

10 Steps for Getting Started with the NPQIC Birth Equity Initiative

1. Submit your [BE Participation Agreement](#) and complete the NPQIC [BE Teams Readiness Survey](#) to identify team opportunities for improvement. Please work together as a team to complete the survey and choose one team member to fill out the survey. Remember, there are no correct answers. It's ok to start with lots of opportunities for improvement!
2. Schedule regular, at least monthly, BE QI team meetings to review your data and make improvement plans and identify PDSAs cycles for the coming month.
3. Review the NPQIC BE Data Collection Form with your team and discuss strategies for data collection and attend the BE Data Call on December 12, 2023. After reviewing the data form, start conducting baseline data collection (Jan, Feb, March 2024).
4. Review your hospital's baseline data and identify opportunities for improvement. Reference the [BE Key Strategies and Drivers Diagram](#) to identify possible interventions. Consider how your team will use the monthly data to monitor initiative progress and provide feedback to clinical teams.
5. Review the NPQIC Birth Equity Toolkit (online) for nationally vetted resources to support your improvement goals.
6. Meet with your QI team to create a draft [30-60-90 day plan](#). This plan helps your team decide where to start and identify what you want to accomplish in the first 3 months. Consider focusing on the BE Key Strategies using your baseline data and readiness survey results to give input on where your hospital should start.
7. Plan your first [PDSA Cycle](#) with your team to address your 30-60-90-day plan. These small tests of change help your hospital test process/system changes to reach initiative goals. Please see linked worksheet for more details on planning your first small test of change. Focus on BE key strategies for improvement, start small and test a change/ improvement with one nurse, one provider, one patient, or one day or one week. Review results, make improvements and implement if successful, repeat the cycle if adaptations are needed.
8. Consider scheduling a BE kick-off meeting and /or grand rounds to officially announce the launch of your hospital BE initiative work. This should include sharing an overview of the BE initiative, BE Key Strategies, and your team goals for the initiative with OB clinical staff to facilitate OB provider, nurse, and staff buy-in. Assistance from NPQIC will be available.
9. Review [implicit bias training resources](#) and create a plan for implementation and completion of implicit bias training by L&D OB providers and nursing staff, process to review results and plan for using feedback to drive improvement.
- 10. Reach out to NPQIC with any questions or for clarification – we are here to help!**