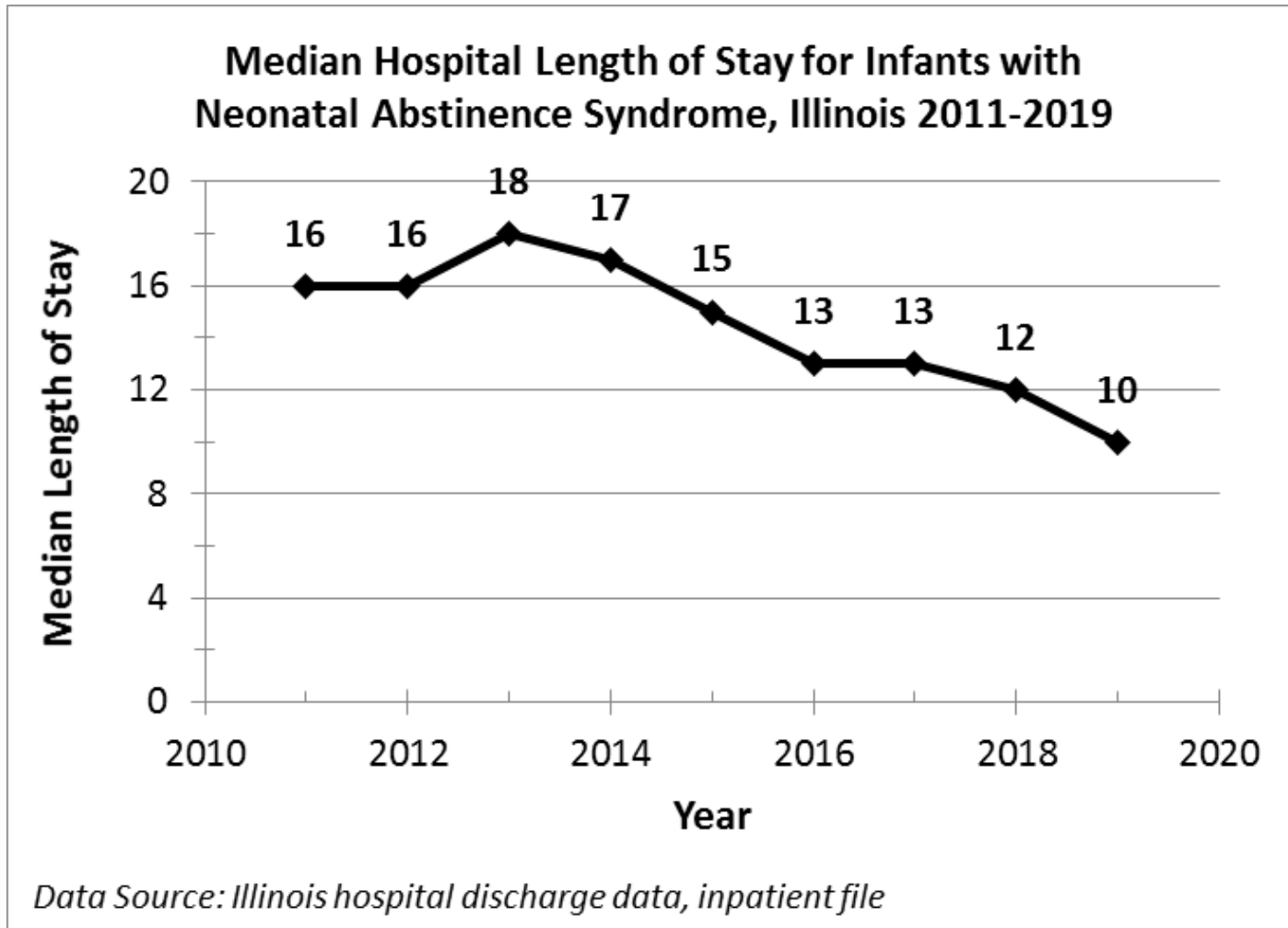
Q4 2017



Q2 2020



Median Hospital Length of Stay for Infants with NAS



Length of Pharmacologic Treatment for NAS

Q4 2017

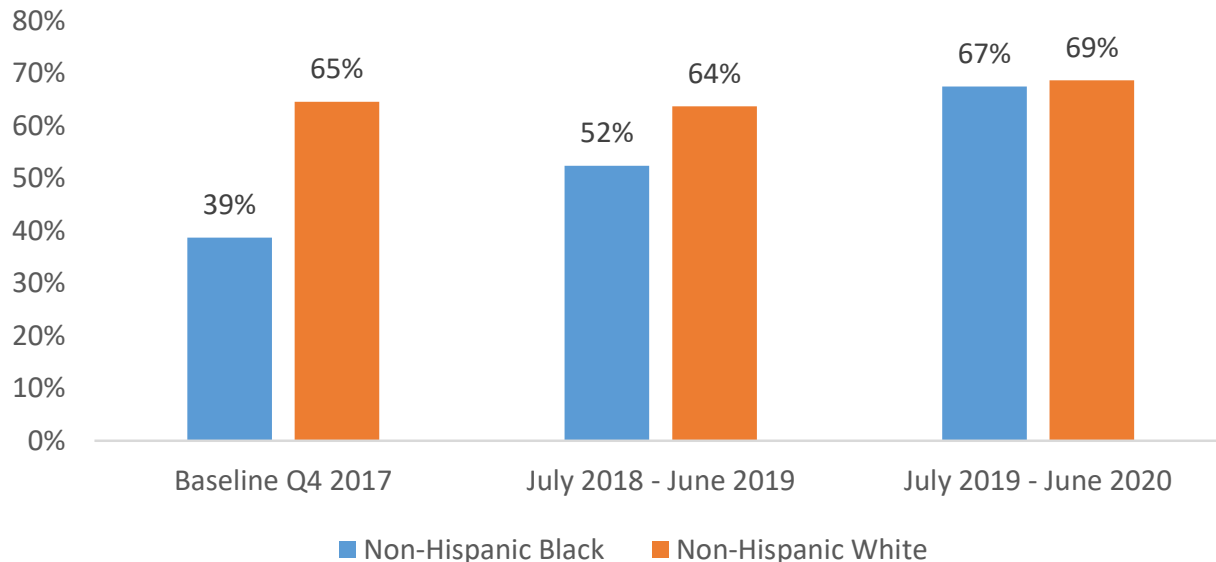


Q2 2020



Providing Equitable Care for All OENs: Breastfeeding

Percent of OENs receiving maternal breastmilk at infant discharge by race/ethnicity



