

Patient Engagement Strategies

Birth Equity Initiative Monthly
Webinar 10
September 17, 2024



● NEBRASKA, WHERE A GREAT LIFE STARTS WITH HEALTHY MOMS AND HEALTHY BABIES. ●

Agenda

- NPQIC Updates
- BE Data Corner
- Patient Engagement Strategies
- Guest Speaker: Patient Perspective
- Spotlight: Methodist Women's
- Team Talk
- BE Next Steps

Please enter your name and the hospital team you are affiliated with in the chat!

Monthly Webinar Topic Schedule

Title	Month
Integrating Doulas into the Care Team	May 2024
Postpartum Safety Patient Education	June 2024
Actionable Respectful Care Practices and PREM Implementation	August 2024
Achievable Patient/Community Engagement Strategies	September 2024
Strategies to Increase PREM Survey Completion	October 2024
All-cohort coaching call	November 2024

NPQIC Updates



Nebraska Perinatal Quality Improvement Collaborative

2024 NPQIC Fall Summit

Transforming Perinatal Care for All Nebraskans

Registration is now closed!

We can't wait to see you and showcase your work!!

Friday, September 27, 2024 • Omaha, NE

Birth Equity Awards Distributed at NPQIC Summit!

- ***Data Champion Award***
 - Complete up-to-date data submitted by August 15 (baseline + first 6 months)
- ***QI Leader Award***
 - Complete up-to-date data submitted by August 15 (baseline + first 6 months)
 - At least 4 structure measures in place
- ***Patient Engagement Leader Award***
 - You have identified and onboarded a patient partner as part of your QI team



Diversity Science Modules- Poll

NPQIC's personalized website is finally ready!

1. Have you identified your hospital's point of contact/education coordinator?
2. Has your education coordinator logged into the website and completes licensure agreement?
3. Have you determined which method of tracking completions to use?
4. Have you started sharing log-in information with staff?

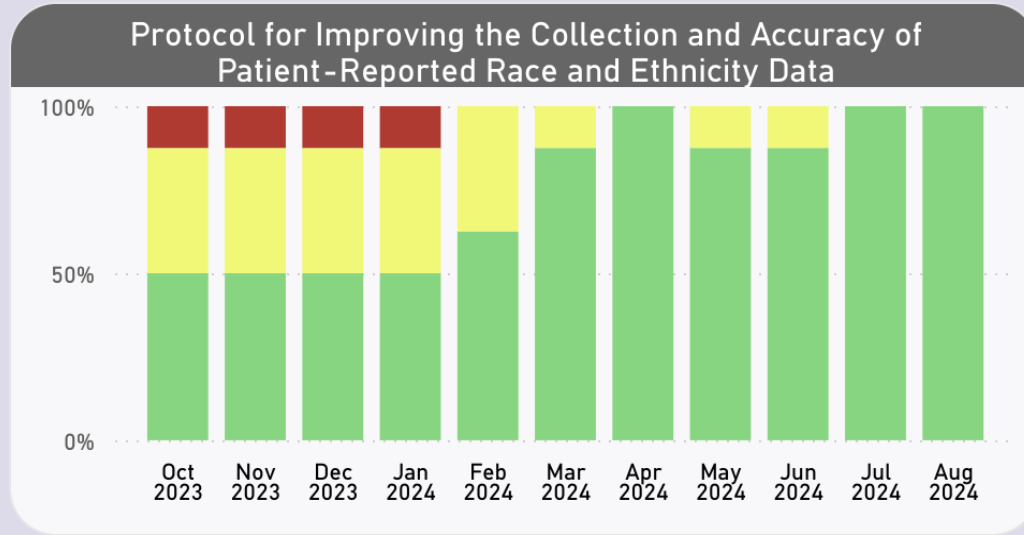
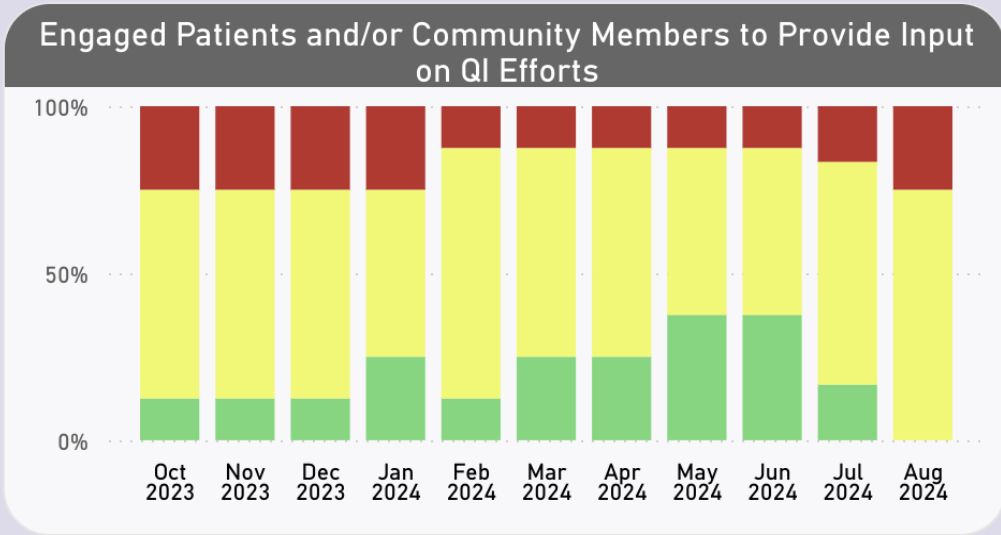
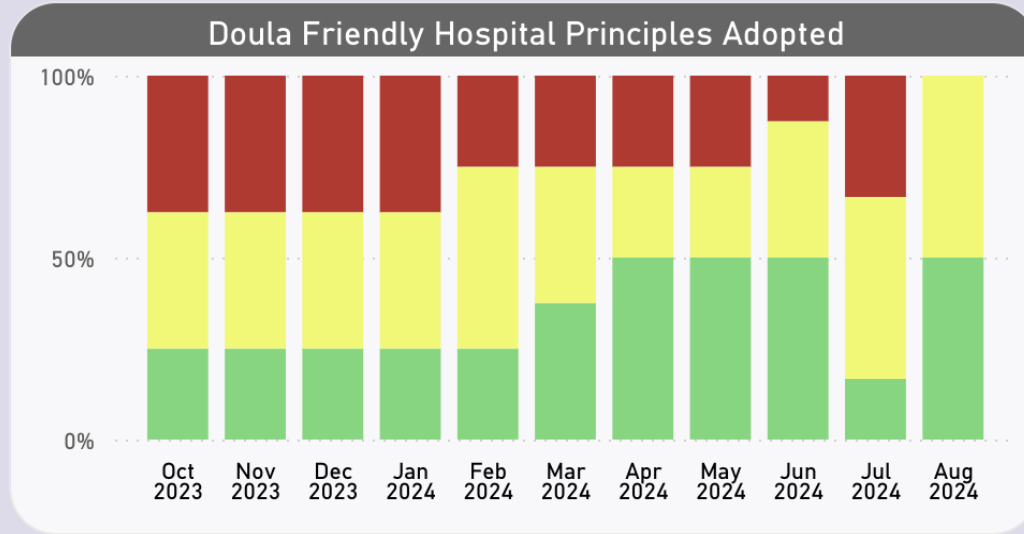
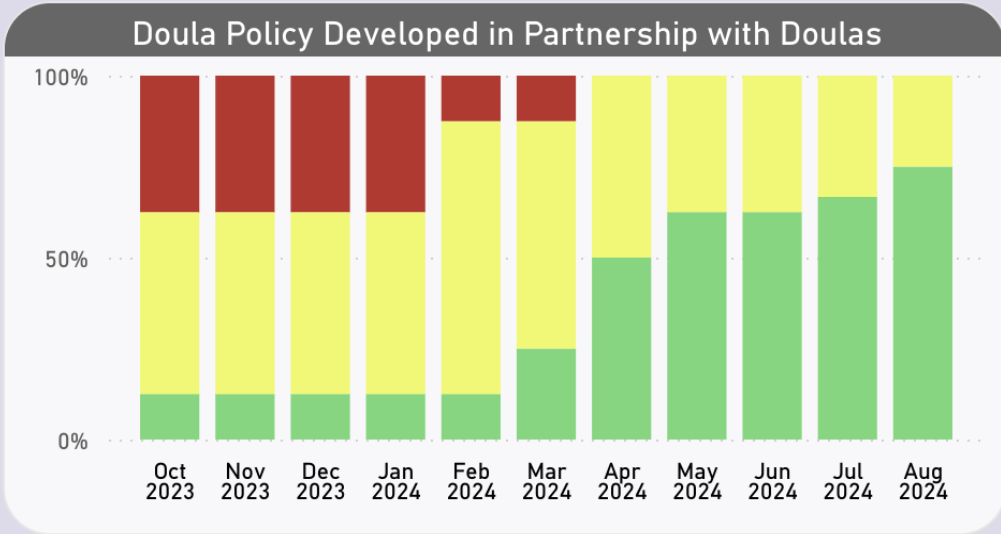
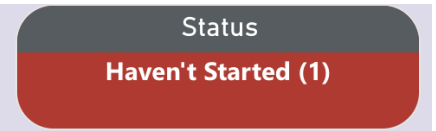
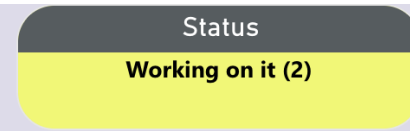


