

ILPQC Birthing Hospital Quality Designation Program with funding from BCBSIL Special Beginnings® and PVB/BE Sustainability Webinar

Monday January 27th, 2026 12:00 PM



Webinar Objectives

- Overview of Illinois Birthing Hospital Quality Designation Program
- 2026 Birth Quality Excellence Award Measures
- Mini Grant Application Process for your hospital
- Next Steps/Pathway for your hospital to achieve Birth Quality Designation
- Team Talk

Staff supporting the Illinois Birthing Hospital Quality Designation Program!



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Attendance Poll

Please fill out the poll so that we can track hospital team attendance for Quality Designation Webinars. If unable to complete poll, please email maria.villagomez@endeavorhealth.org



Introduction to the IL Birthing Hospital Quality Excellence Award Designation



Purpose: This statewide designation honors hospitals demonstrating sustained excellence in birthing care and commitment to equity-focused quality improvement.

Program Goals:

- Advance Birth Equity and Promoting Vaginal Birth (PVB) sustainability.
- Reinforce commitment to patient & community engagement
- Reduce disparities in NTSV Cesarean section rates and patient experience
- Support hospitals with Perinatal Mental Health Initiative progress

Overview of IL Birthing Hospital Quality Excellence Award Designation



Funding Awards: \$10,000-\$20,000 toward your
OB Department's QI efforts



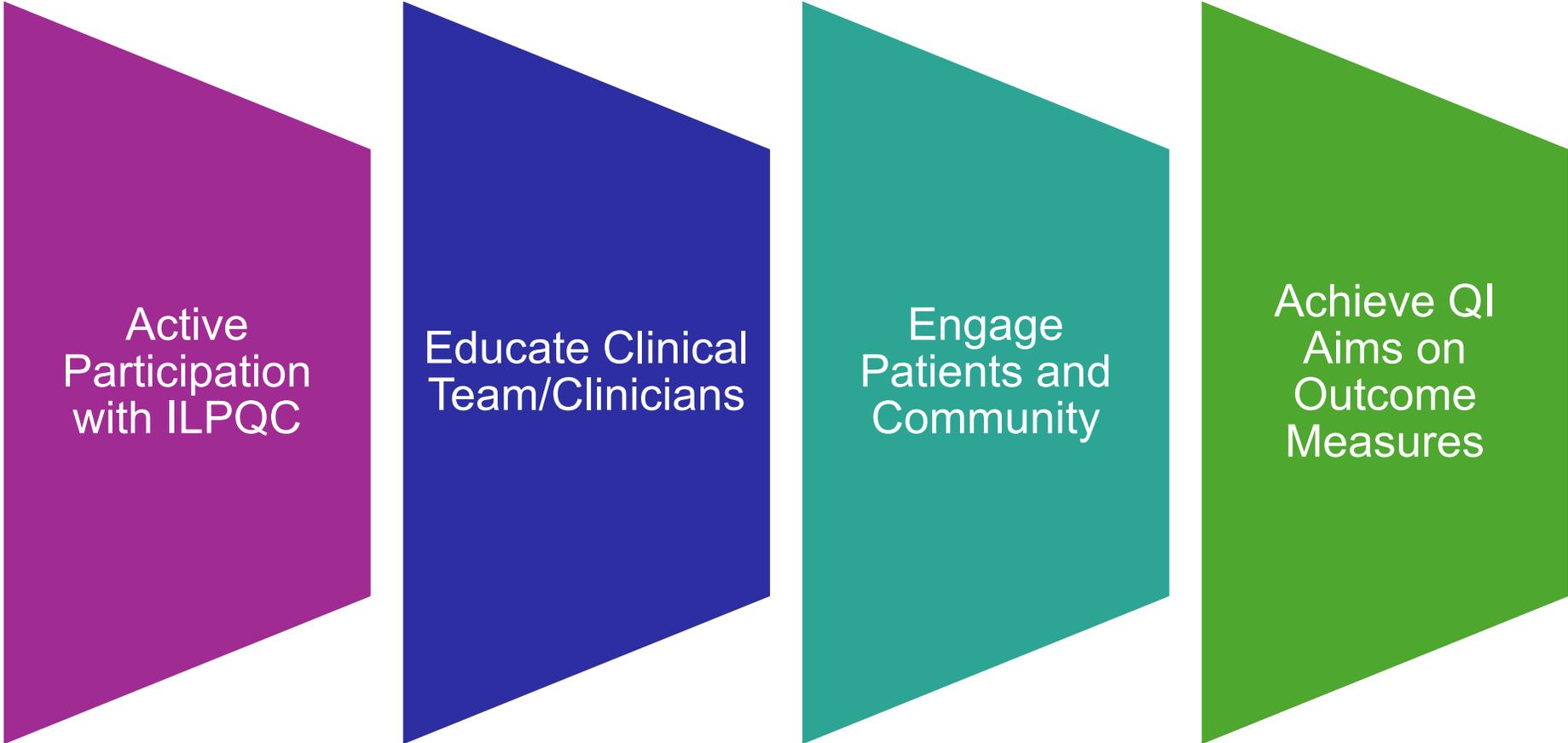
To Qualify, Hospitals must meet criteria such as:

- Participate with ILPQC
- Educate clinical team/clinicians
- Engage Patient and Community Partners
- Achieve QI aims on Outcome Measures

Support for the IL Birthing Hospital Quality Excellence Designation Program, including mini-grants and monetary awards, is provided by BCBSIL Special Beginnings program®

**Criteria to achieve a 2026 Illinois Birthing
Hospital Quality Excellence Designation
Award – applications will be due Sept 2026**

Key Areas for Award Eligibility



Active
Participation
with ILPQC

Educate Clinical
Team/Clinicians

Engage
Patients and
Community

Achieve QI
Aims on
Outcome
Measures

Actively participate with ILPQC



Criteria	Birthing Hospital Quality Excellence Award
Attend ILPQC webinars (Jan-Sep 2026) <ul style="list-style-type: none"> • Quality Designation: Jan 27, June 23 • PMH: Jan 26, Feb 23, Mar 23, Apr 27, Jun 22, Jul 27, Aug 24, Sept 21, Oct. 19, Dec 21 	At least one member of QI team should attend ten or more ILPQC webinars (including PMH / and Birth Quality Designation)
Attend ILPQC in-person meetings twice per year	Nurse champion at ILPQC Face-to-Face meeting and Annual Conference Provider champion at ILPQC face-to-face meeting and/or annual conference
Submit monthly data between (September 2025-August 2026)	12 months of data submitted
Participate in quality improvement support	Attend 2 or more quality improvement support contact with ILPQC per year (at least 1 One-to-One Support or QI office Hours)

Educate Clinical Team/Clinicians



Criteria	Birth Hospital Quality Excellence Award
Educate Clinical Teams	<p>Provide clinical team education yearly and for new hires that addresses patient experience of care with a focus on reducing disparities: unconscious bias (implicit bias) training, respectful care, trauma – informed care, shared decision making, reducing stigma, and/or active listening.</p> <p>*Fulfills the Illinois state requirement to complete at least 1 hour of implicit bias awareness training per license renewal cycle.</p>
PMH Clinician Education	<p>Achieve completion of PMH training by at least 80% of OB providers, OB nurses, ER providers, and ER nurses caring for pregnant/postpartum patients</p>

Engage Patients and Community



Criteria	Birth Hospital Quality Excellence Award
Engage Patient Partner	Engagement of a patient partner in the quality improvement team with demonstration of active participation in QI work.
Hold Respectful Care Breakfasts	Hold 2 or more respectful care breakfasts per year between September 2025-August 2026 .
Participate in quality improvement support	Attend 2 or more quality improvement support contact with ILPQC per year (at least 1 One-to-One Support or QI office Hours)

Engage Patients and Community- Structure Measures



Criteria	Birthing Hospital Quality Excellence Award
Engage outpatient providers	Coordinate quality improvement efforts to engage & share resources with outpatient prenatal clinics, federally qualified health centers and other community health clinics affiliated with your hospital with ILPQC QI initiative(s).
Build relationships with community-based doulas and home visiting programs	Build relationships with community-based doulas, home visiting programs or other community resources in your hospital catchment to create points of access to improve referral of prenatal and postpartum patients to these community resources
Promote Doula-friendly unity culture	Promote doula-friendly unit culture and strategies to support community-based doula participation with your maternity care team.

