

Birth Equity (BE) Initiative Statewide Launch

ILPQC OB Face-to-Face Meeting June 21th, 2021





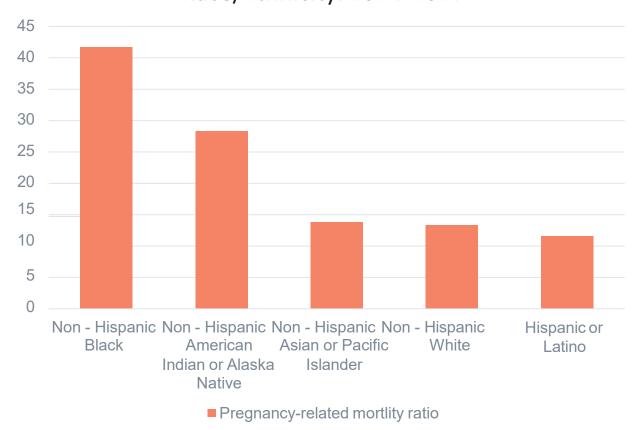


- BE Overview
- BE Aims and Measures
- BE Toolkit
- BE Next steps
- CMQCC Birth Equity Collaborative:
 - Terri Deeds, CMQCC and 3 CA hospital team leads



National Data on Disparities

CDC: Pregnancy-Related Mortality Ratio by Race/Ethnicity: 2014-2017



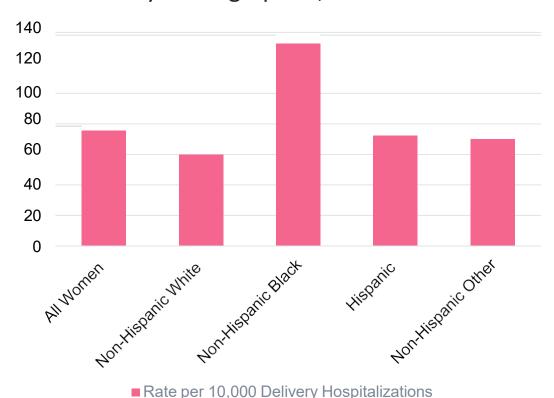
- About 700 women die each year in the U.S. as a result of pregnancy or its complications.
- American Indian/Alaska Native and Black women are 2 to 3 times as likely to die from a pregnancyrelated cause than other race/ethnicity groups.

Illinois Data on Disparities: IL Maternal Morbidity & Mortality Report

- Black women are about 3 times as likely to die as white women in Illinois.
- 83% of the pregnancy-related deaths were potentially preventable.
- Compared to non-Hispanic white women, all other racial and ethnic groups have higher rates of severe complications during pregnancy and in the year postpartum.



Severe Maternal Morbidity Rates among Illinois Delivery Hospitalizations, by Demographics, 2016-2017





What does Birth Equity mean?

Birth equity is the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.





Why are there Disparities in Maternal Health?



Multiple factors contribute to these disparities, such as

- variation in quality and access to healthcare
- underlying chronic conditions
- structural racism impacting social determinants of health
- implicit bias







What are Social Determinants of Health?



- Factors in a persons environment that play an important role in shaping health outcomes (ACOG, CO#, 729).
- Have historically prevented many people from racial and ethnic minority groups from having fair opportunities for economic, physical and mental health (CDC, 2021).





Social Determinants of Health

- Food
- Housing
- Transportation
- Utilities
- Exposure to Violence
- Financial Resources
- Community/ Social Support
- Education/Health Literacy
- Child Care
- Legal Status
- Stress

Laying the Foundation



The Birth Equity Initiative is a foundational initiative for **ALL** Illinois birthing hospital that will build on existing hospital efforts and lay the groundwork for ongoing equity work in all statewide quality improvement initiatives to address maternal disparities and promote birth equity.

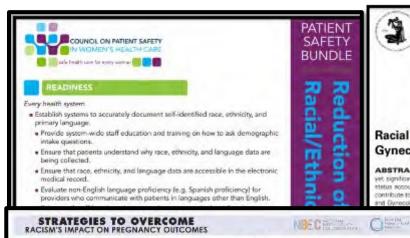


LINKAGES: PVB teams are already getting started with birth equity work

- Reviewing data by race/ethnicity
- Implementing patient centered decision making and patient education

National Guidelines & PQCs Partners

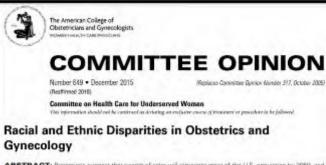




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STRATEGIES

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Number 775 • January 2018

(Timphore Companies District Number 487 Adv 2011)

Committee on Health Care for Underserved Women

Obstetricians and Gynecologists

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Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive **Health Care**

ABSTRACT: Awareness of the broader contexts that intrience health supports respectful, patent-centered care that incorporates lived experiences, openieses health detections, improves communication, and can help setuce health and health care may ties. Although there is little doubt theil generics and bleatyle play an important rate in shaping the overall health of individuals, intendisciplinary researchers have demonstrated how the conditions in the anymoment in which people are born, live, work, and age, play aqually so important a role in shaping realth outcomes. These fectors, referred to as social determinants of hearth, are shaped by historical, social political, and according to pay and help explain the relationating between environmental conditions and individual health. Recognizing the importance of social determinants of health can help obstetrician ownecologists and other health care providers better understand patients, effectively communicate about health-related conditions and behavior, and improve health currences.



MASSACHUSETTS GENERAL HOSPITAL





TYPES OF RACISM

Own Rucium

and Act Against Personal Biases

84%

IMPACTS

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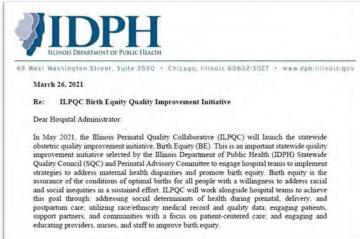


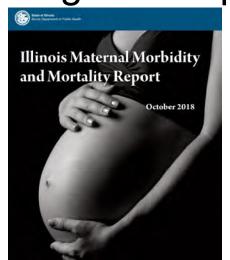
Statewide Support for the ILPQC Birth Equity Initiative



- State Legislation Public Act 101-0390 (1.1.2020)
- IDPH Letter of Support
- IDPH Maternal Morbidity and Mortality Report Recommendation
- IHA Racial Equity in Healthcare Progress Report











PQC Illinois Perinatal Quality Collaborativ

Birth Equity Clinical Leads

- Daniell Ashford, DNP, MBA, NE-BC, RNC-OB,C-EFM, FNP-BC, LNC
- Jamila Pleas, RN
- Paloma Toledo, MD, MPH
- Robin Jones, MD
- Barrett Robinson, MD, MPH, FACOG
- Emily White VanGompel MD, MPH



Wave 1 Teams -THANK YOU!!!!!





