# NY State Birth Equity Improvement Project

Marilyn Kacica, MD, MPH with panelists from NY State hospitals:
Adriann J. Combs, DNP, NNP-BC,
Amelia A. Shapiro, MBA,
and Ariane Ivala-Walker, RNC-OB, MA, MS

# New York State Birth Equity Improvement Project (NYSBEIP)

**Marilyn Kacica, MD, MPH**
*Executive Director, New York State Perinatal Quality Collaborative*
*Medical Director, Division of Family Health*
*New York State Department of Health*

# Project Overview

# NYSPQC Mission & Strategy

The NYSPQC empowers NYS birthing hospitals to provide the best, safest and most equitable care for pregnant, birthing and postpartum people and their infants.

This is achieved through: the translation of evidence-based guidelines to clinical practice; collaboration amongst participants and stakeholders; and the utilization of quality improvement science.

# New York State Perinatal Quality Collaborative (NYSPQC)
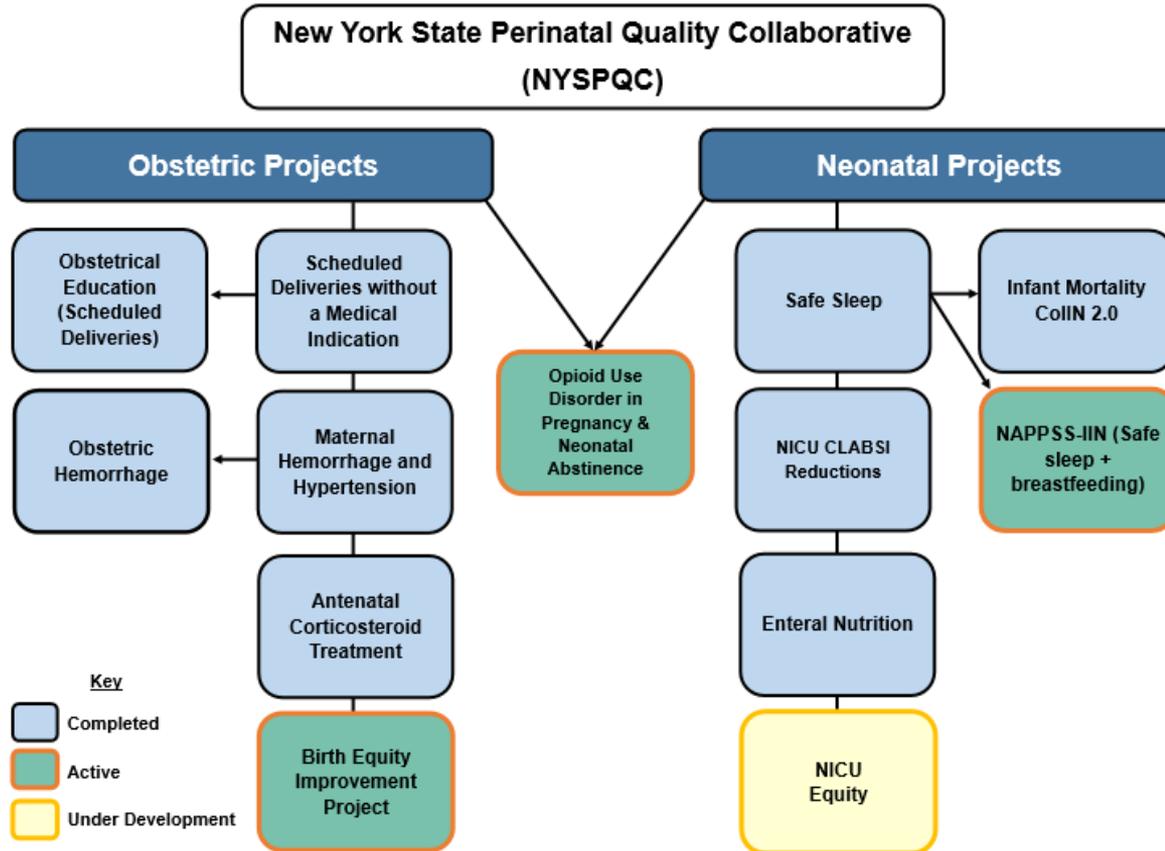
