IL Birthing Hospital Quality Excellence Award Designation Frequently Asked Questions

1. **Do we need to formalize our efforts to engage doulas in Labor & Delivery in a written policy?**

   Yes, we would like you to have a written policy to promote a doula friendly L&D unit culture and identify certified doulas as recognized members of the clinical care team. We want to ensure that doulas are not limited in providing patient care by visitor policies that determine number of visitors a patient can have in the room.
   Specifically, we are asking for teams to:
   • Review (or create if appropriate) policies and procedures to ensure doula-friendly unit culture and recognition of doulas as part of the clinical care team.
   • 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).

   Additionally, we are asking hospitals to build relationships and become a better access point to refer patients to these community services:
   Structure Measure: Hospital has implemented a process to build relationships with community-based doulas, home visiting programs and other community resources available in the hospital catchment to create points of access to improve referral of pregnant / postpartum patients to community resources.
   Specifically, we are asking teams to:
   • Create a list of doula organizations, home visiting programs, and other community resources in your patient catchment area
   • Determine a contact at each organization
   • Work with the organizations to develop a referral process to better connect patients

2. **Our patient partner serves on the Perinatal Community Advisory Board. Does this meet the requirement for a QI team patient partner?**

   Yes. Participation in a Perinatal Community Advisory Board that meets at least quarterly and includes a patient partner with recent obstetric experience (approximately in the last 2 years) will count, provided that the PCAB meets with the hospital ILPQC QI team(s) at least quarterly to give regular input on the hospitals ILPQC QI initiatives.

3. **What are the participation requirements for the webinars? Can only one person attend per hospital?**

   Each meeting requires at least one representative from the hospital team. We encourage broader participation when possible. Upcoming webinar dates include: January 13th, March 3rd, June 9th, and September 8th. Additional PMH calls are scheduled for: June 23rd, July 28th, and September 22nd. Teams are required to attend at least five meetings before the September 30 application deadline.

4. **Will the webinars count as the QI support meetings, or does QI support need to be scheduled by each hospital team?**

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This summer, we will host centralized QI office hours from June 17th through August 14. Office hours will be held on Tuesdays from 12-1pm CST and Thursdays from 1-2pm CST. 1-1 QI support meetings to touch base on your team's progress and next steps can also be scheduled by emailing Maria Villagomez at mvillagomez@northshore.org

5. **If we meet all other criteria but fall short on the PREM survey quota, can we still qualify for designation?**

   PREM survey collection is considered a key part of Birth Equity Sustainability and is a structure measure hospital should have in place. ILPQC will take into account the overall trend of PREM survey collection over time and progress in the last quarter before the application is submitted, (July, August, September). We encourage teams to continue working toward increased participation and sustained efforts to hit the goal of 15 PREM surveys completed per month or 10% of births.

6. **If we have a small number of patients of a specific Race/Ethnicity who happen to have an NTSV C-section, how will ILPQC take that into account?**

   The overarching goal is to identify and reduce disparities. ILPQC will take the context of your total number of patients and your patient mix (by race/ethnicity and by insurance) into consideration when reviewing data for awards and will look across an extended time frame. We will also want you to consider what disparities you have identified in your patient population and how are you addressing these disparities, this may be a Medicaid / private insurance disparity, race/ethnicity disparity for a specific group or a combined minoritized group, or a disparity for non-English speakers. You will have a chance to describe any disparities you have identified in your stratified data and how you have worked to address them in your application. Please know we aim to be thoughtful and fair in how we review applications.

7. **Is implicit bias training required for all providers, including those in private practice?**

   Yes. At least 80% of providers and nurses must complete annual training on respectful care. Training could include topics such as active listening, shared decision-making, trauma-informed care, improving care for non-English speakers, reducing stigma and/or addressing implicit / explicit bias. Training can be completed in multiple ways: via e-modules, during grand rounds, small group discussions with a movie or video screening, when attending a Respectful Care Breakfasts, simulations or skills day, or staff video sessions.