QI Data Corner

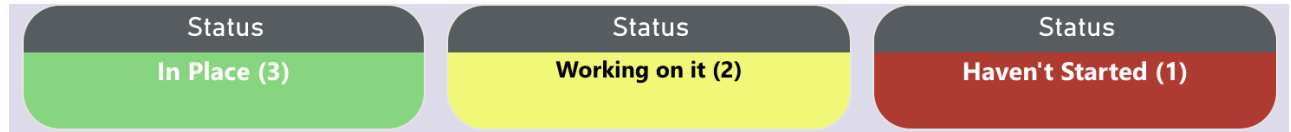
Key Strategy Implementation

Key Strategy	Baseline (2023)	August 2024
Doula Policy	0%	75%
Patient Engagement	34%	94%
Race Data Collection Procedure	50%	100%
Race Data Review Process	12%	75%
Respectful Care Practices	0%	75%
PREM Survey	0%	88%
Postpartum Education	75%	88%

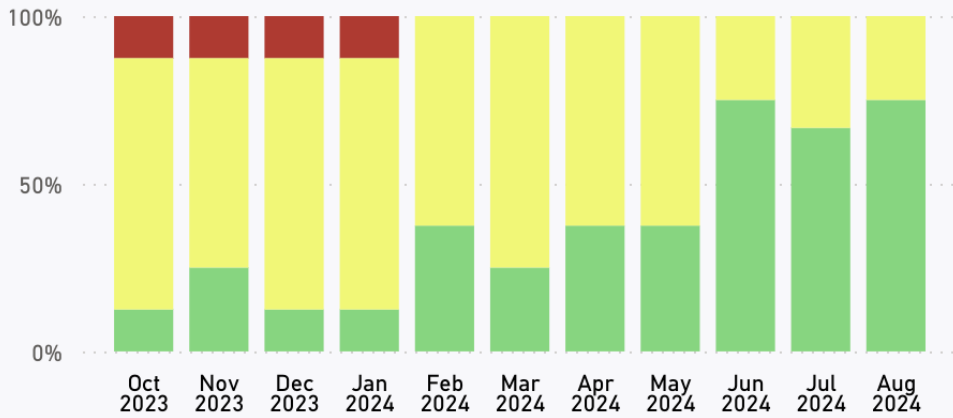
Structure Measures



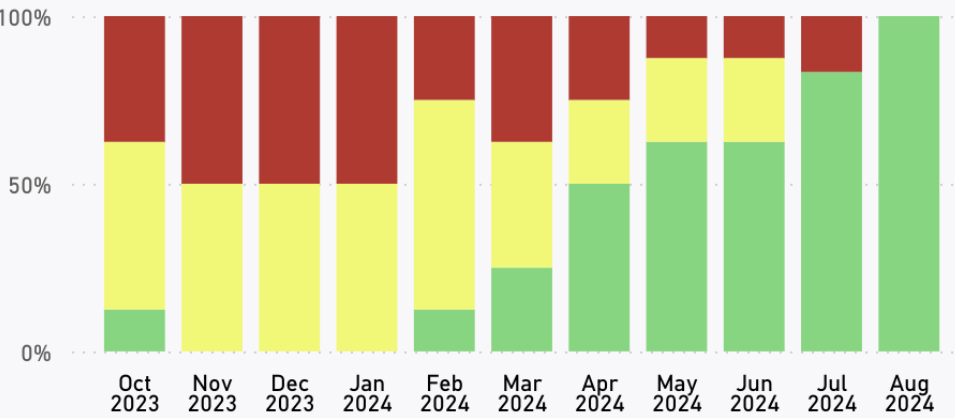
Structure Measures cont'd



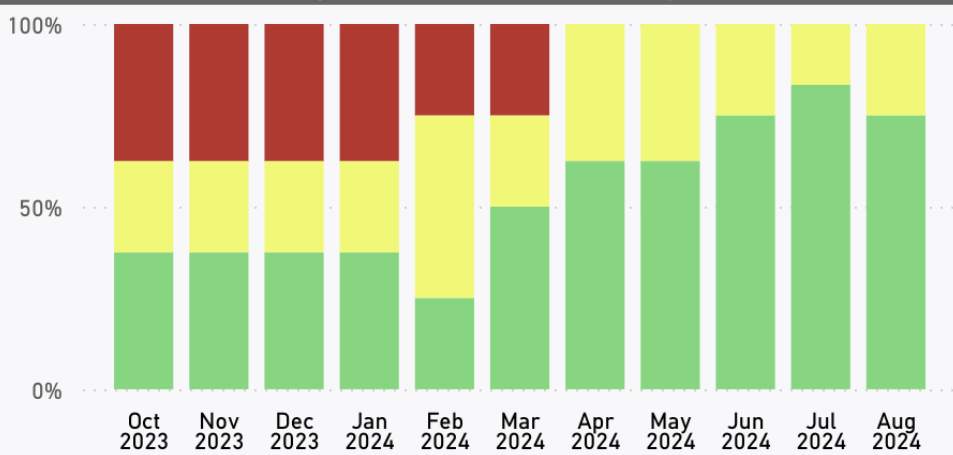
Process Developed to Review Maternal Health QI Data by Race, Ethnicity, and Payor



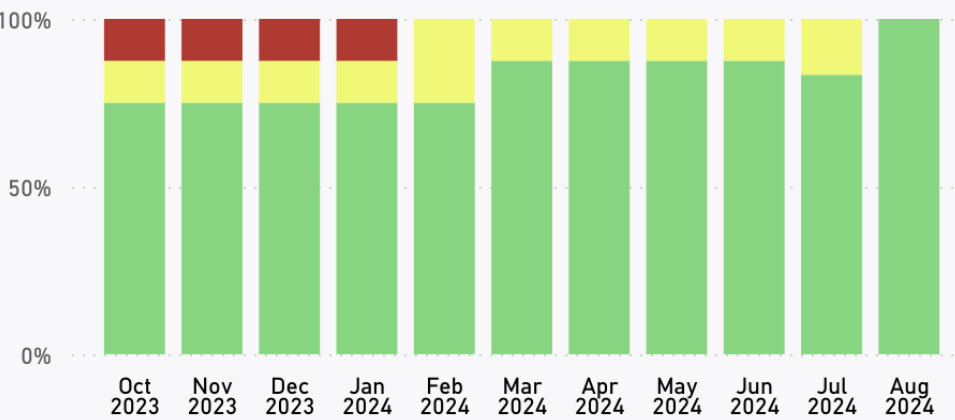
Strategy Developed for Sharing Respectful Care Practices with Staff and Patients



