

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

Tuesday June 23rd, 2026 12:00 PM



Webinar Objectives

- Review 2026 Birth Quality Designation criteria
- Understand how PREM data can be used to identify disparities and guide quality improvement efforts
- Explore strategies to increase PREM survey collection and strengthen respectful care practices
- Team Talks: Learn from hospital teams implementing PREM collection, respectful care initiatives, and doula engagement strategies

Staff supporting the Illinois Birthing Hospital Quality Designation Program!



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2026 Face-to-Face Meeting

President Abraham Lincoln

Springfield, IL



THANK YOU to everyone who attended the 2026 ILPQC Face-to-Face Meeting!



2026 FACE-TO-FACE NUMBERS



ATTENDANCE

352 Attendees on Day 1
277 Attendees on Day 2
432 Attendees
participated across the
two days!

NURSE REPRESENTATION

69 Nurse Scholarship
Recipients
representing **48**
Illinois hospitals

STORYBOARDS

53 team
storyboards shared
across both days

QI AWARDS

26 Patient & Community
Engagement Awards
37 PMH Leader Awards
59 Data Champions
28 ESSI Safe Sleep Awards

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



IL Birthing Hospital Quality Excellence Award Designation



IL Birthing Hospital Quality Excellence Award Designation



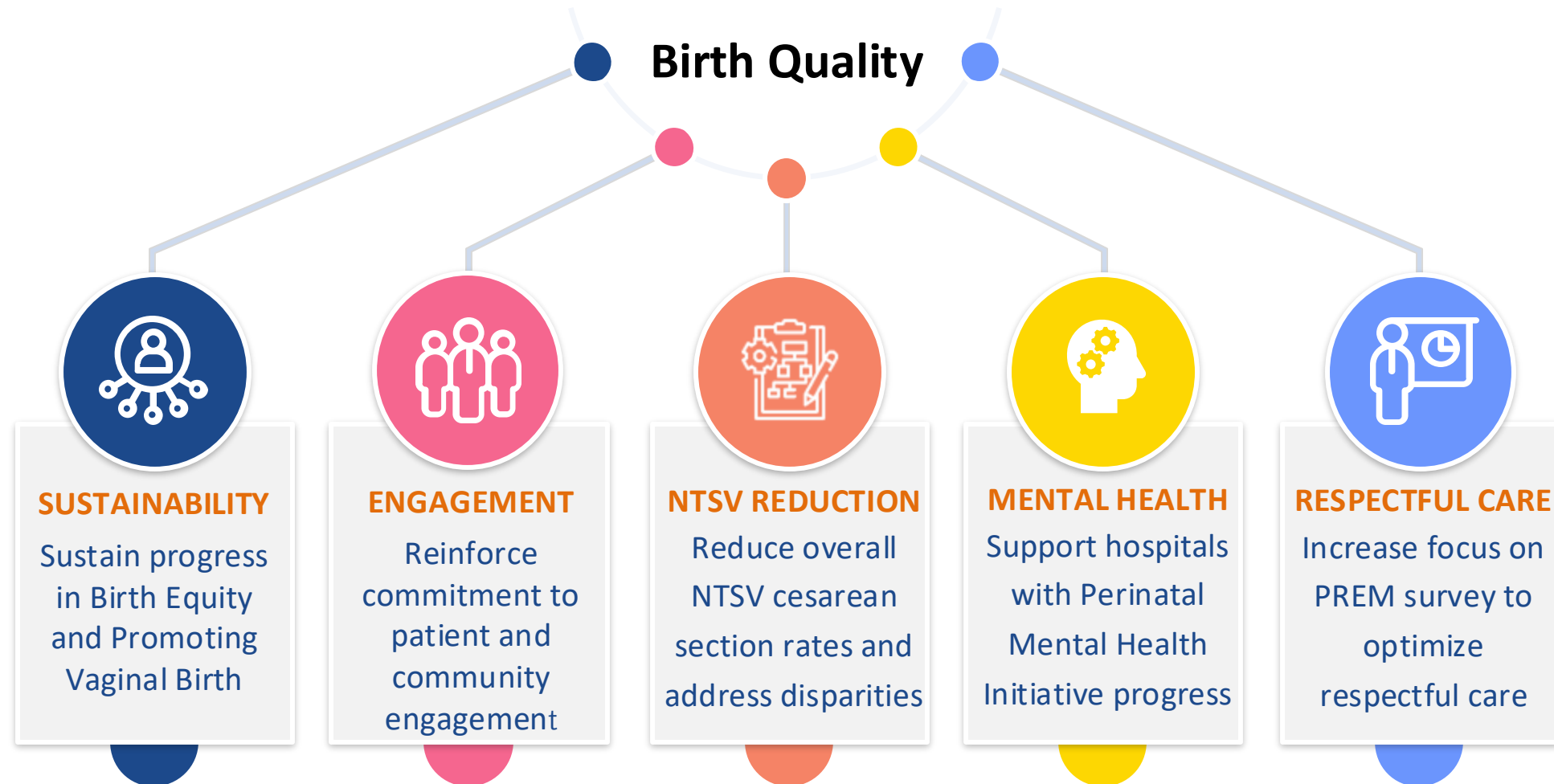
Funding Awards: \$10,000-\$20,000 toward your OB Department's QI efforts

Purpose: Recognizes hospitals demonstrating sustained excellence in birthing care and a commitment to equity-focused quality improvement. We are excited to support your hospital in year 2 of the Quality Designation Program

What is the Designation:

- Aligns efforts across sustaining past initiatives and making progress with current work
- Provides ongoing data monitoring, coaching, and technical support
- Recognizes hospitals that meet defined criteria across ILPQC participation, patient/community engagement, education, and key 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®



Actively participate with ILPQC



Criteria	Birthing Hospital Quality Excellence Award
Attend ILPQC webinars (Jan-Sep 2026) • Quality Designation: Jan 27, April 14, 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	Birthing Hospital Quality Excellence Award
Educate Clinical Teams	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. *Fulfills the Illinois state requirement to complete at least 1 hour of implicit bias awareness training per license renewal cycle.
PMH Clinician Education	Achieve completion of PMH training by at least 80% of OB providers, OB nurses, ER providers, and ER nurses caring for pregnant/postpartum patients

Engage Patients and Community

Are patient partners attending QI meetings, helping with PMH workflow / resources, helping improve PREM response or helping plan a respectful care breakfast?

Criteria	Birthing 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 .

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 unit culture	Promote doula-friendly unit culture and strategies to support community-based doula participation with your maternity care team.

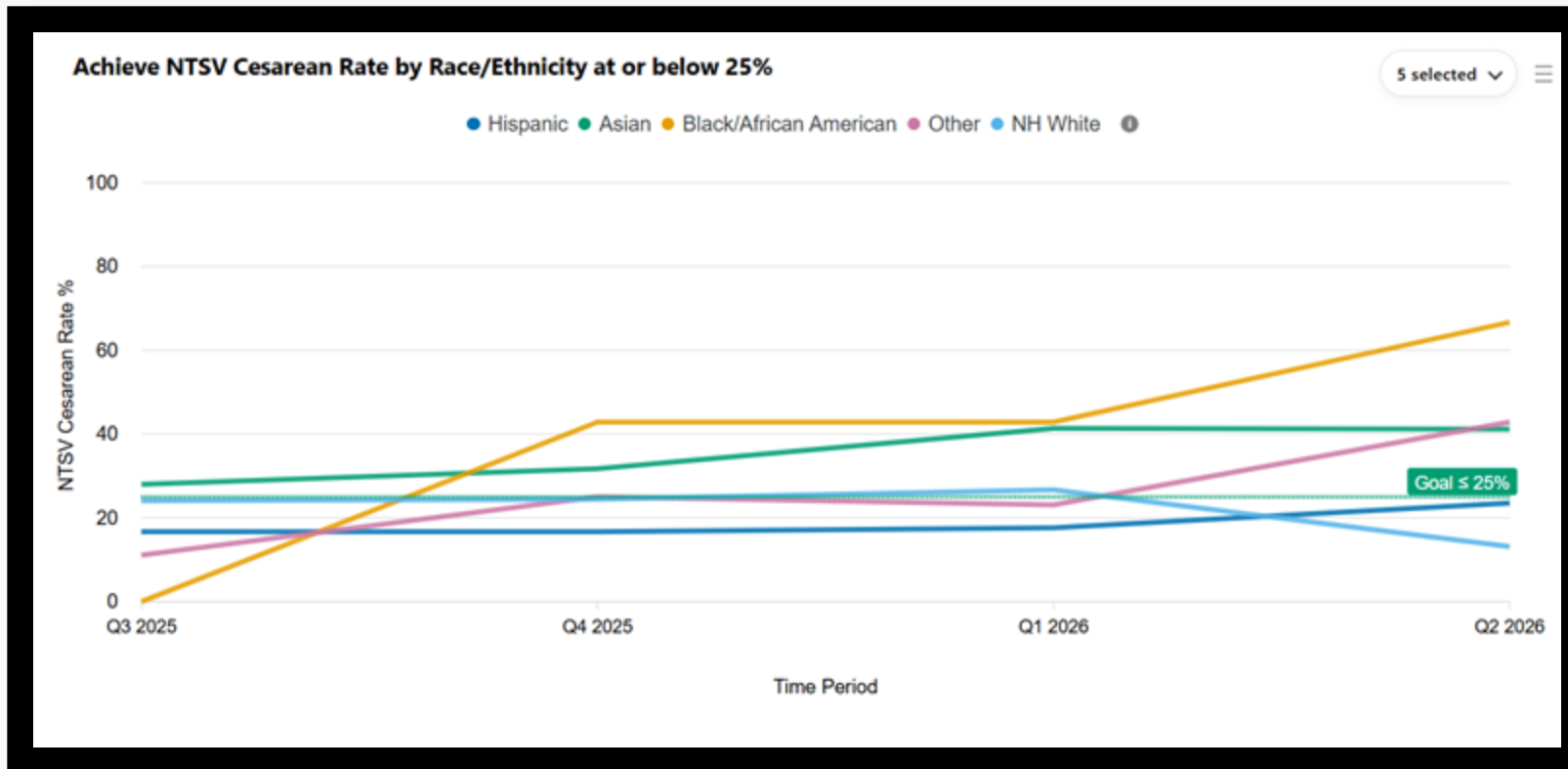
****Looking Ahead to the 2026 Birth Quality Designation Application:** Teams should be prepared to demonstrate how they're engaging doulas and home visiting programs.*

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.