Roseland
HSHS St. Anthony's
OSF St. Francis Medical Center
Alexian Brothers Medical Center
SSM Good Samaritan Hospital
Northwestern Memorial Hospital
Swedish Covenant Hospital

West Suburban*



Participation By Network

Network	# of hospitals	% of hospitals
Cardinal Glennon	9/9	100%
Rockford	10/10	100%
UIC	7/7	100%
Loyola	5/5	100%
U Chicago	11/11	100%
Northwestern	11/12	92%
St. John's	13/15	86%
Rush	9/11	81%
Stroger	2/3	66%
St. Francis	8/16	50%

BE Aims and Measures



Birth Equity (BE) What will we focus on?

BE 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 the key strategies in place.

inois Perinatal aality Collaborative 86 teams participating in the Birth Equity Initiative!

Addressing Social Determinants of Health

Review race/ethnicity medical record and quality data

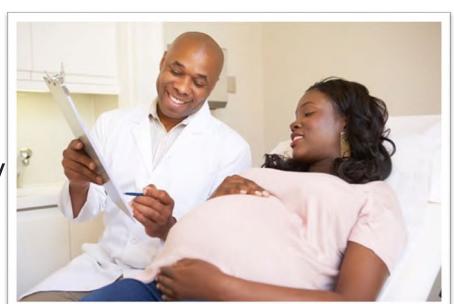
Promote patientcentered approach to engage patients and communities Develop respectful care and bias education for providers, nurses, and staff



1. Addressing social determinants of health

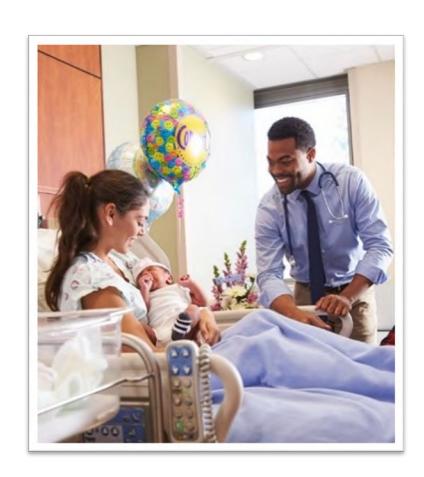


- Mapping social determinants of health community resources and services
- Screening all patients for social determinants of health needs during prenatal care and at the delivery admission and linking to resources/ services
- Incorporating social determinants of health and discrimination factors in hospital maternal morbidity reviews



2. Utilize race/ethnicity medical record & quality data





- Implement processes and protocols for improving the collection and accuracy of patient-reported race/ethnicity data
- Review maternal health quality data stratified by race, ethnicity, and Medicaid status to identify disparities and address opportunities for improvement

3. Engage patients, support partners, & communities



- Take steps to engage patients and/or community members to provide input on quality improvement efforts
- Implementing a strategy for sharing respectful care practices with patients and delivery staff
- Implement a Patient Reported Experience Measure (PREM) patient survey to obtain feedback
- Providing postpartum safety patient education on urgent maternal warning signs, how to communicate with providers and importance of early follow up





4. Engage and educate providers, nurses & staff





- Educating providers, nurses, and staff on the importance of listening to patients, providing respectful care and addressing implicit bias
- Implementing strategies for addressing diversity in health care team hiring





Key Strategies on our Journey

to Equitable Care



3. Take steps to engage patients and/or community members to provide input on quality improvement efforts



2. Review maternal health quality data stratified by race, ethnicity and Medicaid status to identify disparities and address opportunities for improvement

1. Implementation of universal social determinants of health screening prenatally and during delivery admission with linkage to appropriate resources and services

Team work makes the dream work!

Key Strategies on our Journeyto Equitable Care_____

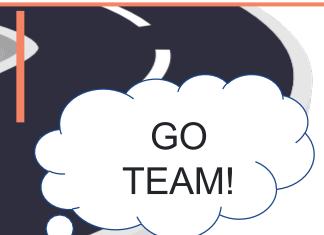




6. Implement education for providers and staff on the importance of listening to patients, providing respectful care and addressing implicit bias and provide opportunities for discussion and feedback

5. Standardize system to provide postpartum safety patient education prior to hospital discharge on urgent maternal warning signs, communication with providers and importance of early follow up

4. Implement a strategy for sharing expected respectful care practices during delivery admission with patients, labor support persons and obstetric staff; and survey patients before discharge on their care experience (using the PREM tool) to provide feedback



BE Key Drivers Diagram Drivers

Drivers

- 1. Address social determinants of health during prenatal, delivery, and postpartum care to improve birth equity
- 2. Utilize race/ethnicity medical record and 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

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



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
- Implement a strategy for sharing expected respectful care practices with delivery staff and patient (i.e. posting in L&D) 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 and 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

BE DATA COLLECTION & DATA FORM



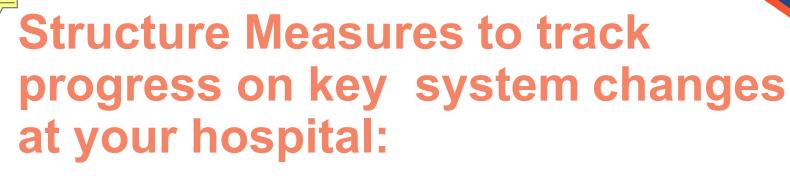
How will we show improvement?

- Tracking system changes → Structure Measures
 - Not started working on it in place
- Tracking clinical culture change → Process and Outcome Measures
 - Random sample of 10 delivery records per month from Black patients /patients of color or patients with public insurance to track progress on key strategies
 - Report progress on educating providers, nurses, and staff











- Implement universal social determinants of health screening
- Map community resources to assist linking patients to resources/services
- Protocol to optimize patient-reported race/ethnicity data collection
- Process to review maternal health quality data by race/ethnicity and Medicaid status
- Take steps to engage patient and/or community members on quality improvement efforts
- Strategy for sharing expected respectful care practices with delivery staff and patients
- Patient Reported Experience Measure (PREM) survey to obtain feedback from patients
- System to provide patients postpartum safety education prior to hospital discharge

Process and outcome measures to track clinical culture change:



- % providers, nurses and staff completing education on providing respectful care and addressing implicit bias
- % patients in 10 chart sample per month with documentation of:
 - patient education on postpartum safety
 - social determinants of health (SDoH) screening prenatal and delivery admission
 - % patients who screen positive for SDoH with documented linkage to needed services/resources
- % patients completing patient-reported experience measure who reported always or often feeling heard on PREM
- # of deliveries with SMM by race/ethnicity and insurance status

