Birth Equity (BE) Monthly Webinar
Making Progress

January 31st, 2021
Overview

- ILPQC Updates
- Birth Equity Data Review
- Linking patients to SDoH resources and services
- Implementing Respectful Care Practices and PREM
- Guest Speakers: NYSPQC
- Team Talk – Northwestern Team and MacNeal Hospital
Responding to this Challenging Time

• Asking hospitals what they need

• Reducing data collection for January
  • Can hold off on chart review data for January unless already completed (typically due Feb 15, now will be due March 15)
  • Submit only structure measures on your progress (Red/Yellow/Green)

• Holding off on moving to additional strategies
  • today we will review implementation efforts for SDOH and Respectful Care Practices / PREM and hear from teams on progress
Birth Equity Initiative

Helping hospital teams move this important work forward together
By December 2023, more than 75% of Illinois birthing hospitals will be participating in the Birth Equity Initiative and more than 75% of participating hospitals will have all key strategies in place.

**Drivers**

1. Address social determinants of health during prenatal, delivery, and postpartum care to improve birth equity

2. Utilize race/ethnicity medical record & quality data to improve birth equity

3. Engage patients, support partners including doulas, and communities to improve birth equity

4. Engage and educate providers, nurses, & staff to improve birth equity

**Strategies**

1. Utilize ILPQC social determinants of health (SDoH) community resources mapping tool to assist linking patients to resources based on the social determinants of health screening and share with affiliated prenatal care sites and hospital OB units

2. Screen patients for social determinants of health during prenatal care and delivery admission and appropriately link to resources

3. Implement strategy for incorporating discussion of social determinants of health and discrimination as factors in potential hospital maternal morbidity reviews

4. Implement processes and protocols for improving the collection and accuracy of patient-reported race/ethnicity data

5. Develop and implement a process to review and share maternal health quality data stratified by race/ethnicity and Medicaid status

6. Identify a patient advisor for hospital perinatal quality improvement team or other opportunities to engage patient / community members

7. Implement a strategy for sharing expected respectful care practices with delivery staff & patient (i.e. posting in LD) including appropriately engaging support partners and/or doulas

8. Implement a Patient Reported Experience Measure (PREM) patient survey to obtain feedback from postpartum patients and a process to review & share results with providers, nurses, and staff

9. Provide patients the recommended postpartum safety patient education materials prior to hospital discharge including education on urgent maternal warning signs, postpartum safety, communication with healthcare providers and importance of early follow up

10. Educating providers, nurses, and staff on the importance of listening to patients, providing respectful care and addressing implicit bias
Key QI Strategies

Optimize race/ethnicity data collection & review key maternal quality data by race, ethnicity & Medicaid status

Share respectful care practices on L&D and survey patients before discharge on their care experience (using the PREM) for feedback

Standardize postpartum safety education and schedule early postpartum follow up prior to hospital discharge

Universal social determinants of health screening tool (prenatal/L&D) with system for linkage to appropriate resources

Engage patients and community members for input on quality improvement efforts

Implicit Bias / Respectful Care training for providers, nurses and other staff
Structure Measures: Implementing Systems Changes

- Implemented standardized social determinants of health screening tools for delivery admission

- Implemented affiliated prenatal care sites standardized screening tools for universal social determinants of health screening

- Completed and shared social determinants of health community resources mapping tool

- Implemented a strategy for incorporating discussion of social determinants of health and discrimination as potential factors in hospital maternal morbidity reviews
Structure Measures: Implementing Systems Changes

Protocol for improving the collection and accuracy of patient-reported race/ethnicity data

Baseline 2020 | Aug-21 | Sep-21 | Oct-21 | Nov-21
---|---|---|---|---
0% | 20% | 40% | 60% | 80%

Process to review maternal health quality data stratified by race/ethnicity and Medicaid status

Baseline 2020 | Aug-21 | Sep-21 | Oct-21 | Nov-21
---|---|---|---|---
0% | 20% | 40% | 60% | 80%

Engaged patients and/or community members to provide input on quality improvement efforts

Baseline 2020 | Aug-21 | Sep-21 | Oct-21 | Nov-21
---|---|---|---|---
0% | 20% | 40% | 60% | 80%

Sharing expected respectful care practices with delivery staff and patients

Baseline 2020 | Aug-21 | Sep-21 | Oct-21 | Nov-21
---|---|---|---|---
0% | 20% | 40% | 60% | 80%
Process Measures:
SDoH Documented & Screened

Patients screened prenatal and during delivery admission with social determinants of health (SDoH) screening documented using a SDoH screening tool.

- SDOH Tool Documented Prenatal
- SDOH Tool Documented L&D
- Goal

Baseline (Q4 2021) Aug-21 Sep-21 Oct-21 Nov-21
Process Measures: SDoH Linkage to Resources

Patients linked prenatal and during delivery admission screened positive for social determinants of health that have documentation of patient linkage to needed resources/services.