Turning Stratified Data into Action

Birth Quality Designation Dashboard enhancement for easier access to your stratified data



Review Your Data

- Review data quarterly, biannually, or annually
- Stratify based on patient mix
- Identify variation and disparities

Goal: NTSV CS rate $\leq$ 25% across groups

- *Identify disparities and opportunities to take action*
- *Use data to inform your QI work!*

****Looking Ahead to the 2026 Birth Quality Designation Application:*** Teams should be prepared to demonstrate how they reviewed stratified data, identified disparities, and implemented strategies to improve outcomes and reduce gaps in care.

PREM Surveys across 77 hospitals in 2025

PREM Survey Completion
Goal >10% of births or 15 surveys per month

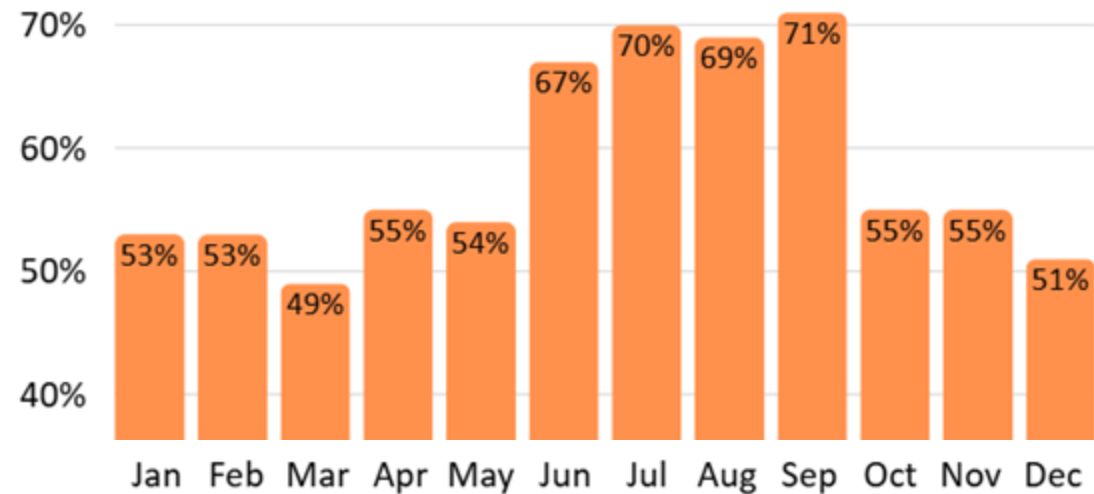
**9,580
surveys
(2025)**
77 hospitals

Black	1,556
White	4,893
Hispanic	2,002
Asian	565

**White
4,893**

**BIPOC
4,687**

% Hospitals meeting monthly PREM goal (2025)

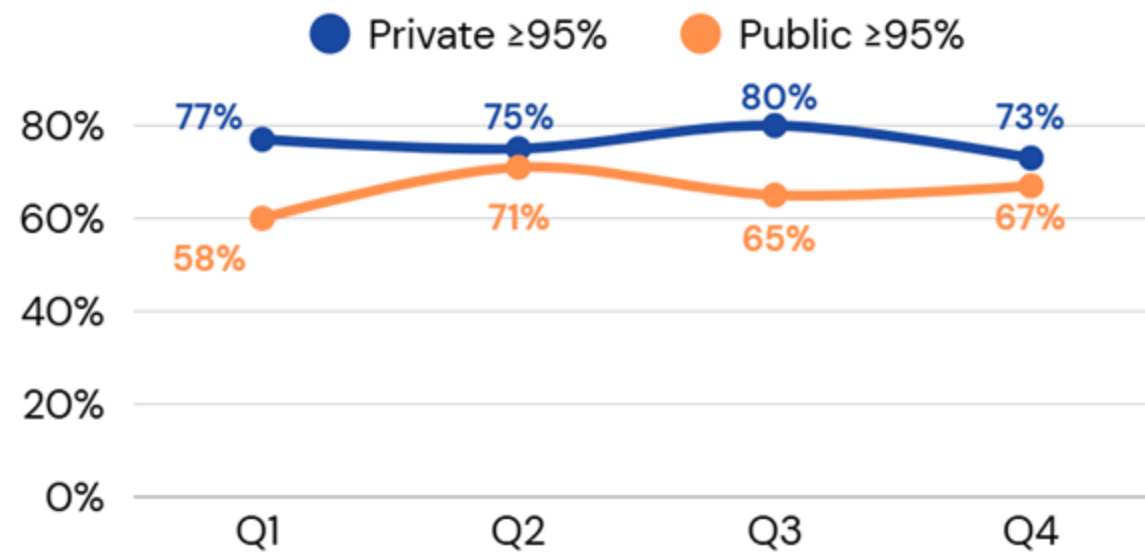
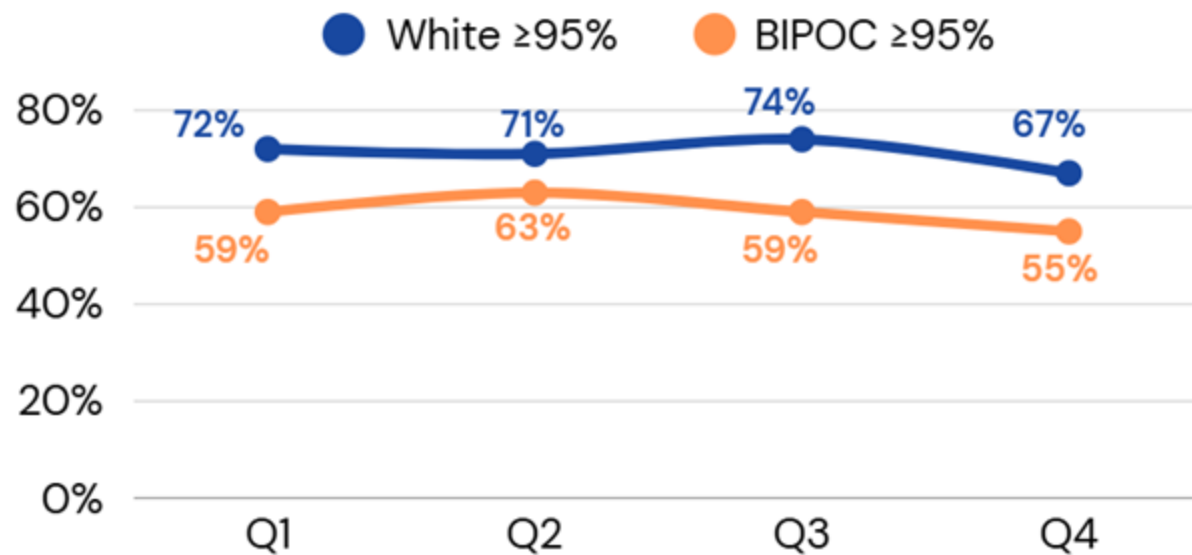


Keep the momentum going. Over half of teams are meeting the monthly goal for PREM feedback!

Identifying disparities in 3 key PREM Questions

My healthcare team did a good job listening to me, I felt heard.

% Hospitals Achieving $\geq 95\%$ “Strongly Agree/ Agree”



# Hospitals	60	65	63	58	# Hospitals	60	65	63	58
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Surveys (2025)

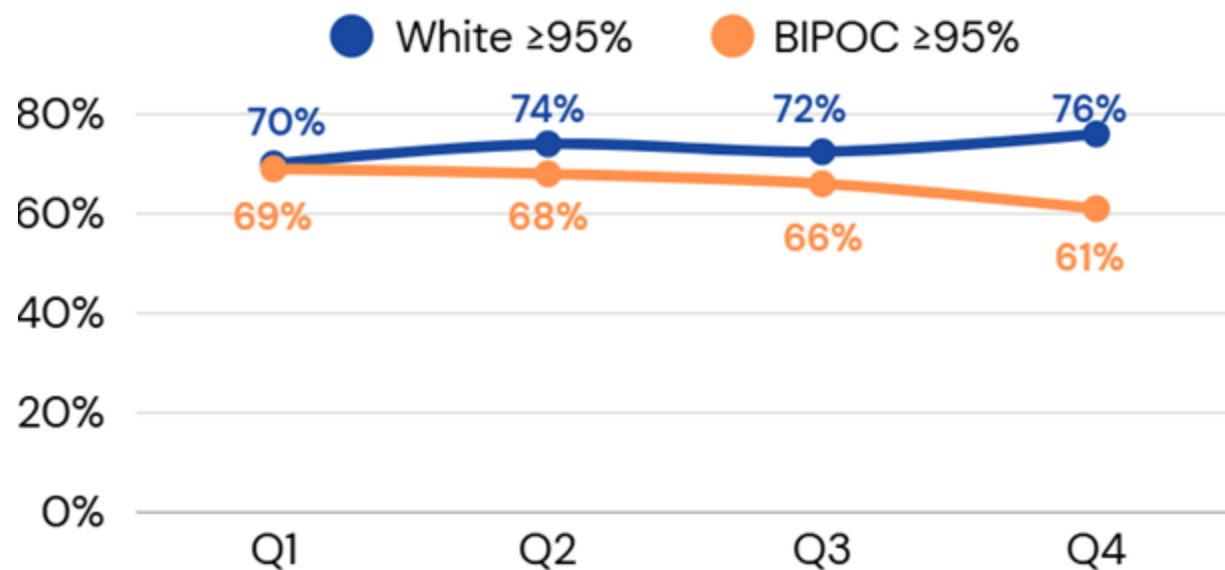
9,580

Identifying disparities in 3 key PREM Questions

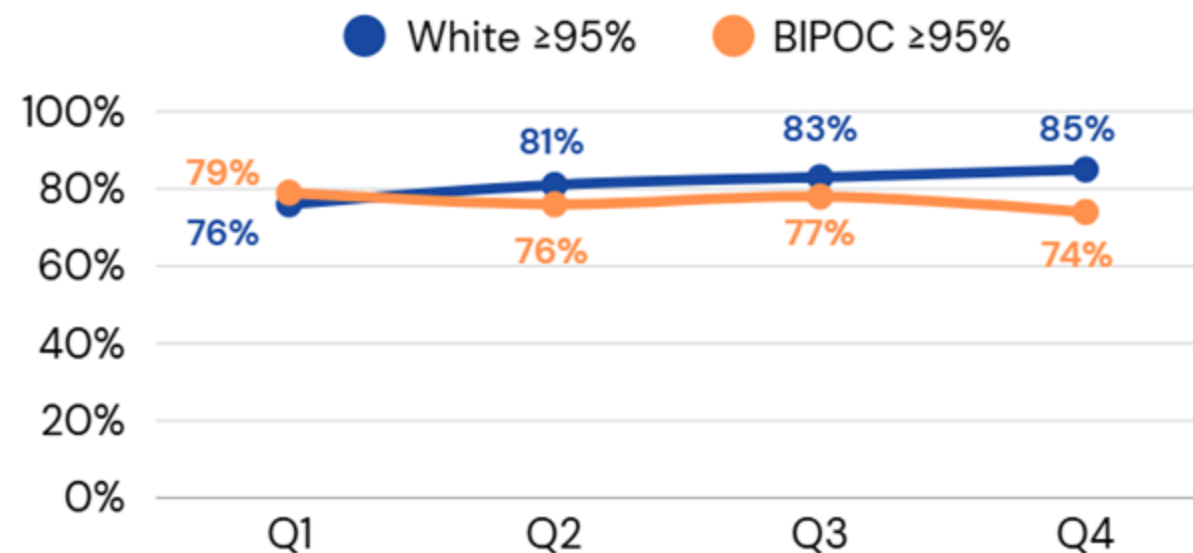
My healthcare choices were respected by the health care team