Implemented PREM Survey

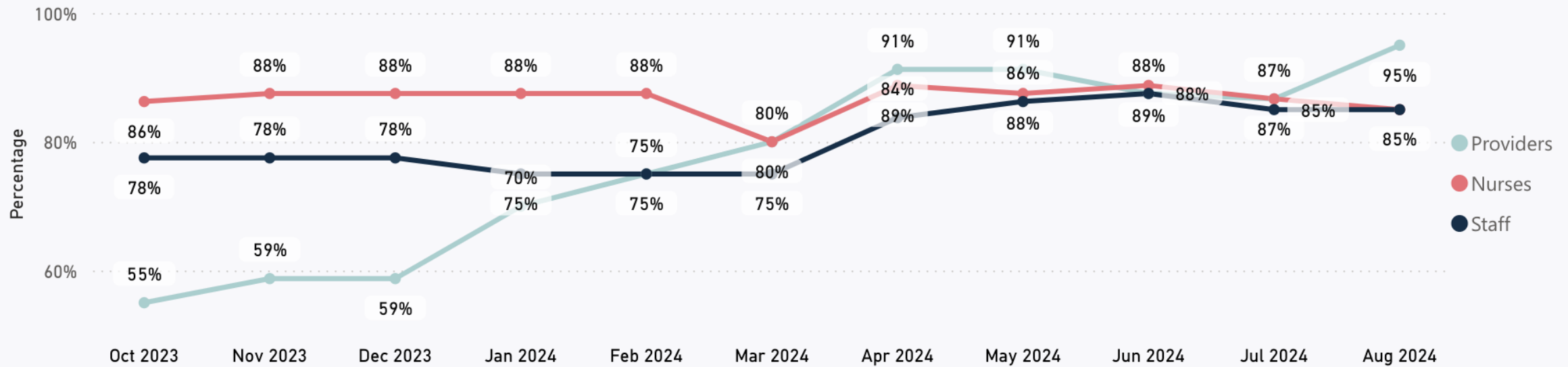


System in Place to Provide All Patients with Postpartum Safety Education



Structure Measures cont'd

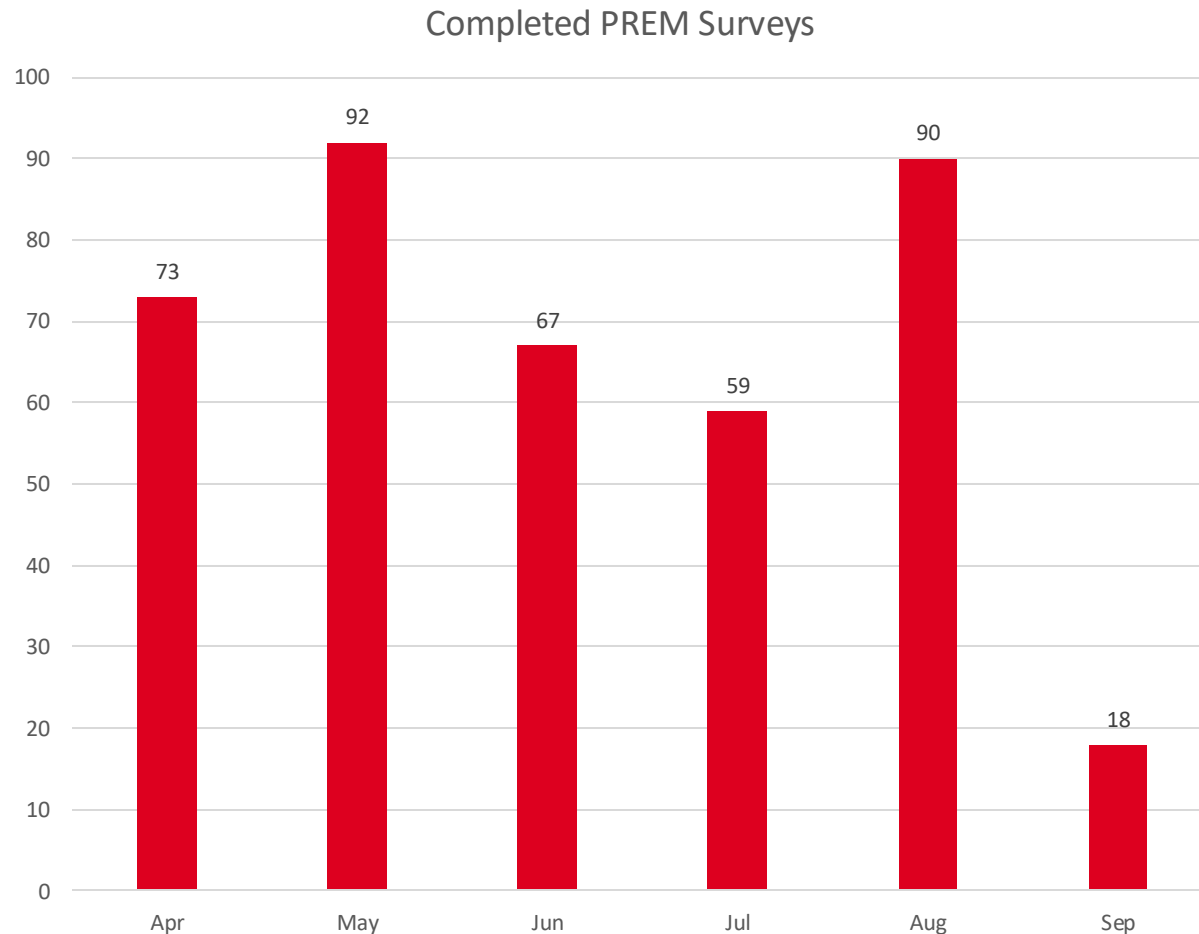
% of Providers Completed Education Over Time



BE Hospital Team Data Submission (8 teams total)


Month	# of Teams Reporting
January	8
February	8
March	8
April	8
May	8
June	8
July	6
August	5

PREM Survey Completions



- Currently, 8/8 hospitals have received PREM submissions
- Counts for those reporting range from 1 to 250
- *Aim for 30% completion rate for all monthly deliveries*

Priority Strategies in Q4: *moving to culture change*

Strategy	Actions
PREM implementation	Fine tune the process flow, increase completion rate, review survey results, share with team, act on improvements
Patient Engagement 	Develop clear ask and compensation plan, Invite, Onboard, Engage regularly in QI work, Equip (Momma's Voices training)
Implicit Bias Education	PQI Speak Up training, Diversity Science Modules, Momma's Voices training

Patient/Community Engagement- Why it Matters

Why do Respectful Care and Patient Reported Experience matter?

- Patients of color, particularly Black and Latinx patients, as well as those enrolled in Medicaid at the time of delivery **more often report that members of their care team:**
 - Did not engage them in care
 - Did not respond to their concerns/requests
 - Did not treat them with respect compared to White and privately insured patients

Hoyert DL, Miniño AM. Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018. Natl Vital Stat Rep. 2020 Jan;69(2):1–18. PMID: 32510319

2. Vedam S, Stoll K, Taiwo TK, Rubashkin N, Cheyney M, Strauss N, McLemore M, Cadena M, Nethery E, Rushton E, Schummers L, Declercq E, GVtM-US Steering Council. The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. Reprod Health. 2019 Jun 11;16(1):77. PMID: PMC6558766

3. Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. BMJ Open. 2013 Jan 3;3(1):e001570. PMID: PMC3549241



Why do Respectful Care and Patient Reported Experience matter?

- **Individuals with poorer experience of healthcare are more likely to:**
 - Have poorer health outcomes
 - Demonstrate lower adherence to recommended treatments
 - Forego preventative care; and
 - Have poorer technical care delivery and higher likelihood of adverse events

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



Our Respectful Care Commitments to *Every* Patient



Patient & Community Engagement Helps Us Do Better

- Patient/community engagement creates an opportunity to get input on QI efforts from those with the best information to help us do better!
 - Make sure each patient is heard (CDC Hear Her Campaign)
 - “Holding space” for women, “listening” to women and “trusting women” when they say something is not right (AWHONN Birth Equity)
- “Embedded at every level of the organization and in all stages of clinical initiatives, patients and family members have been strong catalysts for change.” –NC PQC



Listening can be your most important tool.

Over 700 women in the U.S. die every year of pregnancy-related complications.

Deaths can occur up to a year after pregnancy. Most of these deaths are preventable.

Many women feel that their concerns are not heard.
Be the one to listen. It could help save a life.



Learn more at cdc.gov/HearHer



Partnering with Patients and Families to Design a Patient- and Family-Centered Healthcare System

- Four principles of patient- and family-centered care:
 - Dignity and respect
 - Information sharing
 - Participation
 - Collaboration



Why Engage Community Members in QI?

- Community lived experience can help you solve a problem from the patient's perspective
- Opportunity to get timely feedback on care experiences before seeing in other data sources
- Help interpret your QI data through storytelling
- Diverse groups develop solutions faster

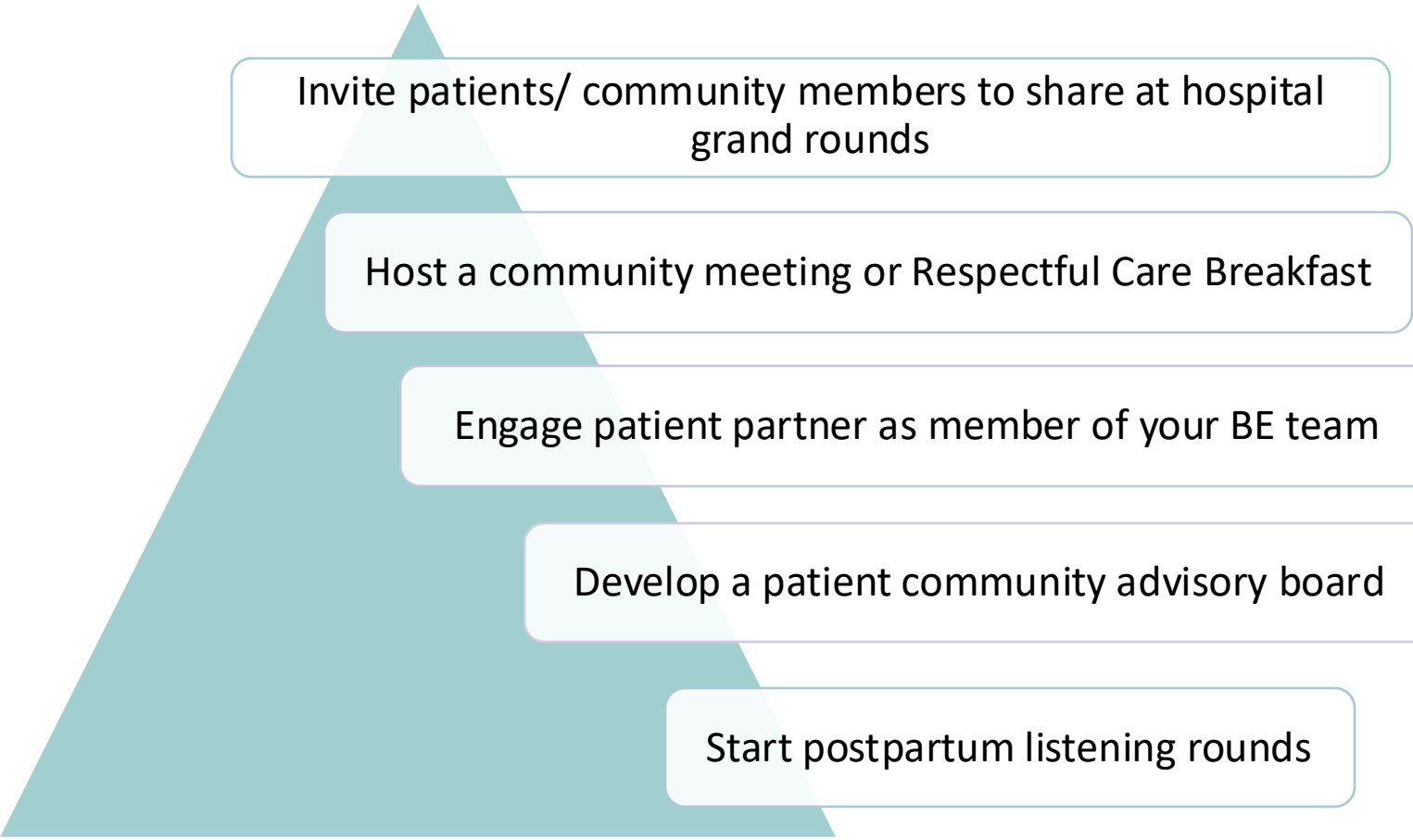


Patient/Community Engagement Strategies

How to identify and partner with community groups & patients

Community-based orgs	Patients
<ul style="list-style-type: none">•What parents and family support groups exist in my community?•Are there block clubs in my community?•What charitable groups serve birthing people in my community (e.g. WIC offices, home visitors, homeless shelters, domestic violence organizations, housing organizations)•What community health and mental health centers exist in my community?•Where do people in my community go to worship?•What advocacy groups exist in my community?	<ul style="list-style-type: none">•Does my hospital have a patient advisory board?.•Ask providers to identify patients and families who might be interested in getting more involved. Ask Doulas / midwives to ask prior patients.•Postpartum support groups•Post notices in your clinic•Ask community leaders or representatives from community groups to help identify•Patients who have filed complaints and voluntarily offered suggestions may be good candidates for quality improvement.