Achieve Aims on Outcome Measures-Same as 2025

Achieve NTSV
cesarean rate of $\leq 25\%$

- Achieve nulliparous, term, singleton, vertex (NTSV) cesarean rate of $\leq 25\%$

Achieve NTSV
cesarean rate of $\leq 25\%$
for BIPOC population

- Achieve NTSV cesarean rate for BIPOC (Black, Hispanic, Asian, Other) $\leq 25\%$ or less
- **if a team has less than 20 BIPOC patients, for 12 months of data, reduction in disparities in Public vs Private Insurance groups can be evaluated.*

SDOH Screening and
Linkage

- Link $\geq 70\%$ of patients who screen positive for social determinant of health needs to community resources

Patient Reported Experience Measure (PREM) Survey Implementation: Laying the Groundwork in 2025

PREM Survey Collection Requirement (Ongoing):

- Collect PREM surveys on respectful care for **10% or more of deliveries per month or at least 15 deliveries per month**

PREM Survey Tool Includes Questions on:

- Respectful Care
- Listening
- Shared decision-making
- Compassionate Communication

Goal in 2025:

- Hospitals were expected to sustain the implementation of the PREM survey and share results with clinical staff to improve patient experience.
-

New in 2026: Analyzing PREM Data to Reduce Disparities

Designation Criteria Update:

Hospitals must now track and analyze responses to 3 key PREM questions, with a focus on “Agree” or “Strongly Agree” responses.

Key Questions to Track:

1. *“My healthcare team did a good job listening to me; I felt heard”*
2. *“I was treated with respect and compassion” (from OB providers and nurses)*
3. *“My healthcare choices were respected by the health care team”*

Stratify by:

- Race/Ethnicity: BIPOC vs White
- Insurance Type: Public vs Private

Goal in 2026:

- Show improvement in % “Agree/Strongly Agree”
 - Reduce disparities in experience across groups
 - Use insights to guide quality improvement activities and inform staff/provider training
-

New in 2026: Integrating PMH Process Measures

Criteria	Birthing Hospital Quality Excellence Award
Achieve documentation of depression screening with a validated tool	Achieve patient documentation of depression screening using a validated tool during delivery hospitalization for at least 80% of charts sampled.
Achieve documentation of anxiety screening with a validated tool	Achieve patient documentation of anxiety screening using a validated tool during delivery hospitalization for at least 80% of charts sampled.

ILPQC Tools & Support for 2026 Criteria



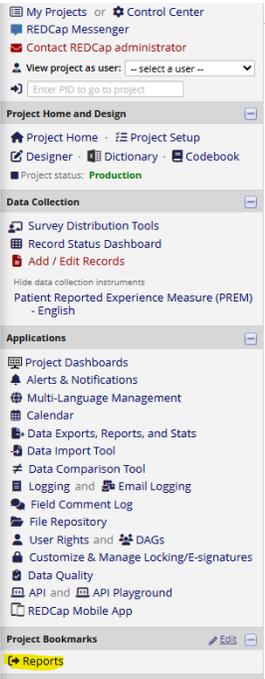
Tracking PREM Responses in 2026: Where to Start

1. Log in to REDCap and use interim report “Patient Reported Experience Measure (PREM)-English”



Project Title	PID	Records	Fields	Instruments	Type	Status
Patient Reported Experience Measure (PREM) - English ★	153	28,182	57	1 survey	■	☑

2. Select Reports under Project Bookmarks:



3. Enter Hospital ID



ILPQC Designation Dashboard updates coming Spring 2026!