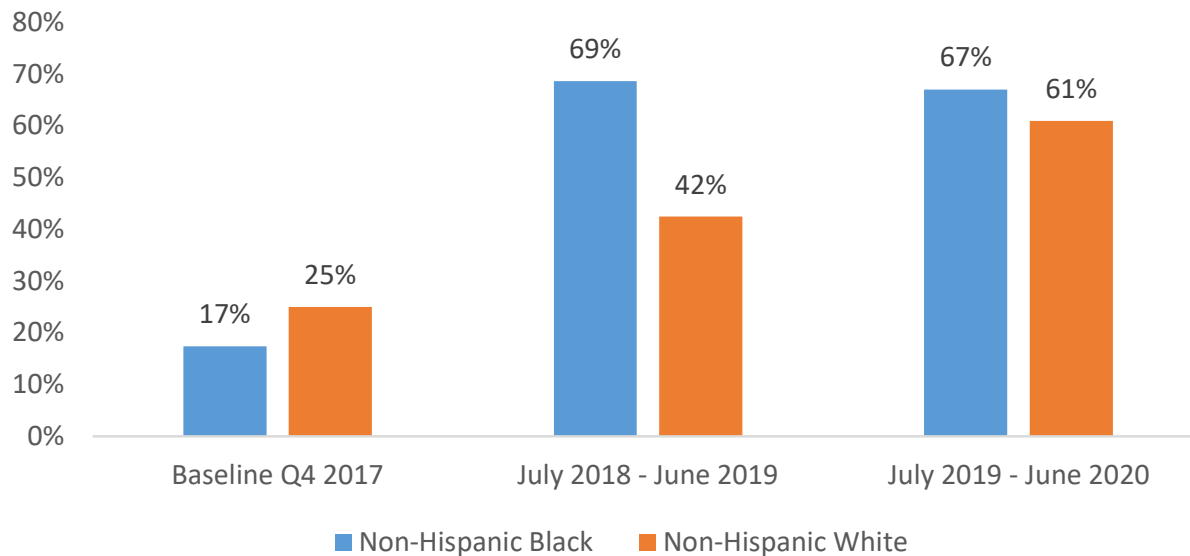
Inequities in providing maternal breastmilk at infant discharge existed at baseline

By the end of the initiative the initiative AIM was achieved by both groups

Providing Equitable Care for All OENs: Coordinated Discharge



Percent of OENs discharged with a coordinated discharge plan by race/ethnicity



At baseline, Non-Hispanic Black patients were less likely to have a coordinated discharge, however across the initiative improvements in discharge rates were seen for all patients with the greatest improvement for Non-Hispanic Black patients.

Immediate Postpartum LARC Initiative

ILPQC Immediate Postpartum LARC Initiative



Aim: Within 9 months of initiative start, $\geq 75\%$ of participating hospitals will be providing immediate postpartum LARCs

To empower women with information and improved access to effective contraception before discharge home after delivery to reduce short interval and unintended pregnancies linked with adverse MCH outcomes

Key Goals:

- 1) Increase % of women with prenatal comprehensive contraceptive counseling and documentation
- 2) Increase % of providers/ nurses trained to provide IPLARC
- 3) Increase % of hospitals who have completed key steps needed to provide IPLARC
- 4) Achieve GO LIVE goal to provide IPLARC for Wave 1 hospitals by March 2019 & Wave 2 hospitals by September 2020



Wave 1: May 2018-Dec 2019
Wave 2: May 2019- Dec 2020

IPLARC Accomplishments & Statewide Success

91%

of participating hospital
teams are currently live and
providing IPLARC

23 hospitals participated in the IPLARC Initiative

This initiative included:
Both **RURAL** and **URBAN** Hospitals with
SMALL and **LARGE** Birth Volumes as well as
CRITICAL ACCESS sites for patients



IPLARC Statewide Success



Within 8 months of launching their IPLARC initiative, both wave 1 and wave 2 teams were able to accomplish the following:



70%

Billing codes

Establish and test billing codes for timely reimbursement



80%

LARC devices available

LARC devices added to formulary, stocked, and available for use



70%

Communicate launch

Communicate IPLARC launch and protocols with prenatal care sites

IPLARC Accomplishments & Statewide Success



3,232
patients
from IPLARC wave 1 & 2 hospitals

Have reported choosing a LARC contraceptive option during their delivery admission

Improving Access to Postpartum Care Initiative

ILPQC Improving Postpartum Access to Care (IPAC) Initiative



Aim: Within 11 months of initiative start, $\geq 80\%$ of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

To optimize the health of women by increasing access to early postpartum care within the first two weeks postpartum to facilitate follow-up as an ongoing process, rather than a single 6-week encounter and provide an opportunity for a maternal health safety check and link women to appropriate services.