SDOH Linkage to Resources Prenatal
SDOH Linkage to Resources L&D
Goal
Process Measures: Postpartum Safety

Patients receiving postpartum safety education prior to hospital discharge including urgent maternal warning signs, where to call with concerns, and scheduling early postpartum follow-up.
ILPQC Birth Equity Initiative:
Providers, nurses, and other staff completing education addressing implicit bias and respectful care, All ILPQC Hospitals, Baseline 2020 - 2021
ILPQC Hospital Team
Data Submission (86 Teams Total)

<table>
<thead>
<tr>
<th>Month</th>
<th>Teams Reporting Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (Q4 2020)</td>
<td>47</td>
</tr>
<tr>
<td>August 2021</td>
<td>54</td>
</tr>
<tr>
<td>September 2021</td>
<td>49</td>
</tr>
<tr>
<td>October 2021</td>
<td>47</td>
</tr>
<tr>
<td>November</td>
<td>40</td>
</tr>
</tbody>
</table>

Use your hospital data form as a QI team meeting roadmap to guide your efforts. Please contact us if you need help getting started with reviewing and entering your data!

Please submit monthly data into REDCap by the 15th of each month!
UPDATE: Reducing BE Data Burden

- We have spoken to teams about how best to reduce data burden during this challenging time

- Based on teams suggestion, **BE hospital teams will ONLY need to submit the structure measures** for January data reporting can pause on chart reviews unless already completed

- We will start full data reporting again for the month of **February due March 15**
Taking time to support implementation efforts for SDOH Screening and Respectful Care / PREM Survey

Today we will take time to review implementation steps. Consider how you can use these steps as you plan your work. SDOH and Respectful Care / PREM are key strategies for...
Why Respectful Care Practices and Patient Reported Experience matters?

• A review of 39 intervention studies identified that the implementation of universal screening for SDOH among patients, including housing, food, and safety needs, and subsequent linkage to care was associated with significant improvement in health and/or cost outcomes for patients in 87% of cases.

• The role of bias in clinical outcomes was evaluated in another review of 15 publications, which identified that implicit bias among healthcare practitioners was significantly associated with more negative patient–provider interactions, less appropriate treatment decisions, reduced treatment adherence, and poorer mental health outcomes.
Social Determinants of Health SDoH
Social Determinants of Health Screening Tools

- SDoH EMR Screener (Developed by Erie Health Centers, Chicago)
- ACOG Committee Opinion #729: Sample Screening Tool for Social Determinants of Health
- Social Determinants of Health In Pregnancy Tool (SIPT) with 5Ps (Used by Chicago PCC Communities Wellness Centers) and Actionable Map and Scoring Sheet
- Partner Healthcare SDoH Screening Tool shared by Massachusetts General Hospital Obstetrics & Gynecology
ILPQC Tip Sheets (for patients)

ILPQC SDoH Tip Sheets

State and Federal Programs
- Help Illinois Families
  - Website with programs for eligible individuals seeking emergency assistance to cover costs of utility bills, rent, temporary shelter, food, and other household necessities.
  - [https://www2.illinois.gov/dhs/CommunityServices/HomeWeatherization/CommunityActionAgencies/Pages/helpillinoisfamilies.aspx](https://www2.illinois.gov/dhs/CommunityServices/HomeWeatherization/CommunityActionAgencies/Pages/helpillinoisfamilies.aspx)

- Utility Bill Assistance
  - The Low Income Home Energy Assistance Program (LIHEAP) helps eligible low-income households pay for home energy services (primarily heating during winter months).
  - Call the LIHEAP Hotline at 1-877-477-8595 (9276).

- Community Action Agencies
  - Community Action Agencies across the State provide a variety of services, including but not limited to, Rental/Mortgage Assistance, Food, Energy Utility Bill Assistance, Water/Sewer Payments, Employment Training/Placement, Financial Management, and Temporary Shelter.
  - [https://www2.illinois.gov/dhs/CommunityServices/utilitybillassistance/Pages/default.aspx](https://www2.illinois.gov/dhs/CommunityServices/utilitybillassistance/Pages/default.aspx)

State and Federal Programs
- Illinois Reemployment Services Program Hotline
  - Search for jobs online
  - Phone number: (877) 342-7533, option 1
  - [https://illinoisJoblink.illinois.gov/adavr/](https://illinoisJoblink.illinois.gov/adavr/)

- Listing of Community Colleges in IL

- Adult Learning Resource Center
  - Provides referral services for students, volunteers, and employers wishing to access adult education and literacy programs throughout Illinois.

State and Federal Programs
- Supplemental Nutrition Assistance Program (SNAP):
  - Helps low-income people who qualify
  - Money is provided on an Electronic Benefit Transfer (EBT) card, which works like a debit card
  - Eligibility calculator: [https://fsisnd.dhs.illinois.gov/FSIS/calculator.aspx](https://fsisnd.dhs.illinois.gov/FSIS/calculator.aspx)
  - Apply for assistance: [https://www.dhs.state.il.us/page.aspx?Item=33698](https://www.dhs.state.il.us/page.aspx?Item=33698)

- Women, Infants and Children (WIC):
  - A food assistance program for Women, Infants, and Children
  - Helps low-income pregnant, postpartum, and breast-feeding women, infants, and children up to 5 years old who need food to help stay healthy
  - Provides money for healthy foods, vouchers for formula, and other great benefits
  - Can be used at grocery stores and pharmacies
  - [https://www.dhs.state.il.us/page.aspx?Item=30513](https://www.dhs.state.il.us/page.aspx?Item=30513)
Addressing Social Determinants of Health

- Sample screening tools
- Community resources and mapping tool
- Folders with patient and provider resources for SDoH screen positive patients
- Patient handouts on SDoH resources (ILPQC Tip Sheets and or NowPow referral)
- Create a Process Flow for patients who screen positive to confirm documentation & linked to resources

