Thank you to our Funders:

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Neonatal Break Out Session

Illinois Perinatal Quality Collaborative

Agenda

- Finishing ESSI Strong
- IHI "Psychology of Change"
- New Initiative Discussion

ESSI ABP MOC Part IV
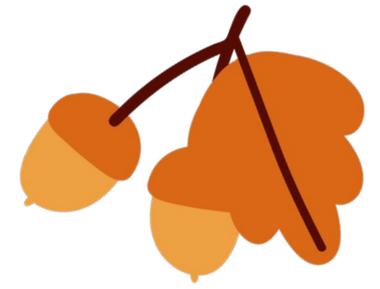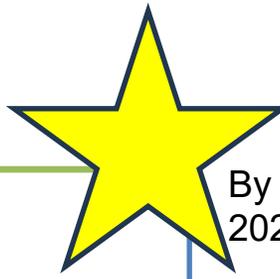
- Complete an attestation form if you are an ABP–certified physician seeking 25 credits under **MOC Part IV**

- **Download, complete and submit the attestation form available in the survey to your QI project leader for signature and upload to the survey when complete.**
- *You can start submitting the attestation form NOW.*
- Attestation of Meaningful Participation:
  - Intellectually engaged in planning and executing the project
  - Participated in implementing the project's interventions – the changes designed to improve care
  - Regularly reviewed data in keeping with the project's measurement plan
  - Collaborated in the activity by attending team meetings

Scan QR Code for attestation submission survey

Key Driver Diagram

Illinois Perinatal Quality Collaborative

Aims	Primary Drivers	Secondary Drivers
By December 2025: 1. Greater than 70% of Illinois birthing and children's hospitals will address disparities and promote neonatal equity by actively participating in the ESSI initiative. 2. Greater than 80% of infants will be discharged from ILPQC hospitals with a completed ESSI bundle.	Healthcare Professional Commitment	• Equitable and Respectful Care Education and Implementation • Safe Sleep Environment Education and Implementation
	Inclusive Clinical Environment	• Organizational Leadership Commitment • Equitable and Inclusive Unit Policies • Parent and Caregiver Experience Prioritization
	Parent and Caregiver Empowerment	• Respectful Parent and Caregiver Partnerships • Safe Sleep Awareness • Transition to Home, including SDoH Screening and Resource Linkage
	Community Partnerships	• Resource Mapping • Building Relationships with Community Organizations • Transfer of Care to Community Providers
	Healthcare Data Utilization	• Collection of Accurate Race and Ethnicity Data • Dissemination of Stratified Data • Application of Data to Address Inequities

ESSI Bundle:
- **Awareness**: Parents or caregivers report an understanding of a safe sleep environment, including navigating challenges to safe sleep at home
- **Readiness**: Family is prepared for a transition to home, including SDoH screening and resource linkage
- **Transfer of Care**: ESSI Newborn Care Plan (Awareness & Readiness) documented in the discharge

IL PQC
Illinois Perinatal Quality Collaborative

ESSI Initiative Aims

1 By December 2025, greater than 70% of Illinois birthing and children's hospitals will address disparities and promote neonatal equity by actively participating in the ESSI initiative.

2 By December 2025, greater than 80% of infants will be discharged from ILPQC hospitals with a completed ESSI Bundle.

AWARENESS — Parents or caregivers report an understanding of a safe sleep environment.
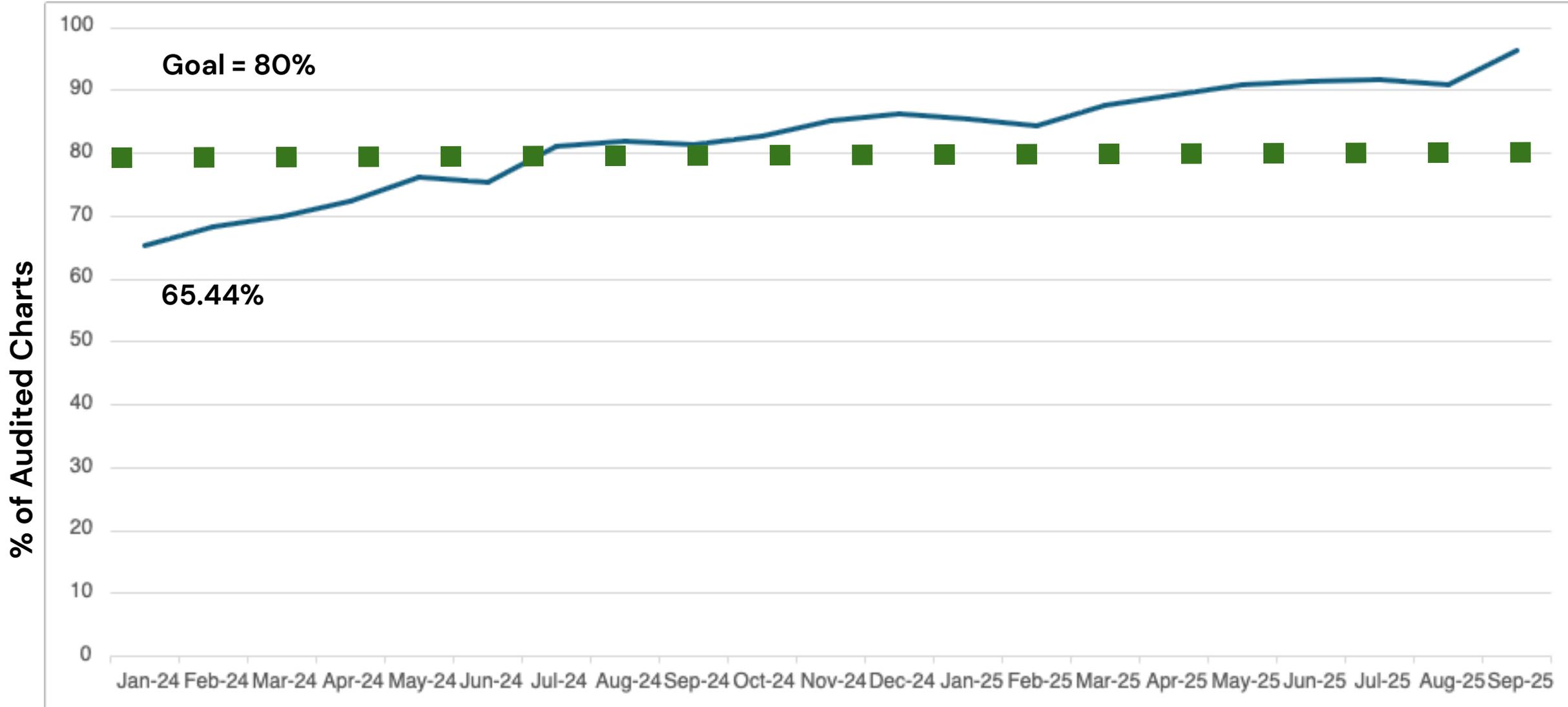
READINESS — Family is prepared for a transition to home, including SDoH screening and resource linkage.

TRANSFER OF CARE — Communication to primary care provider completed.

ESSI Bundle: Component 1 – Awareness

Documentation of a Conversation with Parents/Caregivers on adjustment to life with a newborn and safe sleep, and resources shared

% of Audited Charts

Goal = 80%

81%

40.57%

Jan-24 Feb-24 Mar-24 Apr-24 May-24 Jun-24 Jul-24 Aug-24 Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25