I was treated with respect and compassion by OB doctors, midwives, and nurses

% Hospitals Achieving $\geq 95\%$ “Strongly Agree/ Agree”



% Hospitals Achieving $\geq 95\%$ “Strongly Agree/ Agree”



Hospitals

60

65

63

58

Hospitals

60

65

63

58

Surveys (2025)

9,580



Strategies to Achieve Criteria

Hospital teams building Doula Connections:

- Doula Staff Training: Increase knowledge regarding doula care and role from doula perspective
- Meet & Greets: Build relationships and doula friendly culture
- Hospitals can nominate and support doulas for training to obtain certification for Medicaid reimbursement through ILPQC program



Creating a Welcoming Environment for Doulas

Build Staff Relationships with Doulas

- Host doula meet-and-greets
- Invite doulas to community engagement events and respectful care breakfasts
- Identify opportunities for prenatal referrals to doulas

Foster Respectful Collaboration

- Welcome doulas as members of the patient's support team
- Reach out to get feedback from doulas who see patients on your L&D, what is going well & what are opportunities for improvement, what else would be helpful?
- Debrief with doulas / care teams to get feedback

Educate Staff on the Role of Doulas

- Provide staff education on the doula scope of practice and benefits of doula support
- Address common misconceptions and clarify how doulas complement the clinical care team
- Share visitor and support person policies so patients know doulas are welcome
- If working with clinically integrated doulas, make sure community based doulas feel welcome as well

Using PREM Data to Improve Respectful Care

Goal: Achieve $\geq 95\%$ Strongly Agree/Agree for every patient every time

Focus on 3 key PREM questions:

"My healthcare team did a good job listening to me; I felt heard"

"My healthcare choices were respected by the health care team"

"I was treated with respect and compassion" (from OB providers and nurses)

Achieve goal for all patient groups

Stratify by:

- Race/Ethnicity
- Insurance Type

Resources

Promoting Safe and Respectful Maternity Care for All Patients
Our Commitment to You

Here are our respectful care commitments to every patient

We commit to...

1. Treating you with dignity and respect throughout your hospital stay
2. Introducing ourselves and our role on your care team to you and your support persons upon entering the room
3. Learning your goals for delivery and postpartum: What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
4. Working to understand you, your background, your home life and your health history so we can make sure you receive the care you need during your birth and recovery
5. Communicating effectively across your health care team to ensure the best care for you
6. Partnering with you for all decisions so that you can make choices that are right for you
7. Practicing "active listening"—to ensure that you, and your support persons are heard
8. Valuing personal boundaries and respecting your dignity and modesty at all times, including asking your permission before entering a room or touching you
9. Recognizing your prior experiences with healthcare may affect how you feel during your birth; we will strive at all times to provide safe, equitable and respectful care
10. Making sure you are discharged after delivery with an understanding of postpartum warning signs, when to call with concerns, and with postpartum follow-up care visits arranged
11. Ensuring you are discharged with the skills, support and resources to care for yourself and your baby
12. Protecting your privacy and keeping your medical information confidential
13. Being ready to hear any concerns or ways that we can improve your care

STRATEGIES TO INCREASE PREM SURVEY COLLECTION

The following strategies will help your team increase response rates and collect a diverse, representative sample.

CONTACT US

- www.ilpqc.org
- info@ilpqc.org
- [312.463.1100](tel:312.463.1100)

Using PREM to Strengthen Respectful, Patient-Centered Care

Patient-Reported Experience Measures — Birth Quality Designation 2026

The Patient-Reported Experience Measure (PREM) survey helps capture how patients experience respectful maternity care at your hospital. As part of the 2026 Birth Quality Designation, hospitals will continue PREM survey collection to better understand patient perspectives and support respectful care for every patient every time. PREM also provides an opportunity to track trends over time and identify and address disparities in patient experience across groups to guide improvements.

Designation Criteria Update

NEW IN 2026

Hospitals will use the PREM dashboard to review responses to 3 key PREM questions, focusing on "Strongly Agree" and "Agree" responses. This provides a more focused opportunity for clinical teams to understand patient experience, identify differences across groups, and guide focused improvement efforts.

Key Questions to Track:

- "My healthcare team did a good job listening to me; I felt heard"
- "My healthcare choices were respected by the health care team"
- "I was treated with respect and compassion" (from OB providers and nurses)

Review Stratified PREM Data by:

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



2026 Goals:

- All patients deserve respectful care
- Achieve $\geq 95\%$ "Agree/Strongly Agree" response rates for 3 Key PREM questions, across racial/ethnic and insurance groups
- Regularly review PREM data to identify disparities and opportunities for improvement
- Share data, goals, and strategies for improvement with clinical team

How to Access & Review Your PREM Data

1. Log into REDCap
 - Select the ILPQC Designation Data Form Project, click "Reports" under Project Bookmarks, enter your Hospital ID, and click "Go"
2. Review PREM Completion
 - Monitor your PREM survey completion rate and the demographic distribution of respondents
 - Goal: $\geq 10\%$ of deliveries or ≥ 15 PREM surveys/month with a diverse sample
3. Check Patient Agreement Tab
 - Review 3 key PREM questions, highlighted yellow, by Race/Ethnicity and Insurance type
 - Toggle to review data by quarter, 6 months, or yearly
 - Identify opportunities for improvement in respectful care across demographic groups
 - Download data to share progress and goals with clinical teams

EM collection survey will be introduced to postpartum (nurse, or patient care technician) discharge. Purpose of the PREM survey emphasize that patient feedback is M script on front or back saying: "Ask me for help."

ey collection and support higher and to complete the PREM survey before

ot linked to their name, medical case trust and willingness to

available in postpartum rooms. Include to staff badges for easy reference. Best y and asks patients to complete.

icipation survey collection (iPad or small patient giving small patient gifts for completing the reply items, bib or onesie with hospital

nts received through surveys. Recognize citations to reinforce engagement and

ation to achieve $\geq 95\%$ patient every time



Reviewing your Data in RedCap

1. Log into REDCap

- ▶ Select the ILPQC Designation Data Form Project
- ▶ click "Reports " under Project Bookmarks
- ▶ enter your Hospital ID, and click "Go "

My Projects Organize Collapse All							199 ×	
Project Title	PID	Records	Fields	Instruments	Type	Status		
ILPQC Designation Data Form ★	199	1,102	60	1 form				

ILPQC DESIGNATION DASHBOARD

LOGIN

Hospital ID:

[Go](#)

Logged in as m-villagomez | [Log out](#)

[My Projects](#) or [Control Center](#)

[REDCap Messenger](#)

[Contact REDCap administrator](#)

View project as user: -- select a user --

[Enter PID to go to project](#)

Project Home and Design

[Home](#) · [Setup](#) · [Codebook](#)

[Designer](#) · [Dictionary](#)

Project status: **Production**

Data Collection

[Record Status Dashboard](#)

[Add / Edit Records](#)

Show data collection instruments

Applications

[Project Dashboards](#)

[Alerts & Notifications](#)

[Multi-Language Management](#)

[Calendar](#)

[Data Exports, Reports, and Stats](#)

[Data Import Tool](#)

[Data Comparison Tool](#)

[Logging and Email Logging](#)

[Field Comment Log](#)

[File Repository](#)

[User Rights and DAGs](#)

[Customize & Manage Locking/E-signatures](#)

[Data Quality](#)

[API and API Playground](#)

[REDCap Mobile App](#)

Project Bookmarks [Edit](#)