Review our online toolkit to find these resources linked on our BE website: https://ilpqc.org/birthequity/!
Need to consider QI Strategies

- PDSA cycle to test SDOH screening tools implementation on L&D
  - Start with one nurse, one patient or one day on L&D to trial a screen
  - Get feedback on process and determine best tool
  - Share information with outpatient sites

- Develop a Process Flow Diagram
  - Assist implementation of screening for all patients on L&D,
  - Linkage to appropriate resources / services for all screen + patients
  - Plan for follow up documented

- Consider steps needed in 30/60/90 day planning process
ILPQC Social Determinants of Health Screening Checklist

use this worksheet (checklist) to help determine if your current labor and delivery admission process is meeting accog Guidelines for universal screening Social Determinants of Health for all patients.

1. Are you using a Social Determinants of Health Screening Tool on admission to Labor and Delivery?
   a. Example screening tools from the ILPQC SE Toolkit:
      i. Sample screening tool for Social Determinants of Health from ACOG committee opinion 729
      ii. Social determinants of Health EMR Screening (Developed by File Health Center)
      iii. Social Determinants of Health in Pregnancy Tool (SRIPT) with RFIs from Chicago PCC Communities Wellness Centers and Actionable Map and Scoring Sheet
      iv. Partner Healthcare screening tool from Massachusetts General Hospital obstetrics & gynecology, and Ideas General Physic

2. Does your current admission process or questionnaire ask about the following social determinants of health?
   (items included in ACOG CO #729 recommendations)
   - Food
   - Utilities
   - Housing
   - Childcare
   - Financial resources
   - Transportation
   - Exposure to violence
   - Education/health literacy

3. If a patient screens positive for any social determinant of health concern, do you have a process to document that patient is appropriately linked to needed resources and services? Are the following steps included in your process flow?
   - Documentation of positive screen and clinical team informed
   - Patient is provided social referrer (link) tip sheets, or appropriate resources
   - Documentation that patient is referred and linked to appropriate resources
   - Social work consult made as appropriate
   - Plan for follow-up is documented

4. Write out a process flow on what currently occurs during your admission process regarding Social Determinants of Health Screening, linkage to needed resources and services, plans for follow-up, and documentation. Compare to the sample one below.

Example process flow:
1. Patient arrives for the new OB appointment or LD admission
2. Patient is provided the SDH screening tool (front desk, nurse)
3. Completed screening tool reviewed by nurse and documented
4. If positive, clinical team member provided SDH folder/Tip Sheets and/or Knowbox resources and documents
5. Social work consult made as appropriate
6. Plan for follow-up is documented
7. Follow-up with patient occurs
Process Flow to Link Patients Who Screen Positive on SDoH Screening Tool

A patient arrives for her NEW OB appointment or arrives on L&D

Nurse reviews the SDoH screening tool with the pt. or provide it to the pt. to complete

After the screening tool is completed, the nurse document the results

- Nurse communicate results to OB provider
- Nurse / OB provides linkage to needed resources and services ILPQC mapping tool, ILPQC SDOH Tip Sheets or NOW POW Community Resource Directory
- Social Work consult called as appropriate
- Nurse/OB document plan for follow up
NowPow Update on Team Use

https://ilpqc.org/
Overall NowPow Activity for Illinois

Overall Activity (monthly)

- # of Referrals
- # of Searches
- # of Organization Views
- # of Visits

- 603 Total FindRx Visits
- 387 Total FindRx Users
- 388 Total FindRx Searches
- 67 Total FindRx Org Views
- 61 Total Unique Services Viewed
- 15 Total FindRx Referrals
- 22 Total States with FindRx Visits

UNITE US
Top Searches in Illinois

Teams are also using NOW POW for referrals, including clothing and housing over the past 3 months.
Team Talks
Birth Equity at
Prentice Women’s Hospital

Social Determinants of Health

Presented to: ILPQC
Presented on: January 31, 2022
Presented by: Lena Callan, MSN, RN-BC, RNC-OB
Birth Equity Nurse Champion
SDOH Screening

- System level initiative
- Pilot started 4/12/2021
- Phased approach
- Go-Live for OB was 11/8/2021
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a doctor or clinic where you usually go for medical care?</td>
<td>Yes, No, Prefer Not to Answer, Unable to Ask</td>
</tr>
<tr>
<td>Do you have trouble getting medicines, medical supplies, or paying for medication co-pays on a regular basis?</td>
<td>Yes, No, Prefer Not to Answer, Unable to Ask</td>
</tr>
<tr>
<td>Do you have trouble getting transportation to medical appointments?</td>
<td>Yes, No, Prefer Not to Answer, Unable to Ask</td>
</tr>
<tr>
<td>Have there been times that your food ran out, and you didn't have money to get more?</td>
<td>Yes, No, Prefer Not to Answer, Unable to Ask</td>
</tr>
<tr>
<td>Are you concerned about having a safe and reliable place to live?</td>
<td>Yes, No, Prefer Not to Answer, Unable to Ask</td>
</tr>
<tr>
<td>Would you like help finding professional services to help with stress, depression, anxiety or other mental health concerns?</td>
<td>Yes, No, Prefer Not to Answer, Unable to Ask</td>
</tr>
</tbody>
</table>

Would you like to be connected to groups that can help with any of these topics? (choose all that apply)

