**CMQCC Respectful Care:**

**Principle--Equity and Respectful Care is to be infused through the other 4 R’s** DRAFT v6 11/25/20

**Readiness**: **"Prepare and Educate”**

* Staff/provider education beyond Implicit and Explicit Bias with a goal of cultural humility
* Review all patient forms and education materials with community/patient advisors
* Share definitions of key equity terms to create a common language
* Perform a baseline equity needs assessment for the unit/organization

**Recognition/Prevention:** **“Work to establish trust with every patient”**

* Actively solicit and share a social history to appropriately prioritize emotional, psychological, medical interventions.
* Create a shared understanding: What are your goals? What is important to you for labor and birth? What are your concerns regarding your birth experience?
* Explicitly support Informed/Shared Decision Making:
* Actively engage support persons and/or Doula as part of the team
* Value personal boundaries: Respect modesty at all times and ask permission before touching all patients.
* Practice “Active Listening”—ensure that the patient/family is heard and verify all care instructions are understood (e.g. CDC “Hear Her” campaign).
* Post a list of these principles of care and share with birthing persons

**Response**: **"Team approach to address microaggressions”**

* Train staff in the art of “Active Upstanding” to respond to microaggressions
* Collect and share brief stories (1-2min) about microaggression observations on the unit
* Identify “champions” of the same race/ethnicity who can hear and help address concerns

**Reporting/System Learning:** **"System Improvement”**

* Stratify quality measures by race and ethnicity with interpretation guidance
* Collect Patient Reported Experience Surveys that reflect equitable and respectful care
* Share data and patient feedback with staff in huddles and department meetings.