

2026 CPQCC Annual Impact Series

Advancing Quality Improvement Through
Data, Partnership, and Innovation



“

You don't understand being a NICU parent unless you've been a NICU parent. If there's a willingness to include a parent voice, it makes it a symbiotic relationship with a NICU — we are sharing things that worked, and things that could be better. The real value of the California NICU Family Advisory Council is that it's lived experience improving future experience.”

Ashley Omwando, MBA

NICU Mom

CPQCC California NICU Family Advisory Council Member

A photograph of a newborn baby lying in a hospital bassinet. A parent's hand is gently resting on the baby's head. The parent's face is visible through the glass of the bassinet, smiling. The image is overlaid with a purple and teal geometric design on the left side.

Welcome & Opening Remarks

Fulani Davis



CPQCC: Partnerships & Quality Improvement in Action

Welcome

October 7, 2026 | 12:00–1:30 PM

Today: How CPQCC's mission, partnerships, data, and improvement work connect to support hospitals and improve care.

CPQCC Annual Impact Series

Advancing quality improvement through data, partnership, and innovation

Data

A shared view of
outcomes and
opportunities

Partnership

Connections across
programs, systems, and
teams

Innovation

Learning, resources,
and improvement in
practice

The Annual Impact Series reflects CPQCC's expanded focus beyond database education — toward practical insight, current program updates, and resources that support improvement.

Today's conversation

How mission, partnerships, improvement work, and family voice fit together

1

Welcome & Opening Remarks

12:00 | Fulani Davis

2

The CPQCC Mission and Goals

12:05 | Leslie Kowalewski

3

CPQCC Ecosystem and Partnerships

12:15 | Fulani Davis

4

Quality Improvement in Action

12:35 | Courtney Breault

5

Partnering with Families

12:50 | Joanne Tillman

6

Panel Discussion & Audience Q&A

1:00 | All Panelists

We'll close with 30 minutes for panel discussion and audience questions.

Today's Presenters & Panelists

CPQCC: Partnerships & Quality Improvement in Action



Leslie Kowalewski

Executive Director
CPQCC/CMQCC



Fulani Davis

Lead Program Manager
CPQCC



Courtney Breault

Associate Director of Quality
CPQCC



Joanne Tillman

Family Engagement
Coordinator
CPQCC/CMQCC

Co-host / slide support: Marci Treadwell • Panel Discussion & Audience Q&A with all panelists

Before we begin

A few quick logistics

Questions

Please use the Q&A feature.
We'll hold time for discussion at the end.

Recording & materials

Presentation materials and resources will be available through the Annual Impact Series webpage.

Contact hours

Attend the full live session (at least 60 min) and complete the evaluation to receive continuing education (CE) credit

Thank you for being here — and for the work you do every day to support mothers, babies, families, and communities.

Continuing Education Information

MCCPOP

Mid-Coastal California
Perinatal Outreach Program

- If you attend as a team, please contact contactmccpop@stanford.edu for the form to utilize. The form necessitates approval by either a supervisor or nurse educator.
- Attendees will be eligible for contact hours through the the Mid-Coastal California Perinatal Outreach Program (MCCPOP). MCCPOP is approved as a provider of continuing education by the California Board of Registered Nurses, Provider #3104. This course has been approved for **up to** 1.5 contact hours for the 90-minute events and 1.0 contact hours for the 60-minute events.
- Attendees must remain on the webinar for the entire time and are required to complete the evaluation post session, in order to receive contact hours. The evaluation will be available within 2-4 days following the session.
- To receive contact hours (RN) for this webinar, **please remain on the webinar for at least 50 minutes.**



Our starting point

Mission first — then how the ecosystem brings it to life



We'll begin with the mission and goals that anchor the work.

Then we'll look at how CPQCC's partnerships, QI infrastructure, and family voice move that mission into action.



CPQCC Mission & Goals

Leslie Kowalewski

cpqcc

Our mission

A member-driven perinatal quality collaborative.