Strategies to continue engaging patient advisors and community members in QI work



Invite patients/ community members to share at hospital grand rounds

Host a community meeting or Respectful Care Breakfast

Engage patient partner as member of your BE team

Develop a patient community advisory board

Start postpartum listening rounds

Creating community/patient engagement opportunities at your hospital

Plan a Respectful Care Breakfast/Event

- Celebration of Respectful Care and Patient Voices
- Building connections over breakfast/refreshments
- Invite a panel of postpartum patients and a community stakeholder (ie. doula, community health worker, community health clinic rep) for discussion and feedback on respectful care
- Invite your OB providers and nurses to connect, listen and learn

Respectful Care Breakfast Workgroup

Vision: Celebration of Respectful Care and Patient Voices

Sharing, connecting, and building relationships with clinical team and patients/community members to get QI input on BE strategies

Collaboration
with OB Advisory
and OB CAB
members!

Discussed achievable goals for planning a Respectful Care Breakfast

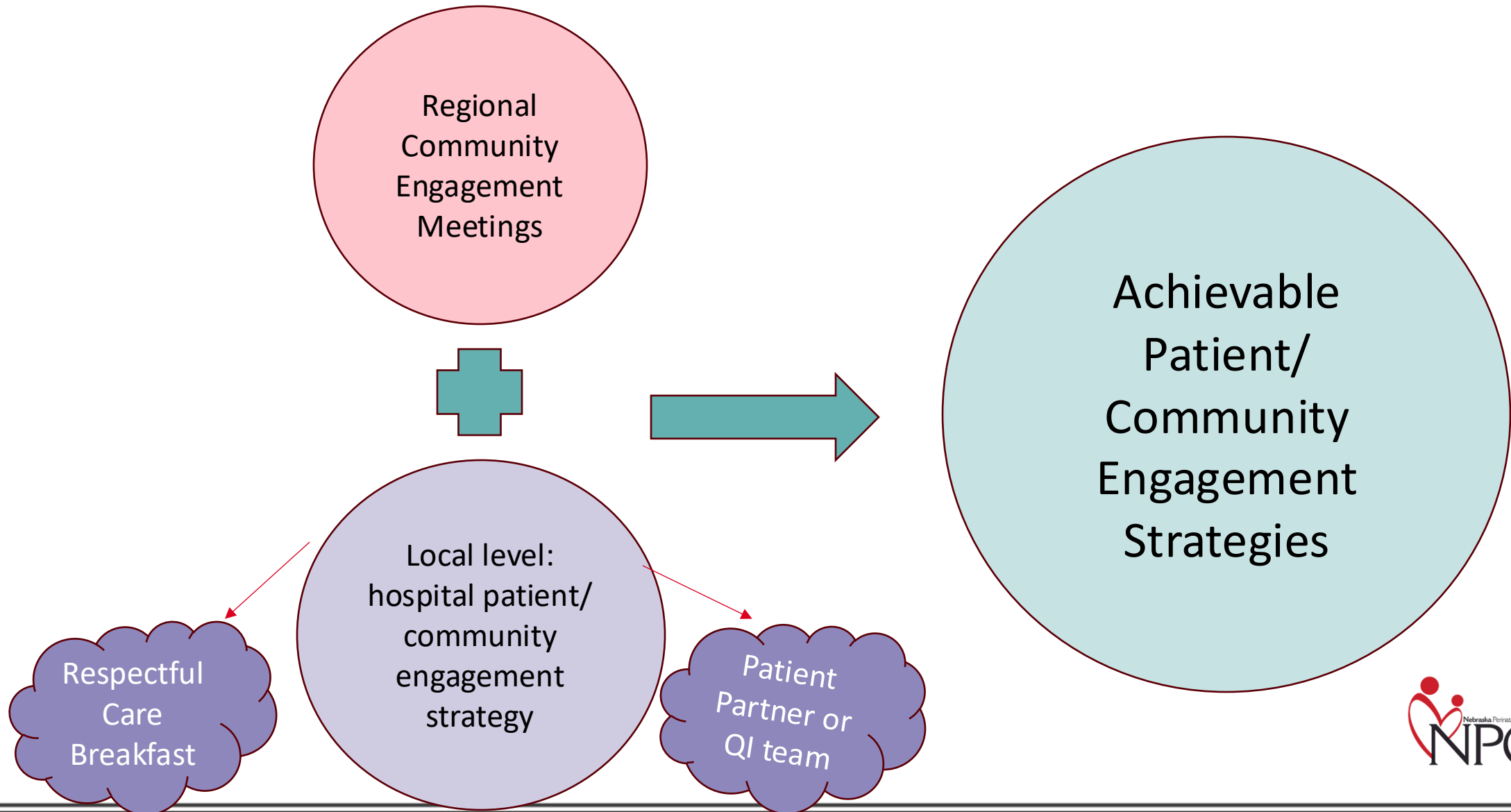
- What could this look like at your hospital?
 - Celebration of Respectful Care and patient voices during Black Maternal Health Week (April 11-17) and/or Mother's Day (week of May 14) over coffee/breakfast
- How would you get started?
 - Engaging unit leadership for buy-in / Involve other clinical team members (providers, nurses, doulas)
 - Invite OB providers, midwives, nurses, residents, social workers, staff; consider in place of Grand Rounds
- How can patients / community stakeholders be invited to attend?
 - Patients – during PP rounding, an opportunity to invite patients, or patients with babies with NICU stays
 - Providers – encourage affiliated providers to invite 1-2 patients/site delivered in last year to attend
 - Community Stakeholders – reach out to local health department members, home visiting nurses, **local doulas**, community health workers -----WOULD LIKE a discussion panel of 3-5 patients/community members!