ESSI Bundle: Component 2 – Readiness
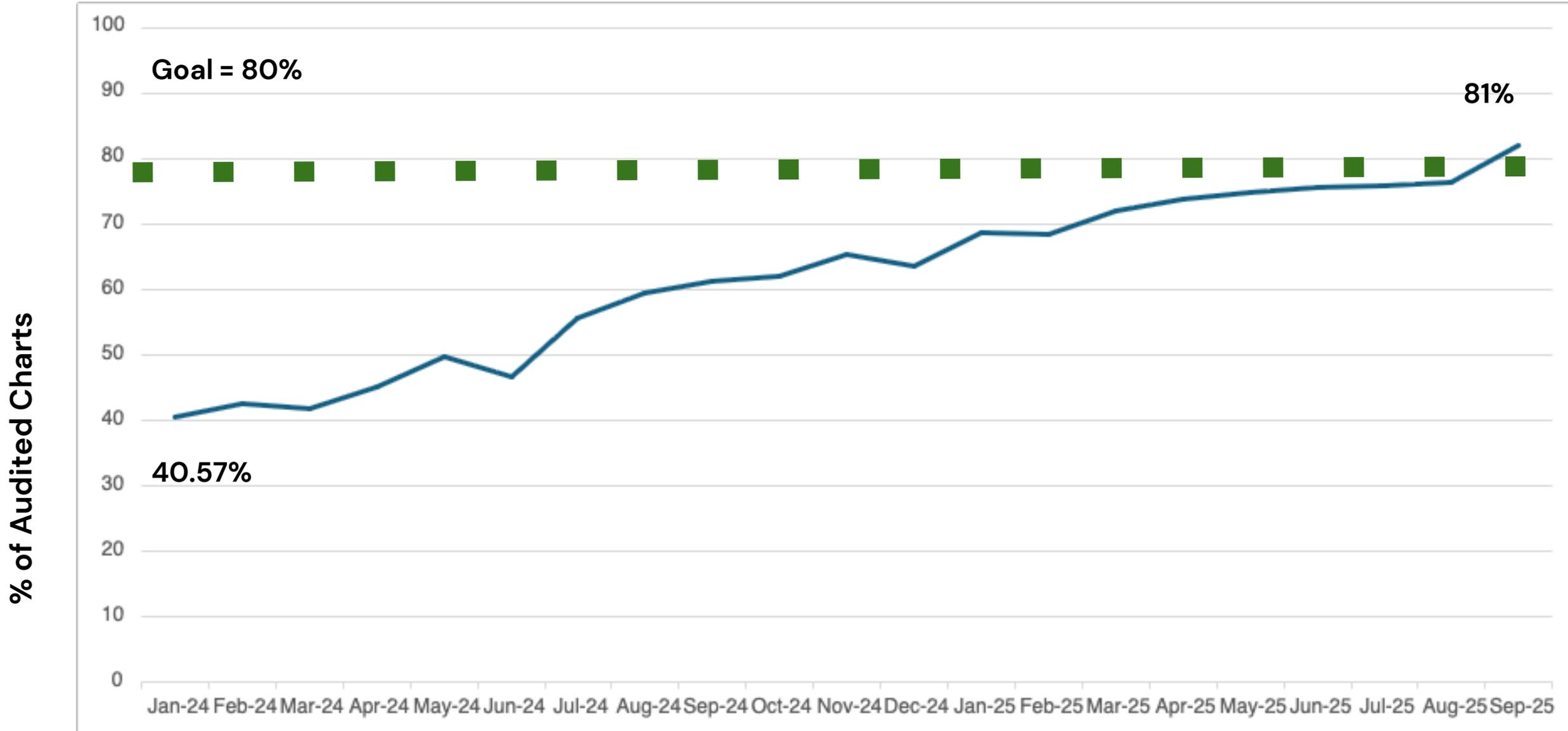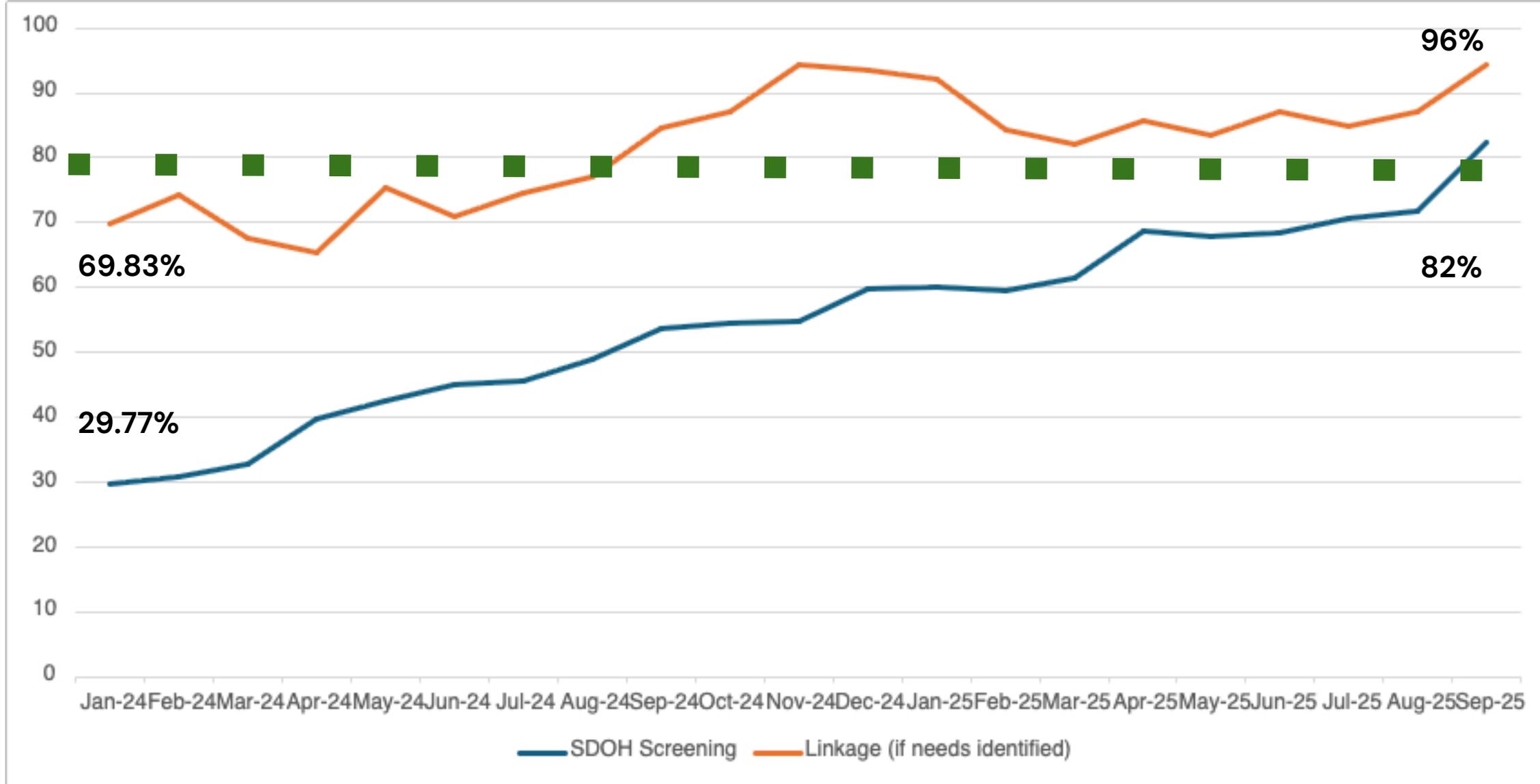
SDOH Screening and Linkage in Infant's Chart

Goal = 80%

% of Audited Charts

96%

69.83%

82%

29.77%

Jan-24 Feb-24 Mar-24 Apr-24 May-24 Jun-24 Jul-24 Aug-24 Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25

SDOH Screening — Linkage (if needs identified)

10.12.2025
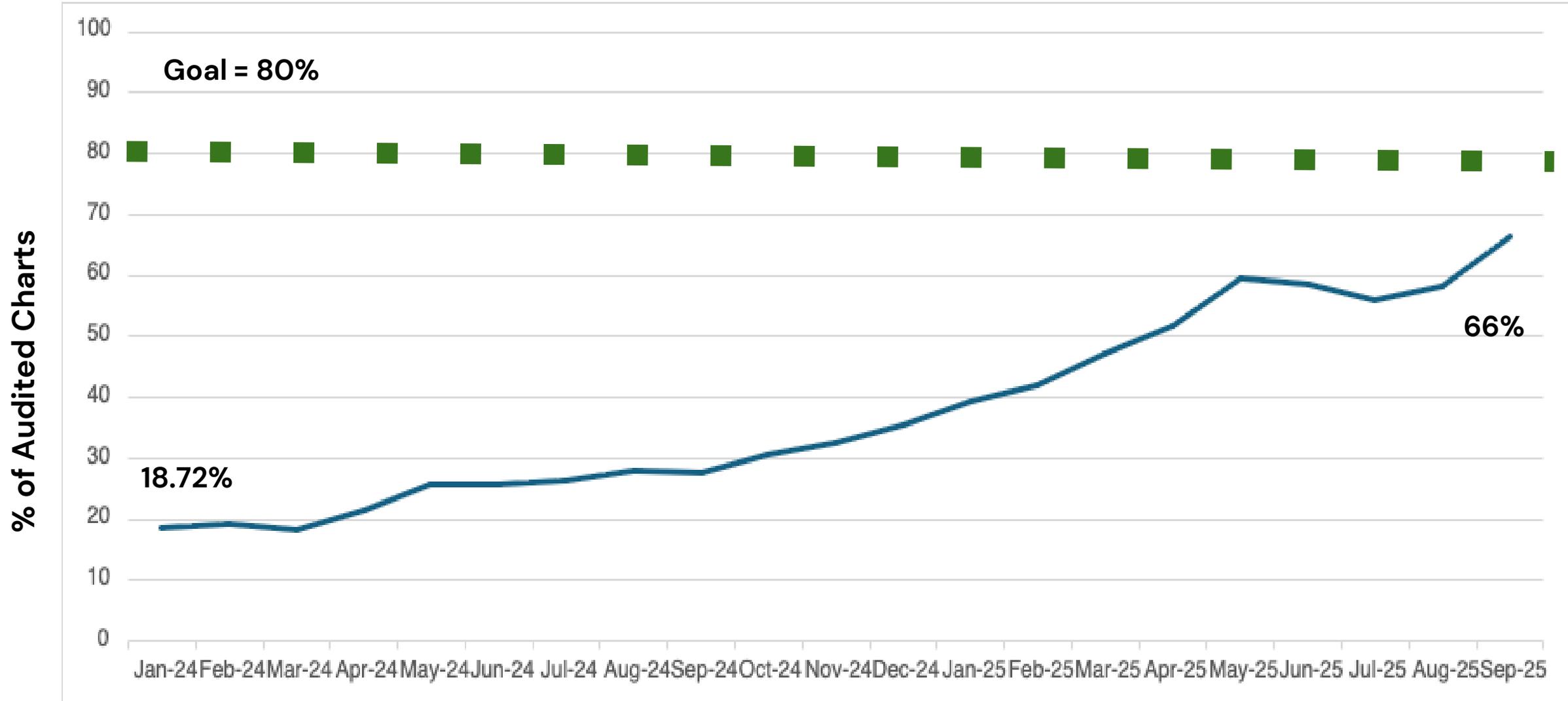
Focus Areas for Next 6 Months of ESSI

Illinois
Safe Sleep Support

Standardized processes for:

- Stratifying and sharing neonatal data
- Addressing disparities identified through data
- Culturally responsive safe sleep education
- Newborn-inclusive SDoH screening & linkage
- Resource mapping and consistent messaging with community partners

Standardized process for collection of infant race / ethnicity
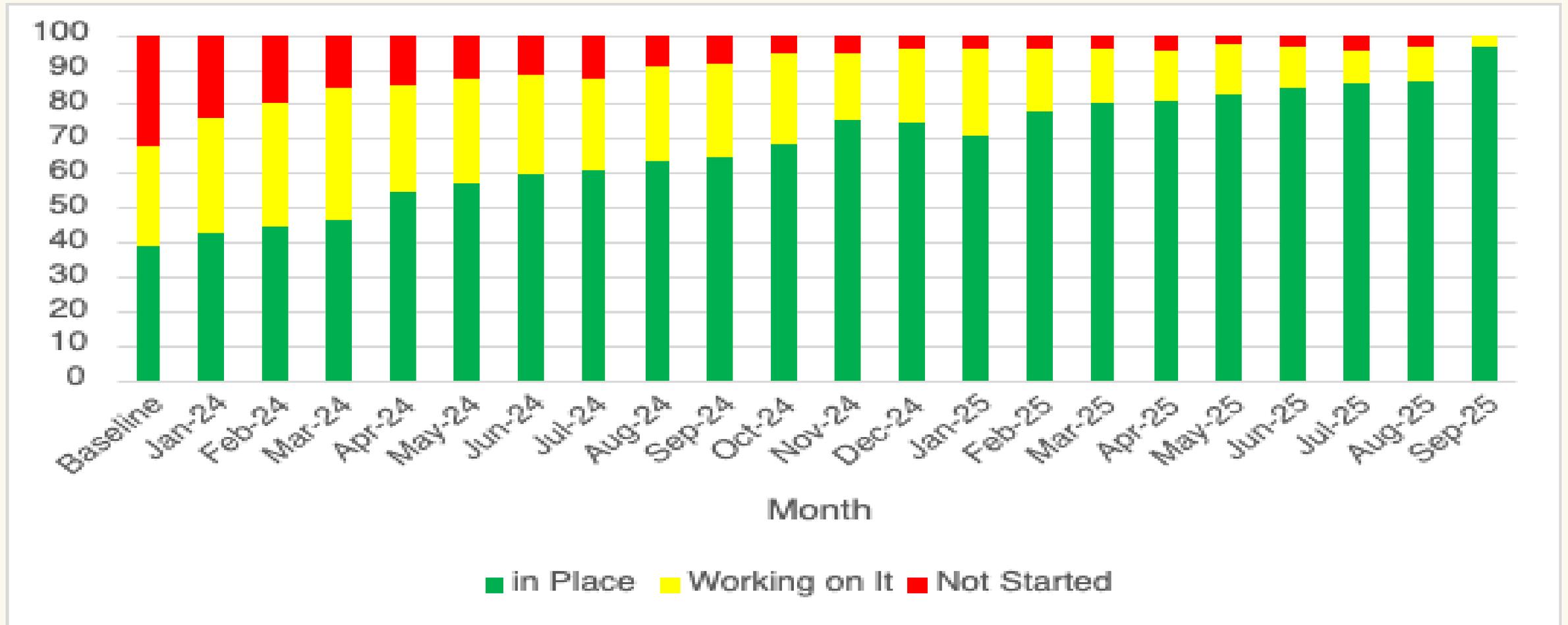
Hospital has a standardized process for the collection of parent-reported newborn race and ethnicity data.