To improve the quality and equity of healthcare delivery for California's most vulnerable infants and their families, from birth and NICU stay to early childhood.

Our work is directed by volunteer committees from across California, neonatologists, nurses, families, community experts, data abstractors, multidisciplinary teams, and QI experts, guided by what frontline teams and their patients and families need.

Together, we are making substantial improvements to the health and wellbeing of California's infants.



Who we serve

CPQCC exists to support the people and programs caring for California's most vulnerable newborns & families.

THE STATEWIDE NETWORK

136

NICUs statewide

Every level of care — from large academic centers to rural community units.

~70

High-Risk Infant Follow-Up Clinics

Programs carrying care forward after discharge, through the first years of life.

~50%

of member NICUs have ADC <10.9

An average daily census of 10.9 or fewer, so our tools need to fit them too.

AND THE PEOPLE INSIDE IT

● NICU and HRIF teams

Neonatologists, nurses, social workers, therapists, data staff and quality improvement leads — the people who run the change at the bedside.

● Infants and families

Parents and infants, with family partners, parent liaisons and the California NICU Family Advisory Council seated on core committees and planning teams.

● Community and agency partners

Community-based organizations, county public health, CDPH, MCAH, Medi-Cal managed care plans and state agencies that families rely on after discharge.

A perinatal quality collaborative since 1997 — so that the quality of a baby's care does not depend on which NICU door they come through.

CPQCC, CMQCC, and CA-PQC

Moving from parallel programs to a coordinated maternal-child health system



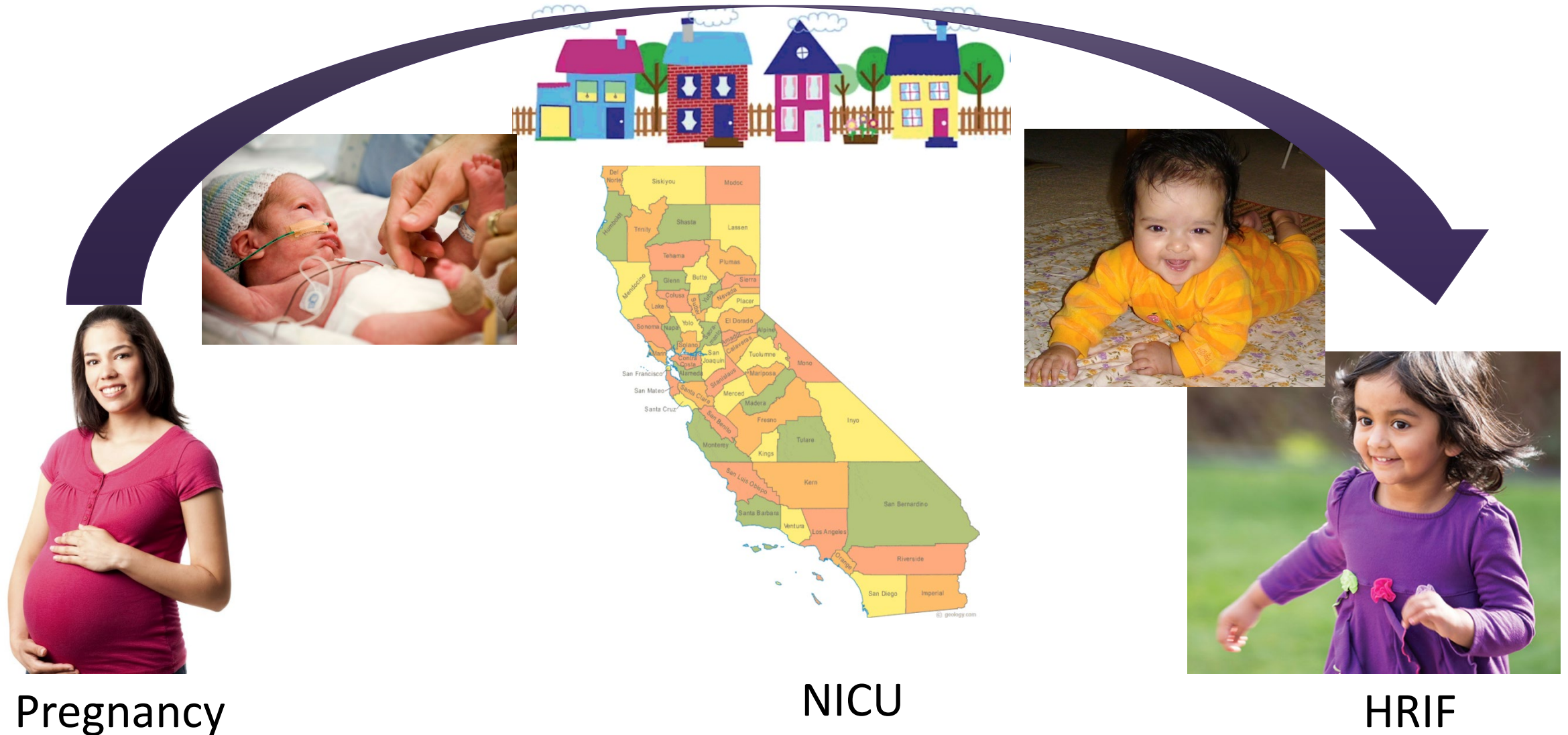
Maternal quality collaborative
focused on preventable
morbidity, mortality, and
racial disparities in maternity
care.

Neonatal quality collaborative
focused on quality and equity
for vulnerable infants and
families.

A single statewide perinatal
quality collaborative aligning
maternal and infant work
across the continuum.

CPQCC + CMQCC

Continuum of Care Structure – unique to California!



Framework for Perinatal Improvement



Pregnancy

Birth Hospitalization

Postpartum to Pre K

CA PQC engages at multiple levels to strengthen perinatal care, with hospitals as the core engine

california perinatal **quality** care collaborative



A newborn baby is lying in a hospital bed, covered with a white blanket. The baby's face is in the lower right, showing closed eyes and a slightly open mouth. On the baby's chest, there are two circular medical sensors with colorful patterns (one blue and one red) and wires extending from them. A hand is gently resting on the baby's head. The background shows the white metal frame of the hospital bed. The image is overlaid with a purple and teal diagonal graphic on the left side.

CPQCC Ecosystem and Partnerships

Fulani Davis

cpqcc



CPQCC ANNUAL IMPACT SERIES 2026

CPQCC Ecosystem & Partnerships

How a statewide network turns mission into action

CPQCC: Partnerships & Quality Improvement in Action
October 7, 2026

Care does not happen in one place

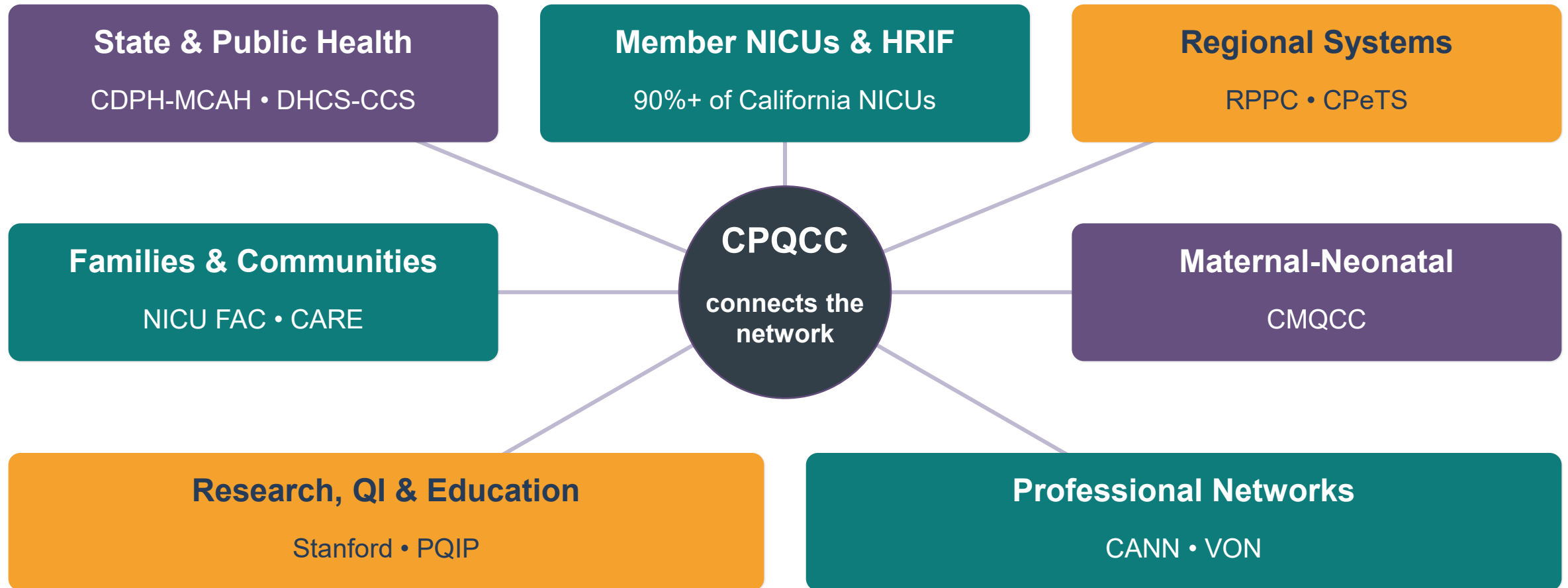
Families move through a connected system. Improvement has to move with them.



CPQCC's role is to connect learning across the journey — so data, practice, and family experience can inform better care.

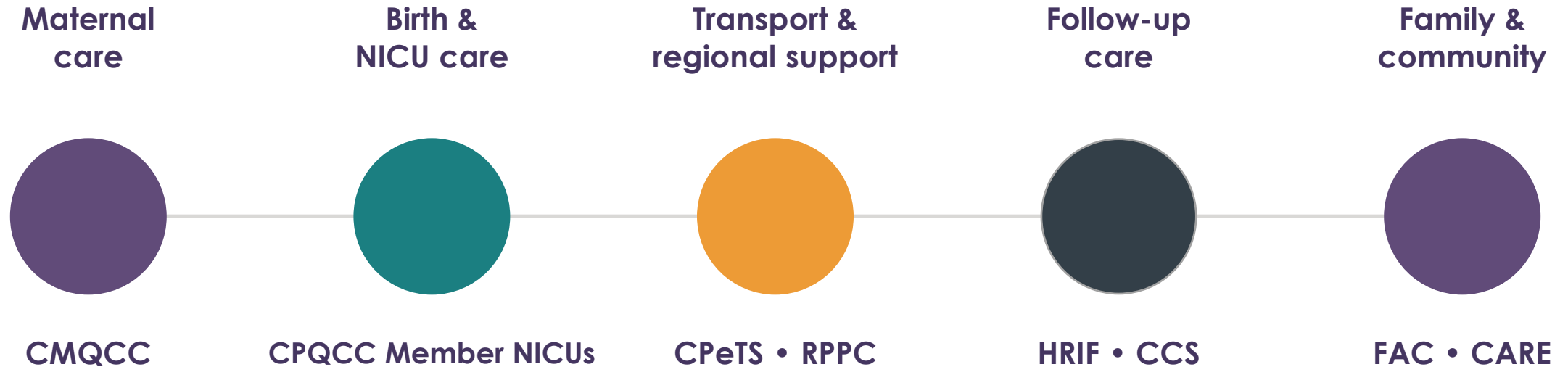
A Statewide Network for Shared Improvement

Members, partners, families, and public systems each bring a different part of the solution.



Connecting care from birth through early childhood

The same family journey touches multiple partners, programs, and systems.



The continuum is only as strong as the connections between each part.

What becomes possible when the network works together?

CPQCC turns connected systems into shared learning, stronger teams, and improvement at scale.

Data & benchmarking

A shared view of outcomes and opportunities

Quality improvement

Collaboratives, coaching, tools, and testing

Education & dissemination

Webinars, learning events, resources, and YouTube

Research & knowledge

Statewide data informing publications and practice

Community & Family Engagement

Families and communities as partners in improving care

This is how shared effort becomes measurable improvement.

What CPQCC partnerships make possible for members

Each relationship brings a different kind of support to the statewide ecosystem.

CDPH-MCAH

Connects CPQCC with statewide maternal and child health priorities and public-health infrastructure.

DHCS / CCS

Links NICU and HRIF data, standards, and systems of care across California.

CPeTS + RPPC

Connects hospitals through transport, regional coordination, education, and shared learning.

CMQCC

Connects maternal and neonatal perspectives across the mother-baby continuum.

VON / CAN

Extends members into broader neonatal quality, professional, and learning networks.

For members: access to a broader system of data, expertise, resources, and shared learning.

The network is strongest when families help shape the work

Family voice helps CPQCC understand needs, prioritize tools, and design improvement that fits real life.

**Family partnership turns experience into insight
— and insight into better care.**

California NICU FAC

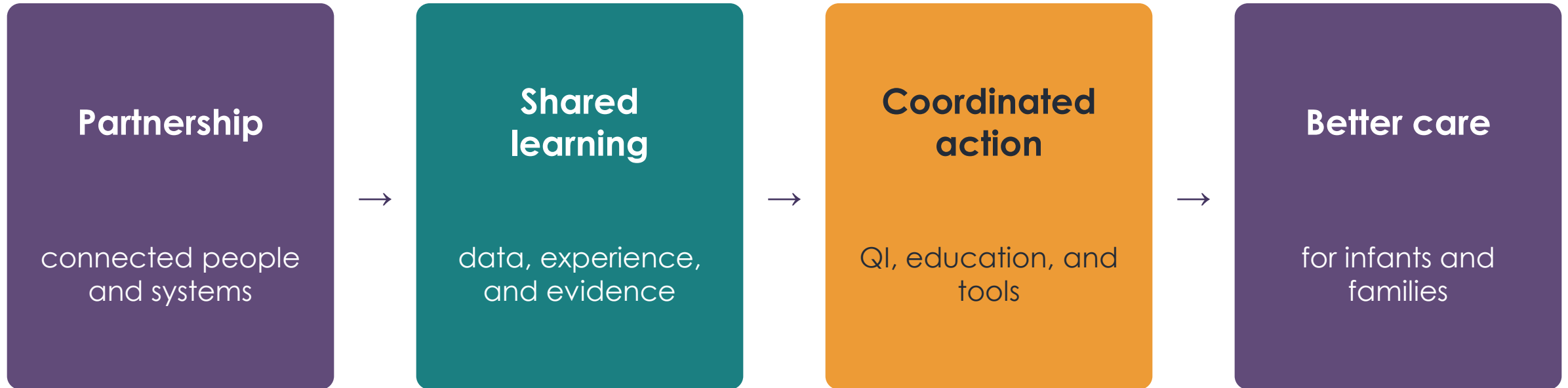
Family-centered resources

Parent Voices Project

Family voice is part of how statewide improvement learns,
adapts, and becomes more responsive.

The purpose of the network is action

Partnership gives CPQCC the reach, learning, and shared infrastructure needed to improve care statewide.



Together, these connections turn shared priorities into action.



Quality Improvement in Action

Courtney Breault

Four capabilities, one loop

None of these works alone. Data without education is a report nobody opens.

1 Data feedback

Standardized data in, risk-adjusted reports back, where a unit stands against the state, and against itself last year.

2 Education

Learning sessions, conferences, toolkits and office hours built for the people who run the change on all shifts.

3 Quality improvement

Structured collaboratives: a shared aim, common measures, monthly data, PDSA cycles run together.

4 Partnership

Families, community organizations, agencies and health plans at the table from design forward, not consulted after.

We leveraged a proven method

Every CPQCC collaborative runs the IHI Model for Improvement, co-designed with the people who live it.

THE METHOD

1 What are we trying to accomplish?

SMART aims, written with the teams who will run it.

2 How will we know a change is an improvement?

Outcome, process, and balancing metrics reported monthly.

3 What change can we make that will result in improvement?

Ideas surfaced by frontline teams, tested locally first.

PLAN · DO · STUDY · ACT

Small cycles at each site, shared across the collaborative every month.

CO-DESIGNED WITH

● NICU teams

Multidisciplinary from the start. Teams choose their own change ideas.

● Families

Family partners and parent liaisons on core planning teams and local teams from design forward.

● Community & agencies

Community organizations, county public health, health plans and state agencies shape the aims.

Co-design is the part that is distinctly CPQCC.

Across the network, now and next

Active improvement work and where the whole network comes together.

MOMMS

Maternal milk in safety-net NICUs

25 NICUs

Collaborative complete

CARE

Health-related social needs and community connection

9 NICUs

January 2026 – December 2027

Ten Point Nine

A workgroup for NICUs with an average daily census ≤ 10.9

~50% of members

relaunched after member outreach feedback

Improvement Palooza 2027

Where the whole network convenes, statewide, in person

March 16, 2027

San Diego

Connected Care: Technology & Teamwork for Every NICU Journey

Equitable care, support and collaboration for all NICUs, highlighting transitions and technology.

Motivating and Optimizing Maternal Milk

MOMMS Collaborative · built for NICUs historically left out of formal collaboratives.

9%

absolute increase in maternal milk at discharge. Significant improvement from 64% to 73%.

25 safety-net NICUs
across California

2 of 3 racial/ethnic groups

Hispanic and non-Hispanic White infants showed significant improvement.

What moved

Breastfed 24 hours prior to discharge to home has improved.

What did not

Skin-to-skin and milk-volume measures did stabilize but did not shift.

What held steady

NEC rates, length of stay, and growth velocity unchanged, so improvement did not come at a cost elsewhere.

22 faculty and advisory members — safety-net NICUs, family partners, doulas, county public health and state policy — designed this together. The partnership was as much the intervention as the clinical change.

Families will leave the NICU already connected to help

CARE Collaborative · Collaborating for Access and Resources in Early Life

AIM 1 Assessment

90% of eligible CARE patients will have health-related social needs assessed during the NICU stay.

AIM 2 Connection

90% of patients with identified needs who accept help will have at least one successful connection before discharge.

AIM 3 Discharge readiness

90% of eligible CARE patients will have a completed discharge checklist before discharge.

Nine NICU teams · three aims · monthly data through December 2027

Where partnership becomes practice: family office hours led by the Family Advisory Council, CalAIM Enhanced Care Management pathways, closed-loop referrals with community organizations, and the Golden State Start free-diaper program for enrolled families.

CPQCC QUALITY IMPROVEMENT WORKGROUP



Ten Point Nine (10.9) Workgroup

A statewide community built for NICUs with an average daily census (ADC) ≤ 10.9 ; stronger data, sharper quality improvement, and improved lifelong outcomes for California's lower census units.

~50%

of CPQCC member NICUs have an ADC ≤ 10.9 , yet most QI programs are built for high-volume units.

41.6%

relative reduction in significant growth restriction achieved by the GAIN: Ten Point Nine Collaborative.

No Cost

to participate, just a quarterly virtual meeting and one QI project a year.