Proposed Process & Outcome Measures based on monthly sample:



Patients of these race/ ethnicity categories:

- Black or African American
- Hispanic or Latino
- Native American or Alaskan Native
- Asian/Pacific Islander
- Multiracial or Biracial

Proposed Process & Outcome Measures based on monthly sample:



10 records patients delivered from the specified race/ ethnicity categories or on Medicaid/ uninsured per month

- 1. Develop a process to identify deliveries to patients of the specified race/ ethnicity categories (or by Medicaid insurance status if needed)
- 2. Use the ILPQC direction to establish a sampling protocol
 - Divide the total number of deliveries to patients of the specified race/ ethnicity categories (or use Medicaid status if needed) occurring at your facility in a given month by 10 and then select every nth chart where 'n' is the result of that division
- 3. Systematically select 10 records per month from deliveries to patients of the specified race/ ethnicity categories or Medicaid status if needed
- 4. Once a sampling protocol is determined you can use every month

BE Toolkit

Created with national resources/guidance, and resources from other PQC's



Birth Equity Toolkit Outline



- 1. Introduction
- 2. National Guidance ACOG/SMFM
 - A. ACOG Committee Opinions/Statements
 - B. SMFM Guidance
- 3. National Guidance Alliance for Innovation on Maternal Health (AIM):
- 4. Initiative Resources *10 Steps to Getting Started with BE*
- 5. Address Social Determinants of Health (SDoH)
- 6. Utilize Race and Ethnicity Medical Record and Quality Data
- 7. Engage patients, support partners, and communities in patient-centered, respectful care
- 8. Engage and educate providers, nurses, and staff to improve birth equity



National Guidance to Address Provider Buy-In



- ACOG Committee Opinions/Statements
- SMFM Guidance
- Alliance for Innovation on Maternal Health (AIM) Bundle: Reduction of Peripartum Racial/Ethnic Disparities









Addressing Social Determinants of Health

- Community resources and mapping tool
- Sample screening tools
- Folders with patient and provider resources for SDoH screen positive patients
- Patient handouts on SDoH resources
- Guide for incorporating discussion of SDoH and discrimination in hospital M&Ms



SDoH Folder

- SDoH Screening Tool
- 2. SDoH Resource Map
- 3. NowPow Access Guide

For clinical team

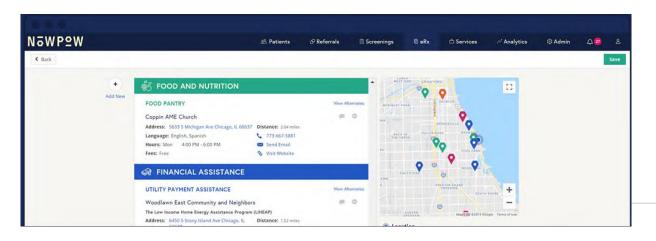
- Universal SDoH Resources
- 2. SDoH Tip Sheets by Topic
- 3. Local SDoH Resources

For patients

Addressing Social Determinants of Health



- ILPQC is sponsoring access for hospitals to an online tool for addressing social determinants of health
- NowPow supports hospitals in meeting the social determinants of health needs for birthing patients across the state
- Tools to screen and identify maternal and familial needs, generate and manage personalized referrals for local resources



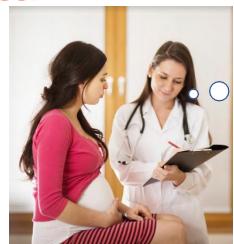
Three ways teams can access NowPow:

- 1.Already have NowPow at your hospital? Expand NowPow access and usage to OB department, if not already in place
- 2. Interested in NowPow at your hospital?

 Designated NowPow contact and special rate
- 3.Looking to access NowPow resources? Free access to ILPQC sponsored self-serve version of the NowPow platform (coming soon)

Review race/ethnicity medical record and quality data

- Tools and strategies to optimize collection and accuracy of race/ethnicity data
- Resources to develop a process to review hospital maternal health quality data by race, ethnicity, and Medicaid status







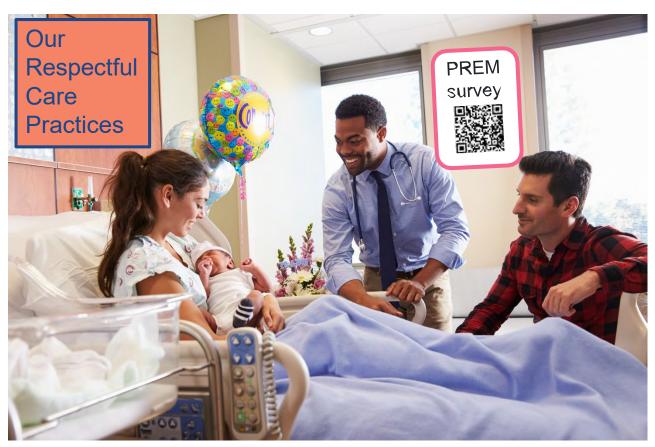
How to Ask the Questions Regarding Race/Ethnicity

Hospital Guide to Stratifying Data by Patient Demographics

- Assemble workgroup
- Validate patient data
- 3. Identify priority metrics
- 4. Determine if stratification is possible
- 5. Stratify the data

Promote patient-centered approach to engage patients and communities





- Engage patient and community input with support from partnerships with Everthrive IL and LaToshia Rouse (patient advisor consultant)
- Posters and tools for sharing respectful care practices with providers, nurses, staff and patients (coming soon)
- Patient Reported Experience Measure (PREM) patient survey with QR code (coming soon)

Promote patient-centered approach to engage patients and communities

- Tools to improve postpartum safety patient education and support for early postpartum follow up
 - Urgent maternal warnings signs handouts in up to 5 languages
 - Patient conversation guide for maternal warning signs
 - Healthy pregnancy spacing handout
 - Benefits of early postpartum care handout

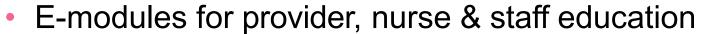








Develop respectful care and bias education for providers, nurses, and staff



- Grand Rounds
- SPEAK UP train the trainer sponsored training
- CDC Hear Her Messaging Campaign
- Tools to address diversity within healthcare hiring











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
 - With resources to promote health equity in clinical practice and organizations also available
- Free access to the resources and support to add e-modules to online hospital learning systems will be provided

Perinatal Quality Improvement SPEAK-UP Training



What is SPEAK-UP training - The Institute for Perinatal Quality Improvement's (PQI) SPEAK UP Against
Racism Action Pathway is a train the-trainer program that utilizes quality improvement methods to equip
participants with essential antiracist tools. The pathway is action oriented and supports individuals and groups
to outline, develop and implement action plans to work individually, within organizations, and community
groups to dismantle racism, provide quality equitable, respectful care, and eliminate perinatal health
disparities

Who will have access - ILPQC will sponsor one QI team member per hospital to attend ILPQC hosted

SPEAK UP train the trainer session (additional details coming soon)





Next Steps

Invitation for all IL birthing hospitals to participate



Readiness Survey



44/84 teams have submitted their readiness survey!