Key Goals:

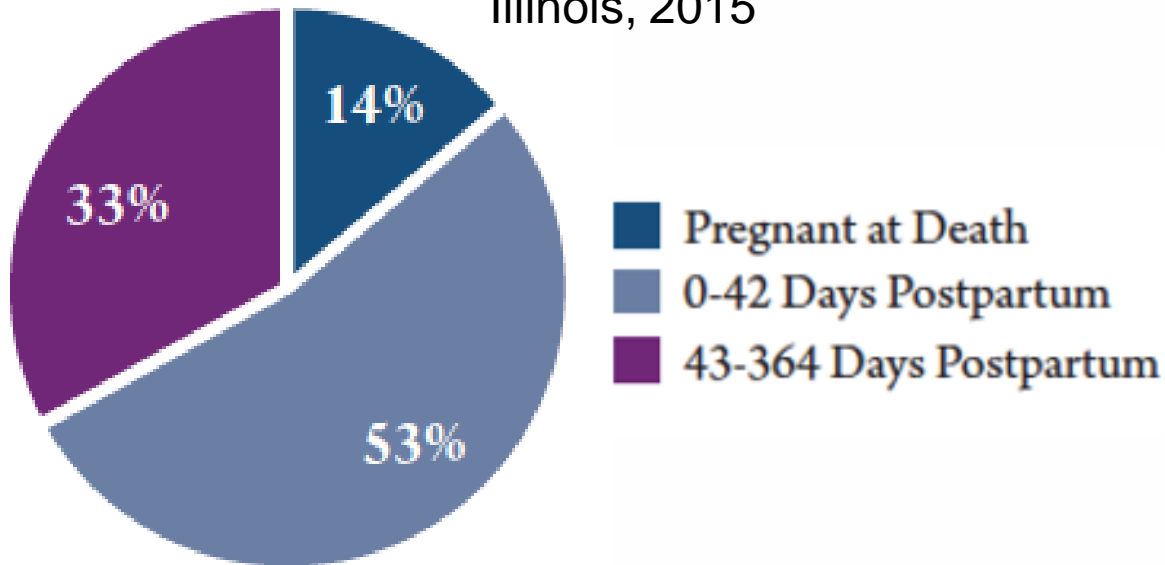
- Increase % of women with an early postpartum visit scheduled with an OB provider within the first two weeks after delivery
- Increase % of women receiving focused postpartum safety education prior to discharge after delivery
- Increase % of providers / staff receiving education on optimizing early postpartum care
- Achieve GO LIVE goal to provide IPAC for $\geq 80\%$ participating hospitals by May 2020



IPAC Initiative: May 2019- Dec 2020

IPAC: Improving Postpartum Safety

Timing of pregnancy-related deaths,
Illinois, 2015



- Implement [universal 2week postpartum Maternal Health Safety Check](#)
- Provide [postpartum safety education](#) before delivery discharge for ALL patients
 - Post birth warning signs
 - Benefits of early postpartum follow-up
 - Healthy pregnancy spacing



IPAC Accomplishments & Statewide Success

100%

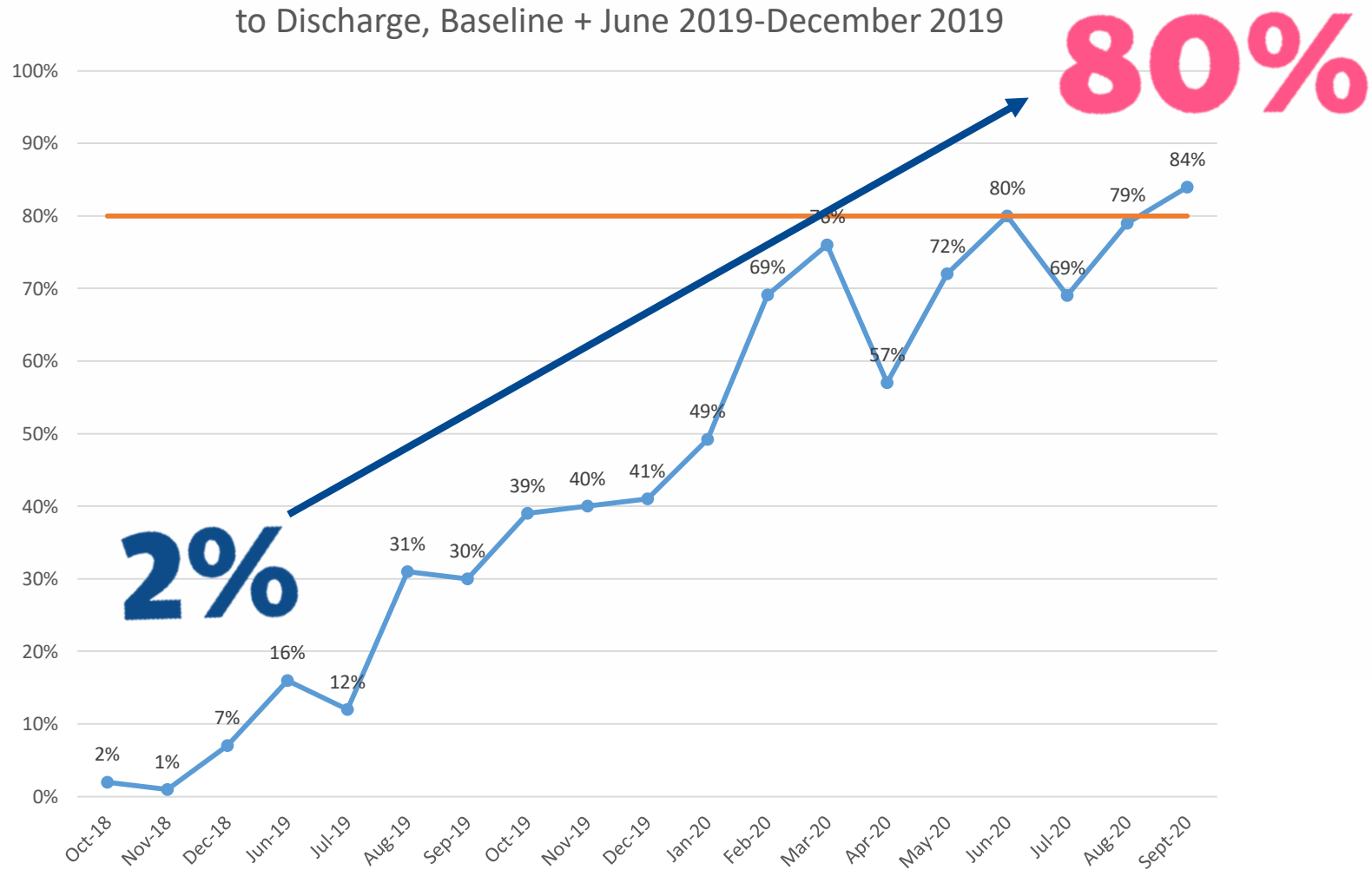
went LIVE with IPAC within 11 months



90% of providers and nurses have received education regarding maternal risk and improving access to postpartum care.