REGISTER NOW



Registration is NOW open

Nomination: Use the QR code to nominate your NICU for the Ten Point Nine Workgroup

Leaving units stronger than we found them

The measure of a QI initiative is whether the next improvement needs us at all.

Data and reporting

Risk-adjusted reports, an equity dashboard, and electronic submission across 135 NICUs and ~70 HRIF programs.

Family and expert faculty

Family partners, parent liaisons and community advocates help design the work from the start.

Low costs to participate

Scholarship support and a realistic time commitment, so capacity is not limited to well-resourced units.

A community for 10.9 NICUs

Ten Point Nine, relaunched after statewide outreach showed our reports did not fit the units that needed them most.

Recognition and spread

Five annual improvement awards, one created for 10.9s NICUs, plus toolkits shared statewide.

Shared infrastructure

One portal, one method, one faculty bench, the opportunities for teams to connect at the touch of an email .



Four ways in

What member teams can do next.

01 Join a QI Initiative

Nominate your NICU. Limited or zero participation fees. Your investment is your time, your expertise, & your willingness to share.

02 Bring a family partner

Family and community voices belong on your core team. We can help you find and support them.

03 Open your data

Pull your CPQCC data reports and view the equity dashboard with your team. What stands out? Select one measure.

04 Nominate for recognition

Five annual QI awards, including one built for 10.9 NICUs.

info@cpqcc.org

Improvement Palooza 2027 · March 16, 2027 · San Diego



Partnering with Families

Joanne Tillman

CPQCC



California Perinatal
Quality Care Collaborative

CPQCC ANNUAL IMPACT SERIES

Partnering with Families

Integrating the Family Voice into Quality Improvement

Joanne Tillman, MPH, MCHES · Family Engagement Coordinator, CPQCC & CMQCC

Advancing Quality Improvement Through Data, Partnership, and Innovation



What 52 Partner Hospitals Told Us

88%

have no NICU-specific
Family Advisory Council

55%

report low confidence
supporting one

19%

name leadership support as
a barrier, the lowest-ranked
of all



The takeaway: the barrier is not permission. It is not knowing how to build the structure.