Respectful Care Breakfast:

Celebration of Respectful Care -*Sample Agenda*

- 20 min: Coffee / Breakfast and Mingling (Name tags help!)
- 10 min: Welcome / Introduction to ILPQC Birth Equity / Share Respectful Care Practices
- 30 min: Patient/Community Panel Discussion (3-5 patients/community stakeholder)
 - Moderator/Facilitator (could be DEI officer at facility, BE Champion, OB leader etc.)
 - Guided Discussions around how clinical teams can best provide Respectful Care:
 - Sample Discussion Questions:
 1. What does respectful care mean? What does it look like/feel like for each patient on panel? Any examples where they have experienced Respectful Care in a clinical setting.
 2. How can clinical team members best take action on the Respectful Care Practices? How do we make sure patients feel listened to? How do we best practice shared decision making?
 3. How Any PREM Survey elements you are seeing a disparity. Ask for input on how to do better.

Thinking Creatively on Patient Engagement



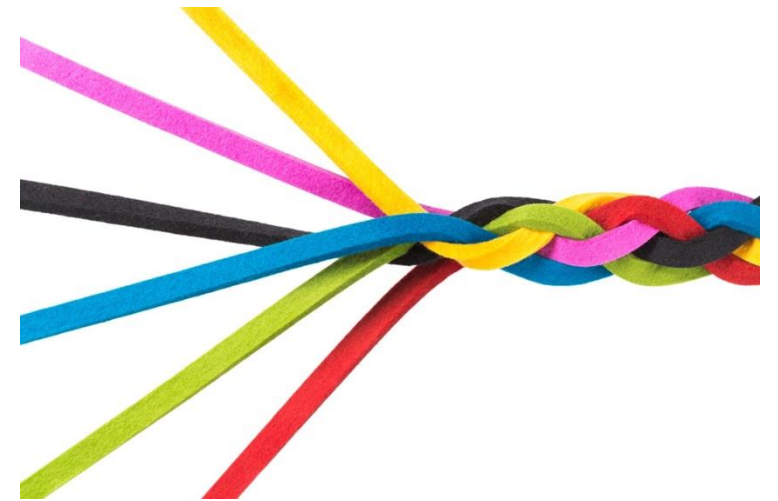
Respectfully Engaging Community Members



- Share expectations for engagement up front
 - What role do you want them to play?
 - When do meetings take place (are they accessible?)
 - How are you compensating them for their time?
- Schedule an info session ahead of the meeting to answer questions
- Complete hospital volunteer and/or confidentiality paperwork (check your facility's requirements)
- Share how you have integrated patient or family feedback in the past

Integrating Community Feedback

- After receiving feedback, identify what changes are realistic in the short and long term.
- Share the list of suggestions back to community members; what options are feasible to change? If some options are not feasible, explain why and what might be possible.
- Share next steps with community members.
- Engage participants who are interested in next steps of implementing changes (e.g. review edited draft of a survey).



Patient & Family Advisor Orientation Manual to Help Hospital Teams and Advisors

- Utilize an orientation manual to help prepare patients/family members for their role as advisors.
 - Section 1: Info to help understand the responsibilities of and expectations for patient and family advisors
 - Section 2: Tips for being engaged patient/family advisor
 - Section 3: Info about how patient and family advisors help improve hospital quality and safety
 - Section 4: How things work at [insert hospital name]
 - Section 5: Ways to learn more about health care quality, patient safety, and being a patient and family advisor

[Patient and Family Advisor Orientation Manual](#) (click link)



Family Engagement in Systems Assessment Tool (FESAT)

- The FESAT is an assessment tool that both family leaders and org staff complete to assess how families are being engaged in a specific systems-level initiative, policy, or practice
- The purpose of this self-assessment tool is to help orgs that serve families gain an understanding of the effectiveness of their approaches to and processes for partnering with families

In my experience:	Never	Rarely	Some-times	Usually	Always	Not Sure/ Not Applicable
1. The organization uses written policy that requires family engagement in systems-level initiatives.	0	1	2	3	4	
2. The organization has one or more champions of family engagement.	0	1	2	3	4	
3. The organization acknowledges the contributions family leaders make to systems-level initiatives.	0	1	2	3	4	
4. The organization's budget includes funding for the family leaders' time and/or other costs they incur (for example, travel, childcare).	0	1	2	3	4	
5. The organization provides adequate time for staff to implement changes that result from family engagement in systems-level initiatives (for example, educating staff about new policies).	0	1	2	3	4	

Our Goal for Patient Engagement

NPQIC's Goal for Patient Engagement

Every team to employ a strategy to engage patient/community partners

Ask doulas or lactation counselors, midwives/docs to consider patients to invite or ask NICU moms

Celebrate and talk about Respectful Care and strategies to increase Respectful Care Practices (how can we improve shared decision making, active listening...)

If you are gathering in person, make sure to also invite OB providers/nurses to attend and use name tags!



Every team to engage a Patient Partner to work with their QI team by 9/27/24

5 Steps to Engaging a Patient Partner:

1. **Identify patient partner** through Respectful Care Breakfasts, community health fairs, postpartum support groups, NICU moms, recommendations from providers, etc.