Please submit your readiness survey, if your team has not by June 25!





10 Steps to Getting Started with BE



- 1. Submit your **BE Roster** and complete the ILPQC **BE Teams Readiness Survey** to identify team opportunities for improvement.
- 2. Schedule regular, at least monthly, **BE QI team meetings** to review your data and make improvement plans and identify PDSAs cycles for the coming month.
- 3. Review the <u>ILPQC BE Data Collection Form</u> with your team and discuss strategies for data collection and attend one of the BE Data Calls in July.
- Review your hospital's baseline data and identify opportunities for improvement.
 Reference the <u>BE Key Driver Diagram</u> and <u>BE Key Strategies</u> to identify
 - Reference the **BE Key Driver Diagram_and BE Key Strategies_**to identify possible interventions.
- 5. Review the <u>ILPQC Birth Equity Toolkit</u> for nationally vetted resources to support your improvement goals.





10 Steps to Getting Started with

BE

- 6. Meet with your QI team to create a draft **30-60-90 day plan**. This plan helps your team decide where to start and identify what you want to accomplish in the first 3 months.
- 7. Plan your first <u>PDSA cycle</u> with your team to address your <u>30-60-90-day plan</u>. These small tests of change help your hospital test process/system changes to reach initiative goals.
- 8. Consider **scheduling a BE kick-off meeting and /or grand rounds** to officially announce the launch of your hospital BE initiative work.
- 9. Review implicit bias training resources and create a plan for implementation and completion of implicit bias training by L&D OB providers, nursing, and all staff that interact with pregnant/postpartum patients, plan for QI team member to participate in SPEAK UP Training, for train the trainer, to provide additional engagement and follow up training for providers and staff.
- 10. Reach out to ILPQC with any questions or for clarification we are here to help!







Who should be on your Birth Equity Team

PQC Illinois Perinatal Quality Collaborative

Required

- Team lead
- OB lead
- Nurse lead



Suggested

- Prenatal/Outpatient Representative
- Patient Advisor and / or Community Liaison (Example: Health Department or Non-Profits)
- Midwife and / or Doula Representative
- Quality Improvement (QI) Professional
- Health Information Technology (HIT) Representative
- Equity Officer
- Medical Informatics
- Social Worker
- L&D nurse(s) / postpartum nurse(s)
- Emergency Room representative
- Resident/fellow (if have trainees)



Birth Equity Timeline



June	July	August
Teams Kickoff Webinar TODAY! June 21st from 12-1:15 pm	Data Discussion Calls Review measures / data form and resources July 15 th or 30 th , at 12:00pm 2021	Monthly Teams Webinars Begin August 16 th : 12-1:00pm Every 3rd Monday of the month at 12:00 pm
By FRIDAY! Complete Birth Equity Readiness Survey		



Next Steps for Birth Equity



- Complete Birth Equity Readiness Survey by <u>June 25 – Friday.</u>
- Register for and attend one of the Data <u>Discussion Calls July 15th or 30th at</u> <u>12:00pm</u>
- Mark you calendar for the BE monthly webinars starting <u>August 16th 12-1:00pm</u>
- Submit baseline data collection (Oct Dec 2020) to REDCap by <u>September 15th</u>
- Monthly data starting August with August and September due into REDCap by October 15th







CMQCC Birth Equity Collaborative Update

Terri Deeds, MSN, RN, NE-BC, C-ONQS

Clinical Lead, California Maternal Quality Care Collaborative Stanford University, School of Medicine Department of Pediatrics

Terri Nikoletich MSN/MPH, RN, CNS

Program Director
Perinatal Heath Ed. Lactation Support Services
OB Clinic, Welcome Baby Program
Miller Children's and Women's Hospital
Long Beach, California

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Martin Luther King Jr. Community Hospital
Los Angeles, Ca

Angelyn Thomas, MD FACOG

Obstetrics & Gynecology Alta Bates Medical Center Berkeley, California



Faculty Disclosure

No financial disclosures to report



Objectives

Learners will be able to:

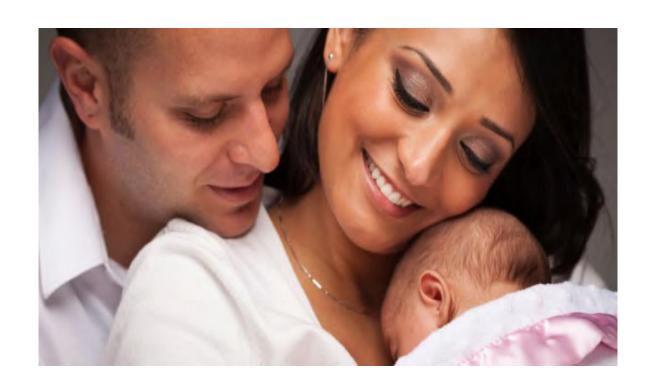
- Describe the core mission of CMQCC and how efforts to address health equity fit into their overall work.
- Understand how the core components and techniques for quality improvement of CMQCC will attempt to achieve maternal health equity.
- Understand how data driven quality improvement can be used to help achieve and maintain health equity.





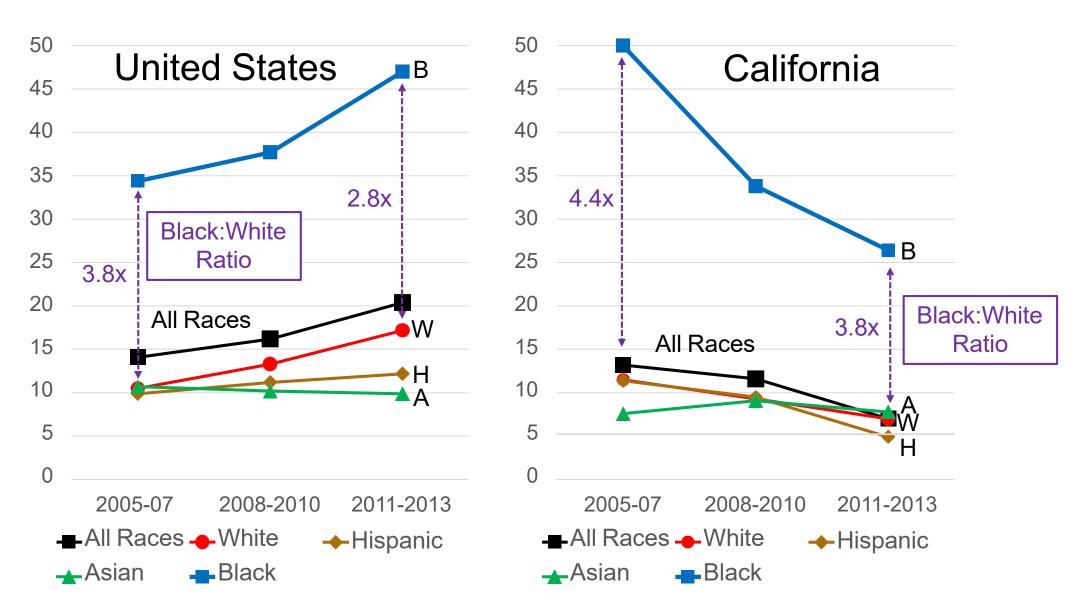
CMQCC Mission

End preventable morbidity, mortality and racial disparities in maternity care



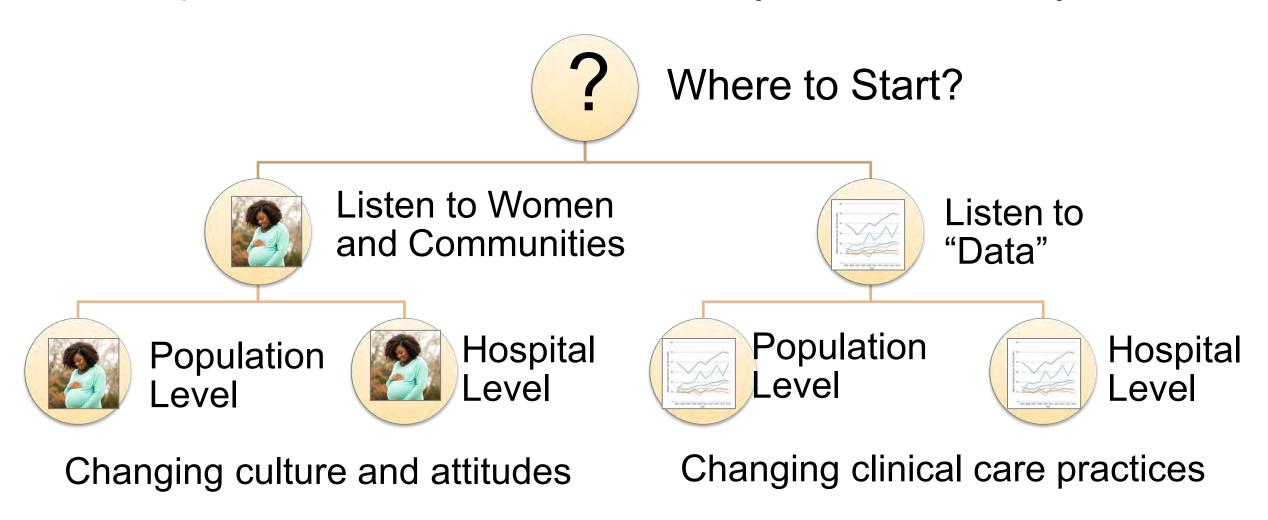
Maternal Mortality by Race/Ethnicity







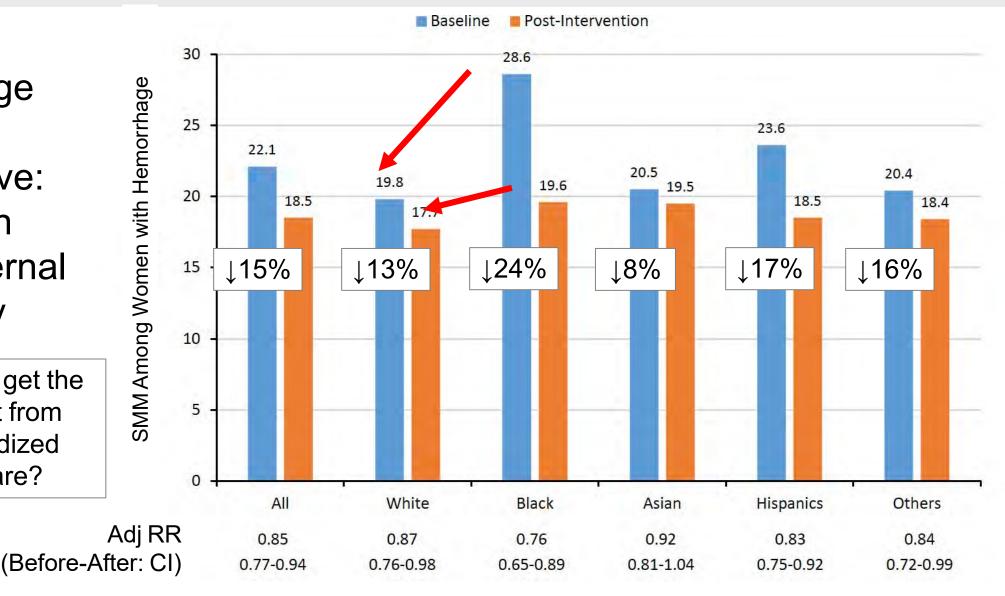
How Do We Identify Pathways to Reduce Disparities in Maternal Mortality and Morbidity?





CMQCC
Hemorrhage
Safety
Collaborative:
Effects on
Severe Maternal
Morbidity

Do Black women get the greatest benefit from having standardized emergency care?



Main EK, Chang SC, Dhurjati R, etal. Reduction in Racial Disparities in Severe Maternal Morbidity from Hemorrhage in a Large-scale Quality Improvement Collaborative. Am J Obstet Gynecol 2020; in press

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CMQCC Equity Response

- Initiated background information search in 2018 for a possible Birth Equity Collaborative.
- Extensive literature search
- Collected voices of the consumer
- Kicked off a pilot Birth Equity Collaborative with hospitals representing a geographic cross-section of the state where the predominance of Black births occur.
- Brief overview of our work to date is the remainder of this presentation.