Percent of Patients with Early Postpartum Visit Scheduled

Percent of Patients with Early Postpartum Visits Scheduled Prior to Discharge, Baseline + June 2019-December 2019

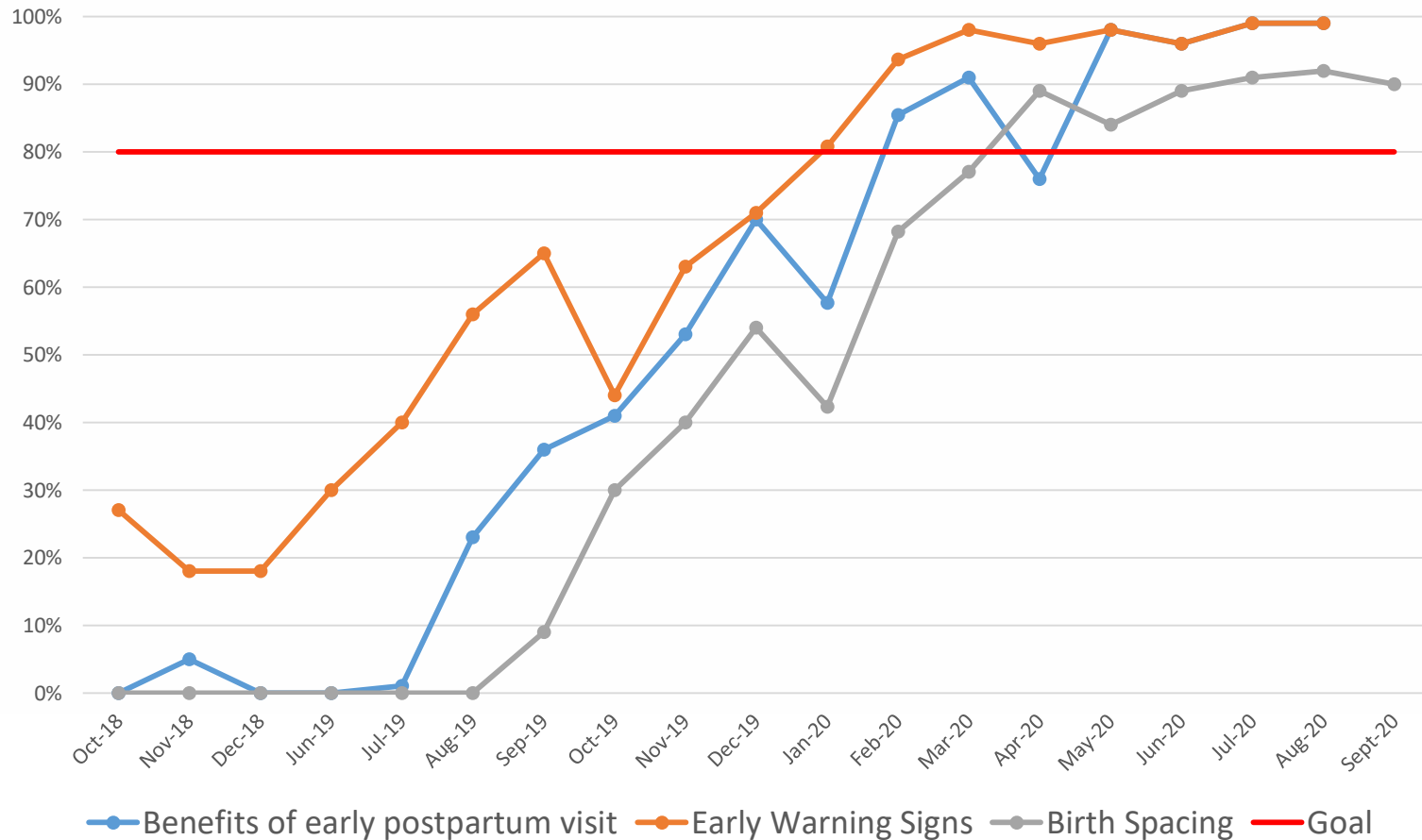


Percent of Patients with Standardized Postpartum Safety Education



Percent of Patients who received standardized postpartum education prior to discharge, Baseline + June February 2020

+90%



ILPQC Goals for 2021

1

- Support ILPQC hospital teams achieving current initiative aims and moving to sustainability