- [ ] Affording Medication
- [ ] Transportation to...
- [ ] Food
- [ ] Housing
- [ ] Mental Health
- [ ] None
Social Determinants of Health

Workflow

Pt Admitted → SDOH Screen = Required Documentation → RN Screens Pt

- NowPow List Auto generated
- SW Consult queue populated

- Yes → Screen Positive
  - SW Consult & Resources given → Pt Discharged
  - SW Consult by MD order

- No → SW Consult not needed

Outpatient F/U = Loss or Clinic based
# SDOH Screens Nov 8, 2021 – Jan 15, 2022

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Total Screened</td>
<td>2486</td>
</tr>
<tr>
<td>Reported Concern</td>
<td>421</td>
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<tr>
<td>Requested Assistance</td>
<td>46</td>
</tr>
<tr>
<td>Action Taken</td>
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Summary of SDOH Screens.

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SDOH Concerns

- Medical Home: 330
- Medication $$$: 21
- Transportation: 29
- Food: 22
- Food Emergency: 5
- Safe Housing: 19
- Housing Emergency: 3
- Mental Health: 41

Northwestern Medicine®
SDOH Statistics

Race

- White: 55%
- Other-Selected: 18%
- Black or African American: 13%
- Asian: 8%
- Other: 6%

Ethnicity

- Not Hispanic or Latino: 20%
- Hispanic or Latino: 7%
- Declined: 0%
- Other: 73%
Questions?
Thank You
MacNeal Hospital

374
Licensed beds

14,052
Discharges in FY18

64,211
ED visits in FY18

SERVICES INCLUDE

• Emergency Services
  • Chest Pain Center
  • EDAP
  • Primary Stroke Center
  • Level II Trauma Center
• Adult Critical Care
• Neurosurgery (24/7)
• Cardiovascular Surgery
• Telemetry & Medical Surgical Units
• Obstetrics & Level II Nursery
• MRI, CT, Lab Services (24/7)
• Bariatrics
• Cancer Care
• Heart & Vascular Care

• Rehabilitation Services
  • Inpatient Rehabilitation Facility
  • Skilled Nursing Facility
  • Comprehensive Outpatient Services
• Behavioral Health
• Hospice Unit
• Ambulatory Care Centers:
  • Immediate Care Services
  • Family Medicine
  • Internal Medicine
  • Pain Management
  • Wound Care
  • Imaging
  • Occupational Health
Loyola-MacNeal Hospital
Birth Equity Initiative

Team Members

- Danielle Felty MSN, RN, NEA-BC, RNC-OB
- Karen Richardson, MSN, RN, RNC-OB
- Dr. Deslyn Browne
- Maria Lotesto, RN
- MaryJo Kron, BSN, RN
Focused Key Opportunity - SDoH

Key Opportunity #1

Implementation of universal social determinants of health screening prenatally and during delivery admission with linkage to appropriate resources and services.
Social Determinants of Health (SDoH)

Current State

- Loyola-MacNeal has two documentation systems for a labor admission. The systems are OB TraceView and EPIC.

- Most admission questions are currently completed within OB TraceView.

- Employed Physician offices document care within EPIC
Social Determinants of Health (SDoH)

Review

• Both OB TraceView and EPIC had some SDoH screening questions. What we needed to determine is if these questions were inclusive of what was needed.

• We selected the SDoH EMR Screener (Developed by Erie Health Center).

  Are you having trouble paying your rent or bills right now?
  Are you worried about having a safe and reliable place to sleep?
  Are you unable to get medications that you need?
  If you have children, do you have difficulty getting diapers, formula, or internet for school?
  Do you have trouble getting food when you need?
  Stress is common, and it can be very overwhelming. Do you experience stress that makes it hard to care for yourself or work?
  Do you have trouble getting transportation to medical appointments?
  Are there any other needs you have that we have not discussed?
Review

- Using the EMR screener tool questions, we reviewed both OB TraceView and EPIC to determine which admission system had all (or most) elements of the PHST
- Upon review it was determined that EPIC had all but one question (infant care supplies) already built.

OB TraceView

EPIC

Social Determinants of Health (SDoH)
Respectful Care Practices / PREM Survey
## Respectful Care Practices

1. Treating you with dignity and respect throughout your hospital stay
2. Introducing ourselves and our role on your care team to you and your support persons upon entering the room
3. Learning your goals for delivery and postpartum: What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
4. Working to understand you, your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery
5. Communicating effectively across your health care team to ensure the best care for you
6. Partnering with you for all decisions so that you can make choices that are right for you
7. Practicing “active listening”—to ensure that you, and your support persons are heard
8. Valuing personal boundaries and respecting your dignity and modesty at all times, including asking your permission before entering a room or touching you
9. Recognizing your prior experiences with healthcare may affect how you feel during your birth, we will strive at all times to provide safe, equitable and respectful care
10. Making sure you are discharged after delivery with an understanding of postpartum warning signs, where to call with concerns, and with postpartum follow-up care visits arranged
11. Ensuring you are discharged with the skills, support and resources to care for yourself and your baby
12. Protecting your privacy and keeping your medical information confidential
13. Being ready to hear any concerns or ways that we can improve your care

