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| ILPQC Sustainability/Designation Monthly Data Collection Form |
| REDCAP Study Identifiers |
| Hospital ID Number | Hospital ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please select the month for this submission: | * January 2025
* February 2025
* March 2025
* April 2025
* May 2025
* June 2025
* July 2025
* August 2025
* September 2025
* October 2025
* November 2025
* December 2025
 | * January 2026
* February 2026
* March 2026
* April 2026
* May 2026
* June 2026
* July 2026
* August 2026
* September 2026
* October 2026
* November 2026
* December 2026
 |
| Structure Measures |
| 1. Hospital has implemented a process to share stratified QI data progress with clinical staff (e.g. post data, share QI progress in provider meetings/grand rounds, etc.) | * Haven’t started
* Working on it
* In place
 |
| 2. Hospital has implemented a process to coordinate quality improvement efforts (for Birth Equity and other ILPQC initiatives) to engage outpatient prenatal clinics, federally qualified health centers and other community health clinics affiliated with the hospital | * Haven’t started
* Working on it
* In place
 |
| 3. Hospital has implemented a process to build relationships with community-based doulas, home visiting programs and other community resources in the hospital catchment to create points of access to improve referral of patients to community resources | * Haven’t started
* Working on it
* In place
 |
| 4. Hospital has implemented a process to review labor and delivery policies and procedures to promote doula-friendly unit culture and strategies to support doula participation in the maternity care team | * Haven’t started
* Working on it
* In place
 |
| 5. Hospital has implemented a protocol for improving the collection and accuracy of patient-reported race/ethnicity data | * Haven’t started
* Working on it
* In place
 |
| 6. Hospital has developed a process to review stratified maternal health quality data, for example NTSV C-section rates, stratified by race/ethnicity and insurance status | * Haven’t started
* Working on it
* In place
 |
| 7. Hospital has implemented a Patient Reported Experience Measure (PREM) patient survey to obtain feedback from postpartum patients on respectful care practices and a process to review and share results | * Haven’t started
* Working on it
* In place
 |
| 8. Hospital has implemented standardized social determinants of health screening tools for screening all pregnant women during delivery admission and a process flow to link patients to needed resources and services | * Haven’t started
* Working on it
* In place
 |
| 9. Hospital has engaged patients and/or community members to provide input on quality improvement efforts (engage patient partner on QI team and hold Respectful Care Breakfasts, with clinical staff and previously delivered patients participating, at least yearly) | * Haven’t started
* Working on it
* In place
 |
| 10. Hospital has a strategy for sharing expected respectful care practices with delivery staff and patients (i.e. posting in L&D in staff and patient areas, staff sign-off on respectful care commitments, holding Respectful Care Breakfasts) including appropriately engaging support partners and/or doulas | * Haven’t started
* Working on it
* In place
 |
| Process Measures*Education should be completed before the September 30th, 2025, Quality Designation Award Application deadline* |
| Percentage of PROVIDERS completing yearly (in 2025) continued education on the importance of listening to patients, providing respectful care, and addressing implicit bias | * 0%
* 10%
* 20%
* 30%
* 40%
* 50%
* 60%
* 70%
* 80%
* 90%
* 100%
 |
| Percentage of PROVIDERS completing new hire education (in 2025) on the importance of listening to patients, providing respectful care, and addressing implicit bias | * 0%
* 10%
* 20%
* 30%
* 40%
* 50%
* 60%
* 70%
* 80%
* 90%
* 100%
 |
| Percentage of NURSES completing yearly (in 2025) continued education on the importance of listening to patients, providing respectful care, and addressing implicit bias | * 0%
* 10%
* 20%
* 30%
* 40%
* 50%
* 60%
* 70%
* 80%
* 90%
* 100%
 |
| Percentage of NURSES completing new hire education (in 2025) on the importance of listening to patients, providing respectful care, and addressing implicit bias | * 0%
* 10%
* 20%
* 30%
* 40%
* 50%
* 60%
* 70%
* 80%
* 90%
* 100%
 |
| Percentage of OTHER STAFF completing yearly (in 2025) continued education on the importance of listening to patients, providing respectful care, and addressing implicit bias | * 0%
* 10%
* 20%
* 30%
* 40%
* 50%
* 60%
* 70%
* 80%
* 90%
* 100%
 |
| Percentage of OTHER STAFF completing new hire education (in 2025) on the importance of listening to patients, providing respectful care, and addressing implicit bias | * 0%
* 10%
* 20%
* 30%
* 40%
* 50%
* 60%
* 70%
* 80%
* 90%
* 100%
 |
| Outcome Measures |