2

- Successful launch of new initiatives:
 - PVB, BASIC, Birth Equity

3

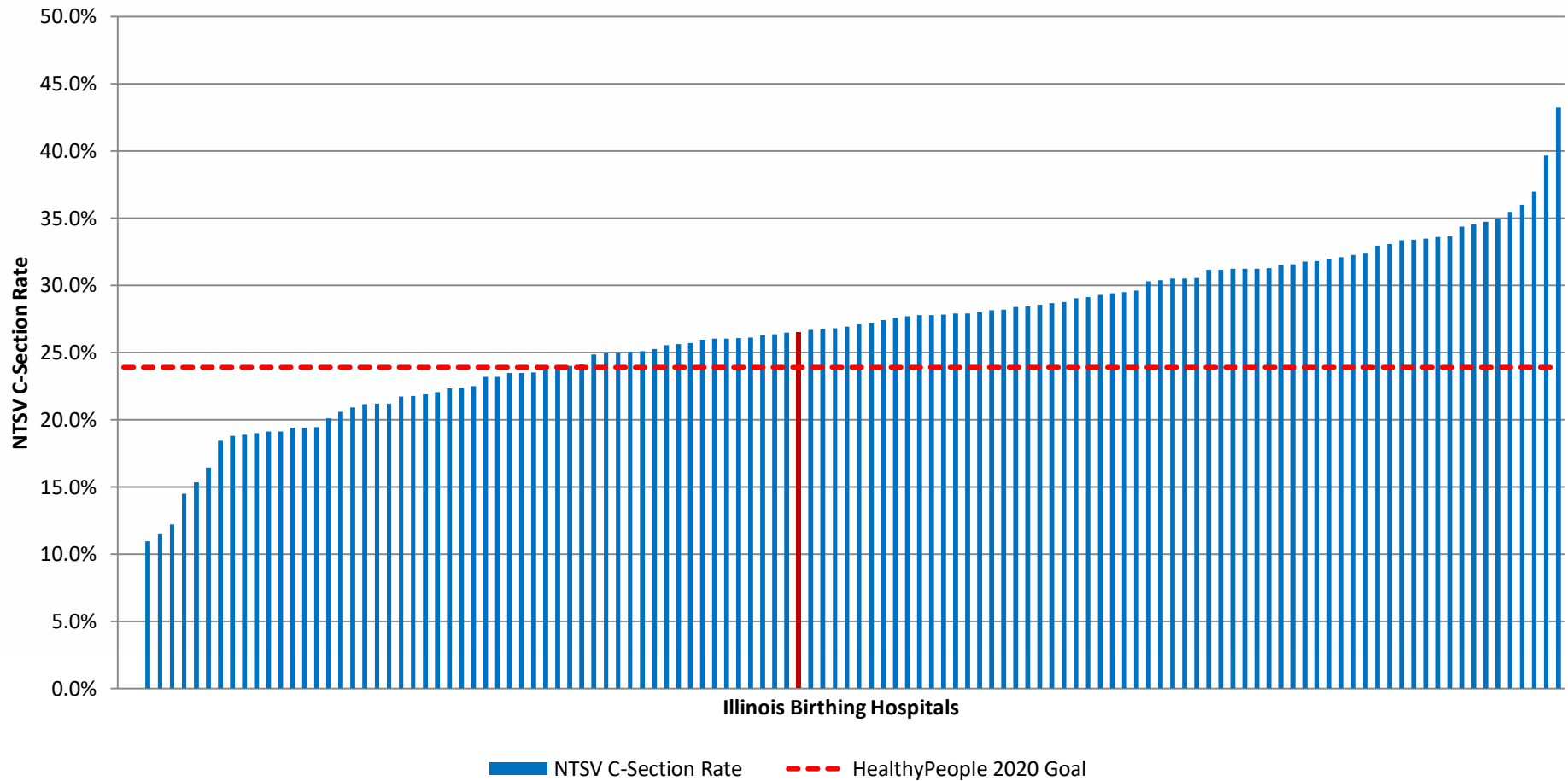
- Continue to improve care and outcomes for all Illinois moms and newborns

PROMOTING VAGINAL BIRTH INITIATIVE

Illinois NTSV C-Section Rate Data



NTSV C-Section Rate All Illinois Birthing Hospitals IDPH, Birth Certificate Data, 2017



ILPQC Promoting Vaginal Birth

Aim: 70% of participating hospitals will be at or below the Healthy People goal of 24.7% cesarean delivery rate among NTSV births by December 31, 2021.

To optimize the health of women by facilitating clinical culture change to optimize vaginal delivery, develop and implement standard protocols and guidelines for induction and C-section decision making, and educate providers, nurses, and patients on optimal labor management

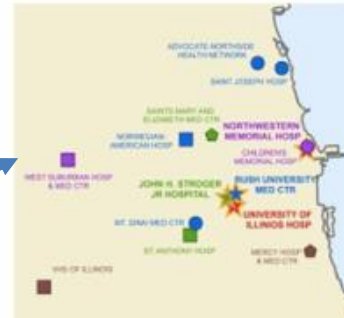
Key Goals:

- Increase % of c/s deliveries among NTSV births that meet ACOG/SMFM criteria for cesarean
- Increase % of physicians/midwives/nurses educated on ACOG/SMFM criteria for cesarean, labor management strategies/response to labor challenges, protocol for facilitating decision huddles and/or decision debriefs





See Map of Northeastern Illinois



Perinatal Network Participation

- University of Chicago: 92%**
- Stroger: 67%**
- Northwestern: 100%**
- UIC: 100%**
- Loyola: 100%**
- Rush: 82%**
- Rockford: 90%**
- St. Francis: 100%**
- St. John's: 81%**
- Cardinal Glennon: 100%**

91%

of Illinois birthing hospitals participating in PVB

Thank you to all that helped plan the PVB Initiative!

- **PVB Wave 1 Teams**
- **OB Advisory Workgroup**
- **PVB Clinical Leads:**
 - Abbe Kordik, MD
 - Rita Brennan, DNP, RNC-NIC, APRN, CNS, CPHQ
 - Roma Allen, DNP, MSN ed., RNC-OB
 - Tina Stupek, MSN, RNC-OB, C-EFM
 - Rob Abrams, MD
 - Lakieta Edwards, DNP, CNM, WHNP-BC^[P]_[SEP]
 - Emily White VanGompel MD, MPH



Development of:

- ✓ **AIMs & Measures**
- ✓ **Key Driver Diagram**
- ✓ **Data Collection Forms**
- ✓ **PVB Toolkit**

Join us in our OB
Breakout Session
for a deeper dive
into PVB





Babies Antibiotic Stewardship Improvement Collaborative

SUCCESSFULLY LAUNCHING BASIC

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



Why Neonatal Antibiotic Stewardship?



