



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 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 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 quality improvement leadership to form a statewide quality collaborative to support hospitals working together on both obstetric and neonatal quality improvement initiatives. With input from key stakeholders, partnership with the IDPH Regionalized Perinatal Program and consultation and expertise from perinatal quality collaborative leaders in California, Florida, North Carolina, and Ohio, the Illinois Perinatal Quality Collaborative (ILPQC) was born. ILPQC is currently one of 13 CDC-funded U.S. state perinatal quality collaboratives providing quality improvement infrastructure, resources, and data management support to over 110 hospitals across the state – helping to make Illinois an even better place to 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.
- Educate stakeholders on improvement science and best practice, 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.



INVOLVEMENT IN ILPQC

ILPQC is looking for perinatal health-related physicians and practitioners, perinatal nurses, perinatal quality leaders, advocates, payers and policymakers statewide to become involved in our Obstetric and Neonatal Advisory Workgroups. These workgroups advise current perinatal QI initiatives, as well as propose and develop future perinatal QI projects. We are also looking for volunteers for our ILPQC Speakers Bureau, an opportunity to assist with education outreach such as giving Grand Rounds for interested hospitals with ready to use ILPQC initiative slide sets. If you are interested in getting involved with ILPQC, please contact us at info@ilpqc.org.

NATIONAL COLLABORATIONS

ILPQC is one of 13 state perinatal quality collaboratives invited to join The Alliance for Innovation on Maternal Health (AIM) program, sponsored by the Council for Patient Safety in Women's Health Care.

OUR INITIATIVES

Current Initiatives (2016-2017)

- The Maternal Hypertension Initiative has increased the percentage of women treated within 60 minutes from 42% (baseline, 2015) to 84% (October 2017).
- The Golden Hour Initiative has increased the use of best practice delivery room communications, to improve structured predelivery communication practices from 46% (July 2015), to 82% (October 2017).

Future Initiatives:

- Mothers and Newborns affected by Opioids (MNO) Initiative starting in 2018
- Immediate Postpartum LARC (IPLARC) Initiative starting in 2018

Past Initiatives:

- The 2014 Early Elective Delivery (EED) Initiative resulted in a reduction in EEDs at 37-38 weeks gestation from 2.33% (2013, quarter 1) to 1.81% (2014, quarter 4).
- The 2014 Neonatal Nutrition Initiative resulted in a reduction in VLBW infants discharged with weights < 10th percentile from 45% (1/2014) to 33% (12/2014).
- The 2015 Birth Certificate Accuracy Initiative achieved an increase in birth certificate accuracy of 17 key variables from 87% (Aug-Oct 2014 baseline) to 97% (12/2015).

PARTICIPATING HOSPITALS

ILPQC is currently working with over 100 Illinois birthing hospitals. As of December 2017, there are 110 hospitals participating in obstetric initiatives and 26 hospitals participating in neonatal initiatives covering over 99% of births and 91% of neonatal intensive care unit beds in Illinois, respectively. To participate in ILPQC initiatives hospitals should identify a perinatal quality improvement (QI) leadership team including, at a minimum, a physician/provider champion, a nurse champion, and if possible a QI champion. Teams should meet at least monthly and participate in ILPQC monthly calls, the fall Annual Conference, and the spring Face-to-Face Meeting. Participating hospitals are able to access quality improvement educational opportunities, including webinars, toolkits, data support and QI coaching calls. Hospitals are provided a secure web-based rapid response data system that allows monthly comparison of QI progress across time and across all participating hospitals. In addition, hospital teams across the state participate in regular calls with opportunities to share their QI successes and challenges to optimize evidence based, data driven collaborative learning.

OUR STRUCTURE