### Available in:
- Tear pads
- Posters
- Bi-Fold
Respectful Care Practices Materials for teams

- Did your team receive the Respectful Care Practices Materials from ILPQC?
  - 10 Posters (English)
  - 5 Posters (Spanish)
  - 1 Tear pad of 50 sheets (English and Spanish)
  - 10 Bi-folds Brochure

- The materials were shipped out to your team address on file by the printing company 12/14/21, so please double checked your team has received the materials any questions contact us at info@ilpqc.org
Steps for Implementing Respectful Care Practices

- Make sure your team has received the Respectful Posters ILPQC sent to your hospital
- Provide all providers and nurses a copy of the Respectful Care Practices to read and sign off on to acknowledge they commit to these practices
- Post Respectful Care Practices posters in patient facing areas where patients can read them: such as labor and delivery rooms, triage, check in
- Create a process flow to
  - Identify a team member responsible for providing patients the expected Respectful Care Practices on arrival to L&D and briefly reviewing to make sure patient has received
  - At discharge, make sure all patients receive the PREM Survey QR Code and are asked to anonymously complete the PREM Survey on their phone before discharge to report back on their respectful care experience during their delivery admission.
- Review PREM Survey Reports and provide feedback to clinical team
1. I could take part in decisions about my care.

2. I could ask questions about my care.

3. My health care team did a good job listening to me. I felt heard.

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

5. My health care team understood my background, home life and health history, and communicated well with each other.

6. My health care team introduced themselves to me, my support persons, and explained their roles in my care when they entered my room.

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

Labor & Delivery

PREM

Respectful Care Practices
PREM Implementation

- **QI code form is customizable** - Hospitals will have an unique number to put on their QR code paper for patients to identify the correct hospital name. Please use the English PREM survey to receive your hospital #. **It is located in front of your hospital name on the survey!**
- Provider instructions
- Sample survey
- Currently available in 5 languages
  - English and Spanish
  - 8 more languages coming soon!
- Surveys completed by patients on smart phone, tablet or computer **before discharge:**
  - Laminate QR code with your hospital number
  - Create script for your hospital (example scripts in toolkit)
  - PREM QR Code
PREM Reports Updates

• Proposed PREM Timeline:
  • PREM reports to launch March 2022

• PREM Reports:
  • Will stratify responses by:
    • Overall respondents
    • Public Insurance compared to Private Insurance responses
    • Non-Hispanic White compared to BIPOC responses
    • Black, White, Asian, Hispanic, Other (will report only if sufficient numbers > 5 patients per category)
Example of Introduction of PREM to Patients from NYSPQC

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

- **XXX 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

- 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
Tell Us About Your Experience at Albany Med!

Your input is valuable as we ensure patients are having a positive experience

Below are several ways to let us know how your stay with us went. You can also provide feedback by filling out the PREM survey that you will receive at the end of your visit by your nurse manager.

**Patient Relations**
Contact a patient relations representative to share your experience or voice a concern. You may contact them at (518) 262-3459.

**Albany Med CARES**
Speak with the nurse manager, lactation consultant, nursing supervisor, and/or bedside nurse or physician about your experience.

**Virtual Survey**
Scan the QR code (right) and fill out a survey to provide us with more information about your stay at Albany Med, and to report any instances of inequitable care.

**Why Do We Want to Know?**
New York State Birth Equity Improvement Project
Albany Medical Center is participating in the New York Birth Equity Improvement Project (NYBEP). This project assists birthing facilities in identifying individual and systemic racism in patient birth outcomes at their organization, and take action to improve the patient experience and perinatal outcomes for Black birthing people in our community. Scan the QR code to learn more.
Guest Speaker:

NYSPQC Team
Bellevue Hospital Center's Experience in Implementation of the PREM Survey
Date: January 31, 2022

Susan E. Richter, MPA
Regional Perinatal Center Coordinator
Associate Director QA
Bellevue Hospital Center

NYC Health + Hospitals/Bellevue is located in Manhattan, it’s a 844 bed facility and is the oldest public hospital in the United States. Bellevue is the Regional Perinatal Center for the health system, providing clinical services and consultations for approximately 18,000 deliveries per year within the five boroughs. We accept high risk maternal/neonatal transports 24/7. Our dedicated team of highly skilled and competent professionals deliver an average of 1,400 babies annually in our family-centered state of the art Labor and Delivery Suite.

Bellevue serves a culturally diverse patient population and is recognized for its many designations, of which include a world-renowned Level I Emergency/Trauma Center, a Regional Perinatal Center, Baby-Friendly Designation, Level IV Neonatal Intensive Care Unit, Center of Excellence for Bariatric Surgery, and Special Pathogen.
Quality Improvement Team

- **Judith Chervenak, MD** – Department of Obstetrics, Maternal Fetal Medicine
- **Judita Bautista, MD** – Chief of Obstetrics & Gynecology
- **MaryAnn Tsourounakis, MS** – Administrator – MCH, Team Coordinator/ Primary Contact
- **Vicky Holman, RN** – Director of Nursing - MCH
- **Allison Waldo, RN** – Head Nurse, Mother Baby
- **Dina Kifayeh, RN** – Staff Nurse
- **Ida Brown, MPA** – Director of Quality
- **Maggie Connolly, LMSW** – Maternal Medical
- **Mary Campione** – Coordinating Manager
- **Susan Richter, MPA** – RPC Coordinator
- **Ana Aguilar, MSED** – Assistant Director, Clinical Services
- **Leticia Zuniga** – Bellevue Volunteer Department
- **Adina Lopez** – Bellevue Volunteer Department
- **Nina Qui** – Bellevue Volunteer Department
- **Orinta Svidraite** – Bellevue Volunteer Department
After you deliver your baby,

We would like to get your feedback on your experience of care during labor and delivery at Bellevue.