THE IMPLEMENTATION GAP

Intent Is Not Implementation

58%

intended to use the NICU
FAC Toolkit

6%

had actually downloaded it

89%

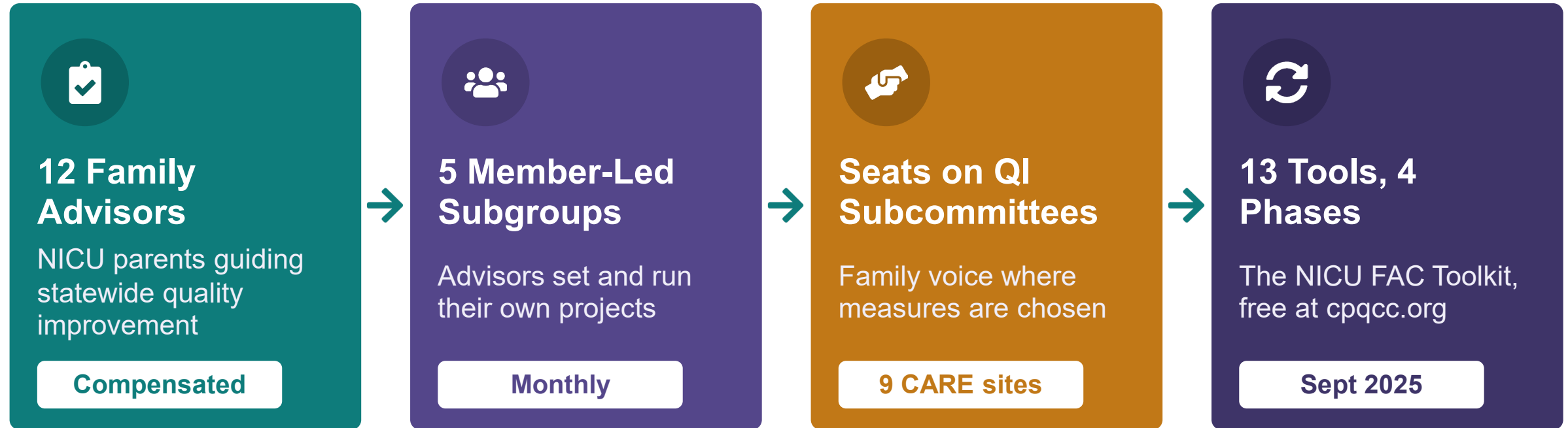
would pilot with
implementation support



The takeaway: units do not need convincing. They need a structure, a champion, and support.

WHAT IT LOOKS LIKE WHEN IT IS BUILT

The California NICU Family Advisory Council



A standing structure with named people and a budget, not a one-time focus group.

THE PEOPLE BEHIND THE TOOLKIT

Meet the California NICU Family Advisory Council

Family members reflecting California's diversity and bringing lived experience and wisdom from their NICU journeys (2025–2026 Council)



Ana Aragon



Silvia Bor



Jennifer Boys Smith



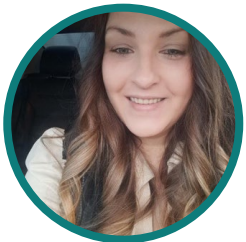
Ra'Niesha Bratton



Angelina Castleberry



Nishan Degnarain



Jennifer Godfrey



Hailey Hibler



Summer McBride



Ashley Omwando



Kimberly Riddle



N. Uche Uzegbu-McGhee

From every corner of California, united by one goal: equitable, family-centered care for every NICU baby and family.

cpqcc.org/family-advisory-council

What Changes When Families Are in the Room

1

What gets measured

Families help to choose the measures, not just review results.

2

How we screen

Screenings are shaped with the help of the families who may answer it.

3

What we test

Advisors learn QI skills and report what happened.

4

Who teaches

Families present to clinicians as experts of their lived experiences.

Family voice is a data source, a design partner, and an accountability mechanism.



ONE STEP THIS WEEK

Use the CPQCC NICU FAC TOOLKIT to get started partnering with families in your NICU.

NICU FAC Toolkit · free at cpqcc.org · info@cpqcc.org



89% of surveyed units said they would pilot with support.

A photograph of a woman and a newborn baby sleeping together in a hospital bed. The woman is lying on her side, facing right, with her eyes closed. The newborn baby is lying on its side, facing right, with its eyes closed. The baby is wrapped in a white blanket with a floral pattern. The background is a blurred hospital room. A purple and teal diagonal graphic is overlaid on the left side of the image.

Panel Discussion: Q&A

Panel Discussion & Audience Q&A

What questions or reflections are coming up for you?

Please continue submitting questions through the Q&A.

We'll use the remaining time for conversation with our panelists.

LOOKING BACK

Today's Takeaways

1

Mission

A shared direction
for improving care

2

Partnership

Connections that
expand what
members can
access and learn

3

QI in action

Turning shared
data and learning
into improvement

4

Family voice

Lived experience
as part of how the
system learns

5

Impact

Better care
through
coordinated action

The strength of the network is in how these pieces work together.

Before You Go

Complete the evaluation

Your feedback helps us improve future sessions. Please scan the QR code below.



Contact hours

Attend the full live session (at least 60 min) and complete the evaluation to receive credit.

Please reference the information on slide 9 for more information.

Recording & slides

Materials will be posted on the Annual Impact Series webpage.

Thank you for taking a few minutes to share your feedback.

JOIN US NEXT WEDNESDAY

Next in the Series

OCTOBER 14

Perinatal Transport Systems:

Improving Communication and Care

12:00–1:30 PM PT

Neonatal transport systems and access to appropriate levels of care

Thank you

for joining us today

We appreciate the work you do across the CPQCC community and look forward to continuing the conversation throughout the series.