# Project Goal

By December 2021, all New York State birthing hospitals and centers will identify how individual and systemic racism impacts birth outcomes at their facility and will take actions to improve both the experience of care and perinatal outcomes of Black birthing people in the communities they serve.
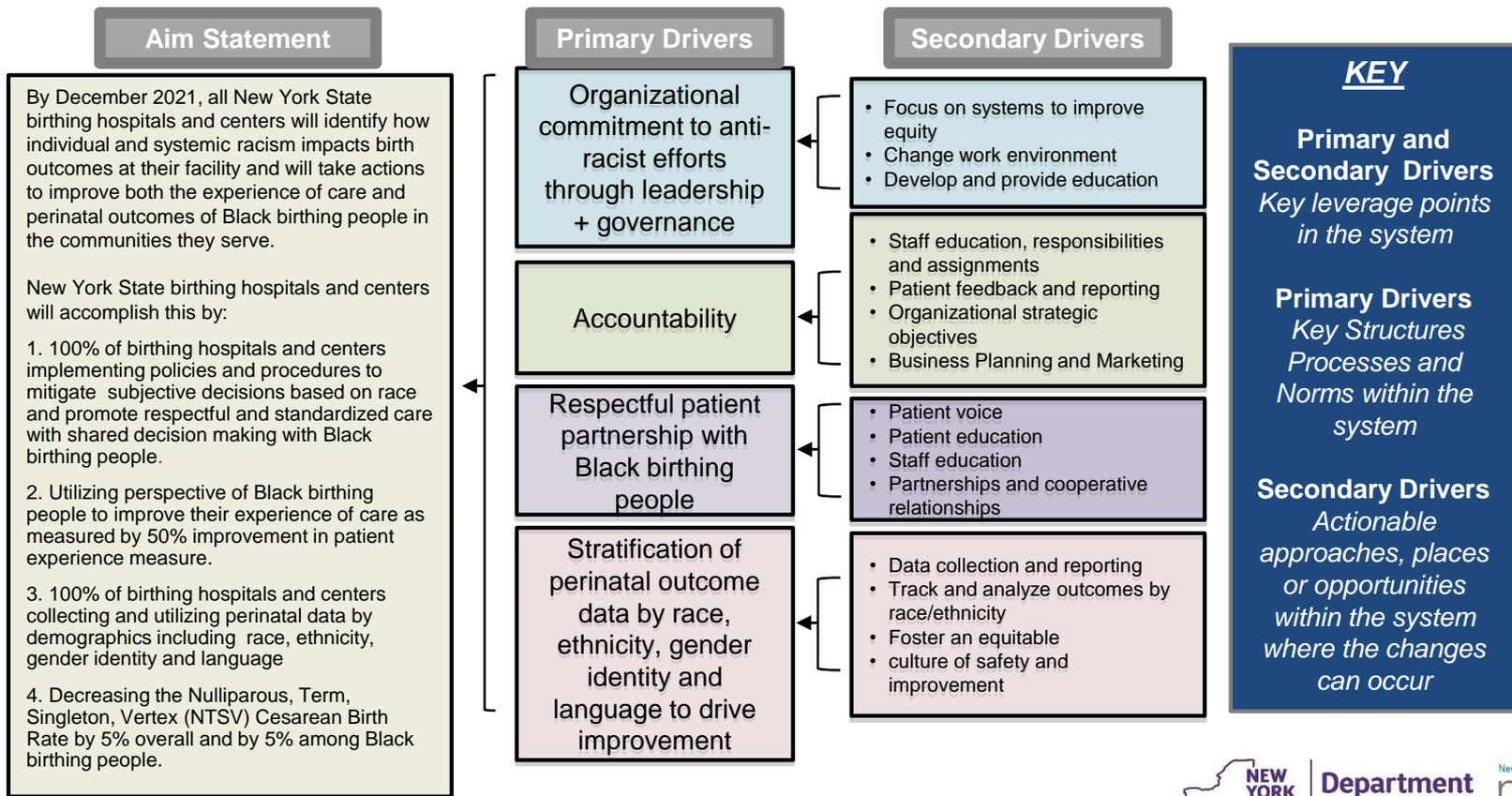
# Project Aim Statement

**New York State birthing hospitals and centers will accomplish this by:**

**1**.100% of birthing hospitals and centers implementing policies and procedures to mitigate  subjective decisions based on race and promote respectful and standardized care with shared decision making with Black birthing people.

**2**.Utilizing perspectives of Black birthing people to improve their experience of care as measured by 50% improvement in patient experience measure**.**

**3.** 100% of birthing hospitals and centers collecting and utilizing perinatal data by demographics including  race, ethnicity, gender identity and language.

**4.** Decreasing the Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by 5% overall and by 5% among Black birthing people.
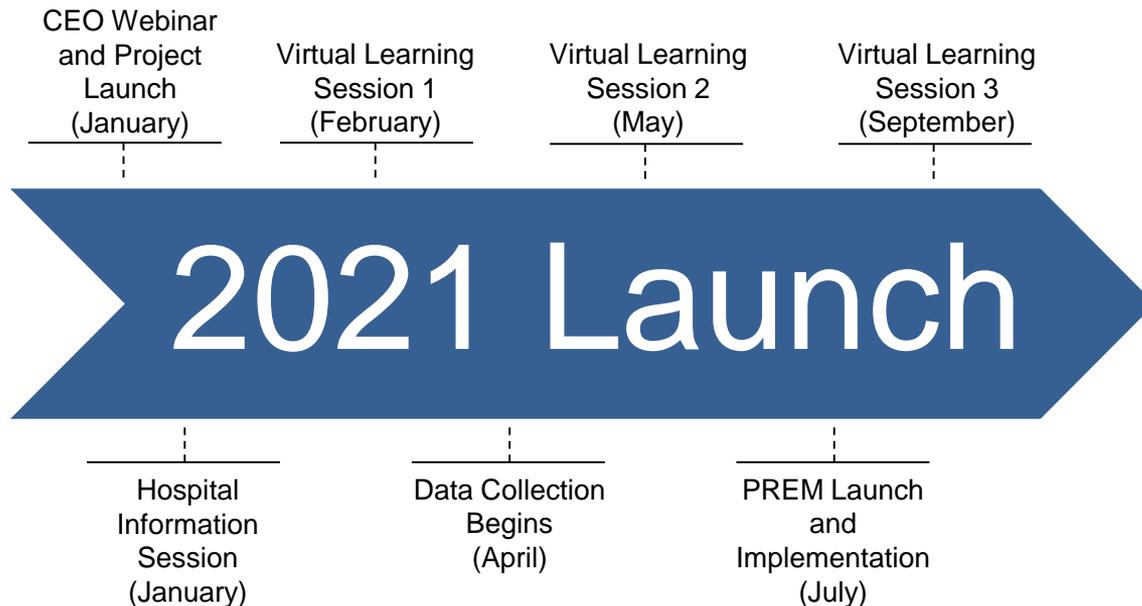
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## Primary Drivers