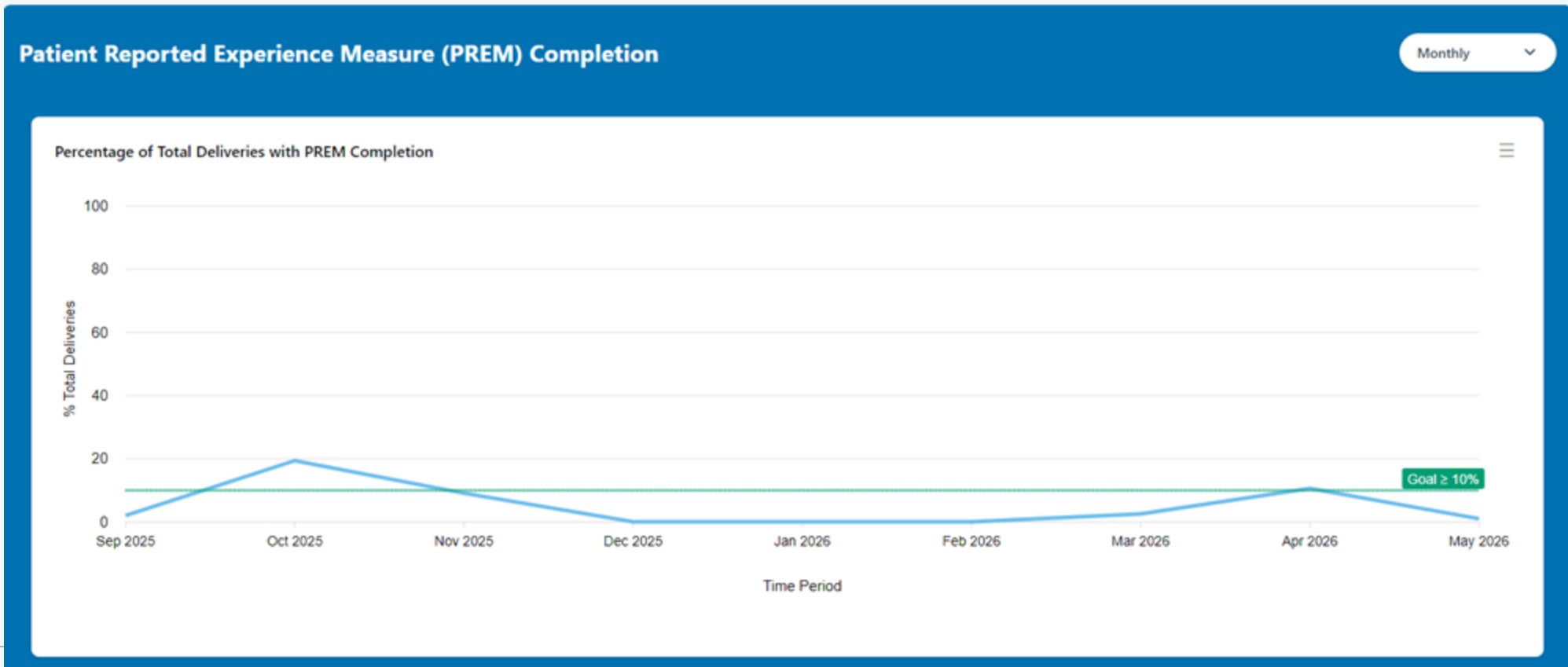
[Reports](#)

Reviewing your Data in RedCap

2. Review PREM Completion

► Monitor your PREM survey completion rate and the demographic distribution of respondents

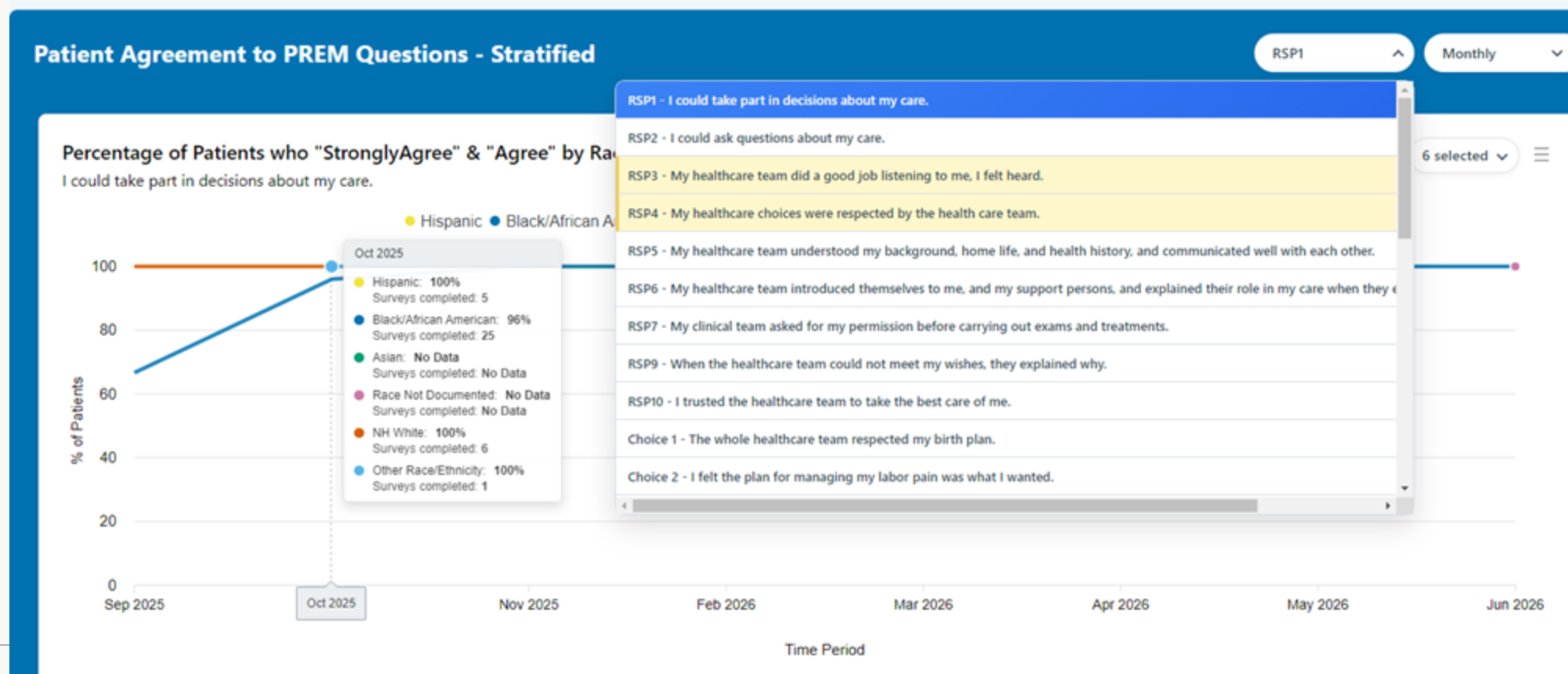
Goal: $\geq 10\%$ of deliveries or ≥ 15 PREM surveys/month with a diverse sample



Reviewing your Data in RedCap

3. Check Patient Agreement Tab

- ▶ Review 3 key PREM questions, highlighted yellow, by Race/Ethnicity and Insurance type
 - ▶ Toggle to review data by quarter, 6months, or yearly
 - ▶ Goal > 95% agree / strongly agree for 3 key PREM Questions across race/ethnicity & insurance status
- Identify opportunities for improvement in respectful care across demographic groups to achieve goals



After Reviewing PREM Data: Engage Your Clinical Team

Share Results Transparently

- Review % agree/strongly agree for 3 key PREM questions & goal > 95% with nurses, providers, leaders, and frontline staff
- Share stratified results by race/ethnicity and insurance type to increase awareness of differences in patient experience
- Share patient comments / feedback helpful to show examples of successes and opportunities to improve

Discuss Root Causes

- Ask staff what may be contributing to lower scores or disparities
- Engage patient partners for opportunities to improve care
- Review patient comments for themes and opportunities
- Consider workflow, communication, shared decision-making, and respectful care practices
- Consider commit to sit strategy with key questions from Respectful Care Posters

Set a Clear Improvement Goal

- Focus on achieving $\geq 95\%$ Agree/Strongly Agree responses across all patient groups
- Use Respectful Care practices posters/flyers to discuss active listening, respecting choices, respectful care
- Identify one or two priority areas for improvement

Strategies to increase PREM Survey Collection

Establish a Collection Process

- Develop a clear workflow for introducing PREM surveys
- Identify a staff member responsible for collection
- Incorporate PREM into discharge processes

Make Survey Completion Easy

- Utilize tablets or iPads
- Place PREM QR codes in visible locations
- Ensure staff actively offer the survey
- Consider small gift to patients for completing surveys: baby book, onesie, baby bib

Build Patient Engagement

- Use a standardized script to explain the purpose of PREM
- Emphasize that responses are anonymous and confidential
- Reinforce how patient feedback is used to improve care

Promoting Safe and Respectful Maternity Care for All Patients

Our Commitment to You

What does it mean to give and receive respectful care during labor and delivery?

Maternal care teams throughout Illinois are coming together to address inequities in healthcare, and to improve birth experiences for all patients.

Here are our respectful care commitments to every patient

We commit to...

1. Treating you with dignity and respect throughout your hospital stay
2. Introducing ourselves and our role on your care team to you and your support persons upon entering the room
3. Learning your goals for delivery and postpartum: What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
4. Working to understand you, your background, your home life and your health history so we can make sure you receive the care you need during your birth and recovery
5. Communicating effectively across your health care team to ensure the best care for you
6. Partnering with you for all decisions, so that you can make choices that are right for you
7. Practicing "active listening"—to ensure that you, and your support persons are heard



Tell us About Your Birthing Experience!

The purpose of this PREM survey is to give you an opportunity to share feedback on your labor and delivery and postpartum care.

Our goal is to provide respectful care for all patients and we need your feedback to make sure we are providing the care you need.

- Your survey responses will remain anonymous. Your name will not be linked to your answers. The survey should only take a few minutes to complete.
- Choose your preferred language and scan the QR code below to access the PREM Survey.
- Please complete the survey before discharge and let your nurse know once it's done or if you experience any issues. If you don't have a phone or other device to complete the survey, please inform your nurse so they can assist you.

We are committed to providing you safe and respectful care. Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all mothers are valued and met.

English



Español

(Spanish)



عربية

(Arabic)



Русский

(Russian)



Italiano

(Italian)



中文

(Chinese - Simplified)



Polski

(Polish)



