

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



BE Key Drivers Diagram

Strategies

AIM

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
- Utilize race/ethnicity
 medical record &
 quality data to improve
 birth equity
- 3. Engage patients, support partners including doulas, and communities to improve birth equity

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

- 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



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



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



Engage patients and community members for input on quality improvement efforts



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

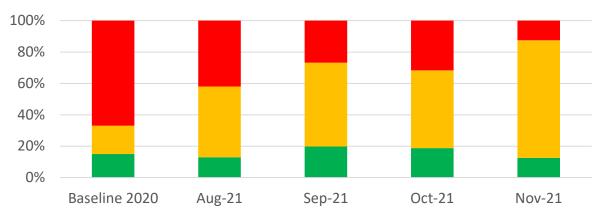


Implicit Bias / Respectful Care training for providers, nurses and other staff

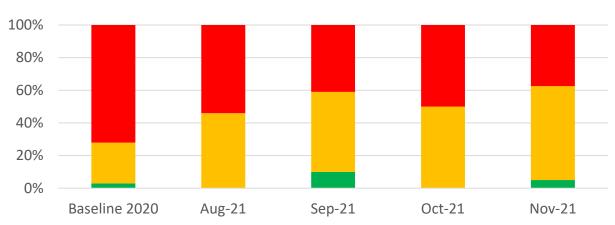
Structure Measures: •In Place •Working on it •Not Started Implementing Systems Changes



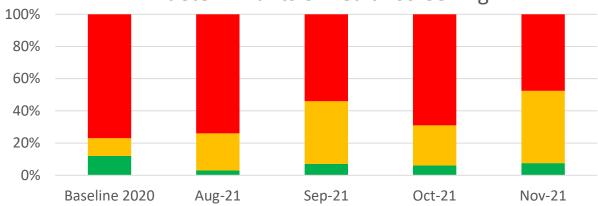
Implemented standardized social determinants of health screening tools for delivery admission



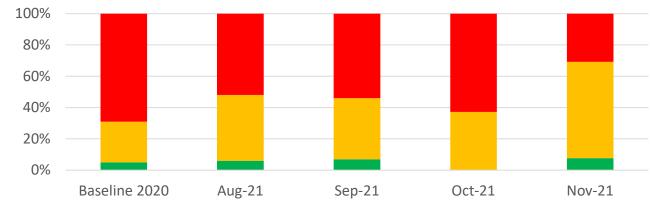
Completed and shared social determinants of health community resources mapping tool



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



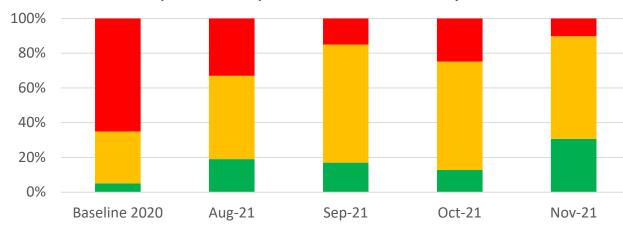
Implemented a strategy for incorporating discussion of social determinants of health and discrimination as potential factors in hospital maternal morbidity reviews



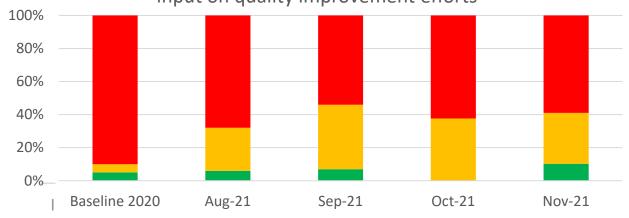
Structure Measures: •In Place •Working on it •Not Implementing Systems Changes



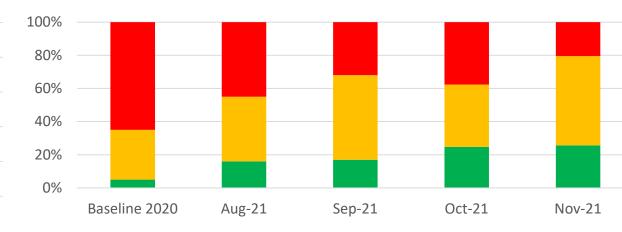
Protocol for improving the collection and accuracy of patient-reported race/ethnicity data



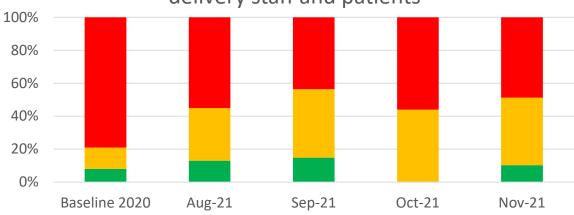
Engaged patients and/or community members to provide input on quality improvement efforts