**Organizational commitment to anti-racist efforts through leadership + governance**

**Accountability**

**Respectful patient partnership with Black birthing people**

**Stratification of perinatal outcome data by race, ethnicity, gender identity and language to drive improvement**

## Secondary Drivers

- Focus on systems to improve equity
- Change work environment
- Develop and provide education

- Staff education, responsibilities and assignments
- Patient feedback and reporting
- Organizational strategic objectives
- Business Planning and Marketing

- Patient voice
- Patient education
- Staff education
- Partnerships and cooperative relationships

- Data collection and reporting
- Track and analyze outcomes by race/ethnicity
- Foster an equitable
- culture of safety and improvement

## KEY

**Primary and Secondary Drivers**
*Key leverage points in the system*

**Primary Drivers**
*Key Structures Processes and Norms within the system*

**Secondary Drivers**
*Actionable approaches, places or opportunities within the system where the changes can occur*

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# Project Timeline and Milestones



CEO Webinar and Project Launch (January)

Virtual Learning Session 1 (February)

Virtual Learning Session 2 (May)

Virtual Learning Session 3 (September)

## 2021 Launch

Hospital Information Session (January)

Data Collection Begins (April)

PREM Launch and Implementation (July)

# NYSBEIP Participating Hospitals



**Legend**
- NYS BEIP-Participating Birthing Facility
- County with NYS BEIP-Participating Birthing Facility
- County with a Birthing Facility not Participating in NYS BEIP
- County without a Birthing Facility
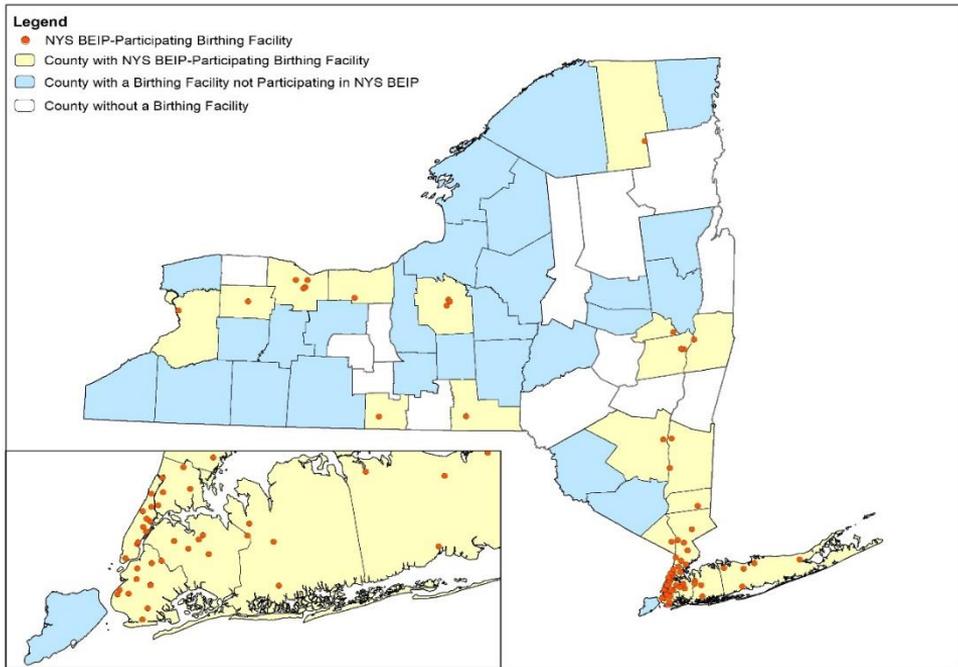
*Source: 2019 NYS Birth File*

73 birthing facilities representing about 73% of NYS births in the first half of 2021

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# Equity Curriculum

# Quality Improvement Curriculum

**Model for Improvement**

- Aim Statement
- Measures
- Changes
- Sustainability

**Tools**

- QI 101, 102
- Driver Diagram
- Change Package
- Measurement Strategy

**Support**

- Learning Sessions
- Coaching Calls
- Office Hours

*Source:* Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers; 2009

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# Equity Curriculum

- Experience of Black birthing people
- Impact of racism on perinatal health
- Equity systems continuum
- Importance of intentional listening vs. non-intentional hearing
- Cultural humility shift
- From Implicit bias into anti-racism transition
- Individual bias vs. systemic bias
- Staff experience of racism
- Authentic patient engagement
- Shared decision making and engaging father and partners

# Measurement Strategy

# Structure Measures

Policies and procedures in place to address equitable care

Written action plan to achieve equity benchmarks, including shared decision-making

Anti-racism education in place for staff. This may include equity, implicit bias, diversity and inclusion training

Updated job descriptions and evaluations for labor and birthing staff that include racial, ethnic, and linguistic justice

PREM survey implemented and offered to every person with a live birth at discharge

Collection and review of perinatal demographic data stratified by race, ethnicity, language and gender

# Process Measures

| | |
|---|---|
| Percentage of PREMs completed | Percentage of reported incidents of inequitable care from birthing people |
| Percentage of eligible facility staff receiving any kind of anti-racism training | Percentage of birthing people reporting shared decision making on PREM |

# Outcome Measures

Average Patient Reported Experience Measure (PREM) score stratified by race and ethnicity

Percent Cesarean delivery among nulliparous, term, singleton, vertex (NTSV) births

# Balancing Measure

Percentage of NTSV births resulting in select delivery-related morbidities including:

- Stillbirths
- 3rd/4th degree lacerations
- Episiotomy with tear or laceration
- Failed instrument assisted delivery
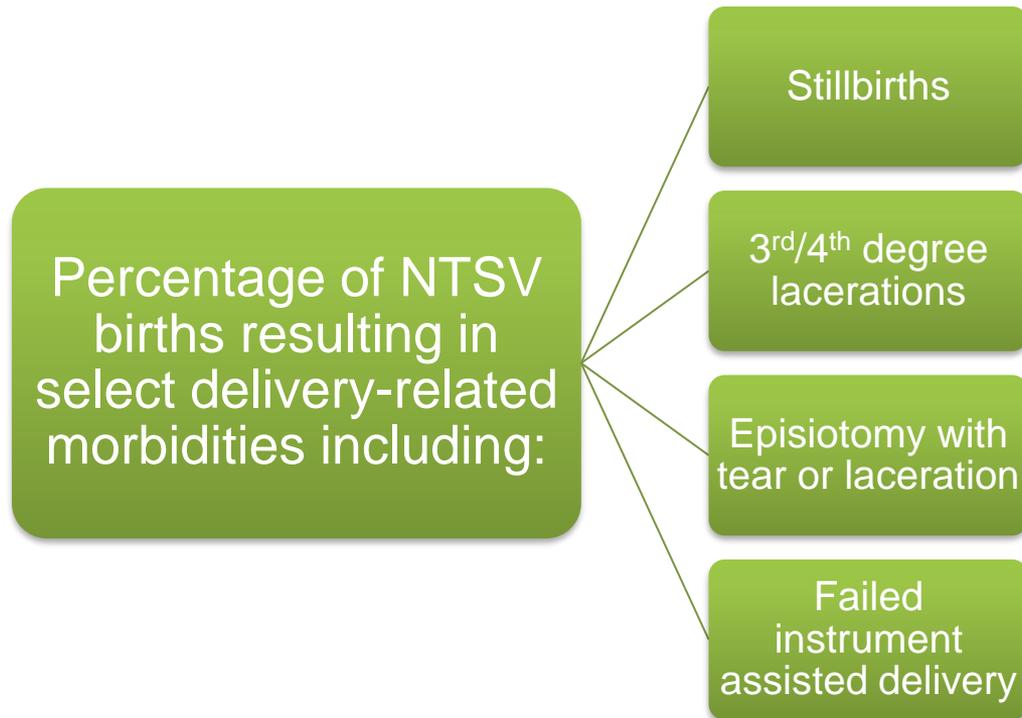
# Patient Reported Experience Measure (PREM)

- NYSDOH centering project outcome on patient experience
- Anonymous survey for every live birth discharge measuring patient experience during project period
  - Patients use a facility-specific QR code to access survey
- Answers go directly to NYSDOH for analysis from SurveyMonkey
- Aggregate results reported back monthly to birthing facilities

# PREM Implementation

**Distribution of packets on July 13**

- Provider instructions
- Sample survey
- Discharge sheet in 12 languages with unique facility QR code

**Data collection started July 19**

- Surveys completed by patients on smart phone, tablet or computer



Please tell us about your care. Your name will not be collected. Your individual answers will not be shared with your provider.

## Tell us about your care

Scan the QR code or enter the following link:
https://www.surveymonkey.com/r/Yourfacility

# NYSBEIP
**Tools and Resources**
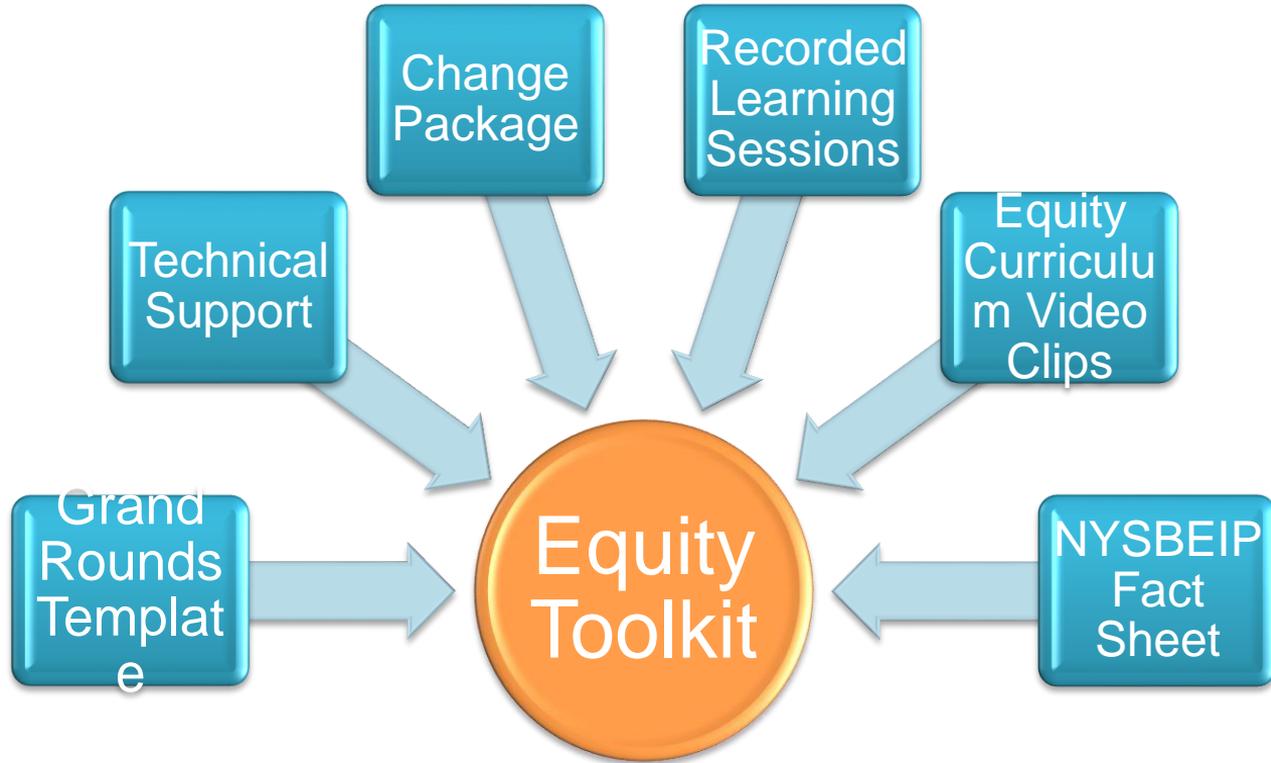
# Grand Rounds Template

- Provides an overview of the NYSBEIP to date
- Can be customized by your team as needed
- Script included in the notes section of each slide
- For use by your team to educate other departments at your facility and increase buy-in and support

# Equity Video Clips

- From Learning Sessions and Coaching Calls
- Includes discussion questions
- Available for download on website

| Topic | Expert | Learning Goal | Time |
|-------|--------|---------------|------|
| Reproductive Injustice | Dana-Ain Davis, PhD | How are facilities accountable to Black birthing people? | 20 minutes |

# Contact Us!

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**New York State Birth Equity Improvement Project (NYSBEIP)**
**Implementation of Patient Reported Experience Measure (PREM)**
**North Shore University Hospital, Northwell Health**

# Adriann Combs, DNP, NNP-BC
# Ariane Ivala-Walker RNC-OB, MA, MS

# Objectives

- Discuss implementation of PREM on the postpartum units

- Share challenges encountered and pearls we learned

# Patient Reported Experience Measure (PREM) Survey

- ❖ Electronic survey
    - ❖ QR Code
    - ❖ Cellphone, tablet, laptop
    - ❖ Easy to use
    - ❖ Anonymous

- ❖ Data collected directly into NYS Health Commerce System (HCS) database

# Patient Reported Experience Measure (PREM) Survey

Please tell us about your care. Your name will not be collected. Your individual answers will not be shared with your provider.

## Tell us about your care

Scan the QR code or enter the following link:
https://www.surveymonkey.com/r/NorthShore_University

- English
- Arabic
- Bengali
- Chinese
- French
- Haitian Creole
- Italian
- Korean
- Polish
- Russian
- Spanish
- Yiddish

# PREM



Please tell us about your care. Your name will not be collected. Your individual answers will not be shared with your provider.

**Directions:** Rate how strongly you agree or disagree with each of the statements about your experience during your stay for labor and delivery.

**2. I could take part in decisions about my care.**

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagee | Strongly Disagree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**3. I could ask questions about my care.**

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagee | Strongly Disagree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**4. My health care choices were respected by the health care team.**

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**5. The health care team asked for my permission before carrying out exams and treatments.**

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**6. I felt pressured by the health care team into accepting care I did not want or did not understand.**

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**7. When the health care team could not meet my wishes, they explained why.**

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**8. I trusted the health care team to take the best care of me.**

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ |

**9. I was treated differently by the health care team because of:**

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| My race or skin color | ○ | ○ | ○ | ○ | ○ |
| My ethnicity or culture | ○ | ○ | ○ | ○ | ○ |
| My sexual orientation or gender identity | ○ | ○ | ○ | ○ | ○ |
| The type of health insurance I have | ○ | ○ | ○ | ○ | ○ |
| The language I speak | ○ | ○ | ○ | ○ | ○ |

**10. I was treated with respect and compassion:**

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| During my check-in | ○ | ○ | ○ | ○ | ○ |
| During my labor and delivery | ○ | ○ | ○ | ○ | ○ |
| During my care after delivery | ○ | ○ | ○ | ○ | ○ |
| During discharge | ○ | ○ | ○ | ○ | ○ |

# PREM

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**11. The care I received was:**

| Excellent | Good | Average | Fair | Poor |
|-----------|------|---------|------|------|
| o | o | o | o | o |

**Tell us more about yourself. Your name will not be collected. Your individual answers will not be shared with your provider.**

**12. Ethnicity:**
- o Hispanic
- o Non-Hispanic
- o Prefer not to answer

**13. Race (select all that apply):**
- o Asian
- o Black
- o Native American/American Indian
- o Native Hawaiian/Pacific Islander
- o White
- o Other: _____
- o Prefer not to answer

**14. Sex assigned at Birth:**
- o Female
- o Intersex
- o Male
- o Prefer not to answer

**15. Gender Identity (select all that apply):**
- o Agender
- o Female
- o Gender-neutral
- o Male
- o Non-binary/Gender non-conforming
- o TransMale
- o Prefer not to answer

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**16. Sexual Orientation:**
- o Bisexual
- o Gay
- o Lesbian
- o Queer
- o Straight/Heterosexual
- o Prefer not to answer

**17. Age:**
- o 18 and under
- o 18-24
- o 25-29
- o 30-34
- o 35-39
- o 40 and above
- o Prefer not to answer

**18. Type of Delivery:**
- o Vaginal
- o Cesarean section
- o Prefer not to answer

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# Our Process

# Introduction of PREM to Patients

❖ This survey is an opportunity for birthing people to provide feedback on their experience of care during labor and delivery and postpartum period.

❖ North Shore University Hospital in partnership with New York State both aim to improve the care of birthing people.

❖ This survey is anonymous and takes only a few minutes to complete.

❖ We encourage **ALL** our birthing people to participate

# PREM Pilot

❖ Postpartum Units
  ❖ Nurse Manager
  ❖ Functional Nurse
  ❖ Discharge Nurse

❖ Laminated
  ❖ Script (shared with the collaborative)
  ❖ PREM QR Code
  ❖ PREM questions (for nursing reference)

# PREM Recruitment Script

- North Shore University Hospital has partnered with New York State in an effort to improve the care of all our birthing people. If you have a few minutes to spare, I would like to invite you to complete a quick survey.
    - (If yes, then continue – if no, then thank the patient for their time).

- This survey is an opportunity to provide feedback on your experience of labor & delivery and postpartum care at North Shore University hospital.

- This survey is <u>anonymous</u> and should take you only a few minutes to complete. It would be very helpful to us to complete all the questions.

- Please scan the QR code. I will give you your privacy while you complete the survey and will return in a few minutes.
- Thank you

    - When you return to the room
- Thank you so much for completing the survey!

- You will also receive a "NSUH" patient experience survey in the mail with questions regarding all aspects of your care here.

# PDSA (Plan. Do. Study. Act.) –
# PREM pilot on postpartum units before universal implementation

| Team: North Shore University Hospital | Date of Test: 7/26/21 - 7/30/31 | Date of Completion: 7/30/31 |
|---|---|---|

**Overall Project Aim:**

NSUH's team will identify how individual and systemic racism impacts birth outcomes and will take actions to improve both the experience of care and perinatal outcomes of Black birthing people in our community.

**What is the objective of the test?**

The objective of this test was to trial out the PREM survey in all our postpartum units to determine flow and ease of implementation

## PLAN:

*Brief description of the test:*

Our postpartum functional RNs are in charge of patient discharge. We wanted to trial out the PREM survey within their discharge flow, to determine ease of implementation and troubleshoot potential issues before at large implementation. We decided to try the PREM in all languages, not just English, 5 patients per Katz postpartum units for a total of 20 (3KN, 3K, 4K, 5K).

*How will you know that the change is an improvement?*

We created a survey nurses would administer at the end of the PREM to determine if they found the survey useful or not and how easy it was to complete. Furthermore, this is a new process, therefore it is an improvement from baseline.

*What driver does the change impact?*

The driver addressed during this test of change is respectful patient partnership and patient voice.

*What do you predict will happen?*

We predict the PREM will be easy to administer within the workflow of the functional RN during her patient discharge

| List of Tasks Needed to Complete | Person Responsible (Who) | When | Where |
|---|---|---|---|
| Lamination of PREM (all languages), recruitment script and survey | Ariane Ivala-Walker, RNC | 7/26/21 | |
| Meeting with nursing leadership, functional RNs | Ariane Ival | 7/20/21 | Microsoft Teams |
| Implementation of PREM on postpartum units | Functional RNs | 7/26/21 - 7/30/21 | |

*Plan for collecting data:*

Care experience, L&D and postpartum (PREM) brief surveys were completed to determine usefulness and easy of PREM completion. Data was collected for each patient and computed for percentages, N=20. 95% of patients found the PREM easy to complete, 5% were N/A. 70% found the survey useful, 15% did not find the survey useful (no further qualitative data collected), 10% were undecided on usefulness and 5% were N/A.

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# PDSA (Plan. Do. Study. Act.)

**DO:**

Test the change: Was the cycle carried out as planned?

[✔] Yes [ ] No

What did you observe that was not part of the plan?

The surveys collected on the antepartum unit predominantly had patients who did not find the survey useful. When functional RN was asked about feedback, we found, if there was deviation from the script, patients tended to have more reluctance and provided negative feedback. If there were no deviation from the script, patient had excellent feedback.

**STUDY:**

Did the results match your prediction?

[✔] Yes [ ] No

Compare the results of your test to your previous performance:

This is a new process and establishes baseline.
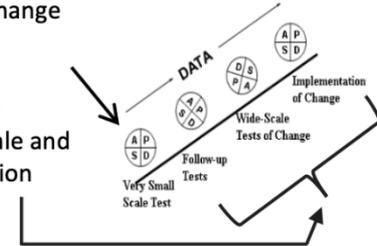
**ACT:**

Decide to Abandon, Adapt, or Adopt.

[ ] Abandon: Discard change idea and try a new one.

[ ] Adapt: Improve the change and continue testing. Describe what you will change in your next PDSA cycle.