We will give you a survey to fill out at discharge from the hospital.

The purpose of this is to improve care of birthing people in New York State.

This is an unidentified survey and should only take a few minutes to complete.

Thank you for taking the time to fill out the survey.

The Bellevue Birth Equity Team
PREM Survey

• Consisted of 17 Core Questions
  (regarding the patient’s care experience)

• 5 Demographic Questions
  (ethnicity, race, sex, gender identity and sexual orientation)

• Survey took approx. 5 minutes to complete

• PREM Survey’s are submitted electronically to the NYSBEIP
PREM Survey

- Monthly Data Collection Tool submitted to the NYSBEIP

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<thead>
<tr>
<th>Number of birthing people discharged after delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of birthing people discharged after delivery who received the Patient Reported Experience Measure (PREM) Survey either via QR Code or hospital iPad/tablet/laptop</td>
</tr>
<tr>
<td>Number of incidents of inequitable care reported by birthing people (and/or their families) during their delivery stay</td>
</tr>
</tbody>
</table>

- Hospitals received monthly feedback from NYSBEIP
PREM Survey Implementation

• Volunteers were trained to instruct the patients on the purpose of the survey.
  — “the opportunity to provide feedback on their birthing experience”

• They walked the patients through how to take the survey, assisting when necessary.

• We encouraged the use of our I-Pads rather than the patient’s cell phone.
PREM Survey Implementation

• Every morning we had a daily list of patients being discharged.

• Volunteers went to the mother baby unit at the same time every day to administer survey’s.

• We kept track of all PREMs that were completed and any difficulties that occurred.
PREM Results

<table>
<thead>
<tr>
<th>Language</th>
<th>Total Survey Submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>#</td>
</tr>
<tr>
<td>Bengali</td>
<td>#</td>
</tr>
<tr>
<td>Chinese</td>
<td>#</td>
</tr>
<tr>
<td>French</td>
<td>#</td>
</tr>
<tr>
<td>Spanish</td>
<td>#</td>
</tr>
<tr>
<td>Yiddish</td>
<td>#</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>English</th>
<th>Bengali</th>
<th>Chinese</th>
<th>French</th>
<th>Spanish</th>
<th>Yiddish</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYCHHC - Bellevue Hospital Center</td>
<td>39</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>29</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey Submissions Completion</th>
<th>Total Survey Submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete: 17 questions answered</td>
<td>35</td>
</tr>
<tr>
<td>More than 50%: 9-16 questions answered</td>
<td>1</td>
</tr>
<tr>
<td>Excluded from Score: Only Language Selected</td>
<td>3</td>
</tr>
</tbody>
</table>
## PREM Results

<table>
<thead>
<tr>
<th>Core PREM Questions</th>
<th>Total Submissions per Question</th>
<th>Average Response Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>I could take part in decisions about my care.</td>
<td>65</td>
<td>4.5</td>
</tr>
<tr>
<td>I could ask questions about my care.</td>
<td>64</td>
<td>4.6</td>
</tr>
<tr>
<td>My health care choices were respected by the health care team.</td>
<td>65</td>
<td>4.5</td>
</tr>
<tr>
<td>The health care team asked for my permission before carrying out exams and treatments.</td>
<td>65</td>
<td>4.5</td>
</tr>
<tr>
<td>I felt pressured by the health care team into accepting care I did not want or did not understand.</td>
<td>65</td>
<td>4.2</td>
</tr>
<tr>
<td>When the health care team could not meet my wishes, they explained why.</td>
<td>65</td>
<td>4.3</td>
</tr>
<tr>
<td>I trusted the health care team to take the best care of me.</td>
<td>65</td>
<td>4.6</td>
</tr>
<tr>
<td>I was treated differently by the health care team because of: My race or skin color</td>
<td>64</td>
<td>4.7</td>
</tr>
<tr>
<td>I was treated differently by the health care team because of: My ethnicity or culture</td>
<td>63</td>
<td>4.7</td>
</tr>
<tr>
<td>I was treated differently by the health care team because of: My sexual orientation or gender identity</td>
<td>63</td>
<td>4.7</td>
</tr>
<tr>
<td>I was treated differently by the health care team because of: The type of health insurance I have</td>
<td>63</td>
<td>4.7</td>
</tr>
<tr>
<td>I was treated differently by the health care team because of: The language I speak</td>
<td>64</td>
<td>4.7</td>
</tr>
<tr>
<td>I was treated with respect and compassion: During my check-in</td>
<td>65</td>
<td>4.8</td>
</tr>
<tr>
<td>I was treated with respect and compassion: During my labor and delivery</td>
<td>64</td>
<td>4.8</td>
</tr>
<tr>
<td>I was treated with respect and compassion: During my care after delivery</td>
<td>63</td>
<td>4.6</td>
</tr>
<tr>
<td>I was treated with respect and compassion: During discharge</td>
<td>62</td>
<td>4.7</td>
</tr>
<tr>
<td>The care I received was:</td>
<td>64</td>
<td>4.7</td>
</tr>
</tbody>
</table>
PREM Survey

Year | Month | 2021 Num | Den
--- | --- | --- | ---
| | APR | 0 | 88
| | MAY | 0 | 80
| | JUN | 0 | 94
| | JUL | 0 | 79
| | AUG | 0 | 109
| | SEP | 0 | 108
| | OCT | 0 | 102
| | NOV | 0 | 110
Patient Reactions

- Patient’s were willing to take the survey, some seem eager
- Appreciated that we were taking time to ask their opinions
- Volunteers made the patients feel comfortable
- Gave patients opportunity to talk about themselves
- Feels like home would come back to the hospital again
- They felt they were treated well
- No claims of inequitable care in the 468 survey’s done since mid-July
Questions ??
Getting started with provider, nurse, staff education
Tiered Approach for Birth Equity Implicit Bias Training

- **Diversity Science: Dignity in Pregnancy and Childbirth Course training**
  - FREE e-module trainings available for all staff
  - Can integrate into the hospitals e-learning systems to track completion

- **Perinatal Quality Improvement SPEAKUp Training**
  - 1 team member per hospital to attend over 2 days (total 8 hours) anti-racism training
  - Train the trainer model to amplify local trainings

- **Laboring with Hope video and discussion guide**
  - The 30 min video and discussion guide will be available for free for all BE teams for group viewing and discussion.
  - Plan to release the video to teams in February and we will have access to free streaming of the video for 12 months.
Develop respectful care and bias education for providers, nurses, and staff.

- ILPQC has partnered with Diversity Science to provide simplified online access to the *Dignity in Pregnancy and Childbirth online e-module training*.
  - 3-module free program for perinatal providers, nurses and staff.
    - *The response time after submitting the group access form is 24-28 hours for delivery of all SCORM files.*
  - Free access to the resources and support to add e-modules to online hospital learning systems will be provided.

- Webpage link: NEW* [https://www.diversityscience.org/ilpqc-2/](https://www.diversityscience.org/ilpqc-2/)
Birth Equity next steps
Next Steps for Birth Equity

• Monthly data for **December** due into REDCap by **January 15th (now)!**

• Schedule your team KPM meeting to receive help to get started

• Make a 30 60 90 day plan for next steps with SDoH, Respectful Care, and/or PREM implementation
Key Players Meetings to help support you get started

Opportunity for each BE team to receive consultation with a BE champion to strategize and map out your hospital’s next steps for making progress with BE by helping your team create 30/60/90 plans.

- Request your KPM meeting with this link: https://redcap.healthlnk.org/surveys/?s=C9TKXKJNMD

Very helpful and resourceful! – FHN Memorial Hospital

Great help with moving things forward! – Stroger Hospital

ILPQC has completed 4 KPM meetings so far…..SIGN your team up TODAY!
# Upcoming Monthly Webinars:

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday, February 21&lt;sup&gt;th&lt;/sup&gt;</strong>&lt;br&gt;12:00-1:00pm</td>
<td>Implementing a comprehensive implicit bias training for provider / nurse education</td>
</tr>
<tr>
<td><strong>Monday, March 21&lt;sup&gt;st&lt;/sup&gt;</strong>&lt;br&gt;12:00-1:00pm</td>
<td>Engaging patients and community in QI / Birth Equity work</td>
</tr>
<tr>
<td><strong>Monday, April 18&lt;sup&gt;th&lt;/sup&gt;</strong>&lt;br&gt;12:00-1:00pm</td>
<td>Implementation Review of Key Strategies</td>
</tr>
<tr>
<td><strong>Monday, May 16&lt;sup&gt;th&lt;/sup&gt;</strong>&lt;br&gt;12:00-1:00pm</td>
<td>Face-to-Face (NO Webinar)</td>
</tr>
</tbody>
</table>

Register and Join here: [https://northwestern.zoom.us/meeting/register/tJMod-uoqDotGtzzJICE1O5TphPWT2-pZfmY](https://northwestern.zoom.us/meeting/register/tJMod-uoqDotGtzzJICE1O5TphPWT2-pZfmY)
Other updates
Maternal Hypertension & OB Hemorrhage Continuing Education

• We would like to thank those who provided this information last year! We had 90 facilities statewide submit training data and we are pleased to report that the majority of birthing hospitals (86%) reported at least some providers completing continuing education training on obstetric hemorrhage or maternal hypertension.

• The form to submit calendar year 2021 training data is now open and can be accessed here. We are asking each birthing hospital to submit their training data by February 28, 2022. Based on hospital feedback, we made changes to this year’s form to decrease reporting burden.

• There are several training resources available for birthing facilities, including e-modules, simulations, or drills from AIM, ACOG and other leading national groups available on the ilpqc.org website.