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



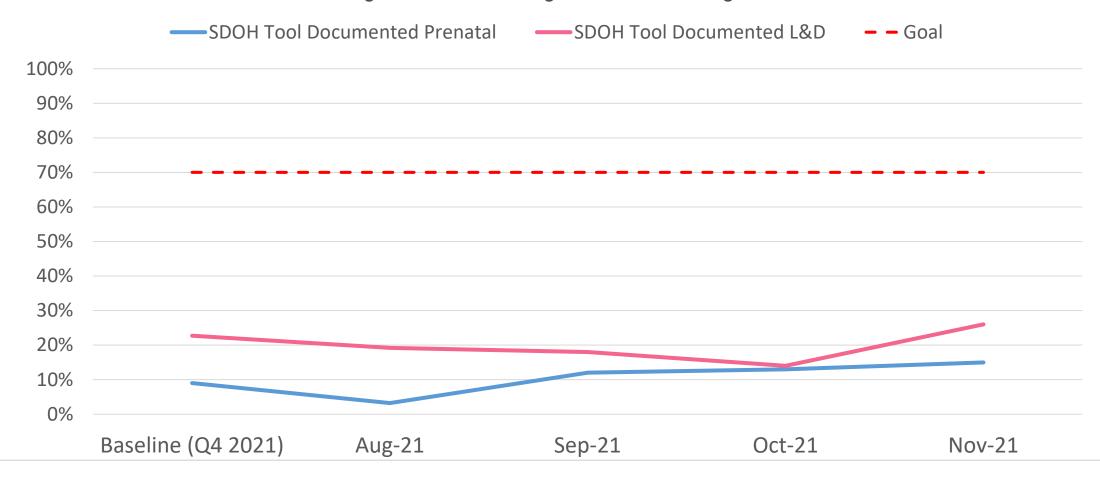
Sharing expected respectful care practices with delivery staff and patients



Process Measures: SDoH Documented & Screened



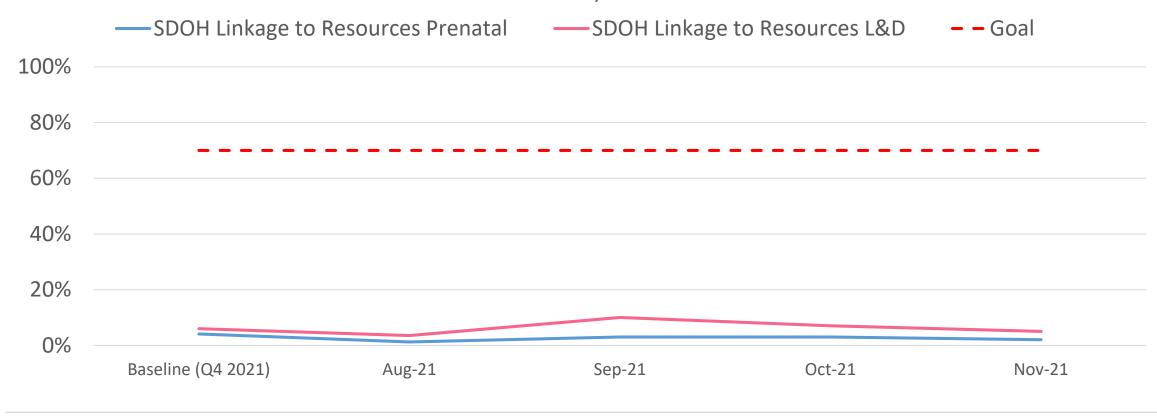
Patients screened prenatal and during delivery admission with social determinants of health (SDoH) screening documented using a SDoH screening tool



Process Measures: SDoH Linkage to Resources



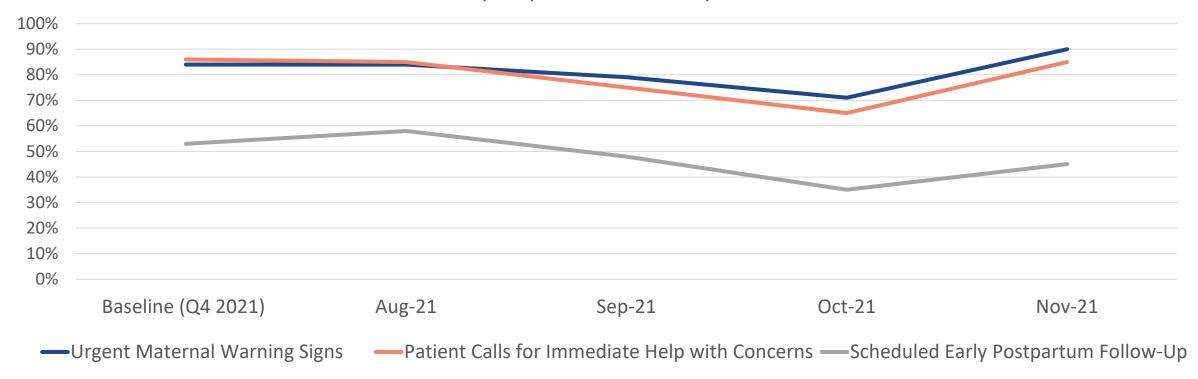
Patients linked prenatal and during delivery admission screened positive for social determinants of health that have documentation of patient linkage to needed resources/services