Standardized process to stratify and share infant data
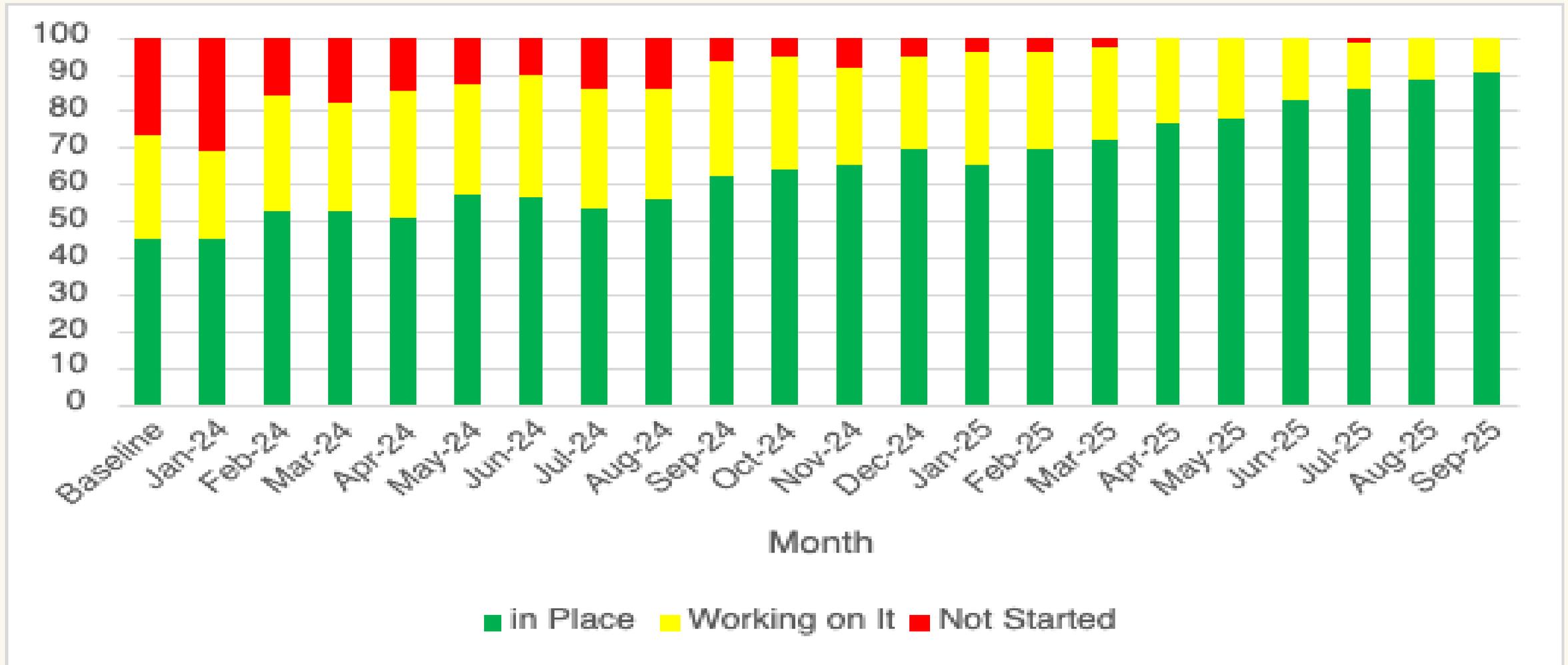
Hospital has a standardized process to stratify and share neonatal data by birthing person's race, ethnicity, and insurance status.

Standardized process to address neonatal disparities
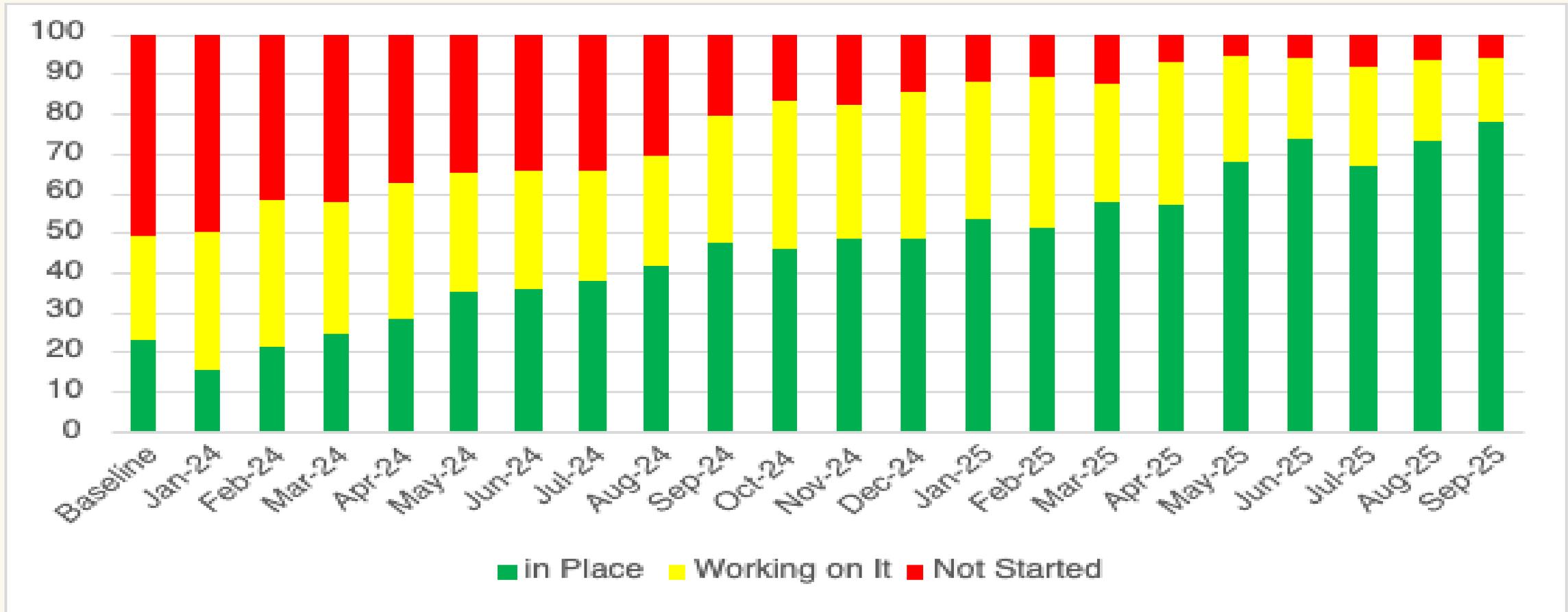
Hospital has a standardized process to address disparities based on review of neonatal outcomes stratified by birthing person's race, ethnicity, and insurance status.

Standardized newborn-inclusive SDOH process
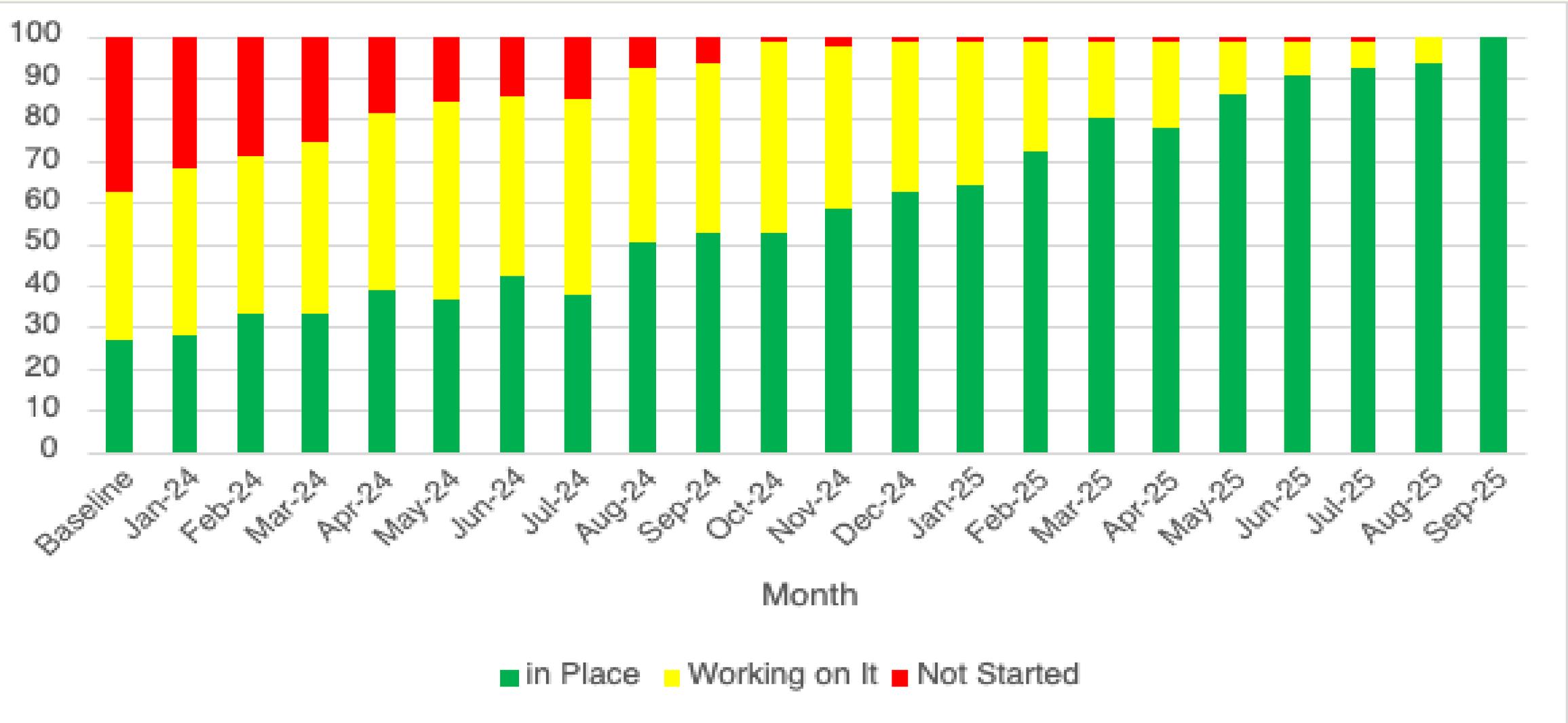
Hospital has a standardized process to screen for newborn-inclusive Social Determinants of Health and to link to needed resources.