PREM Continued

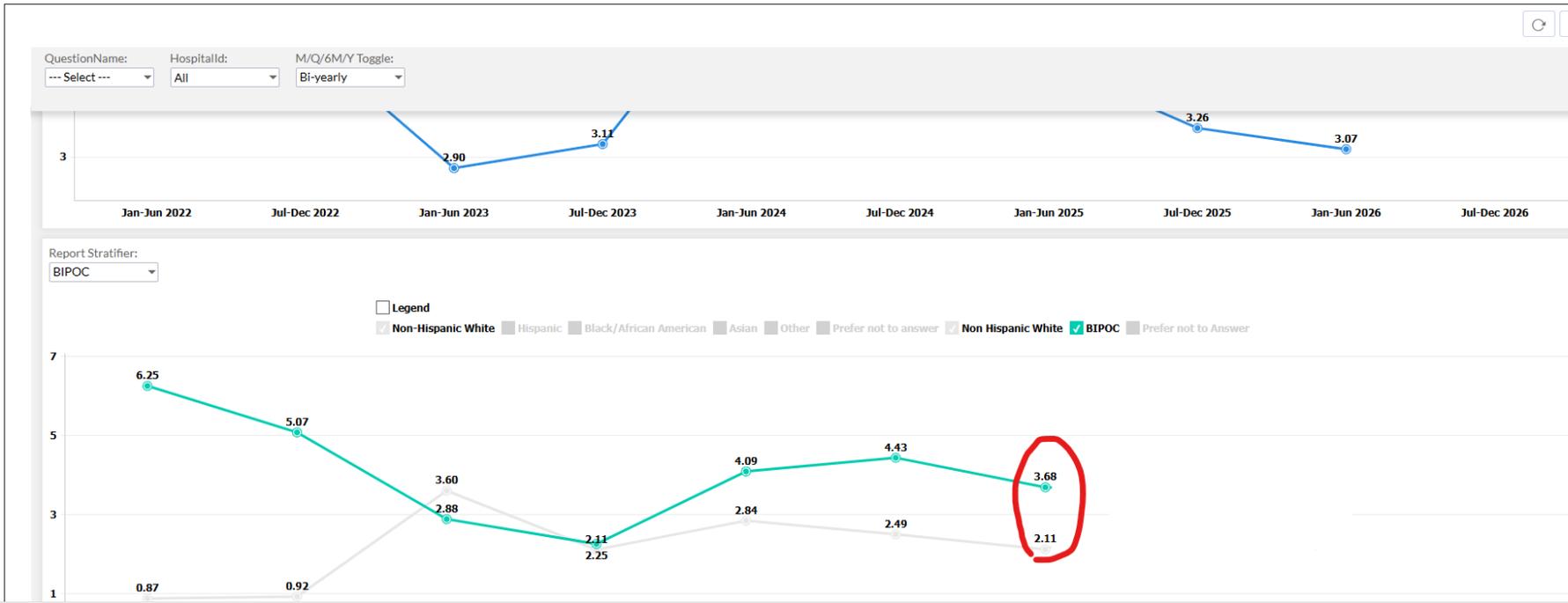


ILPQC PATIENT REPORTED EXPERIENCE MEASURE (PREM) - ENGLISH - REPORTING TOOL

Please select Hospital Id:

1 - Decisions 2 - Questions 3 - Listening 4 - Choices respected 5 - Understood history 6 - Introduced 7 - Permission 8 - Pressured 9 - Explained 10 - Trusted 11 - Treated differently 12 - Respected during stay 13 - Respected by team 14 - Overall care 15 - Completion 16 - Summary

Percent of birthing persons who disagree with or are neutral towards "My healthcare team did a good job listening to me, I felt heard"



- We will be reviewing Question 3-Listening, 4-Choices respected, and 13-Respected by team
- Select BIPOC under Report Stratifier
- Goal is reduce the disparities between Non-Hispanic White and BIPOC groups

Mini Grant Funds

Application due April 3rd



Application Process

- The mini grant program is designed to provide **short term support to all hospital teams** to implement sustainability strategies towards achieving Birth Quality designation
- Teams can apply for one or all mini-grant funded activities in one application
- Applications will be reviewed by ILPQC in the order received
- ILPQC will contact applicants to discuss QI implementation, sustainability support and next steps.



Activities eligible for a mini-grant



- Respectful Care Breakfast funds (up to \$500 total for 2 or more respectful care breakfasts)



- Patient Partner payment for teams with an identified Patient Partner (up to \$300 total for up to 6 meetings per year)



- Mommas Voices training for teams with an identified Patient Partner (up to \$450 per patient advisor)



- Training to support equitable and respectful care and/or quality improvement implementation for clinical staff, Doula-Friendly Training/ Doula Meet & Greet, or Spinning Babies Training (up to \$2,500 total for training) or Perinatal Mental Health trainings

Before you apply

- Determine who is the best person to be the primary contact for the mini grant, you'll need
 - Applicant primary contact name
 - Applicant primary contact email
 - Applicant primary contact phone
- Decide the amount you are requesting for each activity within the parameters listed
- Be prepared to provide a brief description of how you would use the funding for each activity requested.