Process Measures: Postpartum Safety

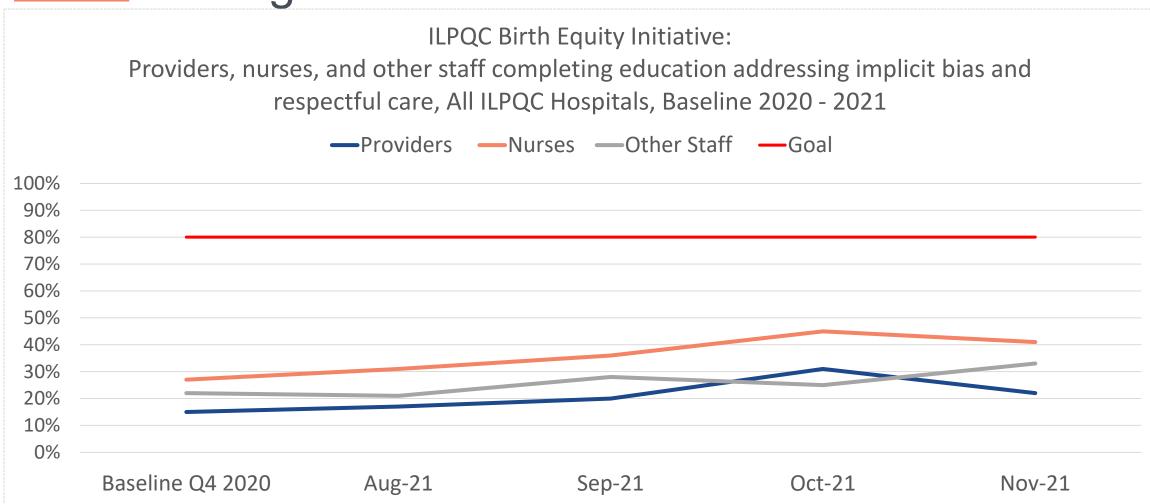


Patients receiving postpartum safety education prior to hospital discharge including urgent maternal warning signs, where to call with concerns, and scheduling early postpartum follow-up



Process Measures: Staff Training





ILPQC Hospital Team Data Submission (86 Teams Total)



Month	Teams Reporting Hospital Data
Baseline (Q4 2020)	47
August 2021	54
September 2021	49
October 2021	47
November	40

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, <u>BE hospital teams will ONLY need</u> 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 <u>February</u> due <u>March 15</u>

Taking time to support implementation efforts for SDOH Screening and Respectul 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 BE



Why Respectful Care Practices and Patient Reported Experience matters?



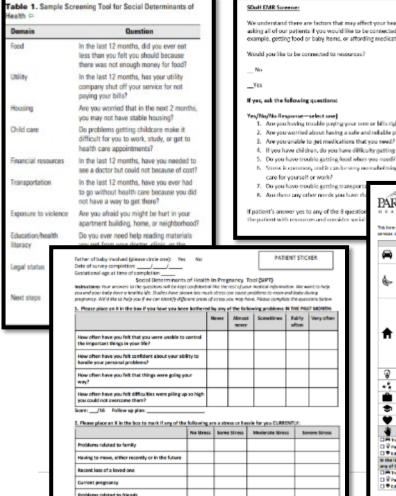
- A review of 39 intervention studies identified that the implementation of universal screening for SDOH among patients, including housing, food, and safety needs, and subsequent linkage to care was associated with significant improvement in health and/or cost outcomes for patients in 87% of cases.
-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

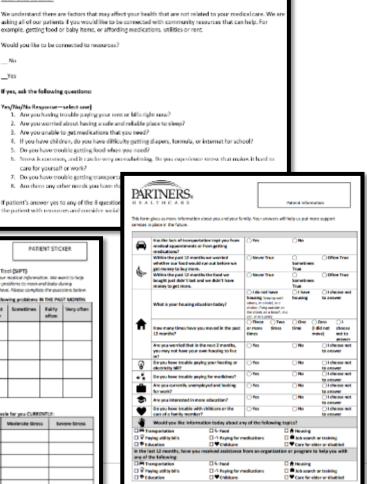
Social Determinants of Health SDoH



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



Tip Sheet-Utility



State and Federal Programs

- Help Illinois Families
 - o Website with programs for eligible individuals seeking emergency assistance to cover costs of utility bills, rent, temporary shelter, food, and other household necessities.
 - o https://www2.illinois.gov/dceo/CommunityServices/HomeWeatherization/CommunityActionA gencies/Pages/HelpIllinoisFamilies.aspx
- Utility Bill Assistance
 - o The Low Income Home Energy Assistance Program (LIHEAP) helps eligible low-income households pay for home energy services (primarily heating during winter months).
 - o Call the LIHEAP Hotline at 1-877-411-WARM (9276).
- Community Action Agencies
 - o 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 Payment, Employment Training/Placement, Financial Management, and Temporary Shelter.
 - https://www2.illinois.gov/dceo/communityservices/utilitybillassistance/pages/default.aspx

Tip Sheet- Education



State and Federal Programs

- Illinois Reemployment Services Program Hotline
 - Search for jobs online
 - o Phone number: (877) 342-7533, option 1
 - o https://illinoisjoblink.illinois.gov/ada/r/
- Listing of Community Colleges in IL
 - https://www.collegesimply.com/colleges/illinois/
- Adult Learning Resource Center
 - o Provides referral services for students, volunteers, and employers wishing to access adult education and literacy programs throughout Illinois.
 - o https://alrc.thecenterweb.org/other/illinois-adult-learning-hotline/

Tip Sheet- Food



19

Tip Sheet- Housing

State and Federal Programs

- . U.S. Department of Housing and Urban Development
 - Website: https://www.hud.gov/states/illinois/offices
- Illinois Shelter List
 - o An online directory of shelters in Illinois
 - o https://www.shelterlist.com/state/illinois
- **IDHS: Homeless Prevention Providers**
 - o An online list of homeless prevention providers in Illinois
 - o https://www.dhs.state.il.us/page.aspx?item=110583
- IDHS: Emergency and Transitional Housing
 - o An online list of emergency and transitional housing providers in Illinois
 - o https://www.dhs.state.il.us/page.aspx?item=98150



ate and Federal Programs

• Supplemental Nutrition Assistance Program (SNAP):

- o Helps low-income people who qualify
- OMoney is provided on an Electronic Benefit Transfer (EBT) card, which works like a debit card
- o Eligibility calculator: https://fscalc.dhs.illinois.gov/FSCalc/
- OApply for assistance: https://www.dhs.state.il.us/page.aspx?item=33698

•Women, Infants and Children (WIC):

- oA food assistance program for Women, Infants, and Children
- OHelps low-income pregnant, post-partum, and breast-feeding women, infants, and children up
- to 5 years old who need food to help stay healthy
- o Provides money for healthy foods, vouchers for formula, and other great benefits
- oCan be used at grocery stores and pharmacies
- oIL WIC Services: (https://www.dhs.state.il.us/page.aspx?item=30513)

ILPQC SDoH Tip Sheets

ILPQC Tip Sheets (for patients)

Illinois Perinatal Quality Collaborative



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

SDoH Folder

- SDoH Screening Tools
- 2. SDoH Resource Mapping Tool
- 3. NowPow Access Guide

For clinical team

- 1. Universal SDoH Resources
- 2. SDoH Tip Sheets by Topic
- 3. Local SDoH Resources

For patients

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

Social Determinants of Health Screening Checklist



ILPQC Social Determinants of Health Screening Checklist

Use this worksheet (checklist) to help determine if your current Labor and Delivery admission process is meeting ACOG 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 BE Toolkit:
 - i. Sample Screening Tool for Social Determinants of Health from ACOG committee opinion #729
 - ii. Social Determinants of Health EMR Screener (Developed by Erie Health Center)
 - Social Determinants of Health in Pregnancy Tool (SIPT) with 5Ps (from Chicago PCC Communities Wellness Centers) and Actionable Map and Scoring Sheet
 - Partner Healthcare Screening Tool from Massachusetts General Hospital Obstetrics & Gynecology, and Mass General Brigham)
- Does your current admission process or questionnaire ask about the following social determinants of health? (Items included in ACOG CO #729 recommendations)

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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 process flow 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 SDoH Folder (link), Tip Sheets, or appropriate resources
 - Documentation that patient is referred and linked to appropriate resources
 - Social work consult is made as appropriate
 - o Plan for follow-up is documented
- 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
- Patient is provided the SDoH screening tool (front desk, nurse)
- 3. Completed screening tool reviewed by nurse and documented
- If positive, clinical team member provided SDoH folder/Tip Sheets and/or NowPay resources and documents
- Social work consult made as appropriate
- Plan for follow-up is documented
- 7. Follow-up with patient occurs

Determinants
of Health
Screening
Checklist
(*NEW) (Click
link)

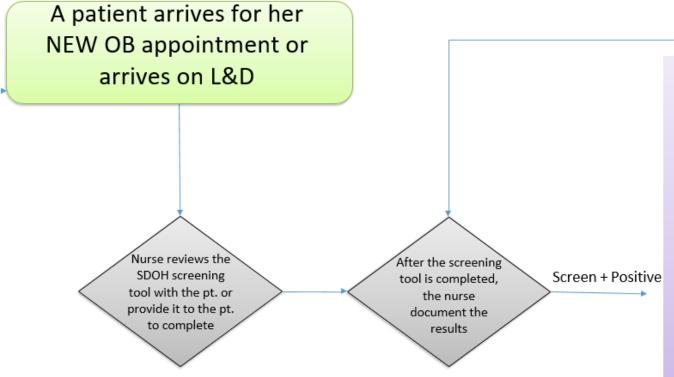




Process Flow to Link Patients Who Screen Positive on SDoH Screening Tool

ILE PQC Illinois Perinatal Quality Collaborative

Process Flow to Link Patients Who Screen Positive on SDoH Screening Tool



- 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



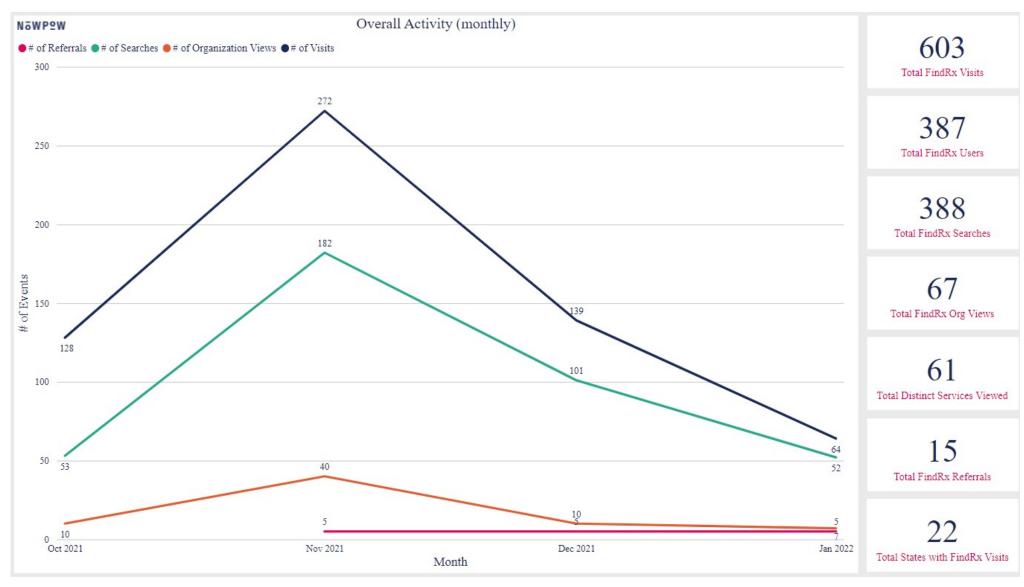
NowPow Update on Team Use





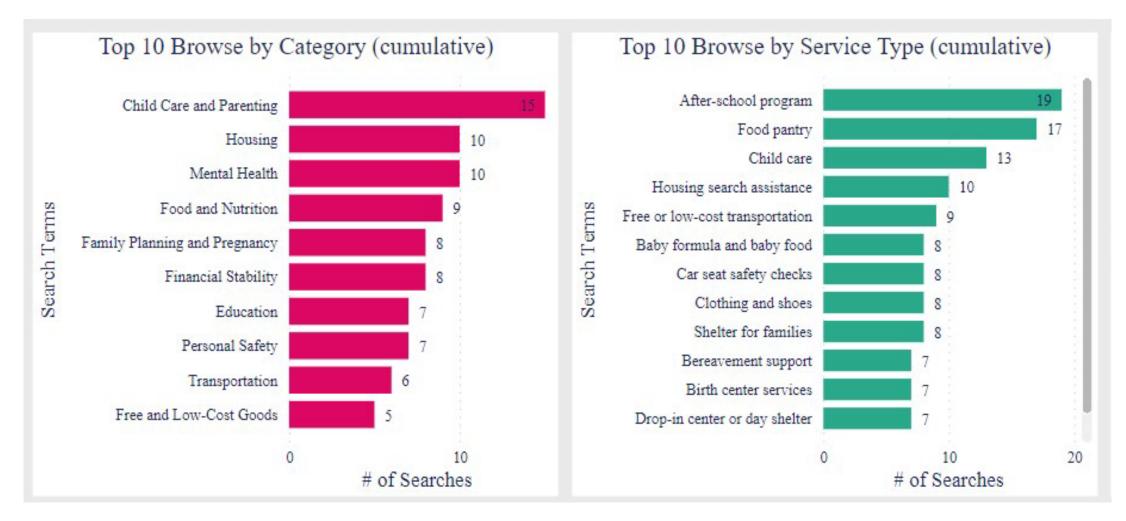
https://ilpqc.org/

Overall NowPow Activity for Illinois





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

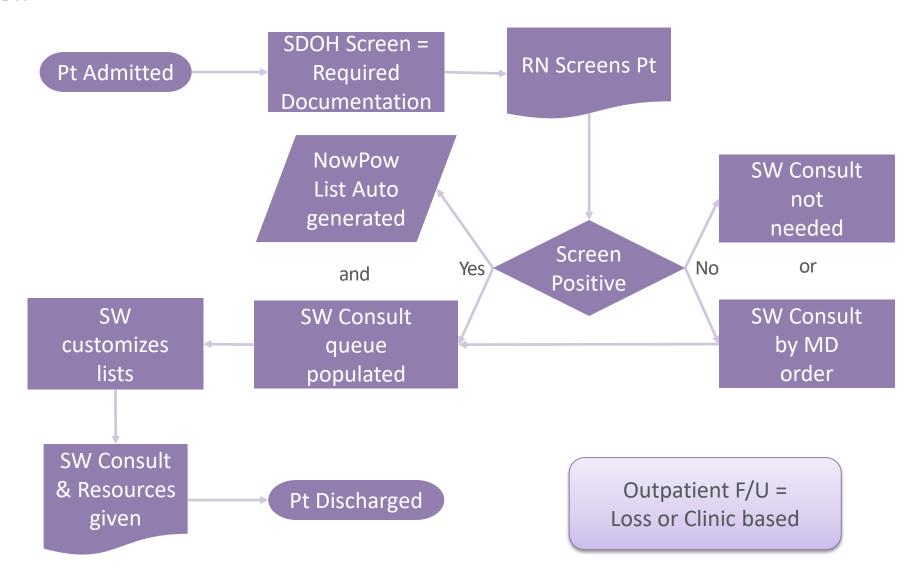






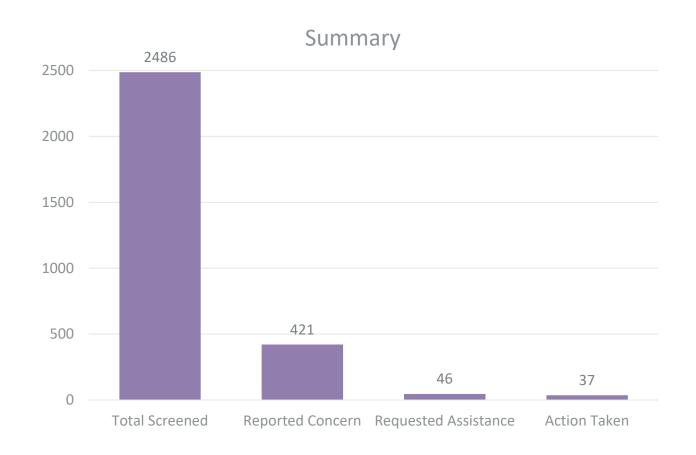
Social Determinants of Health

Workflow



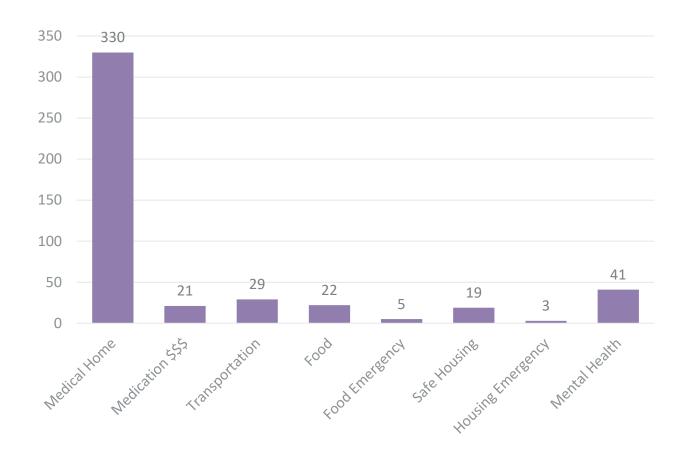


SDOH Screens Nov 8, 2021 – Jan 15, 2022



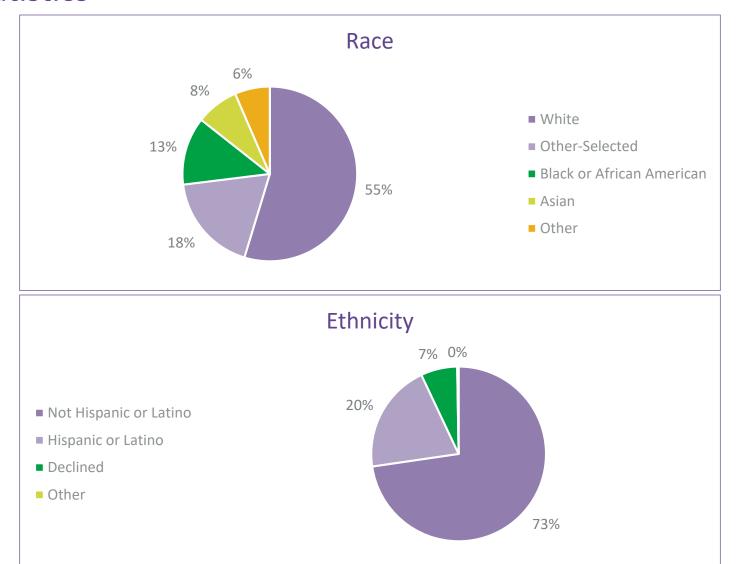


SDOH Concerns





SDOH Statistics





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?



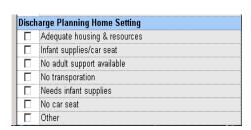


Social Determinants of Health (SDoH)

Review

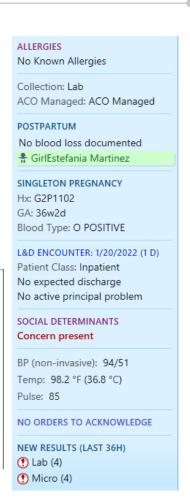
- Using the EMR screener tool questions, we reviewed both OB TraceView and EPIC to determine which admission system had all (or most) elements of the PHST
- Upon review it was determined that EPIC had all but one question (infant care supplies) already built.

OB TraceView



EPIC





Respectful Care Practices / PREM Survey



Respectful Care Practices Resources



- 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

- 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





Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

2. I could ask questions about my care.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

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

,							
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree		
	0	0	0	0	0		

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

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

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

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

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

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

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

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0



Labor & Delivery



Respectful Care Practices





Our Respectful Care Commitments to Every Patient

- Treating you with dignity and respect throughout your hospital stay
- Introducing ourselves and our role on your care team to you and your support persons upon entering the morn
- 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?
- 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 board
- 8 Valuing personal boundaries and respecting your dignity and modesty at all times, including asking your permission before entering a room or touching you



Reporting respectful user for all patients.
The Blants Period of Quality Collections for \$1.0\(\text{QC}\) works with yellow he, ply sixture, minutes, many, lengthus, and resembning group in return material departies and personals in the party by manying all patients overice sale, logic quality comparations, and empty fall care.

- 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
- Ensuring you are discharged with the skills, support and resources to care for yourself and your haby
- 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



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



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





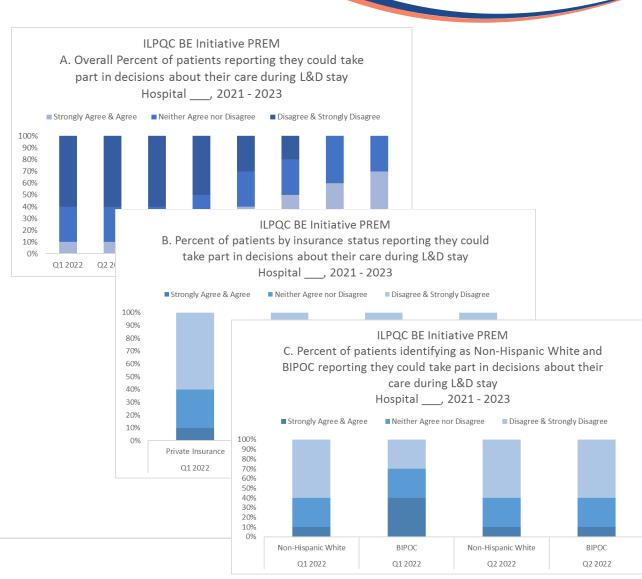
Scan the QR code or enter the following link:

Put unqiue number here



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 <u>ALL</u> 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





Albany Medical Center NYSPQC Team Example Flyer for PREM promotion to patients



Office of Health Equity, **Diversity & Inclusion**

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) 262-3499.



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 (NYBEIP). This project assists birthing facilities in identifying how individual and systemic racism impacts 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.



cphce/mch_nyspoc.shtml









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

Number of birthing people discharged after delivery	
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	
Number of incidents of inequitable care reported by birthing people(and/ or their families) during their delivery stay	

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.

