BE Teams Call: Actionable Respectful Care Strategies and PREM Survey Implementation

Monday, December 19th, 2022
Call Overview

• ILPQC Updates

• Birth Equity Data Review

• Actionable Respectful Care Practices (RCPs)

• PREM Survey Implementation Strategies

• Team Talks

  • **UW Health Swedish American Hospital**- Courtney Pemberton, MSN, RNC-OB & Jan Southard MHA, BSN, RNC-MNN

  • **SSM Health St. Mary's Hospital- St. Louis**- Elena Jenkins, RN, BSN
Congratulations again!!!

BE AWARD CRITERIA

QI Leader Award:
• 7 key structure measures in place or working on it
• Achieved at least two process and outcome measures*

QI Recognition Award:
• 7 key structure measures in place or working on it
• Achieved at least one process and outcome measures*

Data Champion Award:
• Complete data submitted (if not recognized above)

*Implicit Bias Training / SDoH screened and documented
BE QI Leader Award

- Advent Health Hinsdale
- OSF Little Company of Mary Hospital
- Ascension Alexian Brothers Womens and Childrens Hospital at St. Alexius
- Gibson Area Hospital
- MacNeal Hospital
- Rush-Copley Medical Center
- Advocate Condell Medical Center
- Palos Community Hospital
- NM Kishwaukee Hospital
- Barnes-Jewish Hospital
- Carle BroMenn Medical Center
- Advent Health Glen Oaks
BE QI Recognition Award

- NM Lake Forest Hospital
- Northwestern Memorial Hospital
- UnityPoint Health Methodist Medical Center
- Blessing Hospital
- Memorial Hospital East
- Ingalls Memorial Hospital
- SSM St. Mary's Hospital - St. Louis
BE Data Champion Award

- Advocate Good Samaritan Hospital
- OSF St. Joseph Medical Center
- Advocate Trinity Hospital
- Stroger Hospital of Cook County
- Alton Memorial Hospital
- University of Chicago Medical Center
- University of Illinois Hospital & Health Sciences System (UIUC)
- Rush University Medical Center
- OSF St. Francis Medical Center
- Abraham Lincoln Memorial Hospital
- Decatur Memorial Hospital
- Memorial Medical Center
- Memorial Hospital of Carbondale

- SSM Health Good Samaritan
- Edward Hospital
- Elmhurst Memorial Hospital
- Ascension Health Saints Mary and Elizabeth Medical Center
- Advocate Christ Medical Center
- Advocate Lutheran General Hospital
- Advocate Aurora Sherman Hospital
- Advocate Illinois Masonic Medical Center
- FHN Memorial Hospital
- Riverside Medical Center
- OSF St. Anthony Medical Center- Rockford
- Franciscan Health Olympia Fields
- CGH Medical Center
Birth Equity Data Review
Structure Measures: Implementing Systems Changes

Percent of hospitals that have implemented standardized social determinants of health screening tools for screening all pregnant women during delivery admission:
- In Place
- Working On It
- Not Yet Started

Percent of hospitals that have completed ILPQC social determinants of health community resources mapping tool and shared with affiliated outpatient prenatal care sites and hospital OB units:
- In Place
- Working On It
- Not Yet Started
Structure Measures: Implementing Systems Changes

Percent of hospitals that have developed a process to review maternal health quality data stratified by race/ethnicity and Medicaid status

Percent of hospitals that have engaged patients and/or community members to provide input on quality improvement efforts
Structure Measures: Implementing Systems Changes

Percent of hospitals that have a **strategy for sharing expected respectful care practices** with delivery staff and patients (i.e. posting in L&D):

- In Place
- Working On It
- Not Yet Started

Percent of hospitals that have **implemented a Patient Reported Experience Measure (PREM) survey**:

- In Place
- Working On It
- Not Yet Started
Structure Measures: Implementing Systems Changes

Percent of hospitals that have a **standardized system to provide all patients the recommended postpartum safety patient education, where to call, and early follow-up**

![Bar chart showing the percentage of hospitals with standardized systems for postpartum safety patient education, where to call, and early follow-up over time.](chart.png)
Process Measures

Cumulative proportion of providers, nurses, and other staff completing education on the importance of listening to patients, providing respectful care, and addressing implicit bias.

- Providers
- Nurses
- Staff

- Baseline Q4 2020: 15%
- Aug 21: 21%
- Sep 21: 24%
- Oct 21: 30%
- Nov 21: 35%
- Dec 21: 40%
- Jan 22: 45%
- Feb 22: 50%
- Mar 22: 55%
- Apr 22: 60%
- May 22: 65%
- Jun 22: 70%
- Jul 22: 75%
- Aug 22: 80%
- Sep 22: 85%
- Oct 22: 90%
- Nov 22: 95%
- Dec 22: 100%

- Providers: 53%
- Nurses: 78%
- Staff: 67%
Outcome Measures

Cumulative percent of patient charts prenatally and during delivery admission with social determinants of health (SDOh) screening tool use documented (prenatal and L&D)

Cumulative percent of patient charts that screened positive for SDOH prenatally and during delivery admission linked to SDOH resources (prenatal and L&D)
### BE priority strategies in 2023 moving to culture change

<table>
<thead>
<tr>
<th>Implicit bias education</th>
<th>• Grand Rounds  • Diversity Science  • Laboring with Hope (thru 2/2023)</th>
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<tbody>
<tr>
<td>SDoh</td>
<td>• Screen on L&amp;D  • Process flow for linking to resources</td>
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<tr>
<td><strong>Respectful Care</strong></td>
<td>• Hang poster  • Sign off team  • Engage clinical team members in activating RCP</td>
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<tr>
<td>PREM</td>
<td>• Implement  • Review  • Share  • Act</td>
</tr>
<tr>
<td><strong>Schedule 2-week postpartum visit</strong></td>
<td>• Provider buy-in  • Process flow  • Data review</td>
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<tr>
<td>Engage patients and community</td>
<td>• Just get started  • Get input  • Keep listening</td>
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Actionable Respectful Care Practices (RCPs) and PREM Survey Implementation Strategies
Birth Equity strategies teams focused on in the past year

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Provide patient postpartum safety education</td>
<td>90%</td>
</tr>
<tr>
<td>Optimize race &amp; ethnicity data collection</td>
<td>90%</td>
</tr>
<tr>
<td>Implement universal SDoH screen &amp; link</td>
<td>83%</td>
</tr>
<tr>
<td>Implement education for providers &amp; staff</td>
<td>74%</td>
</tr>
<tr>
<td>Sharing expected respectful care practices</td>
<td>62%</td>
</tr>
<tr>
<td>Implement PREM survey</td>
<td>48%</td>
</tr>
<tr>
<td>Engage patients &amp; communities</td>
<td>39%</td>
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</table>
Labor & Delivery

PREM

Respectful Care Practices
Implementation of Respectful care Practices takes buy-in

- How are we engaging our clinical team members in active implementation of Respectful Care Practices
  - Need Buy-In all Clinical Team members and staff
  - Understand importance of Birth Equity work
  - Understand how to actively implement Respectful Care Practices with ALL patients
  - Engage patients with Respectful Care Practices and ask all patients to complete the PREM survey before discharge for feedback if they received the expected Respectful Care Practices
Consider Respectful Care / PREM Kick-Off

• Need interest and Buy-in from Clinical Team members and staff

• Consider a kick-off at Nursing Shift Changes / OB Provider Meeting / Grand Rounds

• Can use Laboring With Hope Video (30 minutes) for Buy-In and food if possible, consider a bulletin board share Respectful Care Practices and PREM Survey with staff

• Brainstorm with staff how to actively implement each Respectful Care Practice with all patients, use prompts to remind staff of RCPs

• Make sure patients are provided RCPs during L&D admission and asked to complete the PREM survey before discharge to share feedback if they received the RCPs, use PREM Handout

• Track % PREM Completed, Share stratified PREM Survey results with clinical teams / Staff
Active implementation of respectful care practices – where are we?

Percent of hospitals that have a strategy for sharing expected respectful care practices with delivery staff and patients (i.e. posting in L&D)

- In Place
- Working On It
- Not Yet Started

Baseline Q4 2020
- Aug-21: 100%
- Sep-21: 100%
- Oct-21: 100%
- Nov-21: 100%
- Dec-21: 100%
- Jan-22: 100%
- Feb-22: 100%
- Mar-22: 100%
- Apr-22: 100%
- May-22: 100%
- Jun-22: 100%
- Jul-22: 100%
- Aug-22: 100%
- Sep-22: 100%
- 22-Oct: 74%
Teams’ strategies to share Respectful Care Practices

Clinical care team

• Poster with our respectful care practices at each nurses' station throughout the unit
• All staff educated on respectful care practices and how to speak to patients about them
• All staff read and sign respectful care strategy poster
• Shared respectful care practices and initial PREM Survey data results in nurses break room with food

Patients

• Posted in each patient room and provided to prenatal class attendees
• Given in the patient admission folders
Respectful Care Practices

Post respectful care posters in clinical and patient areas

Review and activate respectful care practices with clinical team

Facilitate clinical team member sign-off on practices

Ask all patients to complete PREM, Track % complete, Share stratified PREM data
Laboring with Hope, Grand Rounds, and RCPs

- Work with ILPQC to schedule and host BE Grand Rounds
- Combine with screening of Laboring with Hope by 2/2023
- Incorporating Implicit Bias Education, Hospital Team Buy-In & Respectful Care Practices

Interested in BE Grand Rounds and/or Laboring with Hope, contact info@ilpqc.org
Active implementation of PREM survey – where are we?

To date, 992 PREM surveys submitted across 39 hospitals
Strategies to launch PREM

- Build clinical team buy-in
- Customize PREM QR code and handout
- Determine who will present PREM to patients
- Develop process flow for patient completion
Strategies to optimize PREM Survey completion among all patients

• Identify care team member to request patient completes the PREM survey before discharge

• Identify tools to ensure access to QR code
  • Patient handout for nurse to provide patient before discharge with why PREM and how to complete
  • Tents with QR code at patient bedside
  • Laminated flyer with QR code posted in postpartum room
  • QR code in discharge folder

• Monitor completion rates and Review aggregate survey results through ILPQC PREM Reports (in REDCap) and share feedback with clinical team to increase completion and increase respectful care practices
PREM Survey Patient Handout

• Tool to help facilitate patient's awareness of the PREM survey and increase PREM survey completion

• Nurse provides handout to patient to create a point of contact for PREM survey questions and communication about completion

• Direct links to patient for all currently available languages

• Customize with your hospital ID and logo

NEW – Now available!

The purpose of this PREM survey is to give you an opportunity to share feedback on your labor and delivery and postpartum care.

Our goal is to provide respectful care for all patients and we need your feedback to make sure we are providing the care you need.

• Your survey responses will be anonymous (your name is not linked to your answers) and the survey should only take you a few minutes to complete.

• Choose your preferred language and scan the QR Code below to complete the PREM Survey.

• Please complete the survey before discharge. Let your nurse know when it is completed or if you have any issues. If you do not have a phone or other device available to take the survey, let your nurse know.

We are committed to providing you safe and respectful care.

Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all birthing people are valued and met.

Supporting respectful care for all patients: The Illinois Perinatal Quality Collaborative (ILPQC) works with patients, physicians, midwives, nurses, hospitals, and community groups across Illinois to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality compassionate, and respectful care.
Strategies to encourage patients to complete the PREM Survey before discharge

- Goal for the day on their white board
- Primary nurse discusses and follows up with patient
- Offer an electronic device to complete survey on if they do not have one
- Hang QR code in all postpartum rooms
- Provider reminders throughout stay
- Place in every patient's admission folder
Active implementation of PREM – where do we need to be?

What are key steps to active implementation of respectful care?

- Implement PREM
- Increase % completion
- Share data
- Take Action
  - To increase respectful care

PREM Survey Data
100% patients reporting
Does your QI team know how to access PREM?

1. Log into REDCap
2. Navigate to "Patient Reported Experience Measure (PREM) - English" Under Projects
3. Click "Reports" under Project Bookmarks on Left hand side
4. Enter hospital 3-digit ID
5. PREM reports available!

Ability to toggle by:
- Month vs Quarter
- Race, Ethnicity, Insurance Status

Have you looked at your hospital's PREM reports?

Report 15:
- # of PREM responses per month
- % of PREM completion based on monthly birth volume
- Month & quarter toggle
January Teams Task: Respectful Care Practices/PREM Kickoff

• **Who?**
  • Clinical team, including but not limited to providers, nurses, techs, residents, etc.

• **What?**
  • Kicking off actionable Respectful Care Practices and increasing % of birthing patients completing the PREM survey

• **When?**
  • During January 2023 (no BE webinar)

• **Where?**
  • On your OB ED, L&D and PP units

• **How?**
  • Incorporate bulletin boards in breakrooms, hallways, educational lunch & learn, snacks, OB Provider Meeting, Grand Rounds

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**Before December 31st, 2022**

Work with your BE QI team to plan your Respectful Care Practices and PREM survey kickoff

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**January 2023**

No teams call due to holiday

Hold your BE Team kick-off!

Share your team kickoff photo, no later than Feb 15. to info@ilpqc.org
Show off your "RCP/PREM Kick-off"

• Grab your cameras and encourage everyone on the unit to get involved with your kick-off!

• Ex- Take pictures of your team with your dedicated RCP/PREM bulletin board(s), of your RCP/PREM lunch and learn kick-off event, during your RCP/PREM kick-off staff huddles, etc.

• Submit your RCP/PREM Kick-off photos to info@ilpqc.org to enter the QI coffee & doughnuts gift card raffle by Feb. 15th, 2023.
BE QI Support for Q3 2022

Outreach to BE teams who have not started on key structure measures

SHARING EXPECTED RESPECTFUL CARE PRACTICES

IMPLEMENTING PREM SURVEY

Resource: Connect with Alana for QI SUPPORT by 12/31/22 with your respectful care and PREM implementation
arivera@northshore.org
Team Talk:
UW Health | Swedish American Hospital, Rockford IL

Courtney Pemberton, MSN, RNC-OB, C-EFM
Women and Children’s Education Coordinator

Jan Southard, MHA, BSN, RNC-MNN
Mother Baby Manager
UW Health- Swedish American Hospital Strategies

Presented by:
Jan Southard, MHA, BSN, RNC-MNN
Courtney Pemberton, MSN, RNC-OB, C-EFM
Respectful Care Practices

- Staff and providers participating in mandatory education days gave the opportunity to go over the 13 Respectful Care Measures and the posters that will be hung in L&D patient rooms.
- Scripting provided to L&D staff on how to initiate the conversation and provide awareness of the care measures to our patients.
- Educated staff included L&D, MB and NICU.
PREM Survey

- Go Live - April 1st on postpartum unit
- Education provided to postpartum and L&D staff during monthly staff meetings
- 2 iPads purchased in case of no smartphone access
- Scripting provided to staff (see next slide)
- Went live July 1st on L&D with PREM survey for patients with fetal demise or infant loss
- Education and reminders provided at huddles and through email for L&D staff
- Similar scripting provided
“This survey is an opportunity for our patients to provide feedback on their experience of care during their stay from admission all the way through discharge. We want to ensure that we are providing respectful and equitable care to all of our patients and by completing this anonymous survey you are helping us identify possible areas for improvement. This should only take a few minutes to complete and I will step out of the room while you complete it.”
Provided the survey in paper format to staff prior to Go Live for them to be able to read the questions that were being asked of the patients.

Every room has the QR code hanging on white board as a visual reminder for staff to complete prior to discharge.

Encouraging staff to now bring the iPad into the room for all patients as it enlarges the survey for them while also making it appear less lengthy.

Patients are now able to submit their name into a drawing after completing the survey for the chance to win a goodie basket at the end of each month ($25-$30 value). Their answers remain anonymous.

Throughout entire process we have remained diligent in providing staff with diversity, equity and inclusion training to increase their awareness of why a survey like this is so important.
**PREM Survey stats**

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveys completed</td>
<td>28</td>
<td>11</td>
<td>6</td>
<td>7</td>
<td>2</td>
<td>19</td>
<td>45</td>
<td>37</td>
</tr>
<tr>
<td>Total deliveries</td>
<td>238</td>
<td>244</td>
<td>260</td>
<td>254</td>
<td>260</td>
<td>266</td>
<td>233</td>
<td>267</td>
</tr>
</tbody>
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Team Talk: PREM
SSM Health St. Mary’s Hospital - St. Louis

Elena Jenkins, RN BSN
Nurse Manager - Labor & Delivery
Approaches to Launching the PREM survey

St Mary’s Hospital – St Louis
PREM Survey Initial Rollout

May 2022:

- PREM Survey discussed with patients in Leader rounding on L&D
- Staff on Postpartum unit go over information on PREM on admission to PP unit
- QR code posted on Whiteboards in front of patients
- Small survey QR codes placed in patient folders

Initial Results:

- 4 surveys total completed May through September
- Participation not high enough to see results
Evaluation of Initial Rollout

Challenges:

• Staff not consistently discussing PREM on admission; inconsistent scripting
• Discovered incorrect QR code in patient folders
• Patients not scanning QR code poster in room
• Inconsistent patient access to smart phones/devices
• No paper surveys
• Survey looks longer on phone screen
Revamping the Rollout

Increasing Engagement + Resources

- Brought PREM survey discussion to A3/Maternal DEI committee
  - Multidisciplinary discussion at hospital and system level
  - Involvement/Resources from Patient Engagement Team
  - Goal planning re: next steps for responding to results
- Sought input from UPC/frontline nurses re: workflow
- Assigned project re: increasing participation to SLU nursing students completing capstone

Resources for patient engagement

- Patient Engagement Key points: Lessons learned from other hospital-initiated surveys
  - Appeal to the desire of respondents to feel important by explaining how their feedback will change the status quo
  - Clearly explain to respondents how you will use their feedback and who will see it
  - Tell respondents why you chose them for this survey
  - Tell respondents how long the survey will take
Revamping the Rollout

Address Challenges:

• Repurposed unit IPads used for COVID/Telemedicine
  • Eliminated need for patient to scan QR code
  • Equal access for all patients
  • Better visualization of survey questions
  • Survey appears shorter
• Frontline staff workflow changes
  • Visual cue for completion
  • Fit into discharge process
• Scripting placed across top of Ipad
  • Visual cue for staff
  • Easy for patient to read
AM Huddles:

- Each day the patients identified as potential discharges are written on the board
- Once a patient has taken their PREM surveys, the nurse puts a checkmark by the room number to visually indicate completion

New process:

- IPads (on rolling stands) will be provided to patients to take the survey
- Just prior to discharge, the primary RN will roll the iPad into the room for the patient, explain that we are collecting anonymous feedback to improve our care
- Provide privacy for the patient to complete the survey while the RN completes last discharge tasks
- The RN returns, collects the iPad, then provide the patient with discharge papers and walks them out.
- Each RN will document in the discharge note that the PREM survey has been completed.
Increased participation, Newly Identified Priorities

- October: 44 surveys
- November: 54 surveys
- December: 37 surveys MTD

- Nursing Student interventions underway to continue improvement in participation among nursing staff
  - Education focus, contest for greatest # surveys completed
- Reviewed current results with Women’s Services Leadership, Patient Engagement Leadership, and DEI Leadership
- Planning in progress for actions/strategies to address issues identified
  - Increasing patient involvement in decision-making throughout hospital admission
  - Developing Patient Advisory group
Thank You
Upcoming ILPQC BE calls
## Upcoming BE Calls

<table>
<thead>
<tr>
<th>Event</th>
<th>Day/Time</th>
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<tbody>
<tr>
<td>BE Teams Call (3rd Monday of the Month)</td>
<td><strong>January 2023 call: No webinar</strong></td>
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<td><strong>Team Tasks:</strong></td>
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<tr>
<td></td>
<td>1) <em>Work on Respectful Care / PREM Kick-off / Buy in</em></td>
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<td></td>
<td>2) <em>Share photos by February 15 for raffle</em></td>
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<td>(<em><a href="mailto:info@ilpqc.org">info@ilpqc.org</a></em>)</td>
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<td><strong>February 20th, 2022, at 12:00pm</strong></td>
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<td><strong>Topic: achievable patient/community engagement strategies</strong></td>
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SAVE the DATES

2023 OB & Neonatal Face-to-Face Meetings

Calling ALL Perinatal Leaders, Providers, Nurses, Advocates, and Friends!

Join us for an interactive day of collaborative learning with all the ILPQC initiative!

OB Teams:
May 24th 2023

Neonatal Teams:
May 25th 2023

More Information Coming Soon!

President Abraham Lincoln
Doubletree Hotel
Springfield, IL
SAVE THE DATE

ILPQC 11TH ANNUAL CONFERENCE
11.02.2023
THE WESTIN LOMBARD