

Regional Quality Council

North Central IL Perinatal Network

APC ~ OSF HealthCare Saint Francis Medical Center

March 13, 2025

Via Teams

A photograph of a lattice pie with a fork and a knife on a wooden table. The pie is in a metal tin with a scalloped edge, resting on a colorful plaid placemat. A silver fork and knife are placed on a white paper napkin to the left of the pie. The background is a light-colored wooden surface.

Your FAVORITE!!!

It's the day before National
Pie Day!

Please tell us your name, where
you are from, your role, and your
favorite pie or dessert

Agenda



Regional Quality Council
March 13, 2025
North Central IL Perinatal Network
OSF HealthCare Saint Francis Medical Center
Via Teams

- | | |
|-----------|--|
| 1000-1030 | Welcome and Introduction
3.14.25 is National Pie Day,
what is your favorite? |
| 1030-1045 | IDPH Updates |
| 1045-1100 | Education Updates |
| 1100-1200 | IL PQC Updates
Restructuring Regional Quality Council
Meetings
*Next Meeting May 1, 2025,
from 0930 – 1400 at OSF
Ministry Headquarters in Peoria
Review Site Visits
Syphilis Reporting |

IDPH Updates

Maternal Levels of Care

- IDPH->Gov Office-->State Board of Health--> Sec of State--> public comment and back to IDOH--> JCAR review and approval

Site Visits related to new Maternal Levels of Care

New Reporting System (ePerinet phasing out)

Neonatal Resuscitation Memo

Open positions

SIREN

- Sign up to receive updates from IDPH
- Go to:
 - www.siren.illinois.gov
 - Complete registration

- Guide will be sent in follow up email

Welcome to the State of Illinois Rapid Electronic Notification System (SIREN)

SIREN is a secure web-based persistent messaging and alerting system that leverages email, phone, text, pagers and other messaging formats to provide 24/7/365 notification, alerting, and flow of critical information. [More...](#)

LOG IN

Forgot Password?

Or

REGISTER

By proceeding, you agree to Juvare's [Privacy Policy](#) and [Terms & Conditions](#)

Education Offerings

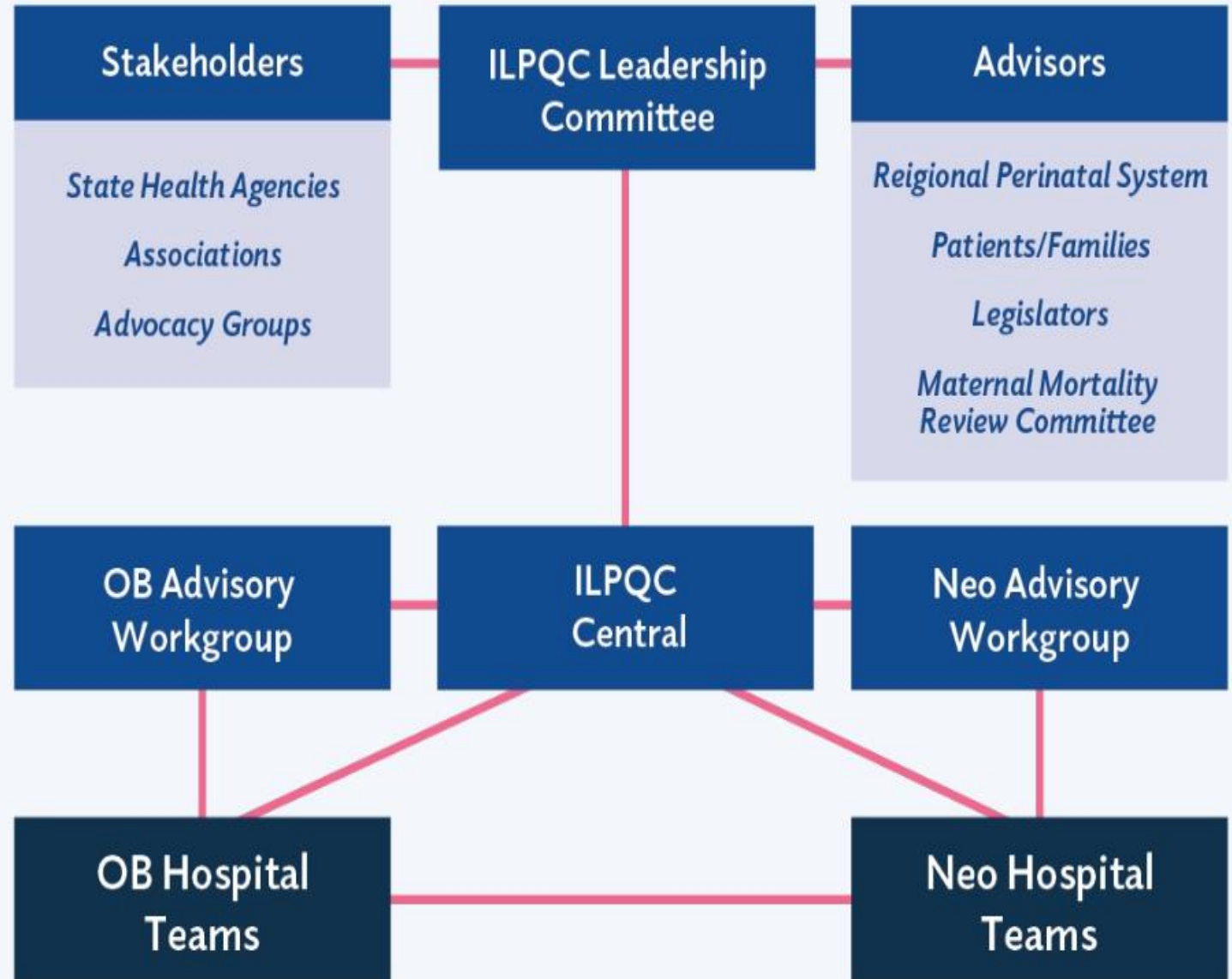
Jen Carius, Maternal Outreach Educator

Emalee Brink, Neonatal Outreach Educator

IL PQC

*Illinois Perinatal Quality
Collaborative*

IL PQC Overview



Face to Face Registration OPEN!

save the date



2025 OB & Neonatal Face-to-Face Meetings

OB TEAMS:

MAY 21st, 2025

Time: 9 am – 4 pm

NEONATAL TEAMS:

MAY 22nd, 2025

Time: 9 am – 3:45 pm

at the President
Abraham Lincoln
Doubletree Hotel
in Springfield, IL

**Calling ALL Perinatal
Leaders, Providers, Nurses,
Advocates, & Friends!**

Join us for an interactive day of collaborative learning with the ILPQC initiative!

Registration and
Hotel Block
Opening 2/28



Make sure at least one *physician champion*, one *nurse champion*, and a *patient partner* attend to represent your hospital.

Perinatal Mental Health (PMH) 2025 OB Initiative



Provider Education & Engagement

Educate all providers on screening & treating patients with PMH conditions using a patient centered, trauma-informed care approach.

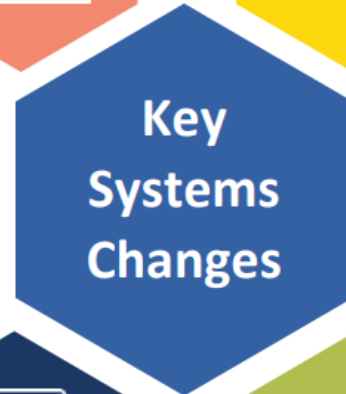


Optimizing Treatment

Establish processes for assessing & treating PMH conditions in obstetric and other care locations.

Patient and Community Education & Engagement

Educate patients on PMH conditions, warning signs and hotline resources. Collaborate with patients & communities and identify community-based resources.



Linkage to Resources

Enhance linkage to mental health services for improved care coordination and innovations to reduce barriers to access.

Screening & Assessment

Enhance screening of PMH conditions in perinatal period.



Optimize SUD Care

Continue optimizing care of people with SUD through assessment & linkage to resources (DOBB MAR NOW)

Wave 1 to pilot data form / resources: January - March 2025

PMH Initiative Launch: ILPQC Face to Face Meeting May

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.

Registered at www.ILPQC.org



Upcoming ESSI Calls

Date	Topic
March 17th, 2025 2:00 PM	Transfer of Care to Community Providers
April 21st, 2025 2:00 PM	ESSI Bundle and Pulling it Together

Promoting Vaginal Birth

PVB Updates

PVB Success in 2024

43

Teams move to Sustainability and maintained an overall C-section rate of 23%

31

Teams submitted sustainability plans (need 100% of teams)

11

Coaching teams reduced NTSV CS rates below 25% and will move to sustainability in 2025

↓

Overall NTSV C-Section Rate for coaching teams has reduced from 27.8% to 26.8%

PVB in 2025

ILPQC will continue support for ALL PVB teams

- Small Group Coaching for teams with an NTSV C-Section Rate above 25%
- Ongoing tracking of NTSV C-Section Rates and access to REDCap Reports including reviewing stratified data to address disparities
- Repeat Labor Culture Survey
- TeamBirth for 22 Hospital Teams
- 1-1 QI Support/Key Players Meetings from ILPQC as needed

Illinois Birthing Hospital Quality Designation Program

with funding from
BCBSIL Special Beginnings® program



Recognizing IL birthing hospitals for their
PVB/ Birth Equity work and demonstrating
a reduction in disparities

ILPQC Birth Quality Designation Program with funding from BCBSIL Special Beginnings® program



Recognition for sustaining PVB and Birth Equity work and demonstrating reduction in disparities



Positive publicity and statewide recognition for providing quality care



Approximately \$10,000-\$20,000 award



Birthing hospitals Quality Designation Program with funds from BCBS IL Special Beginnings Program



Scan here for the Birth Quality Designation Webpage to learn more!



Scan here for the mini grant application

- **Support to hospital teams** working to achieve PVB and Birth Equity aims, sustain initiative efforts and demonstrate a reduction in NTSV cesarean disparities
- Hospitals eligible for **mini-grants** to support implementation of key strategies needed to achieve designation, up to \$3,750
- Hospitals meeting the Birth Quality designation criteria receive **statewide recognition and a monetary award** possibly up to \$10,000 - \$20,000 to their OB department for QI work.
- March 3, 2025 12pm next quarterly webinar for hospital teams
- Mini Grant Application due 4/1/2025
- Birth Quality designation application due 9/30/2025
- Announce 1st annual Birth Quality designations awards at ILPQC Annual Conference in November 2025



How birthing hospitals achieve Birth Quality designation



- Submit monthly sustainability data for Birth Equity / PVB on criteria
 - Participation with ILPQC (must meet key components)
 - Education of clinical team
 - Engagement of patients and community
 - Achievement of initiative aims and reduction of NTSV disparities
- Complete designation application by September 30, 2025

ALL hospitals eligible for ILPQC Birth Quality Mini-Grants:

- 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, and/or doula friendly training for clinical staff (up to \$2,500 total for training)



ILPQC'S 13TH
ANNUAL
CONFERENCE

**NOVEMBER
12TH
2025**

The Westin
Lombard Hotel

**SAVE
THE
DATE**





Save the Date!

- **Maternal Health Summit**

- Tuesday, November 18 &
- Wednesday, November 19, 2025

- Illinois State University
- Normal, IL
- Bone Student Center

SAVE THE DATE

11th Annual Teaming Up for Perinatal Care

Friday September 5, 2025

OSF HEALTHCARE SAINT FRANCIS MEDICAL CENTER
JUMP TRADING SIMULATION And EDUCATION CENTER

Auditorium B

1306 N. Berkeley Ave

PEORIA, IL 61603

8:00 AM to 4:00 PM

Funding for this educational offering is made in part through an Illinois Department of Public Health,

Perinatal Program Grant

Any questions, contact Deb at Deborah.Wenell@osfhealthcare.org

(309) 655-6702



Regional Quality Council

Regional Quality Council

Where We Have Been...

- 4 in-person meetings per year
 - 4-6 hours per meeting
 - Added Maternal/Newborn workgroups for engagement
 - Travel was prohibitive and COVID
- 4 Hybrid meetings with 1-2 in-person as an option per year
 - 4-5 hours per meeting
 - Technology was not friendly
 - Barriers for travel

Where We Are GOING!

- 3-4 Virtual Meetings per year
- 1 IN PERSON Meeting in Peoria
 - May 1, 2025 With Speaker
- MONTHLY Teams or in-person meetings (as feasible) with Susie
 - Will add educators on request
 - 1 hour to begin with
 - Schedule first one in April
 - Agenda
- We will evaluate in December

Hospital & PNA Sample Agenda

- Agenda for monthly meeting
- First meeting to be scheduled in April
- First meeting just the Nursing Care Manager and PNA
- Subsequent meetings invite whomever you would like
- Request NCIPN Educators to attend
- Next meeting scheduled at this meeting, or we can set up for the entire year
- Email will be sent to schedule by the this Friday

_____ and PNA Monthly Meeting
April ?, 2025

Reflection/Positive Call Out
Old Business
Review ePerinet data entry
Review and essential resources
Review Site Visit Readiness Packet
Review Cases for PCR
Follow up from PCR
Educational Needs
Review CQI Projects
Review Transfers
New Business



Perinatal Case Reviews (PCR)

- Based on the number of deliveries per year
 - More at the request of the facility
 - Looking for educational opportunities
 - Consider Quality Improvement Project
-
- Discuss transfers
 - Suggest other cases if desired
 - Remember to invite Social Work/Case Management
 - Invite Quality Improvement people
 - Tonya will be attending those that she can

New Maternal Case Review Form

- To assist in the PCR review process
- Dropdowns
- PNA developing
- Will be reviewed by educators too
- Coming soon....

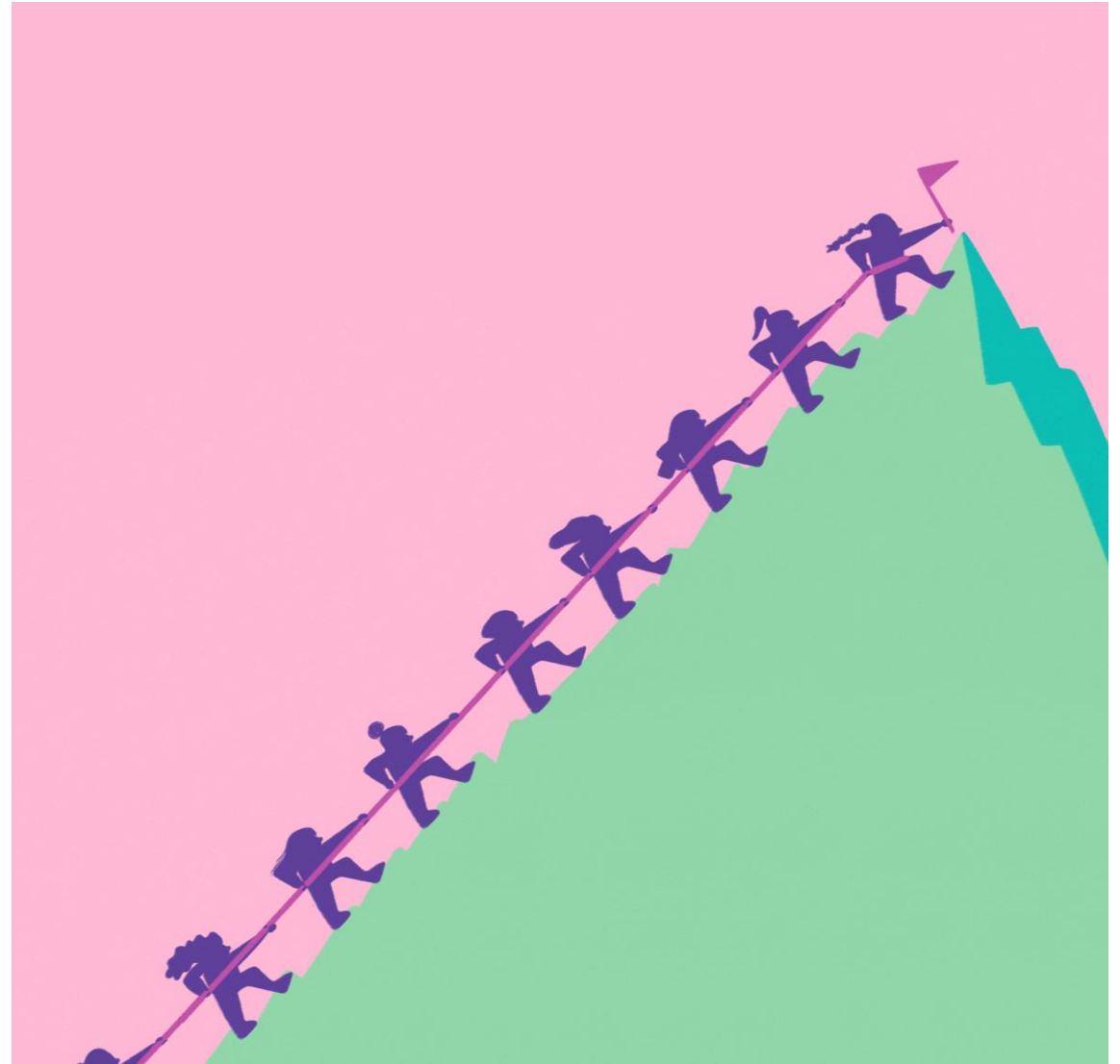
Abstraction: Maternal Case Review		MRN: Click or tap here to enter text.			
Reason for Review: Other Other: Click or tap here to enter text.		Review Date: 11/11/2024			
Reason for Readmission? Click or tap here to enter text.		Admit Date: 11/22/2024			
Hospital Name: Enter Hospital Name. <input type="checkbox"/> Born outside Hospital? If so, where? ___ <input type="checkbox"/> Planned Home Delivery <input type="checkbox"/> Unplanned Home Delivery <input type="checkbox"/> Birth Center		Race: Other if other: Click or tap here to enter text. Hispanic or Latino: Choose an item.			
Gestational age at first visit: Click or tap here to enter text.		Gravity: ___ Parity: T: ___ PT: ___ AB: ___ Living ___			
Maternal Age: #	Consulted with: Choose an item. Other: Click or tap here to enter text.	Insurance: Click or tap here to enter text.			
Maternal Medical History: Prenatal Care: How many visits attended? Click or tap here to enter text. Date of First Visit: Click or tap to enter a date. Was there: <input type="checkbox"/> Prenatal testing <input type="checkbox"/> Ultrasounds <input type="checkbox"/> consults with Choose an item. If anything, abnormal was found, please include: Click or tap here to enter text. If fetal monitor tracing is pertinent to this case? if so, please include: Click or tap here to enter text. *If antenatal testing is pertinent, please include report (please attach at the end): Click or tap here to enter text. Operative note or delivery note if pertinent to the case (please attach at the end): Click or tap here to enter text.					
Labor information: Length of Labor: Click or tap here to enter text. Length of Time Ruptured: Click or tap here to enter text. <input type="checkbox"/> Induction or <input type="checkbox"/> spontaneous. (labor timeline) APGARs: 1 minute: # 5 minutes: # 10 minutes # -Arterial cord gasses pH: ___ PO2 ___ PCO2 ___ BD/BE ___ -Venous cord gasses pH: ___ PO2 ___ PCO2 ___ BD/BE ___ *Autopsy results if indicated Click or tap here to enter text. *genetic testing if indicated Click or tap here to enter text.					
Delivery Status: Choose an item.	QBL: Click or tap here to enter text.	Mode of Delivery: Choose an item.	C/S Type: Choose an item. C/S Indication:	Fetal/Neonatal Outcome: Stillborn Other: Click or tap here to enter text.	Date of Delivery: 2/19/2025
Pt. Location at time of event: Choose an item. Other: Click or tap here to enter text.		Fetal/neonatal weight at delivery (grams): Click or tap here to enter text.			
Social Determinants of Health: Patient History of mental illness? Choose an item. If yes, please select all that apply: <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> PTSD <input type="checkbox"/> Other If other, please explain: Click or tap here to enter text. If screened positive which lack of resources were identified. Select all that apply: <input type="checkbox"/> Counselor <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Medication <input type="checkbox"/> Support Group Family/ Friend Support <input type="checkbox"/> None <input type="checkbox"/> Other					

Perinatal Redesignation Site Visit Review

Moving Forward...

Site Visit Readiness

- NICPN is developing a Site Visit preparedness toolkit
- Sample Resource Requirement Checklist with notes of things to include
- A fillable Bio Sketch
- This will be reviewed at our One-on-One Meeting in April
- Yes, with the new MLOC there may be a different format for these but much of the information will be similar



Syphilis Testing during Pregnancy: What is the Law in Illinois?

- For all pregnancies in IL, both first visit and third-trimester syphilis testing are required. **410 ILCS 320/1**
- There are documented disparities and poor adherence with IL mandate.¹

1. Clement AC, Fay KE, Yee LM. Disparities in state-mandated third-trimester testing for syphilis. Am J Obstet Gynecol MFM. 2022 May;4(3):100595. doi: 10.1016/j.ajogmf.2022.100595. Epub 2022 Feb 15. PMID: 35176505; PMCID: PMC9081215.

Syphilis Reporting

Syphilis Testing Log

Patient Name	Medical Record #	Syphilis test after 28 weeks GA?	Result
		If yes check here: Date: _____	Negative Positive

Complete the following questions for MATERNAL POSITIVE Results

1. Gestational age at Delivery _____

2) Testing type: Treponemal Ab (EIA or CIA) 2) RPR/VDRL 3) PATP (circle)

3) Maternal PCN administered during this admission? Date(s): _____

Dosing Given: _____

3) Any maternal testing done in the previous year (from delivery)

Date: _____ Test type: _____ Result: _____

Date: _____ Test type: _____ Result: _____

Date: _____ Test type: _____ Result: _____

Infant Testing completed

3) Were the following tests performed on the infant? (Check boxes)

RPR Titer? Yes ___ No ___ Value _____

CSF? Yes ___ No ___

Long Bone X Ray? Yes ___ No ___ Results: Normal ___ Abnormal _____

Health care providers are required by Illinois law (410 ILCS 320/1) to screen all pregnant women for syphilis infection during the first prenatal visit and during the third trimester. - In the event any blood tests shall show a positive or inconclusive result an additional test or tests shall be performed

1) Initial SYPHILIS screening:			
A. Total # delivered women who presented without ANY documented syphilis screening test prior to labor and delivery			
1. Total # women missed, not screened (either before delivery or immediately postpartum) Of the total untested, delivering women, total women not screened.			
2. Total # women screened Total number of untested, delivering women who were screened for SYPHILIS			
a.# any reactive results		b.# negative results	
B. Total # of multiple births and infants received through transports From missed women only, total number of multiple births. Add the number of infants received through transports.			
2) Repeat 3 rd Trimester SYPHILIS screening:			
A. Total # delivered women who presented without documented SYPHILIS screen after 28 weeks (27w6d) in the pregnancy The number of delivered women who presented to L&D with documentation of SYPHILIS screening in pregnancy, but without a screen performed after 27 weeks and prior to delivery.			
B. Total # women missed, not screened prior to discharge Of the total delivering women not repeat screened after 27 weeks, total women not screened.			
2. Total # women SYPHILIS screened Total number delivering women not repeat screened after 27 weeks, who were screened for SYPHILIS			
a.# any reactive results		b.# negative results	

In Closing...

“Things that really matter are the things that gold can't buy, so let's have another cup o'coffee and let's have another piece of pie”

~ Irving Berlin