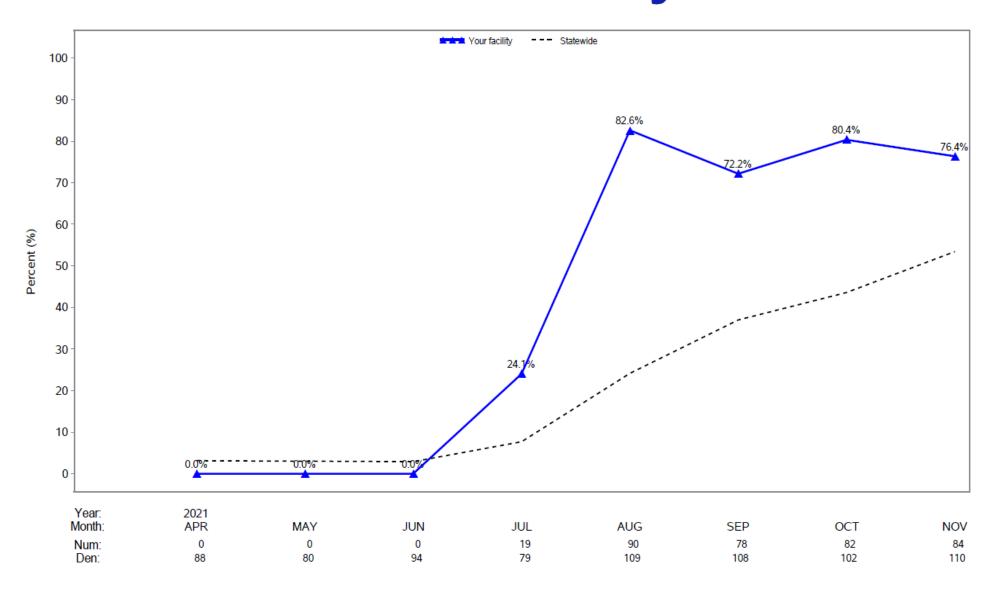
PREM Results

		Language					Total Survey
	English	Bengali	Chinese	French	Spanish	Yiddish	Submissions
	#	#	#	#	#	#	#
Facility Name							
NYCHHC - Bellevue Hospital Center	39	2	1	1	29	1	73
Survey Submissions Completion							
Complete: 17 questions answered	35	2	0	0	23	0	60
More than 50%: 9-16 questions answered	1	0	0	0	4	0	5
Excluded from Score: Only Language Selected	3	0	1	1	2	1	8

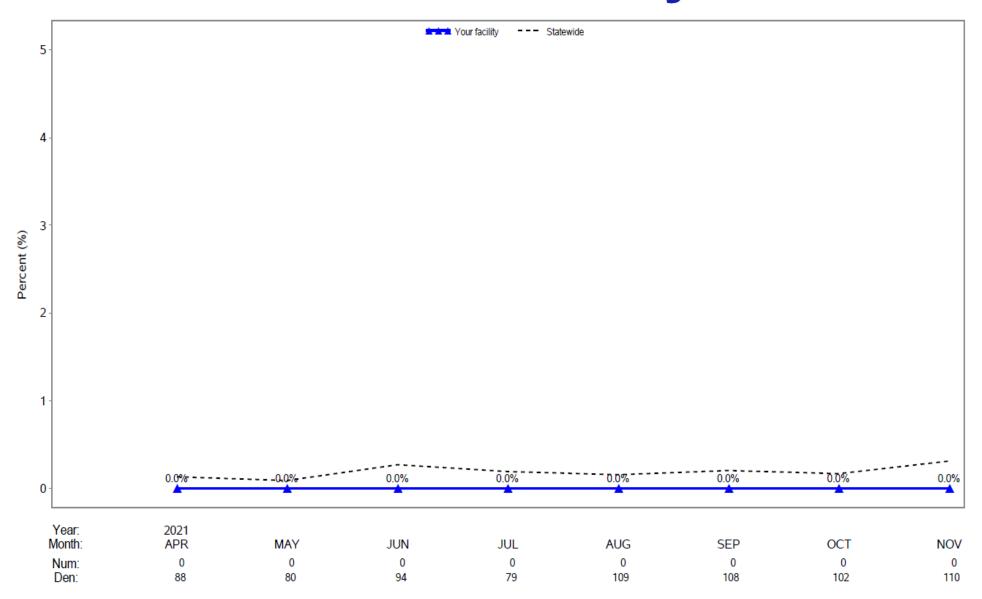
PREM Results

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

PREM Survey



PREM Survey



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



Dignity in Pregnancy and Childbirth Course

Implicit bias and reproductive justice training for perinatal providers. Aligned to CA SB464 training requirements.

register today at equalperinatalcare.diversityscience.org



- 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/!