Standardized process to provide culturally responsive safe sleep education
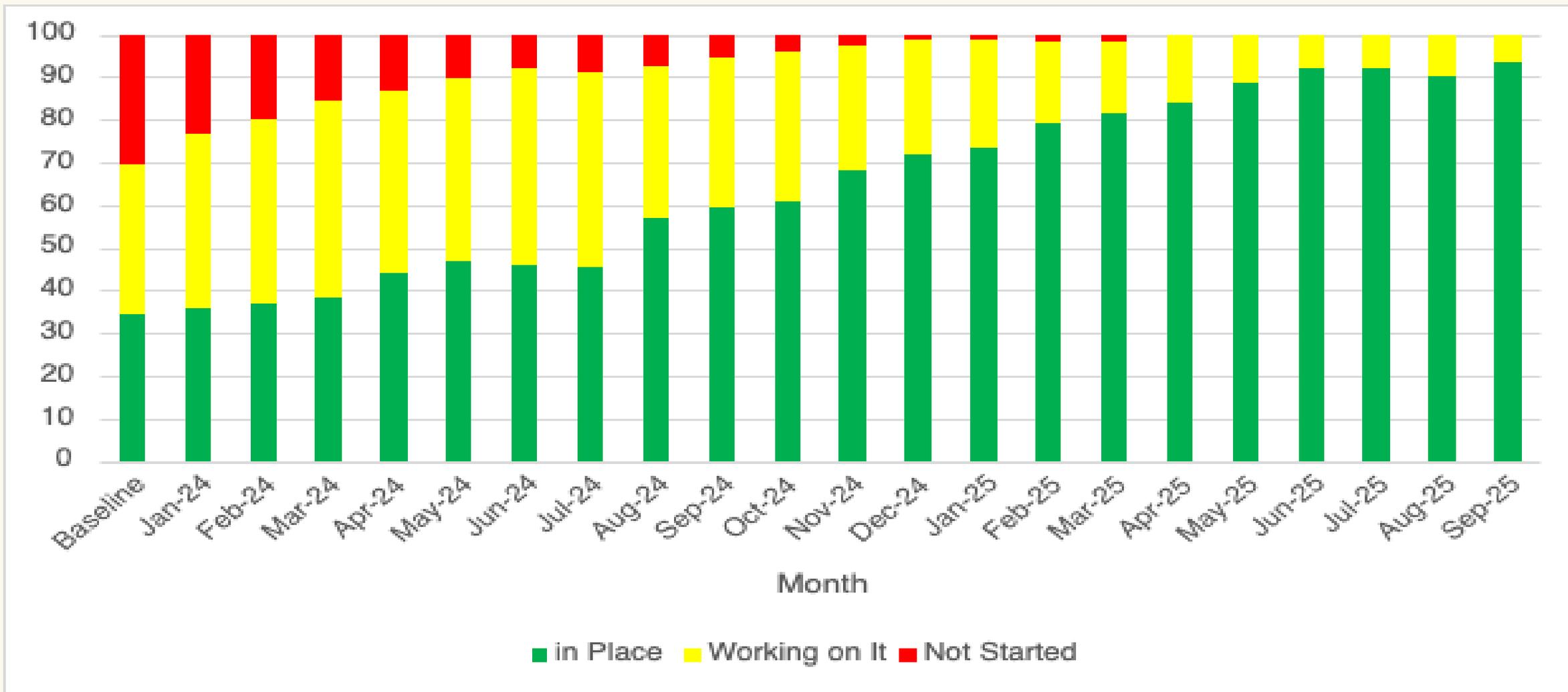
Hospital has a standardized process to provide parents or caregivers culturally responsive safe sleep education including awareness of potential challenges, modeling, and teach back opportunities during hospitalization.

Barriers to Delivering Education

Cultural or generational practices	~20–22 hospitals	"Co-sleeping," "comforting," "tradition," ==grandparents,== "unsafe but loving intent"
Language and literacy barriers	~12–14 hospitals	"Low literacy," "translation needs," "non-English speakers"
==**Inconsistent staff messaging**==	~10–12 hospitals	"Different messages between nurses," "handoffs not aligned," "charting gaps"
Time and staffing constraints	~10 hospitals	"Busy shifts," "short staffing," "no time for reinforcement"
Parental receptiveness / misinformation	~8 hospitals	"Social media," "mistrust," "resistant to change," =="all caregivers not present"==

N=31 hospitals

Reasons for Non-Compliance in Safe Sleep Audits:

Extra items in the crib	~20–22 hospitals	"Blankets," "burp cloths," "bulb syringe," "hat," "extra clothing," "comfort items"
Parental co-sleeping / holding baby while tired	~15–18 hospitals	"Parent fell asleep feeding baby," "co-sleeping," "bedsharing," "cultural norm"
Head of bed elevated	~10–12 hospitals	"NICU habit," "elevated for reflux," "confusion between clinical positioning and safe sleep"
Staff practice issues	~8–10 hospitals	"Not documenting safe sleep," "burp cloths in NICU beds," "policy not followed"
Education / awareness gaps	~7–9 hospitals	"Parents unaware of updates," "need continued reinforcement," "conflicting information online"

N=31 hospitals

IHI
Psychology
of Change
Exercise
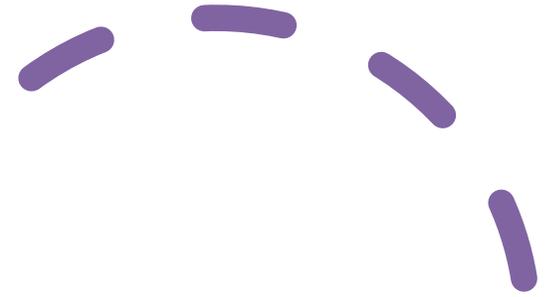
IHI Psychology of Change Framework

Figure 1. IHI Psychology of Change Framework

Unleash Intrinsic Motivation

Tapping into sources of intrinsic motivation galvanizes people's individual and collective commitment to act.

Adapt in Action

Acting can be a motivational experience for people to learn and iterate to be effective.

Co-Design People-Driven Change

Those most affected by change have the greatest interest in designing it in ways that are meaningful and workable to them.

Activate People's Agency

Distribute Power

People can contribute their unique assets to bring about change when power is shared.

Co-Produce in Authentic Relationship

Change is co-produced when people inquire, listen, see, and commit to one another.

Hilton K, Anderson A. *IHI* ... · Healthcare Improvement; 2018. (Ava

Key Driver Diagram

Aims

By December 2025:

1. Greater than 70% of Illinois birthing and children's hospitals will address disparities and promote neonatal equity by actively participating in the ESSI initiative.

2. Greater than 80% of infants will be discharged from ILPQC hospitals with a completed ESSI bundle.

ESSI Bundle:

Primary Drivers

Healthcare Professional Commitment

Inclusive Clinical Environment

Parent and Caregiver Empowerment

Community Partnerships

Healthcare Data Utilization

Secondary Drivers

- Equitable and Respectful Care Education and Implementation
- Safe Sleep Environment Education and Implementation

- Organizational Leadership Commitment
- Equitable and Inclusive Unit Policies
- Parent and Caregiver Experience Prioritization

- Respectful Parent and Caregiver Partnerships
- Safe Sleep Awareness
- Transition to Home, including SDoH Screening and Resource Linkage

- Resource Mapping
- Building Relationships with Community Organizations
- Transfer of Care to Community Providers

- Collection of Accurate Race and Ethnicity Data
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- **Awareness**: Parents or caregivers report an understanding of a safe sleep environment, including navigating challenges to safe sleep at home
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ESSI

1. Overcoming barriers to safe sleep messaging to families
2. Screening for perinatal-specific SDOH and linkage to resources
3. Increasing safe sleep audit compliance
4. Engaging parents in QI work