| Total NTSVs resulting in cesarean deliveries |  |
| Total NTSV deliveries for the month |  |
| Of your patients who self-reported/identified as Black:* Please share the total # of NTSV deliveries
* Please share the total # of NTSV C-section deliveries
 | \_\_\_\_\_\_\_\_\_\_\_ NTSV deliveries  |
| \_\_\_\_\_\_\_\_\_\_\_ NTSV C-section deliveries |
| Of your patients who self-reported/identified as White:* Please share the total # of NTSV deliveries
* Please share the total # of NTSV C-section deliveries
 | \_\_\_\_\_\_\_\_\_\_\_ NTSV deliveries |
| \_\_\_\_\_\_\_\_\_\_\_ NTSV C-section deliveries |
| Of your patients who self-reported/identified as Hispanic: * Please share the total # of NTSV deliveries
* Please share the total # of NTSV C-section deliveries
 | \_\_\_\_\_\_\_\_\_\_\_ NTSV deliveries |
| \_\_\_\_\_\_\_\_\_\_\_ NTSV C-section deliveries |
| Of your patients who self-reported/identified as Asian: * Please share the total # of NTSV deliveries
* Please share the total # of NTSV C-section deliveries
 | \_\_\_\_\_\_\_\_\_\_\_ NTSV deliveries |
| \_\_\_\_\_\_\_\_\_\_\_ NTSV C-section deliveries |
| Of your patients who self-reported/identified as Other: * Please share the total # of NTSV deliveries
* Please share the total # of NTSV C-section deliveries
 | \_\_\_\_\_\_\_\_\_\_\_ NTSV deliveries |
| \_\_\_\_\_\_\_\_\_\_\_ NTSV C-section deliveries |
| Of your deliveries with private insurance: * Please share the total # of NTSV deliveries
* Please share the total # of NTSV C-section deliveries
 | \_\_\_\_\_\_\_\_\_\_\_ NTSV deliveries |
| \_\_\_\_\_\_\_\_\_\_\_ NTSV C-section deliveries |
| Of your deliveries with public insurance: * Please share the total # of NTSV deliveries
* Please share the total # of NTSV C-section deliveries
 | \_\_\_\_\_\_\_\_\_\_\_ NTSV deliveries |
| \_\_\_\_\_\_\_\_\_\_\_ NTSV C-section deliveries |
| Of your deliveries with uninsured/self-pay: * Please share the total # of NTSV deliveries
* Please share the total # of NTSV C-section deliveries
 | \_\_\_\_\_\_\_\_\_\_\_ NTSV deliveries |
| \_\_\_\_\_\_\_\_\_\_\_ NTSV C-section deliveries |
| Of your deliveries with unknown insurance status: * Please share the total # of NTSV deliveries
* Please share the total # of NTSV C-section deliveries
 | \_\_\_\_\_\_\_\_\_\_\_ NTSV deliveries |
| \_\_\_\_\_\_\_\_\_\_\_ NTSV C-section deliveries |
| SDoH Measures |
| Social Determinants of Health (SDoH) Measures (10 chart audit) Please specify the number of sample patient charts (1-10) with social determinants of health (SDoH) screening documented using a SDoH screening tool (prenatal and L&D) The goal is to review a sample of 10 records of birthing patients with Medicaid per month. Example: If your hospital has 102 patients with Medicaid deliver in a month, then divide 102 by 10=10.2 and you will select every 10th birth for that month. If you have less than 10 deliveries of birthing patients with Medicaid per month include all of them and select any additional deliveries to complete sample of 10 total charts. |
| Number of patients during delivery admission with social determinants of health (SDoH) screening documented using a SDoH screening tool |  |
| Number of patients during delivery admission screened positive for social determinants of health (SDoH) (answer yes to any question on SDoH screening tool) |  |
| Number of patients during delivery admission screened positive for social determinants of health that have documentation of patient linkage to needed community resources/services |  |
| Patient Partner Questions |
| Does your quality improvement team have a patient partner(s) participating? | * Yes
* No
 |
| If yes, list the names and contact information (phone, email) for each patient partner |  |
| How did you engage with your patient partner this month? (select all that apply) | * Email
* Zoom call
* Phone call
* In-person meeting
* Provided Input for Respectful Care Breakfast planning
* Provided input for doula friendly L&D strategies
* Provided input for SDOH resources/other community resource linkage
* Provided input on engaging patients with home visiting programs
* Provided input on patient education materials
* Engaged with providing feedback or QI input on another topic
* Did not engage this month
 |
| How often do you plan to meet with your patient partner? | * Monthly
* Quarterly
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Respectful Care Breakfast Questions |
| Did your team host a Respectful Care Breakfast this month? | * Yes
* No
 |
| If yes, # of providers/nurses/staff in attendance |  |
| AND, # of patients/families/community in attendance |  |
| In 2025, have you engaged your patient partner in the planning of your Respectful Care Breakfast and/or implementation of Respectful Care Breakfast feedback to improve care? | * Yes
* No
 |
| In 2025, how often do you plan to host Respectful Care Breakfasts? | * Quarterly
* Twice a year
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |