ongoing project at the time of abstract submission and full outcome of this study would be presented in detail at the IHI conference.

24 DEVELOPING A STATEWIDE HOSPITAL-BASED QUALITY IMPROVEMENT INITIATIVE TO BUILD HOSPITAL CAPACITY TO ADDRESS BIRTH EQUITY

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Background There are significant racial disparities in maternal mortality In Illinois (IL), with black women six times as likely to die of a pregnancy-related condition as white women. The Illinois Perinatal Quality Collaborative (ILPQC) is developing a statewide hospital-based Birth Equity quality improvement (QI) initiative to build hospital quality improvement capacity using the IHI Breakthrough Series to improve birth equity through collaborative learning opportunities, rapid response data, and QI support.

Objectives Our objective is to describe the process ILPQC is using to develop the Birth Equity initiative for implementation.

Methods IL birthing hospitals voted to implement a Birth Equity Initiative in late 2018. ILPQC engaged stakeholders to identify Birth Equity as a statewide improvement initiative. We identified 5 interdisciplinary initiative clinical leads who provide clinical expertise on initiative development. ILPQC reviewed 3 state-based PQCs' approaches to provide birth equity support to hospital teams, resources from 21 organizations, and 24 peer reviewed articles. We identified draft aims, measures, and tools to facilitate system-level changes that lead to clinical culture change.

Abstract 24 Table 1 Working key drivers, strategies, and measures for the illinois perinatal quality collaborative birth equity initiative

Key Driver	Strategy	Possible Measure
1. Address social determinants of health during prenatal, delivery, and postpartum care to improve birth equity	1.1 Map resources that provide services for patients with identified social determinants of health, perinatal mood, trauma, substance use disorder, and social support and post for all hospital and outpatient provider clinic locations	Structure measure:% of hospitals with resource map in place (or working on it, or not started) and provided to all outpatient provider clinic locations
	1.2 Implement a brief social determinants of health tool and facilities coordinated connection to community resources and follow up	Process measure:% of sample of patient charts with social determinants screen/checklist completed and warm handoff facilitated prenatally and on L&D
2. Utilize race/ethnicity medical record and quality data to improve birth equity	2.1 Implement protocols for accurate collection and recording of race/ethnicity data based on patient self-reported race	Structure measure:% of hospitals with protocol for accurate collection and recording of race/ethnicity data in place (or working on it, or not started) and shared with all outpatient provider clinic locations
	2.2 Implement, review, and share with all providers and staff reports and dashboards of key maternal health measures by race/ethnicity	Structure measure:% of hospitals with provider and staff reports and dashboards in place (or working on it, or not started) and shared with all outpatient provider clinic locations
	2.3 Create a protocol for systematic review of hospital's patient satisfaction data stratified by patient race/ethnicity with feedback process to clinical team	Structure measure:% of hospitals with protocol in place (or working on it, or not started) and shared with all outpatient provider clinic locations
	2.4 Implement strategies for incorporating discussion of social determinants and discrimination in hospital maternal mortality reviews	Structure measure:% of hospitals with strategy for incorporating discussion of social determinants and discrimination in hospital maternal mortality reviews
3. Engage patients, birth partners, and communities to improve birth equity	3.1 Identify at least one patient advisor for your hospital quality improvement (QI) team	Structure measure:% of hospital teams with a patient advisor in place (or working on it, or no started) on their hospital QI team.
	3.2 Implement a protocol on how your hospital will engage doulas as partners in labor and delivery	Structure measure:% of hospitals with a protocol in place (or working on it, or not started) for engaging doulas as partners
	3.3 Implement and review and share data from a patient-reported experience measure (PREM)	Structure measure:% of hospitals with the PREM in place (or working on it, or not started) and being utilized to improve care Process measure:% of patients in monthly sample with PREM completed and documented
	3.4 Develop and provide patient education on urgent Maternal warning signs during pregnancy and in the year after delivery	Structure measure:% of hospital teams with patients receiving key education materials prenatally and prior to hospital discharge Process measure:% of patients in monthly sample with documentation of receiving Maternal Warning Signs education
4. Engage and educate providers and nurses to improve birth equity	4.1 Educate all providers on implicit bias and how they can address it in clinical care	Process measure:% of providers and nurses completing implicit bias training
	4.2 Educate providers/nurses in L&D, triage, emergency department, postpartum units on importance of listening to patients and patients feeling heard	Process measure:% of providers/nurses completing listening task with patients in monthly sample OR% of providers/nurses trained on listening to patients
	4.3 Implement hiring strategies to diversify providers and staff	Structure measure:% of hospitals with policy for addressing implicit bias in hiring health care providers

Results We identified four draft key drivers to: (1) address social determinants of health during prenatal, delivery, and postpartum care; (2) utilize race/ethnicity medical record and quality data; (3) engage patients, birth partners, and communities; and (4) engage and educate providers and nurses, to improve birth equity. See the Table 1 for the working version of key drivers and corresponding strategies and measures.

Conclusions The ILPQC Birth Equity Initiative will be further developed with input from the initiative clinical leads and stakeholders for implementation with up to the 117 birthing hospitals in IL starting in 2021. ILPQC and hospital teams will monitor progress on initiative measures monthly to inform statewide improvement efforts and evaluate the implementation approach for potential replicability in other states.

25 UNDERSTANDING INSTITUTIONAL PHYSICIAN CHRONIC OPIOID PRESCRIPTION PRACTICES FOR THE IMPROVED IMPLEMENTATION OF NEWLY DEVELOPED EMR TOOLS

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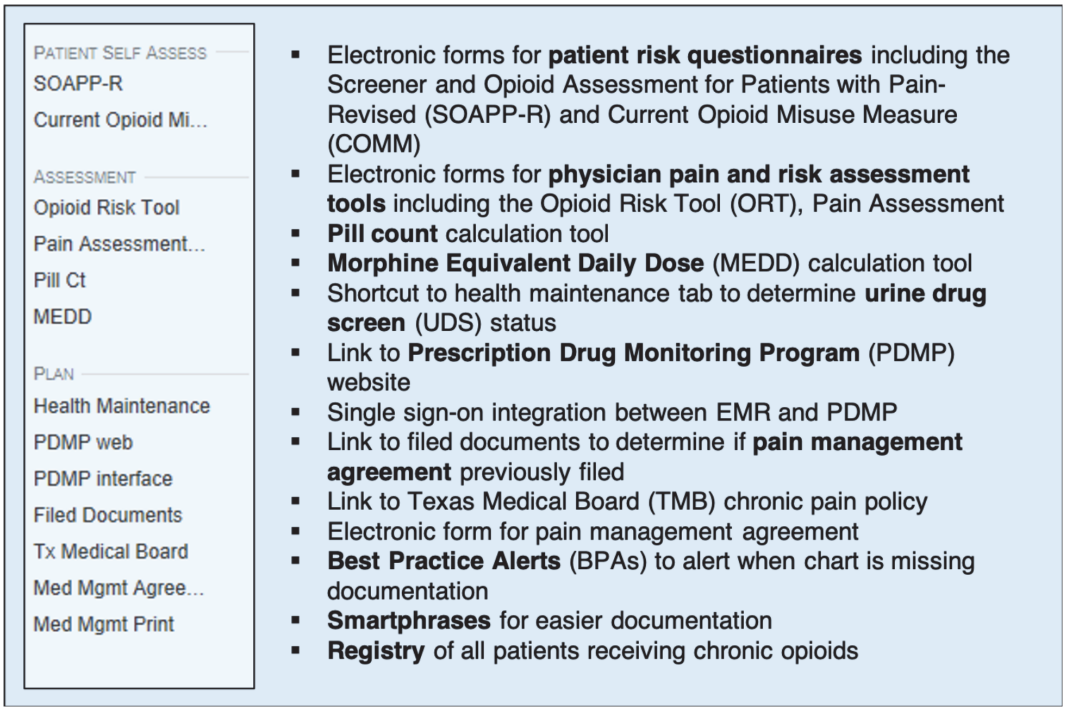
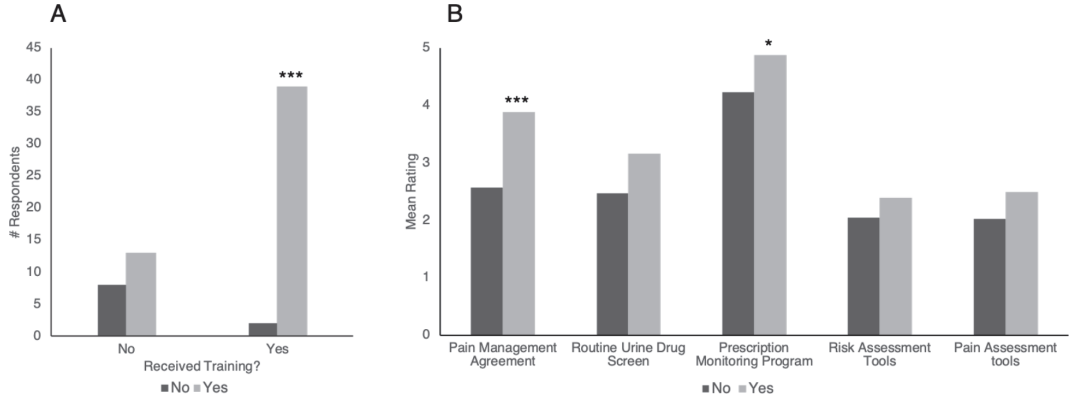
Background Chronic non-cancer pain (CNCP) affects a significant portion of the United States population each year and is often treated with chronic opioids. Several policies including the 2016 'CDC Guidelines for Prescribing Opioids for Chronic Pain' have been developed to guide CNCP management. These recommendations include the use of pain management agreements, urine drug screening, prescription monitoring programs (PMP), and risk and pain assessments among others. In Texas, several recent policies have made



Abstract 25 Figure 1 Summary of EMR chronic paint navigator tool function and other EMR-integrated tools.



Abstract 25 Figure 2 Intervention efficacy, A) Reported awareness of CNCP policy based on training exposure, B) Reported use of guideline treatment components with and without intervention use, ***p<.0001, *p<.05