• This information is used by ILPQC and I PROMOTE-IL to understand hospitals’ ability to complete training on these topics and potentially identify opportunities to provide further support to hospitals to achieve our shared goal of improved maternal health across the state.
Thanks to our Funders

In kind support:
Resources & Tools
Brief review of tools for implementing universal SDOH screening
Process Flow to Link Patients Who Screen Positive on SDoH Screening Tool

A patient arrives for her NEW OB appointment or arrives on L&D

- Nurse reviews the SDOH screening tool with the pt. or provide it to the pt. to complete
- After the screening tool is completed, the nurse document the results

- Nurse communicate results to OB provider
- Nurse / OB provides linkage to needed resources and services ILPQC mapping tool, ILPQC SDOH Tip Sheets or NOW POW Community Resource Directory
- Social Work consult called as appropriate
- Nurse/OB document plan for follow up
A patient arrives for her NEW OB appointment or L&D

Front desk gives patient the SDOH screen

MA takes screen from the patient and gives it to the RN

RN / OB provider reviews screen with patient and offers resources

ILPQC SDOH Tip Sheets or NOW POW resource provided to patient based on resource need, Social Work consult called as appropriate and if > 2 positive items

RN / OB documents screen results, linkage to resources and plan for follow up
ILPQC Tip Sheets (for patients) (click link)
Brief review of tools for implementing respectful care practices
Respectful Care Practices Resources

1. Treating you with dignity and respect throughout your hospital stay

2. Introducing ourselves and our role on your care team to you and your support persons upon entering the room

3. Learning your goals for delivery and postpartum: What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?

4. Working to understand you, your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery

5. Communicating effectively across your health care team to ensure the best care for you

6. Partnering with you for all decisions so that you can make choices that are right for you

7. Practicing “active listening”—to ensure that you, and your support persons are heard

8. Valuing personal boundaries and respecting your dignity and modesty at all times, including asking your permission before entering a room or touching you

9. Recognizing your prior experiences with healthcare may affect how you feel during your birth, we will strive at all times to provide safe, equitable and respectful care

10. Making sure you are discharged after delivery with an understanding of postpartum warning signs, where to call with concerns, and with postpartum follow-up care visits arranged

11. Ensuring you are discharged with the skills, support and resources to care for yourself and your baby

12. Protecting your privacy and keeping your medical information confidential

13. Being ready to hear any concerns or ways that we can improve your care

Available in:
✓ Tear pads
✓ Posters
✓ Bi-Fold
We commit to...

1. Treating you with dignity and respect throughout your hospital stay
2. Introducing ourselves and our role on your care team to you and your support persons upon entering the room
3. Learning your goals for delivery and postpartum: What is important to you for labor and birth? What are your concerns regarding your birth experience? How can we best support you?
4. Working to understand you, your background, your home life, and your health history so we can make sure you receive the care you need during your birth and recovery.
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12. Protecting your privacy and keeping your medical information confidential
13. Being ready to hear any concerns or ways that we can improve your care
Brief review of the PREM Survey
PREM Survey Questions

1. I could take part in decisions about my care.
2. I could ask questions about my care.
3. My health care team did a good job listening to me, I felt heard.
4. My health care choices were respected by the health care team.
5. My health care team understood my background, home life and health history, and communicated well with each other.
6. My health care team introduced themselves to me, and my support persons, and explained their role in my care when they entered my room.
7. The health care team asked for my permission before carrying out exams and treatments.
8. I felt pressured by the health care team into accepting care I did not want or did not understand.

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

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

11. I was treated differently by the health care team because of:
   • 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
12. I was treated with respect and compassion:
   • During my check-in
   • During my labor and delivery
   • During my care after delivery
   • During discharge

13. I was treated with respect and compassion:
   • By the obstetric doctors/midwives that took care of me
   • By the nurses that took care of me
   • By other staff at the hospital

14. The care I received was: Excellent, Good, Average, Fair, Poor

15. Please share any additional thoughts or comments about your experience with your delivery and hospital stay
PREM Demographics Questions

1. Ethnicity:
   - O Hispanic
   - O Non-Hispanic
   - O Prefer not to answer

2. 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

3. Health insurance type
   - O Private insurance
   - O Public insurance (Medicaid or Medical Card)
   - O Self-pay
   - O Uninsured
   - O Prefer not to answer

4. Sexual Orientation:
   - O Straight/Heterosexual
   - O Bisexual
   - O Gay
   - O Lesbian
   - O Queer
   - O Other
   - O Prefer not to answer

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

6. Age:
   - O <18
   - O 18-24
   - O 25-29
   - O 30-34
   - O 35-39
   - O 40 +
   - O Prefer not to answer

7. Type of Delivery:
   - O Vaginal
   - O Cesarean section
   - O Prefer not to answer
Brief review of education resources online
Resources and Education for RCP & PREM

Resources to review for sharing expected respectful care practices with providers, nurses, staff, and patients:

ILPQC Respectful Care Practices English
- Poster
- Patient and Provider Handout
- Bi-Fold (Brochure)

ILPQC Respectful Care Practices Spanish
- Poster
- Patient and Provider Handout
- Bi-Fold (Brochure)

Patient Reported Experience Measure (PREM) patient survey
- ILPQC PREM Survey English Link
  - PREM information for hospital teams
  - QR Code for teams to post within L&D rooms
- ILPQC PREM Survey Spanish Link
  - QR Code for teams to post within L&D rooms

Patients handouts on SDoH resources (to be launched for patients who screen positive)
- ILPQC Tip Sheets (for patients)
- ILPQC Universal Resources
- NowPow Digital Community Resource & Service Directory

Resources to help providers and staff understand Social Determinants of Health
- *ILPQC Social Determinants of Health Screening Checklist (NEW)
- Empower Journey Map
- Principles for Patient-Centered Approaches to Social Needs Screening
- Patient-Centered Social Needs Screening Conversation Guide for Staff
- Social Determinants of Health Curriculum for Clinicians (E-modules)

Birth Equity Toolkit now available online:
https://ilpqc.org/birthequity/