Responds to feedback from ILPQC Neonatal QI Teams, Advisory Group, Leadership Group, and Illinois stakeholders

Addresses critical importance and can affect all **babies** and **hospitals** of all perinatal levels



Supplements work hospitals have implemented with VON's AS initiative



Builds on lessons learned from other PQCs who have proven effective strategies & focused AIMS to improve outcomes

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 in the first 72 hours of life
- ✓ Decrease by 20% the number of newborns with a negative blood culture in the first 72 hours of life who receive antibiotics for longer than 36 hours



Thank you to all that helped plan the **BASIC** Initiative!

- **BASIC Wave 1 Teams**
- **BASIC Planning Workgroup**
- **BASIC Clinical Leads:**
 - Gustave Falciglia, MD
 - Jodi Hoskins, DNP, MSN-Ed, RNC
 - Kenny Kronforst, MD
 - Patrick Lyons, MD
 - Sameer Patel, MD, MPH



Development of:

- ✓ AIMS & Measures
- ✓ Key Driver Diagram
- ✓ Data Collection Forms
- ✓ Quality Improvement Toolkit

Commitment to Equity in Neonatal/Pediatric QI Initiatives

- 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



Join us in our
Neonatal Breakout
Session for more
information on the
**BASIC Initiative and
Neonatal Equity**



BIRTH EQUITY INITIATIVE

Why we do this work?

A Black doctor died in childbirth, highlighting a tragic trend that affects pregnant women of color in the US



AMERICA IS FAILING ITS BLACK MOTHERS

For decades, Harvard Chan alumni have shed light on high maternal mortality rates in African American women. Finally, policymakers are beginning to pay attention.

Winter 2019 | by Amy Roeder



The U.S. finally has better maternal mortality data. Black mothers still fare the worst.

The data are the first to be released since a maternal mortality checkbox was added to death certificates in all 50 states.

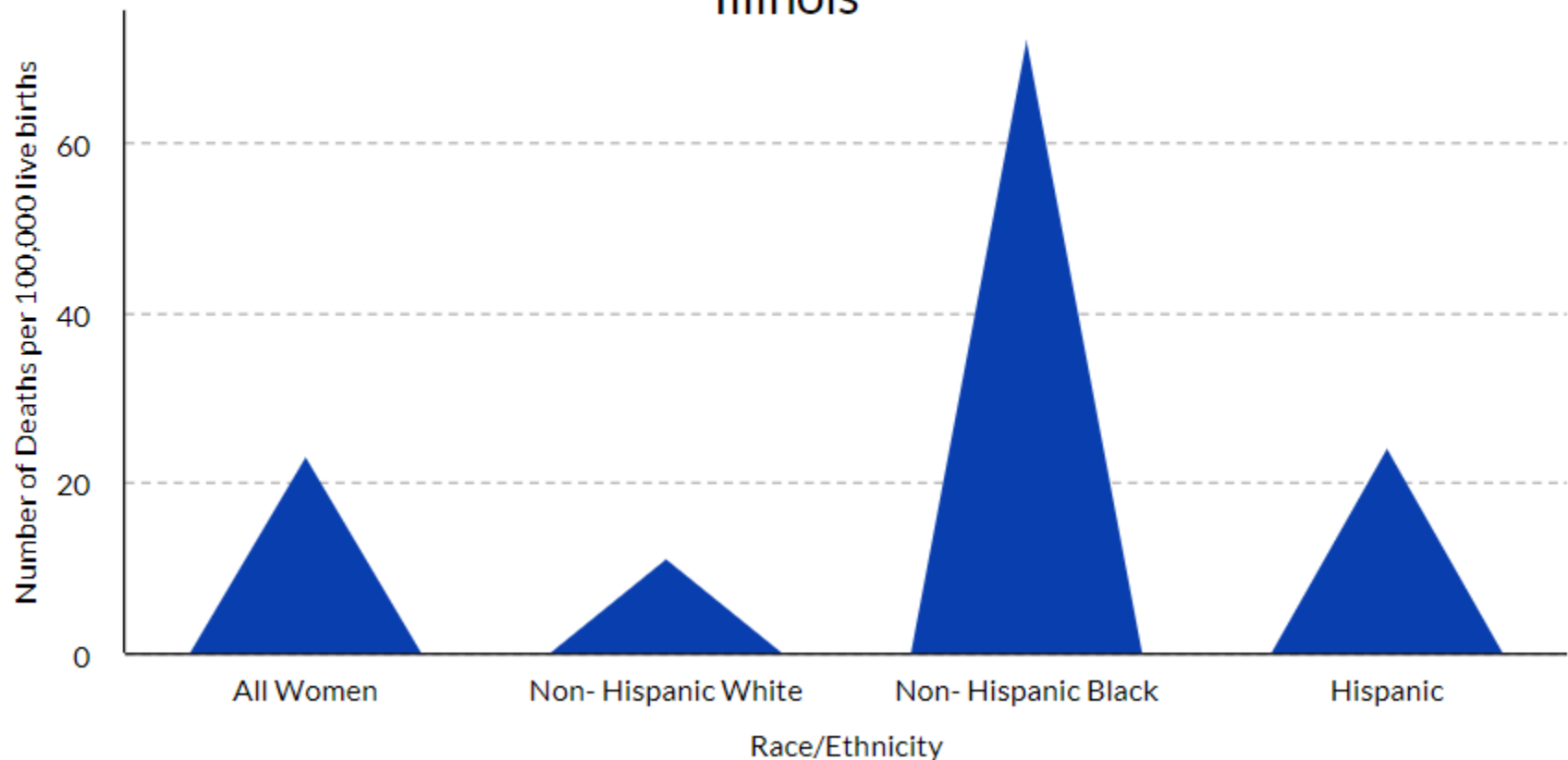
Dr. Chaniece Wallace, a pediatric chief resident in Indiana, died after developing pre-eclampsia the day her daughter was delivered prematurely via C-section.