Mini-Grant Application
opens in REDCap--
March 2026



Payment Logistics



- To receive payment, ILPQC will register the hospital as a vendor in the financial system used by ILPQC
- ILPQC will reach out to the primary contact for the needed information, starting with the hospital W-9 form
- Vendor registration and payment can take a few weeks to process

Next Steps to achieve Birth Quality Designation Awards

PATHWAY TO DESIGNATION

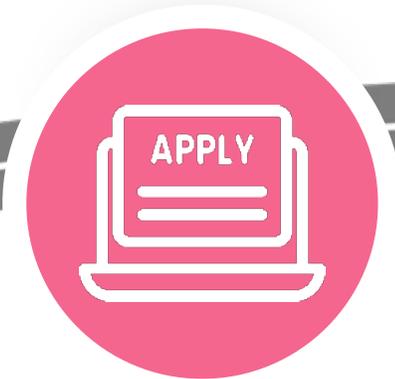
Submit Monthly REDCap Data

Submit the monthly sustainability data form to track progress towards designation and key BE and PVB Sustainability Measures



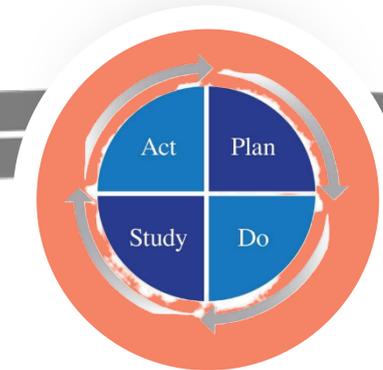
Submit Mini Grant Application by April 3rd

Submit your mini grant application to receive money toward key QI activities



Participate in QI Support

Join Office Hours or set up a 1:1 QI Call



Attend Next Webinar

Register for and attend the next **Designation / BE Sustainability Webinar** or **PMH Webinar**



Quality Designation: Jan 27, June 23
PMH: Feb 23, Mar 23, Apr 27, Jun 22, Jul 27, Aug 24, Sept 21, Oct. 19, Dec 21

Team Talk





Team Talk :
Mount Sinai Hospital's
Road to Birth Quality Excellence Designation

Mathura Ananthan
Department of Women's and Children's

Address: 1500 S Fairfield Ave. Chicago, IL, 60608

Perinatal Level: 3

Perinatal Network:
Rush/AIMMC Perinatal

★ **The largest private healthcare Safety-Net systems in Illinois**

- **Birth Volume:** 1560 deliveries per year
- 14 Labor Delivery Rooms
- 2 C-section rooms
- 4 Triage Rooms
- 2 OR Suites
- 3 PACU Beds
- 19 Postpartum Room



The Starting Point (Where we were)

- Safety-net hospital caring for a **high-acuity obstetric population**
- Patient population impacted by **structural and access-related barriers to care**
- Higher baseline medical and obstetric complexity at presentation
- **Elevated NTSV C-section rates** compared to national benchmarks
- Variation in labor management practices across providers
- Opportunity to reduce **unwarranted variation** while maintaining maternal and neonatal safety

The Strategy

- Standardized evidence-based labor management for NTSV patients
- Implemented **clear criteria** for labor progression and diagnosis of arrest
 - c-section checklist, huddles, level of care categorization
- Used data transparency and regular review to guide improvement
- Doula-friendly (new Doula Policy)
- Engaged quality team with providers

What we did differently

- Adopted consistent, evidence-based definitions for **labor progression and arrest**
 - **ACOG, CMQCC**
- Encouraged **patience in labor** when maternal and fetal status were reassuring
- Implemented **escalation** during prolonged labor
 - **Level of care categorization**
- Used data feedback to drive practice change

What we did differently

Levels of Care for Cesarean Sections

Code White	Code Green (Goal decision to incision timeframe: 60-90 minutes)
<ul style="list-style-type: none">• Scheduled c/s• Delivery time suited to woman or staff	<ul style="list-style-type: none">• No compromise maternal or fetal compromise, but early delivery is indicated
Code Yellow (Goal decision to incision timeframe: 30-60 minutes)	Code Red (Incision <30min)
<ul style="list-style-type: none">• Maternal or fetal compromise (not immediately life-threatening)• Delivery without delay	<ul style="list-style-type: none">• Immediate threat to life of mother or fetus