2. **Inform NPQIC** (email kara.foster@unmc.edu with name and contact info)

3. **Onboard your patient partner** (review goals of working together, plan for compensation/support)

4. **Support your patient partner** (NPQIC is offering a FREE Momma's Voices patient family partner training to the first few patient partners identified)

5. **Engage your patient partner** (plan to meet with patient partner monthly or quarterly to check in and engage them in projects to improve respectful care and shared decision making)

NPQIC Patient/ Community Engagement Fact Sheet



Patient and Community Engagement



ABOUT NPQIC

The Nebraska Perinatal Quality Improvement Collaborative (NPQIC) is a statewide network of perinatal clinicians, nurses, hospitals, and public health leaders committed to improving outcomes for mothers and babies in Nebraska.

NPQIC works with all Nebraska birthing facilities and key stakeholders to implement evidence-based clinical practices and quality improvement initiatives to reduce maternal and infant morbidity and mortality as well as eliminate inequities in perinatal healthcare.

OUR COMMITMENT TO PATIENT & COMMUNITY ENGAGEMENT

NPQIC partners with patient and community volunteers to serve as advisors for our perinatal quality improvement initiatives. Patient and community partners participate in quality improvement work and promote NPQIC's efforts.

What is Patient & Community Engagement?

Patient & community engagement is the active partnering of patients, community, clinicians, and hospital staff to improve the quality and safety of hospital care.

Patient & community engagement helps to advance quality improvement efforts by challenging assumptions and re-energizing the work.

NPQIC'S CALL TO ACTION

Hospital teams can involve patients/community members in their quality improvement efforts to:

- Provide input on quality improvement efforts to improve equitable and respectful care.
- Participate in hospital advisory councils or quality and safety committees.

Patient and Community Engagement



Resources

For Providers:

Agency for Healthcare Research and Quality's (AHRQ) "[Working With Patients and Families as Advisors](#)"

- [Selected Resources](#)

For Patient/Family Advisors:

Agency for Healthcare Research and Quality's (AHRQ) "Tips for Being a Partner in Your Care" Brochure

- <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy2/index.html>

Engaging Perinatal Patient & Community Partners in Quality Improvement

Patient/community partners are patients/community members that have received perinatal care and participate in quality improvement efforts to improve perinatal experiences for others. Patient and community partners:

- Collaborate and communicate with various patients, families, health care professionals, and public health professionals
- Share their stories and identify both positive aspects of experience and suggestions to improve care beyond their personal experience

Initial Steps to Engage Patients & Community Member

1. Hold a Respectful Care Breakfast or Lunch & Learn event and invite patient/community partners to discuss opportunities to promote equitable and respectful care
2. Recruit patient/community partners from physician, midwife, and/or doula recommendations; also consider NICU parents, postpartum/breastfeeding support groups, and Respectful Care Breakfasts
3. Provide patients/community partners with a clear description of their role and responsibilities and
4. Develop tools and resources with patients/community partners to assist in their participation in quality improvement efforts.

Opportunities for Patient/Community Engagement in Current QI Initiative Activities

Engage patient and community partners to provide QI input:

- Strategies to improve Respectful Care Practices
- Strategies to improve doula friendliness
- Strategies to improve shared decision making
- Feedback on patient education materials

One Patient's Story

Jessica Cleghorn



BE Team Spotlight: Methodist Women's

Team Talk

BE Next Steps

Preparation	Getting Started	Early Implementation	Throughout Year 1	Year 2
Meet with colleagues to establish buy-in and determine co-leads	Schedule regular meetings with team to review data and PDSAs and make improvements	Work with IT and data team to make system changes	Establish stakeholder group including doulas and patients	Continue reviewing PDSAs
Complete participation agreement	Attend the data call	Collect baseline data (Jan, Feb, March 2024)	Implement strategy for sharing REC practices in L&D	Continue reviewing PREM data
Complete Readiness Survey (Microsoft Forms)	Attend Kickoff Call	Create a draft 30-60-90 day plan	Implement doula-friendly policies	Continue reviewing equity data
Review your hospital's data and identify opportunities for improvement	Review Data Collection Form with your team; identify needed systems changes in order to collect equity variables	Plan first PDSA cycle to address 30-60-90 day plan	Standardize system for sharing urgent maternal warning signs	Additional equity trainings for providers (film screening, modules, etc)
	Review Birth Equity Toolkit	Schedule kickoff meeting/grand rounds	Implement implicit bias training	Continue meeting with provider/ doula/patient group
		Create plan for implicit bias training	Implement PREM survey and regularly review PREM data	

Birth Equity Timeline- Next 3 months

September	October	November
<p>Monthly Webinar: Achievable Patient Engagement Strategies Sept 17, 2024, 12-1pm</p> <p>Office Hours <i>September 20, 12-1pm</i></p> <p>Submit your RCP/PREM photos by Sept 15!</p> <p>Sept Data Due by Oct 15</p> <p>September 27: join us at Summit!!</p>	<p>Monthly Webinar: Strategies to Increase PREM completion Oct 15, 2024, 12-1pm</p> <p>Office Hours <i>October 18, 12-1pm</i></p> <p>Oct Data Due by Nov 15</p>	<p>Monthly Webinar: All-Teams Coaching Call Nov 19, 2024, 12-1pm</p> <p>Office Hours <i>November 15, 12-1pm</i></p> <p>Nov Data Due by Dec 15</p>

BY NEXT TUESDAY

- Drop in the chat or say out loud one thing your team is committed to accomplishing by next Tuesday.
- Ideas:
 - Invite team members from related specialties
 - Implement implicit bias training (Diversity Science modules!)
 - Draft a press release
 - Schedule Grand Rounds
 - Engage patient/doula partners
 - PDSA to increase PREM response rate