Photo credits (clockwise from upper left): Sha-asia Washington: Juwan Lopez/Facebook, Claudia Irizarry Aponte/THE CITY, Amber Rose Isaac: Bruce McIntyre, LWA/Dann Tardif/Getty Images; Anna Medaris: www.insider.com; Shalon Irving: www.hsph.harvard.edu/;

Disparities in Pregnancy Related Deaths

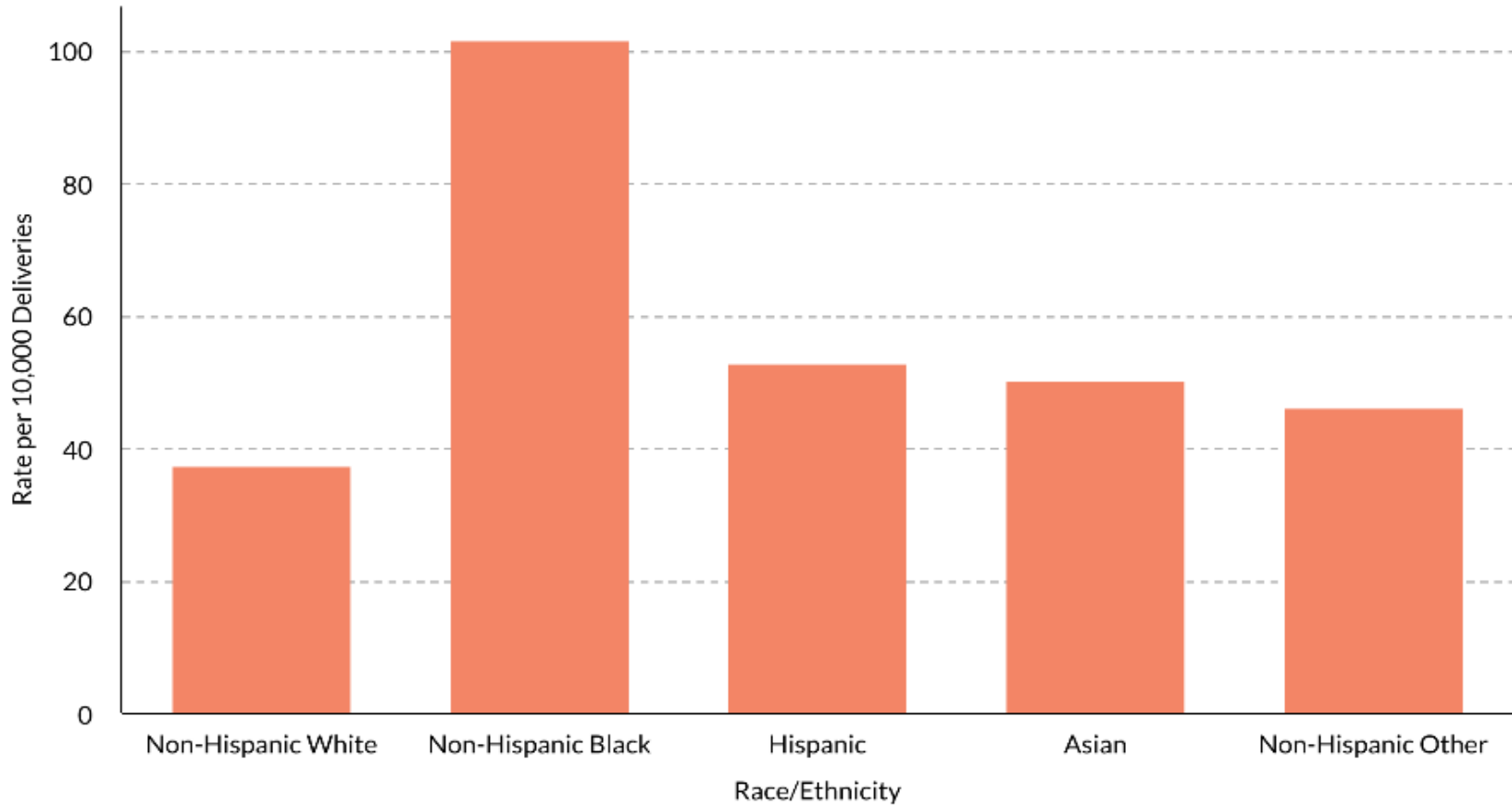
Pregnancy-Associated Mortality Ratio (PAMR), By Demographics, Illinois