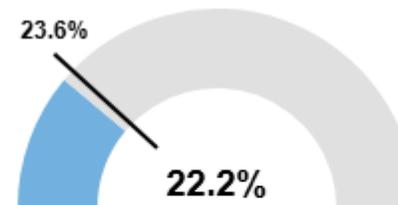
Outcomes

- Sustained reduction in **NTSV C-section rates**
- Improved alignment with **national benchmarks**
- Maintained maternal and neonatal safety outcomes
- Increased consistency in labor management practices
- Improved team confidence in managing prolonged labor
- Successful achievement of **Birth Quality Excellence Designation**

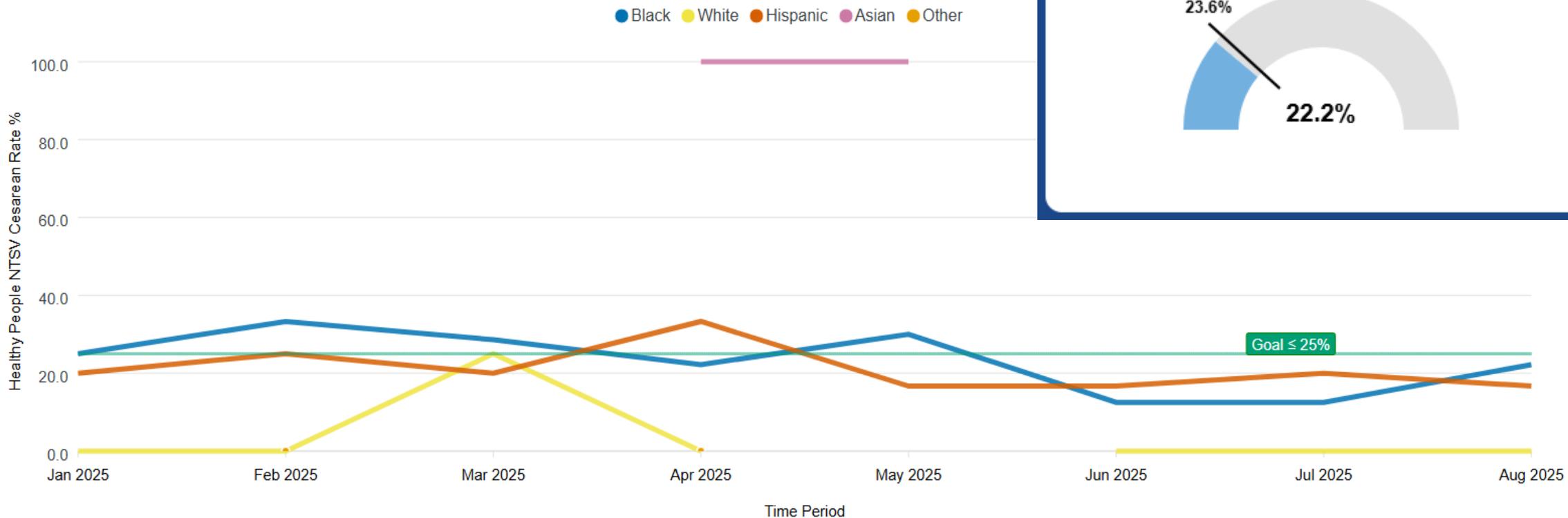
REDCap

Outcome Measures

Achieve Healthy People NTSV Cesarean Rate at or Below 23.6%



Achieve at or below 25% NTSV cesarean rate for all stratified groups by race and ethnicity



Measures		Excellence
Coordination	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	✓
Partnerships	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	✓
Doulas	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	✓
Data Accuracy	Protocol for improving the collection and accuracy of patient-reported race/ethnicity data	✓
Review	Process to review stratified maternal health quality data, for example NTSV C-section rates, stratified by race/ethnicity and insurance status	✓
Transparency	Process to share stratified QI data progress with clinical staff (e.g. post data, share QI progress in provider meetings/grand rounds, etc.) with plan for action to address identified disparities	✓
PREM Feedback	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	✓
Screening	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	✓
Engagement	Engage 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)	✓
Respect	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	✓