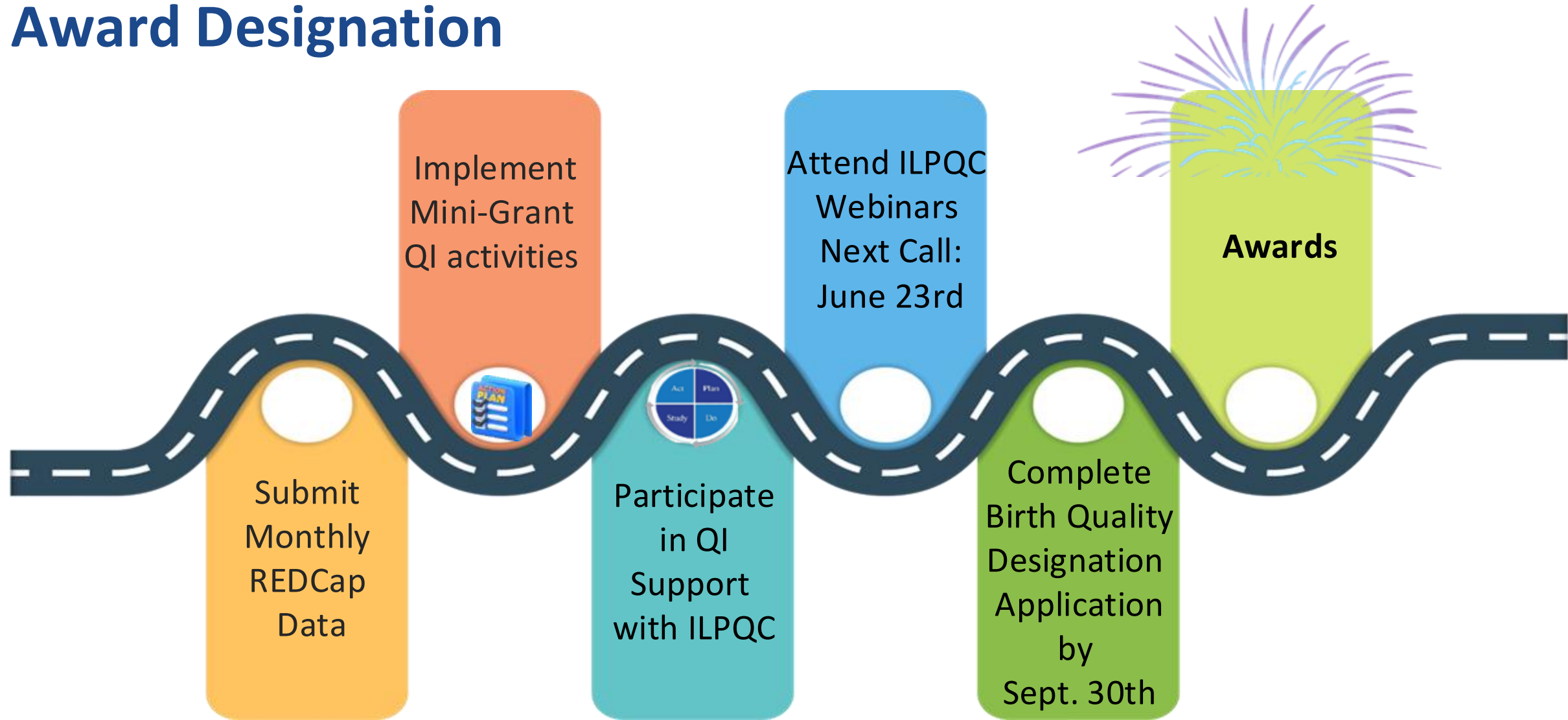
Français

(French)



Supporting respectful care for all patients: The Illinois Perinatal Quality Collaborative (ILPQC) works with patients, physicians, midwives, nurses, hospitals, and community groups across Illinois to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality compassionate, and respectful care.

Pathway to Illinois Birthing Hospital Quality Excellence Award Designation



Upcoming ILPQC Webinars and Events



Mommamas Voices Introductory Webinar



Date: Thursday, July 9, 12:00-1:30pm

- Join MoMMAs Voices for a 90-minute introductory webinar exploring:
 - Foundations of patient partnership
 - Communication best practices
 - Project readiness
 - Practical ways to integrate lived experience into healthcare improvement work
- Engage in tailored breakout sessions for healthcare teams and patient advocates to learn about MoMMAs Voices' training opportunities, including the Lived Experience Integration (LEI) Course and Patient Family Partner (PFP) Certification Training.



REGISTER HERE



Mommas Voices Lived Experience Integration Training

Offers guidance on how to effectively build a patient engagement culture and integrate patient/family partners into QI work

- **Free Training for first 50 hospital teams to sign up**
 - 4 weekly 1-hour live Zoom sessions, optional self-paced sessions
- **Hospital Benefits**
 - 5 free Patient Family Partner training coupons per hospital
 - Technical assistance: 30-min kickoff + ongoing support
 - Builds strong, sustainable patient and family partners

Contact info@ilpqc.org with questions



Maternal Mortality & Morbidity Advocates

Lived Experience Integration® Training

The Lived Experience Integration into Quality Improvement (QI) offers guidance for QI teams on how to effectively build a patient engagement culture, and perform work that integrates patients and those with lived experience into Patient Support Bundle implementation and QI work.

Topics Include

- 
- Our Philosophy
 - Culture Change
 - Get Prepared
 - Recruiting Patients
 - Onboarding
 - Feedback Tools
 - Reporting & Data

What Others Said



This training was very useful in providing actionable resources that are accessible and can be reviewed, shared and completed in a timely manner. We feel much better equipped to work with patients and families.

- Dr. Charlene Collier, Director and Co-Founder, Mississippi Perinatal Quality Collaborative

Cohort	Session Dates
Class 1	Aug 13 12-1pm CT
Class 2	Aug 20 12-1pm CT
Class 3	Aug 27 12-1pm CT
Class 4	Sep 3 12-1pm CT



Sign up here to get your team registered

Community Doula Training Program: 2nd Cohort Building Hospital / Doula Engagement



**NOMINATE YOUR
DOULA CANDIDATE**

Program Entails:

1. Hospitals identify doulas who need additional training or patients/community members who want to be doulas
2. Nominated candidates will receive FREE Medicaid Eligible Doula Training
3. Hospitals support, mentor, and celebrate their doula candidates success!

Mid July 2026

Hospitals Nominate
Doula Candidates

Deadline: July 15

Late July 2026

Doula Candidate
Enrolls in Training

Deadline: July 31

August 2026

Launch of the 2nd
Community Doula
Cohort

Contact info@ilpqc.org with questions

Trauma-Informed Care Workshop



- ILPQC is sponsoring four trauma-informed care trainings led by Dr. Tracey Vogel, Director of the Perinatal Trauma-Informed Care Clinic in Pittsburgh, PA, for anyone on your QI team
- **What: 4 half-day in-person workshops:** 2 in Chicago & 1 in Southern and 1 in Central, IL
- **When:**
 - **Chicago:** July 15th and September 10th, 2026; 8am-12pm
 - **Southern IL:** August 28th, 2026; 8am-12pm
 - **Central IL:** TBD
- **Where:**
 - **Chicago:** Glenbrook Hospital, Glenview, IL
 - **Southern IL:** Southwestern Illinois College, Belleville, IL
 - **Central IL:** TBD



Dr. Tracey Vogel

**Scan here to
complete the
interest form:**



PMH Clinician Training Opportunity

- ILPQC is sponsoring upcoming PSI PMH trainings
- **What:** 2 **virtual trainings** on the track to receiving PSI Perinatal Mental Health-C certification
- **When:**
 - PMH Core Components of Care: July 29-30, 2026; 8:30am-4pm ET
 - Advanced psychotherapy: July 31st, 9:00-4:30pm ET
 - Advanced psychopharmacology: July 31st, 9:00-4:30pm ET



All Sessions Now Full!!
Awesome engagement across the
state in these PMH trainings!



*Visit the PSI perinatal mental health
training website for more information
on PSI trainings:*



Doula Integration in Hospitals Survey

- IHA seeks to understand how hospitals interact with doula services.
- [Public Act 104-0009](#) requires birthing hospitals and birth centers to have policies and procedures in place to permit an Illinois Medicaid certified and enrolled doula of the patient's choice to accompany the patient for the purposes of providing support before, during and after childbirth.
- This [survey](#) will help identify current practices across Illinois hospitals and opportunities for operational and clinical support.
- Your perspective ensures that the resources developed reflect the needs of the hospital community and serve as an opportunity to foster relationships between hospitals and the doula community.
- **Responses will remain confidential.**
- **Please complete the survey by July 10.**
- Questions? Email Jenny Winkler at jwinkler@team-ihha.org

Doula Survey



Copy of Survey Questions



PA 104-0009





ILPQC QI Summer Series:

Small Steps, Big Impact

*A Hands-On Summer Series to Drive Change
at the Bedside*

Scan here to
register for the series!



<u>SESSION DATE</u>	<u>SESSION TITLE</u>	<u>SESSION FOCUS</u>
Tuesday, June 30 th at 12 PM	“Workshopping Small Tests of Change”	Develop focused, inclusive change ideas and PDSA cycles to guide your QI efforts.
Tuesday, July 28 th at 12 PM	“PDSA in Action”	Explore how PDSA (Plan, Do, Study, Act) cycles can be used to test changes and drive results.
Tuesday, August 25 th at 12 PM	“Telling Stories with Data”	Learn how to effectively use your data to tell a clear, compelling story about progress and impact.

Upcoming OB Webinars

A Time to Learn and Share!

PMH: Engaging Outpatient Sites in PMH Work	June 22 nd , 12-1pm
Birth Quality Excellence Award Designation Webinar	June 23 rd , 12-1pm
PMH: Engaging the Emergency Department in PMH Work	July 27 th , 12-1pm
PMH: Creating Clinical Culture Change in PMH Care	August 24 th , 12-1pm
PMH: Optimizing Substance Use Disorder Care	September 28 th , 12-1pm
PMH: Perinatal Loss and Trauma Informed Care	October 26 th , 12-1pm

ILPQC

14TH ANNUAL CONFERENCE

NOVEMBER 10TH, 2026

THE WESTIN LOMBARD YORKTOWN CENTER

Thank you to our Funders:



CME Provider



Supporters:



Team Talks

Advocate Condell Medical Center

Northwestern Medicine Palos Hospital





ILPQC Birth Quality Designation Journey

Advocate Condell Medical Center's Journey to Designation

Leah Stein-Fredbeck, BSN, RNC-OB

June 23rd, 2026

Advocate Condell Medical Center

- North Chicago Suburbs
- Part of the largest health network in market
- Largest hospital in Lake County
- Only Trauma 1 Center in Lake County
- Most surgeries in Lake County
- Largest Intensive Care Unit in Lake County
- Largest medical staff in Lake County
- Largest employer in the market
- Level 2+ Special Care Nursery
- 1500 deliveries a year

How to Eat an Elephant?

One bite at a time.



Evaluated the Birth Equity project and where we were with each driver and strategy.



Slowly worked our way through addressing each point and incorporating new initiatives as they are rolled out.