[✔] Adopt: Select changes to implement on a large scale and develop an implementation plan for sustainability.
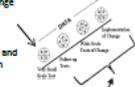


If you plan to adopt, what plans do you have for your next 2-3 PDSA cycles for follow-up tests and implementation:

We started universally offering PREM to all our postpartum patients, effective 8/2/21. The PDSA was very successful, functional RNs did not have difficulty including it into their daily routine, and we were able to test successfully on non-English speaking patients

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# PREM Implementation Survey

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**Care Experience, Labor & Delivery and Post-Partum (PREM)**
**Brief Survey**

**Patient**
Did you find this survey useful?
- ☐ Yes
- ☐ No
- ☐ Undecided

Was it easy to complete?
- ☐ Yes
- ☐ No

**Nursing Comments**

Thank you!
**NSUH NYSBEIP Team**

# PREM PDSA Data Collection

| | Data collection PDSA postpartum floors August 2021 7/26-7-30 | | | | |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | Did you find the survey useful? | Percent | Was it easy to complete? | Percent |
| 4 | Patient 1 | yes | | yes | |
| 5 | Patient 2 | yes | | yes | |
| 6 | Patient 3 | yes | | yes | |
| 7 | Patient 4 | yes | | yes | |
| 8 | Patient 5 | yes | | yes | |
| 9 | Patient 6 | yes | | yes | |
| 10 | Patient 7 | yes | | yes | |
| 11 | Patient 8 | yes | | yes | |
| 12 | Patient 9 | yes | | yes | |
| 13 | Patient 10 | yes | | yes | |
| 14 | Patient 11 | yes | | yes | |
| 15 | Patient 12 | no | | yes | |
| 16 | Patient 13 | yes | | yes | |
| 17 | Patient 14 | yes | | yes | |
| 18 | Patient 15 | n/a | | n/a | |
| 19 | Patient 16 | undecided | | yes | |
| 20 | Patient 17 | no | | yes | |
| 21 | Patient 18 | no | | yes | |
| 22 | Patient 19 | undecided | | yes | |
| 23 | Patient 20 | yes | | yes | |
| 24 | | | | | |
| 25 | YES | 14 | 70% | 19 | 95% |
| 26 | NO | 3 | 15% | 0 | 0 |
| 27 | Undecided | 2 | 10% | 0 | 0 |
| 28 | N/A | 1 | 5% | 1 | 5% |
| 29 | | | | | |
| 30 | **Comments** | | | | |
| 31 | Patient was happy to participate | | | | |
| 32 | Patient thanked RN for her help during stay | | | | |
| 33 | | | | | |

# What We Learned

❖ PREM easy to administer

❖ Script important for patient & staff buy-in

❖ Success rate decreased when off-script

❖ Recurrent questions about usefulness of survey

# Primary Findings and Future Plan

❖ Received results of PREM data collected between 7/19/21 & 8/31/21

   ❖ Small N

   ❖ Respectful care reported across the board

❖ Next Steps

   ❖ Continue to work with staff to improve survey administration and completion

"Although the collection of race, ethnicity and language data does not necessarily result in actions that will reduce disparities and improve care, the absence of the data guarantees that none of that will occur."

# We Ask Because We Care

**NewYork-Presbyterian**
Dalio Center for Health Justice

# REaL Data Improvement

Enterprise Commitment

+ Enterprise Goals

+ Leadership Support & Participation

## REaL Workgroup Members

✓ Chief Information Officer

✓ Chief Transformation Officer

✓ Executive Director, Dalio Center for Health Justice

✓ VP Finance Revenue Cycle, Access

✓ Physician leaders, including Chief of OB, Associate CMIO, Director of Community Pediatrics

✓ Representatives from Epic, Data Analytics, Social Work, Dalio Center, & Division of Community and Population Health

**NewYork-Presbyterian**
Dalio Center for Health Justice

# REaL Data Improvement

Technical Support

+ Reordering questions

+ Interface simplification

+ Welcome workflow



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Dalio Center for Health Justice

# REaL Data Improvement

Staff Education

- **+** Training Sessions
- **+** FAQs
- **+** Epic Tip Sheets
- **+** E-blast



**Understanding Our Patients**

At NewYork-Presbyterian, we are committed to celebrating the diversity of our patients, and we are dedicated to ensuring that every patient receives the best care possible regardless of race, ethnicity, gender identity, sexual orientation, cultural background, or language proficiency.

In order to support this mission, we ask patients to provide additional information about themselves, their background, a

Information for **NYP Staff** about **Race, E**
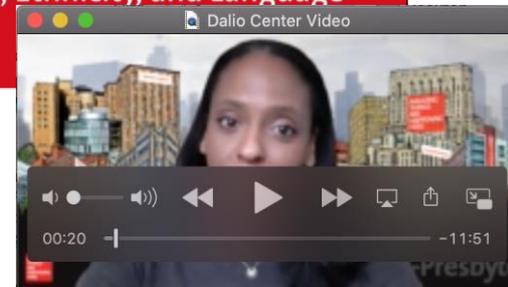- Letter to Staff about Race, Ethnicity
- Tip Sheet for Staff
- Training Video for Staff

Information for **Patients** about **Race, Etl**

- Letter to Patients about Race & Eth
- Letter to Patients (Arabic)
- Letter to Patients (Chinese)
- Letter to Patients (French)
- Letter to Patients (Korean)
- Letter to Patients (Russian)
- Letter to Patients (Spanish)
- 'We Ask Because We Care' flyers
- FAQs for Patients

Information for **NYP Staff** about **Sexual Orientation & Gender Identity** (SOGI) data collection:
- Updates and Best Practices for Enhancing Patient Experience: Names and