Culture Shift

- Greater trust in evidence-based labor management
- Quality improvement embedded into daily clinical practice

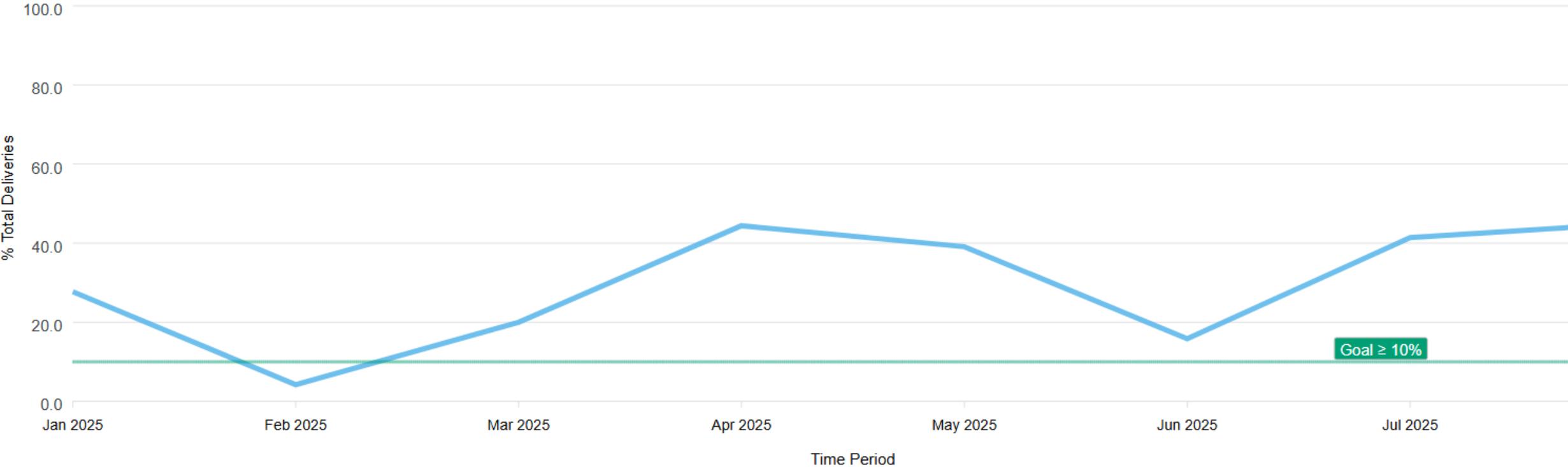
Respectful Care Lunch Event

Celebrating team engagement and shared commitment to respectful care practices



Patient Reported Experience Measure (PREM) Completion

Percentage of Total Deliveries with PREM Completion



Sustainability

- Ongoing monitoring of NTSV C-section rates and key safety metrics
- Regular review of data with frontline teams
- Continued education and simulation to reinforce best practices
- Standardized protocols maintained and updated as evidence evolves
- Leadership support to sustain accountability and resources

Our ongoing commitment

- Commitment to continuous improvement in obstetric quality and safety
- Building on the systems that supported Birth Quality Excellence
- Implementing **TEAM Birth structured huddles** to further support shared decision-making
- Ongoing focus on safe, equitable, patient-centered birth care



Announcements





ILPQC WINTER OFFICE HOURS ARE HERE



Every Thursday
at 1 p.m. CST



Register here or go to ILPQC
Website under “All Events”

Upcoming OB 2026 Webinars

February 23rd,
2026, 12:00pm-
1:00pm

- Implementing Treatment & Follow-up Algorithms

March 23rd, 2026,
12:00pm-1:00pm

- Implementing Treatment & Follow-up Algorithms

June 23rd, 2026,
12:00pm-1:00pm

- Birth Quality Excellence Award Designation Webinar

May 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**2026 OB and Neonatal
Face-to-Face Meetings**