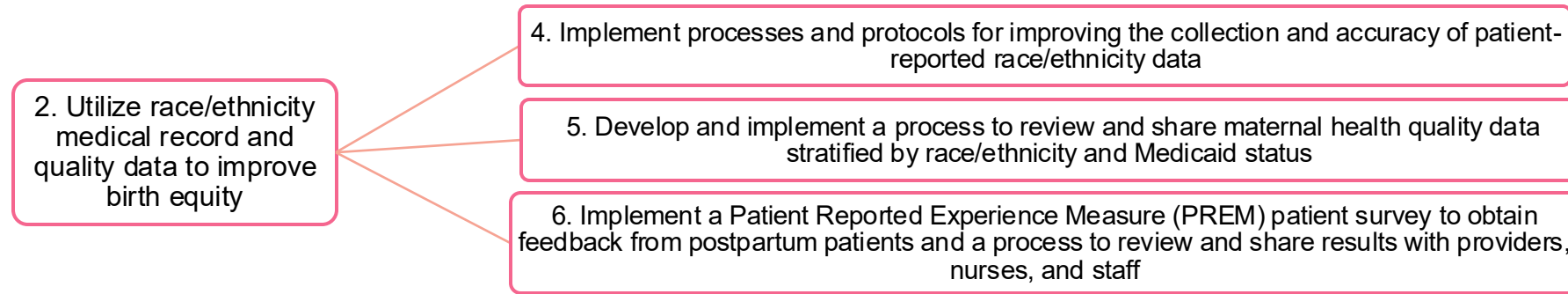
1. Address social determinants of health during prenatal, delivery, and postpartum care to improve birth equity

1. Utilize ILPQC social determinants of health (SDoH) community resources mapping tool to assist linking patients to resources based on the social determinants of health screening and share with affiliated prenatal care sites and hospital OB units

2. Screen patients for social determinants of health during prenatal care and delivery admission and appropriately link to resources

3. Implement strategy for incorporating discussion of social determinants of health and discrimination as factors in potential hospital maternal morbidity reviews

- Evaluated how SDOH screening was being performed
 - Updated a questionnaire for patients to match questions in EPIC
 - Created a Spanish version
 - Nurses either ask the questions at admission, or provide the handout to patients to complete more privately
- Partnered with Care Management to change structure on how OB was covered
 - Moved to one social worker being assigned to cover OB, vs rotating in their department
 - December 2025 we were able to have a dedicated social worker for OB to see each patient, provide resources and complete additional screenings
- These two changes allow us to screen almost every patient and link all patients, not just those that screen positive for SDOH needs



- Enterprise work done to improve processes and protocols for collecting and accuracy of patient-reported race/ethnicity data
- Reports developed at the enterprise level to review stratified data
- Performed a rapid cycle PDSA with postpartum nurses to develop best strategy on having patients complete PREM survey
 - 3 nurses – one performed as part of discharge education, one performed at 25-hour testing, and one performed at patient assessments
 - Most compliance tying PREM survey completion to watching discharge video and receiving discharge paperwork
 - Averaging over 10% completion each month



Patient
Education
Information



Video

Disponible en Español

Password: ACNDOB

Information on Video on Demand
now available



Tell us About Your Birthing Experience!

We are committed to providing you safe and respectful care.

Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all birthing people are valued and met.



English



Español



Italiano



Русский



Polski



Français



ADVOCATE HEALTH

3. Engage patients, support partners including doulas, and communities to improve birth equity

7. Identify a patient advisor for hospital perinatal quality improvement team or other opportunities to engage patient / community members

8. Implement a strategy for sharing expected respectful care practices with delivery staff and patient (i.e. posting in L&D) including appropriately engaging support partners and/or doulas

9. Provide patients the recommended postpartum safety patient education materials prior to hospital discharge including education on urgent maternal warning signs, postpartum safety, communication with healthcare providers and importance of early follow up

- Presented to parent support group Look What We Can Do for the opportunity to become a Patient Partner.
 - Shared what the Birth Equity Project is and what a Patient Partner would do
 - Alisa Leoni became our Patient and Family Partner
 - Completed MoMMAs Voices Training via ILPQC Grant
 - Alisa became a Certified Patient Partner
 - Alisa has been actively engaged in our planning of Respectful Care Events, Perinatal Mental Health and ESSI projects



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9. Provide patients the recommended postpartum safety patient education materials prior to hospital discharge including education on urgent maternal warning signs, postpartum safety, communication with healthcare providers and importance of early follow up

- Hosted 3 Respectful Care Events

- April 2025, October 2025 and April 2026
- Each has had a different focus – OB, SCN and pre-planning for hospital admission



3. Engage patients, support partners including doulas, and communities to improve birth equity

7. Identify a patient advisor for hospital perinatal quality improvement team or other opportunities to engage patient / community members

8. Implement a strategy for sharing expected respectful care practices with delivery staff and patient (i.e. posting in L&D) including appropriately engaging support partners and/or doulas

9. Provide patients the recommended postpartum safety patient education materials prior to hospital discharge including education on urgent maternal warning signs, postpartum safety, communication with healthcare providers and importance of early follow up

- Began sharing PREM data at staff meetings
- Began distributing Post-Birth Warning Signs hand out with orange bracelet. Done by our social worker when she rounds on patients
- Work to still be done – Doula collaboration

4. Engage and educate providers, nurses, & staff to improve birth equity

10. Educating providers, nurses, and staff on the importance of listening to patients, providing respectful care and addressing implicit bias

- Enterprise assigned education for all new hires including OB Techs
- Journal Club partnership with site based Professional Governance Research Council
 - Reframing Obstetric Violence Culture: A Concept Analysis
 - Discussion on Obstetric Violence and helping our patients have their voices heard
- Working on how to partner with our providers on this education

Achieving aims and reducing disparities

- Continue to the work of the Promoting Vaginal Birth
- Continuing to send nurses to the Bundle Birth Physiologic Birth class via Mini Grant funds
- Share stratified data with providers and nursing staff
- Developed relationships with the Lake County Health Department
 - Better Birth Outcomes unit rounding once per week
 - Appointment scheduling for patients of LCHD and their newborns prior to discharge
 - WIC Breastfeeding Peer Counselor unit rounding once per week

NM Palos Hospital: Improving Birth Quality

Presented to: ILPQC Birth Quality Designation Webinar

Presented by: Kelly O'Meara, RN-C OB, MSN, Clinical Practice Specialist

June 23, 2026

About us

Northwestern Medicine Palos Hospital

Overview

LDRP model: Combined labor, delivery, postpartum and Intermediate Care Nursery (Level 2)

Average deliveries: Approximately 750/year

Our team:

- 50+ nurses
- 15 OB docs (primarily NM's RMG & private practice)
- 24/7 neonatologists, in-house OB, & anesthesia
- Quality partner



Birth Quality Designation Strategies

Doulas



PREM

Please tell us about your care. Your name will not be collected. Your individual answers will not be shared with your health care team.

Directions: Rate how strongly you agree or disagree with each of the statements about your experience during your stay for labor and delivery.

1. I could take part in decisions about my care.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
2. I could ask questions about my care.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
3. My health care team did a good job listening to me, I felt heard.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
4. My health care choices were respected by the health care team.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
5. My health care team understood my background, home life and health history, and communicated well with each other.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
☐	☐	☐	☐	☐
6. My health care team introduced themselves to me, and my support persons, and explained their role in my care when they entered my room.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

PVB



Birth Quality Designation Efforts

Doulas

Changing practices & policies

- Recently updated our visitation policy to exclude doulas from the visitor limitations
- Recently created a unit policy to reflect doula-friendly practices

I. PURPOSE:

To outline the hospital's policy and procedure on the role, presence and scope of practice for doulas supporting laboring patients on the LDRP unit, ensuring a safe, respectful and collaborative care environment.

II. POLICY STATEMENT:

NM Palos Hospital recognizes the valuable role doulas play in providing continuous physical, emotional, and informational support to laboring patients. Doulas are welcomed as part of the patient's support team and may be present throughout labor, delivery, and the immediate postpartum period, in accordance with this policy.

III. SCOPE/PERSONS/AREAS AFFECTED:

LDRP staff, certified doulas

IV. DEFINITIONS:

Doula: a trained, non-medical support professional chosen by the patient to provide comfort measures, advocacy, support and guidance during labor and childbirth.

Developing our own doulas

Palos Sponsored Two Candidates for Doula Training

- ILPQC offered a scholarship for a doula training program from Birth Arts, including eligibility for Medicaid reimbursement



Laray ♥
DOULA
STUDENT IN TRAINING

Compassionate Birth Support
Every step. Every breath. Every moment.

Hello, I'm
LARAY ♥
A STUDENT DOULA

I am dedicated to supporting birthing individuals and their families during one of life's most powerful experiences.

I provide non-medical, continuous support to help you feel informed, empowered, and confident throughout pregnancy, labor, birth, and postpartum.

SERVICES I OFFER

- ♥ Emotional support during labor and birth
- ♥ Comfort measures and labor positioning
- ♥ Breathing and relaxation techniques
- ♥ Continuous support for you

My Dedication ♥

As a doula student in training, I am committed to learning, growing, and showing up with compassion, respect, and presence for every family I serve.

♥

HANDS-ON LEARNING

I am completing my training through hands-on experience by shadowing deliveries in the hospital setting.

I'm here to learn, support, and walk beside you on your birth journey. ♥

♥ **ALL SERVICES ARE**

We know
doulas
improve
birth
outcomes &
experiences

Doulas
improve
maternal
anxiety &
increase
breast-
feeding



Original Investigation | Obstetrics and Gynecology

Doula Care and Health Outcomes A Systematic Review

Peyton Groves, BA; Hannah Williams, MPH; Cynthia L. Salter, PhD, MPH; Abigail Smith Kosbie, MPH; Adena Bowden, MPH; Ruben G. Martinez, PhD; Jessica Davis, PhD; Dara D. Méndez, PhD; Maya I. Ragavan, MD, MPH, MS

Abstract

IMPORTANCE Maternal-infant health inequities remain a critical public health issue in the US, where adverse maternal and infant health outcomes disproportionately affect American Indian or Alaska Native and Black populations. Doula care—where trained doula professionals provide physical, emotional, and informational support across the perinatal continuum—is a community-based strategy to improve outcomes.

OBJECTIVE To systematically evaluate clinical and pilot trial evidence on the association of doula care with maternal and infant health outcomes; identify gaps in study design, equity, and implementation; and propose future directions for clinical practice, health systems research, and policy.

EVIDENCE REVIEW This systematic review included articles published between January 1, 2000, and January 31, 2026. Searches in PubMed, PsycINFO, Web of Science, and CINAHL, plus reference and expert review, identified eligible clinical or pilot trials assessing maternal and infant outcomes. Protocols, secondary analyses, abstracts, and non-English articles were excluded. Data on study design, intervention characteristics, outcomes, and risk of bias were qualitatively synthesized.

FINDINGS Twenty-two articles describing 21 unique interventions met inclusion criteria. Most were randomized clinical trials (17 of 21 [81.0%]), with others using quasiexperimental or preference-based designs. Interventions had heterogeneity in scope, intensity, and doula training. Findings were most consistent for improved maternal anxiety, postpartum follow-up, and breastfeeding initiation, while evidence for outcomes such as cesarean delivery and pain management was more variable. Few studies addressed postpartum, abortion, or broader reproductive health contexts (eg, fertility or bereavement doulas). Methodologic gaps included limited reporting of fidelity and implementation, underrepresentation of marginalized populations, and failure to account for crossover in control groups.

CONCLUSIONS AND RELEVANCE The findings of this systematic review of clinical trials suggest that doula care may improve perinatal anxiety, health care utilization, and breastfeeding initiation, although the evidence for other outcomes was inconsistent. Future studies should use rigorous designs, ensure equitable representation, examine full-spectrum care, and assess implementation to support sustainable integration into maternal health systems.

Key Points

Question What evidence from clinical trials supports the association of doula care with maternal and infant health outcomes?

Findings In this systematic review of 22 articles describing 21 unique studies, doula care was most consistently associated with improved maternal anxiety and breastfeeding initiation and emerging evidence on improved postpartum follow-up. Results across other outcomes were heterogeneous, with interpretation limited by variable study design, underrepresentation of marginalized populations, and poor reporting of intervention fidelity.

Meaning These findings suggest that doula care shows promise but requires more rigorous, equity-focused research to clarify its effectiveness across diverse settings.

+ Supplemental content

Author affiliations and article information are listed at the end of this article.



with Content

Birth Quality Designation Efforts

PREM engagement

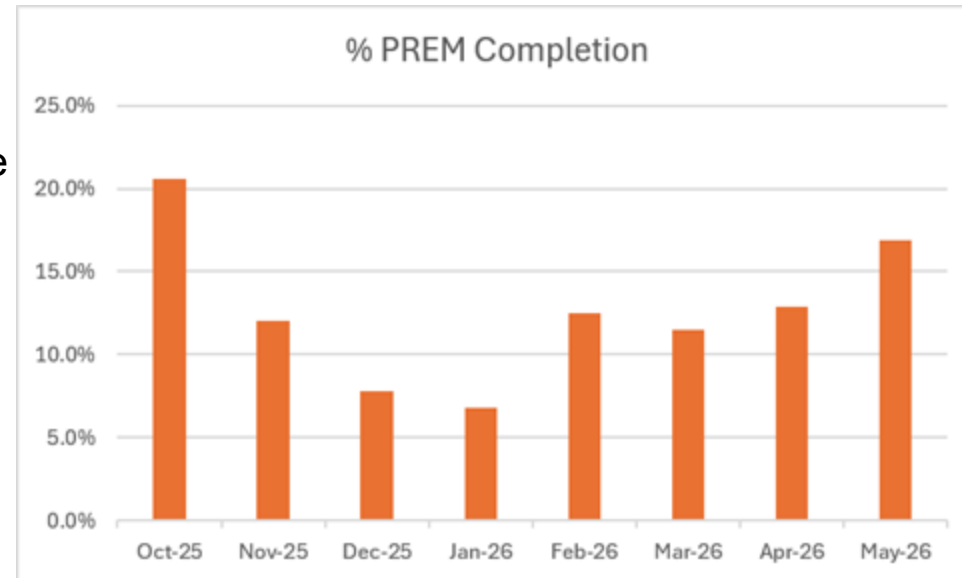
The problem

We struggle to have patient complete the PREM survey, despite efforts to post flyers with QR codes in every room, include in admission paperwork and verbal reminders during leadership rounding

A theory why...

Patients and nurses have survey fatigue
&

Another task at discharge can feel burdensome



Nurse-led QI Project: READY Discharge

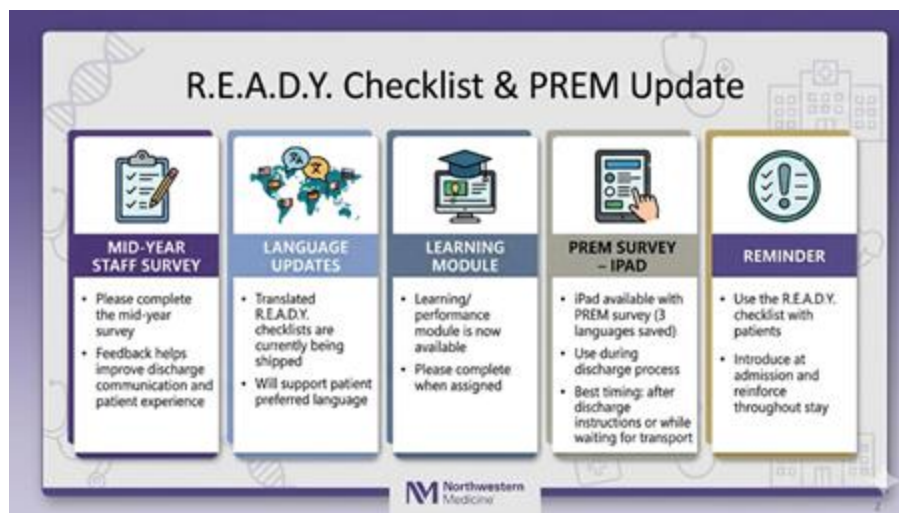
Includes PREM survey completion as outcome measure

Project overview

Pre & post –test for RNs assessing discharge process and education

Introduction of READY checklist mounted on wall in patient room

Patient surveys & staff education

A "Plan of Care" form for Northwestern Medicine. It includes a header for "Today's Date" and a section for "Newborn procedures and screenings". The form is divided into four main sections: "Top priorities", "Additional topics, if needed", "During hospital stay", and "After 24 hours". Each section contains a list of items with checkboxes. A red circle highlights the "Completing the PREM survey" section, which includes QR codes for English, Español, and Polski. A large "DRAFT" watermark is visible on the right side of the form.

Northwestern Medicine

Today's Date

Plan of Care

We will help you learn about and use these care and safety topics.

Top priorities

- ☐ Baby security
- ☐ Fall safety
- ☐ Safe sleep

Additional topics, if needed

- ☐ Donor milk and lactation support
- ☐ Milk from refrigerator
- ☐ Car seat safety
- ☐ Maternal mental health screening
- ☐ Physical therapy or occupational therapy

During hospital stay

- ☐ Hepatitis B vaccine
- ☐ Bath
- ☐ Daily weight

After 24 hours

- ☐ Hearing test
- ☐ Heart health screens
- ☐ Metabolic and phenylketonuria test
- ☐ Jaundice and bilirubin screen

Parent and baby discharge checklist

You must have all the following before you leave the hospital.

- ☐ Car seat
- ☐ Birth certificate
- ☐ Scheduled pediatrician visit
- ☐ Obstetrician discharge order
- ☐ Pediatrician discharge order
- ☐ PREM survey

Completing the PREM survey

Take the Patient-Reported Experience Measures (PREM) survey by scanning the QR code below for your language.

 English

 Español

 Polski

Nurse-led QI Project: READY Discharge

Interventions: Supportive Technology

Now AVAILABLE : iPad for PREM Survey!



When to Use:

- After discharge instructions
- Before patient leaves the unit
- Waiting for transport

Nurse-led QI Project: READY Discharge

Interventions: Additional staff education



Nurse
education

Background on PREM

What is the PREM survey?

- Patient Reported Experience Measure Survey
- Part of the Illinois Perinatal Quality Collaborative's **Birth Equity Initiative**
- Minimum 10% patient participation rate required for the Birthing Hospital Quality Designation program (\$10-20K yearly)



What does it measure?

- Provides value data on respectful care, listening, shared decision making, compassionate communication with a birth equity lens
- This survey focuses on patient perceptions of bias in treatment
- Without enough data, impossible to design targeted strategies to make quality improvements.

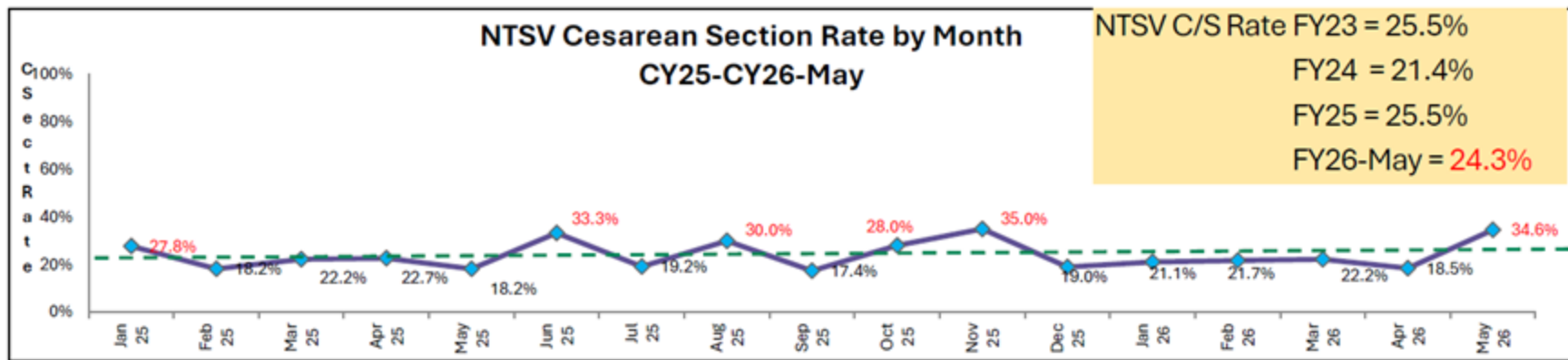
Why does it matter?