Unleash intrinsic motivation

- Connecting each participant to personal purpose
- "Why does this work matter to me personally? What difference do I want to make?"
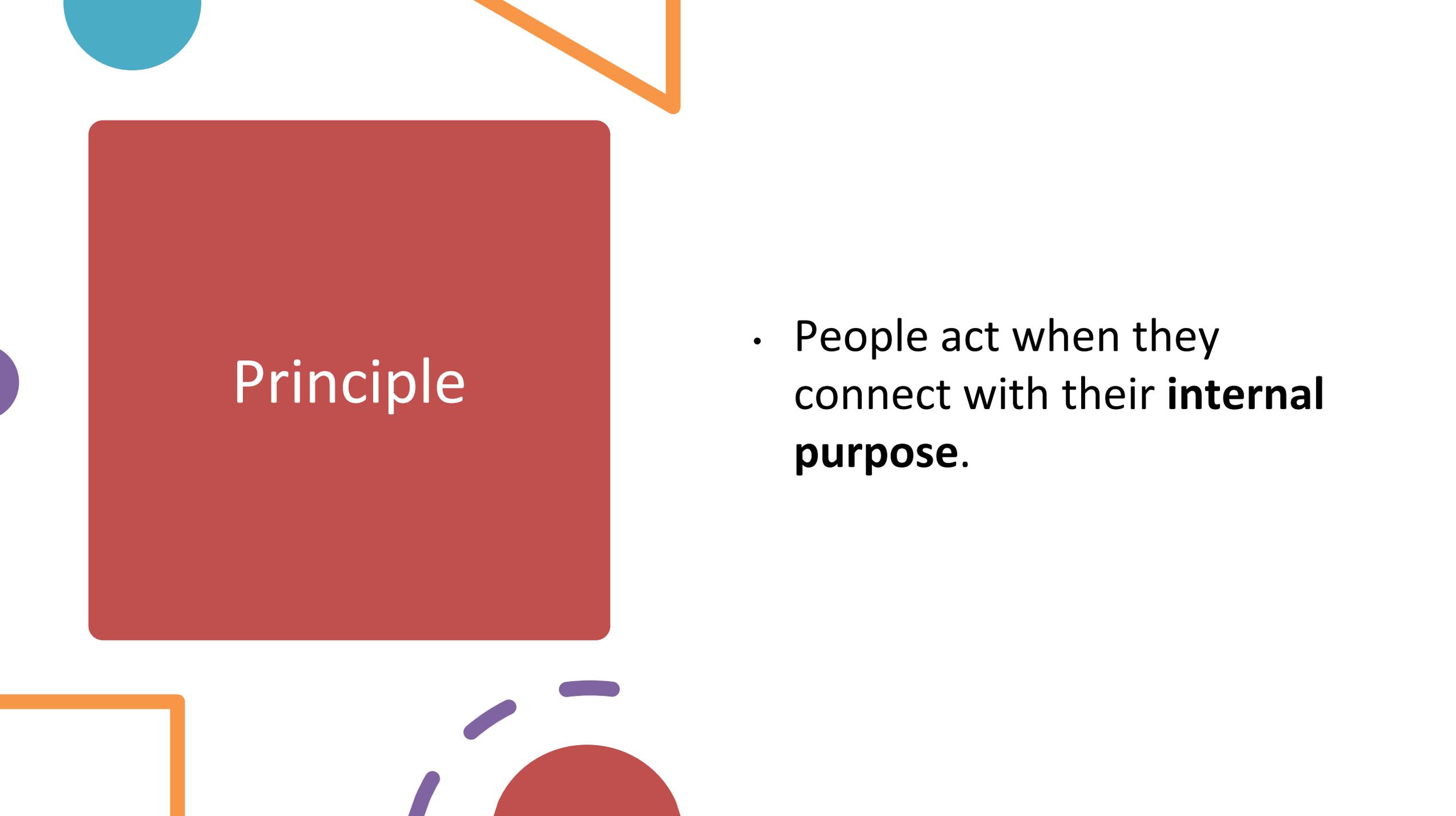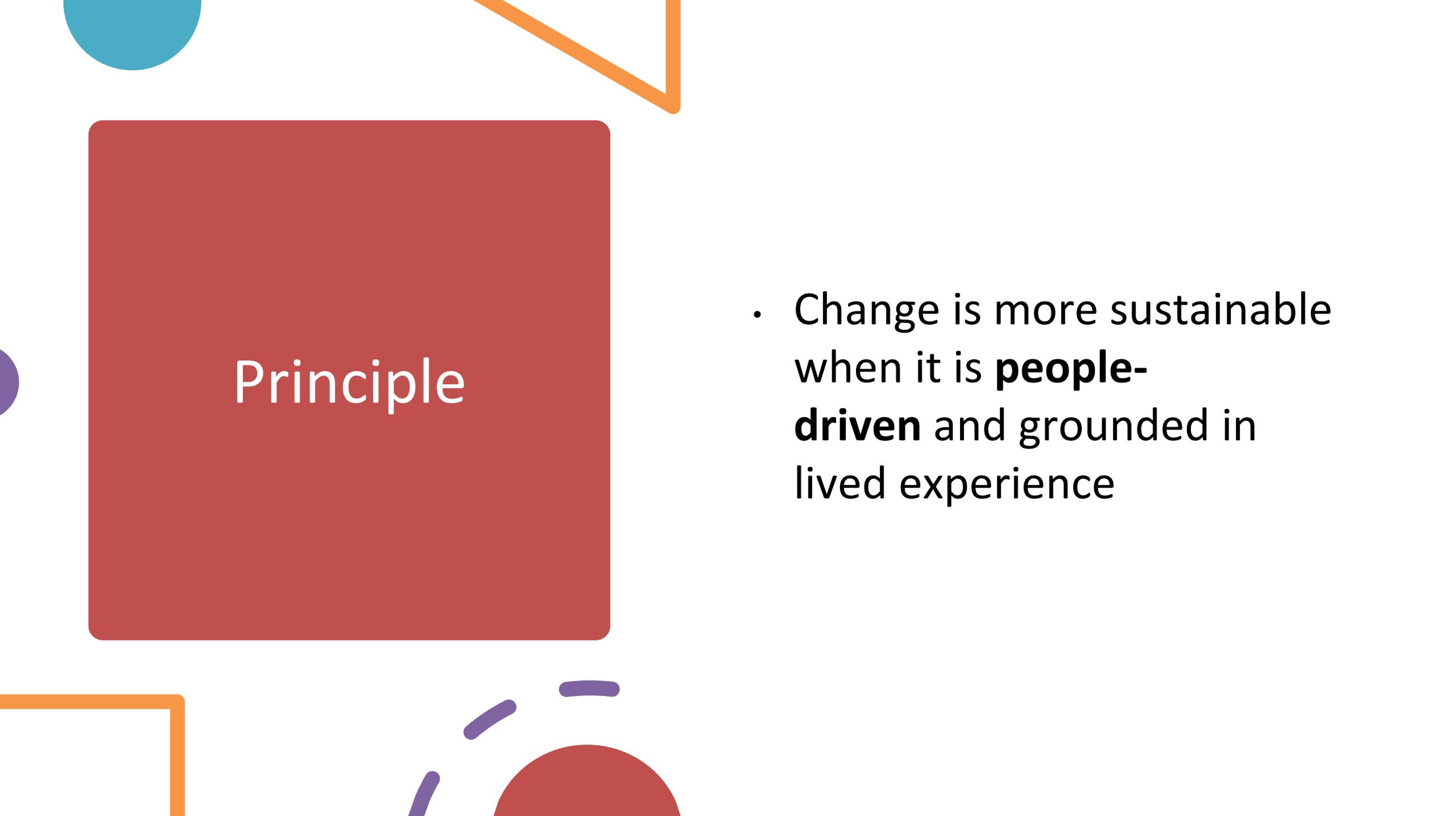
Principle

- People act when they connect with their **internal purpose**.

Co-design people-driven change

- Encourage **frontline staff and family perspectives** to emerge.
- "From your perspective, what is the biggest lever for improvement here? Who needs to be part of the solution?"

Principle

- Change is more sustainable when it is **people-driven** and grounded in lived experience

Co-produce in authentic relationships and distribute power
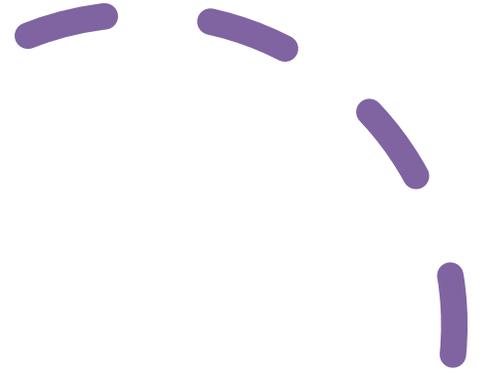
Step	Guiding Question
Identify stakeholders	Who is impacted or can influence this area (families, staff, leadership)?
Co-create ideas	How can we design solutions **with**, not **for**, those stakeholders?
Distribute decision-making	Who will lead which parts of the change? How do we ensure everyone's voice shapes the plan?
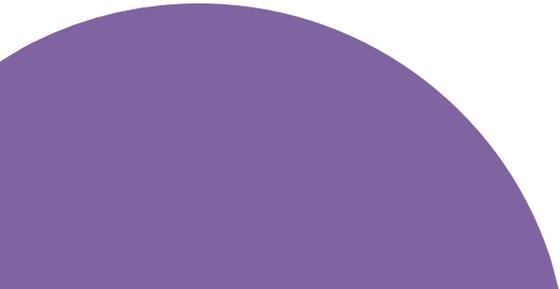
Principle

- **Distributing power** creates buy-in and fosters agency by engaging staff and families. There is shared responsibility and decision-making

Adapt in action

- Select **1 small test of change** using this format:

- "We will try [action] because we believe it will [desired outcome]. We will know it worked if [measure]. We will adapt based on feedback from [staff/family]."

- **Education barriers:** Co-produce multilingual teach-back handouts and adapt based on family feedback.

- **SDOH screening:** Pilot a "parent story-informed" script and iterate after feedback.

- **Safe sleep audit compliance:** Test a visual dashboard co-created by nurses and families.

- **Parent engagement:** Invite parents to co-lead a QI huddle or audit.
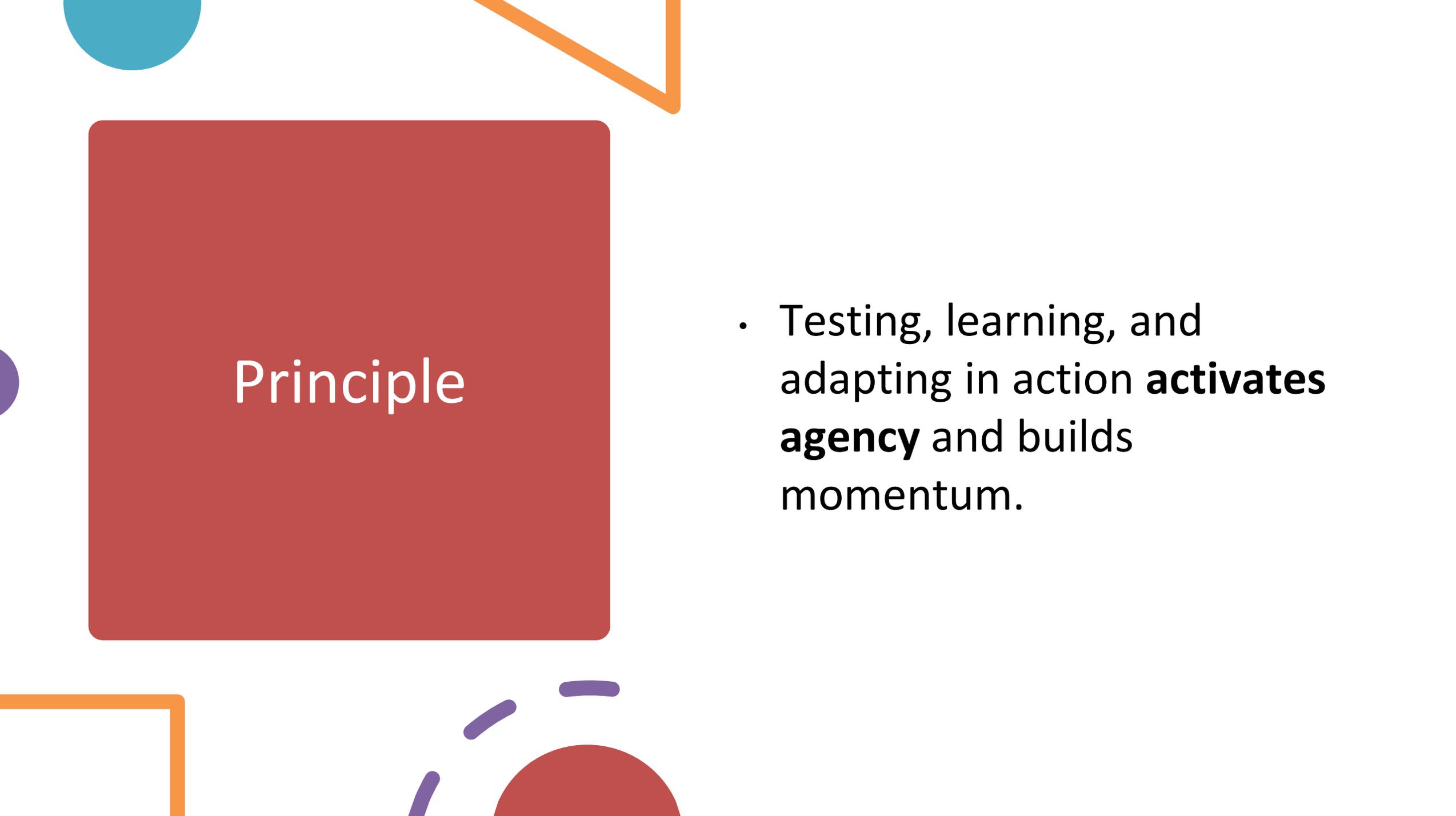
Principle

- Testing, learning, and adapting in action **activates agency** and builds momentum.

Reflection and Connection

- Share:
  - The **small test** you plan to implement
  - Who will be involved and how power is distributed
  - Share one reflection word capturing **how you feel about activating agency**
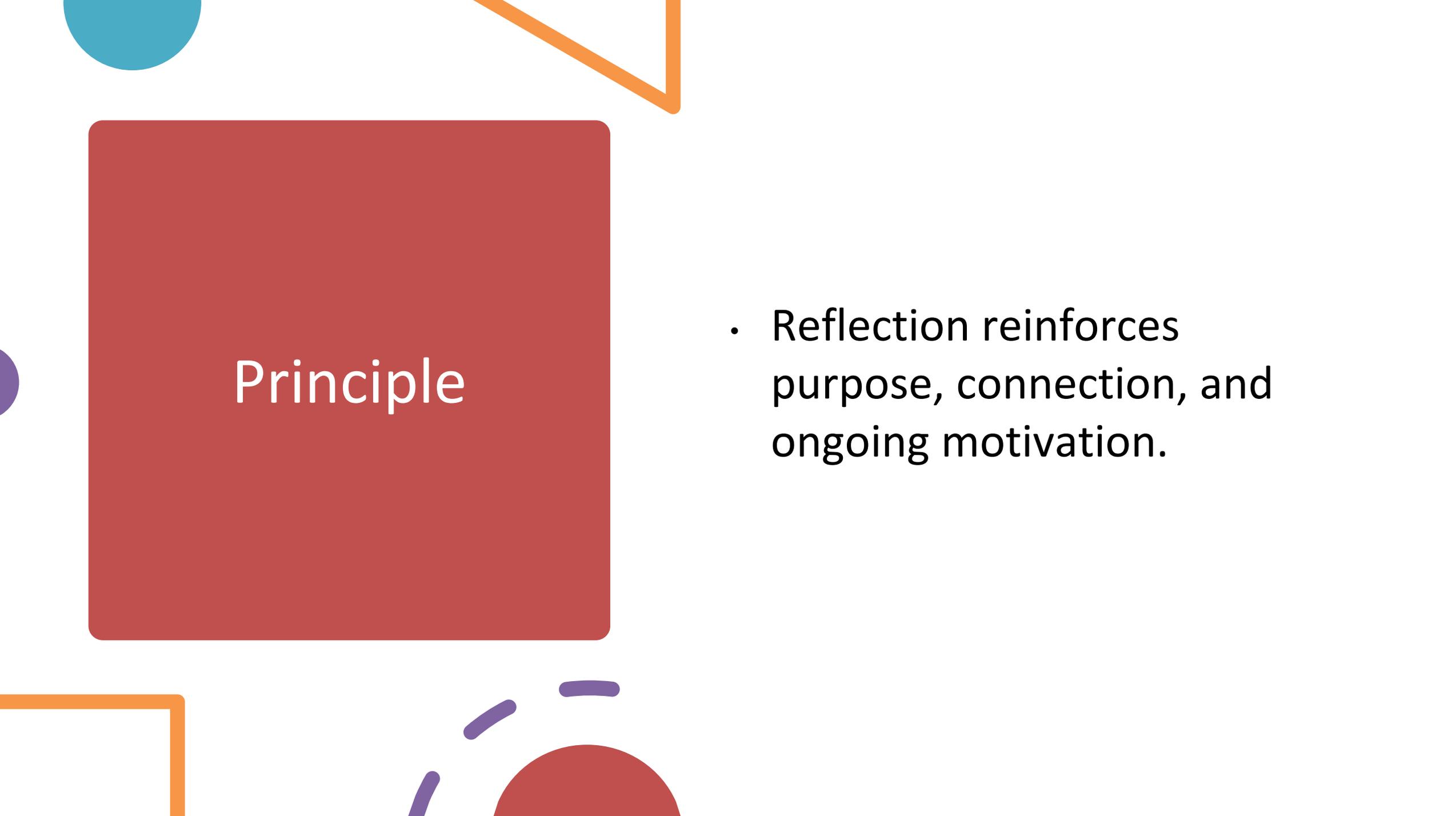
Principle

- Reflection reinforces purpose, connection, and ongoing motivation.

ESSI

1. Overcoming barriers to safe sleep messaging to families
2. Screening for perinatal-specific SDOH and linkage to resources
3. Increasing safe sleep audit compliance
4. Engaging parents in QI work

Activate People's Energy

- **Unleash intrinsic motivation** – connecting each participant to personal purpose

- **Co-design people-driven change** – drawing on frontline insights

- **Co-produce in authentic relationships** – engaging staff and families

- **Distribute power** – sharing responsibility and decision-making

- **Adapt in action** – learning and adjusting to activate agency

Discussion of Future ILPQC Initiatives

2027 and Beyond...

Timeline for Future Initiative

You are here

Face-to-Face 2026: ESSI enters sustainability

New Initiative

Equity and Safe Sleep for Infants
85 teams

ESSI Sustainability

2025

2026

2027

Planning for Next Neonatal initiative

Illinois Perinatal Quality Collaborative
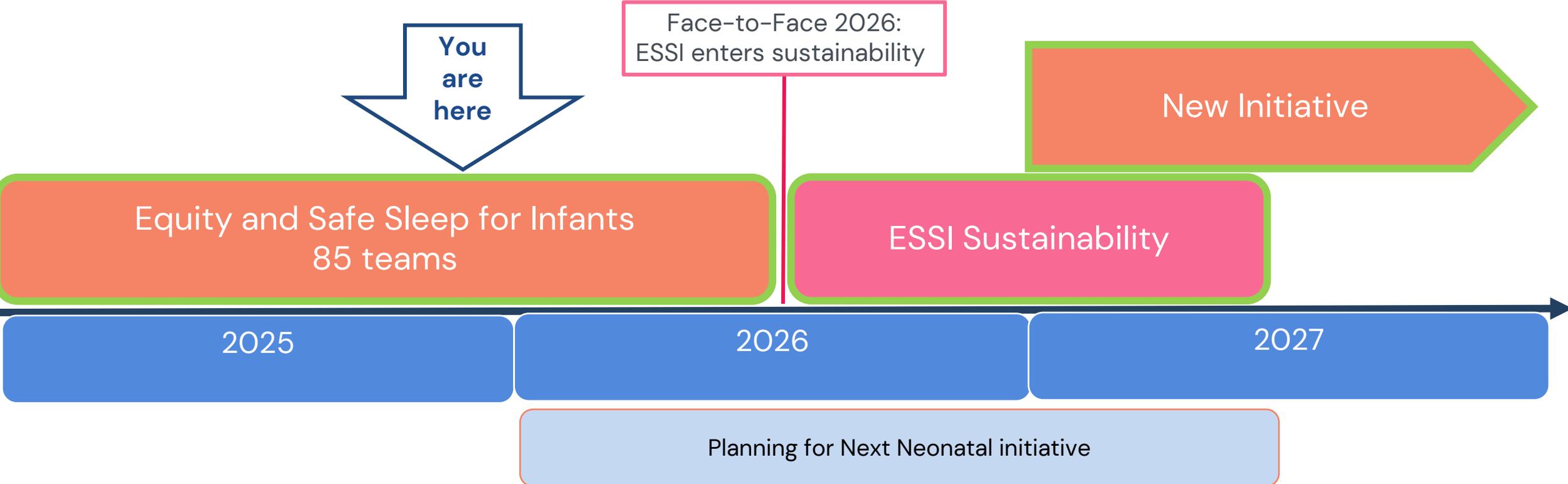
Care of the Late Preterm Infant

Why is this important?

- Late preterm infants, born at 34 – 35 6/7 weeks appear full term, but face higher risks of short-term complications of prematurity.
  - Temperature instability
  - Weight gain and feeding problems
  - Jaundice
  - Hypoglycemia
- In 2023, there were 9,785 late preterm births in Illinois (7.8% of live births).
- 3–4x more likely to die of SUID than term babies (39+ weeks)

What can we do about it?

- Standardize care bundles
- Standardized discharge criteria to reduce readmissions and improve outcomes.

Tennessee PQC Driver Diagram: Optimizing Care of the 35-36 week infant in the newborn nursery
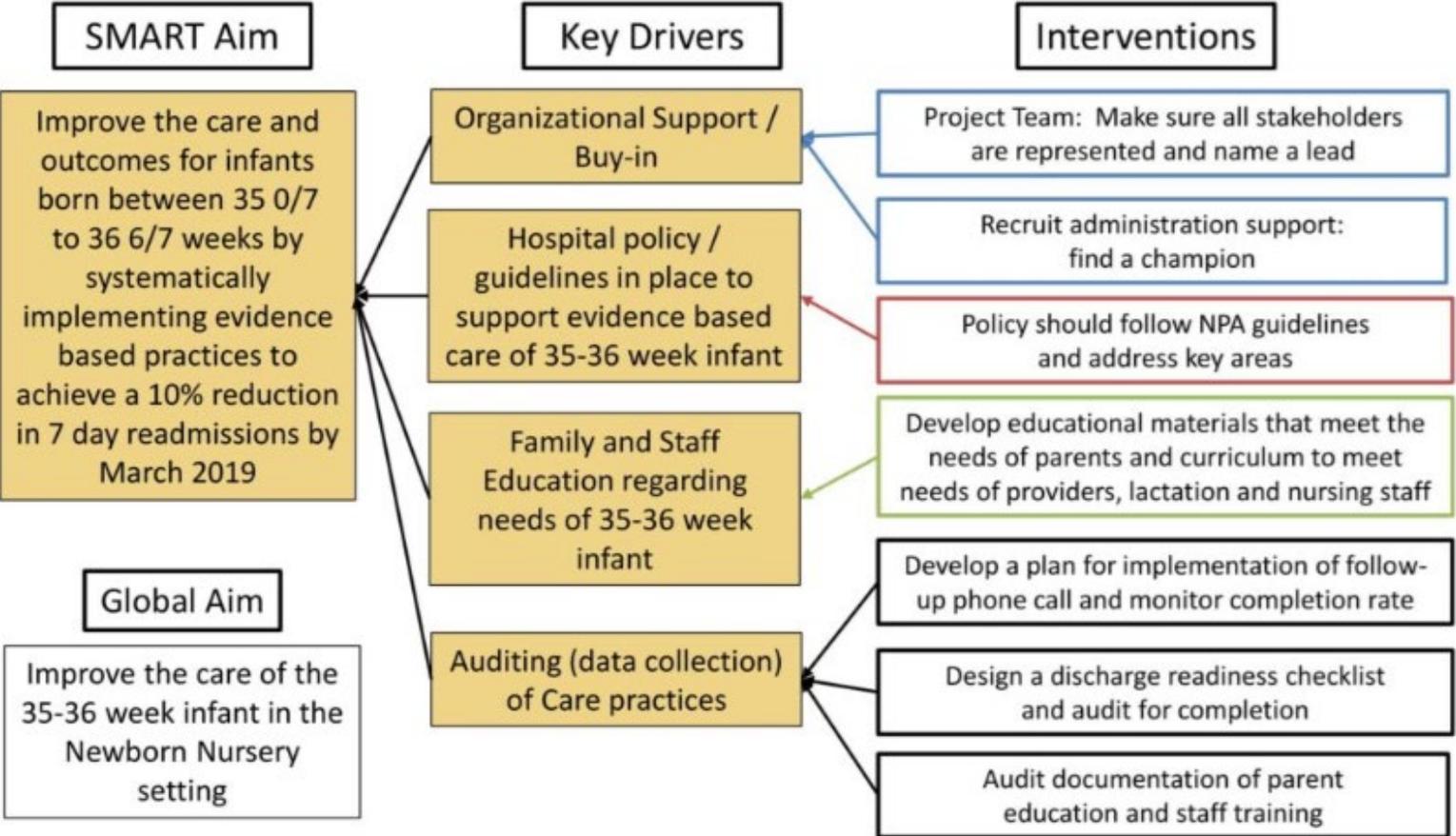
Timely Identification of Newborns at Risk of Hypoxic Ischemic Encephalopathy (HIE)

Why is this important?

- Hypoxic-ischemic encephalopathy (HIE) is a leading cause of neonatal morbidity and mortality affecting 1 to 6 infants out of ever 1,000 births in the US.
- Time sensitive (within 6 hours)
- 25% to 60% of infants with HIE have long-term neurological conditions
- Therapeutic hypothermia (TH) is a proven treatment of moderate-severe HIE
- Full recovery after HIE is possible with prompt treatment

What can we do about it?

Standardized identification, early referral and treatment for babies at risk for HIE

Iowa PQC Driver Diagram: HIE Toolkit

Early screening

Referral/
transfer
pathways

Therapeutic
hypothermia

Primary Drivers:

Secondary Drivers:

Change Ideas:
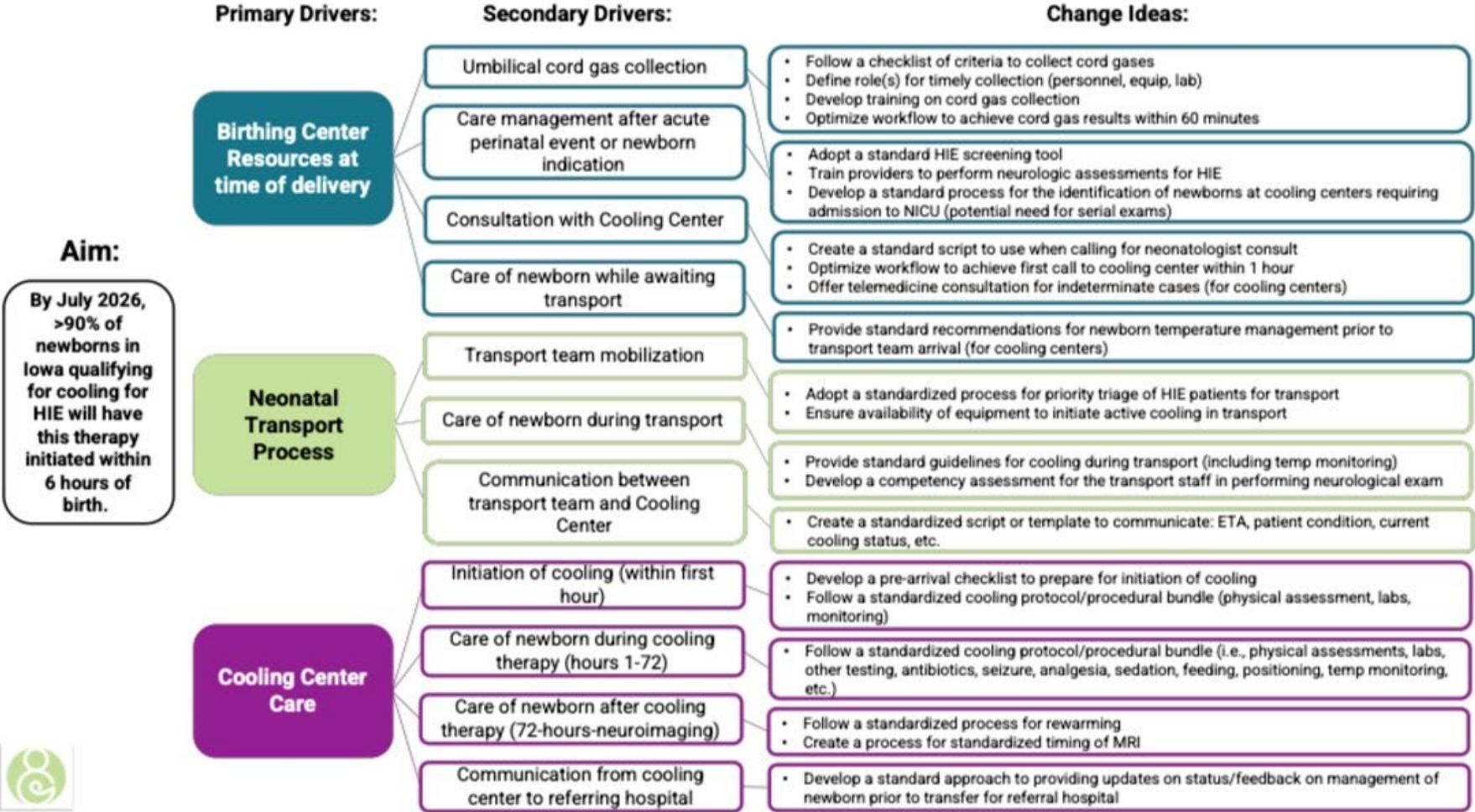
Aim:

By July 2026, >90% of newborns in Iowa qualifying for cooling for HIE will have this therapy initiated within 6 hours of birth.

Birthing Center Resources at time of delivery

- Umbilical cord gas collection
  - Follow a checklist of criteria to collect cord gases
  - Define role(s) for timely collection (personnel, equip, lab)
  - Develop training on cord gas collection
  - Optimize workflow to achieve cord gas results within 60 minutes

- Care management after acute perinatal event or newborn indication
  - Adopt a standard HIE screening tool
  - Train providers to perform neurologic assessments for HIE
  - Develop a standard process for the identification of newborns at cooling centers requiring admission to NICU (potential need for serial exams)

- Consultation with Cooling Center
  - Create a standard script to use when calling for neonatologist consult
  - Optimize workflow to achieve first call to cooling center within 1 hour
  - Offer telemedicine consultation for indeterminate cases (for cooling centers)

- Care of newborn while awaiting transport
  - Provide standard recommendations for newborn temperature management prior to transport team arrival (for cooling centers)

Neonatal Transport Process

- Transport team mobilization
  - Adopt a standardized process for priority triage of HIE patients for transport
  - Ensure availability of equipment to initiate active cooling in transport

- Care of newborn during transport
  - Provide standard guidelines for cooling during transport (including temp monitoring)
  - Develop a competency assessment for the transport staff in performing neurological exam

- Communication between transport team and Cooling Center
  - Create a standardized script or template to communicate: ETA, patient condition, current cooling status, etc.

Cooling Center Care

- Initiation of cooling (within first hour)
  - Develop a pre-arrival checklist to prepare for initiation of cooling
  - Follow a standardized cooling protocol/procedural bundle (physical assessment, labs, monitoring)

- Care of newborn during cooling therapy (hours 1-72)
  - Follow a standardized cooling protocol/procedural bundle (i.e., physical assessments, labs, other testing, antibiotics, seizure, analgesia, sedation, feeding, positioning, temp monitoring, etc.)