**Understanding our Patients**
Race, Ethnicity, and Language

Dalio Center Video
00:20 ─────────────── -11:51

**NewYork-Presbyterian**
Dalio Center for Health Justice

# REaL Data Improvement

Patient
Communication

+ REaL Materials

+ Website

+ Poster, signage

+ Emails & Newsletters

# Focused Intervention: Newborns
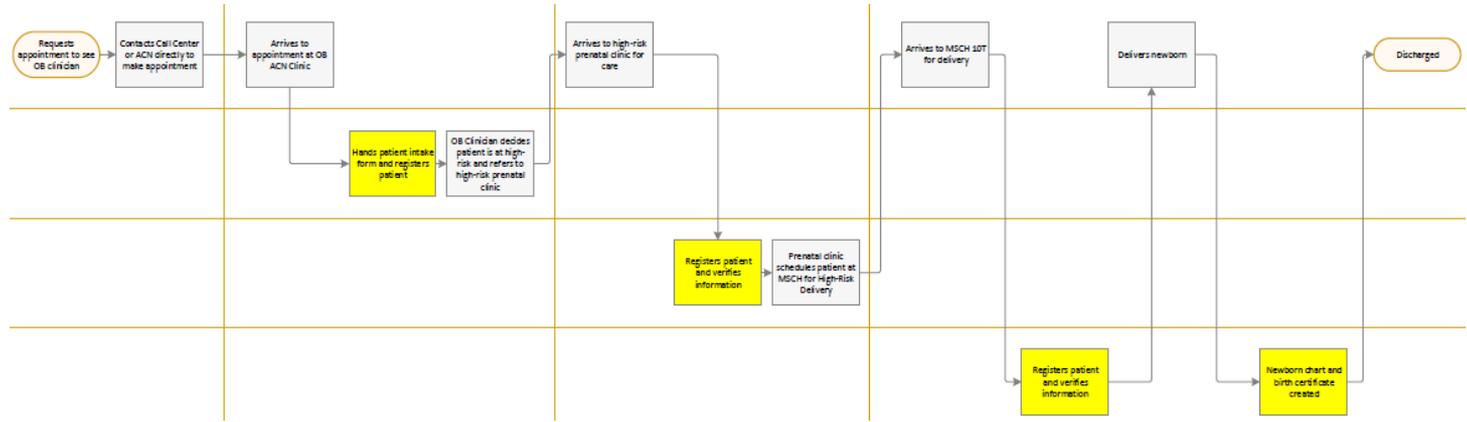


- Weekly Workgroup Meeting

- Process Mapping

- IRB Submission

- Weekly Dashboard Updates

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# Race/Ethnicity Collection – Improvement

**Monitoring & Targeted Intervention**

+ Enterprise dashboards

+ Focused 'push' reports

+ Newborn focus area

## Race & Ethnicity Capture Before & After Program Launch

74%

59%

NYPH improved Race & Ethnicity Capture by **15 percentage** pts

**Baseline (2019-20)**          **Qtr 2 of 2021**

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**NEJM Catalyst**
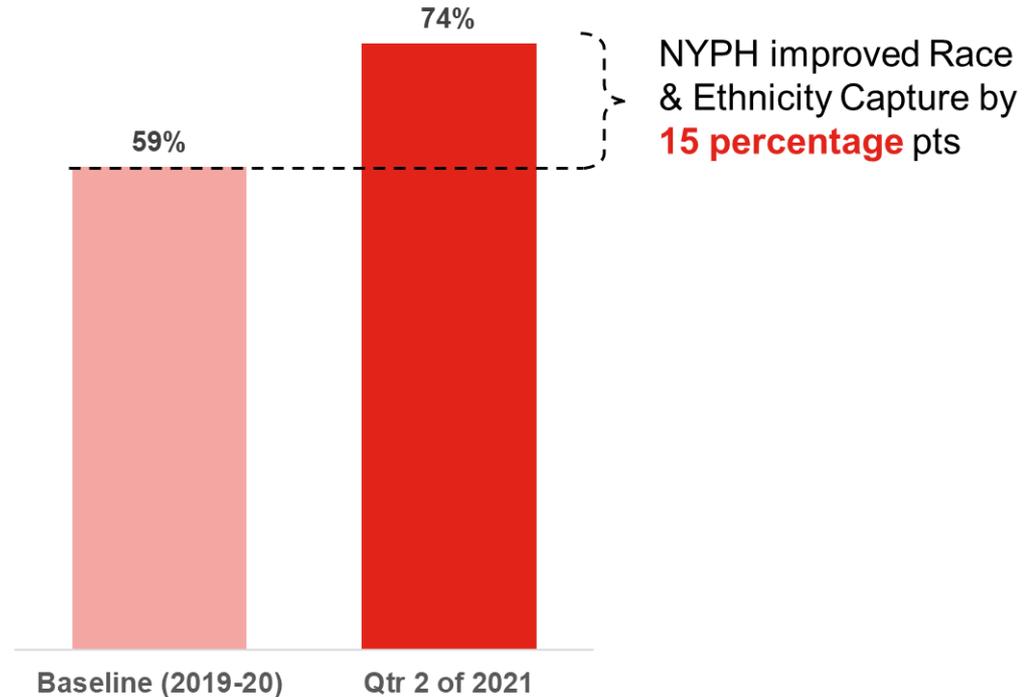
COMMENTARY

# Building the Foundations for Equitable Care

" *By educating staff about disparities, we were able to reframe race and ethnicity collection, moving away from concerns about stereotyping and toward understanding the equity goals.*"

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Dalio Center for Health Justice

# What's Next?

- Continued **monitoring and targeted** interventions

- Review of data quality, including **validation** against US Census data

- Publishing a **toolkit** and resources for other providers

- **Expand** the program to SOGI and other social determinants of health

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