- In Illinois, pregnancy mortality overall has steadily increased since 2017, across education levels and insurance status, and continues to rise the fastest among Black women (IDPH, 2025).
- Non-Hispanic Black women are three times more likely to die within a year of birth from a pregnancy-related complication (ILPQC).
- Active patient participation allows the voices of BIPOC patients to be included in quality improvement efforts

Birth Quality Designation Efforts

PVB

NTSV Cesarean Section Rate (Nulliparous Term Singleton Vertex)



The problem

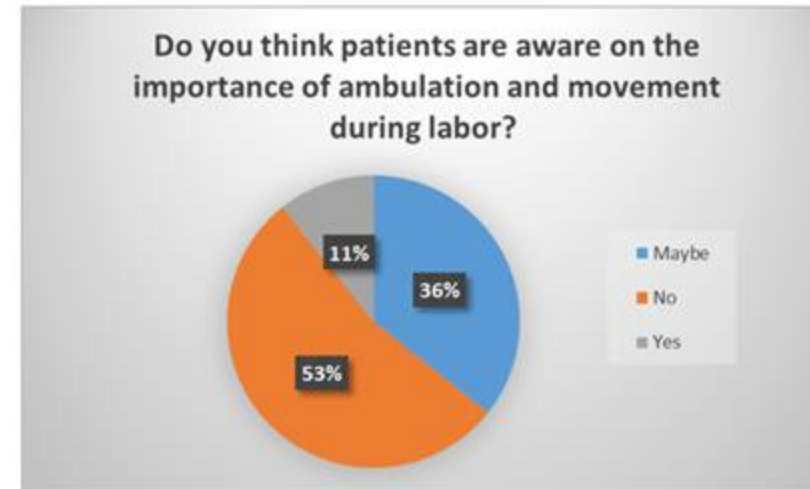
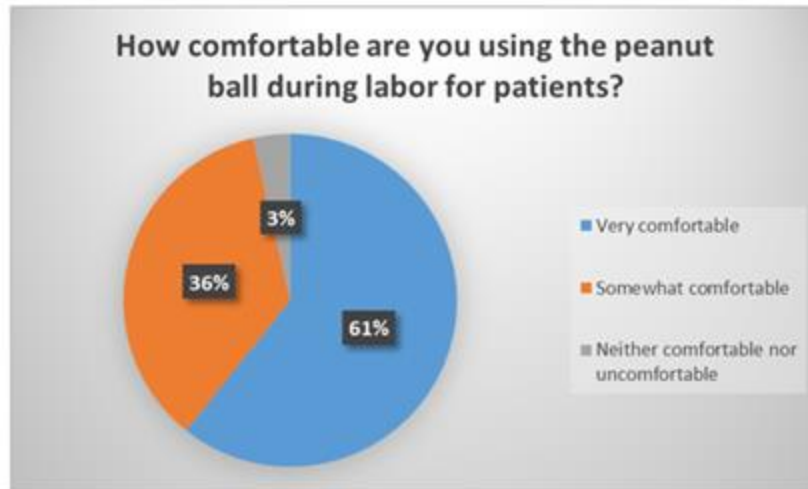
Our NTSV rates are often impacted by slow or stalled labor, “failure to progress” or “arrest of dilatation”

A theory why...

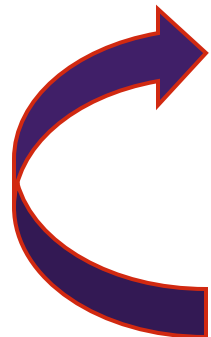
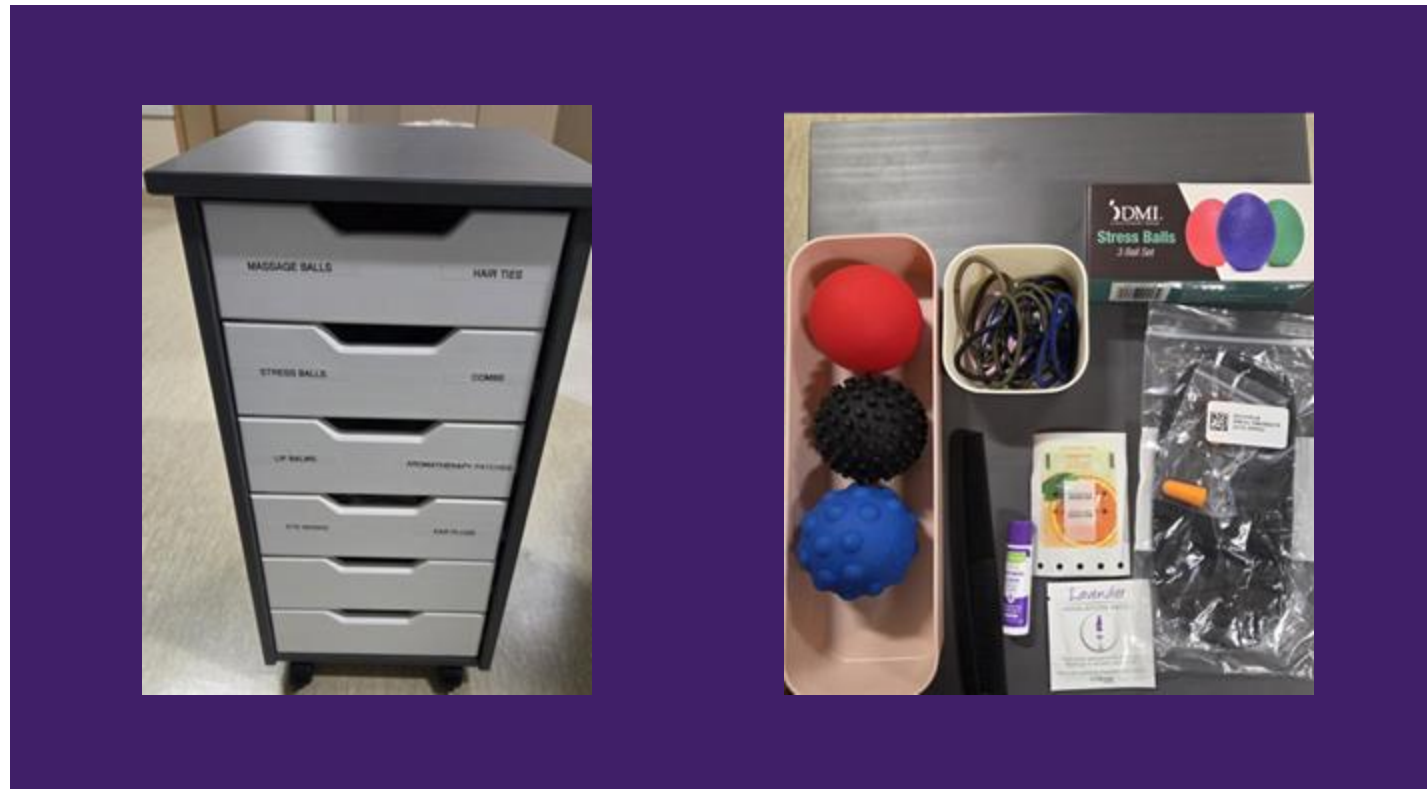
Our patients are often in bed & nurses are not confident in labor positioning

Nurse-led QI Project: Supporting Labor Experience to Promote Vaginal Deliveries

Baseline data

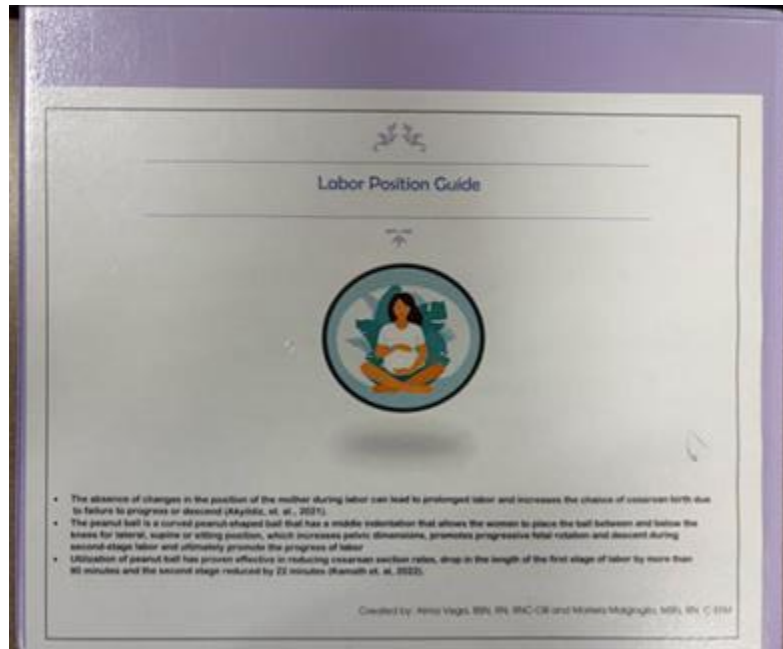


Nurse-led QI Project: Supporting Labor Experience to Promote Vaginal Deliveries



Labor support cart with supplies

Nurse-led QI Project: Supporting Labor Experience to Promote Vaginal Deliveries



Education binder with
positioning guides



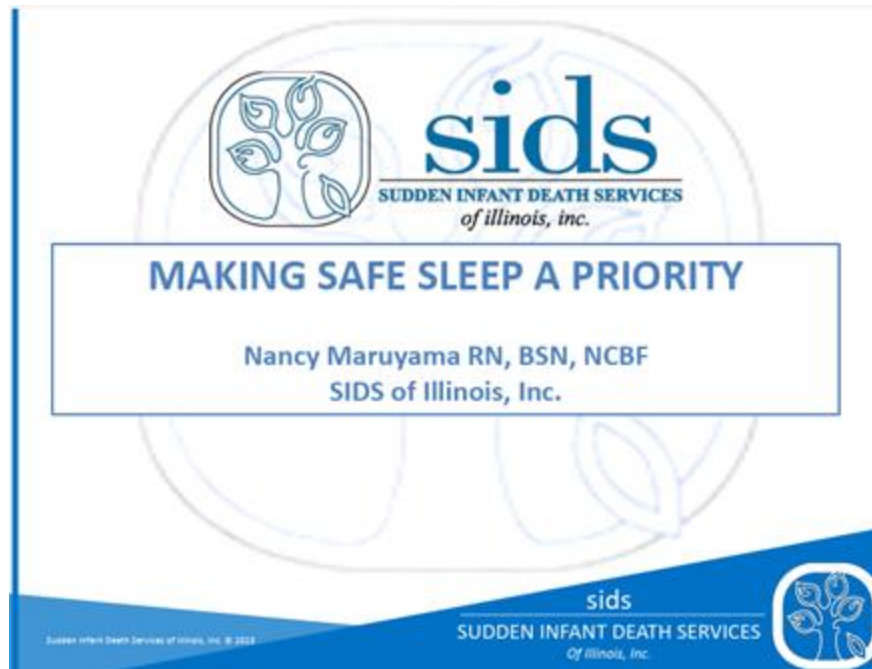
Respectful Care Brunch

June 9, 2026



Lunch & Learn: SIDS IL

Guest speaker: Nancy Maryuma, BSN



Thank you

Questions?

kelly.omeara@nm.org