Data Sources: Illinois MMRC and MMRC-V Data, 2015-2016

Severe Maternal Morbidity by Race/Ethnicity

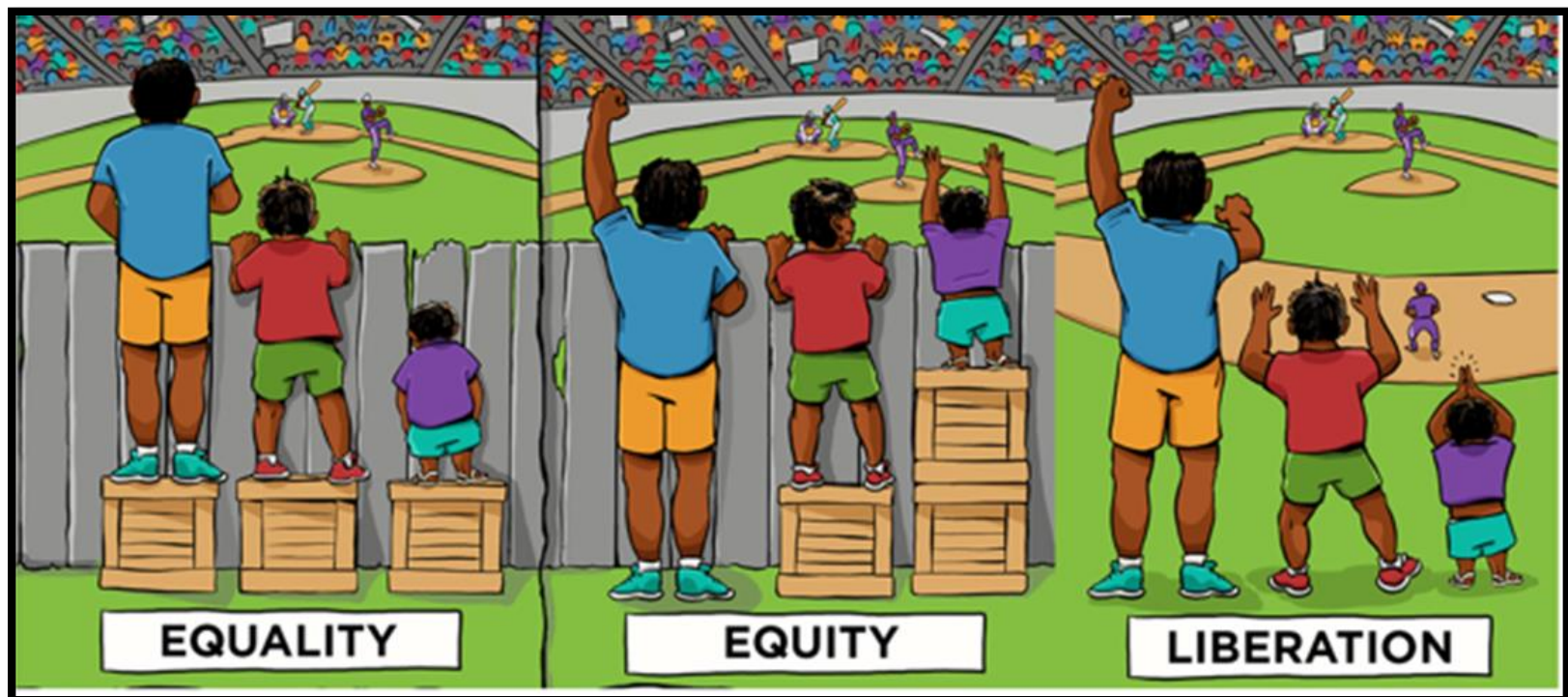
Severe Maternal Morbidity by Race/Ethnicity, Illinois



Data Sources: Illinois MMRC and MMRC-V Data, 2015-2016

What does Birth Equity mean?

The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort



ILPQC Birth Equity initiative supported by state legislation



- Illinois Department of Public Health shall collaborate with the Illinois Perinatal Quality Collaborative to develop
 - Implement strategies to reduce peripartum racial and ethnic disparities and to address implicit bias in the health care system
 - Support birthing hospitals implementation of implicit bias training and education in cultural competency
 - Consider existing programs, such as the Alliance for Innovation on Maternal Health and the California Maternal Quality Collaborative's pilot



Public Act 101-0390 (1.1.2020)



Key Drivers for Birth Equity



Social determinants of health

Addressing social determinants of health during prenatal, delivery, and postpartum care to improve birth equity



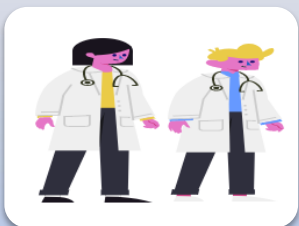
Utilize race/ethnicity hospital data

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



Engage patients, birth partners, and communities

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



Engage and educate providers, nurses, and staff

Engage and educate providers and nurses to improve birth equity

Coming Soon: Statewide Launch

Recruit
wave 1
(Nov-Jan)

Wave 1
team test
data form
(Feb-Apr)

Statewide
launch
(May)



Getting Started with Birth Equity



- ✓ 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

Thank you to all helping to plan the Birth Equity Initiative!

- **OB Advisory Workgroup**
- **Birth Equity Clinical Leads:**
 - Daniell Ashford, DNP, MBA, NE-BC, RNC-OB, C-EFM, FNP-BC, LNC
 - Jamila Pleas, RN
 - Paloma Toledo, MD, MPH
 - Robin Jones, MD
 - Barrett Robinson, MD, MPH, FACOG

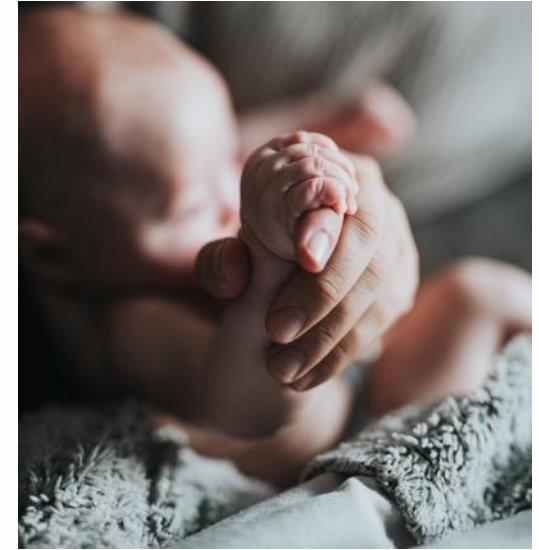


Development of:

- ✓ **AIMs & Measures**
- ✓ **Key Driver Diagram**
- ✓ **Data Collection Forms**
- ✓ **Birth Equity Toolkit**

Our Goals for 2021

Continue to improve care and outcomes for all Illinois moms and babies



Support ILPQC hospital teams achieving initiative aims and moving to sustainability

Successful launch of new initiatives



PVB

BASIC

BIRTH EQUITY



We're all in this Together!

We look forward to continuing to support each other as a community as we move forward into 2021!