- Care of newborn after cooling therapy (72-hours-neuroimaging)
  - Follow a standardized process for rewarming
  - Create a process for standardized timing of MRI

- Communication from cooling center to referring hospital
  - Develop a standard approach to providing updates on status/feedback on management of newborn prior to transfer for referral hospital

Optimizing Breastfeeding Support at the Time of Delivery

Why is this important?

- Human milk provides health benefits for lactating parent and child.
  - Protects infants against infections, SUID, type 1 and 2 diabetes, and childhood obesity.
  - Reduces maternal risks of postpartum bleeding, breast and ovarian cancer, metabolic syndrome, hypertension, diabetes, and heart disease.
- Illinois Hospital Report Card. In Illinois in 2021:
  - 29% of newborns discharged are exclusively breastfed
  - 27% of newborns discharged are exclusively fed formula
  - 60% of newborns discharged with "any" breastfeeding

Illinois Perinatal Quality Collaborative
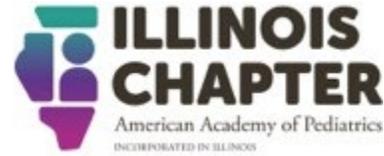
Optimizing Breastfeeding Support at the Time of Delivery

What can we do about it?

- Promote initiation, exclusivity, and continuation starting prenatally.
- Providing lactation support during hospitalization and documenting infant feeding conversations before discharge
- Discharge planning is important
- Partnerships with community organizations (WIC, lactation consultants, pediatricians, etc.)

WisPQC Driver Diagram: Human Milk Feeding

WisPQC Human Milk Feeding Key Driver Diagram

Goal 1: Increase the number and percent of infants receiving any human milk during hospitalization.

Goal 2: Increase the number and percent of infants receiving only human milk during hospitalization.

| Primary Drivers	Secondary Drivers	Change Ideas (this is not an exhaustive list)
Promote and support infant/parent bonding	1. Skin-to-skin contact 2. Rooming-in 3. Early expression of milk if infant separated	• Provide staff education. • Include EHR fields and audits charts. • Implement PDSA case review processes. • Document and evaluate outliers. • Actively solicit parental feedback. • Have a process to identify, mitigate, understand, and learn from patient feedback related to experience. • Identify resources for pumping, saving, transferring milk for infants separated from parents.

Support and education for lactating parents	1. Prenatal education
	2. Minimal separation during transition
	3. Staff teaching
	   a. Feeding techniques
	   b. Feeding cues and pacifiers
	   c. Formula use
	   d. Formula preparation
	   e. Feeding problems
	4. Discharge follow-up, including medical provider, WIC, and community-based resources
		• Provide patient support materials in multiple languages and consider literacy level.
		• Include parents in development of support plans.
		• Actively solicit parental feedback.
		• Develop and implement curriculum for staff.
		• Develop checklist to assess staff practice and competency.
		• Have a process to identify, mitigate, understand, and learn from patient feedback related to experience.
		• Engage WIC and community resources in discharge planning.

Support and education for staff	1. Educational opportunities 2. Policies/protocols/procedures	• Identify gaps in knowledge and care. • Engage parents in educational needs assessment. • Develop or introduce educational resources. • Evaluate existing policies/protocols/procedures to determine relevance. • Include stigma and bias training.
System support	1. Formula acquisition 2. Donor milk	• Evaluate policies related to formula and supply acquisition. • Assess need for donor milk.

Massachusetts NeoQIC Driver Diagram

Key Driver Diagram: NeoQIC Human Milk Quality Improvement Collaborative

Version: September 2016
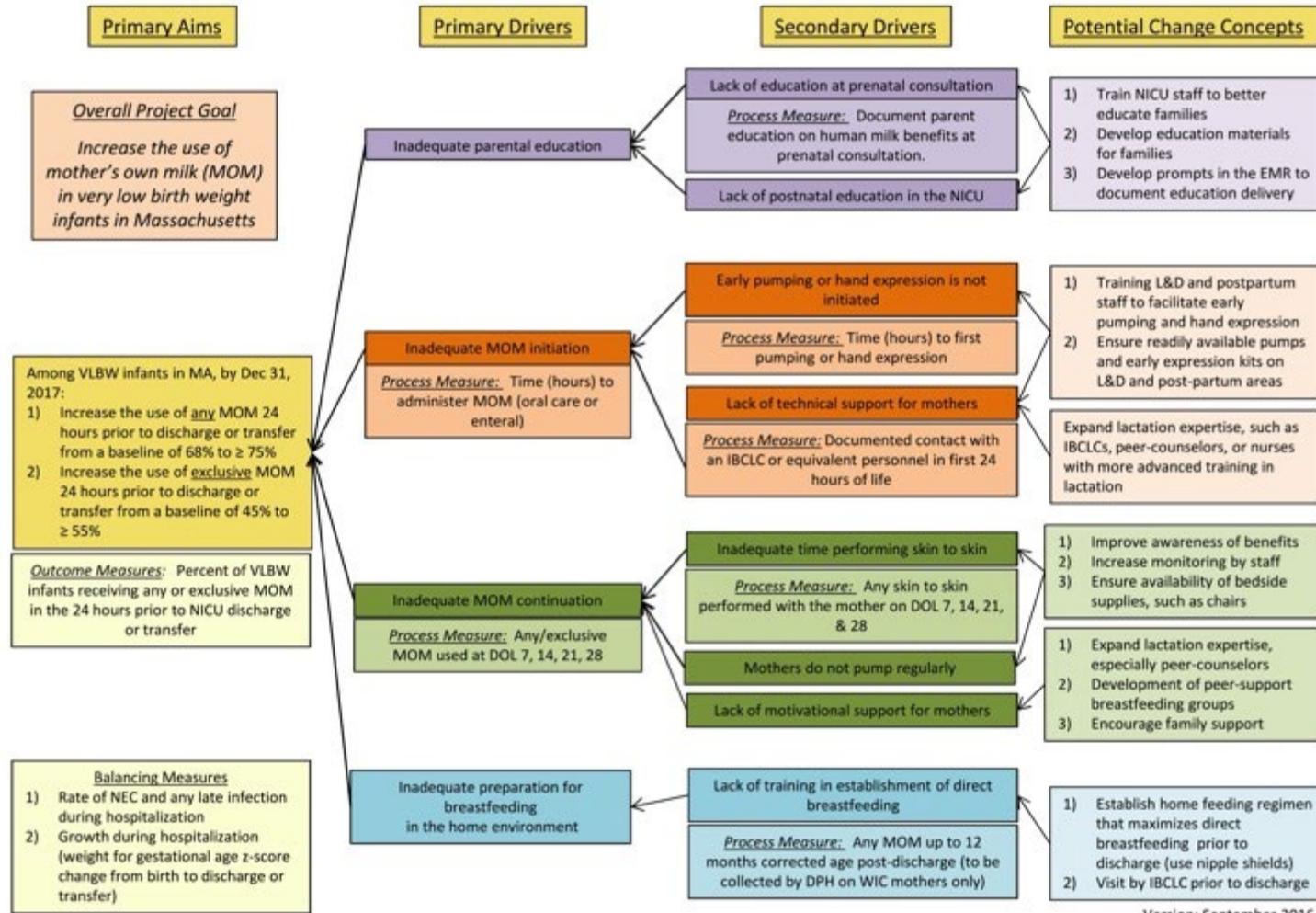
Potential Future Neonatal Initiatives

- Care of the Late Preterm Infant
- Timely Identification of Newborns at Risk of Hypoxic Ischemic Encephalopathy (HIE)
- Optimizing Breastfeeding Support at the Time of Delivery

Illinois Perinatal Quality Collaborative
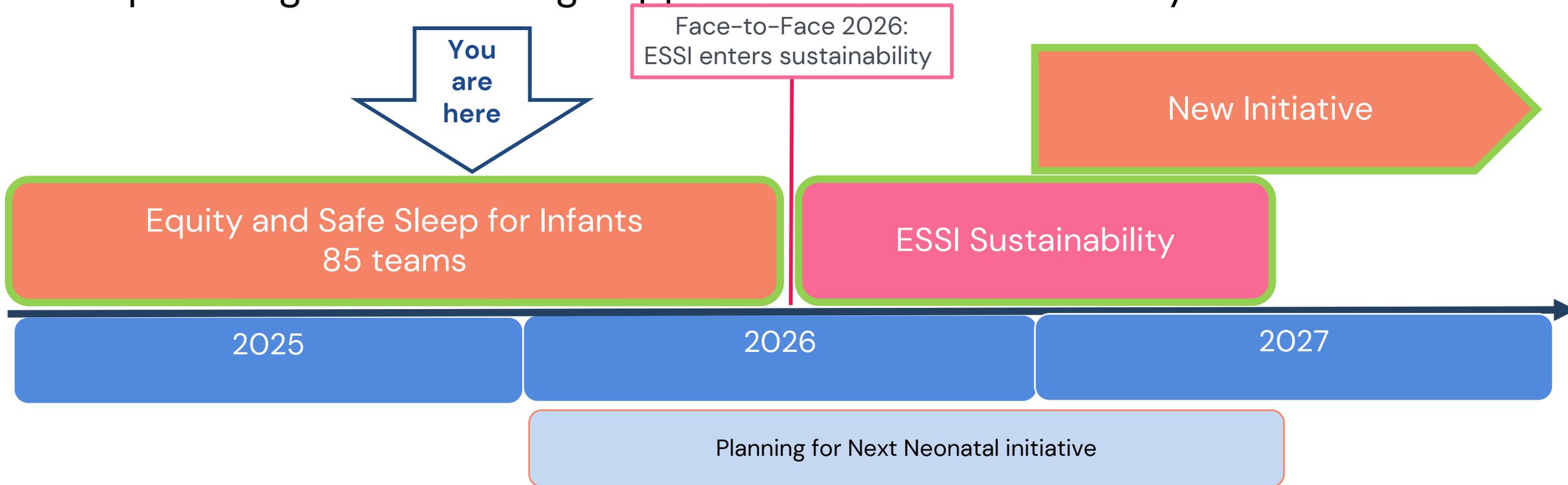
Discussion

- Where could IL have the most measurable impact in 2-3 years?
- Which topic resonates most with your hospital teams needs?
- What barriers might we face in implementing each initiative?
- Which aligns best with ILPQC's momentum and expertise?
- Which could have a bigger impact on racial, ethnic, geographic disparities?

Discussion

Vote Now!

Return to the main ballroom for the wrap up session!

Must be present for raffle and CEUs