

# ILPQC Birth Equity Initiative: Sustainability Plan

\*Submission of plan required to obtain ILPQC Birth Quality Excellence Award Designation

Hospital Name: \_\_\_\_\_

Nursing Champion(s): \_\_\_\_\_ Provider Champion(s): \_\_\_\_\_

## Compliance Monitoring of key Birth Equity Initiative Measures

- ☐  $\geq 70\%$  SDOH screening during delivery admission documented
- ☐  $\geq 70\%$  patients with positive SDOH screens during delivery admission have linkage to resources documented
- ☐  $\geq 10\%$  PREM survey completion among total monthly birth volume OR at least 15 PREM surveys/month

## Monitoring Stratified NTSV C-section Data

- ☐ Continue to review NTSV C-section data by race, ethnicity and insurance status and actively address identified disparities (tracked in PVB report)
- ☐ Sustain reduction in disparity gap and maintain all groups' NTSV c-section rate  $\leq 25\%$

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 deviate from goal? ☐ Monthly ☐ Quarterly ☐ Other: \_\_\_\_\_

What is your proposed action plan if key Birth Equity sustainability compliance measures deviate from goal?

\_\_\_\_\_

## Ongoing Education for all providers and nurses

What education tools will you use for ongoing education for all nurses and providers? Please select below your planned tools.

- ☐ Diversity Science Dignity in Pregnancy and Childbirth e-modules
- ☐ Birth Equity focused grand rounds
- ☐ Sharing films/documentaries/patient stories with facilitated discussion (ie. Aftershock, Laboring with Hope, Toxic, CDC Hear Her campaign short patient story videos)
- ☐ AWHONN Respectful Maternity Care implementation toolkit resources
- ☐ Hold regular Respectful Care Breakfasts for ongoing discussion with patients/ clinical teams to improve Respectful Care
- ☐ Incorporate Respectful Care practices into simulations
- ☐ Other: \_\_\_\_\_

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

## New Hire Education for all new hires (including providers, learners and nurses)

What education tools will you use for ongoing education for all new hires? Please select below your planned tools.

- ☐ Diversity Science Dignity in Pregnancy and Childbirth e-modules

- ☐ Sharing films/documentaries/patient stories with facilitated discussion (Aftershock, Laboring with Hope, Toxic, Hear Her campaign short patient story videos)
- ☐ Respectful Care Practices sign off sheet
- ☐ AWHONN Respectful Maternity Care implementation toolkit resources
- ☐ Other: \_\_\_\_\_

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

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What education tool(s) will you use for new hire providers and learners such as residents?

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### Sustained System-level Changes

**What system-level changes have you put into place to sustain and promote birth equity? Select all that apply.**

- ☐ Standardized SDOH screening for all birthing patients during delivery admission and a process flow to link patients to needed community resources
- ☐ Optimizing patient-reported race and ethnicity data collection
- ☐ Stratified maternal health quality data review by race, ethnicity and Medicaid status (ex. NTSV C/S, Severe Maternal Morbidity)
- ☐ Engaging patients and community members to provide input on QI efforts (ie. patient/family partner on QI team)
- ☐ Engage community partners to help link patients to community resources and improve care. (ie. Doula Meet & Greet or other Doula engagement with clinical staff, partner with Home Visiting Programs, engage other community partners)
- ☐ Sharing expected Respectful Care Practices with delivery staff and patients
- ☐ Implementing the Patient Reported Experience Measures (PREM) survey
- ☐ Providing patients with the recommended postpartum safety patient education, where to call, and early follow-up

Who from your team will attend Quarterly BE sustainability calls and share updates on progress with your sustainability plan?

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### Sustained Patient/Community Engagement

#### Respectful Care Breakfasts

How often will you hold Respectful Care Breakfasts? ☐ Quarterly ☐ Bi-annually ☐ Other: \_\_\_\_\_

How do you plan to invite prior birthing patients to Respectful Care Breakfasts?

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How do you plan to invite OB/Neonatal clinical staff (providers, nurses and other staff) to Respectful Care Breakfasts?

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How do you plan to incorporate discussion of Respectful Care Practices into your breakfast?

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### Patient Partners

Has your BE team identified a patient partner? \_\_\_\_\_ If not, when will you? \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Has your patient partner attended any QI team meetings? \_\_\_\_\_

Have you had any other opportunities to engage with your patient partner? \_\_\_\_\_

How did you recruit/identify your patient partner? \_\_\_\_\_

\_\_\_\_\_

How did you onboard your patient partner? \_\_\_\_\_

\_\_\_\_\_

Please share any project/task collaborations you have worked on or any tasks you plan to work on with your patient partner:

\_\_\_\_\_

Please share your plan to sustain a relationship with your patient partner in QI initiative work going forward:

\_\_\_\_\_

### Home Visiting and Doulas

Please share the name(s) of any local home visiting programs your patients may be eligible for:

\_\_\_\_\_

Please share any plans for developing / sustaining a referral workflow for eligible patients to local home visiting programs:

\_\_\_\_\_

Please share the name(s) of any local doulas or doula programs in your area:

\_\_\_\_\_

Please share plans to better integrate doulas into your L&D clinical care team / make your L&D more doula friendly:

\_\_\_\_\_

### Signatures:

Nursing Champion(s): sign: \_\_\_\_\_

Name print: \_\_\_\_\_

Email: \_\_\_\_\_

Provider Champion(s): sign: \_\_\_\_\_

Name print: \_\_\_\_\_

Email: \_\_\_\_\_

OB Chair: sign: \_\_\_\_\_

Name print: \_\_\_\_\_

Email: \_\_\_\_\_

OB nursing leadership: sign: \_\_\_\_\_

Name print: \_\_\_\_\_

Email: \_\_\_\_\_

Date completed: \_\_\_\_\_

Date shared with ILPQC: \_\_\_\_\_

Date Shared with PNA: \_\_\_\_\_

Hospital Name: \_\_\_\_\_