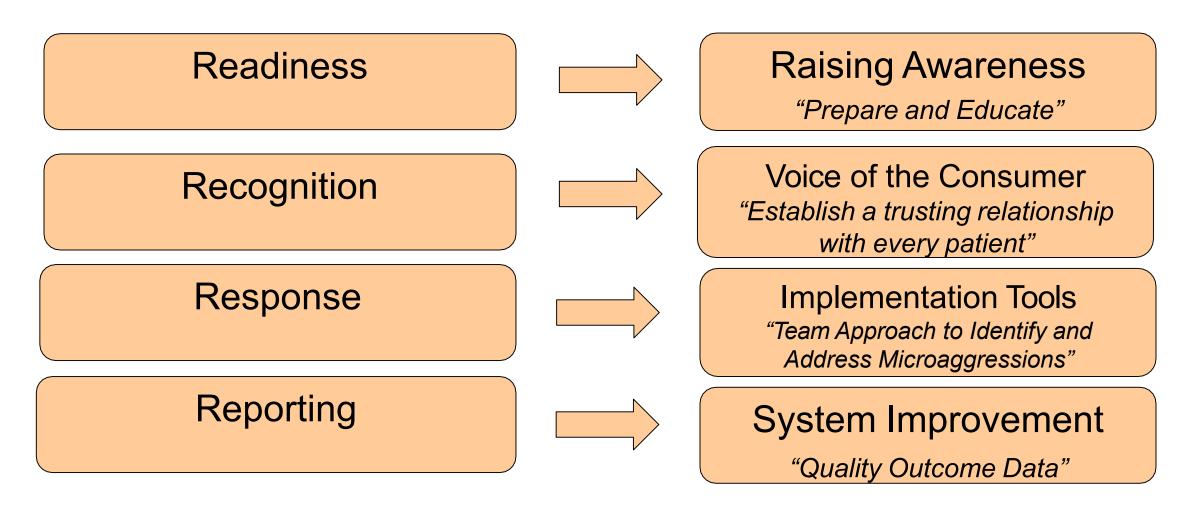
AIM 4 R's Dimensions of Care







AIM 4 R's for Quality Improvement Applied to Birth Equity





Maternal Data Center Birth Equity Data

2 major outcome measures:

- NTSV C/S and Severe Maternal Morbidity
- Additional measures: Unexpected Newborn Complications, Exclusive Breastfeeding, Episiotomy, Total Prematurity rate and Low Birth Weight

Comparisons for previous 2year period to current 12month period.

Peer acuity comparisons over the same time periods

Quality measures stratified by racial category

Drivers of quality outcomes

Birth equity trends over time



References

 Visit the Birth Equity Section of the CMQCC website for additional references. www.cmqcc.org



Martin Luther King Jr. Community Hospital

Improving Health Care Disparities through Community Collaboration



Objectives

- Describe the challenges of this community hospital
- Describe our patient population
- Identity strategies to collaborate with the community in the development of programs
- Share success stories on our journey

Problems & Challenges

- Located in South Los Angeles – SPA 6
- Limited Resources available in the community
- No direct relationship with patients that deliver at the hospital

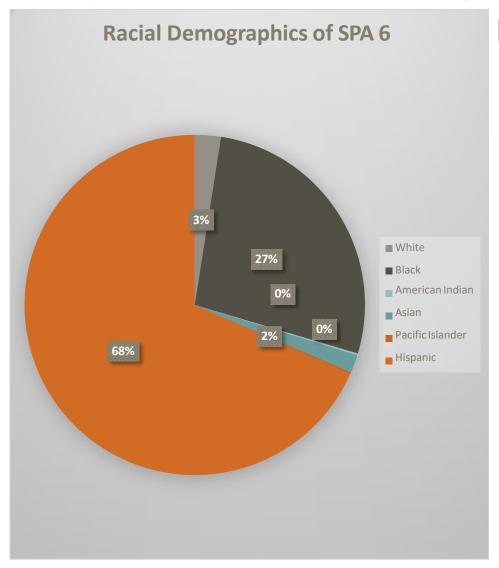


Community – Service Planning Area 6



- Demographics
 - 1,056,870 residents in the SPA 6 area
 - Data from July 2018 LosAngeles CountyPopulation estimates
 - The demographics that we see in the hospital are in line with numbers represented by SPA-6

Community – Service Planning Area 6



Demographics

- 1,056,870 residents in the SPA 6 area
- 68% of the population is Hispanic or Latinx
- 27% of the population is African American / Black
- 3% is Caucasian / White
- 2% Asian
- Less than 1% AmericanIndian
- Less than 1% PacificIslander

Exclusive Breastfeeding in SPA-6 How big is the problem?

- According to LA Best Babies Network Perinatal Scorecard from 2007:
 - On average, SPA 6 (South Los Angeles) hospitals reported the lowest rate of exclusive breastfeeding (4.9%). LA County is ranked 47th in California for exclusive breastfeeding.
- According to BreastfeedLa in 2017, there was an equity gap for in-hospital exclusive breastfeeding rates for infants of color @ 46.6% and white infants @ 60.19%

Where did we start? Collaboration

- We identified areas that we needed to focus on improving
 - We chose things that we could have a direct impact on improving that could have a major and long term impact in improving healthcare disparities
- We participated in the CMQCC QI Academy to collaborate with other organizations for support and direction
 - Working with other organizations provided additional support and ideas on how to develop the plan and work the plan
- Our first project with the QI Academy was on improving Exclusive Breastfeeding Rates
 - We chose a stretch goal of 74%
 - Our average prior to the project was @ 63%



Innovation

- We focused on creating touch point to engage with patients prior to their delivery
- Developed a template for a prenatal class that would include information on what to expect from the time of delivery until the day of discharge
 - The main focus would be breastfeeding
- Conducted a focus group with breastfeeding women who delivered within the last year that lived in the community
 - What did they like about their birthing experience?
 - Did they receive enough patient education on breastfeeding?
 - What do you feel was missing?
 - What could have made a difference or made it better?
 - What ideas do you have to share?
- Made visits to the clinics to meet with their leadership teams
 - Identified challenges within the clinic to provide patient education
 - Identified barriers to patient's attending classes



Improving Healthcare in Our Community

- We scheduled the class once a month in both English and Spanish
 - Encouraged patients to bring their family members to the class
- We developed a Mommy Support Group as a suggestion from our Focus Groups
 - Meets on Tuesdays and Thursdays every week for moms to get together
- We sent flyers to all of the clinics where the patients might come from



Results

- We offered "Your First 48 Hours" to women from the entire community regardless of where they intended to deliver
- Focused on helping to prepare the patients for what to expect
- Provided specific hands-on training devices to improve patient comprehension and confidence
- Met the goal of exclusive breastfeeding by the end of the project with 74%



Where are we now?

- Created a position called Perinatal Community Liaison
 - Focus will be on meeting with the community clinic leadership teams monthly
 - Will provide prenatal education in the clinic, within the hospital and virtually
- Continued Prenatal Class Virtually
- Continued Mommy Support Group Virtually
- Developed & started a Lactation Clinic
 - All discharged breastfeeding moms and newborns are given a follow-up appointment for 24-28 hrs post discharge for weight checks and lactation support







Birth Equity Project: CMQCC Collaborative

Terri Nikoletich MSN/MPH, RN, CNS
Program Director
Perinatal Hth Ed. Lactation Support Services
OB Clinic, Welcome Baby Program
Miller Children's and Women's Hospital
Long Beach, California



Overview of Miller Children's & Women's BirthCare Center

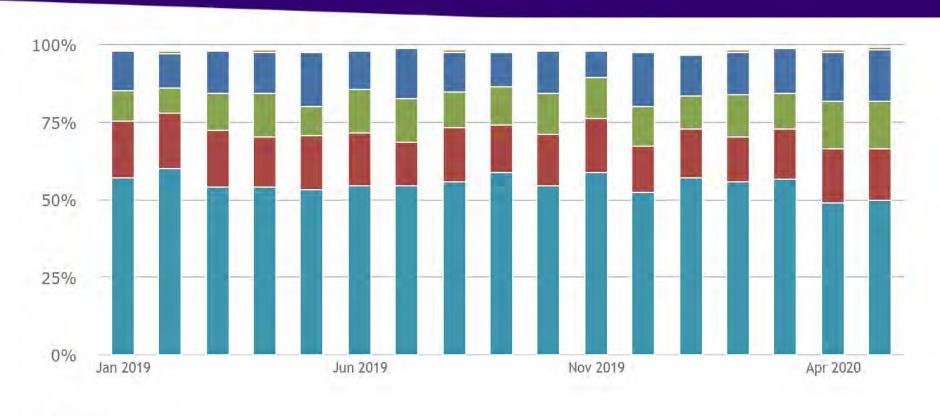
Data from 2019;

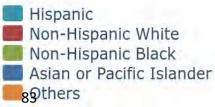
- Level IV maternity care, Level III NICU
- BFUSA Designated in 2018
- 101 bed unit (between MBU and Labor), 95 bed NICU
- 5708 total deliveries
- NTSV C/S rate of 23.7%
- Average a 60% monthly Medi-Cal delivery rate.
- Affiliated OB clinic; 590 total deliveries (UCI residents)
- Over 300 nurses, over 200 community Peds, OB's, Fam. Practice physicians.





Data Review — Race/Ethnicity









What Actions have been taken

- An interdisciplinary team with representation from BCC patient care team, physicians, social work, BCC leaders and spiritual care was assembled May 2019.
- Completed an SWOT Analysis of our current state
- Monthly team meetings held with CMQCC and other hospitals participating in the collaborative to report out progress, receive education, share ideas and experiences.
- In Sept. 2020 developed a small ad hoc team to further review resources and develop plan for dissemination to staff/physicians.

MemorialCare

Hospital Long Beach



Continued actions

Patient-Reported Experience Measure survey (PREM)

- Utilizing birth clerks to disseminate the opportunity for patients to complete a 10 question survey by clicking the QRC w/ their phone.
- Survey began in early August, and to date we've had over 690 respondents.
- Results will be reviewed regularly by our Perinatal Improvement team.

Hospital Long Beach

Ongoing discussion on plans for dissemination.



Birth Equity Ad-hoc team actions.

There is a lot of material out there!

Mission of the ad hoc team is to identify online interactive and interprofessional educational resources that will lead to increased staff understanding of the complexity of birth equity and interweave best practices for interventions to improve hospital culture.

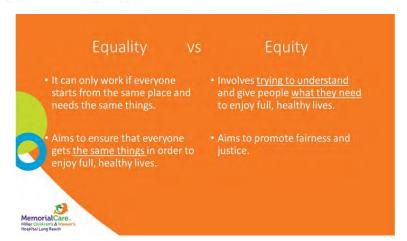
- Infographics on racial disparities/social determinants of health were placed in staff and physician areas.
- Education on equality vs equity w/ diagrams to illustrate was developed and provided to staff/physicians via electronic message board.

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Equality Equity



ALLY / ALLYSHIP

A = Avoid Assumptions

- Avoid assumptions and stereotypes by relying on objective information and evidence.
- Focus on the information that the patient provides

L = Listen

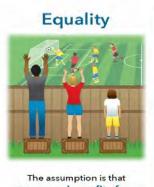
Listen more than you talk

L = Learn

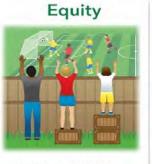
Learn about the patient

Y = Yield

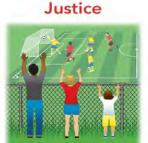
• Yield to the person by involving them in their care.







Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.



All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed.

The systemic barrier has been removed.





Future Actions

To move our project forward we need to;

Achieve buy-in of staff and assist others who need **additional education** in meeting the expectations and accountability in the care they are providing.

Recognize we all have roles to play in decreasing barriers through persistence.

Explore **respectful care** in a broad sense and assist staff to understand the purpose of providing it.

Be aware of our biases and the hinderances those biases provide as obstacles in care. **Be intentional** in our actions to overcome these obstacles.



Addressing Birth Equity Perinatal Provider Education

Angelyn Thomas, MD FACOG

Perinatal Provider Education

- Clinician
 - Implicit bias training modules
 - Multicultural collaboration
 - Department Meetings
 - Guest Speakers
 - Multidisciplinary collaboration
 - Pediatric CQM
 - Social Work
 - Nursing
 - Safety Bundles
 - Allyship Models

- Nursing
 - Implicit bias training modules
 - Nursing Huddles



Unconscious Bias: The Risk to Quality of Care



INSTRUCTIONS

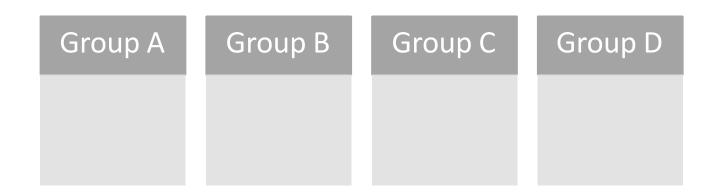
CASE STUDY

Please read the three parts of the case and answer the questions in each section by yourself (3 minutes)



