



VISION

A statewide perinatal quality collaborative that involves all perinatal stakeholders; utilizes data-driven, evidence-based practices; improves perinatal quality resulting in improved birth outcomes, improved health for women and infants, and decreased costs; builds on Illinois' existing state-mandated Regionalized Perinatal System, and operates with long-term sustainable funding.

MISSION

Engage perinatal stakeholders across disciplines and at every level, in a collaborative effort to improve the quality of perinatal care and health outcomes for Illinois women and infants using improvement science, education, and evidence-based practice guidelines.

BACKGROUND

The Illinois Perinatal Quality Collaborative (ILPQC) was formed in late 2012 when the Illinois Perinatal Advisory Committee's Prematurity Task Force report to the Illinois legislature recommended that "resources be provided for a perinatal quality collaborative to work in tandem with the Regionalized Perinatal Program to engage in ongoing quality improvement (QI) initiatives." At that time, support from the Illinois Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant and March of Dimes brought the Perinatal Quality Collaborative of Illinois (PQCI), a neonatology-focused collaborative, together with obstetric QI leadership to form a statewide quality collaborative to support hospitals working together on both obstetric and neonatal QI initiatives. With input from key stakeholders, partnership with the IDPH Regionalized Perinatal Program and consultation and expertise from perinatal quality collaborative leaders in other states, ILPQC was born. ILPQC is currently one of 13 CDC-funded U.S. state perinatal quality collaboratives invited to join the Alliance for Innovation on Maternal Health (AIM) program. ILPQC provides collaborative learning opportunities, rapid-response data, and QI support to over 110 hospitals across the state – helping to make Illinois an even better place to give birth and be born.

GOALS

- Develop a collaborative network of perinatal stakeholders (focused on birthing hospitals with obstetric and neonatal leadership teams) committed to improving perinatal safety, efficiency, quality of care, and outcomes for women and infants.
- Increase hospital team QI capacity through collaborative learning and QI support, and use improvement science to design, implement and evaluate data driven, evidence-based processes to improve the quality of perinatal care.
- Utilize a statewide database with real-time data collection, analysis, and reporting capability.
- Assure that each initiative undertaken adds value for all perinatal stakeholders, optimizes resources, spreads best practices, reduces variation, and promotes family and patient-centeredness.

To learn more about the Illinois Perinatal Quality Collaborative, please visit us at www.ilpqc.org.

GET INVOLVED

ILPQC is looking for perinatal health-related physicians, practitioners, nurses, quality leaders, advocates, payers and policymakers to become involved in our collaborative! Here are easy ways to become involved:

- Join the Obstetric or Neonatal Advisory Workgroups to advise on all collaborative activities
- Volunteer for an initiative-specific Grand Rounds Speakers Bureau
- Serve as a clinical lead to advise on initiative-specific activities

Email info@ilpqc.org for more information on becoming involved

PARTICIPATING HOSPITALS

ILPQC is currently working with over 100 Illinois birthing hospitals covering over 99% of births and 100% of neonatal intensive care unit beds in Illinois. To participate in ILPQC initiatives hospitals:

- Identify a perinatal QI leadership team.
- Meet as a team at least monthly to review their QI data in the ILPQC rapid response data system that allows for comparison of QI data across time and hospitals.
- Participate in collaborative learning opportunities including ILPQC monthly calls, Annual Conference, and Face-to-Face Meeting.
- Review, adapt, and implement QI toolkits and receive additional QI support and coaching.

OUR CURRENT INITIATIVES

- Mothers and Newborns affected by Opioids (MNO) Obstetric Initiative launched in April 2018 with 100 OB hospital teams. Hospitals are working on implementing standardized processes, universal screening, and documentation prenatally and on L&D for women with OUD, ensuring standard Screening, Brief Intervention, and Referral to Treatment (SBIRT) response for screen positive women, mapping local resources for Medication Assisted Treatment (MAT)/addiction services and processes for linking patients, implementing clinical care checklists prenatally and on L&D, and standardizing provider training on stigma and bias and maternal OUD protocols.
- Mothers and Newborns affected by Opioids (MNO) Neonatal Initiative launched in April 2018 with 88 Neonatal hospital teams. Hospitals are working on implementing standardized processes for identification of Opioid-Exposed Newborns (OENs) and assessment for Neonatal Abstinence Syndrome (NAS) symptoms, prenatal consultation, optimized non-pharmacologic care and pharmacologic treatment protocols for NAS symptoms, and safe discharge planning. Teams are also working to implement standardized maternal education on engaging in care of OENs and provider and nurse training on stigma & bias.

- Immediate Postpartum Long-Acting Reversible Contraception (IPLARC) Initiative launched in April 2018 with 17 hospitals participating in Wave 1. The aim of the initiative is to empower women with information and improved access to effective contraception before discharge home after delivery to reduce short interval and unintended pregnancies linked with adverse MCH outcomes.

ILPQC INITIATIVE SUSTAINABILITY

- The Maternal Hypertension Initiative increased the percentage of women treated within 60 minutes from 41% (baseline, 2015) to 85% (December 2017) and sustained improvement into 2018. We observed a concurrent decrease in severe maternal morbidity and mortality from 15% at baseline (2015) to 9% (October 2017) with an overall reduction of 41% ($p < 0.004$).
- The Golden Hour Initiative increased the use of best practice delivery room communications, delivery room clinical care, patient and family engagement, and NICU admission transitions and improved structured pre-delivery communication practices from 53% (Baseline Jul-Sep 2015), to 83% (December 2017).

Please see www.ilpqc.org for information on our completed initiatives.

OUR STRUCTURE