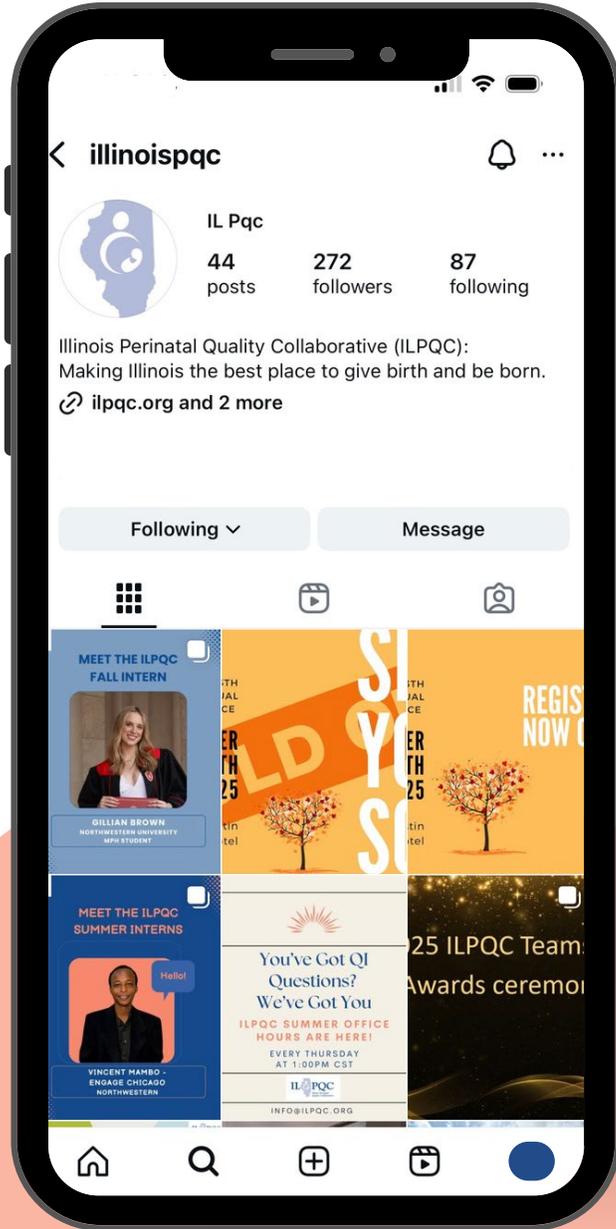
*Mark
your
Calendar*

ILPQC

14TH ANNUAL CONFERENCE

NOVEMBER 10TH, 2026

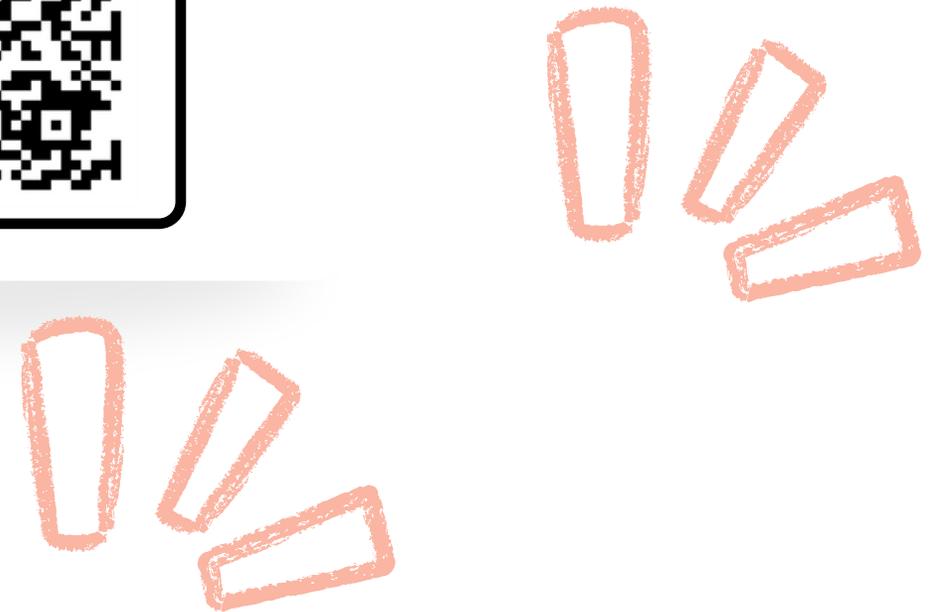
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