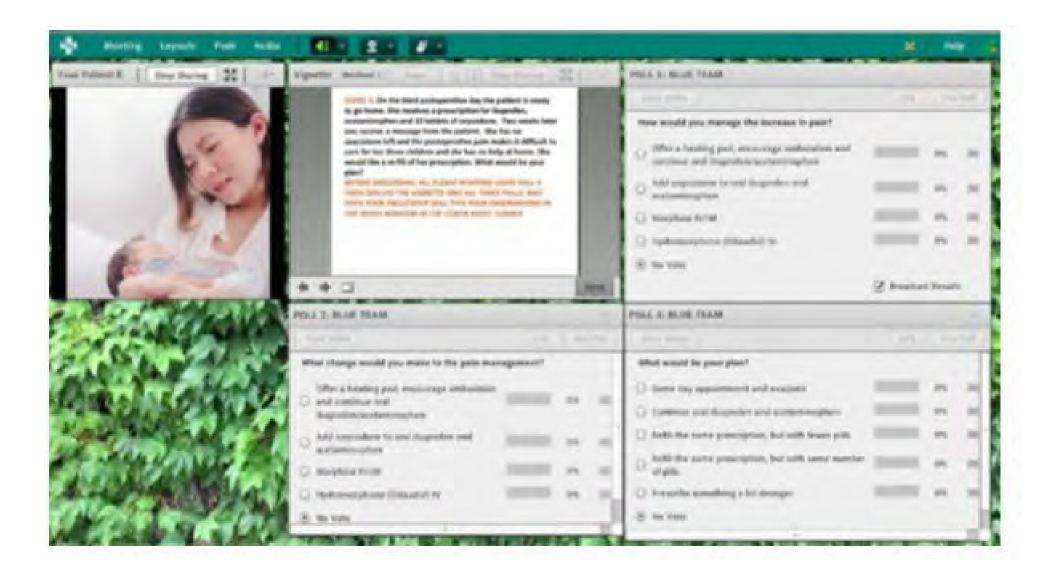


What factors did you consider in selecting your answers? (NO PIX ARE SHOWN)



IN ADOBE CONNECT SCREEN

Each group is commenting in their own box



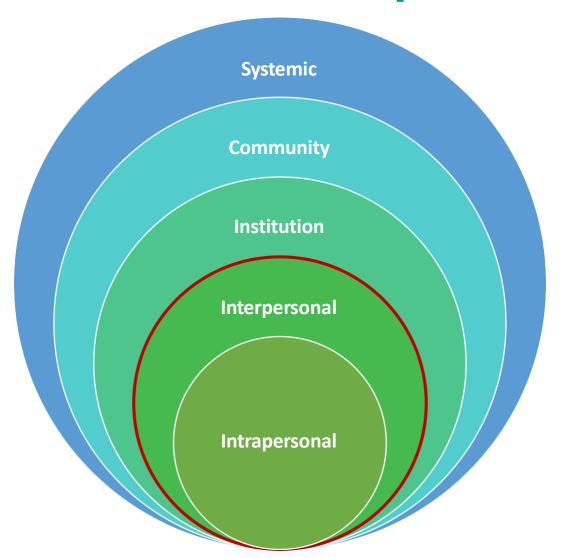
Unconscious Bias

Unconscious Bias: are the mental associations we make—<u>negative or positive</u>— without our awareness, intention or control. These associations often conflict with our conscious attitudes, behaviors and intentions





Bias Exists at Multiple Levels in Healthcare



Systemic

Healthcare policies

Community

- Differential resource allocation
- Hiring and Promotion

Institutional

- Service delivery and protocols
- Patient navigation support
- Care coordination

Interpersonal

- Overt bias
- Unconscious bias

Intrapersonal

- Internalized racism
- Anticipating Stereotype threat

Introducing The 3Rs: Our Response to Bias



- Recognize my ability to form stereotypes
- Review individual context and seek to understand
- Replace stereotyped assumptions with new perspectives



The 3R's In Action

RECOGNIZE

- What assumptions am I making about the person?
- Do I understand this person's unique lived experience?

REVIEW

- What might I ask to support better interactions with this person?
- How does the information support or change the course of care?

REPLACE

 Is my course of action consistent with my new perspectives about this person?



PIX AND POLL RESULTS AND COMMENTS REVEALED



Poll Results Discussed

Reveal the nature of the case study and photos of patients.

IN ADOBE CONNECT SCREEN

Let's Watch the Video Again with 3Rs



- Recognize my ability to form stereotypes
- Review individual context and seek to understand
- Replace stereotyped assumptions with new perspectives



Video Plays Here Followed by 3 Chat Box Comments

IN ADOBE CONNECT SCREEN

Debrief and Group Discussion

- **RECOGNIZE**: What assumptions were made about Tierra?
- **REVIEW:** How might the caregiver(s) review these assumptions?
- **REPLACE:** What is the more accurate assessment to replace those assumptions?

Chat Boxes To Review Responses

Recognize

comment

Review

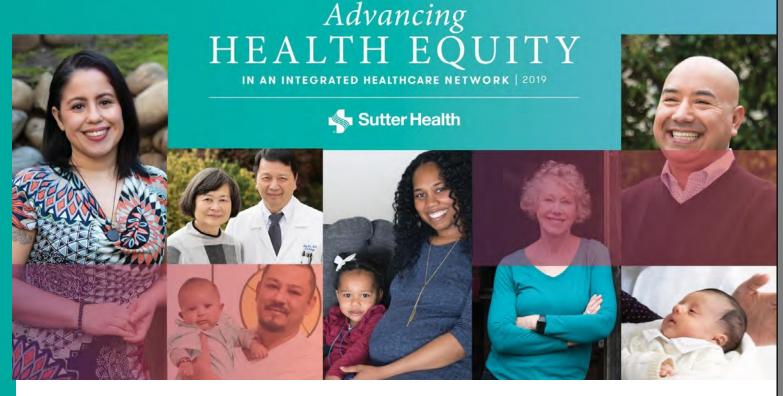
comment

Review

comment

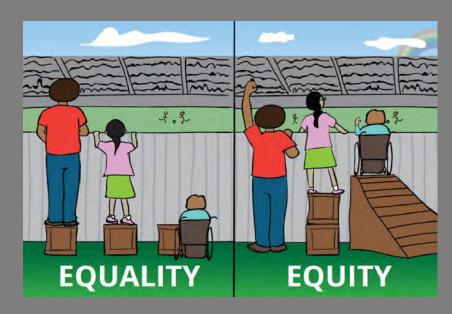
IN ADOBE CONNECT SCREEN





HEALTH EQUITY PLEDGE

At Sutter, all patients receive high quality care regardless of their circumstances. We deliver care that meets the unique needs of our communities with a commitment to ensuring access to care and optimal health outcomes for all.





Today's Take Aways

- 1. Understand impact of Unconscious Bias on interactions with others and patient outcomes
- 2. Introduce Sutter Health's Response to Bias: The 3Rs–Recognize, Review & Replace







32 Personal Action Plan

See handout with recommended readings and a personal commitment Recognize, Review, Replace



RECOGNIZE - REVIEW - REPLACE

Sutter Health Unconscious Bias: The Risk to Quality of Care Create Personal Action Plan to Use The 3Rs What insight did I gain today about Unconscious Bias and advancing **OUR RESPONSE** How will I use this information? What information will I bring back for discussion and review with





In Diversity There
Is Beauty And
There Is Strength

Maya Angelou





info@cmqcc.org tdeeds@stanford.edu





Thanks to our **Funders**











In kind support:









