

## Illinois Birthing Hospital Quality Excellence Award Designation Program

Structure Measure	How to Get to Green
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.	<ul style="list-style-type: none"> <li>• Create a list of affiliated outpatient prenatal care sites, FQHC's, Health Department Clinics and their contact information</li> <li>• Create process, and identify a contact person, to communicate and share ILPQC quality improvement efforts with outpatient prenatal clinics and FQHC's</li> <li>• Have a representative from outpatient prenatal clinic and/or affiliated FQHCs on QI team</li> </ul>
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 pregnant / postpartum patients to community resources.	<ul style="list-style-type: none"> <li>• Create a list of doula organizations, home visiting programs, and other community resources in your patient catchment area</li> <li>• Determine a contact at each organization</li> <li>• Work with the organizations to develop a referral process to better connect patients</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Review policies and procedures to ensure doula-friendly unit culture and recognition of doulas as part of the clinical care team</li> <li>• Implement strategies to promote doula-friendly unit culture and to support doula participation in the maternity care team (i.e., doula meet and greets, doula training for staff, doula participation on QI team)</li> </ul>
Hospital has implemented a protocol for improving the collection and accuracy of patient-reported race/ethnicity data.	<ul style="list-style-type: none"> <li>• Review current process for accurate collection of patient-reported race/ethnicity data</li> <li>• Implement a protocol for improving the collection and accuracy of patient-reported race/ethnicity data</li> </ul>
Hospital has developed a process to review stratified maternal health quality data, for	<ul style="list-style-type: none"> <li>• Stratify maternal health quality data by race/ethnicity and insurance status (i.e., review NTSV C-section</li> </ul>

example NTSV C-section rates, stratified by race/ethnicity and insurance status.	stratified data in REDCap, or other stratified maternal quality data) <ul style="list-style-type: none"> <li>• Identify any disparities by race/ethnicity or insurance status</li> </ul>
Hospital has implemented a process to share stratified QI data progress with clinical staff (i.e., post data, share QI progress in provider meetings/grand rounds/emails, etc.) with plan for action to address identified disparities, for example.	<ul style="list-style-type: none"> <li>• Implement a process to share stratified QI data progress with clinical staff (i.e., provider meetings, grand rounds, posting data in breakroom, shared via email)</li> <li>• Create a plan for action to address identified disparities and share plan with clinical staff</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Implement a Patient Reported Experience Measure (PREM) patient survey to obtain respectful care feedback from postpartum patients</li> <li>• Implement a process to review and share results with clinical staff</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Identify and trial screening tools for use on labor and delivery.</li> <li>• Establish screening process flow based on PDSA cycle(s).</li> <li>• Establish process for documenting screening results.</li> </ul>
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 twice a year).	<ul style="list-style-type: none"> <li>• Engage patient partner(s) to provide input on QI efforts</li> <li>• Hold a Respectful Care Breakfast, with clinical staff and previously delivered patients and/or community partners participating, at least twice a year</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Share expected respectful care practices with delivery staff (i.e., post in L&amp;D staff areas, staff respectful care commitment sign-off, hold Respectful Care Breakfasts, share at meetings)</li> <li>• Share expected respectful care practices with patients admitted for labor and delivery and in other care settings as appropriate (i.e., handouts on arrival to L&amp;D or during prenatal care, posting in L&amp;D patient areas)</li> </ul>