Birth Equity next steps



Next Steps for Birth Equity



- Monthly data for December due into REDCap by <u>January 15<sup>th (now)!</sub></u>
 </u></sup>
- 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=C9TKXKJN
 https://redcap.healthlnk.org/surveys/?s=C9TKXKJN
 https://mb.com/m 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:

Date	Topic		
Monday, February 21 th 12:00-1:00pm	Implementing a comprehensive implicit bias training for provider / nurse education		
Monday, March 21st 12:00-1:00pm	Engaging patients and community in QI / Birth Equity work		
Monday, April 18 th 12:00-1:00pm	Implementation Review of Key Strategies		
Monday, May 16 th 12:00-1:00pm	Face-to-Face (NO Webinar)		
Register and Join here:			

Register and Join here:

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 <u>website</u>.
- 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





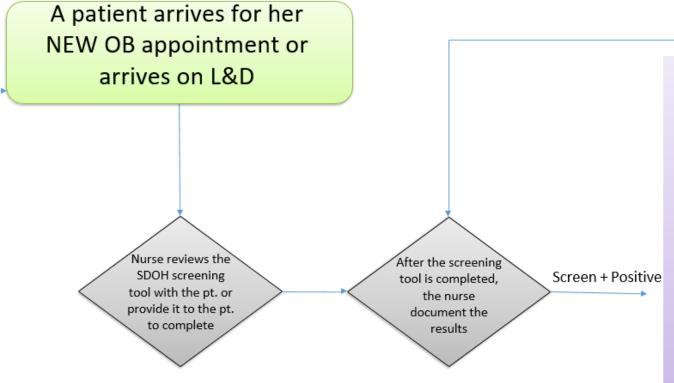
Brief review of tools for implementing universal SDOH screening



Process Flow to Link Patients Who Screen Positive on SDoH Screening Tool

ILE PQC Illinois Perinatal Quality Collaborative

Process Flow to Link Patients Who Screen Positive on SDoH Screening Tool



- 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

Example of Mass General Hospital Workflow



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



Tip Sheet-Utility

o https://www2.illinois.gov/dceo/CommunityServices/HomeWeatherization/CommunityActionA

utility bills, rent, temporary shelter, food, and other household necessities.



State and Federal Programs



- Illinois Reemployment Services Program Hotline
 - Search for jobs online
 - o Phone number: (877) 342-7533, option 1
 - o https://illinoisjoblink.illinois.gov/ada/r/
- Listing of Community Colleges in IL
 - https://www.collegesimply.com/colleges/illinois/
- Adult Learning Resource Center
 - o Provides referral services for students, volunteers, and employers wishing to access adult education and literacy programs throughout Illinois.

Tip Sheet- Education

o https://alrc.thecenterweb.org/other/illinois-adult-learning-hotline/

Utility Bill Assistance

State and Federal Programs

Help Illinois Families

- o The Low Income Home Energy Assistance Program (LIHEAP) helps eligible low-income households pay for home energy services (primarily heating during winter months).
- o Call the LIHEAP Hotline at 1-877-411-WARM (9276).

gencies/Pages/HelpIllinoisFamilies.aspx

• Community Action Agencies

- o 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 Payment, Employment Training/Placement, Financial Management, and Temporary Shelter.
- o https://www2.illinois.gov/dceo/communityservices/utilitybillassistance/pages/default.aspx

Tip Sheet- Housing



State and Federal Programs

- U.S. Department of Housing and Urban Development
 - Website: https://www.hud.gov/states/illinois/offices
- Illinois Shelter List
 - o An online directory of shelters in Illinois
 - o https://www.shelterlist.com/state/illinois
- IDHS: Homeless Prevention Providers
 - o An online list of homeless prevention providers in Illinois
 - o https://www.dhs.state.il.us/page.aspx?item=110583

• IDHS: Emergency and Transitional Housing

- o An online list of emergency and transitional housing providers in Illinois
- o https://www.dhs.state.il.us/page.aspx?item=98150

Tip Sheet-Food



tate and Federal Programs

• Supplemental Nutrition Assistance Program (SNAP):

- o Helps low-income people who qualify
- o Money is provided on an Electronic Benefit Transfer (EBT) card, which works like a debit card
- o Eligibility calculator: https://fscalc.dhs.illinois.gov/FSCalc/
- o Apply for assistance: https://www.dhs.state.il.us/page.aspx?item=33698

•Women, Infants and Children (WIC):

- oA food assistance program for Women, Infants, and Children
- OHelps low-income pregnant, post-partum, and breast-feeding women, infants, and children up to 5 years old who need food to help stay healthy
- o Provides money for healthy foods, vouchers for formula, and other great benefits
- oCan be used at grocery stores and pharmacies
- oIL WIC Services: (https://www.dhs.state.il.us/page.aspx?item=30513)

ILPQC SDoH Tip Sheets

ILPQC Tip Sheets (for patients) (click link)



Brief review of tools for implementing respectful care practices

Respectful Care Practices Resources



- 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?
- 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

- 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...



- 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





Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

2. I could ask questions about my care.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

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

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

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

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

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

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

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

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0

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

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
0	0	0	0	0



Labor & Delivery



Respectful Care Practices





Our Respectful Care Commitments to Every Patient

- Treating you with dignity and respect throughout your hospital stay
- Introducing ourselves and our role on your care team to you and your support persons upon entering the more.
- 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?
- 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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- 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





Brief review of the PREM Survey



PREM Survey Questions

Strongly Agree	Agree	Neither Agree	Disagree	Strongly
		nor Disagree	·	Disagree

- 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.



PREM Survey Questions cont.

Strongly Agree	Agree	Neither Agree	Disagree	Strongly
		nor Disagree	·	Disagree

- 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



PREM Survey Questions cont.

Strongly Agree	Agree	Neither Agree	Disagree	Strongly	
		nor Disagree	·	Disagree	

- 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





- 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:
 - 0 < 18
 - O 18-24
 - O 25-29
 - O 30-34
 - O 35-39
 - 0.40 +
 - 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:

Patients handouts on SDoH resources (to be launched for patients who screen positive)

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)

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)

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

*(customize this page with your unique number)

Birth Equity Toolkit now available online:

https://ilpqc.org/birthequity/

